



# BULLETIN

## June 2005

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## Changes to AADL Policies & Procedures

### Persons Not Eligible (Treaty Indians)

***There is no change to policy or procedure.*** Rather, references to Government of Canada departments and branches have been updated to reflect the current titles. For example, Health Canada's Medical Services Branch is now known as the First Nations and Inuit Branch, Non-Insured Health Benefits Program.

### Cost-Share Exemption

***There is no change to policy or procedure.*** Rather, AADL has changed the title of the Full Benefit Assistance Application to the Cost-Share Exemption Application, and the AADL Card is now known as the Cost-Share Exemption Card.

These changes were made to accurately reflect the purpose of the form and the card. Over the years, AADL has had questions from authorizers, vendors and clients. For example, some thought Full Benefit Assistance meant clients were eligible for all AADL benefits. By adopting the terms Cost-Share Exemption Application and Cost-Share Exemption Card, the purpose is now much more clear. In addition, the application process for Temporary Cost-Share Exemption has been clarified. Previously, the Policies & Procedures suggested clients call AADL for more information.

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# Policies & Procedures

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However, in practice, clients under age 65 were told to first apply to Alberta Health and Wellness for the Waiver of Premiums program, while clients over 65 were told to complete Section 2 on the AADL Cost-Share Exemption Application. This process is not new, but it is now written into the Policies & Procedures for clarity. Finally, the Policies & Procedures now provide more information regarding the Cost-Sharing Appeal Panel. Previously, clients were simply directed to call AADL Client Services for information. Now, the Policies & Procedures provides a brief description of the process. Application forms continue to be available through AADL Client Services.

## Quantity and Frequency Review Committee

In 2003, the Office of the Ombudsman began an investigation into the AADL Quantity and Frequency Review Process, as a result of a client complaint. The Ombudsman made several suggestions to ensure administrative fairness, and AADL drafted a revised process. The Ombudsman recently accepted the changes recommended by AADL, and has closed the file.

There is no change to the mandate of the Quality and Frequency Review Committee (QFRC). For example, the Program Manager and QFRC do not have the authority to make decisions or recommendations regarding items that are not an AADL benefit. In addition, Program Managers and QFRC will not consider submissions related to requests to:

- Replace lost, stolen or damaged benefits;
- Replace benefits due to misuse;
- Replace benefits for reason of convenience or lifestyle.

**The changes will be sent under separate cover to all authorizers and vendors in August, with implementation planned for September 1, 2005.**

Highlights of the coming changes include:

- Authorizers must send all requests on the AADL Quantity and Frequency Review Request (QFR) form. Telephone calls, letters, and 1250 forms without an attached QFR form will not be accepted.
- Authorizers must obtain written consent from the client before submitting a QFR request, and must provide the client with a copy of the complete submission.
- Program Managers operate with defined quantity and frequency parameters. Program Managers will review QFR requests, and may approve or deny requests within the limits of their quantity and frequency parameters. Authorizers may appeal to QFRC those requests that are denied by the Program Manager.
- Quantity and frequency requests that are outside the limits of the Program Manager quantity and frequency parameters will go directly to QFRC for decision.
- AADL will provide written notice of QFRC decisions to the authorizer and client.
- Requests that are denied by QFRC may be sent to the Director for appeal. Either the authorizer or the client may appeal to the Director. Director appeal decisions are final, and AADL will provide written notice of Director Appeal decisions to both the authorizer and client.

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# News and Information

...Policies & Procedures cont'd from page two

## Authorization of Benefits – Client Choice of Vendor

**There are changes to policy and procedure** regarding authorizer responsibilities related to client choice of vendor. Specifically, Section 4 (h) has been revised; authorizers are expected to inform clients that they have a choice of a minimum of three (3) vendors, and that a full list of AADL vendors is available. In addition, Section 4 (w) has been revised; authorizers must not discriminate or intentionally malign a vendor. The number sequence has changed, and Section 4 (w) has been moved up – it is now Section 4 (i).

