Alberta Government

# Comprehensive Care Plan for BPAP Therapy

**B-CCP**

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the *Health Information Act* and sections 33, 34, 39 and 40 of the *Freedom of Information and Protection of Privacy Act (FOIP)* for the purpose of providing and determining eligibility for health benefits under the *Alberta Aids to Daily Living and Extended Health Benefits Regulation.* If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, 13th Floor, TELUS House, 10020 100 Street NW, Edmonton, Alberta T5J 0N3 Telephone: 780-427-0731 Fax: 780-422-0968.

This form is completed by the BPAP Specialty Supplier with input from the Client's physician, clinician in the sleep clinic or other healthcare professionals when appropriate. It is completed if the Client has not achieved BPAP compliance of at least 4 hours per day for 70% of the time.

1. Client's Name (Last, First) _____ PHN _____

2. Details of the comprehensive plan

   a) Barriers to treatment

   - ☐ 1 Lack of understanding of benefits
   - ☐ 2 Insomnia
   - ☐ 3 Poor tolerance of high BPAP
   - ☐ 4 Dry stuffy nose
   - ☐ 5 Poor mask fit/ air leak
   - ☐ 6 Dyssynchrony
   - ☐ 7 Anxiety or claustrophobic
   - ☐ 8 Gastric distention from swallowing air
   - ☐ 9 Chronic sinus congestion
   - ☐ 10 Pressure ulceration or skin

   For other (please specify)

   b) Detail the activities (with dates) that have been done so far to achieve BPAP compliance

   c) Potential solutions

   d) Timeline proposed to resolve the barrier(s)

3. Signatures

| Name with Designation (Please PRINT) | Date *(yyyy-mm-dd)* | Signature of the Clinician |
|---|---|---|
| Name (Please PRINT) | Relationship to Client | Date *(yyyy-mm-dd)* |
| | | Signature of Client/Individual for Client |

Note: Client or individual for Client's signature is required. If it is missing, BPAP funding extension request will not be processed.

4. Additional Comments