

# Guidelines for Palliative Care Equipment Program



## Medical Aids Subsidy Scheme (MASS) Guidelines for Palliative Care Equipment Program

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An electronic version of this document is available at [health.qld.gov.au/mass](http://health.qld.gov.au/mass)

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# 1 Introduction

In 2019 the Queensland Department of Health (Queensland Health) introduced the Care in the Right Setting (CaRS) pilot program. The CaRS program was dedicated to funding models of care that support the provision of healthcare in the right setting and promote the appropriate and effective use of hospital services. One of the areas highlighted to receive trial funding was Palliative Care.

Under the CaRS pilot program, Medical Aids Subsidy Scheme (MASS) implemented the MASS Palliative Care Equipment Program (MASS PCEP) trial on 1 April 2020. Progressive reports with a full review and analysis of the trial MASS PCEP service outcomes were provided to the Queensland Health.

MASS received permanent recurrent funding for PCEP, commencing 1 July 2021, for ongoing support to eligible persons.

This program provides assistance with approved home oxygen and equipment on a loan basis (mobility aids and daily living aids), and continence aids, for up to six (6) months. It is available to eligible persons of all ages with a palliative condition and approaching their end stage of life.

## 1.1 Primary Aim and Objectives

The MASS PCEP aims to support the provision of palliative care services within the home in order to improve access to healthcare and reduce the overall demand on hospitals by:

- Assisting to alleviate the financial and logistical challenges experienced when choosing to remain in the home.
- Providing timely access to a range of assistive technology products (AT products) for daily living and mobility through a loan equipment pool.
- Providing a coordinated and centralised hub with single point of contact.
- Providing effective, efficient and equitable delivery of services (including rural and remote regions).

The purpose of the program is to support persons at their end stages of life to remain at home by:

- Providing a range of continence aids and oxygen to help maintain quality of life.
- Providing daily living and mobility aids to reduce dependence and support engagement in functional tasks, either independently or with assistance.

## 1.2 Scope of Services

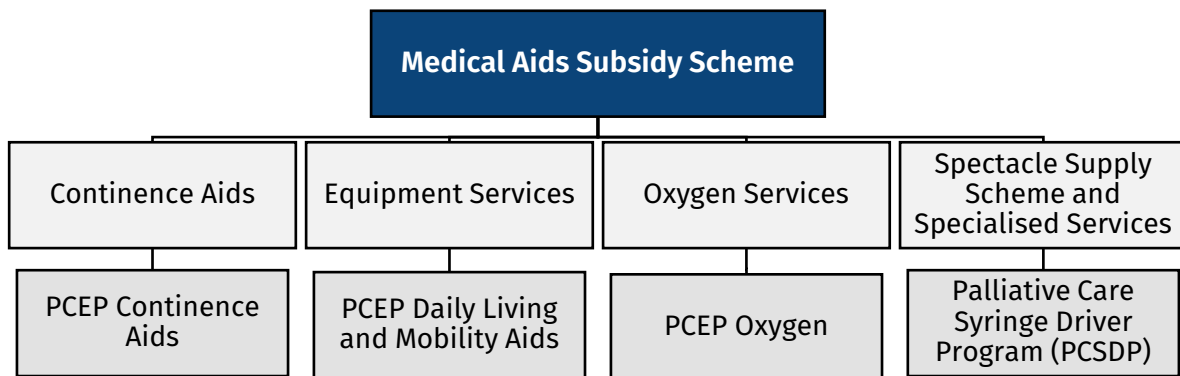
The MASS PCEP is in addition to the current scope of services provided by MASS. Where relevant, the [MASS General Guidelines](#) and *MASS Standing Offer Arrangements* will apply.

The MASS PCEP will operate through a prescriber model where an application is submitted by an approved healthcare practitioner (allied health/medical/nursing) after consultation with the applicant, family and/or nominated support persons.

The program will supply, or provide on temporary loan the following categories of AT products:

- Daily Living Aids\*
- Mobility Aids\*
- Home oxygen\*
- Continence aids per the MASS Continence Standing Offer Arrangement (SOA).

\*Please refer to the list of approved MASS PCEP equipment for more information.



## 1.3 MASS Locations and Contact List

MASS PCEP will be administered and coordinated by MASS.

As the MASS PCEP is in addition of the current services provided by MASS, the general contact details apply:

General Enquiries and Repairs	Contact Details
Continenence Services	(07) 3136 3665 or 1300 443 570 <a href="mailto:MASS-ContinenenceAids@health.qld.gov.au">MASS-ContinenenceAids@health.qld.gov.au</a>
Equipment Services	(07) 3136 3545 or 1300 443 570 <a href="mailto:MASS-PCEP@health.qld.gov.au">MASS-PCEP@health.qld.gov.au</a>
Oxygen Services	Ph: (07) 3136 3510 or 1300 443 570 <a href="mailto:MASS-Oxygen@health.qld.gov.au">MASS-Oxygen@health.qld.gov.au</a>

Clinical Advisory Services	Contact Details
PCEP Principal Clinical Advisor (Occupational Therapist)	Brisbane: (07) 3136 3545
Continenence Nurse Advisor	Brisbane: (07) 3136 3665

## 2 Eligibility Criteria

Access to the MASS PCEP is determined by both administrative and clinical criteria.

The duration of PCEP funding assistance is six (6) months. The commencement date for assistance is the received date for the initial PCEP application received by MASS. This commencement date is inclusive of all PCEP funding types e.g continence aids, home oxygen, daily living and mobility aids.

### 2.1 Administrative Eligibility Criteria

The applicant must meet the following eligibility requirements in order to access assistance through PCEP:

- Be a permanent Queensland resident with a Queensland delivery address.
- Provide a Medicare Card number for purpose of unique identification and residency eligibility.
- Provide a [MASS Palliative Confirmation Form](#) completed and signed by one of the following:
  - The applicant's Palliative Care Specialist in the first instance.
  - The applicant's Treating Medical Officer with an attached email from the Palliative Care Specialist confirming the likely prognosis of six (6) months or less.
  - The applicant's Treating Medical Officer with the name and phone number of the Palliative Care Specialist who has confirmed the likely prognosis of six (6) months or less also noted on the form.
- For Daily Living and Mobility Aid applications, an [Acknowledgement of Obligations Form](#) is required to be completed by the applicants and/or their nominated support person.

**Note:** Rural and Remote applicants may complete the MASS Palliative Confirmation Form Rural and Remote. This form allows the Allied Health Professional or Nurse to complete the form, in lieu of the Treating Medical Officer, in consultation with a Palliative Care Specialist.

For rural and remote prescribers, please contact MASS on (07) 3136 3545 or [MASS-PCEP@health.qld.gov.au](mailto:MASS-PCEP@health.qld.gov.au) to obtain a copy of this form.

A Palliative Care Specialist\* must confirm the applicant's likely prognosis of six (6) months or less. MASS confirms the right to seek a letter from the Palliative Care Specialist team to confirm/clarify eligibility.

\*Palliative Care Specialist Definition: A Doctor who is an AHPRA designated Palliative Medicine Specialist/Physician.

## 2.2 Primary Clinical Eligibility Criteria

- A life limiting condition with a likely prognosis of six (6) months or less diagnosed by a palliative care specialist or treating specialist/GP with palliative care specialist consultation - [MASS Palliative Confirmation Form](#).

AND

- Category specific clinical eligibility listed under the relevant category section.

## 2.3 Category Specific – Clinical Eligibility Criteria

### 2.3.1 Equipment Clinical Eligibility Criteria (Daily Living and Mobility Aids)

- A Resource Utilisation Group Activities of Daily Living (RUG-ADL) score of:
    - 10 and above.
- OR
- 6 to 9 with additional clinical justification provided in the application to be assessed by the PCEP Advanced Clinical Advisor.

AND

- An Australian Karnofsky Performance Scale (AKPS) score of:
  - 40 or less – eligible for ALL equipment.
  - 50 – eligible for all equipment excluding an adjustable/electric bed and electric recliner/fall out chair.

OR

- above 50 – with additional clinical justification provided in the application.
- to be assessed by the PCEP Principal Clinical Advisor.

