



**Australian Government**  
**Department of Health**



**Hearing Services Program**

# Hearing Services Program

## Evidence Guide for Compliance Monitoring

**October 2020**

**For interim program requirements, please refer to program updates and the [Coronavirus \(COVID-19\) Factsheet](#)**

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## Purpose

The Hearing Services Program (the program) is governed by several legislative instruments, a Service Provider Contract and program standards, listed below. Collectively, these are the program requirements.

- [Hearing Services Administration Act 1997](#)
- [Hearing Services Program \(Voucher\) Instrument 2019](#)
- [Hearing Services Program Service Provider Contract](#) (the Contract)
- [Schedule of Services Items](#)
- [Schedule of Fees](#)
- [Hearing Rehabilitation Outcomes](#) (HRO)
- [Minimum Hearing Loss Threshold](#) (MHLT)
- [Eligibility Criteria for Refitting](#) (ECR)
- [Australian Hearing Services Act 1991](#)
- [Australian Hearing Services \(Declared Hearing Services\) Determination 2019](#)

The program approach to compliance monitoring and support is outlined in the [Compliance Monitoring and Support Framework](#) available at [www.hearingservices.gov.au](http://www.hearingservices.gov.au). To ensure compliance with program requirements, risk based audits and claims reviews are routinely performed. This guide provides an overview of the evidence reviewed during these compliance monitoring activities, and supports the principles of openness, transparency and consistency. Providers should register for the [RSS Feed](#) on the program website to ensure they are kept up to date with program changes and news.

The guide is divided into five core areas

**Record Keeping** outlines the requirements for ensuring records are compliant with program requirements. Record keeping is a key component for all areas of compliance monitoring.

**Sites and Equipment** outlines the evidence reviewed to ensure sites and equipment are compliant with program requirements, including ambient noise level certification, equipment calibration certification, insurances and provider information held on the portal.

**Service Management Systems** outlines the evidence reviewed to ensure that service management systems are compliant with program requirements, including requirements for policies, procedures and disclosures.

**Service Provision** outlines the evidence reviewed to ensure that services are provided in compliance with program requirements, particularly the Schedule of Service Items.

**Claiming** outlines the evidence reviewed to ensure claims are compliant with program requirements, including client records, claim forms and online portal information.

Please note - this is a guide only. Other information may be requested to assess program compliance. A review of previous Self-Assessment Tool (SAT) responses is also undertaken to confirm SAT responses align with audit findings.

For further information about the program, including compliance monitoring, visit the program website at [www.hearingservices.gov.au](http://www.hearingservices.gov.au).

## Record Keeping

Records include any information about clients which the provider creates or maintains for the purposes of the program, and includes data or documents including paper, hard drives, USB flash drives, discs, tape or other articles/materials.

### Program Requirements

- All records and record copies belong to the Commonwealth (Contract Clause 11.2, *Archives Act 1983 (Cth) Section 3*)
- Records must be kept for at least seven years from creation or from any amendment to the record (client file). (Contract Clause 11.1 (e) & Instrument 26.2(b))
- Providers have responsibility for the protection of client's personal information and must not disclose records without the prior written approval of the Commonwealth. (Contract Clause 19.1)
- All information provided to the Commonwealth must be correct, complete and not misleading in any respect. (Contract Clause 6.1(a), 11.1 & 12.4 (c))
- Providers must make and maintain a comprehensive, accurate, current, easily identifiable and accessible record for each program client. (Contract Clause 11, Instrument 26)
- Providers must allow access to program client records to ensure compliance with the Contract. (Contract Clause 16, Instrument 29)
- Providers must forward relocating client records (complete original file and copies of the original claim forms) to the new provider when they receive a written file transfer request. The old provider must keep the original claim forms for at least 7 years after transfer. (Instrument 35)
- Providers using Cloud storage must have their Cloud service assessed by an independent Information Security Registered Assessors Program (IRAP) assessor. All records must be hosted on an Australian server.

### Evidence Reviewed

- ✓ Client files and case notes
- ✓ NOAH data (where available)
- ✓ Medical referrals and reports
- ✓ Device quotations
- ✓ Claim forms
- ✓ Appointment records
- ✓ Audiograms, SPIN tests, REM, etc
- ✓ WANT forms for clients with 3FAHLs  $\leq 23$ dB
- ✓ Statutory Declarations for lost devices
- ✓ Manufacturer's letters for damaged devices
- ✓ Other relevant client information

### Common Record Keeping Non-Compliance Issues

- Incomplete or illegible file notes
- Insufficient detail to clearly demonstrate that all the requirements of a service were met
- Incomplete forms (e.g. Unsigned and undated documentation)
- Out-dated forms being used (e.g. superseded ECR being used)
- Statutory declarations on the wrong form or not correctly completed
- Conflicting information (e.g. Inconsistent dates on claim forms, appointment books, file notes and NOAH data).

