**WISCONSIN DEPARTMENT OF HEALTH SERVICES**

Division of Public Health

F-00533SO (02/2024)

**BARNAAMIJKA PARTNERSHIP (ISKAASHIGA) DIIWAANGELINTA**

**TILMAAMAHA IYO MACLUUMAADKA MUHIIMKA AH**

**(PARTNERSHIP PROGRAM ENROLLMENT INSTRUCTIONS AND IMPORTANT INFORMATION)**

Buuxinta foomkan khasab ma aha; hase yeeshee, foomkani waa in la buuxiyaa haddii aad daneynaysid iska diwaangalinta barnaamijka iskaashiga ah ee Partnership (Iskaashiga). Haddii   
aad rabto in aad soo codsato barnaamijka Partnership (Iskaashiga), waa in aad la xiriirto Aging and Disability Resource Center (Xarunta Arrimaha Waayeelka iyo Naafada ee Deegaanka ama ADRC) ama haddii aad ka tirsan tahay qabiilka. Waxaad la xiriiri kartaa qabiilka aging and disability resource specialist (shaqaalaha qabiilka ee arrimaha waayeelka iyo naafada ama ADRS). Sida loola xiriiri karo ADRCs ah deegaanka ama Qabiilka ADRS waxaa laga heli karaa [www.dhs.wisconsin.gov/adrc/consumer/index.htm](https://www.dhs.wisconsin.gov/adrc/consumer/index.htm)

**SIDA LOO ISTICMAALAYO FOOMKAN**

1. Akhri qeybta Macluumaadka Muhiimka ah iyo gebi ahaan tilmaamaha ka hor inta aadan foomka saxiixin. Haddii aad rabto macluumaadka oo luuqad ahaan ama qaab kale u qoran, fadlan la xariir xaafiisyada ADRC ama Qabiilka ADRS.
2. Waxaa foomka saxiixi kara oo keliya waa codsadaha, masuul u sharciyeysan, ilaaliye maxkamad qabatay, ama qof si sharci ah u matali kara.

**MACLUUMAADKA MUHIIMKA AH**

* Saxiixidda foomkan ma aha damaanad-qaad in aad xaq u yeelaneyso barnaamijka iskaashiga ah ee Partnership (Iskaashiga).
* Haddii aad xaq u leedahay, waxaad kala dooran kartaa barnaamijyada iskaashiga deegaanka ah ee Partnership (Iskaashiga).
* Waxaa lagu diiwan gelinayaa ka dib marka aad saxiixdo foomka.
* Diiwaangelinta barnaamijka Partnership (Iskaashiga) khasab ma ah oo markii aad rabto ayaad ka bixi kartaa, hase yeshee manaafacaadka Medicare waa uu sii soconayaa ilaa aad xaq u yeelato inaad iska beddesho qorshaha Medicare.
* Wixii iska beddela caafimaadka ama xaaladda dhaqaalaha ayaa saameynaya xuquuqdaada barnaamijka Partnership (Iskaashiga). Haddii ay dhacaan is beddel noocaas ah, kala hadal Partnership Organization (Ururka Iskaashiga) (PO) ama maamulaha kiiska ee Qabiilka, haddii   
  ay khuseyso.

**SAXIIXIDDA FOOMKAN**

Waxaan fahamsanahay in saxiixaygu (ama saxiixa waalidkeyga sharciga ah, ilaaliyahayga ama   
qofka sharci ahaan i mateli kara) ee foomkaan uu ka dhigan yahay inaan akhristay oo aan fahmay macluumaadka ku qoran foomkaan, ayna ku jiraan macluumaadka taariikhda diiwaangelinta iyo xaqiijinta waxa aan doortay. Waxaan xaqiijinayaa in ay jawaabahaygu halkan ku dhan yihiin intii karaankeyga ah. Waxaan fahamsanahay in haddii aan si ulakac ah u qariyo macluumaad ama aan foomkan ku qoro macluumaad been ah, in la iga saari karo barnaamijka. Waxaan fahamsanahay in saxiixaygu u fasaxayo ADRC ama Qabiilka ADRS in ay macluumaadkeyga sii gudbin karaan:

* Managed Care Organization (Xafiiska Maamulka Daryeelka)
* ADRC Kale ama Qabiilka ADRS
* Xafiisyada Income Maintenance (La-socoshada Dhaqaalaha)
* Qabiilka laga tirsan yahay, haddii ay ku khuseyso
* Medicaid
* Medicare
* Adeeg bixiyeyaasha iyo wakiillada la shaqeeya ujeedooyin la xariira daryeelka ay ii qabanayaan.

