



Washington

Type*	Provision(s)	Description
XXX	Wash. Rev. Code § 1.20.100	It shall be the policy of the state of Washington to welcome and encourage the presence of diverse cultures and the use of diverse languages in business, government, and private affairs in this state.
MFA	Wash. Rev. Code § 70.128.120(4)	Managers of adult family home providers and managers must have literacy in the English language, however, a person not literate in the English language may assure that there is a person on staff and available who is able to communicate or make provisions for communicating with the resident in his or her primary language and capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations and be able to read and understand resident care plans.
CHI, MEN	Wash. Rev. Code § 71.36.030(6)(b)	Children's mental health services delivery plans shall address the needs of children of color through services to children of color that are culturally relevant and acceptable, as well as linguistically accessible.
AGY, HEA, TRA	Wash. Rev. Code § 74.04.025	The Department of Social and Health Services and the Office of Administrative Hearings shall insure that bilingual services are provided to non-English speaking recipients and applicants. DSHS shall employ bilingual staff if the number of applicants and recipients sharing the same language equals or exceeds 50 percent of the average caseload of a full-time caseworker. DSHS shall ensure bilingual services to supplement staff. Initial client contact materials must inform clients in their primary language of the availability of services. Notices to clients must contain written communications in their primary language informing them of how to obtain assistance. DSHS must ensure that sufficient resources are available to allow patients to respond to notices in a timely fashion. Basic informational pamphlets must be translated into Spanish, Vietnamese, Cambodian, Laotian, Chinese, and other primary languages as determined by DSHS.
PWD	Wash. Rev. Code § 74.18.045(3)	The Department of Services for the Blind may expand the type and scope of materials available on the telephonic reading service to meet the local, regional, or foreign language needs of blind or visually impaired residents.
PWD	Wash. Rev. Code § 74.18.127(2)(e)	The Department of Services for the Blind must provide an explanation of department policies and procedures affecting personal information at intake or on request to each individual in that individual's native language.
PWD	Wash. Rev. Code § 74.41.030(1)	Family caregiver long-term care information and support services" means providing long-term care information and support services to unpaid family and other unpaid caregivers of adults with functional disabilities, including translating and interpreter services.
MCO	Wash. Admin. Code 182-08-198(g)(6)	Enrollees may not change their health plan if their physician stops participation with the enrollee's health plan unless the Public Employees Benefits Board (PEBB) appeals manager determines that a continuity of care issue exists, using criteria including language barriers.
CHC	Wash. Admin. Code 182-20-160(8)	Community health clinics must establish policies and procedures reflecting sensitivity to cultural and linguistic differences of individuals served and provide sufficient staff with the ability to communicate with the individuals.
HEA	Wash. Admin. Code 246-10-121, 246-11-200	When the program or the adjudicative clerk office is notified or otherwise made aware that a limited-English-speaking person is a party in an adjudicative proceeding, all notices concerning the hearing, including notices of hearing, continuance, and dismissal, shall either be in the primary language of the party or shall include a notice in the primary language of the party which describes the significance of the notice and how the party may receive assistance in understanding and, if necessary, responding to the notice.

* Codes are available at the end of the document.

