
General policy and procedures

Alberta Aids to Daily Living
Program Manual Section GN

Superseded

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Alberta Aids to Daily Living Program Manual Section GN – General Policy and Procedures | Alberta Health
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Policy GN – 01

Program Background

Policy Statement

Alberta Aids to Daily Living (AADL) was established by the Government of Alberta on March 1, 1980 to assist Albertans with a long-term disability, chronic illness or terminal illness in maintaining independence in their community through the provision of basic medical equipment and supplies to meet their clinically assessed needs.

AADL:

The *Public Health Act* mandates AADL to:

- establish scope of benefits provided
- establish clinical eligibility
- determine pricing of medical equipment and supplies
- encourage best practice in client assessment and care through education and collaboration with clinicians and suppliers

Principles

- Client focus: Respects an individual's right to dignity, self-determination and risk by supporting their right to make choices and decisions.
- Client independence: Encourages client independence through the provision of AADL benefits.
- Client responsibility: Promotes client responsibility and accountability associated with health risks, benefits and consequences.
- Needs based: Provides benefits assessed by AADL-authorized health professionals based on the client's clinically assessed needs. Encourages best practice in client assessment and care through education for clinicians and vendors.
- Accessibility: Facilitates reasonable and timely access to AADL benefits.
- Partnerships: Liaises with other community-based services and advocacy groups in the delivery of AADL benefits and provides information to clients regarding health related services.
- Program and stakeholder accountability: Demonstrates program stewardship and accountability through the effective delivery of benefits. Remains fiscally responsible and looks for new, better and more efficient ways of providing services. Program stakeholders include AADL, clients, authorizers, specialty assessors, specialty suppliers, vendors, health-care professionals, Alberta Health Services and Alberta Blue Cross.

Policy GN – 02

Program Benefits

Policy Statement

The AADL program provides a wide range of benefits to eligible Albertans including:

- Breast prostheses
- Large and small bathing and toileting equipment
- Burn garments
- Compression stockings and garments
- Custom-made footwear
- Custom-made ocular prostheses
- Hearing aids and FM devices
- Homecare beds and accessories*
- Incontinence supplies (diapers and catheters)
- Injection supplies (not provided for insulin injections)
- Laryngectomy equipment and supplies
- Musculoskeletal supports (hernia, abdominal and back supports)
- Orthotic braces (not foot orthotics)
- Ostomy supplies
- Oxygen
- Patient lifters*
- Pressure reduction overlays
- Prosthetic devices
- Respiratory equipment and supplies*
- Shoe elevations
- Specialized pediatric equipment*
- Specialized seating devices
- Speech-generating communication devices*
- Therapeutic footwear
- Transfer aids
- Walkers and walking aids
- Wheelchair cushions and accessories
- Wheelchairs, manual and power*
- Vision aids – Administered by CNIB

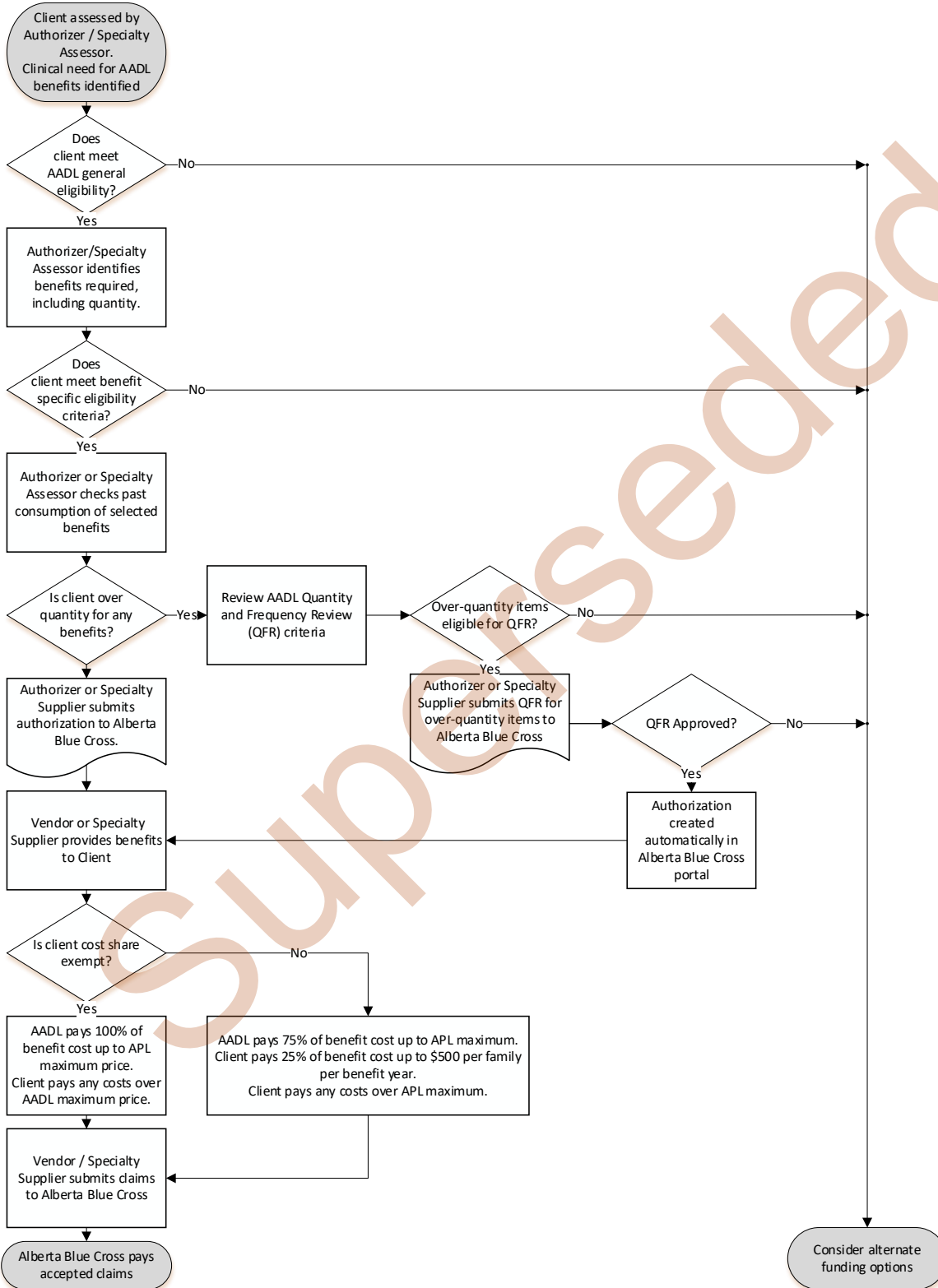
* Equipment received may be formally recycled

Procedure

- Refer to Figure 1: Process to Obtain an AADL Benefit on the following page.

Figure 1

Process to Obtain an AADL Benefit



Policy GN – 03

Authorizer Application

Policy Statement

All health care professionals must meet the following minimum eligibility criteria prior to applying to be an authorizer.

- Be an Alberta resident.
- Be a health professional presently registered in, and in good standing with, one of the following professional organizations/associations:
 - occupational therapist - Alberta College of Occupational Therapists (ACOT)
 - physiotherapist – Physiotherapy Alberta College + Association (Physiotherapy Alberta)
 - registered nurse - College and Association of Registered Nurses of Alberta (CARNA)
 - speech language pathologist - Alberta College of Speech-Language Pathologists and Audiologists (ACSLPA)
- Be employed as a health care professional for a minimum of three days per week (0.6 full-time equivalent).
- Have a minimum of 1,700 hours clinical experience prior to applying to become an authorizer.
- Sign a declaration statement regarding any conflict of interest as per part C of the Authorizer Application form.

In rare and exceptional circumstances, AADL may consider applications from health care professionals who do not meet the above criteria. AADL at its sole discretion reserves the right to deny authorizer status to applicants.

After successfully completing the AADL authorizer training course and receiving their authorization number, authorizers will be able to authorize for products in their primary product range. The primary product range is the range of products given to an authorizer based on their registered health profession and is detailed in the tables in this policy. Secondary product ranges may be applied for after an authorizer has been approved for primary product ranges and meets additional eligibility criteria.

Primary Product Ranges

Primary product ranges are assigned according to an individual's registered health profession and AADL approval.

REGISTERED NURSE

Primary product range

| | |
|--|---|
| Small bathing, toileting, homecare equipment and transfer aids | Raised toilet seats, tub seat, grab bars and stationary commodes. Hospital beds, only for palliative and full-time use |
| Catheters | Catheters and supplies |
| Incontinence briefs and liners | Incontinence briefs and supplies |
| Musculoskeletal supports | Hernia, abdominal and back supports |
| Lifters | Lifts and slings <i>AADL does not fund tracks or installations</i> |
| Ostomy supplies | Pouches, clips, caps and other supplies |

OCCUPATIONAL THERAPIST AND PHYSIOTHERAPIST

Primary product range

| | |
|--|---|
| Small bathing, toileting, homecare equipment and transfer aids | Raised toilet seats, tub seat, grab bars. Hospital beds, only for palliative and full-time use. Wheeled and stationary commodes |
| Lifters | Lifts and slings <i>AADL does not fund tracks or installations</i> |
| Musculoskeletal supports | Hernia, abdominal and back supports |

| | |
|---------------------------------|------------------------------|
| Specialized pediatric equipment | Sitters, gait trainers, etc. |
| Walking aids | Walkers and accessories |

SPEECH-LANGUAGE PATHOLOGIST

Primary product range

| | |
|---|---|
| Augmentative speech and communications benefits | Electrolarynx, voice restorations products, communication products for tracheostomies |
|---|---|

Secondary Product Ranges

These will be assigned after the primary product range and must meet additional eligibility criteria.

