



# **FINANCIAL ASSISTANCE PROGRAM FOR POST-TREATMENT SEQUELAE**

**Financial assistance for Leucan members previously treated for pediatric cancer suffering physical, psychological or learning sequelae**

## **REFERENCE GUIDE**

Please read this guide carefully prior to completing the application form. This guide details eligibility criteria and a list of the required documents. Please note that the issuing of grants depends on Leucan's annual budget, as approved by the Board of Trustees.

**Last update: June 2022**

# Financial Assistance Program for Post-Treatment Sequelae

## WHAT IS POST-TREATMENT SEQUELAE?

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Any complication of the disease or its treatment that persists even though the treatment is finished or the disease is considered cured. A sequel can be temporary or permanent. It can be physical, psychological or academic.

## OBJECTIVES

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The Financial Assistance Program for Post-Treatment Sequelae is specifically intended **for individuals diagnosed with pediatric cancer and suffering sequelae from the disease or its treatment**. This program is available to individuals with physical, psychological or learning sequelae **up to 20 years after the treatment**. The financial assistance provided as part of this program to individuals suffering from sequelae linked to pediatric cancer is complementary to any governmental assistance and/or private health insurance. This program cannot be used for costs already covered or reimbursed by the State (Ministère de la Santé et des Services sociaux-MSSS, Régie de l'assurance maladie du Québec-RAMQ, school programs, etc.) and/or a private health insurance policy.

## ELIGIBILITY CRITERIA

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The following eligibility criteria apply:

- Being diagnosed with pediatric cancer;
- Being a member of Leucan;
- Present one or more sequelae following the disease or pediatric cancer treatment;
- Have completed their treatments except for the following exceptions:
  - In the case of psychological sequela or school adaptation, treatment must have been completed for more than six months;
  - If it is a sequela caused by surgery while other form(s) of treatment(s) is (are) still in progress;
- File an application no later than 20 years after the end of treatment.

May be eligible:

- Any eligible treatment or service already paid for, for reimbursement.
- Any eligible treatment or service partially offered or covered by a public body, or partially paid for by a private insurer.

Are not eligible:

- Conditions or sequelae resulting from a problem prior to the initial diagnosis of pediatric cancer.

## POSSIBLE SEQUELAE FROM CANCER OR TREATMENT

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Below is a list of physical and psychological sequelae, which shall be considered for the granting of financial assistance under this program.

### Physical sequelae

- Visual or auditory impairment (hearing or visual aid required or ocular prostheses)
- Issues requiring special or cosmetic surgeries;
- Remedial dental care;
- Orthopedic disorder: need for special prosthesis or orthotic device;
- Chronic pain and remedial treatment: physiotherapy, psychotherapy, osteopathy, lymph-drainage;
- Need for supervised physical training.

**NEW QUEBEC GOVERNMENT PROGRAM:** For needs related to oral sequelae of oncological origin, you must first check your eligibility for the Pediatric Oncology Oral Care Program (PSBOP) with your doctor or dentist.

To learn more about the program, visit [www.chusj.org/PSBOP](http://www.chusj.org/PSBOP) or write to [oncobucco@ssss.gouv.qc.ca](mailto:oncobucco@ssss.gouv.qc.ca).

### Psychological sequelae

- Need for private psychological care: psychologist, social worker, sexologist or any other member of a relevant professional body (depending on the suggested form of therapy).

\*Note: Psychiatric fees are covered by RAMQ

### Learning disabilities

- Need for services due to learning difficulties or disabilities: neuropsychological assessment and treatment, remedial instruction, speech therapy, educational guidance, educational consultant, etc.
- Need for adaptive equipment (computer, etc.)

### For travel expenses

Travel expenses may be reimbursable when the care provided for a sequela requires transportation by car (reimbursement of mileage and parking) or taxi (reimbursement of the round trip), under certain conditions. Please note that this reimbursement also applies to a trip to an establishment or service in the public network, for which you are not requesting a grant.

To qualify, all of these conditions must be met:

- 1) A request to the Transportation and Accommodation Program of your Integrated Health and Social Services Center (CISSS) must be made in advance. Check with your assigned social worker.
- 2) Your application to this program must have been refused or only partially accepted. The response letter must be sent to us with your request.
- 3) The trip is done to treat a sequel described in the form.
- 4) Travel is frequent (at least twice a month).
- 5) The trip is recurring (at least two consecutive months).
- 6) The name and telephone number of the professional to be met must be provided.

If the request is accepted, reimbursement will be based on the mileage traveled by automobile at a rate of \$0.55 per km, or on the cost of transportation by taxi (receipt required).

Travel by public transport is not eligible.

A minimum of \$100 in cumulative travel expenses must be reached for a refund to be issued.

