

UTILIZATION MANAGEMENT GUIDELINE – 11.01.510


Skilled Nursing Facility (SNF): Admission, Continued Stay, and Transition of Care Guideline

Effective Date: May 1, 2024
Last Revised: April 8, 2024
Replaces: N/A

RELATED MEDICAL POLICIES:
None

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Introduction

Skilled nursing care is a high level of care that can only be provided by trained and licensed professionals, like registered nurses (RNs), licensed professional nurses (LPNs), medical directors, and physical, occupational, and speech therapists. Skilled care is short-term and helps people get back on their feet after injury or illness. It is often given in a skilled nursing facility. A skilled nursing facility can be a separate facility or a distinct unit within another institution. After being released from the hospital, a person is transferred to a skilled nursing facility for hands-on care. This can be either medical care or rehabilitation care — and sometimes both. A broad definition of skilled care is medically necessary care that can only be done by a skilled, trained, and licensed nurse or therapist. If the care can be done by a home health aide (someone who assists with the activities of daily living, like eating or bathing) or a person who doesn't need to be licensed, it's not considered to be skilled nursing or skilled rehabilitation care. This policy describes when skilled care in a skilled nursing facility may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

Subject	Medical Necessity
Clinical Indications for Admission	
Admission	<p>Admission to a skilled nursing facility (SNF) may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Skilled services are provided under the supervision of a physician and delivered by a qualified and licensed provider <p>AND</p> <ul style="list-style-type: none"> • Care plans specify individual realistic goals and discharge plans <p>AND</p> <ul style="list-style-type: none"> • Skilled services are medically necessary and cannot be provided in a lower level of care setting <p>AND</p> <ul style="list-style-type: none"> • Provided services are expected to result in measurable and significant improvement in the individual's condition within a reasonable time frame <p>AND</p> <ul style="list-style-type: none"> • Individual is medically stable <p>AND</p> <ul style="list-style-type: none"> • One or more skilled therapies or skilled nursing services are given at least daily <p>Skilled nursing services must include ALL of the following:</p> <ul style="list-style-type: none"> • Services are at an intensity and frequency that cannot be provided at a lower level of care • Documented weekly physician face-to-face evaluations are performed, including consults as needed • Individual and/or caregiver demonstrate ability and willingness to participate in care plan, including training. • Physician supervised, skilled nursing services for monitoring, evaluation and intervention to address recent illness, injury, disease or surgical procedure are required <p>AND</p> <ul style="list-style-type: none"> • Skilled nursing services may include ONE or more of the following:



Subject	Medical Necessity
Clinical Indications for Admission	
	<ul style="list-style-type: none"> ○ IV* or IM* injection of drugs given at least every 12 hours (and they cannot be provided at a lower level of care) ○ Parental feeding (TPN) or enteral feeding, (e.g., nasogastric, gastrostomy or jejunostomy)** requiring intervention or management of a complication ○ Active management of a complex medication regimen (may be oral) to include documented monitoring ○ Active management of an exacerbation of chronic disease conditions ○ Complex wound care of stage 3 or 4 or multiple stage 2 decubitus ulcer(s) (see definition below) or other complicated wounds requiring aseptic, daily dressing changes ○ Ostomy complication requiring intervention which may include patient/care-giver training that cannot be provided in an alternative care setting (home, outpatient, etc.) ○ Device or drain management, including initial care of urinary or wound drain catheters (such as bladder irrigation, nephrostomy tube, suprapubic catheter or JP***/biliary drains) ○ Ventilator and/or tracheostomy weaning ○ New respiratory treatment or new use of oxygen; or nasopharyngeal or deep tracheal suctioning (superficial, oropharyngeal suctioning is not a skilled service) to stabilize an acute medical/respiratory condition <p>AND/OR</p> <p>Skilled therapy services must include ALL of the following:</p> <ul style="list-style-type: none"> ● One or more therapy modality given at least 5 days/week for at least 1 hour daily to treat a documented decline in functional status due to recent illness, injury, disease, or surgical procedure ● Prior level of function is described in skilled therapy evaluation. ● A functional impairment requiring at least minimum assistance for skilled therapy services



