**Canberra Hospital and Health Services**

**Operational Procedure**

**ACT Equipment Scheme**

|  |
| --- |
| Contents |

[Contents 1](#_Toc494445706)

[Purpose 3](#_Toc494445707)

[Alerts 3](#_Toc494445708)

[Scope 3](#_Toc494445709)

[Section 1 – ACT Equipment Advisory Committee 4](#_Toc494445710)

[Section 2 – Eligibility 4](#_Toc494445711)

[General Information 4](#_Toc494445712)

[Financial eligibility 4](#_Toc494445713)

[Section 3 – Authorised Prescribers 5](#_Toc494445714)

[Authorised Prescriber Role 5](#_Toc494445715)

[Section 4 – Equipment Supplied 6](#_Toc494445716)

[Standard and Bariatric 6](#_Toc494445717)

[Equipment Not Supplied 6](#_Toc494445718)

[Extraordinary equipment statement 7](#_Toc494445719)

[Section 5 – Application Process and Conditions 7](#_Toc494445720)

[Section 6 – Equipment 9](#_Toc494445721)

[Allocation of Equipment 9](#_Toc494445722)

[Ownership of the equipment 9](#_Toc494445723)

[Insurance of Equipment 9](#_Toc494445724)

[Stolen/damaged Equipment 10](#_Toc494445725)

[Repairs and Maintenance of Equipment 10](#_Toc494445726)

[Changes to Ownership of Equipment 10](#_Toc494445727)

[Prescriber Follow-up 11](#_Toc494445728)

[Equipment Returns 11](#_Toc494445729)

[Section 7 - Equipment Specific Procedures 12](#_Toc494445730)

[Powered wheelchairs and high cost (over $2,000) manual wheelchairs (and associated equipment) 12](#_Toc494445731)

[Wheelchairs – Manual (under $2,000) 13](#_Toc494445732)

[Medical grade footwear/orthotic appliances 13](#_Toc494445733)

[Walking Aids 14](#_Toc494445734)

[Cushions for pressure care 15](#_Toc494445735)

[Compression garments 15](#_Toc494445736)

[Continence Aids 16](#_Toc494445737)

[Wigs 17](#_Toc494445738)

[Speech aids 17](#_Toc494445739)

[Equipment and appliances for personal use 18](#_Toc494445740)

[Adjustable height chairs 18](#_Toc494445741)

[Section 8 - Acquittal Process 19](#_Toc494445742)

[Implementation 20](#_Toc494445743)

[Related Policies, Procedures, Guidelines and Legislation 20](#_Toc494445744)

[Definition of Terms 21](#_Toc494445745)

[Search Terms 21](#_Toc494445746)

[Attachments 21](#_Toc494445747)

[Attachment 1 – Prescriber list 22](#_Toc494445748)

|  |
| --- |
| Purpose |

The role of ACT Equipment Scheme (ACTES) is to assist eligible residents of the ACT who have a life-long or long- term disability to live and participate in their community with the provision of appropriately prescribed equipment, aids and appliances.

This procedure defines eligibility for assistance from the ACTES; the governance of the scheme; the types of equipment which are supplied through the scheme; and the ownership of equipment supplied through the scheme.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Alerts |

1. Assessment and recommendation of the listed equipment as a “required clinical aid” is to be provided by an authorised prescriber.
2. ACTES will provide funding for low cost items (less than $100) on the standards items list, when more than one item is required and the minimum cost exceeds $100.
3. Items requested must meet with relevant Australian Standards and fulfil client need as determined by the prescriber.
4. Equipment provided may be new or recycled.
5. ACTES provides the most cost-effective, clinically appropriate devices that meet a person’s assessed functional need.
6. Equipment may be supplied within the ACTES guidelines and funding availability.
7. ACTES approval is not guaranteed and is subject to funding availability.
8. Clients and prescribers will take care in deciding the type of equipment required and the supplier. ACTES provides financial assistance and is not responsible for negotiating any problems which may arise between manufacturers and clients, or for the replacement of items which are regarded as unacceptable. In these situations, it is the prescriber who will negotiate any issues with equipment supply with the client.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Scope |

The procedure applies to the ACTES Advisory Committee members, the ACTES advisory Committee Chairperson, the prescribers, the ACT Equipment Scheme Officer, suppliers and eligible residents of the ACT who have a life-long or long-term disability who may be eligible for prescribed equipment through the ACT Equipment Scheme.

