



Audiology Services Available to Veterans and Education on VA Eligibility, Policies and Procedures

Michele Gortemaker, Au.D. CCC-A
Chief, Audiology & Speech Pathology Services



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Veterans Health Administration

Agenda



- Overview
- Eligibility
- Hearing Aid Contracts
- Tele-Audiology
- Progressive Tinnitus Management
- Compensation & Pension
- Staffing
- Resources

Nebraska-Western Iowa Audiology Services



- Face-To-Face
 - Omaha VAMC, Lincoln VA Clinic & Grand Island VAMC
 - Diagnostic exams
 - Compensation & Pension exams
 - OAE & ABR
 - Hearing aid fittings (including wireless accessories)
 - FM systems
 - Progressive Tinnitus Management

Nebraska-Western Iowa Audiology Services



- Tele-Audiology
 - Routine Audiograms
 - Hearing aid fittings
 - Follow up
 - Progressive Tinnitus Management
- Referral to Community Partners/Other VA Clinics
 - Vestibular Evaluations
 - Cochlear Implants

Eligibility (Groups 1-4)



- **Priority Group 1**
- Veterans with VA-rated service-connected disabilities 50% or more disabling
- Veterans determined by VA to be unemployable due to service-connected conditions
- **Priority Group 2**
- Veterans with VA-rated service-connected disabilities 30% or 40% disabling
- **Priority Group 3**
- Veterans who are Former Prisoners of War (POWs)
- Veterans awarded a Purple Heart medal
- Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty
- Veterans with VA-rated service-connected disabilities 10% or 20% disabling
- Veterans awarded special eligibility classification under Title 38, U.S.C., § 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"
- Veterans awarded the Medal Of Honor (MOH)
- **Priority Group 4**
- Veterans who are receiving aid and attendance or housebound benefits from VA
- Veterans who have been determined by VA to be catastrophically disabled

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Eligibility (Groups 5-6)



- **Priority Group 5**
- Nonservice-connected Veterans and Veterans with conditions rated 0% disabled by VA with annual income below the VA's and geographically (based on your resident zip code) adjusted income limits.
- Veterans receiving VA pension benefits
- Veterans eligible for Medicaid programs
- **Priority Group 6**
- Compensable 0% service-connected Veterans
- Veterans exposed to Ionizing Radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki
- Project 112/SHAD participants
- Veterans who served in the Republic of Vietnam between January 9, 1962 and May 7, 1975
- Veterans of the Persian Gulf War who served between August 2, 1990 and November 11, 1998
- *Veterans who served on active duty at Camp Lejeune for not fewer than 30 days beginning August 1, 1953 and ending December 31, 1987
- Veterans who served in a theater of combat operations after November 11, 1998 as follows:
 - Currently enrolled Veterans and new enrollees who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge.
 - Combat Veterans who were discharged between January 2009 and January 2011, and did not enroll in the VA health care during their 5 year period of eligibility have an additional one year to enroll and receive care. The additional one-year eligibility period began February 12, 2015 with the signing of the Clay Hunt Suicide Prevention for America Veterans Act.
- **Note:** At the end of this enhanced enrollment priority group placement time period Veterans will be assigned to the highest Priority Group their unique eligibility status at that time qualifies for.
- ***Note:** While eligible for Priority Group (PG) 6; until system changes are implemented you would be assigned to PG 7 or 8 depending on your income.

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Eligibility (Groups 7-8)



- **Priority Group 7**
- Veterans with gross household income below the geographically-adjusted income limits (GMT) for their resident location and who agree to pay copays
- **Priority Group 8**
- Veterans with gross household income above the VA and the geographically-adjusted income limits for their resident location and who agrees to pay copays
- **Veterans eligible for enrollment:**
- Noncompensable 0% service-connected:
- **Subpriority a:** Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status
- **Subpriority b:** Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less
- Nonservice-connected and:
- **Subpriority c:** Enrolled as of January 16, 2003, and who have remained enrolled since that date and/or placed in this sub priority due to changed eligibility status
- **Subpriority d:** Enrolled on or after June 15, 2009 whose income exceeds the current VA or geographic income limits by 10% or less
- **Veterans not eligible for enrollment:**
- Veterans not meeting the criteria above:
- Subpriority e: Noncompensable 0% service-connected (eligible for care of their SC condition only)
- Subpriority g: Nonservice-connected

