



A union of interpreters, run by interpreters, for interpreters.

Position Paper on DSHS Testing Changes for Spoken Language Interpreters

January 2023

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Executive Summary

The Department of Social and Health Services has provided public language testing services for Language Access Providers since 1993 for social services and since 1995 for medical services. On July 22, 2022, DSHS announced that as of August 1, 2022, the DSHS Language Testing and Certification Program will now accept tests only from three different third-party providers to certify and authorize DSHS medical interpreters. By DSHS eliminating its own tests, the State has **acted to unilaterally terminate its affordable, publicly provided testing program that Language Access Providers have relied upon for nearly 30 years.**

This unilateral action of terminating DSHS' public testing option acts to complete the wholesale privatization and outsourcing of medical interpreter testing in Washington State, which includes for the first time, allowing a for-profit language company with no experience in testing interpreters and a long track record of problematic behavior to conduct interpreting performance testing. This report will provide background and highlight some of the significant impacts these changes will have both for Language Access Providers and those who utilize these critical services, including these facts:

- Interpreting services are essential for Washington's residents with limited English proficiency (LEP) to achieve quality health outcomes and access public and privately funded health and social programs, benefits and services. **These testing changes will hinder the quality of interpreting services.**
- Raising the cost associated with testing will likely result in **fewer candidates**, particularly for languages of low demand. States that rely on the national healthcare interpreter credentials have very few qualified interpreters because of the **steep price required** to register and take the exam as well as maintaining the credential.
- As a certifying program for spoken language interpreters, DSHS/LTC has a duty to the public to guarantee **the quality** of the interpreting services.
- The DSHS Medical Interpreter credential is the main credential all healthcare providers, especially Medicaid network providers, rely on to comply with the Affordable Care Act and HHS LEP Guidance. **These changes disregard the safety of Washington's residents with limited English-language proficiency, potentially puts lives at risk and expose healthcare providers to liability claims.**
- The Language Testing and Certification (DSHS/LTC) is the credentialing body for spoken language interpreters, which was created as a result of lawsuits and complaints of violations of Title VI of the 1964 Civil Rights Act which were brought against DSHS for not providing equal access to services for LEP clients. In 1991, as part of its Agreement of Settlement and Consent Order, known as the

Reyes Consent Decree, DSHS agreed to ensure the quality of the interpreting services through the development and administration of oral and written tests as well as training of contracted interpreters. **DSHS is now reneging on its responsibilities under the Reyes Consent Decree.**

- The DSHS/LTC Advisory Committee is a stakeholder group that provides input to DSHS/LTC on its duties per Chapter 388-03 WAC. **During 2021, DSHS did not schedule a single meeting of the Advisory Committee.** Only after threat of a grievance being filed by WFSE, did DSHS/LTC schedule meetings with the Advisory Committee, **lasting just 30 minutes each**, in the months of April, May and June 2022. Committee members expressed concerns to DSHS/LTC at these meetings and by email about their disappointment to have very brief meetings that seemed more informational in nature than a collaborative effort. **DSHS has completely disregarded the numerous objections the Advisory Committee members expressed.**
- Testing is being outsourced to Universal Language Services (ULS), a for-profit company that has a contentious history with interpreters in our state and has **no prior experience in interpreter testing**. The ULS online tests are administered through two online testing companies: ProctorU and Cirrus. DSHS did not contract directly with these two online testing companies to administer its own tests. **There was no competitive bidding process such as a Request For Proposal.**
- ULS is also the statewide coordinating entity for DSHS, DCYF and HCA in charge of scheduling interpreters, invoicing the state for their services, processing interpreters' payments, collecting union dues and imposing disciplinary action on interpreters. It is a **conflict of interest** to have the vendor of interpreters' services (ULS) also be the one assessing interpreters' skills. In addition, ULS charges a higher fee for testing than DSHS.
- For the two other third-party entities, the Certification Commission for Healthcare (CCHI) and the National Board of Certification for Medical Interpreters (NBCMI), DSHS requires passing only a written exam in English as guarantee of spoken language interpreting skills, which is **inadequate and contrary to Section 30 of the Reyes Consent Decree requiring testing [oral] interpreting skills.**
- In order to take the CCHI or NBCMI written exam in English, candidates must pay for a 40-hour mandatory training, registration fee and written exam fee amounting to several hundred dollars. This again **limits the pool of available test candidates.**

These sudden and serious changes being imposed on Language Access Providers has resulted in great consternation for the roughly 1900 interpreters impacted. Our hope is DSHS will put a pause on the implementation of these changes and begin to

engage in good faith with stakeholders and WFSE as required by our CBA and the law.

Recommendations

1. Reinstate the status quo existing in July 2022 when DSHS/LTC was the entity testing spoken language medical interpreters through the written and oral tests DSHS designed in the 1990's and revamped in 2015.
2. Establish an Advisory Committee to develop requirements, policies and procedures for the DSHS Language Testing and Certification Program related to testing spoken language healthcare interpreters. The members of the advisory committee must include representatives from spoken language interpreters, their labor union, healthcare facilities' language access coordinators, interpreter trainers, and state agencies that use interpreting services (e.g., Health Care Authority, Labor & Industries, Office of Superintendent of Public Instruction).

Introduction

The Washington Federation of State Employees, AFSCME Council 28, AFL-CIO, is recognized as the sole and exclusive representative of Language Access Providers who provide spoken language interpreter services for the Department of Social and Health Services (DSHS), the Department of Child, Youth and Family (DCYF) and Medicaid enrollee appointments. The Medicaid Interpreter Services program is currently under the supervision of the Health Care Authority (HCA) though formerly under DSHS. [Interpreters United](#) is Local 1671 of AFSCME Council 28.

The [Language Testing and Certification](#) (DSHS/LTC) is the credentialing body for spoken language interpreters rendering services in healthcare settings and other community settings. DSHS/LTC issues the following spoken language interpreter credentials:

1. Social Services Certified Interpreter since 1992
2. Social Services Authorized Interpreter since 1996
3. Medical Certified Interpreter since 1995
4. Medical Authorized Interpreter since 1996

As of the date of this paper, [DSHS/LTC's public online database](#)¹ shows the following active credentials bestowed to about 1900 interpreters²:

- | | |
|---|------|
| 1. Social Services Certified Interpreter | 671 |
| 2. Social Services Authorized Interpreter | 225 |
| 3. Medical Certified Interpreter | 1930 |
| 4. Medical Authorized Interpreter | 523 |

In addition to DSHS, this credential is required to render services by other state agencies notably HCA, DCYF, Labor and Industries (L&I), Department of Enterprise Services (DES) as well as public/private hospitals, community health clinics and numerous other organizations, as a measure of professional quality for spoken language interpreting services.

According to [HCA's Interpreter Services webpage](#)³, *"in order to be a language access provider (LAP) you must be a certified, authorized, or registered LAP with DSHS Language Testing and Certification (LTC) program. Once you have become certified, authorized or registered, you will be required to register as an LAP with*

¹ <https://fortress.wa.gov/dshs/ltcgateway/FindInterpreter/Public> Accessed on August 6, 2022.

² Some interpreters hold credentials in more than one language.

³ <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/spoken-language-interpreters> Accessed on August 6, 2022.

Universal Language to begin receiving and serving jobs for Apple Health, DSHS, and DCYF social service appointments.”

According to [L&I's Submission of Provider Credentials for Interpretive Services](#)⁴, DSHS interpreter credentials are among a number of credentials deemed appropriate to render spoken language interpreting services. Tellingly, *“interpreter agency owners may not test their own interpreters.”*

The DES has a number of master contracts for on-site and remote interpreter services that list DSHS credentials as one of the requisites to render services:

- [03514](#) SPOKEN LANGUAGE INTERPRETER SERVICES (on-site interpreting services)
- [02819](#) SPOKEN LANGUAGE INTERPRETER SERVICES – OVER THE PHONE AND VIDEO REMOTE (remote interpreting services)
- [06821](#) SPOKEN LANGUAGE INTERPRETER SERVICES - SCHEDULING AND COORDINATING SOFTWARE (on site and remote interpreting services)
- [09821](#) NASPO SPOKEN LANGUAGE INTERPRETER SERVICES, OVER THE PHONE & VIDEO REMOTE (on site and remote interpreting services)

In 2019, the Office of the Superintendent of Public Instruction (OSPI) and the Office of Education Ombuds convened the [Language Access Workgroup](#). The purpose of the workgroup is to advise OSPI, the Washington State School Directors' Association, and the Legislature on specific strategies meant to improve meaningful, equitable access for public school students and their family members who have language access barriers. This stakeholder workgroup issued two reports⁵ to the Legislature with recommendations regarding standards of practice, training, testing, and credentialing for spoken and sign language interpreters for students' families. The recommendations regarding testing for spoken language interpreters providing services to Limited English Proficient (LEP) parents and families rely heavily on the DSHS credentials. Any change to current DSHS tests will impact language access services in K-12 schools and the future interpreter credentialing process that will be established under the supervision of the Professional Educator Standards Board.

Finally, courts in Washington State frequently rely on DSHS credentialed interpreters when interpreters credentialed by the AOC are unavailable or non-existent for some languages. Accordingly, the spoken language interpreter credentials bestowed by DSHS/LTC play a very big role in the provision of language access services for Washington State's LEP population.

⁴ <https://lni.wa.gov/forms-publications/F245-055-000.pdf> Retrieved on August 6, 2022.

⁵ Language Access Workgroup Report to the Legislature, [December 2021](#) and Language Access Workgroup Report to the Legislature, [October 2020](#).

Washington State is a beacon for language access in the US. No other state has such robust credentialing of spoken language interpreters and this in turn results in high quality interpreting services with a complaint rate of less than 2%.

HCA-Medicaid & DSHS	April 1, 2014 – March 31, 2016	
Paid Appointments	621,659	100.00%
Incidents/Complaint Rate	10,950	1.76%
Invalid/Undetermined	2,747	0.44%
Unrated	4,274	0.69%
Rated Incidents/Disciplined Rate	3,929	0.63%
Low Severity	3,235	0.52%
Medium Severity	627	0.10%
High Severity	67	0.01%
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Background

The North American Industry Classification System ([NAICS](#)) classifies language Translation and Interpretation Services (54193) under Professional, Scientific, and Technical Services (541). The US General Services Administration classifies Language Services (Special Item Number 541930) under the [Professional Services Category](#). According to the US Department of Labor, [professionals](#) perform work which:

- is predominantly intellectual in character
- requires consistent exercise of discretion and judgment
- requires advanced knowledge in a field of science or learning customarily acquired by a prolonged course of specialized intellectual instruction
- uses the advanced knowledge to analyze, interpret or make deductions from varying facts or circumstances
- advanced knowledge cannot be attained at the high school level

According to the US Department of Labor's Wage and Hour Division, [professionals](#):

- Hold professional licenses and certifications
- Have a great deal of latitude to exercise skills to protect the public
- Foster networking with peers (professional associations)
- Can gain rights and access to do things than the average person cannot (e.g., jail access)
- Can potentially have great negative impact on the society
- Experience a higher level of regulation on their work
- Earn higher salaries
- Have higher social status and power
- Provide an important service to society

Spoken language interpreters provide professional language access services in healthcare settings where life and death decisions are made based on what interpreters convey. Credentialed interpreters make significantly fewer critical errors than untrained interpreters^{6 7 8} and increase satisfaction both for patients and healthcare providers^{9 10} thus minimizing unnecessary return visits and costly mistakes. When qualified interpreters are not used at admission or discharge, the

⁶ Flores, Glenn (2003) "Errors in medical interpretation and their potential clinical consequences in pediatric encounters" in Pediatrics Vol. 111 (1): 6 -14.

⁷ Flores, Glenn (2005) "The impact of medical interpreter services on the quality of health care: a systematic review" in Medical Care Research and Review, 62: 255-299.

⁸ Flores, Glenn, Abreu M., Barone C.P., Bachur R., Lin H. (2012) "Errors of medical interpretation and their potential clinical consequences: a comparison of professional versus ad hoc versus no interpreters" in Ann Emerg Med, 60 (5): 545-53.

⁹ Karliner, Leah S., Elizabeth A. Jacobs, Alice H. Chen and Sunita Mutha (2007) "Do professional interpreters improve clinical care for patients with Limited English Proficiency? A systematic review of the literature" in Health Services Research, 42:2. pp. 727-754.

¹⁰ Moreno, Gerardo and Leo S. Morales (2010) "Hablamos Juntos (Together We Speak): interpreters, provider communication, and satisfaction with care" in Journal of General Internal Medicine, 25:12: 1282-1288.

length of inpatient care for LEP individuals has been shown to increase significantly, as well as the rate of re-admissions within 30 days of discharge¹¹. Using non credentialed interpreters is costly and inefficient, especially if they are healthcare staff who must abandon their own duties to perform a task that is not within their job description or skill set^{12 13}. Trained interpreters improve the quality of LEP patients' care and clinical outcomes^{14 15}. Quality of care suffers when non credentialed medical staff act as interpreters^{16 17}.

Reyes Consent Decree

The DSHS Language Testing and Certification program was created in 1991 to develop systems, methods, procedures, and policies in carrying out the department's legal commitment. This effort was the culmination of lawsuits and Title VI of the 1964 Civil Rights Act complaints brought against DSHS during the 1980s for not providing equal access to services for LEP individuals. In 1991, and as part of its Agreement of Settlement and Consent Order (heretofore referenced as the Reyes Consent Decree, Appendix 1) entered with the Office for Civil Rights Region X of the US Department of Human and Health Services, DSHS agreed to ensure the quality of the interpreting services through the development and administration of oral and written tests as well as training of contracted interpreters.

Section 30. RELEVANT OCR PROVISION

DSHS will ensure that all interpreters and bilingual workers are fluent in English and a primary non-English language. DSHS shall develop standards of testing, oral and written, to ensure that all interpreters and bilingual workers meet the standard. Testing shall include evaluation of the language competence, interpreter skills, understanding of DSHS policies regarding confidentiality, DSHS forms and the role of interpreters. (Reyes Consent Decree, page 16)

¹¹ Lindholm, M., Hargraves, J.L., Ferguson, W.J. and Reed G. (2012) "Professional language interpretation and inpatient length of stay and readmission rates" in J Gen Intern Med. (10): 1294-9.

¹² Rader, G.S. (1988) "Management decisions: do we really need interpreters?" in Nursing Management, 19:7: 46-48.

¹³ Drennan, G. (1996) "Counting the costs of language services in psychiatry" in South African Medical Journal, 86:4: 343- 345.

¹⁴ Flores, Glenn (2005) "The impact of medical interpreter services on the quality of health care: a systematic review" in Medical Care Research and Review, 62: 255-299.

¹⁵ Karliner, Leah S., Elizabeth A. Jacobs, Alice H. Chen and Sunita Mutha (2007) "Do professional interpreters improve clinical care for patients with Limited English Proficiency? A systematic review of the literature" in Health Services Research, 42:2. pp. 727-754.

¹⁶ Athorp, Catherine and Bruce Downing (1996) "Modes of doctor-patient communication: How interpreter roles influence discourse." Paper presented at the 1996 Annual Conference of the American Association for Applied Linguistics, Chicago.

¹⁷ Flores, Glenn (2003) "Errors in medical interpretation and their potential clinical consequences in pediatric encounters" in Pediatrics Vol. 111 (1): 6 -14.

Section 31 of the Reyes Consent Decree states that DSHS is developing the test and that said test will be administered by DSHS. Section 32 and 33 go into the details of the training of interpreters.

Below is the information posted on [DSHS/LTC's website](#)¹⁸ retrieved on August 6, 2022.

The Language Testing and Certification - LTC program provides the following services:

- Develop systems, methods, procedures and policies to certify DSHS bilingual employees, applicants for DSHS bilingual positions, contracted interpreters and translators, and licensed agency personnel.
- Set and maintain qualification standards for DSHS bilingual positions, interpreters, and translators across languages.
- Administer language proficiency testing to certify/authorize DSHS bilingual employees, applicants for bilingual positions, contracted interpreters, contracted translators, and licensed agency personnel.
- Provide consultation to the department in establishing DSHS policies regarding the quality of language services to Limited English Proficient - LEP clients.
- Manage the roster of certified interpreters and translators; manage the roster of authorized interpreters.

LTC Program History

- In 1991, the Department of Social and Health Services - DSHS in Washington State initiated an effort to certify its bilingual staff, social service and medical interpreters, and translators working for DSHS throughout its many divisions and programs. This effort was the culmination of lawsuits and civil rights complaints brought against DSHS for not providing equal access to services for Limited English Proficient - LEP clients. As part of a consent decree, DSHS agreed not only to provide (and pay for) interpreters for clients, but also to ensure the quality of interpreter services provided. DSHS chose to ensure quality through the development and administration of standardized tests.
- The Language Testing and Certification program - LTC was created to develop systems, methods, procedures, and policies in carrying out the department's legal commitment. State laws (RCW 41.56.030, 41.56.113, 41.04.810, 43.01.047, and 74.04.025) requiring the department to provide language services to its LEP clients and to certify and authorize its language access providers were each amended and enacted during the 2010 legislative session.

¹⁸ <https://www.dshs.wa.gov/ffa/language-testing-and-certification-program/about-ltc> Retrieved on August 6, 2022

LTC Tests

- The tests developed by LTC aim to measure both language proficiency in English and a second language and interpreting/translation skills. DSHS language certification is currently available in eight languages: Spanish, Vietnamese, Russian, Cambodian, Laotian, Mandarin Chinese, Cantonese Chinese, and Korean. Authorization screening tests are also available in all other languages.
- Five types of tests were created to evaluate the skills of five categories of people: DSHS employees with bilingual assignments, licensed agency personnel whose agency provides services to DSHS under contract (such as mental health and substance abuse program workers), contracted translators providing written translation services to DSHS programs, contracted interpreters providing oral interpretation services to DSHS social service programs, and contracted interpreters providing oral interpretation services to DSHS clients in medical settings.

When DSHS signed the Reyes Consent Decree, Medicaid and several other services and programs were housed inside DSHS. On July 1, 2011, the Medicaid program was placed under the Health Care Authority (HCA). Interpreter services are available through the HCA for Medicaid health care professionals to gain access to skilled and qualified spoken language interpreters for Medicaid services such as Apple Health. Since 2018, DCYF oversees several services offered previously through the DSHS. These include all programs from the Children's Administration, such as Child Protective Services, the Family Assessment Response program and adoption support.

The transferring of these programs and services out of DSHS into different state agencies (HCA and DCYF) should not be an excuse for DSHS now reneging its responsibilities under the Reyes Consent Decree.