The ACTES has a defined annual budget. The budget will be allocated on an as-needs basis. This may mean that the full annual budget may be expended prior to the end of the financial year. In such instances, requests for support may be approved but will be delayed for purchase until the commencement of the next financial year.

If you are looking for the Commonwealth Home Support Program (CHSP) Equipment Scheme see Commonwealth Home Support Program Equipment Scheme Operational Procedure.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 1 – ACT Equipment Advisory Committee |

The ACTES is overseen by the ACT Equipment Advisory Committee (the Advisory Committee). The committee is responsible for assessing all applications put forward for assistance under the ACTES.

All applications approved by the Advisory Committee and by the Chair will be fully funded by the ACTES.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 2 – Eligibility |

## General Information

All clients seeking assistance from the ACTES must meet all the following criteria to be eligible:

* Be a permanent Australian resident with a minimum of 6 months residency.
* Be a permanent Australian and ACT resident with a minimum of 6 months residency.
* Require assistance for a permanent disability of for a disability that has lasted for at least two years duration (as determined by the referring medical practitioner) or ne frail aged person.
* If a compensable client, agree to reimburse the ACT Government – Health Directorate in full upon settlement of the associated claim.

## Financial eligibility

Clients must meet the above eligibility criteria AND the following financial criteria to be eligible for assistance:

* Under 16 years of age (birth certificate is required on initial application); or
* Over 16 years of age; and
* In receipt of a full Australian Government Centrelink Pensioner Concession Card in their own name, for the ACT; or
* Hold a current valid Centrelink Health Care Card in their own name, for the ACT.

The client is not eligible if:

* They are an in-patient of a public or private hospital unless the equipment is required for discharge planning purposes and is approved for funding by the Advisory Committee Chairperson.
* They are able to claim the cost of the aid/equipment through a private health insurance policy. Consumers with private health insurance are required to ascertain whether their health fund will cover all, or part, of the cost of the prescribed device, before they apply to ACTES.
* They are able to receive equivalent assistance from other government funded schemes, such as the National Disability Insurance Scheme (NDIS).
* They are living in a residential care facility (i.e. nursing home) – some specialised and custom equipment may be considered by the Advisory Committee where the residential care facility is not required to provide, e.g. customised power wheelchair.
* If currently receiving a Department of Health Home Care package. Only equipment which is not included in the home package care will be considered for supply.
* A person with an advanced progressive disease which is determined to be palliative; hospitals are required to provide equipment for palliative care on loan for short-term use.
* Hold a current Centrelink Commonwealth Seniors Health Care Card or a Mobility Allowance Health Care Card.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 3 – Authorised Prescribers |

Authorised Prescribers must fit within one of the categories below:

1. Medical specialists able to refer to ACTES are to be recognised specialists in the practice of rehabilitation, orthopaedic, neurological or paediatric medicine and are required to consult with the applicants’ primary prescriber.
2. General Practitioners able to refer to ACTES are to be the applicants’ primary medical practitioner and are required to consult with the applicants’ primary prescriber.
3. Allied Health practitioners and nurses see prescriber list, Attachment 1.

## Authorised Prescriber Role

Authorised prescribers are required to:

* Prescribers, in consultation with the applicant, submit an application on behalf of the applicant.
* Be responsible for the accuracy of the prescription/application.
* Have a current registration with their relevant national Registration Board or equivalent.
* For allied health professionals, this includes being credentialed under the Allied Health Credentialing and Scope of Clinical Practice process to practice in their relevant professional group.
* Work in partnership with applicant to ensure ACTES terms and conditions are understood and that eligibility criteria are met.
* Advise the client to contact the ACTES Officer if there is a change of residential address, or eligibility for the assistance e.g. no longer eligible for a Centrelink Card.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 4 – Equipment Supplied |

Types of equipment supplied by the ACTES include, but are not restricted to:

## Standard and Bariatric

* Shower Chair
* Shower Stool
* Over Toilet Frame
* Toilet Surround
* Toilet Throne Accessory
* Toilet Seat Raiser
* Seat Walker with Hand Brakes or Push Down Brakes
* Tri Wheel Walker
* Manual Wheelchair
* Power Wheelchair
* Specialised Seating
* Bedside Commode
* Shower Commode
* Pressure Care Cushion
* Swivel Bather
* Bath Board
* Walking Frames
* Monkey bars (self-help poles)
* Utility chairs
* Hilite / Ataama Chairs
* Adjustable overbed/chair tables
* Medical Grade Footwear and/or Orthotic appliances
* Specialised compression garments such as Second Skin
* TheraTogs
* Electro larynx and Speech aids.

