



**LEGAL
COMMUNICATION
ACCESS FUND**

**SUBMITTING
A REQUEST FOR
REIMBURSEMENT**



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Legal Communication Access Fund

Submitting a Request for Reimbursement

INTRODUCTION

LB1014e, Section 49: This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

Pursuant to Neb. Rev. Stat. 84-901.03

Anticipated Start Date: July 1, 2022

Nebraskans who are deaf continue to encounter significant barriers when attempting to access private legal services. For our purposes here the term “deaf” includes individuals who are deaf, hard of hearing, late deafened, and deaf-blind. During the COVID-19 pandemic and mask protocols in place, the deaf community had an even more difficult time accessing legal services.

To address these needs, the Nebraska Legislature, under the American Rescue Plan Act (ARPA) of 2021 and LB1014, set aside \$500,000 in federal funds for Fiscal Years 2022-23 and 2023-24 to reimburse expenses incurred in the provision of qualified, licensed sign language interpreters (whether on-site or remote) throughout the state (including Lincoln and Omaha) to provide effective communication access services between attorneys and deaf, deafblind, or hard of hearing individuals outside of the courtroom. Funding is being appropriated to provide effective communication access in both legal and rural community settings; however, this guide will only address legal reimbursement requests.

How is this eligible under American Rescue Plan Act (ARPA)? As referenced in SLFRP final rule, pages 6-7, “an expanded set of households and communities are “impacted” or “disproportionately impacted” by the pandemic, thereby allowing recipients to provide responses to a broad set of households and entities without requiring additional analysis. Further, the final rule provides a broader set of enumerated eligible uses available for these communities as part of COVID-19 public health and economic response, including making affordable housing, childcare, and early learning services eligible in all impacted communities...” Page 189 of the final rule references use to address backlogs in the court system.

NCDHH is developing a process to request reimbursement for eligible expenditures.

PROGRAM BASICS

The Legal Communication Access Fund (LCAF) provides for the reimbursement of reasonably incurred costs.* Expenses eligible for coverage include qualified licensed sign language interpreters, video remote interpreting, real time captioning (CART) or any other auxiliary aid or service used to ensure effective communication between the attorney and the deaf individual (actual or prospective client).

Examples of reasonable expenses include, but are not limited to:

- Paid travel time to and from the interpreting assignment (portal-to-portal)
- Mileage
- Per diem for meals, incidentals (state of Nebraska rate)
- Lodging (if deemed necessary) at or near government rate
- Actual interpreting time for assignment (includes possible 2-hour minimum requirements and period for notice of cancellation)
- Real-time captioning (CART) fees

**Expenses that are deemed reasonable and standard within this industry.*

REIMBURSEMENT REQUESTS - INSTRUCTIONS

- Complete the Legal Communication Access Fund (LCAF) Reimbursement Request Form and Itemized Cost Worksheet.
- Include all required supporting documentation, ex. invoice from auxiliary service provider, licensed interpreter or interpreter referral agency, receipts for all other incurred expenses, etc.
- If you have any questions, please call NCDHH at (402) 471-3593.

REIMBURSEMENT FORMS CAN BE FOUND...

- On the NCDHH website, www.ncdhh.nebraska.gov/arpa
 - Legal Communication Access Fund Reimbursement Request Form
- By contacting NCDHH at ncdhh.arpa@nebraska.gov to request that a form be sent to you by email.

REIMBURSEMENT FORMS CAN BE SUBMITTED...

- In paper form by mail to:
 - Nebraska Commission for the Deaf and Hard of Hearing
 - 4600 Valley Road, Suite 420
 - Lincoln, NE 68510
 - ATTN: LCAF

- Via email to:
 - ncdhh.arpa@nebraska.gov
 - Attach form and all supporting documentation as a pdf

AFTER SUBMITTING REIMBURSEMENT FORMS, YOU CAN EXPECT...

Reimbursement Process: The requested reimbursement funds should be received up to two weeks from the date of receipt **IF** all forms are properly completed.

The process is as follows:

- Reimbursement forms and supporting documents received (via email or in paper form) will be logged and passed along to the Business Manager.
- Business Manager will review the reimbursement forms to ensure they are complete and correct. If there are any issues, the requesting agency will be contacted for clarification. If there are no issues, the Business Manager will forward all complete and correct reimbursement forms to the Executive Director for approval.
- Reimbursement requests will then be entered into our system for payment.
- Payments will go through a pre-audit and then be posted.
- Payments will be disbursed and may take 2-3 business days to be processed.

IF REIMBURSEMENT FORMS ARE NOT PROPERLY COMPLETED...

- The NCDHH staff will contact the requesting agency to ask that the form(s) be corrected and resent via mail or email. Days spent waiting on the requesting agency to resolve the issue will not count toward the up to 2 weeks' timeline.
- The billing process will revert to Business Day 1 or 2 when corrected billing(s) are received, depending on which day of the process NCDHH returned them to the requesting agency.
- NCDHH staff will not make changes to reimbursement forms.

DISPUTE RESOLUTION AND APPEALS...

The Nebraska Commission for the Deaf and Hard of Hearing (NCDHH) reserves the right to audit, approve and review requests for reimbursement. Disputes regarding any disallowed costs will be resolved by the Executive Director. If the disallowed cost is upheld by the Executive Director, appeals may be filed with NCDHH's Full Board for final disposition.

Legal Communication Access Fund (LCAF) Reimbursement Request Form



The Legal Communication Access Fund (LCAF) provides for the reimbursement of reasonable costs incurred in the provision of access to effective communication.

*Requestor's Name: _____

*Organization Name: _____

*Email: _____

*Address: _____

*City: _____ *State: _____ *Zip Code: _____

*County: _____

*Phone number: _____

*Amount of Reimbursement Request: \$ _____ (must submit Itemized Cost Worksheet)

*Date(s) of Service: _____

*Begin Time of Auxiliary Service: _____ AM / PM

*End Time of Auxiliary Service: _____ AM / PM

*Number of Individuals Served: _____

*Type of Auxiliary Service or Aid Used: _____

*Name of Contracted Licensed Sign Language Interpreter (if used):

***Required fields**

Certification

I/we certify, under penalty of perjury under the laws of the United States of America, that all information provided on this form are true, accurate and complete. I/we also acknowledge that any deliberate omission, misrepresentation, or falsification of any information contained on this form may be punishable by criminal, civil, or administrative penalties, including but not limited to the imposition of fines, civil damages, and/or imprisonment.

Printed Name and Title

Name of Company/Organization

Signature

Date

FOR NCDHH STAFF USE ONLY

Date Received:	Received by:
W-9 Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	AB # assigned:
Itemized Worksheet Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Posted:

Legal Communication Access Fund (LCAF)

Itemized Cost Worksheet



You **MUST** provide itemized receipts and an invoice from the service provider (if applicable) with protected information redacted, if necessary. This form must be submitted with the LCAF Reimbursement Request form.

*Requestor's Name: _____

*Organization Name: _____

*Date(s) of Service: _____

CATEGORY	Dollar Amount
Portal to Portal Expenses (travel time)	
Mileage Reimbursement	
Per Diem for meals, incidentals	
Lodging	
Actual Interpreting Time for Assignment	
CART services	
Other (specify below)	
TOTAL	

Other:

**required fields*