## ****Notes for Hearing Technology Support Assessors****

There are specific templates available for the following types of AT:

* General Assistive Technology Assessment
* Continence Assessment
* Prosthetics and Orthotics Assessment
* Vehicle Modifications Assessment
* Complex Home Modification Assessment
* Dog Guide Assessment
* Hearing Devices and Hearing Technology Assessment

The assessment information provided in this form will be used by the NDIA to understand how the specified AT will assist the participant to pursue their goals and to assess whether it is reasonable and necessary for the NDIS to fund AT support.

Using this template is not mandatory. If a provider elects to provide information in another format, they must include all information described in this template. Information provided needs to include an outline of the functional impact of each feature being recommended. This should include how the AT will support capacity building, promote independence and impact alternative forms of support.

The primary criteria NDIS delegates use when determining if a piece of equipment or modification is suitable for the NDIS to fund is section 34: reasonable and necessary supports of the [National Disability Insurance Scheme Act 2013 (NDIS Act; external) and section 34](https://www.legislation.gov.au/Latest/C2018C00276).

Additional information on how the recommendation(s) will be considered in the context of specific supports can be found in the [NDIS Operational Guidelines](https://www.ndis.gov.au/about-us/operational-guidelines/information-handling-operational-guideline/information-handling-operational-guideline-privacy) available online and the [NDIS (Supports for Participants) Rules 2013](https://www.legislation.gov.au/Details/F2013L01063).

AT Strategy: Supports will be provided in line with the NDIA’s AT Strategy that can be found at [Assistive Technology Strategy](https://www.ndis.gov.au/about-us/strategies/assistive-technology-strategy) and as outlined in [NDIS AT Complexity](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications) document.

Assistive Technology (AT) Assessor: A hearing technology assessor is able to assess a participant's needs and situation and identify the most appropriate hearing AT. They may be a qualified Audiologist or Audiometrist.

AT Assessors have obligations under the NDIS Provider Terms of Business, Quality and Safeguards Commission and their respective professional registration under Audiology Australia, The Australian College of Audiology, or the Hearing Aid Audiology Society of Australia.

Caution: AT Assessors must be aware of and observe the law with regard to AT that is likely to restrain a participant. [National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2018L00632)

The NDIA expects AT assessors to consider all options for addressing the participant’s disability related functional limitations and pursuing goals, including non-AT supports.

NDIS AT Levels 3 & 4 trials: Where the AT assessor and participant need to work with an AT supplier to trial and develop a specification for the AT support, reasonable supplier costs can be quoted, and if agreed, claimed against the participant’s plan (category ‘rental/trial’). Supplier specification/order details are required with this assessment to enable the NDIS to consider quotes/prices from the supplier. Quotations should be attached where applicable (items < $1500 may be funded from the CORE consumables budget and do not require an assessment and quote).

AT assessors can keep up to date at [NDIS provider assistive technology](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications). Participants can keep up to date at [NDIS participant assistive technology](https://www.ndis.gov.au/participants/home-equipment-and-supports).

## Notes for navigating and editing this document

### General Notes

Provide answers in the details fields only.

All detail fields have unlimited text entry, and the document will expand in page length when large amounts of text are entered.

Spelling and grammar can be checked according to the word processor you are using.

### JAWS Specific Comments

Note: JAWSKey is insert on the desktop keyboard layout and Capslock on laptop layout

JAWSKey + F1 will read document information including the general layout, header and footer information.

JAWSKey + F6 will bring up a headings list allowing a JAWS user to navigate to different sections of the document, if desired.

JAWSKey + F7 will bring a list of links in the document.