## REQUIRED DOCUMENTATION FOR ALL APPLICATIONS

**\*For requests for ocular prostheses, please contact Patrick Cossette directly (see contact details below).**

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- Application documents must include:
  - Identification (personal information)
  - Section 1: treatments description and recommendation from a physician on the causal link between the cancer treatments and the sequela(e). It is not required to fill this part if a demand for a grant was submitted within the last two years;
  - Section 2: Description of the care/services and costs requested with two estimates from different suppliers. It is the applicant's responsibility to take steps to find service or equipment suppliers. Leucan takes into account the fee scales of the main professionals recommended by the orders and associations (see appendix). If possible, proof that required services cannot be totally or partially provided by school, local CLSC, etc.;
  - If necessary: Section 3 - Reasons and description of the trip;
  - Signature, final amount requested and date.
  
- When possible, written proof that the service cannot be offered (or at least only partially) by local public services (e.g. school, CLSC, etc.).
- In case of radiation therapy, copy of treatment plan from a radiation oncologist specifying the treatment area and radiation dose.

## SPECIFIC DOCUMENTS TO INCLUDE WITH APPLICATION

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### Learning disabilities

TYPE	REQUIRED DOCUMENTS TO SUPPORT THE REQUEST
<ul style="list-style-type: none"><li>• Need for services due to learning difficulties or disabilities: neuropsychological assessment and treatment, remedial instruction, speech therapy, educational guidance, educational consultant, etc.</li></ul>	<ul style="list-style-type: none"><li>• Intervention plan for special education needs</li><li>• Neuropsychological report if available</li></ul>
<ul style="list-style-type: none"><li>• Need for adaptive equipment (computer, etc.)</li></ul>	<ul style="list-style-type: none"><li>• Recommendation of a specialist explaining the need for and the type of adaptive equipment required</li><li>• Confirmation from school administration that required equipment can be used in class and that student will be supported by a member of staff in the use of said equipment</li><li>• Two (2) bids for similar equipment, including a list of required software to meet the student's needs</li></ul>

## APPLICATION FORM

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The application form and all required documents must be forwarded to Leucan Information Centre at the address below. The form must be completed by the applicant or his/her parent or legal guardian if applicant is a minor. Sections reserved to health care professionals and specialists who will provide the requested services must also be completed and signed.

## SUMMARY

Service Type	Forms to be completed by the oncologist or family doctor	Time after end of treatment	Any time of the year
Help for physical sequelae	YES	NONE	YES
School help or psychological	YES	SIX MONTHS	YES
Multiple trips	YES	NONE	YES
Ocular prosthesis (retinoblastoma)	NO	NONE	YES

## SUBMITTING AN APPLICATION

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Requests can be submitted at any time.

## EVALUATION OF APPLICATIONS

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- Once all the necessary documents for the file have been received, Leucan will evaluate the request jointly with a committee made up of various professionals. This step may cause some response delay.
- Subsequently, Leucan will communicate as soon as possible with the applicant or his parent/guardian to inform him of the decision and, if necessary, give his agreement for the start of the interventions/purchase/reimbursement making the subject of this request.
- A grant is normally awarded for a period of one year of service at a time, or until it is completely exhausted. When the funds are exhausted and the need is still present, a new application can be submitted, unless otherwise advised by Leucan.
- Leucan recommends direct payment to the supplier.

If you have any questions, do not hesitate to contact Patrick Cossette (see contact details below).  
The duly completed form and the required documents must be sent to:

**Leucan Information Centre**

CHU Sainte-Justine  
3175, Chemin de la Côte-Sainte-Catherine, B.12.46  
Montréal (Québec) Canada H3T 1C5  
Phone: 514 345-2336 (Montréal)  
Free of charge: 1 866 590-4847 (outside Montreal)  
Fax: 514 345-7774  
[patrick.cossette2@leucan.qc.ca](mailto:patrick.cossette2@leucan.qc.ca)

**Note:** Be sure to submit all the required documents.

**Take note that:**

- 1. Leucan reserves the right to request any additional document to better analyze a request**
- 2. If a service provider charges you fees to produce its cost estimate (e.g.: evaluation meeting), Leucan reserves the right to reimburse you for them, even if your request is eventually refused.**
- 3. Leucan reserves the right to allocate the amount(s) requested in whole or in part and is not required to explain its decisions.**
- 4. Leucan reserves the right to refuse a supplier or service provider for fee or other reasons.**

APPENDIX: professional rates accepted by Leucan

<b>JOB TITLE</b>	<b>HOURLY RATE</b>
Acupuncturist	Between \$70 and \$90 per hour
Occupational therapist	Between \$80 and \$120 per hour
Massage therapist	Between \$80 and \$120 per hour
Remedial teacher	Between \$50 and \$90 per hour
Speech therapist	Between \$90 and \$120 per hour
Osteopath/Chiropractor	Between \$70 and \$120 per hour
Physiotherapist	Between \$80 and \$10 per hour
Psychologist/Psychotherapist	Between \$80 and \$130 per hour
Tutor	Between \$40 and \$50 per hour