**TAARIIKHDA DIIWAANGELINTA CODSIGA**

Waxaad dooran kartaa taariikhda aad dooneyso in aad isku diiwaangeliso barnaamijka. Hase yeshee, diiwaangelintu kama soo hor mari karto taariikhda:

* ADRC ama Qabiilka ADRS ayaa helaya foomkan oo saxiixan.
* Waa inaad ka soo baxdo gebi ahaan shuruudaha dhaqaale ahaaneed ee barnaamijka xaqa loogu yeesho.

**XAQIIJINTA DOORASHADAADA**

Ujeedada koowaad ee Barnaamijka Partnership (Iskaashiga) waa in lagaa caawiyo in aad adeegyada aad u baahan tahay ku hesho guriga ama deegaankaaga marka ay suuroobeyso.

**MACLUUMAAD SHAKHSI AH**

Sharciga Wis. Stat. § 49.45(4), macluumaadka aqoonsiga shakhsiga ah waa in la qariyo, oo waxa keliya ee loo isticmaali karo waa arrimaha maamulka ee Barnaamijka Partnership (Iskaashiga).

**MACLUUMAAD KHUSEEYA PARTNERSHIP (ISKAASHIGA)**

Partnership (Iskaashiga) waa barnaamij ay maamulaan Wisconsin Medicaid iyo Medicare oo waxaa jira shuruud gaar ah oo lagu soo geli karo. Haddii aad ku jirto barnaamijka Medicare oo aad rabto barnaamijka Partnership (Iskaashiga), waxaa khasab kugu ah in aad isku qorto Partnership (Iskaashiga) Medicare plan.

Haddii aad hadda ka diiwaan gashan tahay Medicare, ceymiskaaga hadda ayaa kuu sii soconaaya   
si aad ugu hesho manaafacaadka Medicare ilaa aad xaq u yeelato in lagaa diiwaangeliyo Partnership (Iskaashiga) Medicare.

Si aad isugu qorto Partnership (Iskaashiga), waxaa khasab ah in aad ku nooshahay meelaha ay ka shaqeeyaan adeegga ururka Partnership (Iskaashiga), waa in aad gaarto 18 jir bisha lagu diiwana gelinayo, oo waa inaad u baahan tahay daryeel ah kalkaalisada guriga, oo waa inaad xaq u leedahay Medicaid.

**TILMAAMO DHEERAAD AH**

**Qeybta I**

* “Degmada aad Joogto” waa magaca degmada aad ku nooshahay.
* “Degmada Masuulka ah” waa degmada masuulka ka ah adeegyada caafimaadka dhimirka  
   iyo adeegyada kale.
* “Ciwaanka rasmiga ah ee gurigaaga” waa magaca jidka gurigga aad shakhsi ahaan ku nooshahay.

**Qeybta II**

Qeybtan waa in aad buuxiso haddii uu jiro masuul sharciyeysan, ilaaliye maxkamad qabatay,   
qof sharci ahaan ku metali kara, ama wakiil ka socda Medicaid.

**Qeybta III**

Fadlan noo qor dadka loola soo xiriiri karo marka ay dhacaan xaalado degdeg ah sida saaxiib ama qof kale oo qaraabo kula ah oo aad adigu rabto.

**Qeybta IV**

Qeybtan waa in la buuxiyo haddii ay ku khuseyso.

**Qeybta V**

Qeybtan waa inaad buuxiso haddii aad rabto qorshaha daawada ee Medicare Qeybta D in toos looga gooyo lacagta aad qaadato ee ceysmiska dowladda ee Social Security (Adeega Bulshada).

**Qeybta VI**

Waxaa khasab ah saxiixaaga ama saxiixa masuulka sharciyeysan, ilaaliyahe maxkamad qabatay, ama qof si sharci ah kuu metali kara. Haddii aad xa ku saxiixdo, saxiixa laba markhaati ayaa la iska rabaa. Haddii aadan adigu naafannimo awgeed u saxiixi karin, qof kale ayaa kuugu saxiixi kara laba markhaati hortood. Qofka kuu saxiixaya waa in uu waraaqda ku muujiyo in uu qof codsade ah oo weydiistay u saxiixayo.

