August 17, 2011

An Open Letter to:

Health Care Authority
P.O. Box 42682
Olympia, WA 98504-2682

Attn:
Doug Porter, Administrator
Todd Slettvet, Chief, Office of Community Services
Elena Safarians, Interpreter Services Program Manager

Re: HCA Sign Language Interpreter Delivery System for Medicaid Patients

It is the position of Washington State Registry of Interpreters for the Deaf (WSRID) to oppose the new HCA contract related to sign language interpreters. Our organization firmly believes this position is not only justified, but necessary.

WSRID is the Washington State chapter of RID (Registry of Interpreters for the Deaf.) RID is a national organization with a membership of over 20,000 professional interpreters, students, educators and transliterators. WSRID itself represents 250 interpreters from across Washington and bordering states.

WSRID’s mission is to educate, support and promote the RID certification of interpreters/transliterators and to inform the general public about the interpreting/transliterating profession. The intent of this correspondence to provide you with some information regarding our profession as well as address the upcoming changes in the interpreter delivery system recently announced by the Health Care Authority.

WSRID does not support the new contract and its terms for the following reasons:

First, the HCA contract stipulations do not reflect reasonable business practices for professional interpreters. As independent contractors, sign language interpreters bear the burden of business expenses that must be taken into consideration when negotiating payment for services. National and local standards of pay have made it possible for sign language interpreters to serve in a professional manner and ensure health care providers the opportunity to communicate with their patients with assurance of quality. The pay schedule offered by HCA regularly puts these small business owners into debt with each appointment they take. Elimination of the “Base Rate” pay, 50% pay for no-shows or cancellations and 50% reimbursement for mileage would result in at or below minimum pay for Medicaid jobs.

Second, HCA has a desire to streamline interpreter services in order to ensure that both spoken and sign language interpreters are paid in the same manner and with the same terms; this is a flawed concept. Job expectations and responsibilities of sign language interpreters differ from spoken language interpreters, as do the laws that provide for these services. A few examples include:

1. Certified sign language interpreters have state and national professional organizations that oversee standards for certification, provide continuing education and uphold a code of professional conduct which includes a grievance system
2. Certification for sign language interpreters includes degree requirements
3. Due to the physical and mental demands of sign language interpreting, sign language interpreters are unable to work for long periods of time. Appointments over (and sometimes under) 1 hour require a team of interpreters.

Third, WSRID questions the motivation and doubts the benefits of placing sign language interpreters into a flawed Broker system that is in the process of being eliminated. Effective September 1, HCA is requesting sign language interpreters accept the terms of a Broker system that the Washington State Legislature has determined to have many problems. Then, HCA will require sign language interpreters to transition into a different system on January 1, 2012. Moving sign language interpreters into a floundering system for 4 months does not make sense!

Finally, the HCA Broker system does not take into consideration the needs and preferences of deaf, deaf-blind or hard-of-hearing individuals. Working in a system that does not allow for client/consumer preference goes against ethical standards that have been established in sign language interpreter’s National Code of Professional Conduct (http://rid.org/UserFiles/File/NAD_RID_ETHICS.pdf)

Additionally, it is our belief that the Broker system has considerable pitfalls that leave it open to Americans with Disabilities Act (ADA) based complaints. Some of the areas we see having potential problems are as follows:

1. The ADA provides that the individual with the disability shall have primary consideration for the type of auxiliary aid or services necessary to communicate. The Broker contract states only the medical provider can request a specific interpreter and only for medically necessary reasons.
2. The ADA mandates appropriate steps be taken to ensure these communications are as effective as communications with others. Because of the inadequate reimbursement schedule for interpreters, we believe that very few certified sign language interpreters would be willing to sign this contract. The U.S. Department of Health and Human Services' website https://www.cms.gov/MedicaidRF/ states that federal law requires Medicaid rates must be “sufficient to enlist enough providers” so that Medicaid beneficiaries have access to care equivalent to that of the general population.
3. The ADA provides that access services must happen in a timely manner. The Broker system adds untimely layers to requests; in addition, it has not yet contracted for services in all areas of Washington State.

With the above information in mind, WSRID strongly recommends HCA rescind the changes set to take effect September 1, 2011. HCA should continue to use the DSHS contract for sign language interpreters. With ODHH administering the DSHS contract, HCA can take advantage of an agency with knowledge and background on standards of practice for sign language interpreters and the unique needs of the deaf community. DSHS has a contract and system in place which takes into account national standards of reimbursement for sign language interpreting services; includes the recognition of professional sign language interpreters as an important component of access to medical care by deaf Medicaid clients and reflects sensitivity to the deaf, deaf-blind and hard-of-hearing citizens’ right to quality communication access as mandated under the ADA.

Further action by WSRID will include educating interpreters across the state on the stipulations of this contract and how those changes will compromise their professional standards and violate or impact the services we provide. WSRID will also collaborate with deaf stakeholders to make sure that deaf Medicaid recipients are aware of their legal rights under the ADA for access to competent, qualified interpreters in a timely manner for all of their appointments. Additionally, we will inform organizations, agencies, health care providers and other interested parties of the governmental decisions being made that affect the most vulnerable of Washington’s citizens.
As an organization representing professional interpreters, the WSRID Board of Directors and its members must emphatically support the provision of ethical and appropriate interpreting services that do not compromise the established minimum standards. We welcome dialogue with HCA representatives regarding these issues.

Respectfully,

WSRID Board of Directors
email: wsrid@wsrid.com
website: www.wsrid.com

cc
Registry of Interpreters for the Deaf
Washington State Association of the Deaf
National Association of the Deaf
Office of the Deaf and Hard of Hearing
Governor Christine Gregoire (via hard copy)
Hearing Loss Center
Hearing, Speech and Deafness Center
South Eastern Washington Service Center of the Deaf and Hard of Hearing
Southwest Washington Center of the Deaf and Hard of Hearing
Deaf-Blind Service Center
Deaf Bilingual Coalition
Washington State Department of Health, Complaint Intake
Washington State Human Rights Commission (via hard copy)
Disability Rights Washington (via hard copy)

cc under separate email to WSRID Membership