STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

OFFICE OF THE COMMISSIONER

Office of Multicultural Health Equity (OMHE)

DEAF OR HARD OF HEARING PROGRAM

Protocol To Request DHOH Interpreting Service(s) from OOC/OMHE

Protocol: The OOC/OMHE office receives DHOH requests that are submitted primarily by DMHAS employees listed under the office of the commissioner. It also receives requests from other DMHAS state-operated facilities/or other entities on a case-by-case basis.

Process: Processing DHOH requests involves four (4) steps:

1) The requester submits a request for DHOH interpreting services to OOC/OMHE.
2) The request for DHOH interpreting services is reviewed for reimbursement by OOC/OMHE.
3) OOC/OMHE faxes the DHOH request to one (1) of the DMHAS approved DHOH vendors and establishes direct contact/communication between DHOH vendor and requestor.
4) Invoice for reimbursement is submitted directly to OOC/OMHE, Director DHOH Program after the services are rendered.

Requirements: The Deaf or Hard of Hearing Program, located in the Office of Multicultural Health Equity/Office of the Commissioner, is responsible to review DHOH Interpreting Requests for approval for reimbursement.

Standards: All requests for DHOH interpreting services submitted to OOC/OMHE must be thoroughly and legibly completed by the requester. Information on the request form will not be modified, changed, or corrected by the approver at OOC/OMHE.

Protection of Confidentiality Information: In accordance with State of CT and Federal HIPAA regulations, requests cannot be emailed to this office, unless it is password protected. If an email correspondence is password protected, the requester/sender must first contact the intended recipient at OOC/OMHE by telephone to provide a password separately before emailing the request.

All requests for DHOH interpreting services must be faxed to:

Marlene F. Jacques, RN, MSN, MPH, L.M.S.W.
Director, DMHAS/OMHE DHOH Program
Tel #: (860) 418-6974
Fax #: (860) 418-6780
E-mail: marlene.jacques@ct.gov
# AUTHORIZED DHOH VENDORS
FOR DMHAS OFFICE OF THE COMMISSIONER
AND OFFICE OF MULTICULTURAL HEALTH EQUITY

<table>
<thead>
<tr>
<th>AllWorld Language Consultants, Inc.</th>
<th>CODA Link Conn, Inc.</th>
<th>Cosign CT, LLC</th>
<th>Partners Interpreting, LLC</th>
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<tr>
<td>172 Rollins Ave. Rockville, MD 20852-4005 Carlos Scandiffio</td>
<td>160 Batterson Dr. New Britain, CT 06053 Donna Fernandez, RID CI/CT, Executive Director</td>
<td>34 Shelley Rd. Middletown, CT 06457 Leslie Warren</td>
<td>60 Man Mar Drive, Suite 5 Plainville, MA 02762 Paul Tracy <a href="mailto:paul@partnersinterpreting.com">paul@partnersinterpreting.com</a></td>
</tr>
<tr>
<td>Fax No. 1-301-881-6877 E-Mail: <a href="mailto:scandiffio@alcinc.com">scandiffio@alcinc.com</a> Phone: (301)385-6518</td>
<td>Phone: (954)557-5166 / Cell: (860)682-4499 Fax: (954)-333-7172</td>
<td>E-Mail: <a href="mailto:lawcdr@gmail.com">lawcdr@gmail.com</a> <a href="http://www.codalinkinc.com">www.codalinkinc.com</a> FAX: (860) 649-3797 Submit Requests for DHOH Interpreting Services to: FAX # - 890-845-5394 Tim Warren <a href="mailto:inquiry@cosignct.com">inquiry@cosignct.com</a> OR Tyler Renner <a href="mailto:cosignct@gmail.com">cosignct@gmail.com</a> Cherish Gentle Billing Coordinator <a href="mailto:billing@cosignct.com">billing@cosignct.com</a></td>
<td>Phone: (508-699-1477 FAX: (508) 342-7200 E-Mail:</td>
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<tr>
<td>Jen Marsella, Client Specialist: <a href="mailto:JMarsella@partnersinterpreting.com">JMarsella@partnersinterpreting.com</a></td>
<td>Sam Gosson, Client Service Specialist <a href="mailto:Sgosson@Partnersinterpreting.com">Sgosson@Partnersinterpreting.com</a></td>
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Contingency Plan for DMHAS Office of the Commissioner Employees Only

In order to prevent disruption/or delay in service to Persons who are Deaf or Hard of Hearing, DMHAS employees who are under the office of the commissioner are offered additional/or alternative options to obtain DHOH interpreting services for their clients:

1. OOC employees (whose offices are within the office of the commissioner) may drop off their requests to Marlene Jacques’s Office # 14-0114, located in the Commissioner’s Suite.