Furthermore, DSHS still has under its supervision Western State Hospital, Eastern State Hospital and the Aging and Long-Term Support Administration, all entities that frequently need spoken language interpreters with healthcare knowledge.

Federal Law and Regulations

Under Title VI of the Civil Rights Act of 1964, no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that received Federal financial assistance. In *Lau v. Nichols*, 414 U.S. 563 (1974), the Supreme Court recognized that recipients of Federal financial assistance have an affirmative responsibility, pursuant to Title VI, to provide LEP persons with meaningful opportunity to participate in public programs.

Under [Executive Order 13166](#) "Improving Access to Services for Persons with Limited English Proficiency" signed in 2000, every federal agency that provides financial assistance to non-federal entities must publish guidance on how their recipients can provide meaningful access to LEP persons in compliance with Title VI of the Civil Rights Act of 1964. Concurrently, the US Department of Justice ("DOJ") issued a general guidance document setting forth general principles for federal agencies to apply in developing guidance documents for recipients pursuant to the Executive Order ([DOJ LEP Federal Guidance](#)).

Consistent with Executive Order 13166 and the DOJ LEP Federal Guidance, the US Department of Health and Human Services (HHS) developed its own guidance published in its final version in 2003 ([Revised HHS LEP Guidance](#)). HHS regulations require all recipients of federal financial assistance from HHS to provide meaningful access to LEP persons. Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance.

Recipients of HHS assistance may include, for example:

- Hospitals, nursing homes, home health agencies, and managed care organizations.
- Universities and other entities with health or social service research programs.
- State, county, and local health agencies.
- State Medicaid agencies.
- State, county and local welfare agencies.
- Programs for families, youth, and children.
- Head Start programs.
- Public and private contractors, subcontractors and vendors.
- Physicians and other providers who receive Federal financial assistance from HHS.

Recipients are required to take reasonable steps to ensure meaningful access to their programs and activities by LEP persons. HHS recommends, where appropriate, training bilingual staff to act as interpreters, telephonic and video conferencing interpretation services, pooling resources, using qualified interpreters to ensure that inaccurate interpretations do not cause delay or other costs, and centralizing interpreter services to achieve economies of scale.

[Section 1557 of the Affordable Care Act](#) went into effect in 2016. Under this federal regulation, any healthcare provider or health insurance company receiving federal assistance must provide limited English proficiency (LEP) patients with a *qualified* interpreter. According to this regulation, a qualified interpreter adheres to ethics principles such as patient confidentiality, speaks and understands English proficiently and one additional spoken language, and is able to use specialized terminology effectively, accurately, and impartially.

An LEP patient's child or any accompanying minor or adult cannot be relied on as a healthcare interpreter. The exception to the rule is when a medical emergency poses an imminent threat to the patient or public and a qualified interpreter is not readily available. The second exception is if the patient specifically requests the adult family or friend to be present. In this circumstance, the health care provider still needs to provide a qualified interpreter. A bilingual staff member may be used if and only if he/she is formally trained. Oral interpretation must be included in such a person's job description and duties.

The DSHS Medical Interpreter credential is the main credential all healthcare providers, especially Medicaid network providers, rely on to comply with the Affordable Care Act and HHS LEP Guidance.

Washington State Laws and Regulations

RCW 74.04.025 Bilingual services for non-English speaking applicants and recipients — Bilingual personnel, when — Primary language pamphlets and written materials.

(1) *The department [DSHS], the authority [HCA], and the office of administrative hearings shall ensure that bilingual services are provided to non-English-speaking applicants and recipients. The services shall be provided to the extent necessary to assure that non-English-speaking persons are not denied, or unable to obtain or maintain, services or benefits because of their inability to speak English.*

(2) *If the number of non-English-speaking applicants or recipients sharing the same language served by any community service office client contact job classification equals or exceeds fifty percent of the average caseload of a full-time position in such classification, the department shall, through attrition, employ bilingual personnel to serve such applicants or recipients.*

(3) *Regardless of the applicant or recipient caseload of any community service office, each community service office shall ensure that bilingual services required to supplement the community service office staff are provided through contracts with language access providers, local agencies, or other community resources.*

(4) *The department [DSHS] shall certify, authorize, and qualify language access providers as needed to maintain an adequate pool of providers such that residents can access state services. Except as needed to certify, authorize, or qualify bilingual personnel per subsection (2) of this section, the department will only offer spoken language interpreter testing in the following manner:*

(a) *To individuals speaking languages for which ten percent or more of the requests for interpreter services in the prior year for department employees and the health care authority on behalf of limited English-speaking applicants and recipients of public assistance that went unfilled through the procurement process in RCW 39.26.300;*

(b) *To spoken language interpreters who were decertified or deauthorized due to noncompliance with any continuing education requirements; and*

(c) *To current department certified or authorized spoken language interpreters seeking to gain additional certification or authorization.*

(5) *The department shall require compliance with RCW 41.56.113(2) through its contracts with third parties.*

(6) *Initial client contact materials shall inform clients in all primary languages of the availability of interpretation services for non-English-speaking persons. Basic informational pamphlets shall be translated into all primary languages.*

(7) *To the extent all written communications directed to applicants or recipients are not in the primary language of the applicant or recipient, the department and the office of administrative hearings shall include with the written communication a notice in all primary languages of applicants or recipients describing the significance of the communication and specifically how the applicants or recipients may receive assistance in understanding, and responding to if necessary, the written communication. The department shall assure that sufficient resources are available*

to assist applicants and recipients in a timely fashion with understanding, responding to, and complying with the requirements of all such written communications.

(8) As used in this section:

(a) "Language access provider" means any independent contractor who provides spoken language interpreter services for state agencies, injured worker, or crime victim appointments through the department of labor and industries, or Medicaid enrollee appointments, or provided these services on or after January 1, 2009, and before June 10, 2010, whether paid by a broker, language access agency, or a state agency. "Language access provider" does not mean a manager or employee of a broker or a language access agency.

(b) "Primary languages" includes but is not limited to Spanish, Vietnamese, Cambodian, Laotian, and Chinese.

[2018 c 253 § 2; 2011 1st sp.s. c 15 § 63; 2010 c 296 § 7; 1998 c 245 § 143; 1983 1st ex.s. c 41 § 33.]

RCW 39.26.300 Purchase of spoken language interpreter services—When authorized—Requirements.

(1) The department of social and health services, the department of children, youth, and families, and the health care authority are each authorized to purchase interpreter services on behalf of limited English-speaking applicants and recipients of public assistance.

(2) The department of labor and industries is authorized to purchase interpreter services for medical and vocational providers authorized to provide services to limited English-speaking injured workers or crime victims.

(3) No later than September 1, 2020, the department of social and health services, the department of children, youth, and families, the health care authority, and the department of labor and industries must purchase in-person spoken language interpreter services directly from language access providers as defined in RCW 74.04.025, or through limited contracts with scheduling and coordinating delivery organizations, or both. Each state agency must have at least one contract with an entity that provides interpreter services through telephonic and video remote technologies. Nothing in this section precludes the department of labor and industries from purchasing in-person spoken language interpreter services directly from language access providers or from directly reimbursing language access providers.

(4) Notwithstanding subsection (3) of this section, the department of labor and industries may pay a language access provider directly for the costs of interpreter services when the services are necessary for use by a medical provider for emergency or urgent care, or where the medical provider determines that advanced notice is not feasible.

(5) Upon the expiration of any contract in effect on June 7, 2018, but no later than September 1, 2020, the department [DES] must develop and implement a model that all state agencies must use to procure spoken language interpreter services by purchasing directly from language access providers or through contracts with scheduling and coordinating entities, or both. The department [DES] must have at least one contract with an entity that provides interpreter services through telephonic

and video remote technologies. If the department [DES] determines it is more cost-effective or efficient, it may jointly purchase these services with the department of social and health services, the department of children, youth, and families, the health care authority, and the department of labor and industries as provided in subsection (3) of this section. The department of social and health services, the department of children, youth, and families, the health care authority, and the department of labor and industries have the authority to procure interpreters through the department [DES] if the demand for spoken language interpreters cannot be met through their respective contracts.

(6) All interpreter services procured under this section must be provided by language access providers who are certified or authorized by the state, or nationally certified by the certification commission for health care interpreters or the national board for certification of medical interpreters. When a nationally certified, state-certified, or authorized language access provider is not available, a state agency is authorized to contract with a spoken language interpreter with other certifications or qualifications deemed to meet agency needs. Nothing in this subsection precludes providing interpretive services through state employees or employees of medical or vocational providers.

(7) Nothing in this section is intended to address how state agencies procure interpreters for sensory-impaired persons.

(8) For purposes of this section, "state agency" means any state office or activity of the executive branch of state government, including state agencies, departments, offices, divisions, boards, commissions, and correctional and other types of institutions, but excludes institutions of higher education as defined in RCW [28B.10.016](#), the school for the blind, and the Washington center for deaf and hard of hearing youth.

[[2019 c 266 § 24](#); [2018 c 253 § 3](#).]

[WAC 388-03](#) Rules and regulations for the certification of DSHS spoken language interpreters and translators.

This chapter was last updated in 2016. It sets forth the credentialing process and requirements to maintain the credential. It includes a code of professional responsibility and disciplinary action.

[388-03-010](#) What is the purpose of these rules?

[388-03-020](#) What is the scope of these rules?

[388-03-030](#) What definitions are important to understanding these rules?

[388-03-050](#) What is the department's code of professional conduct for interpreters, translators, and LAPL?

[388-03-060](#) What is the responsibility of the language testing and certification (LTC) section in certifying and authorizing interpreters, translators, employees, and LAPL?

[388-03-110](#) What requirements apply to persons providing language services to DSHS clients?

[388-03-112](#) When am I considered certified or authorized?

[388-03-114](#) Can I provide language services to DSHS without taking a department examination?

[388-03-115](#) Who determines if my request for examination exemption is "sufficiently documented"?

[388-03-116](#) What if my certification documents are in a foreign language?

[388-03-117](#) What happens to my request for department recognition as an interpreter/translator?

[388-03-118](#) Does the department maintain lists of certified/authorized interpreters and translators?

[388-03-120](#) Who can take the department's interpreter/translator certification and screening examinations?

[388-03-122](#) What type of test is given by the department to certify and authorize persons providing language services to DSHS clients?

[388-03-123](#) What is a screening examination?

[388-03-125](#) How do I register for a certification or screening examination if I am not a department employee or an applicant for a bilingual position with the department?

[388-03-126](#) What does the pretest package contain?

[388-03-130](#) What examination fees must I pay?

[388-03-132](#) How do I pay my examination fees?

[388-03-133](#) Are my examination fees refundable?

[388-03-135](#) Where are the test locations and how frequent are the test sessions?

[388-03-136](#) Can I change my test appointment date and time?

[388-03-138](#) What procedural requirements apply to administering certification and screening examinations?

[388-03-140](#) What if a test candidate is suspected of cheating?

[388-03-142](#) Can I appeal the decision about my ineligibility to take any DSHS test because of cheating?

[388-03-144](#) How do I request an adjudicative hearing about the department's decision to declare me ineligible due to cheating?

[388-03-150](#) How does the department score my bilingual examinations?

[388-03-152](#) When does the department mail my test scores?

I have passed my interpreter written test.

[388-03-153](#) How long is my written test score valid before I take my oral test?

[388-03-154](#) Can I appeal my test scores?

[388-03-156](#) How many times can I retake a failed test?

[388-03-160](#) How do I maintain my certification or authorization status?

[388-03-162](#) How does the department keep track of my continuing education credit hours?

[388-03-164](#) What happens if I do not meet the requirements for maintaining my certification or authorization status?

[388-03-166](#) What about certificates/authorization letters issued prior to the effective date of the revised chapter 388-03 WAC?

[388-03-170](#) Can the department deny or revoke my certification or authorization status?

[388-03-171](#) Can the department deny or revoke my certification or authorization status as a department bilingual employee?

[388-03-172](#) What procedures must the department follow if it denies or revokes my certification or authorization status?

[388-03-173](#) What is the required time frame to file a revocation request?

[388-03-174](#) Can I appeal the decision to deny or revoke my certification or authorization?

[388-03-176](#) How do I request an adjudicative hearing?

[WAC 388-03-060](#) What is the responsibility of the language testing and certification (LTC) section in certifying and authorizing interpreters, translators, employees, and LAPL?

Language testing and certification (LTC) is the section within DSHS responsible for:

(1) Establishing and publishing systems, methods, and procedures for certifying, screening and/or evaluating the interpretation and/or translation skills of employees, LAPL, interpreters and translators who work with department clients, employees, and service providers;

(2) Ensuring that certified/authorized interpreters, translators, employees, and LAPL are aware of DSHS's code of professional conduct for interpreters, translators, and LAPL;

(3) Overseeing that the test development process is empirically sound, the test instruments are valid and reliable, and the test administration procedures and test evaluation criteria are consistent with the standards established by the department;

(4) Coordinating and managing precertification/authorization training requirements, postcertification/authorization continuing education requirements, and coordinating the decertification process for interpreters/translators; and

(5) Maintaining the online interpreter database for public access.

[Statutory Authority: RCW [74.04.025](#), [74.08.090](#), 45 C.F.R. Section 80.3 (b)(2), Title VI of the Civil Rights Act of 1964 and Reyes vs. Thompson Consent Order. WSR 15-17-092, § 388-03-060, filed 8/18/15, effective 9/18/15. Statutory Authority: RCW [74.04.025](#), [74.08.090](#), Title VI of the Civil Rights Act of 1964, and 45 C.F.R. Section 80.3 (b)(2). WSR 15-07-008, § 388-03-060, filed 3/6/15, effective 4/6/15. Statutory Authority: RCW [2.43.010](#), [74.04.025](#), and [74.08.090](#). WSR 00-06-014, § 388-03-060, filed 2/22/00, effective 3/24/00.]

Assessing Interpreting Performance

In the Translation and Interpretation industry, there are two types of spoken language interpreter tests: screening and interpreting performance. While language proficiency in English and a language other than English is a prerequisite, it is not enough to ensure a successful interpreting performance. The purpose of the screening tests is to weed out people who are unlikely to perform well on interpreting performance tests. Written exams, oral language proficiency exams and oral memory retention exams are by default considered screening tests for spoken language interpreters. According to the ASTM standard¹⁹, a screening test measures whether or not a candidate possesses some or all of the prerequisite skills required of interpreters in one or two languages such as:

- Speaking
- Listening comprehension
- Reading comprehension
- Writing
- Written translations
- Grammar
- Specialized terminology
- Ethics and protocol

Screening tests are easier to administer and may prove cost-effective by eliminating candidates with little or no chance of attaining Level 3 (Professional) of the [ILR scale for interpreting performance](#).

It is at the ILR Professional Performance level that people are able to:

- interpret consistently in the mode (simultaneous, consecutive, and sight) required by the setting
- provide renditions of informal as well as some colloquial and formal speech with adequate accuracy
- convey nuances, cultural allusions, and idioms, though expression may not always reflect target language conventions
- handle some specialized subject matter with preparation
- Uphold high standards of professional conduct and ethics.

On the other hand, interpreting performance tests measure candidates' integrated ability to convey meaning from one language to another exhibiting the conduct appropriate to the level being tested. Spoken language interpreters work in three modes:

1. **Simultaneous interpreting:** when the interpreter renders a speaker's message into another language while they continue to speak.

¹⁹ ASTM F3516-22 Standard Guide for Testing Interpreting Performance

2. **Consecutive interpreting:** when the interpreter renders the message into another language after the speaker pauses for the interpreter to render the message in the other language.
3. **Sight translation:** when the interpreter reads aloud in one language a document written in another language is.

The nature of the interpreted encounter determines which mode of interpreting is appropriate.

In the simultaneous mode, the LEP person is a passive listener. This is the fastest mode of interpreting but the hardest one to master. The simultaneous mode is employed in presentations, lectures, trainings, or hearings.

In the consecutive mode, the LEP person is having a conversation. This mode takes twice as much time and requires interpreters to master note-taking skills. The consecutive mode is employed in one-on-one meetings, Q&A during conferences, interviews and witness testimony.

In the sight translation mode, the LEP person is expected to read a document written in a language that he or she is not fluent enough. Sight translation is for informational purposes and not intended to replace a written translation. The sight translation mode is employed for pre-op and post-op instructions, release of information, waivers, consents, prescriptions, contracts, etc. Interpreters must be given time in advance to read the document.

Depending on the interpreting mode being assessed (simultaneous interpreting, consecutive interpreting or sight translation), the test evaluates both receptive (listening or reading comprehension) and expressive language skills (speaking) either unidirectionally or bidirectionally. Tests should ask candidates to perform authentic tasks which closely mimic the types of interpretations they will have to perform in the real world. Interpreting performance tests should use real life examples of speeches or presentations (simultaneous), dialogues (consecutive) and documents (sight translation) encountered in specific areas of interpreting (e.g., healthcare, court, schools).

Test specifications should be easily available to the public and explain the rationale for test use, design, content, scoring and rating. The specifications should clearly define the constructs to be measured identifying the domains and modes of interpreting to be tested. The specifications should contain the detailed specifications for types of test items, content coverage, and the number and nature of items by level/domain. The scoring/rating section of test specifications should explain how scores are generated, calculated and how cut scores are set. Rating specifications should include explanations of how raters are trained and the rating scale is used. Any key used to assist in the generation of scores or ratings should be described in

detail. Court interpreter exams are under the supervision of the [National Center for State Courts](#) and their specifications are publicly available^{20 21}.

Whether it is done independently or by the organization responsible for test development, test validation results must be published in a document justifying the ratings assigned and the types of decisions being made based on those ratings.

²⁰ NCSC [Court Interpreter Oral Examination: Test Construction Manual](#)

²¹ NCSC [Court Interpreter Oral Examination: Test Rating Manual](#)

Washington State: DSHS Medical Interpreter Credential

In the Translation and Interpretation industry, certified languages are those where transfer skills from one language to another are tested. For spoken language interpreters, certified languages are those where the oral exam tests interpreting skills in at least one interpreting mode: simultaneous, consecutive and sight translation. Non-certified languages refer to those languages in which the oral exam does not test interpreting skills but instead uses other ways to screen candidates' aptitude for interpretation such as: oral language proficiency, oral memory skills, back translation, etc.

DSHS Certified Languages: Cambodian, Chinese-Cantonese, Chinese-Mandarin, Korean, Laotian, Russian, Spanish, and Vietnamese.

DSHS Authorized Languages: all others.

DSHS Medical Written Exam: Design

The written exam is used as a screening tool. Candidates who do not pass it are not allowed to proceed to the oral exam. Both certified and non-certified languages must sit for the relatively similar basic written exam in English. However, for certified languages there are portions of the written exam in the target language.

