

**NEWS UPDATES—
ACCOMPLISHMENTS –
CONTINUING EDUCATION
OPPORTUNITIES:**

<http://notisnet.org/resources.php>

[DSHS Approved Interpreter](#)

[Continuing Education Activities](#)

[Washington Courts Continuing
Education Class List](#)

External links to other Internet sites and course announcements should not be construed as a Health Care Authority endorsement of the views, course content, or privacy policies contained therein. Prices may vary.

HCA INTERPRETER SERVICES

The interpreter services program is continually working together to provide an effective and efficient process in providing interpreter services to our limited English proficient clients (LEP). This program continues to provide interpreters in more than 39 Languages and American Sign Language (ASL). To help maintain this program and an available interpreter pool, providers must check interpreters in and out timely to ensure prompt reimbursement to the interpreters. For further information visit HCA's [website](#).

IMPORTANT IMMUNIZATION INFORMATION FOR PROVIDERS AND INTERPRETER

On July 24, 2014, the Health Care Authority (HCA) and CTS LanguageLink (CTS) finalized an agreement to track immunizations for interpreters accepting HCA medical appointments. Medical Interpreters providing interpretation services to limited English proficient clients (LEP) must provide documentation of required immunizations by September 22, 2014, or HCA will require CTS to restrict them from providing services to HCA medical clients.

Medical interpreters working with CTS to provide medical interpretation services are required to provide proof of immunizations for the following:

- Rubella, Rubeloa, Mumps, the MMR vaccine, or proof of immunity
- Varicella (Chickenpox or Shingles) vaccine or proof of immunity
- Diphtheria, Pertussis (Tdap)
- Seasonal flu vaccine
- TB Screening

On a yearly basis, the interpreter must obtain and provide complete documentation of the following:

- Seasonal flu vaccine
- TB Screening

CTS and HCA are posting the immunization requirements to their web sites. For additional questions regarding this change, please contact CTSLanguageLink at [HCA Providers](#) or the [HCA Interpreter Services program](#).

INCIDENT RESOLUTION PROCESS

While the Incident Resolution process is well under way, HCA, CTS, and the Federation continue to look at ways to improve the communication and process for Interpreters.

As changes are developed and approved, CTS will update their website under the FA Q section and notify Interpreters of changes. It is important that Interpreters provide feedback to CTS using the appropriate methods of communication during the Incident Review process.

Current changes to the process are as follows:

- CTS will notify Interpreters 3 business days prior to a portal restriction.
- Repeated Incidents will result in the follow portal restrictions:

Current Process		New Process (effective July 15, 2014)	
Low Incident	Medium Incident	Low Incident	Medium Incident
6 = 10 day	3 = 10 day	6 = 10 day	3 = 10 day
8 = 10 additional days	4 = 10 additional days	8 = 20 additional days	4 = 20 additional days
10 = 10 additional days	5 = 10 additional days	10 = 30 additional days	5 = 30 additional days
12 = 10 additional days	6 = 10 additional days	12 = 40 additional days warning notice	6 = 40 additional days warning notice
14 = 10 additional days	7 = 10 additional days	14 = termination of contract	7 = termination of contract

PROVIDER Q & A

HOW TO IMPROVE COMMUNICATION WHEN WORKING WITH AN INTERPRETER

BY TAMI LENTZ, VICE-PRESIDENT, INTERPRETERS UNITED LOCAL 1671

What is the best way to communicate with a limited-English proficient (LEP) patient? The first step, as you know, is to hire a professional HCA Interpreter, whose job is to bridge linguistic and cultural barriers. However, did you know that as a provider – or clinic staff – there are important steps you can take to improve the clinical encounter? In fact, one of the best (and easiest) ways to maximize communication is to speak directly to the patient – not the interpreter.

Clinical visits are always improved when an LEP patient is addressed directly as “you” instead of “her” or “he” – just as one would do when speaking in English. When the patient is in the exam room, ask him “where does it hurt?” While looking directly at his eyes; avoid saying, “ask him where it hurts.” Likewise, if a patient is making a follow-up visit, ask her “when are you available?” Instead of telling the interpreter, “please ask her when she is available.” A skilled HCA interpreter will then speak in your voice in the ‘first person’, and relay your message into the target language exactly as you have said it.

This communication method (referred to as first-person interpretation) works wonders for improving the patient-provider relationship: patients feel at ease and empowered as equal partners in the health care encounter, and providers note profound differences in their interactions with LEP patients. Providers who use this technique for

the first time have exclaimed, “I felt as I was speaking directly to her!” This should be the goal at all times: if the provider and patient ‘forget’ for a moment that they are using an interpreter, the encounter can be deemed as a success.

Not only does this method improve understanding with LEP patients, it helps reduce errors! The WA State Interpreter Code of Ethics prohibits interpreters from omitting or adding anything to the speaker’s message; addressing the patient thus helps interpreters to do their job correctly.

It should be easy to see the benefits of speaking to your LEP patient as “you” – if you have any questions, ask HCA personnel or your HCA Interpreter! Together, we can help improve clinic experiences for Limited-English Proficient patients.

EXPECTATIONS AS THE INTERPRETER

- SIGN AND COMPLY WITH THE [INTERPRETER CODE OF ETHICS](#) FOR SPOKEN LANGUAGE INTERPRETERS

	Email	Phone
Interpreters:	hcainterpreters@ctslangagelink.com	1-866-519-3604
Providers	hcaproviders@ctslanguagelink.com	1-800-535-7358, option 3

- PRESENT AT APPOINTMENTS, UPON REQUEST FROM PROVIDER OR LEP CLIENT, PICTURE IDENTIFICATION AND DSHS CERTIFICATE OR AUTHORIZATION LETTER
- ADHERE TO THE [RID-NAD PROFESSIONAL CODE OF CONDUCT](#) FOR SIGN-LANGUAGE INTERPRETERS
- ADHERE TO HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT ([HIPAA](#)) REQUIREMENTS
- HAVE A VALID [WASHINGTON STATE UNIFIED BUSINESS IDENTIFIER \(UBI\)](#) NUMBER OR TAX REGISTRATION NUMBER

TRAINING FOR INTERPRETERS AND PROVIDERS

For training offered CTS LanguageLink they offer provider training, Monday-Friday, 8:00am-5:00pm. If interested in training, submit your request along with contact information to CTS either by email or at the phone. Visit [CTSLanguagelink](#) for contact information. A member from the CTS LanguageLink Quality Assurance team will schedule training for you and your staff.

Additional Resources for Interpreters and Providers

National Standards on Culturally and Linguistically Appropriate Services (CLAS)	https://www.thinkculturalhealth.hhs.gov/
WA Department of Social and Health Services Language Interpreter and Translator Code of Professional Conduct	www.dshs.wa.gov/ltc/ethics.shtml
Limited English Proficiency (LEP) Federal Interagency	www.lep.gov/
CTS LanguageLink Provider Frequently Asked Questions	hca.ctslanguagelink.com/faq_Provider.php
Collective Bargaining Agreement	http://www.ofm.wa.gov/labor/agreements/13-15/nse_lap.pdf