



BULLETIN

March 2005

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Authorizer Information

Authorizer Workshops



If you would like to be trained as a new authorizer, sign up for our Red Deer Workshop, April 18-19, 2005. Please note the change in dates.

If you are unable to attend the Red Deer Workshop, we will be setting our 2005-2006 schedule in the next few months. Watch for workshop announcements in upcoming bulletins.

For those who require a refresher course, we will be holding a Refresher Workshop in Edmonton at the beginning of June.

Included in this mailing are:

- Registration Form
- RHA Contact List. Employees of RHAs are required to obtain approval from their RHA contact prior to registering for the workshop.

For more information on authorizer training, please contact:

Diane Schmidt, Information and Training Coordinator,
(780) 422-6871 or
Diane.E.Schmidt@gov.ab.ca.

Staff Change

If you have any changes to your Authorizer information, whether it's a new address, change in work facility, or an update to your personal information,

please let us know so we can amend our records.

For all changes, you can now contact:
Sarah Barter, Administrative Coordinator, at (780) 415-2393 or Sarah.Barter@gov.ab.ca.

Client Declaration Form



AADL requires that the client declaration section of the Authorization Form be signed for *all* benefit areas regardless of the client's medical status (i.e. palliative).

AADL will no longer accept unsigned declarations.

Cost Share Exemption (formerly Full Benefit Assistance)

If you have any clients over 65 who you believe may qualify for Cost Share Exemption (Full Benefit Assistance), please keep in mind our qualifying income levels:

- Single coverage: less than \$15,970
- Family with no children: less than \$28,240
- Family with children: less than \$34,250

A client's income is determined

by the client's *Notice of Assessment(s)* from Revenue Canada. The Notice of Assessment **must** accompany all applications for Cost Share Exemption (Full Benefit Assistance). Any client whose income is above the levels indicated for their respective family category will not be approved and will remain a cost share client.

If you have clients under 65 who may be eligible for Cost Share Exemption, they must apply for Premium Subsidy through the Premium Subsidy Program, Alberta Health and Wellness.

If you have any questions or require further information, please contact Client Services at (780) 427-0731.

Educational Notices



AADL supports ongoing authorizer education to enable them to provide better client service.

Please feel free to submit notices of upcoming conferences, workshops, courses, etc., that would be of interest to AADL authorizers to:

Diane Schmidt, Information and Training Coordinator, at
Diane.E.Schmidt@gov.ab.ca
or fax (780) 422-0968.

These educational opportunities will be listed in the AADL Bulletin as space and timing permits.

Medical / Surgical Benefit Area

Compression Stockings

Please note, there was a printing error for the December 1, 2004 benchmark price list; **J351** was accidentally omitted. Please replace your current list with the revised page enclosed with this bulletin.

In addition, the new stocking codes, **J380** and **J381**, are for clients who have been assessed on, or after, December 1, 2004 and who require a minimum compression of 30 mmHg at the ankle.

AADL's minimum compression requirement of 25 mmHg at the ankle is to ensure clients receive proper compression. AADL is no longer accepting scripts that state 20-30 mmHg at the ankle.

Also, clients that are assessed for a 25-40 mmHg of pressure at the ankle should be authorized a J350 or J351.

Vendors, please do not request change forms for existing clients who are fitted with the old stocking codes. The authorizer will update the client's information with the new stocking codes during the reassessment, provided the client meets AADL's eligibility criteria including a minimum of 30 mmHG at the ankle.

If you have any questions, please contact Lauran Chittim, Program Manager (Medical/Surgical), at (780) 422-4846.

AADL's Lower Leg Assessment Tool

Please note, no modifications or additions are to be made to this form.

Clinicians, if you feel the Lower Leg Assessment Tool requires any additions or changes based on best practice and current research, please provide suggestions and supporting documentation to Lauran Chittim, Program Manager (Medical/Surgical), (780) 422-4846.

Intermittent Catheters

AADL'S decision to provide 60 intermittent catheters every two months to eligible clients, is based on current research and best practice.

AADL continually reviews the provision of intermittent catheter quantities through research articles and consultation with province-wide Urinary Incontinence Specialists.

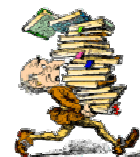
Multiple studies have been conducted on the rate of infections with sterile (one-time use) versus clean technique. Results indicate the rate of infection for both techniques is the same.

A nation-wide review of the provision of intermittent catheters revealed provinces vary from 12 to 40 catheters every two months, while some provinces offer no provision at all.