## Sites and Equipment

### Program Requirements

#### Sites

- Sites must provide an appropriate and safe environment for providing services. (Contract Clause 10.1)
- Sites must have appropriate equipment and facilities meeting current Australian Standards for providing services, including audiometric testing equipment for assessment, fitting and rehabilitation. (Contract Clause 10.7)
- The Hearing Services Rights and Responsibilities information must be displayed at each site. (Contract Clause 10.8)
- Providers must open and close sites through the online portal, and indicate whether the site is permanent, remote or visiting. (Contract Clause 10.2 & 10.4)
- Providers must update site details on the portal if there are changes. (Contract Clause 10.3)

#### Insurance

The provider must maintain

- public liability insurance for no less than \$20 million per claim
- professional indemnity insurance for no less than \$10 million per claim covering all practitioners
- workers' compensation insurance as required by State or Territory law
- for the Contract period (and for professional indemnity insurance, for at least seven (7) years after the expiry or termination of the Contract. (Contract Clause 23.1)

#### Evidence Reviewed

- ✓ Ambient noise level certification
- ✓ Equipment calibration certification
- ✓ Insurance certificates of currency
- ✓ Provider details on the Hearing Services Portal
- ✓ Previous SAT responses on sites and equipment, for example that certification was up to date

#### Common 'Sites and Equipment' Non-Compliance Issues

- Missing or incomplete documentation
- Incorrect or out-dated Standards used for certification of ambient noise levels or equipment calibration
- Certification that does not meet the requirements of the Standard
- Hearing Services Portal not updated with current provider and/or site information.
- Providers not removing old employees as users of the portal
- Evidence found in compliance monitoring doesn't match the responses to the provider's Self-assessment.

## Service Management Systems

Providers are required to have specific policies and procedures to support program compliance.

### Program Requirements

- Clinical personnel hold appropriate professional qualifications & Practitioner Professional Body (PPB) membership. (Contract Clause 8.1 & Instrument 38)
- Services are provided to a high standard in accordance with professional standards of conduct for hearing service delivery published by the relevant Practitioner Professional Bodies. (Contract Clause 8.1 & Instrument 39(1))
- Services are provided in a safe and appropriate manner. (Contract Clause 7.1(e)(iii))
- Any device supply arrangements are disclosed to clients. (Contract Clause 9.5, Instrument 28)

### Hearing Rehabilitation Outcomes (HRO)

- Clients are referred to a medical practitioner where clinically appropriate. (HRO 2)
- Audiometrists must liaise with an audiologist about the management of non-routine clients (refer HRO Glossary) or refer such clients to a medical practitioner for assessment. (HRO 2)
- Internal policies and procedures are established to support service delivery and compliance with program obligations. (HRO 7)
- Service delivery is continuously monitored and improved. (HRO 7)
- Staff are aware of, and have access to, current versions of policies, procedures, instructions, documents or forms relevant to the requirements of the program. (HRO 7)
- A policy for dealing with complaints/disputes is maintained and available to all clients. (HRO 7)
- Reasonable steps are taken to try to resolve any client complaint. (Instrument 33)
- Compliance with the HROs is periodically reviewed and non-compliance is remedied. (HRO 7)

### Evidence Reviewed

- ✓ Certificates of Competency for all practitioners
- ✓ Policy for Supervision of Non-qualified Practitioners
- ✓ Policy for referral of clients for further advice (Medical/Audiological Referral)
- ✓ Device Supply Arrangements Disclosure
- ✓ Complaints Policy

### Common 'Service Management Systems' Non-Compliance Issues

- PPB certificates not available for all staff providing services during the audit period.
- No policy for the supervision of non-qualified practitioners.
- Evidence that non-qualified practitioners are delivering services without the supervision of a qualified practitioner.
- No complaints policy in place and/or not made available to clients.
- No Device Supply Arrangements Disclosure to clients.
- No clear process for the referral of clients for further medical/audiological advice.

## Service Provision

Providers must comply with

- the [Hearing Rehabilitation Outcomes](#) (HRO), which describe the outcomes to be achieved when delivering services to eligible clients.
- the [Eligibility Criteria for Refitting](#) (ECR), which outline the six circumstances where it is acceptable to refit a client under the program.
- the [Minimum Hearing Loss Threshold](#) (MHLT), where clients whose 3 Frequency Average Hearing Loss (3FAHL) is less than or equal to 23 dB in the ear being fitted, cannot proceed to fitting or receive an Assistive Listening Device unless the client meets the two MHLT exemption criteria. One of the criteria is the Wishes & Needs Tool (WANT). The other criterion lists four conditions, one of which must be met. (Hearing Services Program (Voucher) Instrument Section 47).
- the [Schedule of Service Items](#), which outline the conditions which must be met in order to claim the service/s.

