

Victorian Aids and Equipment Program guidelines

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Victorian Aids and Equipment Program guidelines

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Purpose of the guidelines

These guidelines provide a framework for delivering the Victorian Aids and Equipment Program (VA&EP) and are for providers of Department of Health funded aids and equipment services, assistive technology practitioners, and the Department of Health central office and Operations Divisions program managers.

These guidelines can be found on the [Department of Health website](https://www.health.vic.gov.au/supporting-independent-living/victorian-aids-and-equipment-program).

<<https://www.health.vic.gov.au/supporting-independent-living/victorian-aids-and-equipment-program>>:

The guidelines supersede all previous versions and reflect current Department of Health policy.

Terms used in this document

'Assistive technology' (AT) applies to devices and modifications whose primary purpose is to maintain or improve a person's functioning and independence. In this context, the assistive technology available under the VA&EP includes aids and equipment, home and vehicle modifications and some specific health-related items.

'Service providers' (SP) refers to the community service organisations the department funds to administer the VA&EP schemes and programs.

'Asset' refers to an assistive technology 'item' that the VA&EP provider maintains ownership of. Please refer to 'Ownership' section for information on how to determine ownership.

'Assistive technology practitioners' refers to the therapists and clinicians who undertake assessments and help applicants identify the most appropriate assistive technology.

Role of the Department of Health

The department is responsible for:

- developing policy and guidelines for operating the VA&EP including setting eligibility criteria, determining subsidy levels and the AT items that will be provided
- planning and developing new VA&EP programs with stakeholders, including analysing trends, emerging needs and projected demand
- monitoring service provision to ensure funded service providers meet service targets and quality performance measures.

VA&EP Service providers

Six service providers are funded by the Department of Health to deliver the VA&EP:

Grampians Health State-wide Equipment Program (SWEP) <https://swep.bhs.org.au/available-items-and-subsidy.php> administers the:

- Aids and Equipment Program (A&EP)
- Continence Aids Program (CA)
- Domiciliary Oxygen Program (DOP)
- Supported Accommodation Equipment Assistance Scheme (SAEAS)
- Vehicle Modification Subsidy Scheme (VMSS)
- Lymphoedema Compression Garment Program (LCGP)
- Laryngectomy Consumables Program (LCP)
- Preventative Maintenance Program (PMP)

Yooralla <<https://www.yooralla.com.au/services/communication-and-assistive-technology/electronic-communication-devices-scheme>> administers the Electronic Communication Devices Scheme (ECDS).

MND Victoria <<https://www.mnd.asn.au/our-services/equipment>> receives a contribution towards the cost of its equipment library for people who have motor neurone disease.

Individual Solutions for Individual Needs (Solve) <<https://www.solve.org.au/>> is funded to design and manufacture specialised, customised equipment for eligible people.

Expression Australia (formerly Vicdeaf) administers the Smoke Alarm Scheme.

Vision Australia Foundation <<https://www.visionaustralia.org/technology-products>> administers the Low cost Vision Aids Scheme.

About the Victorian Aids and Equipment Program

Program aim

The VA&EP provides eligible people with subsidised assistive technology to enhance independence in their home, facilitate community participation and support families and carers in their role.

Target population and eligibility criteria

To be eligible for the VA&EP, applicants must meet the following criteria:

- be a permanent resident of Victoria
- or
- be a refugee or an asylum seeker
- and
- require assistive technology on a permanent or long-term basis for a health or ageing-related need. People with a disability who do not meet National Disability Insurance Scheme (NDIS) eligibility due to age, residency status or functional impairment level can also apply to the VA&EP
- all additional program criteria, where applicable.

Note: Information on additional eligibility criteria is available in the 'Availability and supply' section and on the funded service providers' websites.

The following also applies:

- Department of Veterans' Affairs (DVA) Gold Card holders who do not have a DVA 'approved disability' can apply for VA&EP subsidies for a mobility scooter, a powered wheelchair and vehicle modification.
- Commonwealth Government residential aged care residents can only apply for an electronic communication device via the ECDS.
- Commonwealth Government levels 1 and 2 Home Care Package recipients can apply for all VA&EP assistive technology items except domiciliary oxygen. This should be funded through their Home Care Package.
- Commonwealth Government levels 3 and 4 Home Care Package recipients can only apply to SWEP for VA&EP subsidies for a mobility scooter, a powered wheelchair, home modifications and to the ECDS for electronic communication devices.

Ineligibility and exclusions

A person is **not eligible** to access supports from the VA&EP if:

- they are eligible to receive assistive technology supports from other government-funded programs including the NDIS, WorkSafe Victoria and the Transport Accident Commission
- they live in a Commonwealth-funded aged care facility or are an inpatient in a public or private health facility
- the full cost of the assistive technology can be claimed through their private health insurance (the VA&EP will fund any gap between the cost of the item and private health insurance refund if the gap does not exceed the VA&EP maximum subsidy amount for the item)

- they have any form of compensation/legal settlements or court awards for assistive technology.
Note, in some circumstances, a person may be eligible to access the VA&EP once compensation/settlement funds for their assistive technology has been fully expended.

What does the VA&EP provide?

The VA&EP provides a subsidy (a level of funding) toward the purchase price of a range of assistive technology items as specified in the 'Availability and supply' section of this document.

The VA&EP has set subsidy levels for different assistive technology items. Some items have an annual subsidy limit – for example, continence products or a threshold for replacement.

More detailed information about what VA&EP provides can be found on the websites of the service providers

[Grampians Health State-wide Equipment Program](https://swep.bhs.org.au/available-items-and-subsidy.php) (SWEP) <<https://swep.bhs.org.au/available-items-and-subsidy.php>> items and subsidy levels.