Barnaamijka ADRC ama Qabiika ADRS waa inay haystaan foomkii codsiga ka-bixida barnaamijka   
oo saxiixan, ama koobbi shaashadeed oo ah foomka oo saxiixan, muddo toban sano ah si loo helo marka diiwaan laga soo codsado.

**BARNAAMIJYADA PARTNERSHIP (ISKAASHIGA) - DIWAANGALINTA**

**CIP**

**TILMAAMO**: Ka hor intaadan saxiixin foomka, akhriso gebi ahaan tilmaamaha.

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| **QEYBTA I - MACLUUMAAD SHAKHSI AH** | | | | | | | | | | | | | | | | | | | |
| Magaca Xubinta (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | | | | | | | | | | | | | | Taariikhda Dhalashada | | | | |
| Xaaladda Xaas Ahaaneed (calaamadi hal santuuq keliya)  Aaan-guursan  Guursaday  La-furay | | | | | | | Haddii aad xaas tahay, Magacyada (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | | | | | | | | | | | |
| Cinwaanka Guriga | | | Magaalada | | | | | | | | | Gobolka | | | | | Lambarka Boostada Xaafadda (Zip) | | |
| Lambarka Taleefanka | Magaca Degmada | | | | | | | | | | | Degmada Masuulka ah | | | | | | | |
| Hindida Mareykanka ama Dhaladka Alaska  Haa  Maya | | | | | | | | | Hindida Mareykanka/Beelaha Dhaladka Alaska | | | | | | | | | | |
| Cinwaanka Boostada Intarnetka (Email) | | | | | | | | | | | | | | | | | | | |
| Cinwaanka Jidka Guriga (Haddii uu ka duwan yahay kan kor ku qoran) | | | | Magaalada | | | | | | | | Gobolka | | | | | Lambarka Boostada Xaafadda (Zip) | | |
| Magaca Meesha—Calaamadi Nooca:  NH  ICF-IID  CBRF  AFH  RCAC | | | | | | | | | | | | Taariikhda laguu bilaabay NH ama ICF-IID | | | | | | | |
| Cinwaanka Jidka Xaruntu kutaalo (Haddii uu kan kore ka duwan yahay) | | | | | Magaalada | | | | | | | Gobolka | | | | | | Lambarka Boostada Xaafadda (Zip) | |
| **QEYBTA II – DIIWAANGELIN KALE OO GAAR AH** | | | | | | | | | | | | | | | | | | | |
| Miyuu jiraa qof Sharci ahaan Masuul kaa ah?  Haa  Maya  Nooca:  Masuulka Qofka  Masuulka Dhaxalka  Masuulka Qofka iyo Dhaxalka | | | | | | | | | | | | | | | | | | | |
| Magacyada Masuulka (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | | | | | | | Lambarka Taleefanka | | | | | | Magaca Degmada | | | | | |
| Cinwaanka (dariiqa, magaalada, gobolka, lambarka boostada xaafadda ama zip) | | | | | | | | | | | | | | | | | | | |
| Miyuu jiraa qof kale oo sharci ahaan masuul kaa ah?  Haa  Maya  Nooca:  Masuulka Qofka  Masuulka Dhaxalka  Masuulka Qofka iyo Dhaxalka | | | | | | | | | | | | | | | | | | | |
| Magacyada Masuulka (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | | | | | | | Lambarka Taleefanka | | | | | | Magaca Degmada | | | | | |
| Cinwaanka (dariiqa, magaalada, gobolka, lambarka boostada xaafadda ama zip) | | | | | | | | | | | | | | | | | | | |
| Miyuu jiraa Power of Attorney for Finance and Property (Qof Sharci Ahaan kugu Matali kara Arrimaha Maaliyadda iyo Hantida) (POAF) oo la cusbooneysiiyey?  Haa  Maya | | | | | | | | | | | | | | | | | | | |
| Magacyada POAF (Koowaad, Xaragka Magaca Aabbaha, Awoowaha) | | | | | | | | Lambarka Taleefanka | | | | | | Magaca Degmada | | | | | |
| Cinwaanka (dariiqa, magaalada, gobolka, lambarka boostada xaafadda ama zip) | | | | | | | | | | | | | | | | | | | |
