


ISSUE DATE February 9, 2022	EFFECTIVE DATE July 1, 2022	NUMBER *See below
SUBJECT Preferred Specialty Pharmacy Drug Program Provider – Pharmacy Services	BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:
http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

PURPOSE:

The purpose of this bulletin is to:

1. Inform providers that Chartwell Pennsylvania will be the preferred specialty pharmacy participating in the Department of Human Services (Department) Fee-for-Service (FFS) Specialty Pharmacy Drug Program effective July 1, 2022.
2. Provide instructions for providers to access drugs included in the Specialty Pharmacy Drug Program.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program and providing services to MA beneficiaries in the FFS delivery system. Providers rendering services to MA beneficiaries in the MA managed care delivery system should address any questions related to specialty pharmacy to the appropriate managed care organization (MCO).

*01-22-08	09-22-07	27-22-04	33-22-06
02-22-04	11-22-05	30-22-04	
03-22-04	14-22-04	31-22-08	
08-22-08	24-22-04	32-22-04	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type

Visit the Office of Medical Assistance Programs Web site at
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

BACKGROUND:

Federal law permits states to request approval from the Centers for Medicare and Medicaid Services (CMS) to waive specific provisions of the Social Security Act. The Department sought and received approval from CMS to require all MA beneficiaries whose pharmacy services are covered under the FFS program to obtain their specialty pharmacy medications from providers designated as preferred specialty pharmacy providers. The Department selects accredited specialty pharmacy providers through the competitive bidding process to serve as the Department's preferred provider(s). Fee-for-Service beneficiaries must obtain drugs included in the Specialty Pharmacy Drug Program from the Department's preferred specialty pharmacy provider(s).

The Department's objectives for the FFS Specialty Pharmacy Drug Program are as follows:

- To provide a reliable and convenient dispensing and delivery system for prescribers and MA beneficiaries that facilitates quality care.
- To provide a clinical support system designed to optimize drug therapy management, care coordination, and patient adherence.
- To provide cost-effective services through accountable preferred specialty pharmacy providers.

The FFS Specialty Pharmacy Drug Program does not apply to MA beneficiaries who are enrolled in a Physical Health HealthChoices or Community HealthChoices MCO or whose medications are covered by a third-party resource, including Medicare or a private health insurance plan, unless those plans do not cover the specialty drug and the specialty drug is covered by the FFS MA program.

DISCUSSION:

Scope of Drugs Included in the FFS Specialty Pharmacy Drug Program

Specialty drugs include but are not limited to medications that:

- Are administered by injection or infusion.
- Are used to treat chronic and/or life-threatening medical conditions.
- Are high cost and associated with complex dosing regimens.
- Require training for administering the drug.
- Require additional patient education, monitoring, or counseling.
- Require temperature control or other specialized handling.

The list of drugs included in the FFS Specialty Pharmacy Drug Program is available on the Department's website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx> and is included in Attachment 1 of this MA Bulletin. The Department will periodically update the list of drugs included in the Specialty Pharmacy Drug Program and will notify providers in advance of any changes.

The Department will not make payment to other enrolled pharmacies or dispensing prescribers for drugs included in the FFS Specialty Pharmacy Drug Program. However, the Department will continue to make payment to dispensing prescribers for administration of these medications.

Preferred Specialty Pharmacy Drug Program Provider

The Department's preferred provider of medications included in the Specialty Pharmacy Drug Program beginning July 1, 2022, is:

Chartwell Pennsylvania

Phone: 833-710-0211

Fax: 412-920-1869

Website: <https://www.chartwellpa.com/>

The Department provided the preferred specialty pharmacy provider with a list of prescribers currently prescribing drugs designated as specialty medications to MA beneficiaries whose pharmacy services are covered under the FFS program. The specialty pharmacy provider will send a letter of introduction to those prescribers that includes a description of the services provided by the preferred specialty pharmacy and the pharmacy's contact information.

The Department sent client-specific notices to all MA beneficiaries with a recent history of a paid claim for a drug included in the Specialty Pharmacy Drug Program. The client-specific notice identifies the specialty medication and explains what the MA beneficiary must do to continue to get that drug. The notice instructs the MA beneficiary to contact their prescriber or the preferred specialty pharmacy provider to ensure that they do not experience any interruption in service. A copy of the client-specific notice is included in Attachment 2.

