

Frequently Asked Questions

1) Can I send the bill for interpreting services to the patient in a healthcare setting?

No, you may not. It is typically the responsibility of the healthcare provider or insurance company (such as Medicaid) to handle billing for those services. In Vermont, a provider can bill procedure code T1013 for each 15 minutes of paid interpreter services provided, one site or via telephone. The rate on file for the billing code is \$15 per 15-minute increment. However, if the patient does not have insurance coverage or access to government funded programs, and they agree to pay for the interpreting services directly, you may be able to send them a bill. Consider a payment plan for those self-pay patients.

2) What are examples of auxiliary aids and services?

1. **Assistive Listening Devices (ALDs):** ALDs are devices that amplify the voices of people you are speaking with. They work by capturing sound through a small microphone and transmitting it directly to your ears, making it easier to hear and understand. If you already have an ALD such as a pocket talker or FM system, it is recommended to bring it with you to your appointment. If you do not have one, you can inquire with the staff if a pocket talker is available for use. (See Pocket Talker below)
2. **Assistive Listening systems (ALS):** ALS refers to the systems or setups that enable individuals with hearing loss to access sound being transmitted through a public address system or sound system. These systems typically involve the use of microphones and receivers that wireless transmit audio signals, making it easier for people with hearing loss to hear announcements, presentations, or other audio content in public settings.
3. **Amplified Phones:** Amplified phones are specifically designed telephones that increase the volume of the person's voice on the other end of the call. These phones have built-in amplifiers that make the sound louder and clearer, helping individuals with hearing loss to have more effective phone conversations.
4. **Augmentative and Alternative Communication (AAC):** All ways that someone communicates beside talking. People of all ages can use AAC if they have trouble with speech or language skills. Augmentative means to add to someone's speech. Alternative means to be used instead of speech. No-tech and low-tech options could be like gesture, facial expressions, writing, drawing, spelling words by pointing to letter. High-tech options could be like using an app on an ipad or using a computer with a "voice", sometimes called a speech generating device.

5. Braille: A system of raised dots that represents letters, numbers, punctuation marks, and other symbols to enable tactile reading and writing for individuals who are blind or visually impaired. Not all deafblind individuals can read in Braille due to the challenges they face in accessing and acquiring language and literacy skills.
6. Captioned Phones: Captioned phones display the text of the conversation on the phone screen, allowing individuals with hearing loss to read what the person on the other end is saying. Some smartphones also offer captioning services, providing a similar feature.
7. CART (Communication Access Realtime Translation): CART involves a captioner who types out the discussion between you and your doctor or staff in real-time. You can read the transcribed text on a laptop, tablet, or smartphone. CART can be conducted remotely, with the captioner connecting via the internet. To find a CART captioner, you can locate one via [The Association for Court Reports and Captioners](#).
8. Closed Caption decoders, Open/Closed Captioning: Captions can be categorized as “open” or “closed.” Open captions are always visible and cannot be turned off by the user, while closed captions can be toggled on and off based on user preference.
9. Dry Erase Board (or Whiteboard): A dry erase board, often referred to as a whiteboard, is a small board that can be written on using an erasable marker. It can be used as a communication tool to write down information or facilitate conversation in situations where hearing may be challenging.
10. Electronic Note Takers: They take notes on a laptop. Most will use two devices – one for the notetaker and one for the person with hearing loss. The operator types a summary of what’s being said into the computer and the text appears on the user’s screen. This allows the user to interact with the operator and add their own notes. Here’s an example of a company that provide the service: [TypeWell](#).
11. Environmental Accessibility Tools: Various technologies exist to enhance accessibility in the physical environment. This includes adaptive lighting systems, accessible signage, tactile markers, and more, which can provide orientation and safety cues for individuals with combined hearing and vision loss.
12. Haptics: Haptics for DeafBlind people refers to the use of tactile sensations or touch-based technologies to convey information and facilitate communication. It aims to create a channel of communication by using touch-based stimuli to convey messages, environmental cues, or other forms of information.