AADL'S provision of 60 intermittent catheters every two months allows for a new catheter daily. While AADL supports clean intermittent technique, if a client chooses to use the catheter once, then the client is responsible for purchasing additional catheters above the stipulated allotment.

In addition, AADL only provides funding for intermittent catheters that can be cleaned and re-used.

Resources: Intermittent Catheterization

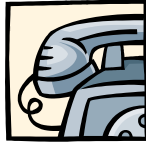


Moore, K.N. (1995). *Intermittent self-catheterisation: Research-based practice*. British Journal of Nursing, 4(18), 1057-1063.

Moore, K.N., Kelm, M., Sinclair, O., & Cadrain, G. (1993). *Bacteriuria in intermittent catheterization users: The effect of sterile versus clean reused catheters*. Rehabilitation Nursing, 18(5), 306-309.

Moore, K.N. (1991). *Intermittent catheterization: Sterile or clean?* Rehabilitation Nursing, 16(1), 15-18.

Moore, K.N. (1990). *Two methods for cleaning catheters used for intermittent catheterization: Sunlight (tm) liquid detergent & Cetrimide 1:30 (Savlon®)*. Canadian Journal of Rehabilitation, 4(2), 87-92.

Medical/Surgical cont'd...**New Medical -
Surgical
Benefit Clerk**

If you have any questions, or need information regarding Compression, Soft Support, Mastectomy, and Medical/Surgical benefits, please call our new benefit clerk, Elaine Roebuck at (780) 422-8821 or Rosalita Tan at (780) 422-8857.

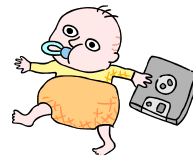
Pediatric Incontinence

Please be aware children are *not* automatically eligible for continence supplies at the age of 36 months. Investigation, assessment, implementation of strategies, and re-evaluation must occur prior to determining if a client is eligible for continence products through AADL.

Consequently, effective immediately, all pediatric authorizations for continence supplies must

have a copy of the pediatric incontinence tool, bladder diary, and evaluation of strategies attached to the authorization form. Authorizations submitted without the above, will be returned.

If you have any questions, please call Luran Chittim, Program Manager (Medical/Surgical), at (780) 422-4846.

**Pediatric
Continence
Supplies**

The **M205** code includes the traditional diaper style or pull-up style. If a client wants a pull-up style you do not need to complete any paper work.

Ostomy Supplies

Vendors please be aware of the following changes for M 049- Appliance Odor Control:

Quantity limits of M049 from July 1,2004 to November 30, 2004 were 4 every two months at a price of \$9.96 each. This price was based on the 1.0 - 1.5 oz deodorizer bottle. Effective December 1, 2004 M049 quantity was changed to 1 every two months with a price increase to \$32.39. This price is based on the 8 oz deodorizer bottle.

Effectively, clients are now eligible for 8 oz rather than 4 oz of M 049 every two months.

Also, please ensure you continue to submit claims based on the benchmark contract where the lowest price, either shelf price, sale price, or benchmark price, is billed to AADL.

If you have questions regarding M049, please call AADL Claims Department or AADL's Medical / Surgical Manager for assistance.

Learning Opportunity: CAWC Three-part Educational Series

The Canadian Association of Wound Care offers an exciting three-part educational series designed to help you develop, not only knowledge and values relating to wound care, but also the skills necessary to put this knowledge into practice. This **S1-3 Educational Series** consists of three parts, based on CAWC Best Practice Recommendations:

- S1 – Knowledge Learning: Understanding the CAWC Best Practice Recommendations
- S2 – Hands-on Workshops in the Fundamental Wound Healing Skills
- S3 – Reflective Learning & Practice Portfolio

For more information contact:

Canadian Association of Wound Care

1-877-288-7018

E-mail: cawc@sympatico.ca



Or to register online go to: www.cawc.net under "Educational Programs"

Respiratory Benefit Area

Bi-Level Therapy

- Currently this program is delivered by VitalAire.
- Bi-Level equipment is purchased by AADL on a low-bid tender.
- All requests for Bi-Level therapy must be submitted to the AADL Respiratory Unit for prior approval.
- AADL may forward information to the AADL Medical Consultant for review.
- If a client has home oxygen with another vendor, they can stay with that vendor.

Eligibility Criteria For Bi-Level Therapy



Bi-Level may be provided to clients exhibiting daytime respiratory failure with the following documentation:

- Daytime hypercapnia – $\text{PaCO}_2 > 50\text{mmHg}$ or clear evidence of significantly increasing PaCO_2 levels
- Pulmonary Function Testing to indicate significantly decreased vital capacity (VC)
- Bi-Level therapy resolves hypercapnia and evidence that Bi-Level has been titrated to the appropriate therapeutic level

Who will be funded?

