

ALS Eligible Expenses

- Please be sure to **check this list BEFORE submitting your Request for Funds form**. Items NOT on this list will NOT be eligible for reimbursement.
- **ACCEPTED RECEIPTS:** 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, Proposals or Estimates).
- **NOT accepted RECEIPTS:** Copies of checks/cancelled checks, bank statements, credit card statements, insurance explanations of benefits (EOBs) **PLEASE DO NOT SEND MEDICAL BILLS THAT DO NOT HAVE A DESCRIPTION OF APPOINTMENT ALONG WITH DATE AND AMOUNT YOU PAID** (check with your provider to get an itemized receipt to submit).
- Receipts must be in the acceptable date range of within 12 months prior to date of submission.

RESPIRE 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” (pg. 5) which serves as your receipt. Care providers cannot live at the same address as the person living with ALS. (Request could be subject to non-payment if false information is submitted). The Care Provider must also include a copy of ID.
- If care provider IS through a professional homecare agency, attach a copy of the receipt from the 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)

- **ONLY THESE LISTED PRESCRIPTION are eligible:** Toferson (Qalsody), Relyviro, Radicava, Rilutek (Riluzole)/Tiglutik/Exservan, Nuedexta, and Baclofen (pump) medications. (receipts must include name of medication)
- ALS clinic visits co-pays, genetic testing through ALS clinic, Respiratory procedures/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, bed rails, hospital bed or adjustable bed (does not include sheets/blankets).
- Adaptive equipment (must be directly related to ALS), incontinence products.
- 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:

- Home modification assessment performed by a licensed clinician.
- Materials/labor for home accessibility - RECEIPT MUST INCLUDE A DESCRIPTION OF HOW IT'S BEEN MADE ACCESSIBLE. Includes: grab bars, raised sinks, raised toilet, bidet, shower or bath modification to make it accessible, door widening, expandable door hinges, light switches, door handles, Generator (limit 1 per person)
- Portable or permanent ramps, stairlift, platform lifts, elevator

TRANSPORATION:

- Complete a Mileage Log and attach to completed Request for Funds form. Gas receipts are not accepted.
 - Mileage/rental of vehicle or car service **FOR ONLY THE FOLLOWING:** ALS clinic appointments or other Neurologist appointments, NC clinical trial appointments (when travel stipend is not provided), feeding tube, Baclofen (pump), invasive vent procedures, Radicava and Toferson (Qalsody) Infusion appointments.
All Medical appointments must be directly related to ALS.
 - Lodging for clinic appointment ONLY; 1 room for 1 night, limit up to \$150/night, does NOT include meals.
 - Automobile accessibility modification (not purchase of automobile/van or mechanical repairs), wheelchair lifts, ramps, wheelchair locks/ tie downs, hand controls.
 - Driving evaluations