oneeapp

One Stop Access to Apply for Assistance

oneeapp

Los Angeles County, California USER MANUAL

June 2014

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NOTES

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Introduction to One-e-App

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One-e-App is a Web-based system for connecting families with a range of health, social service and other support programs. This program improves the efficiency and user-friendliness of the application process for families. This is the One-e-App user manual for Los Angeles County, California.

One-e-App determines ***eligibility and enrollment*** for the following program:

My Health LA

One-e-App creates ***referrals*** for the following programs:

Medi-Cal
LA Care's Healthy Kids Program

One-e-App is easy to use. The application uses an interactive, interview approach to help simplify data collection and entry. The system features drop-down menus, report creation, radio buttons, and other navigation tools important to the enrollment process.

One-e-App helps to improve the quality and completeness of applications. The system performs routine error checks and provides immediate notification when a required field is incomplete or if data is incorrectly entered.

Other services are provided in real time, including an instant toggle between English and Spanish versions of the application, real-time selection of participating Medical Home clinics, and real-time submission of applications for Preliminary Eligibility Determination.

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The following are required to operate the One-e-App system:

Hardware

- Computer or Laptop
- High speed Internet connection
- Printer
- Fax Machine or Scanner
- Electronic Signature Tablet *(Optional)*

Software

- Internet Web Browser
  - Internet Explorer 7.0 or higher
  - Optional web browsers include: Apple Safari 4.1 or higher, Mozilla Firefox 7.0 or higher, Google Chrome 14.0 or higher and Opera 10.0 or higher
- Adobe Acrobat Reader (v6 or higher)

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Contact Information:

Contact	Contact Information	For
One-e-App Help Desk	866-429-1979 ttpro@socialinterest.org	One-e-App Technical Assistance

Web Sites

Web Site	URL
One-e-App **Training** web site	https://www.assistedoneeapp.**info**
One-e-App **Live** (Production) web site	https://www.assistedoneeapp.**org**

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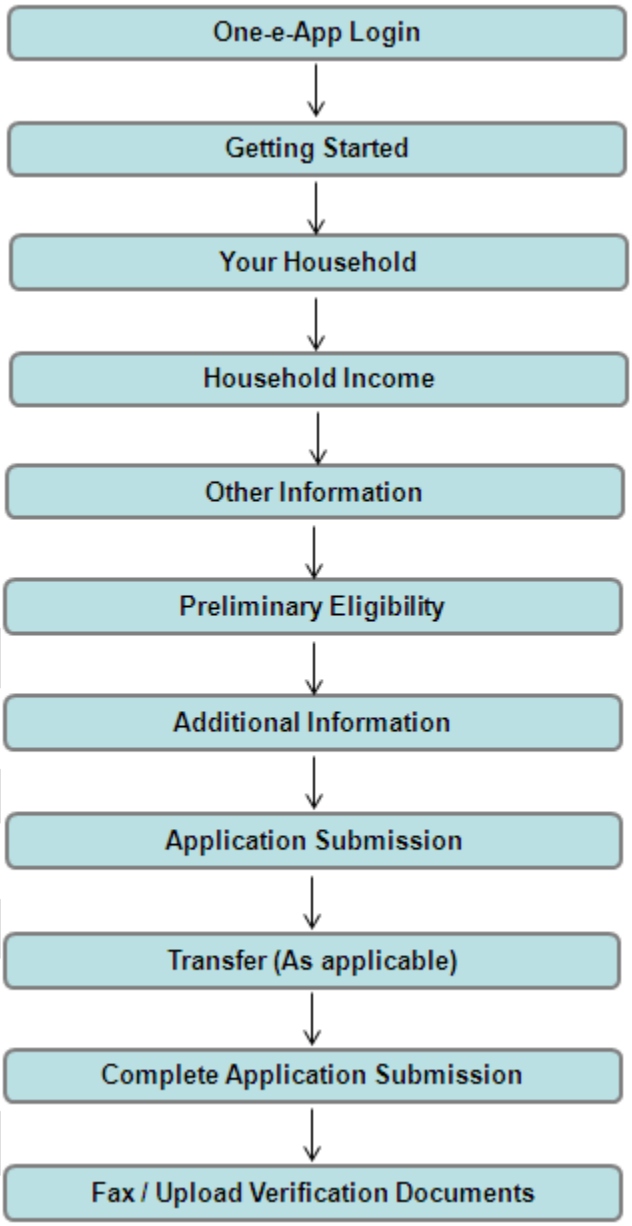
The following flow chart outlines the steps of creating and submitting new applications in One-e-App. This user manual provides detailed information about each of these steps.



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Logging On

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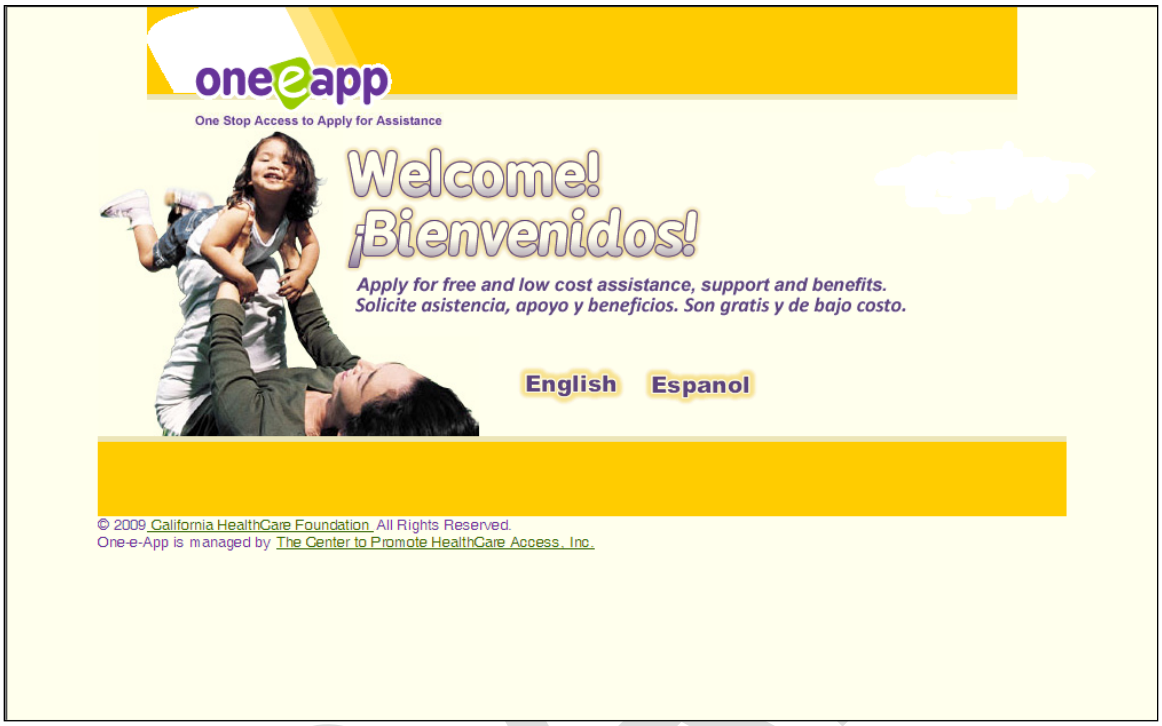

- The One-e-App Training website address is: **https://www.assistedoneeapp.info.** You can use this website to test and train on the One-e-App system without enrolling someone.
- The One-e-App Live (Production) website address is **https://www.assistedoneeapp.org.** You can use this website to enroll individuals into the MHLA program.

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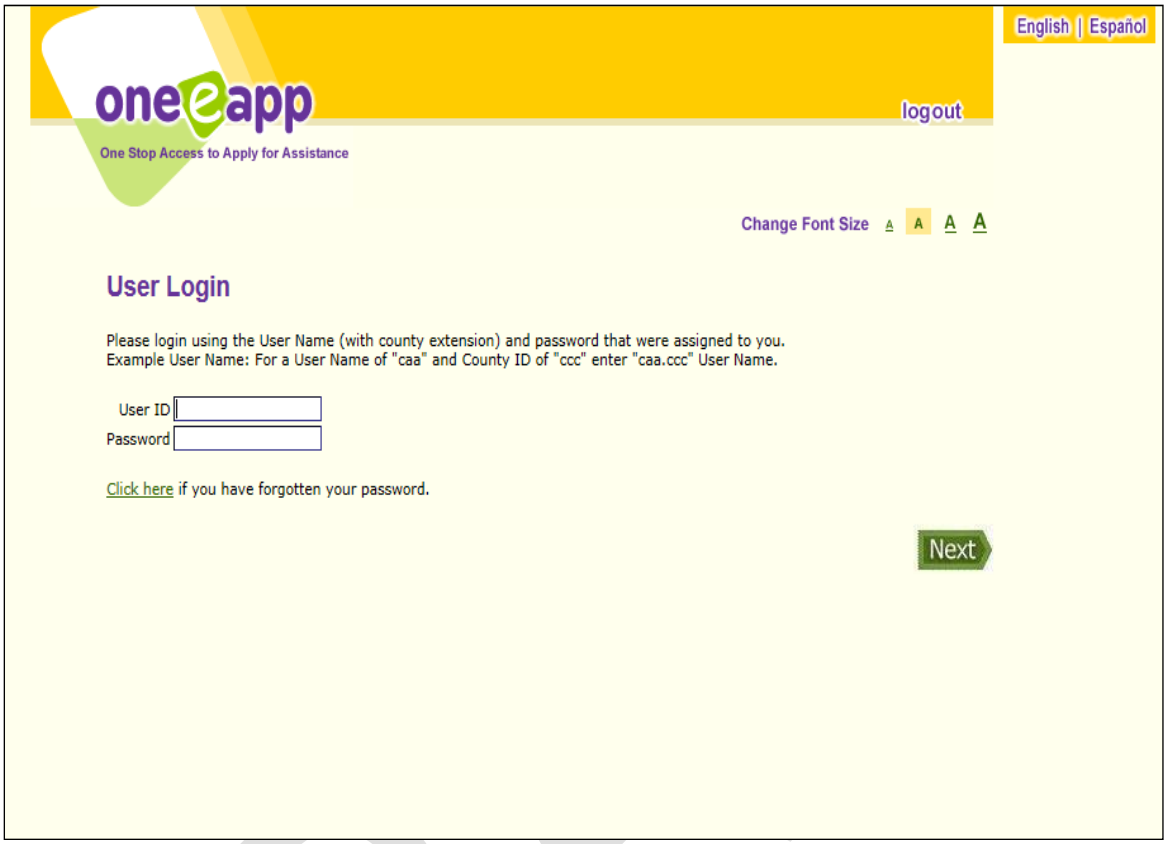

- You will receive your **User ID** and **Password** information from your agency's One-e-App System Administrator.
- Type your **User ID** and **Password** on this screen and click **Next** button to log onto One-e-App.
- Your **User ID** comes with an extension to indicate what system to log you into (e.g., .lac).

User ID: _____

Password: _____

Note: You can change the One-e-App screen font size for easier viewing by using the "Change Font Size" selection feature that is available on the top right corner of most screens in One-e-App.

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You will receive your **User ID** and a **Default Password** from your agency's One-e-App System Administrator. Your Default Password will allow you to log onto One-e-App for the first time. During the login process, you will be prompted to change your password to your own private password which must meet the requirements described below.

Password Requirements:

- At least 8 characters in length
- Contain at least one number
- Contain at least one special character (*, $, @)
- Combination of upper and lower case characters
- Case sensitive (It matters if you type the password in capital or lower case letters)

SAMPLE: LatteTr8*

If you forgot your password or if your password was disabled: You can click on **"Click here"** to reset your password if you forgot it or if your account was disabled after you entered five incorrect passwords. You will need to answer your secret question correctly in order to reset your password. If your account was disabled, you will need to contact the Agency's One-e-App Super System Administrator to reset your password to the default password.

Passwords Expire Every 30 Days: Seven days before your One-e-App password expires, you will receive a reminder that your password is about to expire, and that you need to select a new password.

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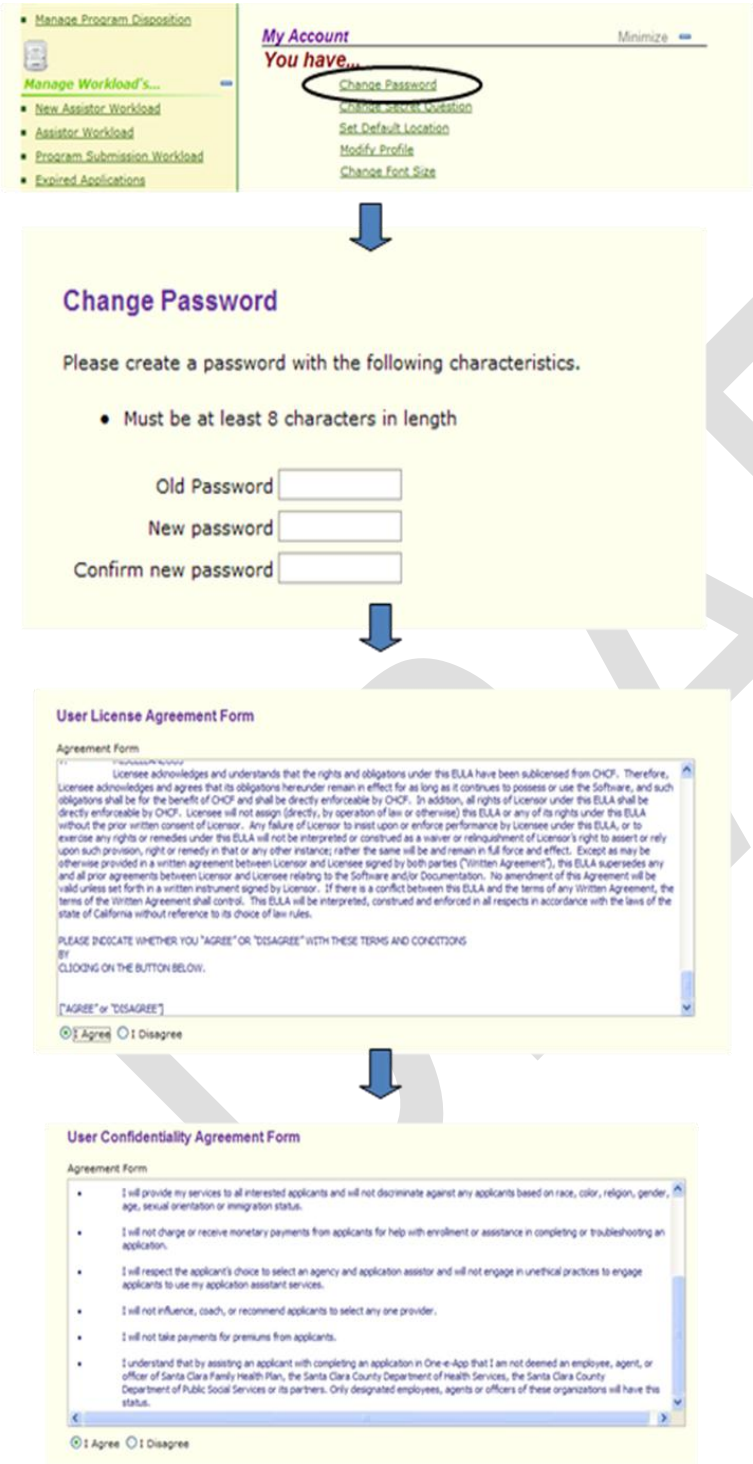

Changing Your Password

Changing your password in One-e-App is easy. Simply click on the "Change Password" link under "My Account" on your One-e-App Dashboard and it will take you to a page to change your password.

