2025

SingleCare/SharedCare (Baahiyaha Gaarka ah ee BasicCare (Special Needs BasicCare, SNBC) MA37) Foomka Diiwaangelinta

South Country Health Alliance Lambarada Taleefanka ee Adeegyada Xubnaha

1-866-567-7242 TTY ee maqalka naafada halkan 1-800-627-3529 ama 711.
8 subaxnimo ilaa 5 galabnimo, Isniinta ilaa Jimcaha.
Wicitaanka waa lacag la'aan.

Waxaad kala hadli kartaa qof ku saabsan helitaanka macluumaadkan bilaash ah luqado kale.
Wac 1-866-567-7242. Isticmaalayaasha TTY waa inay wacaan 1-800-627-3529 ama 711,
8 subaxnimo ilaa 5 galabnimo, Isniinta ilaa Jimcaha.
Wicitaanka waa lacag la'aan.

Ku soo celi foomka la buuxiyay, bogagga 1 ilaa 3, una soo celi:

South Country Health Alliance
6380 West Frontage Road
Medford, MN 55049

Faakis: 507-431-6328

South Country HEALTH ALLIANCE

1-866-567-7242, TTY 1-800-627-3529 or 711

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ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

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သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တကွၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တ်မၤစၢၤကလီလၢတ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤနူဉ်,ကိးဘဉ်လိတဲစီနီၢ်ဂ်ၢ်လၢထးအံၤနူဉ်တကွၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Ogaysiiska Xuquuqda Madaniga ah

Takoorku waxa uu ku lid yahay sharciga. South Country Health Alliance (South Country) wax kuma takoorto qaabka ku salaysan waxyaabaha soo socda:

- isirka
- midab
- asalka qaranka
- caqiidada
- diinta
- qaabka galmada
- heerka caawimada dad waynaha
- da'da:
- naafanimada (ay ku jirto liidashada jidhka ama maskaxda)
- Jinsiga (ay ku jirto faalooyinka laga bixiyo jinsiga qofka iyo aqoonsiga sinjiga)
- xaalada guurka
- rumaynta siyaasadeed
- xaalada caafimaadka
- heerka caafimaadka
- helida adeegyada daryeelka caafimaadka
- waayo aragnimada sheegashada
- taariikhda caafimaadka
- macluumaadka hide sidaha

Waxaad xaq u leedahay inaad soo xarayso cabashada takoorka haddii aad rumaysan tahay inay kuula dhaqmay qaab takoor ah South Country. Waxaad soo xarayn kartaa cabasho oo waxaad waydiisan kartaa caawimada soo xaraynta cabashada qof ahaan ama boostada, telefoonka, fagaska, ama iimaylka xaga:

Civil Rights Coordinator
South Country Health Alliance
6380 West Frontage Road, Medford, MN 55049
Wicitaan bilaasha ah 866-567-7242 TTY: 800-627-3529 or 711 Fagas: 507-444-7774
iimaylka: grievances-appeals@mnscha.org

Kaalmada Caawinta ah iyo Adeegyada: South Country waxay bixisaa kaalmada caawinta iyo adeegyada, sida turjumaano takahasus leh ama macluumaadka qaabab la heli karo, bilaash ah iyo wakhti habboon si loo xaqiijiyo fursada loo siman yahay si looga qayb galo barnaamijyadayada daryeelka caafimaadka. **La xidhiidh** Xubinta Adeega members@mnscha.org ama soo wac 866-567-7242, TTY 800-627-3529 ama 711.

Adeegyada Caawimada Luqaddda: South Country waxay bixisaa dhokumenti turjumaan oo turjumaada luqadda lagu hadlo, oo bilaash ah iyo wakhti ku haboon, marka adeegyada caawimada luqadda ay lama huraan u yihiin si loo xaqiijiyo dadka kuhadlo Ingiriisiga xadidan inay si macno buuxda leh u heli karaan macluumaadkayaga iyo adeegyada. **La xidhiidh** Xubinta Adeega members@mnscha.org ama soo wac 866-567-7242, TTY 800-627-3529 ama 711.

