Action Request Transmittal Aging and People with Disabilities



Mike McCormick	Number: APD-AR-18-012
Authorized signature	<u>Issue date</u> : 2/15/2018
Topic: Long Term Care	Due date:
<u>Subject</u> : Requests for Interpreter Services fo Local APD/AAA Offices	r Direct Communication with HCWs at
Applies to (check all that apply):	
 ☐ All DHS employees ☑ Area Agencies on Aging: Types A and B ☑ Aging and People with Disabilities ☐ Self Sufficiency Programs ☐ County DD program managers ☐ ODDS Children's Residential Services ☐ Child Welfare Programs 	 ☐ County Mental Health Directors ☐ Health Services ☐ Office of Developmental Disabilities Services (ODDS) ☐ ODDS Children's Intensive In Home Services ☐ Stabilization and Crisis Unit (SACU) ☐ Other (please specify):
Action required: To request to have an inter (HCW) orientation, please follow the procedu 11/22/17.	preter present during homecare worker

Using interpreter services for direct communication with HCWs

This process replaces the process outlined in APD-IM-17-078.

- For all languages other than American Sign Language, use the CTS Language Link by calling 877-764-7999.
- When prompted to enter an account number, enter **8840**. This is the account number for the Oregon Home Care Commission (OHCC).
- Complete the Monthly CTS Language Link Log and submit it to OHCC via email to OHCC@state.or.us (OHCC in Outlook) by the first business day of the following month. In the subject line, please type "CTS Language Line Log."

- Although multiple staff may be recording interpreter services on a log, submit one consolidated log to OHCC.
- Record the reason for the call to the language line. Examples: resolve payment issues; answer questions about Task List; provide information about enrollment; APS interview.
- OHCC will be responsible to process the payment for interpreter services. Local
 office staff will not need to record billing codes on the log.

To request an in-person American Sign Language interpreter, complete and submit a Communication Service Request online at http://www.oregon.gov/DHS/BUSINESS-SERVICES/ODHHS/Pages/ECS.aspx at least 48 hours in advance. Under "Requestor Information," enter the specific local office/OHCC in the "Requestor Agency" field (e.g. Canby/OHCC). Under "Billing information," enter the local office contact name and phone number. Under address, please enter:

Oregon Home Care Commission 676 Church St. NE Salem, OR 97301

Send a copy of the confirmation email to the Oregon Home Care Commission at INTERPRETER.OHCC@dhsoha.state.or.us.

For APD local offices only: Local APD offices have the option of using Voiance, an on-demand video interpreter services available 24/7 for American Sign Language. Please visit the Office of Equity and Multicultural Services website to learn about the service: https://inside.dhsoha.state.or.us/dhs/office-equity-multicultural-svcs/language-services.html

From the Voiance website (https://www.voiance.com/services/):

- Select video interpretation
- Under "Select Pin," use 6300 Home Care Commission
- Employee ID is the requestor's OR#.
- American Sign Language is the default language.

<u>Reason for action</u>: APD/AAA local office staff may now request to have an interpreter present at HCW orientations and for direct communications with homecare workers, including during adult protective services interviews.

This policy and procedure is for local APD staff and AAAs that have a contract with APD to provide Medicaid and Oregon Project Independence funded services. This does not extend to organizations or agencies subcontracted by the AAA.

Field/stakeholder review: X Yes	S No				
If yes, reviewed by: APD po	olicy; APD Operations Committee				
If you have any questions about this action request, contact:					
Contact(s): Jenny Cokeley, Operations and Policy Analyst					
Phone: 503-378-8190	Fax:				
Email: jenny.e.cokeley@state.or.us					

Monthly CTS Language Link Log

To reach an interpreter, call 877-764-7999 Account Number: 8840

Account Name: Oregon Home Care Commission

Submit completed log to OHCC@state.or.us by the first business day of the following month.

Enter the information requested each time that you use the CTS Language Link. You will be prompted to enter your account number. The account number is **8840**. You will then be prompted to enter a location code. The location code is your **branch number**.

Staff Member Submitting Log:	Phone number	Email
Branch Name:	Branch number (location code):	

Date	Phone Number Called (if it is an office visit, write in-person visit)	Homecare Worker Name/Provider Number	Reason for call (Examples: questions about enrollment; resolve payment issue; questions about Task List; concern about employer; APS interview.)