

**Kostiuk ALS Care Grant
Reimbursement Chart**

ACCEPTABLE REIMBURSEMENTS	UNACCEPTABLE REIMBURSEMENTS (not all inclusive)
HOME CARE	
*Home Care /In-Home Help/Sitter *Patient sitting services by anyone NOT living in the home - Must be performed at patient's primary residence	*Residential living - room and board fees *Caregiving provided by anyone living in the home *Lawn care
COMMUNICATION (medically necessary, physician prescription required)	
*Speech generating devices, which may include: <ul style="list-style-type: none"> • Desktop/laptop computer (<i>limited to 1 device</i>) • iPad or other similar tablet (<i>limited to 1 device</i>) *Computer software or apps for communication *Augmentative communication devices (<i>limited to 1 device</i>)	*Computer repairs *Internet fees or phone bills *Televisions/Apple TV, cable connection, Netflix, email service fees and other subscription services *Virus protectors * Computer accessories: such as headphones, protectors
MEDICAL EXPENSES, EQUIPMENT & SUPPLIES (medically necessary, physician prescription required)	
*FDA approved Rilutek, Nuedexta, Radicava and other ALS Medications (<i>medications related to ALS diagnosis</i>) *Insurance Co-Payments for: <ul style="list-style-type: none"> • Diaphragm pacer & supplies • Durable Medical Equipment • PEG tube supplies/equipment • Bipap, Trilogy & supplies • Prescribed aquatic therapy, physical therapy, occupational therapy and speech therapy • AFO braces/splints • Prescribed hospital beds & mattresses • Clinic and primary care physician's fees (related to ALS) • Medically necessary wheelchair upgrades and repairs (including cushions, seat lift elevator, head array, attendant controls) *Acupuncture/massages/massage therapy *Adjustable bed or mattress, pillows/cushions *Adaptive clothing and shoes *Over the counter medical supplies (such as incontinence supplies, gauzes, nutritional supplements, utensils...) *Ramps and Generators	*Any over the counter or prescription medications non-related to your ALS diagnosis *Health insurance premiums *Groceries *Utility bills (including alarm systems) *Non-ALS related doctor/hospital fees or co-payments (includes vision & dental) *Pool fees or equipment, exercise equipment
HOME MODIFICATIONS (medically necessary, physician prescription required)	
*Building of ramps or installation of lifts (material & labor) *Bathroom accessibility (material & labor) *Doorway accessibility (material & labor)	*Home maintenance and repairs (including driveway and sidewalk repairs, roofing, plumbing repairs) *Interior or exterior painting
TRANSPORTATION (MEDICAL USE ONLY)	
*Rental of vehicle, car service and/or non-ambulance transportation to and from ALS Clinic, clinical study, feeding tube, diaphragm pacer and vent procedure appointments *Purchase of a handicap accessible van *Adaptations/repairs for vehicles to make handicap accessible *Lodging for ALS Clinic appointments (1 room, 2 night limit; does NOT include meals)	*Mileage /Gas to and from ALS-related appointments *Automobile maintenance, including, but not limited to tire replacement, oil change, body, or engine repairs