AND

- Functional assessment for the applicant completed by the appropriate prescriber for the requested equipment category.

Further information on the [RUG-ADL and the AKPS](#).

For applicant's:

- Over sixty-five (65) years old – eligible as per standard criteria
- Under sixty-five (65) years old
  - Health condition diagnosis – PCEP eligible
  - NDIS eligible but the condition (health) for which the applicant is terminal/at end of life is not related to their disability – PCEP eligible with review from PCEP Principal Clinical Advisor. Can contact PCEP directly before application submitted or provide information in the application.



- NDIS eligible due to a degenerative/progressive disability/condition which is now causing significant loss in function and deterioration – not PCEP eligible, needs to request urgent plan commencement or review through NDIS.

### 2.3.2 Continence Aids Clinical Eligibility

Assessment of the applicant's diagnosis, including medical condition(s) and/or other factors contributing to the applicant's incontinence, by the appropriate prescriber for the requested continence aids.

These guidelines must be read in conjunction with the [Application Guidelines for Continence Aids](#).

### 2.3.3 Oxygen Clinical Eligibility

Assessment of the applicant's diagnosis, including any underlying condition(s) and/or other factors contributing to the applicant's requirement for home oxygen, by the appropriate prescriber for the requested home oxygen.

These guidelines must be read in conjunction with the [Application Guidelines for Oxygen](#).

## 2.4 Persons not eligible for MASS PCEP assistance

Persons not eligible for assistance:

- Persons not eligible for Medicare enrolment in Australia.
- Palliative in-patients currently within a hospital or hospice service, not returning to a community residential address.
- Persons with a life limiting condition receiving funding for AT products through other government funded organisations e.g. Hospital and Health Service. This does not include support services such as nursing or allied health.
- Persons eligible for assistance through:
  - the National Disability Insurance Scheme (NDIS) for a degenerative/progressive disability/condition which has caused predicted and expected loss of function and deterioration.
  - the National Injury Insurance Scheme (NIIS).
  - Department of Veterans Affairs Gold Card holder.
- Residential care residents, excluding if an applicant is a resident of a care facility and wishes to return to a community residential address during their care at end of life.
- Smokers are not eligible to receive assistance for home oxygen through PCEP.

## 3 Prescriber Role

MASS PCEP operates through a prescriber model. This means that:

- There are approved designated MASS PCEP prescribers for each category of AT products.
- Prescribers, in consultation with the applicant/nominated support person, submit an application on behalf of the applicant.
- For MASS PCEP prescriber groups, refer to Section 3.2 for the list of approved prescribers for each AT product category.

### 3.1 Prescriber Responsibilities

The following outlines the roles and responsibilities of MASS PCEP prescribers:

- Responsible for the accuracy of the prescription and information provided on the application.
- Perform professional activities within their scope of practice, ensuring appropriate clinical knowledge, skills and competency to assess the applicant, situation and environment when prescribing\*.
- Hold current registration with their relevant National Registration Board or equivalent.
- Abide by and apply the MASS PCEP Guidelines and application processes.
- Ensure the applicant/nominated support person is fully involved in the prescription and application process.
- Make the applicant/nominated support person aware of the scope of the service provided by MASS, including:
  - Eligibility criteria, including submission of the completed [MASS Palliative Confirmation Form](#) with the application and the PCEP [Acknowledgement of Obligations Form](#) for daily living and mobility aids.
  - Conditions of supply/loan including the 6-month timeframe and extension application criteria.
  - MASS/Hire Supplier should be contacted promptly if the loan equipment requires repair or to organise collection of the equipment if it is no longer required.
- Responsible for ensuring that delivered equipment is able to be accommodated in the home and is suitable for the applicant's needs.
- Ensure that the applicant and nominated support persons are suitably trained on how to use the equipment provided to them through MASS PCEP and therefore are competent and safe in practice.
- Mandatory for Daily Living and Mobility Aids:
  - Ensure continuity of service, by arranging a new prescriber and completing handover, if unable to continue working with the applicant for the duration of the MASS PCEP equipment loan period.
  - Contact details of new service provider/organisation to be provided in the application.

- Where the client becomes eligible for alternate funding or is no longer eligible for PCEP funding for AT products, it is the prescriber responsibility to facilitate transition from the PCEP program. PCEP can assist by providing a list of the AT products on loan through the program and the third party hire supplier details, where applicable.
- Assist MASS with review and analysis of the program by completing the MASS PCEP Prescriber Feedback Form and encouraging the applicant's family or nominated support persons to complete the Applicant and/or Nominated support person feedback form.

\* The provision of interventions for people in the palliative phase is complex with a unique set of considerations. As a guide to ensure prescribers have appropriate clinical knowledge, skills and competency \* It is recommended they consider their current skill level and actions. The following is required when prescribing daily living and mobility equipment through the MASS PCEP:

- Prescriber with 2+ years experience with life limiting conditions.
- Prescribers with <2 years experience with available and appropriate clinical support and supervision to assist with prescription process.
- Prescribers with <2 years experience with no or limited clinical support and supervision to assist with the prescription process contact the MASS clinical team (Section 1.3) for assistance and support.

Please refer to specific category section for relevant prescriber assessment criteria and responsibilities.

## 3.2 Eligible Prescribers for MASS PCEP

The approved list of eligible prescribers for each AT product category is tabled below:

Technology Category	Eligible Prescribers	Rural and Remote Areas
Continence Aids	<ul style="list-style-type: none"> <li>• Continenence Specialist</li> <li>• Registered Nurse</li> <li>• Physiotherapist</li> <li>• Occupational Therapist</li> <li>• Designated Specialist:               <ul style="list-style-type: none"> <li>– Urologist</li> <li>– Uro-gynaecologist</li> <li>– Geriatrician</li> <li>– Paediatrician.</li> </ul> </li> </ul>	Refer to “Eligible Prescribers”.
Home Oxygen	<ul style="list-style-type: none"> <li>• Thoracic Physician</li> <li>• Specialist Physician</li> <li>• Oncologist</li> <li>• Palliative Care Physician</li> <li>• Respiratory Nurse Practitioner.</li> </ul>	General practitioner (with designated specialist endorsement).
Mobility and Daily Living Aids	<ul style="list-style-type: none"> <li>• Occupational Therapist</li> <li>• Physiotherapist</li> <li>• Rehabilitation Engineer</li> <li>• Palliative Specialist Nurse Practitioner – electric/adjustable bed and/or recliner/fallout chair only.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to “Eligible Prescribers”</li> <li>• Registered Nurse in consultation with eligible Prescriber (e.g. via telehealth or telephone, as noted on the application).</li> </ul>

## 3.3 MASS PCEP Participation-Evaluation and Feedback

In order to evaluate the program effectiveness, evaluation and feedback by consumers is highly desirable and will have an impact on the effectiveness of the program.

The feedback provided will enable MASS to ensure that PCEP continues to meet the needs of eligible Queenslanders and provide quality service provision.

Feedback is encouraged and can be provided by the following:

- Online Feedback/Enquiry Form - <https://www.health.qld.gov.au/mass/contact>
- Or contact the relevant MASS service area referred to in Section 1.3

## 4 Equipment-Daily Living and Mobility Aids

The MASS Equipment Services team administers MASS PCEP applications for daily living and mobility aids, as per the equipment categories below. Equipment approved under the program will be loaned to the applicant for up to a period of six (6) months, for use in their primary residence. An extension of the loan period can be requested by the prescriber if the client's diagnosis extends past the 6-month loan period. Applicants must transition from PCEP to other funding assistance prior to reaching twelve (12) months from commencement with the program.

Approved MASS PCEP daily living and mobility aids are located in the Approved Equipment Lists below.

MASS PCEP will provide basic, generic, off the shelf equipment from MASS stock or via third party hire suppliers in order to facilitate prompt delivery of equipment. MASS may consider, on a case by case basis, purchase of the requested equipment, with recyclable items (not single use items) being returned to the MASS warehouse for reallocation.