- Primary disorders of respiratory muscles, e.g. Muscular dystrophy
- Progressive neuromuscular disorders, e.g. ALS
- Traumatic spinal injuries, e.g. Quadriplegia
- Chest wall deformities and restrictive disorders of the lung, e.g. Kyphoscoliosis

Non-specific diagnosis of chronic respiratory failure is not sufficient documentation for AADL bi-level funding.

AADL recognizes that PSG testing may be delayed due to wait lists. All the sleep labs have agreed that they will give preference to neuromuscular clients for urgent testing. Level 3 testing is considered to be suboptimal since sleep stage is not established.

Certain clients may have respiratory failure during sleep only. Bi-Level may be provided to these clients with the following documentation:

- Full polysomnogram (PSG)
- Evidence of abnormal CO_2 nocturnally (PaCO_2 or TCO_2)
- Evidence that Bi-Level therapy normalizes nocturnal respiration and resolves nocturnal respiratory failure

Clients who display the following may also be provided with Bi-Level therapy:

- Documented sleep disordered breathing with hypoventilation
- Evidence by polysomnogram that CPAP titration was ineffective
- Evidence of polysomnographic titration of Bi-Level showing resolution of sleep disordered breathing

Coverage includes:

- 1 Bi-Level machine
- Equipment service, maintenance and repair
- Basic Bi-Level accessories and ongoing supply of masks, filters, etc. which may be obtained from any respiratory vendor (maximum yearly limits apply).

Bi-Level Supplies

Clients receiving Bi-Level therapy from AADL are eligible for the following supplies and quantities every benefit year:

- Mask or nasal pillows- 2/year
- Headgear - 2/year
- Chin strap - 2/year
- Filters- 2/year
- Circuit- 1/year

If a client requires more than this quantity they may purchase privately. Clients may obtain their Bi-Level supplies from any of the respiratory vendors. All Bi-Level supplies are to be **prior approved** by the AADL Respiratory Unit.

*Respiratory / Bi-Level cont'd...***Service/
Maintenance**

AADL has an agreement with Clinical Engineering at the University of Alberta Hospital for repair, service and maintenance on the Bi-Level machines that are no longer under warranty.

If the client's Bi-Level machine is not functioning, it will be replaced with a recycled or new unit (only if a recycled unit is unavailable). The client does not pay for the repair costs, however, if the client is cost share and is given a new unit, they will be responsible for paying the cost share portion of the new Bi-Level machine.

Bi-Level Supplies

AADL will not be adding any new items to the bi-level supply list. We will be reviewing the bi-level supplies prior to the end of the benefit year.

Tracheostomy Tubes

Effective September 1, 2004, AADL has added a new catalogue number for custom/specialty trach tubes. R265 is only to be used for specialty trach tubes that are custom made for the individual client. They will be authorized at AADL by the Respiratory Unit and the price will be subject to review by AADL.

Please contact the Respiratory Unit with concerns about these trach tubes. For all other tracheostomy tubes, please continue using R260.

Manual Resuscitators

Effective January 1, 2005, AADL has deleted the previous catalogue number R555 for manual resuscitators and replaced it with R559. Please do not use R555 any longer. Instead use R559 for manual resuscitators.

Please contact the AADL Respiratory Unit at (780)427-0731 with any questions regarding this issue.

**Notice To
Vendors**

AADL has always strived for continuous improvement and accuracy of data. Since the development of the new home oxygen eligibility criteria in 1998, a hard copy of the ABG or oximetry results has been requested. With the technological changes in the workplace, hard copy can mean many different things depending on your interpretation. For AADL purposes hard copy is "direct instrument printout OR lab computer report where there is direct instrument interface". Handwritten ABG results are not acceptable, regardless of who has signed them.

AADL has had numerous discussions with the David Thompson Health Region (DTHR); they currently have 22 portable I-STAT blood gas machines and are in the process of changing to a new medical reporting system called Medi-Tech. This transfer will be occurring sometime this year, with the ABG portion completed within the next 1- 1½ years.

It is not economically feasible for them to purchase printers for their I-STAT machines at this time, as they would only be in use for a short period of time. Therefore, AADL will make an exception and continue to accept the handwritten ABGs from the DTHR only.

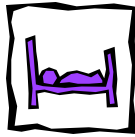
All hand written ABGs from the DTHR are to be submitted to AADL where they will be entered into the Henderson-Hasselbach Equation for verification. If there are any discrepancies found, AADL will deal with them on an individual basis with both the region and the vendor.

If you have any questions regarding this process, please contact Connie Brooks, Program Manager (Respiratory) at (780) 422-5064.