Enter your old password, then enter your new password twice to confirm it.
Each time you change your password, the system will bring up the User License Agreement Form and User Confidentiality Agreement form for you to review. You will need to scroll down to the bottom of the page and click "I Agree".

After you sign the agreement, you will go to the user login page and you will need to sign in with your new password.

Password Tips:
One-e-App passwords expire every 30 days. The guidelines below offer some helpful ideas for selecting a password that is both strong and easy for you to remember.

"Strong" passwords contain:
-upper and lower case characters
-digits and punctuation characters (e.g., @ # $)
-letters
-at least eight alphanumeric characters

Other password security tips: Secure passwords should not be found in a dictionary (English or foreign), should not be based on personal information (e.g., names of family), and should never be written down or stored on-line. Try to create passwords that can be easily remembered.

Note: The Super System Administrator can change the default password expire time to expire in more or fewer days than 30.

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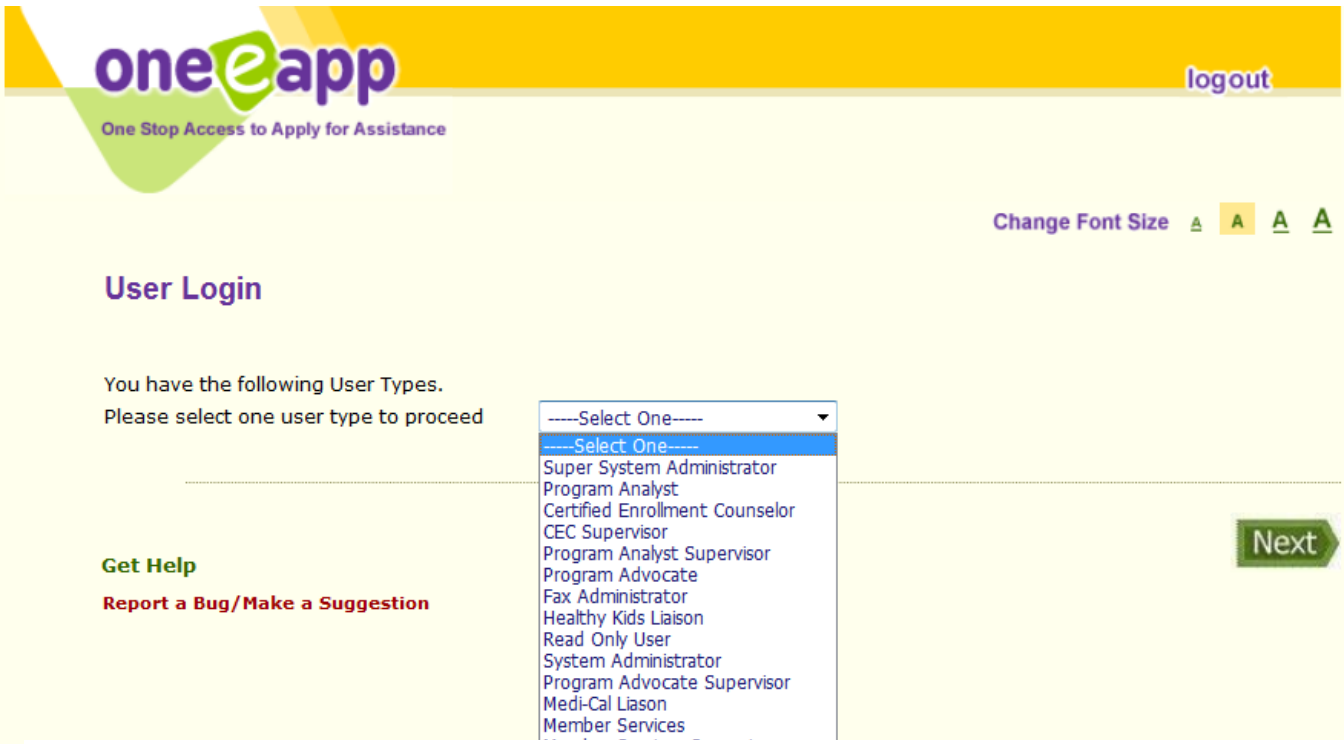

- Select the appropriate **User Type** from the drop-down box (See table below).
- The most common User Types are **Certified Enrollment Counselor (CEC)** and **CEC Supervisor.**
- Click **Next** button to log onto One-e-App.

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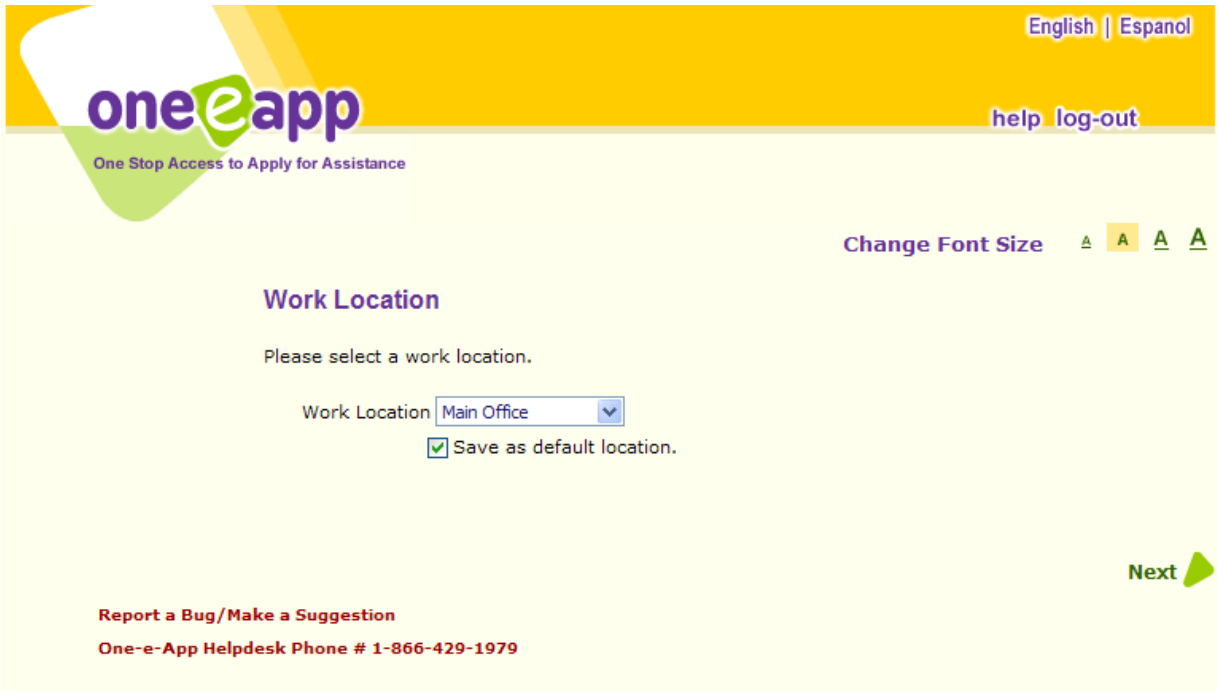

→ Each time you log into the One-e-App program, you will be asked to indicate the **location** where you are providing application assistance using One-e-App. Please note that this is where you are physically located when you are providing application assistance, not necessarily where you generally work. This function will track the applications that are completed at each of your agency's enrollment sites.

If you primarily work out of one location, you can check a box to save it as your default location. The next time you log on you will see the default location.

> **Note:** Need Help? Click the **Help** button located on the top right area on most screens to view help about One-e-App.

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This is the Dashboard (aka “Main Menu”)

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The **dashboard** provides an easy way to access all the information available in One-e-App. You can find or start applications, check enrollment status, track your outreach efforts, and manage your user account, ticklers, and other alerts.

This is a brief overview of the sections available on the One-e-App dashboard. Under each section are links to go to different screens in One-e-App.

My Assisted Applications is where you can see a summary of the number of applications by status (In Progress, Expired, and Due for Renewal).

My Assisted Persons shows you a count of how many applicants are waiting for their application to the MHLA program to be submitted, as well as how many MHLA applications have already been submitted.

My Mailbox provides links to all of the different alerts you can receive in One-e-App, such as Ticklers, Reminders, and Messages.

My Account is where you can manage your individual account settings, such as passwords, secret questions, default location, profile, and adjust the font size for the screens.

On the left hand column:

Application Assistance has links to help you start or modify an application, upload supporting documents, print forms, etc.

Enrollment Assistance includes links to allow you to update applicants' address and contact information in One-e-App.

Caseload includes links to tables that show the status of applications (In progress, Submitted, Expired).

Outreach has links to View Faxes and other messages, reminders, etc.

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Creating a New Application

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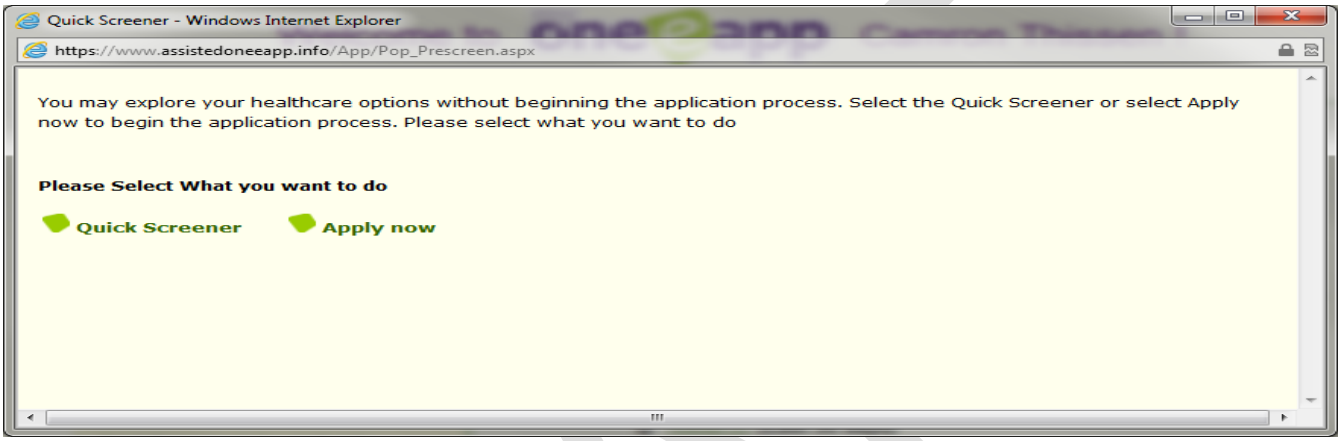
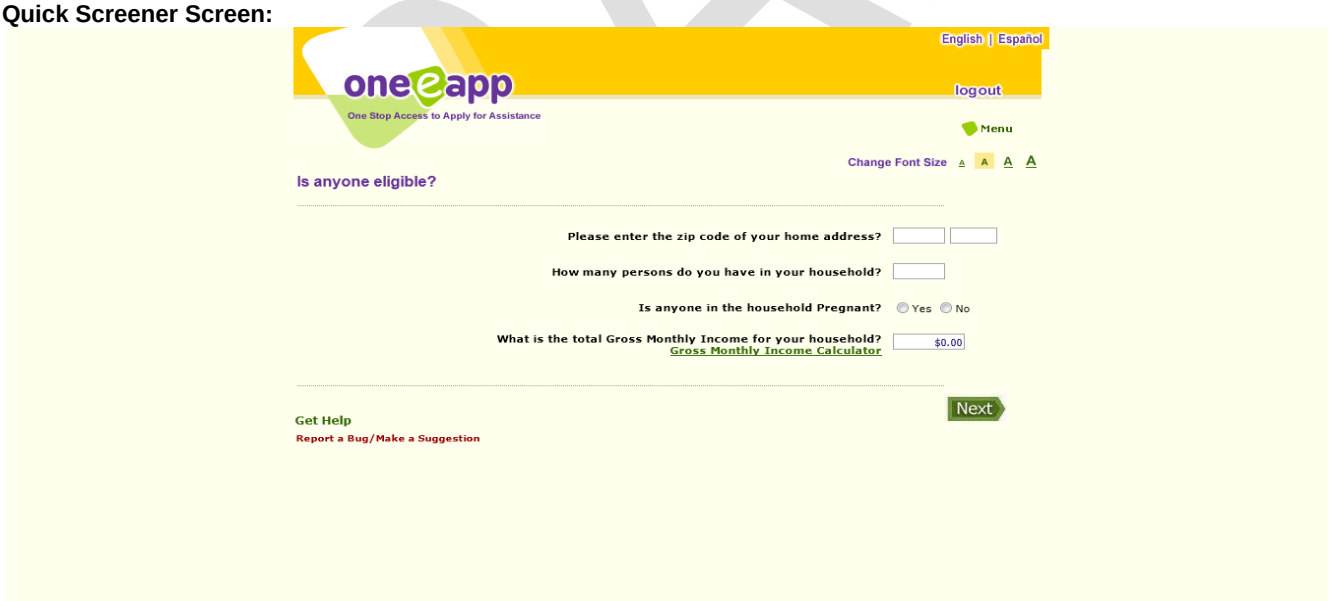
→ Once you click "**Begin Application"** a pop-up message will appear with two options:

- **Quick Screener –** clicking on this option will bring you to a page with a few questions that will conduct a high-level screening for potential eligibility for the MHLA program.

- **Apply Now** – clicking in this option will navigate you to the first screen in the new application process.