Certified Languages (150 items)

1) Ethics	True or False	English
2) Terminology	4 Options Multiple Choice	English stem, options target language
3) Medical procedures	4 Options Multiple Choice	target language
4) Sentence completion	4 Options Multiple Choice	English
5) Sentence completion	4 Options Multiple Choice	target language

Authorized Languages (100 items)

1) Ethics	True or False	English
2) Terminology	4 Options Multiple Choice	English
3) Medical procedures	4 Options Multiple Choice	English
4) Sentence completion	4 Options Multiple Choice	English

DSHS Medical Written Exam: Scoring

Certified Languages

The written test total possible score is 150. Candidates must receive 85% or better of the total possible score to pass the written test.

Authorized Languages

The written test total possible score is 100. Candidates must receive 80% or better of the total possible score to pass the written test.

DSHS Medical Oral Exam: Design

Interpreter exams should test candidates interpreting skills in all three modes of interpretation: simultaneous, consecutive and sight translation. However, this is not always the case. Some exams test in only one direction while others do not test in all three modes.

Certified Languages: Interpreting Skills Test

Sight translation	English > target language	100-140 words
Sight translation	Target language > English	100-140 words
Consecutive	English <> target language	350-400 words

- Sight translation is tested with two documents, one in English and one in the non-English (target) language, of similar length and difficulty.
- Consecutive interpreting is tested through a recorded dialogue in both languages

Authorized Languages: Screening Test

Step 1: Sight translation English > target language 250 words (10 unrelated sentences)

Step 2: Oral memory retention in English 210 words (10 progressively longer unrelated sentences)

Step 3: Consecutive Target language > English 250 words (back translation of sentences in step 1)

DSHS Medical Oral Exam: Scoring

Certified Languages

The total possible score for each section of the oral test is 100. Candidates must receive 75% or better of the total possible score in each section to pass the oral test.

Authorized Languages

The total possible score for the memory retention test is 30. Candidates must receive 70% or better of the total possible score to pass the memory retention test. The total possible score for the sight translation and consecutive interpretation (sight-back translation) test is 60. Candidates must receive 70% or better of the total possible score to pass the sight-back translation test. To pass the oral test, candidates need to pass both the memory retention and sight-back translation tests.

DSHS Pass Rates

- DSHS Overall Medical Certified Interpreter Exam: 36-38%

DSHS Accreditation

- 1) pass written exam
- 2) pass oral exam
- 3) complete a two-hour minimum DSHS interpreter/translator online orientation training in the medical field
- 4) complete a two-hour minimum interpreter/translator professional ethics training

DSHS Renewal

There is no fee to renew DSHS credentials. Interpreters must earn a minimum of twenty credit hours of DSHS approved continuing education (CE) every four years, of which at least one credit hour per year must be in ethics training.

DSHS Decertification

Disciplinary actions fall generally into two categories: non-compliance with certification requirements or violation of the code of conduct. DSHS/LTC has spelled out its decertification procedures on WAC 388-03-170 through 176. Unfortunately, there is no disciplinary board to enforce these rules other than the Advisory Committee.

DSHS Prerequisites

- 1) 18 years of age

DSHS Cost

- 1) Written Exam: \$30
- 2) Oral Exam: \$45

Sources for DSHS Test

- [DSHS/LTC Professional Language Certification, Examination Manual Web Version](#)
- DSHS/LTC Study Guide for Social Services Interpreters Spanish – English (hardcopy)
- DSHS/LTC Study Guide for Medical Interpreters Spanish – English (hardcopy)

How Many National Healthcare Interpreter Credentials Are There?

The CCHI and NBCMI credentials are recognized as valid interpreter credentials in [RCW 39.26.300\(6\)](#) and [WAC 388-03-030](#) under “Recognized Interpreter”. Both HCA and L&I also accept these two credentials as valid to render services. However, these credentials are very expensive to obtain and maintain and have less certified languages than DSHS.

The [CCHI Interpreter Registry](#)²², shows only 124 (55 CHI and 49 CoreCHI) spoken language interpreter credentials for Washington State, 136 (121 CHI and 15 CoreCHI) for Oregon, 0 for Idaho and 1264 for California (993 CHI and 271 CoreCHI).

The [NBCMI Interpreter Registry](#)²³ shows only 72 spoken language interpreter credentials for Washington State (40 CMI and 32 Hub-CMI), 155 for Oregon, (111 CMI and 44 Hub-CMI) 0 for Idaho and 968 (710 CMI and 258 Hub-CMI) for California.

In contrast, the [DSHS database](#) shows 2453 medical credentials (1930 Certified and 523 Authorized), almost double the amount of CCHI interpreter credentials than the most populous state in the country. The DSHS credentials are a success story for language access because they have a rigorous validated testing process without onerous financial barriers.

²² CCHI credentials American Sign Language interpreters. When searching the registry, calculations must subtract those ASL interpreters from spoken language interpreters. Furthermore, CCHI credentials interpreters in other countries.

²³ There are several interpreters who hold both CCHI and NBCMI credentials.

DSHS Identifies Problems with its Tests

The DSHS Language Testing and Certification (DSHS/LTC) has an Advisory Committee to provide input on its duties per Chapter 388-03 WAC, Rules and Regulations for the Certification of DSHS Spoken Language Interpreters and Translators. The Advisory Committee is one of the best practices identified by the National Commission for Certifying Agencies (NCCA) whose mission is to help ensure the health, welfare, and safety of the public through the accreditation of certification programs that assess professional competence. NCCA Standards address the structure and governance of the certifying agency, the characteristics of the certification program, the information required to be available to applicants, certificants, and the public, and the recertification initiatives of the certifying agency. Standard 3 of the NCCA Standard for the Accreditation of Certification Programs published in 2014 has specific requirements addressing stakeholders. This standard states that the certification program must identify its stakeholders and provide an ongoing mechanism to solicit their input. Stakeholders include the individuals from the certified population at least one member, with voting rights, that represents the public or non-employer consumer interest. The certification program must document how the public interest is routinely represented and protected.

As a certifying program for spoken language interpreters, DSHS/LTC has a duty to the public to guarantee the quality of the interpreting services.

DSHS/LTC Advisory Committee

The DSHS/LTC Advisory Committee is a stakeholder group that provides input to DSHS LTC on its duties per Chapter 388-03 WAC, Rules and Regulations for the Certification of DSHS Spoken Language Interpreters and Translators. As stated in its 2015 charter, the desired outcome for this committee is the successful incorporation of committee recommendations while abiding by WAC chapter 388-03, and preserving budgetary allotments. The members of the committee include representatives of several state agencies, interpreters, trainers and consumers.

1. Cynthia E. Roat, MPH, National Consultant on Language Access in Health Care, representing the general public.
2. Katherine Templet, Interpreter Services Program Manager, representing the Health Care Authority.
3. Antoinette Wynne, Contract Specialist, representing the Department of Enterprise Services.
4. Karen Jost, Health Services Analysis Program Manager, representing the Department of Labor and Industries.
5. Stacy Winokur, representing the Department of Children, Youth, and Families.
6. Huan Nguyen, Economic Services Administration, LEP Program Manager, representing the Department of Social and Health Services.
7. Quan Tran, Interpreter, representing interpreters and WFSE/AFSCME.
8. Helen Eby, Interpreter, representing interpreters and WFSE/AFSCME.
9. Milena Calderari-Waldron, Interpreter, representing interpreters and WFSE/AFSCME.
10. Yvonne Simpson, Medical Interpreter Supervisor, Harborview Medical Center - Interpreter Services.
11. Michael Abate, representing WFSE/AFSCME.
12. Ubah Warsame, Somali Health Board, representing refugee advocacy organizations.
13. Yukié, API Chaya, representing refugee/immigrant advocacy organization.

Since 2015, the Advisory Committee has met at least quarterly sometimes for up to two hours depending on the matters at hand. Many important topics have been addressed and solved. For example, there was a dismal fill rate for Dari but a high fill rate for Farsi. Interpreters informed DSHS/LTC that Dari and Farsi are regional varieties of the Persian language and that DSHS authorized Farsi interpreters can render services for Dari requests. This also triggered changes to the DSHS/LTC database. Similar issues were solved for other languages. The DSHS/LTC now differentiates between level 1 and level 2 Social Services certified interpreters. Collaboration between interpreters and HCA helped set up the [data dashboard](#) to comply with RCW 74.04.025(4)(a) that limits DSHS/LTC testing.

Due to the pandemic, DSHS/LTC stopped testing interpreters in March 2020 and only resumed testing in April 2022. Despite stopping its testing, the Advisory Committee met

quarterly in 2020, however, during 2021 DSHS/LTC didn't schedule a single meeting. Only after WFSE's insistence and because it would trigger the filing of a grievance did DSHS/LTC schedule meetings with the Advisory Committee, of only 30 minutes each, in the months of April, May and June 2022. Committee members expressed concerns to DSHS/LTC at the meetings and by email about their disappointment to have very brief meetings that seemed more informational in nature than a collaborative effort.

Theresa Powell, Senior Director of the DSHS Office of Equity, Diversity, Access and Inclusion, was present at the May 2022 meeting. At that meeting, she informed the committee that DSHS was exploring the viability of third-party testing to qualify/certify interpreters. Ms. Powell shared that DSHS had found the following areas of concern:

- DSHS was charging interpreters \$75 when it actually costs about \$500. DSHS mandatory orientation and renewal are free of charge for interpreters.
- The written tests were in-person and in paper through a scantron when they could be administered online.
- The tests were old and have never been updated.

Exam fees: Committee members reminded Ms. Powell that contract interpreters struggle to make ends meet and that speakers of languages of low demand frequently go without language access services. Raising the price of the DSHS exam will most likely result in fewer candidates especially for languages of low demand. States that rely on the national healthcare interpreter credentials have very few qualified interpreters because of the steep price required to register and take the exam as well as maintaining the credential.

Remote testing: Committee members reminded Ms. Powell that since their inception in 2010, both national healthcare interpreter credentials have candidates take the written and oral exam online. Furthermore, the Administrative Office of the Courts that currently credentials court interpreters, has recently contracted with an online testing company to administer its written exam.

Old tests: Committee members reminded Ms. Powell of the need to periodically refresh tests. This is a best practice for all tests and it is specifically addressed in the recently published industry standard [ASTM F3516-22 Standard Guide for Testing Interpreting Performance](#). DSHS was encouraged to issue a Request For Proposal a company that specialized in testing, preferably in interpreting performance testing, perform to do the refreshment of the DSHS interpreter tests.

Due to the complexity of the technical issues involved, at the May meeting DSHS/LTC decided to create two research workgroups to take advantage of the subject matter expertise of committee members:

- Test research workgroup – focus discussion on usability of written and oral tests available from third-party agencies

- Process research workgroup – focus discussion on test processes

At the June meeting, DSHS/LTC informed that committee of its intention to change RCW 74.04.45 and RCW 39.26.300 effectively eliminating the DSHS interpreter certification program. This alarmed committee members who began organizing to oppose such changes but then on July 11, 2022, DSHS/LTC sent an email informing committee members that after careful consideration, it had decided not to request any legislative changes in 2022.

On July 19, 2022, the Test Research Workgroup met for the first time. By that time, DSHS/LTC had decided to combine both research workgroups into a single one and rename it Test and Process Research Workgroup. It was agreed that workgroup members would gather information about online testing and about other interpreting performance tests available in the market. In fact, the UW had looked into a proposal by Universal Language Services but had deemed it didn't meet the necessary requirements, notably that there was no validation report.

DSHS Test Changes

On July 22, 2022, members of the Test and Process Research Workgroup, attached to the [DSHS/LTC Advisory Committee](#), received a letter from the Chief of Language Equity attached to the Office of Equity, Diversity, Access and Inclusion (OEDAI) (Appendix 2 DSHS Update on 3rd Party Testing). The letter announces that DSHS had:

“...determined that the three testing entities listed below will be the 3rd party language test providers whose tests will be accepted by DSHS LTC to certify medical interpreters starting August 1, 2022.

The three chosen entities and the respective certification eligibility criteria include the following:

*(1) **Certification Commission for Healthcare Interpreters (CCHI):** If a candidate has a passing score of the CoreCHI exam (a written test), they can apply for a DSHS medical interpreter credential.*

*(2) **The National Board of Certification for Medical Interpreters (NBCMI):** If a candidate has a passing score of the Hub-CMI exam (a written test), they can apply for a DSHS medical interpreter credential.*

*(3) **UniversalLanguage Service:** If a candidate passes both the medical interpreter written test and the medical interpreter oral test of UniversalLanguage Service, they can apply for a DSHS medical interpreter credential.*

New candidates for medical interpreter tests will be referred to the 3rd party testing entities starting August 1, 2022.”

There are several areas of concern:

- 1) DSHS completely disregarded the numerous objections the Advisory Committee members expressed in the last meetings.
- 2) For CCHI and NBCMI, DSHS is requiring only a written exam in English as guarantee of spoken language interpreting skills which is blatantly inadequate and contrary to the Reyes Consent Decree.
- 3) In order to take the CCHI or NBCMI, candidates must pay for a 40-hour mandatory training, registration fee and written exam fee amounting to several hundred dollars. This limits the pool of available test candidates.
- 4) Universal Language Services is the statewide coordinating entity for DSHS, DCYF and HCA in charge of scheduling interpreters, invoicing the state for their services, processing interpreters' payments, collecting union dues and imposing disciplinary sanctions on interpreters. It is an inherent conflict of interest to have the vendor of interpreters' services be also the one testing their services and for a fee greater than the one DSHS charges (Appendix 3 ULS announcement re: testing - July 22, 2022).
- 5) Just like L&I does not accept interpreter agency owners to test their own interpreters, the American Translators Association does not accept for profit language company testing as a valid interpreter credential to be listed on its directory (See [ATA-Approved Interpreter Credentials](#)).

National Healthcare Interpreter Credential: CCHI

The [Commission for Certifying Healthcare Interpreters](#) (CCHI) is a national 501(c)(6) nonprofit organization founded in July 2009. Its purpose is to develop and administer a comprehensive national interpreter certification program in order to assess medical interpreters' competence and to help ensure quality of interpreting in any healthcare setting and in any modality of interpreting. CCHI brings together medical interpreters, representatives from national and regional non-profit interpreting associations, language companies, community-based organizations, educational institutions, healthcare providers, and advocates for individuals with limited English proficiency (LEP). CCHI received [NCCA accreditation](#) for its certification program.

CCHI is governed by elected volunteer commissioners, many of whom are practicing medical interpreters and CCHI certificants. The Commissioners employ staff to manage operations and rate exams. CCHI contracts with a testing company and various testing sites across the U.S. to administer CCHI exams. Detailed information about the exams is found in the [CCHI's Candidate Examination Handbook](#).

CCHI issues two interpreter credentials:

- [Certified Healthcare Interpreter \(CHI\)](#) (Spanish, Mandarin and Arabic)
- [Core Certification Healthcare Interpreter \(CoreCHI\)](#) (all other languages)

CCHI Written Exam (CoreCHI): Design

The examination is a computer-based, multiple-choice exam in English that covers the basics of healthcare interpreting. It measures critical thinking and ethical decision-making abilities and skills as well as cultural responsiveness. CCHI updates the exam content domains and weightings based on the job task analysis study which is conducted every 5-7 years.

The exam consists of 100 questions, out of which 15 are unscored (CCHI collects data on these new questions before using them as scored items in future test forms). Each question has four options, and only one option is the correct or best answer. The full text of the current (2017) CoreCHI™ Exam Specifications is available at http://cchicertification.org/uploads/2017-CoreCHI_Exam_Specs-brochure.pdf.

Weight	Topic
22%	Professional responsibility and interpreter ethics
22%	Managing the interpreting encounter
22%	Healthcare terminology
15%	US Healthcare System
19%	Cultural responsiveness

CCHI Oral Exam + Translation Exam (CHI): Design

The oral exam is administered in only three languages: Spanish, Mandarin and Arabic. It is a computer-based bilingual oral performance exam that requires a demonstration of interpreting skills in all three modes of interpretation (consecutive, simultaneous, and sight translation). Candidates listen to the recorded audio prompts and record their responses via a headset. The examination is administered via a computer-based application in a proctored environment at a test center and scored by independent human raters. The full text of the current **CHI™ Exam Specifications** is available [here](#). There is a practice exam available at [CCHI's online training portal](#).

Weight	Topic	
75%	Consecutive	4 vignettes English <> language other than English
14%	Simultaneous	2 vignettes English > language other than English Language other than English > English
9%	Sight translation	3 brief passages English > language other than English
2%	Translation	1 multiple-choice question testing translation skills English > language other than English

CCHI Written Exam (CoreCHI): Scoring

The number of correct responses on each version (or “form”) of the test are scaled to the distribution of 300 to 600, with the passing score set at 450. In addition to a scaled score, candidates are provided with a breakdown of scores by domain (e.g., professional responsibility and interpreter ethics, managing an interpreting encounter; healthcare terminology; U.S. healthcare system; and cultural responsiveness). Domain scores are reported as percentages of the correct answers within each test domain to help candidates identify weaker areas for future study in case a candidate doesn’t pass the examination. Since the examination is scored on a totality; the domain-level information is intended only as a guide.

CCHI Oral Exam + Translation Exam (CHI): Scoring

The oral interpreting performance examination of the candidate’s audio recorded responses are scored by human raters, and the one four-option, multiple-choice question assessing candidate’s the written translation abilities is scored electronically as a single correct response.

All raters have undergone extensive training and are monitored by a psychometrician to assure valid and reliable performance. Raters do not know candidate identities

when scoring examinations. Each oral response (one vignette) is scored by two raters independently. Raters do not score the entire exam of one candidate; they score individual responses. This process allows up to 14 raters to score a candidate's exam. Additionally, if two raters disagree by one point on a particular score for a particular response, that response is then scored by a third rater. Raters do not know if a candidate passes or fails the exam because they do not score a whole exam and have no access to other rater's scores or the final score.

Total scores are weighted and scaled to the distribution of 300 to 600 with the passing score set at 450. In addition to a scaled score, candidates receive a score report indicating how candidates scored on the exam subdomains (Consecutive, Simultaneous, Sight Translation and Written Translation) to help candidates identify weaker areas for future study.

CCHI Pass Rate

Only those who pass the written exam can take the oral exam. According to the [2021 annual report](#), the following pass rates were reported:

- Written (all languages): 83.5%
- Oral Spanish: 65.7%
- Oral Arabic: 25%
- Oral Mandarin: 30.1%

CCHI Pre-requisites

Candidates must show proof of all the pre-requisites to be allowed to register to take the written exam (CoreCHI).

