



---

**DEPARTMENT OF HUMAN SERVICES**

---

DIVISION OF REHABILITATION SERVICES

---

1310 Main Ave S Suite 107

---

Brookings, SD 57006-3894

---

Phone: (605) 688-4224

Toll Free: (800) 265-9679

FAX: (605) 688-5497      TTY: (605) 688-4280

Website: [dhs.sd.gov](http://dhs.sd.gov)

---

**AUDIOLOGIST INFORMATION FOR THE HEARING AID ASSISTANCE PROGRAM****CONTACT:** Shayna Ebben at (605) 688-4224 or [Shayna.Ebben@state.sd.us](mailto:Shayna.Ebben@state.sd.us)

In a Nov. 19, 2014, press release, the South Dakota Department of Human Services (DHS) announced the start date of a program to provide financial assistance for the purchase of hearing aids for children. Below is pertinent information relating to your role in this program including participant eligibility, application process, program coverage, authorizations to you as the provider of the service and invoicing the department for your services.

**Eligibility:**

The Hearing Aid Assistance Program will help with the cost of hearing aid(s) and associated ear mold(s) for South Dakota children, younger than 19, with progressive or permanent hearing loss who would benefit from hearing aid(s). The individual must not have received a hearing aid from this program or S.D. Medicaid within three years prior to the date of application. The program is open to families with a household income of less than 400 % of federal poverty guidelines and operates on a sliding fee schedule. The financial contribution by the program can range from 50% to 100% of the cost for hearing aid(s) and associated hearing mold(s). This information is included on the application.

**Application Process:**

The Hearing Aid Assistance Program will accept an application from a family member, legal guardian or an individual over the age of 18. Audiologists will need to complete the Audiologist Form and provide to the individual to submit along with their application.

Applications can be mailed, faxed or emailed.

The following must be submitted to the Deaf Services program specialist at DHS for program participation:

- A completed application,
- An Audiologist's Medical Information Form, which provides the following information:
  1. Documentation of hearing loss
  2. Audiologist's recommendation regarding the most appropriate type of hearing aid(s) for the applicant
  3. An audiologist's estimated costs for the recommended hearing aid(s) and associated ear mold(s),
- Verification of family income, and
- A copy of the individual's insurance information, if applicable.

*Continued Page 2*

**Program Coverage:**

- The Hearing Aid Assistance Program provides financial assistance to purchase hearing aid(s) and associated ear mold(s).
- If services and hearing aids costs are currently bundled together into one overall cost, these costs will need to be separated out.
- The department's financial contribution is based on an applicant's household income and is paid directly to the provider. The recipient/applicant is financially responsible for any applicable balance not covered by the financial contribution provided by the program.
- The Hearing Aid Assistance Program is the payer of last resort. An applicant must exhaust any private health insurance as well as all other third-party resources.
- The recipient/applicant is financially responsible for other services not covered by the Hearing Aid Assistance Program such as fitting/dispensing, replacement ear mold(s), follow-up visit, etc.
- Recipient/applicant is responsible for daily care, batteries and repairs as needed.

**Authorization of Services:**

Once the applicant has been determined eligible for the program, an authorization of services will be issued to you as the audiologist/provider. Services must be pre-authorized. Authorizations will include:

- The department's name and program specialist that authorized services,
- Applicant's name and address,
- Authorization number,
- Issue date,
- Vendor number, and
- Authorization description and dollar amount.

Prior to authorizing services, vendors must submit a signed W9 form, enabling the Department of Human Services to enter you as an authorized vendor of the state of South Dakota.

**Invoicing:**

The department will receive invoices via mail or email attachment. Invoices must contain the applicant's name, vendor's name, remittance information, authorization number and information relating to the costs of the hearing aid(s) and mold(s). If applicable, include a Health Insurance Claim Form (HICF) or an explanation of benefits showing that insurance has been filed and either paid or denied.

---

For more information regarding the Hearing Aid Assistance Program, you can visit our website at <http://dhs.sd.gov/rehabservices/deafservices.aspx> or you can contact Deaf Services Program Specialist Shayna Ebben at 605-688-4224 or [Shayna.Ebben@state.sd.us](mailto:Shayna.Ebben@state.sd.us)