SECTION 3 - Patient Resources
Resources for pALS, Families, and Caregivers

When you or a loved one is diagnosed with ALS, your first reaction is typically shock and fear. You may be overwhelmed and very emotional and have many questions. You might not have ever known anyone with ALS and feel alone – but you are not alone! There is support available and it is important to engage early and seek support. Below are resources available to help you through your journey with ALS.

Goode Foundation Travel Assistance Program
The mission of the Goode Foundation is to support, assist, and empower ALS patients and families, and inspire the pursuit of improved treatment and research toward a cure. Sometimes clinic appointments require an overnight stay for patients who live far away from Atlanta. As ALS progresses, extra time to get the pALS up and dressed, into the car or van for travel, and into the ALS clinic building can turn that appointment into a 12+ hour day that is exhausting for the patient and caregiver.

The Goode Foundation Travel Assistance Program is for those Emory ALS Center patients who live outside the metro Atlanta area who would benefit from an overnight stay prior to a clinic appointment. The Goode Foundation has partnered with the Emory Conference Center Hotel to pay for the overnight stay prior to your appointment at the Emory ALS Clinic or Emory Brain Health Center. www.goodefoundation.org

FACT Relief Foundation
FACT Relief Foundation’s goal is to help ease the burden and worry associated with concerns for the financial stability of the family as well as assist in planning for a family’s longer-term needs. They accomplish this by offering targeted financial support as well as long term planning and guidance for the benefit of these families with a demonstrated need. FACT Relief looks to help with more than just uninsured medical expenses, realizing that families experience the financial burden of day-to-day living expenses as well. http://www.factrelief.org/

Benefits and Resources for Military Veterans with ALS

ALS Association Georgia Chapter
The ALS Association of Georgia has Patient Services staff members who are available to ALS patients and their families from the time of diagnosis. They will assess a patient’s needs, recommend equipment and help families plan for the future.

The ALS Association of Georgia also offers a medical equipment loan program through which patients may receive items not covered by insurance, such as power wheelchairs, communication devices or shower chairs, etc. The ALS Association of Georgia delivers equipment to ALS patients and provides training for families.

The ALS Association Georgia Chapter is located at 5881 Glenridge Dr. - Suite 200 - Atlanta, GA 30328. Phone number is (404) 636-9909. www.alsaga.org
Muscular Dystrophy Association (MDA) – Greater Atlanta and Greater Macon locations
MDA covers ALS as one of the 43 types of muscle debilitating conditions they cover. MDA has a family support team whose job is to meet families at their time of diagnosis and assist during times of need throughout the process. The family support team provides emotional support and has educational resources available locally. MDA also has a National Resource Center where trained professionals can help provide information and respond to questions associated with ALS. They will help you identify local and national resources as well.

Locally, MDA has an equipment loaner program which receives and lends donations of equipment such as scooters, manual and power wheelchairs, and occasionally hospital beds. MDA works with local vendors to maintain the program and will often deliver equipment to families.

MDA’s locations cover all of Georgia as well as many locations sites throughout the Southeast and nationwide. To locate the office closest to you, please visit www.mda.org and type in the zip code. To reach the family support team, please call 770-621-9800; they are located at 2310 Parklake Dr., Suite 375, Atlanta, GA 30345 and can connect you with the resources and office locations best for you.

National ALS Registry
The National ALS Registry may be the single largest ALS research project ever created and is designed to identify ALS cases from throughout the entire United States. Registering and taking the surveys can help make a difference in the lives of those living with ALS today and for generations to come. Enroll now at: www.cdc.gov/als

NEALS (Northeast ALS Consortium)
The mission of the Northeast ALS Consortium (NEALS) is to rapidly translate scientific advances into clinical research and new treatments for people with Amyotrophic Lateral Sclerosis (ALS) and motor neuron disease. To achieve that goal, NEALS functions as an academic research consortium, a contracted research organization, and a resource tool for ALS community. https://www.neals.org/

