

February 1, 2023

We are happy to share with you the **NEW Application** and Reimbursement Request process for the Northern Ohio ALS Care Grant. We hope you will benefit from the streamlined process.

Please note, you will need to discard all previous forms and applications. Only the forms in this packet will be accepted. All forms are marked with revised date of 1/23 (January 2023).

What's new?

You will apply AND send in an expense reimbursement report with receipts **in one step**.

It's true! You will no longer need to apply, and they wait to hear if you've been accepted before sending receipts. Please send both the application/expense form AND receipts at one time!

What is the maximum dollar amount that I can receive via the ALS Care Grant?

Grants will be up to \$500 per qualified applicant. You may reapply for additional funds by completing a NEW application/expense report each time (up to a maximum of \$2000/year).

However, we want you to receive financial assistance for your out-of-pocket medical expenses related to living with ALS or PLS, **when you need it**. If you have an expense more than \$500 and you are experiencing financial hardship as a result of these expenses (must be directly related to your ALS or PLS diagnosis and be listed on the "acceptable reimbursements" list in the grant application packet), please talk with your care coordinator. Your care coordinator may talk with you about other community agencies or resources to help.

How is the ALS Care Grant Funded?

The ALS Care Grant is supported by generous gifts from individual donors. At this time, we receive no support from the federal or state government to support these grants.

What if my income is over the 500% of the Federal Poverty Level? (see chart in the enclosed application packet)

We understand that living with ALS is very expensive and many medical needs and treatments are not covered under medical insurance plans. We encourage all those living with ALS/PLS to talk with their care coordinator and consider applying for assistance. In cases when applications and requests for assistance exceed the available funding, we will need to rank applications based on the greatest level of need.

Are there any eligibility restrictions?

Since needs may exceed the funding available, we are challenged to aid those who do not qualify for other assistance programs. At this time, Veterans with ALS who receive service-connected benefits are strongly encouraged to apply for assistance through the Veterans Administration. The ALS Service-Connected Benefits far exceed the grant program offered through the Northern Ohio Chapter. Those who are enrolled in Ohio Medicaid, My Care Ohio or other Passport and/or Waiver Programs should speak with their case manager to be sure they are accessing all assistance available to them.

Are there restrictions on what items will be covered as an allowable expense?

Yes. Since the need for assistance may exceed the grant funding, we must limit allowable expenses to FDA-approved treatments and therapies. We understand that off-label and holistic treatments give many people hope. We are happy that you may have found something to give you hope, but we cannot offer financial assistance for these items at this time. Over the counter vitamin, oral supplements and other non-FDA approved treatments and therapies are not covered.

What's new about lawn care, snow removal and housekeeping?

Our primary goal is to assist with medical costs such as uncovered, FDA-approved treatments and therapies, deductible and co-payments such as those for therapy visits, medical devices and medications. We understand that tasks such as lawn care, snow removal and housekeeping were tasks you or your loved one may no longer be able to do independently. We also know that these tasks can be a significant strain on a person/family living with ALS/PLS, and that these services often come with a significant expense. In some cases, there may be other agencies that help with these tasks. Please talk with your care coordinator.

Why are there two packets?

You'll see **one link for the combined ALS Care Grant Application** and **one link for the "expense" forms**. Please use the appropriate expense forms to track services from those who do not offer a formal billing statement. Please be sure that all of the required information for providers who do not offer a billing statement is completed on the appropriate forms.

If you have questions or concerns, please contact us by calling 216-592-2572 or email alscaregrant@alsaohio.org

Lisa Bruening, M.S., CCC-SLP
Director of Care Services

ALS Care Grant Program

Purpose: To provide financial assistance to families living in the Northern Ohio Chapter service area with ALS or PLS to offset the medical expenses experienced with such diseases.

Eligibility:

1. Must register with the ALS Association Northern Ohio Chapter;
2. Must have a diagnosis of ALS or PLS;
3. Must use the grant for medical expenses or specific needs related to ALS/PLS diagnosis.