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HEA	Wash. Admin. Code 246-10-122, 246-10-123(3), 246-10-203(1)(f), 246-11-210, 246-11-220(3), 246-11-270(1)(f)	A "limited-English-speaking person" means a person who because of a non-English-speaking cultural background cannot readily speak or understand the English language. If a limited-English-speaking person is involved in an adjudicative proceeding and a need for an interpreter is made known to the adjudicative clerk office, the presiding officer shall appoint an interpreter who is acceptable to the parties or, if the parties are unable to agree on an interpreter, the presiding officer shall select and appoint an interpreter. Before beginning to interpret, an interpreter shall take an oath or make affirmation that: a true interpretation shall be made; and the interpreter shall repeat the statements of the impaired person to the presiding officer, in the English language, to the best of the interpreter's skill and judgment. When an interpreter is used in a proceeding: the interpreter shall translate all statements made by other participants in the proceeding; the presiding officer shall ensure sufficient extra time is provided to permit translation; and the presiding officer shall ensure that the interpreter translates the entire proceeding to the hearing impaired person or limited-English-speaking person to the extent that the person has the same opportunity to understand the statements made as would a person not requiring an interpreter. An interpreter appointed under this section shall be entitled to a reasonable fee for services, including waiting time and reimbursement for actual necessary travel expenses. The program shall pay the interpreter fee and expenses incurred for interpreters for license holders, applicants, or recipients of benefits. The party on whose behalf a witness requiring an interpreter appears shall pay for interpreter services for that witness.
PUB, HIV	Wash. Admin. Code 246-100-203 (e)(iii)(A), (f)(i)	State board of health requirements for detainment of individuals demonstrating behaviors that present an imminent danger to public health (BPID) include sufficient access to services and programs directed toward cessation of BPID and providing linguistically and culturally appropriate ongoing AIDS education and counseling. Board of health standards for an individualized counseling and education plan for a detainee must include consideration of detainee's culture and language.
HIV	Wash. Admin. Code 246-100-207(1)(b)	For HIV testing, unless the person has been previously tested and declines receipt of information, a person should be explicitly provided verbal or written information that is culturally and linguistically appropriate to the individual being tested regarding HIV.
HIV	Wash. Admin. Code 246-100-208(5)(b)(ii)	Health care providers, persons, and organizations providing AIDS counseling must maintain a nonjudgmental environment during counseling which is culturally, linguistically, and developmentally appropriate to the individual being counseled.
LTC	Wash. Admin. Code 246-310-136(1)(c)	In the course of reviewing and making decisions on applications for construction or establishment of nursing home beds for ethnic minorities, the department shall consider the relative degree to which the long-term care needs of an ethnic minority are not otherwise being met, including consideration of the legislature's finding that certain ethnic minorities have special cultural and language needs not generally met by existing nursing homes which are intended to serve the general population.
HOS, MFA	Wash. Admin. Code 246-322-010(48)(f), 246-324-010(42)(f)	For psychiatric hospitals, "special services" means clinical and rehabilitative activities or programs including language translation.
HOS, TRA	Wash. Admin. Code 246-453-020(2), (5), 246-453-010(16)	Hospitals providing charity care must prominently display within public areas, provide in writing, and explain to the person in any language spoken by more than 10 percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking patients a notice that charges for qualified patients may be waived or reduced. Hospitals must take into account any language barriers that may hinder the responsible party's capability of complying with the application procedures for purposes of determining the person's qualification for charity care sponsorship.



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HEA	Wash. Admin. Code 284-02-070(1)(c)	Hearings in the Office of Insurance Commissioner shall make accommodation for persons needing assistance where English is not their primary language.
INS	Wash. Admin. Code 284-43-210(4)	All health carriers shall file with the State commissioner an access plan that includes a description of the health carrier's efforts to address the needs of covered LEP persons and persons with diverse cultural background.
INS	Wash. Admin. Code 284-43-615(2)(b)	Health carriers and health plans must ensure that the grievance process is accessible to enrollees who are limited-English speakers.
HEA	Wash. Admin. Code 388-02-0125	Definitions for Department of Health and Social Services' (DSHS) hearings: "limited English proficient (LEP)" includes limited English speaking persons or other persons unable to communicate in spoken English; "limited English-speaking (LES) person" means a person who, because of non-English speaking cultural background cannot readily speak or understand the English language; "qualified interpreter" includes qualified interpreters for a limited English-speaking person; "qualified interpreter for a limited English-speaking person" means a person who is readily able to interpret or translate spoken and written English communications to and from a limited English speaking person. If an interpreter is court certified, the interpreter is considered qualified.
HEA	Wash. Admin. Code 388-02-0130	If DSHS is notified that a person is a limited English speaking person, all hearing notices, decisions and orders must be written in your primary language; or include a statement in your primary language that indicates the importance of the notice; and tells the person how to get help in understanding the notice and responding to it.
HEA	Wash. Admin. Code 388-02-0135	DSHS must provide a qualified interpreter to assist any person who has limited English proficiency; and is a party or witness in a hearing. DSHS may hire or contract with persons to interpret at hearings. Relatives of any party and DSHS employees may not be used as interpreters. The hearing judge must determine, at the beginning of the hearing, if an interpreter can accurately interpret all communication for the person requesting the service. To do so, the hearing judge considers the interpreter's: ability to meet the needs of the hearing impaired person or limited English speaking person; education, certification and experience; understanding of the basic vocabulary and procedures involved in the hearing; and ability to be impartial. The parties or their representatives may question the interpreter's qualifications and ability to be impartial. If at any time before or during the hearing the interpreter does not provide accurate and effective communication, the hearing judge must provide another interpreter.
HEA	Wash. Admin. Code 388-02-0140	LEP individuals may waive interpreter services if the request is made in writing or through a qualified interpreter on the record; the hearing judge determines the waiver has been knowingly and voluntarily made. The individual may withdraw your waiver at any time before or during the hearing.
HEA	Wash. Admin. Code 388-02-0145	For DSHS hearings, interpreters must: use the interpretive mode that the parties, the interpreter and the hearing judge consider the most accurate and effective; interpret statements made by the parties and the hearing judge; not disclose information about the hearing without the written consent of the parties; and not comment on the hearing or give legal advice. The hearing judge must allow enough time for all interpretations to be made and understood.
HEA	Wash. Admin. Code 388-02-0150	When an interpreter is used at a hearing, the hearing judge must explain that the decision is written in English but that a party using an interpreter may contact the interpreter for an oral translation of the decision at no cost. Interpreters must provide a telephone number where they can be reached. This number must be attached to any decision or order mailed to the parties. DSHS must mail a copy of a decision or order to the interpreter for use in oral translation.



