PreferredOne®

Department of Origin: Integrated Healthcare Services	**Effective Date:** 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	**Date approved:** 09/10/24
Clinical Policy Document: Behavioral Health, Autism Spectrum Disorders in Children: Assessment, Evaluation and Treatment	**Replaces Effective Clinical Policy Dated:** 09/28/23
Reference #: MC/M026	**Page:** 1 of 8

PURPOSE:
The intent of this clinical policy is to ensure care is medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

GUIDELINES:
Medical Necessity Criteria - Must satisfy the following: I, and any of II – V

I. Assessment and Evaluation – documentation that the following evaluation(s) support a *DSM autism spectrum disorder* (ASD) diagnosis – must satisfy all of the following: A – C

   A. A verified *autism spectrum disorder (ASD)* diagnosis determination must be made by a health care professional skilled in testing and in the use of empirically validated tools specific for autism spectrum disorders, which may include the following: 1 – 4
      1. Child Psychiatrist
      2. Child Psychologist or Neuropsychologist
      3. Developmental pediatrician
      4. Speech-Language Pathologist

   B. Evaluation includes documentation of all of the following: 1 – 3
      1. Review of developmental history and progress of development
      2. Symptoms of concern that interfere with functioning (such as, but not limited to, social, education and family functioning)
      3. An assessment of all of the following in more than one setting (such as, but not limited to home and school): a – e
         a. Use of imaginative play, stereotypic behaviors, narrow range of interests
         b. Communication
         c. Social interaction and relationships
         d. Behaviors/responses to the environment
         e. Confirmation of the primary diagnosis may be required through completion of empirically validated tools or tests from each of the following categories (Please see Wisconsin Administrative Code Ins. 3.36 for applicable definitions): 1) – 5)
            1) Intelligence
            2) Parent report

3) Language skills

4) Adaptive behavior

5) Direct observation of the member

C. The testing tools used must be appropriate to the presenting characteristics and age of the member and empirically valid for diagnosing *autism spectrum disorders* consistent with the criteria provided in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. The Plan reserves the right to require a second opinion with a provider mutually agreeable to the member and the Plan.

II. Initial treatment for *ASD*, Intensive-Level Services – must satisfy the following: A – C

A. Member age requirements – any of the following: 1 or 2
1. Fully insured/self-funded non-ERISA groups – Member is at least 2 and less than 9 years of age at commencement of treatment; or

2. All other plans/groups – see COC/SPD

B. Treatment requirements – must satisfy all of the following: 1 – 5
1. The majority of treatment is provided when the parent or legal guardian is present and engaged; and

2. The member is directly observed by the licensed provider at least once every two months; and

3. Treatment is evidence-based; and

4. Treatment is provided by a qualified provider, professional, therapist, or paraprofessional, as those terms are defined by state law and includes any of the following: a – h
a. Psychiatrist;

b. Psychologist;

c. Social worker;

d. Behavior analyst;

e. Paraprofessional working under the supervision of any of the above four types of Providers;

f. Professional working under the supervision of an outpatient mental health clinic

g. Speech-language pathologist; or

h. Occupational therapist.

[Note: See COC/SPD to verify if an out-of-network provider meeting the requirements above is eligible for coverage.]

5. For members covered under the ETF Health Plan (Wisconsin Department of Employee Trust Funds) – Treatment must be prescribed by a physician

C. Proposed services are based on comprehensive individualized treatment plan (ITP) including supporting documentation of all of the following: 1 – 4
   1. Treatment plan developed by a qualified provider or professional as defined by state law that includes an average of 20 or more hours per week over a six-month period of time with specific cognitive, social, communicative, self-care or behavioral goals that are clearly defined, directly observed and continually measured. Treatment plans shall require that the member be present and engaged in the intervention; and

   2. Provided in an environment most conducive to achieving the goals of the ITP; and

   3. Assessed and documented throughout the course of treatment. The Plan may request and review the treatment plan and the summary of progress on a periodic basis; and

   4. Designed to include training and consultation, participation in team meetings and active involvement of the member's family and treatment team for implementation of the therapeutic goals developed by the team.

III. Initial Treatment of *ASD*, Non-Intensive Level Services (including direct or consultative services) – must satisfy the following: A – C

A. Treatment is evidence-based; and

B. Treatment is provided by a qualified provider, supervising provider, professional, therapist or paraprofessional under one of the following scenarios: 1 or 2
   1. After the completion of intensive-level services, as long as the non-intensive-level services are designed to sustain and maximize gains made during the intensive-level treatment; or

   2. If the member has not and will not receive intensive-level services but non-intensive-level services will improve the member's condition.

