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# Purpose

The purpose of this guideline is to specify Territory Equipment Program (TEP) funding criteria for this groups of assistive technology; eligible prescribers and provide a basis for consistent and transparent decision making.

# Guideline

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| **Equipment that assists a non – ambulant individual to mobilise** | |
| **Includes** | **Eligible Prescribers** |
| **Level 1 General Equipment**   * Manual Wheelchair * Non scripted/off the shelf | Occupational Therapist, Physiotherapist  Prescription of any wheeled mobility equipment may include clinical consultation with the Seating Equipment Assessment and Technical (SEAT) Service Therapist |
| **Level 2 General Equipment**   * Manual Wheelchair * Scripted * Powered Wheelchair * Wheelchair Customisation/Modification | Occupational Therapist, Physiotherapist with:   * More than 1 year clinical experience; and * 3 previous prescriptions for Level 2 General Equipment of the specified Equipment Type * Prescription of any complex wheeled mobility equipment should include clinical consultation with the SEAT Therapist |
| **Level 2 Seating Equipment**  As above (Level 2 General Equipment) | Occupational Therapist, Physiotherapist with:   * More than 3 years’ experience; and * 3 previous prescriptions for Level 2 Specialised Seating Equipment of the specified Equipment Type   Prescription of any complex seating or positioning equipment can include clinical consultation with the SEAT Therapist |
| **Excludes:**   * Items under $100 * Powered scooters * Wheelchairs or features for recreational use such as bumper bars, beach wheelchairs, sport specific wheelchairs, disability specific bicycles * Wheelchair/scooter accessories such as baskets and flags, aesthetic features and optional extras * Optional (desired by the client but not necessary to meet their assessed needs) customisation or modifications * TEP will not fund a wheeled mobility aid for leisure or recreation alone or for use only in the school or work environment * TEP will not fund a powered wheelchair for community access whereby other options such as a taxi, scooter or informal/formal supports are available. * Strollers – paediatric (both disability and non-disability specific) * Twin stroller to accommodate siblings without a disability * Wheeled mobility aid to manage behavioural difficulties * Aids and equipment which can be funded by other sources | |
| **Alternate Funding Sources for Aids and Equipment**  Availability of equipment funding from other sources must be investigated.  This list should not be considered exhaustive as further alternative funding sources may be available. | Items for childcare may be provided through the Inclusion Support Program (ISP)  Items for school or TAFE may be provided through the Department of Education  Items for the workplace may be provided through Job Access  Items for aged clients may be provided through a Commonwealth Home Care Package 1, 2,3,4 or a Residential Aged Care facility Items may be funded through an approved National Disability Insurance Scheme (NDIS) Plan  Compensable and private funding such as Department of Veterans Affairs (DVA), Motor Accident Compensation (MAC), or other Insurance schemes  Public/community housing organisations eg. Department of Housing and Community Development Housing Co-operatives |
| **Identification of Need/Clinical Criteria** | |
| **A manual wheelchair may be funded where:**   1. The client is unable to walk safely to achieve their functional goals **AND** 2. The wheelchair is the client’s primary means of mobility OR the client is a mixed mobility user **AND** 3. The client or carer is able to propel the wheelchair safely. 4. A community access wheelchair will only be funded for essential and safe community access. | |
| **A powered wheelchair may be funded where:**   1. The client is unable to walk or propel a manual wheelchair safely to achieve independent mobility and achieve their functional goals **AND** 2. The powered wheelchair is the client’s primary means of mobility ORthe client is a mixed mobility user **AND** 3. It has been established that the client or carer has the cognitive, physical and psychological capacity to safely and effectively use the equipment **OR** 4. An attendant controlled powered wheelchair may be funded by exception when the client’s weight, carer abilities, main environment of use or ancillary equipment such as a ventilator, prohibits the use of an attendant propelled manual wheelchair. | |
| **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.  **Modification**  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](http://www.businessdictionary.com/definition/feature.html) or improving its [performance](http://www.businessdictionary.com/definition/performance.html).  **Mixed mobility user**  A mixed mobility user is a client who requires both a wheeled and an ambulant mobility aid due to fluctuating functional mobility, as clinically assessed.  Scripted – Wheelchair that has a detailed manufacturers’ order form that has been completed according to the clients specific needs. This wheelchair is tailored to the clients’ needs.  Non-scripted – Wheelchair with minimal adjustment which has been purchased as is/out of the box | |

