



## Enhanced Communication Rate Request Form (Sign Language Interpreting Services)

### Provider Agency Information

<b>Name of Provider 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>Provider Contact Person</b>	<b>Name:</b>	
	<b>Email:</b>	
<b>Interpreting Services Information</b> <i>(one per form)</i>	<b>Agency/Interpreter Name:</b>	
	<b>Email:</b>	
	<b>Telephone:</b>	
<b>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.</b>	Attached <input type="checkbox"/>	
<b>Attach a copy of the signed contract with the interpreting agency.</b> <i>Please note Act 57, the Sign Language Interpreter and Transliterator State Registration Act, applies.</i>	Attached <input type="checkbox"/>	

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Individual's Information

<b>Individual's Name</b> <i>(one person per form)</i>			
<b>MCI</b>			
<b>County of Registration</b>			
<b>Waiver</b>	<input type="checkbox"/> Consolidated <input type="checkbox"/> Person/Family Directed Support (P/FDS) <input type="checkbox"/> Community Living		
<b>Individual's Supports Coordinator</b>	<b>Name:</b>		
	<b>Email:</b>		
<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>Please provide a detailed description of how communication access is provided to this individual in addition to using sign language.</b>			
<b>Requested Start Date for the Enhanced Rate</b>			