**Template for**

**Notification of Non Covered Benefit Letter**

<<Date mailed>>

<<Member’s name>>

<<Street address>>

<<City>> <<State>> <<Zip Code>>

Waad salaaman tahay <<Member Name>>

Taariikh <<Date>>, waxaad soo codsatay <<Non-Covered Benefit>>. Waraaqdan waxaa lagugu ogeysiinayaa in adeeg/wixii aad codsatay aysan shaqo ku lahayn manaafacaadka Family Care oo sidaas awgeed <<name of the MCO>> kaama bixinayo.

Haddii aad wax su'aalo ah ka qabto waraaqdan, fadlan la soo xiriir shaqaalaha kooxda daryeelka oo uu taleefankoodu hoos kuugu qoran yahay.

Mahadsanid,

<<Care Manager’s Name>>

Care Manager (Maamulaha Daryeelka)

<<Telephone Number>>

<<RN Care Manager’s Name>>

RN Care Manager (Kalkaaliyaha Maamulka Daryeelka)

<<Telephone Number>>

**Yaa kugu caawin kara in aad fahamto waraaqdan iyo xuquuqahaaga?**

<<Name of MCO>>’s shaqaalaha takhasuska xuquuqda ayaa kuu sheegi kara oo kugu caawin kara xuquuqahaaga iyo sidaad u soo dirsaneyso cabasho. Waxa ay kuula kulmi karaan si degdeg ah si ay dacwada xal ugu helaan. Si aad ula xiriirto shaqaalaha takhasuska xuquuqda dadka, soo garaac <<member rights specialist phone number>>.

Haddii aad rabto in aad la hadasho qof ka baxsan <<Name of MCO>>, la soo xiriir Ombudsman (Gardoone) haddii aad wax su'aalo ah qabto. Ombudsman (Gardoone) waa qareen ama caawiye. Waxaa uu qofkaasi ka jawaabaa su'aalaha cabashada oo dadka ayuu u sheegaa xuquuqdooda. Adeegyadaasi waa lacag la'aan iyo qarsoodi. Xafiiska lala soo xiriirayo waxa ay ku xiran tahay da'da aad gaartay.

**Dadka ay da'doodu u dhaxeyso 18 jir ilaa 59 jir:**

Disability Rights Wisconsin

Taleefan Lacag La'aan ah: 800-928-8778

TTY: 711

Boostada Intarnetka (Email): [info@drwi.org](mailto:info@drwi.org)

**Xubnaha da'doodu tahay 60 iyo ka weyn:**

Wisconsin Board on Aging and Long Term Care

Taleefan Lacag La'aan ah: 800-815-0015

TTY: 711

Boostada Intarnetka (Email): [BOALTC@wisconsin.gov](mailto:BOALTC@wisconsin.gov)