## Equipment Not Supplied

Types of equipment NOT supplied by the ACTES include but not limited to:

* Feeding Pumps or sets
* Gloves
* Wipes
* Kylies
* Waterproof bedding
* Bed wetting alarms
* Low cost items including; walking sticks, crutches, cobra bed sticks, easireachers, bedpans / slipper pans, bed/chair blocks etc. which can be purchased by ACT Government for a total of less than $100.00
* Motorised Scooters
* Home modifications and accessories
* Recliner / Stand Assist chairs
* Chairs for therapeutic benefit which are not height adjustable
* Items deemed as “furniture” – i.e. desks, tables, basic items
* Assistive technology devices that do not comply with Australian Standards
* Devices that are not registered with the Therapeutic Goods Administration, as applicable, or as determined by the ACT Equipment Advisory Committee
* Aids or equipment specifically for use at work or in educational settings
* Equipment and devices already purchased or for repairs completed without approval.

**Note**: The equipment provided by ACTES will be regularly reviewed by the Advisory Committee and will be expanded to suitably reflect and meet the requirements of disabled residents and their carers’ in the ACT within the allocated budget. All equipment will be maintained and repaired by ACTES.

## Extraordinary equipment statement

Items outside the scope of equipment provision may be considered for supply by the Advisory Committee under extraordinary circumstances only. Any applications for equipment outside the policy must be appropriately justified by the prescriber and medical practitioner, and satisfy the Advisory Committee in regard to justification and functional requirements. The application must have eliminated all other equipment as suitable after trial. These requests will onlybe considered if/when there is available budget and there are no standard criteria for approval for these requests. Each request will be considered independently of any other request and no precedent will be deemed to exist. **The decision of the Advisory Committee will be final.**

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 5 – Application Process and Conditions |

* Equipment will be supplied within ACTES Guidelines and funding availability.
* All applications for support will be made by the prescriber and the medical practitioner on the client’s behalf. All relevant supporting reports and comments from other prescribers must be attached to the application.
* All applications will be submitted using the relevant ACTES application form, available on the Intranet or the ACTES Officer:
* ACTES under $2000 application
* ACTES over $2000 application
* Where multiple needs are identified and where those needs cross both the ACTES and CHSPES, two separate applications forms will need to be submitted.
* Incomplete applications will be returned to the prescriber and will remain the property and responsibility of the prescriber until completed. This includes all relevant sections on the application form, including client weight. This may result in processing and delivery delays for applicants.
* The ACTES will not provide funding for equipment funded through the CHSP Equipment Scheme.
* Multiple items requested through ACTES may be recorded on the one application form.
* All applications which exceed $2,000 will be presented to the Advisory Committee for consideration for approval.
* Urgent high cost applications may be approved by the ACT Equipment Advisory Sub Committee, and will only be considered in extraordinary circumstances.
* All applications to be submitted to the Advisory Committee must be submitted in their entirety to the ACTES Officer no later than 17:00 Wednesday one week prior to the second Thursday of the month the application is to be submitted into.
* All applications submitted to the Advisory Committee are required to be typed. Applications will not be presented to the Advisory Committee if they are hand written and will be returned to prescriber for completion.
* Applications which are incomplete and/or do not provide the required supporting documentation will **not** be progressed to the Advisory Committee for a decision. They will be returned to the prescriber to complete before being considered.
* Applications which are presented to the Advisory Committee and are deemed to require more information from the prescriber will be held over until this information is received, and the application presented at the next scheduled meeting. Information which can be sourced prior to the meeting will be done so by the ACTES Administration Officer in order to expedite the process.
* The Advisory Committee may support the application being approved “out of session” by the Chair. If this is the case, and the requested information is received and deemed appropriate, the application will be approved immediately and documented in the meeting minutes.
* All applications which request equipment in excess of $2,000 (high cost items), and up to $20,000 must be accompanied by one (1) quote for the requested item(s). This will be for the most appropriate item as determined by the prescriber and ascertained through equipment trials. A minimum of two comparative items (preferably 3) must be trialled and evidenced in the report or justification provided as to why additional comparative item trials were not available.
* The prescriber will consider equipment availability, after sales service and value for money in regard to their recommendation and quote. The Advisory Committee reserves the right to request additional quotes, trials and justification as deemed necessary.
* Applications which fail to show comparative trials and justification will not be considered for supply.
* All applications which request equipment costing in excess of $20,000 must be accompanied by three (3) separate quotes for the requested item(s).
* In specific specialised applications (specialised seating manufacture etc.), and with written justification, less than three (3) quotations may be considered due to the intricacy of the prescription and the difficulty of accessing suitable providers, however three (3) base quotes **must** be provided. This will be determined by the Advisory Committee and only supported with –
* Consensus of the Advisory Committee; and
* Approval of the Chair.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 6 – Equipment |