13. Hearing Loop system: In environments equipped with a hearing loop system, individuals who have a telecoil-enabled hearing aid or cochlear implant can receive clearer sound. The hearing loop utilizes a special wire that creates a magnetic field, which is picked up by the telecoil, enabling improved hearing and understanding for the wearer.
14. Large Font: An enlarged version of text that is designed to help individuals with visual impairments who have some remaining vision. It is beneficial for those who may have difficult reading small or regular-sized text due to their visual condition.
15. Navigation and Orientation Tools: GPS-enabled devices or smartphone applications can provide auditory or tactile cues to assist with navigation and orientation. They can help deafblind individuals navigate unfamiliar environments or travel independently.
16. Pen and Paper: Pen and paper may be helpful for very short communications or as a back-up if there are no devices or equipment that can be used.
17. Pocket Talker: A pocket talker is a small assistive device with a microphone, amplifier, earbuds, or headset and a neck loop for hearing aids that have telecoils. It makes the speaker's voice louder to help you hear better. Many hospitals have pocket talkers for you to use.
18. Relay Calls: You can place a call through the relay where a specially trained communications assistant will type what your caller is saying while you read it on your device. Visit www.VermontRelay.com to learn more.
19. Tablet, Computer, Smartphone: Ask your doctor's office or hospital staff if they have an iPad or other tablet that can be used for typing discussions. If not, you might want to bring your own. You may also be able to use the voice activation option on a smartphone.
20. Tactile Communication Devices: These devices use tactile displays or touch-based interfaces to facilitate communication. They can convey text messages, emails, or other digital content into tactile feedback, allowing deafblind individuals to receive and send messages.
21. Tactile Graphics and 3D Models: Tactile graphics are raised representations of visual information, such as maps, graphs, or images, that can be explored through touch. 3D models can also be used to provide a tactile understanding of objects, architecture, or spatial layouts.

22. Telephones compatible with hearing aids: Refer to DAHL's website for more information: [Vendor List-Deaf and Hard of Hearing for Vermont](#).
23. Text telephones (TTYs): These devices are still being used by people with hearing and/or speech disabilities to send and receive text messages over telephone line. This is ideal for rural areas with no access to high-speed internet.
24. TTY mode (Teletypewriter mode) on wireless devices: A feature that enables text communication for individuals with hearing or speech impairments. It allows users to send and receive text messages in real-time, similar to instant messaging, through a wireless connection.
25. Transcription services: They are business services that convert speech, either live or recorded, into a written or electronic text document.
26. UbiDuo: Using two separate screens with keyboards, you and the doctor or staff member can face each other while they type, and you read what they are saying on the screen.
27. Vibrating alert devices: These devices use vibrations to provide notifications or alerts for various events, such as phone calls, text messages, alarms, or doorbell.
28. Video text displays, or other effective methods of making aurally delivered.
 - a. Information that is delivered through sound, including through speech, intercoms, telephones, recorded messages, loudspeakers, alarms, etc.
29. Written materials: Some prefer to have a written document for their medical information instead of being given auditorily.

3) Are there different kinds of sign language interpreters?

1. American Sign Language (ASL) interpreter: ASL is a distinct language with its own grammar, syntax, and cultural nuances. ASL is as different from English as Spanish. An ASL interpreter will sign, using ASL, what is spoken in English and voice into spoken English what is signed in ASL.
2. Certified Deaf Interpreter (CDI): A CDI is a deaf person who has been nationally certified to provide interpreting services to deaf people who may not be able to communicate well in American Sign Language. If you or a family member use sign language from another country, or have difficulties communicating in sign language, you may ask for a CDI. A CDI typically works with a hearing ASL

interpreter. DI stands for Deaf interpreter who hasn't taken the national exam to be officially certified.