1. 18 years of age
2. Graduation from a U.S. high school or its equivalent, including an equivalent from an educational program outside the United States
3. Language proficiency in English and a language other than English
4. Completion of a minimum of 40 hours of training (not experience) in healthcare interpreting.

CCHI Cost

Cost	Item
~\$200	Pre-requisite: Language proficiency test
~\$750	Pre-requisite: 40-hour training in healthcare interpreting
\$40	Application fee
\$191	CoreCHI exam (written exam)
\$302	CHI exam (oral exam)
\$300	Renewal fee (every four years)

The WA Administrative Office of the Courts requires registered court interpreters to take oral language proficiency tests. To test candidates' oral English language skills, AOC uses the [Versant English Test](#) from Pearson Education. For languages other than English, the AOC uses the Oral Proficiency Interview by [Language Testing International](#) (LTI) if they have a test in the required language. If LTI does not have a test for that language, then AOC may use the Spoken Language Evaluation from [ALTA Language Services, Inc.](#) The fee may vary, and typically costs no more than \$200.

[Bridging The Gap](#) was the first ever 40-hour training for medical interpreters and it was developed in Washington State by one of the members of the DSHS/LTC Advisory Committee. The fee for the next training is \$750.

CCHI Renewal

There are two requirements to maintain CCHI credentials.

1. The continuing education requirement is 32 actual hours (classroom or contact) during the four-year period for which the individual's certification is valid.
2. Certificants must document 40 hours of healthcare interpreting experience as a condition of certification renewal. The work experience may be as an employee/staff, contractor/freelancer, volunteer, or combination thereof. It must be in healthcare settings, and it may be in any modality of interpreting.

As long as the certificant completes these requirements and submits their online renewal applications, the individual will not need to retake CCHI's examinations. The [CCHI Certification Renewal Handbook](#) has more detailed information about the renewal process.

National Healthcare Interpreter Credential: NBCMI

The [National Board of Certification for Medical Interpreters](#) (NBCMI) is an independent division of the [International Medical Interpreters Association](#) (IMIA).

The purpose of NBCMI is to:

- Develop, organize, oversee, and promote a national medical interpreter certification program in all languages.
- Promote patients and providers working with credentialed medical interpreters who have met minimal national standards to provide accurate and safe interpretation.
- Ensure credibility of national certification by striving to comply with national accreditation standards including transparency, inclusion, and access.

Its volunteer Board of Directors include medical interpreters, trainers, health care providers, industry representatives, and a public member recruited through a Nominating Committee process and elected by the members of NBCMI.

NBCMI issues two interpreter credentials:

- Hub-CMI for all other languages
- CMI Certified Medical Interpreter (Spanish, Russian, Mandarin, Cantonese, Korean and Vietnamese)

NBCMI Written Exam (Hub-CMI): Design

The written exam is a multiple choice, computerized exam, containing 51 questions in English. See [NBCMI Handbook](#) for more details

Weight	Topic
8%	Roles of the medical interpreter
15%	Medical interpreter ethics
8%	Cultural competence
38%	Medical terminology in working languages
23%	Medical specialties in working languages
5%	Interpreter standards of practice
3%	Legislation and regulations

NBCMI Oral Exam (CMI): Design

The oral exam is a computerized exam that is 45-60 minutes in length. See [NBCMI Handbook](#) for more details.

Sight Translation 2 passages English > language other than English
Consecutive 12 scenarios English <> language other than English

Weight	Topic
15%	Mastery of linguistic knowledge of English
15%	Mastery of linguistic knowledge of the other language
25%	Interpreting knowledge and skills
10%	Cultural competence
25%	Medical terminology in working languages
10%	Medical specialties in working languages

NBCMI Scoring

There is little to no useful information about scoring. For the oral exam, candidates will receive pass/fail notification, their score, and general feedback on their performance.

NBCMI Pass Rates

Only those who pass the written exam can take the oral exam. According to the [NBCMI Annual Report 2021](#), the following pass rates were reported:

Written exam: 79% for all languages

Oral exam:

- Vietnamese 15%,
- Spanish 50%,
- Russian 32%,
- Cantonese 54%,
- Mandarin 15%,
- Korean 39%.

NBCMI Pre-requisites

1. Minimum age: 18.
2. General education: At least a high school education.
3. Recent professional photo
4. Medical interpreter education:
 - a. 3 credit hours at a college or university, or

- b. Medical interpreter training course of at least 40 hours
- 5. Oral proficiency in English
- 6. Oral proficiency in the language other than English

NBCMI Cost

Cost	Item
~\$200	Pre-requisite: Language proficiency test
~\$750	Pre-requisite: 40-hour training in healthcare interpreting
\$35	Registration fee
\$175	Hub-CMI written exam
\$275	CHI oral exam
\$300	Renewal fee (every four or five years)

NBCMI Renewal

NBCMI requires renewal every 4 years for Hub-CMIs and every 5 years for CMIs. Hub-CMIs/CMIs must renew by completing equivalent to 30 contact hours of approved continuing education before the credential's expiration date.

Universal Language Service Test

ULS is a language service company that has never done testing before. Its website showed no testing services in it until August 1, 2022. ULS has a contentious history with interpreters. **Questions remain about how DSHS has given such a financial privilege to a company with no experience in interpreter testing without going through a competitive bidding process such as a Request For Proposal.**

At its August 4, 2022, webinar (Appendix 4 ULS webinar), ULS didn't give enough information to determine whether their test is the DSHS test that was given to ULS to administer remotely through an online testing company or whether ULS had designed their test from scratch. There was no information about scoring, validation, qualifications of graders, error typology or pass rate.

Instead, the majority of the webinar was devoted to explaining how to test take the written and oral tests online. This service is not provided by ULS. The online tests are done through two online testing companies: ProctorU and Cirrus. **Questions remain about why DSHS did not contract directly with these two online testing companies to administer its own tests.**

Finally, on August 7, 2022, information about ULS test design was posted on its website making it clear that these tests have been developed by ULS. There is no information about validation, qualifications of graders, error typology or how ULS can test in such a large number of languages. **Some of the descriptions for the ULS oral exams are very hard to understand, and they are written in English.**

ULS Written Exam: Design

There appears to be no difference between certified and authorized languages for the written exam.

Part one: Interpreter Code of Ethics. Candidates will need to identify whether each given statement is true or false. (40 Points)

Part two: Medical Terminology & Pharmacology. Candidate will need to find the equivalent translation for each medical term into the target language. This section will also contain pharmacology sub-section and the candidate will have to make a choice between true or false for each item. (50 Points)

Part three: Clinical/Medical Procedures. Candidate will have to make a choice between true or false to answer each item. (50 Points)

Part four: Writing Skills in English. Candidate will have a 10 multiple choice questions in English. They will have to identify the correct letter (A, B, C, D) that corresponds to their choice and select it. (30 Points)

Part five: Reading Comprehension. Candidate will read a section, in English, and then answer a series of questions, where they will have to make a choice between true or false for each item. (60 Points)

ULS Written Exam: Scoring

The written test totals possible score is 230. Candidates must receive ≥ 184 points (80%) or better of the total possible score to pass the written test.

ULS Oral Exam for Certified Languages: Design

Copied directly from ULS documents posted on their website without editing retrieved on August 7, 2022.

Part One: **Sight** Translation. Candidates will have two sections in this part.

- **Section one** the candidate will have 8 short statements they must sight translate from the source into their target language.
- **Section two** candidate will have 4 longer statements they must sight translate from the source, their language pair, into the target language (English).

Part Two: Consecutive Interpretation. Candidate will have three sections in this final part of the test. It will be a series of segments of three full consecutive medical conversations between the provider and limited English proficient individual. The candidate will listen in the source and interpret into the target and from target into source.

- **Consecutive Section One:** the candidate will have six segments that must be interpreted from the source to target language and from source language to target.
- **Consecutive Section Two:** the candidate will have five (5) segments that must be interpreted from the source to target language and from source language to target.
- **Consecutive Section Three:** the candidate will have four (4) segments that must be interpreted from source to target language and from source language to target.

There is no information about the weight of the sight translation and consecutive parts.

ULS Oral Exam for Certified Languages: Scoring

The total possible score for the oral test is 130. Candidates must receive ≥ 104 (80%) or better of the total possible score to pass the test.

ULS Oral Exam for Authorized Languages: Design

Copied directly from ULS documents posted on their website without editing retrieved on August 7, 2022.

Part One: **Sight** Translation. Candidates will have two sections in this part.

- **Section one** the candidate will have 8 short statements they must sight translate from the source into their target language. (50 points)
- **Section two** candidate will have 4 longer statements they must sight translate from the source, their language pair, into the target language. (50 points)

Part Two: English Retention Skills. Candidate will have five statements in this final part of the test.

- **Section One:** Segments: the candidate will listen to five (5) segments, that must be repeated back in, recorded, from the source language (English) back into the source language (English). (50 points)

ULS Uses Confusing Language to Describe its Test Design

“Segments” in interpreting skills tests generally mean pauses to allow the candidate to interpret consecutively. Segments can vary in word count. The greater the word count of a segment, the harder it is for the candidate to remember and therefore interpret. ULS appears to use this term correctly in the description for the Consecutive part of the Certified Languages Oral Exam although it does not disclose the word count.

In the Sight Translation part of the Certified Languages Oral Exam, however, ULS uses the term “statements.” According to the Merriam-Webster dictionary, “statement” means *a single declaration or remark; a report of facts or opinions*. In contrast, DSHS uses the term “sentence.” According to the Merriam-Webster dictionary, “sentence” means *a word, clause, or phrase or a group of clauses or phrases forming a syntactic unit which expresses an assertion, a question, a command, a wish, an exclamation, or the performance of an action, that in writing usually begins with a capital letter and concludes with appropriate end punctuation, and that in speaking is distinguished by characteristic patterns of stress, pitch, and pauses*. Are ULS “statements” actually “sentences” or “segments”? Or is ULS testing candidates on facts or opinions?

In language access services, the acronym LOTE stands for languages other than English. Similarly, the acronym LOTS stands for languages other than Spanish. ULS Oral Exam descriptions are unclear in which language direction candidates are being tested where English can either be the source or target language depending on the context.

Example: **Section one** *the candidate will have 8 short statements they must sight translate from the source into their target language.*

Is the candidate sight translating from English into the language other than English or from the language other than English into English?

Example: **Section two** *candidate will have 4 longer statements they must sight translate from the source, their language pair, into the target language.*

Is the candidate sight translating from English into the language other than English or from the language other than English into English?

Example: **Section One:** Segments: the candidate will listen to five (5) segments, that must be repeated back in, recorded, from the source language (English) back into the source language (English).

In this last example, English is actually both the source and target language. In addition, there is a section one but no section two listed. Is something missing here? A better way of describing this could be as follows:

The candidate will listen to five (5) segments in English that must be repeated back in English.

ULS Oral Exam for Authorized Languages: Scoring

The total possible score for the oral test is 150. Candidates must receive ≥ 120 (80%) or better of the total possible score to pass the test.

ULS Pre-requisites

- 1) 18 years old
- 2) Create a DSHS LTC profile on Gateway

ULS Test Cost

Written Exam: \$119

Oral Exam: \$128

Recommendations

3. Reinstate the status quo existing in July 2022 when DSHS/LTC was the entity testing spoken language medical interpreters through the written and oral tests DSHS designed in the 1990's and revamped in 2015.
4. Establish an Advisory Committee to develop requirements, policies and procedures for the DSHS Language Testing and Certification Program related to testing spoken language healthcare interpreters. The members of the advisory committee must include representatives from spoken language interpreters, their labor union, healthcare facilities' language access coordinators, interpreter trainers, and state agencies that use interpreting services (e.g., Health Care Authority, Labor & Industries, Office of Superintendent of Public Instruction).

TABLE 1: Prerequisites

PREREQUISITES	DSHS	CCHI	NBCMI	ULS
AGE	18 years	18 years	18 years	18 years
EDUCATION		High school	High school	
LANGUAGE PROFICIENCY		Proof of language proficiency in English and a language other than English	Proof of language proficiency in English and a language other than English	

TRAINING		Completion of a minimum of 40 hours of training in healthcare interpreting	Completion of a minimum of 40 hours of training in healthcare interpreting OR 3 credit hours in healthcare interpreting at a college or university	
PHOTO			Recent professional photo	
DATABASE				Create a DSHS LTC profile on Gateway

TABLE 2: Cost

COST	DSHS	CCHI	NBCMI	ULS
PREREQUISTE: oral language proficiency tests English and LOTE		~\$200	~\$200	
PREREQUISTE: 40 hours of training in healthcare interpreting		~\$750	~\$750	
REGISTRATION FEE		\$40	\$35	
WRITTEN EXAM FEE	\$30	\$191	\$175	\$119
ORAL EXAM FEE	\$45	\$302	\$275	\$128
RENEWAL FEE		\$300	\$300	
TOTAL	\$75	\$1,983	\$1,935	\$247

TABLE 3: Written Exam Rubrics

RUBRICS	DSHS Certified Languages	DSHS Authorized Languages	CCHI	NBCMI	ULS
Language	English & LOTE	English	English	English	English
Ethics / Standards of Practice / Protocol	True or False	True or False	Multiple Choice (4 options)	Multiple Choice	True or False
Medical Procedures / Terminology/ Specialties / Pharmacology	Multiple Choice (4 options)	Multiple Choice (4 options)	Multiple Choice (4 options)	Multiple Choice	True or False
Written Language Proficiency	Multiple Choice (4 options)	Multiple Choice (4 options)			Multiple Choice (4 options)
Reading Comprehension					True or False
US Healthcare System / Legislation & Regulations			Multiple Choice (4 options)	Multiple Choice	
Cultural Responsiveness / Competence			Multiple Choice (4 options)		
SCORING					

TABLE 4: Written Exam Weight Scoring

WEIGHT	DSHS Certified Languages	DSHS Authorized Languages	CCHI	NBCMI	ULS	
Ethics / Standards of Practice / Protocol			44%	28%	40 pts	17%
Medical Procedures / Terminology/ Specialties / Pharmacology			22%	61%	50 pts 50 pts	44%
Written Language Proficiency					30 pts	13%
Reading Comprehension					60 pts	26%
US Healthcare System / Legislation & Regulations			15%	3%		
Cultural Responsiveness / Competence			19%	8%		
SCORING			scaled distribution of 300 to 600			
Total	150 items Unknown weight	100 items Unknown weight	100%	100%	230 pts	100%
Pass Score	85%	85%	450 75%	Unknown	184 pts	80%

TABLE 5: Oral Exam Weight Scoring

	DSHS		
MODE	WEIGHT	DIRECTION	LENGTH & TYPE
Sight translation	100%	English > LOTE	100-140 words document
		LOTE > English	100-140 words document
Consecutive	100%	English <> LOTE	350-400 words dialogue
Pass Score	75% Sight and 75% Consecutive		

	CCHI		
MODE	WEIGHT	DIRECTION	LENGTH & TYPE
Sight translation	9%	English > LOTE	3 brief passages
Consecutive	75%	English <> LOTE	4 vignettes
Simultaneous	14%	English > LOTE	1 vignette
		LOTE > English	1 vignette
WRITTEN TRANSLATION	2%	English > LOTE	1 multiple choice question
Pass Score	All sections combined. Distribution scaled of 300 to 600 with pass score at 450 (75%)		

	NBCMI		
MODE	WEIGHT	DIRECTION	LENGTH & TYPE
Sight translation	Unknown	English > LOTE	2 passages
Consecutive	Unknown	English <> LOTE	12 scenarios
Pass Score	Pass or fail with unknown score.		

	ULS		
MODE	WEIGHT	DIRECTION	LENGTH & TYPE
Sight translation	Unknow	English > LOTE	8 short statements
		LOTE > English	4 longer statements
Consecutive	Unknown	English <> LOTE	3 dialogues
Pass Score	All sections combined. Total possible score is 130 and the pass score is 104 (80%).		

TABLE 6: Oral Exam Certified Languages

	DSHS	CCHI	NBCMI	ULS
CERTIFIED LANGUAGES	Spanish Russian Vietnamese Mandarin Cantonese Korean Cambodian Laotian	Spanish Mandarin Arabic	Spanish Russian Vietnamese Mandarin Cantonese Korean	Spanish Russian Vietnamese Mandarin Cantonese Korean

Appendix 1: Reyes Consent Decree

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ATTACHMENT

FILED ENTERED
LOGGED RECEIVED

MAR 12 1991

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

MAR 4 1991

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

UNITED STATES DISTRICT COURT FOR WESTERN DISTRICT OF WASHINGTON
SEATTLE, WASHINGTON

LUISA REYES and SALVADOR PENADO,
on behalf of themselves and
other similarly situated

Plaintiffs,

vs.

RICHARD THOMPSON, Secretary,
STATE OF WASHINGTON DEPARTMENT
OF SOCIAL AND HEALTH SERVICES,

Defendant.

NO: C91-303

CLASS ACTION

STIPULATION, AGREEMENT
OF SETTLEMENT AND CONSENT
ORDER

THIS MATTER COMES BEFORE THIS COURT by an agreement of the
parties. Plaintiffs, represented by Sandra Fancher, Kelly Owen,
John Hughes, and Gillian Dutton, of Evergreen Legal Services (ELS)
and Defendant, Washington State Department of Social and Health
Services, Division of Economic and Medical Field Services, (here-
inafter referred to as DSHS) represented by Charles Murphy, Assist-
ant Attorney General, hereby stipulate to the conditions below as
disposition of this matter and to entry of this Order.

STIPULATION, AGREEMENT OF
SETTLEMENT AND CONSENT ORDER
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EVERGREEN LEGAL SERVICES
NORTH CENTRAL REGIONAL OFFICE
CONGOON BUILDING, SUITE A2
200 PALOUSE STREET
P.O. BOX 158
WENATCHEE, WA 98807-0158
(509) 662-9681

1 This is a class action by Plaintiffs who are limited-English
2 proficient (LEP) and who seek declaratory and injunctive relief
3 requiring DSHS to provide them with information, notice and ser-
4 vices concerning public assistance benefits in their primary lang-
5 uages, in accordance with Title VI of the Civil Rights Act of 1964,
6 the Title VI regulations, Office of Civil Rights Agreements made by
7 DSHS pursuant to Title VI, federal statutes and the United States
8 Constitution.

9 This agreement specifies further actions which will be taken
10 by DSHS to provide services in accordance with Title VI of the
11 Civil Rights Act of 1964, the Title VI regulations, Office of Civil
12 Rights Agreements made by DSHS pursuant to Title VI, federal stat-
13 utes and the United States Constitution. DSHS by consenting to
14 this agreement intends to obligate only the Division of Economic
15 and Medical Field Services and its program responsibilities to
16 those requirements contained in this agreement.