| Miyuu jiraa Power of Attorney for Health Care (Qof Sharci Ahaan kugu Metali kara Arrimaha Daryeelka Caafimaadka) (POAHC) oo la cusbooneysiiyey?  Haa—Maalintay Bilaabatay:        Maya | | | | | | | | | | | | | | | | | | | |
| Magacyada POAHC (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | | | | | | | Lambarka Taleefanka | | | | | | Magaca Degmada | | | | | |
| Cinwaanka (dariiqa, magaalada, gobolka, lambarka boostada xaafadda ama zip) | | | | | | | | | | | | | | | | | | | |
| Miyuu jiraa Ilaaliye ay maxkamad kuu qabatay?   Haa—Taariikhdii amarka ilaaliyaha        Maya | | | | | | | | | | | | | | | | | | | |
| Magacyada ilaaliyaha (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | | | | | | | Lambarka Taleefanka | | | | | | Magaca Degmada | | | | | |
| Cinwaanka (dariiqa, magaalada, gobolka, lambarka boostada xaafadda ama zip) | | | | | | | | | | | | | | | | | | | |
| Miyuu jiraa Wakiil Laguugu Qabatay Medicaid Sida ku Qoran foomka DHS [F-10126A](https://www.dhs.wisconsin.gov/forms/f10126a.pdf) ama [F-10126B](https://www.dhs.wisconsin.gov/forms/f10126b.pdf)?  Haa—Taariikhda:        Maya | | | | | | | | | | | | | | | | | | | |
| Magacyada Wakiilka Medicaid (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | | | | | | | Lambarka Taleefanka | | | | | | Magaca Degmada | | | | | |
| Cinwaanka (dariiqa, magaalada, gobolka, lambarka boostada xaafadda ama zip) | | | | | | | | | | | | | | | | | | | |
| **QEYBTA III – MACLUUMAADKA XIRIIRKA DEGDEGGA AH** | | | | | | | | | | | | | | | | | | | |
| Qor magaca saaxiib ama qaraabo loola xiriirayo xaalad degdeg ah. | | | | | | | | | | | | | | | | | | | |
| Magaca Qof Lagala Xidhiidhayo (Koowaad, Xarafka Magaca Aabbaha, Awoowaha) | | Lambarka Taleefanka Maalintii | | | | | | | | Lambarka Taleefanka Fiidkii | | | | | | Waxaad qofka isku tihiin | | | |
| **QEYBTA IV – MACLUUMAADKA CEYMISKA** | | | | | | | | | | | | | | | | | | | |
| Hadda ma haysataa kaar caafimaad sida ceymiska caafimaadka goobaha shaqada, ceymis suuqa laga iibsado, manaafacaadka VA, TRICARE ama manaafacaadka caafimaadka shaqaalaha federaalka?  Haa  Maya | | | | | | | | | | | | | | | | | | | |
| Magaca iyo Cinwaanka Shirkadda Ceymiska | | | | | | | | | | | | | Aqoonsiga ama Lambarka Ceymiska | | | | | | |
| Lambarka Kooxda | | | | | | |
| Hadda ma ku jirtaa qorshaha bixinta daawada?  Haa  Maya | | | | | | | | | | | | | | | | | | | |
| Magaca Ceymiska | | | | | | Aqoonsiga ama Lambarka Ceymiska | | | | | | | | | | | | | Lambarka Kooxda |
| Ma qaadataa lacagta hawlgabka ee Social Security (Adeega Bulshada)?  Haa  Maya | | | | | | | | | | | | | | | | | | | |
| Ma ku jirtaa shaqaalaha hawlgabka tareenka Railroad Retirement Board (Hawgabka Shaqaalaha Tareenka ama RRB)?  Haa  Maya | | | | | | | | | | | | | | | | | | | |
| **Haddii aad xaq u leedahay ceymiska Medicare**: | | | | | | | | | | | Waxaad xaq u yeelaneysaa: | | | | | | | | |
| Magaca Ka Faa'idaystaha (Koowaad, Xarafka Magaca Aabbaha, Awoowaha): | | | | | | | | | | | Taariikhdii Bilowga: (xx/xx/xxxx) | | | | | | | | |
| Medicare Beneficiary Identifier (Aqoonsiga Qofka ee Medicare) (MBI): | | | | | | | | | | | **ISBITAALKA (QEYBTA A)** | | | | | | | | |