ALS Untangled
ALSUntangled helps patients with amyotrophic lateral sclerosis (ALS) to review alternative and off-label ALS treatments. www.alsuntangled.com
INTERNET RESOURCES THAT MAY BE OF INTEREST:

www.als.emory.edu
Emory ALS Center website

www.clinicaltrials.gov
Federally mandated website where all clinical trials must be posted. This is the most reliable resource for information about ALS research, or research into any medical condition. Suggest searching using the term “amyotrophic” since searching ALS will give you any medical condition where those letters are next to each other.

www.neals.org
The Northeast ALS Consortium (NEALS) is committed to translating scientific advances into new treatments for people with ALS. They are committed to the principles of open scientific communication, peer review, full and open disclosure of potential conflicts of interest and democratic governance of the organization. NEALS started in 1995 with nine academic centers in New England and has grown to over 100 research centers in North America. This website is a reliable and accurate source of information.

https://www.mda.org/disease/amyotrophic-lateral-sclerosis
The Muscular Dystrophy Association has been an important supporter for care and research in ALS along with other neuromuscular diseases. They partner with Emory to support our clinic and our research program. You will find accurate information here and learn about what programs might be available to help.

www.alsa.org and www.alsaga.org
The ALS Association focuses exclusively on research and care for patients with ALS. The national organization and the Georgia chapter partners with Emory to support our clinic and our research program. You will find accurate information here and learn about what programs might be available to help.

www.alsuntangled.org
ALSUntangled reviews alternative and off label treatments with the goal of helping people with ALS make informed decisions about them. The reviewers are all ALS clinician scientists.
The mission of the ALS Association is to find the cause of the disease and discover a cure through global, cutting-edge research. The ALS Association empowers people with Lou Gehrig’s Disease and their families to live fuller lives by providing compassionate care and support.

The ALS Association of Georgia
Since its founding in 1988, the ALS Association of Georgia has worked with ALS patients and their families to ensure the highest quality of life possible. The progression of ALS varies significantly from one patient to another. No matter a patient’s situation, the ALS Association of Georgia is available to provide vital services and reliable information.

Through the Patient Services Program, the ALS Association of Georgia employs Patient Services staff members who are available to ALS patients and their families from the time of diagnosis. The Patient Services staff assesses a patient’s needs, recommends equipment and helps families plan for the future.

The ALS Association of Georgia programs and services include:

**Medical Equipment Loan Program** that provides mobility equipment and augmentative communication devices when insurance and other programs cannot fund needed items.

**Support Groups** for patients, family members, caregivers and friends.

**ALS Care Grant Program** that has some guidelines and requires an application.

**Sally Panfel In-Home Care & Respite Program** to provide in-home care to pALS and respite relief for their caregivers. There is a questionnaire and application process.

**Paul B. Williams ALS Transportation Program** to address the need of accessible van rentals, non-emergency transportation, van adaptations, and van vouchers.

All of the above program applications and additional information can be found the Georgia Chapter website. [www.alsaga.org](http://www.alsaga.org)

The ALS Association Georgia Chapter is located at 5881 Glenridge Dr. - Suite 200 - Atlanta, GA 30328. Phone number is (404) 636-9909.
MDA’s ALS Division is a world leader in the search for treatments and therapies for amyotrophic lateral sclerosis (ALS). The ALS Division also provides practical support and expert health care for those living with ALS.

Muscular Dystrophy Association (MDA) – Greater Atlanta and Greater Macon locations: MDA covers ALS as one of the 43 types of muscle debilitating conditions they cover. MDA has a family support team whose job is to meet families at their time of diagnosis and assist during times of need throughout the process.

As you learn more about ALS, always remember that you’re not alone. MDA’s ALS Division is here for you and your family, standing ready to provide help and hope. There is a place for you in the MDA ALS community.

