

# ALBERTA AIDS TO DAILY LIVING (AADL) PROGRAM

## General Program Information

1. **Implemented: March 1, 1980.**
2. **Alberta Aids to Daily Living Program, Programs Division, Alberta Health and Wellness.**

### History:

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| 1987           | Introduction of cost-sharing to AADL clients, low income clients are exempted.   |
| July 1, 1991   | The AADL Program and certain components of Extended Health Benefits Program were amalgamated. An extensive review of the Program was completed including a benefit update and changes to cost-sharing. The program review and update was based on three principles: equality of access; enhance family and community responsibility; and manage resource effectively.                      |
| September 1995 | Regionalization of the AADL Program was proposed and a significant amount of planning took place until 1997.   |
| May 1997       | Although a great deal of planning with the RHAs had been completed, in May 1997 the RHA CEO's expressed concerns with their current ability to implement the program given its various complexities, including the lack of a sound information system accessible by all regions. Therefore, in June 1997 Alberta Health made the decision to retain central administration of the Program. |
| 1996 to 2002   | The client base increased from 50,000 to 76,000, not including those clients who receive benefits through accountable grants.  |
| 1999           | A business process review was conducted with the involvement of authorizers and vendors, which resulted in a blueprint for an e-business solution for the program. E-business implementation commenced in October 2001.  |
| 2001           | A review of the program mandate was conducted. Several facets of the program were examined, and recommendations were made on ways to address future demands. The emphasis of this review was placed on the health providers' and vendors' broad view of the changing needs within the community rather than addressing individual requests for program enhancements.                       |

- 2002 A service delivery review was completed to ensure that clients received AADL benefits in a timely fashion. The service delivery review found that AADL's business processes were effective in providing clients with benefits in a timely manner.
- Fall 2002 Implementation of e-business for AADL vendors was completed.
- August 2003 AADL Client Satisfaction Survey was completed, with an overall satisfaction rating of 94%.
- September 2003 Grant funding to Alberta Monitoring for Health was increased by \$8 million; annual funding is now \$10.616 million. Eligibility criteria were expanded to include low income Albertans with all types of diabetes.

**3. Description of Program or Service:** The Alberta Aids to Daily Living (AADL) Program, in cooperation with authorizers and vendors, assists individuals who have a chronic disability or illness, and individuals who are end-stage palliative. The Program provides basic equipment and supplies necessary for more independent functioning at home or in a home-like setting.

Assistance involves subsidizing the costs of equipment and supplies authorized for the individual. There are quantity limits and price maximums that AADL contributes towards approved equipment and supplies. Clients are provided with the option of upgrades at their expense. The AADL Program has a cost share policy which requires the client to pay for 25% of the cost of the benefits to a maximum of \$500.00 per family per year. If the client or client's family has a low income, cost sharing may be exempt.

AADL benefits include: medical/surgical equipment and supplies (other than drugs) for ostomy, incontinence, and catheter; respiratory equipment, bathing and toileting aids; walking aids; wheelchairs; hospital beds; lifters; prosthetic and orthotic devices; hearing aids; and specialized pediatric equipment. Senior citizens registered with the Alberta Seniors Program and their dependents, and recipients of the Alberta Widow's Pension are also eligible.

**4. Beneficiaries Covered:** Benefits of the AADL Program will be provided to persons who:

- a) hold a valid Personal Health Number;
- b) are residents of the Province of Alberta;
- c) require the aid by reason of chronic disabling or terminal condition; and
- d) have completed authorization form originating from a registered program authorizer (physical therapist, occupational therapist, registered nurse or other health care professional approved by the AADL Program). A physician's prescription is required for some benefits.

5. **Categories of Residents Excluded:** Individuals may not be eligible for benefits of the AADL Program if they are eligible to receive comparable benefits under the:
  - Department of Veterans Affairs
  - The Workers' Compensation Act
  - The Motor Vehicle Accident Claims Act
  - A private insurance plan
  - Treaty Indians under 65 years of age (comparable benefits are provided by Medical Services Branch, Health Canada).
6. **Funding:** Provincially funded.
7. **Co-payment Charges:** Eligible clients share in the cost of program benefits. This means that the person pays 25% of the cost of the benefits to a maximum of \$500 per family per year (July 1 to June 30). Clients on income supplement programs and those with low income are exempt from cost-sharing.
8. **Services provided by:** Benefits provided by the AADL Program are authorized by health care professionals *employed by Regional Health Authorities*. They include nurses, physiotherapists, occupational therapists, respiratory therapists and audiologists. These professionals attend training workshops and receive a registration number from AADL entitling them to authorize AADL Program benefits. For most benefits community suppliers registered with the Program provide the item and *bill the Program and bill the client cost-share portion, if applicable*.
9. **Mode of Payment:** Suppliers submit claims based on set prices to the AADL Program, Alberta Health and Wellness.
10. **Means of Determining Payment Levels:** A system of unilateral price maximums and/or contract arrangements have been established and are reviewed annually by Program staff together with representatives of supplier organizations.
11. **Evaluation: Ongoing.**
12. Comparable Programs or Services in Other Provinces/Territories: **Nova Scotia** (Prosthetic Services); **Quebec** (Hearing Aids Program), (Ostomy Appliances Program), (Prostheses, Orthopedic Appliances or Other Devices); **Ontario** (Assistive Devices Program); **Manitoba** (Prosthetic and Orthotic Program), Home Care Equipment Program), (Hearing Aid Program of Children Under 18 Years of Age); **Saskatchewan** (Saskatchewan Hearing Aid Plan), (Saskatchewan Aids to Independent Living); **British Columbia** (Pharmcare); **Yukon** (Chronic Disease and Disability Benefits Program), (Extended Health Care Benefits); **Northwest Territories** (Extended Health Benefits).