

LANGUAGE ACCESS PLAN FOR LIMITED ENGLISH PROFICIENT INDIVIDUALS

State Agency: Workers' Compensation Board

Effective Date of Plan: 5/30/2019

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PART 1 – INTRODUCTION

Pursuant to Executive Order No. 26 (“Statewide Language Access Policy”), we have prepared this Language Access Plan (“Plan”) that sets forth the actions we will take to ensure that limited English proficient (“LEP”) individuals have access to agency services, programs, and activities.

Statement of Agency Services to the Public:

WCB’s core mission is to protect the rights of employees and employers by ensuring the proper delivery of benefits to those who are injured or ill, and by promoting compliance with the law. Injured workers may be eligible for a range of benefits including the complete cost of medical care, wage replacement benefits and vocational rehabilitation and counseling.

It is estimated that New York’s workers’ compensation system covers 8ⁱ million workers and half a million employers. Some employers buy workers’ compensation insurance from private insurance companies or from the New York State Insurance Fund. Some employers apply to become self-insured. Public sector employers (municipal, county and state government entities) may also become self-insured. The WCB sits at the center of this system to ensure that all appropriate benefits are paid in a timely manner for all workers’ compensation claims and ensure that all employers required to provide coverage for their workers are in compliance with the law.

The WCB is a 1,100 employee public agency that regulates the state workers’ compensation system and resolves disputed issues in individual claims. Over 176,000ⁱⁱ claims are assembled each year. Each year, the WCB receives over 15ⁱⁱⁱ million documents filed by a variety of system stakeholders including health care providers, injured workers, employers, attorneys and insurance carriers. As the adjudicatory body, it is essential that the Board ensures that parties understand all aspects of each case, including providing interpretation services when needed.

In developing this plan, we have understood LEP individuals to be persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. We will reassess language needs periodically as needed, but at least every two years starting from the effective date of this plan.

PART 2 – ASSESSING LEP POPULATION LANGUAGE NEEDS

The estimated total number of individuals in our service area is: Approximately 19,798,228- the NYS population in 2017.

The top six languages spoken by LEP individuals that our agency serves or could potentially serve are as follows:

Identified Top Language	Estimated Number of LEP Individuals Who Speak this Language
Spanish	1,249,541
Chinese	386,290
Russian	122,150
Haitian	63,615
Bengali	62,219
Korean	60,405

Source: U.S. Census Bureau, 2013-2017 American Community Survey

We use the following resources to determine the top six languages spoken by LEP individuals:

- U.S. Census data (including American Community Survey)
- Agency data on client contacts
- School system data
- Information from community organizations that serve LEP individuals

Names of organizations: [Click here to enter text.](#)

- Information from other government agencies

Names of agencies:

- Other [Click here to enter text.](#)

We have determined the frequency of our contacts with LEP individuals as follows:

Reports from our vendors by language, date/time and method (telephonic and in-person); reports of the number of translated documents and data inquires on all cases.

PART 3 – PUBLIC OUTREACH AND NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES

We inform LEP individuals, in the languages indicated in the chart in Part 2 of this plan, about their right to free language assistance services by using the following measures:

- LEP individuals are informed directly by our staff

In what ways? At any public contact (in person or by phone) if an individual indicates a need for language assistance.

- Brochures or flyers about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

- Signs posted about language assistance services

- In public areas of the agency

- Elsewhere in the agency's service areas

- Outreach and presentations at schools, faith-based groups, and other community

What are the LEP populations targeted?

The Communication & Outreach Unit at the WCB conducts outreach on a regular basis throughout the year. The Language Access program has partnered with the Communication unit to incorporate best practices to ensure we are able to communicate with our constituency on a regular ongoing basis. In addition, our Advocate for Injured Workers and Advocate for Business speak to hundreds of injured workers and Employers each year. At every engagement the public is notified that language assistance is available to anyone.

- Local, non-English language media directed at LEP individuals in their languages

- Telephonic voice menu providing information in non-English languages

In which languages: Spanish. The Board will also work with our Call Center to add a prompt that language assistance services is available for callers upon request.

- Other (describe) Our website <http://www.wcb.ny.gov> also has a dedicated Language Access Policy page (<http://www.wcb.ny.gov/content/main/TheBoard/Translations/language-access-policy.jsp>) which describes the policy and available services in the top languages, along with links to important documents and a complaint form.

PART 4 – PROVISION OF LANGUAGE ASSISTANCE SERVICES

We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is *in person*:

- "I Speak" posters or visual aids
- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available
- Other [Click here to enter text.](#)

We use the following resources to determine when an individual is LEP, and what the individual's primary language is, when the encounter is *by telephone*:

- Reception staff makes those determinations based on experience, with the assistance of bilingual staff members where available
- Telephonic interpreting service
- Other [Click here to enter text.](#)

We record and maintain documentation of each LEP individual's language assistance needs as follows:

The Employee Claim Form (C-3) allows an individual to indicate the need for an interpreter and identify the language. This information (which also may be identified during initial contacts) is recorded in the electronic case folder. Initial contact could be a walk-in claimant to a Hearing Center or a telephone call before the claimant's case exists in our Claims Information System. Once we are aware, the language field is populated in the system.

