

2006 INNOVATIONS AWARDS PROGRAM

APPLICATION

Deadline: March 4, 2006

INSTRUCTIONS: Complete and submit this document electronically if possible, preferably in Microsoft Word format (.doc or rtf). This application is also available at www.csg.org, in the Programs section. Determine the appropriate "Change Driver" from the enclosed matrix and indicate that in the appropriate space listed below. Keep in mind that the matrix is only meant to show potential relationships between change drivers, trends and issues, and is not exhaustive. **Be advised that CSG reserves the right to use or publish in other CSG products and services the information that you provide in this Innovations Awards Program Application. If you object to CSG potentially using or publishing the information contained in this application in other CSG products and services, please advise us in a separate attachment to your program's application.**

ID #: 06-W-14WA

Change Driver: Immigrant Nation

State: Washington

1. Program Name – Spoken Language Brokered Interpreter Services
2. Administering Agency – Department of Social and Health Services (DSHS), Health and Recovery Services Administration (HRSA)
3. Contact Person (Name and Title) – Tom Gray, Manager, Office of Transportation and Interpreter Services (OTIS)
4. Address – 925 Plum St. SE, P.O. Box 45534, Olympia, WA. 98504
5. Telephone Number – 360-725-1314
6. FAX Number – 360-664-0261
7. E-mail Address – graytr@dshs.wa.gov
8. Web site Address – <https://fortress.wa.gov/dshs/maa/InterpreterServices/>
9. Please provide a two-sentence description of the program.

The spoken language brokered interpreter services program established strict controls over the scheduling process for medical interpreter appointments, creating a gatekeeper where none had existed before. These controls essentially eliminated a previously existing conflict of interest whereby interpreters and agencies were effectively controlling the appointment process.

10. How long has this program been operational (month and year)?

The program began in January 2003. **Note: the program must be between 9 months and 5 years old on March 4, 2006 to be considered.**

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

The Civil Rights Act of 1964 requires the department to ensure equal access to Limited English Proficient (LEP) clients receiving direct services from the department. In addition, the department is required to assure that medical providers, with whom it contracts, guarantee equal access. For LEP clients, the guarantee of equal access to services to ensure “effective communication” often requires the use of interpreters paid for by the department at no cost to clients.

To assure LEP clients have equal access to medical services, DSHS subsequently decided to provide interpreter services to clients receiving medical services from DSHS-contracted medical (primarily Medicaid) providers, who are also receivers of federal funds. DSHS first established direct contracts with interpreter agencies to meet these needs; contracts were then moved to the Department of General Administration.

Prior to the establishment of the brokerage program, the contracts in place with interpreter agencies had specific requirements regarding appointment scheduling procedures. Then, as now, the requests for interpreters were required to be overtly generated by either DSHS-contracted medical providers or DSHS staff. However, interpreters and interpreter agencies were still able to schedule appointments for themselves and clients with medical providers, with minimal restriction, since there were effectively no gatekeepers. Interpreters and interpreter agencies had an inherent conflict of interest; the more interpreter appointments they scheduled, the more money they made. Program costs were increasing rapidly with no viable way to appropriately control these costs. Due to this untenable situation, the Washington State Legislature passed a new law permitting DSHS to change its contracting process for Interpreter Services, mandated significant program savings, and through budget provisos required services to be brokered. The law was intended to maintain health care access for limited English proficient clients, while reducing health care and interpreter costs. **Indicate how the program applies to the “change driver” that you listed above.**

12. Describe the specific activities and operations of the program in chronological order.

- In Spring 2002, the existing non-emergent medical transportation brokers statewide (9) were notified that they would be grandfathered the responsibility for brokering interpreter services.
- During the Summer of 2002, DSHS assisted the brokers in preparing their infrastructure for the brokering of interpreter services.
- In the Fall of 2002, DSHS negotiated administrative costs with the brokers.

- In November 2002, the brokers started accepting requests from Medicaid medical providers and DSHS staff for interpreter services with dates of service starting in January 2003.
- In December 2002, DSHS conducted public information forums in several locations around the State of Washington.
- In January 2003, interpreter services arranged by the brokers, and requested by medical providers and DSHS staff, began.
- In January 2004, interpreter service hourly rates, mileage and interpreter down time reimbursement rates were enhanced.
- In July 2004, following a competitive Request for Proposal process, new three year contracts were negotiated and signed with eight brokers to serve DSHS and medical providers.
- In January 2006, hourly rates, mileage and cost reimbursement were again enhanced due to significant savings being realized and to support the continuation of an adequate pool of interpreter resources.

13. Why is the program a new and creative approach or method?

- Of the hand full of states that provide interpreter services for Medicaid clients, Washington is the only state to use a “brokerage model.” Brokering has removed obvious conflicts of interest in the interpreter appointment scheduling process, has saved an average of approximately \$1 million per month for the department (this represents half of all previously forecasted costs), and has increased the quality of services provided. Brokers operate as true brokers – they have no financial interest in the interpreter industry since none of them are allowed to directly provide interpreter services. Brokers are reimbursed based on DSHS-negotiated administrative costs only. All interpreter service dollars pass through directly to interpreter agency subcontractors.
- The brokers also save state dollars based on economy of scale, since their call center infrastructures serve both medical transportation and interpreter services.
- There are 13 regions of the state, served by eight brokers. Thus each broker is able to establish an efficient and knowledgeable working relationship with local requester groups and providers of service

