

DAILY LIVING AIDS

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This section must be read in conjunction with the General Information Section.

1. CATEGORIES OF DAILY LIVING AIDS

Approved categories of daily living aids are:

- Bathboards (raised/backrest/extended and/or padded only)
- Bedside commodes
- Bath transfer benches/Swivel bathseats, Bath hoists etc
- Electric mobile floor hoists and slings
- Mobile overtoilet/showerchairs
- Modifications/accessories to mobile overtoilet/showerchairs
- Pressure redistribution mattresses or positioning sleep systems.

For advice or discussion regarding daily living aids available through MASS contact the MASS Principal Daily Living Aids Advisor at the Brisbane service centre or Clinical Advisor for Equipment Services at the Townsville service centre.

2. FUNDING

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Subsidy Funding' for general subsidy funding and co-payment information, which must be read in conjunction with this section.

2.1 Subsidy Funding for Daily Living Aids

The maximum subsidy funding levels for Daily Living Aids are:

- Bathboards - \$270
- Bedside commodes - \$250
- Bath transfer benches/swivel bathseats/bath hoists - \$450 (additional \$70 for each pair of clinically justified modification/ accessories i.e. pair suction feet, extended legs).
- Hoists - \$2,000
Modifications to the hoist (except for pivot frame and other attachments) will be included within the MASS funding ceiling, even if requested after supply of the hoist. MASS will provide one fully funded sling, which is not included in the funding ceiling for the hoist. MASS will provide a pre-used sling from stock for eligible clients as a back up sling.
- Hoists, non basic - \$2 400
- Hoists, standing - \$2 400
- Attachments for mobile floor hoists - \$500. Note the amount contributed will be commensurate to the item requested (eg a standard spreader will not be eligible for the maximum available subsidy within this category).
- Mobile overtoilet/showerchairs - \$1,200
MASS considers a mobile overtoilet/showerchair will include the following components: frame (stainless steel), back (standard supplied on chair), armrests (standard supplied

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on the chair), footplates, castors/wheels (self propelled or four castors), brakes/2 locking castors.

If these components are not included in the mobile overtoilet/showerchair cost, then MASS will consider funding them within the \$1,200 subsidy.

- Pressure redistribution mattresses **or** positioning sleep systems - \$2,000
MASS will only provide a single size mattress. If a size other than single is required, MASS will consider co-payment arrangement for the difference between the single size and other size requested.

2.2 Subsidy Funding for Accessories and Modifications

Subsidy Funding for Accessories and Modifications to Mobile Overtilet/Showerchairs

This maximum subsidy funding is in addition to the \$1,200 for Mobile Overtilet/Showerchairs.

Mobile Overtilet/Showerchair Accessory/Modification Description	Subsidy	Justification
Additional braking castors	\$70 per pair	Stability; access to brakes
Adduction/abduction pads and pommels	\$115 for each item	Positional support during hygiene activities
Adjustable bracketry (allowing growth and reuse for backrests and seats)	\$250 per five year period	Allow growth & reuse of backrests, seats, headrests
Amputee brackets	\$95 per pair	Relocate rear wheels to ↑ stability
Anti-tip bars	\$100 per pair	Safety – prevent rearward tipping
Armrests - options (removable, drop down, lock down, front locking, safety flip-up)	\$250	Security/safety during transfers or propulsion
Armrests - modified	\$250	Improve postural control, safety, stability, function
Backrests - higher backs requiring extra straps	\$150	Support/ increased height
Backrests - mesh	\$110	Support/positioning/ accommodate deformity
Backrests - postural control - asymmetrical and multiprofile	\$620	Most basic which meets postural support needs, not met by more basic backrest
Backrests - postural control - contoured	\$280	Additional postural support required, not met by more basic backrest
Bed pan/commode bucket and carrier	\$140	Use as bedside commode or prevent incidents during transit
Bowel management frame modification	\$185	Hygiene access
Brake extension handles	\$30 each	Independent or carer brake access
Footplates - basic extended	\$60	Accommodate client dimensions/positioning
Footplates - modified	\$200	Facilitate function / transfers, accommodate ↑ tone / weight, reduce wear
Handrims - capstan	\$550	Unable to grip handrims
Handrims - plastic coated	\$150	Improve self propulsion
Handrims - standard	\$240	Improve self propulsion
Headrests	\$365	Most basic which meets functional and support needs
Lateral trunk supports	\$450	Support appropriate posture
Legrests - elevating (manual only), vertical	\$350 per pair	Safe positioning where other footrest mods/securements insufficient
Push Handles – alternative/extended	\$75	To improve function/safety

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Pressure redistribution commode seat	\$750	Clinically justified for pressure redistribution cushion for wheelchair + seated in equipment minimum 1 hour
Seats - non-standard size	\$260	Custom size or non standard size (eg greater depth) clinically justified
Seats - postural control	\$350	Improve posture/positioning
Seats - standard (handmade padded open, closed, side opening)	\$200	Handmade seat preferred, minimum standard = seamless seat.
Securements - chest	\$115	Safety and positional support
Securement - limbs	\$120 for each item	Safety and positional support
Securements - pelvis	\$125	Safety and positional support
Securements - shoulders - flexible	\$120	Safety and positional support
Securements - shoulder - rigid	\$300 per pair	Safety and positional support
Stump supports	\$190 each	Below knee amputation
Tilt	\$800	Improved postural stability and function
Toileting fixtures	\$160	Contain urine/faeces within the toilet bowl or commode pan/bucket
Trays	\$225	Improve posture, support, function, or safety.
Frame Modifications	\$300	To accommodate client size, function, transfers eg lower, raise, widen, narrow, heavy duty

2.3 Co-payment

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Co-payment' which must be read in conjunction with this section.

Where an applicant wishes to purchase an approved aid that exceeds the maximum subsidy funding, a co-payment arrangement may be entered into with MASS. MASS does not subsidise an aid or accessories and/or modifications to an aid whose primary function is outside the policy of the scheme e.g. short term post acute, community access, employment support.

