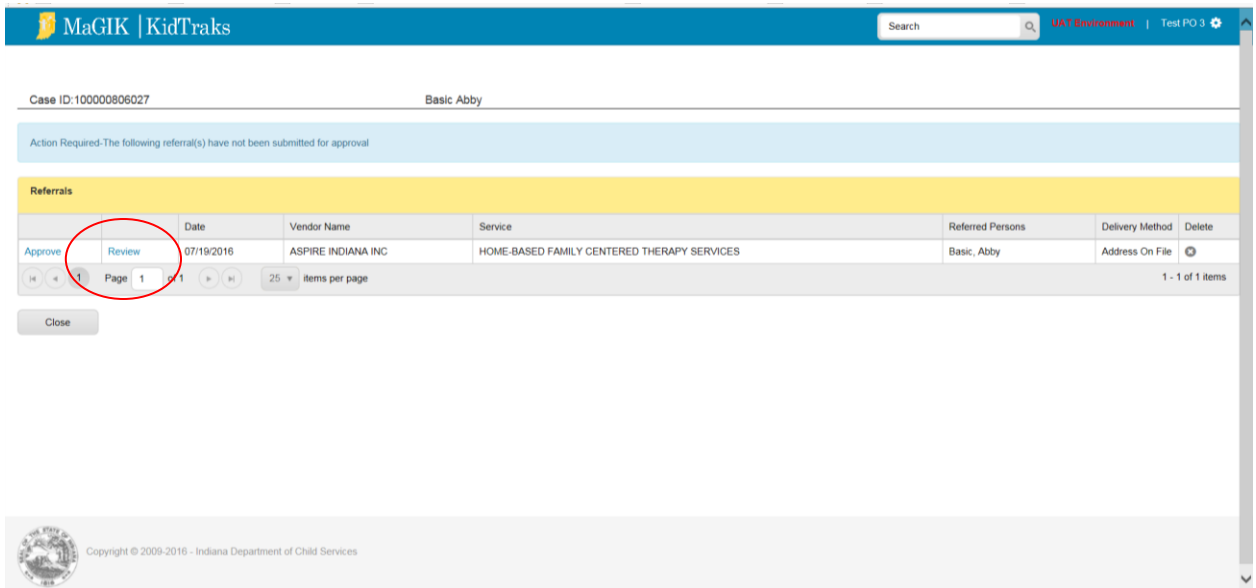
	<b>INDIANA DEPARTMENT OF CHILD SERVICES PROBATION SERVICES MANUAL</b>	
	<b>Chapter 1: Services</b>	<b>Effective Date: 9/30/2016</b>
	<b>Section 7: Adding an Interpreter to a service referral</b>	<b>Version: 1</b>

**ADDING AN INTERPRETER TO A SERVICE REFERRAL:**

Enter the referral for the service as normal. Prior to approving the referral on the case information screen, click “Review”.



The screenshot shows the MaGIK | KidTraks interface. At the top, there is a blue header with the logo and a search bar. Below the header, the case ID is 100000806027 and the case name is Basic Abby. A message states: "Action Required-The following referral(s) have not been submitted for approval".

The main content area is titled "Referrals" and contains a table with the following data:

Approve	Date	Vendor Name	Service	Referred Persons	Delivery Method	Delete
<input type="button" value="Approve"/> <input type="button" value="Review"/>	07/19/2016	ASPIRE INDIANA INC	HOME-BASED FAMILY CENTERED THERAPY SERVICES	Basic, Abby	Address On File	<input type="button" value="Delete"/>

The "Review" button is circled in red. Below the table, there is a pagination control showing "Page 1 of 1" and "25 items per page". A "Close" button is located at the bottom left of the referral list.

At the bottom of the page, there is a footer with the Indiana Department of Child Services logo and the text "Copyright © 2009-2016 - Indiana Department of Child Services".

This takes you to the Provider Referral Information page. Click on the tab for “Referred Service”.

> Referral Inquiry > Referral Information

Provider Referral Information Action:  Go

Vendor Name: ASPIRE INDIANA INC Status: Open  
Case Name: 10000806027 - Basic Abby [\(click to view case information\)](#) Referral ID: 1312567

**Basic Information** | Referred Services | Approvals | Versions | Attachments | Additional Unit Requests

Referral ID: 1312567 Status: Open  
Vendor ID: ST045614 Case Type: JD/JS  
Vendor Name: ASPIRE INDIANA INC Case ID: 10000806027  
697 PRO-MED LANE Case Name: Basic Abby  
CARMEL, IN 5323 Case County: Marion  
Service County: Marion Created By: Test PO 3  
Parent Referral: Create Date: 7/19/2016

Other Pertinent Information or Other Significant Persons:

List Other Services and Service Providers Working With the Family

Once in the referral click on the arrow for the drop down located in the referred services box.