Eligibility Exceptions: Grant requests made by recipients of Ohio Medicaid Home Care WAIVER or PASSPORT will be taken for consideration based on the following:

- a. A specific need that is not provided by the WAIVER or PASSPORT program; and
- b. Applicant consents to allow his/her Northern Ohio Chapter Care Services Coordinator to contact the WAIVER or PASSPORT case manager;
- c. On a case-by-case basis, placed as second priority to applicants who are non-WAIVER or non-PASSPORT recipients.

Financial Attestation: All those with ALS/PLS are welcome to apply, however priority may be given to those who fall below the 500% Federal Poverty Level. See chart on page 5.

Eligibility Exclusions: Veterans with ALS who are service-connected and eligible/receiving VA benefits.

Grant Offering:

1. Up to **\$500.00** each grant per applicant.
2. First-come, first-served; however new applicants will be prioritized over returning applicants.
3. Grants will be approved as long as funding exists.
4. You may reapply for additional funds by completing a NEW application/expense report each time (up to a maximum of \$2000/year).
5. Grant requests must be related to the diagnosis of ALS or PLS, such as equipment, care and/or services. Please refer to ALS Care Grant Program Guidelines on page 3 for covered benefits. Some benefits may require a physician prescription.
6. Grants will be paid as an expense reimbursement. The client must first incur the expense and then be reimbursed via the grant program. In some cases, the grant may be paid directly to the authorized vendor, with advanced approval.
7. If grant applications exceed budget funding for any given cycle, new applicants will take precedence over those who have already been approved for a grant during the previous 12 months.

Disbursement: Once approved, grants will be paid to the person living with ALS or the primary caregiver/POA provided that all paperwork has been completed appropriately, requested items/services meet the guidelines and receipts have been received by the office in accordance with stated procedures. Please allow up to 3 weeks for grant payment.

Enrollment in electronic funds transfer authorization form is strongly encouraged. (Authorization form is included).

For questions or more information, please contact the ALS Association office at:

216-592-2572/888-592-2572

Or email at alscaregrant@alsaohio.org

Steps to Apply for the ALS Care Grant Program

New: Beginning February 1, 2023, you may apply for the ALS Care Grant using the combined APPLICATION and EXPENSE REPORT form. (Included in this packet)

*****Please read instructions carefully*****

Needs must be directly related to ALS or PLS diagnosis.

See list of acceptable reimbursements in the ALS Care Grant Guidelines.

Step 1: Assemble all necessary paperwork and sign all forms as required.

- **Application and Expense Reimbursement Request** (combined form)
- **Applicable Expense Documentation Form(s)** (e.g., hired service provider log sheet, mileage, etc. forms included in packet)
- **Copies of actual billing statements or receipts**
 - Please do not send Explanation of Benefits forms, cancelled or copies of checks, bank statements or credit card statements.
- **ACH/electronic funds deposit form** (Strongly encouraged. Form is included)
- **Verification of Diagnosis** form (Please check with your primary care coordinator, we may already have this form on file.)

Step 2: Scan and email the combined application/expense forms and all necessary documents to

alscaregrant@alsaohio.org

(Please note: there is an “a” in “alsaohio.org”) or mail to the address on the form.

Email (electronic) applications are preferred. Smart phones offer easy options to scan your documents and forward to our email. Once your application is received via our ALS grant email, you will receive an automatic confirmation of receipt. PLEASE SAVE THIS EMAIL CONFIRMATION. If you do not use email, you may mail the combined application and expense report to the Northern Ohio Chapter at the address on the bottom of the application form. **PLEASE KEEP A COPY OF YOUR APPLICATION** as items are frequently lost in the mail. If you do not receive a confirmation of the receipt of your mailed application within two weeks, please contact your regional care coordinator.

Note: The intent is that you submit expenses and request for reimbursement when you need it most.

Internal budget and funding restrictions may delay approval of your grant reimbursement request.

Step 3: You may re-apply for funds up to a maximum of \$2,000/year providing funding is available. New applications for grant requests will be given priority ranking over returning applicants. Our goal is to help as many persons as possible in a given year.

