

SIGN LANGUAGE INTERPRETATION REQUEST INSTRUCTION SHEET

General information

In accordance with applicable Federal, State, and County policies and agreements, SAPC and its provider network shall provide equal access to clinical services for patients with substance use disorder and hearing impairment at SAPC contracted and directly operated facilities.

Interpretation services will be coordinated by SAPC and are to be made available at no cost to patients with hearing impairment **and** who meet eligibility requirements under the START ODS (see the Provider Manual for eligibility requirements). This includes (except for appointments for ASAM assessments) an approved authorization for Authorized Services as well as for Non-Authorized services. SAPC will verify authorization status prior to approving sign language interpretation service requests.

Interpretation services are available for the following [clinical services](#) only:

- Intake and ASAM Assessment
- Individual Counseling
- Group Counseling (60-90-minute sessions)
- Patient Education (60-90-minute sessions)
- Family Therapy
- Collateral Services
- Crisis Intervention
- Treatment Plan
- Discharge Services
- Case Management

NOTE: To ensure a smooth experience, all staff who interact with the sign language interpreter(s) MUST read the Sign Language Interpretation Information Sheet included in this packet.

Non-Emergency Sign Language Interpreter Service

- SAPC will coordinate all requests for sign language interpreter services through Accommodating Ideas.
 - SAPC contracted agencies must complete the Sign Language Interpreter Request Form and submit it to SUD_Transformation@ph.lacounty.gov.
 - SAPC requires three (3) business days prior to the date(s) of service to schedule a sign language interpreter for non-emergency services.
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Emergency Sign Language Interpreter Services

- Limited emergency sign language interpretation services are available and must be coordinated by submitting the Sign Language Interpreter Request Form to SUD_Transformation@ph.lacounty.gov.
- Sign Language Interpreters, where available, will be dispatched as soon as possible after request is approved (travel time will depend on distance and time of day).

Cancellations

- SAPC recognizes that things change and sometimes patients are not available for scheduled appointments. However, it is critical that you contact SAPC IMMEDIATELY and not less than 24 hours in advance, when an appointment for sign language interpreter services needs to be cancelled via phone 626-299-4129 or e-mail SUD_Transformation@ph.lacounty.gov.
- The interpreters will arrive on site as scheduled if the appointment is not cancelled and SAPC will be billed for the full service.

Completing the Sign Language Request Form:

As soon as you are aware of an eligible patient's need for sign language interpretation, complete the Sign Language Interpretation Request Form and submit via e-mail to SUD_Transformation@ph.lacounty.gov.

Appointments can be scheduled for a maximum of fourteen (14) calendar days, which may be extended as medically necessary or as approved by SAPC. If an extension is needed, notify SAPC via e-mail at least 48 hours before the end of the two-week period.

Step by Step Instructions for Completing Request Form:

Section 1: General Information

This section is only to be completed by SAPC staff. The vendor, Accommodating Ideas, will need this information to schedule and bill for services.

Section 2: Information about Request

4. Name of Agency:	Insert the name of the agency and secondary name, as applicable.
5. Name of Person Completing Form:	Provide the name of the agency staff who completed the form. If there are any questions, SAPC may need to contact this person.
6. Phone Number:	Consider providing an alternate phone number in case the contact person is not available.
7. E-mail	Consider providing another e-mail contact or a general e-mail that several staff can access.
8. Name of Requestor	This is only to be completed by SAPC staff. Do not fill in this question.

