



Ohio Administrative Code

Rule 5123:2-9-36 Home and community-based services waivers - interpreter services under the individual options waiver.

Effective: July 1, 2017

(A) Purpose

This rule defines interpreter services and sets forth provider qualifications, requirements for service delivery and documentation of services, and payment standards for the service.

(B) Definitions

- (1) "Agency provider" means an entity that directly employs at least one person in addition to the chief executive officer for the purpose of providing services for which the entity must be certified in accordance with rule 5123:2-2-01 of the Administrative Code.
- (2) "County board" means a county board of developmental disabilities.
- (3) "Department" means the Ohio department of developmental disabilities.
- (4) "Independent provider" means a self-employed person who provides services for which he or she must be certified in accordance with rule 5123:2-2-01 of the Administrative Code and does not employ, either directly or through contract, anyone else to provide the services.
- (5) "Individual" means a person with a developmental disability or for purposes of giving, refusing to give, or withdrawing consent for services, his or her guardian in accordance with section 5126.043 of the Revised Code.
- (6) "Individual service plan" means the written description of services, supports, and activities to be provided to an individual.
- (7) "Interpreter services" means the process by which one person's message is conveyed to another in a manner that incorporates both the message and attitude of the communicator.



(8) "Service documentation" means all records and information on one or more documents, including documents that may be created or maintained in electronic software programs, created and maintained contemporaneously with the delivery of services, and kept in a manner as to fully disclose the nature and extent of services delivered that shall include the items delineated in paragraph (E) of this rule to validate payment for medicaid services.

(C) Provider qualifications

(1) Interpreter services shall be provided by a person who:

(a) Holds a certification recognized by the registry of interpreters for the deaf;

(b) Is either an independent provider or the employee of an agency provider that meets the requirements of this rule and that has a medicaid provider agreement with the Ohio department of medicaid; and

(c) Meets one of the following standards:

(i) Has graduated from an interpreter training program (of a minimum of two-years) and has at least one year of documented experience providing interpreter services;

(ii) Has successfully completed a written test administered by the registry of interpreters for the deaf and has at least one year of documented experience providing interpreter services; or

(iii) Has at least two years of documented experience providing interpreter services.

(2) An applicant seeking approval to provide interpreter services shall complete and submit an application through the department's website (<http://dodd.ohio.gov/>).

(3) Failure to comply with this rule and rule 5123:2-2-01 of the Administrative Code may result in denial, suspension, or revocation of the provider's certification.



(D) Requirements for service delivery

(1) Interpreter services shall be provided pursuant to an individual service plan that conforms to the requirements of rule 5123:2-1-11 of the Administrative Code.

(2) A person providing interpreter services shall:

(a) Maintain a role of facilitator of communication rather than the initiator of communication; and

(b) Render the message faithfully, always conveying the content and spirit of the individual being served, using language most readily understood by the individual.

(3) A person providing interpreter services shall not counsel, advise, or interject his or her personal opinions.

(E) Documentation of services

Service documentation for interpreter services shall include each of the following to validate payment for medicaid services:

(1) Type of service.

(2) Date of service.

(3) Place of service.

(4) Name of individual receiving service.

(5) Medicaid identification number of individual receiving service.

(6) Name of provider.

(7) Provider identifier/contract number.



(8) Written or electronic signature of the person delivering the service, or initials of the person delivering the service if a signature and corresponding initials are on file with the provider.

(9) Group size in which the service was provided.

(10) Description and details of the services delivered that directly relate to the services specified in the approved individual service plan as the services to be provided.

(11) Number of units of the delivered service.

(12) Times the delivered service started and stopped.

(F) Payment standards

(1) The billing unit, service code, and payment rates for interpreter services are contained in appendix A to this rule.

(2) Payment rates for interpreter services are based on the county cost-of-doing-business category. The cost-of-doing-business categories are contained in appendix B to this rule.

(3) Payment rates for interpreter services are established separately for services provided by independent providers and services provided through agency providers.

(4) Payment rates for interpreter services are based on the number of individuals receiving services.