Quick Screener Screen:



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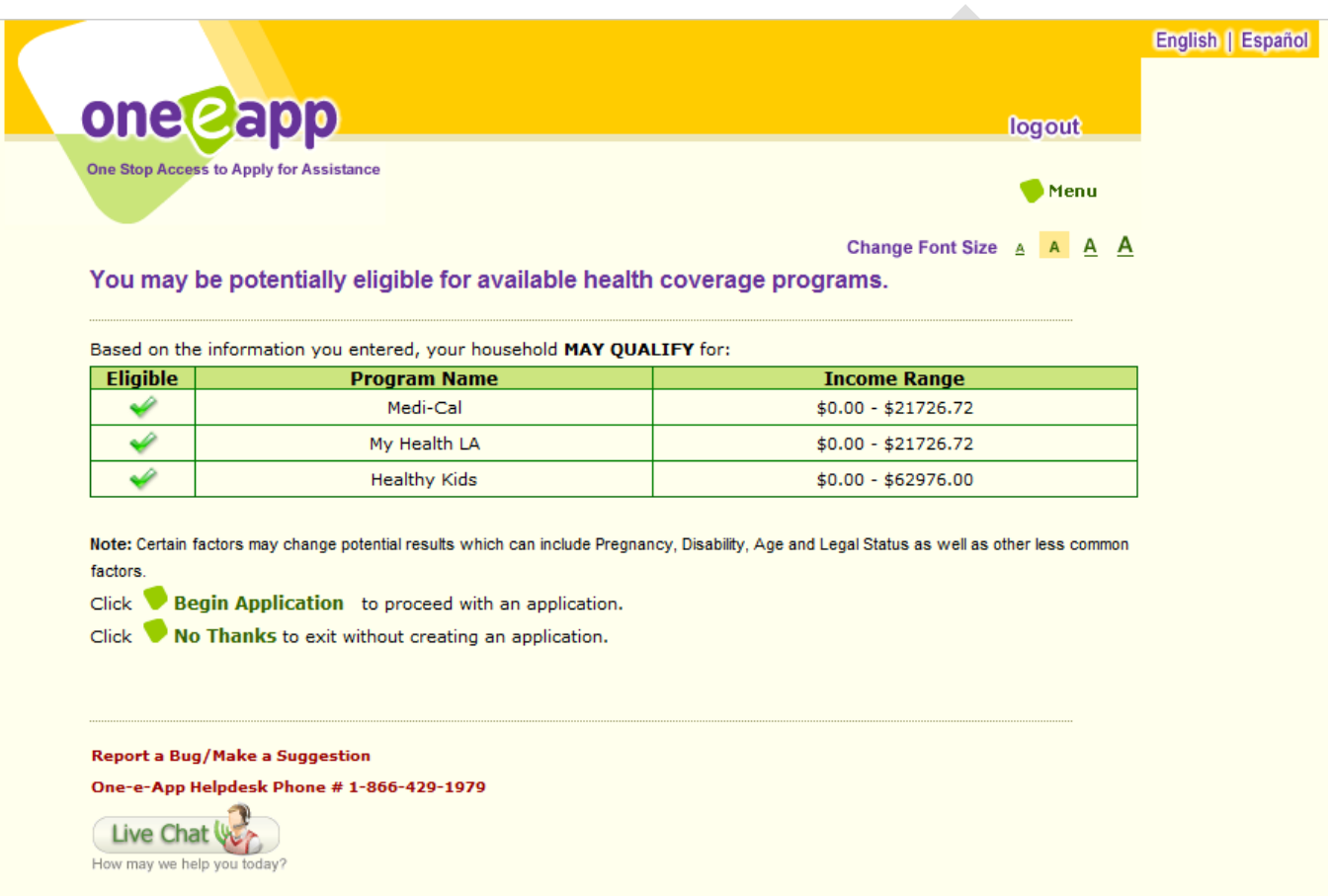
- Once the client has been screened through the **Quick Screener**, the Assistor will be given the following options:
  - **Begin Application** will allow the Assistor to create a new application.
  - **No Thanks** will return the Assistor to the Main Dashboard.



Note: The Income Range in the grid above is populated based on the number of household members entered in the previous screen.

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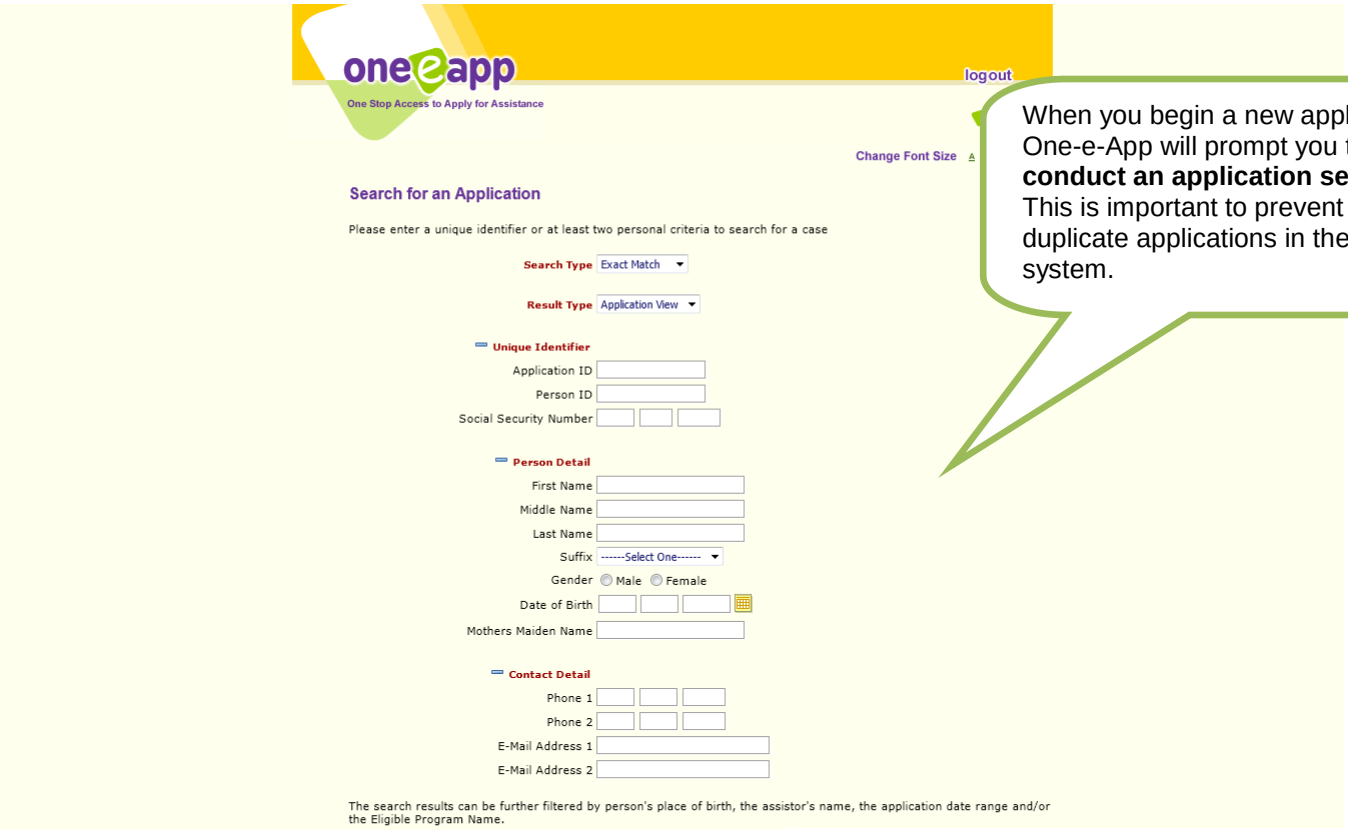
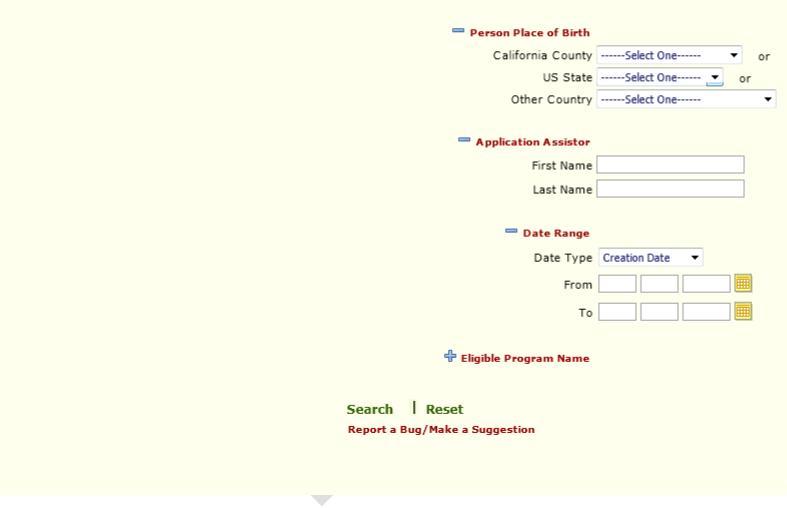


When you begin a new application, One-e-App will prompt you to **conduct an application search.** This is important to prevent duplicate applications in the system.



- Each additional criteria that you enter narrows your search further.
  - The One-e-App model is predicated on sharing and maintaining a single application. Therefore it is very important that you choose criteria that will return the most effective search results.
- If you search by **Person Detail** or **Place of Birth**, you must enter at least two criteria, such as **First Name** and **Last Name** or **First Name** and **Date of Birth**.
- If you want to see all of the applications that you have created, enter your name in the **Application Assistor First Name** and **Last Name** fields.
- If you search by **Unique Identifiers,** such as **Application ID** or **Social Security Number (SSN)**, you need to enter only one search criteria.
- Enter your criteria and click the **Search** button to proceed.

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logout

Menu

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Search Results - Exact Match

To retrieve and continue with an application, click on the applicant's name. Applications that you are authorized to coauthor are highlighted in blue.

Note: This search was performed based on an exact match on the name search criteria. If you do not find the match you are looking for or there are no results returned, please change/correct the parameters entered or change the search to Scored Matches.

Applications in Progress

	Applicant Name	Date Of Birth	Created By	Creation Date	Application ID	Person ID		Score	Notes	
☐	James Justice	5/22/1901	Avaneet Buttar	7/1/2014	1900220141810030 5	N/A		100.00		
☐	Justin Justice	2/2/2010	Avaneet Buttar	7/1/2014	1900220141810030 5	N/A		100.00		

Applications Pending Submission

		Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID		Notes		View Documents
☐		Sam Justice	10/22/2009	Camron Thissen	6/5/2014	Healthy Kids	Fax	190022014155000103	19000201000172147				N/A
☐		James Justice	5/5/1985	Avaneet Buttar	7/2/2014	Medi-Cal - Restricted No Share of Cost	Fax	190022014182001963	19000201032183147				N/A
☐		James Justice	5/5/1985	Avaneet Buttar	7/2/2014	MY Health LA	Fax	190022014182001963	19000201032183147				N/A
☐		Sam Justice	5/5/2009	Avaneet Buttar	7/2/2014	Healthy Kids	Fax	190022014182001963	19000201034183143				N/A

Applications Pending Verification Documents

			Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID		Score	
No matching records were found.													

Expired or Program Closed Applications

		Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID		Score		View Documents
No matching records were found.													

Submitted Applications

		Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Document Cover Sheet	Application ID	Person ID
☐		James Justice	5/22/1901	Camron Thissen	6/22/2014	Medi-Cal - Restricted No Share of Cost	Fax	190022014155000103	19000201000155
☐		James Justice	5/22/1901	Camron Thissen	6/22/2014	MY Health LA	Fax	190022014155000103	19000201000155

Note: Each R indicates a renewal application.
Note: Each P indicates a renewal application which has started and not completed through final eligibility review.
Note: Each indicates a link to view verification documents.
Note: Each indicates program closed application(s)/person(s).
Note: Each is a link to a person's application summary.
Note: Each is a link to add a person to the clipboard.
Note: Each is a link to application workflow history.
Note: Each indicates IDR pending application(s)/person(s).

Total number of applications in progress : 2
Total number of determined applications pending submission : 4
Total number of submitted persons : 2

Export Results to Excel
Add Notes | Search
View Clipboard | Begin New Application | Renew/Modify

Next

Report a Bug/Make a Suggestion

If you find the person you are looking for in the "**Person View**" search results, click on the **Clipboard Icon** next to their name so that you are able to paste that name into the application later on.

If you decide to create a new application, click on "**Begin New Application**".

If you are renewing or modifying an application, check the box next to the person's name and click **"Renew/Modify"**.

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If you have saved a person to the clipboard, you may paste that person's name into the application by clicking on this **plus sign** here. If you used the **"Add persons to new application"** feature, their name will automatically be populated here.

The **Primary Informant** is the person providing the information for the application.