> Referral Inquiry > Referral Information

Provider Referral Information Action:  Go

Vendor Name: ASPIRE INDIANA INC Status: Open  
Case Name: 10000806027 - Basic Abby [\(click to view case information\)](#) Referral ID: 1312567

**Basic Information** | **Referred Services** | Approvals | Versions | Attachments | Additional Unit Requests

**Referred Services**  Go

Package: Home Based Services - Home Based Therapy

Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Persons
<input type="checkbox"/> RF0002718597	HOME-BASED FAMILY CENTERED THERAPY SERVICES - COURT	07/19/2016	06/30/2017		12	Abby Basic (15)
<input type="checkbox"/> RF0002718596	HOME-BASED FAMILY CENTERED THERAPY SERVICES - FACE TO FACE	07/19/2016	06/30/2017		60	Abby Basic (15)

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Select "Add Interpreter Services" and click "Go".

The screenshot shows the MaGIK | KidTraks interface. The main content area is titled 'Provider Referral Information' and includes a 'Referred Services' section. A yellow box highlights the 'Add Interpreter Services' button. The table below shows the following data:

Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Persons
<input type="checkbox"/> RF0002718597	HOME-BASED FAMILY CENTERED THERAPY SERVICES - COURT	07/19/2016	06/30/2017		12	Abby Basic (15)
<input type="checkbox"/> RF0002718596	HOME-BASED FAMILY CENTERED THERAPY SERVICES - FACE TO FACE	07/19/2016	06/30/2017		60	Abby Basic (15)

Choose the person needing the service from the list of case participants. (The person who needs the interpreter must be added as a case participant so if they are not, they must be added first.)

The screenshot shows the same MaGIK | KidTraks interface, but with a modal dialog box titled 'Interpreter Services:'. The dialog box contains a table with the following data:

Participants	
Abby Basic	<input type="checkbox"/>
Mom Basic	<input type="checkbox"/>

The 'Add Interpreter Services' button in the background is highlighted in a yellow box.

Click on the Billable Unit ID (It is in blue and starts with RF) – it will take you to a screen to where you can add notes to indicate what type of interpreter service is needed. (Sign Language, Spanish, German, etc..) Then click “save” and click “close”.

MaGIK | KidTraks UAT Environment | Test PO 3 | Sign Out

> Referral Inquiry > Referral Information

Provider Referral Information Action: [Dropdown] Go

Vendor Name: ASPIRE INDIANA INC Status: Open  
Case Name: 100000906027 - Basic Abby (click to view case information) Referral ID: 1312567

Basic Information | Referred Services | Approvals | Versions | Attachments | Additional Unit Requests

Referred Services Add Interpreter Services Go

Package: Home Based Services - Home Based Therapy

Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Persons
<input type="checkbox"/> RF0002718598	HOME-BASED FAMILY CENTERED THERAPY SERVICES - INTERPRETER SERVICES	07/19/2016	06/30/2017		60	Abby Basic (15)
<input type="checkbox"/> RF0002718597	HOME-BASED FAMILY CENTERED THERAPY SERVICES - COURT	07/19/2016	06/30/2017		12	Abby Basic (15)
<input type="checkbox"/> RF0002718596	HOME-BASED FAMILY CENTERED THERAPY SERVICES - FACE TO FACE	07/19/2016	06/30/2017		60	Abby Basic (15)

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Foster Care Subsidies DCSPaymentResearchUnit@dcs.in.gov  
All other Vendor Inquiries DCSPaymentResearchUnit@dcs.in.gov

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Subscriptions  
Manage Subscription

Select “Approve Referral” in the upper right action box and click “Go”

MaGIK | KidTraks UAT Environment | Test PO 3 | Sign Out

> Referral Inquiry > Referral Information

Provider Referral Information Action: [Dropdown] Go

Vendor Name: ASPIRE INDIANA INC Status: Open  
Case Name: 100000906027 - Basic Abby (click to view case information) Referral ID: 1312567

Basic Information | Referred Services | Approvals | Versions | Attachments | Additional Unit Requests