A. Oral Interpreting Services

Our protocol(s) for assessing whether an LEP individual needs oral interpreting services is as follows:

For in-person encounters: LEP individual self-identifies need (either through limited proficiency or by having another person initiate contact) or staff assesses individual and makes determination based on experience, utilizing signs/posters where applicable. If the individual is attending a hearing, the Worker's Compensation Law Judge will ask if they need an interpreter. If yes, one will be connected into the hearing telephonically.

By telephone: LEP individual self-identifies need (either through limited proficiency or by having another person initiate contact) or with the help of the telephonic interpreter.

At initial contact in the field: LEP individual self-identifies need (either through limited proficiency or by having another person initiate contact) or staff assesses individual and makes determination based on experience, utilizing signs/posters where applicable.

For pre-planned appointments with LEP individuals: LEP individual has previous self-identified need, which is now recorded in the case file. Staff refers to the case file and makes the necessary languages access arrangements.

Other (describe): [Click here to enter text.](#)

Our protocol(s) for informing LEP individuals that they do not need to provide their own interpreters and that free interpreting services will be provided is as follows:

For in-person encounters: Staff informs the LEP individual directly while utilizing the interpreting services; utilizing signs/posters where applicable.

By telephone: Staff informs the individual directly while utilizing the interpreting services.

At initial contact in the field: Staff informs the LEP individual directly while utilizing the interpreting services.

For pre-planned appointments with LEP individuals: Staff informs the LEP individual of the availability of interpreting services as part of the notification in scheduling the appointment. Our Claims Information Systems application contains a field for language so any staff member, at any time, identifies the LEP's language. For hearing purposes, this is noted, and an interpreter is pre-scheduled or contacted on demand to service the LEP.

Other (describe): Our website informs LEP individuals on how to contact us via telephone and that free interpreter assistance is provided.

If an LEP individual insists on using a family member, friend, or other person as an interpreter, our protocol(s) for determining whether to accept or decline such an arrangement is as follows:

LEP individuals that come into contact with our agency will be informed of the availability of free interpreting services. Generally, an LEP individual may not use a family member, friend, or a minor as an interpreter. However, **during emergencies** an LEP individual will be permitted to use a minor, a family member or friend as an interpreter. Upon request, an LEP individual may also be permitted to use a minor, a family member or friend as an interpreter for routine matters, such as asking the location of the office, hours of operation or rescheduling an appointment.

Where an LEP individual is engaged in official business with the agency, the agency will provide an independent interpreter at all times. An LEP individual will not be permitted to use an independent interpreter of his or her choosing when filling out applications or when involved in other legal matters.

Our protocol(s) for obtaining interpreter services in a timely manner is as follows:

Vendor services are available over the phone on demand. All staff is authorized to contact vendors directly; supervisory approval is not required.

We record and maintain documentation of oral interpreting services provided to LEP individuals at each encounter as follows:

WCB obtains generated reports quarterly from each vendor to maintain records on the number of encounters, duration, type of service, time of day and language provided.

Competency and confidentiality

The linguistic and cultural competence of interpreters is addressed as follows:

The statewide contract with all vendors states that “Translator(s) must have a post-secondary education in interpretation, translation or a language-related discipline, or proven skill and demonstrated experience in translation for a minimum of two (2) consistent years in a variety of topics ranging from technical, political, scientific, business, legal and medical documents. Familiarity with U.S. culture and the State of New York is required to understand context and meaning of common terms and language usage.”

Employees in civil service positions that are designated as Spanish-speaking are required to demonstrate proficiency at Level 2 prior to appointment. This is defined as:

- Participates in conversations and discussions on a range of topics conducted at normal speed.
- Vocabulary meets the needs of most personal, social and practical business topics.
- Speaks with sufficient grammatical control and accuracy to participate effectively in conversations.
- Speaks without hesitation and with few errors. Minor errors that do occur do not interfere with communication.
- Understandable, smooth expression at a conversational level of communication.

The issue of confidentiality pertaining to the use of interpreters is addressed as follows:

Independent interpreters will enforce standards of confidentiality in accordance with NYS Law. The agreement with all vendors states that "The Contractor, its officers, agents and employees and subcontractors, shall treat all information, with particular emphasis on information relating to recipients and providers, as confidential information to the extent required by the Laws of the State of New York and of the United States. "

All WCB staff bound by Workers' Compensation Law §110-a, which prohibits the release of any of the information in a case file except to those who are party to the claim (including employer, employer's workers' compensation insurance carrier, employer's attorney and claimant's attorney), anyone to whom has been given written permission to access claim information, or anyone who has

obtained a court-order authorizing them to access claim information. Staff is trained on the requirements of this law at the time of hire and annually thereafter. The training provided to staff will address the importance of confidentiality.

Maintaining a list of oral interpreting resources

We use, or have available for oral interpreting, the following resources:

- Bilingual staff members who work directly with LEP individuals

Number of staff and languages spoken: WCB has three Workers Compensation Examiners and eight Assistant Workers' Compensation Examiners who speak Spanish as part of their official duties in their Civil Service position.