- [Yooralla](https://www.yooralla.com.au/services/communication-and-assistive-technology/electronic-communication-devices-scheme) <<https://www.yooralla.com.au/services/communication-and-assistive-technology/electronic-communication-devices-scheme>>
- [MND Victoria](https://www.mnd.asn.au/our-services/equipment) <<https://www.mnd.asn.au/our-services/equipment>>
- [Solve](https://www.solve.org.au/) <<https://www.solve.org.au/>>
- [Expression Australia](https://www.expression.com.au/content.asp?cid=81&t=alarm-subsidies) <<https://www.expression.com.au/content.asp?cid=81&t=alarm-subsidies>>
- [Vision Australia](https://www.visionaustralia.org/services/funding/other-funding/technology*state-and-territory-based-equipment-funding-schemes) <https://www.visionaustralia.org/services/funding/other-funding/technology*state-and-territory-based-equipment-funding-schemes>

SWEP also provides a 24/7 emergency repair service for items they own.

Subsidies not provided

The VA&EP does not provide subsidies:

- for the cost of the assessment for the assistive technology item or for the home/vehicle modification
- for funding for aids and equipment that are standard household or personal items (for example, washing machines, beds, clothing)
- to modify assistive technology that has been privately funded
- **retrospectively** – the VA&EP will **not reimburse or fund** any costs associated with any assistive technology/modification that a person may have committed to before their application to the VA&EP has been submitted and approved regardless of their eligibility for a subsidy under the VA&EP
- for assistive technology specifically for use at work, in educational settings or specifically for recreational pursuits
- for items associated with medical treatment or surgical interventions (with the exception of medical gas/oxygen, lymphoedema garments, laryngectomy items and subsequent orthoses to treat children who have a club foot but no other associated disabilities – see the 'Availability and supply' section for more information)
- to provide assistive technology required for short periods such as post-surgery
- for new dwellings, dwellings under construction or construction of new 'builds' to an existing dwelling.

Public hospital and extended care centre responsibilities

For the first 30 days after discharge, public hospitals and extended care centres are responsible for providing assistive technology related to a person's hospital admission.

Public hospitals are also responsible for providing the first orthosis for patients.

For current information about public hospital responsibility for assistive technology visit [the department's fees and charges webpage](https://www2.health.vic.gov.au/hospitals-and-health-services/patient-fees-charges/other-services) <<https://www2.health.vic.gov.au/hospitals-and-health-services/patient-fees-charges/other-services>>.

Applications for the VA&EP from patients who will or are likely to have a permanent need for assistive technology may be submitted while in hospital. However, the subsidy for the assistive technology will not be provided until the 30-day post-discharge period has expired.

Private hospital patients

The VA&EP will accept applications from eligible private hospital patients immediately on discharge for the available range of subsidised items.

Priority of access

To ensure applicants most in need are assisted as soon as possible and equitably, applications are prioritised using the priority of access framework listed below (note: criteria are not listed in priority order):

- The assistive technology is **critical** to the safety of the applicant or injury prevention in daily living activities.
- Not supplying the assistive technology will lead to a deterioration in the applicant's health or functioning abilities that may result in premature admission to institutional care, hospitalisation or dependence on more costly services.
- Not making the assistive technology available will place excessive demand on carers in caring for the applicant and seriously jeopardise the current care/living arrangements.

Applications are triaged in line with the priority of access framework and available funds to determine the order in which clients will access support. If an applicant's circumstances change after the application has been triaged and the need for the assistive technology becomes more urgent, the applicant's assistive technology practitioner can escalate the urgency of need to the service provider.

'No waiting' category

The Assistive Technology, subsidy or repair will be supplied as soon as possible after all relevant documentation/information is received.

These circumstances are applicable to the supply of:

- domiciliary oxygen
- ongoing supply of continence aids for existing consumers
- lymphoedema garments
- laryngectomy supplies
- assets triaged as requiring immediate repair
- mobility assets triaged as requiring immediate modification
- reissue assets and replacement of equipment deemed unviable to repair.

‘High urgency’ category

The Assistive Technology or subsidy will be supplied as soon as funds are available to buy the item/modification where a reissued item is not available. The applicant also needs to have sourced any required gap funding and submitted all documentation.

Criteria (not in priority order):

- The assistive technology is critical to the safety of the applicant or injury prevention in daily living activities.
- Not making the assistive technology available will lead to a deterioration of the applicant's health or functioning abilities that may result in premature admission to institutional care, hospitalisation or dependence on more costly services.
- Not making the assistive technology available will place excessive demand on carers in caring for the person and seriously jeopardise the current care/living arrangements.

‘Low urgency’ category

The Assistive technology or subsidy will be supplied subject to the availability of funds and applications managed in chronological order of receipt. The category applies where a reissue item has not been identified and according to practitioners' consideration of:

- clinical factors
- the length of the waiting period experienced by the applicant.

Access by refugees and asylum seekers

Refugees and asylum seekers in Victoria should be prioritised for the VA&EP due to disadvantage, which may include health, housing and financial insecurity, social isolation and barriers to employment and education. This is in line with the two policies below.

[Guide to asylum seeker access to health and community services in Victoria](https://www.health.vic.gov.au/publications/guide-to-asylum-seeker-access-to-health-and-community-services-in-victoria)
<<https://www.health.vic.gov.au/publications/guide-to-asylum-seeker-access-to-health-and-community-services-in-victoria>>

[Refugee and asylum seeker health services guidelines for the community health program](https://www.health.vic.gov.au/publications/refugee-and-asylum-seeker-health-services-guidelines-for-the-community-health-program)
<<https://www.health.vic.gov.au/publications/refugee-and-asylum-seeker-health-services-guidelines-for-the-community-health-program>>

Identifying a refugee or asylum seeker

Refugees tend to have full access to Medicare and income support, whereas asylum seekers live in Victoria on temporary visas, or are waiting for a visa/permanent visa with inconsistent access to Medicare and income support.

Due to difficulties associated with identifying refugee or asylum seekers status, including changes in visa categories over time referring practitioners and VA&EP services should be open to identifying and assisting refugees and asylum seekers with the available documentation.

See guide below about how to identify an asylum seeker as guidance.

[Hospital access for people seeking asylum](https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum) <<https://www.health.vic.gov.au/publications/hospital-access-for-people-seeking-asylum>>

Gap funding

'Gap funding' is the term used to describe the difference between the equipment category maximum subsidy and the actual cost of the item or vehicle/home modification.

