

# MASS Equipment to Home Program

Medical Aids Subsidy Scheme

27 August 2025



**Queensland**  
Government

# Session Outline:

## Equipment 2 Home (E2H) Program

- Background
- Client Eligibility
- Application Process
- Assistive Technology

Guest presentation – Joanne Knight, PACS

Guest presentation – Linh Ackerman, QEII Hospital

Questions

# Equipment to Home Program (E2H) Goals:

Facilitate prompt discharge of patients from Queensland Health Hospitals and other Qld Health services

Provision of basic assistive technology for discharge

# EH2 Program

## How?

Qld Dept of Health  
Prescribers send  
MASS-eApply  
application to  
Medical Aids  
Subsidy Scheme



## What?

Daily  
living/mobility aids

Provided from  
stock at Equipment  
to Home site.



## Who?

Hospital inpatient  
Community client

Queensland  
resident

Meets eligibility  
criteria

## MASS Administrative and Clinical Eligibility Criteria

- MASS General Guidelines – outlines administrative eligibility criteria and eligible prescribers
- Daily Living and Mobility Aids Temporary Guideline
  - for wheeled walking aid clinical criteria
  - for bath transfer benches, static and 3 in 1 commodes clinical criteria

## E2H Administrative Eligibility

- Permanent resident with a Queensland address
- Centrelink Pensioner Concession Card
- Centrelink Health Care Card
- Centrelink Confirmation Concession Card  
Entitlement Form (excludes partial entitlement holders i.e. issued for travel concession)
- Department of Veteran Affairs (DVA) pensioner  
Concession Card (excludes DVA Gold Card holders)
- Queensland Government Seniors Card. (Note: Commonwealth Seniors Health Care Cards are not eligible for MASS services)

## E2H Clinical Eligibility

- The applicant has a permanent and stabilised condition or disability which impairs their ability to function independently in their home environment.
- Clinical Justification
- MASS Clinical Advisor review
- Store and Maintain equipment

## Persons not eligible for E2H

- Not eligible for Medicare
- Hospice inpatients
- Persons funded for AT through other government funded organisations
- Persons eligible for National Disability Insurance Scheme (NDIS), National Injury Insurance Scheme Queensland (NIISQ), Department of Veterans' Affairs (DVA) Gold Card
- Residential Aged Care residents

# E2H – Application Process

Queensland Health facility/service purchases initial AT stock



Prescriber completes trial with client/patient and assesses AT suitability for home use



Prescriber submits MASS-eApply application and uploads “Provision of Assistive Technology on discharge” form



Patient discharged home/from service with suitable AT from stock



MASS processes application and arranges for replacement AT stock to be delivered to site

Check stock AT in safe condition to provide to client



# E2H – Equipment Provision Form

Queensland Government	(Affix identification label here)
	URN:
(INSERT HOSPITAL NAME) HOSPITAL & HEALTH SERVICE	Family name:
Medical Aid Subsidy Scheme	Given name(s):