- Bilingual staff members who provide oral interpreting when necessary

Number of staff and languages spoken: [Click here to enter text.](#)

- Telephonic interpreting service

Names of vendors: The Board currently has three telephonic vendors under the OGS Statewide Administrative Services Contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages: [Click here to enter text.](#)

- Other [Click here to enter text.](#)

The agency's Language Access Coordinator maintains the list of oral interpreting resources that are available to staff, which includes:

- Names and contact information for all resources
- Names and locations of staff members who are available to act as interpreters or provide services directly in the LEP individual's primary language
- Languages in which each interpreter or service is qualified
- Procedure for accessing each interpreter or service

We inform all staff members who have contact with the public how to obtain oral interpreting services as follows:

Availability of oral translation services and procedures for accessing those services are currently maintained on the WCB's dedicated Language Access Intranet site. This information is also incorporated into the staff training program described in Part 5.

B. Translations of Written Documents

The process to determine and reassess, at least annually starting from the effective date of this plan, those vital documents (including website content) which must be translated is as follows:

Consideration of Language Access service requirements is currently part of the WCB's form revision and clearance process. All proposed new forms are submitted to the Language Access Coordinator for review. Also, on an annual basis (or more often as needed), the Language Access Coordinator will reconvene the LAP Working Group to review the items monitored (documented in Part 6) to ensure compliance and propose any updates or changes needed.

The process to timely translate documents that LEP individuals submit in their primary languages is as follows:

Our Quality Assurance Office (QA) and our scanning vendor pull vital documents in languages other than English at the time of receipt. QA staff is notified and submits the documents to the written translation vendor with an order priority of 2-3 business days. Non-vital Board issued documents in a language other than English will be translated at the request of the claimant, WCLJ or Examiner. This is requested via a work request in our Claims Information System with a priority order of 2-3 business days. A copy of the original non-English language document and the English version are placed in the case folder. Quality Assurance provides the written translations of any document as necessary for the case file. Both original and translated documents are housed in the file.

The process for ensuring that documents are written in plain language before they are translated into other languages is as follows:

WCB aims to have all documents read at a 7th grade level and regularly makes use of online tools (such as Google's Reading Level Analyzer) to achieve this goal.

The following table contains a non-exhaustive list of translated documents by the agency in the languages indicated:

Form ID	Type	Form Title / Description	Audience	Top Six Languages (Spanish, Chinese, Russian, Haitian Creole, Korean, and Bengali)	Additional Languages
A-9	Form	Notice That You May Be Responsible For Medical Costs In the	Claimant	✓	Italian, Polish

		Event Of Failure to Prosecute, or If Compensation Claim is Disallowed, Or If Agreement Pursuant to WCB §32 Is Approved			
AFF-1	Form	Affidavit For Death Benefits	Claimant	✓	Italian, Polish
bizowners-mustknow-fs-v3 5-18	Publication	What Business Owners Must Know about Workers' Compensation	Employer	✓	Italian, Polish
BN-INJ-ADV-injuredworker-fs-v1 8/16	Publication	Advocate for Injured Workers Factsheet	Claimant	✓	Italian, Polish
C-258	Form	Injured Worker's Record of Job Search Efforts/Contacts	Claimant	✓	Italian, Polish
C-258.1	Form	Injured Worker's Record of Independent Job Search Efforts	Claimant	✓	Italian, Polish
C-2F	Form	Employer's Report of Work-Related Injury/Illness	Employer or Carrier	✓	Italian, Polish
C-3	Form	Claimant's Claim for Compensation (also Online Submission)	Claimant	✓	Italian, Polish
C-3.1	Form	Notice of Right to Select A Workers' Compensation Board Authorized Health Care Provider	Claimant	✓	Italian, Polish
C-3.3	Form	Limited Release of Health Information (HIPAA)	Claimant	✓	Italian, Polish
C-32	Form	Settlement Agreement - Section 32	Parties	✓	Italian, Polish
C-32.1	Form	Settlement Agreement - Section 32 - Claimant Release	Claimant	✓	Italian, Polish

C-32-I	Form	Settlement Agreement - Section 32 WCL Indemnity Only Settlement Agreement	Claimant	✓	Italian, Polish
C-35	Form	Extreme Hardship Redetermination Request	Claimant	✓	Italian, Polish
C-62	Form	Claim for Compensation in a Death Case	Claimant (The claimant is the surviving spouse, child or dependent of the deceased. See the reverse of the form for details on who may file a claim in a death case.)	✓	Italian, Polish
CB-11	Form	Explanation of Conciliation Process	Claimant	✓	Italian, Polish
DB-120	Form	Notice of Compliance; Controlled form; at request.	Carrier, Etc.	✓	Italian, Polish
DB271-S	Form	Statement of Rights; NYS Disability Benefits	All	✓	Italian, Polish
DB-450	Form	Notice and Proof of Claim for Disability Benefits	Claimant	✓	Italian, Polish
DB-450.1	Form	Claimant's Statement Regarding No Fault or Personal Injury	Claimant	✓	Italian, Polish
EMP-ADV- bus-fs-v1 12/15	Publication	Advocate for Business Factsheet	Employer	✓	Italian, Polish
INJ-Claimant- Info-pkt_v2 08- 16	Publication	Claimant Information Packet	Claimant	✓	Italian, Polish

