

Report to the Legislature

## **STUDY OF PROCUREMENT OF INTERPRETER SERVICES**

Section 131(7), Chapter 7, Laws of 2012, 2<sup>nd</sup> Special Session  
(2012 Supplemental Operating Budget)

**Office of Financial Management**  
February 2013



To accommodate persons with disabilities, this document is available in alternative formats and can be obtained by contacting the Office of Financial Management at (360) 902-0555 or TTY (360) 902-0679.

---

Visit our website at [www.ofm.wa.gov](http://www.ofm.wa.gov)

# Table of Contents

- Executive Summary ..... 1
- I. Background ..... 4
  - A. How Study was Conducted ..... 4
  - B. Legal Requirement to Provide Interpreters..... 4
    - 1. Federal Law ..... 4
    - 2. State Law..... 5
    - 3. Requirement to Provide vs. Requirement to Pay ..... 6
  - C. Use of Interpreters by Agency ..... 6
    - 1. Reason for Providing Interpreter Services..... 6
    - 2. How Interpreter Services are Delivered ..... 12
    - 3. Cost of Interpreter Services by Agency..... 13
    - 4. How Agencies Currently Procure Interpreter Services ..... 17
- II. Description of Interpreter Procurement Methods ..... 22
  - A. Department of Enterprise Services (DES) Master Contracts ..... 22
    - 1. In-Person Interpreters ..... 22
    - 2. Telephonic Interpreters ..... 24
  - B. Health Care Authority Interpreter System..... 25
  - C. Labor & Industries Interpreter System ..... 28
- III. Interpreter Industry ..... 31
  - A. Medical Interpretation..... 31
  - B. Court Interpretation ..... 32
  - C. American Sign Language (ASL) Interpretation ..... 34
- IV. Alternatives..... 35
  - A. Telephonic Interpreter Services..... 36
  - B. Video Remote Interpreter Services ..... 37
  - C. Court-Certified Interpreters..... 38
  - D. American Sign Language (ASL) Interpretation ..... 40
  - E. Implementation of Statewide Interpreter Procurement System ..... 40
  - F. Expansion of HCA System ..... 42
    - 1. Impact on Medical Providers ..... 42
    - 2. Potential Cost Savings..... 43
    - 3. Implementation Considerations ..... 44
  - G. Implementation of Other Reforms ..... 46
  - H. Improvements to Interpreter Certification..... 47
    - 1. Continuing Education..... 47
    - 2. Decertification ..... 48
    - 3. Interpreter Testing..... 49



## Executive Summary

---

The Office of Financial Management (OFM) was directed in the 2012 supplemental operating budget to coordinate a study of the procurement of interpreter services. This report contains recommendations to make changes to the procurement of interpreter services and to improve the interpreter profession.

### Current Situation

During the 2010 legislative session, language access providers who provide spoken language interpreter services for Department of Social and Health Services (DSHS) appointments or Medicaid enrollee appointments were granted the ability to collectively bargain with the Governor.<sup>1</sup> These language access providers, also known as interpreters, are not state employees. Rather, interpreters who may collectively bargain with the Governor are defined as independent contractors – whether paid by a broker, language access agency, or DSHS.

Distribution of work to the bargaining unit is accomplished through a contract with a coordinating entity who uses a secure, web-based tool for medical practitioners to schedule appointments for interpreter services. This web-based system began accepting requests on September 10, 2012.

During the 2012 legislative session, three pieces of legislation related to language access provider collective bargaining were considered:

- House Bill 2711, requested by the Office of Financial Management, excluded from collective bargaining interpreters in legal proceedings with DSHS and the Medicaid Administrative Match (MAM) program. The Public Employment Relations Commission issued a decision in November 2011 that determined that the bargaining unit included these interpreters; the decision is currently under appeal.
- House Bill 2701 expanded collective bargaining to interpreters providing services for Department of Labor & Industries (L&I) appointments. The bargaining unit would be separate from the unit providing services for DSHS appointments and Medicaid enrollee appointments. Mandatory subjects of bargaining for both units would be expanded.
- Senate Bill 2830, requested by Governor Gregoire, merged components of House Bill 2701 and House Bill 2711 to expand collective bargaining to language access providers providing services in L&I medical appointments; but excluded interpreters in legal proceedings with DSHS and the MAM program and maintained the current scope of bargaining.

These pieces of legislation failed to be enacted. However, the Legislature's 2012 supplemental operating budget<sup>2</sup> directed the Office of Financial Management to coordinate a study of the procurement of interpreter services.

---

<sup>1</sup> Engrossed Substitute Senate Bill 6726 (Chapter 296, Laws of 2010)

<sup>2</sup> Chapter 7, Laws of 2012, 2<sup>nd</sup> Special Session

Specifically, Section 131(7) of Third Engrossed Substitute House Bill 2127 provides:

(7)(a) The office of financial management shall determine if cost savings can be achieved by the state through contracting for interpreter services more effectively. The office of financial management must work with all state agencies that use interpreter services to determine:

(i) How agencies currently procure interpreter services;  
(ii) To what degree brokers or foreign language agencies are used in the acquisition of interpreter services; and  
(iii) The cost of interpreter services as currently provided.

(b) The office of financial management, in consultation with the department of enterprise services, must also examine approaches to procuring interpreter services, including using the department of enterprise services' master contract, limiting overhead costs associated with interpreter contracts, and direct scheduling of interpreters. The report must include recommendations for the state to procure services in a more consistent and cost-effective manner.

(c) The office of financial management, in consultation with the department of labor and industries, must determine the impact that any alternative approach to procuring interpreter services will have on medical providers.

(d) The report must include:  
(i) Analysis of the current process for procuring interpreter services;  
(ii) Recommendations regarding options to make obtaining interpreter services more consistent and cost-effective; and  
(iii) Estimates for potential cost savings.

## Summary of Findings and Recommendations

- There are three unique sectors of interpreters that work with state government: (1) Medical Interpreters, (2) Court Certified or Registered Interpreters, and (3) American Sign Language Interpreters. We recommend exploring opportunities for efficiencies and cost savings within each sector of interpreters within the industry rather than attempting to merge these sectors into a single procurement system.
- Eight state agencies represent 99 percent of total spending. Three agencies – HCA, L&I and DSHS – represent 96 percent of the total spending on interpreter services for the fiscal years examined.
- Services from medical interpreters are the largest expense among state agencies and represent the greatest opportunity for cost savings. These services are generally provided in-person.
- State agencies are procuring interpreter services through Department of Enterprise Services (DES) master contracts. Exceptions include HCA and DSHS, which use their own web-based procurement systems, and state agencies that use court-certified and registered

interpreters. Court-certified and registered interpreters work independently, and thus, state agencies often contract directly with these interpreters.

- We have no recommendations for changing telephonic interpreter services. The state has negotiated payment rates and terms that are most favorable to the state and likely will not be offered by vendors again.
- Video remote interpreter (VRI) services are a growing industry, particularly in the health care setting. We recommend that DES engage in a procurement process to establish master contracts for VRI services.
- Merging court-certified and registered interpreters into an alternative state procurement system would be redundant given that only three state agencies require these services. The Administrative Office of the Courts (AOC) regulates this sector of interpreters and is engaged in several projects to reduce costs. State agencies should work with AOC to leverage the benefits of these efforts for both the judicial and executive branches.
- L&I medical providers uniformly and strongly objected to changing the way L&I allows them to procure interpreters.
- Expansion of the HCA interpreter procurement system to include L&I medical interpreters is the most viable and most cost-effective alternative procurement system. Like the HCA system, we would expect expansion to produce unintended consequences and concerns from interpreters and L&I medical providers. Therefore, we would recommend that L&I conduct a pilot using the HCA system for a select group of services within a region to determine if cost savings could be realized without detrimental effects to injured workers and industrial insurance rates.
- A workgroup should be formed to address the delivery of American Sign Language (ASL) interpreter services. ASL interpreters are currently refusing to provide services through the HCA interpreter procurement system due to dissatisfaction with payment terms. Centralizing ASL interpreting contracts through DSHS' Office of Deaf and Hard of Hearing should be explored.
- Other reforms could be made to reduce costs in DES master contracts for interpreter services including (1) the contract specify the amount be paid to the interpreter and the amount to be paid to the interpreter agency, (2) fewer master contracts or contracting by region, and (3) reducing certain payment terms.
- We recommend improvements to the medical interpreter profession including (1) requiring continuing education to maintain interpreter or translator certification, (2) creating a process to decertify interpreters in order to address issues of ethical and professional misconduct, and (3) expanding the certification testing sites.

## **I. Background**

---

### **A. How Study was Conducted**

In order to gather information required in the study, OFM surveyed state agencies on their use of interpreters in July and August of 2012. Thirty-nine agencies responded to the study, having used interpreter services in some form since fiscal year 2010.

Additionally, meetings were conducted with and information obtained from:

- Impacted state agencies
- Vendors with a Department of Enterprise Services master contract who provide interpreter services telephonically
- Vendors with a Department of Enterprise Services master contract who provide interpreter services in-person
- Vendors who provide interpreter services to medical providers who treat injured workers with industrial insurance claims
- Participants (vendor, union, and medical providers) using the Health Care Authority's current web-based interpreter procurement system.

### **B. Legal Requirement to Provide Interpreters**

#### **1. Federal Law**

Title VI of the Civil Rights Act of 1964 is a federal law that prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. Title VI requires recipients of federal financial assistance to take reasonable steps to provide meaningful access to Limited English Proficient (LEP) persons. Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance. Sub-recipients are also covered, when federal funds are passed from one recipient to a sub-recipient. Additionally, Title VI covers a recipient's entire program or activity. This means all parts of a recipient's operations are covered even if only one part receives the federal assistance. For example, if the Department of Corrections receives federal funds to improve offender educational programs, all of the operations of the Department of Corrections, not just the particular federally funded program, are covered by Title VI.

Meaningful access under Title VI is fact-dependent and starts with an individualized assessment that balances four factors: (1) the number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come into contact with the program; (3) the nature and importance of the program, activity or service provided by the recipient to its beneficiaries; and (4) the resources available to the grantee/recipient and the costs of interpretation/translation services. There is no single solution for Title VI compliance with respect to LEP persons, and therefore, what constitutes "reasonable steps" can differ among programs and providers.



Section 504 of the Rehabilitation Act of 1973 is a federal law that protects qualified individuals from discrimination based on their disability. The nondiscrimination requirements of the law apply to employers and organizations who receive financial assistance from any federal department or agency. Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. Individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities, including blindness or visual impairment, deafness, or hearing impairment.

The Americans with Disabilities Act (ADA) is a federal law that ensures a level playing field for persons with disabilities with respect to employment and access to goods and services offered by private, state, and local government entities. The prohibition against discrimination on the basis of disability includes an obligation to make reasonable accommodations to meet the needs of persons with disabilities. The ADA does not mandate the use of interpreters for individuals with hearing or visual disabilities, but does require whatever method chosen results in effective communication.

These federal laws have been used to compel state agencies to provide interpreter services. For example, a class action lawsuit (*Duffy v. Riveland*) resulted in a settlement whereby deaf and hearing-impaired persons in the custody of the Department of Corrections (DOC) must be allowed access to prison programs and services, such as education, medical care, treatment programs, disciplinary hearings and classification reviews, on an equal basis with non-deaf prisoners. Additionally, the *Nava* settlement requires the use of court interpreters at the Office of Administrative Hearings (OAH) for unemployment benefit appeals.

## 2. State Law

RCW 74.04.025 provides that DSHS, HCA, and OAH must ensure that bilingual services are provided to non-English speaking applicants and recipients of public assistance programs. The services are provided to the extent necessary to ensure that persons are not denied, or unable to obtain or maintain services or benefits, because of their inability to speak English. This requirement extends to all contracts with third parties. Additionally, to maintain an adequate pool of providers, DSHS must certify, authorize, and qualify language access providers as needed.

Chapter 2.43 RCW requires the use of interpreters in legal proceedings with non-English-speaking persons who are unable to readily understand or communicate in the English language. A legal proceeding includes a proceeding in any court in this state, grand jury hearing, or hearing before an inquiry judge, or before an administrative board, commission, agency, or licensing body of the state or its political subdivisions. Chapter 2.42 RCW contains similar requirements for the use of interpreter services in legal proceedings for persons who are unable to readily understand or communicate in the English language because of impairment of hearing or speech.

### 3. Requirement to Provide vs. Requirement to Pay

The requirement that interpreter services be provided in a state program or service does not mean that the state is also obligated for the payment of the interpreter service.

For example, Washington has a long-standing practice of reimbursing interpreters who provide services to clients being seen by Medicaid providers. Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, and RCW 74.04.025 do not obligate the state to pay for the service. Rather, the obligation to provide and pay for interpreter services rests with the medical provider receiving the Medicaid payment.

