

ATTACHMENT: ATTESTATION THAT APPLICANT MEETS MINIMUM QUALIFICATIONS

I attest to the following attributes of the proposed solution:

- ➔ Applicant can provide experienced onsite interpreters who are licensed in the chosen non-English language into which English behavioral health services will be interpreted
- ➔ Applicant can work with CBH daily to fill all requested assignments and timely communicate any assignments that your agency cannot fill
- ➔ Applicant can provide detailed monthly billing for all NELI assignments through use of standard CBH interpretation invoice indicating the name of CBH employee who authorized service, name of the interpreter, service provider information, service requested, CBH member served, related identifying information, number of hours (or units) on assignment, rate, and outcome
- ➔ Applicant can propose a set hourly rate for routine assignments, non-routine assignments (e.g., urgent or crisis assignments), and special language assignments for a period of two years beginning January 1, 2026
- ➔ Applicant is located and stores all agency data within the United States
- ➔ Applicant has at least 10 years of experience in filling NELI assignments or related work
- ➔ Applicant ensures that all persons providing translation services:
 - » have a degree in advanced translation studies
 - » have a minimum of two years demonstrated fluency (oral and written) experience
 - » have accreditation by the American Translator Association or equivalent national or regional translation organization/group
- ➔ Applicant can share information regarding record retention policies and data management systems

Authorized Signature: _____

Date: _____

Print Name and Title: _____