## Equipment to Home Program Provision of Assistive Equipment on Discharge

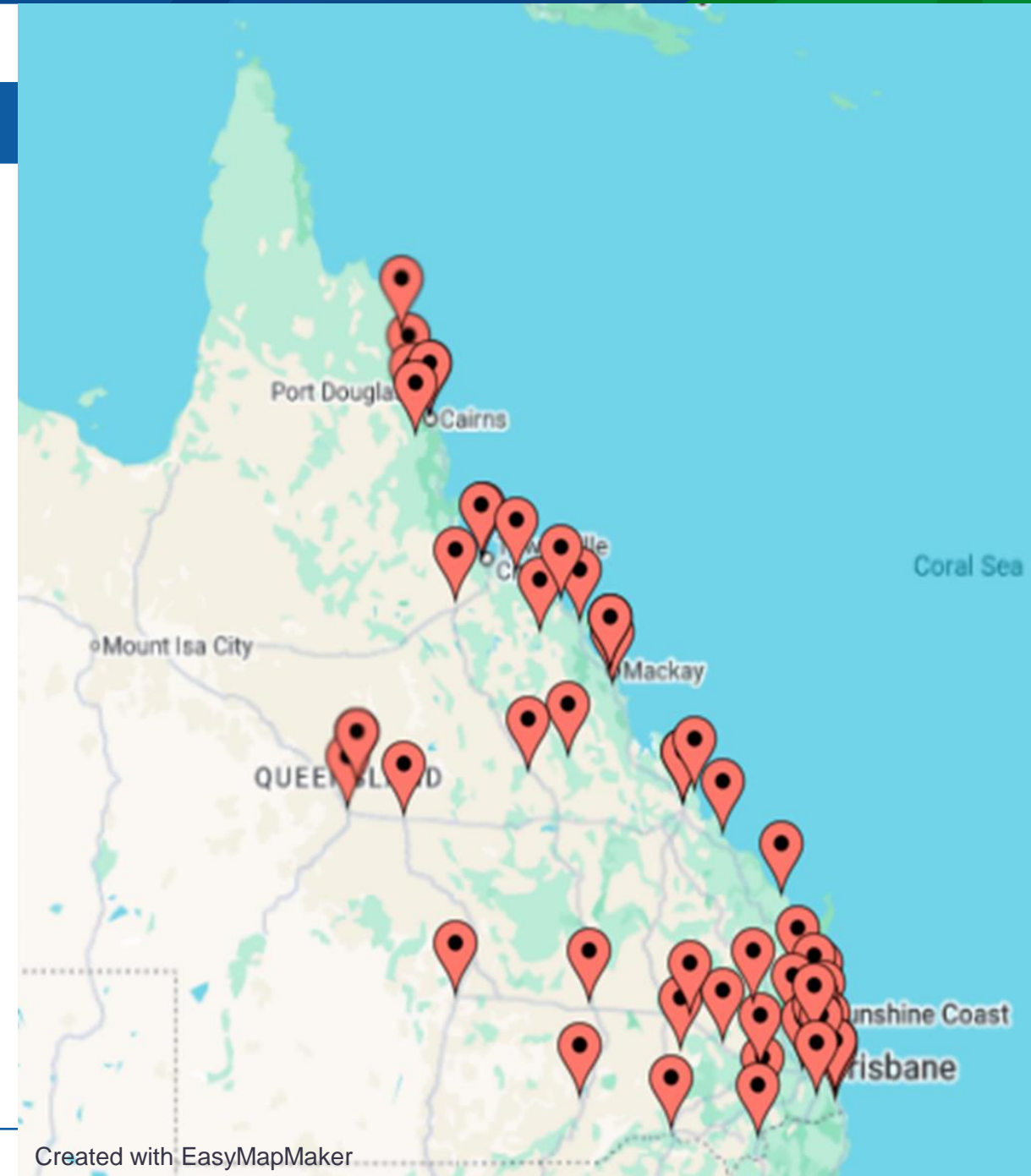
I \_\_\_\_\_ hereby acknowledge that I have been supplied with a new  
(type/model) \_\_\_\_\_ by the (INSERT HOSPITAL  
NAME & DETAILS) on (date) \_\_\_\_\_ to facilitate my discharge home.

I acknowledge that this equipment is subject to the usual conditions pertaining to Medical Aid Subsidy Scheme (MASS) and I accept responsibility for maintenance and repair of the equipment.