C. Non-intensive-level services must be all of the following: 1 – 6
   1. Based upon a treatment plan and include specific therapy goals that are clearly defined, directly observed and continually measured and that address the characteristics of autism spectrum disorders. Treatment plans shall require that the member be present and engaged in the intervention; and

   2. Implemented by qualified providers, qualified supervising providers, qualified professionals, qualified therapists or qualified paraprofessionals as defined by state law; and

   3. Provided in an environment most conducive to achieving the goals of the member's treatment plan; and

4. Designed to provide training and consultation, participation in team meetings and active involvement of the covered person's family in order to implement therapeutic goals developed by the team; and

5. Designed to provide supervision for qualified professionals and paraprofessionals in the treatment team; and

6. Assessed and documented throughout the course of treatment. We may request and review the member's treatment plan and the summary of progress on a periodic basis.

IV. Concomitant Services by a Qualified Therapist – The Plan covers services by a qualified therapist when all the following are true: A – D

A. The services are provided concomitant with intensive-level evidence-based behavioral therapy; and

B. The member has a primary diagnosis of an *autism spectrum disorder*; and

C. The member is actively receiving behavioral services from a qualified intensive-level provider or qualified intensive-level professional; and

D. The qualified therapist develops and implements a treatment plan consistent with their license and this section.

V. Continued intensive-level behavioral treatment, member continues to meet initial treatment criteria - must also have documentation of the following: A - E

A. A progress evaluation is conducted at least every six months by a mental health professional who has *expertise in child development* and training in autism (formal assessment/standardized testing is done at least yearly) with documented evidence of sustained improvement and progress on stated goals demonstrated by improvement in the targeted abnormal findings, symptoms and/or behaviors of concern measured by the same method used for the initial evaluation; and

B. The documented improvement is due to the treatment rendered and not what would be expected in the usual growth and development for the individual if no treatment was provided; and

C. Care continues to be medically necessary due to a continued, demonstrated significant delay in function; and

D. Appropriate modifications to treatment plan are implemented; and

E. Documented plans for tapering and discontinuation of service from the licensed provider(s).

EXCLUSIONS (not limited to):
Refer to member's Certificate of Coverage or Summary Plan Description

I. The following are considered investigative (see Investigative List): A and B

A. Evaluation/assessment: 1 – 9
1. Allergy testing
2. Erythrocyte glutathione peroxidase studies
3. Event-related brain potentials
4. Intestinal permeability studies
5. Magnetoencephalography/magnetic source imaging
6. Neuroimaging studies such as CT, MRI, MRS, SPECT, and fMRI
7. Provocative chelation tests for mercury
8. Stool analysis
9. Tests for celiac antibodies, immunologic or neurochemical abnormalities, micronutrients such as vitamin levels, metallathioneim protein assessment, mitochondrial disorders including lactate and pyruvate, thyroid function, and urinary peptides**,** 6 central carbon metabolites LC-MS/MS

B. Treatment services: 1 – 10
1. Auditory Integration Therapy
2. Chelation therapy
3. Cognitive rehabilitation
4. Elimination diets
5. Facilitated communication
6. Holding therapy
7. Hyperbaric Oxygen Therapy
8. Immune globulin infusion
9. Metallothionein protein treatment
10. Nutritional supplements such as megavitamins, high-dose pyridoxine and magnesium

II. For Plan-specific exclusions – see COC/SPD

DEFINITIONS:
Autism Spectrum Disorder:
A range of complex neurodevelopmental disorders, characterized by persistent deficits in social communication and interaction across multiple contexts, restricted repetitive patterns of behavior, interests, or activities, symptoms that are present in the early developmental period, that cause clinically significant impairment in social, occupational, or other important areas of functioning, and are not better explained by intellectual disability or global developmental delay. Such disorders are determined by criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Child Development Expertise:
Evidence includes, but limited to, board certification/board eligible in developmental and behavioral pediatrics, fellowship/clinical experience, undergraduate focus in neurobiology or behavior, research involvement, professional/specialty society appointment/membership, and relevant published literature.

Custodial Care:
Services to assist in activities of daily living and personal care that do not seek to cure or do not need to be provided or directed by a skilled medical professional, such as assistance in walking, bathing and feeding.

DSM:
The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders**.**

Habilitative Therapy:
Therapy provided to develop initial functional levels of movement, strength, daily activity or speech.

Homebound:
A member is considered homebound if they are unable to leave home without a considerable and taxing effort due to a medical condition. A person may leave home for episodic medical treatment or short, infrequent absences for non-medical reasons, to attend a funeral, religious service, or graduation; an occasional trip to the barber, a walk around the block; or other infrequent or unique event (eg, a family reunion or other such occurrence.) A member's inability to drive or lack of transportation does not qualify the member for homebound status.

Maintenance Care:
Care that is not *habilitative* or *rehabilitative* therapy and there is a lack of documented significant progress in functional status over a reasonable period of time; performed to maintain clinical status without the ability to expect further clinical improvement, ie, two weeks or more between a therapy session.