3. Cued Speech Transliterator: Transliterators converts one language from the spoken mode of communication to the cued mode, making all phonemes of that language visible on the hands and mouth.
4. Low-Vision Interpreter: If you or a family member have low vision, you may need the sign language interpreter to stand or sit very close to you so you can see the signs.
5. Oral Transliterator: Interpreters will show mouth movements of a spoken English message without using their voice. At times, they may mouth a word which is more "lip readable". They may also use their voice to clarify any spoken message of the person who is deaf or hard of hearing. An oral interpreter repeats what the speaker is saying, using different words that are easier to speech read.
6. Pro-Tactile Interpreter: If you or a family member use sign language and are DeafBlind, you can request a tactile interpreter. A tactile interpreter has a DeafBlind person put their hands lightly over theirs so signs and fingerspelling can be felt. A person can be asked for usage of Pro-Tactile Interpreting while a Specialized Support Provider (SSP; also known as Co-Navigator) can provide Haptics.
7. Signed English Transliterator: Interpreters transliterate when they combine signs and finger spelling to present a visual, manually coded form of English following the grammatical structure of English. The interpreter will voice into spoken English what is signed in a visual form of English and voice into spoken English what is signed in Signed English.
8. Video Remote Interpreting (VRI): VRI is an interpreting service with the interpreter, in a different location. However, you may still need an on-site interpreter in medical and mental health settings. See National Association for the Deaf for further guidance on VRI. There are strict guidelines for the use of VRI services which hospitals and institutions must follow.
 - a. What does it mean to use a local interpreter? A local interpreter usually either resides in the state or surrounding states such as NH, MA, or NY. The state of Vermont doesn't have any license requirements. Any interpreter can work for our state remotely and travel to work here temporarily without having to pay for a license fees.
 - i. Why uses local?
 1. Knowledgeable of the local community

2. Aware of the regional dialects
3. Not having to fingerspell every town, names, places, etc.

b. What is a qualified interpreter? An interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Refer to [HHS website](#).

c. What is the difference between a deaf interpreter and certified deaf interpreter?

A certified deaf interpreter is either a deaf or hard of hearing individual who is nationally certified by the Registry of Interpreters for the Deaf (RID). They serve as equal members of the interpreting team along with a certified hearing interpreter. The CDI interpreters the message from the deaf consumer to the hearing interpreter and the hearing interpreter then relays the message to the hearing consumer. A deaf interpreter is someone who hasn't taken the RID examination to become certified.

3) Are texting HIPAA-compliant?

Texting can be considered HIPAA compliant if appropriate safeguards are in place to protect the privacy and security of electronic protected health information (ePHI).

4) If messaging apps such as WhatsApp or Kik have end-to-end encryption, can you text ePHI in compliance with HIPAA using them?

End-to-end encryption is a security feature that ensures the content of messages sent between users is encrypted and can only be decrypted by the intended recipient. While end-to-end encryption can provide a level of security for communication, it does not automatically guarantee compliance with specific regulations, such as the Health Insurance Portability and Accountability Act (HIPAA).

HIPAA sets standards and regulations for protecting sensitive health information, known as electronic protected health information (ePHI). To comply with HIPAA when communicating ePHI, covered entities) such as healthcare providers and their business associates) are required to implement certain safeguards and adhere to specific requirements.

When it comes to messaging apps like WhatsApp or Kik, simply having end-to-end encryption does not ensure HIPAA compliance on its own. There are additional factors to consider, such as a Business Associate Agreement (BAA), Risk Assessment, Policies and Procedures, and User Authentication and Access Controls.

5) Is there any speech to text apps that are HIPAA compliant?

There are speech-to-text apps and services available that can be used in a HIPAA-compliant manner, but it's important to select the appropriate app or service and implement the necessary safeguards to ensure compliance.

6) Can one use the relay service to call their patients?

It is neither an FCC nor HIPAA violation to exchange calls using the relay service. Yes, the TRS is available to facilitate a Doctor/Patient telephone Here's a link: [Clarification Of The Use Of Telecommunications Relay Services \(TRS\) And The Health Insurance Portability and Accountability Act \(HIPAA\) | Federal Communications Commission \(fcc.gov\)](#) NOTE: Due to the Federal Communications Commission (FCC), this service cannot be used if people are in the same room. If you are in a separate room or in the hallway but can't see the deaf individual, that's acceptable.

7) Can we use a bilingual minor or adult family members (friends, staffs) to interpret?

Using minors or family members as interpreters can raise concerns about their competency and qualifications. Utilizing unqualified or inexperienced interpreters, such as minors or family members, may compromise a patient's ability to fully comprehend and participate in their care. Minors and family members who are involved in the patient's personal life may not fully understand or adhere to their legal and ethical obligations, potentially leading to breaches of confidentiality. Last but not least, patients may also feel uncomfortable discussing sensitive or personal information, inhibiting open and honest communication. This can impact the impartiality and neutrality require for accurate interpretation.

