

## **RMD Bulletin**

***Knowledge is power...***



### **HEALTHY WAY LA APPLICATION FINALIZED!**

The Healthy Way LA (HWLA) application form has been finalized and is available for immediate use.

The Department of Mental Health (DMH) and HWLA require providers to screen potentially eligible clients for HWLA benefits. An HWLA application form must be completed and signed by both the client and worker for all clients that are eligible for HWLA before enrollment.

The finalized form is attached.

### **We're here to help you...**

If you have any questions or require further information, please contact RMD at (213) 480-3444 or via e-mail at [RevenueManagement@dmh.lacounty.gov](mailto:RevenueManagement@dmh.lacounty.gov).



Application for Healthy Way LA Matched Program and Verification Checklist

Name: \_\_\_\_\_ Date: \_\_\_\_\_
Patient MRUN: \_\_\_\_\_ Facility Name: \_\_\_\_\_
Preferred Spoken Language: \_\_\_\_\_ Inpatient Admit Date: \_\_\_\_\_
Preferred Written Language: \_\_\_\_\_ Outpatient Visit Date: \_\_\_\_\_
Medical Home/Primary Care Provider \_\_\_\_\_

Would you say that in general your health is? (circle one): Excellent, Very Good, Good, Fair, Poor, Refused, Don't Know

With this document, I apply for Healthy Way LA (HWLA) Matched Program. If I am not eligible for the program, the County will evaluate me for one of the other No-Cost/Low-Cost programs. I understand that this program will help me pay my County medical bills if I meet the eligibility requirements.

I have been informed that the items checked (✓) below are needed to establish my eligibility for the HWLA Matched Program. This information must be provided no later than \_\_\_\_\_.

Failure to provide the requested documents by this due date may result in the denial of the HWLA Matched Program. You must answer our questions and provide the papers we have asked you for, so we can see if you can get help with your medical bills under the HWLA Matched Program. If you do not help us get the papers we requested, you will not be able to get help in paying your County medical bills from any other County program including Ability-To-Pay (ATP) or Outpatient Reduced-Cost Simplified Application (ORSA). This means you will have to pay the full charge for your County medical care.

**IF YOU HAVE ANY QUESTIONS OR ARE UNABLE TO GET ANY OF THE PAPERS LISTED BY THE DUE DATE, PLEASE CALL ME RIGHT AWAY TO TALK ABOUT OTHER WAYS TO MEET THESE REQUIREMENTS**

\_\_\_\_\_  
Patient/Representative (signature) Date Worker's Name (print) Telephone No.

Social Security Number:

- Social Security Number
□ Social Security Benefits Award Letter or Check
□ Medicare Card
□ Correspondence from Social Security Administration

Address:

- Valid California Driver's license
□ Department of Motor Vehicle ID card
□ Rent receipt for month of \_\_\_\_\_
□ Utility bill for month of \_\_\_\_\_
□ Letter addressed to you with cancelled U.S. Post Office stamp for month of \_\_\_\_\_
□ Letter from person providing you with housing, utilities and/or food

Citizenship/Identity:

- U.S. Citizenship/National
• Birth Certificate
• US Passport
• Certificate of Naturalization/Citizenship
□ Legal Permanent Resident verification (Green Card)
□ Identification
• Valid Driver's License (DMV)
• California DMV identification
• U.S. Military identification
□ Other (Specify) \_\_\_\_\_

Income:

- Copy of most recent paystub (from less than 45 days ago)
□ Statement from employer about your job (how much you are paid, how often and how many hours you work)
□ Last year's Federal Income Tax return (and "Schedule C" if self-employed)
□ Three months of current business records (if income tax return is not available or does not represent current earnings)
□ Property Income (if renting property)

□ Award letter or check/copy of check from any of the following Income sources: (Circle type)
• Unemployment Insurance Benefits (UIB)
• Disability Insurance Benefits (DIB)
• Veterans Benefits
• Social Security Benefits
• Other Unearned Income (Specify) \_\_\_\_\_
• Railroad pension
• Retirement Benefits
• Interest income
• Educational grants
• Cash contributions from relatives/friends

- Direct Deposit Statement for Unearned Income
□ Signed statement from person or organization providing cash contribution
□ Letter from person providing you with free housing, utilities and/or food

Income Deductions:

- Child care receipts, cancelled checks, or statement from babysitter
- Property expenses (if renting property):
  - Payment records or statement from mortgage company verifying amount owed on other real property
  - Property taxes – Current tax statement
  - Insurance payments – Premium notices or statement from insurance company
  - Utilities paid for rental property – Bills for last three months
  - Upkeep and Repairs – Bills, receipts, records for last three months

- Child Support/ Spousal Support
  - Court order indicating amount of payment and
  - Cancelled check or money order receipt verifying amount paid
- Medical insurance premium expenses – Paycheck stub, employer’s statement, cancelled check, or receipt

Other:

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**After we review the documents you provide, you will be notified whether your HWLA Matched Program application is approved or denied. If it is denied, you have the right to appeal.**

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As an applicant to HWLA, you have the following internal grievance and appeal rights:

1. You have the right to appeal a decision that you do not qualify for HWLA Matched Program. That means that if you disagree, you can have us review the decision to see if it is correct. If you want to appeal this decision, you must ask for the appeal within **60 days** of the date of the Notice of Action which tells you about the denial. It can take up to 45 days for Healthy Way LA (HWLA) to decide your appeal.
2. You also have the right to file a grievance. A grievance is a formal statement of dissatisfaction or complaint about something that HWLA or its staff did that is given to HWLA to be investigated and resolved. If you have a grievance, you must let us know within **60 days** of the date of the event that made you unhappy. It can take HWLA up to 60 days to resolve your grievance.

To ask for an appeal or file a grievance, call HWLA Member Services at 1(877) 333-4952. If you have problems hearing or speaking, call TTY/TDD at 1(866) 923-4952. We will help you. You can also ask for your appeal or file your grievance by writing or sending a fax to: **Healthy Way LA Member Services, 1100 Corporate Center Drive, Suite 100, Monterey Park, CA 91754, Fax 1(626) 308-1582.** We have forms you can use, but you do not have to use them. Grievances and appeals not related to eligibility can also be filed at the medical home to which you will be assigned.

3. You have the right to speak for yourself during the grievance or appeal process or choose another person to act for you. That person may be a relative, friend, advocate, doctor, lawyer or someone else.
4. You may send written comments, documents, records and other information about your grievance or appeal. For appeals, you may also ask for a hearing in person or by telephone where you can give the reasons why you do not agree and examine and cross examine witnesses.
5. Before and during the appeal process, you will be able to look at your case file. The case file includes our notes on your application, supporting papers or other information related to your appeal.
6. If, after we make our decision on your appeal you are still unhappy, you can ask for a State Fair Hearing. You may ask for a State Fair Hearing **after** you have finished the HWLA appeal process and have a letter with our decision. There is no State Fair Hearing after a grievance is resolved.