In 2004, AADL's Program Analysis and Accountability Unit conducted a review of compliance with the Client Choice policy. As of September 2004 approximately 10% of registered complaints with AADL concern client choice of vendors. The complaints are: clients are not informed by authorizers that they have a choice of vendors, authorizers override client vendor preferences, or authorizers use a vendor rotation list, intentionally omit vendors, or promote one vendor over another. As a result of the review, a number of recommendations were made and adopted to improve AADL's policy expectations about client choice of vendor.

To assist authorizers in providing clients with a choice of vendors, AADL is updating the vendor list, including the benchmark vendor list. Distribution is planned for summer and these lists will also be made available to the public on the AADL pages of the Seniors and Community Supports website. These lists will be updated regularly, at a minimum, on an annual basis.

AADL will also continue to focus on client choice of vendor in authorizer workshops, in articles in the Bulletin, in related health care professionals newsletters, etc.

If you have questions regarding changes to AADL Policies & Procedures, please contact Terri Lynn Almeda, Policy Advisor, at (780) 422-7124 or [TerriLynn.Almeda@gov.ab.ca](mailto:TerriLynn.Almeda@gov.ab.ca).

## Change to Benefits

Effective July 1, 2005, Alberta Aids to Daily Living will no longer provide helmets and wigs. Wigs and helmets that have been authorized and approved prior to July 1, 2005 will be funded.

The updated Section "X" (Prior Approval Benefits) will be sent out with the next bulletin.

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## AADL Manual Now Online

The AADL Program Manual is now available on the public website. This is the most recent version and can be downloaded, saved to your hard drive, printed or accessed on a need-only basis.

[www.seniors.gov.ab.ca/AADL/faq/manual](http://www.seniors.gov.ab.ca/AADL/faq/manual)

## Authorizer Workshops

Currently, we are working on establishing the schedule for 2005-2006. This should be completed in the next few months and will be announced in the next bulletin.

If you require further information, please contact Diane Schmidt, Information and Training Coordinator, at (780) 422-6871 or [Diane.E.Schmidt@gov.ab.ca](mailto:Diane.E.Schmidt@gov.ab.ca).

## Benefit Year End

**Clients over 65** who qualified for Cost-Share Exemption, CSE (formally Full Benefit Assistance, FBA) last year do not have to re-apply. The AADL system will automatically issue 2005/2006 CSE cards to those clients who received AADL benefits in the 2004/2005 benefit year. Those clients who did not access AADL benefits in the 2004/2005 benefit year must phone AADL to request a card for the 2005/2006 benefit year, as it will not be automatically mailed to them. Please do not have clients who qualified for Cost-Share Exemption last year complete a Cost-Share Exemption application form.

**Clients under 65** who you (the authorizer or vendor) believe qualify for AADL Cost-Share Exemption must apply for Premium Subsidy through the Alberta Health Care Insurance Plan. If the client has not received AADL benefits previously, and you believe they qualify for AADL Cost-Share Exemption, please call AADL to confirm the client's cost-share status.

**Please verify cost-share status using AADL E-Business or the IVR prior to asking a client to complete a Cost-Share Exemption application form.**

If you have further questions or cannot verify a client's status using either E-Business or the IVR, please call Client Services at (780) 427-0731.

# Medical/Surgical

## Change to Compression Stocking Eligibility

Effective September 1, 2005 all authorizations for compression stockings will require a lower leg assessment, including an ankle brachial index. Please be aware that this does not include garments required for the management of Lymphedema.

AADL would like to commend those regions that have moved forward with the lower leg assessment prior to this change in eligibility.

**To all compression garments vendors**, please be aware that if an authorizer writes directions on the authorization and/or AADL's change form requesting an open toe stocking, closed toe, silver lined, rubber, cotton ,etc., that this clinical direction is to be followed. If during your fitting, concerns arise regarding the authorizer's direction, please contact the authorizer prior to providing an alternative as this may have a negative clinical outcome.

Also, as a prescription is now optional, several vendors have been requesting a copy of the client's lower leg assessment. This is not required. Vendors do not need the lower leg assessment to obtain a proper fitting.