Eligibility for Audiology & Hearing Aids



- Service Connected for ANY ear condition
 - 0% or more
 - Impaired hearing, tinnitus, labyrinthitis, Meniere's Disease, middle ear pathologies, etc.
 - Direct access to Audiology, no PCP referral necessary
 - No co-pays or charges for any appointments
 - Hearing aids, batteries, supplies, repairs, etc. at no cost to veteran
 - Mileage reimbursement for Audiology appointments
- Eligible for enrollment at VHA and established PCP
 - Depending on priority group for enrollment, co-pays may apply
 - Specialty clinic co-pay = \$50
 - Must maintain their VA PCP to remain eligible for Audiology

Hearing Aid Contracts

HONORING SERVICE
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- 5 year cycle (current cycle started 11/1/2014)
 - GN Resound
 - Oticon
 - Phonak/Unitron
 - Siemens
 - Starkey
 - Widex
- Updates every 6 months (May 1 & November 1)
- Full range of products offered – all premium technology level
- Wireless Accessories: remote, streamer, TV devices, DM/FM systems
- Other Assistive Listening Devices: telephones, alarm clocks, door bells, fire alarms, TV ears, personal amplification systems
- Captioning services

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Tele-Audiology

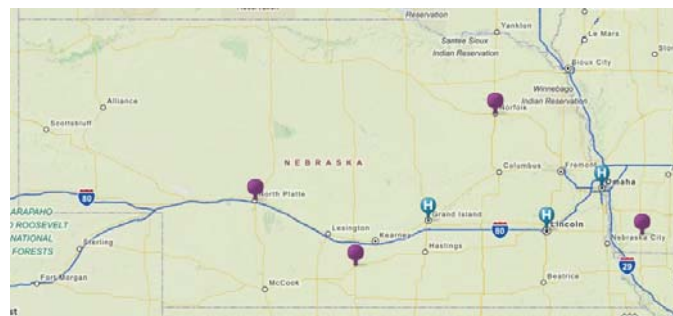
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NWI has been part of Tele-Audiology pilot since 2011

Phase I: Hearing Aid Fitting/Adjustment

Phase II: Pure Tone Audiometry

Phase III: Remote Diagnostics



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Global Med Carts + Sound Enclosure

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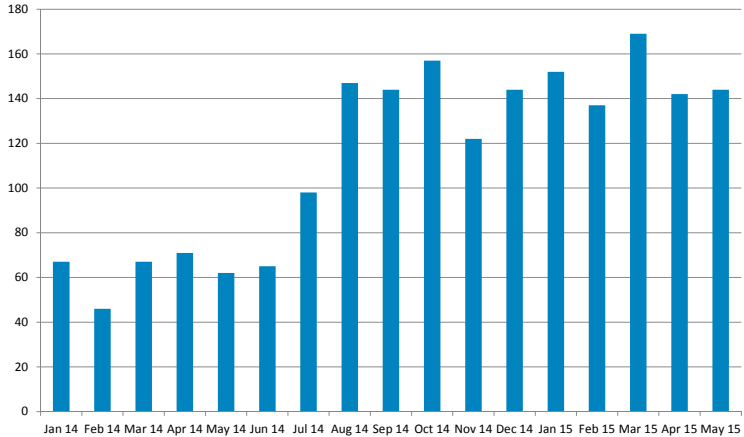


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Visits per Month 1/2014 thru 5/2015

