

Alberta Health

Alberta Aids to Daily Living Medical-Surgical Benefits

Policy & Procedures Manual

September 1, 2017

Revised May 7, 2018



Superseded

Revision History

Description	Date
Policy M-02 and Policy M-07 clarification regarding shipping of products	May 7, 2018
Removal of reference to dressing supplies	September 1, 2017
Policy M-04 Vendor and Trained Provider qualifications updated Additional information added to provide policy clarification throughout.	July 1, 2017
Policy M-05 and Policy M-09 revised to detail changed requirements for the reassessment form.	January 17, 2017
Policy M-01 to M-10: major revisions. Policy M-11 removed.	July 1, 2016
General reformatting to comply with Policy and Procedure format	July 1, 2014
Policy M-02: Added information on eligibility and included criteria for prior approval items. Bowel incontinence no longer requires prior approval.	July 1, 2014
Policy M-03: Authorizer qualifications updated to reflect competency based requirements.	July 1, 2014
Policy M-04: Trained Provider Qualifications policy added to include requirements related to Ostomy Supplies.	July 1, 2014
Policy M-05: Assessment Policy added to clarify the role of the healthcare professional in AADL medical surgical benefit authorizations	July 1, 2014
Policy M-06: Added information to clarify authorization process.	July 1, 2014
Policy M-07: Providing benefits policy added for clarification.	July 1, 2014
Policy M-08: Additional information and clarification included in policy on Quantity and Frequency Limits.	July 1, 2014
Policy M-09: Policy on extending expiry dates on authorizations expanded.	July 1, 2014
Policy M-10: Policy and process for requests for advance quantities expanded.	July 1, 2014
Policy M-11: Definitions included in policy for clarity and consistency.	July 1, 2014
Policy M-11: Expansion of second bullet on page 20 regarding rationale for quantity and combinations of incontinence products authorized.	June 1, 2013

Overall manual formatting revisions, including updating of all policy numbers.	April 1, 2013
Policy M-02: Minor wording changes to reflect policy and increase clarity.	April 1, 2013
Policy M-03: Minor wording changes to reflect policy and increase clarity.	April 1, 2013
Policy M-04: Major wording changes to reflect policy and increase clarity.	April 1, 2013
Policy M-05: Major wording changes to reflect policy and increase clarity.	April 1, 2013
Policy M-06: Major wording changes to reflect policy and increase clarity.	April 1, 2013
Policy M-07: Minor wording changes to reflect policy and increase clarity. Addition to expand explanation of QFR process.	April 1, 2013
Policy M-08: Major wording changes to reflect policy and increase clarity. Eliminated prior approval process.	April 1, 2013
Policy M-09: Major wording changes to reflect policy and increase clarity.	April 1, 2013
Policy M-10: Major wording changes to reflect policy and increase clarity. Additions to contraindications for eligibility for wound care benefits.	April 1, 2013
Policy M-11: Major wording changes to reflect policy and increase clarity. Additions to contraindications for eligibility for incontinence products and catheters.	April 1, 2013

Table of Contents

Policy M – 01	4
Medical Surgical Benefits Description.....	4
Policy Statement.....	4
Policy M – 02	5
Eligibility Criteria – Medical Surgical Benefits Policy Statement.....	5
Benefit-Specific Criteria	6
Procedure.....	9
Policy M – 03	11
Authorizer Qualifications – Medical Surgical Benefits	11
Policy Statement.....	11
Procedure.....	11
Policy M – 04	13
Vendor and Trained Provider Qualifications	13
Policy Statement.....	13
Policy M – 05	14
Assessment Procedure - Medical Surgical Benefits	14
Policy Statement.....	14
Procedure.....	15
Policy M – 06	16
Authorization Process – Medical Surgical Benefits.....	16
Policy Statement.....	16
Procedure.....	16
Policy M – 07	18
Providing Medical Surgical Benefits.....	18
Policy Statement.....	18
Procedure.....	18
Policy M – 08	20
Quantity and Frequency Limits for Medical Surgical Benefits	20
Policy Statement.....	20
Procedure.....	21
Policy M – 09	22
Reassessments and Extending Authorization Expiry Dates for Medical Surgical Benefits	22
Policy Statement.....	22
Procedure.....	23
Policy M – 10	24
Request for Advance Quantities of Medical Surgical Supplies.....	24
Policy Statement.....	24
Procedure.....	24

Policy M – 01

Medical Surgical Benefits Description

Policy Statement

AADL provides funding for Medical Surgical benefits for AADL clients with diagnosed chronic conditions to help these individuals maintain independence in their home and community.