### **Important Supply Information:**

- Prescriber submits an 'application' via MASS-eApply. This application is reviewed by MASS to ensure it meets the administrative and clinical eligibility. The prescriber's application is subject to approval, and not automatically approved.
- Requests for non-basic/high needs or single use items will need to have extensive clinical justification within the application and further discussion with the PCEP Clinical Advisor may need to occur.
- Items will not be provided where previously supplied through MASS or alternative funding programs.
- There will be situations where equipment is not available due to high demand (e.g. no bed frames in loan pool); not offered for hire (e.g. throne is single user); specific brand is not in MASS stock or a third-party supplier loan pool. MASS will endeavour to utilise MASS stock if this option is able to best meet the applicant's needs.
- Prescribers are responsible for setting accurate applicant expectations of what PCEP can deliver, that is generic, off the shelf equipment.
- Third party hire suppliers should not supply any PCEP loan equipment prior to application approval by PCEP. Loan equipment accessed prior to application approval and agreement to provide loan equipment will not be funded by MASS.

## 4.1 Daily Living Aids-List of Approved Categories

Category	Equipment List
Bathing aid	<ul style="list-style-type: none"> <li>• bath transfer bench, swivel bath seat, bath lift, bath board or similar purpose device</li> <li>• static shower chair</li> <li>• shower stool</li> <li>• portable shower tray</li> <li>• mobile shower commode (including tilt-in-space)</li> <li>• shower trolley</li> <li>• paediatric bathing aid.</li> </ul>
Toileting aid	<ul style="list-style-type: none"> <li>• 3 in 1 static or bedside commode</li> <li>• over toilet frame, surround, raised toilet seat</li> <li>• mobile shower commode (including tilt-in-space)</li> <li>• other items e.g. attachable toilet rails.</li> </ul>
Transfer aid	<ul style="list-style-type: none"> <li>• electric mobile floor hoist and up to two slings</li> <li>• standing floor hoist-manual</li> <li>• patient transfer platform</li> <li>• walk belt</li> <li>• slide sheet fitted bed mobility sheet, bed roller sheet (single person use).</li> </ul> <p>*A transfer device may be approved to assist with safety during transfers and to minimise the risk of falls. It is not provided to lift from the floor following falls.</p>
Sleep aid	<ul style="list-style-type: none"> <li>• pressure redistribution mattress or overlay</li> <li>• sleep positioning cushions</li> <li>• bed cover cradle</li> <li>• electric/adjustable bed*-single bed only</li> </ul> <p>*A standard single electric bed is compatible with an extension to accommodate a person up to 2 metres tall. See below for king single bed application requirements</p>
Seating aid	<ul style="list-style-type: none"> <li>• powered riser/recliner armchair</li> <li>• fall out chair e.g. regency chair</li> <li>• high back chair</li> <li>• pressure redistribution cushion for seating.</li> </ul>

### Important Notes:

- King Single Bed/mattress\* – **MUST** provide clinical justification for application for king single beds/mattresses. Bed size requested must be related to:
  - The applicant’s anthropometric attributes,
  - Additional space rolling limitations,
  - specific clinical diagnosis with consideration of head and neck positioning which may be require additional width for turning,
  - other\*

\*Note: all requests for a King Single bed **MUST** be accompanied by specific clinical justification and End of life care at home or full bed care is not sufficient justification.

- Applications for Recliner/Fall Out chair **AND** electric/adjustable bed – **MUST** provide clinical justification related to:
  - the functional tasks and occupational roles that both items would enable the applicant to engage in.
- In some categories, only one item will be provided e.g. MASS PCEP will not supply two static commodes. In exceptional circumstances, provision of multiple items may be considered.

## 4.2 Mobility Aids-List of Approved Categories

Category	Equipment List
Walking Aid	<ul style="list-style-type: none"> <li>• wheeled walking aid</li> <li>• hopper/pick up frame</li> </ul>
Manual Wheelchair	<ul style="list-style-type: none"> <li>• self-propelled manual wheelchair</li> <li>• attendant-propelled manual wheelchair</li> <li>• transit/folding manual wheelchair</li> <li>• tilt-in-space manual wheelchair</li> <li>• rigid frame manual wheelchair</li> </ul>
Power Wheelchair	Basic Power Wheelchair with modifications and tilt where justified.
Cushion	Pressure redistribution or foam cushion for use on mobility aid.
Paediatric Strollers	Specialised strollers with supportive seating, including tilt in space models.
Portable Ramps*	<ul style="list-style-type: none"> <li>• platform ramp</li> <li>• track ramps - pair</li> </ul>

### Important Notes:

- Power Wheelchair:
  - Applications for a power wheelchair must clearly demonstrate that the equipment is essential to prevent admission to hospital or residential care. And,
  - Prescribers must have clinical experience in the area of power wheelchair prescription and if not, consult with the PCEP Principal Clinical Advisor. And,
  - Prescribers must ensure adequate support and education in the safe use of a power wheelchair in the applicant’s residential environment.
- In some categories, only one item will be provided e.g. MASS PCEP will not supply two manual wheelchairs. In exceptional circumstances, provision of multiple items may be considered.

## 4.3 PCEP Daily Living and Mobility Exclusions List

Including but not limited to:

- Gap funding while awaiting supports from other agencies e.g. NDIS, DVA, MAC.
- Crutches, single point stick, multi-point stick, stair climber, leg lifters.
- Separate Bed Rails and Bed Sticks are not funded through the MASS PCEP. Bed rails that come as part of the electric/adjustable bed are accepted.
- Nominated support person beds or beds to accommodate additional persons other than the applicant.
- Electronic devices e.g. falls sensor mat, chair alarm mat, floor alarm mat, personal alarms, gaming consoles or tablets.
- Urinal bottles, bed pans, bed pads (refer to PCEP continence aids).
- Threshold ramps, threshold mats, doorway ramps, rubber mats.
- Portable bathrooms or home ventilation, temperature control or humidifier.
- Rocket drain, wound dressings or other medical consumables.
- Neck Collars, braces or other orthopaedic appliances.
- Home modifications – permanent or temporary e.g. stair lift, grab rails, hand held shower, furniture removals.
- Car seat, car modifications.
- Vibration or rolling mechanism in beds or chairs.
- Commercially available items e.g. sheet sets, blankets, sheepskins, foot stool, standard bed frame, bed wedge or backrest.
- Single use pressure redistribution booties, devices or pillows
- Furniture e.g. foot stool (incl pressure relieving), standard bed frame.
- Safety switches or electric power boards.
- Duplicates/multiples of items where the client resides in, or visits, multiple residences.
- Relocation of approved equipment between locations or residences other than initial delivery site.

## 4.4 Applicant/Nominated Support Person Responsibilities

The PCEP [Acknowledgement of Obligations Form](#) is required to be completed by the applicant's nominated support person, to ensure that they understand their obligations regarding the loan equipment provided under PCEP funding. This includes ensuring that MASS or the third party hire supplier is contact to organise collection of the loan equipment when it is no longer required.

The completed form must be uploaded by the prescriber to MASS-eApply as part of the application.

### **IMPORTANT INFORMATION FOR APPLICANTS AND NOMINATED SUPPORT PERSONS.**



### **The Nominated Support Person:**

- May not be the prescriber or a health professional involved in the applicant's care.
- Is aware of the PCEP Guidelines and their obligations under the Guidelines regarding loan equipment.
- Is aware that they will be responsible for liaison regarding the application i.e. delivery and collection of equipment when no longer required, repair, hire or replacement costs of damaged equipment or when equipment is not returned to MASS/hire supplier.
- Shall advise MASS of any changes to the applicant's residential address or circumstances.
- Shall enable safe access to the place of residence with a cleared area for the equipment to be installed/set up.
- Shall use and maintain the equipment in a hygienic way, as per manufacturer instructions.
- Shall contact the prescribing therapist if there has been a change in the applicant's function which could affect their safety e.g. decreased mobility requiring change in equipment type.
- Will advise MASS or the third party hire supplier of any damage to or requirement for repairs to the equipment.
- Is aware that Daily living and mobility aids **MUST** not be donated, sold or disposed of unless notified by MASS that the item is single use only. All items must be returned to MASS or the third party hire supplier when no longer required.
- Is aware that repair or replacement costs will be the responsibility of the nominated support person in the following instances:
  - Damage to equipment other than wear and tear e.g. animal scratches, puncture marks or excrement, cigarette or other burns, misuse or incorrect operation of equipment, insufficient space for appropriate equipment use (raising and lowering bed or foot of recliner).
  - Failure to allow third party hire company or MASS courier to collect PCEP loan equipment when no longer required or at the end of the PCEP funding period.

