

Chapter 313

AUDIOLOGY SERVICES AND HEARING AIDS

THIS ENTIRE CHAPTER IS GUIDANCE

	Page
Section I: Procedures and Spending Guidelines for Audiology Services and Hearing Aids	2

December 2009

Section I. Procedures and Guidelines for Audiology Services and Hearing Aid Purchases

GUIDANCE: The following procedures and spending guidelines are to be used when working with an audiologist on behalf of a customer:

1. DVR may provide up to \$750 for all costs associated with the purchase of one hearing aid for a VR customer. DVR will provide up to \$1,000 for all the costs associated with the purchase of two hearing aids for one VR customer. All the costs associated with a hearing aid purchase include the audiology exam, hearing aid evaluation, ear mold fitting fees, the hearing aid and follow-up fees. DVR will only support audiology services and hearing aid purchases provided through a certified clinical audiologist.
2. The Rehabilitation Counselor for Deaf (RCD) is responsible to ensure that the customer understands the analog vs. digital options. These options can be discussed directly between the RCD and customer or between the customer and the audiologist as long as the RCD is confident that the customer has received reliable information.
3. If DVR is contributing to the cost of the hearing aid, the consumer must carry insurance for the hearing aid. DVR will not provide replacements within five years for hearing aids. Exceptions may be made if the consumer experiences significant additional hearing loss or if the aid is non-functional. DVR will not replace a non-functional hearing aid within the above timeframes if the consumer did not carry insurance for the aid.

Standards for Exception for Hearing Aid Purchase Guidelines:

The Division Director or designee may grant exceptions to the spending and duration guidelines of this Chapter if:

1. Comparable services and benefits have been exhausted;
2. The person's resources have been used to the maximum extent possible given the person's anticipated income and expenditures;
3. A monthly payment schedule for the unmet need would be unrealistic in view of costs related to the disability and projected earning capacity; and
4. The cost of making the exception remains reasonable--i.e., delivering the service by exception and enabling the person to continue or enter a vocation will be less costly to the public than not delivering it.