

## ALS Eligible Expenses

- **Please be sure to CHECK THIS LIST BEFORE submitting your Request for Funds form. If it is not on this list, it will NOT be eligible for reimbursement.**
- **ONLY Accepted: COPIES (NOT ORIGINALS) of receipts that CLEARLY SHOW DATE AND DETAIL of item(s)/service(s) which have already been paid for (cannot accept quotes or Estimates).**
- **NOT accepted** as Receipts: Copies of checks/cancelled checks, bank statements, credit card statements, insurance explanations of benefits (EOBs) or Medical Portal statements/statement of accounts (must be copy of actual invoice with description of service)
- **Receipts must be within the acceptable date ranges for the current period.**

**RESPITE CARE:** *the temporary relief for a primary caregiver, enabling them to take a much-needed break from the demands of caregiving (Does NOT include house cleaning, home/lawn maintenance, drivers).*

- If care provider is **not** through a professional homecare agency, provider must complete the "*Respite Care Provider Log*" (included in this packet) which serves as your receipt. Attach to completed "*Request for Funds*" form (also included) **AND provide a form of ID which includes their address (driver's license/Government issued ID or utility bill)**. Care provider cannot live at the same address as the person living with ALS. (*Request could be subject to non-payment if false information is submitted*)
- If care provider **is** through a professional homecare agency, attach a copy of receipt from professional provider to "*Request for Funds*" form.

### COMMUNICATION:

- iPads/tablet/smart phone (limit 1 per person) and communication apps
- speech generating devices (SGDs), voice amplifiers and voice banking
- Electronic writing tablets (example: Boogie Board), communication tablets, Eye Gaze
- virtual assistant/home automation systems, i.e. Alexa, Google Home (limit of 3)
- Personal emergency response system – installation, then monthly fee up to \$75 per month, Home Cam/Doorbell Cam

### MEDICAL EXPENSES: (only items listed below)

- Specific prescription copays for **Rilutek/Riluzole, Radicava, Nuedexta, and/or Baclofen (pump) medications ONLY (receipts must include name of medication and date filled)**
- ALS clinic visits co-pays, genetic testing through ALS clinic, Respiratory procedures and respiratory devices, Feeding tube procedure (**receipt must clearly show detail of service**)
- Feeding tube formula, oral nutritional formula (example: Boost/Ensure), liquid thickener
- Durable medical equipment: any type of wheelchair, medical wheelchair cushion, wheelchair repair, wheelchair batteries, wheelchair accessories, lift chair, Hoyer lift & sling/sit to stand lift, shower/bath chair, rollator walker, bedside commode, over the bed table, medical hospital bed **ONLY** – does not include mattress/sheets or any other adjustable bed or mattresses.
- Adaptive equipment (must be directly related to ALS), incontinence products (does not include catheters)
- Orthotic Devices: AFO braces, hand splints, Figure 8 sling, cervical collar
- Massage therapy provided by a licensed massage therapist (LMBT), must show LMBT number on receipt/invoice
- Counseling (individual and/or family) by a licensed provider

### HOME MODIFICATIONS:

- Materials and labor for home accessibility (**RECEIPT MUST INCLUDE DESCRIPTION OF HOW IT'S BEEN MADE ACCESSIBLE**), grab bars, raised sinks, accessible toilet/seat riser, bidet, shower or bath modification to make it accessible, door widening, expandable door hinges, light switches, doorknobs, Generator (limit 1 per person)
- Portable or permanent ramps, platform lifts, stairlift

### TRANSPORTATION:

- **Complete a Mileage Log and attach to completed Request for Funds form.** (included in this packet). **Gas receipts are not accepted.**
  - Mileage/rental of vehicle or car service **FOR ONLY THE FOLLOWING:** ALS clinic appointments, NC clinical trial appointments (when travel stipend is not provided), feeding tube, Baclofen (pump) and invasive vent procedures, Radicava treatment appointments **Does NOT include mileage for any other medical appointment other than what is listed above**
  - Lodging for clinic appointment **ONLY**; 1 room for 1 night, limit up to \$140/night, does NOT include meals
  - Automobile accessibility modification (not purchase of automobile/van), wheelchair lifts, ramps, locking wheelchair mechanism, hand controls
  - Driving evaluations