

Alberta Health

Alberta Aids to Daily Living Patient Lifters and Transfer Aids, Beds, and Pressure Reduction Mattress Sections Benefits Policy & Procedures Manual

July 1, 2015



Revision History

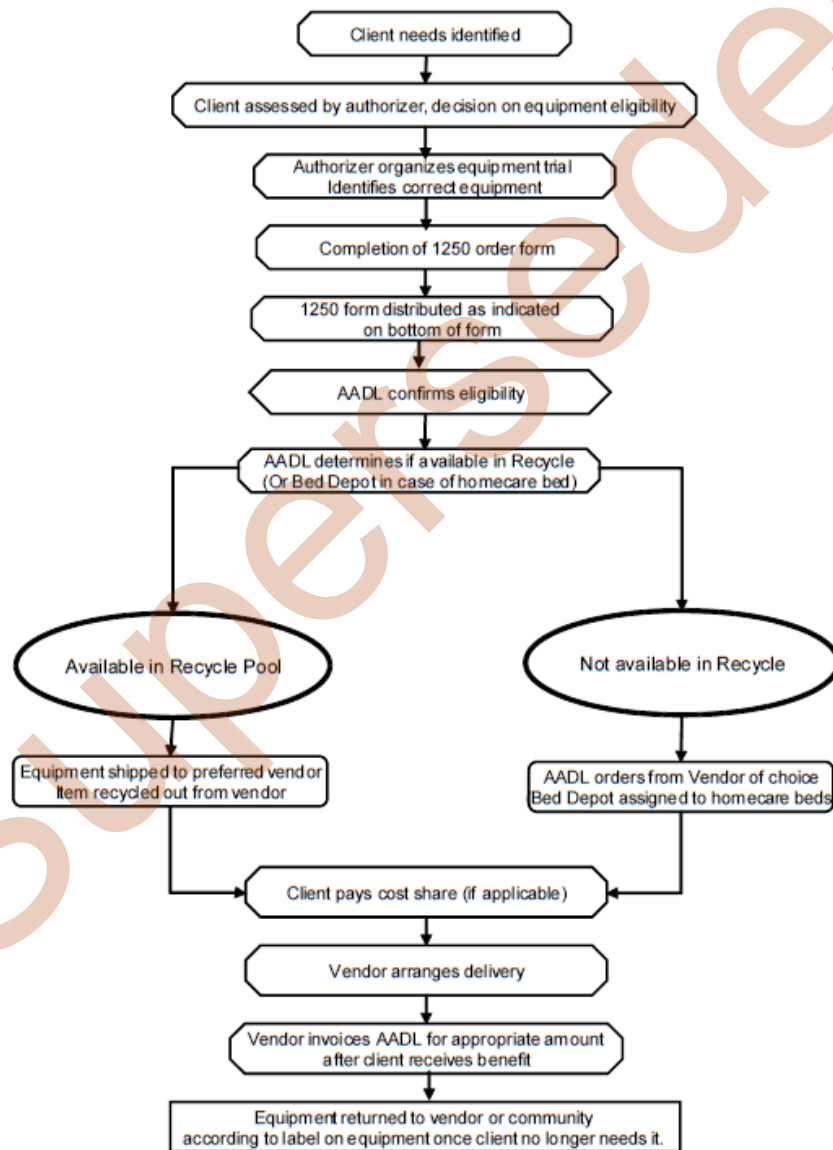
Description	Date
Policy L-15: Product information and specifications updated to reflect APL changes	July 1, 2015
Policy L-03: Adding reference to AADL Assessment Summary for Bathlift Benefit form.	September 1, 2013
Policy L-15: Adding reference to AADL Assessment Summary for Bathlift Benefit form.	September 1, 2013
Overall manual formatting and revisions, including updating of all policy numbers.	July 1, 2013
Policy L-01: Additional information on chart for clarification.	July 1, 2013
Policy L-03: Additional information to clarify residence eligibility criteria.	July 1, 2013
Policies L-04 to L-14: Minor wording changes to be consistent with Manuals B, C, E, G and K policy and procedures.	July 1, 2013
Policy L-15: Product information and specifications updated to include Humancare Portable Overhead Track Lifter and Slings.	July 1, 2013

