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To: LME-MCOs

From: Mabel McGlothlen, LME System Performance Team Leader, DMH/DD/SAS, and Kathy Nichols, Lead Waiver Program Manager, Contracts Section, DMA

Subject: Communicating Effectively with Deaf, Hard of Hearing, and Deaf-Blind Individuals and Their Family Members

The purpose of this bulletin is to offer guidance regarding effective communication with Deaf, Hard of Hearing and Deaf-Blind individuals and their family members.

The Americans with Disabilities Act (ADA) prohibits discrimination and seeks to ensure equal opportunity for persons with disabilities in a number of venues, including state and local government services, public accommodations, commercial facilities and transportation.

The law requires the provision of sign language interpreting services as a reasonable accommodation for individuals who are Deaf, Deaf-Blind or Hard of Hearing to achieve effective communication. "Effective communication" is information that is clear and understandable to all parties. In the behavioral healthcare setting, effective communication is paramount to preventing misdiagnosis or improper treatment and to fully inform patients of their treatment needs.

If the most effective means of communication is through the use of sign language, a qualified sign language interpreter shall be utilized. The use of a qualified interpreter allows both parties to communicate in their preferred and natural language. Qualified sign language interpreters may hold national certifications and interpreting degrees. In North Carolina, they must also be licensed in order to provide services. Interpreters must adhere to a professional code of conduct and should be considered a part of the behavioral healthcare team.

In the N.C. Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement, Medicaid providers agree that DHHS will only make payments for medical or behavioral health care services rendered to Medicaid beneficiaries by persons or entities who signed the agreement and are performing services (or supplying goods) in accordance with all requirements under Title VI of the Civil Rights Act of 1964; Section 504 of the 1973 Rehabilitation Act; and the 1990 ADA.

DHHS may withhold payment to a Medicaid provider for services rendered on specific dates when the above referenced requirements were not met. The department can also recover prior payments if the provider was not in compliance with those requirements when the service was rendered. Further, the DMA-MCO contract (section 6.17) states the Prepaid Inpatient Health Plan (PIHP) shall provide interpreting services as necessary to ensure Enrollee access to and appropriate utilization of Medically Necessary services. **The cost of providing accommodations to an individual with disability cannot be passed onto a provider or to the individual.**

A listing of licensed interpreters and interpreting agencies can be found at the Division of Services for the Deaf and Hard of Hearing [web page](#). Please contact Brad Trotter, DMH/DD/SAS Deaf Services Program Manager at (919) 324-1506 or Brad.trotter@dhhs.nc.gov for technical assistance or additional information.

Previous bulletins can be accessed at: <http://jtcommunicationbulletins.ncdhhs.gov/>

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