## Program Requirements

- A valid voucher must be held before services are provided under the program. (Instrument 14)
- Services must be provided in accordance with the [Act](#), the [Instrument 2019](#), the [Contract](#) and the [Standards](#). (Contract Clause 7.1(e)(ii))
- A relocation request must be received from a client before requesting transfer of their records. (Instrument 35(2)). Where this request is verbal, it must be documented on the client file.
- Complex Clients must be notified via the portal and the client given information on services available from Australian Hearing Services (Hearing Australia). (Instrument 50)
- Clients requiring devices must be offered a range of types and styles of fully-subsidised (free-to-client) devices suitable to their needs, prior to fitting. (Instrument 45)
- Clients considering partially-subsidised devices must be given a detailed, partially-subsidised (top-up) device quote. (Instrument 46)

## Evidence Reviewed

- ✓ Client records
- ✓ Evidence of ECR being met
- ✓ Partially-subsidised device quotes
- ✓ Portal claims records
- ✓ NOAH data
- ✓ Evidence of MHLT exemptions
- ✓ WANT forms
- ✓ Relocation consent

## Common 'Service Provision' Non-Compliance Issues

- Insufficient evidence on client files to substantiate program service requirements.
- Clients fitted with devices when they do not meet the MHLT exemption criteria.
- Clients refit with new devices when they do not meet the Eligibility Criteria for Refitting.
- Missing or unsigned/undated partially-subsidised (top-up) device quotes.
- Clients not notified as specialist (complex) through the hearing service portal.
- Clients provided with 'private services' when they are eligible for services through the program.

## Claiming

The [Schedule of Fees](#) outlines the fees paid for services delivery in line with the conditions for claiming documented in the [Schedule of Service Items](#).

### Program Requirements

- Each client must have a valid voucher. (Instrument 14)
- Claims for payment must comply with the Instrument, Contract and Schedule of Service Items. (Contract Clause 12)
- Client records must support and justify all claims for payment. (Contract Clause 12.3)
- Providers must check that any services required by the client have not already been provided under the Voucher. (Contract Clause 7.1(f) & 12.4(a))
- All claiming information provided to the Commonwealth must be correct, complete and not misleading. (Contract Clause 6.1(a), 11.1 & 12.4 (c))
- Claim forms must show the QP number of the practitioner who completed or supervised the services. (Contract Clause 12.2)
- Claims for relocated clients must be submitted within 20 business days of receiving a transfer request. (Contract Clause 12.6 (c)(ii))
- Clients cannot be charged for services other than the gap payment for partially-subsidised devices (Instrument 52), the Scheduled replacement fee and annual maintenance charge (Instrument 53), and in specific circumstances, for private services. (Instrument 49 & 51(3))
- All original claim forms must be kept for seven years. (Contract Clause 12.3(b))
- Payments received for services not provided in accordance with program requirements must be reimbursed to the Commonwealth (Contract Clause 13.1), and in some instances to the voucher holder (Contract 13.4 & Instrument 51(2)).

### Evidence Reviewed

- ✓ Client Records
- ✓ Claim Forms
- ✓ Appointment records
- ✓ Portal claims records
- ✓ NOAH data
- ✓ Client receipts
- ✓ Device quotes
- ✓ Maintenance Agreements

### Common 'Claiming' Non-Compliance Issues

- Vouchers not valid at the date of service.
- No claim form.
- Binaural services being claimed when the client is monaurally fitted.
- Hearing Services Portal showing different information than the claim form, e.g. different dates, device codes, practitioner numbers, client costs, 3FAHL results.
- Claims for services already provided on the client's voucher.
- Duplicate claims being submitted.
- Insufficient evidence kept on client file to verify claim for payment.