Rehabilitative Therapy:
Therapy provided to restore functional levels of movement, strength, daily activity or speech after a sickness or injury.

Training in Autism:
Evidence includes, but not limited to, fellowship/clinical experience, educational background focusing on Autism Spectrum Disorders, research involvement, professional/specialty society appointment/membership, and relevant published literature.

BACKGROUND:
If requesting physical, occupational, or speech therapy services, see medical policy(ies): Occupational and Physical Therapy: Outpatient Setting(MC/N003) or Speech Therapy: Outpatient Setting (MC/N004).

Prior Authorization: No

REFERENCES:

1. Integrated Healthcare Services Process Manual: UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Home Health Services, Intermittent (MC/N007)
4. Clinical Policy: Investigative Services (MP/I001)
5. Clinical Policy: Occupational and Physical Therapy (MC/N003)
6. Clinical Policy: Speech Therapy: Outpatient Setting (MC/N004)
7. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. 2013.
8. American Academy of Child and Adolescent Psychiatry. Practice Parameter for the Assessment and Treatment of Children and Adolescents with Autism Spectrum Disorder [archived]. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2014;53(2). Retrieved from https://www.aacap.org/AACAP/Resources_for_Primary_Care/Practice_Parameters_and_Resource_Centers/Practice_Parameters.aspx. Accessed 05-20-24.
9. American Academy of Pediatrics. Management of children with autism spectrum disorders. *Pediatrics* 2007; 120; 1162. doi: 10.1542/peds.2007-2362. Reaffirmed September 2010 and August 2014.
10. American Academy of Pediatrics. Sensory integration therapies for children with developmental and behavioral disorders. *Pediatrics* 2012;129;1186; doi: 10.1542/peds.2012-0876
11. National Institute of Mental Health. Autism Spectrum Disorder. Last Reviewed: Feb 2024. Retrieved from https://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd. Accessed 05-20-24.
12. NIH National Institute of Neurological Disorders and Stroke (NINDS). Autism Spectrum Disorder Information Page. Last Reviewed: December 19, 2023. Retrieved from https://www.ninds.nih.gov/Disorders/All-Disorders/Autism-Spectrum-Disorder-Information-Page. Accessed 05-20-24.
13. NIH National Institute of Neurological Disorders and Stroke (NINDS). Pervasive Developmental Disorders Information Page. Last Reviewed: November 28, 2023. Retrieved from https://www.ninds.nih.gov/Disorders/All-Disorders/Pervasive-Developmental-Disorders-Information-Page. Accessed 05-20-24.
14. NIH National Institute of Neurological Disorders and Stroke (NINDS). Rett Syndrome Information Page. Last Reviewed: November 28, 2023. Retrieved from https://www.ninds.nih.gov/Disorders/All-Disorders/Rett-Syndrome-Information-Page. Accessed 05-20-24.
15. NIH National Institute of Neurological Disorders and Stroke (NINDS). Tourette Syndrome Information Page. Last Reviewed: November 28, 2023. Retrieved from https://www.ninds.nih.gov/Disorders/All-Disorders/Tourette-Syndrome-Information-Page. Accessed 05-20-24.
16. Ospina MB, Krebs Seida, J Clark B, et al. Behavioural and developmental interventions for autism spectrum disorder: a clinical systematic review. *PLoS One* 2008; 3:e3755.
17. Weissman L. Autism spectrum disorder in children and adolescents: Behavioral and educational interventions. (Topic 607, Version 43.0; last updated: 12/04/23) In: Blake D, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2023. www.uptodate.com. Accessed 05-20-24.
18. Weitlauf AS, McPheeters ML, Peters B, et al. Therapies for Children with Autism Spectrum Disorder: Behavioral Interventions Update [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2014 Aug. (Comparative Effectiveness Review, No. 137.) Discussion. Available from: https://www.ncbi.nlm.nih.gov/books/NBK241447/. Accessed 05-20-24.

PreferredOne®

Department of Origin: Integrated Healthcare Services	**Effective Date:** 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	**Date approved:** 09/10/24
Clinical Policy Document: Behavioral Health, Autism Spectrum Disorders in Children: Assessment, Evaluation and Treatment	**Replaces Effective Clinical Policy Dated:** 09/28/23
Reference #: MC/M026	**Page:** 8 of 8

DOCUMENT HISTORY:

Created Date: 08/04/20 (previously MP/A005, MC/M020, MC/M025)
Reviewed Date: 07/01/21, 06/20/22, 06/12/23, 05/20/24
Revised Date: 05/20/24

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan ("PCHP") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013).។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው: 763.847.4013).

ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ နီတမံၤဘဉ်သ့နှဉ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).