Table of Contents

Policy L – 01	4
Process to Obtain Formally Recycled Equipment	4
Policy L - 02	5
Authorizer	5
Policy L - 03	6
Eligibility Restrictions for the “L” Benefits	6
Policy L - 04	7
Quantity and Frequency Limits for “L” Benefits	7
Policy L - 05	8
Insurance Coverage	8
Policy L - 06	9
Process for Ordering Benefits	9
Policy L - 07	10
Internal Transfers	10
Policy L - 08	11
Ownership and Responsibility	11
Policy L - 09	12
Standard, Standard-Plus and Upgrade Equipment	12
Standard	12
Standard-Plus	12
Upgrade	12
Policy L - 10	13
Supplier/Vendor	13
Policy L - 11	14
How to Use the Approved Product List	14
Policy L - 12	15
Trial Equipment	15
Policy L - 13	16
Rental Equipment	16
Policy L - 14	17
When Clients Refuse the Equipment that has been Ordered	17
Policy L - 15	18
Product Information and Specifications	18
Appendices	33
Appendix A: Glossary of Terms	34
Appendix B: Sample 1250 Authorization Forms	36

Policy L – 01

Process to Obtain Formally Recycled Equipment



Policy L - 02

Authorizer

- Occupational Therapist, Physical Therapist or Registered Nurse who is trained and registered as an AADL program authorizer for large recyclable equipment.

Policy L - 03

Eligibility Restrictions for the “L” Benefits

- This section contains large equipment including: homecare beds with mattress/rails/over the bed table/trapeze bar, pressure reduction overlays, patient lifters, slings, bath lifts and portable overhead track lifters.
- AADL equipment is not ordered for short-term use. AADL defines short-term use as when equipment is needed for less than six months. Short-term loans are often available through regional community loaner pools or the Red Cross equipment loaner programs, and equipment is also available for rent through vendors.
- **Home care beds and accessories** have additional eligibility restrictions. To obtain a home care bed, the client must either be palliative or bed bound for 80% of the day.
- AADL equipment is not ordered for use by more than one person, convenient storage of the equipment while not in use must be considered.
- AADL equipment is provided to meet the client’s basic need. Benefits for reasons of convenience or lifestyle are not covered. For example, bath lifts are provided for clients whose hygiene needs cannot be met by basic bathing equipment such as the transfer tub seats, bath benches or transfer bath boards.
- An AADL Assessment Summary for Bathlift Benefits form must be included with the 1250 Authorization form to support the client’s clinical need for bathing in the bottom of the tub.

Select equipment carefully

- Assessment should be done in the client’s home environment whenever possible to prevent authorization of unsuitable product.
- Equipment which has been authorized by an AADL authorizer and is subsequently found to be inappropriate for the client’s environment will not likely be replaced by AADL.

Policy L - 04

Quantity and Frequency Limits for “L” Benefits

- The quantity and frequency limit for pressure reduction overlays and bath lifts is one every four years, for slings – two per four year period, lifters – one per five year period and beds – one per six year period.
- Equipment should only be replaced after this period when it is worn out and not repairable or the client’s condition has changed substantially such that the current equipment no longer meets the clinically assessed basic need.
- When an authorizer or client believes that an item is worn out and needs to be replaced, the client must arrange for a large recyclable benefits vendor to assess the equipment’s condition. The vendor will advise the program with a work order, and will obtain the program’s direction regarding repair or replacement. The authorizer will be advised by the vendor.
- A piece of equipment may be replaced when there has been a substantial change in the condition of the client with a resultant change of need. To change equipment for this reason will require a Quantity and Frequency Review request.
- When considering quantity limits, take into account that bathing needs may be met by the benefits found in the “B” and “G” sections and some products are in the same benefit **group** as transfer aids and mattress overlays found in section “K”.
 - A client cannot have more than one item in the benefit group.
 - A client cannot have more than one benefit per function.

For example:

A client may have one bathing aid. If the client has a transfer tub seat (“B” benefit), they may not also have a bath lift (“L” benefit). Similarly, if the client has an AADL-supplied lifter with slings at home, they may not have a second AADL-supplied lifter or slings for use at school.

Policy L – 05

Insurance Coverage

- AADL **does not replace** equipment that is lost, stolen, misused or damaged. AADL advises that the loaned equipment be added to the client's homeowner's or tenant's insurance policy to cover the cost of replacement.

