

**Alberta Health**

**Alberta Aids to Daily Living  
Medical-Surgical Benefits**  

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**Policy & Procedures Manual**

July 1, 2014



## Revision History

Description	Date
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
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# Policy M – 01

## Medical Surgical Benefits Description

### Policy Statement

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

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

AADL Medical Surgical benefits include incontinence briefs, diapers and liners; catheter supplies, dressing 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, vendors and other insurance programs in identifying eligibility to access 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 Table M-02.1 on the following page. The relevant criteria must be evident/documented on AADL authorization form or supporting documents.

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 with clinical assessment findings supporting the client's basic clinical need for the benefit.

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;
- Duplicate benefits across benefit groups for same functional purpose (e.g., briefs and catheters for urinary incontinence).
- Clients who are non-compliant;
- Benefits chosen for personal preference and not considered basic need according to clinical assessment.

**Table M-02.1 Benefit Specific Eligibility Criteria**

Benefit category	Benefit Specific Eligibility Criteria (must be evident/documented on AADL authorization submission)
<b>Catheter Supplies</b>	<ul style="list-style-type: none"> <li>• Chronic, involuntary daily urinary incontinence related to bladder or urethral dysfunction.</li> <li>• Documented latex allergy required for silicone products. Physician/nurse practitioner prescription required.</li> <li>• Catheters for stoma diversion-<b>permanent stoma</b> for urinary continent diversion which can only be managed by catheterization. <b>Prior approval</b> from Manager of Medical Surgical Benefits required.</li> </ul>
<b>Dressings</b>	<ul style="list-style-type: none"> <li>• Each wound is considered separately and must be chronic.</li> <li>• Wound must have potential to improve to be eligible for interactive dressings.</li> <li>• Client must be immuno-suppressed to be eligible for sterile dressings.</li> <li>• Wound must be non-resolving and highly draining to be eligible for booster liners.</li> <li>• Interactive dressings for longer than six months - wound must have documented improvement in past six months. <b>Prior approval</b> from Manager of Medical Surgical Benefits is required.</li> </ul>
<b>Incontinence Briefs, Diapers and Liners</b>	<ul style="list-style-type: none"> <li>• Daily non-resolving, involuntary urinary and/or bowel incontinence.</li> <li>• All possible interventions tried. Behavior modification strategies tried for a minimum of three months (except palliative and clients with severe dementia).</li> <li>• Minimal 250mL urine/stool at each involuntary void, or evidence of severe intractable continual incontinence.</li> <li>• Severe intractable continual incontinence must be assessed by incontinence specialist: Urologist, Gynecologist, Obstetrician, Gastroenterologist, Proctologist or Nurse Practitioner with specialty. Letter required.</li> <li>• Neurogenic/neurologic diagnosis including severe dementia.</li> <li>• Severe dementia diagnosis must be supported by neuropsychological testing. See definition under Policy M-11.</li> <li>• Moderate to severe discrepancy between developmental age <b>and</b> chronological age, with a multiple systems delay (cognitive, physical, behavioral, social) that impacts the ability to achieve continence.</li> <li>• Inoperable structural deformity not amenable to correction by application of a device. Must be assessed by specialist: Urologist, Gynecologist, Obstetrician, Gastroenterologist, Proctologist, or Nurse Practitioner with specialty. Letter required.</li> </ul>

**Table M-02.1 Benefit Specific Eligibility Criteria (Cont'd.)**

Benefit category	Benefit Specific Eligibility Criteria (must be evident/documented on AADL authorization submission)
<b>Injection supplies</b>	<ul style="list-style-type: none"> <li>• Inability to tolerate medication administered orally.</li> <li>• Requires daily medication to relieve pain or relieve symptoms caused by a chronic or terminal condition.</li> <li>• Medications must be prescribed by a Physician/Nurse Practitioner</li> </ul>
<b>Ostomy Supplies</b>	<ul style="list-style-type: none"> <li>• Has a chronic functioning colostomy, ileostomy or urostomy.</li> <li>• Pediatric clients and clients with an esophagectomy, cecostomy or fistula must be assessed and authorized by an ETRN.</li> </ul>