## Evidence Guide

<b>Evidence Reviewed</b>	
<p><b>Client records</b></p> <p>The Contract, clause 11 and the Instrument, clause 26 state that client records must be comprehensive, accurate, current, easily identifiable and accessible, and kept for at least 7 years.</p> <p>File notes must be legible (readable and accessible).</p> <p>Any Cloud storage system must be assessed by an independent Information Security Registered Assessors Program (IRAP) assessor and records must be hosted on an Australian server.</p>	<p><b>Client records should include</b></p> <ul style="list-style-type: none"> <li>• Client details name, voucher number (check the portal for client's eligibility)</li> <li>• Relocation consent / file request signed by client (if <a href="#">relocating client</a>)</li> <li>• Detailed and dated case notes for all appointments, visits, phone calls etc. including clinician's name</li> <li>• Audiograms, test results (REIG, REM, SPIN etc.)</li> <li>• Record of client's clinical / audiometric history</li> <li>• Record of client's needs and goals (COSI etc.)</li> <li>• Record of client's attitude and motivation regarding a fitting</li> <li>• <a href="#">Wishes &amp; Needs Tool (WANT)</a> for clients under MHLT (3FAHL ≤ 23dB)</li> <li>• <a href="#">Statutory declaration</a> for lost device/s stating when and where device/s lost (witnessed &amp; dated)</li> <li>• Manufacturer's letter for devices damaged beyond repair (DBR)</li> <li>• Medical referrals and responses</li> <li>• Device quotations</li> <li>• Claim forms signed and dated by provider representative</li> <li>• Copy of receipts for client payments e.g. maintenance, partially-subsidised devices, replacement fees</li> <li>• Other relevant client information</li> </ul>
<p><b>Claiming</b></p> <p>The Contract, clause 6.1 (a) requires providers to warrant that all information that has been, or will be, provided to the Commonwealth, is or will be, correct, complete and not misleading in any respect.</p> <p>The Contract, clause 12.4(b) requires that the provider must not make claims for payment of Scheduled Fees unless the conditions of the Act, the Contract and Schedule of Service Items &amp; Fees have been met.</p> <p>The Contract, clause 12.3(a) states that providers must maintain records that support and justify all claims for payment.</p>	<p><b>Evidence to support program claims includes</b></p> <ul style="list-style-type: none"> <li>• Evidence of appointment (diary entry/appointment dates of client's visit)</li> <li>• Detailed and dated client case notes documenting services provided</li> <li>• Copies of test results (audiograms, NOAH data, REMs, SPIN, COSI, WANTs, etc.)</li> <li>• Correctly completed claim form <ul style="list-style-type: none"> <li>○ QP number of practitioner who completed or supervised service &amp; site identification</li> <li>○ client's name &amp; voucher number</li> <li>○ item numbers, date of service, device codes, 3FAHL results, costs etc.</li> <li>○ signed and dated by the provider representative.</li> </ul> </li> <li>• Alterations to claim forms must be initialled.</li> <li>• Statutory Declarations must be completed in the name of the person signing the declaration.</li> <li>• (ie. I declare, <i>NAME</i> – signature <i>SAME NAME</i>) and appropriately witnessed and dated.</li> <li>• Client receipts (cash payments can be rounded to nearest 5 cents, card payments must be exact fee)</li> <li>• Device quotes</li> <li>• Maintenance Agreements</li> </ul>

<b>Evidence Reviewed</b>	
<p><b>Assessment (Item #600) Reassessment (Item #800)</b></p> <p>Requires</p> <ul style="list-style-type: none"> <li>an accurate and complete assessment by a qualified practitioner or a provisional practitioner under supervision.</li> <li>clients supported in making decisions including receiving advice about rehab programs, communication strategies, and technological and device options.</li> </ul> <p>Refer <a href="#">Hearing Rehabilitation Outcomes (HRO)</a>  <b>HRO 1 Assessment</b>  <b>HRO 2 Referrals</b>  <b>HRO 3 Hearing Rehabilitation</b></p> <p><b>Instrument 45 - Choice of hearing device</b>  Clients requiring devices must be offered a choice of free of charge devices, and written evidence of the client's choice must be kept on file.</p> <p><b>Instrument 46 – Partially subsidised devices</b>  Clients must not be encouraged to select a partially subsidised device when a fully subsidised device would meet the client's needs.</p> <p><b>Instrument 46 – Device quotes</b>  Clients must not be supplied with a device unless they have been given a written quote detailing the full price, model, style, and maintenance/repair costs, which is signed and dated by the client prior to fitting. A copy of the quote must be kept on file.</p>	<p><b>Evidence in client's case notes to support an assessment/reassessment claim should include</b></p> <ul style="list-style-type: none"> <li>Practitioner (&amp; supervisor's) name &amp; date of service</li> </ul> <p><b>History</b></p> <ul style="list-style-type: none"> <li>Reason for hearing test (<i>hearing issues eg. with family, telephone etc.</i>)</li> <li>Family/Occupational history (<i>exposure to noise etc.</i>)</li> <li>Previous audiological history (<i>tinnitus, vertigo, wax problems etc.</i>)</li> <li>Hearing device history (<i>previous aids</i>)</li> <li>Medical conditions/disabilities (<i>ear infections, dexterity issues etc.</i>)</li> </ul> <p><b>Goals, attitude and expectations</b></p> <ul style="list-style-type: none"> <li>Hearing goals and expectations (eg. COSI)</li> <li>Attitude to their hearing loss (<i>client's own attitude, family's attitude</i>)</li> <li>Attitude to hearing aids</li> </ul> <p><b>Examination</b></p> <ul style="list-style-type: none"> <li>Visual otoscopy (<i>canals, blockages, wax build-up etc.</i>)</li> <li>Audiogram (<i>dated copy on client file showing 3FAHL results</i>)</li> <li><a href="#">Wishes &amp; Needs Tool (WANT)</a> and evidence supporting <a href="#">Minimum Hearing Loss Threshold (MHLT)</a> criteria if 3FAHL results <math>\leq</math> 23dB</li> <li>other tests as appropriate.</li> </ul> <p><b>Referral</b></p> <ul style="list-style-type: none"> <li>Referral to medical practitioner where clinically appropriate</li> <li>Non-routine clients assessed by an audiologist, or referred to an audiologist or medical practitioner</li> <li>If Specialist Services (Complex), client advised about Australian Hearing Services &amp; portal checkbox marked. File note recording client's chosen provider.</li> </ul> <p><b>Rehabilitation</b></p> <ul style="list-style-type: none"> <li>Discussion on communication strategies and rehabilitation programs.</li> </ul> <p><b>Devices &amp; Quotes</b></p> <ul style="list-style-type: none"> <li>Discussion details on suitable device options (type, style, telecoil, etc.)</li> <li>Details of suitable fully-subsidised device/s (even if partially subsidised device/s recommended)</li> <li><a href="#">Written quotation</a> for all devices, signed &amp; dated by client prior to fitting <ul style="list-style-type: none"> <li>even if fully subsidised device/s, replacement, ALD, Spare aid</li> <li>even if partially subsidised device/s at no cost-to-client</li> <li>if partially subsidised device/s chosen, client must still receive fully subsidised device quote <ul style="list-style-type: none"> <li>make, model, device code</li> <li>full price of device/s, identifying government subsidy and cost to client</li> <li>annual batteries and maintenance and repair costs</li> <li>returns policy</li> <li>warranty period</li> </ul> </li> </ul> </li> </ul>

