

Nidaamyada Cabashada ee Dhallinyarada iyo Qoysaska ka Helaya Adeegyada Shabakadda TERM

Macaamiisha ay soo gudbisoo Fayo-qabka Ilmaha iyo Qoyska ee Degmada San Diego (Child and Family Well-Being, CFWB) iyo Tijaabada Caruurta ee Degmada San Diego ee qiimaynta caafimaadka dhimirka, iyo macaamiisha ay u soo gudbisoo CFWB ee daawaynta caafimaadka dhimirka, waxay ku helaan adeegyada shabakadda Maaraynta Khayraadka iyo Daawaynta (Treatment and Evaluation Resource Management, TERM) ee Optum ee bixiyayaasha. Macmiil ahaan, waxaad xaq u leedahay inaad adeegyadan ka hesho bixiyaha caafimaadka dhimirka ee takhasuskeeda leh. Waxa kale oo aad xaq u leedahay inaad muujiso tabashooyinkaaga haddii ay wax ka khaldamaan daryeelkaaga - tusaale ahaan, aadan ku qanacsanayn daaweyntaada ama aad dareentid in laguula dhaqmay si ixtiraam darro ah.

WAA MAXAY CABASHOYINKA?

Cabashooyin waa muujinta ku qanacsanaan la'aanta adeegyada. Markaad soo gudbisoo Cabashooyin, waxaad codsan kartaa dib-u-eegis ku saabsan tabashooyinkaaga ku saabsan daryeelka caafimaadka dhimirka ee aad qaadanayso.

HABKA AAD KU XALIN KARTO DHIBAATADAADA

Haddii aad tabashooyinka ka qabto adeegyada aad ka helayso bixiyaha shabakadda TERM, sida ugu fudud uguna dhakhsaha badan ee wax loo xalin karo waa in aad si toos ah ula hadasho adeeg bixiyahaaga ama shaqaalahaaga Adeegyada Ilaalinta ee CFWB ama Sarkaalka Asluubta. Waxa kale oo aad isticmaali kartaa Habka Xallinta Cabashada ee Optum TERM si ay kaaga caawiso xalinta tabashooyinka adiga oo xereynaya cabasho.

SIDEEN U GUDBIN KARAA?

- Qoraal ahaan – Buuxi [Foomka Sheegashada ee Bixiyaha TERM ee Dhallinyarada iyo Qoysaska](#) ee laga heli karo websaytka Optum ee www.optumsandiego.com (mar aad gasho bogga intarneetka, dul heehaabo Kheyraadka Bixiyaha BHS, guji Bixiyaha TERM, ka dibna dooro bogga Sheegashooyinka). Tilmaamaha ku saabsan sida fakis ama boosto loogu diro foomka Optum ayaa lagu daray foomka.
- Taleefan ahaan - Wixii kaalmo ah, fadlan wac 1-877-824-8376, Xulashada 1.

XUQUUQDAADA INTA HABRAACA SOCDO

- In aad bari ka ahaato takoorid ama ciqaabid xereynta cabashada awgeed
- In sirtaada la dhawro
- In laguula dhaqmo si sharaf iyo ixtiraam leh, luqad aad fahmi karto

KA CAAWINTA NIDAAMKA

Si aad u heshid caawimo ku saabsan xeraynta cabashada ku saabsan adeegyada caafimaadka dhimirka ee bixiye shabakadda TERM, fadlan wac 1-877-824-8376, oo dooro Xulashada 1.



DHEEFSADAYAASHA MEDI-CAL

Haddii aad tahay Dheefsade Medi-Cal, waxaa laga yaabaa inaad sidoo kale rabto inaad la xiriirto Xarunta Macmiilka ee Waxbarashada Caafimaadka iyo U doodista (Consumer Center for Health Education and Advocacy, CCHA), barnaamij ay maamusho Legal Aid Society of San Diego, Inc.

Cinwaanka: 1764 San Diego Avenue, Suite 200
Tel (lacag-la'aan ah): 877-734-3258
TTY: 877-735-2929
Mareegta: www.lassd.org

CCHEA waxay diyaar u tahay inay ka caawiso Macmiilka Xuquuqahaan soo socda*:

- Ka helidda adeegyo xirfadlayaal aqoon leh
- In macluumaadka lagaa hayo si qarsoodi ah loo kaydiyo
- Helidda macluumaadka ku saabsan daryeelkaaga iyo adeegyadaada, oo ay ku jiraan xulashooyinka
- Inaad ka qayb-qaadato go'aannada ku saabsan daryeelkaaga iyo adeegyadaada
- In si cadaalad ah laguula dhaqmo oo xuquuqdaada la ilaaliyo
- Samee sheegasho ama cabasho ku saabsan adeegyadaaga adoon ka cabsanayn aargoosi
- Qaado racfaan haddii adeegyadaada la diido, la dhimo ama la joojiyo