AADL does not provide products designed to reduce edema. AADL provides compression stockings for those with documented signs and symptoms of CVI 2 or 3, and whose edema has been reduced. Consequently, products such as circ-aid, comprelon and any other manufacturer items designed to reduce edema are not a benefit of AADL, nor can the vendor provide them under AADL's compression codes.

## CAWC Conference Report

On April 29-30, I had the privilege of attending the Canadian Association of Wound Care S 1 and S 2. This was the most informative and interactive conference I have attended in my 20 years of nursing. Heather Orstead and her team have a passion for lower leg assessment and the treatment of chronic wounds that left everyone at the conference empowered and thirsty for more clinical knowledge.

I found it very interesting that there were only half a dozen health care professionals from Alberta that took advantage of this conference, especially since it was in our own backyard.

Below is a list of websites that provide an excellent resource for articles on lower leg, chronic wounds and lymphedema management, as well as information on upcoming conferences. Included is the Canadian Association of Wound Care website that I strongly urge you to look at.

- [www.cawc.net](http://www.cawc.net)
- [www.cochrane.org](http://www.cochrane.org)
- [www.worldwidewounds.com](http://www.worldwidewounds.com)
- [www.mao.org](http://www.mao.org)
- [www.lymphnet.org](http://www.lymphnet.org) (*this site offers a client support group & a client ID bracelet*)
- <http://bphc.hrsa.gov/leap/LEAP> (*this site offers free monofilaments*)



Lauran Chittim, Program Manager (Medical/Surgical)

## Pediatric Incontinence

To all authorizers involved in pediatric incontinence, please note that the following clinical steps must be done prior to determining eligibility for continence supplies: clinical diagnosis, referral and assessment by specialized clinic (i.e. autism clinic) and/or other team members (i.e. dietician, urologist). The pediatric tool should then be completed with intervention of continent strategies and evaluation of these strategies. Once all these steps have been followed, and the child remains incontinent, then an authorization may be completed.

Please note, that AADL's provision of continent products for children is NOT a frontline strategy in managing a child's continence. It is not a tool to assist with the toilet training process. If an authorization is submitted prior to the completion of any of the above steps, the authorization will not be approved and will be returned to you.

Also, "swimmer" diapers and "feel wet" diapers are not approved benefits of the AADL program.

# Mobility & Equipment

## New Approved Product Lists (APL) and Vendor Lists

Enclosed are new Approved Product Lists for G, K, L and W benefits, and the updated vendor lists. Please replace the outdated lists that are in your manual.

### Highlights of Changes/Additions to the APLs:

#### Large Equipment

- #G069 add new model: Maple Leaf MedCom
- # G067 add new model: Maple Leaf Tilt shower commode
- #G068 add new model: Maple Leaf HD Shower Commode Com 1
- #G066 add new model: Maple Leaf HD Shower commode Com 2 & 3
- #G069 add new model: Aquatec Ocean Shower Commode
- #G068 add new model: Aquatec Ocean SP Shower Commode
- #G001 add new model: ATS 510 Artisan Stationary Commode
- #K275 add new model: Rifton Gait Trainer
- #K047 add new model: Rifton Blue Wave Bath chair
- New # L287 Heavy duty Superpole  
Heavy duty Superpole with Super Bar heavy duty
- # L359 add new model: Neptune Electric Bath Lift
- #L355 add new model: Aquatec M2
- #L359 add new model Unicare NEX LIFT
- reinstate #L220 Dyna-Care Model "D" pump and Model "U" mattress
- reinstate #L221 Dyna-Care Model "D" Pump
- reinstate #L222 Dyna-Care Care Model "U" Mattress

#### Power Wheelchairs

- New # W704 Sunrise F11
- New # W708 Pride Vibe
- New # W709 Pride Quantum 1650
- New # W711 Maple Leaf MP5
- New# W712 Maple Leaf MP2
- New # W713 Invacare TDX 5
- New # W714 Invacare Pronto M94

