

Instructions for Completing DBHR Interpreter Services Request/Approval Form for Spoken or Sign Language Services

(1) What is the purpose of this form?

The Request/Approval Form is used to pre-authorize all DBHR-funded Chemical Dependency interpreter services. It is also used to protect client confidentiality by assigning an approval number for each client. This approval number is used in place of the client name for all future communications.

(2) Who should complete the Request/Approval Form and FAX to DBHR for an approval number?

The publicly funded chemical dependency treatment provider requesting the interpretive service should complete the Request/Approval Form.

(3) Why is the Request/Approval Form sent by FAX and not by e-mail?

E-mail doesn't meet confidentiality requirements.

(4) When should this form be completed?

The Request/Approval Form needs to be completed and approved by DBHR prior to services being scheduled with the interpreter broker/vendor agency. Fax the completed form to the DBHR Interpreter Services Coordinator to obtain approval at (360) 725-2278.

(5) Who do I contact with questions about the Request/Approval process?

The DBHR Interpreter Services Coordinator is Ronnie San Nicolas. He can be reached by phone at (360) 725-1280, fax (360) 725-2278, or e-mail sannirj@dshs.wa.gov.

(6) How does a treatment provider find a DSHS/DBHR contracted interpreter?

To sign up for interpreter services for non-English languages for your client please access CTS Language Link via their website portal to place requests hca.ctslanguagelink.com. You may also contact their toll free number at (800-208-2620) for assistance.

Requests for interpreters for the deaf and hard of hearing is accessed through the following link: <https://www.dshs.wa.gov/altsa/odhh/sign-language-interpreter-contractors>

(7) How does the treatment provider fill out this form?

The treatment provider must provide the following information:

Vendor Agency or Broker Information:

- a) Vendor name and fax number (if you do not know your interpreter vendor, ask the DBHR Interpreter Coordinator).
- b) Treatment provider's name, phone number, street address, and fax number (must be same location where interpreter services are to take place).
- c) Name of contact person at treatment program.

Client Information:

- a) Client's name (will remain confidential).
- b) Client's date of birth.
- c) Name of source who referred client to treatment, or self-referral.
- d) Client's language type, including sign language (ASL).

Treatment Information:

- a) Service Type/Modality (such as initial assessment, DUI assessment, Intensive Inpatient-Phase 1 or 2, Outpatient or Intensive Outpatient 1-to-1 or group sessions, gambling treatment, In-house residential AA/NA/CA meetings)
- b) Number of times each week that interpreter will work with client.
- c) Hours of the day that treatment begins and ends (i.e., 2 p.m. to 4 p.m.).
- d) Beginning date of client's treatment and ending date of treatment (a maximum of six months may be approved at a time).

Source of payment for client's treatment

- a) Check the box that shows how the client treatment services will be paid.
- b) If the client outpatient treatment services will be funded through a county contract for low-income clients, enter the contract type under which the services will be paid.
- c) If the client's treatment services will be paid using Medicaid funding (if client is receiving Title XIX), a copy of client's CURRENT medical coupon MUST be faxed with this form.

(8) DBHR USE ONLY

The DBHR Interpreter Services Coordinator will check the appropriate box to indicate if the request is approved, denied, or pending.

- (9)** When the form is faxed to DBHR for initial approval, DBHR will assign a Client Approval number to this client and enter the number in the DBHR Approval number field at the top right of the form. The DBHR Interpreter Services Coordinator will sign and date the form and fax it back to treatment provider with following instructions:

- a) Make a copy of the form and **REMOVE CLIENT'S NAME**.
- b) Then fax the form to the interpreter vendor agency/broker.
- c) Then immediately call vendor agency/broker to confirm interpreter services and to verify receipt of form.

NOTE: Vendor agency MUST have an approved form with DBHR approval number on it before job assignment can begin.

Vendor agencies and brokers should NEVER receive an approved form with client's name on it.