|  | | | | | | | | | | | **CAAFIMAADKA (QEYBTA B)** | | | | | | | | |
| **Fadlan Akhriso Macluumaadkan Muhiimka ah** | | | | | | | | | | | | | | | | | | | | |
| **Haddii aad hadda haysato caymiska caafimaadka ee shaqada ama ururka shaqaalaha, inaad soo gasho Partnership (Iskaashiga) ayaa saameyn ku yeelan karta manaafacaadka caafimaadka ee shirkada ama ururka. Ma sii haysan kartid ceymiskaaga caafimaadka ee shaqada ama ururka haddii aad gasho Partnership (Iskaashiga).** Akhriso akhbaarta goobta aad u shaqeyso ama ururka shaqaalaha. Haddii aad qabto su'aalo, eeg barta intarnetka, ama la xariir xafiiska aad akhbaarta ka hesho. Haddii aadan garaneyn meel aad la xiriirto, hawl-wadeen ku qaabbilsan ama xafiis ka jawaabaya su'aalaha ceymiskaaga. | | | | | | | | | | | | | | | | | | | | |
| **QEYBTA V – LACAGTA QORSHAHA DAAWADA EE MEDICARE QEYBTA D** | | | | | | | | | | | | | | | | | | | | |
| Inta badan dadku waxay caawimaad dheeraad ah ku helaan qorshaha bixinta daawada ee Medicare. Medicare waxay bixin kartaa lacagta gebi ahaan ama qeyb ahaan. Haddii ay jirto,  lacag yar ayaa lagaa rabaa qorshaha Medicare Advantage oo si toos ah ayaa goynayaa lacagtaada Social Security (Adeega Bulshada). Haddii aad sidaas dooran weydo, qorshaha Partnership (Iskaashiga) waxa ay bil kasta kuu soo dirayaan lacagta oo aad ku bixin karto boosto ahaan ama electronic funds transfer (habka bixinta lacagaha ee intarnetka) (EFT).  Waxaan doonayaa in lacagta ceymiska laga gooyo lacagteyda bil kasta ee Social Security Administration (Maamulka Adeega Bulshada) (SSA):  Haa  Maya | | | | | | | | | | | | | | | | | | | | |
| **QEYBTA VI – DOORASHADA IYO SAXIIXA DIIWAANGELINTA** | | | | | | | | | | | | | | | | | | | | |
| **Akhriso oo Saxiix Foomka** | | | | | | | | | | | | | | | | | | | | | |
| Taariikhda Codsiga Diiwaangelinta Medicaid: | | | | | | | | | | | | | | | | | | | | | |
| Doorashada Qorshaha Partnership (Iskaashiga):  My Choice Wisconsin Health Plan, Inc.  Community Care Health Plan, Inc.  Independent Care Health Plan | | | | | | | | | | | | | | | | | | | | | |
| **Markaan buuxiyo codsiga diiwaangelinta, waxa aan oggolahay:**  Qorshaha Partnership (Iskaashiga) Medicare Advantage waxa uu heshiis kula jirtaa dawlada Federaalka. Waxaan ku jiri karaa hal qorshe oo ah Medicare Advantage, oo waxaan fahamsanahay in ay diiwaangelintu tahay mid toos ah marka ay dhacdo diiwaangelinta qorshe kale oo ah ceymiska caafimaadka Medicare ama qorshaha daawada. Waxaan ii socon doona Medicare oo ah ceymis leh qorshe Medicare ilaa aan xaq u yeelanayo ilaa aan xaq u yeesho qorshaha Medicare. Diiwaagelinta ceymiska Medicare waxay si caadi ah u soconeysaa sannadka oo dhan. Marka aan is diiwaangeliyo, waxaan ka baxayaa ceymiska barnaamijka Medicare ama wax baan ka beddelayaa wakhtiyo gaar ah marka la gaaro diiwaangelinta kale (Tusaale: Oktoobar 15 – Diseembar 7 sannad kasta), ama marka ayy jiraan xaalado gaar ah. Anigaa masuul ka ah in aan ADRC ama Qabiilka ADRS ku soo wargeliyo marka la iga bixinayo iyo inaan u soo sheego PO wixii daawo ah oo aan u baahnahay in aan helo oo la iga