Once an applicant provides formal confirmation to the service provider that they have sourced the gap funding, their application will be assessed using the Priority of Access framework.

Once the item/service has been supplied the gap funding is non-refundable.

Gap funding for refugees and asylum seekers

Charges for refugees with Medicare access may be consistent with existing subsidies, but consideration should be given to minimal charges, or waivers, for asylum seekers with no income (due ineligibility for income support) and refugees, if appropriate.

Additional information

There is high demand on the VA&EP and there can be wait times to allocate a subsidy where a refurbished item is not available.

Applicants are encouraged to speak to their assistive technology practitioner about accessing refurbished items.

Applicants are unable to elect to access funding towards the cost of a new item if the service provider has confirmed that a refurbished item is available. These items can often be provided quickly and generally at or low cost to the applicant.

Role and responsibility of applicants

Applicants are responsible for paying the cost of the assessment required as part of the application process.

Applicants are also responsible for accepting the terms and conditions of the supply of the recommended assistive technology. This includes:

- accepting a refurbished item that will meet their assessed needs
- funding the difference between the cost of the assistive technology and the VA&EP maximum subsidy for that item (non-refundable gap)
- refraining from making modifications or repairs to the VA&EP service provider-owned assets
- caring for and cleaning the asset, and replacing wheelchair and scooter tyres and tubes
- agreeing, as applicable, to enabling access to the equipment for preventative maintenance on assets owned by the VA&EP service provider.
- contacting the service provider as soon as possible to report faults or repairs required
- not putting any member of the public at risk through inappropriately or negligently using the VA&EP assistive technology
- advising their assistive technology practitioner of any change in their physical, cognitive or psychological condition, or change of accommodation that could affect the safe use of the VA&EP assistive technology
- agreeing to organise, where relevant, a review by an assistive technology practitioner of their capacity for safe use of the assistive technology provided under the VA&EP

- agreeing to a new assessment and any recommendations made by an assistive technology practitioner, including returning the VA&EP owned assistive technology when it has been determined that a change places the person and/or members of the public at risk through operating the item in a potentially unsafe way
- considering taking out insurance for the assistive technology where appropriate – for example, insurance for third-party damage, fire and theft for a wheelchair or scooter
- understanding that if an item has been ‘written-off’ by the service provider due to financial reasons, not due to safety, the applicant assumes ongoing full responsibility for the item should they wish to keep it
- understanding their rights and responsibilities within the Australian Charter of Healthcare Rights
- advising the service provider of any change to their eligibility status. This includes:
 - becoming an NDIS participant or Home Care Package recipient, or any other government schemes that fund assistive technology
 - becoming a recipient of a Commonwealth Government Home Care Package or entering residential aged care
 - receiving compensation for assistive technology from any other source
 - moving interstate or overseas.

Change of eligibility status of existing VA&EP clients

When a VA&EP client receives compensation from any source for assistive technology funded through the VA&EP, they will be required to repay the cost of the assistive technology. This applies to subsidies or equipment provided by SWEP (see the ‘Applicant declaration’ available as part of the Eligibility Form <<https://swep.bhs.org.au/other-relevant-documents.php>>)

When a client moves interstate or overseas they can continue to use the assistive technology supplied (except for domiciliary oxygen), but the VA&EP will no longer meet the cost of repairs and replacement.

Where clients relocate interstate, under the inter-government agreements between the states and territories, the client should be referred to the relevant state assistive technology program for ongoing support. This is contingent on meeting any specific eligibility requirements of that state or territory.

Clients of the VA&EP who move into residential aged care can keep using the assistive technology until it is no longer appropriate for their needs. The assistive technology should then be returned to the service provider that supplied it. The VA&EP will no longer meet the cost of replacement because the residential aged care service provider is expected to meet the assistive technology needs of their residents. The VA&EP will continue to maintain the assistive technology until it is deemed no longer viable to do so. The VA&EP will not modify any items after a client has moved into residential care.

Application process

The VA&EP relies on the support of health professionals to deliver an efficient client-centred program.

Health professionals registered to practice with the Australian Health Practitioner Regulation Agency or other professional/regulatory bodies certify the applicant has a permanent need for the assistive technology.

Some service providers, including SWEPP, require the assistive technology practitioner to be registered with the service provider.

The assistive technology practitioner undertakes the assessment of an applicant's clinical need and, in conjunction with the applicant, prescribes the most appropriate, assistive technology available through the VA&EP. This includes:

- assisting the applicant to understand the eligibility criteria
- providing information about the Australian Charter of Healthcare Rights
- establishing the applicant and/or their carer has the cognitive, physical and psychological ability to operate the assistive technology safely
- not prescribing assistive technology that represents a restrictive restraint as outlined in the *Disability Act 2006*
- ensuring there is no suitable refurbished assistive technology item available that will meet the applicant's needs before recommending supply of a new item
- ensuring training is provided to the applicant/carer to safely use their assistive technology.
- ensuring the applicant is aware of any future reassessment requirements
- ensuring the applicant is fully aware of their obligations in accepting support through the VA&EP
- discussing with the applicant any potential non-refundable gap funding required above subsidy limits

More detailed information on the application and submission requirements is available on the funded service providers' websites.

Assessing the application and approval

The service provider confirms the applicant's eligibility and acknowledges applications in writing within 10 working days of receiving the completed application.

The service provider advises the applicant:

- of the status of their application
- when the subsidy is available
- arrangements for supply
- when an item has been deemed financially unviable for any further repairs and that a new application needs to be submitted to replace the item.

Information about items

Ownership

The service provider, (SWEPP) retains ownership of the assistive technology when the subsidy is more than 50 per cent of the cost of the item.

Assistive technology owned by the service provider can be re-issued, except in the case of:

- home modifications
- vehicle modifications
- transfer aids such as ceiling hoist tracking and stair lifts, including tracking that is attached to a wall

- personal use items such as wigs, orthoses/shoes, lymphoedema garments and voice aids, and low-cost items such as over-toilet frames and bath seats.