MA Program Pharmacy Regulations and Requirements

All regulations in Title 55 Chapters 1101, 1121, and 1150 related to pharmacy services continue to apply to specialty medications with the following exceptions:

1. The payment methodology in Chapter 1121 will not apply. Fees are negotiated under selective contracting.
2. The requirement for co-payments in Chapter 1101 will not apply. All specialty medications dispensed by the preferred specialty pharmacy provider are exempt from co-payments.
3. The requirements related to the Restricted Recipient Program in Chapter 1101 will not apply to the scope of drugs covered under the Specialty Pharmacy Drug Program. MA beneficiaries in the Restricted Recipient Program must get their specialty medications from the Department's preferred specialty pharmacy provider. MA beneficiaries in the

Restricted Recipient Program must continue to get all other non-specialty medications from their restricted providers.

In addition, specialty drugs may be subject to the Statewide Preferred Drug List (PDL), requirements for prior authorization and corresponding guidelines to determine medical necessity, and quantity limits/daily dose limits.

PROCEDURE:

The following describes procedures regarding specialty drugs and medications.

Accessing a Drug Included in the Specialty Pharmacy Drug Program

1. The prescriber may call, fax, or electronically transmit the prescription for a specialty medication to the preferred specialty pharmacy provider listed above. If the MA beneficiary is currently taking a specialty medication that was previously dispensed by another pharmacy, the MA beneficiary can contact the preferred specialty pharmacy provider and ask the specialty pharmacy to contact the prescriber for a new prescription or contact the other pharmacy to obtain a transfer of the current prescription.

If the specialty drug is to be administered in the MA beneficiary's home, the prescriber may also order any ancillary supplies needed for administration and, if necessary, indicate the in-home health provider that the beneficiary prefers to administer the specialty medication.

NOTE: If the specialty medication requires prior authorization, the prescriber must initiate the request for prior authorization with the Department before contacting the preferred specialty pharmacy provider. Please refer to the "Prior Authorization for Drugs Included in the Specialty Pharmacy Drug Program" section included below in this bulletin.

2. The prescriber should identify where, when, and how often the specialty medication should be delivered. If the prescriber does not provide this information with the prescription, the preferred specialty pharmacy provider will contact the prescriber to obtain this information.
3. At initiation of therapy (either a new prescription or the first time using the preferred specialty pharmacy provider), the preferred specialty pharmacy provider will contact the prescriber and/or the MA beneficiary to collect patient information.
4. The preferred specialty pharmacy provider will contact the MA beneficiary to provide information about their patient care coordination services.
5. If the prescriber indicated to the preferred specialty pharmacy that the specialty medication should be delivered to the MA beneficiary, the preferred specialty pharmacy will contact the MA beneficiary to arrange for delivery.

6. The preferred specialty pharmacy will coordinate in-home nursing services to administer the specialty drug to the MA beneficiary when necessary.
7. The preferred specialty pharmacy provider will mail a packet containing information about the beneficiary's specialty medication, the services offered by the preferred specialty pharmacy provider, and details about how to contact the preferred specialty pharmacy provider to the MA beneficiary.
8. The preferred specialty pharmacy provider will deliver the specialty medication to the prescriber's office, MA beneficiary's home or work, or other chosen location on the "needs by" date requested by the prescriber.
9. The preferred specialty pharmacy provider will contact the prescriber and/or the MA beneficiary to confirm that the beneficiary is still receiving therapy with the specialty medication prior to delivering a refill. NOTE: The preferred specialty pharmacy provider will not deliver the specialty drug without this confirmation.

Prior Authorization for Drugs Included in the Specialty Pharmacy Drug Program

If the prescribed specialty medication requires prior authorization, the prescriber must initiate the request for prior authorization before contacting the preferred specialty pharmacy provider. Providers may refer to the list of drugs included in the Specialty Pharmacy Drug Program to identify specialty drugs that require prior authorization at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx>

If a drug included in the Specialty Pharmacy Drug Program requires prior authorization, the prescriber must request prior authorization in accordance with the procedures in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs that require prior authorization.

The FFS pharmacy prior authorization general requirements and procedures are also outlined on the Department's website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>.