Cabashooyinka Xuquuqda Madaniga ah

Waxaad xaq u leedahay inaad soo xarayso cabashada takoorka haddii aad rumaysan tahay inay kuula dhaqmay qaab takoor ah South Country. Waxaad la xidhiidhi kartaa sidoo kale mid kasta oo ka mid ah wakaaladaha soo socda si toos ah si aad u soo xarayso cabashada takoorka.

Waaxda Caafimaadka Iyo Adeegyada Aadamaha Maraykanka ee Xuquuqda Aadamaha (U.S. Department of Health and Human Services Office of Civil Rights) (OCR)
Waxaad xaq u leedahay inaad soo xarayso cabashada OCR, wakaalada federaalka, haddii aad rumaysan tahay in lagu takooray sababtoo ah wax ka mid ah waxa soo socda:

- isirka
- midab
- asalka qaranka
- da'da:
- naafanimadooda
- sinjiga
- diinta (xaaladaha qaarkood)

Boggaan si ula kac ah ayaa looga tagay

Ula xidhiidh **OCR**si toos ah si aad u soo xarayso cabasho.:

Office for Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240 Chicago, IL 60601
Xarunta Jawaabta Macmiilka 800-368-1019, TTY: 800-537-7697
Iimaylka: ocrmail@hhs.gov

Waaxda Xuquuqaha Aadamaha ah (Minnesota Department of Human Rights) (MDHR)

Gudaha Minnesota, waxaad xaq u leedahay inaad soo xarayso cabashada MDHR, haddii lagu takooray sababtoo ah wax ka mid ah waxa soo socda:

- isirka
- midab
- asalka qaranka
- diinta
- caqiidada
- sinjiga
- qaabka galmada
- xaalada guurka
- heerka caawimada dad waynaha
- naafanimadooda

Ula xidhiidh **MDHR**si toos ah si aad u soo xarayso cabasho.:

Minnesota Department of Human Rights
540 Fairview Avenue North, Suite 201, St. Paul, MN 55104
651-539-1100 (codka), 800-657-3704 (wicitaanak bilaashka ah), 711 ama 800-627-3529 (MN Relay),
651-296-9042 (fagaska), Info.MDHR@state.mn.us (iimaylka)

Waaxda Minnesota ee Adeegyada Aadamaha Minnesota (DHS)

Waxaad xaq u leedahay inaad soo xarayso cabashada DHS, haddii aad rumaysan tahay in lagu takooray barnaamijyadayada daryeelka caafimaadka sababtoo ah wax ka mid ah waxa soo socda:

- isirka
- midab
- asalka qaranka
- diinta (xaaladaha qaarkood)
- da'da:
- naafanimada (ay ku jirto liidashada jidhka ama maskaxda)
- Jinsiga (ay ku jirto faalooyinka laga bixiyo jinsiga qofka iyo aqoonsiga sinjiga)

Cabashooyinka waa inay qornaadaan oo lagu soo xareeyo gudaha 180 maalmood laga bilaabo taariikhda aad ogaatay takoorka la tuhunsan yahay. Cabashada waa inay ka koobnaataa magacaaga iyo cinwaanka oo faahfaahi takoorka aad ka cabanayso. Dib ayaanu u eegi doonaa oo waxaanu kugu wargelin doonaa wax ku saabsan haddii aanu oggolaanay inaanu baadho. Haddii aanu oggolaano, waanu baadhi doonaa cabashada.

DHS ayaa qoraal ahaan kugu wargelin doono natiijada baadhitaanka. Waxaad leedahay xaqa aad ku qaadato rafcaanka haddii aad khilaafto go'aanka. Si rafcaan aad u qaadato waa inaad codsi qoran u soo dirtaa inaad hesho dib u eegida DHS natiijada baadhitaanka. Soo koob oo sheeg sababta aad u diiday go'aanka. Ku dar macluumaad dheeraad ah oo aad u malaynayso inay muhiim tahay.