The applicant can elect to retain ownership of any asset where they contribute more than 50 per cent of the full cost of an item. As the owner of the item the applicant is responsible for the cost of ongoing repairs, preventative maintenance and the annual electrical safety check (if applicable).

In instances where an applicant wishes to own the item but the subsidy covers the full cost, the applicant must contribute more than 50 per cent of the full cost. The VA&EP will subsidise the remaining cost.

Please refer to individual service providers for additional information - for example MND Victoria loans equipment for as long as the person requires the equipment.

Repairs, maintenance and replacement

The VA&EP service provider will fund necessary repairs on items it owns. It is the responsibility of the client to advise their VA&EP service provider of the need to undertake a repair or to contact their Assistive Technology practitioner to discuss the ongoing suitability of the issued item.

If neglect (unusual wear and tear) or misuse of an item is established, the VA&EP will not be responsible for repairs.

Requests for repairs to VA&EP service provider owned assets are prioritised based on the person's safety, the availability of back-up equipment and, if applicable, their carer, using the Priority of Access Framework.

If faulty equipment is likely to be dangerous, the VA&EP service provider will report it to the supplier. In the case of equipment that is defective, unsafe or fails to meet prescribed construction, performance and design standards, these will be reported to Consumer Affairs Victoria.

Where a manufacturer recommends replacing equipment or an item after a period of time (for example, five years), the service provider will arrange a comprehensive assessment of the equipment/item to establish:

- if the equipment/item is operating safely
- the general condition of the equipment/item
- if it is financially viable to continue to fund repairs
- if the assistive technology meets any of the above criteria, the service provider may not replace the equipment/item.

Replacement items may be supplied subject to any time limits thresholds specified in the 'Availability and Supply' section when:

- the assistive technology no longer meets the functional needs of the client or is no longer useable
- it is more economical to replace the assistive technology than to pay for further repairs
- a client's situation or condition has changed and replacing the current assistive technology is clinically justified
- a wheelchair/scooter supplied through the VA&EP was stolen or intentionally irreparably damaged by an unknown perpetrator and the client does not have insurance cover.

An application to replace the assistive technology should be submitted to the VA&EP service provider if applicable.

Write-off and disposal of items with an asset number

The service provider must determine the financial viability of an asset including the cost of repairs, retrieval, safety requirements, potential to reissue and use of suitable parts.

In cases where the service provider deems that the item is no longer viable, the service provider should document the asset write-off.

Where a client wishes to keep assistive technology that the service provider has deemed unviable to continue to maintain, ownership of the assistive technology is transferred to the client who assumes full liability for safe use and maintenance of the item. The client is then responsible for arranging and paying for all future repairs or maintenance on the item. This option is not available for items where it has been determined the equipment is unsafe.

Availability and supply

Products available through the VA&EP conform to one or more of the following requirements:

- The relevant Australian Standards or International Standard (if applicable).
- Therapeutic Goods Administration (TGA) registration (class 1 medical devices) (if applicable).

The quality (service and durability) of assistive technology is balanced against cost, representing value for money that includes (but is not limited to):

- delivery and set-up
- training
- warranty
- availability of spare parts.

Although cost is a consideration, the primary consideration is the client's safety. For example, beds and mattress combinations undergo additional scrutiny to ensure there are no possible entrapment areas.

Procurement strategies are undertaken to maximise the purchasing power of the VA&EP service and demonstrate 'value for money'.

Australian-made assistive technology is preferred.

The tables in the following section identify the assistive technology that can be supplied through the VA&EP by the SWEP service provider and any additional eligibility requirements.

Aids and equipment programs administered by SWEP

SWEP has developed several guides and assistive technology practitioner manuals that provide additional information for assessment, the application process and the types of items available under each category. These can be accessed from the [SWEP website](https://swep.bhs.org.au/). <<https://swep.bhs.org.au/>>

Beds, pressure-reducing mattresses and accessories

Table 1. Beds, pressure-reducing mattresses and accessories

Available items	Maximum subsidy
Beds <ul style="list-style-type: none"> Powered (minimum of three functions) Bariatric 	\$2,000
Pressure-reducing devices <ul style="list-style-type: none"> Pressure-reducing mattress Wedges and postural support systems 	\$1,070 (The maximum subsidy for pressure-reducing items is \$1,070 every two years across all equipment categories)
Accessories <ul style="list-style-type: none"> Self-help pole / bed blocks / bed raisers / bed extensions Bed rails / bed rail covers 	\$200 (per item/set)

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist

OR a Physiotherapist.

AND

Current SWEP Assistive Technology Practitioner (ATP) registration for relevant Assistive Technology (AT) category

Continence aids

Table 2. Continence aids

Available items	Maximum subsidy
Disposable continence products Intermittent catheters, long-term catheters and associated equipment: <ul style="list-style-type: none"> catheter straps, drainage bags, bottles, tubing, connectors and straps, catheter change packs Condom drainage systems and associated equipment: <ul style="list-style-type: none"> straps, tubing, connectors, valves, bottles, bags, holders 	\$1,200 per year As per recommended quantities outlined in the SWEP ATP Continence Manual Refer to SWEP website

Available items	Maximum subsidy
Specialised <ul style="list-style-type: none"> • Intra-vaginal bladder supports • Anal irrigation system and accessories • Anal plugs Washables <ul style="list-style-type: none"> • Mattress protectors • Bed pads • Pillow protectors • Doona covers • Chair pads • Floor mats • Washable briefs/pads 	

Practitioner qualifications

Current general AHPRA registration as a Registered Nurse

with Graduate certificate in Nursing (urological and continence) or equivalent

OR employed in a relevant specialty context relating to bladder or bowel dysfunction (e.g. Nurse Continence Specialist/ Continence Nurse Advisor / Urology Nurse/ Clinical Nurse Consultant (in a related context)

OR if endorsed as a Nurse Practitioner, applying advanced clinical nursing practice in a relevant specialty context.

AND

Current SWEP ATP registration for relevant AT category

Additional information

Consumers of the continence program are required to undertake a review with their practitioner every two years with a new application required to confirm ongoing supply, additional products or changes to prescription with the exception of washable products.