SECONDARY PRODUCT RANGES

| Product | Type of benefit | Requirements |
|---|---|--|
| Burn garments | Custom pressure garments | <ul style="list-style-type: none"> Occupational therapist, physiotherapist or registered nurse See AADL Program Manual Section J for criteria Complete Product Range Request on Authorizer Applications form |
| Compression garments | Includes ready-made and custom garments for chronic venous insufficiency and lymphedema | <ul style="list-style-type: none"> Occupational therapist, physiotherapist or registered nurse See AADL Program Manual Section N and T for criteria. Complete Product Range Request on Authorizer Applications form |
| Manual wheelchair and seating Level A | Basic seating and manual wheelchairs | <ul style="list-style-type: none"> Occupational therapist or physiotherapist See AADL Program Manual Section X and Section WM for criteria Complete Manual Wheelchair & Seating Level A Authorizer application |
| Seating Level B | Specialized seating | <ul style="list-style-type: none"> Occupational therapist or physiotherapist See AADL Program Manual Section X for criteria Complete Level B and C Authorizer Application form |
| Seating Level C | Complex seating | <ul style="list-style-type: none"> Occupational therapist or physiotherapist See AADL Program Manual Section X for criteria Complete Level B and C authorizer application |
| Power wheelchairs | Power wheelchairs | <ul style="list-style-type: none"> Occupational therapist or physiotherapist See AADL Program Manual Section WP for criteria |
| Incontinence briefs and liners | Incontinence briefs and liners | <ul style="list-style-type: none"> Occupational therapist or physiotherapist See AADL Program Manual Section M for criteria Complete product range request on Authorizer Applications form |
| Speech generating communication devices | Speech generating communication devices | <ul style="list-style-type: none"> Speech-language pathologist or occupational therapist |

Procedure

Health Care Professionals:

Applying for Primary Product Range

- Ensure that all authorizer eligibility criteria are met.
- Complete AADL training Module 1 – AADL general overview, policies and procedures online: <https://www.alberta.ca/aadl-authorizer-information-and-training.aspx>
- Complete AADL Authorizer Application form available from: <https://formsmgmt.gov.ab.ca/Public/AADL2218.xdp>
 - Complete the “Product Range Request” section of the Authorizer Application form. Authorizers will only be provided the primary product range listed for their registered health profession as determined by AADL.
 - Provide the documentation as listed on the application form.
- Health care professionals who wish to authorize a benefit that is not on the list for their primary product range, according to an individual registered health profession, must receive prior approval from AADL. To request product ranges in addition to your primary product range, follow the procedure for the secondary product range.
- Send the fully completed application to AADL by email, fax or mail. Contact information is detailed on the Authorizer Application form. Ensure application is complete. Incomplete forms will not be processed and will delay access to the in person training session.
- Complete required training sessions.
 - Speech-language pathologists do not need to attend in-person authorizer training. Complete Module 1 – AADL general overview, policies and procedures, Module 2.5 – Speech Generating Communication Devices, and submit the Speech Generating Communication Devices Authorizer Application form.
- After completing the required training, complete Part C – Declaration on the Authorizer Application form. When the completed form is received and approved by AADL, an authorizer number will be assigned. The authorizer number is a unique identifier which must be included on all authorization forms.
- After receiving login credentials from Alberta Blue Cross, complete registration as an authorizer through the Alberta Blue Cross online health portal.

Applying for Secondary Product Range

- Only current AADL authorizers can apply to have secondary product ranges.
- Complete the appropriate application form that applies to the secondary product range being requested.
- Send application to AADL by email, fax or mail. Contact information is detailed on each secondary product range request form.

AADL:

- Reviews applications for eligibility.
- Returns incomplete or ineligible forms.
- Registers eligible health-care professionals in an AADL authorizer training session.
- Coordinates and delivers the authorizer training session.
- Assigns the authorizer number to the health care professional and determines the product ranges for specific types of AADL benefits.
- Informs Alberta Blue Cross of new authorizers.

Alberta Blue Cross:

- Adds authorizers to the online health portal.
- Sends new authorizers login and temporary password information.

Policy GN – 04

Authorizer Responsibilities

Policy Statement

AADL authorizers are accountable to:

- The Government of Alberta for the authorization of benefits for AADL clients.
- AADL for the use of provincial funding to provide services and benefits.
- Their respective professional and regulatory associations for their professional practice standards.

AADL authorizers must:

- Comply with and keep updated on all AADL policies and procedures.
- Maintain clinical competencies related to the AADL benefit product ranges they are approved to authorize.
- Inform AADL of any changes related to their authorizer information.
- Not charge clients for the authorization.
- Not directly or indirectly engage in the supply of AADL benefits.
- Not authorize benefits for themselves, family or friends without AADL prior approval.
- Not discriminate or intentionally malign an AADL vendor or authorizer.
- Before submitting an authorization, ensure that the assessment is complete and accurate, the selected benefits are appropriate for the client's needs, the client meets AADL eligibility criteria for the program and the selected benefits, the client is aware of relevant policies and procedures.

Procedure

Authorizers:

- Follow Policy GN – 07 Authorization of Benefits to authorize benefits.
- When the need for benefits is short-term or acute, refer client to other resources.
- Attend AADL authorizer training, question and answer sessions and other lectures/courses regularly to maintain the competency to authorize for AADL benefits.
- Maintain clinical standards as required by their professional associations and colleges.
- Stay current on new equipment and/or supplies.
- Reference the AADL online policy manuals.
- Authorize benefits regularly through the AADL program. Authorizer numbers will become inactive after 18 months without an authorization by the authorizer.
- Reapply for authorizer status as per Policy GN – 03 Authorizer Application following the inactivation of an authorizer number.
- Read AADL correspondence, including Bulletins.
- Subscribe to the e-subscription list available on the AADL - Authorizers and vendors page of the AADL website: <https://www.alberta.ca/aadl-authorizers-and-vendors.aspx>. Follow the link "Join the AADL email list to receive AADL updates" to subscribe.

AADL:

- Monitors authorizer compliance with policies and procedures.
- Notifies authorizer if reported changes affect their authorizer status.

Alberta Blue Cross:

- Suspends authorizer status if applicable according to Policy GN – 36 Compliance Monitoring.
- Initiates corrective action as required according to Policy GN – 36 Compliance Monitoring.

Superseded

Policy GN – 05

Application to be a Specialty Assessor

Policy Statement

A specialty assessor performs the same role as an authorizer, but is employed by a health equipment vendor with a provider agreement with AADL and Alberta blue Cross. All health care professionals must meet the following eligibility criteria prior to being a specialty assessor for AADL:

- be a resident of the province of Alberta
- be registered in, and in good standing with, the health professional organizations/associations as outlined in the benefit-specific policy and procedures manuals
- be employed by a specialty supplier that has a provider agreement with AADL and Alberta Blue Cross; each specialty supplier location must have at least one specialty assessor

Health professionals may assess AADL benefits as per the following lists:

Audiologists:

- Hearing aids
- Personal listening devices
- FM systems
- Cochlear implants
- Bone-anchored hearing devices (BAHD)

Hearing Aid Practitioners:

- Hearing aids
- Personal listening devices

Respiratory Therapists:

- Oxygen, humidity or suction therapy
- Tubes and resuscitator/bagging units for tracheostomy patients
- Home ventilators
- Home BPAP

Breast Prosthesis Fitters:

- Breast prosthesis

PROSTHETIC AND ORTHOTIC SPECIALTY ASSESSORS

| Health benefit | Orthotist | Prosthetist | Pedorthist | Pedorthic master craftman | Pedorthic technician | Ocularist |
|---|-----------|-------------|------------|---------------------------|----------------------|-----------|
| Orthotic devices (not including foot orthotics) | X | | | | | |
| Prosthetics | | X | | | | |
| Ocular prosthesis | | | | | | X |
| Custom footwear | X | | X | X | | |
| Therapeutic footwear | X | | X | X | | |
| Shoe elevations | X | | X | X | | |

Procedure

Specialty Assessors:

- Register as a practitioner on the employing specialty supplier's account on the Alberta Blue Cross online health portal.
- Complete AADL authorizer training Module 1 – AADL general overview, policies and procedures online.
- Provide documents as required.

Alberta Blue Cross:

- Determines if an applicant meets criteria to be a specialty assessor for the applicable benefits, forwarding to AADL for review as required.
- Confirms specialty assessor status in writing, indicating which product ranges are approved.
- May revoke specialty assessor status according to policy or on direction from AADL.

AADL:

- Sets specialty assessor eligibility criteria, including which applications are forwarded to AADL for review.
- Determines eligibility of applicants forwarded by Alberta Blue Cross for review.
- May revoke specialty assessor status at AADL's discretion.

Superseded

Policy GN – 06

Specialty Assessor Responsibilities

Policy Statement

AADL specialty assessors are accountable to AADL for the provincial funding to provide services and benefits to clients. Specialty assessors must comply with all AADL policies and procedures and may not submit an authorization or provide AADL benefits for themselves or family members.

A specialty assessor may assess clients and submit authorizations for AADL benefits. They are subject to all the same requirements as an authorizer except:

- they must be employed by a specialty supplier who supplies AADL benefits, and
- the specialty supplier may charge AADL and/or clients for certain services performed by a specialty assessor, which are described in the applicable approved product list and policy and procedures

A specialty assessor may also provide AADL benefits and submit claims, as an employee of a specialty supplier.

Procedure

- See Policy GN – 07 Authorization of Benefits for the procedure to submit an authorization.
- See Policy GN – 11 Vendor/Specialty Supplier Section for the procedure to provide benefits and submit a claim.

Superseded

Policy GN – 07

Authorization of Benefits

Policy Statement

Authorizers may authorize AADL benefits that are within their approved product range(s).

All authorizations are submitted through the Alberta Blue Cross online health portal.

Authorizers are responsible for reviewing clients' past consumption before submitting an authorization. A benefit may not be authorized if it exceeds the quantity/frequency limit for that client. Exceptions can be submitted for review using the quantity and frequency review authorization stream in the online health portal. See Policies GN – 27 to GN – 30 for more information.

The authorizer is responsible for the assessment and must be able to address questions related to product selection and client eligibility for AADL funding.

Procedure

Authorizers:

- See the procedure outlined in Policy GN – 02 Program Benefits for an overview of the process.
- Prior to entering an authorization, the authorizer must ensure an assessment is completed that considers current and future needs of the client, including prognosis and progression of their condition. In order to authorize for AADL benefits the client's condition must be stable.
 - The clinical assessment may be completed by a qualified assessor under the authorizer's supervision. Assessor qualifications are identified in Policy GN – 10 Assessor Qualifications.
 - If the assessment was performed by an assessor, include the assessors name on the authorization. This can be noted under "Vendor Comments" on the Alberta Blue Cross online health portal. Ensure that the assessors meet qualifications as per Policy GN – 10 Assessor Qualifications.
- Confirm client eligibility for the AADL program prior to the authorization of benefits as per Policy GN – 16 Client Eligibility. This includes the confirmation of previous provision of benefits.
- Discuss all potential costs with clients, such as cost share and benefit upgrades.
- Obtain the client's signature on the Client Consent form, confirming their consent to disclose information for the purpose of obtaining an AADL benefit.
- Submit the AADL authorization in the online health portal.
 - Ensure the assessment date on the authorization reflects the date the authorizer determines the client meets the eligibility criteria for a particular type of health benefit and the catalogue number(s) has been identified. The assessment date must not be backdated or post-dated for any reason.
 - The authorization results page will indicate if the authorization is "Approved," "Denied" or "Pending Review."
- When an authorization is approved, provide a copy of the authorization to the client and inform them of the approved vendors who can provide the authorized benefits.
- With the client's approval, the authorizer may contact the client's preferred vendor on their behalf to inform them that the authorization is approved.
- Follow up with the client to ensure that the authorized medical equipment and/or supplies meet the client's needs and document this confirmation on the client's file.
- Document all client encounters related to AADL benefits. This includes assessment, trial, follow-up, education, etc. Include the date of encounter, relevant details and signature of the appropriate health care professional.