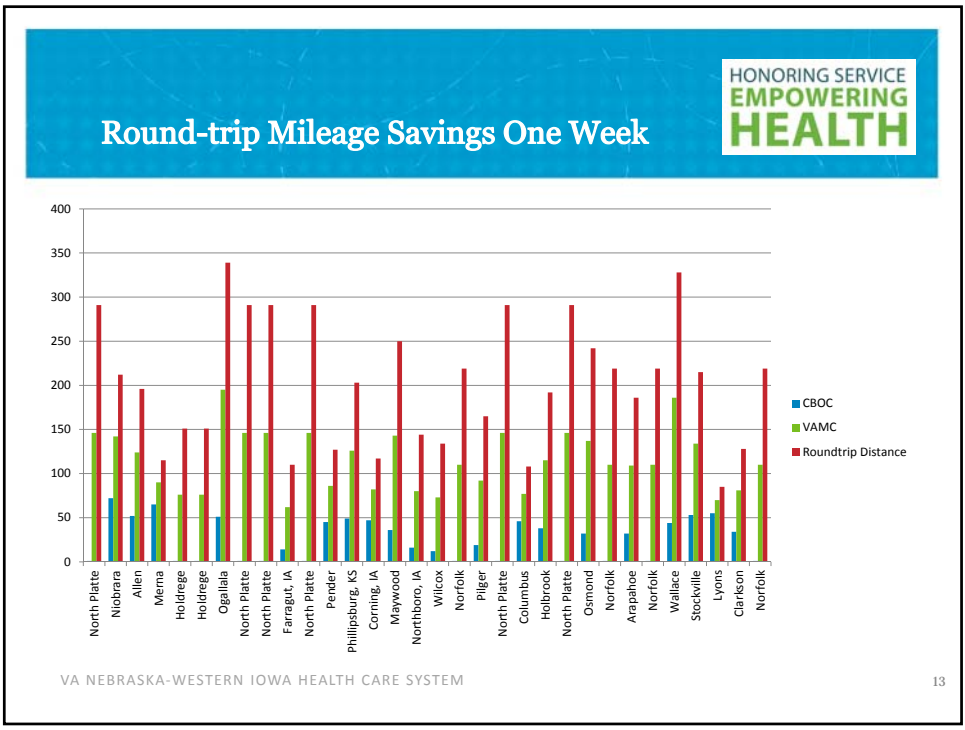
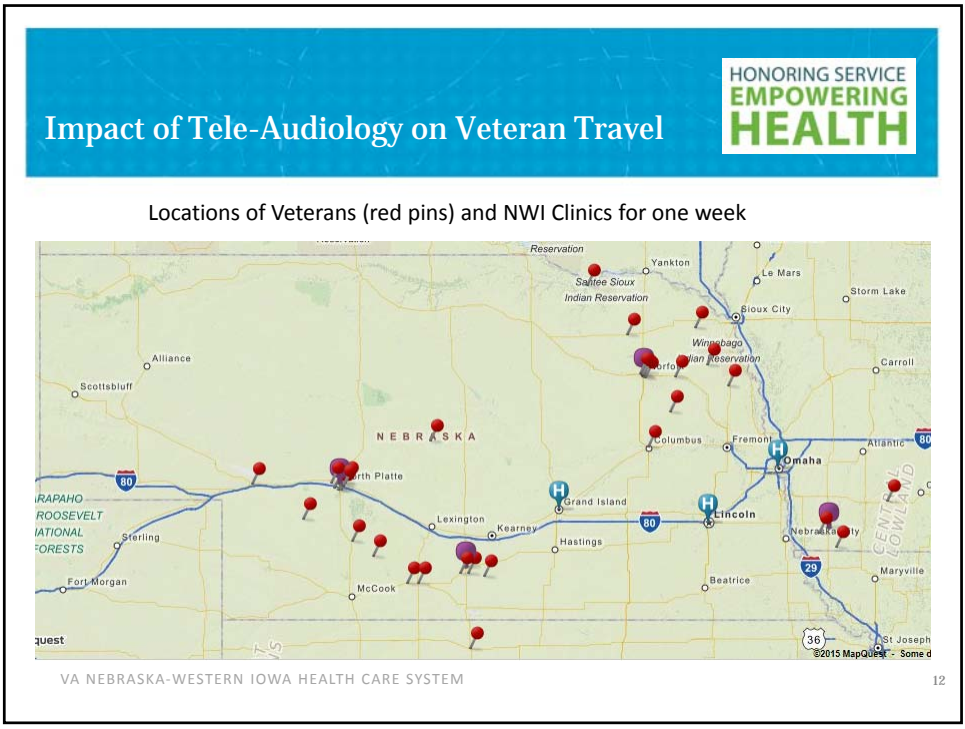
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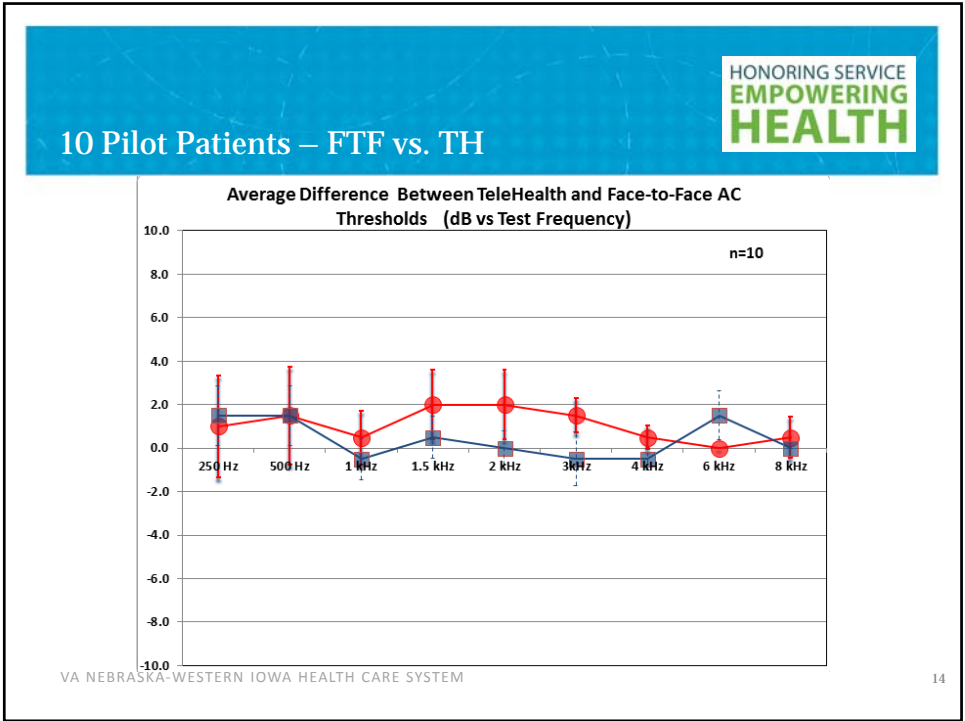