All above washable products are funded as a one-off order only (in exceptional circumstances additional items may be supplied where a recommendation is received from a SWEP registered practitioner who can provide clinical justification for the need for additional washable items).

The VA&EP will not fund any item not listed in the table above.

Note: Clients accessing continence products from SWEP may also be able to access supports from other programs such as the Commonwealth Government's Continence Aids Payment Scheme. For further information visit the [Australian Government Continence Aids Payment Scheme website](https://www.humanservices.gov.au/individuals/services/medicare/continence-aids-payment-scheme)

<<https://www.humanservices.gov.au/individuals/services/medicare/continence-aids-payment-scheme>>

Environmental control units

Table 3. Environmental control units

Available items	Maximum subsidy
Single function control Multi-function standard controls Multi-function complex controls	\$3,000
When the environmental control unit is included in an electronic communication device	\$2,300

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

AND

Current SWEP ATP registration for relevant AT category

Additional information

ECU is a switching mechanism, which can enable a person with a disability to operate a variety of electrical appliances or devices.

Specialised bathing and toileting

Table 4. Specialised bathing and toileting

Available items	Maximum subsidy
Shower stools and chairs, bath seats, over-toilet frames, toilet surrounds, toilet seat raisers and extensions	\$90
Specialised paediatric hygiene equipment <ul style="list-style-type: none"> • potty chairs • in-bath seats 	\$500
Fixed commode	\$200
Mobile shower commode <ul style="list-style-type: none"> • modifications • pressure-reducing components 	\$1,000 \$500 \$1,070 (The maximum subsidy for pressure-reducing items is \$1,070 every two years across all equipment categories)
Change table (Supported Accommodation Equipment Assistance Scheme consumers only)	\$2,000
Shower trolley	\$1,000
Complex and customised showering/bathing/toileting	\$1,000

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

OR Physiotherapist.

AND Current SWEP ATP registration for relevant AT category

Orthoses

Table 5. Orthoses

Available items	Maximum subsidy
Knee-ankle-foot orthosis	\$2,200 per item
Basic lower limb; ankle, foot; knee and foot Basic upper limb; wrist, hand; elbow; combined, static and functional Basic spinal; lumbo-sacral or thoraco-lumbo-sacral Charcot restraint orthotic walker Dynamic upper limb orthoses Dynamic ankle foot orthosis Ground reaction force Supra-malleolar orthosis Stance phase control devices Reciprocating gait orthosis Brachial plexus devices Boots and bars Custom made hernia orthosis	\$1,200 per item per year
Safety helmet (specialised/custom made)	\$200 per item per year
Foot orthosis	\$200 per item
Shoe modifications	\$200 per pair
Extra depth/width footwear	\$200 per pair per year
Custom made footwear	\$450 per pair per year
Fitting fee per application	\$75

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist

OR Physiotherapist

OR Podiatrist

OR Orthotist/Prosthetist with full membership of the Australian Orthotics and Prosthetics Association.

OR Current certification as a Pedorthist (CPedAu or CPedCM AU) with Australian Pedorthists Registration Board (APRB)

AND Current SWEP ATP registration for relevant AT category

Additional information

The VA&EP will fund:

- one item per limb (where an assistive technology practitioner requests more than one item for the same limb, the practitioner must confirm that each item is integral for the functionality of the other for the request to be considered)
- one replacement of footwear after a minimum of 12 months, or six months in the case of a person under 18 years of age.
- a once-off fitting fee where the device is fitted to the consumer by the supplier.

The VA&EP will not:

- provide a shoe modification subsidy in conjunction with custom-made footwear
- fund over-the-counter aids such as; shoes; foam bands (tubular sponge protective devices) insoles; wrist, ankle, knee braces/splints; back/hernia support or cervical collars.

Wheelchairs and mobility scooters

Table 6. Wheelchairs and mobility scooters

Available items	Maximum subsidy
Manual wheelchair (≥ 15 kg)	\$1,000
Lightweight manual wheelchair/stroller (< 15 kg)	\$1,250
Powered wheelchair	\$6,000
Power assist	\$5,000
Mobility scooter	\$4,000
Customisation of strollers, manual and powered wheelchairs	\$2,750
Pressure cushions including: <ul style="list-style-type: none"> • adjustable/contoured/moulded or combinations • wedges/blocks or obliquity • moulded or matrix seating systems • removable additions to cushions 	\$1,070 (The maximum subsidy for pressure-reducing items is \$1,070 every two years across all equipment categories)

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

OR Physiotherapist

AND Current SWEPP ATP registration for relevant AT category

Additional Information

SWEPP may require additional specialist assessments to help establish the capacity of the applicant to safely and effectively use a powered wheelchair or scooter. For example, an applicant who has a vision impairment requires a recent ophthalmologist or optometrist assessments specifically relating to the ability to safely operate a wheelchair or scooter.

The AT practitioner will be responsible for ensuring the applicant can use the selected wheelchair or scooter safely in a range of environments including the applicant's residence and local community.

It is mandatory that the applicant organises a review of their capacity to safely use the wheelchair or scooter. This needs to occur at least every two years.

The state speed limit for wheelchairs and scooters is 10 kilometres per hour. SWEP will only purchase items that do not exceed this limit.

Wheelchair customising could include additional specialised and necessary items such as adapting brakes, specialised forms of seating, heel cups and elevating leg rests.

The VA&EP does not fund wheelchair/scooter accessories such as baskets or canopies.

Replacement of tubes and tyres are considered 'general wear and tear', and as such are the responsibility of the consumer.

Supply guidelines:

- One primary (main), manual or powered wheelchair or mobility scooter may be supplied to eligible applicants.
- One back-up manual or powered wheelchair or mobility scooter may be supplied **from refurbished stock**, if it is available and not required as a primary item for current applicants. Custom modifications are not funded for back up wheelchairs/scooters.
- The **replacement** of a manual or powered wheelchair or mobility scooter will be considered after a **minimum of seven years or subject to reassessment**.