bixiyo mustaqbalka. Ceymiska la doorto wuxuu saameynayaa meelo gaar ah. Haddii aan ka guuro meelaha uu ceymiska aan doortay ka shaqeyn karo, waa inaan wargeliyo qorshaha aan ka baxayo si aan u helo qorshe ku fiican meesha cusub. Marka aan galo ceymis aan doortay, waxaan xaq u leeyahay in aan racfaan ka qaato go'aammada ceymiska ee ah bixinta qarashka ama adeegyada aanan ku qancin. Waxaan akhrisan doonaa waraaqaha Partnership Evidence of Coverage (Iskaashiga Caymiska Cadeynta)  ee Kafaalaqaadka iyo Heshiiska Diiwaangelinta ee Heshiiska Diiwaangalinta ee ceymiska  aan doorto markaan ogaado sharciga aan raacayo si aan u helo qorshaha Medicare Advantage. Waxaan fahamsanahay Medicare inaysan bixineyn kharashka marka laga maqan yahay  dalka gudihiisa sida uu dhigayo sharciga Medicare meelaha aan ka ahayn xuduudka u dhow Mareykanka. Waan fahamsanahay taariikhda bilowga qorshaha aan doortay; oo waxaan daryeelka caafimaadka ka helayaa ceymiska aan doortay marka laga reebo imarjansada ama  wixii degdeg ah sida sifeynta dhiigga ee bukaanka kalyuhu ka xumaadaan. Adeegyada ceymiska aan doortay iyo adeegyada kale ee ku jira dukumiintiga Partnership Evidence of Coverage (Iskaashiga Caymiska Cadeynta) iyo Heshiiska Diiwaangalinta ee waa kuwa la bixin doono.  **OGGOLAANSHO LA'AAN, MEDICARE AMA QORSHAHA LA DOORTO MIDKOODNA MA BIXIN DOONO LACAGTA ADEEGYADA.**  **Sii-gudbinta Macluumaadka:** Markaan ku soo biiro Medicare, waxan halkaan ku xaqiijinayaa  in qorshaha aan doortay uu gudbin karo macluumaadkeyga Medicare iyo ceymisyada kale ee muhiimka u ah daaweynta, bixinta kharashka iyo daryeelkeyga. Waxaan sidoo kale yeelay  in ceymiska aan doortay ay gudbin karaan macluumaadkeyga ay ku jiraan macluumaadka daawadeyda oo ay la socdaan Medicare, oo macluumaadka waxaa loo isticmaali karaa  cilmi-baaris iyo ujeedooyin kale gebi ahaan wixii raacaya sharciyaa iyo xeerarka Federaalka. Macluumaadka ku qoran foomka diiwaangelintu waa mid run ah inta aan ogahay. Waan ogahay haddii aan si ulakac ah u bixiyo macluumaad been ah oo aan kuqoro foomkan, in la iga saari doono qorshaha ceymiska. Waxaan ogahay in saxiixayga (ama saxiixa qof sharci ahaan ii metali sida ay dhigayaan sharciyada Gobolka aan ku noolahay) sida ka muuqata codsigan macnaheedu waa inaan akhristay oo aan fahmay macluumaadka codsigan. Haddii uu qof wakiil kaa ah saxiixay (sida kor kuxusan), saxiixan waxa uu xaqiijinayaa (1) in uu qofkan yahay qof idan u haysta sida uu sharciga gobolka dhigayo ee buuxinta foomka diiwaangelinta (2) in caddeynta idanka laga helayo ceymiskaad dooratay ee Medicare.  Anigoo ah, qofka hoos ku saxiixan, waxaan halkaan ku caddeynayaa diiwaangelinta Partnership (Iskaashiga) Program ee kor ku qoran.  Waxaan fahmay in taariikhda bilowga diwaangalintayda Medicaid noqon doonto       oo diwaangalintayda Medicare bilaabmi doonto bisha koobaad ee kadib gudbinta foomkan haddii aan ku haboonahay Special Election Period (Mudada Doorashada Gaarka ah). Waxaan sii helayaa Medicare qorshahayga hadda ilaa aan xaq u yeesho diiwaangelinta ceymiska ee qorshaha Partnership (Iskaashiga) ee aan doortay. | | | | | | | | | | | | | | | | | | | | | |

