AUDIOLOGY AUSTRALIA FEEDBACK – HSP VOUCHER INSTRUMENT AND DECLARED HEARING SERVICES DETERMINATION

Hearing Services Program (Voucher Instrument) 2019

Section 7 - Dependants

When HSP eligibility was extended to clients aged 21-26 years, the Department allowed this client group to access either the Voucher or the CSO Program if they were eligible for both.

Consequently, the eligibility in the *Hearing Services Administration Act 1997* was left at 21 years. This was to address private sector concerns that they may lose access to some voucher clients. Changing the age for dependant spouses from 21 to 26 puts that client category at odds with eligibility for the Voucher Program for other client groups.

While we note that the numbers would be small so it would not affect many people, AudA recommends leaving this provision as it is for now until there is greater clarity around the management of the CSO Program after June 2020.

Similarly, the removal of the category of dependants aged 21-26 years who are in full time education opens up a risk that they could fall through the gaps once NDIS transition is completed. We would support leaving that category as part of the current HSP rules also.

Section 12 – Remove the requirement to obtain medical certification prior to the issuing of a voucher

The *Hearing Services Voucher Rules 1997* currently require an applicant for a voucher to obtain a certificate from a medical practitioner stating whether

• there are any medical contraindications to the fitting of the applicant with a hearing device, or

• if an applicant has previously been fitted with a hearing device, to obtain a certificate from a hearing service or a medical practitioner stating that the applicant needs the hearing service applied for.

AudA strongly supports the removal of the requirement to obtain medical certification to apply for a voucher. As indicated in our 2018 submission on the Thematic Review to the Department, this requirement creates an unnecessary administrative burden for clinicians, service providers, individuals and medical practitioners.

We, therefore, consider this to be a significant change that will simplify the application process for HSP clients by removing a step in the clinical pathway – especially for those people applying for the first time. We also consider that this change will lead to improved access to the HSP for people who have difficulty in accessing a medical practitioner due to cost or geography.

Member feedback indicates that the medical certification requirement originated due to a request from NAL audiologists to ensure that clients' ear canals were clear of wax. The early HSP application forms only referred to clear ear canals to avoid wasting appointment and clinical time. Over time, this condition morphed through revisions of HSP application forms into a request for reporting of any "contra-indications" to hearing aid fitting. In AudA's view, the best person to offer guidance on possible contraindications to hearing aid fitting in the first instance is the hearing clinician.

Keep the requirement to obtain medical certification for device fittings only.

As an alternative, we note that the Department proposes to keep the medical certification requirement for device fittings only.

AudA does not support this proposal and considers that its rationale is unclear.

If a medical practitioner is not required to sign off on the voucher, then why is there a need for medical practitioners to sign off on device fittings only. There is no published evidence to indicate fitting of a hearing aid is a medical risk factor and – while there are cases where a client would benefit from seeing a medical practitioner – this would not be prior to every hearing aid fitting.

The HSP rules already provide for clinicians to refer clients to medical practitioners where appropriate. Section 39 of the Voucher Instrument states that a CSP must ensure that "where it is clinically appropriate, a voucher-holder is referred to a medical practitioner prior to a hearing device being recommended or fitted." This provision enables practitioners to use their clinical experience and expertise to determine whether a client should be referred or not. It is also actually more likely that the need for a medical practitioner will arise during a client's hearing assessment as this is the time when clinicians will detect potentially problematic causes for hearing loss that may require further investigation.

This means that there will still be opportunities for medical referral and clearance to be granted prior to hearing aid fitting. A potential issue for the HSP might be the increased risk of overservicing through marketing and promotion of services designed to recruit clients to the HSP. This would be a risk that the Department of Health would need to be mindful of. We also consider that this proposal reinforces the idea of a medical model approach to hearing issues – a GP making a determination about a person's hearing purely from an audiogram - when hearing is fundamentally a social and communication problem and requires broader consideration than just a person's auditory function.

Further, requiring a medical practitioner to sign a voucher application for only the device fitting puts an extra step in the way of uptake of devices and may also inhibit people from addressing their hearing health needs in the first place.

Many CSPs offer a hearing aid trial at the time of the hearing test to show clients the real-world benefits of hearing aids at that stage and so that clients can link it to the testing process in their minds.

