

# VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM CLINICAL PRACTICE RECOMMENDATIONS FOR PRESCRIPTION OF ALERTING 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 Alerting Devices (ADs). The term *alerting devices* covers a wide range of equipment that can help those with hearing impairment be more aware of acoustic events in their surroundings. For the purposes of this Clinical Practice Recommendation, an alerting device is defined as a device used to help a hearing impaired person detect warning or other environmental sounds necessary for safety and to perform activities of daily living. Specifically, this recommendation includes alarm systems, alarm clocks, doorbell alarms, and telephone signalers.

These alerting devices use a signal that may be visual (a flashing light); auditory (an increase in amplification; or vibrotactile (a vibrating accessory). Auditory signals are sometimes used in conjunction with either visual or vibrotactile signals. Sometimes a system with a flashing light installed in a deaf or hard of hearing person's home may be coded to alert the individual to several different sound sources. For example, three slow flashes may mean the doorbell is ringing whereas two quick flashes may mean the smoke detector is sounding.

When an auditory signal is used, it must amplify to a level appropriate for a particular hearing impairment. When a visual signal is used, it is necessary for the individual to have adequate sight and be able to see the light from various areas of the home. In the use of a vibrotactile signal, a pager-type device can be body worn.

These devices may use hardwired or wireless technology. They also may be used solely or in conjunction with one another.

1. ALARM SYSTEMS (Including Smoke Detectors and Fire Alarms):  
These devices allow an individual to detect warning sounds of impending danger. This is necessary for the veterans' life preservation.

- ALARM CLOCKS: These devices allow an individual to detect an alarm clock signal. This is necessary so the veteran with hearing impairment is awakened at necessary times for employment reasons, medical appointments, social activities, etc.
2. DOORBELL ALARMS: These devices allow the patient to detect the presence of someone visiting the home. This is necessary so that the veteran with hearing impairment is able to continue with social visits and, in emergencies, recognize the presence of medical personnel.
  3. TELEPHONE RINGER AMPLIFIERS: These devices allow an individual who is hearing impaired to detect incoming calls. The telephone can have an amplified ringer so that the person with hearing impairment can detect the telephone ring from various areas of the home or it may have one of the other two types of signals, i.e., visual or vibrotactile.

## **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 ADs to assist veterans who have 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 ADs. Moreover, there are occasions when any veteran, no matter what the degree of hearing loss, may benefit from the use of ADs. There must be documentation about the justification for and evidence of appropriate patient training in use of ADs to meet VHA outcome measures.

#### ***IV. CANDIDACY FOR ALERTING DEVICES***

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

- A. Determined by a licensed audiologist to have all of the following:
  - 1. A documented hearing impairment,
  - 2. Demonstrate significant difficulty perceiving warning or alerting signals of standard devices,
  - 3. Ability to wear, use, and maintain the device, and
  - 4. Other special circumstances suggesting the use of ADs.

For purposes of this Clinical Practice Recommendation, the audiologist will determine “significant” and “other special circumstances”.

- B. Completed audiological assessment by or under the supervision of an audiologist that meets nationally published standards of care. The hearing evaluation will include assessment of the veteran’s ability to benefit from one or more of the full range of ADs listed within this Clinical Practice Recommendation.
- C. Had a stated goal(s) that required the use of ADs.
- D. Expressed an interest in using ADs to accomplish the goal(s).

- E. Demonstrated the ability to independently or with the help of a significant other use the ADs to effectively meet the stated goal(s).

## **V. CLINICAL PRACTICE RECOMMENDATIONS FOR EVALUATION AND TRAINING**

- A. The ADs may be prescribed through an outpatient or inpatient program, contracted non-VHA agency, or affiliated community service providing the ADs 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 Alerting Devices. The outpatient or 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 ADs and training performance goals.
  - 2. Provided hearing 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 ADs should be evaluated in conjunction with hearing aids that may also achieve the 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, a vocational, and/or activities of daily living goals requiring portability that cannot be adequately accomplished with a standard AD, then the appropriate Emerging Technology AD alternative may be evaluated.

- D. When the veteran's goals necessitate ADs for distance as well as intermediate, and/or near-hearing related tasks, issuance of more than one AD and/or Emerging Technology AD within the same type or category may be justified.
- E. Veterans with a demonstrated need for ADs or Emerging Technology ADs may be issued all of these devices.

## **VI. REFERENCES**

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Daigle, A. (1999). Informed consumer guide on assistive technology for people with hearing disabilities. Funded by the National Institute on Disability and Rehabilitation Research under contract number HN96015001. (February)

Mueller, H.G., & Carter, A.S. (2002). Hearing aids and assistive devices. In R.L. Schow and M.A. Nerbonne (Eds.) *Introduction to audiologic rehabilitation* (4<sup>th</sup> edition, pp. 31-80). Boston: Allyn and Bacon.

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### **Websites**

[www.abledata.com](http://www.abledata.com)

[www.assistivetech.net/search/](http://www.assistivetech.net/search/)

[www.harcmercantile.com](http://www.harcmercantile.com)

[www.harriscomm.com](http://www.harriscomm.com)

[www.hearinglossweb.com/res/alrt/alrt.htm](http://www.hearinglossweb.com/res/alrt/alrt.htm)

<http://www.nfss.com/signalling---alerting-devices.html>

[www.potomactech.com](http://www.potomactech.com)

[www.silentcall.com](http://www.silentcall.com)

[www.soundclarity.com](http://www.soundclarity.com)

**APPROVED/DISAPPROVED:**

Signed

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