**Table M-02.2 Specific Benefit Exclusions**

Benefit Category	Specific Benefit Exclusions - AADL does NOT provide for:
<b>Catheter Supplies</b>	<ul style="list-style-type: none"> <li>• Wound drainage</li> <li>• Outings or convenience</li> <li>• Bowel routines, enemas</li> <li>• Active treatment</li> <li>• Irrigation</li> </ul>
<b>Dressing supplies</b>	<ul style="list-style-type: none"> <li>• Packing</li> <li>• Prevention or protection</li> <li>• Stoma, trachea or G-Tube care</li> <li>• Fistulas</li> <li>• Chest tube care cleansing</li> <li>• Sweating/skin folds</li> <li>• Chronic conditions with acute durations/exacerbations</li> </ul>
<b>Incontinence Briefs, Diapers and Liners</b>	<ul style="list-style-type: none"> <li>• Urge or Stress Incontinence (unless client has severe dementia)</li> <li>• Menses or pregnancy induced incontinence</li> <li>• Night time enuresis.</li> <li>• Incontinence in children under 36 months of age</li> <li>• Incontinence related to acute drug-induced side effects</li> <li>• Post-surgical conditions less than 6 months post event</li> </ul>



Table M-02.2 Specific Benefit Exclusions (Cont'd.)

Benefit Category	Specific Benefit Exclusions - AADL does NOT provide for:
Injection supplies	<ul style="list-style-type: none"> <li>• Mixing or measuring medications</li> <li>• Irrigation</li> <li>• Trachea/central line care</li> <li>• Insulin administration</li> <li>• Blood withdrawal/transfusions</li> <li>• Intravenous use</li> </ul>
Ostomy supplies	<ul style="list-style-type: none"> <li>• Wound care</li> <li>• Enteral feedings</li> <li>• Drainage tubes or wound drainage</li> <li>• Enemas</li> </ul>

## Procedure

### Clients:

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

### Authorizers:

1. Confirm client meet 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, caregiver or vendor. Contact the AADL Medical Surgical benefit clerk for further information about usage. E-mail is preferred. E-mail addresses are available at:  
<http://www.health.alberta.ca/documents/AADL-Contact-List.pdf>
3. Inform clients of their eligibility status.

**Vendors:**

1. Check clients' previous benefit consumption:
  1. 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>
  2. Refer to E-business for client's benefit consumption history.
  3. Refer to Policy M-08 Quantity and Frequency Limits for clients who are over the quantity/frequency limit.

**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>

## 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 dressings and incontinence briefs, diapers and liners from Occupational Therapists (OTs) or Physiotherapists (PTs). Prior approval from the Program Manager is required.

All authorizers must complete the requisite authorizer training and be approved by AADL prior to authorizing benefits.

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

Authorizers must have the additional qualification, Certification in Enterostomal Therapy, to authorize ostomy benefits in the following situations:

- Clients with a fistula, esophagectomy or high output ostomy.
- Clients requiring an ostomy hernia belt or irrigation supplies.
- 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 determine compliance with policies and procedures.

## Policy M – 04

### Trained Provider Qualifications – Medical Surgical Benefits

#### Policy Statement

The Trained Provider Qualification Policy facilitates accountability and transparency.

AADL approved Medical Surgical Vendors for Ostomy Supplies must employ one staff member who has completed a training course from an approved manufacturer of ostomy supplies. Re-certification is required every three years.

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

#### Procedure

##### Clients:

1. Request Vendor's Ostomy Trained Staff Member for ostomy benefit information.

##### Vendors:

1. Maintain one Ostomy Trained Staff member (Ostomy Benefit vendors).
2. Submit Ostomy Training certificate(s) to AADL.

##### AADL:

1. Monitors Ostomy Benefit Vendors to ensure certificates are current and valid.

## Policy M – 05

### Assessment for Medical Surgical Benefits

#### Policy Statement

The Assessment Policy promotes effective and efficient authorization of benefits.

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 necessary 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 three months of the authorization expiry date for clients with ongoing need for the benefit(s).

Assessment results must be documented on the client’s file and may be audited by AADL.