If CSPs need to separate the hearing test from a hearing aid fitting because medical practitioner approval is required first, then it is possible that some clients will walk away with only part of the information, feel deterred from returning and may not go ahead with investigating potential hearing aids at all.

As research shows that people currently wait on average 7-10 years before they take action to address their hearing concerns, we consider that their first appointment represents an important opportunity for clinicians to give clients highly relevant information and experiences so that clients can make an informed decision about what actions to take to address their hearing health needs, which may include hearing aids.

For example, if a practitioner had a client with a moderate to severe hearing loss who is not really motivated but their family are - because of them living alone or safety concerns – to then put this roadblock in the way before hearing aids makes it even more difficult for a client to transition or even try devices, which could show them how much they can improve their lives.

Finally, introducing this step in the HSP process would in our view potentially add to the ongoing stigma of hearing aids in the sense of clients having to, first, acknowledge that they

have a hearing loss and, second, that they then have to obtain their doctor's permission to obtain hearing aids.

In effect, AudA considers that this proposal would be an obstruction or disincentive for the client to obtain hearing aids when the focus should really be on the positive approach of improving client's hearing and therefore their social contact and quality of life.

We consider that this is even more important now with recent international research highlighting cognitive changes to the brain with mild, untreated hearing loss and risks of dementia studies that have shown early treatment can be beneficial for clients.

Section 10 - Expand / Clarify Disability Employment Services Eligibility
Section 10 of the Voucher Instrument confers eligibility for the Voucher Scheme on Disability Employment Services clients who are not currently eligible for the HSP despite the fact that they are job seekers with a permanent disability or who need regular, ongoing support in the workplace to keep a job.

AudA supports this change. It will enable more clients with disability seeking employment to be eligible for HSP services and it will help simplify HSP eligibility for clients who access DES services. It may also act as a safety net for people with hearing loss who will not qualify for the NDIS but need assistance to gain or retain their employment.

Section 13 – Validity of Voucher
The Voucher Instrument proposes to remove the provision that "A voucher will continue to have effect for specified maintenance services in accordance with the Hearing Services (Participants in the Voucher System) Determination 1997" from the HSP rules.

While AudA considers it to be reasonable that section 13 excludes people who have lost eligibility for the HSP, it needs to continue to apply to people with ongoing eligibility. Otherwise, a person would need to continue to reapply for a voucher when all they require is ongoing maintenance services. We consider that this would add an unnecessary administrative burden for clinicians and clients.

The critical issue here is to ensure that people receiving ongoing maintenance services are still eligible to receive those services. There are alternative ways for that to be verified other than having the person apply for a new voucher every three years when all they may require is batteries for their device.

Section 13 – Issuing a voucher – NDIS participants
Section 13(4) of the Voucher Instrument states "If the voucher-holder is an eligible person under section 8 (eligible because of the NDIS), the voucher ceases to be valid on 30 June 2020".

It is reasonable that people who only gain services to the voucher scheme due to the in-kind arrangements available during the NDIS transition period should have their voucher cancelled on 30 June 2020. However, it needs to be contingent on the NDIS participant's plan being adjusted on 1 July 2020 to include funding for ongoing hearing services.

AudA seeks further information on what mechanisms have or will be put in place to ensure that there will be no disruption to a person's access to hearing services and a person's hearing needs will continue to be met and funded from 1 July 2020 - particularly in the case of those who are part way through a hearing rehabilitation program.

Section 13(6) states “if after 30 June 2020, the voucher-holder becomes an NDIS participant, the voucher ceases on the day that the voucher-holder becomes an NDIS participant”.

Further clarification is needed about this section as it has the potential to leave some people without access to any government funded hearing services. People who are NDIS participants due to a disability other than hearing loss, may also have a mild to moderate hearing loss, which on its own would not see them accepted as an NDIS participant. If the person’s NDIS plan does not include hearing services, and they are otherwise eligible for the HSP, they should be entitled to access the HSP. The wording of this clause needs to indicate that “if after 30 June 2020 the voucher-holder becomes an NDIS participant, *and their hearing needs are met as part of the participant’s plan,* the voucher ceases on the day that the voucher-holder becomes an NDIS participant.

The status of existing NDIS participants who also meet the eligibility requirements for the HSP needs to be clarified. Section 13(6) covers voucher holders who become NDIS participants but it is not clear if a person who is already a NDIS participant when they apply for a voucher will be permitted to access the HSP. There does not appear to be anything to exclude their access so they could in theory access hearing services under the HSP and the NDIS yet the same is not true for people already in the HSP who become NDIS participants.