Subject	Medical Necessity
Clinical Indications for Admission	
	<p>AND</p> <ul style="list-style-type: none"> • Rehabilitation services may include ONE or more of the following : <ul style="list-style-type: none"> ○ Gait evaluation and training ○ Transfer training ○ ADL training ○ Speech and swallowing restoration ○ Cognitive training ○ Therapeutic treatment to ensure patient safety <p>AND</p> <ul style="list-style-type: none"> • Individual is able to actively participate (i.e., responsive to verbal/visual stimuli and able to follow simple commands) and demonstrates rehabilitation potential. <p>Note: * IV (intravenous), IM (intramuscular) Note: ** NG (nasogastric), G-tube (gastrostomy), J-tube, (jejunostomy) Note: ***JP (Jackson-Pratt drain)</p> <p>Admission or continued stay to a skilled nursing facility may be considered NOT medically necessary when:</p> <ul style="list-style-type: none"> • Skilled services can be managed at a lower level of care • Services are for a custodial level of care or for a maintenance program when no further functional progress has been made within a reasonable period of time, nor is expected • Individual is not willing or able to participate in a therapeutic treatment program • Services are for routine medication administration (including IV, IM, and SQ) for medically stable individuals without other skilled needs • Care is for routine indwelling bladder catheters or established colostomy or ileostomy, gastrostomy tube feedings, tracheostomy site care, oxygen therapy • Care of the confused or disoriented individual who is under an established medication regimen • Care is primarily for assisting in activities of daily living



Subject	Medical Necessity
Clinical Indications for Continued Stay	
Continued Stay	<p data-bbox="586 300 1409 464">Ongoing assessment and management of an unstable condition or complex medical condition is considered medically necessary when the above criteria and ONE of the following criteria is met:</p> <p data-bbox="586 520 919 552"><u>Skilled Nursing Services</u></p> <ul data-bbox="586 569 1451 1892" style="list-style-type: none"> <li data-bbox="586 569 1451 646">• IV or IM* injection of drugs given at least every 12 hours (and they cannot be provided at a lower level of care) <li data-bbox="586 657 1451 779">• Initiation of IV TPN feeding or tube feedings (NG, G-tube, or J-tube**) or when documented difficulties or complications exist requiring changes in intervention. <li data-bbox="586 789 1451 953">• Complex medication (may be oral) adjustment in dosage or type of medication with documentation (such as lab values, vital signs, etc.) of the unstable condition or complications being treated <li data-bbox="586 963 1451 1310">• Treatment of a Stage 3 or 4 or multiple stage 2 decubitus ulcer(s) (see definition below) or other complicated wound requiring daily, aseptic dressing changes that cannot be provided at a lower level of care <ul data-bbox="639 1146 1451 1310" style="list-style-type: none"> <li data-bbox="639 1146 1451 1310">○ At least weekly wound assessment with progression of healing documented <ul data-bbox="683 1236 1451 1310" style="list-style-type: none"> <li data-bbox="683 1236 1451 1310">▪ If there is lack of progression, a change in management of the wound is documented <li data-bbox="586 1320 1451 1398">• Ostomy care, related to complications that cannot be provided in an alternative care setting (home, outpatient, etc.) <li data-bbox="586 1409 1451 1486">• Ventilator and/or tracheostomy weaning, with documented trials and progression towards weaning of respiratory support. <li data-bbox="586 1497 1451 1661">• New respiratory treatment at least 3 times/day; or new use of oxygen; or nasopharyngeal or deep tracheal suctioning (superficial, oropharyngeal suctioning is not a skilled service) to stabilize an acute medical/respiratory condition. <li data-bbox="586 1671 1451 1749">• New or worsening mental status change with documented physician-supervised intervention <li data-bbox="586 1759 1451 1892">• New or worsening behavioral symptoms with documented physician-supervised intervention for behavior modification and/or mental health consult as needed.