## **4.5 Prescriber Assessment and Application Process**

The following outlines the activities and tasks required to be completed by the eligible prescriber as part of the application and submission process.

Activity	Required Task Summary
1. Functional Assessment	<ul style="list-style-type: none"> <li>• Conduct a full functional assessment of the applicant's needs.</li> <li>• Consideration of the applicant's prognosis and suitability of equipment solutions as time progresses.</li> <li>• Consideration for applicant safety with regards to the intended use of the equipment and the environment it will be used in e.g. air mattress/cushion for current smoker or powered equipment in an environment with intermittent or limited power supply.</li> <li>• Obtain the applicant's current height and weight.</li> <li>• Administer the functional status measures of RUG-ADL and AKPS, required for clinical eligibility.</li> <li>• Make the applicant aware that they have a progressive condition which has the potential to impact on their ability to safely operate the AT products. The applicant and family will seek a review by their health professional if this occurs.</li> </ul>
2. Home Environment Assessment	<ul style="list-style-type: none"> <li>• Assess the care arrangements to identify the capability of the carer/family support network in understanding the application and use of the anticipated equipment.</li> <li>• Review the information regarding the applicant's home environment to ensure that the loan equipment, can be used, maneuvered and stored safely by the applicant or nominated support person.</li> <li>• Please identify on the application form if a safety switch is installed on the property. This is mandatory for provision of any device using mains power. IMPORTANT: If there is no safety switch installed at the property, electrical equipment provided through PCEP must be plugged in to power via a portable safety switch. MASS takes no responsibility for any injury sustained through use of electrical equipment without a functional safety switch in place.</li> </ul>
3. Equipment Prescription	<p>Based on the functional and home assessment, determine the loan equipment required ensuring:</p> <ul style="list-style-type: none"> <li>• limitations to access in the place of residence for equipment delivery or installation/set up.</li> <li>• Equipment types and features are selected which are compatible with the applicants needs and place of residence e.g. LHS arm on bath transfer bench.</li> <li>• Provision of specific brands of equipment cannot be guaranteed.</li> <li>• Non-standard or outside scope requests require clear clinical justification to be provided on the application form and should be discussed with the PCEP Advanced Clinical Advisor.</li> </ul> <p>*Note: MASS Clinical Advisory team can be contacted for assistance in the prescription process</p>

Activity	Required Task Summary
4. Discuss with Applicant/Family/Nominated Support Person	<p>Prescriber:</p> <ul style="list-style-type: none"> <li>• Discuss equipment prescription recommendations.</li> <li>• Provide applicant/carer with the MASS PCEP DLA and Mobility Information Sheet.</li> <li>• Clearly explain to the applicant/nominated support person that the loan is time-limited (6 months) and that the equipment is not permitted to be donated or disposed of, unless authorised by MASS.</li> <li>• Clearly explain to the nominated support person of their responsibility regarding repairs or replacement costs for the loan equipment. See section 4.4 Applicant/Nominated Support Person Responsibilities</li> </ul>
5. Submit PCEP Application	<p>Prescriber:</p> <ul style="list-style-type: none"> <li>• Ensure the applicant has been reviewed by a Palliative Care Specialist directly or via their Treating Medical Officer and the <a href="#">MASS Palliative Confirmation Form</a> has been completed by the approved persons.</li> <li>• Complete the PCEP application form online via <a href="#">MASS-eApply</a>, ensuring: <ul style="list-style-type: none"> <li>• The applicant’s Medicare Card Number is provided in new applications and is present in existing client applications.</li> <li>• Include primary diagnosis as well as any comorbidities that facilitate or impact the use of AT products requested on the application.</li> <li>• All required documentation is attached.</li> </ul> </li> <li>• Where the prescriber is not providing ongoing care to the applicant, they <b>MUST</b> provide in the application, the details of the organisation care is transitioning to.</li> <li>• Prescribers who are Registered Nurses in remote locations <b>MUST</b> provide the details of the allied health professional they have consulted with on the application.</li> <li>• It is recommended to contact MASS PCEP if you have not received any contact regarding your PCEP application within 3 business days.</li> </ul> <p>MASS:</p> <ul style="list-style-type: none"> <li>• Assess the application, approve or reject and advise the prescriber if further information required or rejected.</li> <li>• Identify appropriate source of AT products, either hire supplier or PCEP stock.</li> <li>• Send hire supplier equipment request and prescription details as provided by the prescriber on the application form for allocation of appropriate equipment. And/or;</li> <li>• MASS staff will select items from the PCEP stock pool and organise delivery to the applicant’s residential address.</li> <li>• Advise prescriber via email of application approval, approximate delivery timeframe and hire supplier contact details.</li> </ul>

Activity	Required Task Summary
6. Facilitate Hand Over/Training of Equipment	<p>Once notification from MASS of successful application is received:</p> <ul style="list-style-type: none"> <li>• Liaise with the applicant/nominated support person to enquire when they have organised delivery of the loan equipment. MASS will not be able to provide these details.</li> <li>• Follow up by the prescriber, or organisation that care has transitioned to, is completed to adjust and check the suitability of the equipment allocated to the client and the applicant/carer is trained in safe and effective use of the equipment.</li> <li>• Contact the hire supplier or MASS if there are any issues.</li> <li>• Reinforce to applicant/nominated support person of their responsibilities regarding return of the equipment when it is no longer required as per section 4.4 Applicant/Nominated Support Person Responsibilities</li> </ul> <p>*Note: the prescriber is responsible for adjustment and clinical fit of the items supplied through PCEP e.g. height adjustment. Please refer to section 4.12 Exchange policy.</p>
7. Repairs and Maintenance	<p>Prescriber: Advise applicant/nominated support person of the repair request process as per section 4.8 Repairs and Maintenance.</p>
8. Equipment Loan Finalisation	<p>Prescriber or organisation that applicant is under care of MUST advise MASS that the loan equipment is no longer require. This may occur due to:</p> <ul style="list-style-type: none"> <li>• Client has passed away</li> <li>• Transfer for end of life care in facility/hospital</li> <li>• End of loan PCEP period reached and transitioning off PCEP e.g. NDIS approved, MASS eligible, private funding</li> <li>• Improved function and capacity</li> </ul>

## 4.6 Equipment Loan Period and Extension Request Process

The loan time frame for PCEP daily living and mobility aids is six (6) months.

An extension to this loan period may be requested where the applicant has been reassessed by a Palliative Care Specialist who has confirmed a current prognosis of no more than an additional six months. Extension requests are subject to approval and further information may be required by the PCEP team.

### Where an extension is required, the prescriber must:

- Submit an application a minimum of one (1) month prior to the loan end date.
- Attach the Palliative Confirmation Extension Form which has been completed by the Palliative Care Specialist.

### Where the applicant is approved for an extension (up to twelve months maximum in total):

- The funding will cease on the twelve (12) month loan period end date.
- PCEP loan equipment provided by MASS must be returned to the MASS warehouse. Please contact MASS to organise collection.
- PCEP loan equipment provided through a third-party hire supplier must be returned to the supplier. Please contact MASS or supplier to organise collection.
- Where the applicant still requires AT products, the prescriber or organisation that has taken over care of the applicant **MUST** obtain funding from alternate sources e.g. NDIS, private funding, MASS.
- Alternatively, the applicant/nominated support person may contact the third party hire supplier to transfer the hire of the PCEP loan equipment to themselves.
- Where PCEP loan equipment cannot be collected, is disposed of, damaged or donated, the cost of the equipment loan fees/replacement costs will be transferred to the applicant/nominated support person.

Where the applicant meets the administrative and clinical eligibility criteria for MASS daily living and mobility aids, an application may be submitted for the equipment categories that are within the scope of MASS funding. MASS does not have funding for some PCEP equipment categories, such as, adjustable/electric beds, recliner/lift chairs or air/fall out chairs.

