### Revision History

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rename benefit to Voice Restoration and Electrolarynx Products</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-01 Eligibility criteria defined for electrolarynx, communication products for tracheostomies, and voice restoration products for laryngectomies</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-02 Wording changes for Client Roles and Responsibilities</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-03 Quantity and Frequency Limits defined</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-04 Wording changes for Electrolarynx Repairs</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-05 Wording changes for Recycling Electrolarynx</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-06 Updated Vendor List</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-07 Inserted Process Flow Chart</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>A-08 removed</td>
<td>October 1, 2016</td>
</tr>
<tr>
<td>Overall manual formatting revisions</td>
<td>April 1, 2013</td>
</tr>
</tbody>
</table>
Table of Contents

Policy A – 01 .................................................................................................................... 4
Eligibility Criteria .............................................................................................................. 4
Voice Restoration and Electrolarynx Benefits (VRE)......................................................... 4
Policy Statement ............................................................................................................... 4
Procedure ......................................................................................................................... 5

Policy A – 02 .................................................................................................................... 7
Client Roles and Responsibilities ..................................................................................... 7
Policy Statement ............................................................................................................... 7
Procedure ......................................................................................................................... 7

Policy A – 03 .................................................................................................................... 9
Quantity and Frequency Limits ......................................................................................... 9
Policy Statement ............................................................................................................... 9
Procedure ......................................................................................................................... 9

Policy A - 04 ................................................................................................................... 10
Electrolarynx Repairs ...................................................................................................... 10
Policy Statement ............................................................................................................... 10
Procedure ......................................................................................................................... 10

Policy A – 05 .................................................................................................................. 11
Recycling Electrolarynx .................................................................................................. 11
Policy Statement ............................................................................................................... 11
Procedure ......................................................................................................................... 11

Policy A – 06 .................................................................................................................. 12
Approved Vendors ......................................................................................................... 12
Policy Statement ............................................................................................................... 12

Process Flow Chart ....................................................................................................... 13

© 2016 Government of Alberta
Policy A – 01

Eligibility Criteria

Voice Restoration and Electrolarynx Benefits (VRE)

Policy Statement

AADL clients must meet the general AADL program eligibility requirements in order to be considered for voice restoration and/or electrolarynx benefits. AADL General Policies and Procedures are available on-line at: http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf.

Eligibility for voice restoration and/or electrolarynx benefits must be determined by a Speech Language Pathologist (SLP) who is an approved AADL SLP Authorizer and a member in good standing with the Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA).

Benefits are provided to eligible clients to meet basic needs for communication. Clients must meet the following criteria for specific benefits:

Electrolarynx

- An electrolarynx is an artificial larynx used for communication purposes by individuals who have had their larynx removed and have been unsuccessful in learning tracheoesophageal speech.

- An electrolarynx may be provided only when the client is medically stable following surgery. For individuals who are not yet medically stable, the SLP Authorizer should consider other options, such as a temporary loaner.

Communication Products for Trachostomies

- External speaking valves are provided to maintain communication health for people who have undergone a tracheostomy or use a ventilator and have demonstrated that they can benefit from using a speaking valve for communication purposes.

- Speaking valves are not supported by AADL for treatment purposes, such as when clients are being assessed for removal of a trachotomy.
• A voice amplifier may be provided for children up to age 18 years who have undergone a tracheostomy or use a ventilator.

• An assessment and trial of using the voice amplifier must be completed to ensure it can be used effectively in educational and community settings.

Voice Restoration Products

• Indwelling voice prostheses and laryngectomy products are provided to maintain communication health and provide voice restoration for people who have undergone a total laryngectomy.

• Products are selected by the Speech-language Pathologist from the Approved Product List (APL), based on identified basic clinical needs.

Procedure

SLP Authorizers:
1. Conduct assessment to determine client is able to use the specific VRE product(s) under consideration to meet the daily communication needs.
2. Confirm client meets AADL eligibility requirements.
3. Confirm client does not have access to other funding sources (Policy GN-16).
5. Provide AADL with clinical rationale for prior approval items.
6. Obtain vendor quote for requested item(s) and submit with Requisition Form to AADL.

Clients:
1. Actively participate in the assessment process.
2. Demonstrate ability to use and care for the product(s) under consideration.
3. Provide daily care to maintain the product(s) in good working order.
4. Pay cost share portion if applicable.
5. For clients receiving an AADL electrolarynx, return the electrolarynx to the SLP Authorizer if no longer needed (see Policy A-05).

AADL:
1. Receives vendor quote.
2. Reviews clinical rationale for prior approval items and approves or denies request.
3. Issues purchase order for the vendor, which identifies cost share portion if applicable.
4. Pays vendor invoice following shipment of equipment.

