

VENDOR APPLICATION

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Thank you for expressing interest in becoming an Alberta Aids to Daily Living (AADL) Program vendor. Each benefit area within AADL has unique eligibility criteria, so please read the criteria carefully prior to selecting which benefit areas you are interested in providing.

Introduction

Within existing resources, the Alberta Aids to Daily Living (AADL) Program helps Albertans with a long-term disability, chronic illness or terminal illness maintain their independence in their home through the provision of medical equipment and supplies to meet their basic medically assessed needs.

AADL carries out its mandate with the cooperation of approximately 2,000 Program Authorizers who are clinicians (registered Nurses, Occupational Therapists, Physical Therapists, Speech Language Pathologists); and approximately 600 Vendors and Vendor Assessors or Specialty Suppliers (Audiologists, Hearing Aid Practitioners, Respiratory Therapists, Ocularists, Custom Made Footwear Specialists, Pedorthists, Prosthetists and Orthotists).

General Criteria

You must meet the following criteria in order to be considered as an AADL approved vendor. This criteria applies to all benefit areas, and all vendor locations that provide AADL benefits.

You must:

1. Have a storefront.
2. Be wheelchair accessible in accordance with the Alberta Building Code under the Safety Codes Act.
3. Operate five days per week, seven hours per day as a minimum.
4. Either owner or staff must have a minimum of one-year healthcare related experience.
5. Meet minimum computer system requirements to access AADL online (see Page 2 for requirements).
6. Carry General Liability Insurance, in accordance with the Alberta Insurance Act, in an amount not less than \$2,000,000 inclusive per occurrence, insuring against bodily injury, personal injury and property damage including loss of use thereof. Such insurance shall include blanket contractual liability.
7. Supply goods and services in accordance with the AADL Policies and Procedures as described in the most current AADL Program Manual.
8. Adhere to all terms identified in the AADL contract.

Please note: AADL reserves the right to approve or reject vendor applications.

AADL Online System (E-Business) Application — Minimum Requirements

1. Pentium or higher processor with minimum processor speed of 133 Mhz. Higher speed recommended.
2. Operating System: Windows 95 or higher. (The application may run on other operating systems like Mac OS 7 -> X, Linux, BeOS, etc., however, these will not be tested.)
3. TCP/IP installed and configured (Internet access). High-speed access such as cable or ADSL is recommended.
4. A mouse or pointing device.
5. SVGA (800x600) display or higher.
6. 64 MB RAM minimum (96 MB recommended).
7. Web Browser: Please download Microsoft® Internet Explorer 5.0 or higher as this is the recommended browser. (Netscape Navigator 6.0 or higher may be used; however, it has not been tested.)

NOTE: Upgrades to the minimum specifications will enhance the performance of the application.

Ongoing Performance Measures

Vendors in communities with populations of twenty-five (25,000) or more will be required to provide a minimum of five thousand dollars (\$5,000) of benefits annually to maintain their vendor account. AADL will monitor vendor billing activity as required to ensure the minimum requirements are met.

Specific Criteria for Benefit Areas

1. Benchmarked Benefits:

Annually, Product Advisory Committees comprised of vendors, authorizers and AADL staff review medical equipment and medical/surgical products provided under the Program. They determine which brand name products meet the basic medically assessed needs of the **majority** of the client population. The products selected determine the **benchmark** prices. Vendors are required to supply an appropriate product, not necessarily a particular brand, which meets the generic product description and specifications, and AADL standards for warranty, at the benchmark, retail, or sales shelf price whichever is less.

For all benchmark benefits, the following criteria apply. There is additional criteria listed under each type of benchmarked benefit.