If an applicant requests an aid primarily for use in the home environment but with accessories and/or modifications other than those approved through MASS, the applicant may contribute funds to purchase such accessories and/or modifications, if prior approval has been obtained from MASS.

2.4 Applicant Ownership

MASS will deem ownership of the following aids to the applicant:

- bathboards
- bath transfer benches/swivel bathseats/bath hoists etc
- bedside commodes.

The owner will be responsible for the cost of ongoing repairs and maintenance, and also be responsible for the cost of any future modifications and accessories. The owner will have the right to dispose of/or donate serviceable equipment to a local Queensland Health Service. The owner should contact their local community health centre or allied health department to discuss options. MASS will not normally replace the aid within five years for any reason other than functional change or growth. In this case the aid must be returned to MASS in exchange for the new subsidised aid.

For all other daily living aids:

If an applicant contributes more than 50% towards the total cost of an aid, including modifications and accessories, the applicant can choose to:

Either

- deem ownership of the aid to MASS. MASS will subsidise the cost of ongoing reasonable repairs, maintenance and also the cost of future approved modifications and accessories, as per MASS permanent loan conditions.

Or

- accept ownership of the aid and be responsible for the cost of ongoing repairs and maintenance, and also be responsible for the cost of any future modifications and accessories. The applicant will have the right to dispose of or sell the aid. MASS will not normally replace the aid within five years for any reason other than functional change or growth. In this case the aid must be returned to MASS in exchange for the new subsidised aid.

3. URGENT PROCESSING

Where urgent processing of applications for Daily Living Aids is justified, the Prescriber must submit a MASS 20 URGENT form with the application. Supporting documentation must be attached where indicated.

Urgent processing is justified for the following:

- Hospital discharge. Client is unable to be discharged and relevant equipment is not able to be sourced elsewhere. If multiple items of equipment are requested, those required for hospital discharge must be specified. It is the Prescriber's responsibility to source the relevant equipment and ensure it is available within the required timeframe.
- Risk of imminent hospitalisation. Client requires equipment to prevent hospital admission due to safety concerns or medical need. Equipment must be specified. Supporting documentation is required.
- Modifications and/or accessories to MASS equipment where client is at risk because of that equipment. Equipment must be specified and MASS plaque number supplier. Prescriber must provide information to explain why the equipment is unsafe, and the modification/accessory required.
- Replacement of equipment unsafe for use. Prescriber must specify the equipment and the reason it is unsafe. Attach any relevant supporting documentation (e.g. report from repairer).
- Pressure redistribution equipment. Supporting documentation is required (e.g. Risk Assessment).
- Falls risk. Client has history of falls and a diagnosis of osteoporosis and/or Client has a high falls risk (risk assessment must be attached). The requested equipment must assist to minimise falls risk.
- Carer strain/injury. Equipment is required for Carer to sustain the carer role. Equipment must be specified, and reason provided. Supporting documentation is required (e.g. Carer Strain Index).

NOTE this guide does not affect the Prioritisation Guidelines as detailed in the MASS General Procedures. Should waiting lists be implemented, the Prioritisation Guidelines will be applied, and the Equipment Services Urgent Processing Guide will not impact ordering of aids/equipment.

4. PRESCRIBER ROLE

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Prescriber Role' for generic prescriber responsibilities, which must be read in conjunction with this section.

4.1 Standing Offer Arrangements (SOAs)

4.1.1 Hoist and Sling SOA

MASS has a Standing Offer Arrangement (SOA) for the supply of Patient Hoists. Refer to Section 14, 'Standing Offer Arrangements', of the MASS Statewide Prescriber Procedures Manual, General Information, which provides further information about MASS SOAs. Refer also to the MASS website which provides lists of SOA products and suppliers and SOA product specifications.

It is expected that the majority of hoists requested are selected from those included on the SOA. Prescribers must trial these hoists using the relevant SOA agreed supply agents, as listed on the MASS website. These suppliers are required to have all items on the Hoist and Sling SOA available for trial when requested by a prescriber. For more information contact the supplier directly. Prescribers should contact the MASS Equipment Service Manager (3136 3636) if they are experiencing difficulties with trialling of aids.

In exceptional circumstances MASS may provide a subsidy for hoists not included in this SOA. Acceptable justification from a functional need perspective must be provided as to why no item on the SOA is suitable. It is expected that this will rarely occur.

Any items requested which are not on the MASS Hoist and Sling SOA must comply with all MASS requirements including Australian Standards compliance and hoist and sling compatibility requirements. Contact MASS for guidance in verifying such compliance.

4.1.2 Bedside Commode and Bath Transfer Bench SOA

MASS has a Standing Offer Arrangement (SOA) for the supply of Bedside Commodes and Bath Transfer Benches. Refer to Section 14, 'Standing Offer Arrangements', of the MASS Statewide Prescriber Procedures Manual, General Information, which provides further information about MASS SOAs. Refer also to the MASS website which provides lists of SOA products and suppliers and SOA product specifications.

It is expected that the majority of bedside commodes and bath transfer benches requested are selected from those included on the SOA. Prescribers must trial bath transfer benches using the relevant SOA agreed supply agents, as listed on the MASS website. These suppliers are required to have all bath transfer benches on the SOA available for trial when requested by a prescriber. It is not a requirement that bedside commodes are trialled, however SOA products should be made available for trial if requested. For more

information contact the supplier directly. Prescribers should contact the MASS Equipment Service Manager (3136 3636) if they are experiencing difficulties with trialling of aids.

In exceptional circumstances MASS may provide a subsidy for bedside commodes or bath transfer benches not included in this SOA. Acceptable justification from a functional need perspective must be provided as to why no item on the SOA is suitable. It is expected that this will rarely occur.

Any items requested which are not on the MASS Bedside Commode and Bath Transfer Bench SOA must comply with all MASS requirements including labelling and material requirements. Contact MASS for guidance in verifying such compliance..

4.2 Specification Forms

Where specification forms are available, prescribers are responsible for the accurate completion of the manufacturers/suppliers specification form (including dimensions and accessories required). The completed specification form provides the detail of the aid that will ultimately be allocated to the applicant.

