

Subject: <b>Transplant Patient Care</b>	Page <b>1 of</b>	Procedure # <b>30.0256</b>
Title: <b>Organ Transplantation: Transplant Patient Assistance Fund</b>	Revision of: <b>NEW</b>	Effective Date: <b>2/25/2013</b>

**I. PURPOSE:**

The Transplant Patient Assistance Fund (“Fund”) is established to provide temporary financial assistance to patients who are transplant candidates, recipients or potential living donors at Northwestern Memorial Kovler Organ Transplantation Center for expenses related to their transplant care. The resources of this Fund are to be utilized when other resources, including patient’s income and assets, are limited or have been exhausted. The Fund resources are supported by generous philanthropic contributions. The fund is managed by the Director, Operations, Kovler Organ Transplantation Center.

**II. PERSONS AFFECTED:** Social Worker, Director, Performance Manager

**III. DEFINITIONS:** Refer to Quality Improvement Process (TX 30.06)

**IV. PROCEDURE:**

A. Criteria for Use of Fund:

1. Patient must be receiving transplant-related care through NMH or NMFF.
2. Patient or potential living donor will have exhausted all other resources including other free care programs.
3. Funds may be used to provide temporary assistance for expenses related to:
  - (a) Transportation to the transplant clinic for scheduled transplant-related appointments or testing for patients who live more than 40 miles from the clinic.
  - (b) Lodging if situation meets the following criteria:
    - i. Patient lives more than 75 miles from NMH.
    - ii. Have transplant-related testing or appointments at NMH that would reasonably be expected to take more than 4 hours. Lodging would be provided for either one night before the appointment(s) or the night of the appointment(s); not both.
    - iii. Family members of patients who are in the ICU 3-days or longer and who live more than 75 miles from NMH.
  - (c) Meal vouchers for family members of patient who have hospital stays of 3 or more days
  - (d) Medications or durable medical equipment for which no other reimbursement is possible or expected. Medications while waiting for response from an Assistance Program is permissible, as long as the patient has not exceeded the lifetime maximum grant.
  - (e) The Fund **is not** to be used for payment of physicians or hospital services, as those are provided for by NMHC & NMFF Free Care Programs.
  - (f) Personal convenience items; including, but not limited to, cosmetics, tobacco, alcohol, entertainment, clothing **are not** reimbursable expenses from this Fund.

4. Patient must complete the application, demonstrate financial need and not be eligible for other assistance in order to be considered for this program.
  - (a) Transplant Social Workers will review the applications for eligibility of the program.
  - (b) Patient must agree to comply with the prescribed program within a given amount of time in order to continue to be eligible for the grant. Director, Transplant Operations (or designee) will review screened applications and determine acceptance.
  - (c) Patients will be chosen from the applicant pool and be eligible to receive no more than \$3,000 in assistance subject to availability of grant funds. Exceptions to this limit may be considered on a case by case basis.
  
5. Financial Eligibility
  - (a) The Transplant Assistance Fund will follow the eligibility criteria established by NMHC for Free Care (NMHC 3.0012).
  - (b) Exceptions may be granted by the Director, Transplant Operations.

**B. Disbursement of Funds:**

The Performance Manager, Transplant, will facilitate financial assistance via direct payment to the vendor or by vouchers. Cash from the Fund is not made available to patients or families.

**C. Fund Accounting:**

1. The Performance Manager, Transplant will ensure appropriate record keeping.
2. Reports will be created for stewardship reports and fundraising efforts.

**V. PROCEDURE UPDATE SCHEDULE:**

This procedure will be reviewed every three years or unless practice changes.

**RESPONSIBLE PARTY:**

APPROVED ELECTRONICALLY Gwen McNatt	2/25/2013
_____ Director, Solid Organ Transplantation	_____ Date

APPROVED ELECTRONICALLY Michael Abecassis	2/25/2013
_____ Medical Director, Transplantation	_____ Date

**APPENDICES:**

Appendices may be updated with an independent approval process from the body of the policy:

Date of Last Update: 2/25/2013

Revision of: NEW

Approval Dates: 2/25/2013

- Director, Transplantation
- Medical Director, Transplantation