

MASS Continence Aids

MASS-eApply Updates Information Sheet

The MASS Continence Application Form was updated 20 March 2023. Continence Applications are now live on MASS-eApply – the addition of the following clinical questions will assist with processing times and prevent applications from being rejected as well as updates to residential support questions as per the MASS General Guidelines.

Applicant Details Page

The Residential support questions were updated as per the MASS General Guidelines.

Previous:

▼ Eligibility

▼ Current Support

* Is the applicant receiving a Home Care Package?

☐ Yes ☐ No

* Does the applicant receive Commonwealth Home Support Programme (CHSP) services?

☐ Yes ☐ No

* Is the applicant a resident in a Commonwealth funded care facility?

☐ Yes ☐ No

Updated:

▼ Eligibility

▼ Current Support

* Is the applicant receiving a Home Care Package?

☐ Yes ☐ No

* Does the applicant receive Commonwealth Home Support Programme (CHSP) services?

☐ Yes ☐ No

▼ Residential Support

* What is the applicant's current living situation?

☐ Hospital, as an inpatient ☐ 24hr supported residential care facility - permanent

☐ 24hr supported residential care facility - respite

☐ Supported community accommodation (eg., hostel, Supported Disability/Care Accommodation with up to 24/hr care provided)

☐ Retirement or independent living apartment/unit in accommodation complex (that is, applicant able to receive in-home community services with 24hr emergency support)

☐ Private home

Application/Continence Assessment page

Continence Type and Applicant's permanent condition:

Question: What is the applicant's primary medical condition/disability that necessitates continence aids? Has been moved before the 'Continence Type'

- Continence Type – Additional options have been added if:
 - Urinary Incontinence has been selected: Select all types of UI that apply: Stress Incontinence, Urge Incontinence, Functional Incontinence, Nocturia, Nocturnal enuresis, Other -Provide details.
 - Conduction Aids is selected: Select all reasons for conduction aids that apply: Urinary retention, Neurogenic Bladder (IDC/SPC), Other

Previous:

▼ Continence type

* Is the client's incontinence permanent and stabilised?

☒ Yes ☐ No

* Select all that apply

☐ Urinary Incontinence (UI)

☐ Faecal Incontinence (FI)

☐ Conduction Aid (Catheter)

▼ Applicant's Permanent Condition/Disability

▼ What is the applicant's PRIMARY condition/disability that necessitates continence aids?

* Category

▼ Add any further condition/disability contributing to bladder/bowel issues

Select Category and Subcategory

Updated:

▼ What is the applicant's PRIMARY medical condition/disability that necessitates continence aids?

* Category

Add any further condition/disability contributing to bladder/bowel issues:

* Provide other relevant information including functional changes and/or comorbidities:

▼ Continence Information

* Is the client's incontinence permanent and stabilised?

☐ Yes ☐ No

Type of Application selection:

From is this a first-time application to MASS for Continence Aids?

To Please specify the type of application:

- Initial application: This is the client's first application requesting continence products from
- MASS Renewal application: The client has previously received MASS continence aids

For initial applications:

Previous: * Is this a first-time application to MASS for Continence Aids?

☒ Yes ☐ No

▼ Attach supporting clinical information for initial application

* Which document(s) are you uploading?

- ☐ Continence assessment and management/care plan
- ☐ Summary of continence issues, Tertiary treatment/intervention
- ☐ Any other supporting documentation

* Upload documents (add multiple one at a time)

[+ Add files...](#)

Maximum allowed size per file is 2.0 GB.

Updated: * Please specify the type of application:

- ☒ Initial application: This is the client's first application requesting continence products from MASS
- ☐ Renewal application: The client has previously received MASS continence aids

If client is unsure, please call MASS Continence team on 3136 3665 to clarify whether the applicant has previously received continence aids from MASS. All renewal applications for existing MASS clients need to document a reason for changing products.

▼ Attach supporting clinical information for initial application

Evidence of a continence assessment tool or summary of continence issues/strategies needs to be attached for initial applications. An outline of the information required can be found at this link

* Upload documents (add multiple one at a time)

[+ Add files...](#)

Maximum allowed size per file is 2.0 GB.

Renewal Applications:

Clinical questions were updated, as well as moving the upload supporting document to under this section as it was previously under the “Current product use” section.

Previous: * Is this a first-time application to MASS for Continence Aids?

☐ Yes ☒ No

* Have you reviewed the client's current continence problems and management?

☒ Yes ☐ No

* Please comment on the review/management of the client's current continence status:

* Transient causes of incontinence that have been reviewed/managed (Select all that apply)

- ☐ Urinary tract infection
- ☐ Constipation
- ☐ Psychological issues
- ☐ Mobility/dexterity issues
- ☐ Pharmaceuticals
- ☐ Other

Note: Renewal applications cannot be processed until the renewal date has been reached. Any applications received prior to that date will be placed on hold.

Updated: ☒ Renewal application: The client has previously received MASS continence aids

If client is unsure, please call MASS Continence team on 3136 3665 to clarify whether the applicant has previously received continence aids from MASS. All renewal applications for existing MASS clients need to document a reason for changing products.

