

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
REVENUE MANAGEMENT DIVISION

HWLA PRE-SCREENING CHECKLIST*
LEGAL ENTITY CONTRACT PROVIDER

**If client is an existing HWLA client, there is no need to complete this form.*

Client Name _____	DMH # _____
Social Security Number _____	Date of Birth _____

Please check the appropriate answer to the following Healthy Way LA (HWLA) pre-screening questions.

1. Is the client pregnant or does the client have custody of minor children? Yes No
2. Does the client have Medi-Cal or SSI? Yes No

Note: Potentially eligible clients may apply for HWLA if they have an application pending for SSI or an application pending for Medi-Cal for disability or blindness only.

If "Yes" to either, **STOP IMMEDIATELY**. Please inform the client he/she does not qualify for HWLA.*

If the answer is "No" to the following questions, **STOP IMMEDIATELY**. Please inform the client he/she does not qualify for HWLA.*

3. Is the client between 19 and 64 years old? Yes No

Review the current Payer Financial Information (PFI) form. Confirm that the client's income is as stated on the PFI. If not, update the PFI, then refer to the attached HWLA Earned Income Deduction Form to determine financial eligibility.

4. Is the client's income at or below 133% of the Federal Poverty Level? Yes No
5. Is the client a Los Angeles County resident? Yes No
6. Has the client been a U.S. citizen or legal permanent resident the last 5+ years? Yes No
7. Does the client have an Open Episode in the Department of Mental Health Integrated System? Yes No

IF THE ANSWER IS "NO" TO QUESTIONS 1 AND 2, AND "YES" TO QUESTIONS 3-7, CONTINUE BY:

- ✓ Asking the client to complete a Healthy Way LA application.
- ✓ Obtaining the documents listed on the reverse side of this form to verify U.S. citizenship or legal permanent residency, identity, Los Angeles County residency, and income.
- ✓ Completing the reverse side of this form after all documents have been obtained.

** A Notice of Action (NOA) will be required at any stage of the interview process when the client is determined to not qualify for HWLA.*

HWLA PRE-SCREENING DOCUMENT CHECKLIST

Check one box from each section below indicating which document the client will use to verify U.S. citizenship/legal permanent residency, county residency, and income:

Section A: U.S. Citizenship/Legal Permanent Residency for 5+ years

- U.S. Passport issued without limitation (expired ones are acceptable)
 - Certificate of Naturalization (N-550 or N-570) or Certificate of U.S. Citizenship (N-560 or N-561)
 - U.S. Birth Certificate/Abstract
 - Permanent Resident Card (Green Card)
 - Verification from the attached list of acceptable documents (please specify):
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Section B: Identity

- California Driver License or Identification Card (expired acceptable)
- United States Military card (with place of birth listed)
- School Identification Card with a photograph
- Other photo identification with signature (expired acceptable)

Section C: Los Angeles County residency

- Valid California Driver License or Identification Card with address within Los Angeles County
- Utility bill, phone bill, or rent receipt in client's name (within the last 30 days)
- Letter from person providing you with free housing, utilities, or food

Section D: Income

- Award letter/Notice of Action letter (within last 90 days)
- Work paycheck stub (at least 2 recent stubs)
- Current business records (for self-employed person)
- Most recent tax return
- Signed statement from employer
- In-kind Verification (can also satisfy County residency if address is listed)
- Affidavit (for self-employed person)

FINAL HWLA PRE-SCREENING QUESTIONS

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| Have you obtained verification documentation for: | citizenship/legal residency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | identity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | county residency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you placed a copy of the documents obtained in the client's clinical chart or financial folder? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the client sign and date the Healthy Way LA application? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed and signed the Attestation form? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you completed the HWLA Application Review? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IF THE ANSWERS TO ALL OF THE FINAL HWLA PRE-SCREENING QUESTIONS ARE "YES," THEN THE CLIENT IS READY TO BE ENROLLED VIA YOUR BENEFITS NOW (YBN).