## 4.6.1 Request for Extension Process

### Prescriber:

1. One month prior, MASS will notify the prescriber, or the organisation that care has transitioned to, when the end of the six (6) month loan period is due to expire.
2. The applicant will need to be assessed by a palliative care specialist directly, or via their treating Medical Officer. The palliative care specialist is required to complete the [MASS Palliative Confirmation Extension Form](#) which includes details of the applicant's diagnosis and prognosis duration.
3. The extension request should be submitted to MASS from maximum one (1) month to minimum of one (1) week prior to the loan end date. The initial prescriber may submit the extension via MASS-eApply as per the instructions below. Or, the extension request may be submitted via email to [MASS-PCEP@health.qld.gov.au](mailto:MASS-PCEP@health.qld.gov.au).

### MASS-eApply extension request instructions:

1. [Log on to MASS-eApply](#).
2. Locate the original applicant PCEP application in your [MASS-eApply Dashboard](#)
3. Open the application and complete the MASS PCEP Equipment extension request which is located at the bottom of the left-side application menu (left navigation menu not available on tablet mode, use the next-buttons to skip to the end)
4. Ensure to upload the completed [Palliative Confirmation Extension Form](#) and confirm that the equipment continues to meet the applicant's needs.
5. Submit the MASS-eApply extension request

### MASS:

1. Assess extension request application and advise prescriber of outcome.
2. If the prognosis is less than six (6) months, the extension request may be approved.

3. If the prognosis is over six (6) months, the prescriber is required to contact the PCEP clinical advisor to explore alternative funding options for AT products e.g. MASS, charities, private funding

**Prescriber:**

- Follow up with applicant/nominated support person to notify outcome of request.
- Follow up action dependent on request outcome.

## 4.7 Re-Application for PCEP Daily Living and Mobility Aids

Applicants who have previously accessed the approved duration of PCEP assistance for daily living and mobility loan equipment are not eligible to re-apply for further assistance.

Please contact the PCEP team on (07) 3136 3545 if you have any questions regarding PCEP eligibility.

## 4.8 Application and Delivery Timeframes

MASS aims to process incoming PCEP applications for daily living and mobility aids in a timely manner. This is to facilitate prompt equipment delivery to a client's residence in the community.

Where an application is received prior to 12pm Monday to Thursday, MASS will aim to facilitate next day delivery of the AT, dependent on the following:

- All information required being provided on the application, including applicant current height, weight, equipment sizing, and special requests required.
- The equipment requested is within the scope of the PCEP program and not brand specific.
- A [Palliative Confirmation Form](#) being completed correctly and uploaded with the PCEP application.
- The prescriber being contactable by MASS or the supplier if more information is required.
- The applicant/nominated support person is contactable by MASS or the supplier to organise delivery and arrange access to the location of residence.

**Delivery timeframes for MASS PCEP loan equipment may also be affected by:**

- Availability of equipment requested.
- The location of applicant's residence:
  - Metro – approximately 2 business days from placement of order.
  - Regional – approximately 2-4 business days from placement of order.
  - Rural – approximately 3-5 business from placement of order.
  - Remote – please contact the PCEP team to discuss options for prompt delivery options to remote areas.

- Availability of trusted persons able to take delivery of the item(s) at the applicant's place of residence.

**Please Note:** Products requested that require specific adjustment or features may not be able to be provisioned within the above noted timeframes and should not be relied upon to facilitate urgent hospital discharge.

The contact details for a nominated support person must be provided in the application to be contacted for delivery or collection of the equipment. This person will also be contacted regarding repair or replacement costs where required.

MASS will advise the prescriber via email once the PCEP application has been approved. This email will include the estimated delivery timeframe and third-party hire supplier contact details. It is recommended that the prescriber liaise with the applicant/nominated support person as the hire supplier will likely organise a suitable day/time for delivery and set up of the equipment with this contact. At present, delivery, set up and collection of PCEP equipment is subject to COVID-19 restrictions.

In most instances, the person(s) delivering the equipment will set up items (such as electric/adjustable beds), however, they are not qualified to adjust the item(s) to suit the applicant's particular needs. The prescriber is responsible for adjustment of the items to ensure they are clinically fit for use by the applicant.

## 4.9 Prescriber Hand Over

If the initial prescriber ceases to provide care for the applicant (e.g. initial prescription through hospital therapist, and the applicant has been discharged home) the prescriber must ensure that they have clearly communicated the program requirements to the team providing ongoing care. Handover should include:

- Contact information and Guidelines for PCEP.
- List of equipment provided, the date of provision, and the due date for review/request for extension (five (5) months from the date received by PCEP, where approved).
- Details of the organisation that care is transferring to must be provided in the initial MASS-eApply application.

## 4.10 Repairs and Maintenance

Repairs and maintenance arising from reasonable 'wear and tear' is included within the scope of the PCEP Program.

Repairs and maintenance are determined by the source of the equipment allocated:

- MASS Stock – please contact MASS on (07) 3136 3545 to report repairs and maintenance.

- Third party hire supplier – please contact the supplier of the equipment to report repairs and maintenance.

Repairs may not be able to be completed immediately and it important for applicant/nominated support person to have a backup plan in case of equipment issues. In the event that the loan equipment cannot be repaired, the third-party hire supplier or MASS will arrange for a replacement loan item to be delivered promptly, where possible.

For third party hire suppliers, please contact their office directly to identify their hours of operation and availability for emergency repairs.

**For MASS equipment requiring repair or maintenance, the MASS Equipment Services team must be contacted:**

- Phone: (07) 3136 3545 or 1300 443 570
- Email: [MASS-PCEP@health.qld.gov.au](mailto:MASS-PCEP@health.qld.gov.au)

## 4.11 Equipment Collection

MASS utilises third party hire suppliers or couriers for the collection of equipment.

Equipment on loan from PCEP is required to be returned to MASS or to the third-party hire company. **It is not to be donated or disposed of** by the applicant or their support network, unless authorised by MASS. Should MASS or the third party hire supplier be unable to collect the PCEP loan equipment, the cost for replacement will be the responsibility of the applicant/nominated support person, where applicable.

Please contact MASS on (07) 3136 3545 to organise collection of the equipment when no longer required. MASS will advise the third party hire supplier were required. Prompt collection of the loan equipment will be facilitated (in line with COVID Safe Practice and Restrictions) and MASS will finalise the PCEP loan agreement.

Where the PCEP loan equipment cannot be collected and is not returned to MASS or the third party hire supplier, the applicant/nominated support person will be responsible for the cost of continued hire or replacement of these items.

## 4.12 Exchange Policy

With consideration of all factors involved in prescription of equipment, there can be many factors that influence its suitability. This includes:

- Third party hire supplier allocates unsuitable equipment e.g. insufficient information on application for allocation of equipment, not as per sizing on application or hoist is not compatible with seating/bed.
- Equipment requested by prescriber is not compatible with the home environment e.g. recliner unable to fit through doorway or attachable toilet rails unable to fit in narrow area.
- Determination of unsuitability after use of the equipment e.g. alternating air mattress unable to be tolerated.



- PCEP is allocated a finite budget. MASS endeavours to be fiscally responsible and provide assistance to all eligible Queenslanders.

Where an equipment item is deemed unsuitable, please action as per the following information:

- An initial exchange of equipment is permitted – prescriber to liaise directly with equipment supplier and include MASS in the communications.
- Subsequent exchanges will not be permitted without consultation with, and approval from, the PCEP Principal Clinical Advisor. Please contact [MASS-PCEP@health.qld.gov.au](mailto:MASS-PCEP@health.qld.gov.au) to discuss.

## 5 Oxygen

The MASS Oxygen Services team administers MASS PCEP applications for standard oxygen packages in the form of cylinders and/or concentrators, with supplementary packages of portable and backup cylinders for eligible applicants, as per the packages noted below. Home Oxygen approved under the program will be provided to the approved applicants for up to a period of six (6) months. An extension of the supply period, of one month at a time, can be requested by the prescriber if the client's diagnosis extends past the 6-month loan period.

