Queensland Government

MASS Palliative Care Equipment Program
Home Oxygen

Application Information Sheet – please retain for your records

Eligibility – MASS PCEP Home Oxygen

Administrative eligibility for funding assistance through 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 signed by approved persons – please refer to the form for more information.

Clinical Eligibility – MASS PCEP Home Oxygen

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

How to Apply

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

- Thoracic Physician
- Specialist Physician
- Oncologist
- Palliative Care Physician
- Respiratory Nurse Practitioner

Or, in Rural and Remote Areas:

- General practitioner (with designated specialist endorsement)

You are required to sign Part A and your prescribing therapist is required to complete and sign Part B.

Applicant or Carer Acknowledgement

I confirm that:

1. I have been provided with information by my prescribing medical specialist regarding the safety aspects associated with the use of domiciliary oxygen.
2. I am aware oxygen can be a dangerous fire hazard if used in the vicinity of naked flames.
3. I am a non-smoker and I will not allow others to smoke near my oxygen equipment.
4. I will use the oxygen as explained to me by my prescribing medical specialist.

I acknowledge that:

5. Hire/rental of the home oxygen is provided through the MASS PCEP for up to 6 months.
6. MASS PCEP provides assistance with hire/rental of home oxygen which remains the property of the oxygen supplier
7. Repairs must only be carried out by the oxygen supplier.
8. I am responsible for loss of and/or damage of the oxygen equipment.
9. The oxygen equipment will only be used for the purpose for which it was prescribed.
10. MASS takes no responsibility for any injuries sustained through the use of the oxygen equipment provided through the MASS PCEP.

I agree to:

11. Immediately contact the oxygen supplier is there is any problem with the oxygen equipment.
12. Keep in good order the oxygen equipment provided through the MASS PCEP.
13. Check with my oxygen supplier for instructions and advice if I decide to power my oxygen concentrator with a generator. I understand that generators require a minimum set of specifications for powering oxygen concentrators and this may vary between machines.
14. Immediately contact MASS to organise return of the oxygen equipment when it is no longer required.

15. Inform MASS within 14 days of any change to my residential address or eligibility for MASS PCEP. For example:
    - Relocation to another state;
    - Relocation to a residential care facility.

Prescriber Acknowledgement

I confirm that:

16. I have informed the applicant that:
    - Assistance through MASS PCEP is limited to 6 months hire/rental of home oxygen and an extension request should be submitted if a further supply is required.
    - Completion of the MASS PCEP surveys will assist MASS to provide reporting and analysis of the MASS PCEP progress and outcomes to the Department of Health as part of the Care in the Right Setting (CaRs) initiative.

MASS Privacy Statement

YOUR PRIVACY: 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.

Please send completed application to the MASS service centre

Phone: 07 3136 3510 or 1300 443 570
Email: MASS-Oxygen@health.qld.gov.au

Medical Aids Subsidy Scheme
PO Box 281, Cannon Hill 4170
Website: health.qld.gov.au/mass

Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health

Medical Aids Subsidy Scheme
PCEP Home Oxygen

(Affix identification label here if available)

Family name:

Given name(s):

Date of birth: Gender: ☐ M ☐ F ☐ I

PART A To be completed by the applicant or carer

Applicant's Personal Details

1 Name

Title	Family Name
Given name(s)	
Preferred name ☐ First name *or* specify:	

2 Date of Birth and Gender

☐ Male ☐ Female
☐ Intersex or Other

3 Permanent Residential Address

Suburb/Town	Postcode

4 Delivery Address ☐ Same as residential

Suburb/Town	Postcode

5 Postal Address ☐ Same as residential
(for correspondence) ☐ Same as delivery

Suburb/Town	Postcode

6 Contact information

Telephone
Mobile
Email

7 Medicare Card Number

8 Does the applicant receive other assistance?
(e.g. NDIS, NIISQ or other state equivalent, CHSP Services, Palliative Care Services, Transition Care)
☐ No ☐ Yes – *please specify type of assistance*

Name

9 Is the applicant currently an in-patient within a hospital or hospice and will not return home? ☐ Yes ☐ No

10 Is the applicant a resident in a Residential Care Facility? ☐ Yes ☐ No

11 Is the applicant a Department of Veterans' Affairs Gold Card Holder? ☐ Yes ☐ No

If you have answered yes to any of Questions 9-11 the applicant is not eligible to receive assistance through the MASS PCEP.