Clients:

- Fully participate in their assessment. This includes any testing required to determine eligibility.

- Sign the Client Consent form. If the client is unable to sign, the form may be signed by a person legally authorized to consent on their behalf (Minor: Parent/legal guardian, Adult: Informal trustee/enduring power of attorney/legal trustee). Record the name / relationship of the person signing in the spaces indicated on the form.

Vendors:

- Receive notification that a new authorization is approved via the client or the authorizer.
- View the authorization details in the online health portal by searching the authorization reference number, client Alberta Personal Health Number and date of birth.

Specialty Suppliers:

- Follow procedures for both authorizers and vendors as listed in this policy.

Superseded

Policy GN – 08

Explaining Policies and Procedures to Clients

Policy Statement

Authorizers/specialty assessors are responsible to ensure applicable AADL policies and procedures are explained to clients and clients' families/caregivers.

Procedure

Authorizers/Specialty Assessors:

Explain to clients and clients' families/caregivers:

- The importance of their active participation in the clinical/functional assessment process.
- AADL general eligibility criteria.
- Product eligibility criteria, and quantity and frequency limits.
- The specific benefits the client is being assessed/authorized for.
- The process to obtain benefits, including:
 - assessment and authorization
 - potential client costs, including cost share and upgrade charges
 - cost-share exemption policy and process to apply (provide a copy or link to the application form)
 - choosing an AADL vendor
 - obtaining benefits from a vendor, and vendor submitting claims
 - equipment trial, warranty and repair policies as applicable
 - client responsibility for benefits, including AADL policies on loss, damage and misuse of benefits
- The Client Consent form: Explain that client consent is required to share personal and health information for the purpose of obtaining an AADL benefit.
- Client choice of vendor: Ensure clients are aware they have a choice of vendors, and that a list of AADL-approved vendors is available online. Authorizers must provide clients with at least three vendors in their area that can provide the authorized benefits.
- Options to access alternate funding.
- The quantity and frequency review process.
- If accessing recycle equipment, explain that AADL provides recycled equipment first.

Policy GN – 09

Documentation

Policy Statement

Authorizers and specialty assessors must provide documentation relating to the provision of AADL benefits as required by AADL.

Authorizers and specialty assessors will maintain documents in a manner consistent with the *Information and Privacy Act* under which they and their employing organization operates. Refer to the *Health Information Act* (HIA) https://www.assembly.ab.ca/HIARReview/Health_Information_Act.pdf and the *Freedom of Information and Protection of Privacy Act* (FOIP) http://www.qp.alberta.ca/1266.cfm?page=F25.cfm&leg_type=Acts&isbncln=9780779762071.

Documents with a signature must be stored as an original copy.

Procedure

Authorizers:

- Provide, within a specified time frame, any documents, records or reports requested by the AADL Director or designate, or the Alberta Blue Cross Compliance Verification team.
- Allow AADL Director or designate, or Alberta Blue Cross Compliance Verification team access to documentation during normal business hours.

Alberta Blue Cross:

- Provide notice of at least 10 business days when requesting documentation.

AADL:

- Provide notice of at least 10 business days when requesting documentation.

Policy GN – 10

Assessor Qualifications

Policy Statement

AADL permits health professionals who are not authorizers to assist authorizers in the assessment of AADL benefits. These health professionals are considered “assessors.” In order to qualify as an AADL assessor, a health professional must meet the following criteria.

An assessor:

- Must be a resident of Alberta.
- Must be a qualified health professional presently registered in, and in good standing with, their respective professional organizations/associations as identified in Policy GN – 03 Authorizer Application.
- Must be endorsed by an AADL authorizer who has confirmed they are qualified and familiar with all relevant AADL policies, and takes responsibility for the assessments they perform.
- Must adhere to the following responsibilities:
 - must not submit authorizations unless they are also an AADL authorizer
 - must be familiar with all AADL policies and procedures relevant to their work as an assessor
 - must explain policies and procedures (Policy GN – 08 Explaining Policies and Procedures to Clients) to clients
 - must ensure that their assessment information is correct and complete documentation is provided to an AADL authorizer in as timely a manner as possible
 - must resolve all assessment errors in as timely a manner as possible
 - must ensure that their training in needs assessment (clinical expertise) and knowledge of available equipment and/or supplies is continuous, timely and effective
 - must not charge for an AADL assessment
 - must not be directly or indirectly involved in the supply of AADL benefits

Policy GN – 11

Vendors and Specialty Suppliers

Policy Statement

Vendors and specialty suppliers provide AADL benefits to clients in accordance with AADL policies and procedures. They must be approved by AADL and have provider agreements in place with AADL and Alberta Blue Cross.

Specialty suppliers have the same responsibilities as vendors, but they also employ specialty assessors approved by AADL to perform clinical assessments and submit authorizations for benefits.

Throughout AADL policy, the term 'vendor' also means 'specialty supplier' unless otherwise stated.

AADL Vendor Agreement

Vendors must have signed provider agreements in place with both AADL and Alberta Blue Cross in order to provide benefits.

In any time period for which a vendor does not have signed agreements in effect, they will not be recognized as an approved vendor and will be unable to submit claims. No retroactive payments will be made for services provided during that time period.

AADL vendor application process

- Submit an AADL vendor application to AADL and provide any additional information requested. The application may be approved or denied at AADL's discretion.
- Enter into AADL provider agreements with Alberta Health and Alberta Blue Cross. These agreements will be sent by email if the application is approved.
- Complete registration as a provider in the Alberta Blue Cross online health portal.
- Specialty suppliers must register each specialty assessor as a practitioner on their provider account. New specialty assessors are subject to review/approval by AADL.
- Sign up for AADL notifications/bulletins through e-subscription at <https://www.alberta.ca/aadl-authorizers-and-vendors.aspx>

Sale of business or change of ownership:

- The vendor must provide notice in writing to AADL and Alberta Blue Cross prior to any sale of business or change in business ownership. The existing AADL provider agreements are no longer in effect as of the sale / ownership change effective date.
- If the prospective new owner wishes to maintain AADL vendor status, they must submit an application to AADL and Alberta Blue Cross for review. It is encouraged to do this as early as possible before the sale / change of ownership, to avoid service and claim disruptions.
- The new owner is not permitted to provide benefits under the previous owner's provider agreements, or submit claims under their provider account. Claims submitted in these circumstances are subject to review and reversal.
- If advance notice is not provided, any claims after the sale/ownership change effective date are subject to review and reversal. AADL may deny vendor status for the new owner at its discretion.
- The current vendor must inform prospective new owners of these requirements prior to a sale/change of ownership.

Agreement term and renewal

- AADL provider agreements are effective for the term specified in the agreement.
- AADL will make best efforts to contact existing vendors and enter into new agreements prior to the expiry date of their current agreements.
- Vendors are responsible to monitor the terms of their contracts and contact AADL if they do not receive a new agreement 60 days before their current agreement expires.

Service Accessibility

Unless otherwise stated in the benefit-specific policy and procedure manual, the vendor must:

- Meet accessibility requirements under section 3.8 of the Alberta Building Code, Safety Codes Act, which provide the minimum requirements for barrier-free design to ensure wheelchair accessibility.
- Operate a storefront in Alberta open a minimum 40 hours per week. Other hours of operation require special arrangement with AADL.

General Requirements

The vendor must:

- Adhere to the terms and conditions of their individual vendor agreement with AADL.
- Take full responsibility for their individual actions and their employees' actions.
- Ensure that they and their employees:
 - are educated regarding the AADL policies and procedures as stated in the most current AADL program manual and updates
 - advise clients regarding access to the AADL program
 - have the necessary expertise regarding the provision of AADL benefits and associated invoicing and business processes
 - are accessible to assist clients and authorizers
- Ensure that directors, officers, shareholders, and all employees associated with the vendor's company are not in a conflict of interest position.
 - Such a conflict may occur when one of the above has a personal relationship with an authorizer(s) or client(s).
 - All potential conflict of interest situations must be brought to the attention of the AADL Director. Approvals are at the discretion of the Director.

Employee Qualifications

The vendor must ensure the following certifications/qualifications for employees associated with the supply and provision of specific AADL benefits:

- Respiratory therapy benefits: Respiratory therapy vendors must employ registered respiratory therapists who are members in good standing with the College and Association of Respiratory Therapists of Alberta (CARTA), for the set-up of equipment and assessment of clients. This does not apply to the provider of suction catheters.
- Hearing aid benefits: As a specialty supplier, hearing aid vendors must employ registered audiologists or registered hearing aid practitioners for client assessment and rehabilitation purposes. Audiologist and hearing aid practitioners must be registered members in good standing with the Alberta College of Speech Language Pathologists and Audiologists (ACSLPA). Hearing aid practitioners must be registered members in good standing with the College of Hearing Aid Practitioners of Alberta (CHAPA).
- Footwear benefits: As a specialty supplier, vendors must employ staff who are members in good standing with the Pedorthic Association of Canada for client assessment and therapy related services.
- Eye prostheses benefits: As a specialty supplier, vendors must employ staff who are members in good standing with the American Society of Ocularists for clinical assessment and related services.
- Prosthetic and orthotic benefits: As a specialty supplier, vendors must employ staff who are members in good standing with the Canadian Board of Certification of Prosthetists and Orthotists for clinical assessment and related services.
- Breast prostheses, graduated pressure garments, burn garments, hernia supports: Vendors must ensure that staff filling/dispensing these benefits have completed a recognized fitter's course. Copies of course completion and/or certificates must be provided to AADL.
- Manual wheelchair benefits: Vendors must employ at least one wheelchair technician who has a minimum of two years of experience repairing manual wheelchairs. Work experience records may be requested by AADL and equivalencies will be considered.
- Power wheelchair benefits: Vendors must employ at least one wheelchair technician who has a minimum of two years of experience and a certificate indicating successful completion of a manufacturer's power wheelchair training course for two consecutive years for each manufacturer line they carry. The vendor must have a technician with a certificate for all manufacturer lines that they represent, working on the bench.

In addition to this section, staffing requirements are further detailed in each of the specific benefit area policy and procedure manuals, as well as the agreements with AADL.

Vendor Accountability

All AADL program stakeholders, including vendors, are accountable for their duties and actions associated with the program.

Accountability is defined as the “obligation to answer for the execution of one's assigned responsibilities.”