Specialised seating

Table 7. Specialised seating

Available items	Maximum subsidy
Basic specialised seating with or without adjustable legs/ armrests/seat depth including low and high-back chairs and adjustable kitchen stools and indoor base for seating systems	\$500
Specialised seating with in-built pressure reducing device	\$1,070 (The maximum subsidy for pressure-reducing items is \$1,070 every two years across all equipment categories)
Powered lift recliner chair	\$1,000
Chair raisers	\$200
Disability specific car seat (VicRoads-approved) for children	\$850
Swivel bases for disability specific car seat (VicRoads-approved)	\$500

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

OR Physiotherapist.

AND Current SWEP ATP registration for relevant AT category

Walking aids

Table 8. Walking aids

Available items	Maximum subsidy
Walking frames <ul style="list-style-type: none"> • pick-up frame • posterior walker • wheeled walker 	\$300
Standing frames: prone or supine	\$550

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

OR Physiotherapist.

AND Current SWEP ATP registration for relevant AT category

Transfer equipment

Table 9. Transfer equipment

Available items	Maximum subsidy
Basic transfer equipment – slide boards, slide sheets, rotating seats, turn tables, transfer belts and transfer benches	\$200
Mobile floor hoist (includes up to two slings where required)	\$2,600
Ceiling hoist (fixed or portable, includes up to two slings)*	\$3,300
Ceiling tracking	\$300
Replacement hoist sling	\$300
Kitchen trolley	\$135
Portable ramps	\$400

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

OR Physiotherapist.

AND Current SWEP ATP registration for relevant AT category

Additional information

Limit of one hoist per client.

*Supported Accommodation Equipment Assistance Scheme consumers are not eligible for funding towards ceiling hoists & tracking

Wigs

Table 10. Wigs

Available items	Maximum subsidy
Two basic synthetic wigs (or equivalent contribution towards human hair wig, or more expensive synthetic wig up to the subsidy cost)	\$240
One human hair wig (child 16 years or younger)	\$600

Practitioner qualifications

Supplier and/or client.

Additional information

The wig subsidy may be provided to people with permanent loss of hair because of disease or disability.

Replacement wigs will be available after two years.

Home modifications

Table 11. Home modifications

Available items	Maximum subsidy
<p>Minor home modifications scoped to cost ≤ \$1,300 including: rails; door fittings; hand-held showers and switchcocks; removal of shower screen, widening of doors, repositioning of light switches; taps (lever style); slip-resistant applications; shelving for wheelchair access and bidets – toilet type attachment.</p> <p>Threshold ramps, single steps, or platform modifications may only be made at one existing entry/access point to the dwelling.</p> <p>Home modifications scoped to cost > \$1,300 and <\$10,000 including: ramps or step modifications for two or more steps including platform steps to one existing entry/access point to the dwelling; bathrooms; kitchen and laundry; repositioning of items related to disability and bidets separate to toilet.</p> <p>If ramps do not comply with AS 1428.1, the AT practitioner will be required to acknowledge non-compliance with the standard, and the consumer will be required to sign an acknowledgement and release from any claim, demand, action, proceeding, judgement, penalty, damage, loss, cost, expense or liability incurred in respect to the ramp not complying with AS1428.1</p> <p>Home modifications scoped to exceed \$10,000 including: ramps; step modifications to one existing entry/access point to the dwelling; bathrooms; kitchen and laundry.</p> <p>Internal and external stair lifts.</p>	\$4,000 per person per lifetime.

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

AND Current SWEP ATP registration for relevant AT category

Additional information

Although the VA&EP is not able to fund non-disability-specific household items, for example standard shower screens, shower bases with steps and toilets, the VA&EP may fund the repositioning of a non-disability-specific household item if related to the applicant's disability.

The intent of the home modification subsidy is specifically to support modification of existing structures (including existing bathrooms or access points) to help meet functional need and/or enhance safety of the applicant and their carer/s.

The VA&EP will fund the gap between a standard household item and a disability-specific item in new homes or homes under construction up to the available subsidy.

VA&EP will not fund construction of pathways and driveways.

People living in residential services and accommodation services owned or operated by non-profit organisations, businesses, trust funds or any other type of organisations are not eligible to apply for funding for home modifications.

The program is not responsible for funding capital improvement works, creating new or additional (i.e. rooms or entry/access points), or general home maintenance (i.e. of existing items or access points) even if such works would improve access to or within the home.

Please refer to SWEP homepage and for additional information on the [home modification application process](https://swep.bhs.org.au/home-modifications.php) <<https://swep.bhs.org.au/home-modifications.php>>. The site includes information for applicants, assistive technology practitioners and builders.

Note: The cost of removing **asbestos** is the responsibility of the property owner.

Vehicle Modification Subsidy Scheme (VMSS)

Table 12. When the consumer is the Passenger

Available items	Maximum subsidy
<p>Any passenger modifications for access or safe travel</p> <ul style="list-style-type: none"> • Transfer and access modifications • Roof hoists • Trailers and wheelchair carriers • Lowered floor modifications • Seating modifications • Seat belt modifications • Power-operated tailgate • Boot crane • Client and/or wheelchair lift • Oxygen cylinder restraint systems • Wheelchair restraint systems 	<p>\$10,000, per person, over a seven-year period</p>

Available items	Maximum subsidy
<ul style="list-style-type: none"> • Air conditioning (for thermoregulatory conditions related to a disability) <p>Depreciated Subsidy towards an Already Modified Second-hand Vehicle</p> <ul style="list-style-type: none"> • Contribution to existing modification in a second-hand (already modified) vehicle • 2nd hand imported vehicle that has been modified to Australian Design Rules 	

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist.

AND Current SWEPP ATP registration for relevant AT category

Table 13. When the consumer is the Driver

<p>Any driver modifications</p> <ul style="list-style-type: none"> • Accelerator modification • Brake and hand control • Access modification • Contribution to existing modification in a second-hand (already modified) vehicle • 2nd hand imported vehicle that has been modified to Australian Design Rules • It is noted that all modifications listed in the 'passenger' section can also be accessed by consumers who are drivers – standard credentialing requirements still need to be met 	\$10,000, per person, over a seven-year period
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Practitioner qualifications

Current general registration as an Occupational Therapist

with Post-graduate training in driver assessment and rehabilitation, with both theory and practicum delivered in line with the *Australian Competency Standards for Occupational Therapy Driver Assessors*. OTA (2018).

