



ការធានាគុណភាព នៃនាយកដ្ឋានសុខភាពផ្លូវចិត្ត ខោនធី Los Angeles

សេចក្តីជូនដំណឹង

ថ្ងៃទី 1 ខែមិថុនា ឆ្នាំ 2026

សៀវភៅណែនាំសម្រាប់សមាជិក ស្តីពី សុខភាពអាកប្បកិរិយា ខោនធី Los Angeles នឹងត្រូវបានធ្វើបច្ចុប្បន្នភាព ដែលនឹងមានប្រសិទ្ធភាពចាប់ពីថ្ងៃទី 1 ខែកក្កដា ឆ្នាំ 2026 នេះតទៅ ហើយនឹងមានភាសាផ្សេងៗជាច្រើន

នៅលើគេហទំព័ររបស់នាយកដ្ឋានសុខភាពផ្លូវចិត្ត ខោនធី Los Angeles៖ <https://dmh.lacounty.gov/> ដើម្បីទទួលបានច្បាប់ចម្លងបោះពុម្ពដោយឥតគិតថ្លៃ សូមស្នើសុំតាមរយៈអ្នកផ្តល់សេវារបស់អ្នក ហើយឯកសារនេះនឹងត្រូវបានផ្តល់ជូនអ្នកក្នុងរយៈពេល 5 (ប្រាំ) ថ្ងៃ នៃថ្ងៃធ្វើការ។

ការធ្វើបច្ចុប្បន្នភាព ទៅលើសៀវភៅណែនាំសម្រាប់សមាជិក រួមមានព័ត៌មានអំពីភាពអាចទទួលបាននូវសេវាកម្មថ្មីៗ នៅក្នុងផ្នែកដែលមានចំណងជើងថា “ព័ត៌មានបន្ថែមអំពីខោនធីរបស់អ្នក”។ សេវាកម្មសុខភាពផ្លូវចិត្តឯកទេសថ្មីៗដែលផ្តល់ជូនដល់សមាជិកកម្មវិធី Medi-Cal រួមមាន៖

- សេវាស្តារនីតិសម្បទា និងគាំទ្រផ្លូវចិត្តសហគមន៍ (សេវាកម្មក្តីបហៅស៍)
- សេវាកម្មបុគ្គលិកសុខាភិបាលសហគមន៍ដែលបានធ្វើឱ្យប្រសើរឡើង

ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក ឧបករណ៍ ឬសេវាកម្មជំនួយសម្រាប់ពិការភាពរបស់អ្នក ឬដើម្បីទទួលបានឯកសារជាអក្សរពុម្ពធំ ឬអក្សរស្នាបសម្រាប់ជនពិការភ្នែក ជំនួយទាំងអស់នេះអាចទទួលបានតាមរយៈការស្នើសុំ ដោយគ្រាន់តែហៅទូរសព្ទទៅលេខ 1-800-854-7771 (TTY: 711)។ សេវាកម្មទាំងអស់នេះគឺឥតមានគិតថ្លៃទេ។

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English

ATTENTION: If you need help in your language call 1-800-854-7771 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-854-7771 (TTY: 711). These services are free of charge.

العربية (Arabic)

يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-854-7771

(TTY: 711). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكبير. اتصل بـ 1-800-854-7771

(TTY: 711). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-854-7771 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանզանգահարեք 1-800-854-7771 (TTY: 711): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ : បើអ្នក ឬអ្នកដទៃ ត្រូវការជំនួយ ផ្សេងៗ ទៀត ក្នុងការប្រើប្រាស់សេវា របស់យើង ទូរស័ព្ទ ទៅលេខ 1-800-854-7771

(TTY: 711)។ ជំនួយ និង សេវាផ្សេងៗ ទៀត ត្រូវបានផ្តល់ជូនឱ្យបានឥតគិតថ្លៃ ដល់អ្នកដែលមានការរារាំង ឬមានការរារាំងផ្សេងៗ ទៀត ក្នុងការប្រើប្រាស់សេវា របស់យើង ទូរស័ព្ទ ទៅលេខ 1-800-854-7771 (TTY: 711)។

ឬជាការរារាំងផ្សេងៗ ទៀត ក្នុងការប្រើប្រាស់សេវា របស់យើង ទូរស័ព្ទ ទៅលេខ 1-800-854-7771 (TTY: 711)។