AADL program vendors are accountable to AADL and to their clients for resource utilization and the quality of services they provide to clients. Their staff are also accountable to their respective professional and regulatory associations for the quality of their professional practice when providing these services, where applicable.

For effective accountability:

- Vendors should understand their relationship, roles, and responsibilities associated with the AADL program, and be accountable for their associated actions.
- AADL should provide regular review and feedback to the vendors regarding their associated actions.

Client Documentation

The vendor must:

- Have and retain on file all necessary documentation relating to active clients for specific benefits. Documentation should follow the retention guidelines of the associated vendor/specialty supplier and may include a copy of the physician's prescription (own personal or clinic prescription pad) for those benefits requiring a physician's prescription.
- Refer errors or omissions to AADL-approved authorizers for correction prior to the provision of a benefit.
- Not backdate or request authorizers to backdate authorizations.

All records created, obtained and maintained by vendors pertaining to the authorization and/or provision of AADL benefits are to be retained for a period of 10 years and then disposed of in a manner that will protect the confidentiality of personal information.

The 10-year retention period is to be calculated by the last day of the AADL benefit year in which the benefit was provided.

Provision of Benefits

The vendor must:

- Supply only those benefits for which they have been registered with AADL to supply. (Reference: Scope for the provision of benefits is identified in individual contracts/agreements with AADL)
- Supply benefits only to clients who have a valid authorization.
 - It is the vendor's responsibility to ensure that the client's authorization is valid and current on the service date. An authorization is not valid if the client is over quantity for the requested benefit or does not meet the benefit-specific eligibility criteria. Client eligibility can be confirmed through the Alberta Blue Cross online health portal Patient Inquiry screen under client consumption.
- Provide an order record to the client and document that they accept the order, before providing benefits. The record should reflect which benefits will be provided and the expected costs to the client and AADL. In case of a dispute, issues will be decided in the client's favor if the vendor cannot produce documentation that the client accepted the order.
- Provide only the benefits listed on the AADL authorization.
- Provide only the benefits identified in the most current AADL program manual and updates.
- Adhere to AADL standards for equipment, supplies, and service.
 - Applicable standards are defined in the specific benefit sections of the manual.
- Ensure that no product substitution occurs without prior approval from AADL.
- Ensure that clients have prior approval from AADL for benefits that exceed AADL program parameters for quantity and frequency limits.
- Provide new unused benefits/products to AADL clients. Exceptions are:

- large recyclable equipment
- recycled seating
- wheelchairs
- artificial larynx
- respiratory therapy equipment
- Ensure that manufacturer's warranties are honored.
 - Ensure that defective supplies and equipment are replaced at no cost to the client or AADL.
- Ensure that AADL's principles for benchmark pricing are adhered to.
 - AADL defines product quality standards and sets the benchmark price for identified AADL benefits.
 - Vendors registered with AADL must provide a product that meets the product quality standards at, or below, the AADL benchmark price.
 - AADL will fund benefits at the current benchmark, retail or sale shelf price, whichever is lower.
 - By use of a mutually agreed process between AADL and vendor representatives, AADL must provide a mechanism for regular and exceptional reviews and pricing adjustments.
- Not refuse to provide AADL benefits and/or services to an AADL client or authorizer. In the event of concerns with an AADL client or authorizer, the vendor must inform AADL in writing detailing the circumstances and concerns.
 - In the event that AADL has been informed in writing by an authorizer or client that a vendor has provided unacceptable service to an authorizer and/or client, AADL will follow up directly with the vendor.

Pricing and Invoicing

The vendor must:

- Ensure they have received a valid AADL authorization and that the authorization is current on the service date.
 - Alberta Blue Cross will not pay a vendor in the event that the vendor provides a benefit after a client's authorization has expired. The vendor may not bill the client for vendor errors associated with expired authorizations.
- Ensure that the claim is submitted to Alberta Blue Cross only on, or after the date the client has received the benefit (service date).
- Adhere to AADL pricing and pricing methodologies as listed in the approved products lists and updates by AADL.
 - Additional details are included with individual contracts/agreements.
- Be responsible for the accuracy of invoicing, as well as the timely correction of invoicing errors.
- Ensure that extra charges to clients occur only as determined by AADL policies and procedures.
 - Vendors must not bill the client for an AADL benefit if the vendor has exceeded the maximum amount of time allowable for submission of claims to AADL.
- Be responsible for the determination of client cost-share status (eligibility) at the time of the provision of the benefit (date of service).
 - Cost-share status is determined by AADL on the benefit year (July 1 through June 30).
 - An up-to-date cost-share amount is found by completing a pre-determination on the Alberta Blue Cross online health portal
- Be responsible for the collection of the cost-share portion from the client.
- Submit claims to AADL no later than six months from the client's date of service.
 - Claims received by Alberta Blue Cross later than six months from the client's date of service will not be paid. Clients must not be invoiced for a vendor's error.
 - Vendors have 12 months from the client's date of service to resolve claim errors.
- Provide every client with a claim statement of account for each benefit provided through the AADL program. This can be printed from the Alberta Blue Cross online health portal. This statement of account will include the AADL contribution, the cost-share portion, and any upgrade charges for each benefit (when applicable).
- Not waive the client cost-share portion for any reason unless the client is exempt from AADL's cost-share policies.
- All AADL clients are responsible for costs associated with upgrades.
 - It is the vendor's responsibility to explain that 100 per cent of upgrade costs are not paid by AADL.
- Not charge AADL for GST or HST in the invoicing of benefits. AADL is not subject to the Goods and Services Tax or the Harmonized Sales Tax.

Promotion of Benefits

The vendor may:

- Identify itself as an “AADL-approved vendor” in verbal and/or limited written or printed promotional activities, including billboards, online or print advertisement, or on the front page of a product catalogue.

The vendor may not:

- Use “AADL-approved vendor” as a primary feature of the vendor or its services.
 - Verbal or written promotional activities must not contain the following:
 - Any reference to the Alberta Aids to Daily Living program appearing larger or otherwise more important than any other element on the material.
 - Any copyright claims on AADL information and policies.
 - AADL policies and procedures as part of any merchandising strategy.
 - AADL is available to review the contents of verbal and/or written promotional activities to ensure compliance with AADL policies and procedures.
 - While it is recognized that vendors are a valuable resource, clients and/or authorizers should be encouraged to contact Alberta Blue Cross with their concerns or questions.
- Solicit business by promoting “AADL-approved vendor” or other similar wordings while engaged in verbal or written promotional activities.
- Solicit business by informing clients verbally or in writing that they are due or eligible for replacement benefits.
- Solicit business by waiving the client cost-share portion of the cost of the benefit.
- Refer to AADL funding as a “discount” or any similar term.
- Reproduce any part or whole of the AADL program manual or pricing information without the prior written approval of the AADL Director.

Reporting and Auditing

The vendor must:

- Within 30 days of the receipt of a written request from the AADL Director (or designate) or the Alberta Blue Cross Compliance Verification Review team, provide records, reports and returns as specified in the request. This includes information regarding AADL clients and the provision of benefits and services.
- Within 30 days of the receipt of a written request from the AADL Director (or designate) or the Alberta Blue Cross Compliance Verification Review team, provide current business information as required under the terms of the AADL vendor contract/agreement.
- Allow access at any time to AADL staff, Alberta Blue Cross Compliance Verification Review team, or other agents authorized by the AADL Director to inspect any properties associated with the provision of benefits and services to AADL clients.
- Allow access during normal business hours to AADL staff, Alberta Blue Cross Compliance Verification Review team, or other agents authorized by the AADL Director to documents or records in the possession of the vendor, to make copies of them or to temporarily remove them for the purpose of making copies.

AADL staff, the Alberta Blue Cross Compliance Verification Review team and other agents of Alberta Health who remove documents or other records from the vendor shall:

- Provide a receipt for the items to the person from whom the items were taken.
- Provide a copy of items removed to the person from whom they were taken or to a person who is entitled to custody of them.
- Return the items to the person from whom they were taken when they have served the purpose for which they were taken.

Disciplinary Actions

AADL, Alberta Blue Cross and vendors work in partnership to provide clients with benefits and services in a high quality and timely manner. It is anticipated that in most cases, AADL, Alberta Blue Cross and the vendor will be able to resolve any inappropriate practice or unsatisfactory performance.

Failure to comply with Policy GN – 11 Vendor/Specialty Supplier Section of the AADL General Policy and Procedure Manual and/or vendor agreements will result in the initiation of disciplinary actions by AADL, Alberta Blue Cross or both.

Disciplinary actions are at the discretion of the AADL Director, and may result in any or all of the following:

- credit of funds to AADL from future payments to the vendor
- suspension of vendor status
- termination of vendor status

The steps involved in the investigation of non-compliance with vendor responsibilities, policies and procedures and agreements is as follows:

Step 1

- AADL or Alberta Blue Cross will advise the vendor of any inappropriate practice, unsatisfactory performance or non-compliance with the contract(s) or policies and procedures by the vendor. AADL or Alberta Blue Cross will contact the vendor by telephone to:
 - Confirm that an inappropriate / non-compliant practice or conduct has occurred.
 - Confirm the actions the vendor is to take to rectify such practice or conduct.
- Discussions will be documented and filed at AADL with a copy provided to the vendor.

Step 2

- If vendor performance is not resolved by Step 1, AADL or Alberta Blue Cross will advise the vendor in writing of inappropriate practices or non-compliant conduct.
- If necessary, a meeting will be scheduled and will include AADL and vendor staff as appropriate.
- All correspondence will be faxed and sent via mail.
- The vendor must acknowledge in writing their receipt of AADL correspondence by the date specified.
- The vendor must confirm in writing that the vendor agrees to comply with the actions specified by AADL by the date specified in correspondence.
- If there is no written response to AADL by the specified date, AADL will suspend vendor status and payment of invoices for a maximum of 30 days.
 - Successful compliance with remedial actions and attainment of an acceptable level of performance may result in the reinstatement of vendor status.
- If there is no written response and no compliance with requested actions by the specified date, vendor status will be terminated.

Step 3

If a vendor's inappropriate practice(s) or conduct is not resolved after Step 2, then:

- Payments to the vendor will cease immediately.
- If deemed necessary, a meeting may be scheduled between AADL management and staff and vendor management and staff to further review concerns and inform the vendor of disciplinary actions.
 - Documentation of the unresolved issues and disciplinary outcome will be provided to the vendor.
 - Copies of all correspondence will be retained in AADL and copied to other authorities as appropriate, including professional associations.

