

### Interpretation & Translation Vendor Information

**Chart A: DMMA Department Names and Location Codes:**

*For all interpretation and translation vendors*

Location/Department:	Location Code:
Central Intake Unit (CIU=248)	248
Medicaid Call Center (MCC=622)	622
Policy & Planning Unit (PPU=778)	778
Training (TRA=872)	872
Operations Administration (OpAdm=67236)	67236
PAS Kent/Sussex Team (PASKC=72757)	72757
PAS NC Team (PASNC=72762)	72762
Adams SSC Pool 920	920
James Williams SSC Pool 335	335
Milford SSC Pool 131	131
Milford SSC Pool 520	520
Robscott Building Pool 031	031
Robscott Building Pool 230	230
Shipyards Center Pool 211	211
Shipyards Center Pool 235	235
ASSIST Pool 430	430
Prides Crossing Pool 750	750

**Chart B: DMMA Program Codes:**

*For all interpretation vendors: Please select the programs that you expect to discuss on the call with the member.*

Description:	Program:	Code:
Medicaid Benefits	MA	62
Food Benefits	FB	32
Both	Both	6232

**Chart C: Service Procedures:**

Type of Service:	Vendor:	Procedure:
<b>Over The Phone:</b>	Corporate Translation Services/ Language Link	Dial 1-800-535-7749 Enter Pin: 30929# Option 1 to schedule a 3rd Party Call Option 2 To continue without making a 3rd Party Call For Spanish press "1" For Russian press "2" For Vietnamese press "3" For Haitian Creole press "4" Other languages press "9". Please input your location code (see Chart A) followed by # The system will repeat the number that you enter If this is correct press "1", If this is not correct press "2" Please input the program code (see Chart B) followed by # The system will repeat the number that you enter If this is correct press "1", If this is not correct press "2" Hold for available agent Day of Pre-Scheduled Appointment: Dial 1-800-535-7749 Enter Pin: 30929#

		<p>Option 2 To continue without making a 3rd Party Call                  Other languages press "9".                  Please input your location code (<i>see Chart A</i>) followed by #                  The system will repeat the number that you enter                  If this is correct press "1", If this is not correct press "2"                  Please input the program code (<i>see Chart B</i>) followed by #                  The system will repeat the number that you enter                  If this is correct press "1", If this is not correct press "2"                  Hold for available agent                  You will be connected to the Call Center Representative                  Give the Representative the job # that you received when you scheduled the call. They will connect you with your Interpreter.</p>
Linguistica International		<p>Need to pre-schedule for languages other than: Spanish, Mandarin, or Arabic  <i>Note* This company offers other services, however DMMA is only contracted for over the phone services (direct dial or pre-scheduled) with this vendor.</i>                  Direct Dial 1-866-908-5744                  For Spanish press "1"; Other languages press "2".                  Will transfer call to Representative                  You will be asked to provide the following information:                  Account ID: 11141                  Unit: DHSS DMMA                  Department name: (<i>see Chart A</i>)                  Call back number                  Program Code: (<i>see Chart B</i>)                  Pre-Scheduled Calls: <i>requires 48 hours</i> notice                  Email: <a href="mailto:otpscheduler@linguisticainternational.com">otpscheduler@linguisticainternational.com</a>                  Include the following information:                  Unit: DHSS DMMA                  Department name: (<i>see Chart A</i>)                  Program code: (<i>see Chart B</i>)                  Language needed                  Point of contact full name and contact number                  Appointment date, start time, and duration estimate                  Eastern Standard Time Zone                  Nature of service (financial application/medical/legal representation present)                  Client initials* (For minors do not substitute parents name)                  You will receive a reply email with a reference number                  Day of Scheduled Appointment:                  Call 866-908-5744. Call 5 to 10 min <i>prior to</i> appointment scheduled time.                  Provide the operator with your appointment reference number to be connected to the scheduled interpreter.</p>
<b>On-Site:</b>	Accurate Language Services	<p>Email <i>48 hours ahead</i> to schedule an appointment  <i>Note* This company offers other services, however DMMA is only contracted for on-site services with this vendor.</i>                  Email your request to: <a href="mailto:admin@accuratelanguageservices.com">admin@accuratelanguageservices.com</a>                  Information needed to provide:                  Organization: DMMA                  Department name (<i>see Chart A</i>)                  Program code: (<i>see Chart B</i>)                  Language needed                  Point of contact name and contact number                  Appointment date and location                  Start time and duration estimate                  Nature of service (financial application/medical/legal representation present)                  Logistical information if applicable (parking, suite/unit number)                  Client initials* (For minors do not substitute parents name)</p>
Back to Basics		Requires <i>1-2 week notice</i> to be able to schedule on-site services. Email your request.

