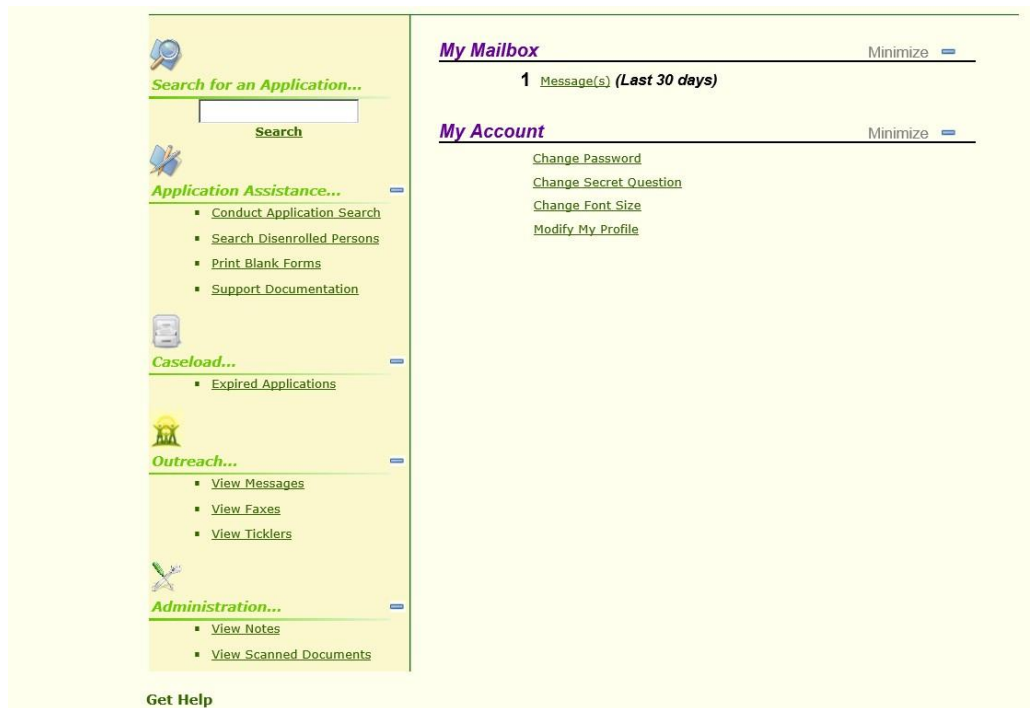


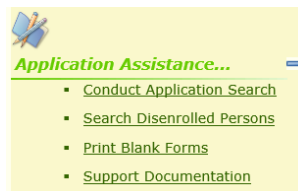
One-e-App – Read Only Guide

Revised April 2022

The Read Only Dashboard- Below is the Dashboard for the Read Only User in One-e-App.



Section – Application Assistance



1. **Conduct Application Search** is used to search for individual applications. An application search can be accomplished through several methods;
 - Unique identifier such as person or application ID
 - Personal detail such as first/last name, gender, date of birth and mother's maiden name
 - Applicant's contact information such as their phone number or email address or
 - Assistor or application date range

Exact or Scored search:







The exact match will search for only the information provided such John Doe, male, DOB 01/01/1980. If there is no match, no application will be returned.

A scored match will return results that are similar to the information provided along with a score (80% or 95%) showing a similar application. For example, a search of John Doe, male, DOB 1/7/1980 may return a result of John Doe, male, DOB 1/1/1980 with a percentage to let the user decide whether the two are the same person. This is where the use of a mother's maiden name is recommended to narrow a search result where an applicant's name, gender and DOB are the same. Below is an example of an application match.

Search Result - Match Found

Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Document Cover Sheet	Application ID	Person ID	Score	Notes
<input type="checkbox"/>	Greg Iles	1/1/1980	Jorge Staff	7/24/2014	Medi-Cal - Restricted No Share of Cost	Fax	19002201420400123	31900201032204142	100.00	 
<input type="checkbox"/>	Greg Iles	1/1/1980	Jorge Staff	7/24/2014	My Health LA	Fax	19002201420400123	31900201032204142	100.00	 

Click the applicant's name to see Medical Home, Coverage period and disposition. See screen below.