Conversely, in legal proceedings in which the non-English-speaking person is a party, or is subpoenaed or summoned by the appointing authority, or is otherwise compelled by the appointing authority to appear, state law (RCW 2.42.120 and 2.43.040) requires that the cost of providing the interpreter be the responsibility of the governmental body initiating the legal proceedings. However, in all other legal proceedings, the cost of providing an interpreter is the responsibility of the non-English-speaking person unless such person is indigent according to adopted standards of the body.

Interpretation and/or translation services for persons with hearing or visual disabilities are generally required to be provided to the person at no cost under the aforementioned federal laws.

### C. Use of Interpreters by Agency

#### 1. Reason for Providing Interpreter Services

Agency	Reason for Interpreters	Federal or State Law or Rule
<b>Agriculture</b>	To assist persons with limited English proficiency at technical assistance visits, international marketing events, and at adjudicative proceedings.	Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Administrative Hearings</b>	To assist persons with limited English proficiency or who require American Sign Language services at administrative proceedings.	Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination), RCW 74.04.025 (Bilingual services for non-English-speaking applicants and recipients), Chapter 388-271 WAC (Limited English proficient services) Chapter 10-08 WAC (Model rules of procedure), the <i>Nava</i> settlement agreement

<b>Agency</b>	<b>Reason for Interpreters</b>	<b>Federal or State Law or Rule</b>
<b>Attorney General</b>	To assist persons with limited English proficiency or who require American Sign Language services in court or administrative proceedings.	Title VI of the Civil Rights Act of 1964, Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Board of Industrial Insurance Appeals</b>	To assist persons with limited English proficiency or who require American Sign Language services at administrative proceedings.	Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), WAC 263-12-097 (BIIA practice and procedure, interpreters)
<b>Center for Childhood Deafness and Hearing Loss</b>	To assist students and employees who require American Sign Language services or have limited English proficiency.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination), Individuals with Disabilities Education Act
<b>Civil Legal Aid</b>	To assist persons with limited English proficiency who contact the agency for help and referral.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act
<b>Commerce</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Commission on Asian Pacific American Affairs</b>	To assist persons with limited English proficiency or who require American Sign Language services at community meetings.	Chapter 43.117 RCW (State Commission on Asian Pacific American Affairs), Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Commission on Hispanic Affairs</b>	To assist persons with limited English proficiency or who require American Sign Language services at community meetings.	Chapter 43.115 RCW (State Commission on Hispanic Affairs), Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Corrections</b>	To assist persons with limited English proficiency or who require American Sign Language services in conducting administrative investigations and proceedings; obtaining medical, health, educational and other voluntary services; and conducting meetings at community and institutional offices.	Title VI of the Civil Rights Act of 1964, Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination), 1999 court settlement agreement in <i>Duffy v. Riveland</i>

<b>Agency</b>	<b>Reason for Interpreters</b>	<b>Federal or State Law or Rule</b>
<b>Early Learning</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions. To assist persons with limited English proficiency or who require American Sign Language services who are or are seeking to be licensed.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Enterprise Services</b>	To assist state employees and vendors with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Ecology</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Employment Security Department</b>	To assist persons with limited English proficiency or who require American Sign Language services with unemployment insurance claims or seeking employment services in local Work Source offices.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Environmental and Land Use Hearings Office</b>	To assist persons with limited English proficiency or who require American Sign Language services at administrative proceedings.	Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), Chapter 10-08 WAC (Model rules of procedure), WAC 71-08-490 (Provision of interpreters and of reasonable accommodations to individuals with special needs)
<b>Financial Institutions</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Fish and Wildlife</b>	To assist persons with limited English proficiency or who require American Sign Language services at administrative proceedings, meetings, trainings, conferences and other client interactions. To assist persons with limited English proficiency or who require American Sign Language services who are or are seeking to be licensed.	Title VI of the Civil Rights Act of 1964, Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)

<b>Agency</b>	<b>Reason for Interpreters</b>	<b>Federal or State Law or Rule</b>
<b>Gambling Commission</b>	To assist persons with limited English proficiency or who require American Sign Language services at administrative proceedings. To assist persons with limited English proficiency or who require American Sign Language services who are or are seeking to be licensed.	Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons), Chapter 10-08 WAC (Model rules of procedure)
<b>Health</b>	To assist persons with limited English proficiency or who require American Sign Language services to ensure equal access to federal/state programs and services.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Health Care Authority</b>	To assist persons with limited English proficiency or who require American Sign Language services to ensure equal access to federal/state programs and services.	Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination), RCW 74.04.025 (Bilingual services for non-English- speaking applicants and recipients)
<b>Historical Society</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Human Rights Commission</b>	To assist persons with limited English proficiency at administrative proceedings.	Chapters 2.42 and 2.43 RCW (Interpreters in legal proceedings, Interpreters for non-English-speaking persons) Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Insurance Commissioner</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Labor and Industries</b>	To assist medical and vocational providers who treat and provide services to injured workers with limited English proficiency or who require American Sign Language services. To assist persons with limited English proficiency or who require American Sign Language services who are seeking assistance with injured worker claims, WISHA compliance, licensure, or other services.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)

<b>Agency</b>	<b>Reason for Interpreters</b>	<b>Federal or State Law or Rule</b>
<b>Licensing</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions. To assist persons with limited English proficiency or who require American Sign Language services who are or are seeking to be licensed.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Liquor Control Board</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions. To assist persons with limited English proficiency or who require American Sign Language services who are or are seeking to be licensed.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Office of the Education Ombudsman</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Office of the Family &amp; Children's Ombudsman</b>	To assist persons with limited English proficiency who are complaining parties and witnesses.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination), Chapter 388-271 WAC (Limited English proficient services)
<b>Parks and Recreation Commission</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Retirement Services</b>	To assist state employees and retirees with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Revenue</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>School for the Blind</b>	To assist students and employees who require American Sign Language services.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Individuals with Disabilities Education Act



<b>Agency</b>	<b>Reason for Interpreters</b>	<b>Federal or State Law or Rule</b>
<b>Secretary of State Elections Division</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Section 203 of the federal Voting Rights Act of 1965, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Services for the Blind</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>Social and Health Services</b>	To assist persons with limited English proficiency or who require American Sign Language services to ensure equal access to federal/state programs and services.	Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination), RCW 74.04.025 (Bilingual services for non-English- speaking applicants and recipients), RCW 43.19.190 (State purchasing and material control), RCW 43.20A.725 (Telecommunications devices for the hearing and speech impaired), Chapter 388-271 WAC (Limited English proficient services)
<b>State Board of Health</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)
<b>State Patrol</b>	To obtain information from the public reporting emergencies such as traffic collisions, road hazards, and drunk or aggressive drivers.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act
<b>Superintendent of Public Instruction</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Title VI of the Civil Rights Act of 1964, Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination), Individuals with Disabilities Education Act
<b>Utilities and Transportation Commission</b>	To assist persons with limited English proficiency or who require American Sign Language services at meetings, trainings, conferences and other client interactions.	Americans with Disabilities Act, Chapter 49.60 RCW (WA Law Against Discrimination)

## 2. How Interpreter Services are Delivered

Interpreter services are delivered primarily by three modes: (1) by state employees, (2) through vendors over the telephone (“telephonic”), and (3) through vendors for face-to-face interpretation (“in-person”).

For positions in state service, an appointing authority can determine that a specific non-English language or American Sign Language (ASL) is a required or desired skill for a position. Appointing authorities generally assess the frequency of need for language skills against the cost of using a vendor to provide interpreter services when determining if non-English language skills or ASL should be included in a position description. Under collective bargaining agreements and personnel rules, such employees are eligible for “dual language pay,” which is the employee’s basic salary plus two additional ranges (5% of basic salary). An employee whose non-English language or ASL skills is an essential function of his or her position generally receive dual language pay for all hours of work; employees who occasionally use these skills receive dual language pay for the time spent using the skill.

All agencies who responded to OFM’s survey indicated that state employees are a significant resource to provide interpreter services. For example, the Employment Security Department employs 91 full-time equivalent employees with dual language skills who are available to assist persons seeking unemployment benefits. Regardless of size or service, most agencies consider dual language skills an important characteristic of their workforce. Not only does it allow for low-cost and on-demand interpretation, the quality of service is viewed as superior because employees have a greater understanding of the agency’s programs, services and mission.

For most state agencies, telephonic is the leading form of interpreter services because the service or activity being delivered by the agency is over the telephone. For example, 95 percent of the Department of Revenue’s need for interpreter services is telephonic. This reflects the existence of the Department’s call center that responds to taxpayer questions and conducts compliance activities. Likewise, the Department of Licensing operates a call center for its client interactions. The State Patrol’s use of interpreters is 100 percent telephonic because the agency’s need is for assistance with 911 calls.

However, public meetings, trainings and other interactions with clients often require in-person interpreter services. For example, even though the Employment Security Department’s primary need is telephonic interpretation, its Work Source Center employment services require in-person interpretation. Almost all agencies indicated some level of in-person interpretation is necessary for their agency; however, for most agencies it is fewer than 100 hours annually.

Conversely, six agencies require a high volume of in-person interpreter services:

- Health Care Authority (HCA)
- Department of Labor and Industries (L&I)
- Department of Social and Health Services (DSHS)
- Office of Administrative Hearings (OAH)
- Department of Corrections (DOC)
- Board of Industrial Insurance Appeals (BIIA)



Like those with a high volume of telephonic interpretation, the use of in-person interpreters best complements the service or activities performed by the agency. With the exception of DSHS, the services provided by these agencies are primarily medical appointments or court/administrative proceedings. DSHS' need for interpreter services is more general and relates to a variety of social services, ranging from assistance with obtaining benefits to providing services (e.g., drug and alcohol treatment). For scheduled appointments, DSHS uses HCA's interpreter procurement system to obtain in-person interpreters.

Agencies, medical providers, and vendors indicated that in-person interpretation is the most common method used in medical and adjudicative settings. For medical services, they noted the need for client interaction with the interpreter in order to better convey information. Medical providers believe that observing the client's body language (e.g., pointing to body parts) and facial expressions (e.g., grimaces) often gives the interpreter and the medical provider a better understanding of the client's concerns. Family members and friends often assist the client; telephonic interpretation can be difficult in group and conversational settings. These agencies do use telephonic interpreters for medical services when in-person interpreters are unavailable or when it is appropriate (e.g., follow-up visits). In-person interpretation is preferred, but agencies and vendors noted there are opportunities to decrease costs through increased use of telephonic and video remote interpretation in medical settings.

For court and adjudicative hearings, interpreters are generally required by law or court rule to be present at the hearing or proceeding. Interpreters in legal proceedings are to interpret or translate thoroughly and precisely, adding or omitting nothing, and stating as nearly as possible what has been stated in the language of the speaker. The interpreter's presence is necessary for all aspects of the proceeding – client communication with his/her representative/attorney and the judge, interpretation of witness testimony, and translation of documents and other evidence. Telephonic interpretation is used in limited cases such as brief, non-evidentiary proceedings, when interpreters are not readily available, or when not required by law or court rule. However, in order to maintain the integrity of administrative proceedings that can be appealed to a court; the OAH, BIIA, and DOC follow court rules and practices within their proceedings. Therefore, in-person interpretation is their practice.

### **3. Cost of Interpreter Services by Agency**

The survey requested cost information from each state agency for fiscal years 2010 and 2011. Below are the agency responses, sorted from high to low by total cost for both fiscal years. Costs do not include state agency spending for state employee dual language pay.

Eight agencies represent 99 percent of total spending. Three agencies – HCA, L&I and DSHS – represent 96 percent of the total spending on interpreter services for the fiscal years examined.

Of the costs noted for these agencies, a very small fraction of HCA's costs are related to agency internal needs and the bulk is for Medicaid appointments. L&I's costs are similar; less than 1% of its costs are related to agency internal needs and the remainder is payments for medical provider interpreters. For DSHS, half of the costs noted for the agency are for telephonic

interpretation for persons seeking benefits, licensure and other services; the remainder is for in-person appointments related to other DSHS benefit programs.