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| **Anigoo ah, qofka hoos ku saxiixan waxaan halkaan ku caddeynayaa diiwaangelinta Partnership (Iskaashiga) Program ee kor ku qoran.**   |  |  | | --- | --- | | **SAXIIXA –** Qofka | Taariikhda La Saxiixay | |  |  | | **SAXIIXA –** Masuulka Sharci, Kormeeraha, ama Awooda Sharci ee Qareenka | Taariikhda La Saxiixay | |  |  | | **SAXIIXA –** Masuulka Sharci, Kormeeraha, ama Awooda Sharci ee Qareenka | Taariikhda La Saxiixay | |  |  | | **SAXIIXA** – Markhaatiga (haddii ay ku khuseyso) | Taariikhda La Saxiixay | |  |  | | **SAXIIXA** – Markhaatiga (haddii ay ku khuseyso) | Taariikhda La Saxiixay | |  |  | | | | | | | | | | | | | |
| **Qeybtan Waa Xafiiska ADRC AMA Qabiilka ADRS oo Keliya** | | | | | | | | | | | | |
| ADRC ama Qabiilka: | | | | | | Degmada: | | | | | | |
| ADRC ama Shaqaalaha Qabiilka ADRS: | | | | | | | | | Lambarka Taleefanka: | | | |
| Cinwaanka Boostada Intarnetka (Email): | | | | | | | | | | | | |
| Macluumaadka Taariikhda Diiwaangelinta:  Taariikhda Saxa ah ee Diiwaangelinta:  Hawsha taariikhda diiwaangelinta: Adeegyada Degdegga ah  Hawsha taariikhda diiwaangelinta: Heshiiska Xogwadaagista Horteed  Hawsha taariikhda diiwaangelinta: U-gudbinta xafiis cusub guurid awgeed. | | | | | | | Barnaamijka:  Partnership (Iskaashiga) | | | | Xaqiiji Taariikhda Joojinta HMO haddii ay ku khuseyso: | |
| Xaalka Diiwaangelinta ee FHiC:  Taariikhda diiwaangelinta ee FHiC  Taariikhda aan la qorin diiwaangelinta ee FHiC: hawshii go'aanka ee MA ama IRIS. PO ma qoraneyso LTCFS ilaa diiwaangelinta laga soo xaqiijiyo FHiC. | | | | | | | | | | | | |
| Qof haysta Medicaid   Haa  Maya  Lambarka Aqoonsiga Medicaid:  Ogeysiiska luuqad ahaaneed  ee CARES:  Ingiriisi  Isbaanish | | | Heerka Daryeelka  Ku calaamadi aqoonsiga NH LOC dhanka bidixe oo dabadeedna dhanka midige ku calaamadi aqoonsiga DD LOC ee midige. Calaamadi laba santuuq ugu badnaan.   |  |  | | --- | --- | | Calaamadi 1 | Calaamadi 1 | | NH-ISN  NH-SNF  NH-ICF | DD1A  DD1B  DD2  DD3  NDD | | | | | | | | | Kooxda Adeegga:  FE  ID/DD  PD | |
| Qof hadda ku qoran Children’s Waiver (Ama Taakuleynta) (CLTS) | | | | | | | | | | | | |
| Magaca – Shaqaalaha CLTS | | | | | | | | | | Degmada | | |
| Lambarka Taleefanka | | Cinwaanka Boostada Intarnetka (Email) | | | | | | | | | | |
| **Qeybta Buuxinta Partnership (Iskaashiga) Keliya**  Lambarka Plan ID (Aqoonsiga Qofka): | | | | | Magaca Shaqaalaha (haddii lagaa caawiyey diiwaangelinta) | | | | | | | |
| Wakhtiga Doorashada Medicare:  ICEP ama IEP  OEPI  AEP  SEP (Nooca): | | | | | | | | | | | | |
| Taariikhda Bilaabashada Ceymiska Medicare | | | | Lambarka Ceymiska Medicaid No. | | | | Taariikhda Saxa ah ee Diiwaangelinta Medicaid | | | | |
| Bixinta foomka la buuxiyey: | Qofka Weyn, Masuul, Qof Maxkamad Magacowday, ama Qof u Sharciyeysan Metelaad  Ururka Partnership (Iskaashiga) La Doortay  Income Maintenance (La-socoshada Dhaqaalaha), hadday ku khuseyso  Qabiilka, hadday ku khuseyso  Shaqaalaha CLTS, hadday ku khuseyso | | | | | | | | | | | |