Haddii aad cabasho usoo xarayso qaabkan, dadka u shaqeeya wakaalada ee lagu magacaabay cabashada kaama aar goosan karaan. Tan macnaheedu waxa weeye kuma ciqaabi karaan adiga qaabnaba inaad soo xaraysay cabasho awgeed. Ku soo xaraynta cabashada qaabkan kaama joojiso adiga raadinta tallaabooyinka kale ee sharci ama maamul.

Ula xidhiidh **DHS**si toos ah si aad u soo gudbiso cabashada takroorka:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040(cod) ama isticmaal adeega xidhiidhka dadka maqalka ka naafada ah

Hindida Maraykanka ah waxay sii wadi karaan ama bilaabi karaan isticmaalka adeegyada Qabiilka iyo rugaha Caafimaadka Hindida(IHS). Uma baahnaan doono oggolaanshe hore ama kuma soo rogno shuruudo adiga si aad uga hesho adeegyada rugahan. Dadka waayeelka ah ee 65 sanadood iyo ka wayn kuwan waxaa ku jira adeegyada ka Dhaafida Waayeelka ee lagu helo qabiilka. Haddii dhakhtarka ama adeeg bixiyaha kale ee qabiilka ama rugta IHS uu kuu gudbiyo adeeg bixiye ku jira shabakadaada, kaavama baahnaan doono adiga inaad aragto adeeg bixiya daryeelka koowaad ka hor gudbinta.

South Country HEALTH ALLIANCE

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Isticmaalka Xafiiska Kaliya
Taariikhda:_____
Magaca Qofka Iibinta Idman_____
Taariikhda Dhaqangalka ah ee Diiwaangelinta _____
Heerka Caymis Wadaaga Go'an ee LIS_____
Taariikhda Dhaqangalka ee Caymis Wadaaga Go'an ee LIS _____
Lambarka Dabagalka #_____
Waxaa Ansixiyay _____

dib u dainta

FOOMKA DIIWAANGELINTA EE SINGLECARE/SHAREDCARE

Magaca dambe	Magaca koowaad	MI (ikhtiyaar)	Taariikhda dhalashada (____/____/_____) BB / MM / SSSS	Jinsiga ❑ Lab ❑ Dhedig

Degmada aad ku nooshahay	Lambarka telefoonka (____) ____-_____	Lambarka telefoonka kale (____) ____-_____

Cinwaanka wadada (meesha aad ku nooshahay)	Magaalada	Gobolka	Koodhka Zip-ka
Cinwaanka boostada (haddii uu ka duwan yahay meesha aad ku nooshahay)	Magaalada	Gobolka	Koodhka Zip-ka
Ciwaanka iimaylka (ikhtiyaar)			
Lambarka Aqoonsiga Kaalmada Caafimaadka (Nidaamka Diiwaanka Bukaanka (Patient Master Index, PMI))	Lambarka kiiska		

Ma u baahan tahay turjubaan? ❑ HAA ❑ MAYA

Haddii Haa, calaamee mid ka mid ah sanduuqyada hoose:

❑ Isbaanish (01) ❑ Hmong (02) ❑ Fiitnamiis (03) ❑ Khmer Kambodiyaan (04)
❑ Lao (05) ❑ Ruush (06) ❑ Soomaali (07) ❑ ASL (Luqadda Calaamadaha Maraykanka 08)
❑ Amxaari (09) ❑ Carabi (10) ❑ Oromo (12) ❑ Burma (14)
❑ Kantoniis (15) ❑ Faransiis (16) ❑ Kuuriya (20) ❑ Karen (21)
❑ Mid kale (98) sharax _____

Ma leedahay naafonimo ay caddeeyeen Maamulka Soshal Sekuritiga ama Kooxda Dib u eegista Caafimaadka ee Gobolka (State Medical Review Team, SMRT)? ❑ HAA ❑ MAYA

Ma ku nooshahay xarun daryeel muddo-dheer? ❑ HAA ❑ MAYA
Hadday Haa tahay, ku buuxi macluumaadka hoose:

Magaca xarunta: _____ Lambarka taleefoonka (____) ____- _____

Ma leedahay caynsanaanta Medicare? ❑ HAA ❑ MAYA Haddii Haa tahay, buuxi macluumaadka hoose.

