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| **TEP Approved Equipment List - as at 01 February 2021** | | | | | | | | | | | |
| **Sub - Type** | **Maximum  Subsidy** | **Approved  Prescriber** | | | **Prescriber Levels** | | | **Home Visit  Recommended** | **Trial/ Investigation required** | **Suitable for  repairs & maintenance** | **Stock** |
| **OT** | **PT** | **SP** | **Level 1  General** | **Level 2  General** | **Level 2  Seating** |
| Equipment Type 1: Communication Aids & Devices | | | | | | | | | | | |
| Communication Software | 1 per year |  |  |  |  |  |  | No | Yes | No | No |
| Speech Generating Devices: Single Message Device | 1 application  per 5 years |  |  |  |  |  |  | No | Yes | No | No |
| Speech Generating Devices:  Sequenced Message Devices Static Display Devices  Text-to-Speech Devices |  |  |  |  |  |  | No | Yes | No | No |
| Access Hardware:  Switch  Pointing System |  |  |  |  |  |  | No | Yes | Yes | No |
| Head control |  |  |  |  |  |  | No | Yes | Yes | No |
| Mounting Systems |  |  |  |  |  |  | No | Yes | Yes | No |
| Voice Related Communication Device:  Voice Amplification Device |  |  |  |  |  |  |  | No | Yes | No | No |
| Voice Related Communication Device:  Voice Amplification Device Electrolaryx |  |  |  |  |  |  |  | No | Yes | No | No |
| Equipment Type 2a: Aids for Daily Living - Toileting Aids | | | | | | | | | | | |
| Toilet Surorund |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Over Toilet Frame |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Raised Toilet Seat |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Throne Rail System |  |  |  |  |  |  |  | Required | No | No | Yes |
| Mobile Commode  with lockable castor wheels  (self/attendant propelled) including seat |  |  |  |  |  |  |  | Required | Yes | Yes | Yes |
| Mobile Commode - Customisation/Modification required to meet client's clinical needs |  |  |  |  |  |  |  | Required | Yes | Yes | Yes |
| Commode - static |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Equipment Type 2b: Aids for Daily Living - Showering Aids | | | | | | | | | | | |
| Bathboard or Seat |  |  |  |  |  |  |  | Yes | Yes | No | Yes |
| Shower chair |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Shower stool |  |  |  |  |  |  |  |  |  |  |  |
| Tub Transfer Bench |  |  |  |  |  |  |  | Yes | Yes | No | Yes |
| Mobile Commode  with lockable castor wheels  (self/attendant propelled) including seat |  |  |  |  |  |  |  | Required | No | Yes | No |
| Mobile Commode - Customisation/Modification required to meet client's clinical needs |  |  |  |  |  |  |  | Required | No | Yes | No |
| Equipment Type 2c: Aids for Daily Living - Transfer Aids/Lifting Devices | | | | | | | | | | | |
| Electric Lift Chair /Rise Recliner |  |  |  |  |  |  |  | Required | Yes | No | No |
| Mobile hoist - Electric |  |  |  |  |  |  |  | Required | Yes | Yes | Yes |
| Hoist sling |  |  |  |  |  |  |  | Required | Yes | No | Yes |
| Monkey bar (Goose neck) |  |  |  |  |  |  |  | Required | No | No | Yes |
| Transfer Board |  |  |  |  |  |  |  | No | Yes | No | Yes |
| Equipment Type 2d: Aids for Daily Living - Miscellaneous | | | | | | | | | | | |
| Kitchen Trolley |  |  |  |  |  |  |  | No | No | No | Yes |
| Hi Lite Chair |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Utiity Chair |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Kitchen Stool  (height adjustable) |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Footstools and leg raisers |  |  |  |  |  |  |  | Yes | No | No | No |
| Equipment Type 3: Bed Equipment | | | | | | | | | | | |
| Hospital Bed – Electric |  |  |  |  |  |  |  | Require | Yes | Yes | Yes |
| Bed Accessories: |  |  |  |  |  |  |  |  |  |  |  |
| Over bed table  (height adjustable) |  |  |  |  |  |  |  | Yes | No | No | No |
| Bed Wedges and Supports |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Bed stick |  |  |  |  |  |  |  | Required | Yes | No | Yes |
| Bedside Rail |  |  |  |  |  |  |  | Required | No | No | Yes |
| Bed Rail Protectors |  |  |  |  |  |  |  | Required | Yes | No | Yes |
| Bed Blocks |  |  |  |  |  |  |  | Yes | No | No | Yes |
| Night - time positioning  equipment |  |  |  |  |  |  |  | Required | Yes | Yes | No |
| Equipment Type 4: Pressure Management Equipment | | | | | | | | | | | |