JAWSKey + Z will turn on quick navigation fields so a JAWS user can use H to jump to the next heading

## Participant and Plan Management Details

### NDIS Participant Details

| Name |  |
| --- | --- |
| Date of Birth |  |
| Age |  |
| NDIS Number |  |
| Address |  |
| Contact Telephone Number |  |
| Email |  |
| Preferred Contact Method |  |
| Nominee or Guardian Name |  |
| Nominee or Guardian Phone |  |
| NDIS Support Coordinator |  |
| Contact Details |  |

### Plan Management Details

Select option by checking the box

[ ]  Agency Managed

[ ]  Self-Managed

[ ]  Registered Plan Management Provider. Add contact details below

| Contact Details |  |
| --- | --- |

## Background Information

### Reason for request

See [Appendix A](#_Appendix_A:_Replacement) and [Appendix B](#_Appendix_B:_Refit) for guidance regarding replacement and refitting criteria.

This technology is being requested as:

Use the check box to indicate if the device is;

[ ]  A new device for a first time user?

[ ]  The first device for this ear?

[ ]  A replacement device?

[ ]  The previous device is lost / damaged beyond repair (DBR) / has reached the end of its service life?

[ ]  A refitted / upgraded device?

[ ]  A new device with higher specifications or different style is required because of the participants functional capacity has changed?

### Hearing background1

Describe below the participant’s ear and hearing history, include age of diagnosis, cause of hearing loss (if known), and hearing device usage history.

| Details |  |
| --- | --- |

### Communication background

Include information about the participant’s current communication including preferred mode of communication and any barriers to communicate (for example, literacy).

| Details |  |
| --- | --- |

### Medical / Health background

Provide information about co-existing conditions or disabilities that may impact on communication and/or device use, if relevant to the device prescription. Attach relevant reports if available (with the participant’s consent) and provide information about treating professionals.

| Details |  |
| --- | --- |

### Participant Goals

If the participant’s NDIS plan has been made available, you can refer to the statement of participant’s goals and outline the goals relevant to the hearing technology request. Include any other relevant communication goals, for example Client Oriented Scale of Improvement (COSI) goals or other goal-setting tools. Where possible, goals should be specific and measurable. In the assessor’s view, are the participant’s goals realistic and achievable?

| Details |  |
| --- | --- |

## Recommended Option

Note: Complete Section 3a OR 3b. Delete the section that is not required.

### Section 3a: Request for Cochlear Implant Sound Processor

| Current Sound Processor(s) and / or hearing aid | Left ear | Right ear |
| --- | --- | --- |
| Manufacturer |  |  |
| Model and Style |  |  |
| Date of a last fitting |  |  |
| Hours worn per day / week. Provide evidence of use, including data logging where possible. |  |  |
| Service and repair history (where relevant). Attach documentation to application. Yes/No |  |  |
| List other assistive devices available to the participant. For example, remote microphones, phone clips, television streamers etc. |  |  |

| Comments |  |
| --- | --- |

What is the participant’s current preferred daily listening condition? Delete the response not required

| Left | Right |
| --- | --- |
| No amplification / hearing aid / sound processor | No amplification / hearing aid / sound processor |

If the devices are not used on a daily basis, describe when the devices are used.

| Comments |  |
| --- | --- |

Recommended replacement sound processor(s):

| Make and Model |  |
| --- | --- |

Evidence of functional outcomes with the recommended sound processor(s)

Evidence is attached:

[ ]  Yes

[ ]  No

Description of evidence if not attached

| Description |  |
| --- | --- |

### Section 3b: Request for hearing aid

#### Hearing aid information for current users

| Current Sound Processor(s) and / or hearing aid | Left ear | Right ear |
| --- | --- | --- |
| Manufacturer |  |  |
| Model and Style of hearing aid / sound processor |  |  |
| Date of a last fitting |  |  |
| Hours worn per day / week. Provide evidence of use, including data logging where possible. |  |  |
| Is the device fitted optimally? For example when doing real ear insertion gain measurements | Yes / No | Yes / No |
| Service and repair history is attached (where relevant).  | Yes / No | Yes / No |
| List other assistive devices available to the participant. For example, remote microphones, phone clips, television streamers etc. |  |  |

| Comments |  |
| --- | --- |

What is the participant’s current preferred daily listening condition? Delete the response not required

| Left | Right |
| --- | --- |
| No amplification / hearing aid / sound processor | No amplification / hearing aid / sound processor |

