**DEPARTMENT OF HEALTH SERVICES**
Division of Medicaid Services
F-10121H (07/2020)

**BNK**

# KEV RAU NPE TEEV QHOV AS KHAUJ RAU MEDICAID PURCHASE PLAN INDEPENDENCE (MUAS TXOJ KEV PAB THEM NQI KHO MOB YWJ PHEEJ MEDICAID)

**COV LUS QHIA:** Cov ncauj lus uas koj teev rau hauv tsab ntawv no tsuas yog siv los rau npe ua qhov as khauj ywj pheej rau txoj kev pab them nqi kho mob Medicaid Purchase Plan (MAPP) (Muas Txoj Kev Pab Them Nqi Kho Mob Ywj Pheej Medicaid). Qhov as khauj ywj pheej yog ib qho as khauj uas teeb rau hauv ib lub txhab cia nyiaj los yog koom haum txais nyiaj uas kheev koj khaws cia nyiaj ntau tshaj qib kheev muaj ntawm txoj kev pab MAPP. Yuav tsum teeb qhov as khauj no tom qab koj paub tias koj yeej tau cov txiaj ntsim kev pab los ntawm MAPP. Yeej puav leej kheev koj siv qhov as khauj teeb txuag nyiaj rau yav laus (retirement account) uas koj twb yeej muaj lawm.

Koj tso ntxiv tau cov nyiaj koj khwv tau los ntawm koj txoj (cov) hauj lwm rau hauv qhov as khauj ywj pheej kom txuag tau nyiaj rau yav laus los sis rau lwm cov xwm txheej. Siv tsis tau rau lwm cov laj thawj, xws li muab ib qho nyiaj puav pheej los tso ntxiv rau. Koj tso tau txog ib nrab ntawm qhov nyiaj koj khwv ntawm koj qhov (cov) hauj lwm hauv lub xyoo uas tsis muaj nqi tsub. Yog koj tso ntxiv nyiaj ntau tshaj ntawd, koj yuav muaj ib qho nqi tsub ib hlis twg ntxiv rau koj qhov nqi muas txoj kev pab MAPP.

Koj yuav tsum cais koj qhov (cov) as khauj ywj pheej ntawm koj lwm cov as khauj, tshwj tsis yog koj yuav muab koj qhov as khauj txuag nyiaj rau yav laus los zwm siv. Yog tias koj yuav zwm siv qhov as khauj txuag nyiaj rau yav laus uas koj yeej muaj lawm, peb yuav xam qhov nyiaj uas koj xub tso rau ua ntej koj muaj npe tau MAPP tias yog teej tug muaj nuj nqis. Yog tias koj tsum tsis muaj MAPP cov txiaj ntsim kev pab lawm, yuav xam txhua hom nyiaj uas koj muab tso ntxiv rau tus as khauj txuag nyiaj rau yav laus tam teej tug muaj nuj nqis, tshwj tsis yog koj rov pib tau txoj kev pab MAPP thiab rov muab qhov as khauj txuag nyiaj rau yav laus los zwm siv dua.

Yog tias koj tsum tsis muaj MAPP lawm thiab rov rau npe tau txiaj ntsim kev pab dua yav tom ntej, yuav tsis muab koj Cov As Khauj Ywj Pheej thiab tej paj laum, tej peev ntsu, los sis peev nce los ntawm cov as khauj ntawd (tsis xam thawj qhov nyiaj laus pension los sis nyiaj laus txuag tau) xam nrog rau qib $15,000 nyiaj uas kheej muaj **– tsuav yog koj tsis tso ntxiv nyiaj rau hauv Cov As Khauj Ywj Pheej uas tsis yog txuag nyiaj rau yav laus thaum koj tsis yog ib tug tswv cuab tau txoj kev pab MAPP**. Yog tias koj tau tso ntxiv nyiaj rau ib tug As Khauj Ywj Pheej uas tsis yog txuag nyiaj rau yav laus thaum koj tsis muaj npe tau txoj kev pab MAPP, peb yuav xam tag nrho cov nyiaj hauv tus as khauj ntawd nrog koj qib teej tug muaj nuj nqis.