Assessment documents do not need to be submitted with the authorization form except when authorizing Incontinence Briefs, Diapers and Liners.

The following AADL assessment forms must be submitted for Incontinence Briefs, Diapers and Liners:

- AADL Bladder and Bowel Record completed by the client or family
- AADL Assessment Summary for Incontinence Products for adults
- AADL Pediatric Incontinence Assessment Tool for children

#### Procedure

##### Clients:

1. Fully participate in assessment.

2. For incontinence Briefs, Diapers and Liners – complete the bowel and bladder diary available from your healthcare provider or on-line at: <http://www.health.alberta.ca/services/AADL-forms-docs.html>. Provide the completed form to your assessor/authorizer.
3. Ensure understanding and engage in strategies recommended.
4. Sign declaration form.

**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>
4. Complete any specific AADL Assessment forms as required. These can be found on the AADL website at: <http://www.health.alberta.ca/services/AADL-forms-docs.html>.
5. Determine benefit and quantity needed based on the client's final clinical assessment results. Maximum quantity requests must be supported by clinical rationale.
6. Provide any additional documents completed for submission with authorization form (e.g., assessment forms, medical letters, and prescriptions).

**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 are returned to the authorizer.

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

Authorizers must follow the AADL procedure for authorizing Medical Surgical benefits.

Required AADL Assessment documents must be submitted with the authorization form, Authorizations and Authorization Correction and Change Forms related to Medical Surgical benefits must be submitted by an approved AADL Authorizer with the relevant medical surgical product ranges.

Authorizations for dressing supplies must be submitted on a separate authorization form from other “M” benefits.

Authorizations are valid until the expiry date according to **maximum** time limits:

- Adult authorizations - two years
- Pediatric authorizations – one year
- Palliative and interactive dressing authorizations – 6 months.

See Policy M-09 Extending Authorization Expiry Dates for Medical Surgical Benefits for information on authorizing extensions past the expiry date.

#### 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. Submit prior-approval requests to the Manager, Medical Surgical Benefits by fax or secure e-mail.
  - Include information relating to eligibility criteria required for the benefit(s).
  - Wait for approval prior to completing the authorization form.
4. 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>.
  - Document required clinical rationale on authorization form. See Approved Product List for benefit-specific eligibility requirements that need to be documented on the form.
  - Date the authorization form the day all the necessary information is available and used to finalize the assessment.
5. Staple all required documents to the authorization form (e.g., assessment forms, medical letters, prescriptions).
6. Ensure client signs declaration form.
7. Submit all authorization forms by mail unless client is palliative. Authorizations for palliative clients are accepted by fax.
8. Keep documentation on client's file and submit upon request.

**Clients:**

1. Fully participate in benefit determination.
2. Sign 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. Injection Supplies only – Completes Injection Supply Request Form.  
Faxes form to AADL.
4. 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.

Superseded

# Policy M – 07

## Providing Medical Surgical Benefits

### Policy Statement

The Providing Clients with Medical Surgical Benefits Policy promotes effective and efficient provision of benefits.

Providing Medical Surgical benefits includes informing the client, providing the product, documenting, client billing and claims.

AADL Vendors must have an agreement with AADL to provide Medical Surgical benefits.

AADL Vendors must be knowledgeable about the product(s).

Products provided through the AADL program must meet the generic description and standards specified in the Approved Product List.

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

Vendors must not implement automatic deliveries.

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.

### 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.
3. Provide benefit within quantity and frequency limit.

4. 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:

- 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 NCA (Nurse Continence Advisor) 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

### Extending Authorization Expiry Dates for Medical Surgical Benefits

#### Policy Statement

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

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

The authorizer must complete an Authorization Correction and Change Form to extend the current authorization.

AADL staff review medical surgical authorizations three months prior to the authorization expiration date for consideration of in-house extension of authorization expiry date.

Authorizations **are considered for extension in-house** without a clinical reassessment or forms submission if they meet the following criteria:

- Regular usage pattern – consistent monthly amounts matching authorized quantities, and are within quantity and frequency limits.
- Clinical reassessment completed within the previous four years.