If the devices are not used on a daily basis, describe when the devices are used.

| Comments |  |
| --- | --- |

#### Participant Suitability

Outline the participant’s suitability to use the recommended hearing technology:

Evidence of suitability, which may include outcomes from speech discrimination and speech in noise assessments and / or other measures.

| Comments |  |
| --- | --- |

Previous hearing technology use:

1. Length and frequency of the technology use.

| Comments |  |
| --- | --- |

1. Comment on the success of technology use.

| Comments |  |
| --- | --- |

1. Comment on the use of compatible assistive listening devices, such as remote microphone systems and /or other wireless streaming devices.

| Comments |  |
| --- | --- |

1. Identify factors that impacted on the success of technology use, and steps taken to address any challenges experienced by the participant in using the technology successfully.

| Comments |  |
| --- | --- |

#### Recommendation of hearing aid(s)

The recommended hearing aid has the following level of technology:

[ ]  Basic / Essential

[ ]  Intermediate / Standard

[ ]  Advanced / Premium / Premium Plus

Option1: Hearing aid recommendation for basic or essential level hearing aids:

Recommended device name, model number and style:

| Recommendation |  |
| --- | --- |

Evidence of functional outcomes with the recommended device: Both objective evidence (test results) and subjective evidence (participant feedback) is required. Evidence can be provided in the comment section below, or can be attached. Assessors can refer to [Appendix C](#_Appendix_C:_Examples) for examples of evidence. Then go to [Part 4](#_Additional_Technology_/).

| Comments |  |
| --- | --- |

OR

Option 2: Recommendation of intermediate, advanced or premium level hearing aids: Differences in functional capacity with recommended device.

Provide a detailed description of current communication/listening contexts. How is the participant’s functional capacity expected to change with the recommended technology, based on objective assessment as well as participant experience? Functional assessments can be attached to this form. See [Appendix C](#_Appendix_C:_Examples) for examples of assessments. The assessor is expected to compare hearing aids of more than one level of technology, and preferably adjacent levels of technology. For example; do not compare a basic hearing aid to a premium-level hearing aid.

Please note: Where work-related contexts are described (including self-employed contexts), provide information regarding steps taken through Job Access to modify the working environment and/or obtain suitable assistive technology.

| Current Device: | Level: Basic / Essential / Intermediate / Advanced / Premium / Premium Plus (Delete the responses not required) |
| --- | --- |
| Recommended Device | Level: Basic / Essential / Intermediate / Advanced / Premium / Premium Plus (Delete the responses not required) |

Context 1: Describe context, including frequency experienced

| Goals and outcomes with current device |  |
| --- | --- |
| Alternatives trialled to improve outcomes |  |
| Goals and outcomes with recommended technology |  |

Context 2: Describe context, including frequency experienced

| Goals and outcomes with current device |  |
| --- | --- |
| Alternatives trialled to improve outcomes |  |
| Goals and outcomes with recommended technology |  |

Context 3: Describe context, including frequency experienced

| Goals and outcomes with current device |  |
| --- | --- |
| Alternatives trialled to improve outcomes |  |
| Goals and outcomes with recommended technology |  |

Context 4: Describe context, including frequency experienced

| Goals and outcomes with current device |  |
| --- | --- |
| Alternatives trialled to improve outcomes |  |
| Goals and outcomes with recommended technology |  |

Context 5: Describe context, including frequency experienced

| Goals and outcomes with current device |  |
| --- | --- |
| Alternatives trialled to improve outcomes |  |
| Goals and outcomes with recommended technology |  |

Context 6: Describe context, including frequency experienced

| Goals and outcomes with current device |  |
| --- | --- |
| Alternatives trialled to improve outcomes |  |
| Goals and outcomes with recommended technology |  |

