

DEPARTMENT FOR BEHAVIORAL HEALTH, DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

Enhanced Access / ASL Interpreter Reimbursement Form

INSTRUCTIONS

Please submit to:

Division of Mental Health / Deaf Services
275 East Main Street, 4W-G
Frankfort, KY 40621"

OR

Email aadkins@ky.gov

Questions? Call Anthony Adkins, 502-556-1275

The Enhanced Access funds are available on a first-come, first-served limited basis to assist DBHDID-contracted entities with providing high quality consistent communication access to individuals with hearing loss. CMHCs and other providers are expected to first seek interpreter coordination and payment via the insurance company if the consumer has an MCO or private insurance that covers interpreting services.

CMHCs and other providers are expected to negotiate for fair market rates for interpreting services. They are to follow all state and Federal laws regarding consumer choice, effective communication, and reasonable accommodations. CMHCs are encouraged to set mileage rates at the state mileage reimbursement rate. This changes quarterly and can be found on the [Kentucky Finance Cabinet Mileage Rates](#) website.

CMHCs and other providers are encouraged to develop individual contracts with multiple interpreters and/or interpreting coordinating agencies to provide a range of options for language access for their consumers. Note that many individuals prefer in-person interpreters to video remote interpreting / on video interpreters. Consumer choices should be prioritized when establishing individualized Communication Access Plans. Per the FY2027 contracts, CMHCs must make provisions for in-person interpreting when requested.

Enhanced Access services may be used for interpreting costs or the purchase of equipment. Examples of equipment include FM or other amplification systems. Auxiliary aids and services like CART / professional captioning may also be considered for reimbursement.

Support documentation must accompany the request for reimbursement.

1. Copy of original invoice.
2. Copy of proof of payment (Check or Credit Card Statement).
3. W-9 if not already on file with DBHDID.

Requests for Reimbursement must be sent within **60 days of the original service**. Invoices past that date may be returned.

The last day that DBHDID will accept Requests for Reimbursement / Enhanced Access funds for FY2027 is June 15, 2027. Requests received after that date will be processed in FY2028 as funds allow.

INTERPRETER REIMBURSEMENT

CMHC Region; DUI Program; or KORE Funded Program Name

Invoice Number

First Name and Last Initial of Individual Served	Service Date and Start/End Time	Client's MCO or Other Primary Funding Source	Focus of Event • Mental Health (MH) • Substance Use Disorder (SUD) • DUI • KORE Service • Developmental or Intellectual Disability (DDID)	Cost of Communication Access Service	Portal and/or Mileage Charges	Service Provided Via Telehealth Yes or No	Total Cost
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00
							\$ 0.00

Notes

Grand Total

\$ 0.00

Interpreter Name

Kentucky License Number

Find License Number at [Kentucky Board of Interpreters for the Deaf and Hard of Hearing](#).

Was the MCO contacted to schedule and provide interpreters first?

☐

Yes

☐

No

☐

N/A

If N/A, why?

If rejected for payment, why?

Provider(s) Name(s)

Type of Service

Authorized Signature

Date

Printed Name

Email

Phone Number

EQUIPMENT REIMBURSEMENT

CMHC Region; DUI Program; or KORE Funded Program Name

Invoice Number

Purchase Date	Equipment Name	Equipment Purpose	Program(s) for Which It Will Be Utilized	Cost

GRAND TOTAL

\$ 0.00

Notes

Authorized Signature _____

Date _____

Printed Name

Email

Phone Number