You must:

- ◆ Stock on site a minimum of two product lines from different manufacturers.
- ◆ Stock products that are priced at/or below benchmark price that meet AADL's generic descriptions.
- ◆ Carry products within manufacturer's warranty.
- ◆ Carry products as per the manufacturer's instructions.
- ◆ Be knowledgeable regarding the products, and ensure staff have appropriate training.
- ◆ Provide a private wheelchair accessible fitting room where indicated. The following minimum standards must be met:
 - A closing door with a width of 80 cm (31.5")
 - Turning radius in room of 1.52 m (5')
 - Wheelchair accessible examining table within a height range of 43.2 to 81.3 cm (17 to 32")
 - If a hallway is required to access the fitting room, it shall have a minimum width of 110 cm (43.25")
- ◆ Ensure that Medical/Surgical benefits are only provided at a maximum of two-month intervals. Clients who wish to obtain more than a two-month supply must receive prior approval from the AADL Program Manager (Medical/Surgical Benefits).

a. Bathing and Toileting Aids

- ◆ Submit a minimum of six invoices per fiscal year.
- ◆ Have, in stock and on site, a minimum of four catalogue items and a choice of two (2) different manufacturers' products for each catalogue item.
- ◆ Provide the names of the manufacturers you represent.
- ◆ Provide photograph(s) of inventory with application.

b. Walking Aids

- ◆ Submit a minimum of six invoices per fiscal year.
- ◆ Have, in stock and on site, a minimum of four catalogue items and a choice of two (2) different manufacturers' products for each catalogue item.
- ◆ Provide the names of the manufacturers you represent.
- ◆ Provide photograph(s) of inventory with application.

c. Incontinence Supplies (Diapers)

- ◆ Submit a minimum of six invoices per fiscal year.
- ◆ Stock incontinence products that meet minimum absorbency requirements and generic descriptions.
- ◆ Provide photograph(s) of inventory with application.

d. Catheters

- ◆ Submit a minimum of six invoices per fiscal year.
- ◆ Provide photograph(s) of inventory with application.

e. Dressings

- ◆ Submit a minimum of six invoices per fiscal year.
- ◆ Provide photograph(s) of inventory with application.

f. Injection Supplies (Syringes)

- ◆ Be a pharmacy with the capacity to pre-load and/or provide subq/IM injectable medications.
- ◆ AADL does not provide syringes for diabetes management.

g. Ostomy/Ileostomy/Urostomy Benefits

- ◆ Submit a minimum of ten invoices per fiscal year.
- ◆ Complete a training course from one of three Ostomy manufacturers (Coloplast, Convatec or Hollister), and renew training course every five years.
- ◆ Provide photograph(s) of inventory with application
- ◆ Provide copy of training certificate with application.

h. Mastectomy Prosthesis

- ◆ Submit a minimum of six invoices per fiscal year.
- ◆ Have a wheelchair accessible fitting room as per standards on Page 3.
- ◆ Complete a fitting course from an AADL-approved manufacturer (Airway, Amoena-Coloplast, Camp or Paradigm Medical) and renew fitting course every five years.
- ◆ Provide photographs and dimensions of fitting room with application.
- ◆ Provide photograph(s) of inventory with application.
- ◆ Provide copy of fitter's certificate with application.

i. Burnscar Garments

- ◆ Complete a Jobst, Valco-Medi or Bioconcepts fitting course and renew fitting course every five years.
- ◆ Have a wheelchair accessible fitting room as per standards on Page 3.
- ◆ Provide photographs and dimensions of fitting room with application.
- ◆ Provide copy of fitter's certificate with application.

j. Custom Made Pressure Garments

- ◆ Complete a Jobst, Valco-Medi or Bioconcepts fitting course and renew fitting course every five years.
- ◆ Have a wheelchair accessible fitting room as per standards on Page 3.
- ◆ Provide photographs and dimensions of fitting room with application.
- ◆ Provide copy of fitter's certificate with application.

k. Pressure Gradient Stockings and Lymphedema Sleeves (Ready Made)

- ◆ Submit a minimum of twelve invoices per fiscal year.
- ◆ Have a wheelchair accessible fitting room as per standards on Page 3.
- ◆ Complete a fitting course from an AADL-approved manufacturer (Jobst, Sigvaris, Valco-Medi or Venosan), and renew fitting course every five years.
- ◆ Stock a minimum of two product lines from different manufacturers with:
 - a minimum of three sizes (e.g. small, medium and large)
 - two pressure ranges (25-30 mm Hg, 30-40 mm Hg)
 - a variety of styles (below the knee, above knee)
 - pressures above 40 mm Hg and/or pantyhose or chap-style may be ordered in as needed
- ◆ Agree to perform fittings between 8:00 am to 11:00 am only.
- ◆ Agree to conduct a follow-up three to four weeks after initial fitting.
- ◆ Have a variety of stocking aids available.
- ◆ Provide photograph(s) of inventory with application.
- ◆ Provide photographs and dimensions of fitting room with application.
- ◆ Provide copy of fitter's certificate with application.