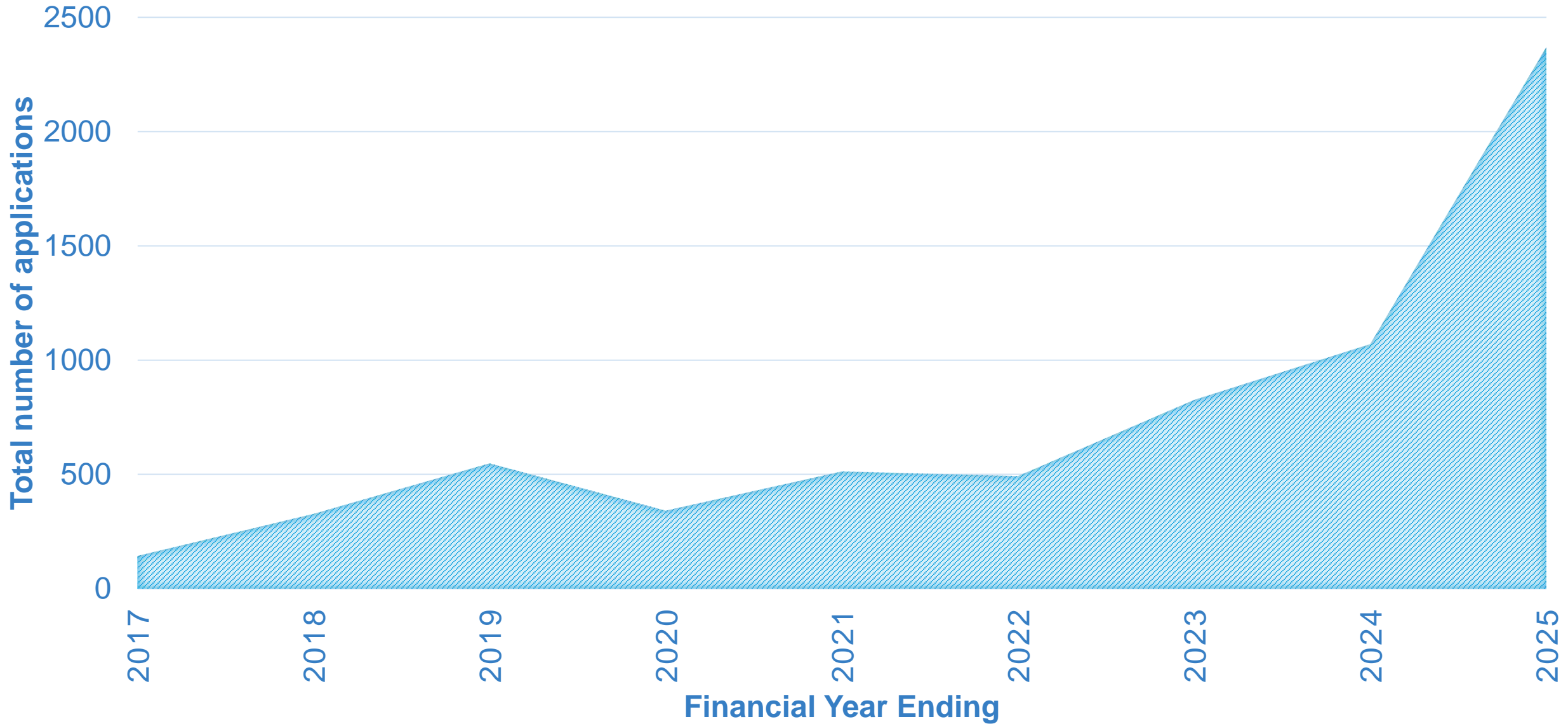
I understand that MASS will send me correspondence in the coming weeks relating to the delivery of this equipment. As the equipment has already been provided to me on behalf of MASS by the (INSERT HOSPITAL NAME & DETAILS), I agree that the equipment will be delivered by MASS to the (INSERT HOSPITAL DELIVERY ADDRESS), to replace the equipment already provided to me.

