

A decorative graphic on the left side of the slide, consisting of white lines and circles on a blue background, resembling a circuit board or a tree structure.

INTERPRETER REQUEST PROCEDURES

COMPLETE THE COMMUNICATION ACCOMMODATION REQUEST (CAR) FORM

DHHS CAR FORM

Communication Accommodation Request Form

Communication Accommodation Request Form (CARF) for DHHS for communication accommodations. Please submit in AWARE for an Activity Due to DHHS. Providers can email the completed form to:
dhhs.car@fssa.in.gov

Requestor Information:

Date (MM/DD/YY)	VR Requestor Name:
7/16/2019	Davina Brimmer

STATE CRF FORM

Vocational Rehabilitation Communication Request Form

Vocational Rehabilitation (VR) Communication Request Form (CRF) must be initiated by the VR counselor for VR consumer's communication accommodations and completed in detail. Please email the completed form to
state@luna360.com.

Additional instructions on page #2

Date (M/D/Y)	Requestor Name:
07/08/19	Davina Brimmer

SEND THE CAR FORM TO DHHS

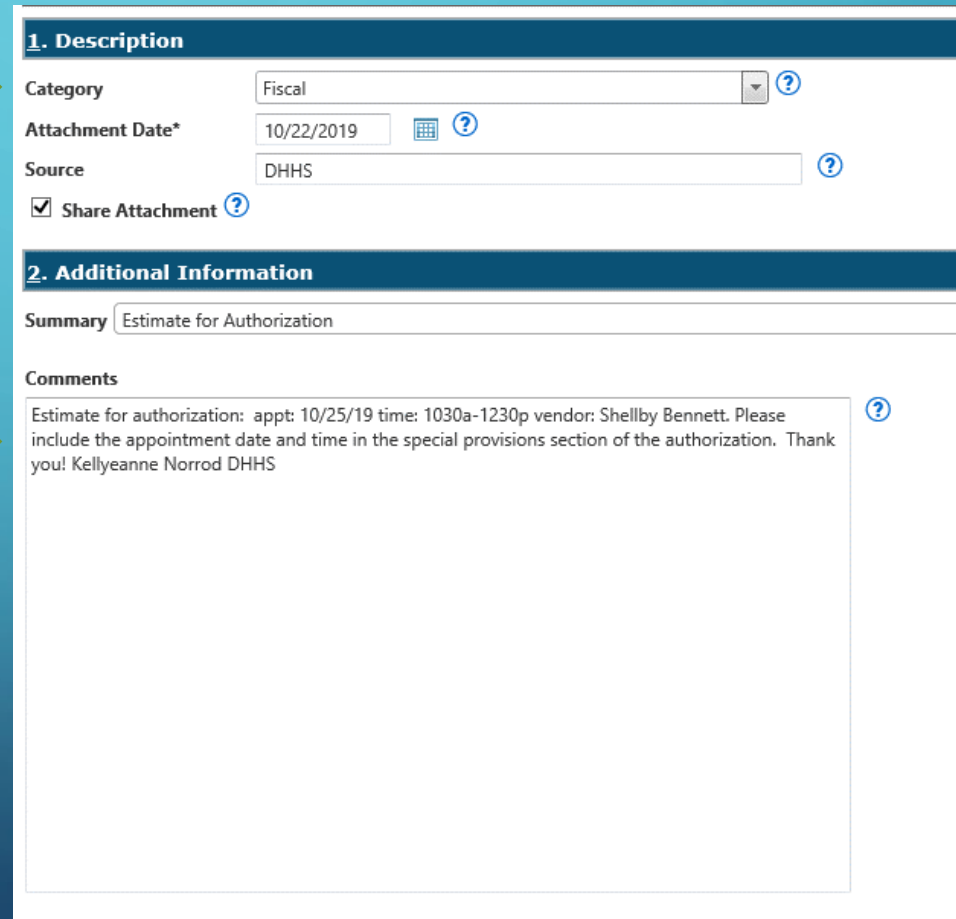
EMAIL

- DHHS.CAR@fssa.in.gov
 - CAR will be attached

AWARE

- Activity Due
- Attachments - CAR will be attached

DHHS WILL UPLOAD THE ESTIMATE & COMMUNICATION SERVICE SUMMARY (CSS) FORMS INTO AWARE ATTACHMENTS



1. Description

Category: Fiscal

Attachment Date*: 10/22/2019

Source: DHHS

Share Attachment

2. Additional Information

Summary: Estimate for Authorization

Comments

Estimate for authorization: appt: 10/25/19 time: 1030a-1230p vendor: Shellby Bennett. Please include the appointment date and time in the special provisions section of the authorization. Thank you! Kellyeanne Norrod DHHS

EXAMPLE OF AN ESTIMATE – THIS IS THE FORM USED FOR AUTHORIZATION PURPOSES

Estimate - (Vendor)										
VR Counselor:					Participant:					
VRC Email:					Location:					
POC Information:					Date:					
Date of Service	Start Time	End Time	CC	Assignment Name	Weeks	Weekly Sessions	Hours Per Assignment	Total Hours	Unit Cost	Amount
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
								0.00		\$ -
Travel Time				Mileage				Sub Total Amount		
Travel Time				Mileage				CC	19-35	\$ -
Rate			FALSE	Rate			\$	0.38		
CC	19-31	\$ -		CC	19-32	\$ -		Interpreter Amount		\$ -
No Show				Cancellation Fee				Total Hours		0.00
CC	19-17	\$0.00		CC	19-33	\$0.00		Authorization Amount		
								\$		-

EXAMPLE OF THE COMMUNICATION SERVICE SUMMARY (CSS) FORM

- The interpreter will attach this completed form in to their payment request as documentation for the claim

Communication Service Summary					
Interpreter					
<i>Provider's Information</i>					
Interpreter					
<i>Assignment Information</i>					
Participant:					
Location:					
Code	Description	Date	Start Time	End Time	Unit Hours
19-35	Regular	1/0/1900	12:00:00 AM	12:00:00 AM	
19-33	Late Cancel	1/0/1900	12:00:00 AM	12:00:00 AM	
19-17	No Show	1/0/1900	12:00:00 AM	12:00:00 AM	
Mileage - 19-32			Travel 19-31		
0			0		
This verifies that services were provided for the above appointment(s).					
Signature: _____ Date: _____					
<i>Provider's Comments:</i>					
Please note:					
Two hour minimum for the first state job of the day					
Mileage is estimated using Rand McNally shortest distance per State policies					
Travel needs to be requested at time of acceptance of assignment					

DHHS WILL ASSIGN THE VRCC AN ACTIVITY DUE

Please make sure that the assignment information is in the Special Provisions area of the authorization that are printed on the authorization.

1. General

Activity* Authorization ?

Status* Pending ?

Due Date* 10/22/2019 ? Days from Today 0 Set as Default

Reminder Date ? Days from Due Set as Default

Priority (Not Completed) ?

Recur In (Days) 0 ?

Comments

Estimate in attachments: appt: 10/25/19 time: 1030a-1230p vendor: Shellby Bennett. Please include the appointment date and time in the special provisions section of the authorization. Thank you!
Kellyanne Norrod DHHS

2. Assigned To