The specification form should include:

- the applicant's name
- assessment date, and
- name and signature of the prescriber completing the form,

so that MASS can identify a prescriber to contact if queries arise regarding the aid.

The completed specification form must be attached to the completed MASS application form.

If a specification form is not available for a particular aid, sufficient details e.g. brand, model and supplier, must be provided with the application to ensure that an appropriate aid is allocated

4.3 Weight Limits for Daily Living Aids

Daily living aids have a safe weight limit of the user arising from either the manufacturer's specification or from Australian or International Standards Testing. The prescriber must consider safe weight limits when prescribing daily living aids.

All applications must include the current weight of the applicant. Daily living aids with safe weight ratings below the applicant's body weight will not be approved for MASS funding.

4.4 Post Delivery Follow-up

Prescribers:

- if unable to complete the post delivery check to provide instructions to the MASS client (e.g. following hospital discharge), arrange a referral to a community health service to undertake this activity
- provide the MASS client with information on how to arrange repairs and maintenance
- provide information to assist the MASS client to pre-plan alternative arrangements for occasions when they may be without their daily living aid e.g. it needs repairs or is being repaired
- explain that the MASS client is responsible for the daily care and maintenance of the aid

- advise the MASS client to read, retain, and apply information provided by MASS or the manufacturer
- assist the MASS client to use the MASS Repair and Maintenance information booklet and overtoilet/showerchair or hoist and sling checklist provided by MASS
- assist the MASS client to use the manufacturer's operational manual/information for any new aid.

5. REPAIRS

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Repairs And Maintenance – Permanent Loan Aids' for generic repair information, which must be read in conjunction with this section.

6. NOTIFICATION AND ISSUE PROCEDURE FOR DAILY LIVING AIDS

Following assessment of the application by MASS:

- notification will be forwarded to the applicant and prescriber as to the outcome; and
- if approved and when funds are available, an order will be issued to the supplier/manufacturer for supply to the requested address; or
- if a suitable aid is held in MASS stock, MASS will arrange delivery to the requested address.

7. APPROVED CATEGORIES OF DAILY LIVING AIDS

7.1 Bathboards (Raised/Extended/Padded/with a Backrest)

MASS does not provide standard bathboards. For showering/bathing purposes, MASS will provide one aid only.

MASS will subsidise a raised/extended/padded/with a backrest bathboard for an applicant who:

- fulfils the eligibility criteria as detailed in the General Information Section, Sub Section 'Eligibility'
- has a permanent and stabilised condition or disability that severely restricts their ability to transfer into their bath/shower recess.

MASS will deem ownership of the bathboard to the MASS client. The owner will be responsible for any future costs associated with the bathboard, such as costs associated with its repairs and maintenance.

Prescriber Responsibility

It is the prescriber's responsibility to:

- consider the most economical and effective bathboard and request that aid if suitable. All other options must be considered. Documented evidence must be given as to why these options have proven unsuitable. If not suitable, justification of functional need for the alternate preferred aid must be provided.
- ensure that the recommended bathboard:

- is suitable for the applicant's needs
- is compatible with the applicant's bath/shower recess
- can be appropriately used, maintained and stored by the applicant or carer.

7.1.1 Raised Bathboards

Raised bathboards will be provided to an applicant who:

- meets the eligibility criteria for bathboards
- has considered a standard, non-customised bathboard and found it to be unsuccessful. The reasons must be documented.
- needs the raised bathboard to facilitate independent transfers and bathing.

7.1.2 Extended Bathboards

Extended bathboards will be provided to an applicant who:

- meets the eligibility criteria for bathboards
- has considered a standard, non-customised bathboard and/or a raised bathboard and found them to be unsuccessful. The reasons must be documented.
- needs the extended bathboard to facilitate independent transfers and bathing.

7.1.3 Padded Bathboards

Padded bathboards will be provided to an applicant who:

- meets the eligibility criteria for bathboards
- requires a padded bathboard to help prevent pressure areas
- needs the padded bathboard to facilitate independent transfers and bathing.

7.1.4 Bathboards with a Backrest

Bathboards with a backrest will be provided to an applicant who:

- meets the eligibility criteria for bathboards
- has poor dynamic sitting balance and require the backrest for safety
- needs the bathboard with backrest to facilitate independent transfers and bathing.

7.1.5 Bathboards with combinations of Raised/Extended/Padded/Backrests

For 'combination' bathboards, applicants must meet each of the specific eligibility requirements.

7.1.6 Application Forms for Bathboards

Refer Sub Section 'Daily Living Aids – Designated Prescriber Chart'.

7.2 Bedside Commodes

For bedside commodes, products should be selected from the current Bedside Commode and Bath Transfer Bench SOA (refer Sub Section 4.1 'Standing Offer Arrangements')

MASS will subsidise a Bedside Commode for an applicant who:

- fulfils the eligibility criteria as detailed in the General Information Section, Sub Section 'Eligibility'

- has a permanent and stabilised condition or disability that severely restricts their mobility and their access to a toilet. A bedside commode will not be provided if the applicant already has a MASS mobile overtoilet/showerchair (a bed pan/bowl with carrier can be fitted to the mobile showerchair to serve as a bedside commode).

MASS will deem ownership of the bedside commode to the MASS client. The owner will be responsible for any future costs associated with the bedside commode, such as costs associated with its repairs and maintenance.

A bedside commode is defined as an item of equipment which is utilised in a bedroom or living room area in lieu of access to the toilet. It is not positioned over the toilet or in the shower. It can take the form of an item which resembles a chair, or can be an overtoilet frame with a bucket or '3 in one commode' with a bucket. The traditional bedside commode which looks like a chair must be first considered. Clinical justification for an alternate item to be used as a bedside commode must be provided.

Prescriber Responsibility

It is the prescriber's responsibility to:

- consider the most cost effective and functionally appropriate bedside commode and request the aid if suitable. If not suitable, justification of functional need for the alternate preferred aid must be provided
- ensure that the recommended bedside commode:
 - is suitable for the applicant's needs
 - is compatible with the applicant's home environment
 - can be appropriately maintained and stored by the applicant or carer.

