



## **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 4:30 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 4:30 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**

NO ENGLISH



1-866-567-7242

TRS: 711

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ማሳሰቢያ:- አማርኛ ተናጋሪ ከሆኑ ፤ ነጻ የቋንቋ ድጋፍ አገልግሎቶች ካለዎንም ክፍያ እና ካለአላስፈላጊ መዘግየት ማግኘት ይችላሉ። በተጨማሪም መረጃን በቀላሉ ለማግኘት በሚያስችል ቅርጸት ለማቅረብ ተገቢ የሆኑ የመስማት ድጋፍ እና አገልግሎቶች ከክፍያ ነጻ በሆነ እና ግዜውን በጠበቀ መልኩ ማግኘት ይችላሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: نقدم لمتحدثي اللغة العربية خدمات مساعدة لغوية مجانية وفورية، بالإضافة إلى وسائل وخدمات مساعدة مناسبة، وبصيغة معلومات سهلة بدون تكلفة وبشكل سريع. يرجى التواصل على الرقم الموضح أعلاه أو مراجعة مقدم الخدمة المباشرة. Arabic

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာဘာသာစကား ပြောဆိုသူဖြစ်လျှင် အခမဲ့ ဘာသာစကားဆိုင်ရာ ပံ့ပိုးထောက်ပံ့ပေးမှု ဝန်ဆောင်မှုများအား မလိုအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုများ မရှိစေဘဲ သင် အခမဲ့ ရရှိနိုင်မည် ဖြစ်သည်။ ထို့ပြင် အချက်အလက်များအား အလွယ်တကူ ဝင်ရောက်ရယူနိုင်စေသော ဖောမတ်ပုံစံများဖြင့် ထောက်ပံ့ပေးထားသည့် သက်ဆိုင်ရာ ဖြည့်စွက် ထောက်ပံ့မှုများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ အချိန်မ ရရှိနိုင်စေရန် စီမံပေးထားပါသည်။ ကျေးဇူးပြုပြီး အထက်ဖော်ပြပါ ဖုန်းနံပါတ်သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင်၏ ထောက်ပံ့သူဖြင့် ပြောဆိုဆွေးနွေးပါ။ မြန်မာဘာသာစကား Burmese

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (ខ្មែរ) សេវាកម្មជំនួយភាសាភាគតិចត្រូវមានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ និងដោយគ្មានការពន្យារពេលមិនចាំបាច់ឡើយ។ លើសពីនេះ ជំនួយ និងសេវាកម្មដែលសមស្របក្នុងការផ្តល់ព័ត៌មានក្នុង ទម្រង់ដែលអាចចូលប្រើបានគឺអាចរកបានដោយឥតគិតថ្លៃ និងទាន់ពេលវេលា។ សូមហៅទូរស័ព្ទទៅលេខខាងលើ ឬនិយាយជាមួយអ្នកផ្តល់សេវារបស់អ្នក។ ភាសាខ្មែរ (ខ្មែរ) Cambodian (Khmer)

注意：如果您說簡體中文，您可以免費獲得語言協助服務，且不會有不必要的延誤。此外，還能免費及時獲取以無障礙格式提供資訊的適當輔助工具和服務。請撥打上面的電話號碼，或與您的服務提供商溝通。 Cantonese (Traditional Chinese)

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition, sans frais et sans délai. En outre, des aides et services auxiliaires appropriés pouvant fournir des informations dans des formats accessibles sont disponibles gratuitement et rapidement. Veuillez appeler le numéro ci-dessus ou contacter votre fournisseur. French

CEEB TOOM: Yog koj hais lus Hmoob, muaj kev pab txhais lus dawb rau koj siv. Koj tsis tas them nqi thiab yuav tsis qeeb. Kuj muaj cuab yeej thiab kev pab los pab koj nyeem cov ntaub ntauw kom yooj yim nkag siab. Koj hu tau rau tus xov tooj saum toj no lossis nrog koj tus kws kho mob tham. Hmong