17 Having reviewed the record in this matter, IT IS HEREBY
18 ORDERED that:

19 1. As stipulated herein, Plaintiffs bring this action under
20 Federal Rule of Civil Procedure 23(b)(2) on behalf of themselves
21 and all similarly situated applicants for public assistance within
22 the State of Washington. Plaintiffs proceed with this action on
23 behalf of a plaintiff class defined as follows:

24 All persons of limited English-language proficiency
25 who have applied for or received or will apply for
26 or receive public assistance benefits within Wash-

27 STIPULATION, AGREEMENT OF
28 SETTLEMENT AND CONSENT ORDER
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why this date?

ington State since October 1, 1987. Public assistance is defined as services and notices provided by DSHS Economic and Medical Field Services, including but not limited to Aid to Families with Dependent Children, Family Independence Program, Food Stamps, General Assistance, medical assistance, refugee assistance, and consolidated emergency assistance program.

2. Based upon the stipulation of the parties, all the elements of a class action pursuant to Federal Rules of Civil Procedure 23(a) and (b)(2) are met. There are approximately 14,000 cases of families and individuals who are limited-English proficient and who currently receive benefits from the Division of Economic and Medical Services during any given month. In addition, there are many other people who will be eligible for benefits in the future. The class is so numerous that joinder of all members is impracticable.

3. There are questions of law and fact common to the class; namely, whether DSHS's policies, practices, and procedures violate federal law and constitute a breach of contract which DSHS entered into pursuant to Title VI regulations. Additionally, the claims of the representative plaintiffs are typical of the claims of the class. The named plaintiffs will fairly and adequately represent the interests of the class.

4. The parties agree that this agreement does not constitute an admission by DSHS of any violation of the Departmental Regulation issued pursuant to Title VI of the Civil Rights Act of 1964, or Section 504 of the Rehabilitation Act of 1973. The parties further agree that DSHS intends to act in full and complete compliance

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1 with Title VI, Section 504 and all agreements made with the Office
2 of Civil Rights.

3 5. DSHS has entered into agreements with the United States
4 Office of Civil Rights, Department of Health and Human Services, on
5 October 21, 1983 and June 12, 1987. These agreements, entitled
6 "Predetermination Settlement Agreement" and "Predetermination
7 Settlement Amendment" respectively, outline DSHS' Division of Eco-
8 nomic and Medical Services' responsibilities to provide notice and
9 service to LEP applicants and recipients. These Agreements are
10 attached as Exhibit A and B, respectively, and all terms and provi-
11 sions are incorporated by reference into this Consent Decree.

12 6. As a consequence of this agreed consent order, it is un-
13 derstood that the costs, fees and attorney fees of the parties will
14 be borne by each party and no claims will be made against the other
15 party for said costs, fees or attorney fees.

16 DEFINITIONS

17 7. The following definitions are used in this agreement:

- 18 a. LIMITED ENGLISH PROFICIENT: any person whose
19 primary language is not English;
- 20 b. PRIMARY LANGUAGE: the language in which a per-
21 son indicates he or she is most proficient;
- 22 c. COMPUTER-GENERATED NOTICES: notices that are
23 generated and mailed to class members by a
24 computerized system at DSHS' state office
25 level. These include, but are not limited to,
26 eligibility review forms, monthly reports,
27 earned income reports, and termination and
28 denial letters;
- d. ADVERSE ACTION: the denial, termination, sus-
pension, or reduction of benefits or services,

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1 or the withdrawal of an application for bene-
2 fits;

3 e. INADEQUATE NOTICE: notice given to a LEP
4 applicant/recipient in English or an incom-
5 plete or incorrect translation. A notice is
6 incomplete or incorrect if the translation of
7 the material is not thorough and precise, adds
8 or omits anything which changes the meaning
9 and does not state as nearly as possible what
10 has been stated in English, giving considera-
11 tions to variations in grammar and syntax for
12 both languages. The translation must use the
13 same reading level of language as the English,
14 at a sixth grade level or below; and

15 f. MAJOR WRITTEN COMMUNICATION: a notice or form
16 that requests information from an applicant/
17 recipient, requires a response on the part of
18 an applicant/recipient, or notifies an appli-
19 cant/recipient of an adverse action.

20 IDENTIFICATION OF LEP APPLICANTS/RECIPIENTS

21 8. RELEVANT OCR PROVISION:

22 DSHS will computer identify all LEP persons by name, case
23 number, and primary language to ensure that information
24 can be retained and appropriate bilingual services can be
25 provided at the State Office and CSO levels.

26 DSHS shall monitor to ensure that LEP clients are cor-
27 rectly identified as such.

28 9. DSHS shall ensure that class members are correctly identi-
fied in its records by inquiring about client language preference
on forms used:

- a. At each request for services made through the use
of the Reception Slip;
- b. At each regular Eligibility Review; and
- c. At each request for assistance.

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1 10. DSHS will identify each LEP client by case name and pri-
2 mary language on the computer-generated lists provided to each CSO,
3 including but not limited to the following:

- 4 a. The quarterly listing of LEP clients. This list
5 will be produced monthly upon completion of compu-
6 ter reprogramming;
7 b. Monthly list of redirected warrants;
8 c. Monthly list of clients required to participate in
9 any monthly reporting of income; and
10 d. Monthly list of clients receiving computer gener-
11 ated termination notices. (DSHS 8-183, 8-183A, and
12 8-183B)

11 NOTICES AND FORMS

12 11. RELEVANT OCR PROVISION:

13 Forms that request information or require a response from
14 the client involving denial, termination or reduction of
15 benefits, and forms advising the client of denial, ter-
16 mination, or reduction of benefits will be translated
17 fully, except for DSHS 8-183. Any fill-in spaces in the
18 primary-language forms or notices must be completed in
19 the appropriate primary language.

20 12. a. Every LEP client has the right to notice in their
21 primary language without significant delay. Nothing in this sec-
22 tion shall relieve DSHS from its obligations under the OCR Agree-
23 ment and Amendment to provide appropriate notices regardless of
24 whether the primary language is one of the six most common lang-
25 uages.

26 b. In order to insure that LEP clients receive notices
27 in their primary language without significant delay, DSHS shall
28 adopt a policy of simultaneous issuance of English and the corres-

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1 ponding non-English written communications for the five other most
2 common languages, unless there is an emergent situation.

3 c. In particular, computer-generated notices and forms
4 meeting the major communication definition, including DSHS 8-183,
5 will be simultaneously generated in the six most common languages:
6 English, Spanish, Vietnamese, Cambodian, Laotian, and Chinese. For
7 all other LEP clients, DSHS will by March 1, 1991 establish a
8 standardized procedure to provide a translated notice in the appro-
9 priate language.

10 d. When there is an emergent situation, DSHS may issue
11 the English version first, but it must provide LEP clients the cor-
12 responding translation or summary as required by the OCR Agreements
13 without significant delay. Producing translations through this
14 emergent process may include, at DSHS discretion, elimination of
15 the three week translation evaluation process as outlined in the
16 OCR agreement and the use of a more streamlined translation and
17 printing process than is used for the English version.

18 e. An emergent situation is one where a court order or
19 federal law requires DSHS to issue a form or notice in less than 60
20 days from the date the English text is finalized.

21 13. DSHS has established and will maintain a process between
22 the CSOs and contracted translators or bilingual staff in order to
23 provide speedy written translations when other methods would be
24 slower in providing services to LEP applicants/recipients. Use of
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1 the process does not excuse DSHS from providing services "without
2 significant delay" as obligated by the OCR agreements.

3 MONITORING AND COMPLIANCE

4 14. RELEVANT OCR PROVISION:

5 DSHS will develop and implement a system to monitor and
6 evaluate the implementation and effectiveness of the pro-
cedures established for providing bilingual services.

7 Monitoring shall include on-site monitoring by DSHS'
8 bilingual services coordinator of CSOs with LEP popula-
tions.

9 15. DSHS shall implement a self-audit procedure at each CSO
10 with an LEP client population by March 1, 1991. The auditing shall
11 be as follows:

12 a. A mandatory self-audit shall be completed monthly
13 by each CSO reviewing 10% of its LEP caseload, or
14 50 LEP case records where the CSO has an LEP case-
load of over 500. A minimum of 3 cases or all the
CSO's LEP cases shall be audited, whichever is
less;

15 i. The first audit shall review each file's prior
16 six months of services and each additional
audit will review back to the last audit date;

17 ii. DSHS shall direct each CSO to audit different
18 cases each month to ensure that the maximum
19 possible number of different cases are audited
annually.

20 b. As part of the 10% audit, each CSO shall audit all
21 LEP cases closed that month;

22 c. The LEP case record audit will include case record
23 identification, language preference, computer cod-
24 ing, documentation of interpreter usage, documenta-
tion of actual numbers of translated and non-trans-
lated written communications, and corrective action
taken, if required;

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- d. Each CSO will collect and report findings quarterly to the regional administrator and to the Economic and Medical Services LEP program manager;
- e. DSHS will use this audit to take immediate corrective action on individual cases where inadequate notice has been provided. Lost benefits will be issued within 5 working days; and
- f. This self-audit report shall contain the same content as Exhibit C, attached to this Consent Order. Substantial changes in content shall not be made unless agreement is reached between the parties. The self-audit report shall be reviewed in the annual compliance review conducted pursuant to paragraph 17, infra.

16. Mandatory quarterly reviews of the results of the monthly self-audits shall be completed by regional staff as follows:

- a. The results of monthly audits shall be summarized;
- b. Auditors will check for required posters and forms in the reception area, use of translated forms throughout the office, bilingual staffing formulas and accomplishments, LEP training information, documentation of LEP client complaints, contact with community groups to obtain input on bilingual services compliance, delays in processing applications for LEP clients, and documentation of corrective actions taken by the CSO based on the quarterly review;
- c. The quarterly audits will be reported to the CSO administrator, regional administrator, director of EMFS, Evergreen Legal Services, and the EMFS LEP program manager. Results will be used to monitor compliance and to evaluate training needs; and
- d. This quarterly report shall contain the same content as Exhibit D, attached to this Consent Order. Substantial changes in content shall not be made unless agreement is reached between the parties. The quarterly report shall be reviewed in the annual compliance review conducted pursuant to paragraph 17, infra.

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1 17. Both parties agree that the level of auditing set forth
2 in paragraphs 15 and 16, supra, shall continue for at least one
3 year from the date of implementation. After one year from the date
4 of the signing of this order, the parties shall meet to review the
5 effectiveness of this procedure in complying with the provisions of
6 the OCR agreements and this consent order.

7 18. Within 270 days of entry of this consent decree, DSHS
8 will develop and implement a statewide policy on continued moni-
9 toring for provision of bilingual services without significant
10 delay. The self-audit process for monthly and quarterly monitor-
11 ing, referenced in paragraphs 15 and 16, supra, will provide the
12 required monitoring for provision of bilingual services for at
13 least the first year of this consent decree. Following the discon-
14 tinuation of the Self-Audit process, a monitoring process as des-
15 cribed below will be implemented. This policy will include:

- 16 a. Monitoring CSO records for provision of:
- 17 i. translated written communication;
- 18 ii. correct LEP identification;
- 19 iii. delays in assistance and provision of bilingual
20 services due to the time needed for translation of
 notices; and
- 21 iv. use of bilingual staff or interpreters.
- 22 b. Monitoring CSO reception areas for the required LEP
23 poster, provision of translated forms and pamphlets, and
 for correct identification procedures for LEP clients;
- 24 c. At least quarterly monitoring of management reports for
25 delays in disposition of applications for assistance,
26 comparing the application disposition dates for the
 English versus the non-English applicant;

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- 1 d. At least quarterly monitoring of percentage of LEP
2 clients versus the number of bilingual staff to ensure
adequate delivery of bilingual services;
- 3 e. Monitoring of client complaints related to inadequate
4 service because of a language barrier. This monitoring
will include such items as contacts with community based
5 organizations which serve these LEP populations, client
6 contact, and a means of telephonic access by LEP clients
which allows clients to make complaints in their primary
language; and
- 7 f. A corrective action process which will provide monitoring
8 results and corrective action plans to Regional Adminis-
trators, the EMFS Director and the EMFS LEP Program Man-
9 ager where significant delay or inadequate services are
found.

10 19. The results of this monitoring and corrective action
11 taken will be documented in the CSO quarterly audit reports and
12 will be shared with Evergreen Legal Services for the period spe-
13 cified in paragraph 34.8^h

14 ONE-TIME CORRECTIVE ACTION FOR CLASS MEMBERS
15 GENERAL REQUIREMENTS

16 20. DSHS shall provide a one-time opportunity for class mem-
17 bers to request a case review and receive restored benefits for any
18 past benefits lost due to English-only, incomplete or incorrectly
19 translated notices. Lost benefits may be recovered back to
20 October 1, 1987.

21 21. DSHS shall determine restored benefits based on the class
22 member's receipt of inadequate notice and eligibility for benefits
23 at the time adverse action was taken. Benefits will be restored for
24 the period of time the class member was eligible.

25 22. To provide this opportunity for benefits, DSHS shall in-
26 form class members of the settlement of this lawsuit and the pro-

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cedures for corrective action required by this lawsuit as set forth
in paragraph 33.

REQUESTS FOR RECORD REVIEW

23. Any class member may request a full record review by DSHS to determine whether that person has lost benefits as a result of having been issued improper notice. Upon the class member's request, DSHS shall review that person's DSHS records back to October 1, 1987 to determine whether compensation is due.

24. Class members shall have 90 days from the last day notice is posted in DSHS' Community Service Offices as described in paragraph 33, stinfra, to request a DSHS record review.

DETERMINATION OF ELIGIBILITY FOR LOST BENEFITS

25. DSHS agrees to review each record as identified in paragraph 22, for adverse actions taken since October 1, 1987 upon request by a class member.

- a. Each notice of adverse action will be reviewed to determine if adequate notice was provided to the class member;
- b. Where adequate notice was not provided and the adverse action taken was based on verified ineligibility, DSHS will provide the class member with a notice explaining the outcome of the case review and a corrected notice of the adverse action in the primary language. This notice shall include the class member's right to a fair hearing upon the adverse action within 90 days following the issuance of the corrected notice;
- c. If the adverse action notice was originally preceded by a request for information, DSHS shall provide that request for information in the client's primary language, along with a notice explaining the outcome of the case review. This notice will advise the client of acceptable verifi-

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- 1 h. DSHS will restore lost benefits within five working
2 days of the determination that benefits are due.
3 Retroactive benefits received pursuant to this
4 order shall be disregarded as income and resources
5 for purposes of determining eligibility and need
6 for AFDC, FIP (except FIP Food Assistance), General
7 Assistance, Refugee Assistance and medical assist-
8 ance programs. Retroactive benefits received pur-
9 suant to this order shall be disregarded as income
10 for purposes of determining eligibility and need
11 for Food Stamps and FIP Food Assistance.

12 CONTINUING CORRECTIVE ACTION FOR LEP APPLICANTS/RECIPIENTS

13 26. Within 60 days of entry of this consent decree, DSHS --
14 Economic and Medical Field Services (EMFS) will issue a directive
15 to all CSOs to assure that there is no delay in providing services
16 to or correcting improper adverse action taken against class mem-
17 bers who have received improper notice. These measures shall be
18 instituted whenever DSHS-EMFS discovers inadequate notice, whether
19 through client complaint, the self-audit process or other means.
20 These measures shall include:

- 21 a. CSOs shall establish an office procedure for expe-
22 ditious resolution of cases involving inadequate
23 notice. Resolution will require offering the class
24 member the option of scheduling an appointment by
25 the end of the next working day following the day
26 the class member informs DSHS that he or she re-
27 ceived an inadequate notice. The purpose of the
28 appointment shall be to provide the class member
with a written translation of the communication and
allow the class member an opportunity to provide
requested verification. At the class member's
option, DSHS may provide him or her with an ade-
quate notice within 24 hours of the complaint in
lieu of an appointment. DSHS shall take any other
actions necessary to avoid delay in the class mem-
ber's receipt of benefits;
- b. CSOs shall apply the rules of "advance and adequate
notice", per WAC 388-33-376 and 388-49-015 (8) and

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1 388-49-600. If benefits have been adversely af-
2 fected without proper notice, the class member must
3 be offered the option of reinstating benefits to
4 the prior level. Any assistance received during
5 this period may be an overpayment if the class
6 member is determined to have been ineligible; and

- 7
8 c. For each finding of inadequate notice the CSO shall
9 review the case records back to the date of the
10 last audit, if any, and restore lost benefits to
11 the applicant/recipient for any eligibility during
12 that period.

13
14 27. DSHS shall review the case records of class members after
15 termination has been proposed and prior to actual closure of the
16 case for any reason, to determine whether the notice informing the
17 client of adverse action and any notices requesting information or
18 action were in the class member's primary language. Where notice
19 was not provided in the primary language, DSHS shall not terminate
20 benefits prior to issuing notice in the primary language and allow-
21 ing adequate and advance notice.

22 QUALIFIED BILINGUAL STAFF AND INTERPRETERS

23 28. RELEVANT OCR PROVISION:

24 DSHS will develop and implement a statewide procedure of
25 recruiting and hiring bilingual employees at the CSOs.
26 Each CSO shall, through attrition, employ bilingual per-
27 sonnel to serve LEP applicants/recipients sharing the
28 same language when the number of those individuals served
by a CSO client contact job classification equals or ex-
ceeds 50 percent of the average caseload of a full-time
position in such a classification.

29 RECRUITMENT AND HIRING OF BILINGUAL STAFF:

30 Within 180 days of entry of this consent decree, DSHS
31 will develop and implement a statewide policy on recruit-
32 ing and hiring bilingual staff with such items as:

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- a. Instructions for calculation of the 50% rule for hiring bilingual staff;
- b. Instructions for evaluation of management reports which collect information on the number of LEP clients and the disposition of initial applications;
- c. Guidelines for hiring additional bilingual staff and interim instructions for providing services without significant delay to LEP clients when additional staff are needed as indicated by the 50% calculation or evidence of the occurrence of significant delay;
- d. Guidelines for prioritizing the use of bilingual staff and contracted interpreters for effective provision of bilingual services; and
- e. Guidelines which outline the hiring procedure for both bilingual staff and contracted interpreters. These guidelines shall include:
 - i. Testing requirements related to hiring;
 - ii. Certification requirements for particular positions;
 - iii. The rating system used for certification; and
 - iv. The list of acceptable certifications including the DSHS-administered Fluency test.

TESTING

30. RELEVANT OCR PROVISION:

DSHS will ensure that all interpreters and bilingual workers are fluent in English and a primary non-English language. DSHS shall develop standards of testing, oral and written, to ensure that all interpreters and bilingual workers meet the standard. Testing shall include evaluation of the language competence, interpreter skills, understanding of DSHS policies regarding confidentiality, DSHS forms and the role of interpreters.