<b>STATE AGENCY INTERPRETER COSTS (FY 2010 &amp; FY 2011)</b>						
<b>Agency</b>	<b>GF-State</b>	<b>Other</b>	<b>Total</b>	<b>GF-State</b>	<b>Other</b>	<b>Total</b>
	<b>FY 10</b>	<b>FY 10</b>	<b>FY 10</b>	<b>FY 11</b>	<b>FY 11</b>	<b>FY 11</b>
<b>Health Care Authority</b>	\$5,268,148	\$10,017,290	\$15,285,438	\$5,241,746	\$8,099,342	\$13,341,088
<b>Labor and Industries</b>	\$0	\$12,539,178	\$12,539,178	\$0	\$12,618,406	\$12,618,406
<b>Social and Health Services</b>	\$2,500,000	\$2,452,000	\$4,952,000	\$3,000,000	\$2,251,000	\$5,251,000
<b>Administrative Hearings *</b>	-	-	299,896	-	-	\$424,935
<b>Employment Security Department</b>	\$0	\$230,302	\$230,302	\$0	\$178,529	\$178,529
<b>Center for Childhood Deafness and Hearing Loss</b>	\$195,455	\$0	\$195,455	\$163,546	\$0	\$163,546
<b>Corrections</b>	\$157,197	\$0	\$157,197	\$128,639	\$0	\$128,639
<b>Board of Industrial Insurance Appeals</b>	\$0	\$94,204	\$94,204	\$0	\$125,032	\$125,032
<b>Health</b>	\$60,696	\$1,272	\$61,968	\$97,377	\$3,057	\$100,434
<b>Early Learning</b>	\$52,996	\$0	\$52,996	\$63,973	\$0	\$63,973
<b>Supt of Public Instruction</b>	\$76,431	\$0	\$76,431	\$35,226	\$0	\$35,226
<b>Licensing</b>	\$0	\$27,770	\$27,770	\$0	\$52,845	\$52,845
<b>Services for the Blind</b>	\$4,821	\$18,543	\$23,364	\$7,539	\$30,159	\$37,698
<b>Attorney General</b>	\$441	\$20,675	\$21,116	\$334	\$19,772	\$20,106

**STATE AGENCY INTERPRETER COSTS (FY 2010 & FY 2011)**

Agency	GF-State	Other	Total	GF-State	Other	Total
	FY 10	FY 10	FY 10	FY 11	FY 11	FY 11
<b>Enterprise Services</b>	\$0	\$10,000	\$10,000		\$10,000	\$10,000
<b>Insurance Commissioner</b>	\$787	\$575	\$1,362	\$1,971	\$6,774	\$8,746
<b>Revenue</b>	\$2,995	\$0	\$2,995	\$4,977	\$0	\$4,977
<b>Fish and Wildlife</b>	\$53	\$0	\$2,572	\$994	\$3,997	\$4,991
<b>Ecology</b>	\$55	\$0	\$55	\$2,424	\$2,452	\$4,876
<b>Office of Education Ombudsman</b>	\$2,753	\$0	\$2,753	\$1,895	\$0	\$1,895
<b>Human Rights Commission</b>	\$2,599	\$0	\$2,599	\$1,193	\$0	\$1,193
<b>Commerce</b>	\$150	\$1,509	\$1,659	\$0	\$2,170	\$2,170
<b>Utilities and Transportation Commission</b>	\$0	\$1,659	\$1,659	\$0	\$1,940	\$1,940
<b>Historical Society</b>	\$0	\$3,393	\$3,393	\$0	\$0	\$0
<b>Agriculture</b>	\$300	\$300	\$600	\$300	\$2,418	\$2,718
<b>School for the Blind</b>	\$2,562	\$0	\$2,562	\$607	\$0	\$607
<b>Liquor Control Board</b>	\$0	\$1,000	\$1,000	\$0	\$1,200	\$1,200
<b>Retirement Services</b>	-	-	-	\$0	\$806	\$806

**STATE AGENCY INTERPRETER COSTS (FY 2010 & FY 2011)**

Agency	GF-State	Other	Total	GF-State	Other	Total
	FY 10	FY 10	FY 10	FY 11	FY 11	FY 11
<b>Commission on Hispanic Affairs</b>	\$360	\$0	\$360	\$360	\$0	\$360
<b>Gambling Commission</b>	\$0	\$200	\$200	\$0	\$500	\$500
<b>Parks and Recreation Commission</b>	\$260	\$0	\$260	\$260	\$0	\$260
<b>Civil Legal Aid</b>	\$200	\$0	\$200	\$200	\$0	\$200
<b>State Patrol</b>	\$0	\$148	\$148	\$0	\$66	\$66
<b>Financial Institutions</b>	\$0	\$27	\$27	\$0	\$55	\$55
<b>Commission on Asian Pacific American Affairs</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Environmental and Land Use Hearings Office</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Office of Family &amp; Children's Ombudsman</b>	\$550	\$0	\$550	\$0	\$0	\$0
<b>Secretary of State – Elections</b>	\$30	\$0	\$30	\$0	\$0	\$0
<b>State Board of Health</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>	<b>\$8,329,839</b>	<b>\$24,420,045</b>	<b>\$34,052,299</b>	<b>\$8,753,561</b>	<b>\$23,410,520</b>	<b>\$32,589,017</b>

\*OAH costs are billed back to agencies who determine which fund source is used to pay OAH for its services.

#### 4. How Agencies Currently Procure Interpreter Services

All state agencies who responded to the survey either use a DES master contract or contract separately with an interpreter agency that holds a DES master contract. The few agencies that contract separately for interpreter services conducted their own competitive procurement; the procurements resulted in contracts with DES master contract vendors at similar rates and terms.

With the exception of HCA, DSHS, and L&I, the vendors providing interpreter services to the state agencies are interpreter agencies. Interpreter agencies contract with individuals to provide interpreting services (“interpreters”). Most interpreters are independent contractors, (i.e., not employees of the agencies). Telephonic interpreter agencies doing business with state agencies have some interpreter employees; those employees tend to be interpreters in high demand languages such as Spanish or Russian. However, the in-person interpreter agencies who participated in this study indicated that they rely exclusively on independent contractor interpreters. For their independent contractor interpreters, the interpreter agencies secure clients and provide scheduling, billing and tax reporting. For their clients, the interpreter agencies secure an interpreter who possesses the skills and qualifications requested at the time and place requested by the client. State agencies pay a single charge for the service to the interpreter agency, which is then split between the agency and the interpreter according to the terms of their contract.

The use of independent contractor interpreters who do not work through an agency is higher in the court-certified or registered interpreter community. There are only 306 interpreters who are court-certified or registered (233 certified and 73 registered). Court-certified or registered interpreters may contract with interpreter agencies. However, because their services are routinely required in state and local courts and administrative proceedings, most are able to secure work independently. Consequently, most court-certified or registered interpreters contract directly with state agencies for their services. When contracted independently, the interpreter’s fee is not shared with a state agency.

Interpreters for rarer languages or who are available in remote locations also contract directly with state agencies for their services. Like court-certified or registered interpreters, these interpreters are fewer in number. Their services are sought after by state, local and private entities, and thus, their need for an agency’s services is low. These interpreters can charge a premium for their services, which again, need not be shared with an agency if the interpreter contracts independently. State agencies are generally successful in negotiating no more than the DES master contract rate when dealing with independent contractors. However, the language, location of the service, or other special qualifications may result in a higher fee.

For in-person interpreting, most state agencies authorize the use of all DES master contracts. Some build relationships with particular vendors based on the ability to fulfill certain languages, proximity to their office, or quality of service. However, other state agencies contact all available vendors and fill their needs on a first-come, first-served basis. DOC, DSHS, BIIA all have internal staff who coordinate the procurement and scheduling of interpreters for others within the agency. This internal coordination is necessary in order to remove the burden from

staff who are engaged in direct delivery of services (e.g., DOC health care professionals, Administrative Law Judges), ensuring that interpreters are used for authorized services, and providing fiscal and management oversight.

The HCA procurement system is required to be used for Medicaid appointments and DSHS in-person appointments. HCA also uses this system for its internal agency needs for in-person interpreters. However, L&I does not directly procure in-person interpreters. Rather, medical providers treating injured workers procure L&I-certified interpreters themselves and L&I pays the cost.

For telephonic interpretation, most state agencies authorize their employees to use a single telephonic vendor. Procuring the service is simple; it involves initiating a three-way call.

**STATE AGENCY INTERPRETER PROCUREMENT**

<b>Agency</b>	<b>Procurement Method</b>	<b>In-Person %</b>	<b>Telephonic %</b>	<b>In-Person Provider</b>	<b>Telephonic Provider</b>	<b>Agency</b>	<b>Indep. Contractor</b>
<b>Agriculture</b>	DES master contract	100%	0%	Dynamic Language Center	N/A	5%	95%
<b>Administrative Hearings</b>	OAH contracts	Unknown	Unknown	DES contracts - court-certified Agencies – court-certified Independent contractors	Language Line Svcs	40%	60%
<b>Attorney General</b>	DES master contract and AGO contracts	95%	5%	Arranged by court or client agency	N/A	30%	70%
<b>Board of Industrial Insurance Appeals</b>	DES master contract and BIIA contracts	90%	10%	DES contracts – court-certified Independent contractors	N/A	50%	50%
<b>Center for Childhood Deafness and Hearing Loss</b>	DES master contract and CCDHL contracts	100%	0%	Columbia Language Svcs	Pacific Interpreters	100%	0%
<b>Civil Legal Aid</b>	DES master contract	0	100%	N/A	Language Line Svcs	0%	100%
<b>Commerce</b>	Commerce contracts	90%	10%	Independent contractors	Language Line Svcs	15%	85%
<b>Commission on Asian Pacific American Affairs</b>	DES master contract	50%	50%	CTS Language Link	CTS Language Link	100%	0%
<b>Commission on Hispanic Affairs</b>	DES master contract	100%	0%	DES contracts – court-certified	N/A	90%	10%
<b>Corrections</b>	DES master contract and DOC contracts	80%	20%	All available DES contracts	All available DES contracts	80%	20%
<b>Early Learning</b>	DES master contract	90%	10%	Dynamic Language Center CTS Language Link	Pacific Interpreters Language Line Svcs	100%	0%
<b>Enterprise Services</b>	DES master contract	100%	0%	All available DES contracts	N/A	100%	0%
<b>Ecology</b>	DES master contract	80%	20%	Dynamic Language Center	Language Line Svcs	100%	0%

**STATE AGENCY INTERPRETER PROCUREMENT**

<b>Agency</b>	<b>Procurement Method</b>	<b>In-Person %</b>	<b>Telephonic %</b>	<b>In-Person Provider</b>	<b>Telephonic Provider</b>	<b>Agency</b>	<b>Indep. Contractor</b>
<b>Employment Security Department</b>	DES master contract ESD contracts	80%	20%	Columbia Language Svcs Universal Language Svcs	Language Line Svcs	100%	0%
<b>Environmental and Land Use Hearings Office</b>	DES master contract and ELUHO contracts	100%	0%	DES contracts – court- certified Independent contractors	N/A	N/A	N/A
<b>Financial Institutions</b>	DFI contracts	50%	50%	N/A	Pacific Interpreters	100%	0%
<b>Fish and Wildlife</b>	DES master contract	50%	50%	All Hands (ASL) Tacoma Community House Columbia Language Services Dynamic Language Spokane International Language	CTS Language Link	100%	0%
<b>Gambling Commission</b>	OAH arranges	5%	95%	OAH procures; GAMB pays	Language Line Svcs	N/A	N/A
<b>Health</b>	DES master contract	5%	90%	CTS Language Link	Pacific Interpreters	100%	0%
<b>Health Care Authority</b>	DES master contract and HCA contracts	67%	33%	CTS Language Link – Medical Provider Appointments and HCA in-person needs	Pacific Interpreters – HCA Call Center	Broker/Agency Hybrid	
<b>Historical Society</b>	WSHS contracts	100%	0%	Volunteers	N/A	N/A	N/A
<b>Human Rights Commission</b>	DES master contract	5%	95%	Independent contractors	Language Line Svcs	95%	5%
<b>Insurance Commissioner</b>	DES master contract and OIC contracts	25%	75%	Lewis Interpreting Independent Contractors	Language Line Svcs	95%	5%
<b>Labor and Industries</b>	DES master contract for internal use Client or Medical Provider Procures – Medical Appointments	95%	5%	XX L&I certified interpreters	CTS Language Link Pacific Interpreters	0%	100%



**STATE AGENCY INTERPRETER PROCUREMENT**

<b>Agency</b>	<b>Procurement Method</b>	<b>In-Person %</b>	<b>Telephonic %</b>	<b>In-Person Provider</b>	<b>Telephonic Provider</b>	<b>Agency</b>	<b>Indep. Contractor</b>
<b>Licensing</b>	DES master contract	0%	100%	N/A	Language Line Svcs CTS Language Link	100%	0%
<b>Liquor Control Board</b>	DES master contract	50%	50%	OAH procures; LCB pays	Language Line Svcs	N/A	N/A
<b>Office of the Education Ombudsman</b>	DES master contract	0%	100%	N/A	Language Line Svcs	100%	0%
<b>Office of the Family &amp; Children's Ombudsman</b>	DES master contract	0%	100%	N/A	Language Line Svcs	100%	0%
<b>Retirement Services</b>	DES master contract	5%	95%	N/A	Language Line Svcs	100%	0%
<b>Revenue</b>	DES master contract	5%	95%	All available DES contracts	Language Line Svcs	100%	0%
<b>School for the Blind</b>	School contracts with state agency	100%	0%	Center for Childhood Deafness and Hearing Loss	N/A	N/A	N/A
<b>Secretary of State Elections Division</b>	DES master contract	0%	100%	N/A	Language Line Svcs	100%	0%
<b>Services for the Blind</b>	Office of Deaf and Hard of Hearing	100%	0%	Office of Deaf and Hard of Hearing contracts CTS Language Link (primary)	N/A	0%	100%
<b>Social and Health Services</b>	DES master contract, DSHS and HCA broker contract.	50%	50%	Columbia Language Svcs Dynamic Language Ctr Foreign Language Spec Polylang Translation Svcs Tacoma Community House The Language Exchange Universal Language Svc World Language Svcs	CTS Language Link Language Line Svcs Pacific Interpreters	95%	5%
<b>State Board of Health</b>	DES master contract	100%	0%	Northwest Interpreters	N/A	100%	0%
<b>State Patrol</b>	DES master contract	0%	100%	N/A	Language Line Svcs	100%	0%
<b>Superintendent of Public Instruction</b>	DES master contract	50%	50%	All available DES contracts	N/A	100%	0%
<b>Utilities and Transportation Commission</b>	DES master contract	0%	100%	N/A	Language Line Svcs	100%	0%

## II. Description of Interpreter Procurement Methods

---

### A. Department of Enterprise Services (DES) Master Contracts

A master contract is a contract between the state and vendors that has been established by the Department of Enterprise Services (DES) after a competitive procurement process. State agencies and more than 2,000 local government entities and qualified non-profits may purchase specified goods or services covered by a master contract directly from the contract vendor without going through a procurement and without further competition. DES may award a single master contract to a vendor or may offer master contracts to multiple vendors depending on the needs of the state and the results of the competitive procurement.