Policy L – 06

Process for Ordering Benefits

- Authorizers should follow these steps:
 - Assess client’s equipment needs in their home environment.
 - Confirm client eligibility including residence and past benefit consumption.
 - Provide client choice of vendor according to Approved Product List (APL).
Exception: Homecare beds and accessories are provided by a single vendor.
 - Trial equipment to ensure it is appropriate for client in their environment.
Exception: Homecare beds are not trialed
 - Complete the AADL Authorization form including benefit number and model/brand of product if necessary.
 - Read all comments and information on the APL.
 - Address **Need for Prior Approval** if required: add clinical information to the Authorization Form to justify the request. **Do not phone the AADL office for prior approvals.**
 - The more expensive equipment, which is labeled “Recycle” in the APL, is formally recycled and is ordered and purchased by AADL office staff. The less expensive equipment, which is labeled “Community”, is community recycled and ordered by the authorizer in the same manner as a “B”, “C”, or “V” benefit.
- Authorization forms are mailed in to AADL with the exception of equipment orders for palliative clients. These may be faxed to AADL and will be processed within a day.

Policy L – 07

Internal Transfers

- An authorizer may transfer a piece of “L” large equipment from a client who no longer needs it to one who does. Please see the “Z” section for an example of the internal transfer documentation. Only standard benefits can be internally transferred. Standard-plus benefits must be returned to the recycle vendor and cannot be internally transferred. The item being internally transferred must be in good repair, be a good fit, and not need any parts changes. If this is not the case, the equipment should be recycled in and an appropriate one ordered for the client.

Policy L – 08

Ownership and Responsibility

- The AADL program retains full ownership of all **formally recycled** equipment. The equipment is not for resale and must be returned to a recycle benefits vendor when the client no longer needs it, or when it has been replaced by AADL, or when the client moves out of Alberta or if for any other reason becomes ineligible for the benefit.
- AADL-purchased equipment may be identified on the APL as “return to community”. Although AADL does not formally recycle this equipment, the client is expected to donate the equipment to a local community recycle pool once it is no longer needed. It should not be resold.
- The client (their family, trustee/guardian) is responsible to ensure reasonable care and maintenance of AADL-supplied equipment.
- AADL will provide repairs and maintenance to formally recycled equipment (see “Z” benefits).
- AADL does not pay to repair or maintain privately owned equipment. This is the client’s financial responsibility.

Policy L – 09

Standard, Standard-Plus and Upgrade Equipment

9.1 Standard

- Benefits designated on the APL as “S” are fully funded by AADL (subject to cost sharing). All clients are eligible for these benefits if they have an assessed need. The items identified under “Return Equipment” as “Recycle” are owned and maintained by AADL.

9.2 Standard-Plus

- Benefits designated on the APL as “SP” are funded by AADL to a stated maximum contribution level (subject to cost sharing). There are generally similar items available on the APL that are available as standard benefits. A client may choose a Standard-Plus model, but will have to pay the amount that exceeds the AADL maximum contribution and is indicated as a “Client Upcharge”. This extra amount is less than the AADL maximum contribution and is not considered a cost-share payment. The “SP” items identified under “Return Equipment” as “Recycle” are owned and maintained by AADL.

9.3 Upgrade

Upgrade benefits are rarely listed on the APL, but might be offered as a choice for clients. If a client chooses an item designated as “U” on the APL, the program will pay a maximum contribution (subject to cost sharing) towards the purchase. The amount that is the client’s responsibility to pay is greater than the AADL maximum contribution. In this case, the client will own the equipment and will be responsible for its ongoing maintenance and repair costs.

Policy L – 10

Supplier/Vendor

- Vendors for equipment on this Approved Products List (APL) are listed following the APL. They offer full sales and service for the manufacturers that they represent, and participate fully in the AADL recycle program. Equipment on this APL can **only** be purchased from this list of vendors. Formally recycled equipment must be returned to these vendors.
- The vendor list is updated annually and is included with each new Approved Products List. It contains an alphabetical list of all the vendors who have entered into a purchasing agreement with AADL for the benefits for the current year. It includes the current business name and location, a listing of manufacturers who are represented by the vendor, a contact person at the business, and telephone/fax numbers for the business. This list may be updated during the year if vendor information changes.
- There is a single supplier for the Bed contract, and that information is on the Bed APL.

Policy L – 11

How to Use the Approved Products List

- The Approved Products (APL) is always accompanied by a cover page which states the effective dates of the purchasing agreement.
 - “Benefit Status” column indicates whether AADL will pay for the full cost of the benefit (S = Standard), or if the client will have to pay some extra above the AADL maximum contribution (SP = Standard Plus).
 - “Return Equipment” column indicates whether AADL formally recycles the equipment, and where the equipment is returned to when it is no longer needed. It also advises who is to **actually order** the equipment. The more expensive equipment, which is labeled “Recycle”, is formally recycled and is ordered and purchased by AADL office staff. The less expensive equipment, which is labeled “Community”, is community recycled and ordered by the authorizer in the same manner as a “B”, “C”, or “V” benefit.
 - “AADL Price after Discount” column indicates the amount AADL will pay towards the benefit. This amount is fixed for the duration of the purchase agreement term.
 - “Comments/Client Upcharge” column contains any extra information that is needed when authorizing the benefit. It includes information such as when clinical information must be added to the 1250 form, that a prior approval is required, when the item is priced in American dollars, any extra amount the client needs to pay, and any eligibility restrictions.
- The Approved Products List (APL) is always accompanied by a cover page which states the effective dates of the purchasing agreement.