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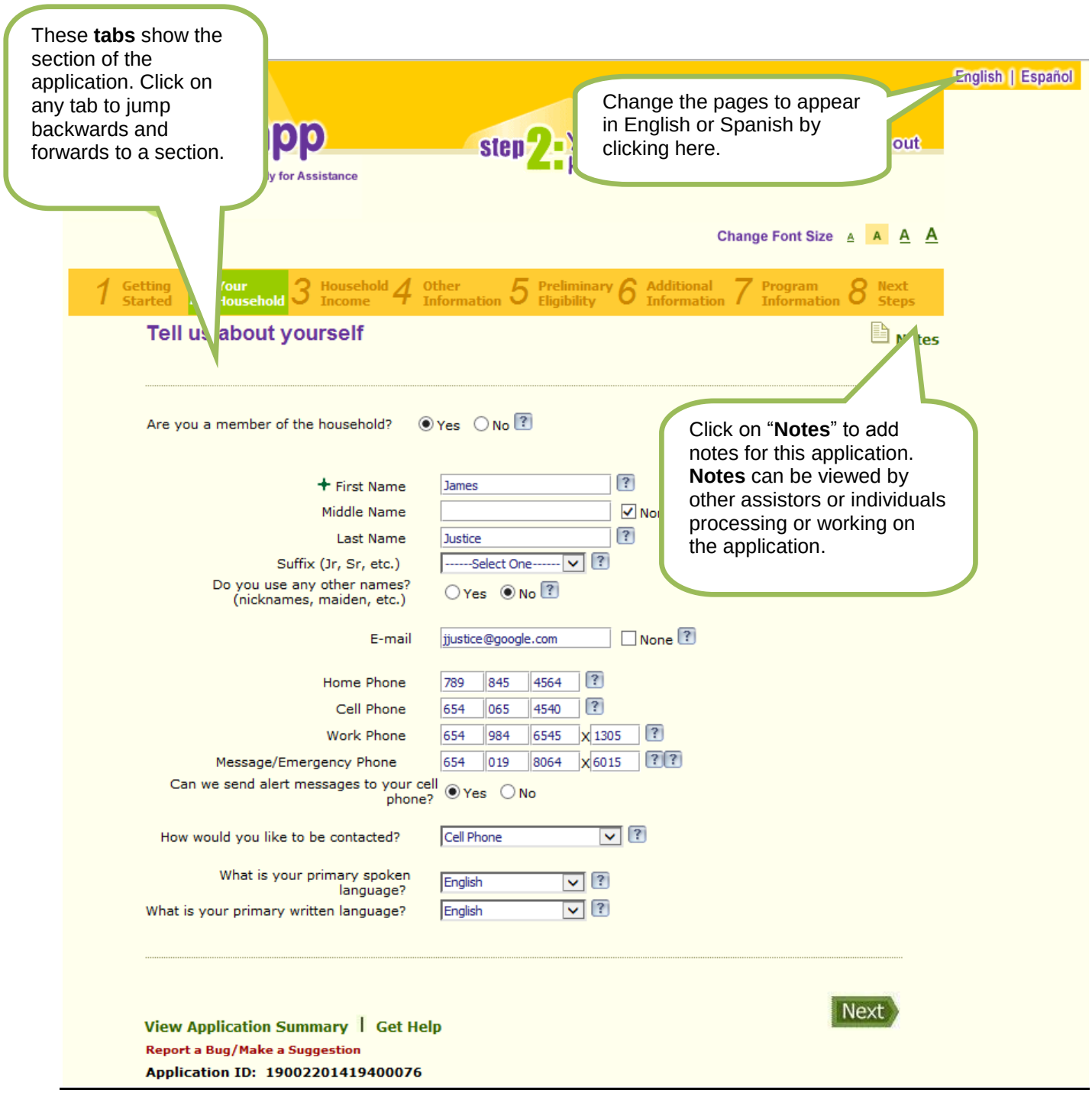

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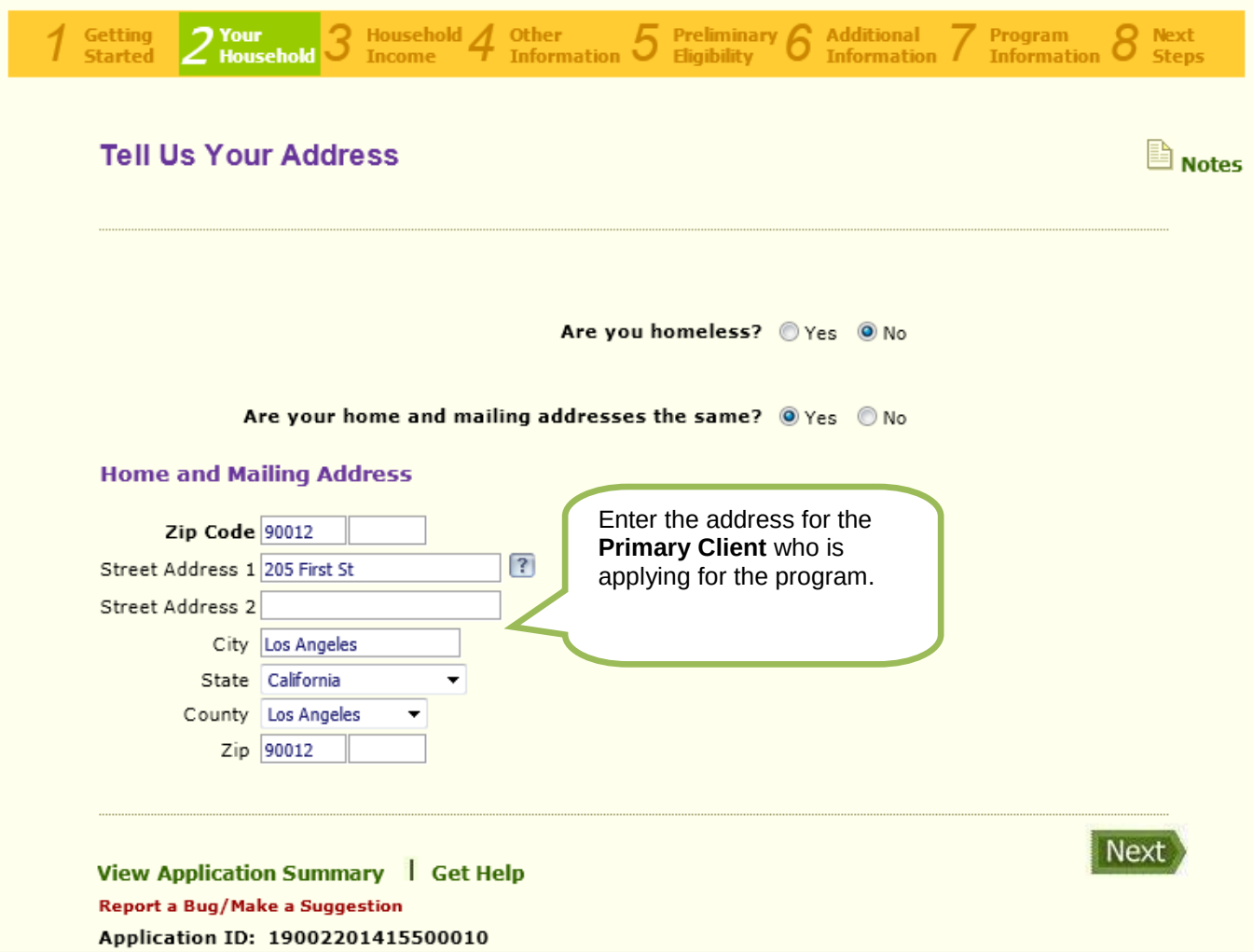

- If the **Home Address** and **Mailing Address** are different, enter each one separately on the screen.
- Click the **Next** button to verify the address and continue with the application.

Note: You can enter notes about this application into One-e-App by clicking the **Notes** button located on the top right area of this screen. Follow the on-screen instructions for more information about this feature.

Note: You can use the **Jump Back To** feature to go back to a previous section of your application at any time. Use this feature to update data that you previously entered or wish to revisit.

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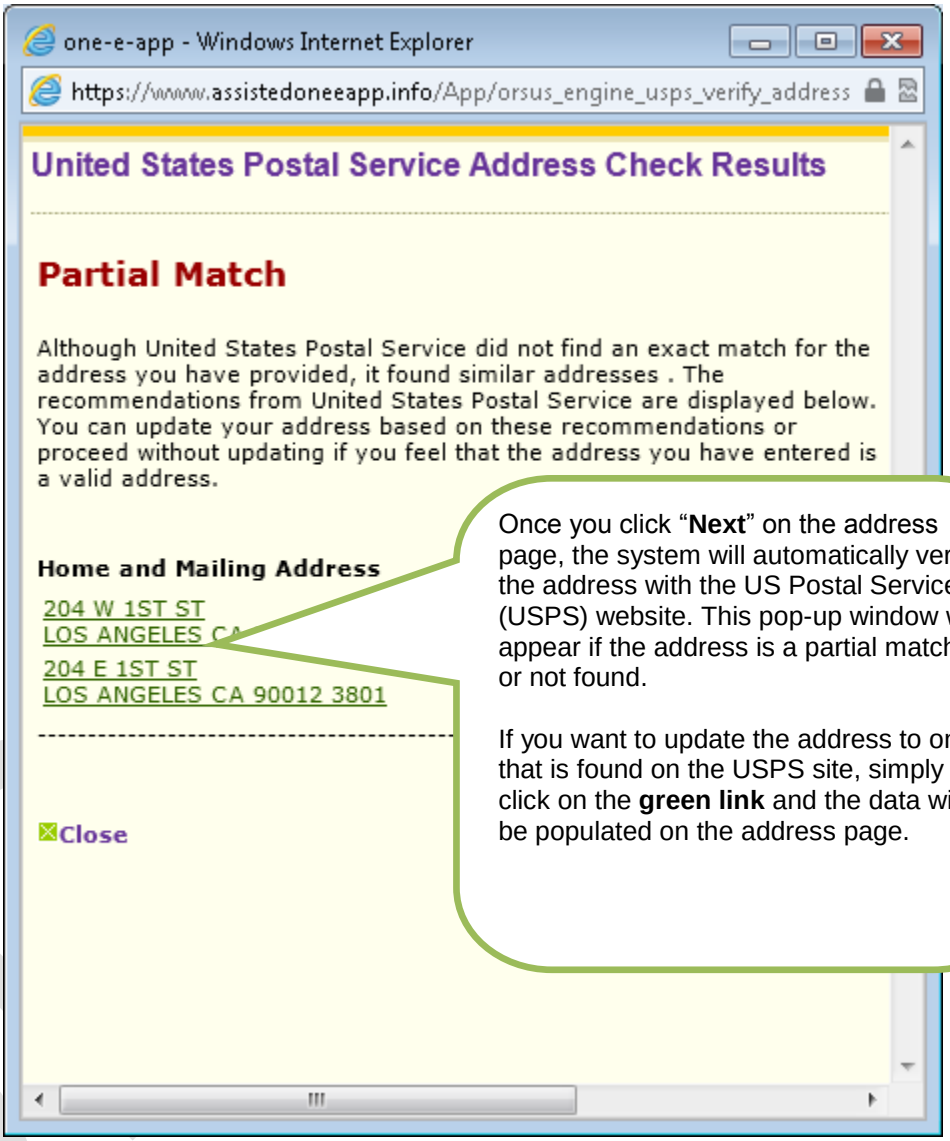

Once you click "**Next**" on the address page, the system will automatically verify the address with the US Postal Service (USPS) website. This pop-up window will appear if the address is a partial match or not found.

If you want to update the address to one that is found on the USPS site, simply click on the **green link** and the data will be populated on the address page.

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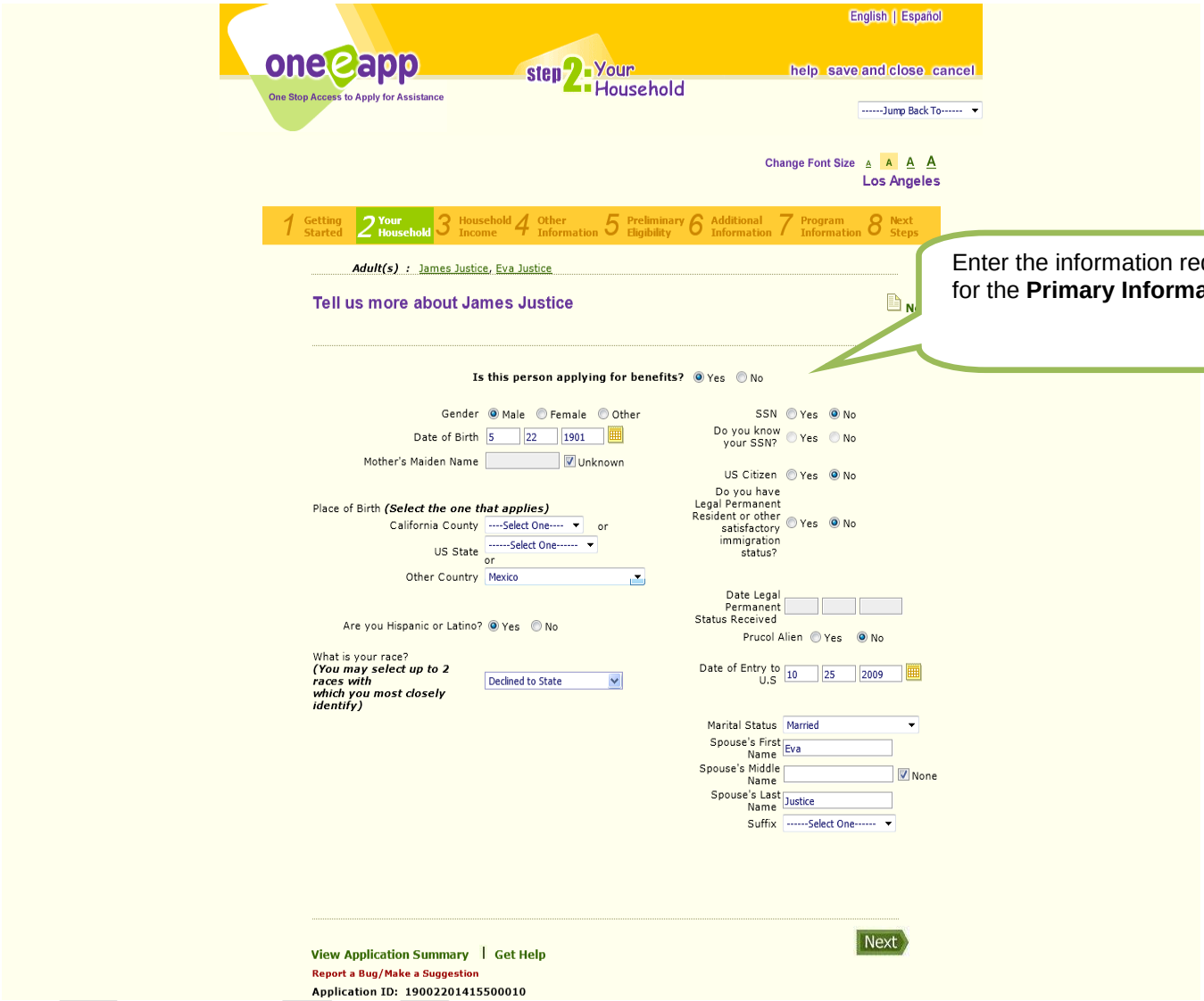

Enter the information requested for the **Primary Informant.**

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These are additional questions about each individual applying for the program. Respond **Yes** or **No** to the questions. Additional questions may appear depending on your responses.