## Participating Services (some of 70 registered sites)

- Ayr Hospital
- Barcaldine Hospital
- Bundaberg Hospital
- Charleville Hospital
- Clermont Hospital
- Dalby Hospital
- Gold Coast Transition Care Program
- Ipswich Hospital
- Logan Hospital
- Mackay Hospital
- Chermside (PACS)
- Princess Alexandra Hospital
- QEII Hospital
- Royal Brisbane and Women's Hospital
- Redcliffe Hospital
- Rockhampton Base Hospital
- Sunshine Coast University Hospital
- Townsville University Hospital
- Toowoomba Hospital
- Warwick Hospital



# NUMBER OF E2H APPLICATIONS PER YEAR



# What does E2H provide?



Only AT on  
MASS  
Standing Offer  
Arrangement  
(SOA) within  
the primary  
subsidy



## Mobility Aids

- Wheeled walking aids

## Daily Living Aids

- Shower chair/Stool
- Over Toilet Frame
- Bath Transfer bench
- Static Commode/3 in 1 commode

# Eligible Prescribers – Mobility and Daily Living Aids

Physiotherapist

Occupational  
Therapist

# MASS SOA – Wheeled Walking Aids



[Petite Seat walker | Active Medical](#)



[Aspire Deluxe Seat Walker / Rollator | Aidacare](#)



[BetterLiving® Euro Wheeled Walker / Rollator](#)



[Buy Hero Medical Euro Lite Seat Walker \(Aluminium\) Online - Independent Living Specialists](#)

# MASS SOA – Bariatric Wheeled Walking Aids



Royale Medical - Freedom  
Genesis Quad Seat Walker  
- ILS

230kg SWL



Peak Care Mini Mack Aluminium  
Adjustable Walker 8" 225kg



KCare Maxi Seat Walker 8" -  
SWL 225kg

# MASS SOA - Static Shower Chair



Aspire Homecare  
Shower Chair |  
Aidacare



Freedom Oval Tube  
Shower Chair -  
HBA407 | Aidacare



R & R Healthcare Equipment  
Premium Shower Chair - Country  
Care Group

# MASS SOA - Static Shower Stool



KCare Premium Shower  
Stool with PU Seat -  
250kg



Aluminium Padded Shower  
Stool/Chair - Toilet Aids -  
ILS

# MASS SOA – Over Toilet Frames



Aluminium 3-in-1 Over Toilet Frame | Active Medical



Freedom Split Seat Chair - 3 in 1 - HBA370 | Aidacare



R & R Healthcare Equipment Premium Over Toilet Frame - Country Care Group

# MASS SOA – Bath Transfer Bench



Heavy Duty  
Bath Transfer  
Bench - ILS

280kg SWL



Freedom Bath Transfer  
Bench | Aidacare

200kg SWL



Peak Alum Deluxe  
Transfer Bath Bench With  
Back 9346376012775

130kg SWL

# MASS SOA – Bedside commodes



[Staelbel Basic Bedside Commode | Active Medical](#)



[Buy Hero Medical Bariatric 3-in-1 Commode Online - Independent Living Specialists](#)

# Post Acute Care Service (PACS)

**Presenter: Joanne Knight  
Senior Occupational Therapist**



**Queensland  
Government**

COMMUNITY AND ORAL HEALTH

# Implementation of MASS Equipment to Home (E2H) Program

Post Acute Care service (PACS)