Click on the Application ID number to view the Application Summary. This summary has application details.

Disposition Detail:

Application ID: 19002201420400123

	Applicant Name	Program Name	Disposition	Disposition Date	Medical Home	Coverage Period
	Iles, Greg	Medi-Cal - Restricted No Share of Cost	Pending	N/A	N/A	N/A
▶	Iles, Greg	My Health LA	Reinstated	07/25/2014	NORTHEAST COMM-WILMINGTON	07/24/2014 - 07/23/2015
	Iles, Manny	Medi-Cal - Restricted No Share of Cost	Pending	N/A	N/A	N/A

[Print](#) | [Generate Notice](#)

Clicking this icon will show you whether there are uploaded documents, more information under View Scanned Documents

2. **Search Disenrolled Persons** – This link takes you to the Conduct Application Search feature. Conduct an application search. You will receive the screen below. You can click the box and generate the disenrollment letter, if needed.

Disenrolled Participants Search Results

Disenrolled Participants								
	Person Name	Date of Birth	Disenrollment Date	Reason for Disenrollment	App ID	MSN	Person ID	Enrollment Start Date
<input type="checkbox"/>	Alaina Butler	2/12/1989	7/18/2014	Member's Request	19002201408600058	2	31900201012086147	7/12/2014
<input type="checkbox"/>	Alaina Butler	2/12/1989	7/18/2014	Member's Request	19002201408600058	2	31900201012086147	7/12/2014

Note: Each  indicates a renewal application which has started and not completed through final eligibility review.

[Search](#) | [Generate Notice](#)

Click box and Generate Notice link.

[Next](#)

Another method to determine eligibility, when you conduct a general Conduct Application Search you can click on the applicant's name. You will receive the following pop-up screen with eligibility information.

Click on the name.

The pop-up screen below appears with disposition and coverage

Submitted Applications												
		Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>		Alaina Butler	2/12/1989	Susan J Thomas	6/5/2014	Medi-Cal - Restricted No Share of Cost	N/A	19002201408600058	31900201012086147	100.00		 N/A
<input type="checkbox"/>		Alaina Butler	2/12/1989	Susan J Thomas	6/5/2014	My Health LA	N/A	19002201408600058	31900201012086147	100.00		 N/A
<input type="checkbox"/>		Alaina L Butler	6/18/2000	Susan J Thomas	6/18/2014	Not Preliminarily Eligible for Programs in One-e-App County	N/A	19002201416800872	31900201111168148	100.00		 N/A

Disposition Detail:

Application ID: 19002201408600058

Applicant Name	Program Name	Disposition	Disposition Date	Medical Home	Coverage Period
Butler, Nigel	Medi-Cal - Restricted No Share of Cost	Denied	07/12/2014	N/A	N/A
Butler, Nigel	My Health LA	Disenrolled	07/01/2014	N/A	06/18/2014 - 07/01/2014
Butler, Alaina	Medi-Cal - Restricted No Share of Cost	Disenrolled	07/18/2014	N/A	07/12/2014 - 07/18/2014
Butler, Alaina	My Health LA	Disenrolled	07/18/2014	N/A	07/12/2014 - 07/18/2014

Application(s)

19002201408600058(Disenrolled) Disenrolled 07/18/2014 Primary Member's Request.

[Print](#) | [Generate Notice](#)

Click the arrow on the first table column for more detail information.

3. **Print Blank Forms** – This link takes you to blank forms you can print.

Print Blank Forms

You can print the following blank forms.