MDA provides support by:

- funding ALS research projects around the world;
- providing expert health care at some 200 MDA clinics and 42 MDA/ALS centers;
- providing timely, regular information about research progress through ALS News Online;
- providing practical support, such as help in locating and repairing durable medical equipment;
- advocating for increased funding for ALS research, and accelerating research progress through partnerships with federal agencies and policymakers;
- helping individuals, families and caregivers connect with other members of the ALS community through support groups and online social networks such as Facebook and Twitter;
- helping you mobilize a personal support network through the care coordination tool myMuscleTeam; and
- connecting you with community and educational resources.

In addition, MDA will keep you informed through e-alerts, educational publications and speakers, seminars, videos and newsletters. Many people find that becoming working with others to defeat ALS brings them a feeling of empowerment. Please know that there’s a role for you in the fight against ALS.

An ALS diagnosis does not mean an end to your hopes and dreams. Changes, challenges and adaptations lay ahead, but also opportunity, fulfillment, joy and hope for a future free of amyotrophic lateral sclerosis.

Never forget that MDA is here to help. The local office is located at 2310 Parklake Dr., Suite 375, Atlanta, GA 30345. Phone number is 770-621-9800.
TRAVEL ASSISTANCE PROGRAM

The mission of the Goode Foundation is to support, assist, and empower ALS patients and families, and inspire the pursuit of improved treatment and research toward a cure. Sometimes clinic appointments require an overnight stay for patients who live far away from Atlanta. As ALS progresses, extra time to get the pALS up and dressed, into the car or van for travel, and into the ALS clinic building can turn that appointment into a 12+ hour day that is exhausting for the patient and caregiver.

The Goode Foundation Travel Assistance Program is for those Emory ALS Center patients who live outside the metro Atlanta area who would benefit from an overnight stay prior to a clinic appointment. The Goode Foundation has partnered with the Emory Conference Center Hotel to pay for the overnight stay prior to your appointment at the Emory ALS Clinic.

Please complete the form on the next page as soon as your appointment is scheduled to make sure that a handicapped room is available.

Contact goodestrong@gmail.com or 877-354-6633
Travel Assistance Program

Name:

Address:

Email: Phone:

Purpose of Travel:

_____ Clinic Appointment  _____ Doctor Appointment  _____ Research Appointment

Date/Time of Appointment

Emory Clinic _____  Emory Brain Health Center _____

How far away do you live from the Emory ALS Center?

Please tell us about your mobility (walking with assistance? Wheelchair? Rollator?)

What assistance/caregiving do you need to get dressed, hygiene, etc.?

Do you need transportation? _____ Yes  _____ No

Preferred method of contact from the Goode Foundation:

Email _____  _____ Phone

PLEASE SEND COMPLETED FORM TO goodestong@gmail.com
Serious illnesses and insurance case managers

**Utilize Your Insurance Case Management System** (Medicare and Medicaid do not offer these services)

Seeking the assistance of an insurance Case Manager (CM) will gain you an advocate who can help you understand the benefits and resources provided by your insurance plan.

Most private insurance organizations have a Case Management department. Calling the insurance company and requesting case management is the first step in the process; asking for a Case Manager with knowledge of ALS is the next. A CM, typically a nurse, will work with the physician to provide the care that is needed and may be able to uncover more care options.

**Educating Your Case Manager**

ALS patients and families find that they are frequently educating others about ALS. Living with ALS 24 hours a day imparts rapid knowledge. Physical progression changes from day to day and what works today may be different tomorrow. For the CM to truly understand the progressive status of ALS, the concept of planning and “staying ahead of the curve” on symptom management needs to be emphasized. Depending on the CM’s experience, you may need to educate them. If the CM is local, ask them to do a home visit to assess the situation. List all of the types of care you require and take pictures if appropriate to forward to them. Make the CM feel like a part of the team.

If you don’t feel the CM is proactive enough, you have the right to request a different CM.

