



Los Angeles County – Department of Health Services  
My Health LA (MHLA) Program – Eligibility Review Unit REMOTE  
MHLA ENROLLMENT-RENEWAL FORM – Completion Instructions

**To facilitate completion procedures, items on the form will be discussed by sections.**

## **TOP SECTION**

1. Select type of application.
2. Enter name of Medical Home.
3. Enter Patient's Identification Number (PID).
4. Enter Application Number.

## **SECTION I: PARTICIPANTS/APPLICANTS INFORMATION**

1. Enter primary informant / participant's full name, DOB and gender.
2. Enter Social Security number, if applicable (If patient does not have an SSN, leave blank)
3. Enter primary informant / participant's mother's maiden name
4. Check the box only if the applicant is known to the system and the name has legally changed.
5. Enter primary informant / participant's Current home address.
6. Enter primary informant / participant's mailing address (if different from home address)
7. Indicate whether the primary informant / participant has Medi-Cal or not, if they do, enter the CIN number.
8. Enter family members in the home. (You can only include, applicant's legal spouse, domestic partner (i.e. legally registered with the State) applicant's unmarried partner if they have children in common, applicant's children under 21, (including unborn), in home, (and out of home if financially responsible).)
9. For each family member make sure you enter their name, DOB, the place of birth, whether they are employed or not, SS # if applicable, If they have MC and their CIN number if applicable.

**Note:** Attach a separate sheet for additional family members.

## **SECTION 2: NEW ENROLLMENT/RE-ENROLLMENT/ RENEWAL/ MODIFICATIONS**

1. **For New Enrollment/Re-Enrollment with Restricted Medi-Cal:** Enroller must complete the application in OEA and input all relevant information. Enroller also must upload Restricted Medi-Cal verification (screenshot of active eligibility) at time of application. That will serve as the verification of eligibility for MHLA. Enroller can then submit the application. No other documentation is required.
2. **For New Enrollment/Re-Enrollment with no Restricted Medi-Cal:** Enroller must complete the application in OEA and input all relevant information. Applicant must provide all required documents, including proof of identity, residency and income (or how needs are being met). Enroller can then submit the application. Applicant has 30 days to provide documentation by email, phone, fax, mail or in person.
3. **For Modifications:** Enroller must indicate the reason for the Modification (e.g., add or remove a person(s) to the household, change in Income, etc.)
4. **For Renewals:** Enroller must update any changes in circumstances since Participant's last application (household composition, income, residency and/or identity).
  - a. If the previous application was New Enrollment/Re-Enrollment with Restricted Medi-Cal a new Restricted Medi-Cal verification is required.
  - b. If Participants does not have Restricted Medi-Cal or the Medi-Cal was terminated, the participant must provide all required documents, including proof of identity, residency and income (or how needs are being met). Enroller can then submit the renewal. Participant has 30 days to provide documentation by email, phone, fax, mail or in person.

## **SECTION 3: Declaration and Signature**

1. Enroller completing the form must read and explain Rights and Declarations to the Applicant.
2. If the applicant agrees to the terms, the enroller will
  - a. Click on the box
  - b. Print applicant's name and date
  - c. Enter cell number and home number if applicable
  - d. Enroller must sign in behalf of the Applicant/Participant (electronic signature is acceptable)
3. Enroller must indicate if verification and documentation will be necessary by clicking on the box.
4. Enroller must indicate that they have advised the Applicant/Participant that the application may be denied if the documents are not provided within 30 days.