DES offers both in-person and telephonic interpretation service master contracts for use by state agencies and other public entities (e.g., counties, cities, school districts). Master contracts cannot be used directly by clients of these state agencies and public entities; rather, state agencies and public entities use the contracts to procure interpreting services for their clients.

#### 1. In-Person Interpreters

DES master contracts for in-person interpreter services are distinguished by offering general interpreter services; court-certified or registered interpreter services; and HCA/DSHS collective bargaining agreement compatible interpreting services. These contracts were procured with the strategy of establishing a cost for each component of the service in order to remove the opportunity for bundling or inflating costs.

DES identified eight cost components when soliciting for the master contracts:

- Hourly rate for providing service, needed to get the engagement set up, and wrap-up
- Minimum engagement length
- Certifications offered
- Languages offered
- Terms of engagement
- Mileage to and from the engagement
- Cancellations
- Additional time

Twenty vendors submitted bids for the master contract; 14 in-person interpreter vendors were awarded a DES master contract. The languages offered and availability in each county varies by vendor.

1. [Carmazzi, Inc](#)
2. Centerpoint Language Services
3. [Columbia Language Services](#)
4. Dynamic Language Center
5. [Foreign Language Specialists](#)
6. [Northwest Interpreters, Inc.](#)
7. [Perciba, Inc.](#)
8. Polylang Translation Services

- 9. Professional Spanish Interpreting & Translating Services
- 10. Saul C. Castillo
- 11. [Tacoma Community House](#)

- 12. [The Language Exchange, Inc.](#)
- 13. [Universal Language Service, Inc.](#)
- 14. [World Language Services, LLC.](#)

**DEPARTMENT OF ENTERPRISE SERVICES MASTER CONTRACTS - IN-PERSON**

<b>Contract Term</b>	<b>In-Person General</b>	<b>In-Person CBA Compatible</b>	<b>In-Person Court Certified or Registered</b>
<b>Hourly Rate for Service Cost</b>	\$35-64/ hour	\$42-70/ hour	\$46-75/ hour – Spanish
<b>Mileage Allowed</b>	30 miles round trip	10 miles round trip	30 miles round trip
<b>Mileage Rate</b>	State mileage rate and hourly rate	50% of the state mileage rate for commute more than 10 miles, including ferry, bus, train or toll expenses.	State mileage rate and hourly rate
<b>Minimum Engagement Cost</b>	2 hours	In-person - 1 hour Block time - 2 hours	2 hours
<b>Cancellation Payment</b>	Hourly rate for first 2 hours	30 min of service cost if cancelled with less than 24-hour notice.	Hourly rate for first 2 hours
<b>Client No-Show Payment</b>	Hourly rate for first 2 hours	DSHS – 30 min of service costs HCA/Medicaid - greater of 50% of scheduled appointment or 20 minutes.	Hourly rate for first 2 hours
<b>Required Time to Respond to Request for Service</b>	Within 24 hrs	Within 24 hrs	Within 24 hrs
<b>Number of languages</b>	Multiple	Multiple	7
<b>Availability</b>	Statewide	Statewide	29 counties
<b>Provider location</b>	Washington	Washington	Washington
<b>Cost to maintain contract</b>	1.5% paid by using state agency or public entity	1.5% paid by using state agency or public entity	1.5% paid by using state agency or public entity

Procuring the interpreter under a DES master contract is done by contacting the vendor. The vendor agrees to provide the service to the state agency under the terms and conditions of the master contract. Vendors can charge less, but cannot exceed the stated price in the master contract. State agencies are allowed and encouraged to negotiate for a lower price.

## 2. Telephonic Interpreters

Telephonic interpreter services offered through DES master contracts provide service to state agencies and other public entities for 87 languages in eight states. These contracts were procured through the Western States Contracting Alliance (WSCA). The WSCA is a consortium of 15 states (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Minnesota, Montana, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington and Wyoming) formed in October 1993 to facilitate cooperative multi-state contracting. By working with other states who share the same need, the states are able to aggregate their activity and deliver economies to the vendors, resulting in lower prices. Washington is “lead state” for interpreting services, meaning it leads the procurement, issues the solicitation and awards the contracts for WSCA participants.

The basic strategy for this master contract was to utilize technology to bring providers and users together, and to aggregate the activity from a wide region in order to lower the cost to users. Because it uses technology, there is no mileage, minimum engagement or cancellation costs. Consequently, while the hourly rate is slightly higher than in-person interpreting master contracts, the overall cost is lower because users pay only for the time required for interpretation with no peripheral expenses.

DES identified two cost components when soliciting for the master contracts:

- Per minute rate for providing service
- Language

Eleven vendors submitted bids for the master contract; three telephonic interpreter vendors were awarded a DES master contract – CTS Language Link, Language Line Services and Pacific Interpreters.

DEPARTMENT OF ENTERPRISE SERVICES MASTER CONTRACTS - TELEPHONIC	
Contract Term	Telephonic
<b>Minute Rate for Service Cost</b>	CTS Language Link – \$0.82/min Language Line Services – \$0.98/min Pacific Interpreters - \$0.86/min
<b>Commute allowed</b>	N/A
<b>Commute Cost</b>	N/A
<b>Minimum Engagement Cost</b>	1 minute
<b>Cancellation Payment</b>	0
<b>Client No-Show Payment</b>	0

**DEPARTMENT OF ENTERPRISE SERVICES MASTER CONTRACTS - TELEPHONIC**

<b>Contract Term</b>	<b>Telephonic</b>
<b>Required Time to Respond to Request for Service</b>	Within 1 minute
<b>Number of languages</b>	87
<b>Availability</b>	Statewide
<b>Provider location</b>	International
<b>Cost to maintain contract</b>	0.5% paid by vendor to Western States Contracting Alliance

Procuring an interpreter under a DES master contract is done by contacting the vendor, and, for telephonic interpreting, by initiating a three-way call with the vendor. Telephonic interpreting vendors may only invoice for the time that interpreter service is provided. Time required to establish the language needed and/or connection time to the appropriate interpreter is not chargeable. Lastly, billings are in increments of one-tenth of one minute.

**B. Health Care Authority Interpreter System**

Prior to January 2003, DSHS contracted with interpreter agencies to secure the services of spoken language interpreters. While this method of contracting seemed to meet the needs of most administrations in DSHS that provided direct services, there was a concern that interpreter services requested by medical providers on behalf of Medicaid clients, and paid for by DSHS, were not always handled appropriately and effectively by medical providers, contracted interpreter agencies, and interpreters. Concerns of fraud and abuse abounded. The need was identified for a gatekeeper to monitor the scheduling of, and payments to, medical interpreters.

During the 2002 legislative session, Senate Bill 6832 was passed. It granted DSHS authority to contract for spoken language interpreter services using a broker contracting model (fashioned after the non-emergent Medicaid transportation brokerage system). The broker model established a gatekeeper function to ensure interpreter services requested by medical providers are scheduled and paid for appropriately. Under this model, DSHS contracted with brokers, who in turn contracted with interpreter agencies that contracted with spoken language interpreters.

However, the broker contracting model began to generate its own criticism. The multiple layers of contracting meant that a significant percentage of the total cost of the service was assigned to administration. For example, during the 2009-11 biennium, the estimated cost per encounter was \$49.00, with broker and interpreter agency fees comprising an average of \$20.50 of that amount.

During the 2010 legislative session, spoken language interpreters for DSHS appointments or Medicaid enrollee appointments were granted the ability to collectively bargain with the

Governor.<sup>3</sup> These interpreters continue to be independent contractors – whether paid by a broker, language access agency, or DSHS. The legislation also called for the formation of a new workgroup charged with developing a plan to improve the efficiency and effectiveness for spoken language interpreter services delivery at DSHS. Although the Governor vetoed this section of the legislation, she directed DSHS to conduct an internal review resulting in recommendations to improve administrative efficiency and effectiveness of language access services and, as part of the review, to seek input from the appropriate stakeholders.

In the 2011-13 biennial operating budget, the Legislature directed the Health Care Authority (HCA)<sup>4</sup> to provide “a secure, web-based tool that medical practitioners will use to schedule appointments for interpreter services and to identify the most appropriate, cost-effective method of service delivery in accordance with the state guidelines.” This language aligns with the reviewer’s option of issuing a request for proposal for a performance-based contract with one or two coordinating entities that would be responsible for providing spoken language interpreter services to Medicaid enrollee appointments. Coordinators would be paid a flat-rate administrative fee for scheduling, providing the appropriate interpretation service (in person, VRI or telephonic), and processing payments to interpreters and other service providers.

In response, HCA developed a request for proposal requiring the successful bidder to utilize web-based/online technology for processing, scheduling, assigning and managing requests for interpreters for all types of interpreting modalities: in-person, over the phone and video remote interpreting. The successful bidder was CTS Language Link of Vancouver. The system began on September 10, 2012. In addition to Medicaid appointments, HCA’s interpreter system is also used by DSHS in arranging interpreter services for DSHS clients.

Interpreters supplied by CTS Language Link must be members of the Washington Federation of State Employees (WFSE) Language Access Providers bargaining unit. The first agreement between the state and WFSE Language Access Providers was for the 2011-2013 biennium. The parties agreed to \$30.00 per hour rate. This was achieved by HCA amending their contracts with the brokers and interpreter agencies. The parties also agreed to a reduced payment for mileage to 50% of the state’s standard business mileage rate. The negotiated rate was projected to be within the funding provided by the Legislature.

Moreover, the parties anticipated that an HCA interpreter system would achieve further savings by eliminating one of the layers (interpreter agencies) from the system. Therefore, the parties agreed to revisit the economic components of the agreement once HCA had implemented the new system. Based on the additional anticipated savings, the parties agreed to an hourly rate of \$31.50 starting September 1, 2012. The payment terms for interpreters under the 2011-13 collective bargaining agreement are as follows:

---

<sup>3</sup> Engrossed Substitute Senate Bill 6726 (Chapter 296, Laws of 2010)

<sup>4</sup> Medical assistance and Medicaid purchasing was transferred from DSHS to the Health Care Authority in Chapter 15, Laws of 2011, 1<sup>st</sup> Spec. Sess.

## STATE COLLECTIVE BARGAINING AGREEMENT – HCA/DSHA APPOINTMENTS

Contract Term	2011-13 Collective Bargaining Agreement
<b>Rate for Service Cost</b>	HCA/Medicaid appointments - \$31.50/ hour DSHS appointments - \$30.00/ hour Telephonic - \$0.54/minute
<b>Mileage Allowed</b>	Commutes that exceed 10 miles round trip
<b>Mileage Rate</b>	50% of the state mileage rate, including ferry, bus, train or toll expenses.
<b>Minimum Engagement Cost</b>	In-person - 1 hour Block time - 2 hours Telephonic – 3 minutes
<b>Cancellation Payment</b>	30 minutes of service cost if cancelled with less than 24-hour notice.
<b>Client No-Show Payment</b>	HCA/Medicaid appointment - greater of 50% of scheduled appointment or 30 minutes. DSHS appointment – 30 minutes
<b>Required Time to Respond to Request for Service</b>	Within 48 hrs
<b>Number of languages</b>	Multiple
<b>Availability</b>	Statewide
<b>Provider location</b>	Washington
<b>Cost to maintain contract</b>	15% of forecasted service cost

The HCA interpreter system is viewed as a hybrid broker model. It retains the broker contracting model's feature of first ensuring that the request for an interpreter is an authorized service. In other words, the system first validates that the client is a Medicaid client and is eligible for the service. If these criteria are met, then an interpreter for the service is procured for the medical provider. The system is limited to appointments (including requests for block appointments) and providers must provide two business days' notice. Interpreters for emergency and urgent care are the responsibility of the medical provider.

