

MEMORANDUM

TO: Case Management Supervisors; Executive Directors with Case Management, Executive Directors with Early Intervention Services; and Early Intervention Supervisors

FROM: Constance Holloway, Esq. *CDH*
Office Director

DATE: March 24, 2026

SUBJECT: Translation and Interpreter Services Reimbursement Requests Updates

The purpose of this memo is to notify Early Intervention and Case Management providers of updates related to requesting reimbursement for Translation and Interpreter Services. To improve the reimbursement process, the following updates have been implemented:

- Invoices and logs from the Translation and/or Interpreter Services provider must be attached to the Request for Reimbursement forms. The following information must be included:
 - Early Intervention/Case Management provider name
 - OIDD eligible participant name
 - Date of birth
 - Dates of service
 - Amount of service provided
 - Time(s) the service was provided
- Request for Reimbursement forms may only include one calendar month per form. Forms submitted containing reimbursement requests for multiple months will not be accepted.
- No more than 10 participants may be listed per Request for Reimbursement form. Forms submitted with more than 10 participants will not be accepted.
- Request for Reimbursement forms must be completed and signed by an employee of the Early Intervention or Case Management provider.
- Request for Reimbursement forms completed or modified by the Interpretation or Translation Provider will not be accepted.

The reimbursement request forms have been updated to account for these changes and posted on business tools and are attached. Please begin utilizing the new forms immediately. Prior versions of the Request for Reimbursement Form will no longer be accepted as of May 1, 2026. These form revisions are an initial step toward streamlining the reimbursement request process. An overall review of the interpreter services policy will be forthcoming. Questions regarding this information may be directed to Jennifer Jaques, jjjaques@ddsn.sc.gov or 803-898-9729.

Interpreter Services: Request for Reimbursement

- Interpreters must be certified by the American Council on the Teaching of Foreign Languages (ACTFL) and be proficient at or above the intermediate level in oral and listening proficiency in English and the sought foreign language.
- The hourly rate for Interpreter Services reimbursement cannot exceed \$40.00 per hour for on-site services or \$20.00 per hour for telephone/off-site interpretative services
- Reimbursement requests should not include time spent by the Interpreter in travel or costs for transportation.
- Reimbursement will not be provided when Interpreter Services are rendered to afford access to the services of other entities.
- Requests for Reimbursement must be submitted monthly. Failure to submit monthly may result in delays in payment. Requests received a calendar year or more after date of service cannot be approved. Invoices and logs from the Interpreter Services provider must be attached and must include EI/CM provider name, OIDD eligible participant name and date of birth, dates and amounts/times of services.
- Please only include one month and a maximum of 10 different OIDD eligible participants per request form
- Forms must be completed and signed by an employee of the EI/CM agency. Forms completed or modified by the Interpretation/Translation Provider cannot be accepted.

CM/EI Provider Name:	Person Completing Form:	Date Form Completed:
Email:	Phone Number:	Signature:

Name of OIDD Eligible Participant	Date of Birth	Participant receives CM or EI services		Type of Service (Spanish, ASL, etc.)	Method of service (phone call, text, meeting, etc.)	Date of service (mm/dd/yyyy, OR mm/yyyy)	On-Site or Off-Site and rate per hour		Length of Time (in minutes)	Amount Paid (\$)
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> On (\$40.00)	<input type="checkbox"/> Off (\$20.00)		
<i>Total Amount Requested:</i>										

<i>BELOW FOR OIDD USE ONLY</i>			
<i>Signature:</i>		<i>Date:</i>	
		<i>Approved Amount:</i>	

Document Translation Services: Request for Reimbursement

- Document Translators must be certified by the American Council on the Teaching of Foreign Languages (ACTFL) and be proficient at or above the intermediate level in reading and writing proficiency in English and the sought foreign language.
- Document Translation services will be reimbursed at a rate per word, based on the source document word count. For source documents under 500 words, the rate is \$0.25 per word. For source documents exceeding 500 words, the rate is \$0.18 per word.
- Reimbursement will not be provided when Document Translation Services are rendered to afford access to the services of other entities.
- Requests for Reimbursement must be submitted monthly. Failure to submit monthly may result in delays in payment. Requests received a calendar year or more after date of service cannot be approved. Invoices and logs from the Document Translation provider must be attached and must include EI/CM provider name, OIDD eligible participant name and date of birth, dates and amounts/times of services.
- Please only include one month and a maximum of 10 different OIDD eligible participants per request form
- Forms must be completed and signed by an employee of the EI/CM agency. Forms completed or modified by the Interpretation/Translation Provider cannot be accepted.

CM/EI Provider Name:	Person Completing Form:	Date Form Completed:
Email:	Phone Number:	Signature:

Name of OIDD Eligible Participant	Date of Birth	Participant receives CM or EI services		Document Type (Family Service Plan, etc.)	Date of service (mm/dd/yyyy, OR mm/yyyy)	Word Count	Over or under 500 words, and rate per word		Amount Paid (\$)
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
		<input type="checkbox"/> CM	<input type="checkbox"/> EI				<input type="checkbox"/> Over (\$0.18)	<input type="checkbox"/> Under (\$0.25)	
<i>Total Amount Requested:</i>									

<i>BELOW FOR OIDD USE ONLY</i>					
Signature:		Date:		Approved Amount:	