Clinical Support System Services

In addition to dispensing and delivery of specialty medications and coordination of nursing services when needed, the Department's preferred specialty pharmacy provider offers a clinical support system for MA beneficiaries that includes but is not limited to the following services:

1. A toll-free call center available 24 hours per day, 7 days per week to respond to MA beneficiaries' questions about their medications.
2. Personal medication counseling including but not limited to:
 - a. Identification and management of side effects of medications.
 - b. Proper storage of medications.
3. Directions for medication administration and management.
4. Monitoring adherence.
5. Care coordination.

ATTACHMENTS:

Attachment 1 – List of drugs included in the Department's Specialty Pharmacy Drug Program
Attachment 2 – MA program client notice

RESOURCES:

Information about the FFS Specialty Pharmacy Drug Program, including a list of drugs included in the Specialty Pharmacy Drug Program and instructions for accessing these drugs, can be found on the Department's Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx>.

The FFS Covered Drug Search Tool is available at <https://www.humanservices.state.pa.us/CoveredDrugs/CoveredDrugs/Index>.

The Statewide PDL is located at <https://papdl.com/preferred-drug-list>.

The FFS pharmacy prior authorization general requirements are located at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Pharmacy-Prior-Authorization-General-Requirements.aspx>.

The FFS requirements for prior authorization and prior authorization clinical guidelines are available at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Clinical-Guidelines.aspx>.

Information about the FFS quantity limits/daily dose limits and a list of drugs subject to these limits is available at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Quantity-Limits-and-Daily-Dose-Limits.aspx>.

Specialty Pharmacy Drug List

Chartwell

<https://www.chartwellpa.com/>

Telephone: 833-710-0211

Fax: 412-920-1869

Blood Cell Deficiency

ARANESP*
EPOGEN*
GRANIX*
LEUKINE*
NPLATE*
PROCRIT*
PROMACTA*
RETACRIT*
TAVALISSE*
ZARXIO*

Botulinum Toxins

BOTOX*
DYSPORT*
MYOBLOC*
XEOMIN*

Endocrine Disorders

BYNFEZIA
KUVAN
OCTREOTIDE
SANDOSTATIN
SANDOSTATIN LAR DEPOT
SOMATULINE DEPOT

Enzyme Deficiencies

ALDURAZYME
CEREZYME*
ELAPRASE
FABRAZYME
GLASSIA*
KANUMA
LUMIZYME
NAGLAZYME
NEXVIAZYME
PALYNZIQ
VPRIV*

Growth Deficiency

GENOTROPIN*
GENOTROPIN MINIQUICK*
HUMATROPE*
NORDITROPIN FLEXPRO*
NUTROPIN AQ NUSPIN*
OMNITROPE*
SAIZEN*
SEROSTIM*
SKYTROFA*
ZOMACTON*

Hemophilia

ADVATE*
ADYNOVATE*
AFSTYLA*
ALPHANATE*
ALPHANINE SD*
ALPROLIX*
BENEFIX*
COAGADEX
CORIFACT
ELOCTATE*
FEIBA NF*
HEMLIBRA*
HEMOFIL M*
HUMATE-P*
IDELVION*
IXINITY*
JIVI*
KCENTRA
KOATE*
KOGENATE FS*
KOVALTRY*
MONONINE*
NOVOSEVEN RT*
NUWIQ*
OBIZUR*

PROFILNINE*

REBINYN*
RECOMBINATE*
RIXUBIS*
SEVENFACT*
VONVENDI*
WILATE*
XYNTHA*
XYNTHA SOLOFUSE*

Hepatitis B

adefovir dipivoxil
BARACLUDGE*
entecavir
EPIVIR HBV*
HEPSERA
lamivudine HBV
VEMLIDY*

Hepatitis C

EPCLUSA*
HARVONI*
ledipasvir-sofosbuvir*
MAVYRET*
PEGASYS*
RIBASPHERE CAPSULE
RIBASPHERE TABLET*

Effective July 1, 2022

*Prior Authorization Required

ribavirin
sofosbuvir-velpatasvir*
SOVALDI*
VOSEVI*
ZEPATIER*

Hereditary Angioedema

BERINERT*
FIRAZYR*
icatibant*

Immune Deficiency

CUVITRU*
CYTOGAM
FLEBOGAMMA*
GAMASTAN*
GAMMAGARD*
GAMMAGARD S-D*
GAMMAKED*
GAMMAPLEX*
GAMUNEX-C*
HIZENTRA*
HYQVIA*
OCTAGAM*
PANZYGA*
PRIVIGEN*
WINRHO SDF