Best practice supports the provision of Medical Surgical supplies within the context of other clinically recommended strategies to achieve optimal functional outcomes.

AADL Medical Surgical benefits include incontinence briefs, diapers and liners; catheter supplies, injection supplies and ostomy supplies. Details regarding specific benefits are found in the Approved Products List (APL) at:

<http://www.health.alberta.ca/documents/AADL-Manual-M-Products.pdf>

Policy M – 02

Eligibility Criteria – Medical Surgical Benefits Policy Statement

The Eligibility Criteria Policy assists clients, guardians, authorizers, and vendors in determining access to Medical Surgical benefits through the Alberta Aids to Daily Living (AADL) Program.

Client's eligibility for Medical Surgical benefits is determined by an AADL Authorizer prior to authorization. Clients must meet general eligibility requirements found in the AADL General Policies and Procedures on-line at:

<http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

AADL provides funding for Medical Surgical benefits for clients who meet **benefit specific eligibility criteria, outlined in the following table. Criteria must be documented on AADL authorization form, where applicable.**

AADL provides an annual and bi-monthly quantity limit on Medical Surgical benefits that clients may be eligible for based on current best practice and expected wear. See the Medical Surgical Benefit Approved Product List (APL) for benefit specific limits.

AADL Authorizers must confirm clients' eligibility for the benefit and the quantity of the benefit must be based on the assessed need of the client.

AADL does **not** provide funding for medical surgical benefits for:

- Use in acute or sub-acute care facilities except as part of a discharge plan;
- Use in long term care facilities;
- Short-term interventions;
- Clients who are non-compliant;
- Benefits chosen for personal preference and not considered basic need according to clinical assessment.

Note: Companion benefits may be provided at a reduced quantity (see APL M-1) when supported by clinical rationale. For example clients with neurogenic bowel/bladder who leak between catheterizations and all interventions and strategies to resolve the leakage have been undertaken may be eligible for both catheters and diapers/liners. Prior approval from the Program Manager is required.

Benefit-Specific Criteria

Benefit	Criteria
<p>Diapers, pads and liners, catheter supplies</p>	<p>1. Clients, age four and older, with daily, unresolvable, urinary and/or bowel incontinence (the client’s incontinence must be medically recognized by the appropriate clinician as being unresolvable). Interventions and strategies may include but are not limited to:</p> <p><u>Physician/specialist assessment</u>- clients should have an incontinence condition not amenable to improvement by surgery or application of any device, or be unfit for such a procedure. They must be assessed and certified as such by a specialist continence practitioner (e.g. urologist, gynecologist, geriatrician, gastroenterologist, proctologist, pediatrician, nurse continence advisor or nurse practitioner).</p> <p><u>Note:</u> Prescriptions/letters from General Practitioners without diagnosis and indication of completion of further investigation of the incontinence will not be accepted by AADL.</p> <p><u>Lifestyle modification and conservative strategies</u> should have been tried for a minimum of three months, such as bladder training, pelvic muscle exercises (with or without biofeedback), diet and exercise, weight loss and ensuring appropriate and timely fluid intake. Where appropriate, medications for urinary incontinence should also have been tried, and failed to significantly improve the client’s incontinence.</p> <p><u>Note:</u> Clients who choose not to follow medical advice to address incontinence issues will not be eligible for funding for incontinence products through AADL.</p> <p><u>Note:</u> Authorizers are required to assess a client when product/quantity changes are requested prior to sending AADL a change request.</p> <p><u>Note:</u> Children who are projected to achieve continence past age four are required to meet criteria under point 1 prior to submission of an AADL authorization.</p> <p>2. Individuals with a diagnosed congenital anomaly, or physiological abnormalities, including lack of bladder innervation that prevents the ability to achieve continence are exempt from the requirements outlined in point 1.</p> <p><u>Note:</u> Adult clients with diagnosed Dementia or any</p>