Context 7: Describe context, including frequency experienced

| Goals and outcomes with current device |  |
| --- | --- |
| Alternatives trialled to improve outcomes |  |
| Goals and outcomes with recommended technology |  |

##### Other Relevant Information for intermediate, advanced and/or premium level hearing aids.

Provide any other relevant information, such as activities of daily living; formal and informal support arrangements (families or carers who can support device usage); the participant’s attitude towards hearing aids and technology in general; their expectations of the devices; and foreseeable life-stage transitions.

| Comments |  |
| --- | --- |

##### Most Suitable / Appropriate Alternative to facilitate goal attainment

Briefly summarise the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate attainment of the participant’s goal compared to others considered, including lower cost alternatives. These alternatives can include accessories, or intervention that does not involve technology, such as counselling, auditory training or speech reading training. Note: In the instance where previous hearing aid use was not successful, provide evidence of actions, such as auditory training, counselling, and setting realistic expectations.

| Recommended device name | Model number | Style |
| --- | --- | --- |
|  |  |  |

Other devices trialled (including lower cost options)

| Device name | Model number | Style |
| --- | --- | --- |
|  |  |  |

Steps taken to consider lower cost alternatives to improve hearing outcomes. For example; lower cost devices trialled, use of remote microphones / wireless streaming devices.

| Comments |  |
| --- | --- |

Are there any comparable support options that would achieve similar outcomes at a lower cost? For example, auditory training, training in handling devices, etc.

| Comments |  |
| --- | --- |

Evidence that the recommended device is the most appropriate, based on measurable goals and outcomes. Where an intermediate, advanced or premium level hearing aid is recommended, comparison to other devices is required. Where the participant has a hearing loss in both ears, it is expected that the evidence be based on two aided ears. For example; sound processor in one ear, recommended hearing aid in the other ear.

| Comments |  |
| --- | --- |

## Additional Technology / Supports

Are there any additional supports required to improve functional device outcomes? For example, compatible assistive technology to support device use? Auditory training and/or counselling to derive improved functional benefit from the device? Management of the participant’s expectations of device outcomes? Device management support to assist the participant to independently handle their devices?

Describe the supports required, including the reason for the recommendation.

| Comments |  |
| --- | --- |

## Participant Agreement

Does the participant agree with the recommended AT solution and Auditory Rehabilitation Program? (Are the assessor’s clinical recommendation and participant preference the same?)

| Yes |  |
| --- | --- |
| No |  |
| Please provide details |  |

## Attachments

Please attach:

1. Audiogram and audiological assessment report (including speech discrimination testing and tympanometry) obtained less than 12 months before the request.
2. Signal to Noise Ratio (SNR) loss (for participants where it can be calculated).
3. Report from ENT (if relevant, with participant’s consent).
4. Reports from medical or allied health professionals where other conditions may impact on communication or use of hearing technology (with participant’s consent).
5. Recent quote(s).
6. Functional measures with recommended technology (For example; real ear insertion gain, comparative speech testing).
7. Evidence required for device replacement or refitting as per [Appendix A](#_Appendix_A:_Replacement) and [Appendix B](#_Appendix_B:_Refit).

## Details of Assessor

Declaration (indicate all relevant sections that apply)

[ ]  I certify that I meet the NDIA expectations of AT assessor provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess the type of assistive technology and associated supports, at the level of complexity required by this participant.

[ ]  I will provide appropriate evidence to the NDIA and/or Quality and Safe Guards Commission if and as requested.

[ ]  I understand and acknowledge that the NDIA and participant will rely on my professional advice to select, source and implement this assistive technology, and confirm that I am acting in accordance with the [NDIS Quality and Safeguards Commission](https://www.ndiscommission.gov.au/) Code of Conduct and Practice Standards.