Policy L – 12

Trial Equipment

- The large equipment vendors will provide equipment for a trial period not to exceed three days. At the end of the trial period, the authorizer must arrange to have equipment returned. The client may not keep the trial equipment. Refer to Policies for Use of Assessment Equipment.

Policy L – 13

Rental Equipment

- A client may enter a rental agreement with a large equipment vendor for temporary or short-term use of this type of equipment. AADL does not reimburse clients for any rental charges they may incur.

Policy L – 14

When Clients Refuse the Equipment that has been Ordered

- AADL has defined the following protocol for use when a client refuses to accept delivery of equipment that has been authorized and ordered for them.
- AADL has an ongoing problem with clients refusing to accept delivery of equipment which has been ordered for them. Reasons for the refusal include: the caregiver doesn't want to use the equipment, there isn't space for the equipment in the home, the family does not want to pay the cost share charges, the family was not aware that the equipment was ordered for the client, and so on. Between the equipment trial, and the signing of the client Declaration Form, these issues should have been addressed prior to the equipment being authorized. As well as the financial implications of the refusal, both AADL and authorizer time has been wasted.
- If the client/family refuses to accept equipment that has been ordered for them, the authorizer should advise them of the following:
 - a) If they refuse the equipment, AADL will not re-supply it until six months has elapsed.
 - b) If the family wants the equipment re-ordered, they must send in a family-generated letter to AADL for consideration of having the program supply an over-quantity of benefits and indicating they will accept the item. This will be attached to the authorizer's QFRC request.
 - c) If the request is approved, the replacement equipment will come only from the recycle pool. It will not be a new purchase.
 - d) If the client refuses to accept equipment a second time, AADL will not provide it again if they change their minds.

Policy L – 15

Product Information and Specifications


Homecare Beds

Eligibility Criteria






All items on the Homecare Bed Approved Products List (APL) have eligibility criteria as follows: Client must be bedridden and be spending 80% of their time in bed or must be end stage palliative.

Information confirming client's eligibility must be added to the 1250 form under *Additional Information Section 3*.

Ordering Instructions: Order by catalogue number, do not indicate specific brands.

L200 Homecare Bed (note special eligibility criteria above)	
<p>Invacare 5307IVC, or Drive Medical 15003</p> <p>High-low, full gatch, manually operated hospital bed. 36" wide, sleep surface 36" x 80". Overall measurements 36" wide, 88" long.</p>	

<p>L202 Electric Homecare Bed (note special eligibility criteria above)</p>	
<p>Invacare 5411IVC, or Moving People EZ120000</p> <p>Easy to use control provides motorized positioning of the upper body and knees and adjusts bed frame height to assist with transfers.</p> <p>Overall bed size is 88”L x 36” W</p> <p>DC low voltage compact motor, bed height 15” - 23”, maximum 450 lbs. weight capacity.</p>	
<p>L204 Bariatric Electric Homecare Bed Package with Bariatric Mattress and Rails (note special eligibility criteria above)</p>	
<p>Invacare 600IVC, BARMATT, Rails 6640, or Drive 15300, Mattress 15301, Rails 15021</p> <p>For clients weighing 400 - 600 lbs.</p> <p>Bed is wider (42”), sleep surface 42” x 80”, bed height 14” - 22”.</p> <p>Overall measurements 42” wide, 88” long.</p> <p>Package includes a Bariatric mattress and heavy duty rails</p>	
<p>L210 Pressure Reduction Mattress (note special eligibility criteria above)</p>	
<p>Designed for comfort and pressure management. High resilient cubed foam surface is intended to reduce peak pressure points and prevent skin breakdown.</p> <p>The V2 mattresses have a 5 way stretch incontinent cover to enhance patient immersion and reduction in friction and shearing.</p> <p>Do not use other pressure relief items such as alternating pressure pad or mattress overlay on top of this mattress.</p> <p>Invacare CG10180 Vitacare V2 3020</p> <p>Holds up to 300 lbs.</p>	