<b>Evidence Reviewed</b>	
<p><b>Audiological Case Management (referral)</b>  <b>Item #610 - with first assessment</b>  <b>Item #810 - with reassessment</b>  <b>(Return voucher)</b></p> <p>Requires</p> <ul style="list-style-type: none"> <li>clients to be referred for medical evaluation where appropriate</li> <li>audiometrists to liaise with an audiologist about management of non-routine clients</li> </ul> <p>Refer <a href="#">Hearing Rehabilitation Outcomes (HRO)</a>  <b>HRO 2 Referrals &amp; HRO Glossary</b></p>	<p><b>Evidence in client's case notes for an Audiological Case Management claim should include</b></p> <ul style="list-style-type: none"> <li>Documented assessment of client's condition, justifying why referral is required</li> <li>Review of client's historic clinical records (if relocated client)</li> <li>Referral or letter from an audiometrist to an audiologist seeking advice on further treatment or management of a non-routine client</li> <li>Response advice from audiologist to audiometrist and evidence advice followed</li> </ul>
<p><b>Fitting</b></p> <p>Device must be on Approved Device Schedule.</p> <p>Fitting range must accommodate for expected deterioration in hearing thresholds over 5 years (at least 10dB).</p> <p>Devices must be appropriately programmed with response verified against a prescriptive target optimised to the client's needs/preference checked for comfort</p> <p>Clients and carers must be assisted to manage the device/s.</p> <p>Maintenance options must be discussed.</p> <p>Refer <a href="#">Hearing Rehabilitation Outcomes (HRO)</a>  <b>HRO 4 Fitting of Hearing Devices</b></p>	<p><b>Evidence in client's case notes for fitting services should include</b></p> <ul style="list-style-type: none"> <li>Practitioner (&amp; supervisor's) name &amp; date of service</li> <li>History of the client's previous device use (datalogging if available)</li> <li>Otoscopy at time of fitting</li> <li>Device details serial numbers, device code, features (eg telecoil), extras (eg remote)</li> <li>Programs in use (print out of settings or NOAH data)</li> <li>REM / Insertion Gain</li> <li>Fitting range headroom of 10dB or more across 500Hz to 4000Hz</li> <li>Occlusion checks</li> <li>Feedback checks</li> <li>Maximum Power Output (MPO) checks – (clapping, paper rustling etc)</li> <li>Details of any modification/s made</li> <li>Client's reactions to device settings</li> <li>Aided speech test</li> <li>Comfort check</li> </ul> <p><b>Client case notes on training / device management after fitting should include</b></p> <ul style="list-style-type: none"> <li>Aid insertion</li> <li>Battery instruction / maintenance</li> <li>Device care (cleaning, wax management etc.)</li> <li>Program switching, phone use, audio input</li> </ul>