## Allocation of Equipment

* Applications which request multiples of the same or “similar” items will not be considered for supply, excluding compression garments.
* The Advisory Committee will only approve one (1) appliance which will be appropriately scripted to meet the primary functional requirements of the client.
* ACTES will not retrospectively fund items of equipment.
* Applications for spare, back up, or separately located equipment (i.e. more than one premises) will **not** be considered.
* Items are to be prescribed for the intended use of the equipment only. ACTES will not consider applications for items that are for use outside the manufactures guidelines.
* Customised colours and aesthetic additions to appliances will not be funded by the ACTES.
* For mobility aids, medical grade footwear and orthoses, the item must be for primary use of mobility. Items may also be considered for support for limb position within a wheelchair when this is the primary form of mobility.
* Prior to ordering/purchasing any new equipment applied for, the equipment available for reissue will be checked for suitability by the prescriber to ensure cost effective management of the ACTES budget.
* The ACTES Officer will provide regular advice to prescribers in regard to available equipment.

## Ownership of the equipment

All equipment provided under the ACTES remains the property of the ACT Government – Health Directorate. The repair and maintenance of ACTES owned equipment is the responsibility of ACTES and will be fully funded through the scheme with prior approval. The only exclusion is if ACTES funded equipment to the client prior to the client transitioning to the NDIS. The equipment is then transferred to the ownership of the client including the responsibility of the repairs and maintenance.

## Insurance of Equipment

It is recommended that clients who are provided with high cost equipment through the ACTES take out insurance as appropriate, particularly if travelling with equipment provided through the scheme.

## Stolen/damaged Equipment

ACTES must be advised as soon as possible to ensure appropriate action is undertaken.

* A report must be filed with the Australian Federal Police and a job number received.
* The job number will be reported to the ACTES Officer and the prescriber will provide advice on if an identical item for replacement is appropriate, or if an additional assessment to ascertain current need is required.
* A new application will be completed if an alternate item is required and this may be approved by the Chair to expedite replacement.
* An equivalent item will be sourced from ELS or externally in the interim by the prescriber and issued to the client to ensure their ongoing needs are fulfilled. ACTES will not fund the hire of equipment sourced externally.

## Repairs and Maintenance of Equipment

The repair and maintenance of ACTES funded equipment is the responsibility of ACTES and will be fully funded through the scheme with prior approval.

Any permanent or major equipment adjustments, maintenance or repairs will occur through prior arrangement with ACTES only. Any equipment adjustments, maintenance or repairs not approved by ACTES prior to commencement will **not** be reimbursed.

* Any costs incurred without prior approval or authorisation by ACTES will be the responsibility of the individual**.**
* Any adjustments, repairs or modifications must occur through an ACTES authorised repairer/supplier.
* An ACTES application form is to be completed and submitted for approval, for all modifications on ACTES equipment.
* All clients must be able to demonstrate the ability to properly maintain and store the equipment provided through the scheme.
* It is the client’s responsibility to ensure equipment is used appropriately and to inform ACTES if equipment requires maintenance or repairs.
* It is the client’s responsibility for the general care and cleaning of the equipment.
* Any damage intentionally caused to the equipment by the client will notbe covered by ACTES, and the client will be responsible for covering any costs associated with the damage.
* Damage caused by unreasonable use, misuse or inappropriate use of the equipment will be the responsibility of the client to cover the cost of these damages.

## Changes to Ownership of Equipment

*Change in Client address to outside ACT*

When a client changes their place of residence to outside the ACT their relocation must be advised to the ACTES officer. Equipment funded by ACTES may be transferred to the other states ownership with the approval of the other states equipment program. The ACTES Officer will notify the state that the client is moving and provide that state equipment fund with a list of ACTES equipment currently with the client.

The ACTES Administration Officer will provide assistance and information on similar schemes throughout Australia.

*ACTES Transferring Ownership to a Person or Agency*

IfACTES chooses to transfer ownership of aids and equipment to a person or agency, that person or agency will be responsible for all repairs and maintenance to the item(s).