2. OOC employees may fax their DHOH interpreting request Form to Marlene Jacques.

3. OOC employees may contact Ellen Boynton, Director, Office of Multicultural Health Equity (OMHE) Ellen.Boynton@ct.gov Phone: 860-418-6806 Fax: 860-418-6792 (in the event that Marlene’s email message and voice mail alert them that Marlene is on an extended leave/vacation/absence). Ellen will ensure that their requests for DHOH interpreting services are processed timely.

4. OOC employees may also complete a DHOH Form and contact any of the state-approved vendors listed above and leave Marlene Jacques an email message and a copy of the request. (This option may be used in extenuated circumstances where both Ellen and Marlene are not available for an extended period of time). In addition, the requester must ask the vendor to submit the invoice for DHOH interpreting services reimbursement directly to Marlene Jacques.
FREQUENTLY ASKED QUESTIONS

How many DHOH/ASL/CDI interpreters are needed?

The number of interpreters needed for an assignment is based on the duration and intensity of the assignment. The DHOH vendor may usually advise.

Who bills for interpreter

According to DAS/DMHAS Contractual Agreement (Page 4 of 5):

- Billing for services will begin at the time of the scheduled appointment or upon arrival of Contractor, which is latest.
- After the service is rendered, the Contractor will submit an invoice for reimbursement directly to:

  Marlene F. Jacques, RN, MSN, MPH, L.M.S.W.
  Director, DMHAS/OMHE DHOH Program
  Tel #: (860) 418-6974
  Fax #: (860) 418-6780
  E-mail: marlene.jacques@ct.gov

When will I know if the request is or can be filled?

Per DAS/DMHAS Contractual Agreement, the Contractor is required to confirm the appointment within forty-eight (48) hours of the scheduled appointment (Page 4 of 5).

Requesters may also contact contractor for updates.

Requesters reserve the rights to cancel the request at any time and to fill their request with another DAS/DMHAS approved Contractor.

What if I need to make a change to the request?

The requester is the primary source of information. After contact is established between requester and vendor, questions related to the DHOH request (s), legibility of information, re-scheduling, confirmation, modification must be discussed between vendor and requester.

Changes in location, consumers served, date, time, must be conveyed as soon as possible to the Contractor.

Requesters must, however, notify both the Contractor and OOC/OMHE approver of service (s) of any changes to their requests related to date of services, cancellation, and length of the assignment ASAP.
Such changes often entail the withdrawal (or cancellation) of the initial request and the submission of a new request (since, for example, a change in date renders null and void all previous interpreter contacts made by the Department).

Such changes may often trigger the need to start the referral process over again and in the case of cancelled requests, may have expensive financial implications for the requester/payer.

What happens if I need to cancel the request?

The cancellation date determines DMHAS financial liability: Requesters must cancel requests at least within 2 business days’ notice (48 hours) in order to avoid the department being billed for service not rendered.

If cancellation occurs with less than 2 business days’ notice, DMHAS may be charged for the time booked.

Consumer no-shows and reimbursement for services. In the event that a Deaf or Hard of Hearing consumer fails to show for an assignment, the attending interpreter(s) will still be paid by DMHAS for their scheduled time.

Performance Measure -How do I give DMHAS feedback on satisfaction with interpreting services provided by Contractors?

DAS/DMHAS Contractual Agreement – Scope of Services:

1. Contractors shall provide certified, experienced and qualified interpretation services for persons who are deaf or hard of hearing.

2. Providers or consumers may discuss their satisfaction or lack thereof with the requester or staff clinician that requested the DHOH interpreting services on their behalf.

3. DMHAS/OMHE encourages requesters/staff/clinicians to share feedback, compliments and complaints in order to help ensure high quality services and compliance with contractual agreement. Feedback may be directed to:

   Marlene F. Jacques, RN, MSN, MPH, L.M.S.W.
   Director, DMHAS/OMHE DHOH Program
   Tel #: (860) 418-6974
   Fax #: (860) 418-6780
   E-mail: marlene.jacques@ct.gov
What information must I provide on the DHOH request form? The requester must complete in its entirety a DHOH Interpreting Request Form. The Form is posted on the DMHAS/OMHE webpage. The DHOH Interpreting From contains (but not limited) to the information below:

1. Name, telephone number of the requesters
2. Email address of the requesters
3. Date and time interpreting services are needed and the anticipated length of the assignment.
4. The type of request and the format of the request (i.e., medical appointment, platform lecture, staff meeting, civil or criminal court case, etc.).
5. Names of all participants needing interpreter services (if possible).
6. Preferred mode of communication (ASL, CDI, C-Print, CART, Oral transliteration).
7. Names of the consumer-preferred interpreters/transliterator/CART providers requested. Names of interpreters a consumer may wish to avoid (if applicable).
8. Address of the assignment including additional specifics necessary for finding the location (i.e., the name or number of the building, court, clinic, floor, room, etc.).
9. The number of participants expected (Approximately).
10. Name and telephone numbers of the contact person at the assignment (the "on-site contact person." Often requesters are not at the event/meeting. Interpreters need the name of an on-site contact to ask for when they arrive).