<b>Evidence Reviewed</b>	
<p><b>Fitting follow-up appointment</b></p> <p>Requires a face-to-face follow-up appointment with clients one week or more after fitting.</p> <p>Must re-evaluate the hearing goals and expectations recorded during their assessment, and address any issues or concerns.</p> <p>Refer <a href="#">Hearing Rehabilitation Outcomes (HRO)</a> <b>HRO 5 Follow-up</b></p>	<p><b>Evidence in client's case notes for fitting follow-up service should include</b></p> <ul style="list-style-type: none"> <li>• Practitioner (&amp; supervisor's) name and date</li> <li>• Device modifications if required</li> <li>• Changes to device settings (printout or NOAH data)</li> <li>• Device management if required (volume control, programs, care, remote, telecoil etc)</li> <li>• Review of device usage (data logs)</li> <li>• Review of MPO, Occlusion, Feedback</li> <li>• Client comfort</li> <li>• Client and family's satisfaction (opinion of aided hearing)</li> <li>• Communication tactics review</li> <li>• Further training needs (Rehab Plus)</li> </ul>
<p><b>Client Review (Item #930 monaural, #940 binaural)</b></p> <p>Aims to help extend the life of current fitting.</p> <p>Reviews client's needs where client was fitted over 12 months ago.</p> <p>Requires the client to receive ongoing hearing support, including reviews of communication and hearing goals, and referral where necessary.</p> <p>If Client Review is claimed on same date as Reassessment, activities performed must be different to those performed for the reassessment and services must be documented separately.</p> <p>Refer <a href="#">Hearing Rehabilitation Outcomes (HRO)</a> <b>HRO 6 Aftercare</b></p>	<p><b>Evidence in client's case notes for Client Review services must include</b></p> <ul style="list-style-type: none"> <li>• Review of audiometric history</li> <li>• Review of communication and hearing goals</li> <li>• Check for device malfunction, blockage etc</li> </ul> <p><b>and</b></p> <p>at least 3 of the following activities</p> <ul style="list-style-type: none"> <li>• Hearing screening including middle ear status (audiogram, tympanometry)</li> <li>• Real Ear Insertion Gain (REIG), Aided Threshold Measurement (ATM), Live Speech Mapping (LSM)</li> <li>• Resetting/reprogramming device parameters due to changes in hearing</li> <li>• Checking REIG/ATM with new device settings</li> <li>• Fitting new moulds, modifying current moulds/shell, retubing, replacing earhook etc</li> <li>• Assessing Loudness Discomfort Levels re MPO settings</li> <li>• Review of expectations and use of communication strategies</li> <li>• Review and reinstruction of device management</li> </ul>

<b>Evidence Reviewed</b>	
<b>Refitting</b> Refer to the <a href="#">Eligibility Criteria for Refitting (ECR)</a>	
<b>Refit criterion</b>	<b>Evidence in client's case notes for refitting must include</b>
1. Current hearing aid(s) can no longer be optimised by adjustments or other modifications to meet current gain requirements.	Evidence that current device(s) are in optimal working order (NOAH, manufacturer service/repair, mould/shell modification/replacement), and Evidence Real Ear Measurements show a poor match to targets after adjustment/modification to current device(s) to accommodate changes in thresholds. <b>or</b> Device specifications show that the client's current Hearing Threshold Level (HTL) is outside the range of the current hearing aid(s) and they were previously optimally fitted.
2. Client can no longer use their aid(s) due to a significant deterioration in health, dexterity or cognitive ability since last fitting.	Description of deterioration and effect on client's ability to manage their device(s) or a letter from the client's doctor, carer, etc. giving details of how the condition affects current device usage. Evidence of attempts to adjust current device(s) and/or details why they cannot be modified. Details how the proposed new device(s) will address the issues with the current device(s).
3. Client requires a different style of hearing device due to a change in the physical condition or health of the ear the since last fitting.	Description of the change in physical condition of the ear or ear health. Evidence of attempts of adjust current device(s) and/or details why they cannot be modified. Details how the proposed new device(s) will address the issues with the current device(s).
4. Client requires a telecoil and the current hearing aid(s) do not have a telecoil and cannot be retrofitted.  <b>Please note</b> - This situation does NOT allow for refitting with an FM system, streamer or equivalent.	Detail specific goal which can only be met with the inclusion of a telecoil. Description of change in client needs relating to telecoil since the last fitting.  <b>Please note</b> - client must opt-out of having a telecoil.
5. Client currently fitted with an Assistive Listening Device (ALD) and now requires hearing aid(s).	Evidence of change in client circumstances that indicates hearing aid(s) required.
6. Client's previous initial fit or refit occurred more than five (5) years ago.	Evidence that no fittings have been claimed for the proposed ear(s) within the last 5 years.

<b>Evidence Reviewed</b>	
<p><b>Replacement of lost or damaged beyond repair device (Item #840 monaural, #850 binaural item)</b></p> <p>Replacement should be same device if it is still on the Device Schedule, otherwise a similar device.</p> <p>If client's circumstances have changed and they meet <a href="#">Eligibility Criteria for Refitting</a>, refit instead of replace.</p> <p><b>Instrument 53 - Replacement Fee</b> A provider may not charge a client fitted with a fully-subsidised device more than the Schedule of Fees replacement fee.</p> <p>The client fee may be waived and an <b>Item #888</b> claimed where client holds a DVA Gold Card client holds a DVA White Card which includes hearing loss.</p> <p>an <b>Item #555</b> claimed where device(s) has been lost or damaged</p> <ul style="list-style-type: none"> <li>• in nursing home by staff ( must be certified by the staff member)</li> <li>• in hospital</li> <li>• in the post</li> <li>• client has dementia</li> </ul>	<p><b>Evidence in client's case notes for replacement device <u>must</u> include</b></p> <ul style="list-style-type: none"> <li>• <b>Lost device</b> <a href="#">Statutory Declaration</a> completed and signed by the client/client's representative and witnessed by an <a href="#">authorised witness</a>.</li> <li>• The declaration should state when and where the loss occurred.</li> <li>• <b>Damaged beyond repair device</b> letter from manufacturer stating device(s) damaged beyond repair <ul style="list-style-type: none"> <li>○ Device details – replacement should be same device(s) unless no longer on Device Schedule or client meets refitting criteria (ECRs)</li> <li>○ Evidence device(s) set to client's preferred settings (NOAH etc)</li> <li>○ Receipt for replacement payment if not waived</li> <li>○ Evidence to support Item #555 if claimed (nursing home letter etc.)</li> <li>○ Device quote</li> </ul> </li> </ul>
<p><b>Spare Aid (Item #960)</b></p> <p>Only one spare device per client per lifetime.</p> <ul style="list-style-type: none"> <li>• Only available to clients with one aidable ear and</li> <li>• no second device that can be adapted as spare</li> <li>• no previous spare device supplied</li> </ul> <p>If spare device lost/damaged beyond repair or no longer clinically appropriate, submit Replacement claim (Item #840)</p>	<p><b>Evidence in client's case notes for spare device must include</b></p> <ul style="list-style-type: none"> <li>• History of monaural fitting or fitted with BICROS system</li> <li>• High dependence on device</li> <li>• Future maintenance must be monaural unless client is fitted with CROS/BICROS</li> </ul>

