

Classification: Protected A (when completed)

**Alberta Aids to Daily Living**

**Access to funding for Speech Generating Communication Devices (SGCD) is based on an assessment through an Alberta Aids to Daily Living (AADL) designated Service Centre, conducted by an AADL authorized speech-language pathologist.**

**An AADL authorized occupational therapist from the designated Service Centre will participate in assessments requiring SGCD access and mounting equipment.**

**Prior to completing the CAAP, the authorizers must ensure that the client meets the designated eligibility requirements for the program. Refer to the AADL website for complete policies and procedures: <https://www.alberta.ca/alberta-aids-to-daily-living.aspx>**

**Completed CAAP forms should be submitted by the SGCD Authorizer to AADL through the Alberta Blue Cross Online Portal.**

Information gathered for the CAAP may be obtained from:

- Review of medical and educational records
- Formal assessments
- Structured observations
- Equipment Assessment Trials
- Interviews with client, family, caregivers and other key personnel

<b>Client's First Name</b>		<b>Client's Last Name</b>	
<b>Personal Health No</b>		<b>Date of birth (YYY-MM-DD)</b>	
<b>Address</b>		<b>Town</b>	
<b>Postal Code</b>		<b>Telephone</b>	
<b>Disability Diagnosis</b>		<b>If other, specify</b>	
<b>Parent/Guardian</b>		<b>Email (required for iPad)</b>	
<b>Alternate Telephone</b>		<b>Alternate Address</b>	
<b>For Student, current educational placement</b>		<b>For Adult, current status</b>	
<b>For clients moving to new school setting or leaving school at the end of this school year, identify transition plan</b>			

## 2. SGCD REQUISITION

Quotation(s) from vendor/distributors for all equipment requested must accompany the CAAP application.  
*List pertinent quote(s) below.*

VENDOR DISTRIBUTOR	QUOTE NO	AADL CATALOGUE NO	EQUIPMENT DESCRIPTION	\$

## 3. ASSESSMENT INFORMATION

*Complete all sections that apply. Provide additional information as needed to support this request.*

### **Client's Communication Level:**

*Please refer to the AADL Guidelines for Selecting Communication Devices*

**Comments:** *Use this section to provide additional comments about client's functional communication level and/or other pertinent information about this application not included elsewhere in the form.*

### 3.1 Speech Capabilities

Primary speech diagnosis:

Severity level:

Prognosis: *Functional speech is expected to*

Speaking rate:

Intelligibility rating:

Comments

### 3.2 Hearing

Hearing status of client is:

Hearing status of main communication partner(s) is functional for use of SGCD

Yes  No

If communicator or partner has hearing impairment, describe implications for functional use of SGCD:

### 3.3 Vision

Vision status of client is:

If blind or impaired, implications for functional use of SGCD:

### 3.4 Mobility and Positioning

The client is:

Describe mobility devices used (e.g. wheelchair, walker)

Describe typical position when using SGCD:

Implications for portability needs and mounting of SGCD:

### 3.5 Selection Techniques for SGCD Access

Access skills are:

Primary selection technique is:

Describe how communicator uses technique to communicate

Display size required for accurate communication:

Average number of cells per screen:

### 3.6 Receptive Language

Receptive language skills are:

Describe how measured:

Clinical impressions:

*Note if communication system is used by partners to help support client's understanding of language.*

### 3.7 Expressive Language

Expressive language skills are:

Describe how measured:

Describe any no-tech/low-tech strategies used for communication:

*Note any differences between client's communication skills when using low-tech strategies versus communication device.*

### 3.8 Literacy Level

Describe how measured:

If impaired, describe:

Clinical impressions/impact on communication device use:

*Note for example if client is has sufficient literacy skills to create messages for communication.*

### 3.9 Language Organization and Visual Representation for Communication

Select the language organizational structure and the related vocabulary software and symbol set requested:

Language Organization		Vocabulary Software
Text based, with/without word prediction	<input type="checkbox"/>	
Core words, some phrases, hybrid	<input type="checkbox"/>	
Mostly phrases, some words	<input type="checkbox"/>	
Visual scene base/activity based	<input type="checkbox"/>	
Custom	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Estimate size of vocabulary used for daily communication:

Estimate average length of utterance when using communication device and number of conversational turns:

Describe ability to navigate across pages to compile a message:

Describe communicator's level of independence when using requested communication device:

*For examples, does client initiate communication with others, level of independence to create message.*

Prompt supports required for successful communication with requested communication device:

Who are the communicator's typical partners?

### 3.10 Cognition

Estimated cognitive skills are:

Describe how measured:

Attention	
Memory	
Problem solving	
Implications for SGCD use	

### 4.0 COMMUNICATION NEEDS

Identify key communication & access needs and the device system features required to meet these needs.

*Note: All vocabulary software on the SGCD approved product list can support a robust language system.*

Communication and Access Needs	Required Device Features

### 5.0 SUMMARY OF EQUIPMENT TRIALS

Describe SGCD systems trialed during assessment phase and results

Trial Date	Length of Trial	SGCD	Results

## 6.0 ROLES AND RESPONSIBILITIES

Who has the primary responsibility for carrying out intervention to support the client?