Termination of Vendor Status

In the event of termination of vendor status, a vendor may reapply to be an AADL vendor:

- after a period of no less than six months
- after there is evidence indicating that the inappropriate/non-compliant practice or conduct will not occur again and a written statement provided by the applicant of ameliorative actions taken to achieve this

Readmission to the AADL program as a vendor is at the discretion of the AADL Director. All applicants reapplying for vendor status with the AADL program must provide written confirmation of their understanding of AADL expectations and stipulations and sign a new agreement.

Immediate Suspension

In the event that the AADL program considers the inappropriate/non-compliant practice or conduct to be significant, AADL reserves the right to immediately suspend vendor status pending the outcome of a full investigation.

Superseded

Policy GN – 12

Policy Revision and Distribution

Policy Statement

AADL is responsible for developing and disseminating all policies and procedures associated with the program.

Procedure

AADL:

- Develops policies and procedures and consults when necessary.
- Obtains appropriate approval prior to dissemination of policy and procedures.
- Disseminates revised and new policies to all stakeholders through the AADL website.

Authorizers/Specialty Assessors/Specialty Suppliers/Vendors:

- Provide input to AADL upon request.
- Access current policies and procedures from the AADL website.
- Register for the AADL e-subscription list found here: <https://www.alberta.ca/aadl-authorizers-and-vendors.aspx>.

Superseded

Policy GN – 13

Forms and Publications

Policy Statement

All requests to AADL must be submitted on the designated AADL forms.

Procedure

Clients:

- To view AADL forms online: <https://www.alberta.ca/aadl-forms-and-documents.aspx>
- To view the AADL program manual, its individual sections and related approved product lists online: <https://www.alberta.ca/aadl-program-manual-and-product-lists.aspx>.

Authorizers/Specialty Assessors/Specialty Suppliers and Vendors:

- To view AADL forms and publication online: <https://www.alberta.ca/aadl-forms-and-documents.aspx>
- To obtain AADL forms and publications: <https://www.alberta.ca/assets/documents/aadl/aadl-order-form.pdf>

AADL:

- Maintains and updates forms as necessary.
- Obtains appropriate approval prior to posting new or revised forms.
- Informs stakeholders of new or revised forms via email or bulletin.

Policy GN – 14

Benefit Evaluation

Policy Statement

AADL monitors existing benefits on approved products lists and responds to requests to consider new or replacement benefits that fits within AADL's mandate.

Procedure

AADL:

- Determines product inclusion or exclusion on an approved products lists based on product evaluations, research and best practice.
- May run an ad hoc committee to review current and potential AADL benefits.
- Disseminates approved product lists.

Authorizers/Specialty Assessors:

- Advise AADL of product performance.
- May be asked to participate in ad hoc committees.
- Submits clinical support information for additional benefits to address gaps in AADL benefits.

Vendors/Specialty Suppliers:

- Advise AADL of product performance.
- Advise AADL of changes in pricing or specifications of products.
- May be asked to participate in ad hoc committees.
- Provides product evaluation submissions for new or replacement benefits.

Superseded

Policy GN – 15

Approved Product Lists

Policy Statement

Information about products provided through AADL may be found on an approved products list. This information includes:

- products by benefit area
- a catalogue number
- a description
- AADL maximum allocated funding amount (i.e., price)
- quantity and frequency information
- benefit-specific eligibility criteria

Procedure

AADL:

- Creates and maintains approved product lists.
- Disseminates product information to authorizers, vendors and specialty suppliers.

Superseded

Policy GN – 16

Client Eligibility

Policy Statement

All clients must meet the following criteria to be eligible for AADL benefits:

- Be a permanent resident of the province of Alberta. Permanent resident is defined as being physically present in Alberta for at least 183 days in any 12-month period.
- Reside at home or in a community setting (refer to Policy GN – 17 Client Residence).
- Have a valid Alberta Personal Health Number (PHN).
- Require benefits due to a long term disability or chronic illness (six months or longer) or palliative diagnosis. Exceptions are identified in the specific benefit area.
- Have a valid authorization completed by an AADL authorizer or specialty supplier.
- Meet additional criteria defined by the specific benefit areas.
- Sign the Client Consent form.

With the exception of respiratory benefits, Albertans in acute care hospitals are eligible to receive specific AADL benefits if they:

- Are identified as medically stable.
 - Have a completed discharge plan.
- AND/OR
- Are assessed and approved for placement in a continuing care centre.
 - Are paying continuing care resident fees.

Albertans may not be eligible for AADL benefits if they are eligible to receive the same or similar benefits through another source, including:

- Non-Insured Health Benefits program (NIHB), Health Canada.
- *Workers' Compensation Act*.
- Department of Veterans Affairs (Canada) Health Care Benefits – "A" Clients.
- Federal programs such as: RCMP and Armed Forces.
- Correctional institutions.
- Private health insurance
 - Albertans with private health insurance that covers 100 per cent of the cost of the benefit are not eligible for the same benefit under AADL. Once the private health insurance coverage is exhausted, the client may become eligible under AADL.

Procedure

AADL:

- Adheres to the *Public Health Act* AADL Regulation 236/85 in regards to client eligibility.
- Determines specific benefit eligibility criteria.
- Validates the client's eligibility.

Authorizers/Assessors/Specialty Assessors/Specialty Suppliers:

- Ensure the client meets the eligibility criteria prior to authorizing for benefits.

- Ensure the client signs the AADL Client Consent form. If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/legal guardian, Adult: Informal trustee/enduring power of attorney/legal trustee). This individual is also required to sign and print their name on behalf of the client.
- Refer individuals to the appropriate agencies/organizations for equipment/supply needs if the client is not eligible for AADL benefits.

Clients:

- Sign the AADL Client Consent form. If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/legal guardian, Adult: informal trustee/enduring power of attorney/legal trustee). This individual is also required to sign and print their name on behalf of the client.

Superseded

Policy GN – 17

Client Residence

Policy Statement

Alberta Aids to Daily Living (AADL) benefits are provided to eligible Albertans residing in a variety of residence types. Client eligibility for AADL benefits varies by residence type.

RESIDENCE TYPE AND BENEFIT ELIGIBILITY

| Home Living | Supportive Living and Designated Supportive Living | Facility Living |
|---|---|---|
| Independent living (e.g., house, apartment, condominium) | Supportive living (e.g., lodge, group home) Designated supportive living (e.g., SL3 and SL4, SL4D) | Long-term care facility (e.g., nursing homes, auxiliary hospitals) |

Home Living

Albertans residing in their own home, apartment, condominium or another independent living option. Residences may be privately owned, rented or leased.

Eligible for:

- back and abdominal supports
- bathing and toileting aids (includes stationary commodes)
- beds and mattress overlays, bed rails
- breast prosthesis
- burn-scar and compression garments
- custom footwear
- hearing and communication aids
- medical/surgical supplies (ostomy, catheters, syringes, incontinence supplies)
- patient lifters, transfer pole aids
- prosthetics and orthotics
- respiratory equipment and supplies
- walking aids and accessories
- wheelchair accessories and seating
- wheelchairs and mobility bases

Supportive Living (not including Designated Supportive Living spaces)

Includes many different types of settings such as (but not limited to) seniors lodges, retirement communities, personal care homes and group homes. Settings may be operated by private for-profit, private not-for-profit or public operators.

Eligible for:

- back and abdominal supports
- bathing and toileting aids (includes stationary commodes)
- beds and mattress overlays, bed rails
- breast prosthesis
- burn-scar and compression garments

- custom footwear
- hearing and communication aids
- medical/surgical supplies (ostomy, catheters, syringes, incontinence supplies)
- patient lifters, transfer pole aids
- prosthetics and orthotics
- respiratory equipment and supplies
- walking aids and accessories
- wheelchair accessories and seating
- wheelchairs and mobility bases

Designated Supportive Living

Provides additional health and personal care services to support residents in remaining in the community in a home-like setting. Alberta Health Services controls access to designated supportive living spaces and provides care services according to a contractual agreement with the operator. Alberta Health Services assesses clients according to individual supportive living needs and categorizes them as Supportive Living (SL) SL3, SL4 and SL4D (Dementia). Settings may be operated by private for-profit, private not-for-profit or public operators.

Eligible for:

- back and abdominal supports
- breast prosthesis
- burn-scar and compression garments
- custom footwear
- hearing and communication aids
- medical/surgical supplies (ostomy, catheters, syringes, incontinence supplies)
- prosthetics and orthotics
- respiratory equipment and supplies
- walking aids and accessories
- wheelchair accessories and seating
- wheelchairs and mobility bases

Long-Term Care Facility

Includes nursing homes and auxiliary, sub-acute hospitals. Facilities are for clients with complex health needs requiring 24-hour access to nursing services. Care services are provided under contract with Alberta Health Services.

Eligible for:

- back and abdominal supports
- breast prosthesis
- burn-scar and compression garments
- custom footwear
- hearing and communication aids
- prosthetics and orthotics
- walking aids and accessories
- wheelchair accessories and seating
- wheelchairs and mobility bases

Procedure

Authorizer/Assessor/Specialty Assessor/Specialty Supplier:

- Ensures the client meets the eligibility criteria prior to being authorized for benefits.
- Refers the individual to the appropriate facility manager, agencies/organizations for equipment/supply needs if the client is not eligible for AADL benefits.

Alberta Blue Cross:

- Validates the client eligibility per residence code on the authorization

Superseded

Policy GN – 18

Client Choice of Vendor

Policy Statement

Clients must choose a vendor. Authorizers must provide clients with a choice of vendors and must advise clients that a full list of all AADL-approved vendors is available.

Procedure

Authorizers/Specialty Assessors:

- Provide each client with:
 - Contact information for a minimum of three AADL-approved vendors. In some geographic areas and for some benefits, there may not be a choice of three vendors.
 - A full list of all approved vendors upon request.

Clients:

- Choose an AADL-approved vendor. Clients may contact the vendor directly or ask the authorizer to contact on their behalf.

Vendors:

- Will be notified of an approved authorization by the client or the authorizer on the client's behalf.

AADL:

- Creates and maintains the AADL Approved Vendors List.

Superseded

Policy GN – 19

Client Responsibilities

Policy Statement

Clients who receive benefits through AADL must comply with the AADL policies and procedures.

Procedure

Clients:

- Participate honestly and fully in their assessment, including full disclosure of any other funding sources and participating in any testing required to determine eligibility. Clients must also follow any clinical recommendations.
- Must be aware of the specific benefit's eligibility criteria. Ask questions and express concerns to their authorizer/specialty assessor/specialty supplier/vendor or AADL.
- Comply with AADL policies and procedures.
- Provide documentation to determine their cost-sharing status.
- Pay cost-share portion of benefits directly to specialty supplier or vendor unless cost-share exempt.
- Pay 100 per cent of costs above the AADL maximum contribution.
- Pay for the installation of any program benefit.
- Abide by AADL/vendor trial or loan policies.
- Request or accept only equipment and/or supplies that will be used.
- Take proper care of and be responsible for all benefits received through AADL.
- Acknowledge that AADL does not replace lost, damaged due to misuse or stolen benefits and obtain appropriate insurance as required.
- Return recyclable equipment to the vendor when it is no longer required, or if client is permanently moving outside of Alberta.
- Sign the AADL Client Consent form.
- Consult with another authorizer/specialty supplier or AADL staff when there are unresolved assessment issues with the initial authorizer/specialty supplier.
- May submit appeals to AADL Director that fall outside the program limits, or ask their authorizer to do so on their behalf.