#### Manual Wheelchairs

- New # W275 Maple Leaf EZ Ride
- New # W323 Invacare Spree XT Folding
- New product in # W635 Invacare Solara 2G Adult Tilt
- New #W632 Spree GT
- New # W279 Invacare Kuschall Champion
- New # W278 Invacare Compass SPT
- New # W324 Orion tilt – Future Mobility
- New # W327 Sunrise GT
- New # W326 Sunrise Iris
- New # W328 Invacare Compass XE

#### Changes – Deletions From Wheelchair APL

- NRG + – available from recycle only
- Original Solara (discontinued)
- Original Solara Jr (discontinued)
- Allegro (discontinued)
- G424 –available from recycle only
- Xterra (discontinued)
- Ranger –available from recycle only
- Megaflex commode (discontinued)
- Invacare shower commodes:  
models 6495 6695 6490 6690 (discontinued)
- Carexa bath lift (discontinued)
- #K017 Active aide Jon a Chair (discontinued)

## New Manual Sections



Sections G, K, and L product pages are in the process of being updated. The revised sections will be distributed in the next AADL Bulletin.

## Revised MSDA Trial Sheet

The Medical Surgical Distributors Association has ongoing concerns about the use (misuse) of trial equipment. They will be updating the information included in the AADL manual "W" and "V" sections. However, in the interim, please review their suggested length of trials, and expected care of trial equipment information.

# Mobility & Equipment

## Glenrose Seating

AADL recommends authorizers check with Glenrose Seating before ordering a new wheelchair for a seating client.

Glenrose Seating has asked when therapists are referring a client to their seating service, and a wheelchair order is pending, that they review wheelchair options with the client. Also, therapists need to ensure that the client's home is wheelchair accessible, but must leave the final wheelchair order with Glenrose Seating to complete. Glenrose Seating has had trouble making old seating fit in newly-ordered wheelchairs. They have had to call AADL to stop the wheelchair order due to seating problems.

In addition, Glenrose Seating advises authorizers who are appealing and changing wheelchair frames for clients currently with seating benefits and who have received their wheelchair within three years, that they should be in touch with the previous authorizer to find out why the current chair model was chosen. It is likely the model was chosen for the seating that was added to the chair. If the new authorizer proceeds with ordering a different wheelchair model, it is quite possible the seating will not work.

## New Category "D" Wheelchairs

Effective July 1, AADL will begin providing a maximum contribution grant for the purchase of "D" category wheelchairs. An enclosed page describes the benefit and how to access it.

Note that this benefit is only for clients who have a non-degenerating condition such as paraplegia or quadriplegia, and are assessed as being eligible for AADL "C" category wheelchairs. Once purchased, the wheelchair will be considered to be an "upgrade" chair, and will belong to the client. The client will have to arrange alternate funding to cover any extra costs associated with the chair purchase and future maintenance of the chair.

Please insert the information page into your "W" section for future reference.

## New Power Equipment for Adults

Effective July 1, AADL will begin providing funding for adults for power tilt-in-space, power recline, and power elevating leg rests. This benefit will go to those who need it most, and who qualify for provision of an AADL power chair. See the attached information sheet regarding the application process, and insert it into your "W" section for future reference.

## Change to AADL Process

July 1, AADL will be changing the process for getting recycled wheelchairs to the client. The new process is as follows:

- The client and authorizer have trialed a wheelchair from their indicated preferred vendor (Vendor A)
- AADL chooses to fill the order using a recycled wheelchair which has been stored at another location (at Vendor B)
- AADL will arrange to have the recycled WC shipped from Vendor B to the preferred Vendor A
- The preferred Vendor A will refurbish the WC, and deliver it to the client.

This is a positive change for the client, the authorizer, and the vendor as it will maintain the vendor-client-authorizer relationship that developed during the wheelchair trial. It will also allow for easier resolution to any problems that may arise once the wheelchair has been received by the client.

## Overlays and Mattresses

Authorizers are reminded to choose wisely when ordering mattress overlays for clients. These items should be trialed to determine what is the correct overlay for the client's skin care needs. Trials should not last longer than a day or two.