Chermside

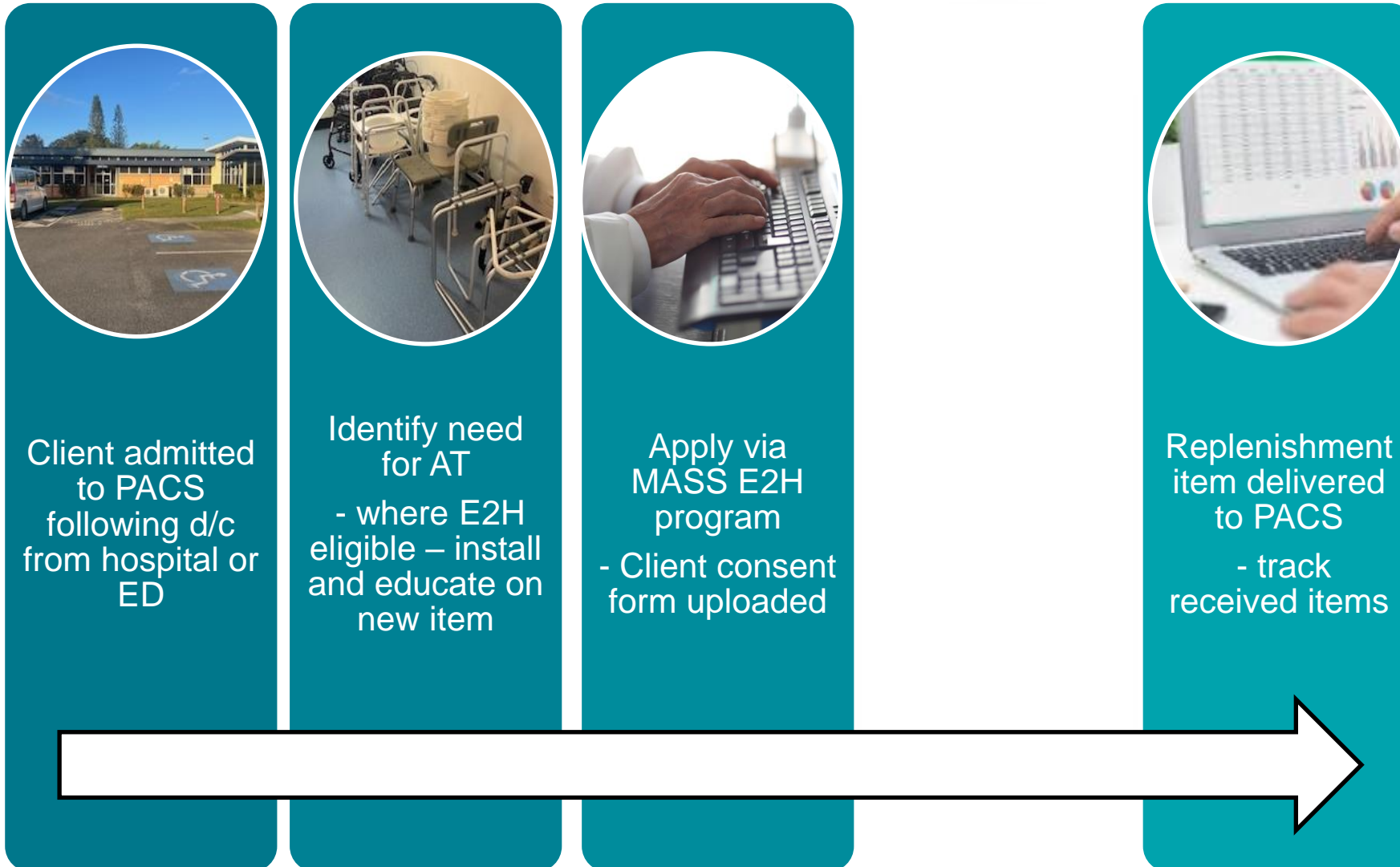
## **Metro North Health's vision**

Creating healthier futures together—where innovation and research meets compassionate care and community voices shape our services.

