Reset Form

# NOTICE OF ACTION-Department of Mental Health
# HWLA Eligibility Denial

Dear

Thank you for applying for the Healthy Way LA (HWLA) Program.
Your HWLA application dated _____ was carefully reviewed and found to not be eligible for the HWLA program due to one of the following reasons:

☐ 1. You do not reside in Los Angeles County.

☐ 2. You are not 19 to 64 years old

☐ 3. You are pregnant

☐ 4. You are not a United States Citizen/National or Legal Permanent Resident for 5 or more years

☐ 5. You are eligible for Medi-Cal or Healthy Families

☐ 6. Your income is more than 133% of the Federal Poverty Level

☐ 7. You are unable to provide required information; therefore, we were unable to process your application

☐ 8. You did not help us in our efforts to get information required for the HWLA application process, so we're unable to process your application

☐ 9. Other. Specify reason:_____

***This denial letter will become effective 10 days from the date of this notice of action.***

If your denial was for reasons in 7, 8, or 9 above, you may be able to void this denial by contacting the person named at the end of this denial letter.

If your denial was for the reasons in 2, 3, 4, 5 or 6 above you may be eligible for other benefits. See a financial screener at your Department of Mental Health Program to help with benefits establishment.

**NOTE:** If you cannot read or understand this letter, call DMH Patients' Rights at (213) 738-4949.
If you have trouble hearing or speaking, use TTY/TDD at (800) 735-2929.

As a Healthy Way LA (HWLA) applicant, you have the following appeals rights:

1. You have the right to appeal this decision. That means that if you do not agree, 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 this Notice of Action letter. **It can take up to 45 days for Healthy Way LA to decide your appeal.**

   To ask for an appeal, call DMH Patients' Rights at (213) 738-4949. If you have problems hearing or speaking, call TTY/TDD at (800) 735-2929. We will help you with your appeal. You can also ask for your appeal by writing or sending a fax to:

   **DMH Patients' Rights**
   **550 S. Vermont Ave.**
   **Los Angeles, CA 90020**
   **Fax: (213) 365-2481**

2. You have the right to speak for yourself during the appeal or to choose another person to act for you. That person may be a relative, friend, advocate, doctor, lawyer, or someone else.

3. You may send written comments, documents, records, and other information about your appeal. You may also ask for a hearing where you can give the reasons why you do not agree and examine and cross examine witnesses.

4. Before and during the appeal process, you will be able to look at your case file. The case file includes our notes on your membership renewal, supporting papers or other information related to your appeal.

5. If, after we make our decision, you are still unhappy, you may ask for a State Fair Hearing. You may ask for a State Fair Hearing after you have finished the HWLA appeal process and have received a decision letter.

**If you have questions, concerns, want to give information about your appeal, or want to ask for a meeting with the person deciding your appeal, call DMH Patients' Rights at (213) 738-4949, or use TTY/TDD at (800) 735-2929.**

Sincerely,

_____ _____

Nancy Butram
Revenue Management Division

c: DMH Patients' Rights