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| **Other Considerations** | |
| * One wheeled mobility aid will be issued per client (either manual or powered) * A manual wheelchair may be provided as a backup for a powered wheel chair if available from re-issue stock when need is identified * The manual wheelchair for backup purposes will be repaired by TEP but customisation will not be funded * Additional specialist assessments may be required to assist in establishing the capacity of the client to safely and effectively use the equipment i.e: recent Optometrist and/or Ophthalmologist assessment specifically relating to the ability to safely operate the powered wheeled mobility aid * The Northern Territory speed limit is 10 kilometres per hour for wheelchairs to remain as a pedestrian vehicle. A registered vehicle is required for travel over 10 kilometres per hour. Therefore, TEP will only purchase items that do not exceed this limit * The replacement of a powered or manual wheeled mobility aid will be considered after a minimum of 5 years or subject to reassessment of clinical need * Necessary repairs will be covered by TEP however, general upkeep, care of chair and cleaning is the responsibility of the user * Provision of a powered wheelchair will entail a clinical and general maintenance review every 12 months. Clinical reviews will include reassessment of cognition, vision, driving and medical status. . | |
| **Clinical Priority** | |
| While a person may be eligible for TEP, it does not guarantee that a particular aid or item of equipment will be provided. This decision is dependent on the clinical priority and the availability of funds.  **New or re-issue stock items will be issued as soon as possible following approval and the processing of the prescription.**  To ensure clients most in need are assisted, each prescription item will be clinically prioritised using the following criteria.  This is an indication of the clinically assessed priority for the prescribed item and should be clearly justified by the prescriber within the prescription. | |
| 1. **High Urgency Category** | The provision of aids or equipment which are ***essential***  to :   * The safety of the client/carer in the home * The continuation of the current care/living arrangements   The client’s independent functioning in the home |
| 1. **Medium Urgency Category** | The provision of aids or equipment which will ***improve*** the:   * Safety of the client/carer in daily living activities * The client’s independent functioning in daily living activities   The provision of aids or equipment that will ***maintain*** the client’s current care/living arrangements. |
| 1. **Low Urgency Category** | The equipment ***is therapeutic based*** equipment that increases the client’s mobility and communication abilities in the long-term.  The equipment ***contributes*** to the client’s quality of life but is not essential for their current care/living arrangements. |
| **Equipment Decision and Justification** | |
| **Client Factors** | |
| **Provide**   * Information from the clinical assessment of present mobility skills including strength, endurance, tone, balance, posture as relevant and ability to safely use equipment in all environments * Clinical justification for features of the wheelchair i.e. back support, seat pan, seat height, footplate, rear wheels, front wheels, wheelchair type (ie folding, rigid, tilt) and electric features (recline, tilt, elevating legs, lift, lights) * Client’s weight. Confirm that it is within the safe working limit of the equipment * Information on transfer techniques and carer ergonomics and the implications of this for wheelchair features such as seat height, presence or absence of armrests, placement of sling for transfers, style of footplates * Resources as required for manual wheelchair (refer to Resources): * Client Measurement Chart * Manufacturers script/order form (if applicable) * Resources as required for powered wheelchair (refer to Resources):   + Cognitive screen.   NOTE: If screen result is poor, this is an indication that further formal cognitive assessment and/or functional cognitive assessment is required to determine ability to safely use a powered wheelchair.   * + Vision assessment   + Driving assessment   + Medical Clearance   + Client Measurement Chart   + Manufacturers script/order form (if applicable)   **Confirm**   * Client’s primary means of mobility * Whether client is currently able to mobilise using any method other than the item being prescribed * Frequency and environments of use for all mobility methods   **Consider**   * Posture and/or other seating needs that may need to be accommodated eg: a wider/taller wheelchair may be required to accommodate a highly supportive backrest * Consider the suitability of commercially available wheeled mobility aids prior to considering custom made equipment * Any relevant medical information that may impact on the client’s current and ongoing ability to use the wheeled mobility aid such as deterioration or improvement in condition, medications, planned surgery or procedures * Any predicted changes in condition or levels of function which will impact on client’s ongoing use of the wheeled mobility aid such as muscle strength, tone and motor control, cognitive ability, vision, behaviour, manual dexterity * Any other factors that will impact the client’s ongoing need for the equipment such as changes to size (growth, weight), changes to environment of use and developmental abilities or demands * Transfer methods and the implications for this for wheelchair features such as seat height, style of footplates, presence or absence of footplates, placement of sling and hoist for transfers * Whether the client has particular pressure care needs which impact on this equipment selection * Whether the client has particular posture, pain management and/or other seating needs which impact on this equipment selection and how these will be able to be accommodated on the wheeled mobility aid * Training plan for client and/or carer | |
| **Social/Carer Factors** | |
| **Confirm**   * A plan for training has been made for carers regarding the use of the of the wheeled mobility aid including folding, basic maintenance, transport and cleaning   **Consider**   * Carer’s ability to use the equipment safely, including transfers, propulsion and set up, care and trouble shooting * Whether provision of equipment will facilitate the physical care of client and/or reduce strain on carers | |
| **Environmental and Equipment Factors** | |
| **Confirm**   * Wheeled mobility aid is able to be used in the client’s home, if required, including internal access, passageways, floor surfaces, bathroom, bedroom, kitchen and living rooms, external access to the home eg: ramps * Features on the wheeled mobility aid are compatible with the environment of use ie: style of tyres, wheels, castors are suitable for the main place of use for the equipment * The wheeled mobility aid is compatible with other equipment being used or planned such as, respiratory equipment, bed, hoist, communication device, tables * The suspension, motors and battery capacity are suitable for daily and weekly functional use * Wheeled mobility aid will be stored in a secure environment, protected from the elements * Power outlet is available and the home has an electrical safety switch for charging of powered wheelchair * The wheeled mobility aid is able to be transported safely * With the client seated in the wheelchair (including consideration of client’s seated height, equipment width and depth and tie down points for the wheelchair to be fastened) or * Either folded or disassembled if client transfers to vehicle seat * With the aid is secured safely in the vehicle   **Consider**   * The wheelchair complies with Australian Standards and the Therapeutic Goods Administration (TGA) or other equivalent international standards as well as the manufacturer’s recommendation for maximising safe transportation * Whether client will be transported in wheelchair and any additional specifications that may be required to comply with safe transport recommendations, please refer to the relevant Australian/New Zealand Standards (AS/NZS) for further details. * Consider the future needs of the clients and that equipment will adapt to meet changing needs * If modifications to the client’s environment or method of transport are required * If the client is required to travel by air on a regular basis * If equipment is nominated for repair and maintenance provide client with appropriate information | |

