<DATE>

<Member Name>

<Street Address>

<City, State, Zip>

Mudane/Marwo <Member Name>,

Waxaa halkan ku lifaaqan foomka Jiheynta Daryeelka Caafimaadka deegaanka Minnesota kaasoo lagu magacaabo Minnesota Advance Health Care Directive form. Foomkani wuxuu kuu suurtagelinayaa inaad ku qortid rabitaankaaga la xiriira arrimaha daryeelka caafimaadka haddii aad si daran u xanuunsatid ama aad awoodi kari weydid inaad hadashid. Qaabka ugu fiican ee aad hubanti uga dhigi kartid inaad si habsami ah u qortid rabitaanadaada la xiriira arrimaha daryeelka caafimaadka si loo ogaado markaad si daran u xanuunsatid ama aad awoodi kari weydo inaad hadashid waa inaad magacaabatid wakiil kuu qaabbilsan arrimaha daryeelka caafimaadka iyo inaad qaab qoraal ah u diyaarisid tilmaamaha la raacayo. Fadlan qaado xoogaa waqti ah kadibna akhriso foomkan. Kadibna isoo wac aniga haddii ay jiraan wax su’aalo ah oo aad qabtid.

Way dhib yar tahay buuxinta foomka lagu magacaabo Minnesota Advance Health Care Directive form. Foomku wuxuu ka kooban yahay sadex qeybood.

* **Qeybta 1aad** waxay kuu suurtagelinaysaa inaad magacaabatid qof qaabbilsan inuu kuu sameeyo doodaha la xiriira arrimaha daryeelka caafimaadka kaasoo adiga kaa wakiil ah haddii uu dhakhtarku dareemo inaadan adigu awoodi karin. Qofkan waxaa lagu magacaabaa wakiilka qaabbilsan daryeelka caafimaadka.
* **Qeybta 2aad** waxay kuu suurtagelinaysaa inaad qortid rabittaanadaada iyo tilmaamaha la raacayo ee khuseeya daryeelkaaga caafimaadka. Markaad sameysid qaabkaas isaga ah, dhakhaatiirta iyo dadka kale waxaa u suurtageli karta inay qaataan go’aano ku saleysan qaababka aad jeceshahay iyo waxyaabaha aad adigu doorbidaysid.
* **Qeybta 3aad** waxaa lagaa dalbanayaa oo kaliya inaad saxiixdid foomka kadibna aad ku qortid taariikhda

Halkan hoose waxaa ku qoran dhowr waxyaabood oo kale oo lagaaga baahan yahay inaad xasuusnaatid kuwaasoo la xiriira Jiheynta daryeelka Caafimaadka ee hormarsan ama the Advance Health Care Directive:

* Buuxinta foomkani waa adiga doorashadaada uun. Haddii aadan buuxinin foomka, dhakhaatiirtu waxay sii wadi doonaan inay adiga ku daaweeyaan.
* Uma baahnid qof garyaqaan ah si aad u buuxisid foomka. Haddana sidaasoo ay tahay, waxaa lagaa rabaa inaad saxiixdid foomka iyadoo ay kula joogaan laba qof oo markhaatiyaal ah ama ama nootaayo qaabbilsan arrimaha sharciga.
* Waqti kasta waxaad awoodi kartaa inaad foomka badashid.

Marka aad foomka buuxisid kadibna aad saxiixdid, sii nuqullo ka mid ah foomka wakiilkaaga qaabbilsan arrimaha daryeelka caafimaadka, lamaanahaaga, dhakhtarkaaga, kakaaliyahaaga, xubnaha qoyskaaga ama saaxiibo aad kugu dhow. Kadibna dadkan iyaga ah kala-hadal waxyaabaha ama siyaabaha aad adigu doorbideysid. Hubanti ka dhig in nuqulka asalka ah ee foomka aad ku xafidid goob badbaado ah taasoo ay dhib yar tahay inay dadka kale si dhibyar u heli karaan.

Fadlan aniga isoo wac, haddii aad qabto wax su'aalo ah. Saacadaheena shaqadu waa laga bilaabo <8:00 am to 4:30 pm>. Taleefan lambarkaygu waa <CC Phone Number>. Haddii aad isticmaasho TTY, fadlan wac 711.

Mahadsanid,

<Care Coordinator Name, Title>

Iskuxiraha Daryeelka

Blue Plus

SecureBlueSM (HMO SNP) is a health plan that contracts with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in SecureBlue depends on contract renewal.

H2425\_121020KK02 CMS waxaa la ansixiyay 12/17/2020