*ACTES Taking over Ownership of an Aid*

Under certain circumstances ACTES will consider taking over ownership of aids and equipment, which have been supplied by another agency e.g. interstate agencies aids and equipment which are similar to those provided by ACTES.

ACTES will not take over ownership of aids and equipment that are:

* Considered by ACTES to be beyond their economic life;
* In need of repairs or maintenance at the time of takeover;
* Not on the ACTES approved list of permanent loan aids and equipment;
* Not on the ACTES approved list of permanent loan accessories and modifications;
* Within the warranty period.

The applicant must meet the administrative and clinical eligibility criteria outlined under the relevant sections of the ACTES Procedure.

If ACTES agrees to taking over ownership of aids and equipment, the same criteria apply as if ACTES had funded the aids and equipment.

## Prescriber Follow-up

Prescribers need to organise a post-delivery check to:

* Ensure the correct aids and equipment have been supplied;
* Ensure the aid meets the client’s functional requirements;
* Perform minor adjustments, in consultation with the supplier if necessary, to ensure the aids and equipment meet the client’s functional requirements;
* Ensure the client is instructed on the use of the aids and equipment and is able to use the aids and equipment appropriately and safely;
* Inform the client of any operating, maintenance and care instructions, including appropriate storage.

## Equipment Returns

An ACTES eligible person has the use of an aid as long as it is needed and remains serviceable. The aid must be returned to ACTES when it is no longer required, is unserviceable, is unsafe or has been replaced by a new aid. This excludes compression garments, medical grade footwear, orthoses and continence products.

Aids and equipment returned to ACTES, if suitable, are placed into ACTES stock. The ACTES stock is available for reissue and prescribers are encouraged to utilise the aids or equipment if clinically suitable for their client.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 7 - Equipment Specific Procedures |

## Powered wheelchairs and high cost (over $2,000) manual wheelchairs (and associated equipment)

*Type of assistance available:*

One (1) powered wheelchair may be provided to eligible applicants.

*Procedural statement:*

* To be considered for issue of a powered wheelchair, the client must have a severe mobility problem and require an electric wheelchair because it is essential to their mobility and/or essential in preventing their admission to a hospital or aged care facility. A trial period of a reasonable time frame is required to ensure that the client has the cognitive and physical abilities and that the prescribed power wheelchair is suitable for the client’s environments; if this cannot be met, clear justification must be provided.
* A powered or high-cost manual wheelchair will be supplied only where available funds exist for purchase.
* Clients are not to be given an expectation of provision of powered or high-cost wheelchairs until the application has been considered and approved. Supply cannot be guaranteed.
* Each request will be considered independently of any other request and no precedent will be deemed to exist.
* Specialist Medical Officer/Primary Medical Practitioner Referral is required for all initial applications and subsequent applications if more than 12 months from the initial referral.
* An assessment by the prescriber is required to determine the specifications of the wheelchair. A completed ACTES application form and itemised quote is required before consideration of supply.
* The prescriber, in conducting the assessment, should ensure that the most appropriate and cost effective item is recommended to meet the client’s functional requirements. It is the responsibility of the prescriber to liaise with the client and only refer equipment which is supplied.

*Restrictions on availability:*

* Only one (1) powered or manual chair will be provided for each applicant.
* Replacements will be considered based on application.
* Wheelchairs will be replaced only when they are no longer financially viable to be serviced and/or when the client’s functional requirements have changed.
* Power “options” will not routinely be approved as “inclusive” features of any powered chair. Any additional functions (e.g. stand assist, power elevation, tilt etc.) must be individually justified and will only be considered on evidence provided. Applications which include requests for additional functions which are not justified appropriately will be approved without the added function.
* Applicants are not to be advised that any functionality will be approved prior to the Advisory Committee making their decision on the funding of the equipment.
* Clients who trial equipment which is “fully optioned” must be made aware that all items will not be available on the model provided.

*Additional comments:*

* The replacement of a powered or manual wheel chair will be considered after a minimum of 7 years or subject to reassessment.

## Wheelchairs – Manual (under $2,000)

*Type of assistance available:*

One (1) manual wheel chair may be provided to eligible applicants.

* Manual wheelchairs will only be supplied where the manual wheelchair is to be the principal means of mobility for the client and no other wheelchair has already been supplied.

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner Referral is required for all initial applications and subsequent referrals if more than 24 months from the initial referral.
* An assessment by the prescriber is required to determine the specifications of the wheelchair. A completed ACTES application form and itemised quote is required before consideration of supply.

