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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 95 INF-15

TO: Commissioners of
 Social Services

DIVISION: Health and
 Long Term Care

DATE: April 26, 1995

SUBJECT: Interpreter Services for Medicaid Recipients

SUGGESTED

DISTRIBUTION: All Medical Assistance Staff

CONTACT PERSON: Any questions concerning this release should be
 directed to Beth Brown, Division of Health and Long
 Term Care, 1-800-343-8859, Ext. 3-5956.

ATTACHMENTS: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		303.5	Public Law		
		355.1(b)	93-112		
		595.3(g)	sec.504; 29 USC 794		

I. PURPOSE

The purpose of this letter is to clarify the policy of assuring that interpreter services are provided for Medicaid recipients, including services to those who are deaf, when they are receiving medical care.

II. BACKGROUND

In order to provide quality medical care, it is essential that information be exchanged between the provider and the recipient of the care. Assuring that recipients can communicate with their medical care provider in a language which they understand has always been part of the policy for the administration of Medicaid. The Federal Rehabilitation Act of 1973 forbids discrimination on the basis of handicap in programs receiving Federal financial participation. Despite this history, continuing questions show that misunderstanding of this policy is common.

III. IMPLICATIONS

One of several methods may be used to provide needed translator services. Family members or volunteers from the community are most often the resource for translator service, without incurring expense.

Facilities which provide medical services reimbursable through a rate established by the Department of Health may include bilingual services and interpreter services to the deaf as allowable costs when appropriate and necessary.

In situations not included in the two paragraphs above, the local Social Services District must make interpreter services, including services to the deaf, available between providers and recipients. Applicants and recipients may be encouraged to bring a relative or volunteer to provide the necessary interpretive service, but they cannot be required to do so. Such expenses will be charged as an administrative expense.

IV. RECOMMENDED ACTION

It is recommended that this letter be distributed to all Medical Assistance Staff.

Richard Cody
Deputy Commissioner
Division of Health and Long Term Care