



The Limited English Proficiency (LEP) guide is intended to help team members utilize interpreter services that are provided to our participants at no charge.

- The participant has the right to choose which LEP provider they would like to utilize. If they do not have a preference, a LEP provider will be randomly selected.

Using LEP Services:

- Randomly select and call a [contracted provider from the provider list](#).
- Explain who you are, what agency you represent (Missouri Department of Health & Senior Services), and the purpose of the call to the LEP provider.
- Some contractors will send you a form to put all of this information on, and others will not need all of the below information.
- Provide the information requested by the contractor to set up the assessment to be completed.
- Complete the LEP Form with all requested information (Provider Reassessors should enter their name and Agency Name to indicate LEP services were utilized).

Billing Account Information

- Provider Reassessors:
 - **In Person** Assessment Interpretation for Provider Reassessors:
Name of Billing Contact: Charlyn Tuter, Region 2/PRR LASA
Billing Address: 142 Staples Dr., Park Hills, MO 63601
Phone/and or email of Billing Contact: 573-518-2503 Charlyn.Tuter@health.mo.gov
Region/County/Department: DHSS-HCBS-PRR
 - **Over the phone** Interpretation for Provider Reassessors:
Language Link 1-888-338-7394
Enter Account Number 22314 followed by # and then follow the prompts. When requested, enter the billing code 5805630
- DSDS Staff
 - Consult with your supervisor and utilize regional protocols.

LEP Form:

- **Provider Reassessors:**
A copy of the [LEP form](#) can be found on the [Provider Reassessment Information Page](#), under the "Quick Guides/Resources" tab.
- **DSDS Team members:**
A copy of the [LEP form](#) can be found in the Resources/Quick Guides folder on the [HCBS Staff Information Page](#).

Routing LEP Form:

Once the LEP form has been completed:

- **Provider Reassessors:**
Upload the form to the [Provider Reassessor Notification Portal](#) when notifying DSDS of completed reassessment.
- **DSDS Team members:**
Follow your regional protocol.