### 5.1 Home Oxygen Packages

Package	Criteria	Contents
Package 1 (concentrator only)	<ul style="list-style-type: none"> <li>• Adult</li> <li>• Primary mode of oxygen delivery within the home environment</li> </ul>	<ul style="list-style-type: none"> <li>• 1 x oxygen concentrator</li> <li>• Accessories:               <ul style="list-style-type: none"> <li>– 2 x tubing</li> <li>– 2 x swivel connector</li> <li>– 1 x cannula/mask per calendar month.</li> </ul> </li> </ul>
Package 2 (concentrators only)	<ul style="list-style-type: none"> <li>• Adult</li> <li>• Primary mode of oxygen delivery within the home environment</li> <li>• When flow rates over five litres per minute are prescribed</li> </ul>	<ul style="list-style-type: none"> <li>• 2 x oxygen concentrators</li> <li>• Accessories:               <ul style="list-style-type: none"> <li>– 2 x tubing</li> <li>– 2 x swivel connector</li> <li>– 1 x cannula/mask per calendar month.</li> </ul> </li> </ul>
Package 4 (concentrator and back up E size cylinder)	Adult	<ul style="list-style-type: none"> <li>• 1 x oxygen concentrator</li> <li>• 1 x backup 'E' size oxygen cylinders (filled once every 3 months)</li> <li>• Accessories:               <ul style="list-style-type: none"> <li>– 2 x tubing</li> <li>– 2 x swivel connector</li> </ul> </li> </ul>

Package	Criteria	Contents
		<ul style="list-style-type: none"> <li>- 1 x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder trolley and restraint.</li> </ul>
Package 4A (concentrator and backup CL size cylinder)	Adult	<ul style="list-style-type: none"> <li>• 1 x oxygen concentrator</li> <li>• x backup 'CL' size oxygen cylinders (filled once every 3 months)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- 1 x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder trolley and restraint.</li> </ul> </li> </ul>
Package 4B (concentrator and backup C size cylinder)	Adult	<ul style="list-style-type: none"> <li>• 1 x oxygen concentrator</li> <li>• x backup 'C' size oxygen cylinders (filled once every 3 months)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- 1 x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 5A (CL size cylinders only)	Adult	<ul style="list-style-type: none"> <li>• x 'CL' size cylinders (max 4 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- 1 x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder trolley and restraint.</li> </ul> </li> </ul>
Package 5B (C size cylinders only)	Adult	<ul style="list-style-type: none"> <li>• x 'C' size cylinders (max 4 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- 1 x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 7A (low flow rate cylinder and portable cylinder combination)	Child	<ul style="list-style-type: none"> <li>• 2 x 'E' size oxygen cylinders (up to 3 filled cylinders per month),</li> <li>• x 'C' size portable oxygen cylinders (up to 6 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder trolley and restraint</li> <li>- 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>

Package	Criteria	Contents
Package 7B (low flow rate concentrator and portable cylinder combination)	Child	<ul style="list-style-type: none"> <li>• 1 x paediatric concentrator</li> <li>• x 'C' size portable oxygen cylinders (up to 6 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>– 2 x tubing</li> <li>– 2 x swivel connector</li> <li>– x cannula/mask per calendar month</li> <li>– 1 x gauge, flow meter</li> <li>– 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 7C (low flow rate concentrator, portable cylinder combination and 1 x backup 'E' size oxygen cylinder)	Child	<ul style="list-style-type: none"> <li>• 1 x paediatric concentrator</li> <li>• x 'C' size portable oxygen cylinders (up to 6 filled cylinders per month)</li> <li>• 1 x backup 'E' size oxygen cylinder (filled quarterly only if required)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>– 2 x tubing</li> <li>– 2 x swivel connector</li> <li>– x cannula/mask per calendar month</li> <li>– 1 x gauge, flow meter</li> <li>– 1 x cylinder trolley</li> <li>– 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 8A (medium flow rate cylinder and portable cylinder combination)	Child	<ul style="list-style-type: none"> <li>• x 'E' size oxygen cylinders (up to 6 filled cylinders per month)</li> <li>• x 'C' size portable oxygen cylinders (up to 12 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>– 2 x tubing</li> <li>– 2 x swivel connector</li> <li>– x cannula/mask per calendar month</li> <li>– 1 x gauge, flow meter</li> <li>– 1 x cylinder trolley and restraint</li> <li>– 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 8B (medium flow rate concentrator and portable cylinder combination)	Child	<ul style="list-style-type: none"> <li>• 1 x paediatric concentrator</li> <li>• x 'C' size portable oxygen cylinders (up to 12 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>– 2 x tubing</li> <li>– 2 x swivel connector</li> <li>– x cannula/mask per calendar month</li> <li>– 1 x gauge, flow meter</li> <li>– 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 8C (medium flow rate concentrator, portable cylinder combination)	Child	<ul style="list-style-type: none"> <li>• 1 x paediatric concentrator</li> <li>• x 'C' size portable oxygen cylinders (up to 12 filled cylinders per month)</li> <li>• 1 x backup 'E' size oxygen cylinder (filled quarterly only if required)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>– 2 x tubing</li> </ul> </li> </ul>

Package	Criteria	Contents
and 1 x backup 'E' size oxygen cylinder)		<ul style="list-style-type: none"> <li>- 2 x swivel connector</li> <li>- x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder trolley</li> <li>- 1 x cylinder carry bag and crate.</li> </ul>
Package 9A (high flow rate cylinder and portable cylinder combination)	Child	<ul style="list-style-type: none"> <li>• x 'E' size oxygen cylinders (up to 12 filled cylinders per month)</li> <li>• x 'C' size portable oxygen cylinders (up to 24 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder trolley and restraint.</li> <li>- 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 9B (high flow rate concentrator and portable cylinder combination)	Child	<ul style="list-style-type: none"> <li>• 1 x paediatric concentrator</li> <li>• x 'C' size portable oxygen cylinders (up to 24 filled cylinders per month)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 9C (high flow rate concentrator and portable cylinder combination and 1 x backup 'E' size oxygen cylinder)	Child	<ul style="list-style-type: none"> <li>• 1 x paediatric concentrator</li> <li>• x 'C' size portable oxygen cylinders (up to 24 filled cylinders per month)</li> <li>• 1 x backup 'E' size oxygen cylinder (Filled quarterly only if required)</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 2 x tubing</li> <li>- 2 x swivel connector</li> <li>- x cannula/mask per calendar month</li> <li>- 1 x gauge, flow meter</li> <li>- 1 x cylinder trolley</li> <li>- 1 x cylinder carry bag and crate.</li> </ul> </li> </ul>
Package 10 (Paediatric – concentrator only)	Child	<ul style="list-style-type: none"> <li>• 1 x paediatric oxygen concentrator with low flow meter</li> <li>• Accessories: <ul style="list-style-type: none"> <li>- 1 x tubing</li> <li>- 4 x Cannula/mask per calendar month</li> </ul> </li> </ul>

#### Important Notes:

- For the safety of clients and others, please remind all MASS clients of the danger of smoking near oxygen.

- Due to the high-risk nature of this service, the applicant must acknowledge if they are a smoker, or, if others will be smoking near this equipment.
- MASS and MASS PCEP will not subsidy fund home oxygen to new or previously approved clients who are current smokers.

## 5.2 Prescriber Assessment and Application for Home Oxygen

The following outlines the activities and tasks required to be completed by the eligible prescriber, as part of the application process.