Authorizers/Assessors/Specialty Assessors/Specialty Suppliers/Vendors:

- Advise clients of these responsibilities.
- Explain AADL policies and procedures to clients.

Policy GN – 20

Definition of Cost-Share

Policy Statement

AADL is a cost-share program. Clients and AADL share the cost of approved benefits received through the program. Low-income clients may be cost-share exempt (refer to Policy GN – 21 Const-Share Exemption Criteria). Seniors that do not qualify for cost-share exemption under AADL criteria may qualify for cost-share exemption based on Special Needs Assistance for Seniors criteria (refer to Policy GN – 26 Cost-Share Exemption for Hearing Aid Benefits for Seniors). Seniors who are eligible for prosthetic, orthotic, breast prostheses or ocular prostheses are not required to cost-share on those benefits.

Procedure

Clients and/or Families:

- Pay 25 per cent of AADL maximum contribution for benefits received directly to the providing vendor or manufacturer.
- Contribute no more than a maximum of \$500 per family, per benefit year (July 1 to June 30) for all benefits received.
- Clients are responsible for all additional costs resulting from an upgraded product choice.
- Additional charges resulting from an upgraded product choice do not count towards the \$500 program cost-share maximum.

Alberta Blue Cross:

- Monitors the client's cost-share status.
- Automatically calculates cost-share amount on each claim according to AADL cost-share policy, and displays the calculated amount on claim predetermination results and claim statements.

Vendors:

- Verify the client's cost-share status using the Patient Inquiry screen on the Alberta Blue Cross online health portal. Submit a claim predetermination to determine the exact amount of cost-share owing at the time of submission.
 - If client has already paid \$500 in the benefit year, the client will still be classified as "Cost-share" on the Patient Inquiry screen but the claim/predetermination will show \$0.00 cost-share owing.
- The final cost-share amount is calculated when the claim is submitted for payment, as reflected on the claim statement. The final amount may be different than the amount shown on the predetermination, if the client had other claims submitted or adjusted since the predetermination was run.
- The vendor is responsible for providing the client with a copy of the final claim statement, and to ensure exactly the amount shown on the claim statement is collected.
- The vendor may collect a deposit against cost-share before the claim is submitted, based on the amount shown on the predetermination. If the final cost-share amount on the claim statement is different than the deposit collected, the vendor is responsible to correct the difference (e.g. returning the difference if the deposit was greater than the final amount, and collecting the difference if the deposit was lower than the final amount).
- Vendors are required to keep records of cost-share portions collected from clients, and any collection/return of funds that was required, to be provided on request.

Policy GN – 21

Cost-Share Exemption Criteria

Policy Statement

Cost-share exemption is available to clients whose taxable income (line 26000 of the most recent income tax return) is:

- \$20,970 or less for a single person
- \$33,240 or less for a family with no children
- \$39,250 or less for a family with children

Clients receiving income supplement benefits from the following Alberta government programs may be exempt from cost-sharing:

- Income Support Program benefits
- Assured Income for the Severely Handicapped (AISH)
- Alberta Adult Health Benefits (AAHB)
- Child and Youth Support Program
- Children Services (minors in foster care)

Seniors aged 65 or older are not required to cost-share on prosthetic, orthotic, breast prostheses or ocular prostheses benefits.

Clients are not eligible to apply for cost-share exemption if they are:

- a new or returning resident from outside Canada, who has not yet resided in Alberta for 12 consecutive months
- exempt from paying income tax for religious, charitable or communal reasons, or
- a foreign student temporarily residing in Canada

Procedure

Clients:

- If applying based on taxable income level, complete the Application for Cost-Share Exemption form found here: <https://formsmgmt.gov.ab.ca/Public/AADL1859.xdp>. The application is available from your authorizer, assessor, supplier, vendor or AADL Client Services at 780-427-0731 or toll-free in Alberta at 310-0000, then 780-427-0731 for an application.
- If applying for cost-share exemption based on participation in a government-sponsored program as listed above, contact AADL Client Services at 780-427-0731 or toll-free in Alberta at 310-0000, then 780-427-0731. Clients participating in these programs do not need to fill out the Application for Cost-Share Exemption form.

AADL:

- Receives application and determines eligibility for cost-share exemption.
- If eligible enters the appropriate pay code into the AADL system.
- Advises the client if they are not eligible and provides appeal information.

Policy GN – 22

Cost-Share Exemption Reapplication

Policy Statement

Clients who are cost-share exempt may need to reapply prior to the end of the benefit year (June 30) for cost-share exemption for the next benefit year starting July 1.

Procedure

Clients:

- Clients must re-apply for cost-share exemption each benefit year (July 1- June 30), subject to the following exceptions:
 - AADL re-checks eligibility for cost-share exemption, for clients whose consent to check CRA income is still in effect. Consent normally extends one year after the application is submitted, and every contiguous year in which the client receives AADL benefits. These clients are automatically granted cost-share exemption for the next benefit year, if their most recent taxable income meets AADL criteria.
 - Cost-share exempt seniors aged 65 years and older, who provided proof of age to Alberta Health, remain cost-share exempt for the next benefit year. They do not need to reapply for cost-share exemption.
- All clients granted temporary cost-share exemption for all or part of the AADL benefit year must reapply for cost-share exemption for the next benefit year. A client cannot qualify for temporary cost-share exemption in two consecutive years.

Superseded

Policy GN – 23

Cost-Share Exemption Maximum \$500 Contribution

Policy Statement

When an individual or family (as identified by Alberta Health Care Insurance Plan registration) has paid the \$500 maximum AADL benefit year contribution, the individual or family becomes cost-share exempt for the remainder of the AADL benefit year (July 1 to June 30).

Procedure

Alberta Blue Cross:

- Monitors the client's cost-share status.
- Automatically calculates cost-share amount on each claim according to AADL cost-share policy, and displays the calculated amount on claim predetermination results and claim statements.

Vendors:

- If client has already paid \$500 in the benefit year, the client will still be classified as "Cost-share" on the Patient Inquiry screen, but the claim/predetermination will show \$0.00 cost-share owing.
- The final cost-share amount is calculated when the claim is submitted for payment, as reflected on the claim statement. The final amount may be different than the amount shown on the predetermination, if the client had other claims submitted or adjusted since the predetermination was run.
- The vendor is responsible for providing the client with a copy of the final claim statement, and to ensure exactly the amount shown on the claim statement is collected.

Policy GN – 24

Cost-Share Appeal Process

Policy Statement

The Alberta Aids to Daily Living and Extended Health Benefits Regulation 236/85 sections 4.1 and 4.2 provide authority for clients to appeal their cost-share status.

Clients may appeal their cost-share status if they believe they will experience financial hardship by cost-sharing.

AADL will conduct an internal administrative review of the appeal for cost-share exemption, considering individual circumstances to determine if the client adequately demonstrates that he/she will experience financial hardship.

If the client is experiencing a recent change in circumstances, AADL may forward them an Application for Temporary Cost-Share Exemption form. Otherwise the application will proceed to the appeal.

After administrative review, cost-share appeals may be heard by a Citizen's Appeal Panel, comprised of citizens-at-large appointed by the Alberta government. Panels are located in 31 communities across the province and are independent, quasi-judicial bodies.

Procedure

Clients:

- Complete AADL Cost-Share Exemption Notice of Appeal form found here: <https://www.alberta.ca/aadl-forms-and-documents.aspx> under general forms.
- Submit form to AADL at:
 - ATB Place North, 11th Floor
10025 Jasper Avenue NW
Edmonton, AB T5J 0N3
 - or via fax at 780-422-0968.

AADL:

- Determines if the situation meets requirements for temporary cost-share exemption according to Policy GN – 25 Temporary Cost-Share Exemption and sends application to client. If it does not meet requirements, proceed to the next step.
- Receives and logs the cost-share appeal.
- Ensures that all required documents are present and correctly completed.
- Contacts clients regarding incomplete or missing information.
- Forwards client file to Director for internal administrative review.

AADL Director:

- Performs an administrative review.
- Reviews AADL Cost-Share Exemption Notice of Appeal form and supporting documents.
- Determines if financial hardship applies.
- Approves or denies appeal.
- Returns decision to Client Services.

AADL Client Services:

- Informs client in writing of appeal decision.
- Sends a letter to the client outlining reasons appeal is denied.

- If denied, outlines the next steps of the appeal process to client in the letter.
- Informs client of the date in which they must respond, in writing, if they want appeal to be heard by the Citizens Appeal Panel.
- Client informed that the appeal panel may confirm, reverse or vary AADL denial decision.

Appealing to Citizen's Appeal Panel

Clients:

- Contact AADL, in writing, within date provided to request appeal be forwarded to the Citizen's Appeal Panel.

AADL Client Services:

- Transfers appeal to the Citizen's Appeal Panel, administered by the Appeal Secretariat.

Appeal Secretariat:

- Notifies AADL and the client in writing of the hearing date, time and location.

AADL Program Manager:

- Represents AADL program's decision at the appeal hearing, either by teleconference or in person.

Citizens Appeal Panel:

- Hears the appeal of the client and the decision of the AADL program.
- Makes a decision on the appeal.
- Informs client and program in writing confirming the panel's decision.
- The decision of the panel is final.

Superseded

Policy GN – 25

Temporary Cost-Share Exemption

Policy Statement

Temporary cost-share exemption is for clients who do not qualify for cost-share exemption based on their last tax return, but expect their income to be lower than AADL's cost-share exemption thresholds in the current year.

Clients will only be considered for temporary cost-share exemption if they submitted a regular Application for Cost Share Exemption form in the current benefit year and it was denied because their taxable income was higher than AADL thresholds. Clients must have their most recent tax return on file with the Canada Revenue Agency, even if their income is below mandatory filing thresholds.

Clients can submit the Applications for Cost Share Exemption form and Temporary Cost Share Exemption form at the same time, if they expect to be denied for regular cost-share exemption.

Eligibility is based on the average gross monthly income before deductions for the three months prior to the date of application.

Clients applying for temporary cost-share exemption must include proof of the last three months of gross income.

If approved, temporary cost-share exemption remains in effect from the time of approval until the end of the benefit year, June 30.