* Waxaa laga soo Dejiyey shabakada LASSD 4/24/24
<https://www.lassd.org/cchea-brochure/>

TABASHOYINKA KALE E KIISKA

Haddii aad tahay qof dhalinyaro ah ama xubin qoyska ka mid ah oo ka tabanayo shaqaale bulsho ama arrimo kale, fadlan la xiriir kormeeraha/maareeyaha marka hore. Haddii kaalmo dheeraad ah loo baahdo, waxaad wici kartaa Wakaaladda Caafimaadka iyo Adeegyada Aadanaha ee Degmada San Diego, Fayoqabka Carruurta iyo Qoyska ee **Xafiiska Dhexdhexaadiyaha 619-338-2098**.

Xafiiska Dhexdhexaadiyaha:

- Baaraa siyaasadaha iyo habraacyada lagu caawinayo xallinta sheegaashooyinka
- Diiwaangeliyaa oo kormeeraa cabashooyinka ku saabsan Fayo-qabka Ilmaha iyo Qoyska
- Sameeyaa dib-u-eegis gudaha ah oo ku saabsan sheegashooyinka ku saabsan siyaasadda, nidaamyada, iyo ku dhaqanka shaqada bulshada
- U fududeeyaa xallinta cabashada si dhexdhexaad ah, oo maangal ah
- Sare u qaadaa natiijooyinka iyo talooyinka maamulka si loo hubiyo in siyaasadaha iyo dhaqamada ay buuxiyaan sharciyada Gobolka iyo Federaalka, oo ay waafaqsan yihiin hadafka iyo yoolalka Fayo-qabka Ilmaha iyo Qoyska
- Bixiyaa macluumaadka oo ka jawaabaa su'aalaha ku saabsan CFWB, wuxuuna bixiyaa macluumaadka kheyraadka ee ku saabsan wakaaladaha iyo/ama adeegyada aan ahayn CFWB.

**FOOMKA CABASHADA BIXIYAHA TERM
EE AY ISTICMAALAYAAN DHALINYARADA IYO QOYSKOODA
MARKA AAD KA HELAYSO ADEEGYADA BIXIYAYAASHA TERM***

Fadlan buuxi foomkan. Waa la teeb garaaci karaa ama waa la far lagu qori karaa. Foomkan looma baahna in la xareeyo cabasho. Hadba sida ay u badan yihiin macluumaadka aad bixin karto, ayay u fududaan doontaa in loo baaro heli karo websaytka Optum esi degdeg ah loona xalliyo cabashada. Shaqaalaha Optum TERM ayaa laga yaabaa inay kuu soo wacaan wixii macluumaad dheeraad ah. Go'aanka kama dambaysta ah ee ku saabsan cabashadan waa lagula wadaagi doonaa, laakiin faahfaahinta waa la qarin doonaa.

Fadlan ku soo dir foomka la buuxiyay Optum TERM:

Fakiska: 877-624-8376

Cinwaanka Boostada: Optum TERM, PO Box 601340, San Diego, CA 92160-1340

FIIRO GAAR AH: Wada-hawlgalayaasha iyo daneeyayaasha xirfadlayaasha ah waxay leeyihiin foom cabasho oo gaar ah. Haddii aad tahay shaqaalaha CFWB, fadlan tixraac Buugga Siyaasadda CFWB si aad u hesho tilmaamo ku saabsan xereynta cabashada bixiyaha TERM.

MACLUUMAADKA KU KHUSEEYO ADIGA/INFORMATION ABOUT YOU

Magaca/Name:

Lambarka Taleefanka (oo leh Koodhka Aagga) /Phone number (with area code):

Cinwaanka iimaylka/E-mail address:

Cinwaanka Boostada/Mailing address:

Xiriirka Aad la Leedahay Macmiilka/Your relationship to the Client:

- Waxaan ahay macmiilka helay adeegyada. Waxaan ahay (calaamadee mid)/
I am the client who received services. I am a (check one): Dhalin/Youth Waalid/Parent
- Anigu waxaan ahay waalidka dhalay dhallinta helay adeegyada aan tabashada ka qabo./
I am the biological parent of a youth who received the services that I have concerns about.
- Waxaan ahay daryeelaha qof dhalinyaro ah oo helay adeegyada aan ka tabanayo./
I am the caregiver of a youth who received the services that I have concerns about.
Waxaan ahay/I am a Qaraabada/Relative
 Aan waxbo isu ahayn, xubin qoys oo shiishe/Non-related, extended family member
 waalidka soo koriyay/Foster parent