Sections 16-23 – Accreditation arrangements

Sections 16-23 of the Voucher Instrument covers accreditation processes for providers. Simpler accreditation processes make it easier for providers to apply to become an accredited provider, and also makes it simpler for the HSP to terminate an accreditation if necessary. This is a positive change.

Section 28 - Disclosure of device supply arrangements

Under section 28 of the Voucher Instrument, a CSP must inform a voucher holder of any preferred device supply arrangements the CSP has, including, but not limited to, “whether a qualified practitioner receives a commission, incentive or other reward for the provision or sale of a particular device or brand.”

We understand that new section 28 is intended to elevate and clarify provisions currently in the service contract and to provide greater transparency for consumers and that a template will be developed to provide for this disclosure.

Under section 30 of the Service Contract between the HSP and CSPs, there is already a required disclosure of preferred provider relationships. A “preferred provider relationship” is one where the Service Provider receives a benefit (pecuniary or non-pecuniary) that is related to the Service Provider’s purchase of a Device from an Approved Supplier or manufacturer. The method of disclosure is to be determined by the Service Provider. For instance, as almost all providers obtain a discount from the manufacturers’ list price, HSP views this as an incentive so this is a currently required disclosure.

However, it is difficult for AudA to provide more informed feedback on this proposal without more detail about the section 28 disclosure requirements. Feedback from AudA members especially highlights concerns and questions about how this differs from the current disclosure requirements. Member questions include - what exactly has to be divulged under the broad provision of disclosing “a commission, incentive or other reward for the provision or sale of a particular device or brand”? For example, will a practitioner who is a member of a business group for the purposes of professional development and business support need to declare that? Who should disclose these matters – a CSP, individual practitioner or both?

Members also have questions about the template for disclosure. Do CSPs have to make up their own template or is a blanket one provided by the HSP? Is it something that each client will need to sign? Does it mean that all providers will need to have a sign on the wall saying that they have accounts with some or all hearing aid manufacturers?

We note that if the HSP does proceed with a 'blanket standard disclosure template', it may be less clear on how providers differ. For instance, members who work in clinics that pay no commissions and have no preferred relationship with any suppliers are concerned they may be 'grouped' into the same category as clinics that do pay commissions as this is a point of difference for their businesses. These members are also concerned about the potential extra administrative burden that section 28 would involve given that they would very likely need to complete another form about a matter that does not apply to them.

An alternative to the section 28 disclosure requirement is to suggest that incentive schemes must be notified to HSP and that purchase agreements stipulate the range of incentives that are currently registered and applicable to the client either by the practitioner's employer or by the supplier. This could include:

- A percentage of the profit margin on the sale of a hearing aid
- Manufacturer incentives paid by means of retail vouchers to the practitioner to encourage take up of new devices introduced into the market by a manufacturer
- Incentivising referral sources also by means of retail vouchers by providers or by payment of excessive rent, free equipment or rebate sharing within medical practices
- Average dollar sales exceeding a certain dollar threshold per month
- Binaural rate targets, prescription rate targets, top up targets
- Flat bonus payments for prescribing free to client devices
- Over achieving an historic revenue by percentage amounts
- Prizes, trips and gratuities.

Section 31 - Prohibit the sub-contracting of clinical services

Section 31 of the Voucher Instrument reverses the current provision, which is to allow subcontracting of HSP clinical services.

This proposal is in response to issues that have arisen where a CSP has subcontracted clinical services to a third party entity without having appropriate arrangements in place to enable compliance with the HSP rules.

AudA is in principle supportive of this change as it is essential that all CSPs and clinicians that work for them comply with the HSP rules in order to provide safe and high quality hearing health care to clients.

However, we also note the importance of transitional provisions for those that may be affected by this change. Members have expressed concern about how this change may impact on their future planning of hearing services that will serve a vital need in the community. This includes the use of a contractor audiologist to provide in home and aged care hearing services for those voucher clients who cannot physically attend a clinic themselves.

Section 32 - Advertising / False or misleading representations

Section 32 of the Voucher Instrument covers advertising. We note that the provisions regarding false or misleading representations have been broadened and strengthened to help curb any such representations in connection with the provision of hearing services.

