



# Enhanced Communication Rate Request Form

## Agency Information

<b>Name of Agency</b>	
<b>MPI</b>	
<b>Service Location Code</b>	
<b>Service</b> <i>(one per form)</i>	
<b>Procedure Code with Modifiers</b> <i>(matching the service)</i>	
<b>Agency Contact Person</b>	<b>Name:</b>
	<b>Email:</b>
	<b>Telephone:</b>
<b>Signing Support Team Member</b> <i>(one per form)</i>	<b>Name:</b>
	<b>Email:</b>
	<b>Telephone:</b>

## Individual's Information

<b>Individual's Name</b> <i>(one person per form)</i>			
<b>MCI</b>			
<b>Harry M Class Member?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Individual's Primary Mode of Communication, check one:</b>			
<input type="checkbox"/> American Sign Language (ASL)	<input type="checkbox"/> Mixture ASL & Signed English	<input type="checkbox"/> Modified Sign Language	<input type="checkbox"/> None Identified
<input type="checkbox"/> PECS	<input type="checkbox"/> Picture Board	<input type="checkbox"/> Sign Exact English	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Sign Language from Other Countries	<input type="checkbox"/> Tactile Sign	<input type="checkbox"/> Verbal	<input type="checkbox"/> Visual Gestural Communication
<input type="checkbox"/> Vocal Output Device	<input type="checkbox"/> Other		



<b>Individual's Supports Coordinator</b>	<b>Name:</b>
	<b>Email:</b>
	<b>Telephone:</b>
<b>Requested Start Date for the Enhanced Rate</b>	

1. Please provide a detailed description of how communication access is provided in addition to sign language.

2. Attach a policy or plan that shows the provider agency's efforts to continue advancing sign language skills to ensure access to communication and effectively support d/Deaf individuals.

3. Attach certificates of completion for the Harry M web-based training.