Trial is not required, but suitability to the environment and client's functional needs must be ascertained. Proceed to trial if required to verify this.

7.2.1 Paediatric Bedside Commodes

The eligibility criteria for bedside commodes applies to children aged five and over.

MASS does not provide bedside commodes to children under five years of age.

7.2.2 Application Forms for Bedside Commodes

Refer Sub Section 'Daily Living Aids – Designated Prescriber Chart'.

7.3 Equipment to Access Bath/Shower eg Transfer Benches/Swivel bathseats/Bath hoists etc

7.3.1 Bath Transfer Benches/Swivel Bathseats/Bath Hoists etc

For showering/bathing purposes, MASS will provide one aid only.

For bath transfer benches, products should be selected from the current Bedside Commode and Bath Transfer Bench SOA (refer Sub Section 4.1 'Standing Offer Arrangements').

MASS will subsidise a bath transfer bench/swivel bathseat/bath hoist or other item of equipment which achieves the same function for an applicant who:

- fulfils the eligibility criteria as detailed in the General Information Section, Sub Section 'Eligibility'
- has a permanent and stabilised condition or disability which severely restricts their ability to safely transfer into their bath/shower recess and other options have been considered and found unsuitable. Documented evidence must be given as to why these options have proven unsuitable.

Examples of equipment used to access the bath shower and eligible for MASS subsidy funding include: bath transfer benches, swivel bathseats, bath hoists.

Examples of equipment **not eligible** for this subsidy include static shower chairs or stools of any style, transfer slide boards, paediatric bath hammocks.

MASS will deem ownership of the bath transfer bench/swivel bathseat/bath hoist or other item of equipment to the MASS client. The owner will be responsible for any future costs associated with the equipment, such as costs associated with its repairs and maintenance.

Prescriber Responsibility

It is the prescriber's responsibility to:

- consider the most economical and effective bath transfer bench/swivel bathseat/bath hoist or other item of equipment and request that aid if suitable. If not suitable, justification of functional need for the alternate preferred aid must be provided
- ensure that the recommended equipment:
 - is suitable for the applicant's needs
 - is compatible with the applicant's bath/shower recess
 - can be appropriately used, maintained and stored by the applicant or carer.

7.3.2 Accessories to Bath Transfer Benches

MASS will subsidise suction feet and/or extended legs when clinically justified as follows.

Suction Feet

- Client has poor dynamic sitting balance and requires the suction feet for safety, or
- Required to facilitate safe and independent transfers and bathing

Extended Legs

- Required due to height of bath/shower hob, or
- Required to facilitate independent transfers and bathing

7.3.3 Application Forms for Bath Transfer Benches/swivel bathseats/bath hoists or other item of equipment

Refer Sub Section 'Daily Living Aids – Designated Prescriber Chart'.

7.4 Hoists and Slings

7.4.1 Electric Mobile Floor Hoists

MASS will subsidise an electric mobile floor hoist listed on the current Hoist SOA (refer Sub Section 4.1 'Standing Offer Arrangement') for an applicant who:

- fulfils the eligibility criteria as detailed in the General Information Section, Sub Section 'Eligibility'
- has a permanent and stabilised condition or disability and:
 - cannot side transfer with/without a transfer board, and
 - cannot weight bear long enough to perform a standing transfer, or can weight bear but is unable to shift weight in order to take a step to perform a standing transfer, and
 - the carer/s cannot perform effective transfers for the applicant without the assistance of this type of mechanical aid.

Additional funding towards a non basic model hoist will be considered where

- All the basic models on the SOA have been trialled or considered and deemed unsuitable and
- Clinical justification is provided for a non basic model. This can include
 - Client weight over 150kg
 - Increased lift height, leg spread, boom length required to appropriately position client
 - Electric legspread – trial of manual legspread must first be completed and unsuitability demonstrated
- MASS will not approve non basic subsidy for a hoist to be folded for transport or storage.

MASS will subsidise compatible slings for use with mobile floor hoists as per the Hoist and Sling SOA and the following criteria:

- Pivot slings (and any other sling utilising plastic clip attachments), and slings for standing hoists, shall always be of the same brand as the hoist except where the hoist manufacturer has endorsed otherwise, and must be in accordance with manufacturer specifications.
- Loop slings should always be of the same brand as the hoist except where the hoist manufacturer has endorsed otherwise, and must be in accordance with manufacturer specifications.
- In exceptional circumstances and following consideration of clinical circumstances and risk assessment MASS may subsidise loop slings (for use with standard two point spreaders) that do not have the hoist manufacturer's endorsement where all of the following criteria have been met (as detailed in the MASS Hoist and Sling Compatibility Checklist):
 - there is clear clinical justification;
 - a prescriber declaration of compatibility has been obtained;
 - a documented MASS Risk Assessment has been completed;
 - the hoist manufacturer endorsed sling options have been exhausted.

MASS will not subsidise an electric mobile floor hoist where the primary purpose is to lift the client from the floor following falls. In this circumstance, falls prevention strategies should be identified and implemented. It is recommended that for safety, medical advice is obtained re assessing for possible injury prior to lifting following falls.

Prescriber Responsibility

It is the prescriber's responsibility to:

- Check and recommend that the applicant has an electrical safety switch installed for when the electric hoist or charger is plugged into the mains electricity supply (for further information contact the Electrical Safety Office on 1300 650 662 or at www.eso.qld.gov.au)

- pre-select a suitable hoist and sling from the MASS SOA list (refer Sub Section 4.1 'Standing Offer Arrangement (SOA)') prior to requesting an item for trial from the supplier.

Note: Where, after trial, the prescriber believes the pre-selected SOA hoist does not meet the applicant's need, there is no obligation on the prescriber to prescribe (or MASS to purchase) that hoist.