[ ]  I have informed the participant of any arrangements with suppliers of hearing technology.

󠅦 For HSP eligible participants, I have informed them of services available through Specialist Hearing Services (Community Service Obligations) where relevant

**Assessor’s Details**

| Name |  |
| --- | --- |
| Qualification | Audiologist / AudiometristPlease list qualifications: |
| Membership of Professional Association |  |
| Organisation / Company |  |
| Current arrangements with preferred suppliers. Include details of supplier(s) and types of devices |  |
| NDIS Provider Registration number (where applicable) |  |
| Phone |  |
| Email |  |
| Signature |  |
| Date of Assessment(s) |  |
| Date of Report |  |

## Participant Consent and Acknowledgement of Interest

For the participant to complete

Has your audiologist/Audiometrist discussed arrangements they have with particular suppliers of hearing aids?

[ ]  Yes

[ ]  No

Do you understand that your Audiologist/Audiometrist may only work with a small number of hearing aid brands, and that other providers may recommend different hearing aids?

[ ]  Yes

[ ]  No

Do you understand that the National Disability Insurance Agency (NDIA) will generally fund the standard level of technology you require to achieve functional hearing and that not all requested technology may be funded?

[ ]  Yes

[ ]  No

The NDIA may need to contact your Audiologist/Audiometrist to discuss information within your assessment and quotation(s). This will assist the NDIA to determine if your request can be funded under the NDIS. Do you consent to the NDIA collecting and disclosing your information including from these third parties mentioned above, in relation to your hearing technology assessment and quotation?

[ ]  Yes, I consent

[ ]  No, I do not consent

| Participant’s signature |  |
| --- | --- |

[ ]  I understand that I am giving consent to the NDIA to do the things with my information set out in this section. I understand that I can withdraw my consent for the NDIS to do things with my information at any time by letting the NDIA know.

[ ]  I understand that I can access the NDIA’s Privacy Notice and Privacy Policy on the [NDIA website](https://www.ndis.gov.au/providers/providing-at.html) or by contacting the NDIA.

| Signature |  |
| --- | --- |
| Date |  |
| Full name (please print) |  |

If you have signed this Form on behalf of the NDIS participant, please complete the details below. It is an offence to provide false or misleading information.

We may require you to provide evidence of your authority to sign on behalf of the person.

| Signature |  |
| --- | --- |
| Date |  |
| Full name (please print) |  |
| Relationship to participant or person wishing to become an NDIS participant |  |

## Appendix A: Replacement Device Request

Replacement device requests occur when the previous device is lost / damaged beyond repair / has reached the end of its service life AND the same level of technology is requested.

| Reason | Evidence required | Considerations |
| --- | --- | --- |
| Current device has reached the end of its service life | Date of last fitting of device to be provided by audiologist/ audiometrist, with model and make of device. | Expected service life of hearing aids is 5 years.Expected service life of sound processors is 6 years. |
| Current device is out of warranty | None required | Completion of the warranty period is not a valid reason for replacement of hearing technology. |
| Current device is faulty or damaged beyond repair | Service and maintenance report from the manufacturer, demonstrating the device requires a major repair that is not considered cost effective and /or the device cannot be repaired. | NDIS will replace a faulty device that is out of warranty or a damaged device, with the same item on the market. |
| Current device is lost or stolen | A statutory declaration is required.Consideration needs to be given whether the cost of the device can be recovered through household insurance where relevant. | NDIS will replace a lost / stolen device with the same item on the market (if available), unless the participant’s needs meet upgrade criteria. |

## Appendix B: Refit / Upgrade Request

A refitted/upgraded device is requested when a new device with higher specifications or a different style is required because the participant’s functional capacity has changed.