INJ-Disability-1-v2 2/19	Publication	Injured off the Job? A Guide to Disability Benefits	Claimant	✓	Italian, Polish
INJ-FileAClaim-1-v2 10/17	Publication	What to Expect When You File a Claim	Claimant	✓	Italian, Polish
INJ-gen-pc1-v1 8-17	Publication	Injured Worker Palm Card	Claimant	✓	Italian, Polish
INJ-HealthCare-1v1 8/17	Publication	Healthcare Factsheet	Claimant	✓	Italian, Polish
INJ-Indemnity-1-v2 10/17	Publication	Lost Wage Benefits Fact Sheet	Claimant	✓	Italian, Polish
LAC-1	Form	Language Access Comment Form	All	✓	Italian, Polish
OC-110A	Form	Claimant's Authorization to Disclose Workers' Compensation Records	Claimant	✓	Italian, Polish
PFL DC-120	Form	PFL Discrimination/Retaliation Complaint	Claimant	✓	Italian, Polish
PFL DC-130	Form	EMPLOYER'S RESPONSE TO PAID FAMILY LEAVE DISCRIMINATION / RETALIATION COMPLAINT	Claimant	✓	Italian, Polish
PFL_Waiver	Form	PFL Waiver	Claimant	✓	Italian, Polish
PFL-1, PFL-2	Publication	PFL Bonding Instructions and Application	Claimant	✓	Italian, Polish
PFL-1, PFL-3, PFL-4	Publication	PFL Family Care Instructions and Application	Claimant	✓	Italian, Polish

PFL-1, PFL-5	Publication	PFL Military Instructions and Application	Claimant	✓	Italian, Polish
PFL-120	Form	PFL Notice of Compliance; Controlled form; at request.	Carrier, Etc.	✓	Italian, Polish
PFL-2019updates-fs-v1 12-18	Publication	What's New for 2019	All	✓	Italian, Polish
PFL-271S	Publication	PFL Statement of Rights	All	✓	Italian, Polish
PFL-300.5-D	Form	STIPULATION FOR PAID FAMILY LEAVE DISCRIMINATION / RETALIATION CLAIM	Claimant	✓	Italian, Polish
PFL-32-D	Form	SECTION 32 WAIVER AGREEMENT: PAID FAMILY LEAVE DISCRIMINATION / RETALIATION CLAIM	Claimant	✓	Italian, Polish
PFL-BizOwner-fs-1-v4 12-18	Publication	PFL Information for Employers	Employers	✓	Italian, Polish
PFL-DC-119	Form	PFL Formal Request for Reinstatement Regarding PFL	Claimant	✓	Italian, Polish
PFL-Employee-fs-1-v4 12-18	Publication	Information for Employees	Claimant/Employee	✓	Italian, Polish
PFL-Form-Bond-Cover-v1 3-19	Publication	PFL Bonding Coversheet	Claimant	✓	Italian, Polish
PFL-Form-FamilyCare-Cover-v1 3-19	Publication	PFL Family Care Coversheet	Claimant	✓	Italian, Polish

PFL-Form-Military-Cover-v1 3-19	Publication	PFL Military Coversheet	Claimant	✓	Italian, Polish
RFA-1W	Form	Request for Assistance by Injured Worker	Claimant	✓	Italian, Polish
SLU-UnderstandingS LU-flat-v1 1-19 FIN	Publication	Understanding Your Schedule Loss of Use Award Factsheet	Claimant	✓	Italian, Polish
VDF-1	Form	Loss of Wage Earning Capacity, Vocational Data Form	Claimant	✓	Italian, Polish
WTC-12	Form	Registration of Participation in World Trade Center Rescue, Recovery and/or Clean-Up Operations	Claimant or Volunteers	✓	Italian, Polish

The following “Notice of Interpreter Services” that includes a notification in Spanish, Chinese, Russian, Italian, Haitian Creole, Polish, Korean and Bengali goes out with 195 identified decisions, notices and correspondence also listed below.



Notice of Interpreter Services

ENGLISH: If you need help reading this important document or interpretation services at your hearing, please call the Workers' Compensation Board's toll-free number: **1-877-632-4996**. An interpreter will be provided at no cost to you. If you feel that the Board has not provided you with adequate interpretation services, please let us know by contacting us using the form found at: wcb.ny.gov/lac.

KREYÒL AYISYEN (HAITIAN CREOLE): Si ou bezwen ed pou ou li dokiman enpòtan sa a oswa ou bezwen yon moun pou entèprete pou ou nan odyans ou an, tanpri rele nimewo gratis Konsèy Konpansasyon Travay (Workers' Compensation Board) la **1-877-632-4996**. Y ap ba ou yon entèprete gratis. Si ou santi Konsèy la pa te ba ou sèvis entèprete ou bezwen an, tanpri itilize fom pou kontakte nou ki nan : wcb.ny.gov/lac pou di nou sa.

ITALIANO (ITALIAN): Se hai bisogno di assistenza per la lettura di questo documento o se vuoi richiedere un servizio di interpretariato per l'udienza, chiama il Comitato per gli infortuni sul lavoro (Workers' Compensation Board) al numero verde **1-877-632-4996** Il servizio di interpretariato è gratuito. Se il servizio di interpretariato offerto non è stato all'altezza delle tue aspettative, ti preghiamo di comunicarlo compilando il modulo disponibile sul sito wcb.ny.gov/lac.