Program Name	Document
My Health LA	My Health LA Rights and Declarations
Healthy Kids	Healthy Kids Program Information
My Health LA	Profit and Loss Statement
My Health LA	Sample Affidavit
Medi-Cal	Rights, Responsibilities & Other Important Information (SAWS2AQR)

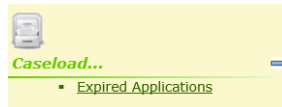
Language

[Get Help](#)

4. **Support Documentation** – This link takes you to sample forms. These forms are similar/same to the forms found under Print Blank Forms. Here is the screen:

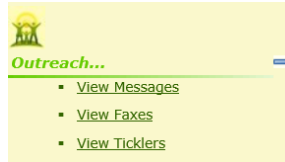
Common Tasks		View: <input checked="" type="radio"/> All Available Documents <input type="radio"/> Los Angeles only				
		Name	Size	Type	Category	Uploaded On
• View or Download Document	<input type="checkbox"/>	Profit and Loss Statement	246.2 kb	Word Document	Tip Sheets	7/8/2014 6:56:42 PM
	<input type="checkbox"/>	MHLA Consent Form	26 kb	Word Document	Program Materials	7/8/2014 6:57:14 PM
Admin Tasks	<input type="checkbox"/>	MHLA Rights and Declaration	23.92 kb	Word Document	Program Materials	7/8/2014 6:58:49 PM
	<input type="checkbox"/>	MHLA Sample Affidavit	388.5 kb	Word Document	Tip Sheets	7/17/2014 6:25:25 PM
	<input type="checkbox"/>	Blank Affidavit	392.5 kb	Word Document	Tip Sheets	7/17/2014 6:17:56 PM

Section – Caseload

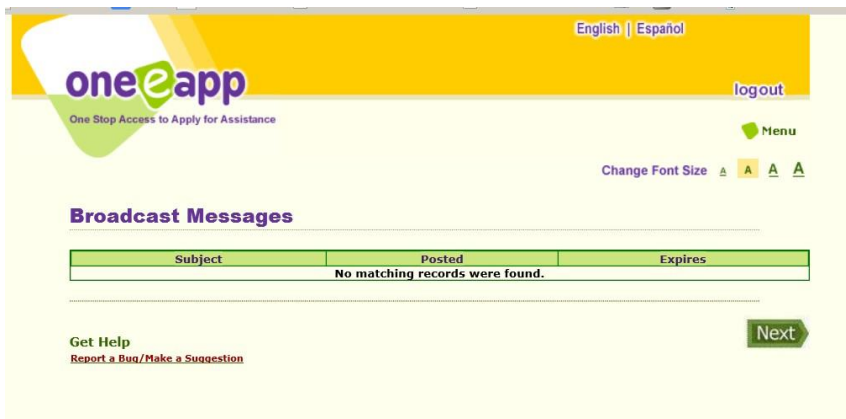


Expired Applications – This link is not applicable to your user type because you do not complete applications.

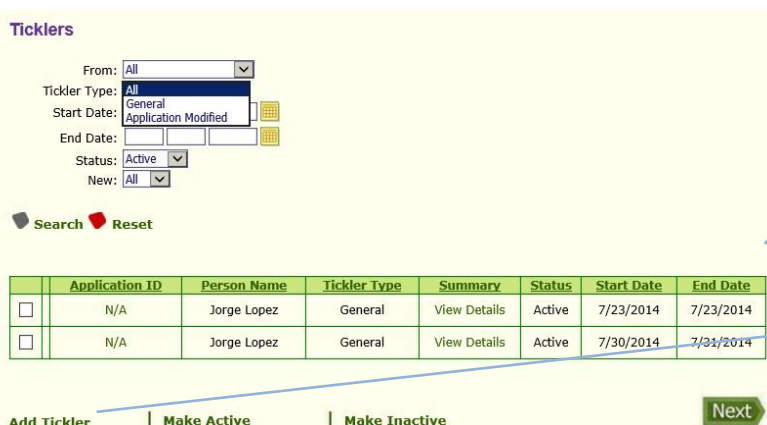
Section – Outreach



1. **View Messages** - This link allows you to see Broadcast messages sent by your agency's System Administrator.