**Skilled and Unskilled Home Care – Coverage for People with ALS?**

The skilled care designation indicates that treatment is provided by licensed nursing personnel (LPN or RN) vs. a home health aide or other unlicensed healthcare worker. The usual criteria considerations for skilled home care include that the services need to be ordered by a physician as part of a treatment plan for a covered medical condition. As the disease progresses, and if the person with ALS has chosen certain treatment options, there may be a point where the hands-on care necessary fulfills criteria for skilled care. In certain circumstances a CM can be asked to approve some additional unskilled and skilled coverage. Navigating the insurance system requires fact gathering, knowledge about care options, and negotiation of your insurance benefits by a cooperative CM.

**Get Educated on Case Management**

Since some policies and guidelines vary by company, request your specific Evidence of Coverage or Insurance Contract.

**Think Outside the Insurance Coverage Box**

Case Managers are solution seekers. The CM has flexibility that allows them to exchange one benefit for another. This is done when the care that is needed costs less than the alternative. If they don’t offer solutions like this, then you need to ask some specific questions.

Ask if the plan allows for a substitution of benefits. One example might be converting the home health or SNF benefit into skilled in-home nursing hours. The insurance company generally is not going to provide a service for which there is no contractual benefit, however they may be willing to convert or substitute one benefit for a similar service. If this alternative way fits within the physician’s treatment plan, this argument can then be made. The terminology or language of the insurance company’s guidelines needs to be used to make the case for coverage.

Highlighting the critical issue of airway protection, as seen when a patient is on Non-Invasive Ventilation (NIV) or has a tracheostomy, can be an important argument in having assurance of 24-hour airway maintenance and having appropriate care coverage.
Let the CM know all the other care and support being provided by family and other organizations so you are aligned as partners in the case. Showing cooperation in this care partnership can be mutually beneficial.

Remind them that:

1. In-home care is less expensive than an acute hospital or nursing home admission.
2. The goal is to avoid an inpatient hospitalization, emergency room visit or an expensive or serious complication.

By having the appropriate home health coverage engaged, the care cost may be less.

**What is the Case Management Goal?**

It is encouraged and worthwhile for the person with ALS to engage in a relationship with their insurance Case Manager. It can then be assessed if the CM can assist in meeting the treatment plan goals by being flexible with the existing benefits.

These alternatives may provide helpful options for home care.
Summary of Disability Benefits

Please note this is a VERY general overview and available benefits are always evaluated on a case-by-case basis for each applicant.

With a diagnosis of ALS am I eligible for disability?

Yes. If you have been diagnosed with ALS you should qualify for Social Security disability benefits, since ALS is considered a presumptive disability. The applicant must meet specific criteria but most PALS meet these. You have to stop working to apply for disability benefits, but you can be using short- or long-term disability benefits.

Disability benefits include: Medicare and Social Security Disability Income (SSDI). Medicaid and Supplemental Security Income (SSI).

Medicare and Medicaid are social health insurance programs. SSDI and SSI are financial benefits.

Medicaid is not the same as Medicare. SSI and SSDI are not the same, either.

Medicare and Medicaid: The health insurance benefits

Medicare is a federal program that provides health coverage earlier than retirement age if you have a severe disability. You must be a qualified worker. Typically this means you have paid into the social security system for at least ten years. You likely are eligible for SSDI benefits if you are eligible for Medicare.

Medicaid is a state and federal program that provides health coverage if you have a very low income. You likely are eligible for SSI benefits if you are eligible for Medicaid.

- Note: If you are eligible for both Medicare and Medicaid, you can have both and they will provide you with very good health coverage.

The disability benefits

Social Security disability insurance (SSDI, associated with Medicare-qualified PALS) is typically available to any person who has paid into the Social Security system for at least ten years (qualified workers). The Medicare health insurance benefit that is associated with SSDI has a 5-month waiting period which starts from the date you are DEEMED disabled. This is often the date you were diagnosed with the disease. SSDI monetary benefits may be retroactive to your disability date but check with your disability contact person.