Authorizers must not adopt the attitude "if this doesn't work we will order something else". AADL considers the first mattress order to be the correct and definitive choice, and will not easily approve replacements within a short time frame. Quality and Frequency Review Committee (QFRC) will review all such requests.

Those clients receiving an AADL bed and mattress should not need an additional overlay. To receive one, the request would have to be approved by QFR Committee. In the case of such a submission to the Committee, the Authorizer must provide good clinical information to support the request.

# Mobility & Equipment

## Trialing Bathroom Equipment/ Infection Control

Our vendors have expressed concern regarding the inappropriate use of trial bathroom equipment such as raised toilet seats, commodes and shower commodes. The purpose of the trial is to ensure the equipment works in the home/bathroom, and that it fits the client. We call this a "dry trial". There should never be direct skin contact between the client and the equipment, and no contact with body fluids. Trialing should be done with the client fully-clothed and protected from incontinence concerns.

Some vendors supply plastic covered seating, while others apply tape over the opening. It is expected that the trial equipment will be returned with the plastic or tape still intact.

**If equipment is trailed inappropriately, or is soiled from actual use by the client, it will be considered "sold" and your client will be responsible for purchasing it without assistance from AADL.**

Authorizers must advise their clients about the correct way to treat their trial equipment, including cleaning the toilet before placing the raised toilet seat on the toilet. If AADL receives complaints, we will contact the authorizer who has not informed the client appropriately, and/or the client who has not followed directions. The following information was prepared by the Alberta Health and Wellness Infection Control Nurse which includes the process a vendor should undertake when equipment is returned. It is included for your general information.

According to the CDC and Healthcare Infection Control Practices Advisory Committee (HICPAC) (2003), Guidelines for Environmental Infection Control in Health-Care Facilities, and the U.S. Department of Health and Human Services, the transferral of microorganisms from environmental surfaces to patients is largely via hand contact with the surface. Hand-washing is the single most important step to prevent disease transmission. Cleaning renders the environmental surface safe to handle by removing organic matter, salts and visible soils and is a necessary first step in disinfection. The actual cleaning (physical removal of microorganisms and soil by wiping or scrubbing) is as important as the antimicrobial effect of the cleaning agent used. Barrier protection can be useful especially if surfaces are touched frequently, likely to become contaminated with body substances or difficult to clean.

### Recommendations

- When toilet seats are brought into a home it is important to ensure that the toilet seat is placed on a clean surface (either through cleaning the toilet surface prior or through use of a barrier (such as a paper towel placed under the device where it makes contact with the toilet)
- The assessment should be done with the purchaser fully clothed so there is no potential touching of equipment to non-intact skin and body secretions.
- If there is actual use of the toilet seat, there is potential contamination with body fluids and the cleaning protocol must be followed including: high pressure washing, use of protective equipment, and use of a low level disinfectant.
- If the home assessment is done as described above i.e. client fully clothed, use of a barrier between toilet seat and toilet or area cleaned prior to demonstration, a modified cleaning protocol can be used:
  - > Wash hands
  - > Put on disposable gloves
  - > Clean equipment with cleaner/disinfectant and a clean damp cloth
  - > or with ready to use disinfectant wipes.
  - > Allow to air dry
  - > Remove gloves and dispose into garbage
  - > Wash hands



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# Mobility & Equipment

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Cleaning can be done with soap and water, detergent or enzymatic cleaners (cleaning can be used if no contact with body secretions). If low level disinfection is required (equipment contact with body secretions), a two-step method is used: the item is cleaned first and then a low level disinfectant is applied and left damp on surface for a contact time (different products have different times needed for disinfection).