8) Which interpreting rate do we follow?

Buildings and General Services (BGS) hold the statewide contract for interpreting referral agencies. They also listed the interpreting rates. The interpreter may have their own rate based on years of experience. If hiring through an agency, one must follow the rate established by the agency. If hires an interpreter directly, one may or may not be able to negotiate the pay rate.

9) What is the requirement of health care providers under the ADA for individuals who are Deaf or Hard of Hearing?

Health care providers have a duty to provide appropriate auxiliary aids and services when necessary to ensure that communication with people who are Deaf or Hard of Hearing is as effective as communication with others. [28 C.F.R. § 36.303\(c\)](#).

10) Is this requirement limited to Deaf or Hard of Hearing patients?

No. A health care provider must communicate effectively with any individuals who are Deaf or Hard of Hearing or DeafBlind who are seeking or receiving its services. [56 Fed. Reg. at 35565](#). Some individuals may not always be the “patients” of the health care provider. For example, if birthing classes are offered as a service to both parents, a mother who is Deaf or Hard of Hearing must be provided auxiliary aid or service to ensure that she has the same opportunity to benefit from the classes as other attendees. Similarly, a Deaf parent of a hearing child may require an auxiliary aid or service to communicate effectively with health care providers, participate in the child’s health care, and to give informed consent for the child’s medical treatment. Classes, support groups, and other activities that are open to the public must also be accessible to Deaf and Hard of Hearing attendees.

11) Why isn’t captioning services ideal for all?

If a Deaf person never participated in auditory learning, it can be challenging to comprehend spoken English. Another possible reason could be due to cultural competency.

12) What is the purpose of 711?

The purpose of 711 is to provide telecommunications relay service for individuals who are deaf, hard of hearing, or have speech disabilities. When a person dials 711, they gain access to the TRS, which allows them to communicate with a captioning assistant as an intermediary. Visit www.VermontRelay.com for guidance. To clarify – dialing 711 is the way to access telephony-based (traditional telephone) TRS Services. Various Internet-based options also exist that do not require dialing 711 on a landline or cellular phone. Not all telecommunication devices require a hearing person to dial 711 to connect via phone. Refer to “Other forms of TRS” on this [link](#) for further explanation.

13) How are telecommunication services funded?

Here are some key funding sources and programs related to telecommunications in Vermont.

1. Universal Service Fund: The Vermont Public Utility Commission (PUC) managed the Vermont Universal Service Fund (VSUF), which provides financial support for telecommunications services in high-cost areas, including rural and underserved regions. As noted above Vermont Relay and analog Captioned Telephone Service are telephony-based (traditional telephone) and funded by the VSUF.
2. Telecommunications Relay Service (TRS): TRS in Vermont is funded through a combination of sources, including federal funds from the Federal Communications Commission (FCC) and state-level contributions. TRS ensures that individuals with hearing or speech disabilities can make and receive

telephone calls through various relay services, such as text-based or video relay services.

14) What is the difference between lower case “D” and upper case “D”?

The uppercase D Deaf is used to describe people who identify as culturally Deaf and are actively engaged with the Deaf community. Deaf with a capital D indicates a cultural identity for people with hearing loss who share a common culture and who usually have a shared sign language. The lowercase d deaf simply refers to the physical condition of having a hearing loss. People who identify as deaf with a lowercase ‘d’ don’t always have a strong connection to the Deaf community and don’t always use sign language. They may prefer to communicate with speech.

15) Where can I refer patients or visitors for financial assistance on assistive technology for Deaf, Hard of Hearing, or/and DeafBlind?

Vermont Center for Independent Living (VCIL) has a few [services](#): Deaf Independence Program (DIP), Vermont Equipment Distribution (VTEDP) program and Sue Williams Freedom Fund (SWFF).

16) Where can I refer patients, visitors, or employees to figure out what assistive technology works best for them?

Refer to HireAbility’s [Assistive Technology Services](#).

17) Where can I refer patients, visitors, or employees to obtain captioning services?

Vermont Relay offers a service at no charge to those who live and/or work in the state of Vermont called Relay Conference Captioning (RCC) for conference calls, video meetings and webinars. For more information, visit www.vermontrelay.com/rcc