Lambarka Medicare: _____

Taariikhda Bilawga (Qaybta A) Isbitaalka: _____ Taariikhda Bilowga (Qaybta B) Caafimaadka: _____

Ma leedahay caymis caafimaad *kale* ama caymis gaar ah?

❑ HAA ❑ MAYA

Haddii Haa tahay, magaca shirkadda caymiska: _____

Magaca sharci-hayaha: _____ Lambarka kooxda:_____

Lambarka Siyaasadda/aqoonsiga: _____

Caymiskani ma laga helaa loo shaqeeyaha? ❑ HAA ❑ MAYA

WAXAAD DOORANEYSAA SIDAAD KU HELI DOONTO CAYMISKA DARYEELKAAGA CAAFIMAAD

Isdiiwaangelinta qorshaha caafimaadka SNBC waa ikhtiyaari. Waxaad codsan kartaa inaad u beddesho Adeegga Lacag-bixinta Caawinta Caafimaadka (Medical Assistance Fee-for-Service), waxaana beddelkaasi dhaqan geli doonaa bisha ugu horreysa ee la heli karo

Fadlan akhri oo saxeex foomkan gadaashiisa

Sida uu qabo SingleCare/SharedCare ee South Country Health Alliance (South Country), Waxaan fahmay in:

SingleCare/SharedCare ee South Country waxay bixin doontaa daryeelkayga caafimaad ee ay cayimeyso Kaalmada Caafimaadka.

Waxaan leeyahay xaq aan ku racfaan qaato haddii adeegyada la diido, la yareeyo ama l**a joojiyo, ama haddii SingleCare/SharedCare ee South Country** diido inay bixiso adeegyada.

Waxaa la ii soo ogeysiin doonaa warqad boosto ah oo ka timaadda Department of Human Services (DHS) si horudhac ah, taasoo muujinaysa goorta caymiskeyga uu ka bilaaban doono <South Country SingleCare/SharedCare>.

Marka caymiskeyga **SingleCare/SharedCare ee South Country** uu bilaabmo, waa inaan isticmaalo dhakhaatiirta iyo bixiyeyaasha kale ee **SingleCare/SharedCare ee South Country**. Waxaan arki karaa dhakhaatiir kale oo keliya xaaladaha degdegga ah, daryeelka si degdeg ah loo baahan yahay, adeegyada helitaan furan, daaweynta ka baxsan goobta degaanka, ama haddii aan helayo oggolaansho **SingleCare/SharedCare ee South Country** si aan u arko bixiyeyaal kale.

Waxaan ka akhrin doonaa Buug-gacmeedka Xubinta ee ka yimid **SingleCare/SharedCare ee South Country**. Waxay ii sheegi doontaa xeerarka aan u baahanahay inaan raaco waxayna sharxi doontaa adeegyada uu daboolayo qorshahaygu. Adeegyada ku jira Buug-gacmeedka Xubinka ee **SingleCare/SharedCare ee South Country Health Alliance** waa la cayimi doonaa.

Adeegyada qaarkood waxay u baahan yihiin oggolaansho ka timid **South Country SingleCare/SharedCare**. Oggolaansho la'aan, **SingleCare/SharedCare ee South Country** ma bixin doono adeegyadan.

Dheefaheyga **SingleCare/SharedCare ee South Country** lama tirtiri karo waan bukoonayaa ama waxaan isticmaalaa adeegyada daryeelka caafimaadka. Tani waxay ka dhigan tahay inaad sii wadan doonto caymiskaaga xitaa haddii aad u baahan tahay inaad si joogto ah u isticmaasho.