Month	Visits
Jan 14	65
Feb 14	45
Mar 14	65
Apr 14	70
May 14	60
Jun 14	65
Jul 14	95
Aug 14	145
Sep 14	140
Oct 14	155
Nov 14	120
Dec 14	145
Jan 15	150
Feb 15	135
Mar 15	170
Apr 15	140
May 15	145

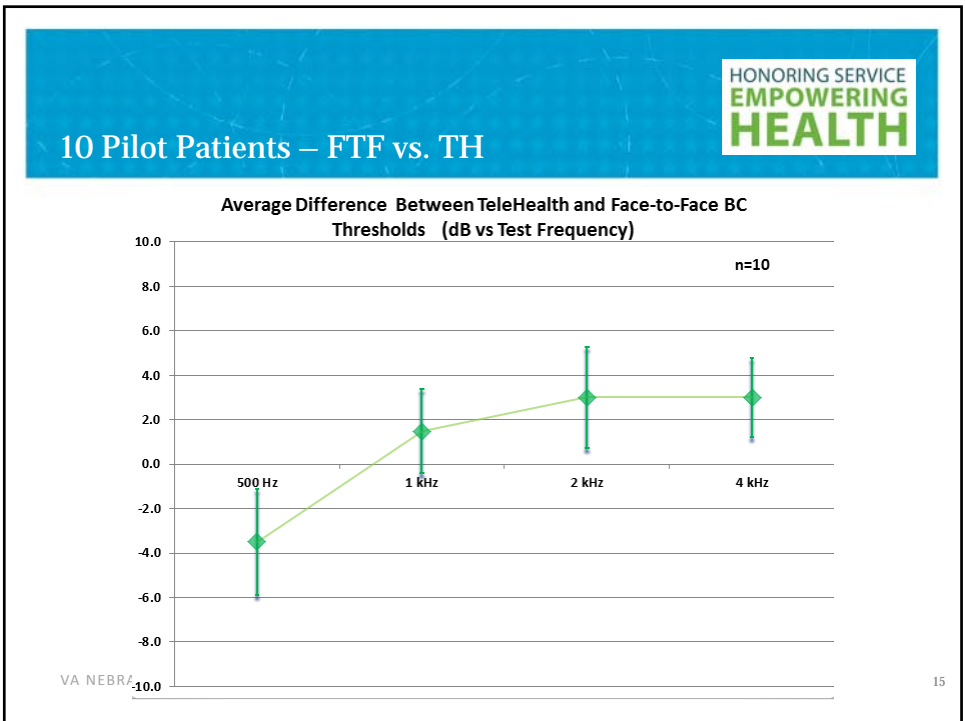
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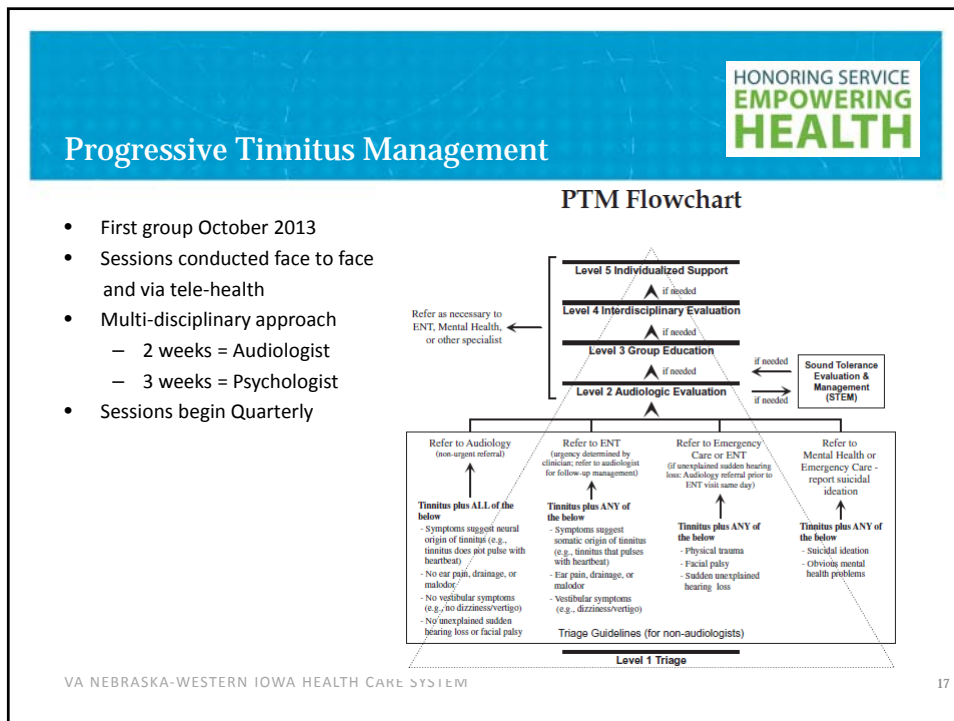
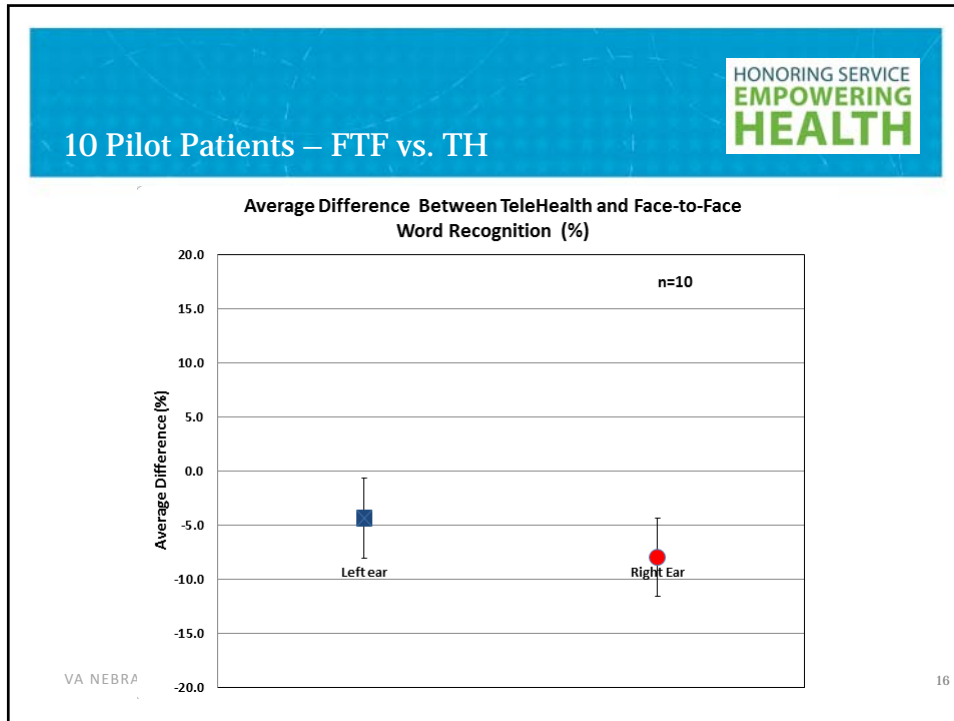