| Mattress - Low Risk |  |  |  |  |  |  |  | Required | No | No | Yes |
| Overlay - Low Risk |  |  |  |  |  |  |  | Required | No | No | No |
| Mattress - Medium/High Risk |  |  |  |  |  |  |  | Required | Yes | Yes | Yes |
| Overlay - Medium/High Risk |  |  |  |  |  |  |  | Required | Yes | Yes | No |
| Cushion - Low Risk |  |  |  |  |  |  |  | No | No | No | Yes |
| Cushion - Medium/High Risk |  |  |  |  |  |  |  | No | Yes | Yes | Yes |
| Equipment Type 5: Wheeled Mobility Aids | | | | | | | | | | | |
| Manual Wheelchair  \* Non-scripted/off the shelf |  |  |  |  |  |  |  | Required | Yes | Yes | Yes |
| Manual Wheelcahir  \* Scripted |  |  |  |  |  |  |  | Required | Yes | Yes | No |
| Powered Wheelchair |  |  |  |  |  |  |  | Required | Yes | Yes | No |
| Wheelchair - Customisation/Modification  required to meet clients clinical needs, including supportive seating |  |  |  |  |  |  |  | N/A | Yes | Yes | No |
| Equipment Type 6: Ambulant Mobility Aids | | | | | | | | | | | |
| Crutches |  |  |  |  |  |  |  | No | Yes | No | Yes |
| Walker |  |  |  |  |  |  |  | Yes | Yes | No | Yes |
| Equipment Type 7: Personal Emergency Response System (PERS) | | | | | | | | | | | |
| Home Alarms (Personal  Response Systems)  - Monitored | 1 unit installation  only |  |  |  |  |  |  | Required | Yes | No | No |
| Home Alarms (Personal  Response Systems)  - Non -Monitored | 1 unit installation  only |  |  |  |  |  |  | Requred | Yes | No | No |
| Equipment Type 8: Home Modifications | | | | | | | | | | | |
| Minor Home Modifications \* Grab Rail (Off the shelf)  \* Banister Rail \* Lever taps \* Hand held shower hose (cradle) | Up to  $1,000.00 |  |  |  |  |  |  | Required | Yes | No | No |
| Ramps - portable |  |  |  |  |  |  |  | Required | Yes | No | Yes |
| Major Home Modifications  \* Bathroom modifications \* Kitchen modifications  \* Ramp - fixed  \* Grab Rails - Custom Made | 50% of major home modifications up to $5,000 / 5 years |  |  |  |  |  |  | Required | Yes | No | No |
| HEADING INFORMATION and DEFINITIONS | | | | | | | | | | | |
| * **Sub - Type** - Equipment available within each Equipment Type from TEP Approved Equipment List * **Maximum Subsidy** - The maximum amount per item TEP will contribute to the purchase of the item prescribed. If an item is not listed above TEP may provide funding to the maximum subsidy of a comparable item in an equivalent equipment sub -type. TEP will not fund items under $100. * **Approved Prescriber-** Primary discipline/s - approved tp prescribe relevant items. Refer to TEP Professional Criteria for Approved Prescribers for exemptions   + **OT** - Occupational Therapist   + **PT** - Physiotherapist   + **SP** - Speech Pathologist * **Prescriber Levels -** The minimum Approved Prescriber level required to prescriber the item. Prescription of any complex wheeled mobility equipment should include clinical consultation with the SEAT Clinician.   + **Level 1 General** - As per TEP Professional Criteria for Approved Prescribers   + **Level 2 General** - As per TEP Professional Criteria for Approved Prescribers   + **Level 2 Seating** - As per TEP Professional Criteria for Approved Prescribers * **Home Visited Recommended** - Indicates if home visit is not recommended, recommended or required as part of the prescription assessment. * **Trial/Investigation Required** - Indicates if trial or investigation is required as part of the prescription assessment. * **Repair by R&M Contractor** - Indicates if an item is nominated for repair and maintenance by the Repair and Maintenance Contractor * **Stock** - Indicates if an item is included on the TEP Stock Imprest List. Standard models of these items are maintained at a minimum level as determined by frequency of prescription in each region. * **Customisation** - Assembly or adaptation of an existing item, by a person who is not the manufacturer, for an individual client. Customisation may change the character or structure of the item but does not change the intended purpose. * **Modifications** - Change that adapts or restricts an existing item to a new end or purpose for greater functionality or appeal. A Modification may include a change to an item’s shape, adding a feature or improving its performance. | | | | | | | | | | | |

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