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1 31. DSHS will promptly develop and implement a statewide
2 policy which describes the use of fluency testing for bilingual
3 staff and contracted interpreters/translators. This test is being
4 developed and will be administered by DSHS, Administrative Ser-
5 vices, Language Interpreter Services and Translations (LIST) sec-
6 tion. DSHS will make a good faith effort to expedite the acceptance
7 of fluency testing by its employees' union. As soon as the test is
8 validated and approved, DSHS will begin testing of contracted in-
9 terpreters and translators and bilingual staff in the five primary
10 languages of Spanish, Vietnamese, Cambodian, Laotian and Chinese.

11 This policy will include such items as:

- 12 a. Requirements for both oral and written fluency
13 tests;
- 14 b. Emphasis on the preference for bicultural, as well
15 as bilingual staff, to assure effective communica-
16 tion through an understanding of non-verbal and
17 cultural patterns; and
- 18 c. Guidelines for provision of bilingual services
19 without delay when an employee or contracted inter-
20 preter fails the testing process.

21 Implementation Schedule: (Dependent on negotiation with
22 employees' union by 12/31/90).

23 The testing procedure was submitted for negotiation to the
24 employee's union on October 8, 1990.

25 Validation of the test is expected to begin by December 15,
26 1990.

27 The scheduled date for beginning the administration of tests
28 is March 1, 1991.

The scheduled date for completion of testing of EMS bilingual
staff and contracted interpreters/translators in the five pri-
mary languages is September 1, 1991.

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1 The scheduled date for beginning to administer the written
2 tests for languages other than the five primary is one year
3 from the date of acceptance by the union.

4 TRAINING

5 32. RELEVANT OCR PROVISION:

6 A position shall be created in the Division of Economic
7 and Medical Services. The responsibilities of this posi-
8 tion will include the following:

- 9 a. Supervision of the provision of interpreter, bilin-
10 gual worker, and translation services;
- 11 b. Provision of training and new employee orientation
12 regarding bilingual services requirements and sen-
13 sitivity to the special needs of LEP persons;
- 14 c. Development of testing and hiring criteria for
15 interpreters and bilingual DSHS workers;
- 16 d. Conducting monitoring of bilingual services in the
17 various CSOs; and
- 18 e. Assisting the CSOs to effectively use the bilingual
19 capabilities of bilingual staff.

20 33. Within 30 days of entry of this consent decree, DSHS will
21 establish a statewide training packet and policy for the provision
22 of bilingual services. Within 180 days of implementation of this
23 policy, all bilingual staff and contracted interpreters/translators
24 will be trained. This training package and policy will include:

- 25 a. Requirements for training all bilingual staff and
26 contracted interpreters on:
- 27 i. DSHS policies regarding the interpreter code of
28 ethics and the importance of confidentiality;
- ii. DSHS forms; and
- iii. The role of the interpreter.

26 STIPULATION, AGREEMENT OF
27 SETTLEMENT AND CONSENT ORDER
28 PAGE 18

EVERGREEN LEGAL SERVICES
NORTH CENTRAL REGIONAL OFFICE
CONGOON BUILDING, SUITE A-2
200 PALOUSE STREET
P.O. BOX 156
WENATCHEE, WA 98807-0156
(509) 662-9681

- 1 b. Refresher training requirements for all staff and con-
2 tracted interpreters, to maintain knowledge in the items
3 outlined in the initial training; and
4 c. As training becomes available through the Minority
5 Affairs Initiative, bilingual staff and contracted
6 interpreters will be trained concerning multicultural
7 sensitivity education and non-verbal and cultural
8 patterns of communications.

9 NOTICE OF CONSENT AGREEMENT

10 34. Pursuant to Federal Rule of Civil Procedure 23(e) and
11 within 180 days of the date of this order, DSHS shall publish
12 notice of this agreement.

- 13 a. The contents will include notice of:
14 i. the client's right to notices in the language
15 he or she chooses;
16 ii. the client's right to receive any benefits
17 lost because of inadequate notice;
18 iii. the client's right to request that his or her
19 case be reviewed to determine whether lost
20 benefits are owed to them;
21 iv. the client's right to a fair hearing if he or
22 she disagrees with the results of the case re-
23 view; and
24 v. a summary of the procedures resulting from
25 this settlement.
26 b. DSHS shall distribute this notice as follows:
27 i. Send a notice (See Exhibit E) to all LEP
28 applicants/recipients who have applied for or
received benefits from DSHS since October 1,
1987;
ii. Send a notice to community-based organizations
serving the LEP population in each CSO service
area;

STIPULATION, AGREEMENT OF
SETTLEMENT AND CONSENT ORDER
PAGE 19

EVERGREEN LEGAL SERVICES
NORTH CENTRAL REGIONAL OFFICE
CONGDON BUILDING, SUITE A-2
200 PALOUSE STREET
P.O. BOX 158
WENATCHEE, WA 98607-0158
(509) 662-9581

- ## COMPLIANCE REQUIREMENTS

36. The parties recognize that unforeseen circumstances may give rise to a need for amendments to this consent agreement. In this event, both parties agree to negotiate, in good faith, amendments which may be necessary.

Thomas S Zep
JUDGE/COMMISSIONER

Dated 21/1/91

STIPULATION, AGREEMENT OF
SETTLEMENT AND CONSENT ORDER
PAGE 20

EVERGREEN LEGAL SERVICES
NORTH CENTRAL REGIONAL OFFICE
1010 NORTH WENATCHEE AVENUE

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Sandra B. Fancher
SANDRA FANCHER
Attorney for Plaintiffs

John Hughes
JOHN HUGHES
Attorney for Plaintiffs

2/5/91

Approved for Entry and Notice
of Presentation waived:

Robert Lolcama
ROBERT LOLCAMA
Assistant Secretary
Economic and Medical Services

2/1/91
Dated

Carol B. Felton
CAROL B. FELTON
Director
Economic and Medical Field Services

2/1/91
Dated

OFFICE OF THE ATTORNEY GENERAL

Charles Murphy
CHARLES MURPHY
Assistant Attorney General
Attorney for Defendant

Feb 1, 91
Dated

STIPULATION, AGREEMENT OF
SETTLEMENT AND CONSENT ORDER
PAGE 21

EVERGREEN LEGAL SERVICES
NORTH CENTRAL REGIONAL OFFICE
1210 NORTH WYOMING AVENUE

PRE-DETERMINATION SETTLEMENT AGREEMENT BETWEEN
WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
and the
OFFICE FOR CIVIL RIGHTS OF THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Docket Number 10837005

The parties to this Pre-Determination Settlement Agreement, (hereafter "Agreement") are the Office for Civil Rights of the U.S. Department of Health and Human Services, Region X, Seattle, Washington, (hereafter, "OCR") and Washington State Department of Social and Health Services, Division of Community Services (hereafter, "DSHS").

In recognition of its responsibilities as a recipient of Federal financial assistance from the Department of Health and Human Services, DSHS acknowledges that it is subject to Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 and to the Departmental Regulations issued pursuant to the Acts, Title 45 Code of Federal Regulations, Parts 80 and 84.

In a letter dated December 23, 1982, OCR notified DSHS of a forthcoming review of the Wenatchee CSO's Title VI and Section 504 compliance status, scheduled to be conducted in accordance with authority granted pursuant to 45 CFR 80.7(a). OCR has completed its investigation of the review but has not issued findings. DSHS prefers to resolve the issues of that review through the implementation of this Agreement.

Although the review specifically concerned the policies and practices of the Wenatchee CSO, many of those policies and practices reflect the direction of the Division of Community Services. Both the Wenatchee CSO and the Division of Community Services have responsibility for ensuring DSHS's compliance with Title VI and Section 504. This Agreement specifies those steps necessary for compliance that are outside the direct authority of the Wenatchee CSO but within the authority of the Division of Community Services.

I. General Provisions

- A. This Agreement resolves the specific matters addressed in the notification letter referenced above. The parties agree that settlement of this review is intended to be without prejudice to any other compliance review or complaint of discrimination that may be pending before OCR now or in the future. Any other compliance matters arising from subsequent compliance reviews or complaint investigations shall be dealt with and resolved separately.
- B. The parties agree that this Agreement does not constitute an admission by DSHS of any violation of the Departmental Regulation issued pursuant to Title VI of the Civil Rights Act of 1964 or Section 504 of the Rehabilitation Act of 1973. The parties further agree that DSHS intends to act in full and complete compliance with Title VI and Section 504.

- C. The parties agree that the Specific Provisions specified in Section II of this Agreement are applicable to and appropriate for all CSO's throughout the State of Washington and will be so implemented.
- D. The parties agree that this Agreement shall become effective as of the date all parties hereto have executed it.
- E. The parties agree that there shall be no discrimination or retaliation of any kind against any person because she or he provided testimony or otherwise assisted OCR during this review or because he or she in the future may participate in any manner in any future investigation, proceeding, or hearing regarding this review or regarding compliance with this Agreement.
- F. DSHS agrees to retain the records and to provide the written documentation required under Section III of this Agreement. DSHS also agrees to provide such other information as may be requested and necessary to assure OCR that the provisions of this Agreement have been fulfilled.
- G. The parties agree that OCR may review compliance with this Agreement as stipulated in Section IV, MONITORING PROCEDURES.
- H. The parties agree that OCR will be entitled to commence investigation and enforcement proceedings pursuant to 45 CFR 80.6-80.10 and 45 CFR 81 should OCR, upon review of the documentation required by the Agreement or upon review of other relevant facts, determine that DSHS has not fulfilled any provision of the Agreement within the specified timeframes.
- I. The parties agree that LES is defined, with respect to this Agreement, as any person who speaks a primary language other than English and speaks little or no English.

II. Specific Provisions

Within 120 days of the effective date of this Agreement, DSHS will:

- A. Develop and implement a statewide procedure by which the CSOs can survey their caseloads and determine which language groups are represented by LES applicants/recipients in their various service areas, and how many applicants/recipients are in each of the represented language groups. The procedure should allow for expected seasonal variations of certain language groups.
- B. Revise the existing Spanish translations of the Rights and Responsibilities and the Right to a Fair Hearing notices so that they provide the same kind and detail of information as do the English versions. Translate these notices into other languages used by LES applicants/recipients throughout the State.
- C. Provide LES applicants/recipients all major written communication mailed or otherwise provided by CSO staff, including application forms, in a language which the applicant/recipient understands or provide ~~to~~ ^{af2} LES applicants/recipients with all written communication that is not translated, a

note or letter in the primary language of the applicant/recipient that indicates the subject of the communication and the method of contacting the CSO for assistance and ~~translation~~ services.

- D. Provide to LES applicants/recipients all pamphlets and brochures providing information on DSHS services, that are generally made available to applicant/recipient in a language which the applicant/recipient understands.

Within 150 days of the effective date of this Agreement, DSHS will:

- E. Instruct CSOs to place posters in their reception areas in the languages represented by LES applicants/recipients in their service areas that notify LES applicants/recipients that interpreters are available from the CSO with no charge to the applicant/recipient and with no significant delay.
- F. Develop and implement a statewide procedure for recruiting and hiring bilingual employees at the CSOs. Each CSO shall, through attrition, employ bilingual personnel to serve limited English speaking applicants and recipients sharing the same language when the number of those individuals served by a CSO client contact job classification equals or exceeds 50 percent of the average caseload of a full time position in such a classification.
- G. Assist the CSOs to effectively use the bilingual capabilities of bilingual employees.

Within 180 days of the effective date of this Agreement, DSHS will:

- H. Develop and implement a statewide written policy and procedure at the CSOs for providing bilingual services (interpreters) to LES persons seeking and receiving services at the CSOs. The procedure should specify the manner in which:
1. The CSOs will develop and maintain current lists of qualified and available interpreters and bilingual staff. The lists should include the hours and circumstances in which the interpreters and bilingual staff are available.
 2. The CSOs provide each LES applicant/recipient bilingual services (interpreters) at each contact with DSHS staff (reception, intake, eligibility interviews, Fair Hearings, etc.) through qualified bilingual staff, or through interpreters provided by formal arrangements with agencies or organizations representing LES persons, or through formal arrangements with community volunteers, or any other method that is equally effective.
 3. The CSOs notify their appropriate staff (including financial and social service workers) as soon as possible when it is known that an LES applicant/recipient is scheduled for an appointment and requests or will need an interpreter.

4. The CSOs ensure that all interpreters provided to LES applicants/recipients by DSHS have sufficient verbal and written skills in both languages to interpret, have been trained in the DSHS policy of confidentiality, have been oriented to and become familiar with DSHS case processing procedures and the various forms, and have been trained on the role of an interpreter.
5. The CSOs ensure that each LES applicant/recipient determines the language in which he/she communicates and whether or not an interpreter is needed.
6. The CSO reception staff will individually notify each LES applicant/recipient who brings his/her own interpreter that an interpreter will be provided by DSHS if preferred, at no charge and with no significant delay.
7. The CSOs ensure that each LES applicant/recipient who uses an interpreter is provided safeguards of confidentiality to the same degree as English speaking clients.
8. The CSOs ensure that LES applicants/recipients have an opportunity to benefit from telephone services equal to that of English speaking clients.
9. The CSOs provide assistance to LES applicants/recipients with completing application and other forms printed only in English which are necessary to apply for or receive services.
10. The CSOs provide LES applicants/recipients effective verbal notice during financial and social service interviews of their Rights and Responsibilities, the DSHS policy of confidentiality, and the Right to a Fair Hearing.
11. CSOs notify community groups representing LES persons of the procedure.
- I. Develop and implement statewide procedures which ensure that sensory impaired persons seeking services at the CSOs are provided auxiliary aids necessary to benefit from services provided. This procedure should include at a minimum:
 1. Qualified sign language interpreters. Formal arrangements shall be made with qualified sign language interpreters to provide interpreter services. These arrangements may take whatever form and may include whatever provisions are agreeable to both DSHS and the community organization, agency, or individual. Qualified interpreters are those who have received training in the role of an interpreter, who are bound by the rules of confidentiality, and are sufficiently fluent in American Sign Language to interpret spoken English into AMESLAN and AMESLAN into spoken English.

2. Timely, clear and effective notice to the sensory impaired applicant/recipient of the auxiliary aids made available by the CSO at no charge to the applicant/recipient.
 3. Telecommunication device for the deaf (TTY). A TTY shall be installed in the CSOs and operated during all business hours, or arrangements shall be made to share a TTY with other facilities to ensure the availability of TTY communication during all business hours.
 4. Availability of all other options and auxiliary aids identified as appropriate through consultation with groups representing sensory impaired persons for persons with varying degrees of sensory impairment.
- J. Develop and implement a statewide procedure for CSOs which ensures that vision and hearing impaired persons receive effective notice of CSO benefits and services and written material concerning waivers of rights. This procedure should include at a minimum the manner in which:
1. Mailed notices are provided to vision and hearing impaired applicants/recipients to ensure that they receive the same safeguards of confidentiality as is provided to others.
 2. The content of written notices, forms and other information used to apply for and receive services is made known to sensory impaired applicants/recipients.
 3. The contents of written pamphlets available in the reception area which provide information of DSHS benefits and services are made known to vision and hearing impaired persons who do not or cannot read written English because of their handicaps.
- K. Provide training in all CSOs on the procedures developed in Sections II.F., II.H., and II.I. and II.J., above.

Within one year of the effective date of this Agreement:

- L. Develop and implement a system to monitor and evaluate the implementation and effectiveness of the procedures established pursuant to Sections II.F., II.H., II.I., and II.J., above, at the CSOs. Monitoring will be conducted on a yearly basis.

III. Documentation

Within 210 days of the effective date of this Agreement DSHS will provide the following documentation that the steps outlined in Section II have been completed.

- A. Identification of the various language groups represented in each of the CSOs by LES applicants/recipients in their service areas, and a description of the method in which that information was obtained, pursuant to Section II.A.

- B. Copies of the translations developed pursuant to Section II.B. and the dates they were sent to the CSOs.
- C. Status report of the statewide Task Force concerning which materials are to be translated and projected timeframes for completing these translations.
- D. Copy of the instructions provided to the CSOs pursuant to Sections II.D. and II.E., the dates such instructions were provided to the CSOs, and copies of the posters and translations..
- E. A description of the efforts made to assist the CSOs to enable them to effectively use the interpreter services of bilingual employees, including a summary of results from these efforts, pursuant to Section II.G.
- F. Copies of the procedures developed pursuant to Sections I.F., II.H., and II.I., and II.J.
- G. Copies of the training agenda for the training completed pursuant to Section II.K., above, dates that the training was provided at each CSO or a schedule for the completion of such training, and the identity of the person(s) conducting the training.
- H. A description of the monitoring system established pursuant to Section II.L., above, and a schedule of its implementation.

Within 15 months of the effective date of this Agreement:

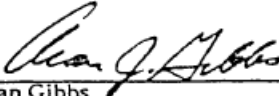
- I. A summary report of the monitoring conducted pursuant to Section II.L.
- J. Copies of the translations developed pursuant to Section II.C.

IV. Monitoring Procedures

The parties agree that OCR will review the content and timeliness of the documentation submitted by DSHS to OCR in accordance with Section III to determine compliance with this Agreement and with the Departmental Regulations (45 CFR 80 and 84). DSHS acknowledges that failure to take the steps set forth in this Agreement within the timeframes of this Agreement is a violation of this Agreement and may result in OCR's initiation of investigation and enforcement proceedings pursuant to 45 CFR 80.6-80.10 and 45 CFR 81.

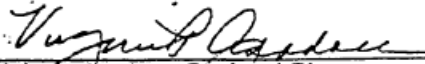
V. Signatures of the Parties

The parties hereto enter into this Agreement by the signatures of their below names authorized representatives affixed on the dates indicated.



Alan Gibbs
Secretary for Department of Social and
Health Services
OB 44
Olympia, Washington 98504

Dated this 10th day of October, 1983



Virginia P. Apodaca, Regional Director
Office for Civil Rights, Region X
U.S. Department of Health & Human
Services
2901 Third Avenue, M/S 510
Seattle, Washington 98121

Dated this 21 day of October, 1983

EXHIBIT B

HS-1
CONFIDENTIAL
NUMBER
5800-61631



PRE-DETERMINATION SETTLEMENT AMENDMENT BETWEEN

the

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

and the

OFFICE FOR CIVIL RIGHTS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Docket Number: 10837005

The Office for Civil Rights of the U.S. Department of Health and Human Services, Region X (hereafter "OCR") and the the Washington State Department of Social and Health Services (hereafter "DSHS") agree that the following amendments shall be incorporated and made part of the Pre-Determination Settlement Agreement dated October 21, 1983 (the Agreement), Docket Number: 10837005.

