

**VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM
CLINICAL PRACTICE RECOMMENDATIONS
FOR PRESCRIPTION OF ASSISTIVE LISTENING DEVICES FOR
HEARING IMPAIRED VETERANS**

I. PURPOSE

The purpose of these clinical practice recommendations is to assist practitioners in clinical decision-making and delivery of services, to standardize and improve the quality of patient care, and to promote cost-effective prescribing. This clinical practice recommendation provides recommendations for Assistive Listening Devices (ALDs). An ALD is defined as an item other than a hearing aid that is used to assist a person to hear or amplify sound. Specifically, this recommendation includes the following devices:

1. TELEPHONE HEADSET AMPLIFIERS AND ACCESSORIES. The goal of these devices is to facilitate independence using the telephone for personal use and emergency needs. Devices include amplified handsets, in-line amplifiers that plug into the handset of a phone, and portable telephone amplifiers to be strapped to any phone receiver. These devices can be used with or without hearing aids.
2. ASSISTIVE TELEVISION SYSTEMS. The goal of these devices is to amplify signals from a television without disturbing others within the household or the neighborhood. These devices can be used with or without hearing aids. Devices include hardwired and wireless technology with infrared or FM transmissions. Hearing Aid accessories, such as neck loops and direct audio input (DAI), can be added to systems.
3. SOUND GENERATORS. These devices provide white noise or a narrowband noise to mask or cover up an individual's tinnitus (ringing or buzzing in the ears). They are especially helpful for patients who have difficulty sleeping as a result of tinnitus

II. ELIGIBILITY

Eligibility for Communication and Assistive Listening Devices and Assistive Devices is determined by Prosthetics and Sensory Aids Service in accordance to VHA Handbook 1173.7 - 7. b. (1) and (2) that states:

1. Prescriptions and requests for special function and/or communication electronic devices will be developed by the audiologist or speech pathologist. The special needs of each patient will be documented to clearly establish that the special function device provides superior performance over any of the more common and conventional appliances.
2. Telecaption television decoders and other assistive listening devices to overcome the handicap of deafness may be provided to veterans who are profoundly deaf and entitled to compensation on account of a hearing impairment. *NOTE:* This should not be confused with all assistive devices, which are commonly used in auditory rehabilitation which take the place of, or are used in conjunction with, a hearing aid, e.g., telephone amplifiers, amplified headsets, etc., which may be provided to eligible veterans.

III. BACKGROUND

The Under Secretary for Health directed VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of clinical practice recommendations for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from selected audiologists and prosthetic personnel convened to develop clinical practice recommendations for the prescription, use, training and issuance of Assistive Listening Devices (ALDs) to assist veterans with hearing impairment.

Currently, 135 Audiology clinics exist within the VA wherein audiologists are responsible for identifying, assessing, and managing disorders of audition, balance, and other neural systems. Many veterans with hearing impairment who are served within the VA system are currently eligible to receive hearing aids, which primarily serve to make speech audible. In addition, veterans with severe to profound hearing losses are frequently helped with the provision of ALDs. Moreover, there are occasions when any veteran, no matter what the degree of hearing loss, may benefit from the use of ALDs. There must be documentation about the justification for and evidence of appropriate patient training in use of ALDs to meet VHA outcome measures.

IV. CANDIDACY FOR ASSISTIVE LISTENING DEVICES

The following criteria must be met for veterans to receive ALDs:

