

CULTURAL AND LANGUAGE SERVICES POLICY
For Services to Medicaid, Healthy Montana Kids (HMK/CHIP) and
Healthy Montana Kids *Plus* (HMK *Plus*) Members
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)
HEALTH RESOURCES DIVISION (HRD)

Revised May, 2015

An interpreter is defined as a person who speaks English and another language fluently or signs English or another language fluently. The ADA defines a “qualified interpreter” as “an interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively using any necessary specialized vocabulary.” Fluency includes an understanding of nonverbal and cultural patterns necessary to effectively communicate in that language. No special accreditation is needed to meet ADA standards, and qualified interpreters may include: family members or friends, as long as they are effective, accurate, impartial (especially in personal or confidential situations), and an acceptable choice to the patient; personnel from a practice or facility; or interpreters from interpreter services.

Background

Interpreter Services are governed by the following federal laws:

- Americans with Disabilities Act (ADA) of 1990 (PL 101-336)
- Section 504 of the Rehabilitation Act of 1973 (PL 93-112)
- Title VI of the Civil Rights Act of 1964 (PL 88-352)

Section 601 of Title VI states that, “No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.”

Policy

DPHHS/HRD will pay for cultural and language services provided to eligible Medicaid, HMK, and HMK *Plus* members if:

- The service is a medically necessary service;
- The service is a Montana Medicaid, HMK, or HMK *Plus* covered service;
- Reimbursement is to the provider of the service (the interpreter), not the provider;
- Another payer is not responsible for payment; and
- Services were medically necessary and performed on the date of service.

Provider Responsibilities

Ensure services sought by the member are medically necessary and covered by Medicaid, HMK, or HMK *Plus*.

- Notify the member that an interpreter will be provided at no cost to the member.
- Make arrangements for an interpreter to provide services.
 - A family member or friend may be used as an interpreter if specifically requested by the member and:
 - If they are effective, accurate, impartial (especially in personal or confidential situations), and an acceptable choice to the member; and
 - Provided at no cost to the member.
- Notify the interpreter of any changes to scheduled appointments.
- Sign the interpreter’s invoice. By signing this invoice the provider is certifying that the services provided were medically necessary and the interpreter service was provided at the time indicated and on the date of service.

Interpreter Responsibilities

- Provide interpreter services through:
 - Face-to-face, telephonically, electronically, or by other means with the member in the presence of the provider.
 - Note: The interpreter is allowed to bill for interpreter time outside the provider's office if this time is specifically used for the interpreter to exchange information and give instructions to the member regarding the service requiring interpreter services.
- Make auxiliary aids available at no cost to the member to ensure effective communication with individuals with sensory, manual, or speech impairments.
 - Auxiliary aids may include: readers for the blind, Braille materials, the use of amplification devices, paper and pencil, and qualified sign language interpreters.
- Meet all privacy and confidentiality requirements commonly associated with interpreter services and medical information.
- Submit a completed and signed Cultural and Language Services Invoice to the DPHHS at the address provided on the form after the services have been provided.

Reimbursement

The following criteria must be met for reimbursement:

- Interpreter must sign and date the Cultural and Language Services Invoice for each service provided.
- Submit a separate invoice for each member visit to each provider.
- A complete request for payment must be received within 365 days of the service provided. This means that the request for payment will include all information necessary to successfully pay the claim.
 - Do not include travel or wait time, expenses, or time for "no-show" appointments. These will not be reimbursed.
 - Submit usual and customary charge.
- Accept reimbursement as payment in full. The interpreter agrees to not bill the member or the provider for the difference between the submitted charge and reimbursement amount.

DPHHS/HRD Reimbursement Amount

Payment will be made for interpreter time spent with the member and provider, subject to the reimbursement rate of the lesser of:

- The usual and customary charge (the fee the general public is charged); or
- \$10.00 per fifteen (15) minute increment for certified sign language interpreter sessions;
- \$8.75 per fifteen (15) minute increment for face-to-face sessions; and
- \$6.25 per fifteen (15) minute increment for non-face-to-face sessions
- Send completed Interpreter Services Invoice and Verification Form to address indicated on form.

Community Resources

DPHHS/HRD does not keep a list of interpreters. The following resources may be useful in obtaining interpreter services.

- Montana Registry of Interpreters for the Deaf: <http://www.montanarid.org/>.
- Montana Department of Transportation's statewide list of interpreters: <http://www.mdt.mt.gov/business/contracting/civil/titlevi.shtml>.