

Palliative Care Equipment Program

Daily Living and Mobility Aids Prescriber Information

Medical Aids Subsidy Scheme (MASS), under the Queensland Department of Health Care in the Right Setting (CaRs) program, will administer and coordinate the MASS Palliative Care Equipment Program (MASS PCEP).

The purpose of the MASS PCEP is to provide assistive technology to support persons approaching their end of life to remain at home where possible. The MASS PCEP operates through a prescriber model where an application for assistance is submitted by an approved healthcare practitioner after consultation with the client, family and/or carers.

It is required that prescribers read and refer to the [MASS PCEP Guidelines](#) prior to submitting an application to MASS for assistance through the MASS PCEP.

MASS PCEP Equipment Application Process

Approved MASS PCEP prescriber assesses applicant daily living and/or mobility needs. Prescriber completes MASS PCEP Daily Living and Mobility Aids application form ([MASS-eApply](#)) and submits application with the signed [Palliative Confirmation Form](#).

MASS receives application, assesses PCEP eligibility and if approved, sends hire request to appropriate hire supplier for their action and notifies the prescriber and carer/alternative contact of the approval and estimated delivery date. If rejected, the application will be returned to the prescriber.

The hire supplier will select equipment based on the information provided in the application form. They will contact the prescriber if more information is required, in order to provide suitable hire equipment.

The hire supplier will organise a suitable time for delivery and set up the MASS PCEP hire equipment with the carer/alternative contact. The carer/alternative contact should liaise with the prescriber to discuss delivery timeframes and hospital discharge date.

MASS Palliative Confirmation Form

Each MASS PCEP application must be accompanied by a signed [MASS Palliative Confirmation Form](#). This form confirms the applicant's palliative diagnosis is 6 months or less and they are in their end stage of life.

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 Health Professional with an attached email from the Palliative Care Specialist confirming the likely prognosis of 6 months or less.
- The applicant's Treating Health Professional with the name and phone number of the Palliative Care Specialist who has confirmed the likely prognosis of 6 months or less also noted on the form.

In order to access assistance through the MASS PCEP, this eligibility requirement must be met. A Palliative Care Specialist* must confirm the applicant's likely prognosis of 6 months or less.

MASS confirms the right to request written confirmation of eligibility from the Palliative Care Specialist team.

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

MASS PCEP Approved Equipment

The tables below outline the approved equipment categories for MASS PCEP and the information required to facilitate delivery and set up, where required, of suitable equipment.

Please note the following:

- Equipment available for loan through MASS PCEP will be basic, off-the-shelf items. Customised equipment is not able to be provided.
- Applicants may only request either a recliner OR electric/adjustable bed. In exceptional circumstances, provision of both items may be considered.
- As per the MASS PCEP Guidelines, to be eligible for assistance for an electric/adjustable bed, applicants must have an AKPS score of 40 or less.
- Requests for other similar purpose devices may be subject to the availability of the item through a hire supplier.

MASS PCEP Equipment Exclusions

The following item/s or accessories are NOT funded through the MASS PCEP:

- Separate Bed Rails or Bed Sticks.
 - Bed rails accepted only where part of the electric/adjustable bed.
- Crutches, single point sticks and multi-point sticks.

Equipment sizing:

Where relevant, sizing options are paediatric/petite, standard and bariatric. If these options are not indicated on the application form, please provide required measurements e.g. width x depth.

Toileting aid	Options
Bedside Commode	Static with arms.
Over Toilet Frame	Static with arms. Option: splashguard.
Over Toilet Surround	Static, no seat.
Raised Toilet Seat	Toilet seat, no arms. Options: 2 inch, 4 inch or 6 inch height.
Mobile Shower Commode	<ul style="list-style-type: none"> Type: Attendant Propelled/Transit or Self Propelled. Bowl/Pan: select yes or no as required. Aperture: Open or closed front available only.
Tilt in Space Mobile Shower Commode	<ul style="list-style-type: none"> With tilt function. Bowl/Pan: select yes or no as required. Aperture: Open or closed front available only.
Other Similar Purpose Device	Other options may be considered if none of the above equipment categories are suitable. Please contact a MASS clinical advisor on (07) 3136 3524 to discuss.

Bathing Aid	Options
Bath Transfer Bench	Static with backrest. Options: LHS or RHS handle.
Swivel Bath Seat	Fits over bathtub.
Bath Board	Fits over bathtub.
Static Shower Chair	Static with arms and backrest.
Shower Stool	Static with arms.
Portable Shower Tray	Vinyl base with soft sides and drainage outlet.
Other Similar Purpose Device	Shower trolley, bath Lift, bath throne and other options may be considered if none of the above equipment categories are suitable. Please contact a MASS clinical advisor on (07) 3136 3524 to discuss.

Transfer Aid	Options
Electric Mobile Floor Hoist	<ul style="list-style-type: none"> Select Yoke or Pivot. Comment if special requirements e.g. electric leg spread, lift range. <p>Note: Powered pivot frames are not funded.</p>
Sling for Mobile Floor Hoist	<ul style="list-style-type: none"> Select sling type and size. Sling must be endorsed by hoist manufacturer for use with hoist, and compatible with the attachment type. <p>Comment if any special requirements e.g. mesh or fabric.</p>

Transfer Aid	Options
Patient Transfer Platform	Comment if special requirements e.g. belt size.
Slide Sheet	Slide Sheet Options: 1x1m, 2x2m, 2x1m.
Other Similar Purpose Device	Other options may be considered if none of the above equipment categories are suitable. Please contact a MASS clinical advisor on (07) 3136 3524 to discuss.