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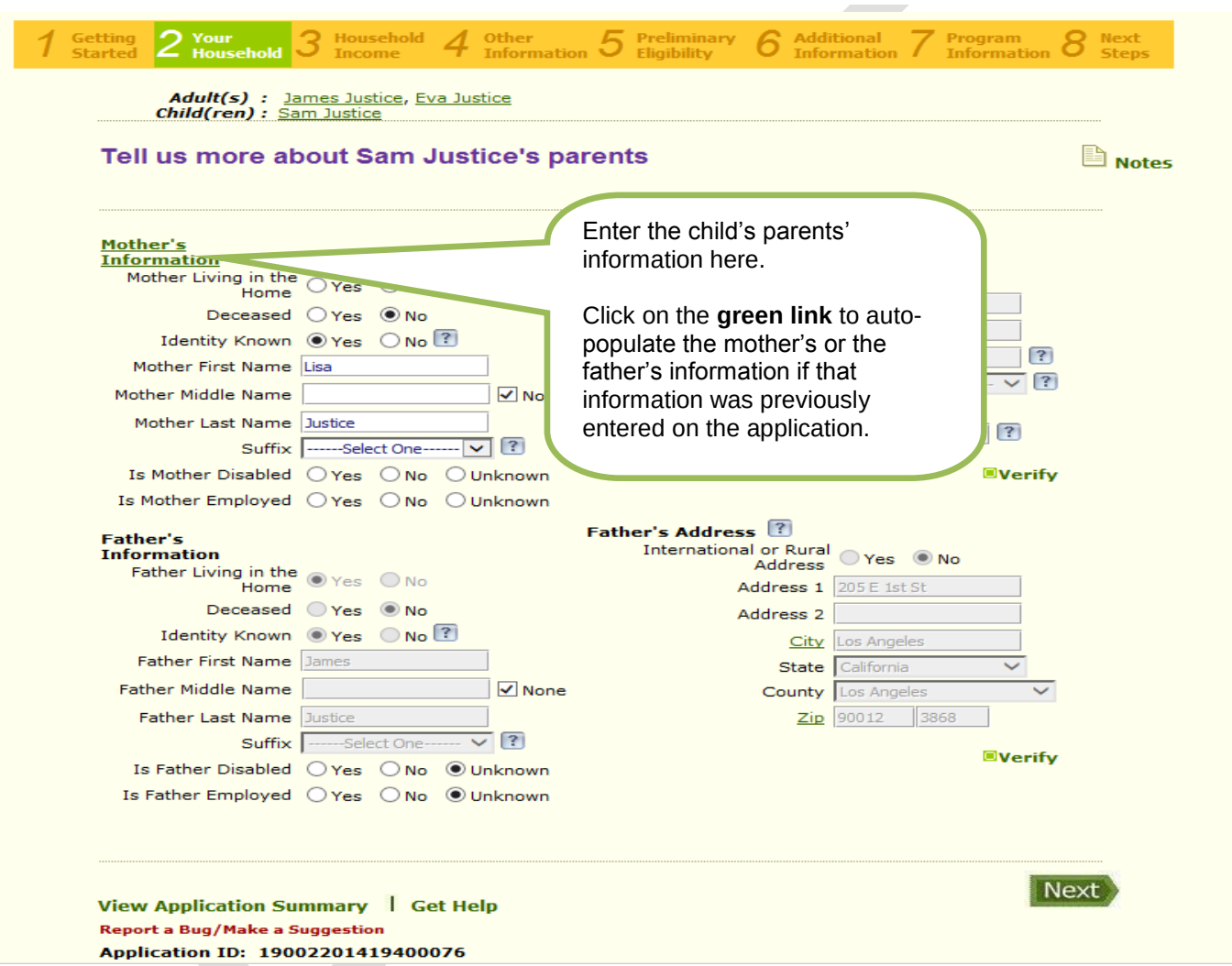
- Once you indicate that the person is applying for coverage and enter the information about a child, One-e-App prompts you to enter information about the child's parents.
- Answer each question as completely and accurately as possible.
- Click the **Next** button to proceed to the next page.



Note: Use the **green Hyperlinks** as a shortcut to take you to another location in the application or to add information that was previously entered.

Some examples of **Hyperlinks** are **City**, **Zip Code**, **Primary Informant**, **Other Adult(s)**, and **Child(ren)**.

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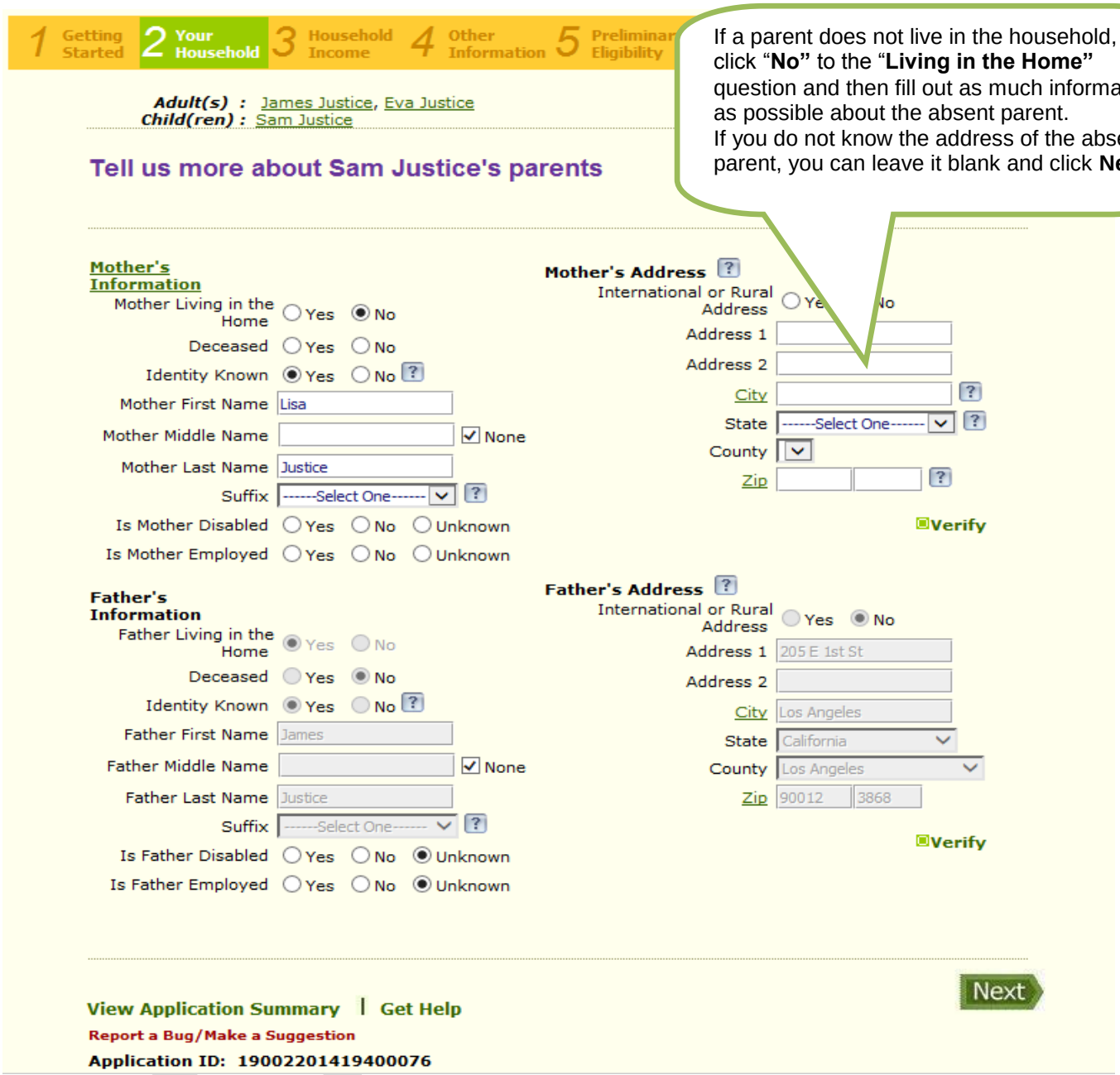
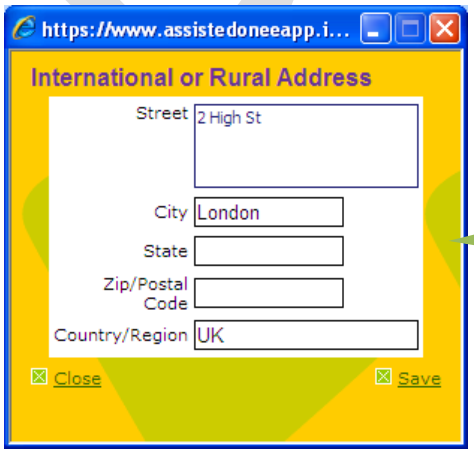


If a parent does not live in the household, click "**No**" to the "**Living in the Home**" question and then fill out as much information as possible about the absent parent.
If you do not know the address of the absent parent, you can leave it blank and click **Next**.



If the absent parent lives r outside of the United States, this screen will appear. You must enter a **Street, City** and **Country/Region.**

Then click **Save**.

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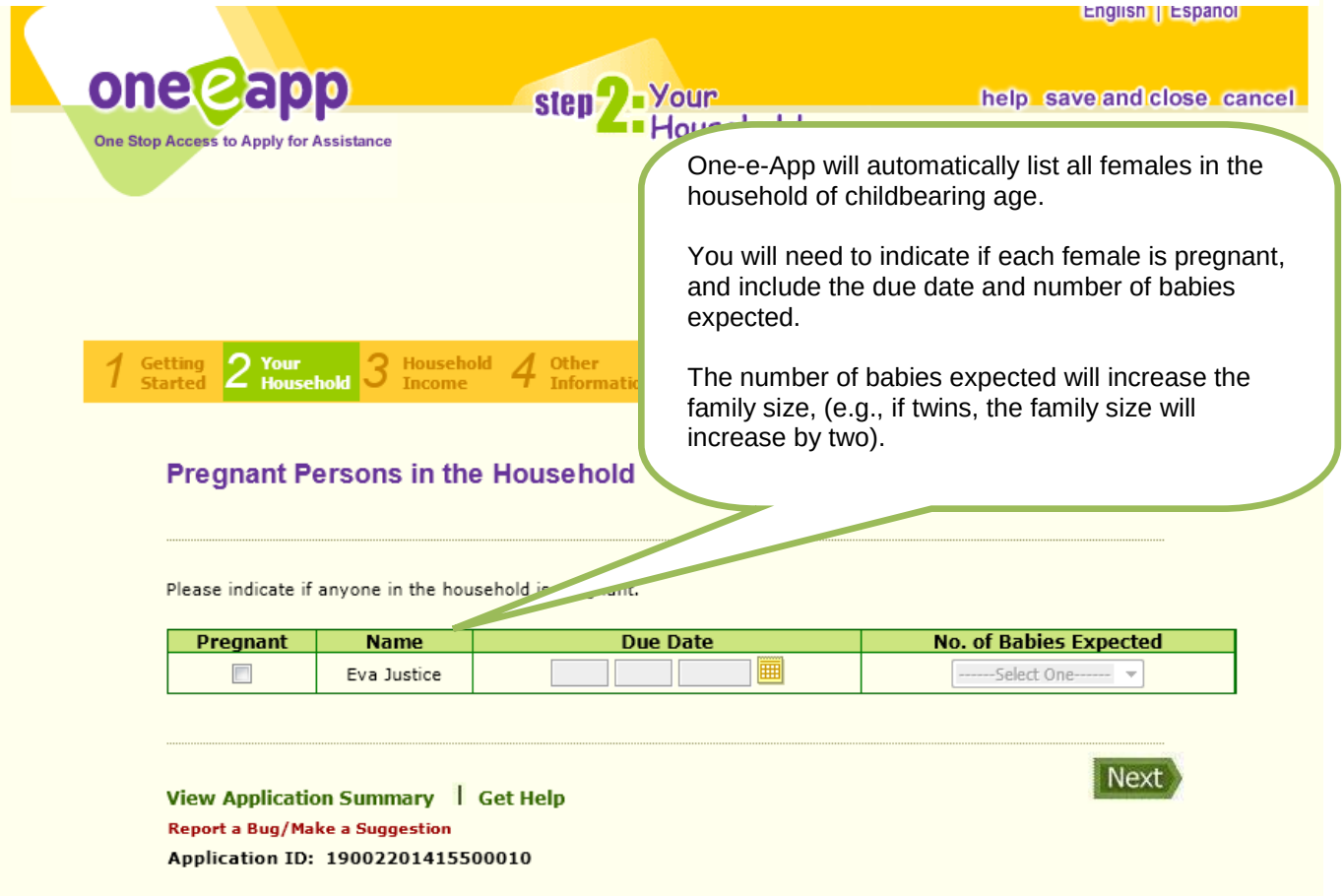
→ Click the **Next** button to proceed to the next page.



→ If there are any **Pregnant Persons in the Household**, check the box next to the name of the pregnant female's name then enter her **Due Date**, and **Number of Babies Expected** from the drop down list box. **Note**: This screen will display all females on the application who are of childbearing age.

→ Skip the above step if there are no pregnant females on the application.

→ Click the **Next** button to proceed.

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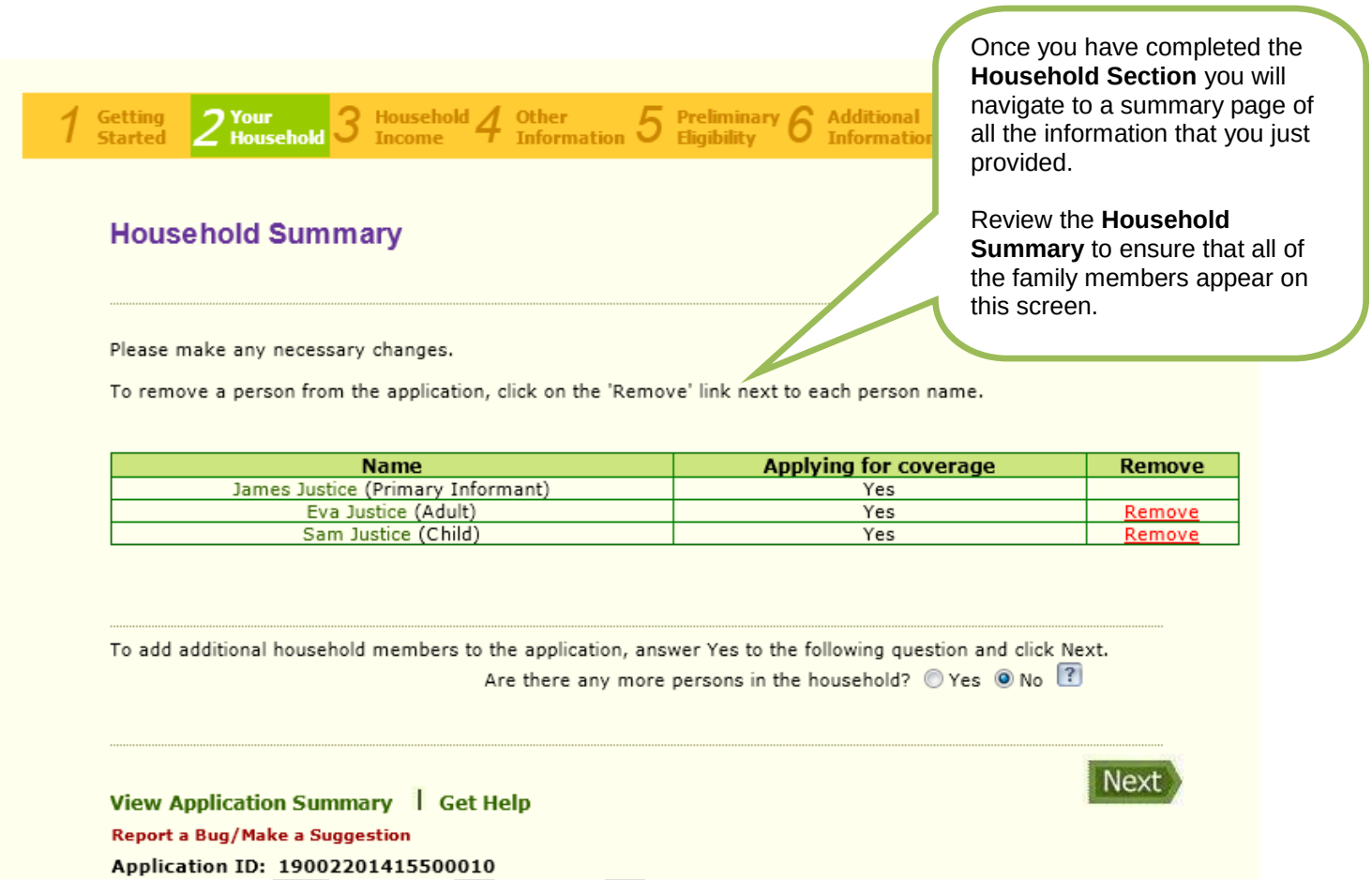

- The **Household Summary** provides you with the opportunity to verify the names of each adult and child as well as verify whether or not they are **applying for coverage** on this application.
- Answer **Yes** or **No** to the question "**Are there any more persons in the household?"**
- Click the **Next** button to proceed to the next page.