*Restrictions on availability:*

* Wheelchairs will be replaced only when they are no longer financially viable to be serviced and/or when the client’s functional requirements have changed.

*Additional comments:*

* The replacement of a manual wheelchair will be considered after a minimum of 7 years or subject to reassessment.

## Medical grade footwear/orthotic appliances

*Type of assistance available:*

* Braces, calipers, splints, surgical corsets, compression braces / components and medical grade footwear (including modifications and inserts) may be provided to eligible applicants.
* Modifications, repairs and maintenance of above equipment may be provided when suitably justified to eligible applicants.

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and subsequent applications if more than 12 months from the initial referral for items costing over $2,000 and 24 months from initial referral for items costing under $2,000
* Medical grade footwear will only be supplied where the client cannot wear regular "off the shelf” shoes.
* A completed ACTES application form is required from an authorised prescriber.
* The applicant will be advised that no further funding assistance for similar or replacement items (medical grade footwear/orthotic appliances) will be available within the same financial year.

*Restrictions on availability:*

* Footwear - one pair of medical grade shoes or modifications to shoes may be provided per financial year if the previously funded footwear is showing signs of wear and tear and is clinically justified to require replacement. The only exception is for clients under 16 years of age who may require more than one pair, due to growth only, in the twelve month period.
* Other items - one (pair/bilateral) may be provided per condition, per financial year, except for clients less than 16 years of age who may require more than one, due to growth only, in the twelve month period.
* ACTES will only provide replacement footwear and orthoses in the following financial year when the clients previously funded footwear is showing signs of wear and tear and is clinically justified to require replacement or if the client’s functional requirements have changed.

*Additional comments:*

* Where possible - off the shelf depth footwear should be used rather than custom made options.
* The ACTES does not fund the cost of conducting the assessment of the client's needs and prescribing the aids and equipment. It is the responsibility of the client to organise and when necessary pay for the assessment which forms part of the application for the ACTES.

## Walking Aids

*Type of assistance available:*

Most types of walking frames and wheeled walkers (including paediatric) may be provided to eligible applicants.

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and subsequent applications if more than 12 months from the initial referral for items costing over $2,000 and 24 months from initial referral for items costing under $2,000.
* A completed ACTES application form is required from an authorised prescriber.

*Restrictions on availability:*

* Only one (1) walking aid will be provided for each approved applicant.
* Replacements will be considered based on application when the aid:
* Is no longer serviceable and/or
* The client's functional requirements have changed.

*Additional comments:*

* Reissue of equipment may be available and stock must be checked with the ACTES Officer before requesting a new item(s). Clients can access these equipment types from the Equipment Loan Service for a period of up to three months.

## Cushions for pressure care

*Type of assistance available:*

Most types of pressure care cushions may be provided to eligible applicants.

*Procedural statement:*

* A medical indication for the provision of pressure relieving cushions must exist (e.g. sensory need for spinal injury clients).
* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and 24 months from initial referral.
* Assessment and recommendation by an authorised prescriber.
* A completed Braden Score assessment or Waterlow Score assessment is required before considering supply of pressure relieving cushions.

*Restrictions on availability:*

* Only one cushion will be provided for each approved applicant.
* Replacements will be considered based on application when the cushion:
* Is no longer serviceable and/or
* The client's functional requirements have changed.
* A second cushion cover may be supplied to assist clients with continence issues.

*Additional comments:*

* Clients can access some equipment types from the Equipment Loan Service for trial for a period of up to three months only.

## Compression garments

*Type of assistance available:*

Off the shelf and/or custom made compression garments may be provided to eligible applicants.

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and subsequent applications if more than 12 months from the initial referral for items costing over $2,000 and 24 months from initial referral for items costing under $2,000.
* A completed ACTES application form is required from an authorised prescriber.
* Lymphoedema garments will be provided to people who have been medically assessed as having either primary or secondary Lymphoedema.
* A new ACTES application is required for any additional supply.

*Restrictions on availability:*

* Only two (2) sets per condition of stockings or two Lymphoedema garments will be supplied within a six month period to approved applicants.

*Additional comments:*

* Compression garments may be considered low cost items dependent on the type of garment required.

## Continence Aids

*Type of assistance available:*

Continence aids may be supplied within ACTES Guidelines and funding availability, however, ACTES reserves the right to review this undertaking at its discretion.

