



NC Medicaid/DSDHH Communication Access Pilot Initiative

Frequently Asked Questions for Providers

1. How can providers participate in this service?

Medicaid healthcare providers must first register with DSDHH to become a member of the pilot. There is **no cost** to register.

2. How does a provider register for this service?

Providers can complete the [online registration form](#) or email DSDHH at DSDHH.Medicaid.CommAccess@dhhs.nc.gov.

3. My office has more than one healthcare provider, do they each need to register?

No, however each healthcare provider in an office that sees a patient where communication access services are used must provide their individual NPI when submitting a reimbursement.

4. How does a provider request reimbursement?

Send an encrypted email to DSDHH.Medicaid.CommAccess@dhhs.nc.gov or a confidential fax to 919-715-0926 with the following:

1. Completed State of [NC Substitute W-9 Form](#)
2. Reimbursement form
3. Healthcare provider invoice for communication access services
4. Copy of communication access provider invoice Email DSDHH at DSDHH.Medicaid.CommAccess@dhhs.nc.gov

5. What communication access services costs are eligible for reimbursement?

- a. On-site ASL interpreting services, which includes:
 - i. Tactile or low vision – provided for DeafBlind individuals on-site
 - ii. Teams – Hearing and Deaf interpreters working together on-site
- b. Communication Access Realtime Translation (CART) Services
- c. Cued Language Transliterating Services
- d. Personal Sound Amplification Products (PSAPs)
- e. Services may take place on-site or remote

NOTE: Service should be determined first, based on the Deaf, Deaf-Blind or Hard of Hearing individual's preference, and then communication access provider availability.

6. What patients are eligible for this service?

- a. The patient or *companion is Deaf, Deaf-Blind, or Hard of Hearing.
- b. The patient is an eligible NC Medicaid beneficiary.
- c. The provider is a NC Medicaid enrolled provider.
- d. The service takes place in an approved setting.

**Definition of companion: The term "Companion" means a person who is deaf or hard of hearing and is a family member, friend, or associate of an individual seeking access to, or participating in, the goods, services, facilities, privileges, advantages, or accommodations of a public accommodation, who, along with such individual, is an appropriate person with whom the public accommodation should communicate, 28 C.F.R. § 36.303(c)(1)(i)*

7. What are some examples of approved settings?

- a. Medical office services outside of a hospital setting to include but not limited to:
 - i. Physician services
 - ii. Non-physician practitioners
 - 1. Audiology services
 - 2. Occupational therapy
 - 3. Physical therapy
 - 4. Respiratory therapy
 - 5. Speech therapy
- b. Personal care services
 - i. Direct care workers in a beneficiary's home helping with activities of daily living (ADLs)
- c. Dental services
- d. Behavioral health services (outpatient, not in a hospital setting)
- e. Home health services
 - i. Skilled nursing
 - ii. Home health aide services
- f. Community Alternative Program for Children (CAP/C)
 - i. Home and community-based services for 0-21; nursing, etc.
- g. Health check early preventive screening
- h. Hospice services
- i. Program of All-Inclusive Care for the Elderly (PACE)
 - i. Adult day programs
 - ii. Areas for therapeutic recreation
 - iii. Personal care
- j. Olmstead decision related services
 - i. Community based supported housing
 - ii. Community based mental health services
 - iii. Supported employment
- k. Optical services
- l. Ambulatory surgery center services

Please Email DSDHH.Medicaid.CommAccess@dhhs.nc.gov for questions regarding services not listed.

8. What are some examples of services that are not eligible?

- a. Pharmacy services
- b. Hospital inpatient services
- c. Hospital outpatient services
- d. Hospital emergency department services
- e. Ambulance services

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9. Do we still have to provide communication access services if we cannot get reimbursed?

Yes. Under the [Americans with Disabilities Act](#) (ADA), [title II](#) entities (state and local government services and programs) and [title III](#) entities (business and non-profit organizations that serve the public) must provide accessible communication for people with communication disabilities. Also, In response to a [U.S. Supreme Court case](#), the state of North Carolina’s Department of Health and Human Services has instituted an [Olmstead Plan](#). This plan sets out a road map to give individuals with disabilities, who receive or are eligible to receive publicly-funded services, the opportunity to receive those services in the “most integrated setting.” For Deaf, Deaf-Blind and Hard of Hearing individuals, community integration includes making sure that participants receive [effective communication](#).

10. Can reimbursement be approved if the client is a no show?

Yes. DSDHH will reimburse for a client no show.

11. How much are providers reimbursed?

Reimbursement may not cover 100% of expenses paid for communication access services. Any expenses that exceed the established reimbursement rates will not be covered. Mileage and travel fees are reimbursed at the cost incurred. The provider is responsible for paying the difference. Below is a chart to help guide you on reimbursement rates for different services. Actual reimbursement may vary depending on different factors. Please Email DSDHH.Medicaid.CommAccess@dhhs.nc.gov for specific questions regarding reimbursement.

Communication Access Service	Hourly Standard Rate	Hourly Enhanced Rate
Interpreter (individual)	\$40	\$60
Interpreter (agency)	\$54	\$81

Cued Speech Transliteration (individual)	\$40	\$60
Cued Speech Transliteration (agency)	\$54	\$81
Communication Access Real-time Translation (CART)	\$100	\$105
Devices for communication access	To Be Determined	

12. Is there is a timeline on when a provider can seek reimbursement?

To ensure timely processing a provider must submit their request no later than 90 days from the date of the appointment. Requests submitted after 90 days will be denied. If a provider is experiencing difficulties submitting a reimbursement request, contact DSDHH at DSDHH.Medicaid.CommAccess@dhhs.nc.gov.