In AudA's view, these changes should give the public some confidence that the HSP can act against service providers who mislead clients into thinking fully subsidised hearing aids are unsuitable, not only with advertising and promotional material used with clients, but also with

statements given to clients verbally and in writing. On the surface, this would seem to cover material including “lifestyle charts” and statements from practitioners that fully subsidised hearing aids are basic and would not be beneficial to clients.

Section 35 – Voucher holders relocating between CSPs
Section 35 of the Voucher Instrument concerns voucher holders relocating between CSPs.

Under new section 35(2), a CSP must not make a relocation request without written or oral authority from the voucher holder.

AudA has concerns about this change. We believe that all client consent should be in writing and that the verbal request to relocate should not be allowed even as a precursor to written consent. Written consent documents the client’s decision and helps ensure that clients have made an informed decision about moving between CSPs. We are concerned that verbal consent in these circumstances could be open to misinterpretation and cause confusion on the part of both clinicians and clients.

Section 39 – Professional Standards
Section 39(1) of the Voucher Instrument states that a CSP must, in relation to the provision of hearing services to a voucher holder, comply with applicable professional standards as set by the Practitioner Professional Bodies. AudA suggests that this should also reference other documents developed by professional associations such as the Scope of Practice.

As outlined in AudA’s comments on section 12 of the Voucher Instrument (the proposal that medical certification is necessary before a HSP client can be fitted with a hearing aid), section 39(2) already states that clinicians should refer a client to a medical practitioner where clinically appropriate.

One potential issue is that a certain degree of professional judgment is required when determining when it is clinically appropriate to refer. It would be feasible for this issue to be managed between the professional associations and the HSP.

In addition to indicating that clinicians should work to the professional standards of their professional associations, AudA considers it useful to state that clinicians should also work within their scope of practice as an additional safeguard for clients.

Section 41 - Schedule of service items and fees
Section 41(1) of the Voucher Instrument gives an overview of the services available to voucher holders, including provision and fitting of hearing devices. Section 41(1)(c) refers to fully subsidised devices and section 41(1)(d) refers to partially subsidised devices.

Section 41(1)(d)(iii) refers to the provision and fitting of a partially subsidised hearing device that “is clinically necessary and appropriate to the voucher-holder’s hearing loss, capacity to benefit from its use and life circumstances”.

However, this statement is not included in section 41(1)(c) in relation to fully subsidised hearing devices, when perhaps it could be. This also seems to be inconsistent with proposed section 46, which appears to be an incorrect interpretation of the old Table B in the *Hearing Services (Participants in the Voucher System) Determination 1997*. It could be inferred from this section that there are circumstances where partially subsidised hearing devices may be clinically necessary and appropriate, and the HSP may not intend to convey that impression. AudA suggests that section 41(1)(d)(iiii) would be more effective if 41(1)(c) and 41(1)(d) were merged together into one subsection.

Section 45 - choice of hearing device - telecoils
Section 45(2) of the Voucher Instrument refers to the need for a telecoil.

AudA wishes to note that – while Bluetooth technology and connectivity is now available in many hearing aids – telecoil is still very much part of HSP clients' requirements. The telecoil is not only an important feature for remote clients but also for the much older adults who may be less able to acquire new skills to interact with and integrate newer technology like Bluetooth into their lives and whom still receive benefit from telecoil. Further, in many public spaces, telecoil is still the only other signal input aside from microphone input.

Sections 45 and 46 - Choice of hearing devices, partially subsidised devices
Sections 45 and 46 have been updated to make more explicit the requirements that CSPs must provide clients with a choice of hearing aids from a range of types/styles of aids, and that clients must not be encouraged to select and pay for partially subsidised devices.

Together with section 32, we consider that these changes will mean that clients will receive better quality information about hearing aids that should improve their ability to make an informed purchasing choice.

Section 48 and 53 - Clarify device replacement arrangements
Sections 48 and 53 of the Voucher Instrument refer to device replacements.

Section 48(2) specifies replacement devices are to be the "same device or a reasonable alternative" as the one being replaced. The current provision only requires a "similar" device. Approval of a "reasonable alternative" will be considered administratively and will be considered a refitting. Therefore, the client will not be eligible for a further refitting for another five years from the date of fitting of the replacement device.

It is also proposed to align the replacement co-payment with the DVA reimbursement amount and subject the replacement co-payment to ongoing consumer price indexation.