- A. Determined by a licensed or certified audiologist to be all of the following:
 - 1. Documented hearing impairment,
 - 2. Demonstrate significant difficulty communicating with hearing aids,
 - 3. Ability to use and maintain the device, and
 - 4. Appropriate communication situations suggesting the use of ALD(s)
- B. Determined by a licensed or certified audiologist to have other special circumstances not addressed in Section A above.
- C. Completed audiological assessment that includes but is not limited to comprehensive hearing evaluation, observations of auditory performance, consultations with the veteran or others knowledgeable of the veteran's communicative performance, questionnaires and scales (e.g., handicap scales, benefit scales, etc.), hands on demonstration, and a trial period. The hearing evaluation will include the assessment of the veteran's ability to benefit from one or more of the full range of ALD(s) listed within this Clinical Practice Recommendation.
- D. Had a stated goal(s) that required the use of ALD(s).
- E. Expressed an interest in using the ALD(s) to accomplish the goal(s).
- F. Demonstrated the ability to independently and safely use the ALD(s) to effectively meet the stated goal(s).
- G. The ALD(s) must prove to be the most efficient and effective means of utilizing the veteran's residual hearing to accomplish the stated goal(s).

V. CLINICAL PRACTICE RECOMMENDATIONS FOR EVALUATION AND TRAINING OF ALD(s)

- A. The ALDs may be prescribed through an outpatient or inpatient program, contracted non-VHA agency, or affiliated community service providing the ALDs at no charge to the veteran. Prosthetic and

Sensory Aids Service will be responsible for batteries (initial dispersement of spares, cadmium/lithium, or rechargeable), whether they stock the batteries or procure them on an as needed basis. The only exception is batteries for hearing aids or other rare cases that are currently maintained by the Denver Distribution Center (DDC). In each setting, the following criteria must be in place to provide VHA issuance of ALDS. The outpatient and inpatient program must have:

1. A clearly defined hearing evaluation program, including a policy and procedure manual that outlines procedures for evaluation and training on ALD(s) and training performance goals.
 2. Provided audiological evaluations that meet nationally published standards of care.
 3. Documented evidence of an ongoing program of quality assurance in order to maintain the highest level of care.
 4. Appropriate documentation in the medical record that clearly identifies the training provided and the veteran's ability to achieve the stated goal(s).
- B. The ALD(s) should be evaluated in conjunction with compatible hearing aids that may also achieve individual stated goal(s). The audiologist should include consideration of ergonomics, comfort, health status, and patient preferences in addition to performance level in determination of efficiency and effectiveness.
- C. When the veteran presents with vocational, educational, and/or activities of daily living goals requiring communicative skills that cannot be adequately accomplished with a standard hearing aid, then the appropriate ALD(s) may be evaluated.
- D. When the veteran's goals necessitate the need for ALD(s) within a similar and/or different category/type several devices may be justified.
- E. Veterans with a demonstrated need for ALD(s) may be issued these devices.
- F. When appropriate (depending on the ALD(s) prescribed) verification measures should be completed by the audiologist to assure proper performance measurements.

VI. REFERENCES

Castle, D.L. (1988). *Telephone strategies: A technical and practical guide for hard-of-hearing people*. Bethesda, MD: Self Help for Hard of Hearing People, Inc.

Fikret-Pasa. S., & Garstecki, D.C. (1993). Real-ear measures in evaluation of frequency response and volume control characteristics of telephone amplifiers. *JAAA*, 4, 5-12.

Kaplan, H. (1996). Assistive devices for the elderly. *JAAA*, 7(3), 203-11.

Leder, S., Spritzer, J., Richardson, F., & Murray, M. (1988). Sensory rehabilitation of the adventitiously deafened: Use of assistive communication and alerting devices. *The Volta Review*, 19-23.

Lesner, S.A. (2003). Candidacy and management of assistive listening devices: Special needs of the elderly. *Int J audiol.* 42 *Suppl* 2, 2S68-76.

Palmer, C.V. (1992). Assistive devices in the audiology practice. *AJA*, 1(2), 37-57.

Vaughn, G.R., Lightfoot, R.K., & Teter, D.L. (1988). Assistive listening devices and systems (ALDS) enhance the lifestyles of hearing impaired persons. *Am J Otol., Suppl*: 101-6

APPROVED/DISAPPROVED:

Signed

Jonathan B. Perlin, MD, PhD, MSHA, FACP
Acting Under Secretary for Health

Date: 9/24/04