L209 Pressure Reduction Mattress (Bariatric)	
<p>Do not use other pressure relief items such as alternating pressure pad or mattress overlay on top of this mattress.</p> <p>Invacare BARMATT Vitacare B700</p>	
L216 Bed Safety Rails (note special eligibility criteria above)	
<p>Invacare 6629 Drive Medical 15023</p> <p>Telescoping, adjustable length. Can be lowered completely down for getting in and out of bed.</p>	
L230 Overbed Table (note special eligibility criteria above)	
<p>Invacare 6400 Drive Medical 13007</p> <p>Height adjustable table.</p>	
L270 Trapeze Bar (note special eligibility criteria above)	
<p>Invacare 7740 Drive Medical 13009KT</p> <p>The trapeze bar must be ordered with L274 floor stand. It DOES NOT attach to headboard of bed.</p>	
L274 Floor Stand for Trapeze Bar (note special eligibility criteria above)	
<p>Invacare 7714 Drive Medical 13017</p> <p>The trapeze bar must be ordered with a floor stand.</p>	

Pressure Reduction Overlays

L236 Action Mattress Overlay Pad

Akton polymer, viscoelastic polymer provides pressure relief and redistributions for clients with Stage 2 pressure wound or higher.

Description of skin/wound(s) required on authorization form as clinical rationale.

See APL for product codes and measurements.



L225 Roho Mattress overlay system: Insert and Leveling Pad

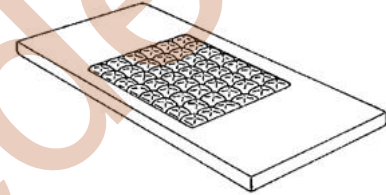
For clients with Stage 2 pressure wound or higher.

ROHO Insert: Vertical or horizontal placement are possible.

ROHO Leveling Pad: The leveling pad is a single bed size foam overlay. In the middle is a cut out to allow a ROHO mattress section to be placed. The leveling pad with the horizontal opening can be used as a mattress. The leveling pad for the vertical opening requires a mattress under it.

Description of skin/wound(s) required on authorization form as clinical rationale.



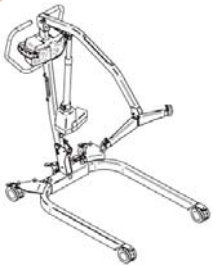

See APL for product codes and measurements.



Portable Ceiling/Overhead Track Lifters

See APL for additional details & pricing	
<p>L304 Prism Medical P440 Ceiling Lift (Waverly Glen)</p> 	<p>L312 Humancare Singel 5100 Ceiling Lift</p> 
<p>L314 Handicare - Rise Porto 450</p> 	

Patient Lifters (Standard Weight)

L308 Battery-Powered Patient Lifter (See APL for additional details & pricing)	
<p>Sunrise (Hoyer) Deluxe Power Patient Lifter H-HPL402</p> 	<p>Sunrise (Hoyer) Advance-E (folding)</p> 
<p>Arjo Maxi Lite (folding)</p> 	<p>Invacare Reliant RPL450-1</p> 

Patient Lifters (Heavy Duty)

L309 Battery-Powered Heavy-Duty Patient Lifter

(See APL for further information and pricing)

Waverley Glen F-550



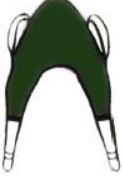





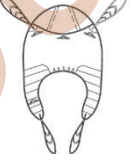
Arjohuntleigh Maxi 500



Slings for Lifts (See APL for further information and pricing)

L313 Slings for Arjo Lifts : Refer to Arjohuntleigh Website.	
L315 Slings for Handicare Rise Porto 450	
<p>Low back Sling</p> 	<p>Flexible Sling</p> 
<p>High Back Sling</p> 	<p>Hygiene Sling</p> 
<p>Basic Sling</p> 	








Slings for Lifts continued (See APL for further information and pricing)

L320 SLINGS for Hoyer Lifts	
<p>U Sling Padded</p> 	<p>U Sling Padded with Head Support</p> 
<p>Bathing Sling Nylon Mesh</p> 	<p>Bathing Sling Nylon Mesh</p> 
Professional Series Slings with handle - for Sunrise Hoyer Advance E lift only	
<p>Quick Fit Padded – Professional Series</p> 	<p>Quick Fit Deluxe- Professional Series</p> 
<p>Full Back - Professional Series</p> 	

Slings for Lifts continued (See APL for further information and pricing)

