



Seating and Wheelchair Accessory Benefits Seating Needs Level Eligibility Screening Tool

Protected A (when completed)

Alberta Aids to Daily Living Program

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

This form is a tool to assist in determining the seating needs level of a client. Any health care professional may use this form to assess a client's seating needs level. It is not an authorization form. Eligibility for seating benefits is determined by an AADL seating Authorizer or AADL-recognized seating team.

Do not submit this form to AADL or Alberta Blue Cross.

Seating Needs Level

Use the most current assessment information.

Refer the client to the appropriate level of AADL seating Authorizer or AADL-recognized seating team based on the seating needs levels determined below.

Q1	What type of wheelchair does the client use?	<input type="checkbox"/> Permanent manual or power Go to Q2	<input type="checkbox"/> Rental, temporary, Geri-chair Client is not eligible for seating benefits
Q2	What is the age of the client?	<input type="checkbox"/> 0-17 years Go to Q7	<input type="checkbox"/> 18+ years Go to Q3
Q3	How often does the client use the wheelchair?	<input type="checkbox"/> ≥ 6 hours, daily Go to Q4	<input type="checkbox"/> < 6 hours, daily Level A
			<input type="checkbox"/> Less than daily use Client is only eligible for V990 cushion
Q4	What is the client's Braden score?	<input type="checkbox"/> ≥ 13 Go to Q5	<input type="checkbox"/> ≤ 12 Go to Q7
Q5	What is the client's Level of Sitting Scale?	<input type="checkbox"/> 1-4 Go to Q7	<input type="checkbox"/> 5 Go to Q6
			<input type="checkbox"/> 6-7 Level A
Q6	Does the client have a postural deformity in at least 1 anatomic plane of ≥ 20 degrees or ≥ 2" (5 cm)?	<input type="checkbox"/> Yes Level B	<input type="checkbox"/> No Level A
Q7	Does the client have a postural deformity in at least 2 anatomic planes of ≥ 20 degrees or ≥ 2" (5 cm)?	<input type="checkbox"/> Yes Level C	<input type="checkbox"/> No Level B