

Applicant Information Sheet

Application for Palliative Care Equipment Program (PCEP) Continence Aids

Eligibility

Administrative eligibility for funding assistance through the Medical Aids Subsidy Scheme Palliative Care Equipment Program (MASS PCEP) is dependent upon the following criteria.

The applicant must:

- Be a permanent Queensland resident with a Queensland delivery address.
- Provide a Medicare Card number for purpose of unique identification.
Note: in circumstances where an applicant does not have a Medicare Card, please contact MASS to discuss identification options.

Have the MASS Palliative Confirmation Form completed by approved persons – please refer to the form for more information.

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

Clinical Eligibility

- A life limiting condition with a likely prognosis of 6 months or less diagnosed by a palliative care specialist or treating specialist/GP with palliative care specialist consultation;
- 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.

How to Apply

Applicants wishing to apply to MASS for PCEP continence aids must consult one of the following MASS PCEP designated prescribers:

- | | |
|--|-------------------------|
| • Continence Specialist Registered Nurse | • Designated Specialist |
| • Registered Nurse | • Urologist |
| • Physiotherapist | • Uro-gynaecologist |
| • Occupational Therapist | • Geriatrician |
| | • Paediatrician |

They will provide an assessment of your needs and submit an application on your behalf on MASS-eApply. More information can be found on health.qld.gov.au/mass/eApply.

Consent to Email Communication

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

Risks of communicating via Email

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

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

Conditions for the use of electronic communication

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

Collection Notice

1. Queensland Health (QH) is required to manage my personal information in accordance with the Information Privacy Act 2009 and the Hospital and Health Boards Act 2011.

2. Email communication between myself and the health care professional will be printed and filed in my client record. As emails are a part of the client record, other individuals authorised to access the client record will have access to those emails.
3. Email messages from myself may also be delegated to another health care professional or staff member for response. Administration staff may also receive and read or respond to my emails.
4. Some of my personal information on my medical record may be given to caregivers, guardians and other government departments who provide associated services that require my information for the purpose of providing a health care service

Applicant Acknowledgements

I confirm that:

1. I have undergone a continence assessment prior to this application being submitted to MASS PCEP
2. I have actively participated in the selection of the continence aids and that the requested aids are suitable for my needs.
3. The information provided to the prescriber is accurate and reflects my current health condition
4. I have been instructed on the use, management and disposal of the prescribed continence aid(s).

I acknowledge that:

1. MASS PCEP provides subsidy funding assistance, which is not intended to provide for all my needs.
2. The features and options of the continence aids have been fully explained, as well as possible alternatives that may be available to me through MASS PCEP
3. MASS is unable to exchange requested continence aid(s) once ordered from the supplier.
4. To receive ongoing assistance through MASS PCEP for continence aids, an extension request must be submitted.

I agree to:

Inform MASS within 14 days of any change in my contact details, residential address, or eligibility for MASS PCEP. For example: Relocation to another state or to a residential care facility

Privacy Statement

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

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

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



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For more information contact:

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MASS-ContinenceAids@health.qld.gov.au
health.qld.gov.au/mass