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Progressive Tinnitus Management



- Audiology (Weeks 1 & 3)
 - Determine most bothersome tinnitus situation
 - Discuss types of sounds
 - Discuss methods of delivering the sound to the ear
 - Start “Sound Plan” and ask veteran to work on sound plan at home until week 3
 - Review Sound Plan and discuss ways to improve
 - Offer other solutions if method or source of useful sound cannot be found at home
- Psychology (Weeks 2, 4 & 5)
 - Cognitive Behavioral Therapy, Mindful Awareness, Planning Pleasant Activities, Changing Thoughts & Feelings, Relaxation Techniques

Compensation & Pensions (C&P)



- Veteran contacts their county Veteran’s Service Office (VSO), or any representative of their choosing, and completes paperwork to file a claim with the Regional Office (RO)
- Submitting evidence that a disability exists (Audiogram) expedites the process but medical opinion is not necessary
- Regional Office processes the claim and refers to VHA Audiology Clinic if claim is complete and exam/opinion is needed
- VHA Audiologist administers C&P test battery, reviews veteran’s Service Treatment Records, any non-military records submitted, and summarizes the results in a report to the RO
- RO personnel grant/deny the claim and send report to veteran
- VHA does not receive this report – the veteran must initiate contact with VHA if services are desired (i.e. veteran would like hearing aids/assistive listening devices)

ASA to ISO Conversion




Frequency	Reference Threshold Levels		
	1951 ASA	1964 ISO	Differences
125	54.5 dB	45.5 dB	9 dB
250	39.5	24.5	15
500	25	11	14
1 000	16.5	6.5	10
1 500	(16.5)	6.5	(10)
2 000	17	8.5	8.5
3 000	(16.)	7.5	(8.5)
4 000	15	9.	6.
6 000	(17.5)	8.	(9.5)
8 000	21	9.5	11.5

Examples




- Common Scenarios:
 - Normal hearing at induction and discharge
 - Hearing Loss at induction and discharge
 - Normal hearing at induction and hearing loss at discharge
 - Whispered Voice Test

WNL at Induction & Discharge


	RIGHT						LEFT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
09-05-2000:	00	00	00	00	05	10	-05	-05	05	-05	00	00
08-28-2001:	00	00	-05	00	-05	15	00	-05	05	-05	-05	25
07-02-2002:	05	00	-05	-10	-05	20	00	05	00	-05	-10	10
08-25-2004:	00	05	00	05	05	00	00	00	00	00	00	10
06-15-2005:	00	00	00	00	00	00	00	00	00	00	00	10
09-05-2006:	00	00	00	05	05	00	00	05	-05	00	05	-10
09-04-2007:	-05	-05	-05	00	05	-05	-05	00	-10	00	-05	00
08-13-2008:	05	00	00	10	00	15	05	05	-05	05	00	00
09-30-2009:	00	00	00	00	10	00	00	00	00	00	00	00
12-13-2010:	00	00	00	05	10	00	05	00	00	00	05	00
02-28-2012:	-05	-10	-05	00	00	00	00	00	00	00	05	00
05-07-2013:	-05	-05	00	05	05	00	-05	-05	00	05	05	00
04-23-2014:	-05	-05	-05	05	10	00	00	00	-05	00	05	00
07-09-2015:	00	-05	00	00	05	00	05	00	10	00	-05	00

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OPINION/RATIONALE


Induction (2000) and discharge (2015) exams both show normal hearing bilaterally.

*The National Institute for Occupational Safety and Health (NIOSH) recommends that significant threshold shift is defined as a 15 dB HL shift or more at any one frequency of 500 Hz to 4000 Hz.

There is NOT significant shift in thresholds from induction to discharge.