CTS Language Link's web-based, on-line system uses a Provider Portal, which medical providers use to request interpreters, and an Interpreter Portal, which matches interpreters to provider requests. Both providers and interpreters are required to create accounts to access the system.

Providers complete a job form with information on the provider, the location of the service, appointment information, and the client with limited English proficiency. Providers can request specific interpreters for an appointment, but must provide justification for the request.

If the appointment is recurrent, the request can be made for these multiple appointments. Providers can review all their job requests made in the system on a single webpage, which also shows the job's status – new and pending Medicaid approval, not eligible, eligible, CTS requesting more time to fill, filled, or cannot fill.

Changes, such as time of appointment or a cancellation, can also be made. For filled jobs, the webpage also includes a check-in and check-out feature, which measures the time for which the interpreter will be paid. In cases where the appointment location does not have access to the portal, the provider and interpreter must complete a manual voucher.

The portal distributes new available job assignments to interpreters based on the distance to the job site from the interpreter's location. Assignments are made available first to those within 10 miles of the job site. If interpreters are unavailable, none accept the job, or as the time to the appointment decreases, the distance of interpreters from the job site expands. Requests for specific interpreters are honored only under the following circumstances:

- Medically necessary
- Continuity of care
- Religious or cultural specific requests
- When necessitated by age

Payments to interpreters are made according to the terms of the state's collective bargaining agreement described earlier. The CTS Language Link system automatically calculates interpreter mileage based on the shortest route from home or last assignment using Google Maps' mileage calculator. Expenses may also be claimed through the portal; however, payment is not made until back-up documentation is submitted to CTS Language Link.

### **C. Labor & Industries Interpreter System**

The Department of Labor & Industries (L&I) requires interpreter services for two separate needs: (1) assistance with injured worker claims, WISHA compliance, workplace rights, licensure, and other services and (2) assisting injured workers during medical appointments.

For its interpreter needs for those seeking assistance services not related to medical appointments (injured worker claims, WISHA compliance, licensure, and other inquiries, etc.), L&I uses the DES master contract with Language Line Services.

With respect to assisting injured workers during medical appointments, L&I does not procure interpreters. When a medical provider ("provider") for an injured worker determines the need for an interpreter, the provider procures the interpreter. In some instances, providers have staff who interpret for them. Other providers have contracts with individual interpreters or interpreter agencies. Others hire interpreters on an as-needed basis. Providers have the option of choosing to procure an interpreter to appear in-person or to interpret over the telephone. No advanced request or preauthorization is required from L&I.



In every case, the provider must use an interpreter certified by L&I in order for the service to be paid by L&I. Providers can go to L&I's Interpreter Look-up Service website to find an in-person interpreter: <https://fortress.wa.gov/lni/ils/>. Providers are free to choose any L&I certified interpreter and often have preferences on who provides the service. If a provider is not satisfied with an L&I certified interpreter, the provider does not have to use the interpreter again. Additionally, providers can also choose to use a non-certified interpreter, such as a staff member, and pay for the service themselves.

L&I accepts applications from anyone wishing to be an L&I certified interpreter. Interpreter credentials must be documented through eight different certificates and registries, including the DSHS social or medical certificate, the Washington Administrative Office for the Courts certificate, and the National Board of Certification for Medical Interpreters certificate. Other credentials may be accepted if the credential's testing criteria can be verified as meeting L&I's minimum standards.

If an interpreter is certified, L&I establishes an individual provider account number with the interpreter. Although the medical provider procures the interpreter, the interpreter bills L&I directly for the service. Costs for each encounter are charged to the specific injured worker's claim.

CTS Language Link and Pacific Interpreters are two L&I certified vendors who can provide telephonic interpreting services for medical providers. Telephonic interpreters are paid under the same terms and conditions as the DES master contract, including their per-minute rates of \$0.82 and \$0.86, respectively. CTS Language Link and Pacific Interpreters are required to bill by L&I's unique workers compensation claim numbers.

L&I certified interpreters are paid \$0.80 per minute for in-person services and reimbursed at the state rate for mileage. Unlike the DES master contracts:

- The hourly rate for service does not vary among languages
- There is no minimum engagement cost
- There is no cancellation payment
- Except for independent medical exam appointments, there is no client no-show payment.

<b>LABOR &amp; INDUSTRIES PAYMENT TERMS FOR INJURED WORKER INTERPRETERS</b>	
<b>Contract Term</b>	<b>L&amp;I Payment Terms</b>
<b>Minute Rate for Service Cost</b>	In-person - \$0.80/min Telephonic CTS Language Link – \$0.82/min Telephonic Pacific Interpreters - \$0.86/min
<b>Mileage Allowed</b>	All miles for commute to appointment
<b>Commute Cost</b>	State mileage rate
<b>Minimum Engagement Cost</b>	None
<b>Cancellation Payment</b>	None

## LABOR & INDUSTRIES PAYMENT TERMS FOR INJURED WORKER INTERPRETERS

Contract Term	L&I Payment Terms
<b>Client No-Show Payment</b>	None (except independent medical exams)
<b>Required Time to Respond to Request for Service</b>	N/A
<b>Number of languages</b>	N/A
<b>Availability</b>	Statewide
<b>Provider location</b>	Statewide
<b>Cost to maintain contract</b>	½ one percent paid by vendor for telephonic N/A for in-person interpreter services

L&I's system is unique among state agencies. It is designed to make it easy and flexible for the medical provider to ensure their continued satisfaction with treating injured workers and speedy treatment for workers to minimize disability and costs. A major concern is reducing delays that prevent workers from returning to work. Unlike Medicaid appointments or other state settings that use interpreters, injured workers receive wage replacement known as time-loss benefits. On average, a single day of time-loss benefits costs about \$65. These costs are charged to the employer's claim experience, which in turn, increases an employer's industrial insurance rate.

The total amount billed to L&I for interpreter services by fiscal year is provided in the chart below. The total cost also includes L&I's costs for its interpreter needs not related to medical appointments (e.g., calls to L&I related to injured worker claims, WISHA compliance, workplace rights, licensure, and other services). L&I costs for these interpreter services not related to injured worker medical appointments on an annual basis are approximately \$122,000.

## LABOR & INDUSTRIES COST FOR INTERPRETERS (FY 2008 – FY 2012)

Fiscal Year	Total Travel Cost	# of Bills	Average Cost	Total Interpretative Costs	# of Bills	Average Cost
<b>2008</b>	\$1,022,558	87,059	\$11.75	\$8,385,815	116,641	\$71.89
<b>2009</b>	\$1,310,238	96,580	\$13.57	\$10,234,020	130,517	\$78.41
<b>2010</b>	\$1,479,427	110,330	\$13.41	\$11,046,534	149,280	\$74.00
<b>2011</b>	\$1,652,026	125,013	\$13.21	\$11,012,447	162,742	\$67.67
<b>2012</b>	\$1,710,589	127,946	\$13.37	\$10,849,701	161,557	\$67.16

### III. Interpreter Industry

---

The interpreter industry in Washington state is highly diffuse and structured around independent contractor relationships between interpreter agencies and interpreters, and interpreters and clients. Washington state agencies compete with other local governments, public agencies, and private business when securing interpreter services. While there are steps the state can take to reduce its interpreter costs, we need to be mindful that the state needs to remain an attractive client to the interpreter industry.

There are three unique sectors of interpreters that work with state government: (1) medical interpreters, (2) court-certified or registered interpreters, and (3) American Sign Language interpreters. The practice of each sector of interpretation, the services offered, and the expected remuneration differs between these sets. While merging all sectors of interpreters into one delivery system for the state would yield some economies of scale, the differences within the interpreter industry weigh heavily against making this recommendation. Instead, we recommend exploring opportunities for efficiencies and cost savings within each sector of interpreters within the industry.

#### A. Medical Interpretation

Most state agencies require interpreters to be a DSHS-certified or authorized medical interpreter to provide medical interpretation. DSHS certification requires a person to have passed an exam administered by DSHS' Language Testing and Certification program (LTC) that tests a person's linguistic and interpreting skills with a particular emphasis on the knowledge and use of medical terminology and procedures. The certification test has both a written and oral component and is language-specific for Spanish, Vietnamese, Russian, Cambodian, Laotian, Mandarin Chinese, Cantonese Chinese, and Korean languages. A narrower screening test is administered for other languages and passage of this test authorizes the person to provide interpreter services to DSHS clients.

LTC was created for DSHS' own internal use and was developed in response to lawsuits and civil right complaints in order to ensure the quality of interpreter services provided to DSHS clients. Five types of tests were created to evaluate the skills of five categories of people who may provide interpreter services to DSHS clients: (1) DSHS employees with bilingual assignments, (2) licensed agency personnel whose agency provides services to DSHS under contract (such as mental health and substance abuse program workers), (3) contracted translators providing written translation services to DSHS programs, (4) contracted interpreters providing oral interpretation services to DSHS social service programs, and (5) contracted interpreters providing oral interpretation services to DSHS clients in medical settings.

In the absence of any national or standardized certification for medical interpretation, DSHS certification of interpreters who provide oral interpretation services in medical settings ("medical interpreters") is a de facto minimum requirement to work in this field. Interpreter agencies, particularly those who operate in multiple jurisdictions, do administer their own testing and have quality assurance programs to ensure that their interpreters are proficient.

Nonetheless, DSHS medical interpretation certification is the recognized standard in the state for Spanish, Vietnamese, Russian, Cambodian, Laotian, Mandarin Chinese, Cantonese Chinese, and Korean.

There are no ongoing continuing education requirements to maintain DSHS medical interpreter certification. The certification does not expire. Consequently, DSHS maintains a list of over 9,000 names of persons who are certified, many of whom have either moved out of state, are deceased, have no interest in providing interpretation, or no longer possess the skills to proficiently interpret in a medical setting. Although DSHS requires its certified interpreters to adhere to a professional code of conduct, due to lack of funding, there is no disciplinary process should an interpreter violate the standard.

The services offered by medical interpreters were described by study participants as a facilitator of medical services. While the interpreter's primary duty is to accurately interpret the conversation between the client and medical professionals, medical interpreters can also be asked to work with other individuals, such as family members or a patient representative, and they may provide cultural information to facilitate support for a treatment plan. Healthcare interpreters often translate healthcare documents by giving an oral translation in the language of the patient. Medical interpreters often have to educate their clients on the process required to receive and maintain benefits; this assistance appears to be more pronounced with injured workers with L&I claims where forms must be submitted regularly by medical providers and injured workers in order to maintain benefits.

Medical interpretation represents the largest use of interpreters within state government, upwards of 96 percent, using state agency spending as the measure. The spending occurs primarily within two agencies, HCA and L&I, which as described previously, have dramatically different methods of delivering the services and payment terms.

## **B. Court Interpretation**

Court interpreters likewise grew out of an internal need by state and local judiciary to have trained and credentialed interpreters in their courts. In the late 1980's, the Washington Court Interpreter Program was established pursuant to RCW 2.43.070, which requires the use of interpreters in legal proceedings with non-English-speaking persons. At the time, no outside private or public entity tested or trained interpreters at a level deemed appropriate for court proceedings. Additionally, there were concerns that many interpreters failed to understand their role and basic ethics of an interpreter in a judicial setting.

Therefore, the Washington Court Interpreter Program was established in the Administrative Office of the Courts (AOC) and for 20 years has administered tests to certify court interpreters. The certification exams were originally unique to Washington. However, in 1995, Washington became a founding member of the Consortium for Language Access in the Courts, which is a multi-state collaboration that uses economies of scale to develop and administer court certification exams for state judiciaries. Forty states are now Consortium members who use what has become a nationalized certification test. An individual must pass both the written exam and the oral language proficiency exams. The proficiency exam includes English language

vocabulary, court-related terms, and ethics. Interpreters can receive certification in the following languages: Arabic (Egyptian), Arabic (Levantine), Cantonese, French, Korean, Laotian, Mandarin, Marshallese, Punjabi, Russian, Somali, Spanish, Tagalog, and Vietnamese.

Similar to DSHS' LTC program, because only a few languages were eligible for certification, a credential of registered interpreters was developed in 2007. The registered process differs from the certification process in that interpreters are tested on their ability to speak and understand English and the foreign language. The exam is administered over the phone.