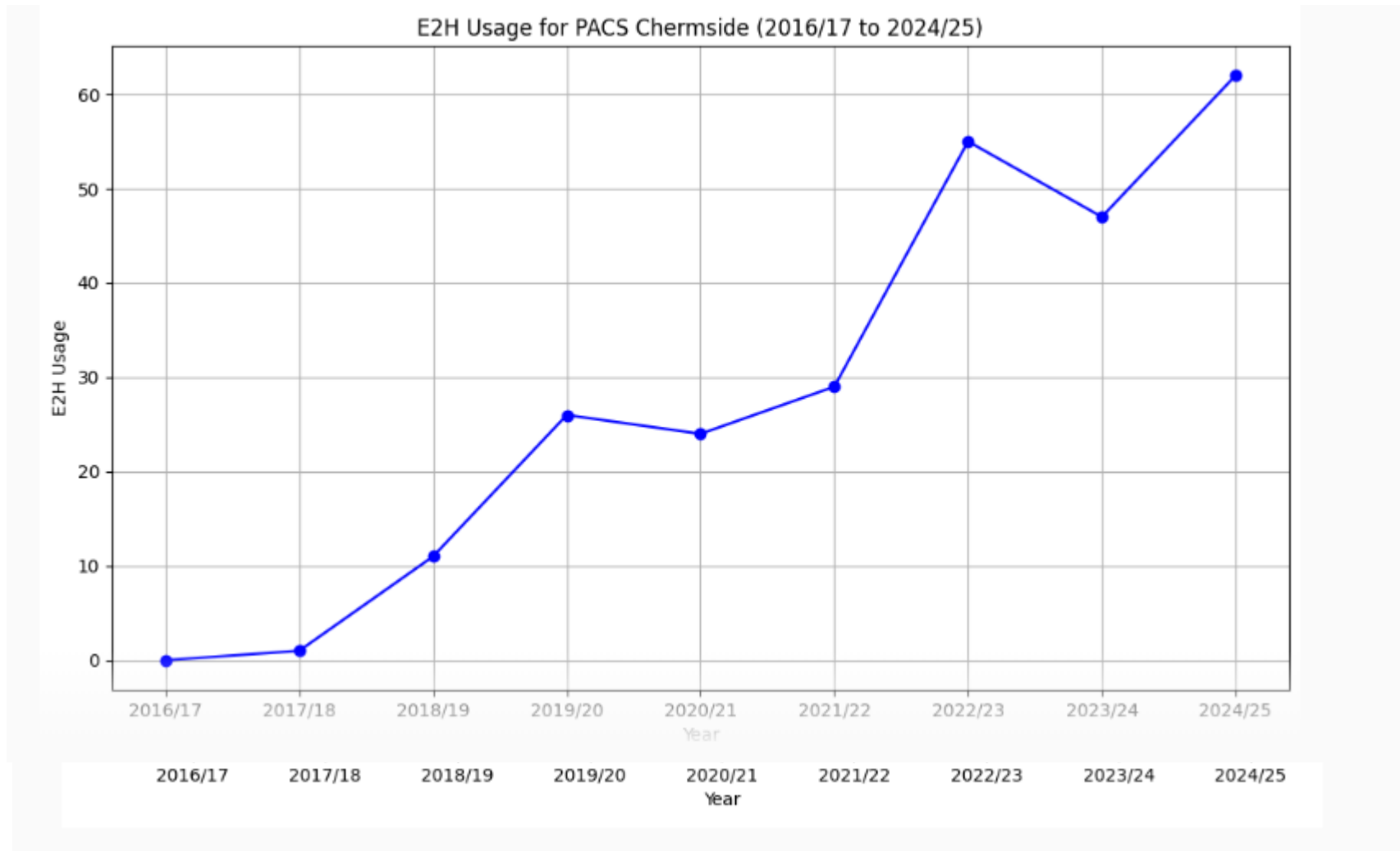
# General MASS process – basic assistive technology



# E2H process implemented –2018



# Growth of E2H - Post Acute Care – Chermside



# E2H equipment selections for PACS



# Benefits of E2H

**1. REALLOCATION  
OF TIME TO  
CLINICAL TASKS**

**2. CLIENT  
SATISFACTION**

**3. RISK  
REDUCTION**

# Time savings

Savings per E2H client (schedule, travel loading, cleaning and maintenance)  
Estimate at least 6.5 weeks of clinical time saved since commencing E2H at Chermiside site.

Additional time saved on loan pool/multi-user equipment costs – inspection, maintenance, write-off and replacement.

Less time spent on post discharge follow-up – less ‘out of episode’ contacts due to issues identified after supplier delivery to client.

# Client satisfaction

E2H item is adjusted to client and prescriber education at time of assessment – ability to assess suitability and satisfaction with actual item.

Less confusion - removes need to explain the loan period, hire and timeframes for MASS processing and delivery -Simplifies the process for clients.