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

- Each broker already had in place a management structure and call center infrastructure at the time the brokered interpreter services program started since each was already a medical transportation broker. Technically, there were no start up costs, since the state of Washington does not pay for services in advance of their being provided. But, as noted in # 12 above, each broker was prepared to accept appointment requests beginning in November 2002. DSHS staff tallied verified costs for each broker to both expand their infrastructure to assimilate interpreter service requests and to provide continuous services through June 2004,

when new contracts would be negotiated. The costs were added up for the twenty month period, and then divided into twenty equal payments running from November 2002 through June 2004. Each broker had different financial needs to ensure provision of interpreter services; brokers vary significantly in size. The bulk of additional costs were for staffing increases in each call center, ranging from one to six additional staff. Reprogramming databases, purchase of an additional fax machine or server, and addition of phone lines comprised most of the remaining costs. (Please note: Specific dollar amounts spent can be provided, if necessary.)

15. What are the program's annual operational costs?

- The annual current administrative costs paid to the brokers, not including DSHS staff time, totals approximately \$1,513,400. Current actual interpreter service costs flowing through brokers to interpreter agencies are approximately \$10,500,000.

16. How is the program funded?

- Primarily by Medicaid Administratively Matched funds (50% State and 50% federal)

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

- Yes. State Senate Bill 6832 was the enabling legislation. This permitted DSHS to solicit contracts, administered by DSHS; as opposed to purchased service contracts, which must be procured and administered by the Department of General Administration. This new law effectively removed the applicability of all procurement laws and allowed DSHS to contract for services as deemed appropriate by DSHS. This law also overtly allowed for the brokering of interpreter services.

18. What equipment, technology and software are used to operate and administer this program?

- Each broker must have a phone and fax call center capable of timely receiving and responding to requests for service. They must also have a database capable of producing multiple reports, primarily in an Excel format, to the administering administration (HRSA) and all requesting DSHS administrations. All billing is done via an A-19 format, with a database generating the billing document that is then submitted to the state.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.
- Yes. The innovator's name is Tom Gray, with address, telephone number and e-mail address as noted above.
20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?
- Of the hand full of states that provide interpreter services, Washington is the only state that uses a brokerage model. Washington by far has the most developed interpreter services program in the US. To help ensure quality interpreter services, Washington is the only state to require interpreters to take and pass a state sponsored interpreter certification test, prior to serving Washington State Department of Social and Health Services LEP clients.
21. Has the program been fully implemented? If NO, what actions remain to be taken?
- Yes. Although we continually seek ways to refine and enhance the program.
22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.
- We list each problem or issue, and then evaluate the program's effectiveness.
 1. Appointment scheduling conflict of interest – very effective at minimizing this problem, due primarily to the brokers not benefiting financially based on the number of interpreter service appointments scheduled.
 2. Excessive cost – very effective at meeting/exceeding the state legislature's expectations. Savings realized have been equivalent to approximately one half of forecasted costs.
 3. Providing equal access to care for limited English proficient clients – while better under the brokerage than pre-brokerage, this is a continuing issue. The medical interpreter service portion of this program is technically optional since medical providers receiving federal funds are legally responsible to ensure effective communication per the Civil Rights Act of 1964 – educating medical providers on this issue is a continuing challenge, especially when brokered interpreters are not available to provide services. Some low frequency or "rare" languages result in a shortage of qualified interpreters; we continue to be creative in our recruitment for these languages.

4. Contract structure and accountability – easier to manage, and with fewer managers, at the state level than prior structures. The specific responsibilities of each subcontractor are more clearly defined, measurable for results, and accountable per any necessary sanctions.

23. How has the program grown and/or changed since its inception?

- The program has materially increased quality, lowered costs, decreased complaints, and is considered to be a potential model for the delivery of other services. As noted in # 12 above, we have enhanced the program in several ways. None of these enhancements would have been feasible without the administrative controls established at the program's initiation that allowed for the appropriate administration of costs/quality of services provided.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

- A fundamental requirement is to locate and develop brokers with little or no conflict of interest regarding the interpreter service industry. Use of non-profit and governmental agencies has proven successful in this endeavor. It is preferable if they already provide call center services in their normal course of business.
- Cultivating an environment in the state that spending dollars on equal access to care is beneficial to the state; if for no other reason than that it reduces state liability to lawsuits for violations of the Civil Rights Act of 1964.
- Establishing a benchmark for the qualifications needed in an interpreter when serving state clients. Our state has a combination written/oral certification/qualification test (fees paid by test candidate) that potential interpreters must pass in order to serve our clients.
- Establishing a state rate that will be an acceptable rate to attract interpreters to serve state clients, but not so high as to jeopardize program funding.
- Determining, and training, the user and requester groups. Our state limited requesters to contracted medical providers and DSHS staff.
- Establishing a bid procurement process. This may not be necessary at the initiation of the program, depending on state contracting requirements. But it is vital in the long term to ensure the most qualified brokers are contracted to serve state clients.
- Do not assign all brokering services to just one statewide broker. Such arrangements leave the state little or no leverage should the broker fail to meet required contract standards.
- Manage the brokered contracts with a defined risk assessment and monitoring tool.
- Ensure all necessary sanction guidelines and processes are written into contracts, with applicability to broker subcontractors as well as brokers.

Add space as appropriate to this form.

Return a completed application electronically to innovations@csg.org or mail the paper copy to:

CSG Innovations Awards 2006
The Council of State Governments
2760 Research Park Drive, P.O. Box 11910
Lexington, KY 40578-1910

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