한국어 (KOREAN): 이 중요한 문서를 읽는 데 도움이 필요하거나 내용을 직접 들을 수 있도록 통역 서비스가 필요한 경우, 노동자 산업재해 보험(Workers' Compensation Board)의 수신자 부담 전화번호 **1-877-632-4996**으로 문의하시기 바랍니다. 통역사가 파견되며 비용을 청구하지 않습니다. 당국에서 귀하에게 적절한 통역 서비스를 제공하지 않았다고 생각하시는 경우, wcb.ny.gov/lac에서 제공하는 양식을 사용하여 저희에게 해당 내용을 알려주시기 바랍니다.

POLSKI (POLISH): Jeśli potrzebuje Pan/Pani pomocy w przeczytaniu tego ważnego dokumentu lub usług tłumaczeniowych podczas posiedzenia, prosimy zadzwonić pod bezpłatny numer Komisji ds. Odszkodowań Pracowniczych (Workers' Compensation Board): **1-877-632-4996**. Pomoc tłumacza zostanie zapewniona bezpłatnie. Jeśli uważa Pan/Pani, że Komisja nie zapewniła odpowiednich usług tłumaczeniowych, prosimy nas powiadomić, kontaktując się z nami za pomocą formularza na stronie: wcb.ny.gov/lac.

РУССКИЙ (RUSSIAN): Если вам нужна помощь в ознакомлении с этим документом или вам потребуются услуги переводчика на слушании, обратитесь в Совет по компенсациям работникам (Workers' Compensation Board) по бесплатному номеру **1-877-632-4996**. Вам бесплатно предоставят услуги переводчика. Если вы считаете, что качество предоставленных Советом переводческих услуг было недостаточным, обратитесь к нам, заполнив форму по адресу: wcb.ny.gov/lac.

ESPAÑOL (SPANISH): Si necesita ayuda para leer este importante documento o servicios de interpretación en su audiencia, llame al número gratuito de Workers' Compensation Board (Junta de Compensación Obrera): **1-877-632-4996**. Se pondrá a su disposición un intérprete sin costo para usted. Si considera que la Junta no le brindó servicios de interpretación adecuados, infórmenos por medio del formulario que se encuentra aquí: wcb.ny.gov/lac.

中文 (SIMPLIFIED CHINESE): 如果您需要帮助来阅读此重要文件或在听证会上需要口译服务, 请拨打劳工赔偿局 (Workers' Compensation Board) 免费电话: **1-877-632-4996**。我们将会为您提供免费口译服务。如果您认为劳工赔偿局没有提供给您足够的口译服务, 请填写下面网站上的表格以告知我们: wcb.ny.gov/lac。

BENGALI: আপনার শুনানিতে যদি এই গুরুত্বপূর্ণ নথি পড়ার জন্য বা দ্বিভাষী পরিষেবার জন্য সহায়তা লাগে তাহলে অনুগ্রহ করে কর্মীদের কভারজিরুরে পরামর্শদাতার (Workers' Compensation Board) টি ল-ফর্ম নাম্বরে ফোন করুন: **1-877-632-4996**। বিনিমূল্যে আপনার একজন দ্বিভাষী প্রদান করা হবে। যদি আপনার মনে হয় যে পরামর্শ আপনাকে পরামর্শ দ্বিভাষী পরিষেবা প্রদান করা হয়, তাহলে ফরম ব্যবহার করে আমাদের সঙ্গে যোগাযোগ করে আমাদের জানান: wcb.ny.gov/lac।

wcb.ny.gov
(877) 632-4996
Notice of Interpreter Services (1-19)

New York State Workers' Compensation Board
PO BOX 5205, Binghamton, NY 13902-5205

Form	Form Name
AD CANCEL	Administrative Determination Cancellation
AD-C9	Administrative Determination (C-9 No Medical Evidence)
AD-DD	Administrative Determination (Death w/Dependents)
AD-DND	Administrative Determination (Death w/o Dependents)
AD-NI-DD	Administrative Determination, No Insurance (Death w/Dependents)
AD-NI-DND	Administrative Determination, No Insurance (Death w/o Dependents)
AD-NI-NME	Administrative Determination, No Insurance (No Medical Evidence)
AD-NI-NSL	Administrative Determination, No Insurance (Non-Scheduled Loss)