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| **Trial or Investigation** |
| **Trial or Investigation of the aid or device may be required.**  Refer to TEP Approved Equipment List.  For functional trial requirements complete the TEP T1 Trial Request, TEP T2 Agreement to Trial Equipment, and/or TEP T3 Trial Log for Powered Wheelchair (if appropriate).  **Location of trial**   * Trial of recommended equipment or equivalent model in the home environment is highly recommended * For equipment that is integrated with other equipment, confirm that these are compatible via a trial in the home environment or an alternative environment ie: respite, hospital   **Provide**   * Objective comparisons of the options considered and trialled/investigated and the clients ability to participate in relevant functional activities, with and without the equipment |
| **Plan for Delivery** |
| **Provide**   * Name and contact details of client/carer and any clinicians who must be notified prior to delivery * Information regarding any issues related to access to the home * Delivery instructions * If equipment is being delivered to a remote location please provide name of Freight Company (if known), community clinic or aged care facility, contact person, contact number and an email address. * If replacement item is being prescribed, a plan to remove/return existing/unsuitable item on the prescription eg. TEP to collect item being replaced or prescriber to arrange return of item being replaced. * All Level 2 General Equipment needs to be delivered and fitted with the prescribing or treating therapist present. |
| **Plan for Equipment Review** |
| It is the prescribing therapist’s responsibility to ensure correct fitting and client education for TEP equipment on issue. It is essential that both Level 1 and Level 2 equipment is reviewed within 12 weeks of delivery and use.  Prescribers must indicate which mode of follow up they will undertake. Options include: home visit, telephone call, client advised to contact prescriber as needed or the prescriber may need to make arrangements to refer follow up to an alternate provider, where appropriate.  In addition, the following review guidelines are recommended:   * Equipment review for Level 1 equipment * Within 12 weeks of delivery and use * Equipment review for Level 2 equipment * Within 12 weeks of delivery and use * 12-months post delivery and use   \* This includes a review of vision, cognition, driving assessment and Medical Clearance  Prescribers must indicate which mode of follow up they will undertake. Options include: home visit, telephone call, client advised to contact prescriber as needed or the prescriber may need to make arrangements to refer follow up to an alternate provider, where appropriate. |
| **Resources** |
| Resources are to be submitted with a prescription form.   * When completing a prescription for a Level 2 manual wheelchair please provide the below resources:   Client Measurement Chart   * TEP EA-WC Client Measurement Chart   Refer to TEP intranet/internet for document  **AND/OR**  Manufacturers Script/Order form (if applicable)   * When completing a prescription for a powered wheelchair please provide the below resources:   Cognitive Screen  For adults, **provide one** of:   * Mini Mental State Examination (MMSE)   <http://www.dementia-assessment.com.au/cognitive>  **OR**   * Rowland Universal Dementia Assessment Scale (RUDAS)   http://www.dementia-assessment.com.au/cognitive  **OR**   * Kimberley Indigenous Cognitive Assessment (KICA-Cog)   http://www.dementia-assessment.com.au/cognitive  or  http://www.wacha.org.au/kica.html  All cognitive screening tools available at www.dementia-assessment.com.au/cognitive  **AND**  Vision Assessment   * TEP EA-O Optometry Assessment for Powered Wheelchairs   Refer to TEP intranet/internet for document  **AND**  Driving Assessment   * TEP EA-D Driving Assessment for Powered Wheelchairs   Refer to TEP intranet/internet for document  **AND**  Medical Clearance   * TEP EA – MC Medical Clearance for Powered Wheelchair TEP Form   Refer to TEP intranet/internet for document  **AND**  Client Measurement Chart   * TEP EA-WC Client Measurement Chart   Refer to TEP intranet/internet for document  **AND/OR**  Manufacturers Script/Order form (if applicable) |