Less cost to client – removes need to hire while awaiting MASS delivery.

## Reduce risk

Client receives actual item when needed – reduce risk of falls and promote independence.

Items are received and inspected by PACS prior to getting to client – quality assurance.

# E2H planning considerations

Ensure clear communication and Executive endorsement of program and confirm funding for initial purchase.



Planning: administrative tracking of E2H and how this will work alongside any existing AT loan programs.



Planning: select SOA items for inclusion on E2H program with consideration of client population.



Planning: storage and delivery options (e.g. mobile van storage, secure local storage, separate from loan stock).




Education of all staff involved in process including plan for new-starters – document local processes.

# E2H process considerations


Carry both the E2H consent and local equipment loan forms and stock of both and if unsure - opt for loan process.



Assess eligibility: MASS provide 1 mobility aid and 1 toilet aid - ensure the client has not had previous items in the same category past 5 years – contact MASS to check if unsure.



Ensure that the consent form is explained and signed at the visit and that card check is completed as per usual process.



Be aware that if a clinician issues an E2H item and the client is found to be ineligible, the service will need to resolve this locally – ensure that all staff with access to E2H are familiar with the process and MASS Guidelines.



Post Acute Care Services (PACS), Chermiside

[Joanne.Knight@health.qld.gov.au](mailto:Joanne.Knight@health.qld.gov.au)

**Metro North Health's vision**

Creating healthier futures together—where innovation and research meets compassionate care and community voices shape our services.

# **QE2 Hospital - Case Study**

**Presenter: Linh Ackermann  
Physiotherapist**



**Queensland  
Government**

# MASS

# Equipment to Home Program

Linh Ackermann  
QEII Jubilee Hospital  
August 2025

# Equipment to Home Program (E2H)

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- QEII Hospital has had E2H program since 2018
- Previously
  - time consuming
  - patient stayed in hospital until the equipment was delivered to the hospital
- Current equipment through E2H program
  - PT 4w/w
  - OT OTF, shower stool, shower chair, tub transfer bench, bedside commode





# Process

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- Once it has been deemed the patient requires a 4 wheeled walker as their primary mobility aid for indoor use, the following process applies:
  - Ensure the patient is MASS eligible
  - Obtain a 4 wheeled walker from the MASS trial fleet and trial it with the patient on the ward.



# Process

-  If it has been deemed not suitable for the patient, clean the walker and return the walker.
-  If the walker has been deemed suitable for the patient, place a patient identification sticker on the walker. Leave the walker with the patient on the ward – ***Patient can be discharged***
- Complete the MASS 4 wheeled walker sign out sheet (on TEAMS) with the patient's name, UR number, the date, the prescribing physiotherapist and which model of walker was successful.

Patient Name	UR	Date Given	Physio	Model	Date Returned
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# Process

- For online applications (this is the preferred method of application):
  - Complete the MASS e-Apply online application. Under delivery address, document the address of the Allied Health Department, QEII Hospital. Ensure the correct 4 wheeled walker has been marked on the application form.
  - Submit the MASS e-Apply online application form together with the MASS Equipment to Home coversheet.

# Process

- Once the replacement walker has been delivered to the Allied Health Department, the designated Physiotherapy Assistant will replace it in the trial fleet of walkers
- The Physiotherapy Assistant will complete the log sheet by marking against the patient's name that the correct model of walker has arrived and the date returned
- The PTA will do an audit every month and chase up missing/delayed applications

Patient Name	UR	Date Given	Physio	Model	Date Returned
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# Pros vs Cons

## Pros



- Decrease patient's LOS
- Financially better for patients
- Patient and carer safety
- Increased patient and staff satisfaction
- Know that patient is going home with appropriate equipment

## Cons



- Time of waiting for replacement
- Where they get delivered to
- Inconsistency of staff signing them out or completing MASS application forms

