

Applicant Information Sheet

Application for Daily Living and Mobility Equipment Subsidy Funding

Eligibility

Administrative eligibility is dependent upon the applicant being a permanent Queensland resident. The applicant must hold one of the following eligibility cards – in the name of the applicant:

- Centrelink Pensioner Concession Card
- Centrelink Health Care Card
- Centrelink Confirmation of Concession Card Entitlement Form (conditions apply)
- Department of Veteran's Affairs (DVA) Pensioner Concession Card (conditions apply)
- Queensland Government Seniors Card

To confirm eligibility: Please provide a signed consent to access Centrelink information ([MASS 84 Proxy Access to Centrelink Information](#)) OR a copy of both sides of the eligibility card.

Clinical eligibility will be determined by the Medical Aids Subsidy Scheme (MASS) Clinical Advisor based on the information provided by the prescribing therapist as required in the MASS General Guidelines.

The guidelines are available on the MASS website at health.qld.gov.au/mass

- MASS General Guidelines: health.qld.gov.au/_data/assets/pdf_file/0027/430992/mass-general-guidelines.pdf
- Daily Living Aids Guidelines:
 - Application Guidelines for Bathing and Toileting Aids: health.qld.gov.au/_data/assets/pdf_file/0028/435169/guidelines-bathing-toileting.pdf
 - Application Guidelines for Patient Lifting Devices (Hoists) and Slings: health.qld.gov.au/_data/assets/pdf_file/0021/433173/guidelines-hoists-slings.pdf
 - Application Guidelines for Pressure Redistribution Mattress/Overlay or Sleep Positioning System: health.qld.gov.au/_data/assets/pdf_file/0021/434721/guidelines-mattress-overlay.pdf
- Mobility Aids Guidelines:
Application Guidelines for Mobility Aids: health.qld.gov.au/_data/assets/pdf_file/0025/432853/guidelines-mobility-aids.pdf.

How to Apply

Applicant's wishing to apply to MASS for daily living and/or mobility equipment must consult an occupational therapist (OT), a physiotherapist (PT), rehabilitation engineer (RE) or for rural and remote areas only, a registered nurse in conjunction with an OT or PT. They will provide an assessment of your needs and assist you to choose the most appropriate equipment.

MASS-eApply is the preferred method for prescribers to submit applications. More information can be found on health.qld.gov.au/mass/mass-online-applications.

Forms can be found on the MASS website at health.qld.gov.au/mass

- General MASS forms on: health.qld.gov.au/mass/subsidy-schemes/mass
- Daily Living Aids: health.qld.gov.au/mass/prescribe/living
- Mobility Aids: health.qld.gov.au/mass/prescribe/mobility

Consent to Email Communication

MASS offers applicants the opportunity to communicate by email. This page provides information about the risks of email, conditions for use of email communication and how email communication is used. You can provide consent, or revoke consent to email communication by contacting the Equipment Services team or completing the “Consent to Email Communication” page on your application forms.

Risks of communicating via Email

Communication by email has a number of risks which include, but are not limited to, the following:

1. MASS cannot guarantee that any particular email will be read or responded to.
2. An email can be circulated, forwarded and stored in paper and electronic files.
3. Backup copies of emails may exist even after the sender or the recipient has deleted their copy.
4. Email senders can easily misaddress an email or email can be received by unintended recipients.
5. Email communication can be intercepted, altered, forwarded or used without authorisation or detection.
6. Employers and online services have a right to archive and inspect communication transmitted through their systems.

Conditions for the use of electronic communication

1. MASS will use reasonable means to protect the security and confidentiality of information sent and received. However, because of the risks outlined above, MASS cannot guarantee the security and confidentiality of email communication, and MASS will not be liable for the inadvertent disclosure of confidential information.
2. Email is not appropriate for urgent or emergency situations, nor is it a substitute for care that may be provided during a face-to-face visit or a telephone/telehealth consultation.
3. It is my responsibility to inform MASS of email address changes
4. When emailing MASS, I will:
 - 4.1. Put the applicant name, date of birth and MASS reference number (URN) in the body of the email, not the subject line.
 - 4.2. Include the general topic of the email in the subject line. For example, “application status” or “delivery”
 - 4.3. Contact MASS via the alternative communication methods (phone, letter etc) if a reply is not received within a reasonable period of time.
5. I will not use email for communication regarding sensitive medication information.

6. I am responsible for informing MASS of any types of information that I do not want to be sent by email.
7. I am responsible for protecting my password or other means of access to email. MASS is not liable for breaches of confidentiality caused by myself or any third party.

