

WAC 182-503-0110 Washington apple health—Limited-English proficient (LEP) services.

(1) We provide interpreter and translation services (limited-English proficient or LEP services) free of charge to you if you have limited ability to read, write, and/or speak English. Interpreter services are those used for oral communication between two parties who do not speak the same language. Translation services are those used for written communication.

(2) We provide LEP services in your primary language.

(a) A primary language is the language you tell us that you wish to use when communicating with us. You may designate at least one primary language for oral communications and at least one primary language for written communications, and you may designate a different primary language for oral and for written communications.

(b) We note your primary languages in a record available to the agency, its designee, and health benefit exchange employees.

(3) We can provide LEP services through bilingual workers and/or contracted interpreters and translators who are expected to be competent. We consider a bilingual worker or a contracted interpreter or translator to be competent if he or she is:

(a) Certified for interpreting and/or translating in the language by the language testing and certification program of the department of social and health services;

(b) Certified or otherwise determined to be competent for interpreting and/or translating in the language by an association or organization with a regional or national reputation for certifying or determining the competence of interpreters and/or translators; or

(c) Determined competent for interpreting and/or translating in the language by us, taking into account his or her:

(i) Demonstrated proficiency in both English and the other language;

(ii) Orientation and training that includes the skills and ethics of interpreting;

(iii) Fundamental knowledge in both languages of any specialized terms or concepts peculiar to Washington apple health;

(iv) Sensitivity to cultural differences; and

(v) Demonstrated ability to convey information accurately in both languages.

(4) We provide notice of the availability of LEP services on printed applications and notices, in the Washington healthplanfinder website, and during contact with persons who appear to need LEP services.

(5) LEP services include:

(a) Spoken language interpreter (oral) services in person, over the telephone, or through other simultaneous audio or visual transmission (if available); and

(b) Translation of our forms, letters, and other text-based materials, whether printed in hard-copy or stored and presented by computer. These include, but are not limited to:

(i) Our pamphlets, brochures, and other informational material that describe our services and your health care rights and responsibilities;

(ii) Our applications and other forms you need to complete and/or sign; and

(iii) Notices of our actions affecting your eligibility for health care coverage.

(c) Direct provision of services by our bilingual employees.

(6) We provide interpreter services and translated documents in a prompt manner that allows the timely processing of your eligibility for health care coverage within time frames defined in WAC 182-503-0060, 182-503-0035, and 182-504-0125.

(7) If you believe that we have discriminated against you on the basis of race, color, national origin, birthplace, or another protected status, you may file a complaint with the U.S. Department of Health and Human Services at <http://www.hhs.gov/ocr/civilrights/complaints> or Regional Manager, Office of Civil Rights, U.S. Department of Health and Human Services, 2201 Sixth Ave. - M/S: RX-11, Seattle, WA 98121-1831 (voice phone 800-368-1019, fax 206-615-2297, TDD 800-537-7697).

[Statutory Authority: RCW 41.05.021 and Patient Protection and Affordable Care Act (P.L. 111-148), 42 C.F.R. §§ 431, 435, and 457, and 45 C.F.R. § 155. WSR 14-06-068, § 182-503-0110, filed 2/28/14, effective 3/31/14.]