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| Quality Assurance | | |
|  | **Method** | **Responsibility** |
| **Implementation** | Document will be available for access via the PGC | PGC Administrator |
| **Review** | Document will be reviewed within *3 years* or when changes in practice occur | TEP Advisory Committee, Primary & Public Health Care, Top End Health Service and Central Australia Health Service. |
| **Evaluation** | Document will be evaluated informally at time of review | TEP Advisory Committee, Primary & Public Health Care, Top End Health Service and Central Australia Health Service. |
| **Compliance** |  |  |

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| Key Associated Documents | |
| **Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents** | See [For Reference](#_top) |
| **References** | * Dementia Collaborative Research Centres - An Australian Government Initiative http://www.dementia-assessment.com.au/cognitive * Powered Mobility Empowering Participation, Cerebral Palsy Alliance [www.cerebralpalsy.org.au/\_\_data/assets/pdf\_file/0003/8724/Powered\_Mobility\_Manual.pdf](http://www.cerebralpalsy.org.au/__data/assets/pdf_file/0003/8724/Powered_Mobility_Manual.pdf) * NT Consolidated Regulations Traffic regulations Schedule 3 (<http://www.austlii.edu.au/cgi-bin/sinodisp/au/legis/nt/consol_reg/tr186/sch3>) * ACI NSW Agency for Clinical Innovation. Spinal Seating Professional Development Program <http://www.aci.health.nsw.gov.au/networks/spinal-seating>   \*Assessing Fitness to Drive – for commercial and private vehicle drivers. Medical Standards for Licensing and Clinical Management Guidelines. As amended up to August 2017 March 20162 National Transport Commission Australia and Ausroads. Part B:10 Vision and eye disorders. <https://austroads.com.au/drivers-and-vehicles/assessing-fitness-to-drivehttp://www.austroads.com.au/assessing-fitness-to-drive> |

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| Definitions, Acronyms and Alternative Search Terms | |
| Term | Description |
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| Evidence | | | |
| **Reference** | **Method** | **Evidence Level (I-V)** | **Summary of Recommendation from this Reference** |
| N/A | N/A | N/A | N/A |

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| **National Safety and Quality Health Service Standards** | | | | | | | |
| cid:image001.jpg@01D658ED.D030F090  Clinical Governance | cid:image002.jpg@01D658ED.D030F090  Partnering with Consumers | cid:image003.jpg@01D658ED.D030F090  Preventing and Controlling Healthcare Associated Infection | cid:image004.jpg@01D658ED.D030F090  Medication Safety | Comprehensive care icon  Comprehensive Care | cid:image006.jpg@01D658ED.D030F090  Communicating for Safety | cid:image007.jpg@01D658ED.D030F090  Blood Management | cid:image008.jpg@01D658ED.D030F090  Recognising & Responding to Acute Deterioration |
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