- consider the most economical and effective electric hoist and request that aid if suitable. If not suitable, justification of functional need for the alternate preferred aid must be provided
- ensure that the recommended hoist is compatible with the applicant's home environment. This includes:
 - taking into account the turning circle of the hoist when being used in all required areas of the home, and
 - ensure that the recommended hoist has a range great enough to lift the applicant clear of surfaces (e.g. bed, chair) for transfers, and
 - ensure that the recommended hoist will fit under the bed and straddle the wheelchair/ showerchair/lounge chair allowing safe and easy transfers
- ensure the carer is able to competently use the hoist and transfer/position the applicant without compromising the safety of the applicant
- ensure that the recommended hoist can be appropriately maintained and stored by the applicant or carer.
- ensure that the recommended hoist is compatible with the sling to be used.
 - A list of SOA hoists and slings subsidised by MASS can be found on the MASS website. This includes details of the manufacturer's recommended compatible slings.
 - If a loop sling that is not endorsed by the hoist manufacturer is recommended, the MASS Hoist and Sling Compatibility Checklist and MASS Risk Assessment must be completed and submitted with the application.

A video or photographs supporting the application may be submitted for consideration.

If video footage is submitted to support the application, the following is required:

- footage of the applicant's current transfer method i.e. the applicant being transferred to and from various aids, e.g. bed <-> wheelchair/showerchair or floor <-> bed in the requested hoist
- completed 'MASS 82 Consent for Photograph/Video Form'.

7.4.2 Attachments for Mobile Floor Hoists

MASS will subsidise a specific hoist attachments in addition to the hoist subsidy. A standard spreader bar (yoke) must first be trialled/considered and the most basic suitable option selected. Clinical justification must be provided for alternate attachment requests eg pivot frame, 4 point yoke. A standard spreader is considered an integral part of the hoist and therefore specific clinical justification is not required for this item.

Mass will subsidise a pivot frame for an existing MASS funded mobile floor hoist for an applicant who requires the pivot for safe use of the hoist by the carer or for postural support/positioning needs of the applicant. One or more of the following criteria must be demonstrated:

- The carer must manually reposition client after hoisting client with standard yoke and sling
- Client has postural deformity/asymmetry/change in tone that cannot be accommodated by standard yoke and sling
- To reduce flexion of client in sling for safe and functional transfers
- To promote appropriate respiration
- Following surgical intervention where extended positioning is required on a permanent basis
- In cases of significant seizure activity
- To optimally manage positioning changes from lying to sitting and back
- Other positioning or medical issues as justified (such as gastrostomy buttons, ventilators)

7.4.3 Standing Mobile Floor Hoists

MASS will subsidise a standing mobile floor hoist listed on the current Patient Hoist SOA (refer Sub Section 4.1 'Standing Offer Arrangement') for an applicant who:

- meets the eligibility criteria for an electric mobile floor hoist.

Prescriber Responsibility

It is the prescriber's responsibility to ensure that they comply with all relevant responsibilities required for prescription of mobile floor hoists under clause 7.4.1 and additionally to:

- pre-select a suitable hoist and sling from the MASS SOA list, refer Sub Section 'Standing Offer Arrangement (SOA)' prior to requesting an item for trial from the supplier. Where, after trial, the prescriber believes the pre-selected SOA hoist does not meet the applicant's need, there is no obligation on the prescriber to prescribe or MASS to purchase that hoist.
- ensure that the recommended standing hoist will allow for any predictable changes e.g. deterioration

- verify that a standing hoist is appropriate to the client's functional status and clinical need. Ensure the client is able to: partially weight bear, maintain a symmetrical position, reach and hold hand grips, and has sufficient trunk control.
- ensure the hoist is appropriate and safe for client and carer use
- ensure prescriber responsibilities of electric mobile floor hoists are also met.
- ensure that the recommended hoist is compatible with the sling to be used, as detailed under clause 7.4.1

7.4.4 Ceiling Hoists

MASS will not subsidise any type of ceiling hoist or associated sling, accessory or component.

7.4.5 Sling Only Application

A sling may be provided for an applicant having their own hoist where:

- the applicant meets the eligibility criteria for mobile floor hoists.

Prescriber Responsibility

It is the prescriber's responsibility to ensure that they comply with all relevant responsibilities required for prescription of mobile floor and/or standing hoists under clause 7.4.1 and 7.4.3 and additionally to:

- ensure that the recommended hoist sling will allow for any predictable changes e.g. growth, deterioration
- consider the most economical and effective sling and request the aid if suitable. If not suitable, justification of functional need for the alternate preferred aid must be provided
- ensure that the recommended hoist is compatible with the sling to be used, as detailed under clause 7.4.1

7.4.6 Application Procedure for Slings

a) Application Procedure for a Replacement Sling

To apply for a replacement sling, the prescriber is to submit a letter on behalf of the applicant detailing:

- the applicant's full name, current address and date of birth
- the prescriber's name, address, occupation and contact telephone number and
- enclose a photocopy of both sides of the current eligibility card or signed MASS 84 Proxy Access to Centrelink Information Form
- the exact model number and brand of sling required
- the exact model and brand of the hoist and the MASS plaque number where applicable
- reasons why the current sling is no longer functional

b) Application Procedure for a Backup Sling

MASS may be able to provide a backup sling for use when the client's sling is wet or soiled. MASS will deem ownership of the backup sling to the client.

MASS will provide a backup sling for clients who are eligible for a sling through MASS, and have been issued with this item.

MASS will provide a backup sling when clinically justified as follows:

- Client uses the sling during bathing/showering activities and the sling is therefore wet on a daily/regular basis
- Client is incontinent and regular incidents occur where the primary sling requires washing due to leakage.

MASS will only provide a backup sling from the MASS stock of pre-used slings. MASS *will not* fund any customisation to the backup sling (i.e. MASS will only fund customisation to the client's primary sling issued for use with the hoist).

Prescriber Responsibility

It is the prescriber's responsibility to ensure that the recommended sling is compatible with the hoist to be used as detailed under clause 7.4.1.

MASS will not purchase a new sling for backup purposes.

An application for a backup sling must include the following and be completed by a registered Physiotherapist or Occupational Therapist:

A letter requesting the provision of a sling for back up purposes detailing:

- The first 5 points as for a sling only application – see 7.4.6 a) - plus
- Clinical justification for the request for a backup sling
- The client's current hoist and MASS provided sling including size, exact model number and brand.
- Any other options of size and/or model and/or brand which have been identified as an appropriate alternative if the specific sling requested is not available.