**NO ENGLISH**



**1-866-567-7242**

**TRS: 711**

ဟ်သုဉ်ဟ်သး- နမ့ၢ်ကတိၤကညီကိၣ်အဃိ, နမၤန့ၢ် ကိၣ်တၢ်ဆိၣ်ထွဲမၤစၢၤ လၢတလၢကညီလၢကတိၤ ဒီးတအိၣ်ဒီး တၢ်မၤယံာ်မၤနီၢ်သးဘၣ်န့ၣ်လီၤ. အါန့ၢ်အန့ၣ်, တၢ်အိၣ်စ့ၢ်ကိးဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ဟူဒီး တၢ်မၤစၢၤတၢ်မၤတဖၣ် လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢပုၤအါဂၤန့ၢ်ပၢၢ်အိၤသ့ လၢတအိၣ်ဒီးအဘူးအလဲ ဒီးချူးဆၢချူးကတိၤန့ၣ်လီၤ. ဝံသးစူၤ ကိးနီၣ်ဂံၢ်လၢထး မ့တမ့ၢ် တဲသကိးတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်မၤစၢၤ တက့ၢ်. ကညီကိၣ် Karen

안내: 한국어를 사용하시는 분께는 언어 지원 서비스를 무료로, 지체 없이 제공해 드립니다. 또한, 정보 접근성을 위한 적절한 보조 기구 및 서비스가 무료로, 시의적절하게 제공됩니다. 위에 있는 번호로 전화하시거나 담당자에게 말씀해 주십시오. Korean

ທຸກຢາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານຈະໄດ້ຮັບບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າ ແລະ ບໍ່ມີການຊັກຊ້າ ທີ່ບໍ່ຈຳເປັນ. ນອກຈາກນັ້ນ, ເຄື່ອງມືຊ່ວຍເຫຼືອແລະ ບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ ໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທລະສັບຂ້າງເທິງ ຫຼື ສົນທະນາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

HUBADHAA: Yoo Afaan Oromoo dubbattu ta’e, tajaajila gargaarsa turjumaana afaanii biliisaan akkasumas turtii barbaachisaa hin taane hambisu danda’u isiniif dhihaatee jira. Dabalataanis, odeeffannoo haala salphaan argamuu danda’an dhiyeessuuf gargaarsa fi tajaajiloota deeggarsaa qama midhamtootaaf mijatoo ta’an, kaffaltii tokko malee fi yeroo isaa eeggatee kennamu dhihaatee jira. Odeeffanno dabalataaf lakkoofsa armaan oliitti fayyadamuun namoota gargaarsa kana isiniif kennan qunnamaa. Oromo

ВНИМАНИЕ: Если вы разговариваете на русском языке, воспользуйтесь услугами языковой поддержки бесплатно и без лишних проводов. Также бесплатно и незамедлительно предоставляются соответствующие вспомогательные средства и услуги по обеспечению информацией в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, waxaa si bilaash ah kuugu diyaar ah adeegyada caawinada luuqadeed oo aan lahayn daahitaan aan munaasib ahayn. Intaas waxaa dheer, waxaa la heli karaa adeegyada iyo kaabitaanka naafada ee haboon si macluumaadka loogu bixiyo qaabab la adeegsan karo oo bilaash ah laguna bixinayo waqqigeeda. Fadlan wac lambarka kore ama la hadal adeegbixiyahaaga. Somali

ATENCIÓN: si habla español, tiene a su disposición los servicios gratuitos de traducción sin costo alguno y sin demoras innecesarias. Además, se encuentran disponibles de forma gratuita y oportuna ayuda y servicios auxiliares adecuados con el fin de brindarle información en formatos accesibles. Llame al número indicado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu bạn nói tiếng Việt, bạn có thể được hỗ trợ ngôn ngữ miễn phí mà không phải chờ đợi lâu. Ngoài ra, các thiết bị hỗ trợ và dịch vụ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng có sẵn miễn phí và kịp thời. Vui lòng gọi số điện thoại phía trên hoặc trao đổi với nhân viên y tế của bạn. Vietnamese

## 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](mailto: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](mailto:members@mnscha.org) ama soo wac 866-567-7242, TTY 800-627-3529 ama 711.

**Adeegyada Caawimada Luqadda: 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 ku hadlo Ingiriisiga xadidan inay si macno buuxda leh u heli karaan macluumaadkayaga iyo adeegyada. **La xidhiidh** Xubinta Adeega [members@mnscha.org](mailto: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 takooryay sababtoo ah wax ka mid ah waxa soo socda:

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

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  
limaylka: [ocrmail@hhs.gov](mailto: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
- caqiidada
- heerka caawimada dad waynaha
- midab
- sinjiga
- naafanimadooda
- asalka qaranka
- qaabka galmada
- diinta
- xaalada guurka

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

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 xaq aad ku qaadata rafcaanka haddii aad khilaafto go'aanka. Si rafcaan aad u qaadata 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 rognno 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.

