Language Assistance Request

Background

As outlined in the Provider Manual and SAPC IN 24-02, provider agencies are responsible for ensuring that clients receive language assistance when needed. In very limited circumstances, SAPC may, at its discretion, assist providers in securing an interpreter. This form provides guidance and instructions for provider agencies when requesting support for language interpretation services.

How to Submit an Interpretation Request

- Go to SAPC Website- CRLA Page to download the appropriate forms.
- All initial interpretation request submissions must include both the Language Assistance Questionnaire *and* the Language Interpretation Request Form. For ongoing interpretation services, the Language Assistance Questionnaire is only required with the initial request.
- Complete and submit the Language Interpretation Request Form and Language Assistance Questionnaire to EAS@ph.lacounty.gov.
- To ensure timely processing, all emergency requests **must be submitted by 3:00 PM, Monday–Friday.**

SAPC Review and Processing Overview

- SAPC will review the request to confirm all required information is complete and accurate. Incomplete forms will be returned to the requestor for revision.
- SAPC will send an email to the requestor confirming receipt.
- Decisions will be based on the information outlined in the Language Assistance Questionnaire.
    - Emergency requests: SAPC will review within 24 hours.
    - Standard requests: SAPC will review within 2-3 business days.
- SAPC will send an email notification regarding approval or denial of the request, including next steps if any.

Provider Responsibilities for Approved Requests

- The requestor must complete a *Language Assistance Action Plan*, identifying their goals for sustaining the language assistance after SAPC's short-term support. The action plan must be updated and submitted to the EAS team as instructed.
- The requestor must sign and submit a *Verification of Services (VOS) Form* to the LAS vendor on the same day the interpretation services are rendered.
- If an interpretation request needs to be cancelled, requestors must notify SAPC via email to EAS@ph.lacounty.gov at least 48 hours prior to the scheduled appointment and provide an explanation.
- Failure to comply with these requirements may impact future interpretation requests.

Language Interpretation Request Form

Section 1: General Information			
Date of Submission:		Time:	
Section 2: Information about the Requestor			
Name of Agency:		Name of Person Completing Form:	
Phone number:		Email:	
Treatment Level of Request: ☐ Outpatient ☐ Residential			
Section 3: Language Appointment Information			
Date:	Start time:	End time:	Type of Service:
Patient Name:		Language Needed:	
Covered Benefit (select one): ☐ Medi-Cal enrolled ☐ Medi-Cal eligible ☐ Other:_____			
Location (Address where interpreter is needed, including room, floor, suite, etc.)			
Onsite Contact (if different from above):		Phone:	
SAPC Approval			
☐ Approved ☐ Denied		Reason for denial:	
Date:		SAPC signature:	

Attestation:

I attest that I will notify SAPC if there is a service cancellation within **48 hours** prior to the scheduled appointment and will complete and submit the **Verification of Services** form on the same day the interpretation services are rendered.

☐ I certify that I have read, understand, and agree to comply with the above requirements.

Name: _____
Signature: _____
Date: _____

Language Assistance Questionnaire

1. Is this request an emergency that requires immediate action?

   ☐ Yes ☐ No (Standard Request Timeframe)

   If yes, briefly explain the circumstances and timing:

   _____

2. Is this a short-term or long-term request?

   ☐ Short-term (1-7 business days) ☐ Long-term (More than 7 business days)

   Please describe the length of time assistance is needed.

   _____

3. Is this request eligible for reimbursement under the Language Add-On Rate?

   ☐ Yes ☐ No

   Please explain why the Language Add-On rate cannot be used:

   _____

4. How does your agency currently provide language assistance services (LAS)?
   (Select all that apply)

   ☐ Bilingual staff ☐ LAS vendor ☐ Translation device/technology

   If applicable, identify your LAS vendor or describe other methods your agency uses for providing LAS: _____

5. What challenge is the agency facing that led to this request and what efforts has the agency taken to find a solution using your own resources?

   Describe the challenges and efforts taken.

   _____