Authorizations are **not extended in-house** and clients are not provided reassessment letters in the following situations:

- No evidence of usage.
- Six month expiry date.

Authorizations are **not extended in-house** and clients are provided a letter 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 authorization is older than four years.
- There is low usage or fluctuating usage pattern over the previous year.

The Client Reassessment Letter provides a deadline for completing the reassessment (one month prior to authorization's expiry date).

If an Authorization Correction and Change form or Client Reassessment letter with reassessment documentation is not received by AADL within the specified deadline, the authorization will expire.

Authorizers submitting repeat authorizations may indicate expiry dates of four years from reassessment if the client's condition and residency status is ongoing, stable with no changes expected within a four year period. This must be stated clearly on the authorization form.

## **Procedure**

### **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.

### **Authorizers:**

1. Receive request for reassessment.
2. Provide clinical reassessment.
3. Document reassessment results on client chart.
4. Use AADL assessment forms for extending Incontinence Briefs, Diapers and Liners:
  - AADL Bladder and Bowel Record completed by the client or family
  - AADL Assessment Summary for Incontinence Products for adults
  - AADL Pediatric Incontinence Assessment Tool for children
5. Obtain prior approval or prescription if indicated.
6. Staple assessment forms/prescriptions to either the Authorization Correction and Change Form or the Client Reassessment letter.
7. For benefits that do not require additional forms, indicate re-assessment has been completed on the Authorization Correction and Change form or Client Reassessment letter.
8. Submit to AADL by mail.

### **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 when authorization has been extended.

### **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 provides advance quantities of Medical Surgical supplies for clients requiring catheter, dressing or ostomy supplies for clients 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.

Clients must contact AADL at the beginning of the month at least one month prior to departure.

Requests for Advance Quantities of Medical Surgical Supplies are accepted from July 1 – May 31<sup>st</sup>, 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 vacation 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.

AADL:

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

Superseded

# Policy M – 11

## AADL Definitions for Medical Surgical Supplies

### Policy Statement

The AADL Definitions for Medical Surgical Supplies Policy ensures transparency and consistency.

The following definitions are provided to clarify terminology used in AADL documents:

**Chronic Bowel Incontinence:** Uncontrolled bowel incontinence for at least three months and not expected to resolve within six months.

**Chronic condition with acute durations/exacerbations:** Underlying disease is considered a long term condition with acute episodes of exacerbated symptoms. Example: A skin condition with a viral or systemic component and acute outbreaks of lesions such as Urticaria Pigmentosa.

**Chronic Ostomy:** Permanent ostomy that is not expected to be reversed.

**Chronic Urinary Incontinence:** Condition has been in existence for at least six months and is not expected to resolve.

**Chronic Wound:** Wound has been open for at least three months and is not expected to resolve within the next six months.

**Functional Purpose:** The outcome or purpose of the benefit type. For example:

- Briefs for bowel incontinence management,
- Catheters for urinary incontinence management,
- Injection supplies for pain management, and/or
- Dressings for wound management.

**Inoperable structural deformity:** Physical structural deformities related to urination or defecation functions that are not correctable by surgery. These deformities may be congenital or acquired as a result of disease or trauma.

**Night time enuresis:** involuntary urination while asleep.

**Palliative:** Prognosis of six months or less to end of life.

**Severe chronic bowel incontinence:** Persisted for three months or longer (severe defined as involuntary passage of a moderate to large amount of stool).

**Severe dementia:** Irreversible loss of cognitive abilities with severe impairments in memory, reasoning, planning and behavior resulting in an inability to perform familiar tasks or recognize the consequences of his or her actions.

**Severe intractable continual incontinence:** Permanent and complete lack of control of urination or defecation.

**Stress Incontinence:** Involuntary loss of urine with increases in intra-abdominal pressure (e.g. laughing, coughing, sneezing and lifting) despite normal bladder capacity.

**Urge Incontinence:** Leakage of urine once sensation of full bladder is perceived, occurs with small bladder urgency or overactive bladders.

Additional definitions available at: <http://www.health.alberta.ca/documents/AADL-Urinary-Incontinence-Definitions.pdf>