AD-NI-SL	Administrative Determination, No Insurance (Scheduled Loss)
AD-NSL	Administrative Determination (Non-Scheduled Loss)
AD-PC	Administrative Decision - Timely FROI
AD-PEN	Administrative Determination (Penalty)
ADR-2.1	Resolution of ADR Case
ADR-3	Acknowledgment of ADR Case
AD-SL	Administrative Determination (Scheduled Loss)
C-251	C-251 (No Insurance)
C-251.1	C-251.1 (No Insurance)
C-251.2	C-251.2 (No Insurance)
EARD-1	Claimant's Statement on Attorney's Fee
EARD-2	ARD Correspondence
EARD-3	ARD Coversheet
EARD-4	110-a Violation Letter
EBRB-1	Administrative Review Division's MOD
EBRB-2	Mandatory Full Board Review
EBRB-3	Full Board Review Interoffice Memorandum
EBRB-3.1	Board Panel Review Interoffice Memorandum
EBRB-5	BP Full Board Review Denial Decision
EC_16.9	EC-16.9 - Notice of Hearing (New Case - Scratch Copy)
EC_84	EC-84 - Notice of Indexing Case
EC_84.1	EC-84.1 - Request For Additional Information
EC_84.4	EC-84.4 - Notice of Indexing (Claimant Copy)
EC-1	EC-1 - Notice of Assembling Case
EC-1.1	Letter Requesting Forms Needed to Complete Claim Folder
EC-1.2	EC-1.2 - Notice of Six Month follow up
EC-100	UEF Request for Medical Evaluation

EC-101	Advise Livery Driver Injuries Do Not Meet Qualifying Criteria
EC-121.1	Letter to Claimant Regarding Third Party Action
EC-121.1NI	Letter to Claimant Regarding Third Party Action - UEF
EC-121.3	UEF Third Party Inquiry Letter
EC-121.4	UEF Third Party Status Letter
EC-121.5	UEF Third Party Lein Information
EC-121.6	UEF Third Party Consent Letter
EC-121.7	UEF Memo to No Insurance
EC-121.8	UEF Request for Closing Statement
EC-121.9	UEF Request for Lien Payment
EC16	EC-16 - External - Hearing Notice or Cancellation
EC-18	Hearing Decision (Scheduled Loss)
EC-18-R	Reserved Hearing Decision (Scheduled Loss)
EC-21.1	Letter to Carrier - Claimant Has Filed Form C-21
EC-21.2	Letter to Carrier - Claimant Has Withdrawn Form C-21
EC-22	Lump Sum Settlement
EC-229	Letter Requesting Name of DB Carrier
EC-23	Hearing Decision (Non-Scheduled Loss)
EC-23.5	Uninsured Employer (Death w/Dependents)
EC-23.5	Uninsured Employer (Death w/o Dependents)
EC-23.5	Uninsured Employer (Non-Scheduled Loss)
EC-23.5	Uninsured Employer (Scheduled Loss)
EC-23.5-R	Reserved Uninsured Employer (Death w/Dependents)
EC-23.5-R	Reserved Uninsured Employer (Death w/o Dependents)
EC-23.5-R	Reserved Uninsured Employer (Non-Scheduled Loss)
EC-23.5-R	Reserved Uninsured Employer (Scheduled Loss)
EC-23-R	Reserved Hearing Decision (Non-Scheduled Loss)

EC-23SO	Notice of Scheduling Order
EC-3.3X	Letter Requesting Form C-3.3, Limited Release of Health Information
EC-305.3	Letter indicating claimant may have sustained injury
EC-306	Letter to Claimant re:Possible Future Disability
EC-307	Letter to Claimant in Death Case Requesting Needed Forms
EC-307.1	Death Case Follow-up Letter
EC-308	Letter to Claimant Re Possible Concurrent Employment
EC-312	Inquiry of Private Health Payments
EC-313	Letter to Carrier Re Preliminary Expedited Hearing Conference
EC-314	Letter to Claimant re:Out of State Physician
EC-32.3	PFL - Section 32 Approval Agreement
EC-32.3	PFL - Section 32 Disapproval Agreement
EC-32.3	Section 32 (Approval)
EC-32.3	Section 32 (Disapproval)
EC-32.4	Request Section 32 Signatures
EC-32.7	Letter indicating that a POI withdrew from Sec. 32
EC-320	Letter to Carrier re:Diff. Btw. Report of Payment(C-8/SROI) and Notice of Award
EC-321	Letter to Carrier Requesting Report of Payment
EC-323/323.1	Letter to Carrier/Health Provider Re Bills Submitted to WCB in Error
EC-325	Order of the Chair
EC-325.1	Rescission Order of the Chair
EC-325.2	Objection to an Order of the Chair
EC-327	Letter Requesting Information Regarding the Death of a Claimant
EC-331	Board Rule 15 Application for Review Letter
EC-332	Application for Review (RB-89) Response
EC-340	Letter Requesting Identifying Information
EC-341	Letter Requesting Correct Address When Mail Returned