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Section 3: Sign Language Appointment Information

9.	Dates, Types, and Times of Services:	<p>This section provides the essential information regarding the appointment(s) for the sign language interpretation services. For an example, please see the sample completed Sign Language Request Form below.</p> <p>It is critical that this information be as accurate as possible. If, for some reason the information changes, e-mail SAPC immediately at SUD Transformation@ph.lacounty.gov . Provide information on the nature of the changes and the location of services.</p> <p><u>Date:</u> For each day of the week, insert the actual date(s) when services will be needed. Two dates can be placed on one line. If a service will not be provided on a specific day, place “NONE”.</p> <p><u>Type of Service:</u> Only the clinical services listed in the instruction sheet above qualify for sign language interpreter services, unless otherwise approved by SAPC.</p> <p>If there will be two (2) types of service provided on one date, please insert both in the location provided.</p> <p><u>Start Time:</u> Provide the actual time when the service will begin for each type of service.</p> <p><u>End Time:</u> Provide the actual time when the service will end.</p> <p><u>Breaks:</u> When two services will be provided in one day and there will be a break between services, provide the duration of the break.</p>
10.	Patient Name:	Provide the eligible patient’s first and last name
11.	Language Needed	There are other languages besides American Sign Language (ASL). Provide specify the language (e.g. Spanish [SSL], Chinese[CSL], etc.)
12.	Covered Benefit	Provide information on which type of benefit the patient has: medical (enrolled/eligible), MHLA (enrolled/eligible, or other. Be sure to include the number where applicable.
13.	Location	Provide the actual address where services will be provided. The address MUST be DMC-certified or Field-Based Service approved
14.	Parking	To ensure the interpreter arrives on time, please provide detailed instructions for parking and make every attempt to ensure a parking space is available to ensure on-time arrival.
15.	Onsite Contact	Provide the name of the onsite contact(s) who the sign language interpreter will see upon arrival. This is critical to ensure on time arrival , the first day of service or when interpreter is new to facility.
16.	Phone	Provide the phone number for the onsite contact.

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Sample of Completed Sign Language Request Form:

Section 1: General Information (this section to be completed by SAPC staff only)				
1. Today's Date:		2. Time:		3. PO#
Section 2: Information about the Request				
4. Name of Agency: Acme – Positively Women Program			5. Name of Person Completing Form: Sama Wilson	
6. Phone Number: 213-555-1212		7. Email: swilson@acme1.org		
8. Name of Requestor (to be complete by SAPC only):				
Section 3: Sign Language Appointment Information				
9. Dates, Types and times of Service requested (may include 2 sessions per day for max. 2-weeks)				
Day:	Date(s)	Type of Service**	Start Time	End Time
Monday	9/24, 10/1	Group counseling	10:00am	11:30am
	9/24	Individual and case management	12 noon	1:00pm
Tuesday	9/25, 10/2	Group counseling	1:00pm	2:30pm
	9/25, 10/2	Group counseling	3:00pm	4:30pm
Wednesday	9/26, 10/3	Group Counseling	10:00am	11:30am
	N/A			
Thursday	9/27, 10/4	Group counseling	1:00pm	2:30pm
	9/27, 10/4	Group counseling	3:00pm	4:30pm
Friday	NONE			
Saturday	9/28, 10/6	Group counseling	11:00am	12:30pm
	9/28, 10/6	Treatment plan	12:30pm	1:30pm
Sunday	NONE			
If a break is required between sessions, please list the duration (e.g.15 min): 30 min.				
** Group Counseling, Patient Education, Individual Counseling, Assessment, Case Management, Family Therapy, Collateral Services, Crisis Intervention, Treatment Plan, and Discharge Services ONLY .				
10. Patient Name: Deanne Morrison			11. Language Needed: ASL	
12. Covered Benefit (select one): <input type="checkbox"/> Medi-Cal enrolled # _____ <input checked="" type="checkbox"/> Medi-Cal eligible <input type="checkbox"/> MHLA-enrolled # _____ <input type="checkbox"/> MHLA-eligible <input type="checkbox"/> other: _____				
13. Location (Address where interpreter is needed, include room, floor, suite, etc.): 5555 Philomena Way, 5th floor reception area, Long Beach, 90804				
14. Parking (Cross street, special instructions, lot or street): Corner of Philomena and Washington Way, tell guard that you are here to see Sama				
15. Onsite Contact (if different from above): Same as above			16. Phone: 213-555-1212 xt. 568	
SAPC Approval				
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Reason for denial:		
Date:		SAPC Signature:		