L321 Slings for Invacare RHA450	
<p>Solid Fabric Divided Leg Sling with Head Support</p> 	<p>Full Body Sling Mesh</p> 
<p>Full Body with Commode Sling Mesh</p> 	
L326 Slings for Prism Medical (Waverly Glen) P440 Lifts	
<p>Hammock</p> 	<p>Universal</p> 
<p>Hygiene</p> 	

Slings for Lifts continued (See APL for further information and pricing)

L328 Slings for Humancare Overhead Lifts	
<p>Full Body Sling bath - high back 25005</p> 	<p>Mesh Bath Sling – shoulder high 25035</p> 
<p>Toileting Sling – low back 25080</p> 	<p>Toileting Sling- High back 25090</p> 
<p>Full Body basic – 25010 – no handles</p> 	<p>Basic Sit sling – 25030 reinforced back</p> 
<p>Silhouette sling – 25020 – slim profile</p> 	

Portable Bath Chair Lifts (See APL for further information & pricing)

L359 Battery Powered PORTABLE Bath Chair Lift	
<p>Dynamic Archimedes</p> 	<p>Invacare Aquatec F – Previous Elan</p> 
<p>Aquatec R (previous Beluga)</p> 	<p>Aquatec SRB (replaces Beluga)</p> 
<p>Invacare Aquatec XL</p> 	<p>Handicare Neptune Standard</p> 
<p>Handicare Neptune with Reclining Back</p> 	<p>Drive BellaVita Recline</p> 

Appendices

- Appendix A: Glossary of Terms
- Appendix B: Sample 1250 Authorization Forms

Superseded

Appendix A: Glossary of Terms

Please review the glossary of terms included in the large equipment (“G” and “L”) and wheelchair (“W”) sections of the manual.

Equipment Trial

It is required that the client and caregiver try the equipment in the client’s home before it is authorized with the exception of homecare beds. Vendors assist with the provision of trial equipment. Trial must include access to rooms in home.

Formal Recycle

All AADL owned equipment is formally recycled by AADL. When the client no longer needs the equipment, it is returned to a recycle vendor. When an authorizer requests large equipment for a client, AADL looks for it in the recycle pool. When there is no suitable recycle equipment available in the recycle pool, the program buys new from the preferred vendor.

Internal Transfer

An authorizer may reassign large equipment from a client who no longer needs it to one who does. Some restrictions apply. “Standard-plus” equipment may not be internally transferred. See “Z” section for instructions and sample of internal transfer documentation.

Palliative Clients

A client is deemed palliative if in the end stage of a terminal illness when care is focused on symptom relief and not cure. Palliative equipment orders receive priority when they are received by AADL.

Recycle In

The process that occurs when a large piece of equipment is returned to a recycle vendor. See “Z” section.

Recycle Out

The process that occurs when AADL assigns a piece of equipment from the recycle pool to a client. The equipment is refurbished, and sent out to the client. See “Z” section.

Recycle Pool

The equipment inventory owned by AADL and stored at various recycle vendor locations in the province.

Recycle Vendor

A recycle vendor is an AADL registered vendor who holds a contract for the supply, maintenance, storage, and recycle of large recyclable equipment.

Recyclable Benefits

AADL purchased equipment that remains the property of the Government of Alberta and is loaned to clients for their use. When returned to AADL by the client, these items are refurbished and reused.

Standard-Plus

The term describing a situation when the client pays extra towards the cost of the equipment. It is owned by AADL because AADL contributes more than half the cost.

Upgrade

The term describing a situation when the client pays more than AADL towards the purchase of the equipment. It becomes the client's property because they contributed more than half of the cost of the item. AADL does not pay for parts or repairs for Upgrade equipment. There is rarely an Upgrade opportunity in the "L" section.

Sample 1250 Authorization Forms



SS0000

Tel: (780) 427-0731 www.seniors.gov.ab.ca

Alberta Aids to Daily Living (AADL)

Authorization

TERMS AND CONDITIONS on the back of this form must be read. After reading it, sign and check off one of the boxes at the bottom of this form.

This is to certify the property and/or services ordered/purchased hereby are being purchased by Alberta Seniors and Community Supports, which is part of the Alberta Crown or is listed as a tax-free Government of Alberta agency, and are therefore not subject to the Goods and Services Tax.

Note: This form is not to be used for wheelchair orders. Use form AADL1251.

Section 1 – General Information: Please fill out completely.