Inflammatory Conditions

ACTEMRA*
AVSOLA*
CIMZIA*
COSENTYX*
DUPIXENT*
ENBREL*

ENTYVIO*
HUMIRA*
ILUMYA*
INFLECTRA*
KEVZARA*
OLUMIANT*
ORENCIA*
OTEZLA*
REMICADE*
RENFLEXIS*
RINVOQ ER*
SILIQ*
SIMPONI*
SIMPONI ARIA*
SKYRIZI*
STELARA*
TALTZ*
TREMIFYA*
XELJANZ*
XELJANZ XR*

Iron Toxicity

deferasirox*
deferoxamine
DESFERAL MESYLATE
EXJADE*
JADENU*

Movement Disorders

AUSTEDO*
tetrabenazine*

Multiple Sclerosis

AUBAGIO*
AVONEX

BAFIERTAM*
BETASERON
COPAXONE*
dalfampridine ER*
dimethyl fumarate*
EXTAVIA*
GILENYA*
GLATOPA
glatiramer
KESIMPTA*
OCREVUS*
PLEGRIDY*
PONVORY*
REBIF
TECFIDERA*
VUMERITY*
ZEPOSIA*

Ocular Disorders

BEOVU*
DURYSTA*
ILUVIEN*
LUCENTIS*
OZURDEX*
RETISERT*

Oncology

abiraterone acetate*
ACTIMMUNE
AFINITOR*
AFINITOR DISPERZ*
ALECENSA*
ALUNBRIG*
bexarotene
BOSULIF*

BRAFTOVI*
BRUKINSA*
CABOMETYX*
CALQUENCE*
capecitabine*
COMETRIQ*
COPIKTRA*
COTELLIC*
DAURISMO*
EMCYT
ERIVEDGE*
ERLEADA*
erlotinib*
everolimus*
EXKIVITY*
FARYDAK*
FIRMAGON
FOTIVDA*
GLEEVEC*
IBRANCE*
ICLUSIG*
IDHIFA*
imatinib mesylate*
IMBRUVICA*
INLYTA*
INREBIC*
INTRON-A
IRESSA*
JAKAFI*
KISQALI*
KISQALI FEMARA*
KOSELUGO*
LENVIMA*
LEUKERAN

LONSURF*
LORBRENA*
LUMAKRAS*
LYNPARZA*
MEKINIST*
MEKTOVI*
NERLYNX*
NEXAVAR*
NINLARO*
NUBEQA*
ODOMZO*
PEMAZYRE*
PIQRAY*
RETEVMO*
ROZLYTREK*
RUBRACA*
RYDAPT*
SCEMBLIX*
SPRYCEL*
STIVARGA*
SUTENT*
SYLATRON
SYNRIBO
TABRECTA*
TAFINLAR*
TAGRISSO*
TALZENNA*
TARCEVA*
TARGRETIN
TASIGNA*
TAZVERIK*
TECENTRIQ
TEMODAR*
temozolomide*

THYROGEN
TIBSOVO*
tretinoin
TUKYSA*
TYKERB*
UKONIQ*
VENCLEXTA*
VERZENIO*
VIZIMPRO*
VOTRIENT*
XALKORI*
XELODA*
XPOVIO*
XOSPATA*
XTANDI*
YONSA*
ZEJULA*
ZELBORAF*
ZOLINZA*
ZYDELIG*
ZYKADIA*
ZYTIGA*

Osteoarthritis
DUROLANE*
EUFLEXXA*
GEL-ONE*
GELSYN-3*
HYALGAN*
HYALURONATE SODIUM*
HYMOVIS*
MONOVISC*
ORTHOVISC*
SYNVISC*
SYNVISC-ONE*

Pituitary Suppressive Agents

ELIGARD*
FENSOLVI*
leuprolide acetate*
LUPRON DEPOT*
LUPRON DEPOT-PED*
MYFEMBREE*
ORGOVYX*
ORIAHNN*
ORLISSA*
SUPPRELIN LA*
VANTAS*