Waxaan dooran karaa inaan ka tago **SingleCare/SharedCare ee South Country** oo u beddesho khidmad-ka-bixinta-addeega ee Kaalmada Caafimaadka. Isbeddelka qorshaha caafimaadka wuxuu ku bilaaban doonaa iyadoo ku xiran goorta codsigeyga lagu helo DHS. Waxaan sii wadan doonaa inaan ku biiro **SingleCare/SharedCare ee South Country** illaa maalinta ugu dambeysa ee bisha.

Adeegyadeyda daryeelka caafimaadka waxa la isku dubaridi doonaa **SingleCare/SharedCare ee South Country**.

In la iska diwaangeliyo oo laga diiwaan gashanado **SingleCare/SharedCare ee South Country**, waa inaan:

- Inuu shahaado uu haysto caddeneyso inuu naafo yahay ayna cadeyeen Maamulka Soshal Sekuritiga ama Kooxda Dib u eegista Caafimaadka ee Gobolka (State Medical Review Team, SMRT)
- Ugu yaraan 18 jir iyo ka yar 65 jir
- Aad ugu qalanto daryeelka caafimaadka iyada oo loo marayo Kaalmada Caafimaadka iyada oo aan kharash caafimaad la helin
- Midkood aan lahayn Medicare, **AMA** haysta labada qaybood ee Medicare A **iyo** B
- Waxaan ku noolahay degmo uu u adeego **SingleCare/SharedCare ee South Country**

Haddii wax is beddelo, waxaan ogeysiin doonaa shaqaalahayga degmada iyo **SingleCare/SharedCare ee South Country**.

Haddii aan ku biiray SNBC kadibna aan yeesho kharash caafimaad oo **aanan u bixinin DHS**, waxaa la iga saari doonaa SingleCare/SharedCare ee South Country.

Haddii aan leeyahay Kaalmada Caafimaadka oo loogu talagalay Dadka Shaqaalaha ee Naafada ah (MA-EPD), waa inaan sii wado bixinta lacagta caymiska ee MA-EPD.

Anigoo iska diiwaan gelinaya SingleCare/SharedCare ee South Country, Waxaan oggolaaday:

Wadaagista macluumaadka ku saabsan heerka u-qalmitaanka Kaalmada Caafimaadka iyo macluumaadka foomkan ee gobolka, wakiilladeeda, degmada aan ku noolahay, iyo **SingleCare/SharedCare ee South Country**.

Macluumaadka foomkan is diiwaangelinta waa sax ilaa inta ogaalkayga ah.

Waxaan fahamsanahay in saxiixayga (ama saxiixa qofka loo oggolaaday inuu ku hadlo magacayga sida waafaqsan shuruucda gobolka aan ku noolahay) ee foomkan macnihiisu yahay inaan akhriyay oo fahmay waxa ku jira foomka. Haddii uu saxiixo shaqsi idman (sida kor lagu sharaxay), saxiixan ayaa cadeynaya in: 1) Qofkan waxaa u oggolaaday sharciga gobolka inuu buuxiyo foomkan diiwaangelinta isagoo ku hadlaya magacayga, iyo 2) dukumiintiga awooddan waxaa la heli karaa marka ay codsato gobolka ama South Country Health Alliance (South Country) SingleCare/SharedCare.

Saxiixa qofka isdiiwangeliyay ama wakiilka idman:		Taariikhda:
Haddii aad tahay wakiilka la oggolaaday, waa in aad saxiixda xagga sare oo aad bixisa macluumaadka soo socda		
Magaca (daabac):	Xiriirka isdiiwaangelinta:	Lambarka taleefanka:
Cinwaanka wadada, magaalada, gobolka, koodhka zip-ka:		

Adiga ama wakiilkaaga la oggolaaday waa inaad saxiixdaan meesha sare ku xusan.

Marka foomka la buuxiyo, ugu dir boosto ahaan ama fakis ahan bogagga 1 ilaa 3 SingleCare/SharedCare ee South Country.
Cinwaankayaga iyo lambarka fakiska ayaa ku yaala jeldiga.