ALS Care Grant Program Guidelines

ACCEPTABLE REIMBURSEMENTS	NOT COVERED
RESPIRE <i>(after the maximum grant award from the Respite program has been used)</i>	ALS CARE GRANT DOES NOT COVER
<ul style="list-style-type: none"> Companion and caregiver services by anyone NOT living in the home. In-home hired care; licensed, professional caregiving agency preferred. Lawn care and snow removal/housecleaning may not be provided by someone living in the home. (requires pre-approval) <p><i>Traditional respite requests are handled through the ALS Respite Program. Contact your care services coordinator for info.</i></p>	<ul style="list-style-type: none"> Residential living - room and board fees. Caregiving, cleaning or lawn care, snow removal by those in same home.
COMMUNICATION (medically necessary, physician prescription required)	ALS CARE GRANT DOES NOT COVER
<p>Coverage of technology or devices designed to be useful only to the person with ALS/PLS and would not be considered useful to others without ALS/PLS (smart home devices may be considered)</p> <ul style="list-style-type: none"> Speech generating devices, which may include: <ul style="list-style-type: none"> Augmentative communication device (<i>limited to 1 device</i>). Full Windows Tablet (limited to 1 device)/ iPad (<i>limited to 1 device</i>) Text to Speech or communication software for above device. 	<ul style="list-style-type: none"> Computer repairs. Internet fees or phone bills. Televisions/Apple TV, cable connection, email service fees. Virus protectors. Computer table/desk, iPad/tablet/computer accessories.
MEDICAL EXPENSES, EQUIPMENT & SUPPLIES <i>(medically necessary, physician prescription required)</i>	ALS CARE GRANT DOES NOT COVER
<ul style="list-style-type: none"> FDA approved medications for the treatment of ALS, <ul style="list-style-type: none"> i.e., Riluzole, Rilutek, Tigtutik, Nuedexta, Edaravone, Radicava, Relyvrio, Baclofen, Elavil, Amitriptyline, Elavil, Glycopyrrolate. ALS specific medication infusion supplies or charges Diaphragm pacer co-payments & supplies. Durable medical equipment, such as prescribed medical beds and mattresses, wheelchairs, transfer devices, lifts, bedside commodes, etc. Also includes respiratory and airway clearance devices. Medically necessary wheelchair upgrades, including cushions, seat lift elevators, adapted drive control mechanisms, attendant controls, etc. AFO braces/splints, neck braces, hand splints, adapted utensils. ALS Specialists, Clinic fees. PEG tube supplies/equipment and enteral nutritional formulas administered through PEG. (May also include medically recommended nutritional formula taken by mouth) Portable ramps (portable ramps are 6-10 feet in length), generators. 	<ul style="list-style-type: none"> Over the counter or prescription medications not related to ALS/PLS. Health insurance premiums. Any type: clothing, groceries, toiletries, shoes, sheets, blankets, pillows. Utility bills (including home security alarm systems). Non-ALS related doctor/hospital fees or co-payments (includes vision & dental). Acupuncture/massages/massage therapy/ massage cushions/hand massagers. Pool fees or equipment, exercise equipment.
HOME MODIFICATIONS (medically necessary, physician prescription required)	ALS CARE GRANT DOES NOT COVER
<ul style="list-style-type: none"> Construction/installation of ramps, wheelchair platforms lift, stairlifts. Bathroom accessibility. Doorway accessibility. 	<ul style="list-style-type: none"> Home maintenance/repairs (including driveway and sidewalk repairs). Interior or exterior painting.
TRANSPORTATION (ALS or PLS MEDICAL USE ONLY)	ALS Care grant DOES NOT COVER
<ul style="list-style-type: none"> Mileage to and from ALS Team Clinic, FDA approved clinical study, ALS related medical appointments, such as pulmonary, gastroenterology, diaphragm pacer & vent procedures. Rental of vehicle and/or car service to get to/from ALS-related medical appointments, ALS Team Clinic, clinical study. Adaptations for vehicles to make them accessible. Lodging for ALS Team Clinic appointments. Limits: 1 room, 2 nights; does NOT include meals) 	<ul style="list-style-type: none"> Mileage to and from pharmacy, dental, vision or any medical appointments not listed on left. Purchase of any automobiles (including accessible van). Automobile maintenance, including, but not limited to tire replacement, oil change, body, or engine repairs.