Potassium Removing Agents

VELTASSA*

Pulmonary Hypertension

ADCIRCA*
epoprostenol sodium
REVATIO*
sildenafil*
tadalafil*
treprostinil

Respiratory Conditions

BETHKIS*
CINQAIR*
ESBRIET*
FASENRA*
KALYDECO*
KITABIS
NUCALA*
ORKAMBI*
PULMOZYME
SYMDEKO*

TOBI*
tobramycin
XOLAIR*

RSV Prevention

SYNAGIS*

Miscellaneous

ADUHELM*
BENLYSTA
BRINEURA*
BUPHENYL
ELITEK
FUZEON*
hydroxyprogesterone*
MAKENA*
OCALIVA*
PRIALT
QUTENZA*
RADICAVA*
REZUROCK*
SAMSCA
SAPHNELO
sodium phenylbutyrate
SOLIRIS*
TEPEZZA*
ULTOMIRIS*
VILTEPSO*
XIAFLEX
ZINPLAVA*

Important Information About Your Medical Assistance Benefits

PLEASE READ CAREFULLY

The Pennsylvania Department of Human Services, Medical Assistance (MA) program has new information about how to get specialty drugs. Our records show that you take the specialty drug(s) listed below and Accredo filled your prescription. If you are still taking a specialty drug, **the following information is important to you because it explains how you can continue to get your specialty drug through the Specialty Pharmacy Drug Program.**

Your Specialty Drug(s)	

Starting on July 1, 2022, your prescription for a specialty drug must be ordered from the preferred specialty pharmacy. The preferred specialty pharmacy and contact information are as follows:

Chartwell Pennsylvania

Phone: 833-710-0211

Fax: 412-920-1869

Website: <https://www.chartwellpa.com/>

What You Should Do

If you get the specialty drug at your doctor's office, at the clinic, or at a treatment center, talk with your doctor. Let your doctor know that your specialty drug must be ordered from Chartwell. Your doctor can order your specialty drug from the preferred specialty pharmacy and the drug will be delivered to your doctor's office in time for your treatment. You will receive a call from Chartwell pharmacy to get information from you about your health, and to explain the available services and how they will work. You may also receive helpful information about your drug. Your doctor will also receive information about the program and will know how to help you. If your doctor does not participate in the MA Program they can find information at www.dhs.pa.gov.

If you get the specialty drug delivered to your home you can contact Chartwell at the phone number listed above to enroll in the program. Chartwell will contact your old pharmacy or the prescriber and get a prescription. You will receive a call from Chartwell to get information from you about your health, and to explain the available services and how they will work. You may also receive helpful information about your drug.

Frequently Asked Questions

What are "specialty drugs"?

- Drugs that may require special packaging or storage or special training and skills to use properly
- Drugs that may need to be given by injection through a vein or under the skin. This program DOES NOT include insulin. Insulin is not a specialty drug.
- Most drugs given by injection, whether they are given in a doctor's office, by a nurse in the patient's home, or by the patient in the patient's home after receiving training on how to give the drug.
- A complete list of all of the drugs in the program is on the web at: <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx> or you can call the MA Call Center at 1-800-537-8862 (TDD/TTY – PA Relay 711 – Give the operator the 1-800-537-8862 phone number to call).

What will the Preferred Specialty Pharmacy do?

- Contact you to enroll you in the program. They will ask you some questions to learn more about you and to plan for support services, such as home health nurses that you use while taking the specialty drug.
- Deliver your specialty drug to the place where it will be given to you. This can be the doctor's office, the clinic, a treatment center, or your home.

Important Information About Your Medical Assistance Benefits

PLEASE READ CAREFULLY

- Teach you and your caretaker, if needed, how to use your specialty drug if your doctor determines that you or your caretaker can administer the drug in your home.
- Provide training and information about your specialty drug including how to properly handle and store your drug, possible side effects and how to handle side effects, etc.
- Provide a toll-free, patient call center run by the specialty pharmacy that is available 24 hours a day, 7 days a week to answer any medical questions you may have about your specialty drug.

What should I do if I am already using the preferred specialty pharmacy to get my drug?

- If you are currently getting your specialty drug from Chartwell you do not need to do anything. You can continue to use them.

Does this program apply to everyone on Medical Assistance?

- This program only applies to persons who get a specialty drug with the ACCESS card. It does not apply to anyone in managed care.
- This program does not apply to people whose specialty drugs are covered by Medicare Part B or Medicare Part D or by a private health plan policy UNLESS those programs/policies do not cover your specialty drug and the drug is covered by the Pennsylvania Medical Assistance Program. In that case, this program does apply to you.