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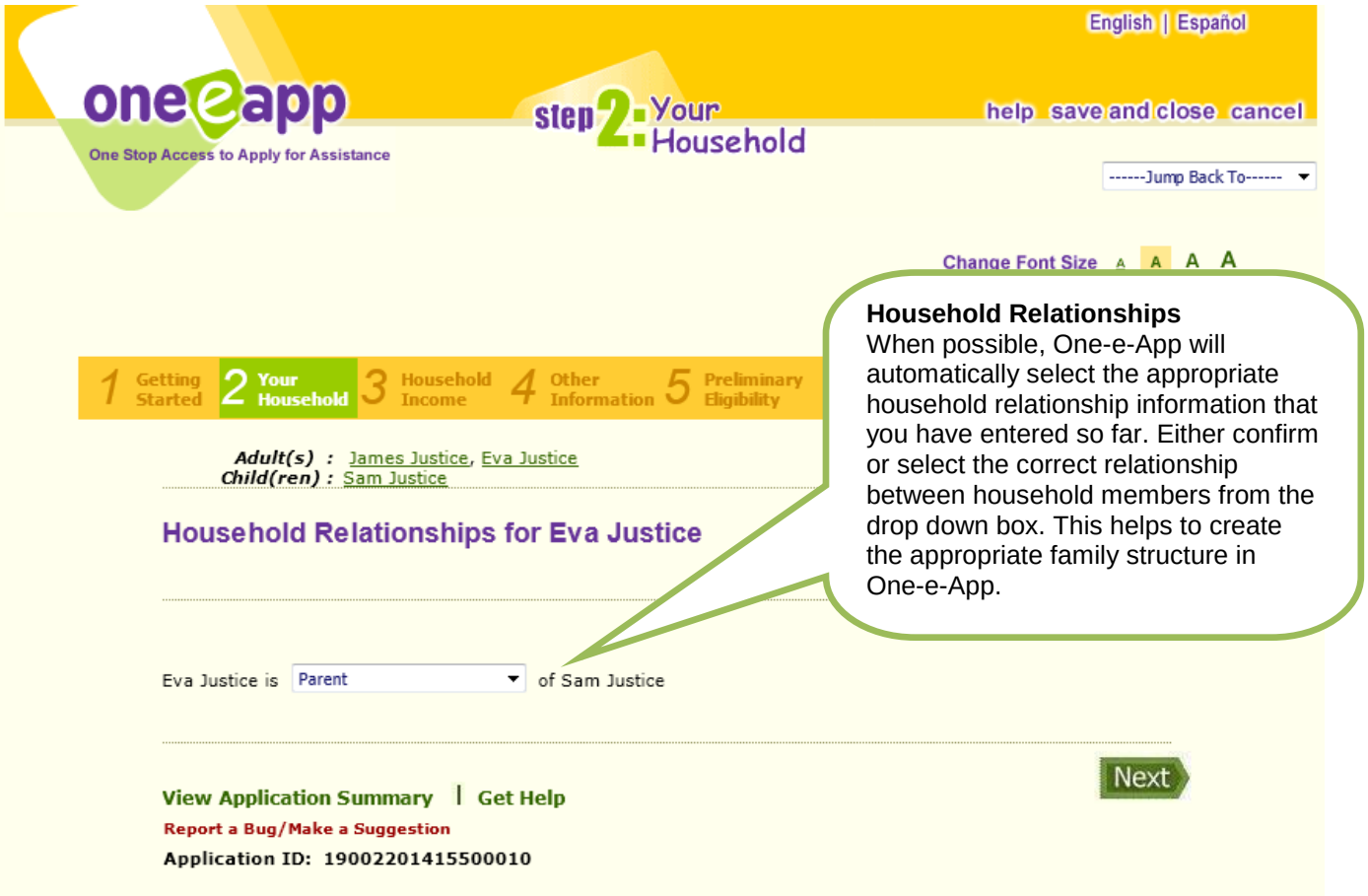

- The system will prompt you to select the correct relationship between two household members. This helps to create the appropriate family structure in One-e-App.
- Click the **Next** button to proceed to the next page.

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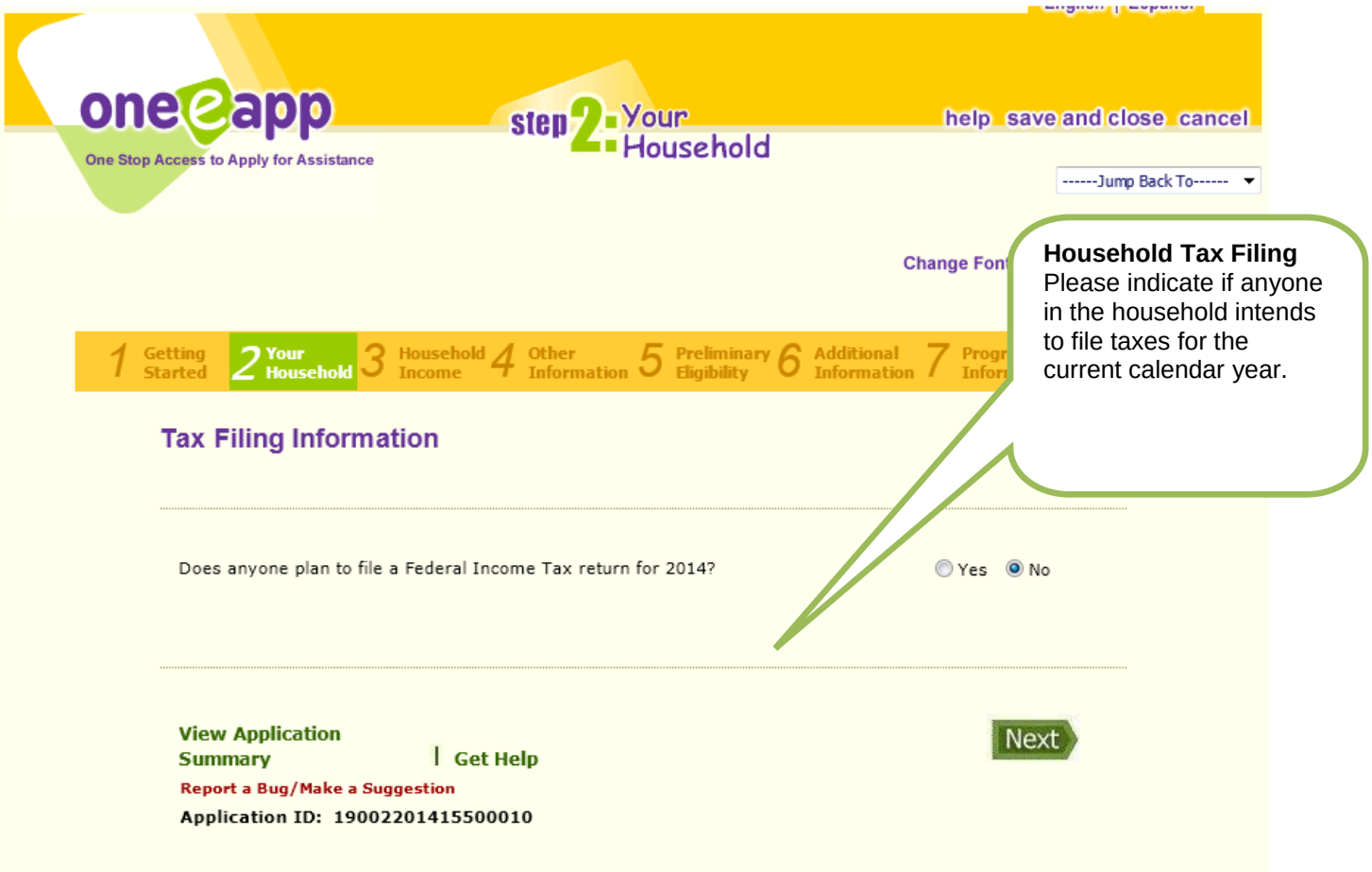

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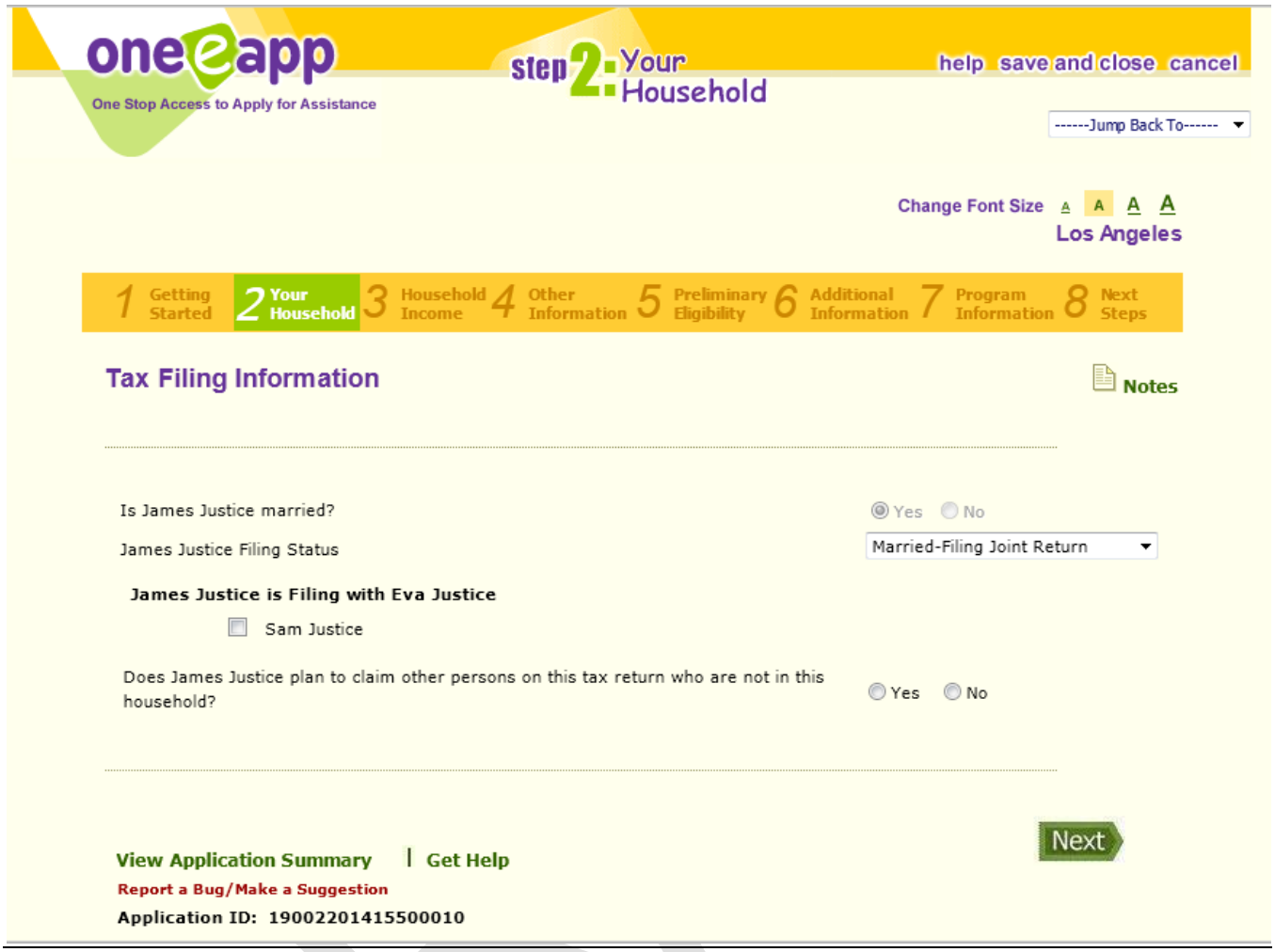

- Indicate the **Filing Status** of the member who will be filing for taxes.
- Indicate if someone will be claimed on the tax return that is not in the household.