ALS Care Grant Program Application/Expense Reimbursement Request

Send this form with your receipts and documentation to the office (options on the back of the form)

Person with ALS or PLS Information

Name: _____

Physical Address (No P.O. Box): _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from Physical Address) _____

City: _____ State: _____ Zip: _____

Date of Diagnosis: _____ Date of Birth: _____ Home Phone: _____

Cell Phone: _____ E-mail address: _____

ALS Clinic Name: _____ Neurologist Name: _____

Veteran: Yes / No

Ohio Medicaid Waiver or Passport Recipient: Yes / No

Registered with Northern Ohio Chapter? Yes / No

Receiving Aid from any other Organization? Yes/ No

Family Member or Authorized Agent Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____ Relationship to Patient: _____

Type of Need	Amount Requested	Receipts Attached ✓ (check) if receipts are attached. Please include true receipts; cancelled checks, credit card/ bank statements are not acceptable.
Hired Professional Caregiver/Companion Services		
Medical Equipment Purchase/Repair		
ALS Medications (non-ALS medications not covered)		
Home Modification		
Vehicle Modification/Rental		
Communication Device/Speech Generating Device		
ALS Medically Necessary Therapy/Medical Testing		
ALS Medically Necessary Medical Supplies		
Mileage to ALS Clinic or ALS Clinical Trail		
Total Requested (maximum grant \$500 per cycle, up to \$2000 per year)		

In the case of limited availability of funds, priority ranking will be given to those whose household income is below 500% of the Federal Poverty Guideline. Those who do not fall below this guideline are still encouraged to apply, The 2023 Federal Poverty Guidelines can be found below.

2023 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA		
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE	500% LEVEL
1	\$14,580	\$72,900
2	\$19,720	\$98,600
3	\$24,860	\$124,300
4	\$30,000	\$150,000
5	\$35,140	\$175,700
6	\$40,280	\$201,400
7	\$45,420	\$227,100
8	\$50,560	\$252,800
For families/households with more than 8 persons, add \$25,700 for each additional person to the 500% level column.		

Financial Attestation: I certify that my income falls below the 500% FPL Yes / No (Please circle response)

I understand that The ALS Association Northern Ohio Chapter ALS Care Grant Program is intended for use by those who truly need financial assistance. To the best of my knowledge and belief, the information I provided in the application is true, correct, and complete. I have reviewed the application materials and agree to abide by all requirements, as noted. I acknowledge that these grants are based on the availability of funds and that policies and procedures are subject to change.

Applicant (Print Name) _____

Date _____

Signature _____

Relationship to Patient _____

Ohio Medicaid WAIVER and PASSPORT recipients only

I consent to allow my regional care coordinator to contact my Ohio Medicaid WAIVER or PASSPORT case manager.

Name of Case Manager: _____

Phone: _____ Email: _____

Submit the Application to:

The ALS Association Northern Ohio Chapter
6133 Rockside Road, Suite 301
Independence, OH 44131
Fax: 216-592-2575
Email: alscaregrant@alsaohio.org

Emailed applications are preferred. It is highly recommended that mailed applications are sent with tracking (i.e. USPS Priority Mail, UPS, FedEx) **Keep a copy.**

Office Use Only: Grant: 5826 Circle Payment Type: Paper Check ACH (electronic)

Total Submitted _____ **Amount Awarded** _____ **Approved by** _____ **Date** _____

Tracking: Hired Care: _____ Medical Equipment _____ Copay _____ Communication _____

Home Modification _____ ALS Medication _____ Transportation _____ Vehicle Modification _____ Other _____