What else should I know about the program?

- You will still be able to get all your non-specialty drugs at the pharmacy that you usually use.
- If your specialty drugs have prior authorization requirements your doctor will need to contact the Department's pharmacy call center. Doctors who participate in the MA Program will have information on how to ask for prior authorization. Doctors who do not participate in the MA program can get this information on the web at www.dhs.pa.gov.
- There are no copayments for specialty drugs.

Right of Appeal

You do not have the right to appeal the requirement to use the Department's preferred specialty pharmacy to get your specialty drug(s). However, if your specialty drug must be approved by the Department before you can get your prescription and the Department does not approve your prescription, you and your prescribing doctor will get a written notice of the decision. You will have the right to appeal that decision. You will have 30 days from the date on the notice to send an appeal. The written notice will explain how to appeal and where to send the appeal. It will also explain that if you are already taking that medicine and you appeal within 10 days of the date on the written notice, you can continue to get your medicine until the appeal is decided.

For More Information

Call the MA call center at 1-800-537-8862 (TDD/TTY – PA Relay 711 – Give the operator the 1-800-537-8862 phone number to call), if you have any questions. More information about the Specialty Pharmacy Drug Program is available on the Department's website at:

<https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx>

Important Information About Your Medical Assistance Benefits

PLEASE READ CAREFULLY

- ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. If you need this notice translated into another language, check the box and/or write the name of the language on the line below and mail a copy of the notice, along with this page, to: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ATENCIÓN:** Si usted habla un idioma que no sea inglés, hay servicios gratuitos de asistencia lingüística disponibles para usted. Si necesita que este aviso se traduzca a otro idioma, marque la casilla y/o escriba el nombre del idioma en la línea a continuación, y envíe una copia del aviso junto con esta página a: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ВНИМАНИЕ!** Если вы не говорите по-английски, вы можете воспользоваться бесплатными услугами перевода. Если вам нужен перевод данного уведомления на другой язык, поставьте галочку и (или) укажите язык в строке ниже и отправьте копию уведомления по почте вместе с этой страницей по адресу: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- 注意:** 如果您使用英语之外的其他语言, 我们还为您提供免费的语言协助服务。如果您需要将本公告翻译为其他语言, 请在方框内打钩和/或在下面一行写上语言名称, 将本页和公告的副本一起邮寄至: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- LUFU Ý:** NẾU QUÝ VỊ NÓI MỘT NGÔN NGỮ KHÁC NGOÀI TIẾNG ANH, CÁC DỊCH VỤ HỖ TRỢ NGÔN NGỮ MIỄN PHÍ SẼ CÓ SẴN CHO QUÝ VỊ. NẾU QUÝ VỊ CẦN THÔNG BÁO NÀY ĐƯỢC DỊCH SANG MỘT NGÔN NGỮ KHÁC, HÃY ĐÁNH DẤU VÀO TRONG Ô VÀ/HOẶC VIẾT TÊN CỦA NGÔN NGỮ TRÊN ĐÒNG BÊN DƯỚI VÀ GỬI MỘT BẢN SAO CỦA THÔNG BÁO, CÙNG VỚI TRANG NÀY, TỚI: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- ملحوظة:** إذا كنت تتحدث لغة غير اللغة الإنجليزية، فإن خدمات المساعدة اللغوية متاحة لك من نون مقابل. وإذا كنت بحاجة لترجمة هذا الإشعار إلى لغة أخرى، يرجى تحديد المربع و/أو كتابة اسم اللغة على السطر أدناه وإرسال نسخة من الإشعار مع هذه الصفحة إلى العنوان التالي: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
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- ध्यान आपशी:** જો તમે અંગ્રેજી સિવાયની કોઇ ભાષા બોલતા હો તો, તમને ભાષા સહાયતા સેવાઓ, મફતમાં, ઉપલબ્ધ છે. જો તમને આ નોટિસ બીજી કોઇ ભાષામાં ભાષાંતર કરેલી જોઇતી હોય તો, ખાના પર નિશાની કરો અને/અથવા ભાષાનું નામ નીચેની વાઇનમાં લખો અને આ નોટિસની નકલ આ પાન સાથે, ટપાલથી આ સરનામે મોકલો: BFFSP, LEP Services, P.O. Box 8050, Harrisburg, PA 17105.
- Other Language: _____

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