Subject	Medical Necessity
Clinical Indications for Continued Stay	
	<p>Note: * IV (intravenous), IM (intramuscular)</p> <p>Note: ** NG (nasogastric), G-tube (gastrostomy), J-tube, (jejunostomy)</p> <p>OR</p> <p><u>Skilled Therapy Services</u></p> <ul style="list-style-type: none"> • The individual demonstrates documented measurable, restorative and continuing gains towards outlined therapy goals (of at least one discipline) which cannot be provided at a lower level of care; OR <ul style="list-style-type: none"> ○ There is documented medical instability affecting participation or progression along with intervention to resolve or stabilize it (this is short term for 1-3 days).

Clinical Indications for Transition of Care	
Transition of care	<p>Transition from a skilled nursing facility (SNF) to an alternate level of care may be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Ongoing skilled nursing services needed can be safely provided in a home setting with home health or outpatient care <p>AND</p> <ul style="list-style-type: none"> • The individual has no signs of infection or is stable on an anti-infective regimen which can be administered outpatient <p>AND</p> <ul style="list-style-type: none"> • The individual is clinically stable <p>AND</p> <ul style="list-style-type: none"> • The individual is stable on an adequate nutritional program (e.g., parenteral infusion can be managed by a home infusion provider or enteral feedings can safely be provided at home) <p>AND</p> <ul style="list-style-type: none"> • Pain management is adequate without need for frequent change in medication or dose <p>AND</p>



Clinical Indications for Transition of Care

- Neurologic status is stable with mentation at baseline, appropriate for patient's clinical condition.
- AND**
- If patient is in SNF primarily for rehabilitative services:
 - Further progress toward rehabilitation goals is not expected or can be achieved at a lower level of care **or**
 - Patient is no longer willing or able to participate in a therapeutic treatment program

Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Transferring facility/provider (i.e., hospital) admission and discharge assessment; therapy assessment
- The preliminary treatment plan

AND

- Post SNF admission documentation in the form of clinical notes and/or treatment logs including the following:
 - Clinical and rehabilitation status as applicable
 - Treatment(s) received, including frequency and length of treatment period, as applicable
 - Patient participation and progress toward clinical and rehabilitation goals
 - Patient/caregiver training progress towards goals
 - Patient/caregiver participation in discharge planning; and
 - Status of the discharge plan, including targeted site, date, and skilled needs, if applicable

Coding

N/A

Related Information



This guideline incorporates clinical, facility, and care-based indicators to determine the appropriateness of admission to a skilled nursing facility level of care. In addition, transitions of care guidelines are given as indicators to determine if the individual may be appropriate for safe transfer from a skilled nursing facility to a home or an alternate setting.

A skilled nursing facility (SNF) is a facility, or distinct part of a facility, that provides skilled nursing care and/or skilled rehabilitative therapy. Usually, a patient will transition to a SNF from an acute care facility when ongoing skilled needs cannot be provided in a home or other alternate setting.

Definition of Terms

Pressure Injury Stages (National Pressure Ulcer Advisory Panel, 2016)⁷

Pressure Injury: A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to medical or other devices. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities, and conditions of soft tissue.

Pressure Injury Stages

- Stage 1 Pressure Injury - Non-Blanchable Erythema Of Intact Skin:

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visible changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

- Stage 2 Pressure Injury - Partial-Thickness Skin Loss With Exposed Dermis:

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD),



medical adhesive related skin injury (MARS), or traumatic wounds (for example, skin tears, burns, abrasions).

- Stage 3 Pressure Injury - Full-Thickness Skin Loss:

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an unstageable Pressure Injury

- Stage 4 Pressure Injury- Full-Thickness Skin And Tissue Loss:

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an unstageable Pressure Injury.

- Unstageable Pressure Injury- Obscured Full-Thickness Skin And Tissue Loss:

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (that is, dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

- Deep Tissue Pressure Injury- Persistent Non-Blanchable Deep Red, Maroon Or Purple Discoloration:

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use deep tissue pressure injury (DTPI) to describe vascular, traumatic, neuropathic, or dermatologic conditions.