Social Security insurance (SSI, associated with Medicaid-qualified PALS) is funded by general tax revenues, not by taxes taken from individual workers’ paychecks. SSI has very strict financial requirements. These benefits typically are retroactive to the date you are DEEMED disabled as well, but check with your disability contact person. **SSI Beneficiaries Typically Receive Medicaid.**

- Note: Typically the dependent children of recipients of SSI and SSDI are eligible for some benefits also.
PALS should also have **expedited approvals** for a disability claim. This is called a TERI case and should always be mentioned while you are applying.

To apply for disability benefits, call the Social Security Administration at (800) 772-1213, online at [www.ssa.gov](http://www.ssa.gov), or visit your local Social Security office.

**Medicare-eligible PALS, there are different parts you need to be aware of:**

Very briefly:

- A= hospital insurance (free)
- B= medical/outpatient insurance (requires insurance premium)
- D= pharmacy/medication, insurance requires insurance premium
- C= not a separate benefit, but a policy that allows private health insurance companies to provide Medicare benefits known as Medicare Advantage Plans. These are NOT supplemental plans but replace original/regular Medicare.

**Luckily there is free help navigating this complicated system!** The website [www.mygeorgiacares.org](http://www.mygeorgiacares.org) provides resources including the state SHIP program (state health insurance assistance program). SHIP offers free one-on-one counseling and will explain all of your options regarding Medicare and many other issues. They can be reached at (800) 669-8387.
Benefits for Veterans

Am I eligible for service-connected benefits?
If you have been diagnosed with ALS, served in the U.S. military for 90 or more consecutive days of active duty, and have been honorably discharged, you will likely be eligible for special service-connected benefits.

What are service-connected benefits?
If you qualify, you can receive numerous benefits through the VA, including:

- **VA ALS clinics** – visits with ALS specialists at your nearest VA medical center
- **Durable medical equipment** – devices for your respiratory, mobility, communication, daily living, and other needs
- **Disability compensation** – a monthly tax-free payment that you can use as you wish
- **Specially-adapted housing grant (SAH)** – money to help build, buy, or remodel a home that meets your disability requirements
- **Automobile grant** – a one-time payment of up to $20,000 to buy a disability-accessible vehicle
- **Aid and attendance allowance** – additional money to help pay for care at home

The ALS Association goes into greater detail on service-connected benefits.

Multidisciplinary ALS Clinic at the Atlanta VA Medical Center
Veterans who receive ALS care at the Atlanta VA Medical Center will have access to services from a multidisciplinary team during VA neurology appointments. The ALS clinic meets on the first, third, and fifth Monday of each month. Patients will continue to see Dr. Fournier, but now in addition, will also be able to see a physical therapist, occupational therapist, speech therapist, social worker, and research coordinator in the same location without having to schedule additional appointments. ALS clinic visits with the full team typically take at least 90 minutes but should streamline ALS care and reduce the number of future in person visits that are needed to see different specialists.

How do I apply for benefits?
If you have been diagnosed with ALS and have 90 days of consecutive active duty, you should be eligible for service-connected benefits. But you cannot make an appointment with ALS clinics at the VA until you have been approved for service-connected benefits and enrolled in the VA system.

- To apply for your service-connected benefits, we strongly recommend reaching out to a veteran’s service organization like the [Paralyzed Veterans of America (PVA)](https://pva.org). Navigating the VA system on your own can be a confusing and frustrating process. PVA or DAV will become your advocate—they will explain your benefits, answer questions, give you tips, help you with paperwork, and expedite your application, which may take 90 days or so to get approved.
- While waiting for your benefits, you should get connected with either your local [ALS Association](https://als.org) or [Muscular Dystrophy Association](https://mda.org) chapter. Make an appointment at the Emory ALS Clinic, and begin attending the clinic. Follow the team’s recommendations and do not stop attending until you fully transition to the VA.
- When the VA accepts your application and approves your service-connected benefits, you will automatically get an appointment within 30 days. You will also be assigned a social worker/case manager and primary doctor.
What if I need a power wheelchair?
Custom tilt-and-recline power wheelchairs are one of the most helpful—and expensive—pieces of medical equipment for ALS patients. If you are a service-connected veteran, the VA should cover all of the costs associated with your wheelchair, including the additional power-elevating seat feature.