If there is no suitable sling in MASS stock of pre-used slings, the client's name will be placed on a waiting list for an appropriate pre-used sling.

7.4.7 Application Forms for Hoists and Slings

Refer Sub Section 'Daily Living Aids – Designated Prescriber Chart'.

7.4.8 Repairs - Electric Hoists

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Repairs And Maintenance – Permanent Loan Aids' for generic repair information, which must be read in conjunction with this section.

At no time should slings be repaired. The patient should be reassessed on a regular basis to ensure the appropriateness and safety of their sling.

7.5 Mobile Overtoilet/Showerchairs (including paediatric chairs)

For showering/bathing purposes, MASS will subsidise one aid only.

MASS will subsidise a mobile overtoilet/showerchair for an applicant who:

- fulfils the eligibility criteria as detailed in the General Information Section, Sub Section 'Eligibility'
- has a permanent and stabilised condition or disability, and
- has severely restricted mobility, and
- requires a mobile overtoilet/showerchair to promote safe access to the toilet and/or shower recess, and
- All other options including bedside aids must have been considered. Documented evidence must be given as to why these options have proven unsuitable e.g. insufficient space for manual wheelchair access or safe slide/assisted transfers, unsafe transfer in wet area.

Prescriber Responsibility

It is the prescriber's responsibility to:

- consider the most economical and effective mobile overtoilet/showerchair and request that aid if suitable. If not suitable, justification of functional need for the alternate preferred aid must be provided;
- ensure that the recommended mobile overtoilet/showerchair:
 - is suitable for the applicant's needs
 - will allow for any predictable changes e.g. growth, weight
 - is compatible with the applicant's toilet and shower recess
 - can be safely manoeuvred by the applicant or carer in the shower recess/overtoilet area; and
 - can be appropriately used, maintained and stored by the applicant or carer.

7.5.1 Repairs to Mobile Overtoilet/Showerchairs

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Repairs And Maintenance – Permanent Loan Aids' for generic repair information, which must be read in conjunction with this section.

Replacement of a damaged or broken hand made padded seat on a mobile showerchair is regarded as a repair. MASS does not pay for maintenance and replacement of large tyres (and tubes if present) on mobile overtoilet/showerchairs.

Requests for the addition of bedpans, commode bowls and associated carriers or for a change of seat to existing (MASS) mobile overtoilet/showerchairs are not considered as being a repair but as a modification/ accessory. Refer to Sub Section 'Accessories/ modifications to Mobile Overtoilet/Showerchairs' for application requirements.

7.5.2 Self Propelled Mobile Overtoilet/Showerchairs

Self propelled mobile overtoilet/showerchairs may be subsidised for an applicant who:

- meets the above criteria for mobile overtoilet/showerchairs *and*
- has adequate upper limb function to propel the mobile overtoilet/showerchair independently or
- requires large wheels for access reasons (the functional or environmental reasons for requesting large wheels must be clearly documented).

7.5.3 Folding Mobile Overtoilet/Showerchairs

Folding mobile overtoilet/showerchairs are not fully funded by MASS. MASS may consider a co-payment arrangement for an applicant requiring a folding mobile overtoilet/showerchair to the cost of the equivalent non-folding mobile overtoilet/showerchair.

7.5.4 Non-Mobile Overtoilet/Showerchairs

MASS does not fund or part fund any type of non-mobile overtoilet/showerchair including any type of paediatric bath aid (e.g. bath hammock, bathchair).

7.5.5 Application Forms for Mobile Overtoilet/Showerchairs

Refer Sub Section 'Daily Living Aids – Designated Prescriber Chart'.

7.6 Accessories/modification to Mobile Overtoilet/Showerchairs

- MASS subsidises commercially available and customised accessories and modifications as listed below with maximum subsidy limits.
- Subsidy ceiling amounts include components and waterproofing, fittings and/or mountings where appropriate.
- Clinical/functional justification must demonstrate that the accessory/modification is needed for safe independent use of the mobile overtoilet/showerchair and/or postural support of the seated user in their home environment.
- Trial or simulation of the proposed accessories and or modifications must be undertaken to appraise their efficacy and effectiveness.
- MASS will not fund accessories/modifications to aids which the MASS does not own.
- MASS expects prescribers to recycle componentry from the client's existing modifications where possible.

7.6.1 Funding – Accessories and/or Modifications

Accessories and/or modifications for Mobile Overtoilet/Showerchairs which are funded within the maximum \$1,200 MASS subsidy:

- Backrest
 - Fold-down
 - Padded
 - Adjustable tension straps
- Frame variations i.e. side opening, fixed recline, front/rear castor extensions for stability of chair
- Non-standard height, seat width and depth options and reinforcement when justified by relevant measurements
- Non-standard wheels and castors
- Push handles
- Swingaway footplates (if not supplied with the chair)
- Reclining mechanisms

Accessories and/or modifications to Mobile Overtoilet/Showerchairs which are funded in addition to the maximum \$1,200 MASS subsidy:

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- Additional braking castors
- Adduction/abduction pads and pommels
- Adjustable bracketry allowing growth and reuse for backrests and seats
- Amputee brackets
- Anti-tip bars
- Armrests
 - modified
 - armrest options (removable, drop down, lock down, front locking, safety flip-up)
- Backrests
 - postural control
 - higher backs requiring extra straps
 - mesh backs
- Bed pan/commode bucket and carriers
- Bowel management frame modification
- Brake extension handles
- Footplates
 - modified
 - basic extended
- Handrims
 - capstan
 - standard
 - plastic coated
- Headrests
- Lateral trunk supports
- Legrests - elevating (manual only), vertical
- Pressure redistribution commode seat
- Seats
 - postural control
 - non-standard size
 - standard seat (handmade padded open/closed, side opening)
- Securements for shoulder, chest, pelvis and limbs
- Stump supports
- Tilt in space mechanisms
- Toileting fixtures
- Trays

7.6.2 Clinical Criteria for Specific Accessories and/or Modifications

Adduction/abduction pads/pommels

- Required to control position of hypertonic or hypotonic lower limbs and skeletal deformity where this impacts on hygiene function and safety

Adjustable Bracketry – allowing growth and reuse of backrests and seats

MASS will fund brackets for backrests and seats allowing for adjustability, growth and reuse where clinically justified. As these are reuseable and growth adjustable, MASS will not fund this item again in under five years. Funding will only be provided once per client in a five year period. Where an item is priced inclusive of bracketry, the subsidy amount can be added to the subsidy of that item.