	<p>other cognitive impairment for whom it has been determined by the appropriate medical professional, that interventions and strategies would be ineffective or inappropriate are exempt from the requirements outlined in point 1.</p> <p>3. Clients with an end of life diagnosis (life expectancy of no longer than six months) will be authorized for a period of six months and are exempt from the requirements outlined in point 1.</p> <p>Note: Authorizers are required to note “bolded specific criteria” on APL and document on the 1250 form.</p> <p>Exclusions:</p> <p>AADL does not provide funding for diapers, pads, liners, catheters and their accessories for menstruation, pregnancy induced incontinence or incontinence existing and/or lasting less than six months, wound drainage, bowel routines, enemas, active treatment and irrigation, or for clients who only experience night time incontinence.</p> <p>Ostomy supplies</p> <p>1. Funding for ostomy supplies may be provided for clients with:</p> <ul style="list-style-type: none">a) a chronic functioning colostomy, urostomy or ileostomy; andb) who have a permanent ostomy and are not expected to have a reversal.c) Pediatric clients and clients with a esophagectomy, cecostomy or fistula. These clients must be assessed and authorized by an Enterostomal Therapy Registered Nurse. <p>Note: Authorizers are required to note “bolded specific criteria” on APL and document on the 1250 form.</p> <p>Exclusions:</p> <p>AADL does not provide funding for ostomy supplies for: wound care, enteral feedings, drainage tubes, and enema.</p>
<p>Injection Supplies</p>	<p>1. Funding for injection supplies may be provided for clients who:</p> <ul style="list-style-type: none">a) cannot tolerate oral medication.b) requires the medication on a daily basis to relieve pain or symptoms caused by a chronic or terminal condition.

	<ul style="list-style-type: none">• The medication requires a prescription from a physician or nurse practitioner. <p>Note: Authorizers are required to note “bolded specific criteria” on APL and document on the 1250 form.</p> <p>Exclusions:</p> <ul style="list-style-type: none">• Mixing or measuring medications, irrigation, trachea/central line care, insulin administration, blood withdrawal/transfusion and intravenous use.
--	--

Procedure

Clients:

1. Confirm eligibility with Authorizer.
2. Sign client declaration form.

Authorizers:

1. Confirm client meets AADL eligibility requirements.
2. Confirm client's benefit consumption limit:
 - Refer to the Medical Surgical Benefits APL to determine quantity limits for each benefit at:
<http://www.health.alberta.ca/documents/AADL-Manual-M-Products.pdf>
 - Inquire about past usage history (amount of supplies used on a bi-monthly basis). This information may be obtained from the client, family, or caregiver. Contact information for the AADL Medical Surgical benefit clerks can be found at :
<http://www.health.alberta.ca/documents/AADL-Contact-List.pdf>
 - **Note: for existing authorizations, authorizers must contact the client's vendor to review past usage.**
3. Inform clients of their eligibility status.

Vendors:

1. Check clients' previous benefit consumption:
 - Refer to the Medical Surgical Benefits APL to confirm quantity limits for each benefit at: <http://www.health.alberta.ca/documents/AADL-Manual-M-Products.pdf>
 - Refer to E-business for client's benefit consumption history.
 - Refer to Policy M-08 Quantity and Frequency Limits for clients who are over the quantity/frequency limit.

Vendors must only invoice for a two month supply of products at one time and only invoice for up to the amount that the client is authorized for. See policy M-07 for details. Authorizations with start dates mid-month are pro-rated for the two month period based on the total number of days client is eligible.

Vendors are not permitted to ship products to AADL clients outside of Alberta.

AADL:

1. Receives authorizations and ensures clients meet eligibility requirements.
2. Confirms general eligibility through Client Services.
3. Confirms benefit specific eligibility through AADL benefit clerks.

4. Returns authorization forms to Authorizers when eligibility cannot be established due to unclear or incomplete information.
5. Responds to telephone or email requests for information on Medical Surgical benefits eligibility and provides reference to the AADL website for further information at:
<http://www.health.alberta.ca/documents/AADL-Manual-M-Medical.pdf>

Superseded

Policy M – 03

Authorizer Qualifications – Medical Surgical Benefits

Policy Statement

The Authorizer Qualifications Policy facilitates accountability and transparency.