Other requirements to become certified or registered include: (1) attendance at an orientation which provides introductory information about court interpreting techniques, (2) training on ethics and courtroom protocol, and (3) taking the oath of an interpreter. Court-certified interpreters must report every two years a minimum of 16 hours of continuing education credits, of which two must be ethics training. Registered interpreters must report a minimum of 10 hours of continuing education credits, of which two must be ethics training, every two years. Failure to meet these requirements results in loss of certification or registration. In addition, court-certified and registered interpreters must adhere to a professional code of conduct that is enforced by an Interpreter Commission. Within a biennial budget of \$354,000, the Administrative Office of the Courts subsidizes the cost of applicant testing and training, offers continuing education courses, and administers the Interpreter Commission.

In addition, AOC also administers an Interpreter Reimbursement Program, which reimburses local courts 50% of qualifying interpreter expenses. Local courts must agree to pay the interpreter \$50/hour with a two-hour minimum. Payment for mileage is required, but not travel time. Within the industry, compensation and contract terms for court-certified and registered interpreters vary. AOC noted that many interpreters are paid in the range of \$40/hour in many areas of the state. However, because court-certified and registered interpreters more often work as individual independent contractors, their fees are not shared with an interpreter agency.

Interpreters in legal proceedings are to interpret or translate thoroughly and precisely, adding or omitting nothing, and stating as nearly as possible what has been stated in the language of the speaker. The interpreter's presence is necessary for all aspects of the proceeding – client communication with his/her representative/attorney and the judge, interpretation of witness testimony, and translation of documents and other evidence. The interpretation is also expected to be simultaneous. Therefore, interpretation in a legal setting is conducted in-person. However, telephonic interpretation can be used in limited cases such as brief, non-evidentiary proceedings, when interpreters are not readily available or when not required by law or court rule.

For state agencies that conduct quasi-judicial or administrative hearings, the practice of using court-certified or registered interpreters varies. For example, for hearings that affect the life or liberty of an offender, including proceedings of the Indeterminate Sentencing Review Board, DOC must procure a court-certified or registered interpreter. Conversely, OAH is only required to use court-certified or registered interpreters for unemployment insurance benefit cases under the *Nava* settlement. In other OAH hearings (e.g., DSHS benefit appeals) and BIIA

hearings, administrative law judges are allowed to use other interpreters determined to be qualified based on the interpreter's education, certifications, experience, and understanding of the basic vocabulary and procedure involved in the proceeding. However, to maintain the integrity of administrative proceedings that can be appealed to a court, OAH and BIIA generally use court-certified or registered interpreters.

As stated earlier, there are only 306 interpreters who are court-certified or registered (233 certified and 73 registered). The spending on interpreters occurs primarily within three agencies – OAH, BIIA, and DOC – who more commonly procure interpreters as independent contractors. State agencies attempt to adhere to the DES master contract terms when contracting directly with a court-certified or registered interpreter. However, in order to meet state agency needs for rarer languages, remote locations, and greater availability, interpreters can be provided more favorable terms.

### **C. American Sign Language (ASL) Interpretation**

American Sign Language (ASL) interpreters comprise another sector of interpretation. The Registry of Interpreters for the Deaf (RID) and the National Association of the Deaf (NAD) have developed standardized national tests to certify interpreters that have been used for over 30 years. RID offers multiple ASL interpreter generalist and specialist certifications.

A person seeking to become ASL-certified must meet certain educational requirements. Hearing candidates must have a minimum of a bachelor's degree (any major) and deaf candidates must have a minimum of an associate's degree (any major). RID testing includes general knowledge of the field of interpreting, ethical decision making, and interpreting skills. Once certified, members must maintain their certification through continuing education and membership in RID. Continuing education requirements include a minimum of 80 hours of instruction or studies during each four-year certification maintenance cycle. ASL interpreters must also follow the NAD-RIS Code of Professional Conduct.

ASL interpreters are expected to be able to listen to another person's words, inflections and intent, and simultaneously render them into the visual language of signs preferred by the deaf consumer. The interpreter must also be able to comprehend the signs, inflections and intent of the deaf consumer, and simultaneously speak them in articulate, appropriate English.

The Office of Deaf and Hard of Hearing (ODHH) within DSHS has operated since 1976. ODHH provides a variety of services to deaf and hard of hearing clients and to state agencies, including ASL interpreter management. Under RCW 43.19.190, DSHS has the authority to procure and manage statewide ASL interpreter contracts for public assistance clients. Since 2005, ODHH had had the authority to procure and manage these contracts. ODHH ASL interpreter contracts are mandatory for DSHS use, and optional for members of the Washington State Purchasing Cooperative (WSPC) and other state agencies. ODHH interpreter management provides uniformity and consistency in services, with experts in the field available for inquiries regarding language needs, certifications, and abilities.

ASL interpreters work both as independent contractors and through interpreter agencies. Payment terms vary across this sector of the industry.

<b>OFFICE OF DEAF &amp; HARD OF HEARING CONTRACTS – ASL INTERPRETERS</b>	
<b>Contract Term</b>	<b>Contract Terms</b>
<b>Rate for Service Cost</b>	Base rate - \$25.00-\$58.00/ hour depending on certification level First hour – 1.5 times of base rate Additional hours – base rate paid in 15 minute increments
<b>Mileage Allowed</b>	All miles for commute to appointment
<b>Commute Cost</b>	State mileage rate
<b>Minimum Engagement Cost</b>	In-person - one hour
<b>Cancellation Payment</b>	100% of service cost if cancelled with less than two business days or 18 business hours notice.
<b>Client No-Show Payment</b>	100% of service cost if cancelled with less than two business days or 18 business hours notice.
<b>Required Time to Respond to Request for Service</b>	N/A
<b>Number of languages</b>	Multiple
<b>Availability</b>	Statewide
<b>Provider location</b>	Washington
<b>Cost to maintain contract</b>	\$30 fee for contracted interpreter or interpreter agency for each appointment

#### **IV. Alternatives**

During our meetings with state agencies and affected stakeholders, OFM asked a series of questions intended to elicit responses to the legislative directives of the study. The questions were tailored to each audience; however, the following questions were asked at each meeting:

1. A consistent criticism is that interpreter agencies administrative fees/costs average 42% of total hourly interpreter costs. What is your response to this view of the fees on your business charges?
2. Are there actions in the way state agencies use the master contracts and your services that you feel increase your costs and state costs?
3. Are there elements of our current contracts that you would change to reduce state costs or increase efficiencies?



4. What would the impact be if the state:
  - a. Paid a single charge rather than allowing for commute payments?
  - b. Reduced the minimum engagement, cancellation and no-show rates?
  - c. Increased fees for interpreters in remote locations or those who interpreter rarer languages and decreased fees for more common languages?
5. Are you familiar with the Washington Health Care Authority's new procurement system through CTS Language Link? Would the implementation of such a system across state agencies improve or diminish interpreter services for your agency, business, or clients?
6. Do you think it would be beneficial if the state agencies were more uniform in the way they procure interpreter services and what/how they pay for the service?
7. Washington State is required to engage in performance-based contracting. What kind of performance measures should the state use? How could we assess performance?
8. What kind of incentives and disincentives could be placed in the contract to improve performance and efficiencies?
9. How can we encourage a broader pool of interpreters for remote locations and rarer languages for all state agencies?
10. Is there anything else you would like to add that would help us with this study?

With respect to L&I medical appointments, we also specifically asked:

1. Are you familiar with the new Health Care Authority interpreter procurement system for Medicaid appointments through CTS LanguageLink? If you are, what is your opinion of the idea of L&I moving to a similar system? What are the pros and cons of the HCA system?
2. What elements of the current L&I interpreter system do you find beneficial and would not want to change? Conversely, what elements are difficult and you would like to see L&I improve?
3. Are there elements of L&I's system that you think could be changed to reduce state/employer/employee costs or increase efficiencies?

#### **A. Telephonic Interpreter Services**

State agencies are highly satisfied with the telephonic interpreter services provided by Pacific Interpreters and Language Line Services. While state agencies find it difficult to assess the quality of the interpreters, the firms are responsive to the needs of state agencies on an individual call basis, as well as the overall management of the contract. It is rare that a language is unavailable or cannot be obtained quickly. Consequently, many state agencies continue with these firms despite their higher per-minute cost. Agencies are also generally satisfied with CTS Language Link, but it was noted that CTS Language Link is more likely unable to fulfill rare language requests. Some state agencies also noted difficulty resolving client and/or billing complaints.



Telephonic interpretation itself allows state agencies to “buy by the bite,” which results in low cost to state agencies. However, the current DES master contract also contains terms that are very favorable to state agencies.

The DES master contract for telephonic interpreter services contains elements of a performance-based contract. For example, on average, the vendor must answer at least 95% of all incoming calls within five seconds of the call starting to ring at the vendor’s facility. Thereafter, on average, the vendor must respond to calls at a rate of 95% or greater within 30 seconds of the client’s language being identified.

In the event interpretation service for Spanish, Russian, Somali, Vietnamese, Tagalog, Korean or Farsi does not begin within 60 seconds of the client’s language being identified, the customer is not to be charged for any interpretation services provided for the duration of the call. In the event any interpretation service request for these languages results in a customer being told “no interpreter is available,” the vendor will be subject to a self-assessed penalty equal to the cost of the customer’s average interpreter call for the month in which the “no interpreter available” event occurs. Once interpretation begins, the call cannot be placed on hold or put into a queue of any kind.

The vendor may only invoice for the time that interpreter service is provided. Billing of the interpretation period starts when the interpreter answers and begins interpreting; billing ends when the interpreter has been disconnected from both the customer and the client. Time required to establish the language needed and/or connection time to the appropriate interpreter is not chargeable. Lastly, billings are in increments of one-tenth of one minute.

By having three master contracts from which to choose, agencies also have the opportunity to “bid by the call” by first seeking service through the lowest cost vendor (CTS Language Link) and then proceeding to higher cost vendors (Language Line Services and Pacific Interpreters) only when their needs cannot be met. Large agencies with high call volumes take advantage of this option. However, Language Line Services and Pacific Interpreters are the sole vendor for many state agencies because of the superior quality of the interpretation, responsiveness to calls, and the breadth of languages offered. Consequently, we have no recommendations for changing telephonic interpreter services at this time.

## **B. Video Remote Interpreter Services**

Video remote interpreting (VRI) is an emerging method used to deliver interpreter services. Although there are a variety of technologies used by vendors, VRI is an internet-based service where the client uses a [videophone](#) or [web camera](#) and a video screen ([television](#), [computer](#), [tablet](#)) to connect to an interpreter working in another location (office, call center, or home-based workplace). The video interpreter facilitates communication between the participants who are located together at another site by both hearing the voices of the participants and seeing their actions on the video screen.

The use of VRI for delivering ASL interpretation is common and the use of VRI in the medical setting is growing. For example, many Washington state hospitals and medical centers use VRI to complement in-person and telephonic interpreting. It is an option used in triage and emergency settings where time delays cannot be tolerated. Additionally, medical staff working in an office setting can use VRI to accommodate brief interactions or regular follow-up care meetings with patients. VRI is also used more extensively in regions where in-person interpreters are not available or would be cost prohibitive. Like telephonic interpreting, VRI provides easy access to an interpreter, but with the added benefit of interacting with the interpreter.

With respect to cost, some VRI vendors provide the “buy by the bite” benefits of telephonic interpretation. Clients can avoid interpreter travel time and mileage costs with VRI. Services can be provided in multiple languages and on demand; therefore, client no-show costs can be eliminated. Like telephonic interpreting, vendors charge by the minute. However, the cost per minute is generally more (\$2-\$4) than telephonic (less than \$1). Other VRI vendors operate similarly to a typical interpreter agency requiring pre-scheduling, minimum engagement costs, and limited languages.

Although some VRI vendors supply all necessary equipment, VRI requires some information technology investment by the client in both equipment and connectivity. A computer, camera and a high-speed Internet connection is the least investment required. However, for large organizations with sophisticated information technology systems, their internal IT security and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) have been barriers to VRI. In remote locations, access to high bandwidth internet is a problem. Lastly, VRI is dependent on technology – if the equipment or connection is not working, interpretation cannot take place.

More interpreter companies are offering VRI to clients and with increased use, costs for the service is declining. Additionally, changing technology, such as tablets and other portable devices, are lowering the client costs. We believe VRI should be an option for state agencies to access, particularly for those with multiple, but fixed locations for services that may require interpreters. Therefore, we recommend DES engage in a procurement process to establish master contracts for video remote interpreter services.

### **C. Court-Certified Interpreters**

For decades, the Administrative Office of the Courts (AOC) in coordination with its Interpreter Commission has had an active role in the development and support of the court interpreter community to support the needs of the state’s courts and legal profession. In addition to credentialing interpreters, providing continuing education, and regulating a code of conduct, AOC has explored opportunities to improve the delivery of interpreter services to the courts.