Armrests - Modified

- Includes padded, fill in, wider, arm troughs/gutters
- Applicant has poor upper limb control and is at risk of injuring upper limb in wheel on self propelled chair
- Postural feedback/control of the upper limb is integral to functional activity and not achieved on standard armrest

Armrests – options (removable, drop down, lock down, front locking, safety flip-up)

- Required for security/safety during transfers or when attendant/self propelled to prevent applicant falling out of chair. This is when there is poor sitting balance/control, environmental hazards (e.g. doorway lips), or cognitive issues and standard armrests / more basic securements (e.g. straps) do not provide sufficient support.

Backrests - Postural Control

- Applicant requires correction/accommodation of postural deformity/asymmetry to allow performance of hygiene tasks
- Applicant has inadequate trunk support/stability
- Tonal patterns are reduced by positioning
- Applicant unable to maintain posture in the standard backrest supplied on mobile overtoilet/ showerchairs
- Applicant cannot be maintained in correct position by securements or adjustable length/tension straps
- Applicant unable to obtain adequate support from a basic contoured backrest

Asymmetrical multiprofile backrests criteria (in addition to above)

- Applicant has severe spinal deformity in one plane
- Applicant has moderate to severe spinal deformity in two planes
- Applicant has significant potential for severe spinal deformity

Bowel Management - Frame Modification

- Required for independence in bowel management

Footplates - Modified

- Includes padded, raise/reverse, single piece

- Feet can not be accommodated by or safe positioning maintained on the standard footplate available

Headrests

- Applicant unable to maintain or support head control or position due to insufficient strength, endurance, motor control or tonal influences
- Required for support in hygiene activities
- Anterior head support (halo) provided when all other options trialed and found to be unsuccessful. May be required for support in functional activities or to assist breathing/communication.

Lateral Trunk Supports

- Applicant is unsafe during propulsion and unable to perform hygiene tasks without the lateral supports
- To support thorax within the backrest against lateral or rotational forces, and/or deformity
- Applicant cannot be maintained in the correct position by securements or adjustable tension straps
- May be provided instead of a contoured backrest in cases of potential or predictable growth or for ease of transfers

Legrests – Elevating (manual only), Vertical

- Feet cannot be accommodated by or safe positioning maintained by modifications to the footplate and limb securements

Pressure Redistribution Commode Seat

- Client must meet the eligibility criteria for 'Pressure redistribution wheelchair cushions' where 'seat' is interpreted as mobile overtoilet/showerchair seat
 - Other options are not suitable (e.g. extra padding to seat, smaller aperture seat or modified seat)

Seats - Postural Support

- Unable to maintain appropriate sitting posture on a standard seat with properly fitting pelvic strap, where this affects safety and/or independence with propulsion or hygiene tasks
- Accommodation of leg length discrepancy

Note handmade padded seats are required by MASS except where clinical justification is provided for other options.

Contoured/asymmetrical seat or custom aperture criteria (in addition to the above)

- Required to correct or accommodate postural deformity or asymmetry affecting sitting position while performing hygiene activities
- To position lower limbs to reduce tonal patterns affecting hygiene activities
- Unable to perform hygiene activities safely in standard seat aperture

"Securements" of shoulder, chest, pelvis and limbs

- Most basic to be considered first
- Shoulders:
 - Flexible securements: requirement to achieve shoulder retraction to increase head control/ positioning
 - Rigid securements: requirement to achieve shoulder retraction to increase head control/positioning that cannot be achieved by use of a harness or flexible shoulder straps
- Pelvis: requirement for security/safety when attendant/self propelled to prevent applicant falling out of the chair when there is poor sitting balance/control or environmental hazards (e.g. doorway lips) and applicant is unable to support self using the armrests
- Chest: required to hold occupant into backrest and prevent falling forward
- Limbs: To prevent lower legs and feet slipping off the footplate where this poses a safety hazard to propulsion or hygiene task completion. This includes calf straps and combined shin calf straps.

Tilt (rearward tilt of seat and back rest, while maintaining seat/backrest angle)

- Redistribute forces to minimise pressure concentration and postural asymmetry
- Maintain a more upright and supported seating posture for clients with decreased head and trunk control who tend to slump forward against harness restraint.
- Inhibit abnormal tone and/or reflex activity.
- Accommodate range of motion limitations eg hip or knee flexion contractures. Frame modification may be required in conjunction.
- Alter position to accommodate swallowing or respiratory difficulties.
- Gravity to assist carers with positioning of client where this cannot be undertaken independently

Toileting fixtures

- "Urine deflector"
- Applicant is not able to contain urine/faeces within the toilet bowl or commode pan/bucket and this is a common occurrence

Trays

- To provide and maintain postural support for the upper limbs
- Allow mounting for communication aids
- Safety issues e.g. applicant lives alone and needs to transport items for hygiene activities, inappropriate behaviour
- Provide support for hygiene activities
- Clear trays funded for visual feedback only

7.6.3 Application Procedures/Forms for Accessories and/or Modifications

Application procedures and forms for accessories and/or modifications to new or existing MASS mobile overtoilet/showerchairs.

If under \$1,000 to an existing MASS aid, the prescriber must submit a letter detailing:

- the applicant's full name, current address and date of birth
- the MASS plaque number of the mobile overtoilet/showerchair requiring the modification
- the exact details of the modification/s required and the firm requested to complete the modifications (a written itemised quotation/specification, including the cost of fitting, must be included)
- specify reason/s why the modification/s are required
- the prescriber's name, address, occupation and contact telephone number
- attach a photocopy of both sides of the current eligibility card

MASS approval will be dependent on receipt of adequate justification in terms of need

For a new aid, or for an existing aid if over \$1,000, refer Sub Section 'Daily Living Aids – Designated Prescriber Chart'.