The amendments to the Agreement apply only to the Economic and Medical Field Services Division (formerly, Community Services Division) of DSHS and do not change or limit the obligation to comply with the Agreement by any other division or program of DSHS to which the Agreement applies.

DSHS will, as appropriate, consult with persons with limited English proficiency or organizations which represent the interests of such persons (such as Evergreen Legal Services) in the implementation of these amendments.

Amendments

A. Paragraph II.A. shall be amended to add the following language:

1. DSHS will computer identify all persons with limited English proficiency (LEP) by name, case number and primary language to ensure that information can be retained and appropriate bilingual services can be provided at the State Office and Community Services Office (CSO) levels.

B. Paragraph II.C. shall be amended to add the following language:

1. DSHS at the State Office level will designate forms to be translated or summarized. Designated forms shall be provided to all LEP applicants/beneficiaries in the LEP client's primary language. The forms to be translated or summarized by DSHS include all major written communications affecting a client's eligibility for benefits.
2. The following forms will be among the first to be expeditiously translated by DSHS:

Blue Slips
Short Form Applications
DSHS 2-204 Financial Services Appointment Notice
DSHS 7-28 Notice of Warrant Redirect
DSHS 8-183 Notice of Termination (summary translations only)

DSHS 7-52 Recipient Information or Action Request
DSHS 14-14 Notice of Denial or Withdrawal
DSHS 14-39 Notice of Planned Action
DSHS 14-81 Applicant Information Request
DSHS 14-105 Appointment Notice
DSHS 22-322 Interpreter Services (flyer)
DSHS 24-19 Interpreter Services (poster)

3. DSHS will forward proposed translations and translated summaries to organizations representing LEP persons (such as Evergreen Legal Services) for review and comment before finalizing the translations. Such organizations shall have no more than three weeks in which to provide DSHS with comments about the proposed translations. Following the three week review period, DSHS will be entitled to finalize the translations with or without comment from organizations representing LEP persons.
4. Future written communications will be translated or summarized by DSHS as developed. DSHS will exercise good faith judgment in determining whether to translate fully or summarize major written future communications, including mass mailings due to changes in State or Federal law or class action lawsuits, using the following criteria:
 - a. Forms that request information from the client or require some response on the part of the client involving denial, termination or reduction of benefits and forms advising the client of a termination, denial or reduction of benefits will be translated fully, except for computer generated DSHS 8-183 Termination Notice which will be summarized.
 - b. Other forms may be summarized. The summary will explain:
 - (1) The subject of the communication,
 - (2) Its significance,
 - (3) Whether or not a response is required, and
 - (4) Where the client may obtain translation of the form.
 - (5) Fair Hearing Rights
 - c. Primary non-English language forms which require handwritten worker fill-ins shall be filled in by the responsible DSHS employee (either directly if bilingual or through the use of a qualified bilingual interpreter) in the appropriate primary language.
- C. Paragraph II.E. shall be amended to add the following language:

A translated notice outlining bilingual services will be included with all application packages. All regular eligibility reviews will inquire what a client's primary language is.

D. Paragraph II.G. shall be amended to read as follows:

1. A position shall be created in the Division of Economic and Medical Field Services. The responsibilities of this position will include the following:
 - a. Supervision of the provision of interpreter, bilingual worker, and translation services;
 - b. Provision of training and new employee orientation regarding bilingual services requirements and sensitivity to the special needs of LEP persons;
 - c. Development of testing and hiring criteria for interpreters and bilingual DSHS workers;
 - d. Conducting DSHS monitoring of bilingual services in the various CSOs; and,
 - e. Assisting the CSOs to effectively use the bilingual capabilities of bilingual staff.
2. The position will be continued for as long as necessary and appropriate and so long as funds remain available. However, should DSHS decide to eliminate this position, it will give notice to OCR.
3. CSOs will be responsible for calling the program manager for bilingual services if problems arise with delivery of bilingual services that the local office cannot resolve.

E. Paragraph II.H.4. shall be amended to read as follows:

DSHS will assure that all interpreters and bilingual workers are fluent in English and a primary non-English language. DSHS shall develop standards of testing, oral and written, to ensure that all interpreters and bilingual workers meet the standard. Testing shall include evaluation of the language competence, interpreter skills, understanding of DSHS policies regarding confidentiality, DSHS forms and the role of interpreters.

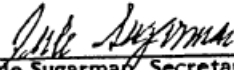
F. Section II.H. of the Agreement will also be amended to add the following paragraphs:

12. Bilingual services requirements will be outlined in DSHS' procedure manuals (manuals E and F) and all DSHS workers will be required to follow them. Any Washington Administrative Code provisions needing revision will be amended as required, including WAC 38833-382.
13. Each CSO will have a written bilingual services policy which will delineate how the CSO will handle appointment scheduling, file identification, LEP client caseworker distribution, interpreter assignment, and the provision of bilingual written communications and the policy for dealing with LEP client walk-ins.

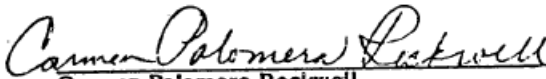
14. The CSO's bilingual services policy will include a current list of interpreters and bilingual staff, the languages they speak, and the hours they are available for interpretation and translation. The policy and interpreter list will be reviewed at regular intervals and updated as necessary. The CSO's policy must comply with all requirements of the Agreement and the agreed upon amendments.
 15. The CSOs' bilingual services policies, list of interpreters, and list of bilingual workers will be filed with the DSHS program manager for bilingual services who will review them for compliance with the law, the Agreement, and state-wide procedures. The program manager for bilingual services will approve the CSOs bilingual services policies or will require that the CSOs make changes to bring their policies into compliance with the law, the Agreement, the amendments to the Agreement and state-wide DSHS policies.
- G. Paragraph II.L. shall be amended to add the following language:
1. Monitoring will include, as appropriate, desk and on-site assessments of:
 - a. The written procedures for providing bilingual services, including interpreters.
 - b. The current list of interpreters, bilingual staff, and their qualifications.
 - c. Whether or not delays or loss of benefits are occurring based on file checks and discussions with individual staff members.
 - d. General knowledge of financial, clerical and casework staff regarding bilingual services procedures.
 - e. The provision of written communication, including worker fill-ins.
 - f. The procedure(s) for identification of LEP clients and their files.
 - g. The methods by which LEP clients are notified of the availability of qualified bilingual interpreters at no cost and without significant delay.
 2. Monitoring will also assess the extent to which CSOs are complying with all sections of the Agreement, whether or not they have been amended.
 3. Copies of the monitoring report will be provided to each CSO and the respective region. CSOs will be required to expeditiously take corrective action on any problems which may be identified.
 4. On a once yearly basis, DSHS will provide a summary of all monitoring reports to OCR for review. Upon request, DSHS will provide copies of individual CSO monitoring reports.

Signatures of the Parties

OCR and DSHS hereby enter into the foregoing amendments to the Agreement by the signatures of their authorized representatives as named below on the dates indicated.


Jule Sugarman, Secretary
Department of Social and
Health Services
OB 44
Olympia, Washington 98504

Dated this 5th day of June, 1987


Carmen Palomera Rockwell
Regional Manager
Office for Civil Rights
U.S. Department of Social and
Health Services, Region X
2901 Third Avenue, M/S 510
Seattle, Washington 98121

Dated this 12th day of June, 1987

SHSO
CONTRACTS MGR.
JUN 24 3:25 PM '87
RECEIVED

JUN 15 10:54 AM '87

LEP CASE AUDIT

Check the following box if this case review is at the client's request: ☐

CASE NAME:

CASE NUMBER:

A. AUDIT FACTORS:	YES	NO
1. Case record marked LEP?		
2. Language coded correctly on:		
DSHS 7-01 (M-form):		
DSHS 2-475:		
3. Does record contain documentation of language or sign interpreter usage? (ie., 14-08, 14-109)		
4. Within the last 6 months or since the last audit (Whichever is less):		
a. Was assistance reduced, denied or terminated?		
If answer to 4a is yes, answer 4b: (If no, go to question 5)		
b. Was a translated notice provided?		
If answer to 4b is no, answer the following: (If yes, go to question 5)		
c. Will benefits be restored to allow for provision of a translated notice?		
d. Will the restored benefits result in an overpayment (to provide advance and adequate notice)?		
5. Were pre-printed, translated notices used, when appropriate?		

C. Describe other findings related to LEP services:

DATE OF AUDIT: MM DD YY

AUDIT PERIOD: TO

AUDITOR (WORKER ID):

CSO NAME:

CSO NUMBER:

PRIMARY LANGUAGE CODE:

B. Written Communications

Enter the total number of notices sent to the client during this audit period.

1.

=

Enter the total number of translated notices sent to the client during this audit period.

2.

=

Percentage of translated notices sent in this audit period. (Divide the number translated (B.2.) by the number sent (B.1.)

3.

=

D. Corrective Action:

Document action which is necessary to prevent recurrence:

1. ☐ Notice reissued in client's language
2. ☐ Record returned for further documentation of language preference
3. ☐ Staff training for LEP requirements
4. ☐ Other:

E. AUDIT RESULTS:

YES

NO

CASE CORRECT:

7. If questions 5 or 6 indicate a delay in services for LEP clients, please describe corrective action taken or planned and any interim measures which have been taken to assure services without delay.

C. TRAINING

1. Is LEP training a part of new staff orientation? _____
2. Is refresher LEP training provided to all permanent employees as part of job development? _____
3. Indicate the number of bilingual staff, contracted interpreters and translators which have and have not (1) received the basic LEP training and (2) received certification of fluency as outlined in the DSHS policy 7.07.

		LEP TRAINING	CERTIFIED AS FLUENT
A. Bilingual staff:	Yes	_____	_____
	No	_____	_____
B. Contracted Interpreters/Translators	Yes	_____	_____
	No	_____	_____

For those who have not received the required LEP training, please indicate an estimated completion date for receipt of this training: _____

4. Indicate the number of bilingual staff who have received multi-cultural sensitivity education. _____

D. COMMUNITY AND CLIENT CONTACTS

1. Describe the results of contacts made with community organizations regarding the quality of the CSO's bilingual services: made on _____

2. Describe client complaints received which relate to bilingual services, and the corrective actions taken or planned:

Please feel free to attach comments, suggestions, or other information you think would contribute to this report.

Page Three

**Important Notice to People who are Limited
in their ability to Understand English.**

You may be eligible for more benefits because of a recent settlement of a lawsuit in the United States District Court called Reves v. Thompson, Docket Number:

You May Qualify If:

- o You have applied for or received benefits such as financial, medical or food stamps from the Department of Social and Health Services (DSHS) since October 1, 1987, and;
- o You prefer to talk with us in a language other than English.

When you applied for or received benefits from DSHS you had the right to letters and forms in the language you prefer. If DSHS did not do that, you may not have been able to read the notices sent to you or fill out the necessary forms. In that case you may not have received all the benefits you were eligible for.

You may now ask DSHS to look at your record. DSHS will decide whether or not you are eligible for more benefits because you did not receive the notices or forms in your language. If you would like DSHS to review your record, please fill the information below and return this form in the enclosed envelope. You keep the pink copy for your receipt. You must return this form within 90 days of the date of this notice.

DSHS will review your case to find out if you are eligible for more benefits and, if so DSHS will mail you the benefits and a letter telling you how the amount was determined. If you are not eligible for more benefits, DSHS will tell you why. If you disagree with either decision, you have the right to a fair hearing. You must request the fair hearing within 90 days of the date of the written decision.

In the future, if you receive a notice or form to fill out in English rather than your language, you have the right to an appointment by the end of the next working day, so they can help you understand and respond to the notice. DSHS will then review your record to see if you have lost any benefits because you didn't get notices or forms in your language.

You may also contact your local legal services office for assistance. A list of Offices is enclosed.

TO: DSHS

Please review my case record to determine if I am owed additional assistance because of receiving notices which were not in my language.

Name: _____

ADDRESS: _____ CASE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

SIGNATURE: _____ DATE: _____, 1991

EXHIBIT E

LEP REGIONAL AUDIT OF CSO BILINGUAL SERVICES (Completed Quarterly)

CSO NAME AND NUMBER: _____
 AUDIT DATE: _____
 AUDITOR: _____
 REGION: _____

A. FORMS AND POSTERS

1. Is the INTERPRETER SERVICES POSTER, DSHS 24-19(X), Rev. 12/89, clearly posted in the reception area?
2. Are translated RECEPTION SLIPS, DSHS 02-013(X), readily available for client use?
3. Are translated Application forms offered/provided to LEP clients? If not, what forms are not available and what actions have been taken to correct this?

YES	NO

B. BILINGUAL STAFF

1. Enter the average caseload size in the CSO. The average caseload is found by dividing the total caseload by the number of staff in that client contact position, i.e., Financial Service Specialist. The total Financial caseload is identified in report number SFWPM1-R01, "Caseload Statistics", under Total Active Caseload.

$$\frac{\text{_____}}{\text{(Average Caseload)}} \div 2 = \frac{\text{_____}}{\text{(50\% of the average caseload)}}$$

2.
 - a. In column A, enter the primary language code for all languages identified in the monthly listing of LEP clients (# SFSSM4-115A) which equals or exceeds the resulting answer in question 1.
 - b. In column B, enter the corresponding number of cases for those languages identified in 2a., from the monthly listing of LEP clients.
 - c. In column C, enter the total number of bilingual staff available to provide bilingual services to these LEP cases.

A	B	C
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Describe corrective action taken or planned and interim measures taken to assure services without delay in each language category identified in question 2.

Page One

IMPORTANT NOTICE TO PEOPLE WHO ARE LIMITED IN THEIR ABILITY TO UNDERSTAND ENGLISH

You may be eligible for
more benefits!

You may qualify if:

- * You have applied for or received Financial, Medical or Food Stamp benefits from DSHS; and
- * You prefer to talk with us in a language other than English; and
- * You have not received notices or forms from DSHS in your language.

If you think you might be eligible, please contact the Receptionist for more information about the REYES vs. THOMPSON lawsuit.

EXHIBIT F

EXHIBIT G

ENGLISH MAJOR NEWSPAPERS

The Bellingham Herald
P.O. Box 1277
1155 State Street
Bellingham, WA 98227
(206) 676-2600

Yakima Herald-Republic
114 N. 4th Street
Yakima, WA
(509) 452-7355

Wenatchee World
14 North Mission
Wenatchee, WA
(509) 663-5161

Walla Walla Union Bulletin
P.O. Box 1358
Centralia, WA 98531
(509) 525-3300

The Seattle Post Intelligencer-
The Seattle Times
101 Elliot Avenue West (P.I.)
Seattle, WA
(206) 624-7355

Spokesman Review -
Spokane Chronical
West 999 Riverside
Spokane, WA
(509) 838-4664

The Tri-City Herald
P.O. Box 2608
Tri-Cities, WA 99302
(509) 582-1500

HISPANIC PERIODICALS

LEAP Lines
Washington Immigration
Project Newsletter
233 6th Avenue N., Ste 110
Seattle, WA 98109
(206) 443-9229

El Mundo
P.O. Box 1511
Wenatchee, WA 98807
(509) 663-5161

Hispanic News
2318 2nd Ave.
Seattle, WA 98121
(206) 768-0421
(206) 441-4537

Migrant Education News
Old Capital Bldg.
M/S FG-11
Olympia, WA 98504
(206) 753-3031
Miguel Ortega, Editor
P.O. Box 901
Sunnyside, WA 98944
(509) 839-0440

La Voz
157 Yessler Way, #209
Seattle, WA 98104
(206) 447-4891

El Noticiero
Commission on Hispanic Affairs
1011 10th Avenue
Olympia, WA 98504

Las Noticias de Washington
139 Division
Grandview, WA 98930
(509) 882-2223
(206) 762-7983

Northwest Chicano Radio
Network Radio CDNA
P.O. Box 800
Granger, WA 98932
(509) 854-2222

El Sol
Peter Chacon
913 W. Louis St.
Pasco, WA 99301

ASIAN PERIODICALS

Cambodian Assoc. of N.W. WA 998 W. Casino Rd., #1 Everett, WA 98204	Chinese Daily News 610 Maynard Avenue South Seattle, WA 98104-2921
Asian American Journalists Assoc. Seattle Chapter-Int'l Examiner c/o 318 6th Avenue South, #127 Seattle, WA 98104 (206) 624-3925	Asia Pacific Business Journal 2001 6th Avenue, Ste 2828 Seattle, WA 98121 (206) 448-7537
Asia Today 17230 Bothell Way N.E. Seattle, WA 98155 (206) 365-8807	Philipino American Bulletin 3814 N.E. 75th #4 Seattle, WA 98115 (206) 526-0423
Philipino-American Herald (Eng.) 2824 South Brandon Seattle, WA 98108 (206) 725-6606	International Examiner 318 6th Avenue South #127 Seattle, WA 98104 (206) 624-3925
Japanese American Citizens League Newsletter c/o Holly Wasui P.O. Box 75272 Seattle, WA 98125	Korea Central Daily News 13749 Midvale North Seattle, WA 98133 (206) 365-4000
Korea Times 430 Yale Ave. North Seattle, WA 98109 (206) 622-2229	Korean American Television Broadcasting Inc. 809 South 336 Federal Way, WA (206) 838-0980
Korean Journal 6032 M.L. King Way South Seattle, WA 98118 (206) 725-2704	Mekong News 132 E. 88th Street Tacoma, WA 98445 (206) 535-5474
Nguoi Viet-Northwest Vietanemese Weekly News 3111 M.L. King Jr. Way South Seattle, WA 98144 (206) 722-0445	Nisei Veterans Newsletter 1212 South King St. Seattle, WA 98144 (206) 322-1122
North American Post 662½ South Jackson St. Seattle, WA 98104 (206) 623-0100	Northwest Ethnic News 3123 Eastlake Avenue East Seattle, WA 98102 (206) 726-0357
Northwest Nikkei P.O. Box 14240 Seattle, WA 98114 (206) 624-4169	Refugee Voice 2200 Rainier Avenue South Seattle, WA 98144 (206) 323-9365
Seattle Chinese Post 414 8th Avenue South Seattle, WA 98104 (206) 223-0623	World Journal 610 Maynard Avenue S. Seattle, WA 98104 (206) 223-0802

Japanese American Citizens
League - Tacoma Chapter
Newsletter
1717 South Fawcett
Tacoma, WA 98402
(206) 922-5524

Japanese Community Services
of Seattle Newsletter
1414 S. Weller
Seattle, WA 98144
(206) 323-0250

Korean Catholic Church
Newsletter
2733 4th Avenue
Seattle, WA 98134
(206) 382-9491