Activity	Required Task Summary
1. Clinical Assessment	<ul style="list-style-type: none"> <li>• Conduct a full functional assessment of the applicant's needs.</li> <li>• Determine the prescription for home oxygen (flow rate and duration of use).</li> </ul>
2. Applicant Education	<p>As a minimum, the prescriber or prescribing organisation must advise the applicant/carer as follows:</p> <ul style="list-style-type: none"> <li>• To follow the prescription (flow rate and duration of use).</li> <li>• To use only equipment prescribed.</li> <li>• To observe safety precautions when using oxygen and equipment, including the tubing and nasal cannula, not to smoke or allow others to smoke near the oxygen equipment.</li> <li>• Not to have any source of heat or flames (e.g. Matches, open fires, gas stoves, vacuum cleaners) near the oxygen equipment.</li> <li>• Not to use oil or grease on or near the oxygen equipment.</li> <li>• Not to attempt to repair or modify or use any sealants on the oxygen equipment.</li> <li>• To promptly report any problems with the oxygen equipment to the supplier.</li> <li>• Before transporting concentrators outside the home environment, to obtain verbal and written instructions from the supplier for the safe transport of the oxygen equipment.</li> <li>• Before powering a concentrator with a generator, obtain instructions and advice from the oxygen supplier.</li> <li>• To develop emergency plans for use in the event of an electricity power failure.</li> </ul>
3. Submit PCEP Application	<ul style="list-style-type: none"> <li>• Ensure the <a href="#">MASS Palliative Confirmation Form</a> has been completed by the approved persons.</li> <li>• Complete the <a href="#">MASS PCEP Oxygen application form</a> PDF, ensuring all required documentation is attached.</li> </ul>
4. Follow Up	<p>The prescriber must ensure that the applicant is referred to appropriate domiciliary nursing services such as a local community health centre for ongoing management/monitoring. This includes a post-delivery check to ensure the equipment provided and its usage meet the prescription and the applicant/carer is able to operate, care and use the oxygen equipment appropriately and safely in the home.</p>

## 5.3 Home Oxygen Extension Request Process

Requests must be submitted to MASS between one (1) month to one (1) week prior to the end of the loan period.

Activity	Required Task Summary
1. Palliative Confirmation Extension Form completion	Palliative Care Specialist: One month prior to the PCEP loan period expiry, the applicant's palliative care specialist will complete a medical review to enable them to complete the <a href="#">MASS Palliative Confirmation Extension Form</a> which includes details of the applicant's diagnosis and duration of prognosis.
2. Prescriber Submits Request	Prescriber: Email the completed <a href="#">MASS Palliative Confirmation Extension Form</a> to <a href="mailto:MASS-Oxygen@health.qld.gov.au">MASS-Oxygen@health.qld.gov.au</a> .
3. Prescriber discuss outcome with Applicant/family	MASS: Assess extension request application and advise prescriber of outcome.  Prescriber: <ul style="list-style-type: none"> <li>Follow up with family/carer to notify outcome of request.</li> <li>Follow up action dependent on request outcome.</li> </ul>

**Possible outcomes of extension review include:**

Possible Outcome	Details
Extension Approved	If the applicant's prognosis is less than six (6) months, the loan/supply may be extended for up to six (6) months only.
Time Extension NOT Approved; Applicant Options	Applicant may be eligible for MASS assistance if condition has improved and medical condition has stabilised.

## 5.4 Oxygen Compliance

MASS will identify any applicant who is not complying with the prescribed hourly usage. On notification from MASS, the prescriber or community health/domiciliary nursing agency should follow up with the applicant/carer to ensure the applicant is receiving the optimum benefit from home oxygen therapy by complying with the oxygen prescription.

## 5.5 Cessation of Supply

When a person no longer requires their oxygen package, MASS Oxygen Services ((07) 3136 3510) must be advised in writing from a health professional detailing the circumstance as to why the oxygen package is no longer required. Following receipt of the written advice, MASS will coordinate with the commercial supplier the collection of the home oxygen.

## 5.6 Oxygen Consumer Information

'[Handbook for Home Oxygen Therapy](#)' for all applicants:

- Power Failure Emergency Plan.
- Department of Communities, Child Safety and Disability Services, Electricity Life Support Concession.
- Smoking Alert.

Many of these resources can be obtained from the MASS website:  
[health.qld.gov.au/mass/prescribe/oxygen](http://health.qld.gov.au/mass/prescribe/oxygen)

## 6 Continence Aids

The MASS Continence Services team administers MASS PCEP Program applications for continence aids, as per the table below. MASS PCEP provides a subsidised supply of continence aids for a period of six (6) months. A request for a subsequent supply may be requested by the prescriber if the client's diagnosis extends past the initial 6-month supply period.

### 6.1 Continence Aids-6 months' supply

Continence Aid	Subsidy Level	May be subsidised when	
Reusable absorbent pants	Supply is the same for children (5 to 15 years of age) and adults	Can be supplied in a combination with other types of continence aids.	
Disposable pads for a child	<ul style="list-style-type: none"> <li>• Child is 5 to 15 years of age, up to 4.5 pads a day.</li> <li>• Level of need subsidy funding assistance is based on an incremental scale and will be calculated by MASS according to justified clinical need (i.e. quantities used).</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary and faecal incontinence.</li> <li>• MASS makes considerations for children with complex needs.</li> <li>• MASS does not supply continence aids for other body fluids.</li> </ul>	
	<b>Number of daily pads required</b>		<b>MASS supply quantity of pads</b>
	1 to 2		Up to 2.25 per day
	3		Up to 3.25 per day
	4 or more	Up to 4.50 per day	

Contenance Aid	Subsidy Level	May be subsidised when						
Disposable pads for an adult	<ul style="list-style-type: none"> <li>Adult is 16 years of age or older, up to 2.5 pads per day.</li> <li>Level of need subsidy funding assistance is based on an incremental scale and will be calculated by MASS according to justified clinical need (i.e. quantities used).</li> </ul> <table border="1"> <thead> <tr> <th>Number of daily pads required</th> <th>MASS supply quantity of pads</th> </tr> </thead> <tbody> <tr> <td>1 to 2</td> <td>Up to 1.25 per day</td> </tr> <tr> <td>3</td> <td>Up to 2.50 per day</td> </tr> </tbody> </table>	Number of daily pads required	MASS supply quantity of pads	1 to 2	Up to 1.25 per day	3	Up to 2.50 per day	<ul style="list-style-type: none"> <li>Urinary and faecal incontinence.</li> <li>MASS does not supply continence aids for other body fluids.</li> </ul>
Number of daily pads required	MASS supply quantity of pads							
1 to 2	Up to 1.25 per day							
3	Up to 2.50 per day							
Disposable pull on style pads	As per disposable pad subsidy for a child or adult.	<p>Points to consider for selection:</p> <ul style="list-style-type: none"> <li>The applicant has difficulty applying or maintaining correct position of disposable shaped pads.</li> <li>The applicant will not wear a pad due to cognitive or compliance issues.</li> <li>The applicant has been using the pull-on style of a significant period.</li> <li>Security of containment for faecal incontinence.</li> <li>Conduct a specific assessment to ensure ability of applicant/carer to apply and remove pull-on style pads.</li> <li>Applicant aware of financial implication for private purchase of pull-on style.</li> </ul>						
Reusable stretch pants	Supply is the same for children and adults.	Will only be supplied for use with a non-adhesive pad.						
Disposable all-in-one pad	As per disposable pad subsidy for child or adult.	<p>Points to consider for selection:</p> <ul style="list-style-type: none"> <li>The applicant will require assistance with putting on the all-in-one style pad.</li> <li>Pad application is usually undertaken with assistance in a lying position.</li> </ul>						



Continence Aid	Subsidy Level	May be subsidised when
Reusable bed and chair pads	2 supplied on initial application.	Clinical implications need to be considered when an applicant is using a reusable absorbent bed/chair pad with a pressure relieving mattress/cushion.
Disposable catheters	Supply is the same for children and adults.	<ul style="list-style-type: none"> <li>• Can be supplied to a child from birth.</li> <li>• Can be supplied in combination with other types of continence aids.</li> </ul>
Indwelling catheters	Supply is the same for children and adults.	<ul style="list-style-type: none"> <li>• Can be supplied to a child from birth.</li> <li>• Can be supplied in combination with other types of continence aids.</li> </ul>
Penile sheaths	Supply is the same for children and adults.	Can be supplied in combination with other types of continence aids.
Night urinary drainage bags	Supply is the same for children and adults.	Can be supplied with night drainage bags in the same 6-month supply period.
Leg drainage bags	Supply is the same for children and adults.	<ul style="list-style-type: none"> <li>• Includes leg straps.</li> <li>• Can be supplied with night drainage bags in the same 6-month supply period.</li> </ul>
Catheter valves	Supply is the same for children and adults.	<ul style="list-style-type: none"> <li>• Can be supplied with night drainage bags.</li> <li>• Will not be supplied with leg drainage bags in the same 6-month supply period.</li> </ul>
Combination of different types of continence aids	Reduced supply may occur depending on the type and packaging e.g. applicants requiring a combination of disposable pads and disposable catheters will receive a reduced supply of pads and catheters).	Prescriber to advise applicant of possible reduced supply.

