



Enhanced Communication Rate Request Form (Signing Staff)

Provider Agency Information

Name of Provider Agency		
MPI		
Service Location Code		
Service <i>(one per form)</i>		
Procedure Code with Modifiers <i>(matching the service)</i>		
Provider Contact Person	Name:	
	Email:	
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.	Attached	<input type="checkbox"/>

Individual's Information

Individual's Name <i>(one person per form)</i>		
MCI		
County of Registration		
Waiver	<input type="checkbox"/> Consolidated <input type="checkbox"/> Person/Family Directed Support (P/FDS) <input type="checkbox"/> Community Living	
Individual's Supports Coordinator	Name:	
	Email:	

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Individual's Primary Mode of Communication, check one:			
<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		
Please provide a detailed description of how communication access is provided to this individual in addition to using sign language.			
Requested Start Date for the Enhanced Rate			

For Signing Staff Completion:

Name:	
Email:	
Hearing Status	<input type="checkbox"/> D/deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> DeafBlind <input type="checkbox"/> CODA (Child of a Deaf Adult) <input type="checkbox"/> Hearing <input type="checkbox"/> Prefer not to answer
Signing Staff should complete the following questions:	
Which is true about American Sign Language?	<input type="checkbox"/> It is a signed version of English. <input type="checkbox"/> It is a form of gesturing with no specific grammar rules. <input type="checkbox"/> It uses facial expression, eye gaze, and mouth movements as grammar. <input type="checkbox"/> It is effective for anyone who has a hearing loss. <input type="checkbox"/> It is easy to learn.

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<p>Direct support professionals should consider Deaf Culture when:</p>	<p><input type="checkbox"/> Planning schedules (saying hello and goodbye can take more time than expected)</p> <p><input type="checkbox"/> Communicating with an individual (getting attention first is important)</p> <p><input type="checkbox"/> Asking an individual for their opinion (a trusting relationship is important for an individual to be able to express opinions)</p> <p><input type="checkbox"/> Seeing someone nod their head (sometimes it does not mean “yes”)</p> <p><input type="checkbox"/> All of the above</p>
<p>Which statement is true about communication?</p>	<p><input type="checkbox"/> Hearing aids make sounds louder not clearer.</p> <p><input type="checkbox"/> Writing back and forth is always just as understandable as speaking to someone.</p> <p><input type="checkbox"/> Lip reading (or speech reading) is just as understandable as hearing spoken English.</p> <p><input type="checkbox"/> All individuals with hearing loss can use hearing aids or Cochlear Implants.</p> <p><input type="checkbox"/> All of the above</p>
<p>How an individual communicates can vary widely, so support staff should:</p>	<p><input type="checkbox"/> Expect the individual to adapt their communication style to what staff know</p> <p><input type="checkbox"/> Have many tools available to communicate in various ways with each individual</p> <p><input type="checkbox"/> Use ASL with everyone</p> <p><input type="checkbox"/> Expect the individual to read their lips</p> <p><input type="checkbox"/> Both have many tools and expect the individual to read their lips</p>
<p>When a Deaf individual with autism does not make eye contact, they still may be paying attention to you.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>
<p>Special skills and training are needed to support Deaf, hard of hearing, and DeafBlind individuals.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>
<p>Visual environments allow for an individual to feel less isolated.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>
<p>Sharing everyday environmental information with a Deaf individual is very important.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>
<p>It is important for support staff to communicate, teach, and support.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>
<p>List three ways to make an environment more visual.</p>	

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Signing Skill Evaluation

Please answer the following questions below in the mode of communication you use with the individual you support (American Sign Language, Signed Exact English, Visual Gestural Communication, or another sign-supported mode of communication).

See next page for guidelines for recording.

Instead of completing the signing video, I will provide Sign Language Proficiency Interview (SLPI) results showing Intermediate Plus or better.

Attached
 Do not have SLPI results, will submit video

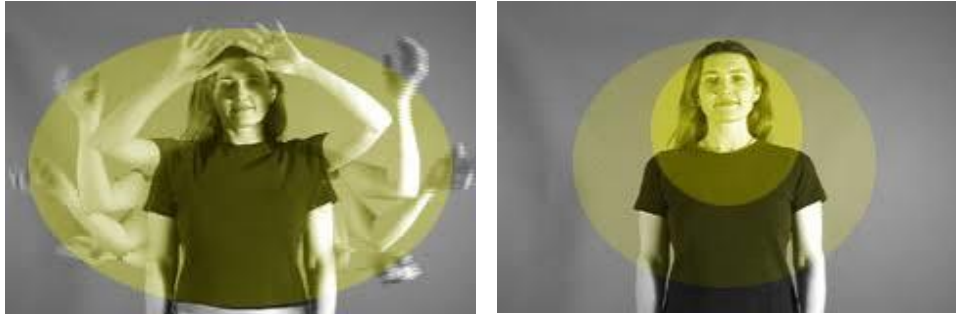
Be sure to read over the following questions and think about your answers before you begin filming.

1. Please provide the following information from your ECR Application:
 - a. Your first and last name
 - b. The name of your agency
 - c. The first and last name of the consumer you support
 - d. The consumer's MCI number
2. Describe your most recent meal. At minimum, include the following details:
 - a. What did you eat?
 - b. What time did you eat?
 - c. Where did you eat?
 - d. Who did you eat with?
 - e. Did you like your meal? Why or why not?
3. Describe the layout of your home. Include the location of the rooms and the furniture in the room. Be specific and as visual as possible.
4. Tell a story about the time you made a mistake. Be sure to use expressions to convey how you felt throughout the experience.
5. Describe your favorite vacation or outing. At minimum, include the following details:
 - a. Where did you go?
 - b. When did you go?
 - c. Who did you go with?
 - d. What did you do?
 - e. Why did you like it?

Guidelines for recording

For consideration, you must comply with the following guidelines for recording your videos. Videos that do not comply with the guidelines may be rejected and you will have to resubmit a video with the indicated directions.

- 1) Your signing space always needs to be visible. Your signing space is the area as shown in the highlighted space below. Your face, torso, arms, and hands must be visible:



- 2) Film the video so that you are eye-level with the camera. This will help ensure that you are able to film your signing space clearly for the entire video.
 - To know if you are eye level, you should not have to look up or down at your computer or smart phone to see yourself while filming.
- 3) If you are filming on a smart phone, please do not switch from vertical to horizontal or vice versa during the video. Vertical shots are preferred but this is not required.
- 4) The background should be a wall with minimal clutter in the background. Be sure that the color of the wall contrasts with your skin color (a white wall for darker skin, a dark wall for lighter skin).
- 5) Please film in a space with clear and consistent lighting. Do not film outside, in front of a window, behind a window, or with lighting directly behind you. Overhead lighting is preferred.
- 6) Check that your video quality is clear before and after uploading it. Files saved as .vid or .mp4 are preferred. You may submit as an attached file or an unlisted YouTube link.