Isticmaalka Xafiiska Kaliya
Taariikhda: _____
Magaca Qofka libinta 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 _____

## FOOMKA DIIWAANGELINTA EE SINGLECARE/SHARED CARE

Magaca dambe	Magaca koowaad	MI (ikhtiyaar)	Taariikhda dhalashada (____/____/____) BB / MM / SSSS	Jinsiga <input type="checkbox"/> Lab <input type="checkbox"/> 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																						
<p>Ma u baahan tahay turjubaan? <input type="checkbox"/> HAA <input type="checkbox"/> MAYA</p> <p>Haddii Haa, calaamee mid ka mid ah sanduuqyada hoose:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Isbaanish (01)</td> <td><input type="checkbox"/> Hmong (02)</td> <td><input type="checkbox"/> Fiitnamiis (03)</td> <td><input type="checkbox"/> Khmer Kambodiyaan (04)</td> </tr> <tr> <td><input type="checkbox"/> Lao (05)</td> <td><input type="checkbox"/> Ruush (06)</td> <td><input type="checkbox"/> Soomaali (07)</td> <td><input type="checkbox"/> ASL (Luqadda Calaamadaha Maraykanka 08)</td> </tr> <tr> <td><input type="checkbox"/> Amxaari (09)</td> <td><input type="checkbox"/> Carabi (10)</td> <td><input type="checkbox"/> Oromo (12)</td> <td><input type="checkbox"/> Burma (14)</td> </tr> <tr> <td><input type="checkbox"/> Kantoniis (15)</td> <td><input type="checkbox"/> Faransiis (16)</td> <td><input type="checkbox"/> Kuuriya (20)</td> <td><input type="checkbox"/> Karen (21)</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Mid kale (98) sharax _____</td> </tr> </table>					<input type="checkbox"/> Isbaanish (01)	<input type="checkbox"/> Hmong (02)	<input type="checkbox"/> Fiitnamiis (03)	<input type="checkbox"/> Khmer Kambodiyaan (04)	<input type="checkbox"/> Lao (05)	<input type="checkbox"/> Ruush (06)	<input type="checkbox"/> Soomaali (07)	<input type="checkbox"/> ASL (Luqadda Calaamadaha Maraykanka 08)	<input type="checkbox"/> Amxaari (09)	<input type="checkbox"/> Carabi (10)	<input type="checkbox"/> Oromo (12)	<input type="checkbox"/> Burma (14)	<input type="checkbox"/> Kantoniis (15)	<input type="checkbox"/> Faransiis (16)	<input type="checkbox"/> Kuuriya (20)	<input type="checkbox"/> Karen (21)	<input type="checkbox"/> Mid kale (98) sharax _____			
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<input type="checkbox"/> Mid kale (98) sharax _____																								
<p>Ma leedahay naafonimo ay caddeeyeen Maamulka Soshal Sekuritiga ama Kooxda Dib u eegista Caafimaadka ee Gobolka (State Medical Review Team, SMRT)? <input type="checkbox"/> HAA <input type="checkbox"/> MAYA</p>																								
<p>Ma ku nooshahay xarun daryeel muddo-dheer? <input type="checkbox"/> HAA <input type="checkbox"/> MAYA</p> <p>Hadday Haa tahay, ku buuxi macluumaadka hoose:</p> <p>Magaca xarunta: _____ Lambarka taleefoonka (____) ____ - _____</p>																								
<p>Ma leedahay caynsanaanta Medicare? <input type="checkbox"/> HAA <input type="checkbox"/> MAYA Haddii Haa tahay, buuxi macluumaadka hoose.</p> <p>Lambarka Medicare: _____</p> <p>Taariikhda Bilawga (Qaybta A) Isbitaalka: _____ Taariikhda Bilowga (Qaybta B) Caafimaadka: _____</p>																								

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 shaqeyaha?  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 **la 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 dambaysa 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 shuruudca 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:
<b>Haddii aad tahay wakiilka la oggolaaday, waa in aad saxiixda xagga sare oo aad bixisa macluumaadka soo socda</b>		
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.**