### Kev Xa Tsab Ntawv No

Muab koj tsab ntawv teb tiav xa raws ib txoj kev nram no:

- **Saum Huab Cua.** Koj siv tau ACCESS qhov vas sab xa tsab ntawv no hauv tshuab hluav taws xob saum huab cua. Mus xyuas access.wi.gov

- **Xov tooj xa ntawv.** Yog koj nyob rau hauv **Milwaukee County**, muab tsab ntawv xa hauv xov tooj mus rau 888-409-1979.

  Yog koj **tsis** nyob rau hauv Cheeb Koog Milwaukee, muab tsab ntawv xa hauv xov tooj mus rau 855-293-1822.

- **Nqa mus.** Nqa tsab ntawv mus rau koj lub chaw khiav dej num. Muaj cov ncauj lus qhia kev mus cuag koj lub chaw khiav dej num ntawm Wisconsin Department of Health Services (Tuam Tsev Pab Cov Kev Noj Qab Haus Huv) qhov vas sab ntawm www.dhs.wisconsin.gov/forwardhealth/imagency/index.htm.

- **Hauv chaw xa ntawv.** Yog koj nyob rau hauv **Milwaukee County**, muab tsab ntawv xa mus rau:

  MDPU
  PO Box 05676
  Milwaukee, WI 53205

  Yog koj **tsis** nyob hauv Milwaukee County, muab tsab ntawv xa mus rau:

  CDPU
  PO Box 5234
  Janesville, WI 53547

F-10121H
Nplooj 2 ntawm 2

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## NTU 1 Ncauj Lus Txog Tus Kheej

| Npe–Tib Leeg (Npe, Xeem, Tsiaj Ntav Cim Npe Nruab Nrab) | Zauv Cim Txhooj |
|---|---|
| | |

## NTU 2 Ncauj Lus Txog Qhov As Khauj (Account)

Npe – Tuam Tsev Nyiaj Txiag (txhab cia nyiaj, koom haum txais nyiaj, los sis lub tuam tsev uas tswj xyuas koj cov nyiaj laus)

| Zauv Cim As Khauj | Xov Tooj – Tuam Tsev Nyiaj Txiag |
|---|---|
| | |

Chaw Nyog – Tuam Tsev Nyiaj Txiag

| Nroog | Xeev | Zip Code |
|---|---|---|
| | | |

| Hnub Qhib Qhov As Khauj | Hom – As Khauj Kev Ywj Pheej<br>☐ Tso Nyiaj Siv ☐ Khaws Nyiaj Cia ☐ Nyiaj Laus ☐ Lwm Hom: _____ |
|---|---|

## NTU 3 Kos Npe thiab Hnub Tim

Txoj kev kos npe rau tsab ntawv no yog koj lees tias cov ncauj lus teev no yeej muaj tseeb thiab tiav raws li koj muaj peev xwm paub tau.

| **KOS NPE** | Hnub Kos Npe |
|---|---|
| | |

| **Agency Use Only:** This information must be completed by the income maintenance worker. The worker will provide a copy to the member or authorized person and place one copy in the member's electronic case file. | |
|---|---|
| For non-Retirement Accounts, was member eligible for MAPP at the time the account was established?<br>☐ Yes ☐ No | For non-Retirement Accounts, did you verify that the Date the Account Opened was after MAPP eligibility was established?<br>☐ Yes ☐ No |
| Worker Decision<br>☐ Approved ☐ Not Approved | **Registration Date**:<br>Non-Retirement account registration date = day before balance date<br>Retirement account registration date = first date of eligibility or the date worker approves the Independence Account, whichever is later |
| Reason for non-approval | |

**Nondiscrimination Notice: Discrimination is Against the Law – Health Care-Related Programs**
Wisconsin Department of Health Services ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnub nyoog, kev tsis taus, los yog poj niam txiv. Department of Health Services tsis cais cov neeg los yog coj ntxawv rau lawv vim haiv neeg, xim tawv nqaij, tuaj teb chaws twg, hnub nyoog, kev tsis taus, los yog poj niam txiv.