Vendors:
1. Process AADL order request.
2. Obtain cost-share portion from client, if applicable.
3. Ship product(s) to the SLP Authorizer or client, in accordance with directions provided in the purchase order.
4. Invoice AADL for the product(s) provided, in accordance with purchase order.
Policy A – 02

Client Roles and Responsibilities

Policy Statement

- Clients must be assessed by an SLP Authorizer to ensure they can benefit from using voice restoration and/or electrolarynx products to meet their daily communication needs.
- Clients must advise the SLP Authorizer if they have access to alternate funding sources for VRE products.
- Clients are expected to be actively involved in the assessment process and participate in educational activities to learn how to clean, care and maintain products in good working order.
- Clients eligible for cost-sharing are expected to pay the Vendor the cost-share portion prior to products being shipped.
- Clients are responsible for the replacement of lost, stolen or damaged products. AADL is not responsible for replacement products that have been lost, stolen or damaged due to misuse.
- Clients who have been provided with an AADL electrolarynx are responsible for the cost of replacement batteries (see Policy A-04).
- It is the client’s responsibility to pay 100% of costs above the AADL maximum contribution as identified in the Approved Product List.

Procedure

SLP Authorizer:

1. Conduct an assessment of the client’s needs and abilities to benefit from using voice restoration and/or electrolarynx products.
2. Advise the client of AADL policies and procedures on the provision of VRE products.
3. Evaluate the client’s eligibility to receive AADL benefits and ensure client does not have access to other sources of funding.
4. Complete required documentation and forward to AADL for authorization.
5. Provide ongoing client, family and care team support as needed on the use, care and maintenance of the products.

**Clients, with family support as needed:**

1. Actively participate in the assessment process.
2. Provide feedback on equipment trials and products.
3. Upon successful completion of the assessment, sign AADL documentation.
4. If appropriate, pay the Cost-Share amount to the Vendor/Distributor.
5. Accept responsibility for the care and maintenance of the VRE products and use in accordance with directions provided by the SLP Authorizer.
Policy A – 03

Quantity and Frequency Limits

Policy Statement


• If benefit maximums have been reached and a client’s basic functional need is not being met, an SLP Authorizer may submit a Quantity and Frequency Review (QFR) Request identifying the products required with a clinical rationale for requested items.

• A Quantity and Frequency Review request will not be considered for items that are not on the Approved Product List (APL).

Procedure

SLP Authorizers:
1. Review with client the quantity and frequency of products required to meet their clinical needs.
2. Follow the AADL Quantity and Frequency Review process (Policy GN-30 and GN-31).
3. Complete a QFR Form and submit documentation to AADL for consideration.

Clients:
1. Discuss clinical needs with SLP Authorizer.
2. Sign the Quantity and Frequency Review (QFR) Form.

AADL:
1. Reviews QFR request in view of identified clinical needs.
2. Advises SLP Authorizer and client of QFR decision in writing.
Policy A - 04

Electrolarynx Repairs

Policy Statement

- The standard Vendor’s warranty applies to all AADL equipment. AADL does not pay for repairs on equipment covered by warranty.
- AADL will pay for one repair per year that is the result of normal wear and tear when the warranty has expired.
- Battery replacements are the responsibility of the client.
- If the electrolarynx is not deemed repairable, replacement can be requested in accordance with quantity and frequency limits.

Procedure

Clients:
1. Contact SLP Authorizer or Vendor to trouble shoot malfunctioning device
2. If troubleshooting fails, send malfunctioning equipment to Vendor for repair.
3. Pay cost-share portion for repair directly to Vendor, if applicable.

Speech-Language Pathology SLP Authorizers:
1. Advise client if electrolarynx needs repairing and confirm repair procedures with client.

Vendors:
1. Assist with trouble shooting electrolarynx.
2. Repair device if necessary.
3. Return repaired electrolarynx to client or speech-language pathologist, as indicated.
4. Invoice AADL.

AADL:
1. Approves or deny request for repair.
2. Pays Vendor’s invoice.
Policy A – 05

Recycling Electrolarynx

Policy Statement

- The client should return any electrolarynx purchased by AADL if no longer needed to the SLP Authorizer for recycling.
- Recycled and refurbished electrolarynges may be provided to new clients as available.
- Recycled electrolarynges may be used by the SLP Authorizer for demonstration and trial purposes.

Procedure

Previous Clients:
1. Return electrolarynx to SLP Authorizer when no longer needed.

New Clients:
1. Pay cost share portion, if applicable, on replacement battery for recycled device.

SLP Authorizers:
1. Inform client at time of original purchase that the device must be returned when no longer needed or used.
2. Accept devices returned from client and recycle device within centre.
3. Advise AADL Program Manager when device returned or is provided to a new client.

AADL:
1. Purchases new batteries for device upon transfer to a new client.
2. Informs new client of the provision of a recycled device and the cost-share portion, if applicable, owing to the Vendor.

Vendors:
1. Receive payment for cost share portion, as applicable.
2. Ship batteries to SLP Authorizer or client as designated.
Policy A – 06

Approved Vendors

Policy Statement

The following vendors are approved by AADL to provide voice restoration and electrolarynx benefits:

- Alberta AADL Respiratory vendors
- AutoControl Medical, Ontario
- Ontario Home Health, Ontario
- Beckwith Voice Supplies, Ontario
Process Flow Chart
Voice Restoration & Electrolarynx Products

Client referred for assessment

Assessment of client needs and abilities

Assessment completed

Eligible for AADL benefits

Develop alternate care plan for Client

END

Documentation compiled and submitted to AADL

Authorized

NO

Missing documentation requested

YES

AADL issues PO to vendor

Vendor ships equipment to SLP or Client

Client receives product(s)