For example, AOC has instituted a pilot with 1Lingua, a Washington-based company, to use its web-based interpreter scheduling/management system to procure interpreters for municipal courts. Like the HCA system, this web-based system is designed to reduce the amount of staff time involved in procuring interpreter services and reduces costs by finding the most closely

located independent-contracting interpreters. The 1Lingua system allows interpreters to establish a profile defining their skills, desired jobs, and their contract rates and terms. Requesters seeking interpreter services use a search tool to find interpreters who match their needs. Unlike an interpreter agency, interpreters using 1Lingua's matching and scheduling system continue providing services as independent contractors, contracting directly with requesters, and paying no fees to 1Lingua. Rather, requesters pay a fee per engagement. The pilot is currently being used at Tukwila Municipal Court, SeaTac Municipal Court, and if successful, could be expanded into other courts.

Additionally, AOC has explored using VRI in the courts. VRI is seen as an opportunity to increase access to court-certified and registered interpreters and reduce costs by eliminating travel costs. The first project was located in Grant County District Court working with InDemand, a company based in Wenatchee. In exchange for purchasing the equipment (laptops at the bench and two counsel tables), InDemand provided three months of free interpretation by a court-certified interpreter. AOC's cost analysis of the pilot found that if the court requires active interpreting for fewer than 20 minutes, it is cost effective to utilize VRI. Alternatively, if interpreting is needed for more time, it is cost effective to pay AOC's recommended rate of \$50/hour with a two-hour minimum. Since Grant County has a high volume of Spanish cases, and interpreter usage almost invariably exceeds 20 minutes per calendar, it was cost prohibitive to continue with this VRI pilot.

However, given its promise to increase access to interpreters and reduce court disruption and the costs associated with on-site interpreting, AOC has proposed in its 2013-15 biennial operating budget a request for \$384,000 to implement a centralized remote interpreting program within AOC. Remote interpreting includes telephone interpreting and VRI interpreting. Telephone interpreting can be accomplished with a standard telephone line attached to a state-of-the-art sound system. VRI will use a sound system, a standard telephone line, headsets with attached microphones, personal computers, high speed internet, and cameras. The budget request will fund the VRI equipment purchase, installation, and maintenance, as well as provide training necessary to use the equipment. The request will also fund one bilingual, full-time Court Program Analyst to draft business procedures; coordinate VRI services; provide back-up telephonic and video interpreting; and obtain, review and evaluate data.

Merging court-certified and registered interpreters into an alternative state procurement system would be redundant given that only three state agencies require these services. Therefore, given the AOC's significant involvement with the small number (306) of court-certified or registered interpreters and its consistent efforts to increase access at reduced cost, we recommend state agencies work with AOC to leverage the benefits to both the judicial and executive branches. For example, we encouraged DOC to work with the Indeterminate Sentencing Review Board and AOC to explore the use of its VRI system at its hearings. If it is determined to be feasible, we recommend that DOC submit a 2014 supplemental budget request for the equipment and staff necessary to implement VRI. Other opportunities could exist with OAH and BIIA within existing funds to use 1Lingua's services if expansion of the pilot proceeds.

## **D. American Sign Language (ASL) Interpretation**

ASL and spoken word translation types are provided by different industries with different legal and training requirements, cultural focus, professional standards, and certifications. Those core differences have affected the market of those two industries and accordingly, the expected payment rates and terms differ substantially. The failure to recognize these differences has led to fewer deaf and hard of hearing Medicaid clients being served through the HCA system as few ASL interpreters are willing to participate in the HCA system. It is a cautionary example of how cost saving efforts and efficiency measures can have the effect of driving an industry away from working with the state.

Centralizing and streamlining in ODHH interpreting contracts for ASL for all state agency use, including HCA, should be explored. Like the courts, ODHH has a unique relationship with an interpreter sector. ODHH has successfully managed the DSHS ASL contracts for over seven years. ODHH has subject matter experts in ASL modalities and service settings, client communication needs, and interpreting practice. Relationships have already been established between the deaf community, ASL interpreters, and ASL interpreter agencies. HCA does have concerns related to federal Medicaid reimbursement rules and has a desire to maintain a single procurement system, but these need further attention than this study could address. Therefore, we recommend that a workgroup be formed to review ASL interpreter services.

## **E. Implementation of Statewide Interpreter Procurement System**

During our discussions with interpreter agencies, few DES master contract vendors could adequately respond to the criticism that their administrative fees were excessive. All disputed that their fees represented 42% of total interpreter costs, but stated their costs were justified to cover these cost components:

- Profit
- Costs of recruitment and assessment of qualifications
- Scheduling and coordination of appointments
- Customer service such as confirming appointments with clients
- Client billings and interpreter payments
- Information technology (IT) investments

Therefore, we also explored the possibility of implementing a statewide system to schedule in-person interpreter services. We quickly dispatched the idea of developing such a system in-house because building and operating such a scheduling/billing system would be a large IT system rivaling the cost and complexity of the Provider One – Phase Two payment system. While there are several interpreter scheduling software programs available in the market, they are generally engineered for single client use, such as a hospital facility, where services are being offered in few locations rather than an enterprise-wide IT system that could serve the needs of several state agencies, and thousands of medical providers, clients and locations. Moreover, the scheduling software products in the market would require extensive customization to meet the unique billing needs and financial controls required of state government.

IT costs were noted as the single largest investment made by DES master contract agency vendors. Most have complex proprietary systems developed over several years. Rather than attempting to build what already exists in the private sector, we concluded that contracting out for a statewide interpreting system would be more cost-effective and efficient. Private vendors employ staff necessary to manage these systems and have the incentive to continually update their products and services to meet the demands of multiple clients and to attract new clients. Additionally, private sector vendors employ staff to meet the customer service needs of clients and interpreters. With the private sector, all of these aforementioned costs are shared across multiple client bases. Therefore, the state would assume only its incremental cost for a consolidated interpreter procurement system.

On March 2, 2012, HCA issued a Request for Proposal (RFP), soliciting proposals from entities interested in contracting to ensure that eligible government clients of HCA and DSHS and other agencies who are limited-English proficient have access to needed services. If the state were to implement a statewide procurement system for interpreters, the system specifications would likely be comparable to the HCA system. Therefore, the bids offered by vendors for the HCA procurement should likewise be comparable as to cost.

The HCA RFP sought responses from entities qualified to provide interpreter services in spoken and sign languages using three different modalities – telephonic, VRI, and in-person for two service areas, i.e., western Washington (SA #1) and eastern Washington (SA #2). Bidders were expected, in general and in pertinent part, to do/provide the following:

1. Contract directly with Interpreters for Spoken Language In-Person Interpreter Services;
2. Provide Sign Language Interpreter Services through employees, direct contracts, or Subcontracts;
3. Provide telephonic and VRI modalities of interpretation either through employees, direct contracts, and subcontracts;
4. Provide adequate staff to process, schedule, assign, and manage requests utilizing web-based/on-line technology;
5. Accommodate requests via e-mail, telephone, or fax transmission technologies; and
6. Adhere to the terms and conditions of the CBA, collect union dues/fees from interpreters and remit to the union.

Eight organizations bid for the work with administrative costs ranging from 13.25% to 29% of the service cost. All of the bidders represented that they had the capability to implement a web-based/on-line technology for scheduling and managing interpreter requests by adapting their current IT systems. HCA awarded the contract to CTS Language Link who is charging a 15% administrative fee based on forecasted utilization. Applying this administrative charge to the volume of interpreter encounters with L&I injured workers, it would cost approximately \$1,152,000 annually to implement a similar system.

## **F. Expansion of HCA System**

### **1. Impact on Medical Providers**

When asked if the HCA system should be expanded to L&I injured worker medical appointments, medical providers uniformly rejected the idea.

First, the desire to choose specific interpreters is strong. Under the HCA system, medical providers can obtain a specific interpreter only if it is medically necessary, required for continuity of care, to address religious or cultural specific requests or when necessitated by age. L&I allows medical providers to use any L&I certified interpreter they choose.

Moreover, the interpreters and interpreter agencies used by L&I medical providers actively manage their needs, ensuring that the interpreter is not just skilled, but meets any other criteria requested by the medical provider such as adherence to the medical provider's policies and procedures or accommodating a patient's or doctor's preferences. While they acknowledge the HCA system will supply an interpreter, L&I medical providers do not want to lose the customer service that interpreters and interpreter agencies provide, which includes appointment reminder calls to injured workers, dealing with L&I billings and forms, and resolving complaints. In sum, L&I medical providers have established relationships with individual interpreters or interpreter agencies that they wish to retain.

The HCA system requires a level of administration and data entry to request an interpreter to which medical providers are unaccustomed. However, under the L&I system, medical providers have even fewer responsibilities than under the current or past HCA system. There is no pre-authorization required to obtain an L&I interpreter. Medical providers can choose freely from a list of L&I certified interpreters. Interpreters bill L&I directly. A medical provider requiring an interpreter for an injured worker's L&I claim simply contacts an interpreter agency or interpreter to arrange the appointment and then signs L&I's interpreter services appointment record form.

Additionally, the profile of the clients served by L&I differs from Medicaid. Although Medicaid clients require a wide range of medical treatments, injured workers with L&I claims have a higher proportion of traumatic injuries from falls or accidents with equipment or objects that require urgent care. The HCA system does not procure interpreters for emergency or urgent care appointments; rather the appointment must be no fewer than 48 hours after the request for the interpreter is made. Like Medicaid medical providers, L&I providers would need another method to procure interpreters in those instances. Injured workers also are required to periodically update their status with L&I, via an Insurer Activity Prescription Form (APF) completed by the medical provider to continue to receive medical and time loss benefits. The need to complete the APF often drives same day or next day appointments with injured workers. Believing they have a high proportion of appointments that could not be fulfilled by the HCA system, the idea of expanding the HCA system and requiring two systems to obtain an interpreter was disfavored.

## 2. Potential Cost Savings

Nonetheless, there is evidence that expanding the HCA system to include L&I medical appointments could produce savings. It is difficult to complete a full assessment due to the differing payment structures between L&I and HCA. L&I's payment terms are akin to telephonic interpretation where payment is by the minute with no minimum engagement cost and no payment for client cancellations or no-shows. In contrast, the HCA system and DES master contract payment terms include these items, but with more favorable terms to the state in the HCA system.

In addition, the agency oversight of interpreter billings significantly differs between L&I and HCA. L&I relies on the interpreter's statement of time and mileage on the interpreter services appointment record form. HCA's system includes a check-in and check-out feature, which measure the time for which the interpreter will be paid. Interpreters closest to the appointment location are first offered jobs. Mileage is automatically calculated based on the shortest route; interpreters can request different mileage if the circumstances demonstrate another route is warranted. If expenses are claimed, documentation is required.

Assuming that L&I no-shows and cancellations are similar to that experienced by HCA (11% of total encounters) and using the highest term offered in the collective bargaining agreement, L&I costs using the HCA system are estimated in the following table.

POTENTIAL LABOR & INDUSTRIES COST SAVINGS					
Fiscal Year	Cost Component	Estimated Number	Estimated Average Duration	Estimated Cost per Encounter	Total
2011	Billings	162,742	1.42 hour	\$44.73	\$7,279,450
	Estimated No-Show/Cancellation	17,901	.71 hour	\$22.37	\$400,445
	15% Contractor Administrative Fee				\$1,151,984
	<b>Total Cost</b>				<b>\$8,831,879</b>
2012	Billings	161,557	1.42 hour	\$44.73	\$7,226,444
	Estimated No-Show/Cancellation	17,771	.71 hour	\$22.37	\$397,537
	15% Contractor Administrative Fee				\$1,143,597
	<b>Total Cost</b>				<b>\$8,767,578</b>

FY 2011 costs for L&I were \$11,012,447, which is \$2,180,568 more than estimated through the HCA system. FY 2012 costs for L&I were \$10,849,701 and would result in similar savings estimated at \$2,082,123. We did not attempt to estimate potential cost savings or increases



from travel. While the HCA system includes more oversight and more favorable terms to the state for mileage than L&I's terms, we lack any information on L&I interpreter commute patterns to conduct an analysis.

What drives the savings is simple – a lower hourly rate for the interpreter service. L&I's hourly rate is \$48/hour versus HCA's hourly rate of \$31.50/hour. L&I purposely sets its rate to be competitive to that paid for medical interpreters in the health care industry by hospitals, clinics and other providers. Lowering L&I's hourly rate could produce comparable savings. However, it is unlikely that interpreter agencies would continue to serve L&I injured workers. No interpreter agency, whether a DES master contract vendor or vendor serving L&I injured workers, indicated they could compete with a \$31.50/hour rate. Furthermore, the higher L&I rate is a trade-off for the risk of other payment terms - no minimum engagement payment or payment for cancellations. Therefore, for such a system to succeed, HCA's payment terms, along with direct contracting with interpreters, must be a component.