Learning Dynamics (SJB Capitol)		<p><i>Note* This company offers other services, however DMMA is only contracted for on-site services with this vendor.</i></p> <p>Email your request to: request@backtobasicslearning.com  Dial 302-594-0754, Ext. 107  Client ID: 18062  Tynaysha "Ty" will take your information  Language requesting  Location/Department name or code (<i>see Chart A</i>)  Program code: (<i>see Chart B</i>)  Point of contact name and contact number  Appointment date and location  Start time and duration estimate  Nature of service (financial application/medical/legal representation present)  Logistical information if applicable (parking, suite/unit number)  Client name (call requests) or initials (email requests).  (For minors do not substitute parents name)</p>
Language Liaisons LLC		<p>Call <i>48 hours ahead</i> to schedule an appointment  Dial 302-521-7626 or 302-290-2966  Information needed to provide:  Organization: DMMA  Department name (<i>see Chart A</i>)  Program code: (<i>see Chart B</i>)  Language requesting  Point of contact name and contact number  Appointment date and location  Start time and duration estimate  Nature of service (financial application/medical/legal representation present)  Logistical information if applicable (parking, suite/unit number)  Client name (For minors do not substitute parents name)</p>
Para-Plus		<p>Call <i>48 hours ahead</i> to schedule an appointment  Dial 302-455-9834                      Edith Cooper-Velez or Mariela Rhea  Toll Free: 1-800-558-3011            Edith Cooper-Velez or Mariela Rhea  Information needed to provide:  Organization: DMMA  Location code (<i>see Chart A</i>)  Program code: (<i>see Chart B</i>)  Language requested  Point of contact name and contact number  Appointment date and location  Start time and duration estimate  Nature of service (financial application/medical/legal representation present)  Logistical information if applicable (parking, suite/unit number)  Client name (For minors do not substitute parents name)</p>
<b>Sign Language:</b>	American Sign Language, Inc.	<p>Email a <i>minimum of</i>: 2 hrs. ahead to schedule a remote appointment;  3 days ahead to schedule an in-person appointment.  Email your request to: interpreters@asli.com. Cc: Jennifer Lindsay, Kalita MacElree.  Information needed to provide:  Location/Department name (<i>see Chart A</i>)  Program code: (<i>see Chart B</i>)  Please send the Quote and Invoice information to:  Jennifer.Lindsay@delaware.gov. and cc: Kalita.MacElree@delaware.gov.  Point of contact name and contact number  Service requested: In-Person, or Remote  Date of the appointment  Start time and duration estimate  Nature of service (financial application/medical/legal representation present)  Client initials (For minors do not substitute parents name)</p>

		Client limitations: deaf, hard of hearing, deafblind, or low vision If in-person: need location and logistics (parking, building, suite/unit number)
<b>Hearing/ Vision/ and Speech Impaired:</b>	Delaware Relay Service	Available Services: English/English; Spanish/Spanish; English/Spanish When you use this service the relay operator will call the member. The member will need to be able to speak, type or text according to their disability and the type of assistive device they use. The relay operator will secure this information and communicate accordingly with the member. Dial 7-1-1 (or 1-800-232-5460 for English; 1-877-335-7595 for Spanish) <i>The relay operator will:</i> Ask for the telephone number you wish to call and any instructions. Dial the number and connect you to the other party. Process your call, relaying exactly what the member is typing or saying (dependent on the assistive device the member uses). When you speak your information, at the end of your sentence say "Go Ahead." This will indicate that is the clients turn to speak.
<b>Written Translation:</b>	All written requests should be emailed to: <a href="mailto:DHSS_DMMA_PPU@delaware.gov">DHSS_DMMA_PPU@delaware.gov</a> Could be a 7-10 day turn around All document requests should include: Language needed, client name, copy of the document needing interpretation.	



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