Client Assessment Date 2 0 0 7 0 7		Client's Preferred Vendor (name and address) Medical Equipment Company		Vendor Number 0000012345 001	
Authorizer Number P T 0 0 0		Client Personal Health Number 2 2 2 2 3 3 3 3		Client Residence (use code on cover) 0 1 <input type="checkbox"/> Palliative <input type="checkbox"/> QFR	
Primary Diagnosis (use code on cover) 2 0		Other Additional Diagnoses (Specify) MS plus OA		Authorization Expiry Date Y Y Y M M D D D D	
Client Name (Last) Smith		Client Name (First) John		Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address/Street Address Box 17		City/Town/Municipality Smallville		Postal Code T 0 T 1 T 1	
Delivery Address (if different than above) Peace River Health Unit, 10101 68 St. Peace River		Attn: Joan Wong, OT		Client Phone Number (780) 1 2 3 - 1 2 3 4	
Alternate Contact Name		Relationship to Client		Phone Number	

Section 2 – Benefit Information: Do not combine with recycle and community benefits. One recycle benefit per authorization form.

AADL Catalogue Number	Quantity (see manual)	Description	AADL Office Use Only		Vendor Number		Amount
			Inventory Number	Serial Number	Serial Number	Amount	
L 3 0 4 0 0 1		Waverly Glen Transportable Lift					\$ ▲
		No slings needed. Separate 1250 for slings will be mailed once trial is complete in home.					\$ ▲
							\$ ▲
							\$ ▲
							\$ ▲
							\$ ▲
							\$ ▲
							\$ ▲
							\$ ▲

Section 3 – Clinical Information Additional Information Internal Transfer Equipment Parts Change

Has L300 Hoyer, now needs track lifter. Prior approval through QFR June 22, 2007. Client has quote for installation and track, and funding is in place. Track lift replaces Hoyer and bath lift.

Section 4 – Authorizer Information

Authorizer Last Name W O N G		Assessor Last Name	
First Name J O E		First Name	
Telephone No. 780-481-2000 Fax No. 780-481-2002		Telephone No. Fax No.	
Facility Name		Facility Name	
Signature X J Wong		Signature X	

Section 5 – Client Declaration

- I have read and understand the Terms and Conditions on the back of this form.
 - I understand this Client Declaration must be completed and signed before any order can be placed.
- Note:** If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client / Individual for client X J Smith	Name (Please PRINT)	Relationship to Client	Date July 7/07	Phone Number (if not client)
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Yes No I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's Freedom of Information and Protection of Privacy Act.

AADL1250 (2007/02)

Designation

SS0000



SS0000
 Alberta Aids to Daily Living (AADL)

Tel: (780) 427-0731 www.seniors.gov.ab.ca

Authorization

TERMS AND CONDITIONS on the back of this form must be read. After reading it, sign and check off one of the boxes at the bottom of this form.

This is to certify the property and/or services ordered/purchased hereby are being purchased by Alberta Seniors and Community Supports, which is part of the Alberta Crown or is listed as a tax-free Government of Alberta agency, and are therefore not subject to the Goods and Services Tax.

Note: This form is not to be used for wheelchair orders. Use form AADL1251.

Section 1 – General Information: Please fill out completely.

Client Assessment Date 2 0 0 7 0 7 0 7	Client's Preferred Vendor (name and address) Medical Equipment Company	Vendor Number 0000012345 001
Authorizer Number P T 0 0 1	Client Personal Health Number 9 9 9 9 9 9 9 9 9 9	Client Residence (use code on cover) Palliative <input type="checkbox"/> QFR <input type="checkbox"/>
Primary Diagnosis (use code on cover) 2 0	Other Additional Diagnoses (Specify) Ischeal Ulcer	Authorization Expiry Date Y Y Y Y M M D D
Client Name (Last) Young	Client Name (First) Susan	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing Address/Street Address Young Adults Day Home, 6 Arbor Cr.		City/Town/Municipality Lethbridge
Delivery Address (if different than above)		Postal Code T 0 M 0 X 0
Alternate Contact Name	Relationship to Client	Client Phone Number (4 0 3) 3 8 2 - 2 2 2 2
		Phone Number

Section 2 – Benefit Information: Do not combine with recycle and community benefits. One recycle benefit per authorization form.

AADL Catalogue Number	Quantity (see manual)	Description	AADL Office Use Only		Vendor Number
			Inventory Number	Serial Number	
L 2 2 5 0 0 1		ROHO Mattress Section			\$ ▲
		ROHO Levelling Pad			\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲

Section 3 – Clinical Information Additional Information Internal Transfer Equipment Parts Change

History of skin breakdown and skin flap (March 1, 2007)
N.B. Planned hospital discharge July 28, 2007
Client aware of extra charges, funding in place.