If the need continues to exist, the client will need to apply for cost-share exemption for the new benefit year.

Procedure

Clients:

- Complete the Application for Temporary Cost-Share Exemption form found here: <https://www.alberta.ca/aadl-forms-and-documents.aspx> under general forms, or contact your authorizer, assessor, supplier, vendor or AADL Client Services at 780-427-0731 or toll-free in Alberta at 310-0000, then 780-427-0731 for an application.
- Submit the completed application to AADL, including proof of the last three months of gross income.

AADL:

- Confirms client submitted an Application for Cost-Share Exemption form in the current benefit year, and that it was denied due to taxable income on file with the Canada Revenue Agency.
- Determines eligibility for temporary cost-share exemption.
- If eligible, enters the appropriate pay code into the AADL system. Advises the client if they are not eligible and provides appeal information.

Policy GN – 26

Cost-Share Exemption for Hearing Aid Benefits for Seniors

Policy Statement

Seniors with income above the AADL threshold for cost-share exemption may qualify for maximum hearing aid funding if they meet Alberta Seniors Benefit Program eligibility criteria: <https://www.alberta.ca/alberta-seniors-benefit.aspx>

Clients need to apply and be eligible for the Alberta Seniors Benefit program prior to applying to AADL for cost-share exemption for hearing aid benefits for seniors.

Procedure

Clients:

- Ensure they have applied for the Alberta Seniors Benefit and confirm they are eligible.
- Complete the Application for Cost-Share Exemption for Seniors and their Adult Dependents form found here: <https://www.alberta.ca/aadl-forms-and-documents.aspx> under general forms, or contact a hearing aid assessor, supplier, vendor or AADL Client Services at 780-427-0731 or toll-free in Alberta at 310-0000, then 780-427-0731 for an application.

AADL:

- Confirms client eligibility for special needs assistance for seniors.
- If eligible, updates the AADL system to reflect this status.
- If the client is not eligible, advises the client and provides appeal information.

Policy GN – 27

Quantity and Frequency Limits

Policy Statement

AADL determines benefit quantity and frequency limits based on best practice and current research. Quantity and frequency limits describe the maximum number of each benefit (quantity) a client can receive over a given period of time (frequency) and are noted in the AADL approved products lists.

AADL considers exceptional requests for exceptions to quantity and frequency limits through a prior approval process described under Policy GN – 28 Quantity and Frequency Review Process.

Procedure

Authorizers/Specialty Suppliers:

- Refer to the program manual for quantity and frequency limits.
- Verify consumption prior to authorizing benefits. Ensure there is not an active authorization already listed under the Reports tab on the Alberta Blue Cross online health portal.
- Follow the Policy GN – 28 Quantity and Frequency Review Process if the benefit is over the client's quantity or frequency limits.

Vendor/Specialty Suppliers:

- Verify consumption by the client prior to providing benefits.
- Provide benefits according to client eligibility and quantity and frequency limits.
- Refer the client to an AADL authorizer/specialty assessor if over the quantity or frequency limit.

Policy GN – 28

Quantity and Frequency Review Process

Policy Statement

The quantity and frequency review process is intended for exceptional circumstances only.

AADL Program Managers reviews requests for benefits over the quantity and frequency limits through a quantity and frequency review. Requests denied by an AADL Program Manager may be appealed per Policy GN – 29 Quantity and Frequency Review Committee.

Quantity and frequency reviews are submitted to Alberta Blue Cross as a type of authorization.

All quantity and frequency review requests require the following:

- a detailed assessment identifying clinical need
- detailed explanation of alternate funding options, alternate strategies employed or other efforts on behalf of the client to meet basic needs within available quantity and frequency
- rationale explaining why the existing benefit no longer meets the client's clinical needs (i.e. a documented significant and stabilized change in clinical condition since the previous benefit was provided)

Refer to the benefit-specific AADL program manual for additional criteria.

The following requests are outside the quantity and frequency review process:

- benefits for which the client does not meet the eligibility criteria
- requests for medical equipment and supplies which are not on the approved products lists
- replacement of lost, stolen or damaged benefits
- replacement of benefits due to misuse or inadequate care and maintenance
- replacement of benefits for convenience or lifestyle
- replacement of benefits due to technological advancements
- funding for charges above AADL maximum approved limits (i.e., upgrading costs)
- funding for duplicate benefits (i.e., two products for the same functional purpose)
- AADL program cost-share exemption appeals (refer to Policy GN – 24)
- difference of opinion between two assessors
- assessment errors related to the original benefit

Procedure

Authorizers/Specialty Assessors:

- Confirm the request meets quantity and frequency review criteria above.
- Advise the client of quantity and frequency review process and procedures.
- Complete the Quantity and Frequency Review Request form available on the website: <https://www.ab.bluecross.ca/pdfs/AADL-comm-quantity-frequency-review.pdf>.
- Ensure the client reviews and signs the consent on the Quantity and Frequency Review Request form.
- Sign the Quantity and Frequency Review Request form and submit authorization and upload all required documentation to the Alberta Blue Cross online health portal.
- Inform client that authorization will proceed only if quantity and frequency review request is approved.
- Inform client if quantity and frequency review request has been approved or denied after it has been reviewed by AADL and the decision has been submitted to Alberta Blue Cross.

Clients:

- Review and sign the Quantity and Frequency Review Request form indicating understanding and consent.

Alberta Blue Cross:

- Receives authorization and puts in pending.
- Submits quantity and frequency review request and all supporting documentation to AADL for review.
- Receives results from AADL. If approved, processes authorization and changes status to approved. Notifies the authorizer of the decision made.

AADL:

- Forwards to appropriate benefit area.

AADL Program Manager:

- Reviews quantity and frequency review request.
- Approves, denies or withdraws quantity and frequency review requests and documents decision on Quantity and Frequency Review Request form including rationale for decision.
- Returns quantity and frequency review request indicating decision to Alberta Blue Cross.

Superseded

Policy GN – 29

Quantity and Frequency Review Committee

Policy Statement

All submissions for review by the Quantity and Frequency Review Committee must follow AADL defined procedures. Requests are submitted through the Alberta Blue Cross online health portal Authorization History Report for rejected quantity and frequency review requests only. Quantity and Frequency Review Committee authorizations are not available for submission through the standard authorization menu.

Membership:

- Committee Chair: AADL Appeals Coordinator or designate
- Minimum of two AADL Program Manager representatives (not including the Program Manager presenting the quantity and frequency review submission)
- Minimum of three additional members employed by the Government of Alberta.

Members are familiar the AADL mandate, clients served and benefits provided.

Meetings:

- Attendance by four committee members constitutes a quorum.
- Monthly, or as needed-additional meetings may be called at the discretion of the Chair.

Procedure

Authorizers/Specialty Assessors/Specialty Suppliers:

- May, within 20 business days of a quantity and frequency review denial by an AADL Program Manager, resubmit a new authorization and the Quantity and Frequency Review Request form to the Alberta Blue Cross online health portal as a Quantity and Frequency Review Committee request. Additional information may be required and/or submitted.
- Informs client of Quantity and Frequency Review Committee decision.

Clients:

- To ensure fairness and consistency throughout the province, clients are not permitted to make personal presentations (includes family members and advocates) to the Quantity and Frequency Review Committee.

Quantity and Frequency Review Committee:

- Reviews Quantity and Frequency Review Committee submissions.
- Requests any additional information the committee deems appropriate.
- Makes decisions by consensus of the committee members based on the relevant information presented, clinical best practice guidelines, client need, other relevant information and previous benefit consumption.
- Exercises their authority in a fair and timely manner.
- Is permitted to impose any limitations and/or conditions deemed appropriate (e.g., time limits, recycle equipment only, follow up consultations/assessments).
- Issues written decisions including:
 - the date of the decision
 - a statement of the request
 - the decision
 - the rationale for the decision
 - a description of the appeal process, including how to file an appeal and the time permitted to Appeal, and

- the Quantity and Frequency Review Committee members in attendance; and the Chair's name and signature
- Forwards decision to Alberta Blue Cross and AADL.

AADL:

- An AADL Program Manager or the Appeals Coordinator will screen Quantity and Frequency Review Committee submissions to ensure adequate information is available to the committee to effectively consider the request. A quantity and frequency review will not be submitted to the Quantity and Frequency Review Committee until sufficient clinical information is provided.
- Logs Quantity and Frequency Review Committee decision and advises Alberta Blue Cross.

Alberta Blue Cross:

- Updates the online health portal with Quantity and Frequency Review Committee decision. Results are displayed in the "Authorization Results" section of a client's file.
- Notifies authorizer/specialty assessor/specialty supplier by email once the Quantity and Frequency Review Committee decision has been entered.

Client/Authorizer/Specialty Assessor/Specialty Supplier:

- May appeal a denied Quantity and Frequency Review Committee request to the AADL Director (refer to Policy GN – 30 Quantity and Frequency Review – Director Appeal Process).

Superseded

Policy GN – 30

Quantity and Frequency Review – Director Appeal Process

Policy Statement

If a client, authorizer, specialty assessor or specialty supplier is not in agreement with the decision of the Quantity and Frequency Review Committee, the client, authorizer, specialty assessor or specialty supplier may appeal this decision to the AADL Director according to the AADL-defined procedures.

Procedure

Clients/Authorizers/Specialty Assessors/Specialty Suppliers:

- Complete the Quantity and Frequency Appeal to the AADL Director form found here: <https://www.ab.bluecross.ca/pdfs/AADL-comm-quantity-frequency-review-directors-appeal.pdf>.
 - Clients may mail or fax the forms to Alberta Blue Cross and they will create the request in the online health portal system.
- Authorizers may submit a new authorization to the Alberta Blue Cross online health portal within 20 working days of the decision date on the Quantity and Frequency Review Committee Decision form. This time frame may be extended at the discretion of the AADL Director.

Authorizers/Specialty Assessors/Specialty Suppliers:

- May assist the client (to the extent reasonably possible) in completing the appeal form.
- Are not required to assist clients in submitting forms that are not in accordance with AADL's appeal process or if in agreement with the decision of the Quantity and Frequency Review Committee.

Alberta Blue Cross:

- Logs receipt of appeal and prepares applicable material (e.g., original submission to Quantity and Frequency Review Committee).
- Forwards material to AADL Director for review.

AADL Director:

- Reviews the original submission, the decision under appeal, the appeal documentation and any additional information provided by the client, authorizers, specialty assessor or specialty suppliers.
- May contact the client, authorizer, specialty assessor or specialty supplier, AADL Program Manager, the client's health care providers or the Quantity and Frequency Review Committee Chair to request additional information or to ask questions.
- Makes decision, which may include:
 - upholding the original decision in whole or in part
 - making another decision, with or without conditions
- Issue written decisions that include: the date of the decision, the decision(s), the rationale for the decision; and the Director's name and signature.
- The decision of the Director is final.

