



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE SERVICES

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**Sign Language Interpreting in Community Mental Health Settings
Policy**

When sign language interpreting services are necessary and treatment services are not Medicaid funded, the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services provides state funding available to pay for interpreting services. Prior authorization from the Central Office is unnecessary when eight hours (or less) of billable interpreting services per week are needed. To access state funding for sign language interpreting, MH/DD/SA service providers are expected to comply with procedures described below.

Procurement of Sign Language Interpreting Services:

1. The MH/DD/SA provider shall contact a licensed interpreter or an interpreter agency to arrange for sign language interpreting services. The provider may contract with any licensed interpreter. Credentials can be checked with the NC Interpreters and Transliterators Licensing Board at (919) 779-5709. For additional information related to interpreting, please see the website of the Division of Services to the Deaf and Hard of Hearing at <http://www.ncdhhs.gov/dsdhh/directories.htm>.
2. The DMHDDSAS reimbursement schedule is attached as Attachment A. The reimbursement schedule should be reviewed with the interpreter at the time of booking. The MH/DD/SA provider is responsible for fees in excess of the reimbursement schedule.
3. At the time of booking, the MH/DD/SA provider shall supply the interpreter or interpreter agency with the LME-MCO identification number (ID). The ID shall be documented on the interpreting invoice. If the consumer does not yet have an MCO assigned ID and requires emergency services, the provider's service record number shall be documented on the invoice.
4. When more than eight hours per week of billable interpreting services are needed, the provider shall contact Brad Trotter at brad.trotter@dhhs.nc.gov or 919-324-1506 to review interpreting needs.

Payment of Interpreting Services

1. After the interpreting assignment is complete, the interpreter or interpreter agency submits an invoice to NC DMHDDSAS. The invoice must contain essential elements required by the State of North Carolina for payment.

www.ncdhhs.gov • www.ncdhhs.gov/mhddsas/
Tel 919-733-7011 • Fax 919-508-0951

Location: 306 N. Wilmington St. • Bath Building • Raleigh, NC 27603
Mailing Address: 3001 Mail Service Center • Raleigh, NC 27699-3001
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The invoice shall be placed in a sealed envelope and marked "CONFIDENTIAL", with the name of the sender and a return address clearly marked on the envelope. The original invoice should be sent via US Mail to: Attn: Mr. Brad Trotter, NC DMHDDSAS, 3004 MSC, Raleigh, NC 27699-3004.

2. Incomplete invoices shall be returned to the interpreter or interpreter agency for correction and resubmission. A resubmitted invoice shall clearly be marked as a resubmission.
3. After review and approval for payment, the invoice is forwarded to the Division's Budget Office for coding to an appropriate account and then forwarded to the DHHS Controller for direct payment to the interpreter.
4. See Attachment B for a sample invoice.

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