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HEA	Wash. Admin. Code 388-02-0255(1)(b), (d)	Hearing notices must include information that if the individual or any witnesses are LEP, DSHS will provide an interpreter at no cost and how to indicate any special needs, including the need for an interpreter.
HEA	Wash. Admin. Code 388-02-0360(2)(a)	In all DSHS cases a party requesting a change in how a hearing is held or the way a witness appears (in-person or by telephone) must show good cause. A party must also show good cause which may include that a party does not speak or understand English well.
HEA	Wash. Admin. Code 388-02-0460(3)	In DSHS hearings, witnesses may request interpreters at no cost.
INT	Wash. Admin. Code 388-03-010 through 03-176	The provisions establish the rules for certification of Department of Social and Health Services' interpreters/translators, including qualifications and the code of conduct for interpreters/translators and procedures for administering certification examinations.
OAA, HHC	Wash. Admin. Code 388-71-0515(1)	For home and community services and programs, an individual provider or home care agency provider must understand the client's plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider.
MED	Wash. Admin. Code 388-71-0726(2)	For adult day health transportation services paid for by Medicaid, in referring the client to a day health center, the case manager may consider documentation of language barriers as an exception to the rules regarding placement.
MFA	Wash. Admin. Code 388-76-655(4)	For adult family homes, providers must ensure that the provider, entity representative, resident manager and all caregivers are able to communicate or make provisions for communicating with the resident in his or her primary language.
MFA, RGT, TRA	Wash. Admin. Code 388-76-690(1)	For adult family homes, the provider or resident manager shall provide or ensure that the resident, at the time of admission, has received the department's current booklet on health care rights, in the language appropriate for the resident, if available from the department.
MED, LTC, RGT	Wash. Admin. Code 388-97-043(c)	For Medicare/Medicaid certified skilled nursing facilities or nursing homes, regarding transfer or discharge, the home must inform the resident in writing, in a language and manner the resident can understand, of appeal rights.
LTC, CON	Wash. Admin. Code 388-97-060(2), 388-97-065(3)(c)	In nursing homes, the informed consent process and information on advance directives must include information in words and language that the resident, or if applicable the resident's surrogate decision maker, understands.
LTC, PWD	Wash. Admin. Code 388-97-260(5)(c)	In nursing homes, for the pre-admission screening and resident review (PASRR), facilities must inform the resident, in writing in a language and manner the resident can understand of certain rights.
LTC	Wash. Admin. Code 388-106-1300(12)	For long term care services, individuals have the right to interpreter services provided free of charge if the individual cannot speak or understand English well.
AGY	Wash. Admin. Code 388-271-0010	DSHS provides limited English proficient (LEP) services to applicants/recipients who are limited in the ability to read, write and/or speak English. These services provide a way for DSHS to communicate with the individual even though limited in ability to communicate in English. LEP services are provided in the individual's primary language by authorized bilingual workers or by contracted interpreters and translators. The primary language is the language indicated on the individual's application or eligibility review as the language the individual wishes to communicate in with the department. LEP services include interpreter (verbal) services in person and/or over the telephone; and translation of department forms, letters and other printed materials.