AND Current SWEPP ATP registration for relevant AT category

Additional information

To be eligible for a subsidy through the VMSS, applicants:

- require modifications to a primary (main) vehicle that is owned by the applicant or their family to enable travel
- may be required to undertake assessment by an Occupational Therapist with Post-graduate training in drive assessment and rehabilitation (for driver related modifications when the applicant is the driver).

If the applicant's existing primary vehicle is unable to be modified, in some circumstances applicants may apply for a subsidy towards the modification component of an already modified second-hand vehicle. Restrictions to this occur where the modification is not transferrable to another vehicle.

The subsidy is not available:

- where the vehicle is more than 10 years old and/or has more than 160,000 kilometres on the odometer
- for modifications and/or imported modified vehicles that do not comply with Australian Design Rules
- where the vehicle does not comply with VicRoads Standards for Registration (refer to VicRoads publication, *Vehicle Standards Information 8 'Guide to modifications to motor vehicles'* < <https://www.vicroads.vic.gov.au/safety-and-road-rules/vehicle-safety/vehicle-standards-information> >

In exceptional circumstance applications from clients with vehicles older than 10 years may be considered by the service provider where the modification is fully removable and transferrable to another vehicle.

Where the VMSS subsidy is applied to the modification component of a second hand already modified vehicle, the following conditions apply:

- The seller is a licensed motor car trader (LMCT)
- A current certificate of roadworthiness is provided
- Warranty for the modified component is incorporated
- VASS certificate required
- The subsidy is calculated based on a 10% depreciation rate per year based on the year the modification was initially fitted

A VMSS subsidy is not available as a contribution towards the cost of:

- the actual vehicle
- modifying multiple vehicles
- non-disability-specific items such as rear-vision cameras, rear-parking sensors, global positioning system devices, mirrors and cruise control
- vehicle transmission conversion
- vehicle running costs, statutory charges or insurance premiums
- modifications to vehicles owned by organisations
- items of second-hand vehicle related modifications.

Lymphoedema Compression Garment Program

Table 14. Lymphoedema Compression Garment Program

Available items	Maximum subsidy
<p>Items available per year, per affected limb: Garments are available for limbs only</p> <p>Adults up to 4 sets of compression garments per year Or 3 sets of compression garments & 1 adjustable wrap set Or 2 adjustable wraps sets Child 6 sets of compression garments Or 5 sets of compression garments & 1 adjustable wrap set Or 2 sets of adjustable wraps sets Donner subsidy available as 'once off' only (where more than one item for the same limb is requested, the practitioner must confirm that each item is integral for the functionality of the other for the request to count as "one item")</p>	<p>Ready to Wear (RTW): Per set of garments per affected limb \$150</p> <p>Made to Measure (M2M): Per set of garments per affected limb where RTW is not compatible with limb size/shape or compression class not available in RTW \$300</p> <p>Adjustable Wrap Set (AWS): Per set of garments per affected limb \$150</p> <p>Donner \$60</p> <p>SWEP do not fund padding or additional liners</p>

Practitioner qualifications

Current general AHPRA registration as an Occupational Therapist

OR Physiotherapist

OR Registered Nurse

OR Nurse Practitioner

OR Medical Practitioner

with completion of an Australasian Lymphology Association (ALA) endorsed course (consistent with the scope of practice of your primary health profession, your role and chosen scope of practice)

OR ALA Accredited Lymphoedema Practitioner on the National Lymphoedema Practitioner Register, working within the scope of practice of their primary health profession(s) and the competencies achieved and the competencies achieved through undertaking accredited lymphoedema training

With Current general AHPRA registration (where applicable) or Professional Association membership (where applicable and as determined by ALA)

AND Current SWEP ATP registration for relevant AT category

Additional Information

Garments are available to people who:

- have been medically assessed as having either primary or secondary lymphoedema or sub-clinical lymphoedema
- the practitioner has confirmed intended compliance with recommended use

- Quality Standards compliance:
 - TGA registered compression garments that guarantee level of compression stated to evidence medical efficacy for treatment of lymphoedema
 - Supplier confirmation of garment compliance with any relevant International Standard and compression garment classification level (I – IV)
 - Standard 101 certification (Oeko Tex) where relevant
- Priority of Access:
 - First time garment user
 - Children <18 years of age
 - VA&EP Priority of Access

Laryngectomy Program

Table 15. Laryngectomy Program

Available items	Maximum subsidy
Electrolarynx voice aids	\$1,500 per five years
Voice prosthesis <ul style="list-style-type: none"> • standard • specialised 	\$450 maximum subsidy per voice prosthesis – up to a maximum of three per year
Laryngectomy consumables	\$5,000 per annum As per recommended quantities in the Practitioner Manual refer SWEP website

Practitioner qualifications

Speech Pathologist eligible for membership of Speech Pathology Australia

AND Current SWEP ATP registration for relevant AT category

Additional information

In addition to meeting the VA&EP eligibility criteria to access laryngectomy consumables, an applicant must:

- have undergone a recent surgical procedure for a laryngectomy, and completed an appropriate trial of consumable products/items (for a minimum 30 days post discharge), or
- be able to provide evidence of current use of self-funded consumables, or

Domiciliary Oxygen Program

Table 16. Domiciliary Oxygen Program

Available items	Maximum subsidy	Practitioner qualification
Stationary oxygen concentrators Portable oxygen cylinders with an oxygen-conserving device or standard regulator Portable oxygen concentrators Tubing and nasal cannulae Oxygen cylinder trolleys and carry bags	\$2,400 per annum	

Practitioner qualifications

Adult:

Specialist respiratory and sleep medicine physician

OR Specialist palliative medicine physician

OR Specialist medical oncologist

OR Specialist cardiologist

OR Specialist general physician (with respiratory interest)

Child:

Specialist paediatric respiratory and sleep medicine physician

OR Specialist paediatrician / Specialist neonatologist

OR Specialist paediatric palliative medicine physician

OR Specialist medical paediatric oncologist

OR Specialist paediatric cardiologist

(all as determined by AHPRA).