Referred Services Add Interpreter Services Go

Package: Home Based Services - Home Based Therapy

Billable Unit ID	Service	Start Date	End Date	Stop Date	Max Units	Referred Persons
<input type="checkbox"/> RF0002718598	HOME-BASED FAMILY CENTERED THERAPY SERVICES - INTERPRETER SERVICES	07/19/2016	06/30/2017		60	Abby Basic (15)
<input type="checkbox"/> RF0002718597	HOME-BASED FAMILY CENTERED THERAPY SERVICES - COURT	07/19/2016	06/30/2017		12	Abby Basic (15)
<input type="checkbox"/> RF0002718596	HOME-BASED FAMILY CENTERED THERAPY SERVICES - FACE TO FACE	07/19/2016	06/30/2017		60	Abby Basic (15)

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All other Vendor Inquiries DCSPaymentResearchUnit@dcs.in.gov

Profile  
Edit Profile  
Sign Out  
Subscriptions  
Manage Subscription

**When a referral is made for an interpreter, it is up to the agency providing the service to secure the interpreter by following the guidelines established with providers for this service.**

**The following is what Providers have been sent with regard to billing for process for billing for Interpreter services:**

Providers,

The State of Indiana contracts with Language Training Center (LTC) for translation services for clients during their communications with DCS staff. Language Training Center is a statewide service and is willing to offer the same pricing to your agency in your course of work with DCS clients. Because of this arrangement and the special pricing offered to DCS, we are requiring that your agency attempt to obtain services from Language Training Center or a comparably priced provider. Providers are able to use any translation vendor, if they are able to provide services at or below the rates charged by Language Training Center.

There may be times when Language Training Center is unable to accommodate your request for a translator. In which case, we would expect your agency to attempt to find comparably priced services through another vendor. DCS will reimburse providers at a rate higher than those offered by Language Training Center, only if LTC was contacted and was unable to meet the needs of the provider. Please be sure to note the contact with Language Training Center and their inability to meet the need in the client case file. Also, please note on your claim in Area 15: "Language Training Center was not available."

**The rates charged by Language Training Center are as follows (note this is rate per hour):**

Interpretation In Person Spanish \$40.00

Interpretation In Person non-Spanish \$60.00

Interpretation In Person Assignment starts or continues past 5:30 pm up until 8:00 am Monday through Friday on regular State working days (pro-rated for that period that starts after 5:30 in the event of interpretations that start prior to 5:30) \$57.00

Interpretation In Person non-Professional Interpreter \$35.00

Interpretation In Person American Sign Language \$50.00

Interpretation In Person Court Ordered Spanish \$40.00

Interpretation In Person Court Ordered non-Spanish \$60.00

Mileage, Automobile \$0.40

**Note:** Travel is not reimbursable to community based providers. If it is available to a QPA provider, it will be governed by then current state travel policies.

**See contract terms from the community-based contract:**

**46. Travel – Modified.**

All expenses for travel (including transportation, mileage, per diem, and any other incidental expenses) of the Contractor or any of its employees, in relation to the provision or performance of any services described in this Contract, are included in the service rates approved by DCS and in **Attachment 1** and paid in accordance with the specifications outlined in Section 1(D). The State will not reimburse the Contractor separately for any travel expenses."

**Standard state travel language:**

**44. Travel.** No expenses for travel will be reimbursed unless specifically permitted under the scope of services or consideration provisions. Expenditures made by the Contractor for travel will be reimbursed at the current rate paid by the State and in accordance with the State Travel Policies and Procedures as specified in the current Financial Management Circular. Out-of-state travel requests must be reviewed by the State for availability of funds and for appropriateness per Circular guidelines.

Providers will need to provide total miles traveled; the rate and the total cost. Also, they will need to provide information that would show the starting and ending point for verifying mileage during an audit.

**The process for contacting and accessing Language Training Center is as follows:**

Via email at : [jehrgott@languagetrainingcenter.com](mailto:jehrgott@languagetrainingcenter.com)

Via telephone. Call: 317-578-4577 or 1-888-456-1626

Be prepared to answer the below questions when scheduling an on-site interpretation:

1. What is your name and last name?
2. Which local county office are you calling from? **Note:** The provider should be sure to indicate that they are doing work under contract for DCS and LTC should bill the provider for the translation service, not DCS.
3. What is the address and telephone number of the agency you are representing?
4. What is your e-mail address?
5. What is the language needed for the interpretation?
6. What is the date of the interpretation?
7. Is there a "Start time" or an "End time"?
8. What is the location of the interpretation? (Full address will be required)
9. What is the nature of the assignment? (Assessment or On-going)
10. Provide MaGIK Assessment or Case ID number along with Person ID numbers

The following must be included when billing for Translation services to facilitate prompt payment:

1. Date of Service
2. Begin time and end time of translation service
3. Language translated (i.e., French, German, Burmese, etc.)
4. Area #15, or Comment line- must include a statement that LTC was not available at this time.