If you become concerned that a walker, scooter, or standard power wheelchair will no longer meet your mobility needs, schedule an appointment with your primary care physician at the VA to discuss getting evaluated for a tilt-and-recline power wheelchair.

Your physician will likely refer you to an occupational or physical therapist for an evaluation, which will be submitted for approval. Once approved, your wheelchair should arrive within 4-12 weeks. Your physical or occupational therapist will schedule a follow-up appointment to make adjustments—with you in the chair—before training you how to use it. Procedures between VA facilities will vary.

Note: When you are approved for your power wheelchair, you will also become eligible for an automobile grant of $21,000 that you can apply toward the purchase of a handicap-accessible van.

Can I receive VA benefits and Medicare benefits?
Yes. As a veteran, you can also get Medicare benefits—as long as you are eligible. With an ALS diagnosis, you do not have to be 65 years old or retired to qualify for Medicare. If you have worked in the last ten years and have paid taxes into Medicare for a total of 40 quarters (ten years) or more, you should qualify.

If you do not qualify for Medicare, the VA health care system will cover you fully.

Can I receive VA benefits and Medicaid benefits?
No. Once you begin receiving disability compensation from the VA, you cannot also receive benefits through Medicaid. Your VA health care or Medicare will become your primary insurance.

What can I do?

1. Contact the ALS Association Georgia Chapter. [www.alsaga.org](http://www.alsaga.org) You can receive support from the VA and The ALS Association at the same time.
2. Contact your Paralyzed Veterans of American (PVA) Chapter.

The PVA has chapters across the country. Locate your nearest chapter to find out what services they offer. You may also want to ask your ALS Association Georgia Chapter representative if there is another organization in your area, such as The American Legion, to help with your application.

3. Get organized and plan ahead.

Remember that there are waiting periods between applying for your benefits and receiving them. If you are not working, you will need to cover your finances until you begin receiving disability income. There is a 90-day waiting period between applying for your VA benefits and receiving them. There is a five-month waiting period for Medicare. We suggest organizing your paperwork, contacting The ALS Association and PVA, and applying as soon as you can.

**Source: YourALSGuide.com**
How do I obtain home equipment and home services? Is it covered by my insurance? (guidelines as of 8/1/19)

A few words about health insurance:
Health insurance companies and programs (including Medicare and Medicaid) are also known as “payor sources.” Most private insurance companies (such as Blue Cross, Aetna, etc.) follow Medicare guidelines for coverage.

Medicare and Medicaid have strict coverage guidelines, but some private insurers are more flexible. If you have private insurance, ask for a case manager. We have a separate document that describes how to use private insurance case management to your advantage.

In order to obtain home durable medical equipment (DME) and/or home services, some minimum requirements must be met:
- The DME or service company must be Medicare certified and/or in network and serve the area where you live.
- You must have seen the ordering MD/NP/PA within the past 90 days.
- The need for the DME or services must be justified in the medical provider’s note from your visit.
- For home health services you must be considered “home bound”

**Equipment:**
With a doctor’s order, the following equipment generally is covered at 80% (Medicare pays 80%, but Medicaid and other payors may cover 100%)
- Canes, walkers, bedside commodes, hydraulic Hoyer lifts with sling, semi-electric hospital beds and gel mattress overlays, wheelchairs (either power or manual but not both)
- Respiratory equipment and tube feeding formula and supplies (if medically necessary)
- Some communication devices, if medically necessary
- Some external catheters
- Chair lift—Medicare typically covers the cost of the motor only, not the cost of the entire piece of equipment
- Orthotics, such as wrist and ankle splints, neck collars, etc.
- Medicaid will cover a tub transfer bench

**Note**—In general, the payor will pay for a single initial or replacement item in each category once every 5 years. Therefore, ensuring the piece of equipment ordered is the best possible fit for you is essential.