| Reason | Evidence required |
| --- | --- |
| The current hearing devices are not suitable because they can no longer be optimised by adjustments or any other modifications to meet current gain requirements. | Documented evidence on file that the current hearing technology is established to be in optimal working order.AndAfter adjustment/modification has been made to current hearing aid(s) through manufacturer service/repair, mould/shell modification or replacement to accommodate changes in thresholds, Real Ear Measurements show a poor match to targets.OrAid 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. |
| The current hearing technology is unsuitable because the client can no longer use the device due to a significant deterioration in health, dexterity or cognitive ability since last fitting.OrA permanent change in physical condition of the ear or ear health has occurred since last fitting and the client requires a different style of hearing device(s) to accommodate this change | Documented evidence on file describes the change in physical condition of the ear or ear health; or describes the client’s deterioration and how this affects the client’s ability to manage their hearing aid(s); or a letter from the client’s doctor, carer, nurse, supervisor etc. giving details of how the condition affects current hearing aid usage.AndDetails of what has been tried with the current hearing aid(s) or why they cannot be modified AndDetails how the new aid(s) proposed for refitting will address the issues with the current hearing aid(s) |

## Appendix C: Examples of functional measures for hearing device refitting requests

Please note: This Appendix is to be used as a guide for functional evidence. Please complete as appropriate or attach relevant clinical documentation that provides similar information.

Option 1

* Aided Audiogram or Real Ear Measurements (Please attach)
* Hearing Goals
* Speech Audiometry including dynamic range, Loudness Discomfort Level (LDL) and speech in noise testing (Please attach)

What functional benefit does the requested device provide in the context of the participant’s current communication profile (including all current hearing supports accessed)? Provide comparison, for example, hearing aids alone, hearing aids with a remote microphone.

Speech in noise, for example, Quick SIN / SPIN / Other

| Unaided | Current preferred aided condition (if relevant | Option 1Device Details | Option 2Device Details | Option 3Device Details |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

| Speech audiometry | Condition | Unaided | Current Aided (Preferred condition) | Option 1Device Details | Option 2Device Details | Option 3Device Details |
| --- | --- | --- | --- | --- | --- | --- |
| Sentence test | Hearing aid / sound processorLive voice in quiet with visual cues | % | % | % | % | % |
|  | Recorded voice at +10dBSNR with no visual cues | % | % | % | % | % |

Other relevant Functional Assessments: Please describe or attach.

| Comments |  |
| --- | --- |

Option 2:

This table is to be used as a guide for functional evidence required to make a reasonable and necessary decision. Cross / complete as appropriate or attach relevant information from clinical documentation where convenient.

Please attach aided audiogram, or Real Ear Measurement

[ ]  Yes

[ ]  No

Threshold Information

Speech test 1

Sentence testing in quite (average conversational level)

| Ear | Unaided | Aided preference3 | Aided with remote microphone | Auditory Alone | Auditory – Visual | Visual alone |
| --- | --- | --- | --- | --- | --- | --- |
| Left | % |  |  | % | % | % |
| Right | % |  |  | % | % | % |
| Both | % |  |  | % | % | % |

Speech test 2

Sentence testing in noise (average conversation level if appropriate)

| Ear | Unaided | Aided preference3 | Aided with remote microphone | Auditory Alone | Auditory – Visual | Visual alone |
| --- | --- | --- | --- | --- | --- | --- |
| Left | % |  |  | % | % | % |
| Right | % |  |  | % | % | % |
| Both | % |  |  | % | % | % |

Speech test 3

Delete non-applicable response

| **QuickSIN** | Yes | No |
| --- | --- | --- |
| **SPIN** | Yes | No |
| **SNR Loss** | Yes | No |
| **Similar Test** | Describe | Blank cell |

| Ear | Unaided | Aided preference2 | Aided with remote microphone |
| --- | --- | --- | --- |
| Left | % |  |  |
| Right | % |  |  |
| Both | % |  |  |

| Other Functional Assessments? |  |
| --- | --- |

KEY:

1Attach relevant audiograms (Indicate assessments completed within table).

2Aided preference describes participant’s preferred daily wearing option on each ear.