# Case Study - JH

- 84M admitted to PAH 26/6/25 after dermatology OPD review
  - Admitted for bullous pemphigoid – chronic autoimmune blistering skin disease
- PMHx:
  - Unresectable metastatic SCC R) parotid
  - Multiple previous skin cancers
  - NIDDM
  - OA
  - HTN
  - Anxiety

# Case Study JH

- SHx:
  - Ex-wife moved back in to help care // carer stress++
  - Son lives around the corner
  - Nil stairs
  - Shower recess with hob, grab rails and shower chair
  - Toilet bilateral grab rails
  - Nil formal services – patient refusing MAC referral

# Case Study JH

- PLOF
  - Independent with single point stick (sps), furniture walks, wheelchair
  - Falls “all the time”
  - Doubly incontinent (bowel and bladder)
  - Ex-wife assists with showering, cooks, cleans
  -



# Case Study JH

- First Physio review in hospital
  - Stand by Assist (SBA) with 4w/w, unsteady, shuffly gait, furniture walking and grabbing onto walls
- Fall in hospital bathroom
- OT Review
  - MOCA 13+1/30
  - Toileting review
- Referred to QEII GEMRHITH

# Case Study JH

- **GEMR HITH Goals (SNAP 9):**
  1. In-home functional review given poor functional baseline and falls risk
  2. Provide support to family on wound care and IDC care (if DC with IDC)
  3. SW review given no MAC services e.g. hygiene A at least
  4. Monitor bowels
  5. Explore need for capacity Ax depending on progress at home
  6. Monitor for carer stress
  7. Sourcing of equipment - new 4WW? ?OTF
  8. Monitor and review med Mx - ?need for a DAA
- **D/C to GEMRHITH 21/7/25**

# Case Study JH



- Initial PT/OT Home visit;
  - SBA with 4w/w and cueing++ (patient prefers to sit on low stool with wheels)
  - Bathroom is not 4w/w accessible
  - Shower over bath, fixed shower head, nil grab rails, nil equipment
  - Trialled transfer bench – requiring 1P A but impulsive
  - Trialled OTF – SBA required
  - During visit, patient scolding ex-wife
  - DEMMI 41/100 (<50 high falls risk)

# Case Study JH

- Monitored compliance with 4w/w, OTF and transfer bench
- Input also from SW, Pharmacy, CN, consultant
- Discussion with son that patient compliant using equipment
- Able to provide MASS equipment the next day

# Case Study JH

- Benefits:
  - Financial
  - Patient and carer safety
  - Patient and family satisfaction
  - Able to provide the appropriate equipment
  - Timeliness
  - Earlier discharge

# Clinical Support



Bevan Forward



Sharon Clarke

Townsville -  
Leena Fraser

Check client eligibility

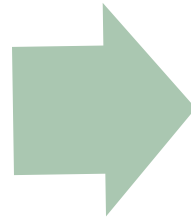
Provide client specific advice

Answer questions about E2H

Discuss other MASS SOA AT

# MASS and My Aged Care reform

The **Support at Home** program will commence on **1 November 2025\*** and will replace the existing Home Care Packages (HCP) Program and Short-Term Restorative Care (STRC) Programme.



At this time, the **MASS** will continue to operate as a state-run program, providing subsidy funding for aids and equipment to eligible Queensland residents.

[Support at Home – Fact sheet | Australian Government Department of Health, Disability and Ageing](#)

[Big changes to the aged care sector | My Aged Care](#)

# MASS Review

Queensland Health is leading a review of the Medical Aids Subsidy Scheme (MASS).

The review of the MASS will consider how it can meet the needs of Queenslanders now and in the future.

**Scope of the review:** The review will assess how the MASS is currently working and opportunities to strengthen its impact and effectiveness. The review aims to understand the range of experiences, including what is working well and what could be improved.

The review will also consider how the scheme can align with broader reforms across the health, disability and aged care sectors, as well as how the MASS can support the increasing demand and complexities of our health system.

# Certificate of Attendance



Complete the [webinar feedback form](#) to receive a certificate of attendance.

# Thank you



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