Department of Health Services:

- Pab nyiaj thiab muab kev pab rau cov neeg txuas lus tsis taus zoo nrog peb, xws li:
  - Cov neeg txhais lus piav uas tsim nyog.
  - Tej ntaub ntawv ua lwm hom (tu ntawv loj, suab lus, tej hom siv tau hauv electronic, lwm lwm hom).
- Muab kev pab dawb txog lus hais rau cov neeg uas tsis hais lus Akiv, xws li:
  - Cov neeg txhais lus tsim nyog.
  - Tej ntaub ntawv ua lwm hom lus.

Yog koj xavtau cov kev pab no, thov hu rau Department of Health Services civil rights coordinator (844-201-6870).

Yog koj xavtau cov kev pab no, thov hu rau Department of Health Services tsis muab tau cov kev pab no los yog tau coj lwm hom kev ciav-cais saib raws haiv neeg, xim tawv nqaij, teb chaw tuaj, hnub nyoog, xiam oob qhab, los poj niam lossis txiv neej, koj tuaj yeem xa ib daim ntawv tsis txaus siab nrog: Department of Health Services, Attn: Civil Rights Coordinator, 1 West Wilson Street, Room 651, PO Box 7850, Madison, WI 53707-7850, 608-267-4955, TTY: 711, Fax: 608-267-1434, dhscrc@dhs.wisconsin.gov. Koj xa daim ntawv tsis txaus siab kiag tus kheej, raws kev xa ntawv, fev los yog email tuaj tau. Yog koj xav tau kev pab sau daim ntawv tsis txaus siab, Department of Health Services civil rights coordinator pab tau koj.

Koj kuj muaj peev xwm ua tau ib daim ntawv tsis txaus siab rau cov cai pej xeem mus rau Mekas Department of Health and Human Services (Thawj Fab Pab Kev Noj Qab Haus Huv thiab Pab Tib Neeg), Office for Civil Rights (Chaw Ua Hauj Lwm txog Pej Xeem Cov Cai), tshuab hluav taws xob los ntawm Office for Civil Rights Complaint Portal, nyob rau hauv https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, los yog xa ntawv lossis hu xovtooj ntawm:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Cov qauv ntawv tsis txaus siab muaj rau ntawm http://www.hhs.gov/ocr/office/file/index.html.

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| **Español (Spanish)**<br>ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-201-6870 (TTY: 711). | **Deitsch (Pennsylvania Dutch)**<br>Wann du Deitsch (Pennsylvania Dutch) schwetzscht, kannscht du ebber griege as dich helfe kann mit Englisch, unni as es dich ennich eppes koschte zellt. Ruf 844-201-6870 uff (TTY: 711). |
| **Hmoob (Hmong)**<br>LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 844-201-6870 (TTY: 711). | **ພາສາລາວ (Laotian)**<br>ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ໃຫ້ໂທຫາເບີ 844-201-6870 (TTY: 711). |
| **繁體中文 (Traditional Chinese)**<br>注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 844-201-6870 (TTY: 711). | **Français (French)**<br>ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-201-6870 (ATS : 711). |
| **Deutsch (German)**<br>ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-201-6870 (TTY: 711). | **Polski (Polish)**<br>UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-201-6870 (TTY: 711). |
| **العربية (Arabic)**<br>ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان اتصل برقم 844-201-6870 (رقم هاتف الصم والبكم: 711). | **हिंदी (Hindi)**<br>ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 844-201-6870 (TTY: 711) पर कॉल करें। |
| **Русский (Russian)**<br>ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-201-6870 (телетайп: 711). | **Shqip (Albanian)**<br>KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 844-201-6870 (TTY: 711). |
| **한국어 (Korean)**<br>알림: 한국어 지원 서비스를 무료로 이용하실 수 있습니다. 844-201-6870 (TTY: 711) 번으로 전화해 주십시오. | **Tagalog (Tagalog – Filipino)**<br>PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-201-6870 (TTY: 711). |
| **Tiếng Việt (Vietnamese)**<br>CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-201-6870 (TTY: 711). | **Soomaali (Somali)**<br>FIIRO GAAR AH: Haddii aad ku hadashid af Soomaali, adeegyada caawinta luuqada, oo bilaash ah, ayaa laguu heli karaa. Soo wac 844-201-6870 (TTY: 711). |