Examples of low level disinfectant: (As per Health Canada (1998) Hand Washing, Cleaning, Disinfection and Sterilization in Health Care. Canada Communicable Disease Report Volume 24S8.):

- 1 Household bleach mixed at 1 part bleach to 9 parts water. Advantages include easy access and effective. Disadvantages include: corrosive to metals, inactivated by organic materials, irritant to skin and mucous membranes, use in well-ventilated areas, shelf life 24 hours once diluted, cannot be mixed with other cleaners. Surface should remain damp for 10 minutes.
  - 2 Hydrogen peroxide products like Ready to use 0.5% Accelerated Hydrogen Peroxide or AHP wipes. Advantages: strong oxidant, fast acting (5 mins for disinfection), breaks down into water and oxygen. Disadvantages: can be corrosive to aluminum, copper, brass or zinc.
  - 3 To have a disinfectant claim the product must have a DIN and meet government standards. (Lysol is a household product that is a disinfectant)
- Whenever mixing products manufacturer's directions must be followed and proper protective gear should be worn; for example eye protection, gloves.
  - The ready-to-use wipes may have a higher initial cost but are much more convenient and no product mixing required. Also, you do not have to find a clean cloth or need to launder etc. The example of ready-to-use wipes is as above, but there are others available in stores. Just make sure the container says disinfectant.
  - Waterless hand cleansers (70% alcohol) should be made available as an alternative to hand washing, especially if time for hand washing or access to sinks is limited. If hands are visibly soiled washing with soap and water is needed.

## Preferred Vendor

This is a reminder to authorizers that you need to indicate the "preferred vendor" on each authorization form (1250 or 1251). This ensures that the vendor can complete the billing process on e-business, and also ensures that the client is able to maintain a relationship with the vendor who has provided trial equipment.

## Trialing Equipment: Preferred Vendor

AADL expects its vendors to have equipment available for trial. This is a value added service they extend to AADL authorizers and clients.

When an authorizer is discussing equipment and equipment trials with the client, the authorizer must determine who is the client's preferred vendor. AADL has been made aware that some authorizers are arranging for trial equipment from vendor A, but indicating a different preferred vendor on the authorization form.

The client's preferred vendor should be used for both the trial and the authorization form.



# Updates & Reminders

## Authorization Forms: Help Speed Up the Process

Authorizers: when you are completing the 1250 (Authorization form) and the 1251 (Wheelchair Authorization form), please ensure that the client's Personal Health Number (PHN) is entered, the client's complete mailing address and postal code are included, and that all the information is correct. Incorrect or incomplete forms only slow the process and cause unnecessary delays for the client.



Also, please ensure that any additional documents, i.e, spec sheets, prescriptions, etc. are stapled to the back of the 1250 and 1251.

SECTION	REMOVE FROM MANUAL	REPLACE IN MANUAL	COMMENTS
General Information	Re-order Authorization Forms Glossary of Terms Pages 1 - 3	Ordering Procedures for Forms and Publications Glossary of Terms Pages 1 - 4	Updated Revised Definitions
Policies & Procedures	Pages 3 – 8	Pages 3- 8	Revisions to Persons Not Eligible (Treaty Indians) and Cost-Share Exemption
Policies & Procedures	Pages 15 - 18	Pages 15 - 18	Revisions to Authorization of Benefits (related to Client Choice of Vendor)
G	Bathing and Toileting Aids: APL and Vendor List	Bathing and Toileting Aids: APL and Vendor List	Updated
H	VEN-H-1 to VEN-H-8	Hearing Aids Vendor List Pages 1-2	Reformatted and Updated
K	Pediatric Equipment: APL and Vendor List	Pediatric Equipment: APL and Vendor List	Updated
L	Lifts and Transfer Aids APL and Vendor List	Lifts and Transfer Aids APL and Vendor List	Updated - <i>Do not remove Homecare Bed, Mattress &amp; Accessories APL pages</i>
V	Wheelchair Accessories: APL and Vendor List	Wheelchair Accessories: APL and Vendor List	Updated
W	Wheelchairs  APL and Vendor List	Wheelchairs: Adult Tilt in Space Request Category D Wheelchair  APL and Vendor List	New – after Adult Application New – after Adult Application Updated
X	X-7 to X-11	Seating Services p. 1-2 Seating Suppliers p. 1-2	Reformatted and updated