



Quality of Life Reimbursement Grant 2024 Reimbursement Guidelines

The Quality of Life Reimbursement Grant assists families with expenses that are not typically covered by private insurance, Medicare, Medicaid and other assistance programs. This grant will cover, but is not limited to, durable medical equipment, home care assistance, travel costs related to an ALS diagnosis or research, home or auto modifications, computer access, communication devices, smart home technology, environmental controls, and generators. Recipients may be reimbursed for up to \$1,200 for approved expenses incurred from **January 16, 2024 to January 13, 2025.**

- Funding is limited and grants will be awarded on a first come first serve basis.
- Copies of RECEIPTS OR INVOICES clearly indicating payment(s) is necessary to receive reimbursement.
- Individuals do not have to wait to reach the \$1,200 grant limit to submit expenses. You may submit expenses of \$500 or more at a time. A submission of less than \$500 will NOT be processed unless it the ONLY reimbursement request from the pALS.
- A Reimbursement Request Form is ALWAYS required.

Respite Care	
ACCEPTABLE REIMBURSEMENTS	UNACCEPTABLE REIMBURSEMENTS
<ul style="list-style-type: none"> • Patient sitting services by anyone NOT living in the home. • House cleaning, lawn/yard, or snow removal services <p style="text-align: center;">Must be performed at patient's primary residence.</p>	<ul style="list-style-type: none"> • Residential living - room and board fees. • Caregiving provided by anyone living in the home.
Communication Needs (medically necessary)	
ACCEPTABLE REIMBURSEMENTS	UNACCEPTABLE REIMBURSEMENTS
Communication devices, which may include: <ul style="list-style-type: none"> • iPad or similar tablet, Internet connected watch • Augmentative communication devices • Smart home & Augmentative communication accessories, software, and apps. 	<ul style="list-style-type: none"> • Computer repairs. • Internet fees or phone bills. • Virus protectors.
Home Modifications (medically necessary)	
ACCEPTABLE REIMBURSEMENTS	UNACCEPTABLE REIMBURSEMENTS
Material and labor for the following - <ul style="list-style-type: none"> • Building of ramps or installation of lifts • Bathroom accessibility • General Home accessibility • Smart home technology 	<ul style="list-style-type: none"> • Interior or exterior painting.

Reimbursement Guidelines

Medical Expenses, Equipment & Supplies (medically necessary)

ACCEPTABLE REIMBURSEMENTS	UNACCEPTABLE REIMBURSEMENTS
<p><i>Copays, Fees, Costs for the following</i></p> <ul style="list-style-type: none"> • FDA approved medication for treating ALS and symptoms • Medical Marijuana • Medical Marijuana Card • CBD products • Durable medical equipment. • ALS Clinic fees • PEG tube supplies • Bipap supplies • Wheelchair upgrades & repairs • AFO braces/splints • Beds and mattresses • Generators • Personal Alert Systems including smart watches • Portable ramps • Patient focused counseling prescribed by a neurologist or general practitioner. • Health Insurance Premiums • Alternative therapies prescribed by a neurologist or general practitioner. • Toiletries that help with treatment of ALS. 	<ul style="list-style-type: none"> • Any over the counter or prescription medications (with the exception of medications prescribed by a medical professional to treat symptoms of ALS) • Utility bills • Non-ALS related doctor/hospital fees or co-payments (includes vision & dental).

TRANSPORTATION

ACCEPTABLE REIMBURSEMENTS	UNACCEPTABLE REIMBURSEMENTS
<ul style="list-style-type: none"> • Mileage to and from ALS Clinics, clinical study, ALS standard medical appointments such as - pulmonary, gastroenterology, physical, occupational & respiratory therapy, and vent procedures. • Rental of handicap accessible vehicle and/or car service. • Adaptations for vehicles to make them accessible. • Purchase of handicap accessible vehicle and/or maintenance of this vehicle. • Lodging for ALS Clinic appointments. • (1 room, 2 night limit; does NOT include meals) • Driving Evaluation 	<ul style="list-style-type: none"> • Mileage to and from pharmacy, dental, vision or any medical appointments not listed on left. • Purchase of an automobile that is NOT handicap accessible.