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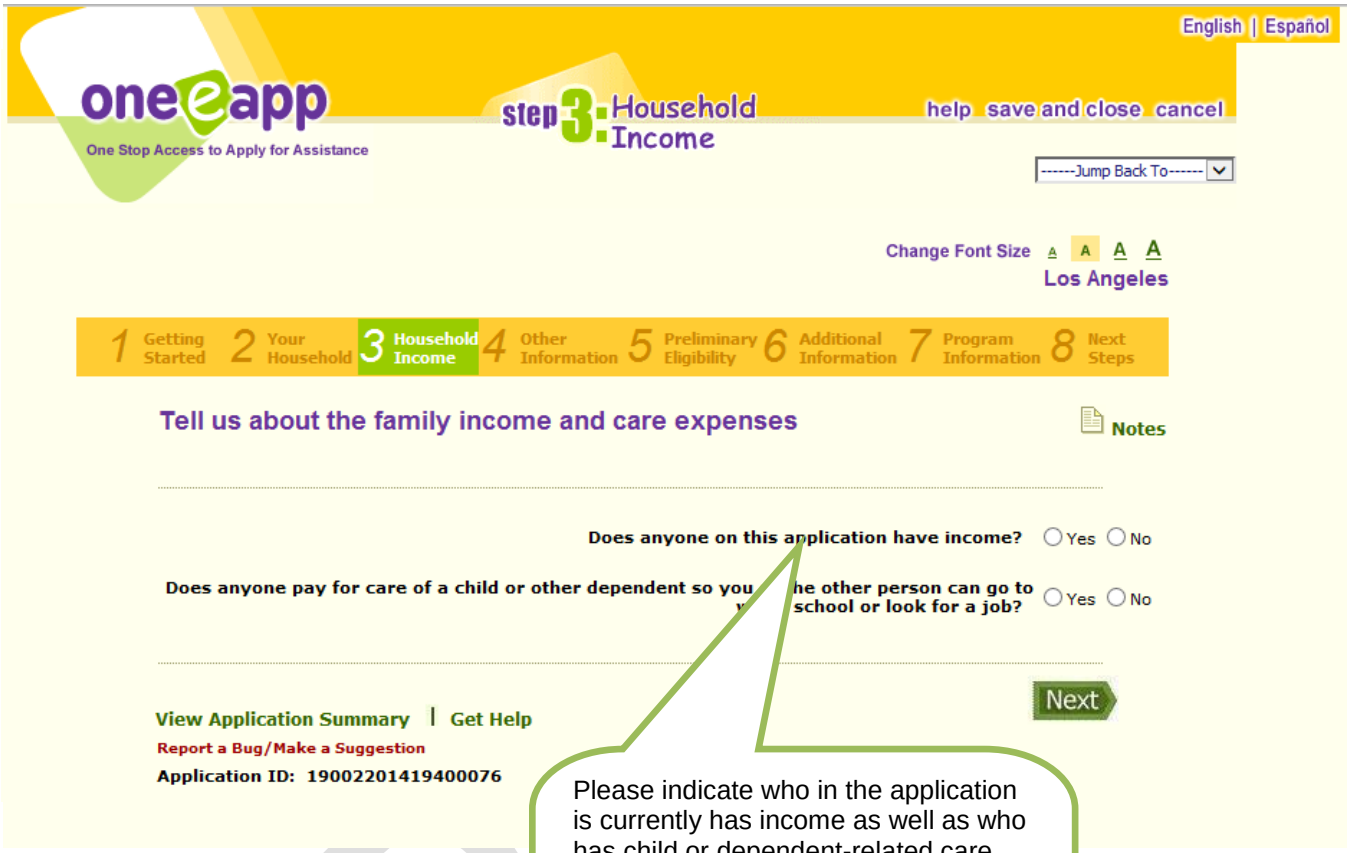

Please indicate who in the application is currently has income as well as who has child or dependent-related care expenses. One-e-App will only ask additional income and child and dependent-related care expense questions for the persons who you select on this screen.

- Indicate who on the application has/is receiving income and/or who has child care expenses by placing a check next to their name.
- Click the **Next** button to proceed to the next page.

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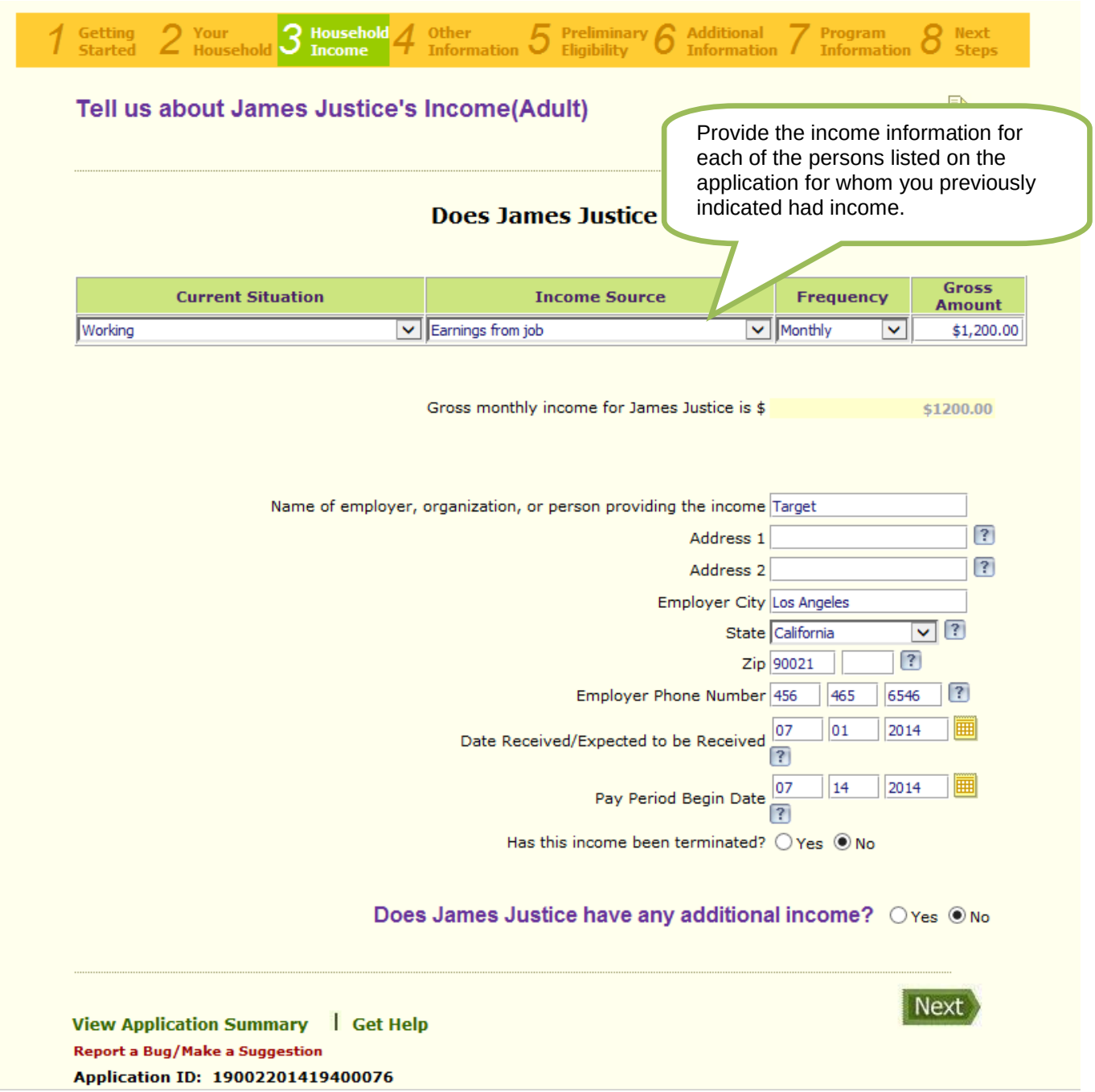

- In this section, you will provide income information for *each* person listed in the application.
- Answer **Yes** or **No** to the **additional income question** located at the top of this section.
- Income entered will be converted to **Gross Monthly Income** by One-e-App.
- Answer **Yes** or **No** to the additional income question, and then click the **Next** button to proceed to the next page.

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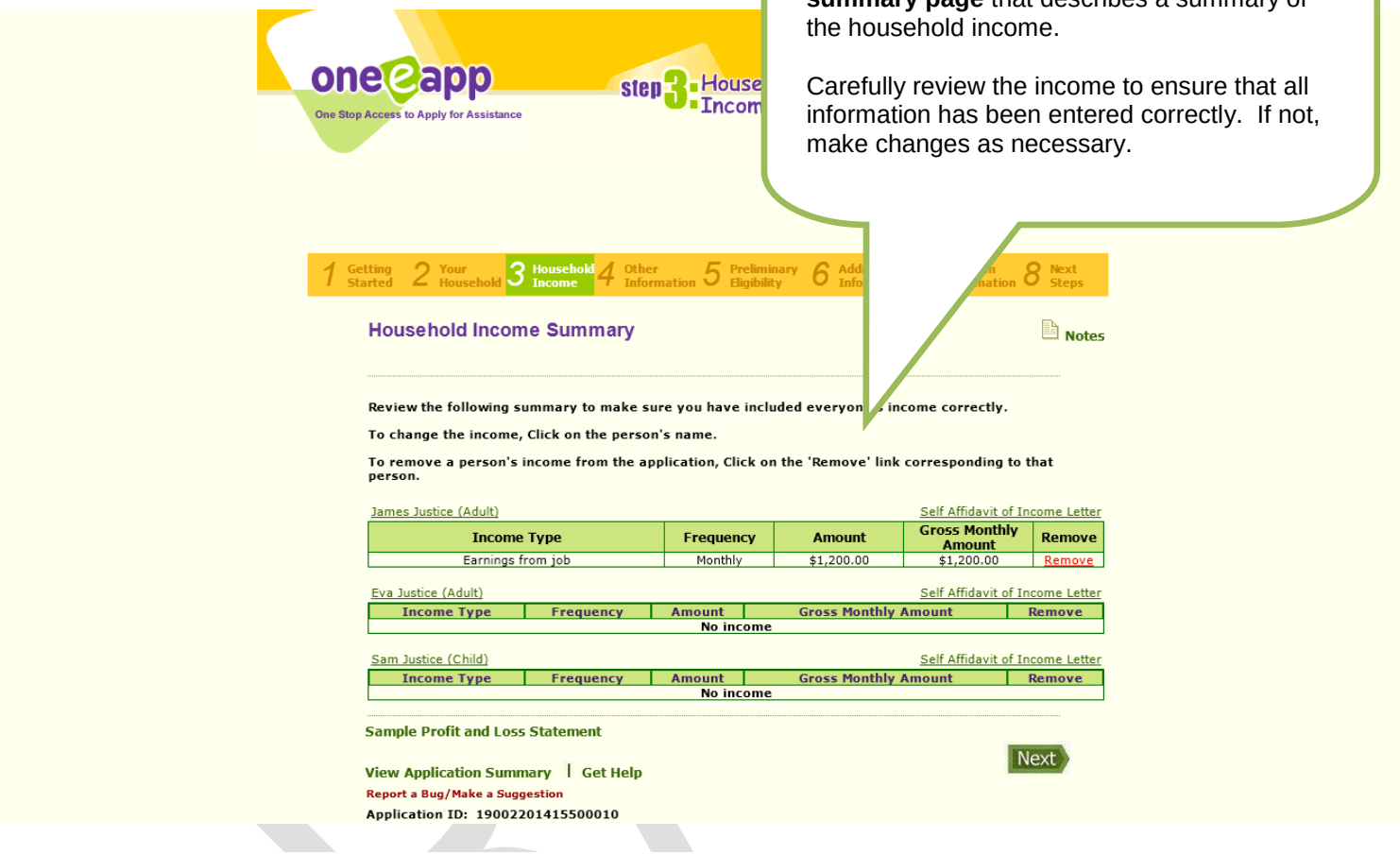
Once you have completed the **Household Income** section, you will be navigated to a **summary page** that describes a summary of the household income.

Carefully review the income to ensure that all information has been entered correctly. If not, make changes as necessary.



- Once you have entered all of the income information for each household member, you will see the **Household Income Summary** page.
- Carefully review the income to ensure that it has been entered correctly. If not, make changes if necessary.
- If changes to the **income information** are needed, click on the name of an adult or a child and you will be directed to the screen where you can change your responses to the income questions.
- You can also remove income by selecting the **Remove** hyperlink located to the right of the income line.
- Click the **Next** button to proceed to the next page.

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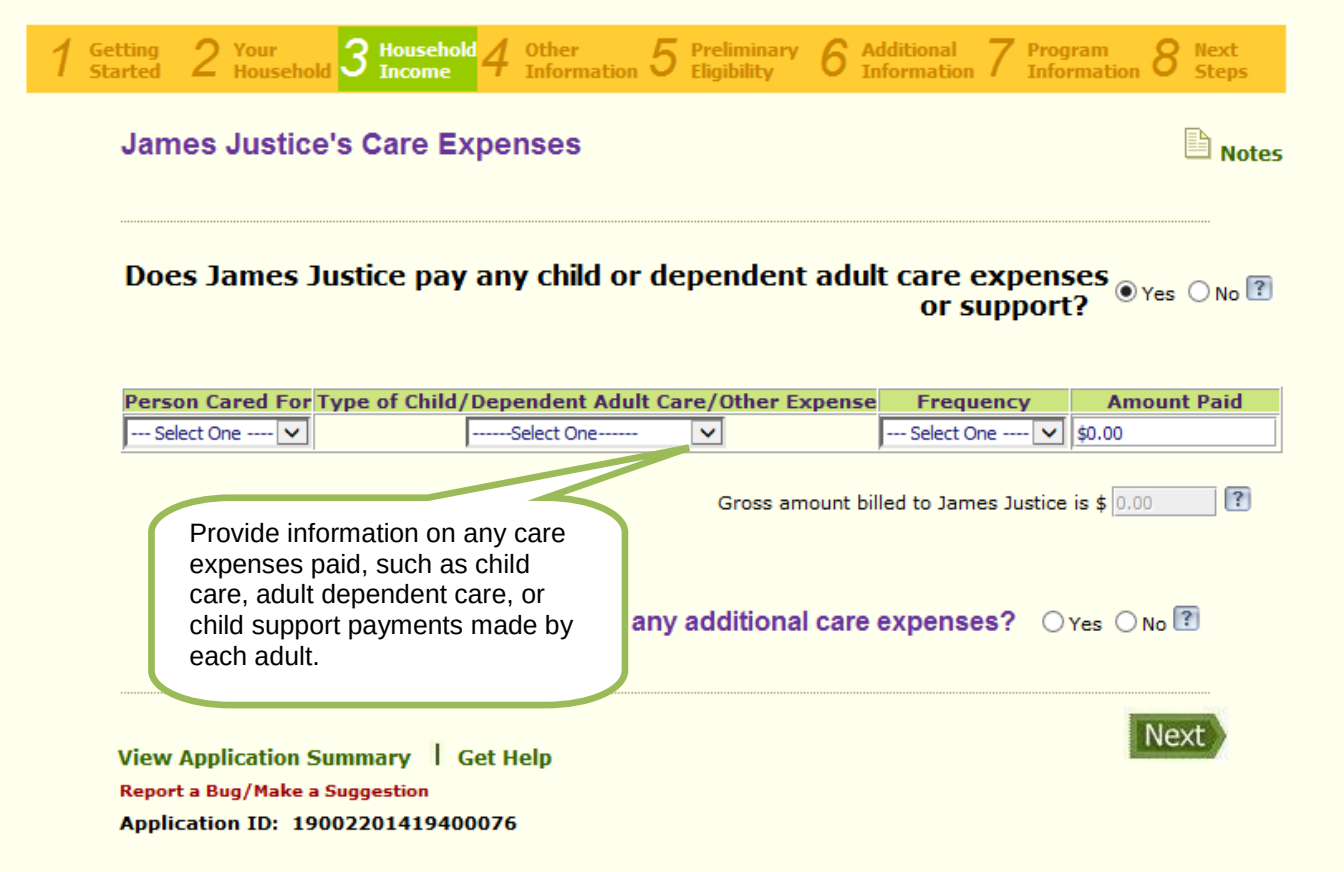

- Provide the **Care Expenses Paid** by *each* of the adult household members. **Care Expenses** include Child Support, Alimony, etc. Note - Care Expenses deduction only applies for Medi-Cal and not for MHLA.
- One-e-App requires you to choose the **person cared For**, **type of Expense**, **frequency**, and **amount paid**.
- **Care Expenses** entered will automatically convert to **Gross Monthly expense amounts**.
- If there are no expenses to report, click "**No**" for this question and you will not be prompted to enter any expense details.
- If this applicant has additional expenses that need to be entered, select **Yes** to the **additional care expenses** question. If not, select **No**.
- Click the **Next** button to proceed to the next page.