AADL accepts applications from Registered Nurses (RNs) who meet the general criteria set out in Policy GN-03 at <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

AADL accepts requests to add the product ranges including incontinence briefs, diapers and liners from Occupational Therapists (OTs) or Physiotherapists (PTs).

All OT and PT authorizers must review AADL online modules and provide information on training courses and prior clinical experience by completing the appropriate application(s) for product ranges as required prior to authorizing benefits.

AADL accepts prescriptions from Authorizers who are Nurse Practitioners with the relevant specialty.

Only authorizers who have the additional qualification of Certification in Enterostomal Therapy may authorize ostomy benefits in the following situations:

- Clients with a fistula, esophagectomy or high output ostomy.
- Pediatric ostomy supplies.

AADL Medical Surgical benefit clerks have authorizer status for injection supplies. All requests for injection supplies are supported by a prescription and are reviewed by an approved AADL vendor's pharmacist.

Procedure AADL Authorizer Applicants:

1. Confirm eligibility.
 - Refer to Policy GN-03 Application to be an Authorizer for **general** eligibility criteria found on-line at: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>
2. Complete appropriate application form available at:
<http://www.health.alberta.ca/services/AADL-forms-docs.html>
3. Complete appropriate on-line module available at:

<http://www.health.alberta.ca/services/AADL-authorizer-resources.html>

4. Forward completed application with supporting documentation to AADL.

AADL:

1. Provides authorizer training.
2. Registers Authorizers who have completed all requirements and meet eligibility criteria.
3. Monitors authorizer activities and determines compliance with policies and procedures.

Policy M – 04

Vendor and Trained Provider Qualifications

Policy Statement

The Trained Provider Qualification Policy facilitates accountability and transparency.

AADL approved Medical Surgical Vendors for Ostomy Supplies and Incontinence supplies must meet the following criteria:

- Meet AADL's general vendor criteria as outlined in the General Policy and Procedures Manual.
- Adhere to benchmark pricing as outlined in the General Policy and Procedures Manual.
- Maintain a minimum of one (1) staff member who is employed full-time and has attended product knowledge and/or educational sessions from each AADL approved manufacturer brand of products that the vendor is selling.
- Ensure product knowledge/education is updated every three years. Vendors must keep proof of this on file and provide to AADL upon request.

Note: AADL may request proof of product knowledge training/education from time to time.

Note: AADL may suspend product ranges from vendors whose employees do not have active certification.

Note: Vendors must include a copy of the applicable certifications upon applying for the product range.

Approved manufacturers are listed on the Approved Product List (APL) for applicable supplies.

Policy M – 05

Assessment Procedure - Medical Surgical Benefits

Policy Statement

The clinical assessment is the first step in the process to obtain “M” benefits.

The assessment determines eligibility, the benefit(s) required to meet basic need and the appropriate quantities.

Assessments for Medical Surgical benefits must be completed and documented by a healthcare professional with the required competence and regulatory license to practice in Alberta

Assessments for ostomy benefits must be completed by an **Enterostomal** Registered Nurse (ETRN) in the following situations:

- Clients with a fistula, esophagectomy or high output ostomy.
- Clients requiring an ostomy hernia belt or irrigation supplies.

Reassessments are required to confirm ongoing eligibility and ensure the client is using benefits that meet current best practices.

Reassessments are required within six months of the authorization expiry date for clients with ongoing need for benefits(s). As part of the reassessment process Authorizers must complete the Reassessment of Medical Surgical Supplies form that is sent to the client prior to the expiry date of their AADL benefits. Copies of the completed form must be provided to the client and faxed to AADL with the original being retained by the Authorizer.

Note: Authorizers may continue to use the original 1250 authorization number if reassessments are completed within six months from authorization expiry date.

Note: Authorizers must attach the appropriate supporting documentation to the reassessment form where applicable (e.g., when authorizing incontinence products, authorizers are required to complete and sign the assessment document and submit it with the 1250 Authorization form).