សេវាផ្សេងៗ ទៀត ត្រូវបានផ្តល់ជូនឱ្យបានឥតគិតថ្លៃ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-854-7771 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-854-7771 (TTY: 711)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود مک‌دریافت کنید، با 1-800-854-7771 (TTY: 711) تماس بگیرید. ما همچنین خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-854-7771 (TTY: 711) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता का आवश्यकता है तो 1-800-854-7771 (TTY: 711) पर कॉल करें।

अशक्तता वाला लोगो को लए सहायता और सहायता जैसा ब्रह्म और बड़ा प्रश्न में भी दस्तावेज उपलब्ध हैं। 1-800-854-7771 (TTY: 711) पर कॉल करें। या सहायता न: शुल्क हैं।

Hmoob (Hmong)

CEEV TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-854-7771

(TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-854-7771 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-854-7771 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 1-800-854-7771 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-854-7771 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-854-7771 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ເຂົ້າຫາຕີ 1-800-854-7771

(TTY: 711). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທົ່ວເປັນອັກສອນນູນແລະມີຕາພິມໃຫຍ່ ໃຫ້ເຂົ້າຫາຕີ

1-800-854-7771 (TTY: 711). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-854-7771 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-854-7771

(TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਿਵੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-854-7771

(TTY: 711). ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਿਜਦੋਂ ਿਕ ਬ ੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਿਵੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-854-7771 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-854-7771 (линия TTY: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-854-7771 (линия TTY: 711). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-854-7771

(TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como

documentos en braille y con letras grandes. Llame al 1-800-854-7771 (TTY: 711). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-854-7771 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-854-7771 (TTY: 711). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-854-7771 (TTY: 711) น

นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

1-800-854-7771

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-854-7771 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-854-7771 (TTY: 711). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-854-7771 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-854-7771 (TTY: 711). Các dịch vụ này đều miễn phí.

NONDISCRIMINATION NOTICE

Discrimination is against the law. Los Angeles County follows State and Federal civil rights laws. Los Angeles County does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

Los Angeles County provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, braille, audio or accessible electronic formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the county 24 hours a day, 7 days a week by calling 1-800-854-7771. Or, if you cannot hear or speak well, please call TTY: 711. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that Los Angeles County has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Los Angeles County. You can file a grievance by phone, in writing, in person, or electronically:

Department of Mental Health

- By phone: Contact the Los Angeles County Department of Mental Health Patients' Rights Office between 8:30 am and 5:00 pm by calling (800) 700-9996 or (213) 738-4888. Or, if you cannot hear or speak well, please call (TTY: 711).
- In writing: Fill out a complaint form or write a letter and send it to:
Los Angeles County Department of Mental Health Patients' Rights Office
510 South Vermont Avenue, 21st Floor, Los Angeles, CA 90020
- In person: Visit your doctor's office or the Los Angeles County Department of Mental Health at 510 South Vermont Avenue, Los Angeles, CA 90020, and say you want to file a grievance.
- Electronically: Visit the Los Angeles County Department of Mental Health Patients' Rights Office website at
<https://dmh.lacounty.gov/our-services/patients-rights/>

Department of Public Health Substance Abuse Prevention and Control

- By phone: Contact the Los Angeles County Department of Public Health Substance Abuse Prevention and Control between 8:00 am and 5:00 pm by calling (626) 299-4532 or (888) 742-

7900, press 2. Or, if you cannot hear or speak well, please call (TTY: 711).

- In writing: Fill out a [complaint form](#) or write a letter and send it to:
Substance Abuse Prevention and Control, Contracts and Compliance Branch 1000 South Fremont Avenue, Building A9 East, 3rd Floor, Box 34, Alhambra, California 91803
 - In person: Visit your doctor's office or Substance Abuse Prevention and Control at 1000 South Fremont Avenue, Building A9 East, Alhambra, California 91803, and say you want to file a grievance.
 - Electronically: Visit the Department of Public Health Substance Abuse Prevention and Control Member Information and Resources page at <http://ph.lacounty.gov/sapc/PatientPublic.htm>.
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OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:

**Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at:

<https://www.dhcs.ca.gov/discrimination-grievance-procedures>

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
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OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call
TTY/TDD 1-800-537-7697.
- In writing: Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>