Magaca shaqaalaha bulshada ee Fayo-qabka Qoyska iyo Ilmaha ama Sarkaalka Asluub-marinta Carruurta ee kiiskan/Name of the Child and Family Well-Being social worker or Juvenile Probation Officer for this case:

MACLUUMAADKA KHUSEEYO MACMIILKA/INFORMATION ABOUT CLIENT

Magaca macmiilka/Client's name:

Taariikhda Dhalashada/Date of birth:

**Adeegyada daawaynta ama qiimayntu waxay qayb ka ahaayeen (calaamadee mid ama labadaba)/
Therapy or evaluation services were part of a (check one or both):**

- kiiska CFWB/CFWB case Kiiska Asluub-marinta Carruurta/Juvenile Probation case

MACLUUMAADKA KHUSEEYO BIXIYAHA/INFORMATION ABOUT PROVIDER

Magaca bixiyaha/Provider's name:

Lambarka taleefanka/Phone number:

Wakaalada (haddii bixiyaha uu ka shaqeeyo urur)/Agency (if provider worked in an organization):

Tabashooyinku waxay ku saabsan yihiin a (calaamadee mid ama labadaba)/The concerns are about a (check one or both):

- Terabiiistaha/Therapist Qiimeeye sameeyay qiimayn ruuxiyeed/Evaluator who did a psychological evaluation

**FOOMKA CABASHADA BIXIYAHA TERM
EE AY ISTICMAALAYAAN DHALINYARADA IYO QOYSKOODA
MARKA AAD KA HELAYSO ADEEGYADA BIXIYAYAASHA TERM***

FIIRO GAAR AH: Foomkan waxa lala wadaagi doonaa bixiyaha. Adeegyada adiga ama qoyskaaga wax saameyn ah kuma yeelan doonaan haddii aad cabato. Haddii aad ka welwelsan tahay cawaaqib xumada, waxaad la xiriiri kartaa shaqaalaha bulshada ee CFWB ama Sarkaalka Asluub-marinta Carruurta./NOTE: This form will be shared with the provider. Services for you or your family will NOT be affected if you file a complaint. If you are concerned about negative consequences, you may contact the CFWB social worker or the Juvenile Probation Officer.

Sharax tabashooyinkaaga ku saabsan adeegyada la helay (ku dar bogag dheeraad ah haddii loo baahdo)/Explain your concerns about the services that were received (add additional pages if needed):

FIIRO GAAR AH: Uma baahnid inaad isku daydo oo aad xalliso welwelka bixiyaha ka hor intaadan gudbin cabasho. Si kastaba ha ahaatee, waa wax waxtar leh in aad isku dayday inaad ka hadasho arrimahan./NOTE: You do not have to try and resolve the concerns with the provider before filing a complaint. However, it is helpful to know if you have tried to discuss these issues.

Miyaad kala hadashay bixiyaha tabashadan?/Have you spoken to the provider about these concerns?

Haa/Yes Maya/No

Hadday "Haa" tahay, bixi taariikh-da(yaasha) xiriirka/If "Yes", provide the date(s) of contact:

Sharax waxaad u sheegtay bixiyaha ee ku saabsan tabashadaada iyo jawaabta bixiyaha/Describe what you told the provider regarding your concerns and the provider's response:

**Sifee dukumeenti kasta oo aad haysato oo kaa caawin kara inaad sharaxdo tabashadaada/
Describe any documentation you have that can help explain your concerns:**

Ma u malaynaysaa in Optum TERM uu hore u haystay dukumeentigan?/

Do you think that Optum TERM already has this document? Haa/Yes Maya/No

Hadday "Maya" tahay, fadlan la soo gudbi dukumeentiga foomkan./If "No", please submit the documentation with this form.

Haddii aadan wadaagi karin macluumaadkan, sharax sababta/If you cannot share this information, explain why:

Fadlan bixi magaca(yada) iyo nambarada telefoonada dadka kale (bixiyayaasha daawaynta, xubnaha qoyska, la-hawlgalayaasha xirfadlayaasha ah) kuwaas oo doonaya inay macluumaad dheeraad ah la wadaagaan Optum TERM./Please provide the name(s) and phone number(s) of other people (treatment providers, family members, professional partners) that are willing to share additional information with Optum TERM.

Magaca qofka/Name of person:

Lambarka taleefanka/Phone number:

Magaca qofka/Name of person:

Lambarka taleefanka/Phone number:

Magacaaga (fadlan si muuqato u qor)/Your Name (please write clearly):

Saxiixaaaga/Your Signature: _____

Taariikhda/Date:

Waxaad heli doontaa ogaysiis saddex maalmood oo shaqo gudahooda ah oo xaqiijinaya in Optum TERM uu helay cabashada./You will receive notice within three working days confirming that Optum TERM received the complaint.