Name	Agency

List other team members and their roles in supporting SGCD use during the coming year

Name	Agency	Time/Frequency	Role/Responsibility

## 7.0 COMMUNICATION GOALS

Identify goals for completion over the next 6-12 months

*Include how the communicator will use the SGCD with communication partners within daily environments (home, school, work/vocational setting, community, recreation).*

Goal	Timeline	Environment

For students who have an IPP, are the communication goals incorporated into the school IPP goals?

For all communicators, are the communication goals supported by the family and community team(s) (e.g., educational team, home based team, care staff, nursing home, etc.)?

Additional Comments:

*If applicable, signatures of key clinical & education team members involved in intervention*

<b>Name</b>	<b>Signature</b>
<b>Name</b>	<b>Signature</b>
<b>Name</b>	<b>Signature</b>



## 8. CLIENT SUPPORT AND CLIENT DECLARATION

**All clients must complete and sign this section before any SGCD Benefit can be authorized by AADL.**

The information in this form is being collected and used by Alberta Health pursuant to section 20(b), 21(1), 22(1) & (2) and 27(1)(a)(b)(f) & (g) of the **Health Information Act** (HIA), section 33(a) & (c) and 34(1)(k) of the **Freedom of Information and Protection of Privacy Act** (FOIP) and the **Alberta Aids to Daily Living and Extended Health Benefits Regulation** for the purpose of obtaining an Alberta Aids to Daily Living (AADL) benefit.

### 8.1 Collection of Personal Information:

- I understand that my personal information and individually identifying health information is required to verify my eligibility for AADL program benefit(s), to arrange for benefit(s) to be provided to me and to enable AADL to pay for the benefit(s).
- I authorize my personal and individually identifying health information required for the above purposes to be disclosed by a health professional authorized by AADL to Alberta Blue Cross and to approved AADL vendors/manufacturers of AADL benefit(s), in accordance with section 40(1)(d) of FOIP, section 7(2) of the FOIP Regulation and section 34 of the HIA, such consent to be effective upon the date of signature below. The information may be sent either by mail or electronically, and may be disclosed to approved AADL vendors/manufacturers outside the province of Alberta if required to arrange for the AADL benefit(s) to be provided to me.
- I understand why I have been asked to disclose my personal and individually identifying health information and am aware of the risks and benefits of consenting or refusing to consent to the disclosure.
- I understand that I may revoke my consent in writing at any time by contacting the AADL Program using the contact information at the bottom of this form.
- I understand that if I have any concerns regarding this collection, use and disclosure of my personal and individually identifying health information, I should contact the AADL Program using the contact information at the bottom of this form.

### 8.2 Participation in Assessment:

*For adult clients:*

- I have participated in the assessment process and agree that I will use the Speech Generating Communication Device in accordance with the stated communication goals

*For a minor child or adult who is unable to complete this section:*

- The family/caregiver/advocate participated in the assessment process and agrees to support the recommended SGCD and to assist the client to achieve the stated communication goals

### 8.3 Responsibility for SGCD

- I understand that it is my responsibility to ensure that this equipment is properly maintained and cared for. AADL will not replace equipment or supplies that are lost, stolen or damaged due to misuse or abuse. Equipment and accessories must be returned in the condition in they were received and within the timeframe agreed to. Private insurance is recommended for protection against loss of or damage to equipment.
- I agree to return this equipment for recycle when it is no longer needed, it is replaced, or I am no longer a resident of Alberta.

### 8.4 Cost Share

- I understand that if I do not qualify for cost share exemption (CSE), I will be required to pay 25% of the cost of my authorized benefit, to a maximum of \$500 per family per benefit year. Repairs funded by AADL are also subject to cost share.
- If I choose to upgrade, I am responsible for any costs exceeding AADL's price maximum. Upgrade costs are not included in the cost share calculation. Cost share and any costs for upgrades are payable directly to the manufacturer/distributor.

### 8.5 Other Program Eligibility

- I acknowledge that I am not eligible for the same or similar benefit through any of the following programs: First Nations and Inuit Health Branch, Non-Insured Health Benefits Programs; Workers' Compensation Act; Department of Veterans Affairs Act (Canada) A Clients; Federal Programs such as the RCMP, Penitentiaries and Armed Forces. I may not be eligible for this or a similar benefit if I have private insurance.

### CLIENT SIGNATURES

_____ <b>Signature of Client or Authorized Representative</b>		_____ <b>Name of Client</b>	
_____ <b>Relationship to Client</b>		_____ <b>Date of Signature</b>	

### AUTHORIZER SIGNATURES

_____ <b>Name Speech Pathologist</b>	_____ <b>AADL No</b>	_____ <b>Name Occupational Therapist</b>	_____ <b>AADL No</b>
_____ <b>Signature Speech Pathologist</b>		_____ <b>Signature Occupational Therapist</b>	
<b>SERVICE CENTRE</b>		<b>Phone No:</b>	
		<b>Date form completed:</b>	

### FOR CLIENT/FAMILY

#### Quality Monitoring and Program Improvement

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*.

Yes

No

*If you have questions about the collection and use of this information, contact*  
Alberta Aids to Daily Living Program  
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Phone: 780-427-0731 email: aadl.sgcd@gov.ab.ca