<b>Evidence Reviewed</b>	
<p><b>Maintenance</b> Client must be offered a maintenance agreement with initial fitting. Agreements last 12 months only. Maintenance includes adjustments, repairs, ear mould replacement and batteries. <a href="#">Hearing Rehabilitation Outcomes (HRO)</a> HRO 4 Follow-up</p>	
<p><b>Maintenance service &amp; battery supply (Item #700 monaural, #710binaural)</b></p> <ul style="list-style-type: none"> <li>Claimed ≥ 12months after previous maintenance claim or ≥ 12 months after initial fitting date, whichever is most recent.</li> </ul>	<p><b>Evidence in client's file for a maintenance claim should include</b></p> <ul style="list-style-type: none"> <li>Maintenance Agreement signed by client</li> <li>Claim form dated ≤ 45 days before maintenance services commenced.</li> </ul>
<p><b>Relocated maintenance &amp; battery supply (Item #711 monaural, binaural #722)</b></p> <ul style="list-style-type: none"> <li>Claimable where client has paid the annual maintenance contribution (unless exempt) to the previous provider (check portal).</li> <li>Cannot be claimed if client relocates away and then returns within 12 months of an existing maintenance agreement with provider.</li> <li>Covers full maintenance/batteries for 12 months</li> </ul>	<p><b>Evidence in client's file for a relocated maintenance claim should include</b></p> <ul style="list-style-type: none"> <li>Relocation consent signed by client</li> <li>Maintenance Agreement signed by client</li> <li>Claim form</li> </ul>
<p><b>Maintenance &amp; Battery supply – private device/s fitted outside the program (Item #790 monaural, #791 binaural)</b></p> <p>Claimable where program device/s have been fitted privately and are in good condition. Enables client to receive maintenance for their devices through the program.</p> <p>Client must accept &amp; pay for a maintenance agreement (unless exempt).</p> <ul style="list-style-type: none"> <li>Once only claim</li> <li>Claimed after an assessment</li> <li>Client cannot be refit on the same voucher without approval.</li> </ul>	<p><b>Evidence in client's file for maintenance for devices fitted outside the program <u>must</u> include</b></p> <ul style="list-style-type: none"> <li>Documentation of Assessment</li> <li>Device details including condition/working order</li> <li>Maintenance Agreement signed by client</li> <li>Claim form</li> </ul>
<p><b>Maintenance – DVA (Item #777) Payment of client maintenance contribution for DVA clients (where client has not paid contribution to provider)</b></p> <p>DVA Gold Card or White Card which includes hearing services</p> <ul style="list-style-type: none"> <li>Claimed with fitting items that include maintenance or maintenance claims (700,710)</li> <li>Claimed once every 12 months</li> </ul>	<p><b>Evidence in client's file for a DVA maintenance claim should include</b></p> <ul style="list-style-type: none"> <li>Maintenance Agreement signed by client</li> <li>Claim form dated ≤ 45 days before maintenance services commenced, with \$0 cost to client.</li> </ul>