Japan-American Society of
the State of WA Newsletter
1 Union Square 600 University St.
Seattle, WA 98101-3163
(206) 623-7900

International Dist. Housing
Alliance Newsletter
409 Maynard Ave. South
Seattle, WA 98104
(206) 623-5132

Japanese Buddhist Church
Newsletter
1427 South Main
Seattle, WA 98144
(206) 329-0800

Kin On Chinese Nursing Home
Newsletter
1700 24th Ave. South
Seattle, WA 98144
(206) 322-0080

Chinese Business Journal
606 Maynard Ave. South, #102
Seattle, WA 98104
(206) 624-8781

Washington State Publisher
P.O. Box 14010
Seattle, WA 98114
(206) 725-9856

OTHER PERIODICALS/NEWSLETTERS

Northwest Ethnic News
144 NE 54th #6
Seattle, WA 98105
(206) 522-2188

Tacoma Community House
Newsletter
9112 Lakewood Dr. SW
Tacoma, WA 98499
(206) 383-3951

American Czech Club/Fraternal
Herald Newsletter
1249 NE 94th St.
Seattle, WA 98115
(206) 523-1722

Continental Reporter (German
Newspaper)
11338 23rd Ave. NE
Seattle, WA 98125
(206) 362-1505

Northwest Minority Publisher's
Association
P.O. Box 3468
Seattle, WA 98114
(206) 223-0626

Washington Southasian
Newsletter
P.O. Box 95978
Seattle, WA 98145-2978

Hungarian American Assoc.
of WA - Hirek Newspaper
P.O. Box 17280
Seattle, WA 98107-0980
(206) 340-0706

Seattle Swiss Society
Newsletter
4325 243rd Ave. NE
Redmond, WA 98053
(206) 868-8729

Holland-America Club/Ye Old
Dutch Mill News
6044 40th Ave. NE
Seattle, WA 98115
(206) 524-5232

Finlandia Foundation Newsletter
P.O. Box 342
Seattle, WA 98111

Continental Reporter
11338 23rd Ave. NE
Seattle, WA 98125
(206) 362-1505

Finlandia Foundation Newsletter
P.O. Box 342
Seattle, WA 98111

Othello Outlook
P.O. Box 0
Othello, WA 99344

Review
P.O. Box 511
Toppenish, WA 98948

Chelan Valley Mirror
P.O. Box 249
Chelan, WA 98916

Danish Newsletter-American
Dane National Magazine
9705 132nd Ave. NE
Kirkland, WA 98033
(206) 828-0212

Western Viking Newspaper
P.O. Box 70408
Seattle, WA 98107
(206) 784-4617

German American Society
Newsletter
West 25th 3rd Ave.
Spokane, WA 99204

Jareeda Magazine
5916 NE 159th St.
Vancouver, WA 98686
(206) 574-9419
(Middle Eastern Magazine)

Bienvenidos
Lilly Deans
P.O. Box 553
Omak, WA 98841
(509) 826-1110

Viva
Jim Flint
P.O. Box 511
Toppenish, WA 98948
(509) 865-4055

Appendix 2: DSHS LTC updates on 3rd party testing July 22, 2022



July 22, 2022

Dear Test and Process Research Workgroup Members:

Thank you for your participation in the Test and Process Research (TPR) Workgroup meeting on July 19, 2022.

Your feedback and recommendations are being carefully considered, and we have been able to follow-up on a few of your suggestions already.

After careful consideration and thorough discussion with the Office of the Attorney General, we have determined that the three testing entities listed below will be the 3rd party language test providers whose tests will be accepted by DSHS LTC to certify medical interpreters starting August 1, 2022.

The three chosen entities and the respective certification eligibility criteria include the following:

- (1) **Certification Commission for Healthcare Interpreters (CCHI):** If a candidate has a passing score of the CoreCHI exam (a written test), they can apply for a DSHS medical interpreter credential.
- (2) **The National Board of Certification for Medical Interpreters (NBCMI):** If a candidate has a passing score of the Hub-CMI exam (a written test), they can apply for a DSHS medical interpreter credential.
- (3) **UniversalLanguage Service:** If a candidate passes both the medical interpreter written test and the medical interpreter oral test of UniversalLanguage Service, they can apply for a DSHS medical interpreter credential.

New candidates for medical interpreter tests will be referred to the 3rd party testing entities starting August 1, 2022.

Additional testing agencies will continue to be researched by DSHS LTC for possible inclusion on the list of referred testing entities.

Candidates who have taken an LTC test and are yet to be certified will be given two test opportunities to complete each test (written or oral) and receive their certification with LTC tests.

All candidates will need to create a profile in LTC Gateway if they wish to be certified by DSHS. Requirements regarding DSHS Orientation trainings and credential renewal are currently consistent for candidates of all test categories.

LTC will continue to work with the TPR Workgroup to research more testing entities that meet our business needs. LTC will evaluate and monitor the standard of all selected 3rd party tests regularly and update the provider list as necessary.

The TPR Workgroup is scheduled to meet on 9/13/2022 and 11/15/2022.

We greatly appreciate your support and expertise, which are essential for LTC to innovate and develop solutions that work for all Washingtonians!

Kind regards,



Ruiqin Miao, Ph.D
Chief, Language Equity
Office of Equity, Diversity, Access and Inclusion (OEDAI)
Office of the Secretary
Washington State Department of Social and Health Services
Ruiqin.Miao@dshs.wa.gov | 360.742.7861

Appendix 3: ULS announcement regarding testing, July 22, 2022

From: Universal Language Service <Interpreter@ULSonline.net>

Sent: Friday, July 22, 2022 2:44 PM

Subject: UniversalLanguage & DSHS LTC Collaboration - Certification Opportunity



UniversalLanguage & DSHS LTC Collaboration

UniversalLanguage testing service was selected by the Department of Social and Health Services (DSHS-LTC) to serve as their primary testing entity for their certification program. Beginning on August 1st, 2022, UniversalLanguage will provide testing for Medical Certified/Authorized and Social Service Certified/Authorized remotely.

About UniversalLanguage's Test

The tests meet the standards of testing established by DSHS for language proficiency in English and a second language as well as interpreting/translation skills by measuring minimum competency standards determined by the nature of work involved, and by experienced practicing court interpreters/translators, social service interpreters/translators, medical interpreters, bilingual professionals in their respective fields of practice, and language specialist. UniversalLanguage's test will require a passed written and oral test for DSHS Medical and Social certification to be granted.

How to Register

UniversalLanguage Testing Program will be remote and on demand. Candidates will be able to register through the website. Prior to registration all Washington State interpreters must create a DSHS LTC profile in Gateway. To ensure credentials are granted upon passing both tests to be a DSHS certified or authorized interpreter. There is an option for onsite testing if/when needed by the testing candidate. It will be offered in several parts of the state based on demand. You may contact us at langaugetesting@ulsonline.net for a conversation on the reasons and how we can assist you. However, we encourage the testing candidate to use our remote setting for a faster and more efficient testing process.

Test Type	Cost of Test
Written Authorized Medical Interpreter Test	\$119.00
Written Certified Medical Interpreter Test	\$119.00
Oral Authorized Medical Interpreter Test	\$128.00
Oral Certified Medical Interpreter Test	\$128.00

Further information and updates can be found on our website
<https://universallanguageservice.com/>

Best Regards,

Interpreter Accounts Department

Email: Interpreter@ULSonline.net

Phone: 1 (888) 462-0500 Ext 1 or Direct: 1 (425) 454-8074

Fax: 1 (877) 516-4347 or 1 (425) 454-3635

Scheduling Platform: [Login](#)



Appendix 4: ULS webinar August 4, 2022



UniversalLanguage & DSHS Partnership

UniversalLanguage testing service was selected by the Department of Social and Health Services (DSHS-LTC) to serve as their primary testing entity for their certification program. UniversalLanguage Service will test for Medical Certified and Medical Authorized as part of their testing service. The certified/authorized tests meet the standards of testing established by DSHS. UniversalLanguage Service test will require a passed written and oral test for DSHS certification to be granted.

UniversalLanguage Testing Program

The language certification examination administered by UniversalLanguage is compliant with the Department of Social and Health Services (DSHS) and is considered both a proficiency-based and a criterion-references evaluation process.

Language proficiency in English and a second languages as well as interpreting/translation skills are measured according to minimum competency standards determined by the nature of work involved, and by experienced practicing court interpreters/translators, social service interpreters/translators, medical interpreters, bilingual professionals in their respective fields of practice, and language specialist.

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8/4/2022



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Language Service

Benefits & Reasons for Certification

- National Number of Interpreters in 2020: 81,400
- Expected growth of the profession 2020-2030: 24% (faster than the average profession)
- Expected growth in employment 2020-2030: 19,300
- Certified interpreters are critical in the day-to-day language needs of the limited English proficient (LEP) client in their encounters with medical and social services providers.
- Title VI of the Civil Rights Act, Americans with Disabilities Act, and Section 1557 of the Affordable Care Act make it a right for LEP to have access to interpreting services and healthcare institutions to comply by providing certified and qualified interpreters.
- Certification validates the profession, the interpreters practice and skill. Thus, further benefiting institutions by not only practice but maintaining them in compliance with the Joint Commissions, federal law, high patient satisfaction ratings, and reduce liability of malpractice.
- Certification also serves to ensure the interpreter is recognized at the professional they are and continues to keep the interpreter current in their practice.

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Eligibility & Requirements

Candidates Must Be:

- Over the age of 18
- Native or near native linguistic skills in their language pair
- Must have experience and background in interpretation
- Knowledge of interpreting key themes and phrases
- Must have excellent Reading & Writing Skills in both languages
- Excellent vocabulary, syntax, pronunciation, accuracy and grammatical correctness
- Memory and information retention
- Extensive knowledge of the Code of Conduct, Role of the interpreter, and Interpreter Ethics/HIPAA
- Customer Services Skills

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DSHS / UniversalLanguage

Can a candidate split the testing process between DSHS-LTC & UniversalLanguage Service?

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Universal
Language Service

ULS answer: NO

Languages & Test

- Cantonese
- Korean
- Mandarin
- Russian
- Spanish
- Vietnamese
- Screening / Authorized Languages – all languages aside from the top six (6)

Certified Languages

- **Certified Medical Interpreter:** all certifiable languages and requires passing the written and oral exam to receive DSHS Medical Certified Interpreter Credentials.
- **Authorized Medical Interpreter:** All non-certified languages – speakers of these languages receive authorization rather than certification, but credentials are functionally the same.
- **Language Assessment:** to validate an interpreter's skill.

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Test Competencies

- Linguistic Mastery of English
- Linguistic Mastery of Secondary Language
- Knowledge & Skill of Interpreting
- Cultural Competency
- Medical Terminology in Dual Languages
- Medical Specialties & Pharmacology in Dual Languages

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Certified Medical Interpreter Exam – Sections

Certified Written:

- Code of Ethics
- Medical Terminology & Pharmacology
- Clinical & Medical Procedures
- Writing Skills in English
- Reading Comprehension

Certified Oral:

- Sight Translation – Part #1
English to Target Language
- Sight Translation – Part #2
Target Language to English
- Consecutive Interpreting
Section – Three Conversations
(broken down into short segments)

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8/4/2022



Universal
Language Service

Authorized Medical Interpreter Exam – Sections

Authorized Written:

- Code of Ethics
- Medical Terminology & Pharmacology
- Clinical & Medical Procedures
- Writing Skills in English
- Reading Comprehension

Authorized Oral:

- Sight Translation – Part #1
English to Target Language
- Sight Translation – Part #2
Target Language to English
- Retention Skills (English)



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Sample Questions

When the medical staff hands off the medical consent and ask the interpreter to "translate" it to the patient, the interpreter accepts and begins to translate the consent.

SELECT THE CORRECT ANSWER

- ☐ True
☐ False

The candidate will listen to the pre-recorded conversation, broken into several segments. This **Consecutive Encounter** will have **six (6) segments** that need to be interpreted for every speaker. The candidate will serve the role of interpreter for all segments, from English to Spanish and Spanish to English. The candidate will be able to replay the recorded conversations twice and then begin recording their interpretation. To begin recording the candidate will click on the **RED BUTTON** in the answer section. Click on it, and it will capture the rendition. There will be forty (40) seconds allotted for recording of the interpretation.

The candidate will be permitted to take notes during this exercise. Pen and paper will be allowed. It must be shredded after the test has been completed.

▶ 0:00 / 0:13

FILL IN YOUR ANSWER

Rich text editor toolbar with options for bold, italic, underline, text color, background color, bulleted list, numbered list, link, unlink, insert image, insert video, insert audio, insert table, insert code, and undo/redo.

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8/4/2022



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Test Administration

All tests will be administered in a remote setting. We are working with the leading remote testing entity to ensure the exams are proctored and administered without compromising the integrity of the test and process. Our partners are ProctorU and Cirrus two highly reputable companies leading the remote testing market.



Exemptions will be made for anyone with a proven disability, that requires more time, as well as for onsite testing in a limited capability based on disability or other circumstances deemed necessary for onsite testing. For all these inquiries please contact us at languageTesting@ulsonline.net

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8/4/2022



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Exam Cost

Test Type	Cost of Test	Languages
Written Authorized Medical Interpreter Test	\$119.00	All non-certifiable languages (i.e., Arabic, Swahili, Japanese, etc.)
Written Certified Medical Interpreter Test	\$119.00	Chinese – Cantonese, Chinese – Mandarin, Korean, Russian, Spanish, Vietnamese
Oral Authorized Medical Interpreter Test	\$128.00	All non-certifiable languages (i.e., Arabic, Swahili, Japanese, etc.)
Oral Certified Medical Interpreter Test	\$128.00	Chinese – Cantonese, Chinese – Mandarin, Korean, Russian, Spanish, Vietnamese

Registration

- Register through the UniversalLanguage Service, Inc website
- Prior to registration you **MUST** create a DSHS LTC Profile in Gateway
- Once registered, you will “immediately” receive a link to our proctoring/testing partner site to create a login
- Create Login
- Schedule your test by selecting the date and time
- Scheduling is OnDemand
- Scheduled time under 24 hours; requires an additional \$12.00 fee paid to the testing platform for the short notice. *(To secure a proctor for the requested date and time).*



Registration Form

Please enter your first name in capital letters only

First Name (Required) Last Name (Required)

Gender (Required) Birth Date (Required)

Address (Required)

Street Address

City State / Province / Region

ZIP / Postal Code Country

Email (Required)

Phone (Required)

Phone Number (Required)

Secondary Email Address (Optional)

Test Registration Type (Required)

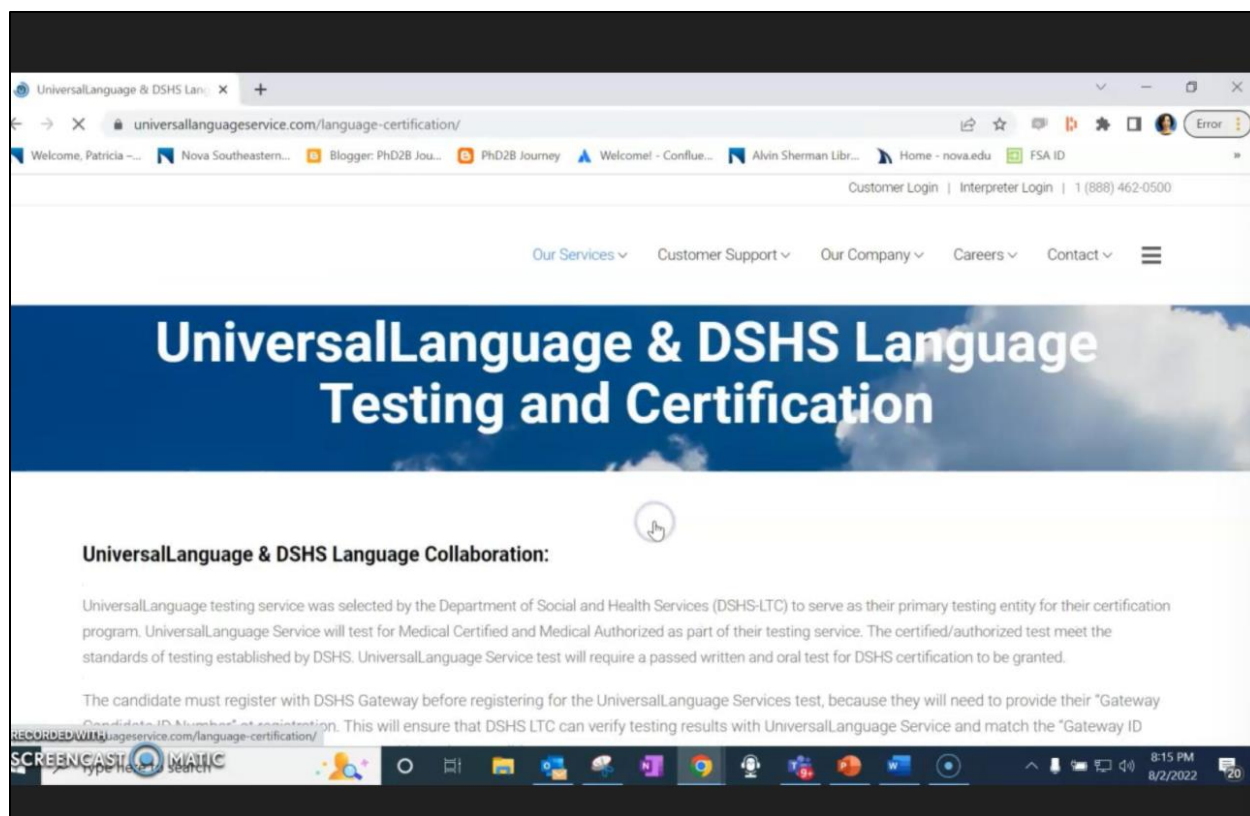
Certified Languages (Required)

Post-Test Patient (Required)

Time

GDPR Policy ☐ I have read and agree

Submit & Pay




Certification expired: you need to retest

Testing manual not on the website yet.

When tested last week, ULS found integration issues in the backend. They are now solving them.


Contact Language Testing Team



- Website: <https://universallanguageservice.com/language-certification/>
- Email: languageTesting@ulsonline.net

Universal Language Service, Inc.™

8/4/2022



Universal
Language Service



Patricia A Alonzo, CHI, CMI, M.Ed.

Executive Managing Director

Universal Language Service, Inc.

929 108th Ave NE, Suite 710, Bellevue, WA 98004

Phone: 1 (888) 462-0500 • Direct: 1 (360) 325-4947

Email: patricia.alonzo@ulsonline.net

Universal Language Service, Inc.™

8/4/2022



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