While AudA supports the alignment of the co-payment fee with the DVA reimbursement amount, we note that members have expressed their concern about the change in approach to replacement devices.

The proposal to change the wording for replacement devices from being a "similar" device to "the same or a reasonable alternative" has implications for the client as to when they may be able to be refitted with a new device.
Under these changes, a replacement of a "reasonable alternative" device will be seen as a refitting which means the refitting dates will be extended a further five years from the date of replacement.

A client who has lost a device may receive a "reasonable alternative" or different device without going through a complete review. When the client eventually has their hearing reassessed and their hearing needs reviewed after five years, it appears they may not qualify for a new device even if that new device would be better suited to their needs at that time, as they accepted a different device when they had their lost or damaged device replaced. This seems unfair for the client.

From a clinical perspective, it is poor practice for a client to be wearing one manufacturer on one ear and another on the other or alternatively an old device on one ear and a new technology device on the other. We believe the HSP should be designed to ensure that clinicians avoid mismatched fittings and that the proposed change seems to make this approach worse and not better.

This scenario would be particularly relevant for a client who was fitted with fully subsidised devices four years ago, which are now obsolete. If a clinician replaces these outdated devices with new, fully subsided devices with improved technology, the client's refit rule would then start from five years again.

It is also uncertain what impact this will have on voucher clients. If an alternative device is fitted when aids are lost, then this is Item 830 and the five year refit rule then applies. Currently, a clinician cannot do two fitting claims (other than 840/850) on the same voucher. It is unclear whether clinicians would then need to request a voucher under three years for any client that loses their hearing aid and is replaced with a different one.

The change also seems detrimental for providers. This is because a "similar" device is the same model whereas rapid changes in technology often means the lost device will soon be obsolete and the replacement new model must be provided. This device would probably be classified as a "reasonable alternative" but in fact it is the only option available to the provider. Further, if this scenario is to be classified as a "refitting" and cannot be claimed for another five years, we submit that the provider should be entitled to a full refitting package – not just $41.05 given that there will be a reduction in revenue as a result of this change as clinicians are paid less for a replacement than a refit.

In AudA's view, the overall replacement reimbursement should be significantly increased when fitting a different product (to be the equivalent of a refitting). If replacing with a different device, there is increased time in fitting the product, verification, management and follow up. This is different than having a client collect the same replacement reprogrammed hearing device, which is currently allowed. We also query whether verification, COSI, and follow ups will be a requirement for replacements if a client is fitted with a different device.

Section 49 - Allow the provision of private devices and services

Section 49 of the Voucher Instrument refers to the delivery of private services. CSPs are not currently allowed to sell devices or services privately to voucher holders. The new provision clarifies that this is not allowed if the same or substantially similar service is available to the voucher holder under the HSP.

Where private devices or services are provided, obtaining informed consent will be required. Further, devices sold privately to voucher holders will still need to be listed on the approved device schedules to ensure minimum specifications are maintained.

While AudA strongly supports the idea that eligible HSP clients should not be charged for services or products that are available to them free of charge under the HSP, we do not support this change.

We are concerned that this is outside the range of what the Department should be able to require of CSPs and clinicians. Members are also concerned about the rationale and that the Department is, in effect, trying to impact on client choice and their purchasing decisions for hearing devices available *outside* the HSP.

From the consumer perspective, confining this change only to technology within the Voucher Program seems to be a restriction of consumer rights as some devices are restricted for reasons unrelated to their audiological merit and more related to the HSP rules.

If a client wishes to purchase a certain device but clinicians are not allowed to supply that product, it would also appear to be forcing the client to deal with clinics outside the Voucher Program.

It is also unclear whether the proposed changes will stop the current practice of clients being sold private devices that are not on the schedule and then have them brought over and maintained under the HSP.

Further, AudA seeks clarity on the extent of this proposed change as there appears to be a contradiction in the exposure draft legislation. Section 49 of the Voucher Instrument clearly indicates that providers cannot deliver private services to voucher clients but section 51(3) seems to contradict this. Section 51(3) states that nothing in this part of the legislation prevents a voucher-holder from purchasing private services in accordance with section 39 or from a provider that is not a CSP. This appears to state that a CSP may not provide a device if it is available under the HSP scheme but then later indicates that a device can only be provided if it is HSP approved. This needs further clarification.