l. Abdominal, Back and/or Hernia Supports

- ◆ Submit a minimum of six invoices per fiscal year.
- ◆ Have a wheelchair accessible fitting room as per standards on Page 3.
- ◆ Complete a fitting course from an AADL-approved manufacturer (Airway or Camp), and renew fitting course every seven years.
- ◆ Provide photograph(s) of inventory with application.
- ◆ Provide photographs and dimensions of fitting room with application.
- ◆ Provide copy of fitter's certificate with application.

2. Large Recyclable Equipment and Wheelchairs

- ◆ Large Recyclable Equipment and Wheelchairs are tendered contracts. There are specific time periods in which to apply, and specific criteria to be fulfilled. Please refer to the most current tender document for details.

3. Wheelchair Cushions and Accessories

- ◆ Wheelchair Accessories is a tendered contract. There are specific time periods in which to apply, and specific criteria to be fulfilled. Please refer to the most current tender document for details.
- ◆ Submit invoices for a minimum of 24 clients per fiscal year.
- ◆ Provide all categories of cushions and accessories, and at least half of the manufacturers within the categories.

4. Seating

- ◆ Submit invoices for a minimum of 24 clients per fiscal year.
- ◆ Have a functional working relationship with an interdisciplinary seating services team.
- ◆ Employ a commercial seating technician and/or adaptive seating technician who meet all AADL-defined training and experience criteria.
- ◆ The medical supply company must be an AADL approved vendor that has a current AADL wheelchair contract.

5. Respiratory

- ◆ You must employ Registered Respiratory Therapists who are members in good standing with the College and Association of Respiratory Therapists (CARTA), for the set-up of equipment and assessment of clients.
- ◆ Be affiliated with a medical gas manufacturer and provide a letter from the manufacturer confirming the affiliation with application.
- ◆ Provide a copy of current CARTA membership for each employed Registered Respiratory Therapist.

6. Hearing Aids

There are specific facilities/equipment required in order to assess and fit hearing aids. If you are interested in this area, please contact the Program Manager for this benefit area. The general criteria are as follows:

- ◆ All individuals who test, assess, and fit clients with hearing aids must be either registered Audiologists or registered Hearing Aid Practitioners.
- ◆ At least one registered Audiologist or Hearing Aid Practitioner must have a minimum of one year experience dispensing hearing aids.
- ◆ All equipment must meet standards and have yearly calibration.
- ◆ The Audiologist and/or Hearing Aid Practitioner must meet the qualifications as further defined in their individual contract with AADL.
- ◆ An on-site visit to ensure compliance will be done following application.
- ◆ Provide a copy of registration(s) with respective college for each employed registered Audiologist and/or registered Hearing Aid Practitioner.
- ◆ Provide a copy of a letter of reference confirming a minimum of one year experience dispensing hearing aids.

7. Prosthetics and Orthotics

- ◆ Foot orthotics are not a benefit of AADL.
- ◆ You must be a member in good standing with the Canadian Board for Certification of Prosthetists and Orthotists and provide a copy of registration with application.

8. a. Shoe Elevations

- ◆ Foot orthotics are not a benefit of AADL.
- ◆ You must be a member in good standing with the Pedorthic Association of Canada with the designation of Certified Pedorthic Master Craftsman, Certified Orthopaedic Footwear Specialist, Certified Pedorthic Technician or Pedorthist, or an Orthotist member in good standing with the Canadian Board for Certification of Prosthetists and Orthotists, and provide a copy of registration with application.

b. Therapeutic Shoes, Total Contact Inserts and/or Custom Modifications

- ◆ Same criteria as above.

c. Custom Made Footwear

- ◆ Same criteria as above.
- ◆ Custom made footwear must be fabricated by a Certified Pedorthic Master Craftsman or Certified Orthopaedic Footwear Specialist.