NB: Accessories and/or modifications to existing MASS mobile overtoilet/showerchairs which are funded within the MASS funding ceiling of \$1,200 will be subject to the subsidy funding ceiling of the original aid.

7.6.4 Warranty for Accessories and/or Modifications

MASS expects that the materials used in accessories and/or modifications shall be of suitable quality and style so as to be warranted for the user for a period of at least 12 months from the date of supply. In accordance with this requirement, no further MASS funding will be provided for these modifications/accessories within 12 months.

- MASS will not fund any alterations required within the 12 months from supply (unless there is strong clinical justification, which could not have been anticipated at initial prescription)
- Funding for the adjustment or replacement of individual accessories and/or modifications will not be considered within 12 months of the last funding (date of supply). MASS will not fund any alterations required within the 12 months from supply for that same component

7.7 Pressure Redistribution Mattresses or Positioning Sleep Systems

MASS will subsidise a pressure redistribution mattress for an applicant who:

- fulfils the eligibility criteria as detailed in General Information Section, Sub Section 'Eligibility'
- has a permanent and stabilised condition or disability **and** meets one of the following criteria:
 - applicant with motor and/or sensory loss **and** who is unable to perform adequate pressure redistribution by turning, rolling or repositioning in bed due to inadequate upper and lower limb function
 - applicant with major fixed skeletal deformity with potential for pressure-sore development
 - applicant with a history of pressure area problems of a chronic nature
 - applicant who is confined to bed for prolonged periods of time and is at risk of the development of pressure sores due to one or more of the above reasons.

- Applicant at risk of developing pressure areas, identified through a recognised assessment tool.

As an alternate to a pressure redistribution mattress, MASS will subsidise a positioning sleep system for an applicant who:

- fulfils the eligibility criteria as detailed in General Information Section, Sub Section 'Eligibility'
- has a permanent and stabilised condition or disability **and** requires support and positioning in lying to facilitate one or more of the following:
 - Improved respiration/swallowing
 - Prevention of pressure areas through specific positioning needs
 - Improved positioning for prevention of contractures and/or deformities

Note this subsidy is intended for clients with high level needs and complex positioning requirements.

Prescriber Responsibility

It is the prescriber's responsibility to:

- consider the most economical and effective pressure redistribution mattress or positioning sleep system and request the aid if suitable. If not suitable, justification of functional need for the alternate preferred aid must be provided
- ensure that the recommended pressure redistribution mattress or positioning sleep system:
 - is suitable for the applicant's needs
 - provides adequate pressure redistribution or meets specific positioning needs
 - can be appropriately maintained and stored by the applicant or carer.

7.7.1 Application Forms for Pressure Redistribution Mattresses or Positioning Sleep Systems

Refer Sub Section 'Daily Living Aids – Designated Prescriber Chart'.

7.7.2 Repairs of Pressure Redistribution Mattresses or Positioning Sleep Systems

Refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Repairs And Maintenance – Permanent Loan Aids' for generic repair information, which must be read in conjunction with this section.

Replacement **electric pumps** for alternating pressure redistribution mattresses are not considered as being a repair. If a replacement electric pump is necessary, refer to MASS Statewide Prescriber Procedures Manual, General Information Section, Sub Section 'Aids Beyond Repair'

Replacement air mattresses only:

To apply for a replacement mattress only, the prescriber is to submit a letter to MASS on behalf of the applicant detailing:

- the applicant's full name, current address and date of birth;
- the exact model number and brand of mattress required;
- reasons why the current mattress is no longer functional, or is not repairable;
- the prescriber's name, address, occupation and contact telephone number.
- enclose a photocopy of both sides of the current eligibility card.

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Daily Living Aids Categories	Designated Prescribers	Rural and Remote Additional Prescribers	Standing Offer Arrangement (SOA)	Forms Required
Bathboards	Occupational Therapist Physiotherapist	Registered Nurse in consultation with Designated Health Prescriber	No SOA	MASS 20 or MASS 20 DLA MASS 23 Bathboard Specification Form. Manufacturer/supplier's itemised quotation.
Bedside Commodes	Occupational Therapist Physiotherapist Registered Nurse	None	SOA	MASS 20 or MASS 20 DLA Manufacturer/supplier's itemised quotation.
Bath Transfer Benches/ Swivel bathseats/ bath hoists etc	Occupational Therapist Physiotherapist	Registered Nurse in consultation with Designated Health Prescriber	SOA for Bath Transfer Benches only.	MASS 20 or MASS 20 DLA Manufacturer/supplier's itemised quotation.
Mobile Overtilet/ Showerchairs	Occupational Therapist Physiotherapist	Registered Nurse in consultation with Designated Health Prescriber	No SOA	MASS 20 Manufacturer/supplier's itemised quotation

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DAILY LIVING AIDS - DESIGNATED PRESCRIBER CHART

Daily Living Aids Categories	Designated Prescribers	Rural and Remote Additional Prescribers	Standing Offer Arrangement (SOA)	Forms Required
Hydraulic/Electric Hoist and slings	Occupational Therapist Physiotherapist	Registered Nurse in consultation with Designated Health Prescriber	SOA	<p>MASS 20</p> <p>MASS Hoist & Sling Compatibility Checklist (if applicable)</p> <p>Video may be submitted to support application. Use MASS 82 Consent for Photograph/Video Form</p> <p>Manufacturer/supplier's itemised quotation.</p>
Pressure Redistribution Mattress or Positioning Sleep Systems	Occupational Therapist Physiotherapist	Registered Nurse in consultation with Designated Health Prescriber	No SOA	<p>MASS 20</p> <p>Manufacturer/supplier's itemised quotation.</p>
Mobile Overtoilet/ Showerchair Accessories and/or Modifications	Occupational Therapist Physiotherapist Rehabilitation Engineer	None	No SOA	<p>Over \$1,000 MASS 20 Under \$1,000 letter/justification</p> <p>Specification Form; if not available, exact details.</p> <p>Manufacturer/supplier's itemised quotation.</p>