Following a Decision

Alberta Blue Cross:

- Adds AADL Director's decision to the appeal log.
- Sends notification of Director's decision(s) to the client and authorizer, specialty assessor or specialty supplier (attaching the signed decision) within 10 working days of the Director's decision.

AADL Program Managers:

- Inform Alberta Blue Cross of Director's decision.

Superseded

Policy GN – 31

Complaints

Policy Statement

The AADL Complaints policy ensures the fair and equitable investigation and resolution to client, authorizer, vendor and manufacturer complaints and continual improvement to the program. Formal complaints are investigated by the AADL Complaints Investigator.

Formal complaints must be documented in writing using the AADL Complaint form. Complaints can be about more than one issue (e.g., product and wait time).

Complaints are only accepted on issues within the jurisdiction of AADL and that are not addressed by the quantity and frequency review process or cost-share appeals. Complaints are not accepted on Quantity and Frequency Review Committee decisions.

Procedure

Complainant:

- Complete the AADL Complaint form according to the instructions provided with the form. This form is available online at: <https://www.alberta.ca/aadl-forms-and-documents.aspx> under general forms.
- This form can be sent to AADL:
 - Mail: Alberta Health
Alberta Aids to Daily Living
ATB Place North, 11th Floor
10025 Jasper Avenue NW
Edmonton, Alberta T5J 1S6
 - Fax: (780) 422-0968

Complaints Investigator:

- May verify or clarify information on the complaint form in order to initiate an investigation.
- Will accept a written letter of complaint (including where a copy of the letter has been sent to the Premier, Minister or MLA), as a formal written complaint, and process it as per policy GN – 33 Complaints Investigations.
- Must ensure that the letter writer is made aware of the statement in Section F of the Complaint form – *“I acknowledge that I am aware that all the information I provide with my complaint, may be released to necessary individuals during a complaint investigation and is not considered confidential.”*
- Logs the letter of complaint in the Compliant Registry Database as per Policy GN – 33 Complaints Investigations.

Policy GN – 32

Verbal Complaint Submissions

Policy Statement

Verbal complaints from clients may be submitted as formalized complaints only through the AADL Complaints Investigator.

Procedure

AADL:

- When a client calls AADL by telephone with a complaint, the staff member will attempt to resolve the issue and/or obtain the assistance of other AADL staff members.
- If the complaint cannot be resolved or the client remains dissatisfied, the staff member should ask the client if they wish to file a formal complaint.
- If the client wishes to file a formal complaint, the call should be transferred to the Complaints Investigator.

Complaints Investigator:

- Refers the client to the Complaint form available at: <https://www.alberta.ca/aadl-forms-and-documents.aspx> under general forms to complete independently as per the instructions provided with the complaint form, or
- May complete a complaint form as outlined in Policy GN – 31 Complaints on the client's behalf.
 - Ensure the statement in Section F of the Complaint form – *"I acknowledge that I am aware that all the information I provide with my complaint, may be released to necessary individuals during a complaint investigation and is not considered confidential"* – is read to the client.
- Complete section F on the Complaint form with their name and sign it on behalf of the client.
- Enters the complaint in the Complaints Registry Database.

Policy GN – 33

Complaints Investigations

Policy Statement

The AADL Complaints Investigator will conduct investigations in a manner appropriate to the situation, taking into account all aspects of the Administrative Fairness Guidelines as outlined by the Office of the Ombudsman at <http://www.ombudsman.ab.ca/fairness-guidelines.php>. The investigator will focus on fair and mutually-beneficial outcomes where possible.

The AADL Complaints Investigator will contact the complainant within 10 business days of receiving the complaint, and will provide the complainant a letter at the conclusion of the investigation, if appropriate.

Procedure

Complaints Investigator:

- Receives and logs complaints in the Complaint Registry Database.
- Reviews complaints with the appropriate AADL staff and assigns complaint tasks within five business days of complaint receipt.
- If complaint is about AADL staff, makes a copy of complaints about AADL staff activity and presents to the staff member's direct supervisor for further action according to Ministry Human Resources practices. The Complaints Investigator will not conduct any further investigation but will register the complaint on the Complaint Registry Database.
- Contacts the complainant and subject of the complaint to collect further information about the complaint as necessary.
- May request documents or other records from any person, business or organization during an investigation. These may be digital copies or the originals. In the case of removing original documents, the Complaints Investigator:
 - Provides a receipt for the items to the person, business or organization from whom the items were taken.
 - Makes a copy of items removed from the person, business or organization from whom they were taken.
 - Returns the items to the person, business or organization from whom they were taken when they have served the purpose for which they were taken.
- In collaboration with relevant Program Manager, renders decisions considered reasonable according to fairness guidelines. Adequate reasons are provided for both verbal and written decisions.
- Informs all parties involved of the conclusion of investigation. Sends physical correspondence to relevant parties as necessary.

Complainants and Subjects of the Complaint:

- The complainant and the subject of the complaint are encouraged to conduct themselves in an honest and professional manner during the investigation and focus on cooperation and resolution of the complaint.
- The complainant and the subject of the complaint have the right to review with the Director of AADL any recommendations or decisions made by the Complaints Investigator.

Authorizers/Specialty Assessors/Specialty Suppliers:

- Provide documents as specified in a verbal or written request from the Complaints Investigator within 30 days of receiving the request, relating to the provision of AADL benefits to a client.
- Allow AADL staff or other agents as designated by the Director to access documentation in client files related to the authorization of AADL benefits and services or to make copies of this documentation.

Vendors:

- Provide documents as specified in a verbal or written request from the Complaints Investigator within 30 days of receiving the request, relating to the provision of AADL benefits to a client. This includes information regarding AADL clients and the provision of benefits and services.
- Provide current business information as required under the terms of the AADL vendor contract/agreement as specified in a verbal or written request from the Complaints Investigator within 30 days of receiving the request.
- Allow AADL staff, or other agents authorized by the AADL Director, to inspect any properties associated with the provision of benefits and services to AADL clients.
- Allow AADL staff, or other agents authorized by the AADL Director, access to documentation associated with the provision of benefits and services, to make copies of the documentation or to temporarily remove the documentation for the purpose of making copies.

Superseded

Policy GN – 34

Complaints Filed By Alberta Aids to Daily Living

Policy Statement

As a result of a complaint investigation, AADL may determine that it is appropriate to file a complaint with the governing professional organization/regulatory body for the health professional or vendor. In cases requiring a more thorough investigation outside the scope of AADL, AADL will notify the Office of the Auditor General or other applicable parties.

Procedure

Complaints Investigator:

- Reviews the results of the investigation and the recommendations with the appropriate parties, including program management.

AADL:

- Program management reviews and either approves or denies the request to file a complaint with the governing professional organization/regulatory body.

If request is approved

Complaints Investigator:

- Files the complaint with the governing professional organization/regulatory body according to the organization/body's complaint process.
- Informs program management of the results of the complaint to the governing professional organization/regulatory body.
- Implements any actions required with the health professional or vendor as a result of the governing professional organization/regulatory body's complaint results.

Superseded

Policy GN – 35

Privacy

Policy Statement

Information provided on the AADL Complaint form may be released to necessary individuals during a complaint investigation and is not considered confidential. Investigation records and results are considered private and are disclosed only under the *Freedom of Information and Protection of Privacy Act* or *Health Information Act* process.

Procedure

Complaints Investigator:

- Maintains the privacy of all stakeholders involved in a complaint while disclosing sufficient information to establish grounds for conclusions and recommendations.
- Considers if a request is reasonable and then may provide a copy of the complaint form to the individual, business or organization that is the subject of the complaint.
- Conducts investigations in private and does not routinely disclose the investigation report.
- Discloses results of investigations when required through the *Freedom of Information and Protection of Privacy Act* or *Health Information Act* process.

Superseded

Policy GN – 36

Compliance Monitoring

Policy Statement

AADL and Alberta Blue Cross may review authorizer or specialty assessors' compliance with AADL policies and procedures on an ongoing basis and may either temporarily or permanently suspend an authorizer/specialty assessor due to:

- non-compliance with authorizer responsibilities as per Policy GN – 06 through Policy GN – 11, inclusive
- a request from Alberta Health Services or other professional body to suspend an authorizer/specialty assessor

Alberta Blue Cross is responsible for doing the same for AADL-approved vendors.

Procedure

AADL and Alberta Blue Cross employs compliance monitoring to ensure the policies and procedures are applied accurately and all parties are supported in their interactions with AADL.

Monitoring Compliance is a review of authorizer/specialty assessor understanding of and accurate application of Alberta Blue Cross and AADL's policies and procedures. Errors and/or concerns are addressed, corrective actions determined and follow-up provided.

Ongoing Non-Compliance occurs when the above noted corrective actions are not put into effect and the non-compliance continues. Corrective actions at this stage may include temporary suspension of the authorizer or vendor.

Immediate Suspension is used when significant non-compliance has occurred and immediate action is necessary to stop or prevent harm. This would not require the preceding two steps being enacted.

Alberta Blue Cross Claims Audit and Investigation Services:

- Monitors vendor activities on an ad hoc or ongoing basis to determine compliance with policies and procedures.
- Provides education of expectations to vendors.
- Identifies and communicates common issues and reiterates correct practices to ensure claims are submitted accurately.
- Informs vendors of ongoing compliance and any instances of non-compliance.
- Identifies and recovers funds from providers, in consultation with Alberta Health, where necessary.
- If necessary, may potentially suspend or remove AADL-approved vendors from the program in consultation with Alberta Health.
- Provides a report to AADL on authorizations and claims reviewed, information checked, issues identified, and actions taken.

AADL:

- Monitors authorizer/specialty assessor activities on an ad hoc or ongoing basis to determine compliance with policies and procedures.
- Provides education of expectations to authorizers and specialty assessors.
- Identifies and communicates common issues and reiterates correct practices to ensure authorizations and claims are submitted accurately.
- Informs authorizer/specialty assessor of ongoing compliance and any instances of non-compliance.
- If necessary, may potentially suspend or remove authorizers or specialty suppliers from the program.
- Informs authorizer/specialty assessor and if applicable, the authorizer's/specialty assessor's supervisor when corrective action has been completed.
- Informs Alberta Blue Cross of any authorizers or specialty suppliers who have been suspended or have had AADL authorizer status revoked.

Authorizers/Specialty Assessor/Vendors/Supervisors/Alberta Health Services:

- Provide Alberta Blue Cross and AADL with an accurate account of the situation in question, if asked.
- Cooperate with Alberta Blue Cross and AADL to address non-compliance.
- Implement corrective action identified.

Superseded