### **3. Implementation Considerations**

The HCA system began on September 10, 2012, and therefore, there is little data available to draw conclusions regarding its performance. However, as a new system, it is experiencing difficulties and inconveniences as the Medicaid medical community, interpreters, HCA, and CTS Language Link learn from the experience. The following are provided as examples of stakeholder issues with the new procurement system. Medical providers expressed concerns that:

- The CTS Language Link portal was not HIPAA compliant.
- HCA's contract does not require CTS Language Link to maintain records on an interpreter's immunization, which hospitals and other medical providers felt risked their facilities' accreditations.
- They are unable to request specific interpreters for appointments.
- Interpreters whom medical providers had prohibited from working in their facilities were given jobs with these medical providers.
- Telephonic interpreter services were not available until December 2012. VRI also was slow to become available.
- American Sign Language interpreters are refusing to accept Medicaid appointments due to the one-hour minimum appointment and one-half reimbursement for client no-shows.
- The new system is time consuming, requiring more staff and management of interpreters; some would rather forego reimbursement than use the system.

Interpreters expressed concerns that:

- New job assignments were constantly posted as requests were made, which medical providers noted distracted interpreters during appointments and interpreters noted increased their difficulty to schedule a full day of work.
- Appointments were removed from an interpreter's list of accepted jobs if a medical provider made changes to the appointment.



- Cancellations and no-shows were not appearing in interpreter's list of pending jobs.
- No notice is given that their services are requested.
- Payments have been delayed due to Provider One coding issues.
- The interpreter portal mobile platform often erroneously accepts or rejects jobs.

All parties have been diligently and constructively working and meeting together to resolve issues related to the system and changes to their relationships. However, these examples demonstrate that any new system, particularly one so interdependent on technology, will result in unexpected issues and unintended consequences.

For example, some hospitals and other medical providers have indicated they would rather forego reimbursement than use the HCA system. It is not known if medical providers are procuring interpreters at their own expense or if Medicaid clients are no longer offered interpreter services. Additionally, there are few ASL interpreters participating in the HCA system, and therefore, requests are not being filled. Jobs for rarer languages are also unfilled, in part, because interpreters for rarer languages often lack the DSHS credentials required under the terms of the collective bargaining agreement. Whether exceptions should be made to allow for alternative qualifications under the HCA system is a continuous issue. However, when the HCA system cannot procure an interpreter, medical providers must fill the appointment themselves, relying on the same independent contractor interpreters and interpreter agencies they used prior to the HCA system.

Nevertheless, expansion of the HCA system to include L&I medical interpreters is the most viable and most cost-effective alternative procurement system. Many interpreters in the state's collective bargaining unit for the HCA system are already L&I certified interpreters. CTS Language Link currently provides interpreter services to L&I medical providers and their systems are already capable of billing directly to L&I. Adding L&I interpreter services to the HCA system would result in increased marginal costs, as opposed to new fixed costs for a new system.

We would expect that expansion of the HCA system to L&I would produce similar unexpected issues, unintended consequences, and concerns from interpreters and L&I medical providers. It is a policy choice whether if these risks are worth the reward of potential costs savings. For example, we could not assess whether delays in access to an interpreter would lead to delayed medical care and increased time loss benefits being paid to injured workers. Medical providers were more concerned with the reverse – that the difficulty to access an interpreter could lead to a loss of all benefits from injured workers failing to submit required medical forms. These types of downstream effects cannot be predicted or estimated. Therefore, we would recommend that L&I conduct a pilot using the HCA system for a select group of services within a region. Physical therapy appointments or periodic physician follow-up visits were suggested by medical providers as scheduled services that the HCA system could test. A pilot would flush out implementation issues, as well as enable us to compare costs and impacts for the same service delivered under L&I's current system and the HCA system. CTS Language Link was receptive to the idea, but without set parameters for the pilot, we could not estimate the cost, but would expect it to be less than \$300,000.

## **G. Implementation of Other Reforms**

While the HCA system has streamlined the procurement of interpreters for Medicaid and DSHS appointments, it is not currently able to fulfill all requests. Therefore, the need for DES master contracts as an alternative for state agencies remains, regardless of any statewide procurement system. The following are additional options to reduce state agency costs that we recommend.

First, the format of the ODHH contract, which specifically identifies the amount that must be paid to the interpreter and the amount to be paid to the interpreter agency, was viewed favorably. The specificity would be more transparent for all parties to the contract. Additionally, separating these cost components could foster competition to drive down administrative costs. Alternatively, the state could set a maximum rate for interpreter agency fees when requests for proposals for master contracts are put out for competition. The risk is that fewer interpreter agencies may respond because they would not want to reveal this portion of their fees. However, fewer master contracts for interpreter agencies may also be beneficial.

With 14 master contracts with interpreter agencies providing in-person interpretation, several vendors noted that the state was not maximizing its purchasing power. Vendors suggested that future competition for master contracts be regionalized, or like debt collection that state agencies be required to use a single master contract vendor for a specific term such as one year. The HCA system has drained business away from interpreter agencies; they are fulfilling appointments only when CTS Language Link cannot. Additionally, as the state agency interpreter spending demonstrates, few state agencies require in-person interpretation services. An assurance of a minimum quantity of work by geographic area or by term of use could drive prices lower.

State agencies are also failing to maximize their ability to lower their costs. All of the interpreter agency vendors stated that many state agencies take a shotgun approach to procurement, calling all the interpreter agencies to secure an interpreter and then cancelling (or failing to cancel and incurring late cancellation fees) the request once an agency commits to the appointment. Some interpreter agencies were open to lower prices for consistent work. However, DES master contracts are fixed price contracts. DES should consider procuring interpreter services through maximum price contracts – vendors cannot exceed the contract price, but state agencies can negotiate a lower price. DES is moving the maximum prices contracts for most future goods and service procurements; interpreter services appears to be positioned to benefit from a change in contracting method.

Ideas to reform particular payment terms varied. Interpreter agencies were frank that they could not compete with the HCA system and that mandating similar contract terms for interpreter agencies would likely lead them to decline doing business with the state. However, we believe some DES master terms could be reduced. For example, the DES master contract two-hour minimum engagement and two-hour service cost payment for cancellations and no-shows is double the average HCA appointment and double the median L&I appointment. A one-hour minimum for these terms could be negotiated if contracts were regionalized, such as for

the Puget Sound area. For appointments in remote areas where the interpreter loses the opportunity for other jobs, less than a two-hour minimum would be appropriate.

Lastly, all stakeholders noted that telephonic and VRI options are more cost-effective than in-person interpreters and are appropriate in certain settings. However, medical providers have no incentive to use lower cost options when the state will pay for in-person interpreters. One of the savings measures in the HCA contract with CTS Language Link is to determine the most appropriate modality for providing interpreter services and authorize the lowest cost option. L&I should also explore implementing similar requirements for medical providers when interpreter services are added to its provider network.

The L&I provider network is a major effort of the department to redesign its medical benefits to incentivize the use of best practices for occupational medicine. L&I began implementation of its provider network on January 1, 2013 and development of the medical provider network (physicians, chiropractors, naturopathic physicians, podiatric physicians & surgeons, dentists, optometrists, advanced registered nurse practitioners, and physician assistants) is ongoing and intensive. While it is not expected that interpreter services will be added to the network in 2013, when it is implemented, standards related to modality should be a component of the network.

## **H. Improvements to Interpreter Certification**

Discussions related to performance contracting immediately led to a discussion about the difficulty of assessing performance. State agencies can evaluate an interpreter agency or individual interpreter's responsiveness to requests for service, timeliness in billing, and other administrative functions. However, the barrier of communication, which itself drives the need for interpreter services, prevents most state agencies from effectively assessing the quality of interpretation provided.

There was consensus among the study's stakeholders – state agencies, medical providers, interpreter agencies, and interpreters – that improvements within the interpreter profession were needed. Interpreter agencies expressed concerns that supplying training would jeopardize the independent contractor status of their interpreters, and therefore, they do not offer continuing education or other training opportunities. State agencies and medical providers would prefer to rely on a third-party assessment of skills. New developments in medical technology and procedures require continuing education of interpreters in health care settings. Inappropriate conduct, such as proselytizing and bullying, was also cited by the medical profession as a problem for which they had no redress. Likewise, interpreters want to maintain high standards, but lack any national or state accreditation or regulatory body that can police the profession.

### **1. Continuing Education**

We recommend that continuing education requirements be required to maintain interpreter or translator certification. If interpreters/translators do not meet the criteria, their certification will expire and their name will be removed from the list of authorized interpreters/translators. A periodic continuing education requirement will keep the list of interpreters/translators

current with people who are actively interested in providing language services and ensuring their skills are updated. The LTC, working with its Professional Development Committee (PDC) has recommended 20 credit hours every four years. The PDC has met once a month since February 2012 to evaluate applications for continuing education activities. To date, the PDC has approved over 10 continuing education activities/classes, which are published on the LTC website.

A Program Specialist 3 position with related educational background and interpreter certificate(s) at \$55,836 annually plus benefits would be the minimum cost for this recommendation. This position could be responsible for tracking who has met the new certification requirements and maintain an up-to-date list.

It is a policy question for the Legislature whether the state should assume the cost of conducting the continuing education courses. Continuing education is a common requirement for renewal of professional credentials with the costs being assumed by the professional. In fact, it is the policy of the state that the cost of regulating a profession, license or other credential is fully borne by the members of that profession. However, for court-certified and registered interpreters, continuing education is provided by the Administrative Office of the Courts. The state assumes the cost of providing training and/or continuing education for some professions such as individual home care workers, nursing assistants, and nursing home administrators. If a continuing education requirement were implemented, this issue would be a subject of bargaining between the state and interpreters organized under Chapter 41.56 RCW.

## **2. Decertification**

We also recommend creating a process to decertify interpreters in order to address issues of ethical and professional misconduct. Currently, Chapter 388-03 WAC states that if an interpreter violates any provision of the Code of Ethics, it may be grounds for disqualifying the interpreter. Due to a lack of resources, DSHS has not exercised the option of decertifying/disqualifying any interpreters. An interpreter commission modeled after the Court Interpreter Commission could be used to decertify interpreters. The composition of the commission members would need to be identified. The role of the commission would be to create a list of violations to be incorporated into Chapter 388-03 WAC, including identifying an investigatory process to validate claims, and establishing an ongoing review process to meet and decide cases presented for decertification.

The cost of implementing these recommendations are difficult to determine because it is unknown how many cases would be heard by the Commission and potentially go through the hearing review process currently described in WAC 388-03-176. Decertification for reasons related to professional conduct would require an adjudicative proceeding under the Administrative Procedures Act (Chapter 34.05). Some cost comparables include the health professions under the Uniform Disciplinary Act ([RCW 18.130.160](#)), which requires an estimated budget of \$159 million biennially to regulate 380,000 health care providers. Of this amount, \$3,160,000 is required to adjudicate 1,207 cases. The Administrative Office of the Courts requires a biennial budget of \$353,268 for continuing education courses and administration of an interpreter commission for 306 certified and registered interpreters.

### 3. Interpreter Testing

The current interpreter certification testing process has changed little since it was created in 1991, although all tests and test versions/forms were reviewed and revised in 2008, and produced and implemented in 2009. There is no evidence to suggest that the DSHS tests or its methods of testing interpreters is flawed. However, given the length of time the current testing process has been in use, it may be beneficial to determine if new certification tests should be developed to reflect the changing limited English speaking population of Washington.

The determination of the original seven languages that certification tests were developed for was based on the most common languages used by DSHS clients. Due to costs, a less stringent testing process (screening tests) was developed to test all other languages. The changes in the non-English speaking population over the past 20 years have meant that some of the original common languages are no longer that common, whereas other languages have become more common. For instance, there is more need for Somali interpreters (non-certified language) versus Laotian (certified language).

If an interpreter commission is established, the DSHS LTC program could work with it to determine when it would be beneficial to develop certification tests for a language to ensure the necessary quality of interpreters being certified. The cost to develop a certification test in a new language is estimated to be \$108,000 for each language.

For the majority of time the LTC program has operated, testing has been conducted in six locations statewide (Everett, Seattle, Olympia, Vancouver, Yakima, and Spokane). Due to the state financial crisis beginning in 2008, the testing program's budget was reduced by half, forcing the reduction of testing sites to two locations (Olympia and Yakima).

Since the reduction of the testing sites, DSHS has been contacted several times by providers requesting special test sessions in other cities to meet the demands of interpreter shortages in some geographical areas. Expanding the testing sites to the former six sites would help to increase the interpreter pool, and would be particularly beneficial if hard-to-serve languages were made a priority. Additionally, if continuing education and a decertification process were put in place, the current pool of interpreters could decrease. We estimate an additional \$172,000 is necessary to return the program to the prior testing locations.