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AGY	Wash. Admin. Code 388-271-0020	If a DSHS applicant/recipient has trouble speaking and/or understanding English, and a bilingual worker is not available to assist, DSHS will get a qualified interpreter in the primary language to help the individual communicate verbally. A qualified interpreter is someone who is fluent in English and the person's primary language and is trained on the Interpreter Code of Professional Conduct. Interpreter services are provided in-person or over the telephone. DSHS pays for the interpreter. If a DSHS worker feels that they are not able to communicate with an individual well enough to provide adequate services, the worker may request the services of an interpreter even if the individual did not ask for help. DSHS will provide interpreter services in a timely manner so that DSHS can process your case within the processing timeframes.
AGY, TRA	Wash. Admin. Code 388-271-0030	DSHS provides fully translated written communication in applicant/recipients' primary language. This includes, but is not limited to: DSHS pamphlets, brochures and other informational material that describe department services and client rights and responsibilities; DSHS forms, including applications and individual responsibility plans, that DSHS asks individuals to complete and/or sign; and certain DSHS letters. DSHS pays for the written translation. DSHS will provide translated documents in a timely manner so that DSHS can process cases within the processing timeframes.
AGY, RGT	Wash. Admin. Code 388-472-0005(1)(k)	DSHS applicants/recipients have the right to have interpreter or translator services given at no cost and without delay.
MED, PAY	Wash. Admin. Code 388-502-0010(3)(d)(ii)	For DSHS medical programs, contractors of interpreter agencies are eligible providers and thus eligible for reimbursement for services provided.
MED, TRA	Wash. Admin. Code 388-502-0160(3)(b), 388-538-095(5)(b)	Health care providers may only bill Medicaid clients if the client is not enrolled in medical assistance managed care, and the client and provider sign an agreement regarding payment for the service. The agreement must be translated or interpreted into the client's primary language and signed before the service is rendered.
MED	Wash. Admin. Code 388-523-0110(2)(b), 388-523-0120(5)(b)	For obtaining an extension of Medicaid despite failing to report income and child care costs, circumstances may prevent a family from meeting the reporting requirements and allow the family to remain eligible for the medical extension when "good cause" exists, including lack of understanding the reporting requirement due to a language barrier.
CON	Wash. Admin. Code 388-531-0050	In defining physician-related services, "informed consent" means that an individual consents to a procedure after the provider who obtained a properly completed consent form has communicated effectively using, as needed, language interpretation.
MED, EIS	Wash. Admin. Code 388-533-0370(c)(i)(H)	Eligibility for Medicaid infant case management includes parents unable to access resources due to language or cultural barrier.
MED, MCO	Wash. Admin. Code 388-538-110(f)(ii)	For Medicaid managed care, a managed care organization's notice of action must be in the enrollee's primary language and be easily understood as required by federal Medicaid managed care regulations.
MED, MCO	Wash. Admin. Code 388-538-111(c)(i)	For primary care case management services, enrollees filing grievances are entitled to any reasonable assistance in taking procedural steps for grievances such as interpreter services.
MED, MCO	Wash. Admin. Code 388-538-130(2)(c)(v), (5)(d)	An exemption to requirements for managed care enrollment exist for a client/enrollee who speaks limited English and the client or enrollee can communicate with a provider who communicates in the client's or enrollee's language and is not available through the MCO and the MCO does not have a provider available who can communicate in the client's language and an interpreter is not available. Notices from DSHS regarding its determination of a client's/enrollee's request requires translation into the client's or enrollee's primary language when the client or enrollee has limited English proficiency.