12 Does the applicant identify with Aboriginal or Torres Strait Islander descent?
For applicants of both Aboriginal and Torres Strait Islander descent, tick both 'Yes' boxes.
Aboriginal: ☐ Yes ☐ No
Torres Strait Islander: ☐ Yes ☐ No

13 Country of Birth

☐ Australia ☐ Other

14 Language spoken at home

☐ English ☐ Other

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Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health

Medical Aids Subsidy Scheme
PCEP Home Oxygen

(Affix identification label here if available)

Family name:

Given name(s):

Date of birth: Gender: ☐ M ☐ F ☐ I

Carer or Alternative Contact Person

NOTE: MASS will contact the person recorded below in order to finalise the MASS PCEP loan / rental agreement and collect equipment where required.

15 Name

Title	Family Name
Given name(s)	

16 Contact information

Telephone	Mobile
Email	

17 Relationship to applicant

18 Postal Address ☐ Same as applicant

Suburb/Town	Postcode

Applicant or Carer/Guardian Acknowledgement

19 ☐ I am a non-smoker and will not allow others to smoke near my oxygen equipment.

20 ☐ I agree to accept the conditions stated in the *Applicant Information Sheet*

21 ☐ I acknowledge that my information listed in this application is current and correct

22 ☐ I have been made aware of the following:

- ☐ MASS may ask me to complete the participant surveys in order to monitor and review the trial.
- ☐ Equipment provided through the program is on a 6-month loan/rental basis only and MASS must be contacted to collect the equipment when no longer required.

23 Applicant / Carer Signature

Signature	Print Name	Date

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Medical Aids Subsidy Scheme
PCEP Home Oxygen

(Affix identification label here if available)

Family name:

Given name(s):

Date of birth: Gender: ☐ M ☐ F ☐ I

PART B To be completed by the prescriber

Clinical Assessment

1 What is the predominant medical condition requiring oxygen therapy? (tick only one)

Cardiac	Respiratory	Malignancy
☐ Angina, IHD, CAD	☐ COPD	☐ Metastatic Lung (detail below)
☐ CCF	☐ Cor Pulmonale	☐ Primary Lung
☐ Congenital HD	☐ Cystic Fibrosis	
☐ Pulmonary Arterial Hypertension	☐ Interstitial Fibrosis	
☐ Other cardiac (detail below)	☐ Life Threatening Asthma	
☐ Other (specify)	☐ Other respiratory (detail below)	

2 Is the applicant a current smoker? ☐ Yes ☐ No
If Yes, the applicant is not eligible for PCEP Home Oxygen

Oxygen Prescription

3 Flow Rates

Continuous	Exercise	Nocturnal	Asthma	Recommended usage
L/min	L/min	L/min	L/min	hours per 24 hours

Oxygen Equipment

4 Oxygen Equipment Requested (Continues on Page 4)

Adult Packages:

- ☐ Package 1 (1 x Concentrator only)
- ☐ Package 2 (2 x Concentrators only)
- ☐ Package 3 (1 x High Flow Concentrator only)
- ☐ Package 4 (1 x Concentrator & 1 x backup 'E' size cylinder – filled once every 3 months)
- ☐ Package 4A (1 x Concentrator & 3 x backup 'CL' size cylinder - filled once every 3 months)
- ☐ Package 4B (1 x Concentrator & 3 x backup 'C' size cylinder **-** filled once every 3 months)
- ☐ Package 5 (1 x 'E' size cylinder - max of 4 filled cylinders per month)
- ☐ Package 5A (4 x 'CL' size cylinders - max 4 filled cylinders per month)
- ☐ Package 5B (4 x 'C' size cylinders - max 4 filled cylinders per month)

Child Packages:

- ☐ Package 7A (2 x 'E' size cylinders – up to 3 filled cylinders per month & 3 x 'C' size cylinders – up to 6 filled cylinders per month)
- ☐ Package 7B (1 x Paediatric concentrator & 3 x 'C' size cylinders – up to 6 filled cylinders per month)
- ☐ Package 7C (1 x Paediatric concentrator & 3 x 'C' size cylinders – up to 6 filled cylinders per month & 1 x backup 'E' size cylinder – filled quarterly only if required)
- ☐ Package 8A (3 x 'E' size cylinder – up to 6 filled cylinders per month & 6 x 'C' size cylinders - up to 12 filled cylinders per month)
- ☐ Package 8B (1 x Paediatric concentrator & 6 x 'C' size cylinders - up to 12 filled cylinders per month)
- ☐ Package 8C (1 x Paediatric concentrator & 6 x 'C' size cylinders – up to 12 filled cylinders per month & 1 x backup 'E' size cylinder – filled quarterly only if required)