9. Artificial Eye Prostheses

- ◆ You must be registered as a member in good standing with the Alberta Opticians Association and licensed by the Alberta Opticians Association, or a board certified Ocularist as certified by American Society of Ocularists and in good standing with the American Society of Ocularists and provide a copy of registration with application.

Please complete/provide the following information:

1. Business Legal Name: _____
2. Business Operating Name: _____
3. Business Address: _____

4. Business Telephone Number: _____
5. Business Facsimile Number: _____
6. E-mail Address _____
7. Contact Name for Business: _____
8. Attach a Certificate of Insurance. This certificate must indicate: the name and address of the insured, the name and address of the insurer, policy number, inception and expiry date of the policy. It must evidence that there is General Liability Insurance coverage in accordance with the Alberta Insurance Act. It must specify coverage insuring against: bodily injury, personal injury and property damage including loss of use and blanket contractual liability in an amount not less than \$2,000,000 inclusive per occurrence. Failure to provide a certificate with the above noted information will result a delay in the processing of your application.

AND

If the owner of the business is Incorporated:

1. Attach proof of current registration of the Corporation in Alberta by attaching a current Certificate of Status.
2. If applicable, attach proof of current registration of the business name as a trade name in Alberta, indicating that the declarant is the non-distributing Corporation.
3. Complete and attach Page 9 of this Application Form.
4. Provide contact information for the Corporation if different than above:

Contact _____

Business Address _____

Telephone Number _____

Facsimile Number _____

If the owner of the business is a **Partnership**:

1. Attach proof of current registration of the Partnership in Alberta by attaching a copy of a current Certificate of Status.
2. If applicable, attach proof of current registration of the business name as a trade name in Alberta, indicating that the declarant is the Partnership
3. Complete and attach Page 9 of this Application Form.
4. Provide contact information for the Partnership if different than above:

Contact _____

Business Address _____

Telephone Number _____

Facsimile Number _____

If the owner of the business is a **Sole Proprietorship**:

1. Attach proof of current registration of the business name as a trade name in Alberta, indicating the Sole Proprietor is the declarant.
2. Provide the name of the Sole Proprietor: _____
3. Provide contact information for the Sole Proprietor if different than above:

Business Address _____

Telephone Number _____

Facsimile Number _____

If your business is a Sole Proprietorship, please skip this section.

Business Operating Name (Registered Trade Name): _____

Business Legal Name (if different than Operating Name): _____

List Shareholders OR Partners (note if corporation is a distributing corporation please only list shareholders who hold greater than 20% interest)	Mailing Address for Shareholder or Partner	Percentage of Shares or Partnership held
Corporations Only - List Officers	Mailing Address for Officers	Office Held

- The benefit areas you are applying for if you fully meet the criteria outlined in this form.**
- Bathing and Toileting Aids
- Walking Aids
- Incontinence (Diapers)
- Catheters
- Dressings
- Injection Supplies (Syringes)
- Ostomy/Ileostomy/Urostomy
- Mastectomy Protheses
- Burnscar Garments
- Custom Made Pressure Garments
- Pressure Gradient Stockings and Lymphedema Sleeves (Ready Made)
- Abdominal, Back and/or Hernia Supports
- Large Recyclable Equipment
- Wheelchairs
- Wheelchair Cushions and Accessories
- Seating
- Respiratory
- Hearing Aids
- Prosthetics
- Orthotics
- Shoe Elevations
- Therapeutic Shoes, Total Contact Inserts and/or Custom Modifications
- Custom Made Footwear
- Artificial Eye Protheses

Business Operating Name: _____

Business Legal Name: _____

I have read and understood the criteria associated with each benefit area applied for. I confirm that the information provided in and attached to this form is complete and correct.

Owner / Authorized Signing Official of Owner

Print Name and Title

Date

Please allow at least four weeks for the processing of your vendor application once it has been received at our office (providing all required information has been properly submitted).