*Procedural statement:*

* All clients, for whom continence aids are recommended, must be assessed by an authorised prescriber as to the type and quantity of aids required.
* Other continence aids will be supplied as recommended by the continence clinician, consistent with ACTES Guidelines.
* Clients are entitled to four allocations of their specified products each financial year. The ACTES officer will order these upon request from the client/carer, products are not automatically ordered.
* Where a client experiences double incontinence, or has other special needs, the ACTES Officer may, within available finances, provide additional continence aids in consultation with the continence clinician with prior approval by the Advisory Committee.
* The continence clinician is required to complete the ACTES application form which must detail all relevant client information and provide the type of item(s) requested including product brands and sizes and clinical justification. Applications which do not provide all relevant information will not be progressed until this is received.
* Approved supplies will be home delivered to the advised home address in accordance with ACTES continence supply procedures once approved. Delivery arrangements are made through the contracted suppliers.
* Any requested change to prescribed supply will require an updated prescription on the ACTES application form to be provided by the Continence Advisor and signed by the client.
* The management and allocation of continence supplies will be coordinated between the ACTES Officer and the client.

*Restrictions on availability:*

* Only four allocations of the applicants specified products will be provided each financial year to approved applicants.

*Additional comments:*

* Requests for continence pads which exceed the standard allocation of 90 per month will require written clinical justification from the continence clinician and will be considered by the Advisory Committee.

## Wigs

*Type of assistance available:*

One (1) customised wig may be provided to eligible applicants.

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and subsequent applications if more than 12 months from the initial referral for items costing over $2,000 and 24 months from initial referral for items costing under $2,000.
* May be provided to persons suffering from permanent loss of hair as a result of disease or disability.

*Restrictions on availability:*

Only one (1) wig will be available every three years to eligible applicants.

*Additional comments:*

The replacement of a wig will be available after a minimum of three years, subject to reassessment by a general practitioner.

## Speech aids

*Type of assistance available:*

One (1) type of speech device may be provided to eligible applicants.

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and subsequent applications if more than 12 months from the initial referral for items costing over $2,000 and 24 months from initial referral for items costing under $2,000.
* Assessment by an authorised prescriber is required for all applications.
* Speech aids may include information technology such as iPads with specific communication software, if appropriately prescribed and justified.
* Replacement batteries will not be supplied.

*Restrictions on availability:*

Replacement devices may be provided every two years to eligible applicants

*Additional comments*

* High cost / computerised speech aids must have appropriate clinical justification and will be considered by the Advisory Committee on an individual case by case basis.
* High cost devices will only be approved when appropriate trials and justification is provided.

## Equipment and appliances for personal use

*Type of assistance available:*

Personal aids listed below (which may be custom built or specially modified items) may be provided:

* Commodes, shower stools/chairs and shower/toilet transporters etc.
* Toilet surrounds, toilet throne accessories, and toilet seat raisers etc.
* Other general aids over $100.00.

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and subsequent applications if more than 12 months from the initial referral for items costing over $2,000 and 24 months from initial referral for items costing under $2,000.
* A completed ACTES application form is required from an authorised prescriber.

*Restrictions on availability:*

* Applications which request multiples of the same or “similar” items will not be considered for supply.

*Additional comments:*

* ACTES will provide funding for low cost items (less than $100) on the standards items list when more than one item is required and the minimum cost exceeds $100.
* Clients can access these equipment types from the Equipment Loan Service for a period of up to three months only.
* Care is required by the prescriber to consider client’s weight and height when ordering.
* Reissue of equipment may be available and stock must be checked with the ACTES Officer before requesting a new item(s).

## Adjustable height chairs

*Type of assistance available:*

Chairs listed below may be provided:

* Utility Chairs
* Hilite / Ataama Chairs etc.
* Perching stools

*Procedural statement:*

* Specialist Medical Officer/Primary Medical Practitioner referral is required for all initial applications and subsequent applications if more than 24 months from initial referral for items costing under $2,000.
* A completed ACTES application form is required from an authorised prescriber.

*Restrictions on availability:*

ACTES will only provide funding for one (1) height adjustable chair.

*Additional comments:*

* Clients can access these equipment types from the Equipment Loan Service for a period of up to three months.
* Care is required by the prescriber to consider client’s weight and height when prescribing equipment.
* Reissue of equipment may be available and stock must be checked with the ACTES Officer before requesting a new item(s)
* Items requested which are not height adjustable will be deemed to be furniture and will NOT be provided.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 8 - Acquittal Process |

This acquittal process is to be used by the prescriber and ACTES Officer for all ACTES equipment (wheelchairs, shower commodes, speech devices and other high cost equipment) when delivered directly to the client (not to ACTES at the Village Creek Centre).