EC-344	Non-insured Non-Resident Employer in New York State
EC-362	Letter to Return Reports/Correspondence for Clarification
EC-362.1	Letter to Return Reports in Cases Not Under WCB Jurisdiction
EC-395	Letter to Claimant re: Employer Making Payments without Prejudice
EC-44D	EC-44D Demand for Pmt. No Ins.
EC-49.5	C-49.5 No Insurance - Subpoena Request
EC-4AR	Request for Authorization for Treatment
EC-64.1	Letter Requesting Death Certificate in Death Case
EC-67	Hearing Decision Death w/Dependents
EC-67-D	Desk Decision Death w/Dependents
EC-67-R	Reserved Hearing Decision Death w/Dependents
EC-68A	Hearing Decision Death w/o Dependents
EC-68A-D	Desk Decision Death w/o Dependents
EC-68A-R	Reserved Hearing Decision Death w/o Dependents
EC-7.3	Notice to Carrier Regarding Action Taken on Denial of Claim
EC-7.4	Notice to Clmt that a PHC Cannot Be Sched: No Med Rpt Recd
EC-70	Notice of Resolution of Treatment
EC-71	Notice of Resolution of Treatment
EC-75	Medical Treatment Guidelines Response
EC-79	Letter to Employer Requesting Name of Carrier & Accident Report
EC-79	Letter to Employer Requesting Name of Carrier & Accident Report
EC-81.7	Notice Regarding Possible Award for Permanent Injury (SLU or Facial)
EC-81.8	Notice Regarding Possible Award for Permanent Impairment (Classification)
EC-81.X	Letter Requesting Submission of Needed Medical Reports
EC-84.2	Notice of Cancellation of Duplicate Case Number
EC-88	Claims Bureau Acknowledgement of Receipt of Correspondence
EC-92	Workers' Compensation Board - Pay Order

EC-93	EC-93 No Insurance - Reopening Letter A
EC-93.2	EC-93.2 No Insurance - Reopening Letter C
EC-94	EC-94 No Insurance - Claimant Letter
EC-94.1	EC-94.1 No Insurance - Authorization for Treatment
EC-94.2	EC-94.2 No Insurance - Request for Copies
EC-94.3	EC-94.3 No Insurance - Health Provider Letter
EC-94.4	EC-94.4 No Ins. - Approval of Request for Med. Auth.
EC-94.5	EC-94.5 No Ins. Unit - Denial of Request for Med. Auth.
EC-97	Notice of Interest Due
EC-98	No Insurance - Acknowledge Receipt of Medical Bills/Reimbursement Request
EC-99	No Insurance - Letter to Claimant Re Return to Work
ECB16	ECB-16 - External - Conciliation Meeting Notice
ECB-8.3	Request for Supplemental Medical Information
ECF16.1	ECF16.1 - Judges work sheet form.
EC-VBR	VBR Voluntary Binding Review
EDB-473	Notice to DB Carrier of Claim Under Section 206-2
ELA_1	Letter Regarding Notice of Untimely Appeal to the Appellate Division, Third Dept
ELA_2	Letter Regarding Status of Unperfected Appeal
EOA-11	Letter to Carrier Re: Premature Reimbursement Request (RB-8)
EOA-6	FBR Acknowledgement Letter
EOC-110A.2	Letter Denying Access to Case Information
EPF-13	Rejection of Request to review Section 32 Agreement
EPF-13.1	Rejection of Request to Reconsider or Reopen Section 32 Agreement
EPF-7	Special Funds Acceptance Letter
ERB-8.3	Letter to Carrier Re: Doc to Complete Reimb. Request (RB-8)
ERFA-1.1	RFA Acknowledge letter to Claimant
ERFA-2.1	RFA Acknowledge letter to Carrier

ERFL-1	Case Reopening Letter W/C-8.1 Issues
ERFL-2	Case Reopening Letter (other)
EWTC-13	Letter to employers when there is no claim
EWTC-14	Letter to claimants with disallowed/controverted claims
EWTC-15	Letter to employers when a claim exists
EWTC-17	Notice to Carrier/Self-Insurer to Reimburse WTC Volunteer Fund
FBRDEN1	FBR Denial Letter
FBRDEN2	FBR Denial Letter Amended
LHU-1	LHU Hearing Report
LT-1	UEF Loss Transfer MVAINFO
LT-2	UEF Loss Transfer Arbitration Application
LT-3	UEF Loss Transfer Application
LT-4	UEF Loss Transfer Hearing
LT-5	UEF Loss Transfer PAYREQ
LT-6	UEF Loss Transfer Supplemental Application
MD-2	Medical Authorization Determination
MSP-1	Medicare Second Payer - Additional Claimant Info Required
NCEC-101	Advise Livery Driver Injuries Do Not Meet Qualifying Criteria
NCWTC-13	Letter to employers when there is no claim
NCWTC-14	Letter to claimants with disallowed/controverted claims
NCWTC-15	Letter to employers where claim is disallowed/controverted
NI-1	Uninsured Employers' Fund - Statement of Benefits
NOSD-CNCL	Stipulated Decision Cancellation
NOSD-NSL	Notice of Stipulated Decision (Non-Scheduled Loss)
NOSD-SL	Notice of Stipulated Decision (Scheduled Loss)
PD-32	Proposed Decision (Section 32)
PD-CANCEL	Proposed Decision Cancellation