From the provider perspective, AudA also notes that situations may occur where a voucher client insists on going privately to bypass the five year rule, leaving the provider vulnerable to provide refunds to the client if audited, despite this being the clear will of the client. This is unfair to the provider who is acting in good faith.

Finally, if this change proceeds, it needs to be made clear that this encompasses devices and services that may be available to clients under the CSO Program such as for adult clients with complex hearing rehabilitation needs. There is a risk that providers may start selling these services to clients and these clients would not be aware that they might be able to access those services for free and they also have no way of knowing that the clinician has the competency to deliver these services.

As a related matter, AudA is concerned that the approved device schedule is not keeping up with emerging technology as the device conditions of supply and minimum specifications have not been updated since 2012. However, a review of devices does not appear to be included in this update and should be done separately.

Section 50 – Specialist Hearing Services

Section 50 of the Voucher Determination covers Specialist Hearing Services. This updates terminology to ensure the term “specialist hearing services” is used when describing clients who meet criteria for referral to Australian Hearing for these services and outlines what CSPs must do if they believe a voucher client is eligible for specialist hearing services, including advising that client the services that may be available to them

Section 50(1)(b) also indicates that a fact sheet on Specialist Hearing Services can be viewed on the HSP website.

Members advise that there is a lack of information available to clinicians and clients about what actually is available to these clients in practice under “Specialist Hearing Services”. It would be beneficial for there to be information about what level of hearing aid technology and assistive listening technology is available to clients through the CSO Program; what counselling services are offered and what other services – not related to technology – are provided to these clients.

Removal of Class 4 eligibility and minor maintenance

The current HSP rules describe Class 4 eligible persons under the HSP and the specific services they are entitled to. This is a person who:

• has, at any time, been an eligible person under subsection 5(1) of the Act, and

• has had a hearing device fitted by a CSP and has subsequently ceased to be an eligible person under that subsection, are entitled to the “necessary repairs and maintenance of the hearing device, … for a period of 5 years from the date the participant ceased to be an eligible person.”

These services are the “Minor Repairs” items 900/910 on the HSP Schedule of Service Items.

AudA agrees that Class 4(2) and Class 4(3) persons are now redundant and can be removed. However, we have concerns about the removal of Class 4(4). This allows people who have lost eligibility access to minor maintenance for five years. This is being deleted on the basis that the voucher is now valid for three3 years.

It is not clear how those two things are related. This seems to be connected to another proposed change in section 13 of the Voucher Instrument – that services can only be provided to people with a valid voucher. This has significant implications for people who only require maintenance.

Remove Audiological Case Management Items – 610/810

HSP CSPs can currently claim service items (610/810) intended to allow an independent review by an audiologist of an audiological assessment.

The Voucher Instrument proposes to remove these items. The rationale for this change is on the basis that audiologists have been apparently incorrectly claiming these items – that is, they should not have been claiming this item if they had undertaken the original assessment. The audiological assessment available under the HSP is comprehensive and there should be no need to claim ‘additional’ tests. Further, audiology professional standards include medical referral where appropriate.

As an alternative position, it is proposed to retain audiological case management items for audiometrist to audiologist referral only.

AudA does not support removal of items 610/810 or the basis for their removal. Member feedback indicates that this item was originally created to acknowledge that audiologists may undertake additional assessment activities that are within their scope of practice and the additional testing and reporting that audiologists sometimes do with non-routine clients.

This meant the item could be claimed by the same audiologist who had provided the initial assessment and also on referral from an audiometrist. Further, the referral between audiometrists and audiologists was not just about the assessment services, it was also for non-routine cases to be reviewed by an audiologist and to enable clients to be referred to clinicians with the appropriate skills for the next step in the clients’ rehabilitation programs. This item was always promoted as being available to audiologists who report to medical professionals, as well as being an item related to audiometrist to audiologist consultation.

We are further aware that the HSP removed the ‘set criteria’ for medical referral several years ago which led to the ambiguity that is here now. AudA members have previously sought clarification from HSP about how they should be claiming this item and the HSP was unable to provide this. We also consider that this proposal appears reflective of the HSP’s general disclination to provide additional scope of service beyond hearing aid fitting and the gradual erosion of the meaning/definition of what is non-routine and when medical referral is needed under the HSP.