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MED	Wash. Admin. Code 388-546-5000	The definitions for Medicaid non-emergency transportation services includes availability of an escort who is a person authorized by the broker to be transported with a client to a medical service and may be authorized depending on the client's communication or translation requirements, or cultural issues.
MED, HOS	Wash. Admin. Code 388-550-1050	In defining Medicaid hospital services, "informed consent" means that an individual consents to a procedure after the provider who obtained a properly completed consent form has communicated effectively using any language interpretation necessary.
MEN	Wash. Admin. Code 388-823-0215	Evidence of a qualifying "full scale intelligence quotient" to meet the definition of substantial limitations for the condition of mental retardation is a FSIQ derived from a Leiter international performance scale-revised (Leiter-R) if the English is not the individual's primary language.
MEN	Wash. Admin. Code 388-825-246(3)(e)	To qualify for funding under the community services grants from the Department of developmental disabilities family support program to promote community oriented projects that benefit families, a project must address the diverse needs of Native Americans, communities of color and limited or non-English speaking groups.
MEN	Wash. Admin. Code 388-825-370(1)	An individual or home care agency employed to provide respite care, attendant care, personal care, companion home services, or alternative living services must understand the client's individual service plan or plan of care that is signed by the client or legal representative and social worker/case manager, and translated or interpreted, as necessary, for the client and the provider.
MEN, MFA	Wash. Admin. Code 388-865-0221 (2)	Regional support networks related to community mental health and involuntary treatment programs must publish and disseminate brochures and other materials or methods for describing services and hours of operation that are appropriate for all individuals, including those who may be limited-English proficient.
MEN	Wash. Admin. Code 388-865-0255(1)	Regional support networks must develop a process for reviewing consumer complaints and grievances that must be culturally and linguistically competent.
MEN, MCO	Wash. Admin. Code 388-865-0320(6)(c)	Prepaid mental health plans must provide utilization management of the community mental health rehabilitation services including methods to ensure that services are individualized to meet the needs for all Medicaid consumers served, including consumers of different cultures and languages.
MEN, MCO	Wash. Admin. Code 388-865-0330(1)(d)	Prepaid mental health plans must develop marketing/education plans that include information on access to mental health services for diverse populations, including other languages than English.
MED, MCO	Wash. Admin. Code 388-865-0335(4)(d)	Prepaid mental health plans may provide services to Medicaid recipients through alternative means if currently contracted authorized providers are not able to provide those services when the Medicaid service recipient has received a choice of providers and has made an informed decision to request medically necessary services through a provider outside the prepaid inpatient health plan provider network that has cultural or linguistic expertise or both needed to meet medical necessity that are not sufficient within the provider network.
MEN	Wash. Admin. Code 388-865-0410(1), (3)(c)	Community support service providers must document that consumers, prospective consumers, or legally responsible others are informed of consumer rights at admission to community support services in a manner that is understandable to the individual. Consumer rights must be translated to the most commonly used languages in the service area. The provider must develop a statement of consumer rights that incorporates the following statement or a variation approved by the mental health division: "You have the right to the services of a certified language or sign language interpreter."
MEN	Wash. Admin. Code 388-865-0415(3), (5)	Community support service providers must assure that services are timely, appropriate and sensitive to the culture and language of the consumer and provide access to telecommunication devices or services and certified interpreters for and limited English proficient consumers.



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MEN	Wash. Admin. Code 388-865-0425(1)	Community support service providers must develop an individual service plan collaboratively with the consumer and other people identified by the consumer within thirty days of starting community support services which should be in language and terminology that is understandable to consumers and their family.
MEN	Wash. Admin. Code 388-865-0452(4)(b)	Community mental health service providers of emergency crisis intervention services must provide interpretive services to enable staff to communicate with limited English speakers.
MFA	Wash. Admin. Code 388-865-0566(4)	For providers of inpatient involuntary commitment services, the provider must ensure that consumers who are receiving inpatient services involuntarily are informed of the following rights orally and provided with a copy in the primary language spoken/used/understood by the person including the right to have access to a qualified language interpreter in the primary language understood by the client.

Using the State Charts

The Charts present information for each state along three columns. The first column provides a three-letter code that signifies the subject matter of the law being cited. The second column gives the citation to the provision, and the last column offers a brief summary of the provision. The first column coding is as follows:

Code Subject Matter

AGY	Government agency requirements (excluding hearings/legal proceedings)
CHC	Community health centers
CHI	Children's health (excluding EPSDT and early intervention)
CON	Consent (e.g. informed consent)
CRD	Credentialing or profiles for health professionals (e.g. nurses' aides testing)
EIS	Early Intervention Services for children and newborn screening
EPS	Medicaid Early and Periodic Screening, Diagnostic and Treatment Services
FAM	Use of family members, friends, children as interpreters
HEA	Hearings/legal proceedings
HHC	Home health agencies, personal care services, and adult day health centers (not related to mental illness/developmental disabilities)
HIV	HIV/AIDS
HOS	Hospitals
INS	Insurance carriers (may include health maintenance organizations)
INT	Interpreter standards/certification/qualifications
LTC	Long-term care, including nursing homes, assisted living (not related to mental illness/developmental disabilities)
MED	Medicaid

Code Subject Matter

MEN	Services for people with mental health issues or developmental disabilities, including behavioral health services, habilitation services and Independent Living services (not facilities)
MCE	Medicare
MCO	Managed care organization/Prepaid in-patient/ambulatory health plan
MFA	Facilities for mental illness, ICF/MRs, and other facilities for the provision of psychiatric or mental health services
OAA	Services for the elderly or services under the Older Americans Act
PAY	Reimbursement/payments
PRO	Health professions standards/requirements
PUB	Public health
PWD	People with disabilities
RGT	Patient/client rights
STA	Sterilization/abortion
TRA	Translation
UNI	Universal
WOM	Services related to women's health but not abortion/sterilization
XXX	Other