Reassessments occurring after six months require the authorizer to send a new 1250 to AADL in addition to benefit specific supporting documentation.

Assessment results must be documented on the client’s file and may be audited by AADL. Any extensions to authorizations must be requested by the authorizers.

Procedure

Clients:

1. Fully participate in assessment.
2. Ensure understanding and engage in strategies recommended.
3. Sign the declaration form

Note: your signature on the declaration form indicates:

- all appropriate interventions and strategies to address and decrease your incontinence have been exhausted; and
- you have accessed all other sources of funding for incontinence products, including but not limited to third party insurance plans

Authorizers:

1. Assess client or review assessment if authorizer is not the assessor.
2. Document assessment details and clinical rationale to support the provision of Medical Surgical benefits on the clients chart.
3. Implement treatment strategies prior to final assessment. Resources available on AADL website at: <http://www.health.alberta.ca/services/AADL-forms-docs.html> and listed on the AADL “Eligibility Criteria” document.
4. Determine benefit and quantity needed based on the client’s clinical assessment results.
5. Provide any additional documents completed for submission with authorization form (e.g., medical letters, prescriptions).
6. If Authorizer is completing a reassessment form provide one copy of the form to the client, fax one to AADL and retain the original on the clients file.

Note: Authorizers are subject to compliance monitoring. Failure to comply with AADL policies may result in the suspension or termination of AADL Authorizer status. See policy GN-41.

Vendors:

1. Refer client to Authorizer if client requires reassessment.

AADL:

1. Provides competency requirements for assessors.
2. Provides direction to Authorizers regarding eligibility criteria as it relates to the assessment as needed.

Policy M – 06

Authorization Process – Medical Surgical Benefits

Policy Statement

The Authorization Process policy promotes effective and efficient authorization of benefits.

Medical Surgical benefit authorizations are valid when all authorization process steps and requirements have been met. Invalid or incomplete authorizations will be returned to the authorizer unprocessed.

Authorizers must adhere to the general policies and procedures for authorizing AADL benefits.

The following are the timeframes for authorizations:

Incontinence (including catheters) and ostomy supplies

Up to four years, (clients who have low utilization may be subject to a complete review and assessment by an AADL authorizer). Authorizers must enter the expiry date of the authorization on the 1250 form or the Correction and Change form.

Note: Clients with a palliative diagnosis are authorized for a maximum period of six months for all Medical Surgical benefits.

Procedure

Authorizers:

1. Confirm client eligibility for benefit(s). Refer to Policy M-02 Eligibility Criteria – Medical Surgical Benefits.
2. Assess client or review assessment if authorizer is not the assessor. See Policy M-05 Assessment for Medical Surgical benefits.
3. Complete Authorization Form **or** Authorization Correction and Change Form
 - AADL Authorization Forms are available on AADL website at:
<http://www.health.alberta.ca/documents/AADL-Order-form.pdf>
 - AADL Authorization Change and Correction forms are available at:
<http://www.health.alberta.ca/documents/AADL-Authorization-Correction-Change.pdf>.

- All authorizers are required to document benefit specific eligibility requirements (bolded print) under “additional details” on the 1250 form.
 - Date the authorization form the day all the necessary information is available and used to finalize the assessment.
 - Enter the expiry date of the authorization. If no date is entered, the authorization will default to two years.
4. Staple all required documents to the authorization form (e.g., medical letters, prescriptions).
 5. Ensure client signs and dates the declaration form.
 6. Submit all authorization forms by mail unless client is palliative. Authorizations for palliative clients are accepted by fax.
 7. Keep documentation on client’s file and submit upon request.

Clients:

1. Fully participate in benefit determination.
2. Sign and date the declaration form.

Vendors:

1. Receive vendor copy of authorization form (or Prescription for Injection Supplies).
2. Confirm authorization/prescription is valid (client eligible and not over-quantity) through E-business.
3. Note: vendors must not dispense product to clients prior to having access to the authorization on E-business.
4. Injection Supplies only:
 - Complete Injection Supply Request Form.
 - Fax form to AADL.
5. Refer client to authorizer if there are issues related to authorization.

