

REQUEST FOR CLARIFICATION/INTERPRETATION

TO:	Name and Title: Jannis Conselyea	FROM:	Name and Title: Virginia Lofstead
	Organizational Unit: DPHHS/DDP		Organizational Unit: CM Supervisor, Helena Industries
	Address: Helena, MT		Address: Great Falls, MT

1. TYPE OF REQUEST: **9** Follow-up to Verbal Request - Date of Verbal Request: _____ **9** Written Request X

2. STATEMENT OF QUESTION OR ISSUE:

We have a consumer that has a deaf mother. She is not his guardian but is family and acts as his advocate. The question has arisen about interpreter services for this consumer's meetings. The consumer we serve is not deaf and does not need interpreter services, but his mother is requesting interpreter services for all of his meetings for herself so she can communicate. The question becomes is it the state's responsibility to provide interpreter services for her and pay for these services for the mother who is deaf? Or is it the mother's responsibility since she is not the one being served by the waiver? Also could his cost plan cover the costs of the interpreter services?

References:

3. ANSWER: It is the states responsibility to provide for interpreter services for a family member who advocates or is the guardian of an individual in Developmental Disabilities Services. The following federal laws govern Interpretive Services:

- (1) American With Disabilities Act (ADA) 1990, Public Law 101-336
- (2) Rehabilitation Act, 1973, Section 504 , Public Law 93-112
- (3) Civil Rights Act of 1964, Title IV, Public Law 88-352

Department of Public Health and Human Services/Medicaid Health Services Branch will pay for interpreter Services provided to eligible Medicaid, Healthy Montana Kids and Health Montana Kids Plus if the service is a medically necessary service, reimbursement is to the provider of the service (the interpreter), another payer is not responsible for payment, Services were performed in a prompt, efficient fashion and the request for payment must be received within 365 days from the date of service delivery.

This clarification supersedes all other clarifications on Interpretive Services published by the Developmental Disabilities Program.

Approved and Issued by:



Program Director)

Date 6-17-11

References:

STATE USE ONLY	4: DISTRIBUTION:	5: FOLLOW-UP:
	One Copy: _____ One Copy: _____ One Copy: _____ Additional Copies: 9 _____ <div style="text-align: right; margin-top: 10px;">Requestor Manual Coordinator Division Files</div>	9 To be issued as Bulletin to: _____ (Division Administrator) Manual. Expected Date of Issuance: _____ 9 A.R.M. Change 9 State Plan Change