



## Program Standard

### Minimum Hearing Loss Threshold (MHLT) Guidelines

The Australian Government Hearing Services Program (the program) requires clients being fitted with a hearing device to meet a minimum **3 Frequency Average Hearing Loss threshold of greater than 23dB (3FAHL > 23dB)**, measured at 0.5, 1 and 2 kHz. Each ear must be evaluated independently.

Not all clients who have a hearing loss and attend an assessment want or need a hearing device. Before proceeding with a fitting of any client, practitioners must consider the nature and configuration of the hearing loss, the degree of communication difficulties experienced, and the attitude, motivation and goals of the client.

Clients with hearing loss below the program's threshold (**3FAHL ≤ 23dB**) should, in most instances, be provided with a rehabilitation service (communication training and strategies to manage their hearing loss) rather than be fitted with a hearing device.

If a qualified practitioner determines that a client would benefit from a hearing device for hearing loss, the client can be exempt from the MHLT requirements if the client meets both **MHLT exemption criteria** legislated under the [Hearing Services Program \(Voucher\) Instrument 2019](#). **Both criteria must be met** before a client can be fitted or refitted under the program, and all other program assessment and fitting requirements (eg. [Schedule of Service Items](#), [Hearing Rehabilitation Outcomes](#), and [Eligibility Criteria for Refitting](#)) must also be met.

#### MHLT Exemption Criteria

##### Program requirements

Clients with a 3FAHL ≤ 23dB in either ear cannot receive a fitting to that ear, or an Assistive Listening Device (ALD), unless they meet **one condition under Criterion 1 and meet Criterion 2** of the MHLT exemption criteria.

##### Criterion 1

The client must meet one of the following four conditions

- a. **Client has a High Frequency Average Hearing Loss, equal to or greater than 40dB (HFAHL ≥ 40dB), measured at 2, 3 and 4 kHz.** Where there is an air-bone gap in the high frequencies, check headphone placement/collapsing canals before calculating HFAHL.
- b. **Client has tinnitus, where both the hearing loss and the tinnitus can be addressed through the use of an approved hearing device.** Tinnitus cannot be the sole reason to provide devices. Fitting may proceed where amplification can be shown to both address the mild hearing loss and reduce severe or constant tinnitus that significantly affects quality of life. Documented evidence must show that aiding the client has had successful outcomes for both their hearing loss and tinnitus relief. Tinnitus severity or stress tools should be used prior to the fitting and at the follow-up to evaluate the device fitting. Results must be kept on the client's file.
- c. **Client has a visual impairment that cannot be corrected by treatment, which reduces the client's ability to see mouth movements.** Clients with a mild hearing loss and vision loss may experience greater communication difficulties compared to clients with mild hearing loss and good vision, and may benefit from receiving a device. Documented evidence that amplification improves speech audibility must be kept on the client's file. Clients with more

serious visual impairments should continue to be identified as clients who are eligible for Specialist Services

- d. **Client has previously been fitted under the program and can demonstrate consistent use of the previously fitted hearing device (includes Assistive Listening Device).** Documented evidence of consistent device use must be kept on the client's file, and may come from sources such as data logging reports, repeated supply of replacement batteries and on-going minor repairs. Evidence of benefit and satisfaction from the use of a device may be provided through responses to self-report outcomes questionnaires and/or file notes from client reviews or other appointments.

## Criterion 2

**The client must demonstrate they have a positive attitude and are motivated to wear a hearing device through their response to the [Wishes and Needs Tool \(WANT\)](#).**

The WANT is a client self-report questionnaire, consisting of two questions, intended to be administered towards the end of the assessment/reassessment appointment, prior to each fitting.

Each client should complete the questions without assistance or prompting from the practitioner or others, to ensure that the answers reflect their own attitude and motivation. If a client indicates they are not ready for devices or indicates minimal communication difficulties, a fitting should not proceed.

Each response is scored (scores equal the clients' answer numbers). The client must score **at least 2 or more for each question** and a **total score of 5 or more** (when both scores are added together), to be considered to have an acceptable attitude and motivation for a fitting. No information should be provided to the client to influence their responses. The WANT must be signed and dated by the client and kept on the client's file. A new WANT should be completed prior to each MHLT fitting.

## Asymmetrical Hearing Loss

If a client has a hearing loss in one ear that cannot be aided due to the severity of the loss or the ear health, the better ear can be fitted with a [Contralateral Routing of Signal \(CROS\)](#) device without meeting the MHLT guidelines. For clients being fitted with a BiCROS device, the better hear must meet the MHLT exemption criteria if the 3FAHL is  $\leq 23\text{dB}$ .

## Claiming

Client 3FAHLs must be recorded on claim forms and 23.3dB should be rounded to 23dB.

Documented evidence to justify clients meeting Criterion 1 and 2 must be kept on the client file, Evidence supporting fittings under the MHLT exemption criteria and any associated claim forms can be requested by the program at any time.

## Monitoring and Compliance

Fitting under the MHLT exemption criteria are routinely monitored and audited. Providers will be required to reimburse the Commonwealth, and if applicable the client, if a fitting does not comply with the MHLT guidelines.

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