

ᐃAKISQNUK FIRST NATION

Extraordinary Medical Needs Policy

1. Policy

This policy establishes a clear framework for requesting, assessing, and providing support for extraordinary medical needs, ensuring decisions are consistent, transparent, and aligned with ᐃakisqnuq values, community expectations, and other ᐃAFN Policies.

2. Purpose

The purpose of this policy is to establish a clear and consistent framework for providing financial assistance in situations of extraordinary medical need. This program acts as a payer of last resort and is intended to support members who face significant barriers in accessing essential care.

This policy is not designed to replace routine access to insured or publicly funded health services, nor to duplicate benefits available through FNHA, CINUP, private health insurance, or provincial and federal programs. Rather, it provides fair and transparent decision-making for exceptional circumstances where no other coverage is available.

3. Scope

This policy applies to all requests for health-related financial assistance submitted by eligible individuals as defined in this policy.

It does not apply to:

- Routine medical expenses,
- Non-medical financial hardship requests.

4. Definitions

Extraordinary Medical Need – A medically necessary service, supply, or treatment that is:

- Not covered by FNHA, provincial/federal programs, or third-party programs;
- Urgent or significantly impacts health and wellbeing; and
- Results in substantial pain, distress, or risk of deterioration without intervention.

Registered Member – An individual whose name appears on the ᐃAFN Membership List.

Elder Spouse – A legally married or common-law spouse of a Registered Member, age 60+, residing on ᐃakisqnuq lands, who has historically received ᐃAFN health support. This category is closed as of this policy's approval date.

Benefit Coordination – The requirement that all other benefit programs must be accessed before ᐃAFN assistance is considered.

Medical Necessity – A determination by a regulated health professional that a service, supply, or treatment is essential for diagnosis, treatment, or prevention of illness.

Appeal – A formal request for reconsideration of a decision made under this policy.

5. Guiding Principles

- **Payer of Last Resort:** ?AFN funds are accessed only after all other benefits have been fully utilized.
- **Equity & Fairness:** Decisions must apply criteria consistently and transparently across all members.
- **No Financial Disclosure Requirement:** Members are not required to provide financial disclosure or proof of hardship; eligibility is determined through extraordinary medical necessity and benefit exhaustion.
- **Cultural Safety:** Interactions with members will reflect dignity, respect, and support aligned with ?AFN community values.

6. Responsibilities

- Director of Health & Wellness provides oversight of the program, ensures review and approval of requests, and consistent application of this policy.
- Health & Wellness Administrative Staff receive and review requests, verify documentation and benefit exhaustion, and prepare files for Director approval.
- Finance Department processes approved payments and maintains appropriate financial controls in accordance with ?AFN financial policies.
- Council receives and reviews any appeals and issues final decisions.

7. Categories of Support

- Assistance may be considered in the following broad categories:
- Medical services and procedures
- Dental
- Optical
- Prescriptions
- Medical equipment and supplies
- Mental health counselling (after public programs are considered)
- Allied health services where medically required and not covered
- Hearing supports

Services explicitly not covered include:

- Routine or maintenance care,
- Cosmetic or elective procedures,
- Wellness-based services not deemed medically necessary.

8. Request & Approval Process

Members must submit a completed ?AFN Health & Wellness Request Form including:

- Description of the medical need;
- Proof of benefit exhaustion;
- A quote or estimate (pre-approval is strongly recommended, see note below);
- Receipts if reimbursement is requested;
- Additional information if requested for clarification.

Note: Assistance is not guaranteed, and reimbursement will only be issued after formal review and confirmation of eligibility. Members who proceed with services before receiving written approval do so at their own financial risk.

9. Eligibility & Exclusions

Eligible individuals include:

- Registered ?AFN Members, regardless of residency; and
- Elder Spouses as defined above.

Approval is not based on eligibility alone and is subject to available funding.

10. Special Considerations and Funding Limitations

Assistance is subject to ?AFN's annual budget.

- No annual maximum per individual
- No limit on number of requests per individual
- No household maximum

11. Appeals

- Members may submit a written appeal within 30 days of receiving a decision.
- Appeals will be reviewed by Council.
- Council will review appeals without identifying information to ensure impartiality.
- Decisions of Council are final.

12. Review and Amendments

This policy will be reviewed annually to ensure that it aligns with community needs and evolving best practices.