2. **View Faxes** – This link takes you to the Conduct Application Search feature. A better search of faxes is through the View Scan Document link described below. It has instructions on viewing faxed and scanned documents.
3. **View Ticklers** - This link shows your ticklers. A tickler will only be sent and seen by you as the user.



Ticklers created. You can activate or inactivate already created ticklers.

Click Add Tickler to create a new tickler

New Tickler

Tickler Type : General
 Summary : Compatibility View
 Description : Remember to check compatibility view when using a new computer to enroll in OEA.
 Start Date : 08 / 07 / 2014
 End Date : 08 / 31 / 2014

This screen allows you to create a new tickler.

Ticklers

From: All
 Tickler Type: All
 Start Date: / /
 End Date: / /
 Status: Active
 New: All

	Application ID	Person Name	Tickler Type	Summary	Status	Start Date	End Date
<input type="checkbox"/>	N/A	Jorge Lopez	General	View Details	Active	7/23/2014	7/23/2014
<input type="checkbox"/>	N/A	Jorge Lopez	General	View Details	Active	7/30/2014	7/31/2014
<input type="checkbox"/>	N/A	Jorge Lopez	General	View Details	Active	8/7/2014	8/31/2014

one-e-app - Windows Internet Explorer provided by LADHS
 https://www.assistedoneapp.info/App/TicklerDetails.aspx?Id=54489
Message from Jessica Lopez
 Date Sent : 8/7/2014
 Person Name : Jorge Lopez
 Tickler Type : TICKGE
 Start Date : 8/7/2014
 End Date : 8/31/2014
 Description : Compatibility View Remember to check compatibility view when using a new computer to enroll in OEA.
 CEC : Jessica Lopez

The new tickler will appear on your list of ticklers.

Clicking "View Details" on the screen above will show this pop up screen.

You will also see the tickler alert on your dashboard.

You Have 1 New Ticklers
My Mailbox
 1 Tickler(s) (Last 30 days)

Section – Administration

Administration...
 View Notes
 View Scanned Documents

1. **View Notes** – This link takes you to the Conduct Application Search feature. Search for the application and once the application is found if you see the icon under Notes, there were notes created. You can view the notes by clicking on the Person ID, from the Applications section select the notes you want and click on the Notes icon.

Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
<input type="checkbox"/>	Isabel Allende	1/1/1980	Jorge Lopez	8/5/2014	My Health LA	Fax	19002201421600440	31900201056216147	100.00		

This icon will show when there are notes. The user who created the note can click on the icon and see the note.

Any other One-e-App user can view the note through the View Application Summary feature. Click on the Application ID.

2. **View Scanned Documents** – This link takes you to the Conduct Application Search feature.
Conduct an application search.

Submitted Applications

	Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID	Score	Notes	View Documents
	Jorge C	1/1/1980	Jorge Staff	7/24/2014	My Health LA	Fax	19002201420400628	31900201077204147	100.00		 

Click this hand icon.

Print Documents and Forms

 Notes

Application ID: **19002201420400628**

Date Submitted: **N/A**

Person Information			
Person ID	Person Name	Date of birth	Gender
31900201077204147	Jorge C	1/1/1980	Male

Self Affidavit of Income

Person Name	Income Type	Gross Monthly Amount	Document
Jorge C	In-Kind Received	\$399.00	Self Affidavit of Income Letter

Verification Documents

Temporary Verification Documents		FAX 07/24/2014
Jorge C - Proof of Income		<input checked="" type="checkbox"/>
Jorge C - Proof of County Residency		<input checked="" type="checkbox"/>

Permanent Verification Documents		FAX 07/24/2014
Jorge C - Proof of Identification		<input checked="" type="checkbox"/>
Jorge C - My Health LA Rights & Declarations		<input checked="" type="checkbox"/>