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Queensland Government Medical Aids Subsidy Scheme (MASS) Queensland Health

Medical Aids Subsidy Scheme
PCEP Home Oxygen

(Affix identification label here if available)

Family name:

Given name(s):

Date of birth: Gender: ☐ M ☐ F ☐ I

Oxygen Equipment Continued

4 Oxygen Equipment Requested (Continued)

Child Packages:

☐ Package 9A (3 x 'E' size cylinders – up to 12 filled cylinders per month & 6 x 'C' size cylinders – up to 24 filled cylinders per month)

☐ Package 9B (1 x Paediatric concentrator & 6 x 'C' size cylinders – up to 24 filled cylinders per month)

☐ Package 9C (1 x Paediatric concentrator & 6 x 'C' size cylinders – up to 24 filled cylinders per month & 1 backup 'E' size cylinders – filled quarterly only if required)

5 Accessories Requested

☐ Cannula and Tubing *OR* ☐ Mask and Tubing

Prescriber Details To be completed in full for all applications

6 Full Name

7 ☐ **Medical Specialist** (state specialty)

☐ **OR** Other (indicate GP, RMO)

8 Provider number

9 Facility

10 Department

11 Contact Details

Telephone	Fax
Mobile	
Email	

12 Signature and Date

I certify that this information is in accordance with the MASS PCEP Guidelines.

Signature	Date

13 As the prescriber for Oxygen Equipment, I acknowledge the following:

☐ I have explained the terms of the MASS PCEP loan/rental agreement to the applicant and their family/carer or support person.

☐ I have read and understood the MASS PCEP Guidelines.

Specialist Endorsement
Refer to guidelines for endorsement requirement

Full Name

Specialty

Facility

Department

Telephone

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PO Box 281, Cannon Hill 4170
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Queensland Government | Medical Aids Subsidy Scheme
Queensland Health

Palliative Confirmation

(Affix identification label here)

Family name:

Given name(s):

Date of birth: Gender: ☐M ☐F ☐I

The Medical Aids Subsidy Scheme (MASS) administers the MASS Palliative Care Equipment Program (PCEP) and the MASS Palliative Syringe Driver Program (PSDP) on behalf of the Department of Health. This program provides Assistive Technology to eligible applicants with a palliative condition in their end stage of life.

This form is to confirm that the below named applicant has a palliative condition with a likely prognosis of 6 months or less and therefore meets the clinical eligibility to receive assistance through the program.

Note: A Palliative Care Specialist* **MUST** confirm the applicant's likely prognosis of 6 months or less.

This form may be completed by one of the following methods:

1. The applicant's Palliative Care Specialist in the first instance;
2. The applicant's Treating Medical Officer with an attached email from the Palliative Care Specialist confirming the likely prognosis of 6 months or less;
3. The applicant's Treating Medical Officer 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 and PSDP, this eligibility requirement must be met.

Applicant Details

Name	Date of Birth
Address	
Suburb / town	Post code
Email	Telephone

Treating Medical Officer- Doctor, GP, Registrar or Specialist

Doctor Name	Profession
Organisation	
Organisation Address	
Suburb / town	Post code
Email	Telephone
Signature	Date

Initial Assessment

☐ I am the applicant's Treating Medical Officer and have consulted with a Palliative Care Specialist (insert details below), who has confirmed the applicant's condition has a likely prognosis of 6 months or less.

OR

☐ I am the applicant's Palliative Care Specialist and confirm that the applicant's condition has a likely prognosis of 6 months or less.

Consulting Palliative Care Specialist (PCS)

Not required if Palliative Care Specialist has completed the form as the treating Medical Officer

PCS Name	Telephone
Organisation	

***Palliative Care Specialist Definition:**

- A Doctor who is an AHPRA designated Palliative Medicine Specialist/Physician.

Upload to MASS-eApply or Email OR Post completed form to a MASS Service Centre

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Website: health.qld.gov.au/mass
PO Box 281, Cannon Hill Qld 4170
Telephone: 07 3136 3636

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