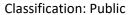
Alberta Health

Alberta Aids to Daily Living Medical-Surgical Benefits Policy & Procedures Manual

July 1, 2020





Revision History

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Description	Date
M-02- Clarified eligibility requirements for incontinence supplies M-08- Certain health care providers can authorizer over quantity with appropriate rationale	July 1, 2020
Updated links	April 1, 2019
Policy M-05, 06, 09 and 10 updated to remove reference to reassessment letter. Updating name of form to Authorization, Correction, Change or Extension.	October 24,2018
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	July 1,2017
Additional information added to provide policy clarification throughout.	
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

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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

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Policy M - 01

Medical Surgical Benefits Description

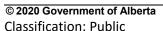
Policy Statement

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:

https://open.alberta.ca/publications/aadl-program-manual-m



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:

https://open.alberta.ca/publications/aadl-program-manual-gn.

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 providing the client requires heavy duty products to address the leakage as per the AADL Incontinence List. Prior approval from the Program Manager is required.

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Benefit-Specific Criteria

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Benefit	Criteria	
Diapers, pads and liners, catheter supplies	1.	Clients, age four and older, with moderate to severe*, unresolvable daily 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:
		Physician/specialist assessment- 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).
		<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.
		Lifestyle modification and conservative strategies must be tried for a minimum of three months and are not limited to: 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.
		Note: Clients who choose not to follow medical advice to address incontinence issues will not be eligible for funding for incontinence products through AADL.
		Note: Authorizers are required to assess a client when product/quantity changes are requested prior to sending AADL a change request.
		Note: Children who are projected to achieve continence past age four are required to meet criteria following point 1 prior to submission of an AADL authorization.
	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 following point 1.
		Note: Adult clients with diagnosed Dementia or any 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 following point 1.

- **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.
- * AADL defines moderate to severe as a client requiring a medical grade product (refer to the AADL Incontinence Product List) a minimum of three times per 24 hour period.

Note: clients must experience moderate to severe incontinence that would necessitate the usage of three medical grade products in 24 hours to qualify. Refer to the AADL Incontinence Product list for complete product listings under: https://open.alberta.ca/publications/aadl-programmanual-m

Note: Authorizers/ assessors must consider that clients managing their incontinence with products with less absorbency than those listed on the AADL Approved Product List (APL) may not be experiencing moderate to severe incontinence and not qualify for funding.

Note: Refer to AADL APL for quantity maximums for clients who require funding for catheters and diapers/liners.

Note: Clients receiving funding for catheters who manage with a lesser absorbent product to address leakage between catheterizations and/or stool staining or light stool incontinence may not qualify for funding for diapers/liners.

Note: Authorizers are required to note "bolded specific criteria" on APL and document on the 1250 form.

Exclusions:

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.

Ostomy supplies

- **1.** Funding for ostomy supplies may be provided for clients:
 - a) with a chronic functioning colostomy, urostomy or ileostomy; and
 - b) who have a permanent ostomy and are not expected to have a reversal within six months of the initial ostomy surgery.
 - c) who are pediatric clients and clients with a esophagectomy, cecostomy or fistula. Note: These clients must be assessed and authorized by a registered nurse who is a Nurse Specialized in Wound, Ostomy and Continence (Canada) (NSWOCC).

Note: Authorizers are required to note "bolded specific criteria" on APL and document on the 1250 form.

Exclusions:

AADL does not provide funding for ostomy supplies for: wound care, enteral feedings, drainage tubes, and enema or for client with temporary ostomy's (less than six months).

Injection Supplies

- 1. Funding for injection supplies may be provided for clients who:
 - 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.
- The medication requires a prescription from a physician or nurse practitioner.

Note: Authorizers are required to note "bolded specific criteria" on APL and document on the 1250 form.

Exclusions:

• Mixing or measuring medications, irrigation, trachea/central line care, insulin administration, blood withdrawl/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 https://open.alberta.ca/publications/aadl-program-manual-m
 - Inquire about past usage history (amount of supplies used on a bi-monthly basis).
 This information should y be obtained from the client, family, caregiver and facility staff if applicable. Contact information for the AADL Medical Surgical benefit clerks can be found at https://www.alberta.ca/assets/documents/aadl/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
 - https://open.alberta.ca/publications/aadl-program-manual-m
 - 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 has requested up to the maximum quantity 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.