AudA supports the need for referral and further medical assessment for clients as appropriate. This is consistent with section 39 of the Voucher Instrument.

However, it is also the case that the Department does not then reimburse clinicians for their time writing a report for a medical referral and doing any follow up or additional testing.

As Item 610/810 has been a standard part of HSP remuneration for more than 20 years, removing it without financial consideration elsewhere such as a general increase to the testing item seems unfair.

On this basis, AudA does not support this provision being removed as we consider that doing so risks devaluing the work and time involved for the clinician to undertake additional testing and medical referral.

Hearing Services (Declared Hearing Services) Determination 2019

***Schedule 2 - Update 'remote' eligibility to Modified Monash Mode*l.**
Schedule 2 of the Declared Hearing Services Determination proposes to update 'remote' eligibility - currently based on a list of postcodes - to the Modified Monash Model (MMM) classification system.

We support the use of an alternative mechanism to identify remote clients as a replacement for the current postcode list, which is outdated and inaccurate in places. The MMM appears to be based on appropriate indicators and it makes sense to utilise it in the CSO Program consistent with its use in other health policy areas.

Class 7 – Aboriginal and Torres Strait Islander Persons.
When the Community Development Employment Projects (CDEP) program was replaced by the Remote Jobs and Communities Program (RJCP), steps were taken to provide ongoing eligibility for former CDEP participants who had accessed the HSP. The RJCP has now been replaced by the Community Development Program.

However, there is no reference to RJCP in the Declared Hearing Services Determination. AudA recommends that the RJCP should also be referred to in Class 7 to ensure clients who received hearing services under the RJCP can continue to be provided with at least maintenance services if not with ongoing services consistent with former CDEP participants.

We note that many RJCP clients have significant hearing issues requiring amplification and would not be eligible for the NDIS. There needs to be some way that these people are still able to access services.

The Declared Hearing Services Determination also states that Class 7(e)(iii) and (f)(iii) covers participants who were receiving services from the Authority of one or more of the hearing services specified in "item 8".

Item 8 here only refers to the provision of specialised amplification devices. In the 1997 Determination, the participant was receiving one or more of the services specified in "Part 8" which was all of the declared hearing services available to that class of person – that is, services 1-8. AudA queries whether it is intended to limit services for the Class 7(e)(iii) and (f)(iii) groups moving forward. If not, the Declared Hearing Services Determination should be modified to provide for these groups.

Finally, there appears to be a duplication in the reference to eligibility for CDP participants in 7(c), which is repeated in 7(g).

NDIS Transition
We note that the Declared Hearing Services Determination makes no reference to what happens to existing NDIS participants after June 2020. CSO Program clients are currently being registered with the NDIS.

Given that the Voucher Instrument includes references to NDIS participants not being able to access the HSP, it is expected that the same will apply in the CSO Program but there is no mention of it in the Declared Hearing Services Determination.

Other Issues

Obligation to inform potential voucher holders

AudA believes that it needs to be made clear that eligible persons should be informed about services in the Voucher and CSO Programs. There appears to be no requirement to inform people aged 21-26 years, Indigenous clients aged over 50 years or CDP participants that they could access services under the CSO Program. There should also be a requirement to inform people about their potential eligibility for the NDIS.

Eligibility for the HSP

We consider that the key problem of knowing who is and is not "eligible" for the HSP has not been addressed by the changes in the exposure draft legislation.

It seems that the only way to be sure about HSP client eligibility is to check in the HSP Portal and clients do not know how to do this and should not have to. The Consultant's Report clearly identified this issue as a problem but it does not appear to have been addressed in any way in the exposure draft material.

Rechargeable batteries

We note that the exposure draft legislation makes no provision for rechargeable batteries under the HSP. If the HSP legislation is being updated, there needs to be some recognition of this common practice.

Hearing Rehabilitation Outcomes

The Hearing Rehabilitation Outcomes (HROs) specify the range of services that practitioners are required to provide HSP clients and documents the outcomes to be achieved by CSPs in delivering services to voucher holders.

Due to the HROs being replaced or contradicted in the current HSP legislative instruments, the Consultant's Report recommended that the HROs be merged into the Voucher Instrument to streamline and clarify the provision of services to voucher holders.

However, as the HROs do not appear to be in the draft Voucher Instrument, AudA seeks clarification on where the HROs will sit when these instruments are introduced.