Current science indicates that "understanding of the mechanisms and processes involved in the recovery from noise exposure suggests that a delay of many years in the onset of noise-induced hearing loss following an earlier noise exposure is extremely unlikely" (Institute of Medicine).

"The evidence from laboratory studies in humans and animals is sufficient to conclude that the most pronounced effects of a given noise exposure on pure-tone thresholds are measurable immediately following the exposure" (Institute of Medicine).

As a result, given normal hearing at discharge, and no significant shift in thresholds from induction to discharge, in my opinion, hearing impairment is LESS LIKELY as not (LESS THAN 50\50 probability) caused by or aggravated by military noise exposure.

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HL at Induction & Discharge

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1968

71. ASA		AUDIOMETER							
		250	500	1000	2000	3000	4000	6000	8000
		dB	dB	dB	dB	dB	dB	dB	dB
RIGHT		-5	-7	-5	-7	-5	6		
LEFT		-5	-7	5	0	3.5	5.7		

VAL HISTORY

1968 converted ASA to ISO

	500	1k	2k	3k	4k	6k
R	9	5	3.5	3.5	1	9.5
L	9	5	3.5	8.5	41	44.5

1970

71. ASA		AUDIOMETER							
		250	500	1000	2000	3000	4000	6000	8000
		dB	dB	dB	dB	dB	dB	dB	dB
RIGHT	X	40	15	15	30	35	45	X	
LEFT	X	15	15	10	30	35	45	X	

VAL HISTORY

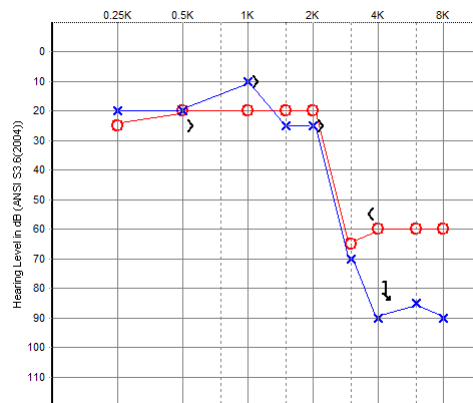
1971

EXAMINER'S INITIALS	AIR CONDUCTION															
	RIGHT								LEFT							
	125	250	500	1000	2000	4000	6000	8000	125	250	500	1000	2000	4000	8000	
GP		0	5	5	5	25	15		0	5	5	0	70	55		
GP		0	5	5	5	25	15		0	5	5	0	70	55		

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Current Audiogram

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Opinion

Induction (1968) exam shows a pre-existing hearing loss at 4-6 kHz in the left ear. Discharge (1971) exam shows hearing loss bilaterally. I converted the induction exam to current ANSI standards.

*The National Institute for Occupational Safety and Health (NIOSH) recommends that significant threshold shift is defined as a 15 dB HL shift or more at any one frequency of 500 Hz to 4000 Hz.

There IS a significant shift in thresholds from induction to discharge at 4 kHz in the right ear and 4 kHz in the left ear.

"The evidence from laboratory studies in humans and animals is sufficient to conclude that the most pronounced effects of a given noise exposure on pure-tone thresholds are measurable immediately following the exposure" (Institute of Medicine).

As a result, given hearing loss at discharge and a significant shift in thresholds from induction to discharge, in my opinion, hearing impairment is AT LEAST AS LIKELY AS NOT (at least 50\50 probability)caused by or aggravated by military noise exposure.

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HONORING SERVICE
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HEALTH
WNL at Induction & HL at Discharge
Significant threshold shifts

	RIGHT						LEFT					
	500	1000	2000	3000	4000	6000	500	1000	2000	3000	4000	6000
10-22-1996:	00	10	00	10	15	25	00	05	00	00	05	00
04-17-1997:	00	10	00	05	10	20	00	00	05	00	05	00
02-22-2007:	00	05	05	10	25	40	00	05	05	00	20	20
04-30-2008:	-05	10	00	10	30	40	15	10	00	15	25	35
03-29-2012:	-05	05	00	15	30	45	-05	00	00	10	30	30
12-03-2013:	-05	05	00	15	35	55	-05	05	00	10	35	35
11-18-2014:	00	10	00	10	45	50	00	00	00	10	25	45

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OPINION/RATIONALE



Induction (1996) exam shows normal hearing in the left ear and a mild hearing loss at 6 kHz in the right ear. Discharge (2014) exam shows hearing loss bilaterally.