Sleep Aid	Options
Electric/Adjustable Bed *AKPS score of 40 or less required	<ul style="list-style-type: none"> Foldable and mobile for manoeuvrability, electric, adjustable. Options: Monkey Bar, IV Pole, Bed Extender. Single bed only or king single with justification e.g. bariatric user requires increased width to accommodate size, additional width for rolling for self-care tasks, Height >180cm, other similar clinical reasons. Bed size must accommodate future needs e.g. increased manual handling by carer as client function changes. <p>NOTE: Separate Bed Rails and Bed Sticks are not funded by MASS PCEP. Bed rails that come standard on an electric/adjustable bed are accepted.</p>
Pressure Redistribution Mattress/Overlay	<p>Single size only or king single with justification e.g. bariatric user requires increased width to accommodate size, additional width for rolling for self-care tasks, height >180cm, other similar clinical reasons.</p> <p>Options: Foam, Gel, Alternating Air Mattress or Overlay, Gel/Air/Foam Hybrid.</p>
Sleep Positioning Cushions	Please contact a MASS clinical advisor on (07) 3136 3524 to discuss.
Bed Backrest	Wedge pillow* or adjustable backrest support. *Purchase only, not hire.
Bed Cradle	Adjustable.

Seating Aid	Options
Electric Recliner	Static
Fall Out/Water Chair	Comment if special requirements.
Hilite Chair	Comment if special requirements.
Pressure Redistribution Cushion for Seating	<ul style="list-style-type: none"> Enter size required. Comment if special requirements e.g. continence cover. <p>Options: Foam, Gel, Air, Hybrid.</p>
Electric Recliner	Static

Mobility Aid	Options
Wheeled Walking Aid	Options: Forearm support walker, weight activated brakes.
Hopper Frame	Options: Wheels, No Wheels.
Manual Wheelchair	Comment if special requirements e.g. pelvic strap, LHS stump support.
Tilt-in-Space Manual Wheelchair	Comment if special requirements e.g. pelvic strap, headrest. Please complete the MASS TIS Manual Wheelchair stock Script form if required.
Power Wheelchair - Basic	Please contact MASS on (07) 3136 3524 or email MASS-Equipment@health.qld.gov.au to discuss power wheelchair requirements.
Pressure Redistribution Cushion for Mobility Aid	<ul style="list-style-type: none"> • Enter size required. • Comment if special requirements e.g. continence cover. Options: Foam, Gel, Air, Hybrid.
Specialised Stroller - Paediatric	Comment if special requirements e.g. TIS, pelvic strap.
Portable Ramp/s	Options: 25cm, 50cm or foldable track ramps.

Other Similar Purpose Device Requests

A prescriber may request a similar purpose device where there is not an appropriate equipment type listed in the above categories. These outside scope requests will be assessed by the MASS clinical advisory team. Please provide as much information as possible on the application form for justification of the outside scope request. It is recommended that you contact MASS on (07) 3136 3524 to discuss this with a clinical advisor prior to submitting the MASS PCEP Daily Living and Mobility Aids application form.

Delivery and Collection of MASS PCEP Loan Equipment

Upon approval of a MASS PCEP application, MASS will send the equipment request to an appropriate hire supplier. Currently, the hire supplier is allocated the hire request by MASS based on availability of equipment that meets the requirements specified in the application, and location.

The hire supplier will need to know if there are impediments such as stairs, tight spaces or unprepared set up area in the applicant's home, in order to facilitate prompt delivery and set up of the loan equipment.

The estimated time for delivery of hire equipment is 48 hours*. The hire supplier will organise delivery of the equipment with the carer/alternate contact. It is recommended that the prescriber liaise with the carer/alternate contact to discuss delivery timeframe and hospital discharge date, if applicable.

Delivery and set up of the equipment may depend on:

- Availability of equipment requested.
- The location of applicant's residence e.g. rural and remote locations.
- Availability of trusted persons able to take delivery of the item/s at the applicant's place of residence.

The MASS PCEP equipment loan is for a period of up to 6 months. Extensions to this timeframe may be requested as per the MASS PCEP Guidelines.

When equipment is no longer required, the hire supplier can be contacted directly by Family/Carer/Prescriber to arrange for collection. Alternatively contact MASS on (07) 3136 3524 and provide contact details and time frames for MASS to arrange collection by the hire supplier.

Important Note: Application forms and Palliative Confirmation Forms that are not completed correctly will hold up the application process and cause delays.

MASS PCEP Evaluation and Feedback

It is highly desirable that the Palliative Care Equipment Program Feedback form (in development) is completed and submitted to MASS. The feedback provided will enable MASS to provide reports and analysis of the program progress and outcomes. Completion of the feedback form is not mandatory but is highly desirable.

Resources

MASS PCEP Website: health.qld.gov.au/mass/prescribe/palliative-care-equipment-program

MASS PCEP Guidelines: health.qld.gov.au/_data/assets/pdf_file/0032/949451/MASS-Guidelines-PCEP.pdf

MASS Palliative Confirmation Form:

health.qld.gov.au/_data/assets/pdf_file/0021/950502/MASS-Palliative-Confirmation-Form.pdf



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For more information contact:

Medical Aids Subsidy Scheme
Metro South Health
PO Box 281
Cannon Hill QLD 4170 Australia
tel (07) 3136 3636
MASS184@health.qld.gov.au
health.qld.gov.au/mass