



Minnesota Interpreters Newsletter

Interpreter Stakeholder's Group

Summary of 10/12/2013 Interpreting Stakeholders Group Event

The event on Saturday, October 12, 2013 hosted by the Interpreting Stakeholder's Group (ISG) presented what the ISG is proposing to submit to the Minnesota legislature in order to create a verified registry of health care interpreters in the state of Minnesota.

This proposal was directed to the Minnesota Department of Health (MDH) in conjunction with the ISG following the 2008 passage of the Roster statute (Statute 144.058). As you may know, participating in the MDH Roster or Registry of interpreters is required for services to be eligible for reimbursement through Medical Assistance (MA) (Statute 256B.0625, subd. 18 a (d)).

If the proposal were to be signed into law during the 2014 session, a verified registry of health care interpreters in Minnesota would be created and maintained by the Minnesota Department of Health. We anticipate that the market would shift, showing a preference toward interpreters that are active participants in the registry.

The below chart illustrates what the proposal contains:

	Roster (updated)	Registry – Path A	Registry – Path B (National Certification: CMI or CHI)
Age	18+	18+	18+
Background Check	Criminal Background Check	Criminal Background Check	Criminal Background Check
Ethics and Standards of Practice	Signature (including electronic) affirming applicant has read and agrees to abide by them	Signature (including electronic) affirming applicant has read and agrees to abide by them	Signature (including electronic) affirming applicant has read and agrees to abide by them
Education	HS diploma or equivalent	HS diploma or equivalent	HS diploma or equivalent
Language Proficiency	No requirement	Passage of a test of spoken language proficiency in English and each other working language with a minimum score of advanced mid on the ACTFL OPI test, or equivalent test approved by the advisory board	No requirement
Interpreting Skills	No requirement	Passage of an interpreting skills test approved by the advisory board	No requirement
Minimum Training	No requirement	Minimum of 40 hours of a	No requirement

		training program that follows the National Standards for Healthcare Interpreter Training Programs (2011) established by NCIHC and/or is accredited by the IMIA Accreditation Commission for Medical Interpreters Education	
Continued Education	No requirement	Complete a minimum of 6 hours per year of continuing education in programs or courses approved by American Translators Association, IMIA, NCIHC, or any other interpreter training programs approved by nationally accredited colleges and/or universities, or other trainings approved by the advisory board.	No requirement
Other Qualified Training	No requirement	The registry will include, display and allow searches of verified additional qualifications, including but not limited to academic degree in Translating and Interpreting, academic degrees, and certification status.	The registry will include, display and allow searches of verified additional qualifications, including but not limited to academic degree in Translating and Interpreting, academic degrees, and certification status.

To be listed in the Registry, either path is valid. There are few additional requirements listed for Path B, under which the interpreter would have received National Certification through one of the two accrediting bodies; there are no additional requirements because the ongoing requirements through either accrediting body mirror what is listed in Path A.

National Certification through The National Board of Certification for Medical Interpreters (NBCMI which offers the CMI) and Certification Commission for Healthcare Interpreters (CCHI which offers the CHI) are not available in all languages. If an interpreter that speaks one of the non-certified languages, he or she can still be listed on the registry after meeting the requirements of Path A.

Questions and Answers from the Event:

Q: What do they look at on the background check?

A: Any criminal record in the United States would show on a background check. However, only offenses

that were deemed relevant to the chosen profession are able to preclude an applicant from being listed on the roster or registry.

Q: What will the cost be to participate in the Roster and or Registry?

A: MDH will determine the cost based on the number of anticipated participants. This has yet to be determined. However, the goal is to charge only what is needed to establish and maintain the registry. This fee will be reasonable.

Q: How long is registration valid?

A: Registry renewal will be done on a biannual basis.

Q: What if an interpreter is on the registry through Path A because their language is non-certified at a national level and in a few years, that language becomes available. Would they stay on the registry on Path A or would they need to pass the national exam?

A: The interpreter could still be eligible to be listed on the registry without having taken the national certification exam (CMI or CHI). However, the interpreter is welcome to complete the national exam if they wished and they could then include that information on the registry.

Q: Where can I take the Certified Medical Interpreter and/or Certified Healthcare Interpreter exams?

A: Please find information about testing locations at the certifying bodies' website:

- <http://www.healthcareinterpretercertification.org/certification/apply-now/143.html>
- <http://www.certifiedmedicalinterpreters.org/>

Q: Would the Associate Healthcare Interpreter (AHI) be a requirement on the registry?

A: No, the AHI would not be a requirement. Again, it could be listed under the interpreter's other credential portion of the registry. For more information about the AHI, please see the link below:

- <http://www.healthcareinterpretercertification.org/certification/apply-now/143.html>

Q: What does the Interpreter Skills Test entail?

A: The Interpreter Skills Test evaluates the interpreter's ability to interpret accurately and completely without addition or omissions, knowledge of basic medical terminology, attentive listening, information retention, role of interpreter and other relevant skills. The Interpreter Skills Test would be approved by the Commissioner of Health with recommendation from the Advisory Board, which includes representatives from all stakeholders in the interpreting field.

Q: Are there grants available to for small interpreter agencies to equip them to train and test the interpreters that contract with them or will this be the responsibility of the individual interpreter?

A: In general, independent contractor interpreters are responsible for their own training. However, the ISG would strongly encourage all stakeholders to invest in this training in whatever capacity they are able. For example, the ISG plans to offer scholarship opportunities directly to interpreters in the future. Agencies can apply for grants through various foundations if they wish.

Q: Is there a plan with what to do with the money that has been paid into the Roster thus far?

A: Excess funds from the roster are currently in a special fund that MDH does not have access to. The ISG has included a provision in the registry proposal requesting allocation of these funds toward the creation and maintenance of the registry. Additionally, ISG requested the legislature to approve excess administrative funds to be used for scholarships.

Q: Rare language or languages or lesser diffusion interpreters are mostly not on the roster? Can they be allowed to be on the registry free of charge?

A: The current roster allows any language to be listed without any testing. There will be no free entry on the roster or registry. Regardless of language, it is still a requirement to be listed on the roster or registry to be eligible for MA reimbursement. (Refer to Minnesota Statute 256B.0625, subd. 18 a (d)). Interpreters who speak a rare language and are not working often can still choose to remain on the roster only.