Section 4 – Authorizer Information

Authorizer Last Name J O N E S	Assessor Last Name
Authorizer First Name B O B	Assessor First Name
Authorizer Telephone No. 403-867-3333 Fax No. 403-867-3331	Assessor Telephone No. Fax No.
Authorizer Facility Name	Assessor Facility Name
Authorizer Signature <input checked="" type="checkbox"/> B Jones	Assessor Signature <input checked="" type="checkbox"/>

Section 5 – Client Declaration

- I have read and understand the Terms and Conditions on the back of this form.
- I understand this Client Declaration must be completed and signed before any order can be placed.

Note: If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client / Individual for client <input checked="" type="checkbox"/> S Young	Name (Please PRINT)	Relationship to Client	Date July 7/07	Phone Number (if not client)
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Yes I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's Freedom of Information and Protection of Privacy Act.

No

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Tel: (780) 427-0731 www.seniors.gov.ab.ca

SS0000
 Alberta Aids to Daily Living (AADL)

Authorization

TERMS AND CONDITIONS on the back of this form must be read. After reading it, sign and check off one of the boxes at the bottom of this form.

This is to certify the property and/or services ordered/purchased hereby are being purchased by Alberta Seniors and Community Supports, which is part of the Alberta Crown or is listed as a tax-free Government of Alberta agency, and are therefore not subject to the Goods and Services Tax.

Note: This form is not to be used for wheelchair orders. Use form AADL1251.

Section 1 – General Information: Please fill out completely.

Client Assessment Date 2 0 0 7 0 7 0 7	Client's Preferred Vendor (name and address) Medical Equipment Company	Vendor Number 0000012345 001
Authorizer Number P T 0 0 0 0	Client Personal Health Number 1 2 3 4 5 _ 6 7 8 9	Client Residence (use code on cover) 0 1 <input checked="" type="checkbox"/> Palliative <input type="checkbox"/> QFR
Primary Diagnosis (use code on cover) 0 7	Other Additional Diagnoses (Specify) Bone Mets	Authorization Expiry Date Y Y Y Y M M D D
Client Name (Last) Smith	(First) Jane	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Mailing Address/Street Address 12345 123 Street		City/Town/Municipality Edmonton
Delivery Address (if different than above) Contact daughter Gloria Smith 422-0000		Postal Code T 1 T 1 X 1
Alternate Contact Name Gloria Smith		Relationship to Client Daughter
Client Phone Number 780 4 4 4 4 4		Phone Number 780 4 2 2 0 0 0

Section 2 – Benefit Information: Do not combine with recycle and community benefits. One recycle benefit per authorization form.

AADL Catalogue Number	Quantity (see manual)	Description	AADL Office Use Only		Vendor Number
			Inventory Number	Serial Number	
L 2 0 0 0 0 0 1	1	Home Care Bed			\$ ▲
L 2 1 0 0 0 0 1	1	V2 Mattress			\$ ▲
L 2 1 6 0 0 0 1	1	Bed Rails			\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲
					\$ ▲

Section 3 – Clinical Information Additional Information Internal Transfer Equipment Parts Change

Palliative client, family aware of cost-sharing expense

Note: Client will be staying with daughter

Client now bedridden / palliative

Section 4 – Authorizer Information

Authorizer Last Name W O N G	Assessor Last Name
Authorizer First Name J O E	Assessor First Name
Authorizer Telephone No. 780-481-2000 Fax No. 780-481-2002	Assessor Telephone No. Fax No.
Authorizer Facility Name	Assessor Facility Name
Authorizer Signature X J Wong	Assessor Signature X

Section 5 – Client Declaration

- I have read and understand the Terms and Conditions on the back of this form.
- I understand this Client Declaration must be completed and signed before any order can be placed.

Note: If the client is unable to sign, provide the name and phone number of the individual who is financially responsible for this client (Minor: Parent/Legal Guardian, Adult: Informal Trustee/Enduring Power of Attorney/Legal Trustee). This individual is also required to sign and print their name on this form on behalf of the client.

Signature of Client / Individual for client	Name (Please PRINT)	Relationship to Client	Date	Phone Number (if not client)
X G Smith	GLORIA SMITH	Daughter	July 7/07	(780) 422-0000

Yes No I consent to the use of my personal information for quality monitoring and program improvement, which may include telephone, mail, or web-based surveys. All personal information will be protected in accordance with the provisions in Alberta's Freedom of Information and Protection of Privacy Act.

AADL1250 (2007/02) SS0000

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