Collection Notice

1. Queensland Health (QH) is required to manage my personal information in accordance with the Information Privacy Act 2009 and the Hospital and Health Boards Act 2011.
2. Email communication between myself and the health care professional will be printed and filed in my client record. As emails are a part of the client record, other individuals authorised to access the client record will have access to those emails.
3. Email messages from myself may also be delegated to another health care professional or staff member for response. Administration staff may also receive and read or respond to my emails.
4. Some of my personal information on my medical record may be given to caregivers, guardians and other government departments who provide associated services that require my information for the purpose of providing a health care service

Applicant Acknowledgements

I confirm that:

1. I have actively participated in the assessment and trial of aid/s and associated modifications and accessories.
2. The features and options of the aid/s, and any appropriate alternatives have been fully explained to me by my prescribing health professional.
3. The possible cost implications that I may incur as a result of MASS policy or subsidy funding have been explained to me by my prescribing health professional.
4. The aid/s prescribed are suitable for my needs.
5. I have a safety switch/residual current device installed in my home (only applicable for MASS subsidy funded mobility and daily living aids that require charging/operation through mains power).

I acknowledge that the aid/s provided by MASS are on permanent loan and:

1. Remain the property of MASS, unless advised by MASS in writing.
2. Will only be used by me for the purposes prescribed.
3. Will be maintained by me on a weekly/monthly basis as outlined in the information provided to me with the aid.
4. Must be returned to MASS when I no longer require its use or it is replaced, unless advised by MASS in writing.
5. Must not have any repairs and/or modifications carried out without specific prior approval by the local MASS service centre i.e. Brisbane or Townsville.
6. MASS takes no responsibility for any injury sustained by me through use of the aid subsidy funded/allocated by MASS.
7. Could be allocated from existing MASS stock. MASS may choose to reallocate suitable equipment and not purchase new.

8. Unless the equipment supplied to me with written notification that it has been tested for electrical safety and that the equipment was found to be electrically safe, I should assume that it has not been tested and where the assumption applies, Queensland Health makes no warranty as to the electrical safety of the equipment.

I agree to:

1. Having photographs/video footage taken to assist with my application (for power wheelchairs, optional for other aids). Refer to [MASS 82 Consent to Photograph/Video form](#).
2. Answer promptly any enquiries made from time to time by MASS service centre as to the condition of the aids and my continued need for its safe and effective use.
3. Notify my local Queensland Health Community Health Centre or local MASS service centre should I cease to be able to use the aid/s safely and effectively.
4. Use the aid/s within the conditions of MASS.
5. Inform MASS within 14 days of any change in my contact details, residential address, or eligibility for MASS subsidy funding assistance. For example:
 - 5.1. No longer eligible for a healthcare card.
 - 5.2. In receipt for a Home Care Package Level 3 or 4.
 - 5.3. In receipt of a Consumer Directed Care (CDC) package level 3 or 4.
 - 5.4. Admission to high care residential facility etc.

I understand that if I have taken ownership of a MASS subsidised aid that:

1. Repairs and maintenance become my responsibility.
2. Insurance cover becomes my responsibility.

Privacy Statement

The Queensland Health, Medical Aids Subsidy Scheme (MASS) collects administrative, demographic and clinical data as part of the MASS application processes, in accordance with the Information Privacy Act 2009 and Hospital and Health Boards Act 2011, in order to assess your eligibility for funding assistance for the supply of aids and equipment.

The information will only be accessed by Queensland Health officers. Some of this information may be given to the applicant's carer or guardian; other government departments who provide associated services; the prescribing health professional for further clinical management purposes; and to those parties (e.g. commercial suppliers, community care and repairers) requiring the information for the purpose of providing aids, equipment and services.

Your information will not be given to any other person or organisation, except where required by law.

Resources

- Equipment Services Application Process Flowchart: [health.qld.gov.au/ data/assets/pdf file/0024/675501/es application process flowchart.pdf](https://health.qld.gov.au/data/assets/pdf_file/0024/675501/es_application_process_flowchart.pdf)
- Equipment Services Frequently Asked Questions: [health.qld.gov.au/ data/assets/pdf file/0034/688741/MASS Equipment FAQ.pdf](https://health.qld.gov.au/data/assets/pdf_file/0034/688741/MASS_Equipment_FAQ.pdf)

- Repairs and Maintenance Frequently asked Questions [health.qld.gov.au/ data/assets/pdf file/0034/843586/MASS-Repairs-FAQ.pdf](https://health.qld.gov.au/data/assets/pdf_file/0034/843586/MASS-Repairs-FAQ.pdf)
- Repair Request Flowchart: [health.qld.gov.au/ data/assets/pdf file/0021/700176/Repairs-maintenance-flowchart.pdf](https://health.qld.gov.au/data/assets/pdf_file/0021/700176/Repairs-maintenance-flowchart.pdf)



© State of Queensland (Queensland Health) 2021
creativecommons.org/licenses/by/3.0/au

For more information contact:
Medical Aids Subsidy Scheme
PO Box 281
Cannon Hill QLD 4170 Australia
tel (07) 3136 3524
MASS-Equipment@health.qld.gov.au
health.qld.gov.au/mass