Evidence Reviewed	
<p><b>Rehabilitation (Item #670)</b></p> <p>For clients who are <u>not</u> to be fitted (cannot claim if previously fitted).</p> <p>Rehabilitation services help clients acquire and apply skills to maximise their communication abilities and better manage their hearing loss.</p> <p>Claimed after assessment/reassessment &amp; client never fitted.</p> <p><a href="#">Hearing Rehabilitation Outcomes (HRO)</a> HRO 3 Hearing Rehabilitation</p>	<p><b>Evidence in client's case notes for a Rehabilitation claim <u>must</u> include</b></p> <ul style="list-style-type: none"> <li>• Assessment and/or reassessment case notes</li> <li>• 2 Rehabilitation appointments 1st = consultation, 2nd = follow up.</li> <li>• Discussion of client's attitude &amp; motivation towards rehab</li> <li>• Discussion of client's communication and hearing goals</li> <li>• Advice and support provided to client on communication strategies</li> <li>• Claim form</li> </ul>
<p><b>Rehabilitation Plus (Rehab Plus)</b> (Item #680 &amp; #681)</p> <p>Only available for new or return clients being fitted with fully-subsidised (free-to-client) devices or ALD for first time.</p> <p><u>Item #680 - Session requirements</u></p> <ol style="list-style-type: none"> <li>1) Group Sessions 2 sessions, 1 hour per session, partners and others can attend. Sessions are managed by Qualified Practitioner(s).</li> <li>2) Individual Sessions 2 sessions, 30 minutes per session, conducted by Qualified Practitioner.</li> <li>3) Mixed Sessions minimum of one of each of the above.</li> <li>4) Can only be claimed once per client.</li> </ol> <p><u>Item #681 – Session requirement</u></p> <ol style="list-style-type: none"> <li>1) Group Session 1 session, 1 hour duration, partners and others can attend. Sessions are managed by Qualified Practitioner(s).</li> <li>2) Individual Session 1 session, 30 minutes duration, conducted by Qualified Practitioner.</li> <li>3) Can only be claimed twice per client.</li> </ol> <p><a href="#">Hearing Rehabilitation Outcomes (HRO)</a> HRO 3 Hearing Rehabilitation</p>	<p><b>Evidence in client's case notes for a Rehabilitation Plus claim <u>must</u> include</b></p> <ul style="list-style-type: none"> <li>• Evidence of fully-subsidised device fitting or ALD</li> <li>• Evidence of discussion or training on communication strategies and tactics</li> <li>• Claim form</li> </ul> <p><u>#680 = Rehabilitation Plus (2 appointments).</u></p> <ul style="list-style-type: none"> <li>• Appointments must be <math>\geq 2</math> weeks &amp; <math>\leq 12</math> months after Follow-up.</li> <li>• Claim form shows QP no. &amp; site ID of session</li> </ul> <p><u>#681 = Rehabilitation Plus (2 appointment).</u></p> <ul style="list-style-type: none"> <li>• Appointment must be <math>\geq 2</math> weeks &amp; <math>\leq 12</math> months after Follow-up.</li> <li>• Claim form shows QP no. &amp; site ID of session</li> </ul>
<p><b>Remote control (Item #4)</b></p> <p>A remote control can be provided if a client cannot manage their device/s without a remote control.</p>	<p><b>Evidence in client's case notes for provision of a remote control <u>must</u> include</b></p> <ul style="list-style-type: none"> <li>• Justification of client's need for a remote control</li> <li>• Manufacturer's invoice (amount must be less than \$200, and equal invoice cost excluding postage and handling)</li> <li>• Claim form, with \$0 cost to client.</li> </ul>



## Common Issues or Errors

The most common issues found during compliance monitoring are

- **Vouchers not valid at the date of service** please ensure you check your clients' voucher status prior to delivering services. Pre-voucher services are invalid. It is recommended to complete eligibility checks and/or voucher applications for clients prior to the day of their first appointment. This allows for unexpected issues (eg. mismatching client details) to be resolved in advance of the appointment.
- **Lack of evidence to substantiate claims** please ensure client files include detailed evidence of service provision, including correctly dated records, detailed client histories, notes on goals and needs, notes on the discussion of device options, quotes for every fitting, test results, evidence of verification of fitting, claim forms, etc.
- **Binaural maintenance claimed for monaural clients** please ensure maintenance claims match fittings. When a client changes from binaural to monaural, remember to update your claiming system.
- **Insufficient services provided when reassessment and client review completed on same day** please ensure client file notes contain adequate detail to differentiate between reassessment services and client review services if completed at the same time.
- **Missing consent from clients transferring to a new provider** please keep a signed transfer request on the client's file.
- **Clients being provided services privately when they were eligible for services under the program** please ensure clients are offered the services available to them under the program and ensure client decisions are fully documented on the client file.
- **Using old forms or templates** refer to the program's [Forms & Publications](#) webpage. Please update your forms and templates when advised of program changes.
- **Incorrect device history in portal** when a client returns or exchanges their device/s, please correct the client's device history on the portal.
- **Invalid Statutory Declarations for replacement of lost devices** please obtain a correctly completed and witnessed Statutory Declaration stating when and where the device/s were lost, prior to fitting replacement device/s.
- **Clients with mild hearing loss being fitted without meeting the MHLT exemption criteria** please ensure that clients whose 3FAHL is less than or equal to 23dB in the ear being fitted meet both the Wishes & Needs Tool criteria and one of the four exemption conditions.
- **Incorrectly recorded 3FAHL results** please ensure 3FAHL results are accurately recorded on the claim form and in the portal.
- **Relocated maintenance claimed when provider still has a current maintenance agreement with client** if a client transfers from you to another provider and then returns to you, you cannot claim relocated maintenance if the client's previous maintenance agreement with you is still active/current.