### Important Notes:

Please Consult with the MASS continence clinical advisor or other continence advisor specialists as necessary to assist with the prescription/application process.

### MASS PCEP does not subsidise:

- disposable liners or booster pads
- disposable bed pads or wipes
- disposable gloves

- urinals
- miscellaneous items used for catheter or bowel management/treatment/evacuation
- products for catheter change including catheter pack and lubricant

## 6.2 Prescriber Assessment and Application for Continence Aids

The following outlines the activities and tasks required to be completed by the eligible prescriber, as part of the application process.

Activity	Required Task Summary
1. Clinical Assessment	<ul style="list-style-type: none"> <li>• Conduct a full assessment of the applicant's needs.</li> <li>• Determine the continence aids which will suit the applicant's needs.</li> </ul> <p>Eligible prescriber: Requests applicant/carer have their Palliative Care Specialist or Treating Health Professional with Palliative Care Specialist consultation complete the <a href="#">MASS Palliative Confirmation Form</a>.</p>
2. Applicant Education	Discuss the features of the selected continence aids with the applicant/carer.
3. Submit PCEP Application	<ul style="list-style-type: none"> <li>• Ensure the <a href="#">MASS Palliative Confirmation Form</a> has been completed by the approved persons.</li> <li>• Apply online on the <a href="#">MASS-eApply</a> PCEP Continence Aids application form, ensuring all required documentation is attached.</li> </ul>

## 6.3 Continence Aids-Supply Extension Requests

Requests must be submitted to MASS between one (1) month to one (1) week prior to the end of the loan period.

Activity	Required Task Summary
1. Palliative Confirmation Extension Form completion	<p>Palliative Care Specialist: One month prior to the PCEP loan period expiry, the applicant's palliative care specialist will complete a medical review to enable them to complete the <a href="#">MASS Palliative Confirmation Extension Form</a> which includes details of the applicant's diagnosis and duration of prognosis.</p>
2. Prescriber Submits Request	<p>Eligible prescriber:</p> <ol style="list-style-type: none"> <li>1. Contact MASS Continence Services team on 07 3136 3665 OR</li> <li>2. <a href="#">Log on to MASS-eApply</a></li> <li>3. Locate the original applicant PCEP application in your <a href="#">MASS-eApply Dashboard</a></li> <li>4. Open the application and complete the MASS PCEP Continence</li> </ol>

Activity	Required Task Summary
	<p>extension request which is located at the bottom of the left-side application menu (left navigation menu not available on tablet mode, use the next-buttons to skip to the end)</p> <ol style="list-style-type: none"> <li>Ensure to upload the completed the <a href="#">Palliative Confirmation Extension Form</a> and confirm that the AT meets the applicant's needs.</li> <li>Submit the MASS-eApply extension request</li> </ol>
3. Prescriber discuss outcome with Applicant/family	<p>MASS: Assess extension request application and advise prescriber of outcome.</p> <p>Prescriber:</p> <ul style="list-style-type: none"> <li>Follow up with family/carer to notify outcome of request.</li> <li>Follow up action dependent on request outcome.</li> </ul>

**Possible outcomes of extension review include:**

Possible Outcome	Details
Extension Approved	If the applicant's prognosis is less than six (6) months, the loan / supply may be extended for up to six (6) months only.
Time Extension NOT Approved; Applicant Options	Applicant may be eligible for MASS assistance if condition has improved and medical condition has stabilized.

## 7 Feedback and Complaints Mechanism

MASS recognises that consumer feedback, both positive and negative, is essential in order to provide a quality service that meets the needs of our consumers. Compliments and complaints can be made both verbally and in writing using the above noted survey templates, or by using the forms as detailed below.

Consumers such as prescribers, clients/applicants and their advocates are encouraged to provide feedback regarding the service they have received from the PCEP and associated suppliers.

All complainants are treated with respect, sensitivity and remain confidential. Complainants will not be subjected to any prejudicial treatment as a result of making a complaint about the standard of service received.

The consumer's privacy is protected in accordance with the Information Privacy Act 2009 and the Hospital and Health Boards Act 2011.

MASS will endeavour to provide feedback to the complainant on the progress of their complaint at regular intervals throughout the complaint management process.

To assist the process, consumers are encouraged to provide factual and full information of their concern. Complaints will be managed according to the nature of the issue, as follows:

- Issues concerning the performance of MASS during service provision will be investigated and resolved, if possible, at the local MASS level.
- Issues concerning the outcome of an application to MASS for assistance will involve an objective review of the issues by MASS administrative, clinical and management personnel, and if necessary, co-opted health professionals.
- Issues concerning the performance of suppliers and/or the AT products they have provided will be investigated and resolved, if possible, by the MASS Contracts Coordinator. Note: to investigate and resolve these issues it will generally be necessary for MASS to contact the supplier, who by nature of the investigation, may be able to identify the consumer even if names are not provided by MASS to the supplier.

Complaints that cannot be resolved at the local level are referred to the Director of MASS for consideration or appropriate referral to the Health Service Chief Executive Metro South health.

## 7.1 Compliments and Complaints Form

These forms are available on the MASS website at [health.qld.gov.au/mass](https://health.qld.gov.au/mass)

- [Client/Prescriber Satisfaction Feedback Form](#)
- [Supplier Performance Report Form](#)
- [MASS Complaints and Compliments Form](#)
- [MASS website feedback/enquiry form](#)

## 7.2 Reapplications and Appeals

Reapplications or appeals about the outcome of an application, may be made in writing, by the prescriber, to the appropriate MASS Clinical Advisor or MASS Service Manager, with the provision of additional written clinical supportive information.

The appropriate MASS Clinical Advisor will initially address reapplications or appeals.

If the applicant remains ineligible for MASS assistance following reassessment by the appropriate MASS Clinical Advisor, and the applicant or prescriber still wished to appeal the MASS decision, the appeal will be objectively reviewed by MASS administrative, clinical and management personnel, and if necessary, co-opted health professionals.

Appeals with are rejected to the appellant's dissatisfaction are referred to the Director of MASS for consideration or appropriate referral to the Health Service Chief Executive Metro South Health.

## 7.3 Accidents and Incidents

The monitoring of incidents plays an important role in ensuring that MASS improves service delivery to its consumers by minimising potential risks. The MASS accident and incident

monitoring process supports a preventative approach by monitoring events that have, or may lead to, unintended harm, complaint, loss or damage.

The [Accident and Incident Report form](#) is available on the MASS website at [health.qld.gov.au/mass](http://health.qld.gov.au/mass) and from MASS service centres. Completed forms should be returned to the local MASS service centre or emailed to the relevant MASS service area-refer to MASS Service Centre contact details.

## 8 Privacy Statement

The Queensland Health, MASS is collecting administrative, demographic and clinical data as part of the MASS application process, in accordance with the *Information Privacy Act 2009* and *Hospital and Health Boards Act 2011*, in order to assess an applicant's eligibility for funding assistance for the supply of AT products.

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 assistive technology and services.

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

If the information provided in the application is not complete or accurate, MASS may not be able to properly assess the application. If any details change, or if the applicant finds the personal information MASS holds is inaccurate, the applicant must contact MASS and reasonable steps will be taken by MASS to ensure the information is corrected.

Queensland Health has a long-standing commitment to ensuring the privacy and confidentiality of personal information collected by the department. That commitment is supported by nine *National Privacy Principles in the Information Privacy Act 2009* (Qld) ([legislation.qld.gov.au/LEGISLTN/ACTS/2009/09AC014.pdf](http://legislation.qld.gov.au/LEGISLTN/ACTS/2009/09AC014.pdf)) (in relation to all personal information held by the department) and strict confidentiality obligations found in Part 7 of the *Hospital and Health Boards Act 2011* (Qld) ([legislation.qld.gov.au/view/whole/html/inforce/current/act-2011-032](http://legislation.qld.gov.au/view/whole/html/inforce/current/act-2011-032)) (in relation to health information held by the department).