References

- Centers for Medicare and Medicaid Services. Criteria for skilled services and the need for skilled service. 42 CFR Pt. 409.32 Washington DC 10/1/2017. Available online at: <https://www.gpo.gov/fdsys/pkg/CFR-2017-title42-vol2/pdf/CFR-2017-title42-vol2-sec409-32.pdf> Accessed March 27, 2024.
- Centers for Medicare and Medicaid Services. Examples of skilled nursing and rehabilitative services. 42 CFR Pt. 409.33 Washington DC 10/1/2017. Available online at: <https://www.gpo.gov/fdsys/pkg/CFR-2017-title42-vol2/pdf/CFR-2017-title42-vol2-sec409-33.pdf> Accessed March 27, 2024.
- Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 8-Coverage of Extended Care (SNF) Services Under Hospital Insurance.. Revision 12283, Issued 10/05/23. Available online at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf> Accessed March 27, 2024.
- Kane RL. Finding the right level of post hospital care. Journal of the American Medical Association 2011;305(3):284-93. DOI: 10.1001/jama.2010.2015.
- BlueCross BlueShield of North Carolina Corporate Medical Policy: Skilled Nursing Facility Care. Last reviewed 2/2024. At: https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/skilled_nursing_facility_care.pdf. Accessed January 25, 2022.
- Centers for Medicare and Medicaid Services. Skilled services requirements. 42 CFR Pt. 409.44 Washington DC 10/1/17. Available online at: <https://www.gpo.gov/fdsys/pkg/CFR-2017-title42-vol2/pdf/CFR-2017-title42-vol2-sec409-44.pdf> Accessed March 27, 2024.
- National Pressure Ulcer Advisory Panel. Pressure injury staging system. Revised 2016. Available at: https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf. Accessed March 27, 2024.
- Blue Cross Blue Shield FEP Utilization Management Guideline 002: Inpatient Skilled Nursing Facility Services. Effective 1/1/2018. Last Revised 4/1/2021. Available at: <https://www.fepblue.org/-/media/PDFs/Utilization%20Management%20Guidelines/04-22-2021/FEP%20UM%20Guideline%20002%20Inpatient%20Skilled%20Nursing%20Facility%20Services%202021.pdf>. Accessed March 27, 2024.

History

Date	Comments
01/01/18	New Policy, returned from archived status, approved December 12, 2017. Policy is reinstated and replaces InterQual criteria.
02/01/18	Interim Review, approved January 16, 2018. Added medically necessary criteria for continued stay in a SNF. References 6, 7 added. Added additional statements under admission, and edited statements under not medically necessary and transition of care for clarity.



Date	Comments
12/01/18	Annual Review, approved November 6, 2018. References removed and references 6-7 added. No change to policy statement.
11/01/19	Annual Review, approved October 4, 2019. Reference 3 updated. Policy statements unchanged.
10/01/20	Annual Review, approved September 1, 2020. UM Guideline reviewed. References updated. Guideline statements unchanged.
06/01/21	Annual Review, approved May 4, 2021. UM guideline reviewed. Guideline statements unchanged.
03/01/22	Annual Review, approved February 7, 2022. UM guideline reviewed. Guideline statements unchanged.
03/01/23	Annual Review, approved February 6, 2023. UM guideline reviewed. Guideline statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
05/01/24	Annual Review, approved April 8, 2024. UM guideline reviewed. References updated. Guideline statements unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.

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Washington residents: You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>.

Alaska residents: Contact the Alaska Division of Insurance via email at insurance@alaska.gov, or by phone at 907-269-7900 or 1-800-INSURAK (in-state, outside Anchorage).

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-607-0546 (TTY: 711).

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MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se totagi, mo oe, Telefoni mai: 800-607-0546 (TTY: 711).

ໂປດອຸລາ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄມມນມິພ້ອມໃຫ້ທ່ານ. ໂທສ 800-607-0546 (TTY: 711).

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PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-607-0546 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-607-0546 (телетайп: 711).

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ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያግዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 800-607-0546 (መስማት ለተሳናቸው: 711).

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ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-607-0546 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-607-0546 (ATS: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-607-0546 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-607-0546 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-607-0546 (TTY: 711) تماس بگیرید.