* From your clinical review, please comment on how the client is currently managing their urinary/faecal incontinence:

* What was identified in your review of the client's current continence status? (Select all that apply)

- ☐ No change of continence status
- ☐ Functional changes: mobility / dexterity / cognition
- ☐ Transient changes (changes in continence less than 6 months)
- ☐ Weight change
- ☐ Change of health conditions / management
- ☐ Other

Note: Renewal applications cannot be processed until the renewal date has been reached. Any applications received prior to that date will be placed on hold.

Optional for renewal application: Upload any relevant supporting documentation

[+ Add files...](#)

Maximum allowed size per file is 30.0 MB.

Current Product Use

Previous:

* Does the client need a change in the type of Continence Aid from previous MASS 50 applications?

☒ Yes ☐ No

* Clinical reason(s) for the change in type of continence aid (Select all that apply)

- ☐ Absorbency
- ☐ Mobility/dexterity
- ☐ Cognition
- ☐ Compliance
- ☐ Other

* Provide information below

Upload any supporting documentation

[+ Add files...](#)

Maximum allowed size per file is 30.0 MB.

Updated:

* List the continence aid(s) the client is currently using (if any), including full product name, size and effectiveness:

* Are you requesting any change of continence product (including change of size) from previously supplied MASS continence products?

☒ Yes ☐ No ☐ Unsure

* Clinical reason(s) for the change in type of continence aid (Select all that apply)

- ☐ Change in sizing required
- ☐ Increased absorbency required
- ☐ Successful trial/use of requested product
- ☐ Client comfort
- ☐ Skin integrity
- ☐ Insertion of IDC/SPC
- ☐ Other

* Provide information below

Continence Products

Previous: Continence Products

▼ Request continence aids

MASS will only supply continence aids on the current MASS approved Continence Aids list as per website. To view and select required product codes, [click on this link](#)

▼ Which products do you wish to request?

- ☒ Pads adhesive / Pads non-adhesive & Stretch Pants
- ☒ Pull-ons
- ☒ All-in-Ones / Nappies
- ☒ Reusable pants
- ☒ Sheaths - Latex and Non Latex
- ☒ Catheters
 - * ☐ Disposable Catheters ☐ Indwelling Catheters
- ☒ Drainage bags or bottle
 - * ☐ Drainage Bags ☐ Drainage Bottle
- ☒ Leg bags or Catheter Valves
 - * ☐ Leg Bags ☐ Catheter Valves
- ☒ Bed and Chair pads

Updated: Continence Products

▼ Request continence aids

MASS will only supply continence aids on the current MASS approved Continence Aids list as per website. To view and select required product codes, [click on this link](#)

Please contact the Continence Clinical Advisor on 3136 3665 or MASS-continenceaids@health.qld.gov.au to determine if a product that is not on the approved products list meets MASS guidelines.

Please select all products that are required to meet client's ongoing needs.

▼ Which products do you wish to request?

- ☒ Pads / Pull-ons / All-in-Ones
- * Select all required:
 - ☐ Adhesive Pads
 - ☐ Non-Adhesive Pads
 - ☐ Pull-on style pads
 - ☐ All-in-Ones / Nappies
- ☒ Reusable pants
- ☒ Sheaths - Latex and Non Latex
- ☒ Catheters
 - * ☐ Disposable Catheters ☐ Indwelling Catheters
- ☒ Drainage bags or bottle
 - * ☐ Drainage Bags ☐ Drainage Bottle
- ☒ Leg bags or Catheter Valves
 - * ☐ Leg Bags ☐ Catheter Valves
- ☒ Bed and Chair pads

Pads, All-in-one, Nappies and Pull-ons

- The day time/night time quantity section was removed.
- Questions regarding trial were added.
- Product drop-down selection was simplified.
- An option to indicate any preference of product quantity combinations, noting that preferences may be restricted by carton amounts and amended to ensure maximum subsidy is provided.

Previous: Contenance Products

▼ Pads, All-in-one, nappies and pull-ons

* Day time - Quantity used

* Night time - Quantity used

Select Adhesive and Non-Adhesive Pads (scroll down for pull-on selection)

▼ Item

* Do you wish to search by product code, product name or product type?

☒ Product type ☐ Product code/name

* Pick category of pads

* Pick product type

* Product description

Amount per carton (one pad orders will receive the applicant's maximum subsidy amount)


* How many cartons do you wish to request?

+ Add another type of pad

Updated:

▼ Pads, All-in-one, nappies and pull-ons

Select pads/pull-ons/all-in-ones

▼ Pad product description 

* Pad type


* Pad product description

* Has the requested Continence aid been successfully trialled?

☐ Yes ☐ No ☐ N/A: Ongoing use of current requested MASS product

Please note that it is best practice to trial aids. The client will receive a six month supply of continence products which cannot be returned or exchanged.

* Average number of this product used in 24 hours

 Add another pad (max. 4)

Please indicate any preferences of product quantity combinations, noting that preferences may be restricted by carton amounts and amended to ensure maximum subsidy is provided.



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For more information contact:

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