*The National Institute for Occupational Safety and Health (NIOSH) recommends that significant threshold shift is defined as a 15 dB HL shift or more at any one frequency of 500 Hz to 4000 Hz.

There IS a significant shift in thresholds from induction to discharge for 4-6 kHz bilaterally.

"The evidence from laboratory studies in humans and animals is sufficient to conclude that the most pronounced effects of a given noise exposure on pure-tone thresholds are measurable immediately following the exposure" (Institute of Medicine).

As a result, given hearing loss at discharge and a significant shift in thresholds from induction to discharge, in my opinion, hearing impairment is AT LEAST AS LIKELY AS NOT (at least 50\50 probability) caused by or aggravated by military noise exposure.

Whispered Voice Test



- 1954

71. HEARING				72. AUDIOMETER						
RIGHT	BY	LEFT	BY	500	1000	2000	3000	4000	6000	8000
15	JS	15	JS							
RIGHT		LEFT		-10	-10	-5				
				-10	-10	-5				

73. NOTES (Checkmark) AND SIGNIFICANT OR INTERNAL HISTORY

- 1957

73. HEARING				74. AUDIOMETER						
RIGHT	BY	LEFT	BY	500	1000	2000	3000	4000	6000	8000
15	JS	15	JS							
RIGHT		LEFT								

75. NOTES (Checkmark) AND SIGNIFICANT OR INTERNAL HISTORY

- 2013

RIGHT EAR							
A	B	C	D	E	F	G	
500	1000	2000	3000	4000	6000	8000	Avg Hz
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-B)**
25	30	45	70	70	75	65	54

LEFT EAR							
A	B	C	D	E	F	G	
500	1000	2000	3000	4000	6000	8000	Avg Hz
Hz*	Hz	Hz	Hz	Hz	Hz	Hz	(B-B)**
25	45	55	75	70	65	60	61

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Whispered Voice Test Opinion

Induction (1954) exam indicates normal hearing bilaterally. Thresholds are converted to current ANSI standards. Discharge (1957) exam is a whispered voice test. A whispered voice test is not considered a valid test of hearing acuity.

"The evidence from laboratory studies in humans and animals is sufficient to conclude that the most pronounced effects of a given noise exposure on pure-tone thresholds are measurable immediately following the exposure" (Institute of Medicine).

As a result, given no accurate discharge audiogram, and given significant noise exposure while in the military, in my opinion, hearing impairment is AT LEAST AS LIKELY AS NOT (at least 50\50 probability) caused by or aggravated by military noise exposure.

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Staffing - Omaha

- Staff Audiologists:
 - Brian Rice -- Courtney Rogers --Extern changes annually
 - Lisa Babcock -- Jennifer Christo
 - Jodi Winfrey -- Laci Namken
- Support Staff – 1 scheduler, 1 Audiology Health Technician + 2nd Technician to be added soon
- Physician’s Assistant
- Speech Pathologist – Jill Champley

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Staffing - Lincoln



- Staff Audiologists
 - Wanda Johnson
 - Jill Robinson
 - Christina Harris
 - Kristin Friehe
 - Kristin Scheele
- Support Staff – 2 Audiology Health Technicians

Staffing – Grand Island



- Staff Audiologist – Kris Loyd
- Contract Audiologists – Blake Studley & Dee Ann Higgins
- Support Staff – 1 scheduler and 1 Audiology Health Technician
- Speech Pathology - Contract

Resources



- Eligibility/Enrollment
 - www.va.gov
 - www.nebraska.va.gov
 - Omaha (402)995-4050
 - Lincoln (402)489-3802 x6255
 - Grand Island (308) 382-3660 x2153
- Progressive Tinnitus Management
 - <http://www.ncrar.research.va.gov/Education/Documents/TinnitusDocuments/Index.asp>
- Lincoln Regional Office
 - 800-827-1000
- Nebraska County Veteran's Service Officers
 - <http://www.va.gov/ogc/apps/accreditation/accredpeople.asp>
- Clinics
 - Omaha (402) 995-3119
 - Lincoln (402) 486-7863
 - Grand Island (308) 382-3660 x2378

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