The following steps are to be followed during the acquittal process:

| **Step** | **Person Responsible** |
| --- | --- |
| 1. Date for delivery of equipment to the client is decided. | Prescriber, supplier & client |
| 1. If supplier delivers equipment to the Village Creek Centre for modifications to be completed by the Clinical Technology Workshop (CTW) or SWAPS - ACTES officer will notify prescriber. | ACTES officer to notify prescriber when equipment has arrived at Village Creek Centre |
| 1. Prescriber must sign off on the equipment (they scripted) before any work by the CTW or SWAPS can begin.   **NB:** if modifications are occurring, ACTES officer will attach barcode to equipment when modifications are complete and will ask client to sign equipment receipt form. | Prescriber |
| 1. ACTES officer is notified of delivery date by email prior to date advised. | Prescriber |
| 1. ACTES barcode and ACTES Equipment Receipt Form is sent to client’s address. | ACTES Officer |
| 1. Appointment conducted to deliver and fit equipment to the client. | Supplier, prescriber |
| **If equipment/accessories have arrived and are fitted correctly to the client then proceed with steps 7 – 10.** |  |
| 1. Prescriber to sign off delivery form for supplier. | Prescriber |
| 1. ACTES barcode attached to equipment. | Prescriber |
| 1. ACTES Equipment Receipt Form signed by the client. | Client/carers |
| 1. Completed ACTES Equipment Receipt Form returned to ACTES Officer. | Prescriber |
| **If equipment/accessories are incorrect, parts are missing or alterations are required to be done by the supplier then follow steps 11 – 13.** |  |
| 1. Do not sign delivery form. |  |
| 1. Email ACTES Officer with details of outstanding issues and who will be following these up. | Prescriber |
| 1. Arrange follow up appointments with supplier to complete fitting and delivery. Proceed with steps 7 – 10. | Prescriber |

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Implementation |

This procedure will be made available to all staff through the Intranet Policy register and will be emailed out to all relevant department managers for distribution.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Related Policies, Procedures, Guidelines and Legislation |

**Procedures**

* ACT Equipment Loan Service Procedure
* Commonwealth Home Support Program Equipment Scheme Procedure
* Credentialing and Defining the Scope of Clinical Practice for Allied Health Professionals

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Definition of Terms |

ACTES – ACT Equipment Scheme

CHSP – Commonwealth Home Support Program

RACC – Rehabilitation, Aged and Community Care

ELS – Equipment Loan Service

Advisory Committee – The ACT Equipment Scheme Advisory Committee

VC – Village Creek

SWAPS – Specialised Wheelchair and posture Seating Service

CTW – Clinical Technology Workshop

Prescriber – Therapist who is currently seeing the client in regards to equipment to which this process pertains.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Search Terms |

Equipment, Long term, ACTES, Equipment Scheme

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Attachments |

Attachment 1 – Prescriber list

|  |  |  |
| --- | --- | --- |
| Date Amended | Section Amended | Approved By |
| *Eg: 17 August 2014* | *Section 1* | *ED/CHHSPC Chair* |
|  |  |  |

**Disclaimer**: *This document has been developed by ACT Health, Canberra Hospital and Health Service specifically for its own use. Use of this document and any reliance on the information contained therein by any third party is at his or her own risk and Health Directorate assumes no responsibility whatsoever.*

## Attachment 1 – Prescriber list

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Occupational Therapist | Physiotherapist | Orthotists and Podiatrists | Prosthetist | Speech Pathologist | Nurse Practitioners | Continence Advisor, Registered Nurse and Clinical Nurse Consultant |
| Power Wheelchairs | ✓ |  |  |  |  |  |  |
| Manual Wheelchairs | ✓ |  |  |  |  |  |  |
| Walking aids | ✓ | ✓ |  |  |  |  |  |
| Pressure Care Cushions | ✓ |  |  |  |  |  |  |
| Equipment and appliances for personal use | ✓ | ✓ |  |  |  |  |  |
| Adjustable height chairs | ✓ | ✓ |  |  |  |  |  |
| Compression garments | ✓ | ✓ |  |  |  | ✓ |  |
| Medical grade footwear |  |  | ✓ | ✓ |  |  |  |
| Orthotic appliances |  |  | ✓ | ✓ |  |  |  |
| Wigs |  |  |  | ✓ |  |  |  |
| Electrolarynx and speech aids |  |  |  |  | ✓ |  |  |
| Continence aids |  |  |  |  |  |  | ✓ |