AND Current SWEP ATP registration for relevant AT category

Additional information

To be eligible for subsidised oxygen through the Domiciliary Oxygen Program, the applicant's clinical test results must meet the Thoracic Society of Australia and New Zealand's (TSANZ) guidelines for domiciliary oxygen provision.

For more information about adult eligibility, see the Thoracic Society of Australia's [Adult domiciliary oxygen therapy position statement](https://www.mja.com.au/journal/2005/182/12/adult-domiciliary-oxygen-therapy-position-statement) <<https://www.mja.com.au/journal/2005/182/12/adult-domiciliary-oxygen-therapy-position-statement>>

[oxygen-therapy-position-statement-thoracic-society-australia> or TSANZ's Clinical practice guidelines on adult domiciliary oxygen therapy](https://thoracic.org.au/clinical-documents/oxygen/) <<https://thoracic.org.au/clinical-documents/oxygen/>>

For more information about assessing children see the TSANZ's position paper on [Respiratory management of infants with chronic lung disease](https://thoracic.org.au/clinical-documents/neonatal/) <<https://thoracic.org.au/clinical-documents/neonatal/>>

This position paper is used to determine eligibility and the type and quantity of product to be supplied up to the maximum subsidy.

An annual review is required to determine ongoing eligibility and to check the current prescription meets the client's clinical needs. Repeat testing is at the discretion of the credentialed medical practitioner.

Children can be assessed using pulse oximetry, rather than via a full assessment.

SWEP should notify the client one month before the annual review is required.

Oxygen usage will be monitored by SWEP. When it does not appear to be in line with the prescription, it will be investigated and referred to the client's practitioner.

Back-up cylinders may be supplied in special circumstances such as in localities where frequent power outages occur. Contact SWEP for more information.

Clients are responsible for ensuring free-standing cylinders are stored safely.

Exclusions

Domiciliary oxygen is not available for occasional use, or for use with nebulisers, suctioning equipment or for occasional exacerbations of asthma.

Domiciliary oxygen will **not** be supplied to anyone who is a current smoker or who has resumed active smoking once approved for domiciliary oxygen.

If a client who is receiving subsidised oxygen is found to be smoking, both they and their practitioner will be notified of their subsidised oxygen supplies being immediately terminated. The supplier will be instructed to withdraw the equipment, regardless of the severity of the client's underlying medical condition.

Funding and oxygen supplies will only recommence once the client can demonstrate that they have completely abstained from tobacco smoking for at least four weeks.

Other schemes under the VA&EP

Electronic Communication Devices Scheme administered by Yooralla

Table 17. Electronic Communication Devices Scheme

Available items	Maximum subsidy
Speech-generating devices Hardware, software and applications (apps) to support verbal communication (including spoken and written) Peripherals to support access to verbal communication (including spoken and written) such as specialised switches, alternative keyboards and mouse Voice amplifiers External speakers	\$9,500
Switch and/or mounting system (for accessing a speech generating device) when the Environmental Control Unit is included in the electronic communication device.	\$2,300

Practitioner qualifications

Registered speech pathologist and/or Occupational Therapist.

Additional information

An occupational therapist report is required if the communication aid user is unable to directly access the electronic communication device or requires a mounting system. Residents of residential aged care facilities are eligible to apply. Communication aid users with equipment that is five years old or no longer meets their needs may apply for a [review of their device](#) <<https://www.yooralla.com.au/services/communication-and-assistive-technology/electronic-communication-devices-scheme>>.

Individual Solutions for Individual Needs (Solve-TAD)

Designs and manufactures specialised, customised equipment for eligible people.

Visit Solve's website for [more information on the scheme](#) <<https://www.solve.org.au/our-service/what-does-solve-do>>.

Low Cost Vision Aids Scheme administered by Vision Australia Foundation

Visit the Vision Australia Foundation website for more information on the [range of products](#) <<https://visionaustralia.org/referral/benefits-and-funding/technology#stateterritory>> that can be accessed through the scheme.

Smoke Alarm Scheme administered by Expression Australia

Table 18. Smoke Alarm Scheme

Available items	Maximum subsidy
<p>Visit Package: Visit Flash, Visit Bed Shaker, Visit Smoke Transmitter</p> <p>This package includes all the necessary components to give a person a visual and tactile (vibrating) alert to the smoke alarm. The Visit Flash is placed beside the bed and connected to the Visit Bed Shaker when the Visit Smoke alarm is activated it sends a radio signal to the Visit Flash. The Visit Flash is connected to power via a mains adaptor and has a built in rechargeable battery backup.</p> <p><i>(Note: additional Visit Smoke Transmitters can be connected to this pack at client's own cost.)</i></p>	<p>\$450.00 with \$50.00 client contribution / gap payment</p> <p>\$500.00 for pension concession card holders (contribution / gap payment is waived)</p>

Practitioner qualifications

Audiologist

AND Full member of Audiology Australia (AAudA)

Additional information

The applicant must be deaf or hard of hearing with a severe to profound loss (≥ 70 dB average hearing loss at 500Hz, 1000Hz and 2000Hz in both ears) or a severe high frequency hearing loss (≥ 70 dB average hearing loss at 2000Hz, 3000Hz & 4000Hz in both ears) when tested by an audiologist or have a cochlear implant.

Eligible clients can access one Visit Package and are eligible for a replacement every 10 years if the client still meets eligibility criteria.

Visit the Expressions Australia website for more information on the [Smoke Alarm Subsidy](https://www.expression.com.au/services/smoke-alarm-subsidy)

<<https://www.expression.com.au/services/smoke-alarm-subsidy>>

Equipment library administered by MND Victoria

Visit the MND Victoria website for more information on the [range of products](https://www.mnd.asn.au/our-services/equipment)

<<https://www.mnd.asn.au/our-services/equipment>> that can be accessed through the scheme.