AADL:

1. Reviews authorizations for compliance and accuracy.
2. Processes valid Authorization Forms/Injection Supply Request Forms.
3. Injection Supplies only – Notifies vendor of client’s authorization form number.
4. Returns invalid authorizations to Authorizer at address on file.

Policy M – 07

Providing Medical Surgical Benefits

Policy Statement

This policy promotes effective and efficient provision of benefits and includes: client education, providing the product, documenting, client billing and claims, and advising clients of pending expirations.

AADL Vendors must have an agreement with AADL to provide Medical Surgical benefits and meet all of the criteria outlined in M-04.

Products must meet the generic description and standards specified in the Approved Product List (**including meeting minimal absorbency criteria for diapers and liners**).

Requests for vendors to provide a specific brand of product must be clinically supported and documented on the authorization form.

Vendors must only provide the quantity of consumable products allowed within the frequency limit (e.g., 70 catheters for two month period).

Vendors must not claim for quantities over the AADL authorized two month quantity and frequency limit.

Vendors must not implement automatic deliveries. See general Policy and Procedures, policy GN-11 for information regarding vendor accountability.

Requests for quantities to be provided in advance of the next two month period require prior approval from AADL. See Policy M-10 Requests for Advance Quantities of Medical Surgical Supplies.

Vendors are not permitted to ship products to AADL clients outside of Alberta.

Procedure

Vendors:

1. Receive vendor copy of authorization form.
2. Confirm authorization is valid (client eligible and not over-quantity) through E-business.
3. Educates client on product and AADL vendor process.
4. Collect cost share portion from client if appropriate. Advise clients of upgrades prior to the point of sale.

5. Provide benefit within the quantity and frequency limits.
6. Submit claim to AADL on E-business.

Clients:

1. Confirm authorization is valid with the vendor.
2. Confirm benefit and maximum quantity limit with vendor.
3. Be aware of which product is available at benchmark price.
4. Request only the quantity of supplies needed for the two month period.
5. Pay cost share or upgrade as needed.

AADL:

1. Co-ordinates vendor agreements.
2. Conducts audits on vendors' compliance with policy and procedures for quality assurance and accountability purposes.
3. Provides client educational material on-line.

Policy M – 08

Quantity and Frequency Limits for Medical Surgical Benefits

Policy Statement

The Quantity and Frequency Limits for Medical Surgical Benefits Policy ensures transparency, consistency and accountability.

AADL sets bi-monthly and annual limits on the number of Medical Surgical benefits funded per eligible client based on current best practice and expected wear. See the Approved Product List – Medical Surgical Benefits for specific limits at <http://www.health.alberta.ca/documents/AADL-Manual-M-Products.pdf>.

Two month quantity and frequency limits always follow a two month pattern as follows:

- January/February
- March/April
- May/June
- July/August
- September/October
- November/December

Authorizations with start dates mid-month are pro-rated for the two month period based on the total number of days client is eligible.

AADL Medical Surgical benefit Authorizers must submit a Quantity and Frequency Request (QFR) for benefit requests over the limit. See the QFR policy and process in the general AADL Policy and Procedure Manual at: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

QFR's for Ostomy supplies must be submitted by an AADL Authorizer who is an Enterostomal Registered Nurse (ETRN).

QFR's for Incontinence Supplies including briefs, diapers, liners and catheter supplies are to be submitted by an authorizer who is an Nurse Continence Advisor (NCA) or an ETRN.

Increased quantity limits approved through a QFR are effective for the period of time the corresponding authorization is valid and are not automatically extended.

Procedure

Authorizers:

1. Follow the QFR process as outlined in the general AADL Policy and Procedure Manual at: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

Clients:

1. Pursue alternate funding sources prior to requesting additional benefits from AADL.
2. Follow the QFR process as outlined in the general AADL Policy and Procedure Manual at: <http://www.health.alberta.ca/documents/AADL-Policy-Procedures.pdf>.

AADL:

1. Reviews quantity maximums annually.

Policy M – 09

Reassessments and Extending Authorization Expiry Dates for Medical Surgical Benefits

Policy Statement

The Reassessment and Extending Authorization Expiry Dates for Medical Surgical Benefits Policy ensures transparency, consistency and accountability.