**Examples of equipment Medicare WILL NOT cover, even if our clinic writes a specific order for you:**
- Shower chairs (they substitute a bedside commode)
- Fully electric beds and lifts, specialty beds and lifts, and low air loss or specialty mattresses
- Stair lifts, wheelchair accessible vans, wheelchair lifts/racks for vehicles
- Incontinence supplies, gloves
- Personal electronics (tablets) for use in communication via text-to-speech applications
Some equipment companies will allow PALS to pay the difference for upgraded equipment such as fully-electric operation for beds and hoyer lifts, and walkers with seats and brakes. Some companies will not—you will need to speak with the equipment provider directly.

Some equipment that is not covered by insurance can be purchased without sales tax with a letter of medical necessity from your doctor. Ask the vendor from whom you are obtaining/purchasing the equipment.

**Home Health vs Non-Medical In-Home Care:**
The terms "home health care" and "non-medical in-home care" can sound familiar. It is easy for people to mistake one for the other, but there are differences in terms of when each type of care may be needed, costs involved and resources available to make the best choice.

**What is Home Health Care?** (typically covered by insurance – always check with your provider)
Home health care is care provided in the home by a licensed medical professional, such as a nurse or physical therapist. This care requires an order from your provider.

Examples are:
- Skilled nursing for wound care or feeding tube (PEG) education
- Physical therapy or occupational therapy (PT/OT) for mobility and transfer training, proper use of equipment
- Speech/swallow and communication assessments in the home
- Social worker to assess for possible available community resources, long-term planning needs
- A home health aide (limited hours) to help with personal care usually can be provided for patients while the skilled clinicians are still seeing the patient.

These services are typically paid by insurance for a short period of time, but once the goals have been met, the services must end. Not all services are available in all areas.

If the PALS has new needs as their disease progresses, home health services can be renewed since there are new goals to be attained. Examples: training on using new equipment in the home, new onset of difficulty swallowing, the development of wounds or other nursing needs.

**What is Non-Medical In-Home Care?** (typically NOT covered by insurance – always check with your provider)
This care is considered non-medical (and therefore not covered) by most insurance companies, even though this type of care may be needed even more than Home Health Care by PALS.

Examples are:
- Help with personal grooming
- Transferring (moving around, getting in & out of bed or shower)
- Medication management
- Meal preparation
- Help with household chores like housekeeping or laundry
Professional caregivers can be arranged through local agencies (usually $15-$25/hour) or PALS can hire caregivers without using an agency, which can be less expensive.

**Medicaid Waiver Programs**
For patients who qualify (must already have Medicaid) these programs can provide hours of “unskilled” help in the home. More information is available at www.mygeorgiacares.com. You can also call the Clinic.

**What about Long-Term Care?** Long-term care involves a variety of services designed to meet a person's health or personal care needs during a short or long period of time. Many people mistakenly believe that Medicare provides coverage for long-term home care. **It doesn’t.** Medicare covers only limited periods of skilled nursing care and therapy at home, and only if certain strict conditions are met.

One of the reasons many people mistakenly believe that Medicare covers long-term home care is that they confuse Medicare with Medicaid, which is a completely separate program only available to people who have very low income and few assets, other than their home.

Unlike Medicare, Medicaid can cover long-term home care; the amount and frequency depend on the patient’s needs.

**Where can people with Medicare get answers to billing questions?**
Questions about billing should first be directed to the health care providers who delivered the care or services. These providers file the claims with and are reimbursed by your insurance company and will know if the requested DME or services will be covered.

If the question isn’t resolved, call 1-800-MEDICARE (1-800-633-4227) to speak to a government representative.
## Services and Adaptive Equipment Log

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Date ordered</th>
<th>Vendor</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health/Home Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BIPAP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cough Assist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction Machine</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hoyer Lift</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Bed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedside Commode</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Power Wheelchair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual Wheelchair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tube Feedings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Braces</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Device</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>