- 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 https://open.alberta.ca/publications/aadl-program-manual-m



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 https://open.alberta.ca/publications/aadl-program-manual-gn.

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 NSWOCC 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 and 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 https://open.alberta.ca/publications/aadl-program-manual-gn
- 2. Complete appropriate application form available at https://www.alberta.ca/aadl-authorizers-and-vendors.aspx

- 3. Complete appropriate on-line module available at https://www.alberta.ca/aadl-authorizers-and-vendors.aspx
- 4. Forward completed application with supporting documentation to 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.

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

Assessment for 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 NSWOCC 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.

Reassessments may be initiated three months prior to the expiration of the authorization. As part of the reassessment process authorizers must complete the AADL "Authorization Correction, Change or Extension" form. A copy of the completed form must be provided to the client, which includes the new expiry of the authorization.

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).

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.
- Implement treatment strategies prior to final assessment. Resources available on AADL website under Medical-surgical forms and assessment tools at:
 https://www.alberta.ca/aadl-forms-and-documents.aspx 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, Authorizers must complete the "Authorization Correction, Change or Extension" form and provide a copy to the client, which includes the new expiry of the authorization.

<u>Note</u>: 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.

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

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, Change or Extension form.

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

Procedure

Authorizers:

- 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 <u>or</u> Authorization Correction, Change or Extension form.
 - AADL Authorization Forms are available on AADL website at https://www.alberta.ca/assets/documents/aadl/aadl-order-form.pdf
 - AADL Authorization Change, Correction and Extension forms are available at https://www.alberta.ca/aadl-forms-and-documents.aspx under General Forms.

- 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.

- 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.

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.

Note: Vendors must ensure that products provided must abide by AADL Approved manufacturers (i.e., vendors must only provide incontinence products that are listed on the AADL Incontinence Product list referenced in policy M-02.)

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.

- 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.

This process pertains to ONLY clients who experience a condition change from that of the original assessment.

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 https://open.alberta.ca/publications/aadl-program-manual-m.

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. Refer to the QFR policy and process in the general AAD L Policy and Procedure Manual at https://openalberta.ca/publications/aadl.

NSWOCC's (ostomy products only) and NCA's (catheters and incontinence products) **ONLY** may submit authorizations for quantities above quantity limitations pending the submission of clinical rationale without submission of a QFR. All other Authorizers are required to submit a QFR.

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

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, Change or Extension" form to extend the current authorization.

Note: Authorizations are <u>not extended automatically</u>. Reassessments may be initiated up to three months prior to the expiration of the authorization expiry date for clients with ongoing need for benefits(s). As part of the reassessment process authorizers must complete the AADL "Authorization Correction, Change or Extension" form. A copy of the completed form must be provided to the client, which includes the new expiry of the authorization.

If there are any changes to the authorization for benefits this must be detailed on the form.

Procedure

Authorizers:

- 1. Receive request for reassessment.
- 2. Provide clinical reassessment.
- 3. Document reassessment results on client chart.
- 4. Use AADL "Authorization Correction, Change or Extension" form for extending Incontinence Briefs, Diapers and Liners, Catheters and Ostomy supplies.

Note: A copy of the "Assessment Summary for Incontinence Products" must be attached to the "Authorization Correction, Change or Extension" form when completing a reassessment for incontinence products.

5. Obtain prior approval or prescription if indicated.

Staple prescriptions to the "Authorization Correction, Change and Extension" form if required.

- 7. For benefits that do not require additional forms, indicate re-assessment has been completed on the "Authorization Correction, Change or Extension" form.
- 8. Submit to AADL by mail.

Note: Reassessments for palliative clients can be faxed to AADL.

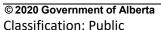
Clients:

- 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.

- 1. Document gaps in usage due to vacation, hospital admission etc.
- 2. Process valid "Authorization Correction, Change or Extension" forms extending existing authorizations.



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 client requiring catheters or ostomy supplies when traveling out of the province.

Note: Requests from client traveling out of province must submit a Request for Advance Quantities of Medical Surgical Supplies for approval by AADL at least one month prior to departure. AADL cannot guarantee the processing of the forms when the form has been sent in under the one month time frame.

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

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

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

Clients may request a maximum six 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 and submit to AADL one month prior to travelling out of the province at https://www.alberta.ca/assets/documents/aadl/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 advance quantities unless the request for advance quantities has been approved by AADL.

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