Mobility & Equipment Benefit Area

Large Equipment: Make the Best Choice



Authorizers are reminded to make the right choice, and the best choice, on the **definitive** piece of equipment for the client.

AADL is receiving requests for commodes just weeks after raised toilet seats were purchased. In addition, we've also received requests for 4-wheeled walkers immediately after purchasing standard or 2-wheeled walkers. Similarly, we are being asked to purchase transfer tub benches right after having supplied bath seats. The same can be said for Roho overlays after having purchased Geomat overlays.

These requests for duplicate equipment are expensive and time consuming for both the authorizer and the Program. When AADL provides an item we expect it to serve the client for 4 years, not a few weeks or months. AADL expects authorizers to make definitive choices for palliative clients.

AADL will not provide duplicate benefits. The client may have one AADL device for one purpose only; one item for bathing, one item for lifting, one item for toileting, and one item for walking. To change the

product after a short period of usage requires a Quantity Frequency Request form and approval. Authorizers are reminded to use the QFRC form. Please **do not** complete an additional authorization form.

Wheelchair Specification Sheets



Authorizers are reminded they are responsible for the accuracy of the spec sheets that accompany their wheelchair orders. If the Authorizer has a vendor assisting with the spec sheet, please ensure you review the specs with the vendor. Choose only those features which you have assessed as being needed by the client relative to their physical assessment. Requests for special items such as angle adjustable footplates and angle adjustable backs must be supported with good clinical information added to the 1251 form and must reflect the client's physical need.

Power chair spec sheets should reflect a chair choice that is appropriate to the client's size and functional need. AADL expects the authorizer to understand which options have been checked, and the reason why.

If the authorizer does not fully understand the options relative to the client's need, then the au-

thorizer should discuss the choices with the vendor, manufacturer, or AADL Tech Specialist, Rick Fakeley. Rick can be reached at (780) 422-9642.

The Authorizer will be held accountable for all choices indicated.

Errors on the spec sheet for power equipment are very costly for AADL and delay the process, creating a longer wait-time for the client.

Options such as shock absorbing forks are very costly to maintain and replace. They should not be ordered for each client, but rather justified on the few who truly require the option.

Surplus Equipment



Facilities have two options to access surplus equipment; send a request to AADL for permanent loan (specify sizes), or send a request to retain older wheelchairs/equipment from clients who no longer need them.

Both options need to be directed to the AADL Inventory Specialist, Bill McBride, in writing.

Authorizers, please note that AADL can no longer sell used equipment to clients who are moving out of the province or country.

Reminders & Notices

Now Available Online



For those of you who have access to our e-business website, the AADL Program Manual is now available online!

This will be our most up-to-date version, and is available to view, download, and print.

Following our ministry transfer on April 1, 2005, we will be working on adding the Program Manual to the Seniors and Community Supports' website. Keep checking www.seniors.gov.ab.ca for updates and additions.

For more information, contact Diane Schmidt, Information and Training Coordinator, at (780) 422-6871 or Diane.E.Schmidt@gov.ab.ca

New Brochures

The new AADL Brochure and Compression Stocking brochure are now available. You can order copies of both directly from the warehouse by registering online at www.dbf.com/Mktg/acsc/request_ext.asp or by faxing a request to the Forms Line at (403) 272-7774.

In your order, please note the quantity, to a maximum of 25 per order, and the brochure's

reference number as indicated below:

Compression Stocking Brochure

Reference number: NCN 0933

AADL Brochure

Reference Number: NCN 1211

Both brochures will be available soon on our e-business website.

Attachments



Other attachments in this bulletin are as follows:

- Registration Form
- Vendor Changes
- AADL Program Manual Updates

AADL Program Manual - Updates

SECTION	REMOVE FROM MANUAL	REPLACE IN MANUAL	CHANGES
General Information	AADL Telephone Listing	AADL Telephone Listing	Added New Staff
General Information	RHA-AADL Representative List	RHA-AADL Representative List	Region 7 Change
Policies & Procedures	Page 23 - 24	Page 23-24	Section 3
F	F-5 to F-9	F-5 to F-9	Supplier List
M	"M" APL Page 7-12	"M" APL Page 7-12	Added Cat. No. 347
N	"N" APL Page 1	"N" APL Page 1	Added Cat. No. 371
O	O-5 to O-6	O-5 to O-6	Supplier List
P	P-5 to P-6	P-5 to P-6	Supplier List
X	X-7 to X-11	X-7 to X-11	Supplier List
Y	Y-3 to Y-4	Y-3 to Y-4	Supplier List