PD-NSL	Proposed Decision (Non-Scheduled Loss)
PD-SL	Proposed Decision (Scheduled Loss)
PFL-DC-129	PFL - Notice of Complaint
PFL-EC-16	PFL-EC-16 - External - PFL Hearing Notice or Cancellation
PFL-EC23	Notice of Decision - Paid Family Leave
PFL-EC23-R	Notice of Reserved Decision - Paid Family Leave
PFL-EC-315	PFL- Coverage Notification
PFL-EC-88	PFL - General Outreach
PFL-EC-INE	PFL - Ineligibility Notification
PFL-NI-1	PFL - Statement of Benefits
PFL-PD	Notice of Proposed Decision -Paid Family Leave
PFL-PDC	Proposed Decision Cancellation
PFL-PD-FIN	PFL - Proposed Decision 30 Day Confirm Notice
PFL-PH-16	PFL-PH-16 - External - PFL Preliminary Hearing Notice or Cancellation
PH16	PH-16 - External - Pre-Hearing Notice or Cancellation
RB-59	Rejection of Application for Lump Sum
RB-62.1a	Denial of Request for Approval of Lump Sum
RB-62.1LS	Approval of Request for Lump Sum
Reserve	Reserve Decision
VBR-3	Tentative Notice of Approval of Section 32 Agreement
VBR-4	Notice of Determination of Compensation (Non-Scheduled Loss)
VBR-4	Notice of Determination of Compensation (Scheduled Loss)
WTC-13ADR	Letter to claimants on extension of time
WTCVOL-1	WTCVOL-1 No Ins. Letter to World Trade Center Volunteer
Total	195

Any documents determined to be vital during the course of this plan will be timely translated.

The process for ensuring that translations are accurate and incorporate commonly used words is as follows:

The Workers' Compensation Board, through its vendor (where applicable), will ensure that proofing/editing for correctness and cultural sensitivity are a component of the translation services provided by any vendor under contract as part of the publication process. The Workers' Compensation Board will also ensure that plain language is used in materials produced before translation to ensure information is accessible to a range of literacy levels.

We use, or have available for translating, the following resources:

- Contracts with language service vendors

Names of vendors: Potentially any vendor under the NYS OGS Statewide Administrative Services contract.

- Contracts or other arrangements with community organizations or individuals for oral interpreting services

Names of individuals/organizations and languages: [Click here to enter text.](#)

- Oral translations of written documents by bilingual staff members

- Oral translations of written documents by other individuals or community organizations

- Other [Click here to enter text.](#)

The agency's Language Access Coordinator maintains the list of written translation resources that are available to staff, which includes:

- Names and contact information for all resources

- Names and locations of staff members who are available to provide oral translations of written documents

- Languages in which each translation service is qualified

- Procedure for accessing each translation service

PART 5 – STAFF TRAINING

The person(s) in the agency who is responsible for the provision of training to staff in language access issues is: Susan Teal, Associate Director of Training 1.

The staff training includes the following components:

- The legal obligations to provide meaningful access to benefits and services to LEP individuals
- How to access language assistance services
- How to work with interpreters
- Cultural competence and cultural sensitivity
- Documenting the language needs of LEP individuals and the language services provided to them by the agency
- How to obtain written translation services

The methods and frequency of training are as follows:

- Mandated annual online training program via the Statewide Learning Management System for all staff with performance support materials (may include job aids for handling callers while accessing services and sensitivity-building videos, etc.).
- Annual refresher programs will be done to reinforce and build knowledge and skills.
- Periodic reminders from the Language Access Office mailbox.

PART 6 – ADMINISTRATION

Monitoring

To ensure compliance with the Plan, the LAC will monitor its implementation as follows:

WCB monitors its document submissions (both overall and by language) to confirm the appropriate documents and languages have been provided timely. The Board also monitor's requests for oral translation services and confirms that services have been provided timely. Finally, it will track complaints (both about existing services and missing services) to determine where potential issues exist and take action as appropriate.

Complaints

We provide information to the public in the top six languages, advising them of the right to file a complaint if they feel that they have not been provided with adequate interpretation services or have been denied a translated document. The information we provide describes how and/or

where to file a complaint. The complaint is shared with the vendor and OGS as applicable and is not a part of a case file or record other than in the Language Access Office.

We display information on the right to file a complaint, and the procedures to file a complaint, in the following manner:

This information is incorporated into the brochures and signage identified in Part 3 to advertise WCB's language assistance services. Additionally, the standardized complaint forms are available to the public upon request in the top six languages, Italian, and Polish at our office and on our website.

We handle complaints made to the agency regarding the provision of language assistance services in the following manner:

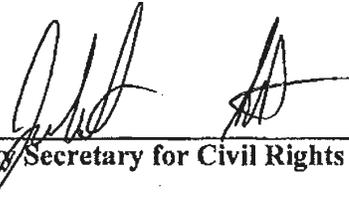
A dedicated e-mail account and complaint form (LAC-1) has been established to file complaints directly. All complaints submitted to this account LanguageAccessCoordinator@wcb.ny.gov, or expressed to WCB staff (either online, over the phone, in person or in writing) will be forwarded to the Language Access Coordinator for evaluation, resolution and response. We have identified this as our LAC-1 process.

All complaints must be timely forwarded to the Statewide Language Access Coordinator.

PART 7 - SIGNATURES

	Executive Director	5/14/19
Head of Agency	Title	Date

	Director of Operations	5/14/19
Agency LAC	Title	Date

		5/30/19
Deputy Secretary for Civil Rights		Date

¹ Source: US Census, <https://www.census.gov/quickfacts/fact/table/ny,US/BZA010216#viewtop>

² Source: WCB 2017 Annual Report, <http://www.wcb.ny.gov/content/main/TheBoard/2017AnnualReport.pdf>

³ Source: Pentaho/CIS Documents Received 2015-2017