Authorization expiry dates may be extended if supported by clinical assessment results and/or usage history.

The authorizer must complete an Authorization Correction and Change Form or the client's "Reassessment for Medical Surgical Supplies" letter to extend the current authorization.

Authorizations are **not extended automatically**. Clients are provided a letter (sent out approximately three months prior to the authorization expiry date) advising them they need a reassessment in order to continue receiving benefits when:

- The benefit(s) on the authorization require prior approval
- The clinical assessment date on the authorization is past benefit specific authorization periods or there is low usage or fluctuating usage pattern over the previous year

The reassessment letter provides a deadline for completing the reassessment (one month prior to authorization expiry date).

The Reassessment of Medical Surgical Supplies form must be completed by the Authorizer and a copy provided to the client, another copy faxed to AADL and the original retained by the Authorizer. If there are any changes to the authorization for benefits this must be detailed on the form.

If an Authorization Correction and Change form or "Reassessment for Medical Surgical Supplies" letter with reassessment documentation is not received by AADL within six months from the expiration of the 1250 authorization form, a new 1250 authorization form will be required.

Authorizers submitting repeat authorizations may indicate expiry dates (benefit specific) if the client's condition and residency status is ongoing. This must be stated clearly on the authorization form.

Procedure

Authorizers:

1. Receive request for reassessment.
2. Provide clinical reassessment.
3. Document reassessment results on client chart.
4. Use AADL reassessment forms for extending Incontinence Briefs, Diapers and Liners and attach the Eligibility criteria for incontinence products” document.
5. Obtain prior approval or prescription if indicated.
6. Staple prescriptions to the Authorization Correction and Change Form or Reassessment of Medical Surgical Supplies if required.
7. For benefits that do not require additional forms, indicate re-assessment has been completed on the Authorization Correction and Change form or complete the reassessment form.
8. Submit to AADL by mail or fax.

Clients:

1. Advise AADL or AADL authorizer if AADL benefits are not being used due to an extended vacation, hospital admission or other reason.
2. Arrange and participate in reassessment.
3. Know their expiry date. Authorizations are not automatically extended. The client will be required to have a reassessment to ensure that the benefit continues.

Vendors:

1. Print off authorization reports on E-business to assist in monitoring when an authorization expires and/or changes.
2. Advise clients to contact their authorizer if their authorization has expired or about to expire.
3. Provide benefits only when authorization has been extended. **Providing benefits to clients when an authorization has expired may result in suspension of the vendor agreement.**

AADL:

1. Document gaps in usage due to vacation, hospital admission etc.
2. Process valid Authorization Correction and Change forms and Client Reassessment letters extending existing authorizations.

Policy M – 10

Request for Advance Quantities of Medical Surgical Supplies

Policy Statement

The Request for Advance Quantities of Medical Surgical Supplies Policy ensures consistency and accountability.

AADL may provide advance quantities of Medical Surgical supplies for clients requiring **catheters or ostomy supplies** when traveling out of the province.

Advance quantities are provided for full month amounts only.

Requests from clients traveling out of province must submit a Request for Advance Quantities of Medical Surgical Supplies for approval by AADL at least six weeks prior to departure.

Requests for Advance Quantities of Medical Surgical Supplies are accepted from July 1 – May 31st, requests are not accepted during the month of June.

Clients must pick up the advance quantity prior to leaving the province.

Vendor must not deliver benefits to an out of province address.

Clients may request a maximum seven months advance for out of province travel and must maintain their Alberta Health Care for the entire period.

Procedure

Clients:

1. Complete Request for Advance Quantities of Medical Surgical Supplies form to AADL one month prior to travelling out of the province at:
<http://www.health.alberta.ca/documents/AADL-Request-Advanced-Supplies.pdf>.
2. Include dates of planned absence and contact information during this time.

Vendors:

1. Provide client with advance quantities of Medical Surgical supplies according to quantity limit on E-business.

Note: Vendors are not to provide clients with advanced quantities unless the request for advanced quantities has been approved as per vendor notification of such.

AADL:

1. Receives Requests for Advance Quantities of Medical Surgical Supplies from clients.
2. Processes approved requests.

Superseded