**Attachment A**

**REQUEST FOR INTERPRETER SERVICES FORM**

**INSTRUCTIONS**

These instructions are for completing the Health and Human Services Commission- Office of Deaf and Hard of Hearing Services (HHSC-DHHS) Request for Interpreter Services Form (Form). The Form is for HHSC-funded Substance Use Disorder Contractors (Contractors) requesting interpreter services for HHSC-funded clients seeking substance use disorder treatment services.

HHSC contracts with local Communication Services for State Agencies (CSSA) organizations to provide deaf and hard of hearing interpreter services for clients provided authorized treatment.

1. To initiate a request for interpreter services, the Contractor must use the Form and complete parts:

A. CONTRACTOR SECTION (HHSC-funded Substance Use Disorder Contractor) and

B. COMMUNICATION SERVICES FOR STATE AGENCIES (CSSA) PROVIDER SECTION. Use a separate Form for each substance use disorder (SUD) client requiring interpreter services. HHSC only provides reimbursement for interpreter fees for contracted HHSC Substance Use Disorder services to include Outreach, Screening, Assessment, and Referral (OSAR) program contractors). Contractor must not seek approval or reimbursement from HHSC for interpreter fees provided outside of HHSC contracted services.

1. The Contractor must enter the name of the CSSA Provider selected. The contact information for the CSSA Provider is located at the Health and Human Services website (<http://legacy.hhsc.state.tx.us/dhhs/>). On the right side of the site, select “Services for state agencies”. On the left side of the screen, select “CSSA Contractors”.
2. Contractor must indicate the type of treatment service provided: outpatient, residential, or co-occurring psychiatric and substance use disorders (COPSD).
3. The Contractor must send a secured email, with the client number in the body of the email and the Form attached, to SubstanceAbuse.Contracts@dshs.state.tx.us for review and approval prior to interpreter services arranged and provided.

Contractor obtains the Client ID when setting up the initial appointment for the client by completing the Client Profile section in the HHSC Clinical Management for Behavioral Health Services (CMBHS) system. If setting appointment for assessment of individual, a Client ID is not required.

1. Contract Manager will review and notify the Contractor via email reply with the client number removed and curtesy copy the CSSA Provider identified on the Form.
2. All revisions to service dates listed on the Form must be approved by the Contract Manager prior to providing interpreter services.
3. Contractor must contact the CSSA Provider and arrange services from CSSA at the appropriate interpreter skill level.
4. After CSSA service completion, both the Contractor and the CSSA Provider, who provided the interpreter services, must complete Section C. HHSC-funded Contractor / CSSA Provider Services Certification Section of the Form. Contractor and CSSA Provider must sign the Form acknowledging interpreter services provided are in agreement with the Form.
5. Contractor must keep a copy of the completed Form in the client’s file.
6. CSSA Provider must submit the original signed Form and any de-identified supporting documentation with invoice(s) to the HHSC-DHHS address on the bottom of the Form.
7. Upon receipt of the HHSC-DHHS invoice, the Contract Manager will review the Form for completion.
8. In the event that a CSSA Provider incurs a cost for CSSA services requested and provided without prior review and approval by the HHSC Contract Manager, HHSC may not reimburse the CSSA services.

**NOTE**:

1. The Contractor must notify the CSSA Provider within 48 hours or sooner when there is an anticipated client no-show or appointment cancellation. Contractor must notify the Contract Manager of any changes needed to the approved Form for additional review and approval prior to providing interpreter services. Contractor may be required to submit to HHSC a percentage of the costs incurred by HHSC if:
* Contractor fails to notify the CSSA Provider of cancelled interpreter service appointments,
* a client fails to keep the initial or multiple interpreter service sessions, and
* changes are made to dates on the Form without HHSC review and prior approval.

2. DSHS will not approve CSSA services for Alcoholic Anonymous (AA), Narcotics Anonymous (NA) Meetings, doctor appointments, or any other services that are not client-treatment related services.