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- Once you have entered all of the care expenses for each household member, you will see the **Household Care Expense Summary** page.
- Carefully review the expenses to ensure that the information has been entered correctly, If not, make changes as necessary.
- If changes are needed, click on the name of an adult or a child and you will be directed to the screen where you can change your responses to the **expense questions.**
- You can also **remove expenses** by selecting the **Remove** hyperlink located to the right of the monthly amount line.
- Click the **Next** button to proceed to the next page.

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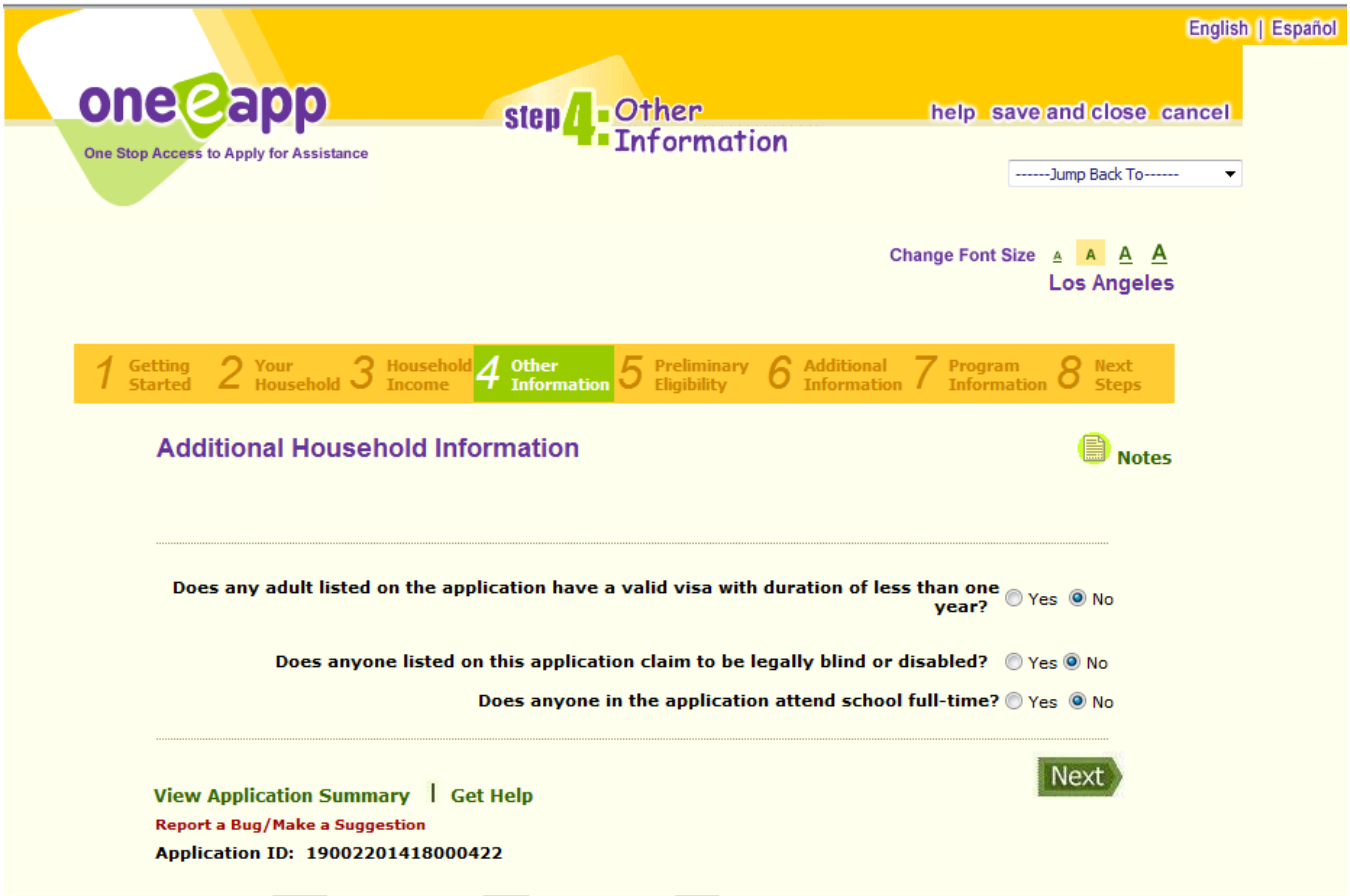

- The **Additional Household Information** questions are used to determine **Preliminary Eligibility** for the various programs available in One-e-App.
- Select **Yes** or **No** to answer each of these questions. Based on your answers, additional questions may appear.
- Click the **Next** button to proceed to the next page.

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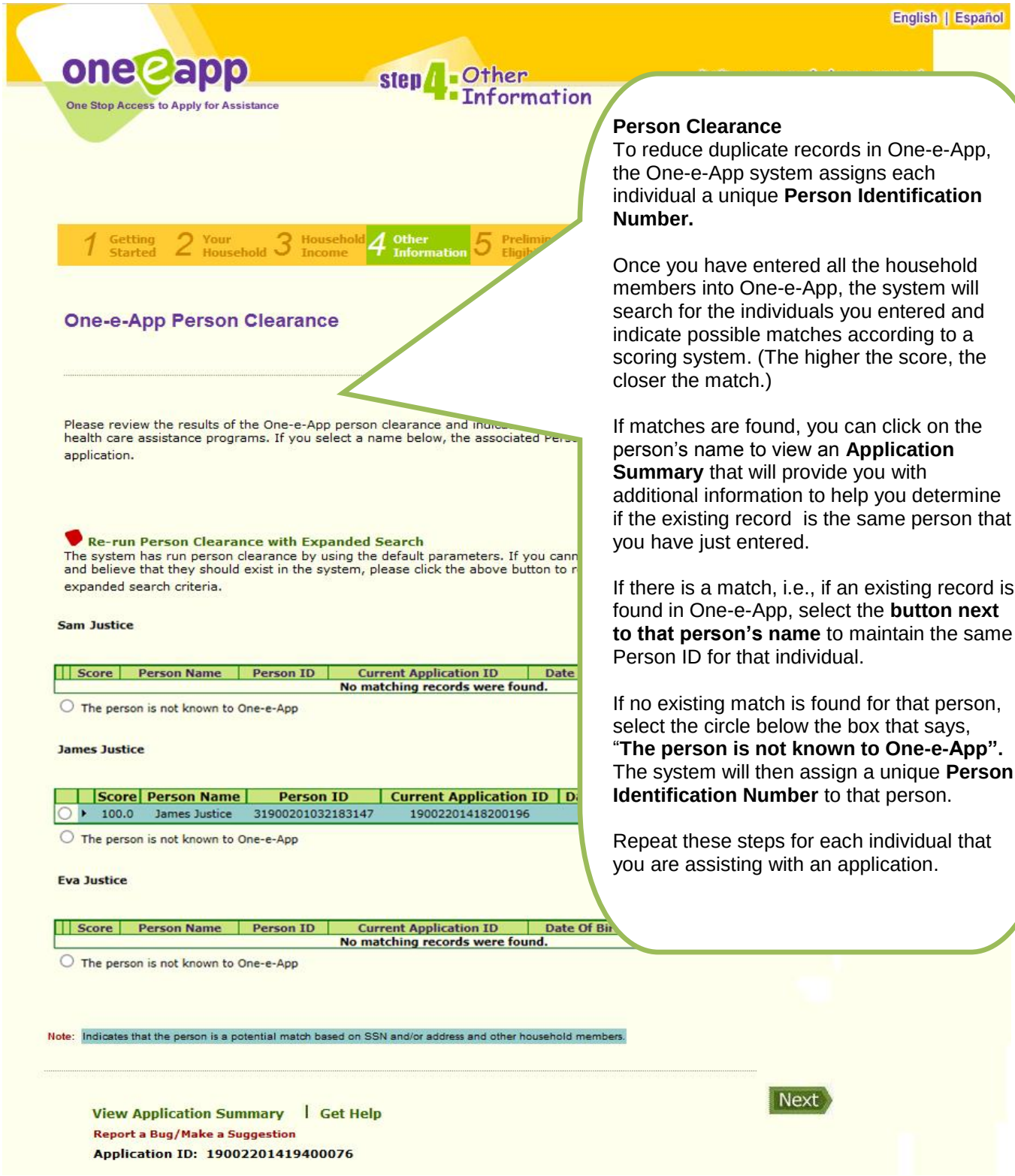

Person Clearance
To reduce duplicate records in One-e-App, the One-e-App system assigns each individual a unique **Person Identification Number.**

Once you have entered all the household members into One-e-App, the system will search for the individuals you entered and indicate possible matches according to a scoring system. (The higher the score, the closer the match.)

If matches are found, you can click on the person's name to view an **Application Summary** that will provide you with additional information to help you determine if the existing record is the same person that you have just entered.

If there is a match, i.e., if an existing record is found in One-e-App, select the **button next to that person's name** to maintain the same Person ID for that individual.

If no existing match is found for that person, select the circle below the box that says, "**The person is not known to One-e-App".** The system will then assign a unique **Person Identification Number** to that person.

Repeat these steps for each individual that you are assisting with an application.

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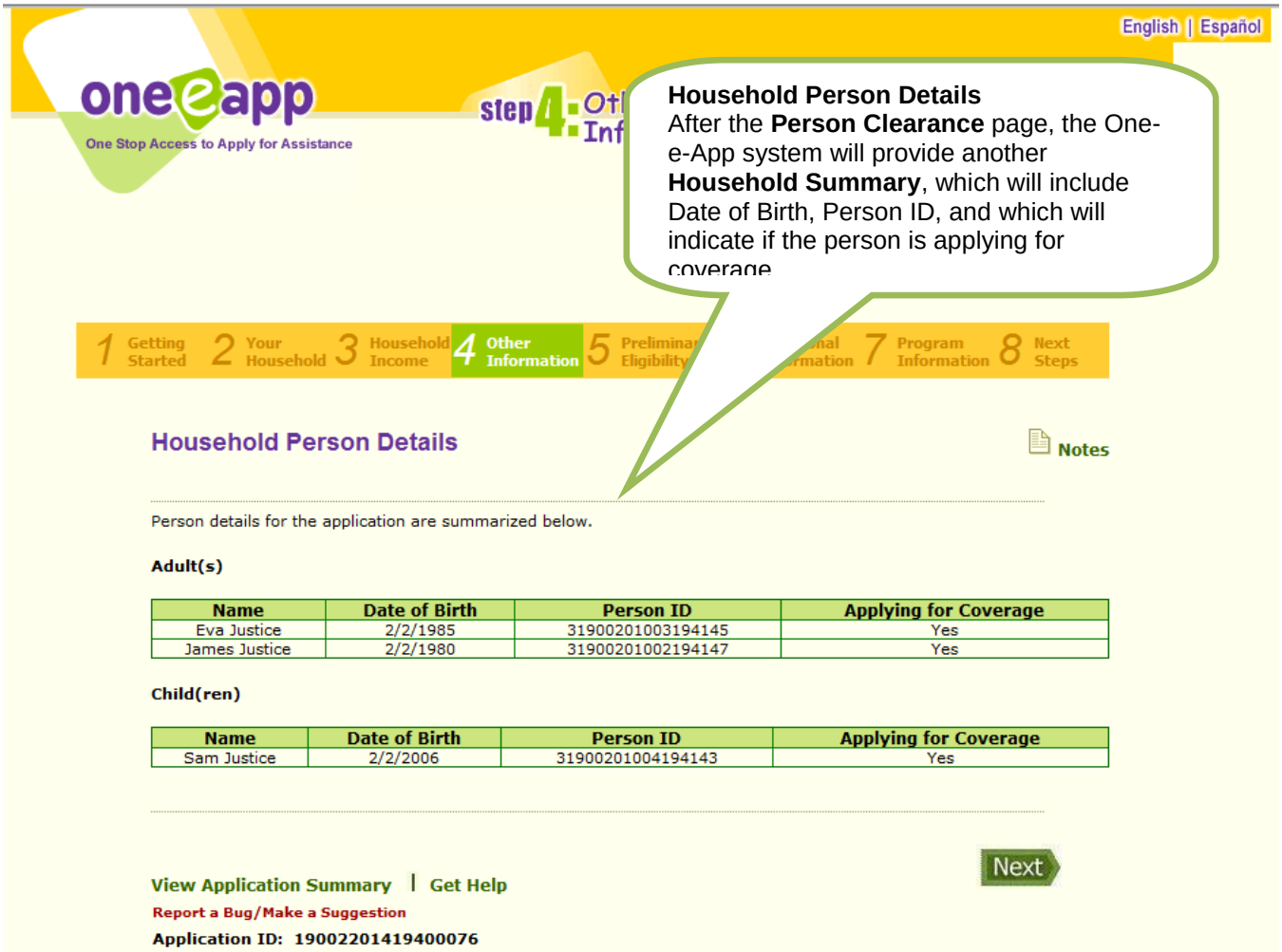

- Review and confirm that all persons have been assigned a **Person ID** and that the **Applying for Coverage** section is correct.
- Click the **Next** button to proceed to the next page.

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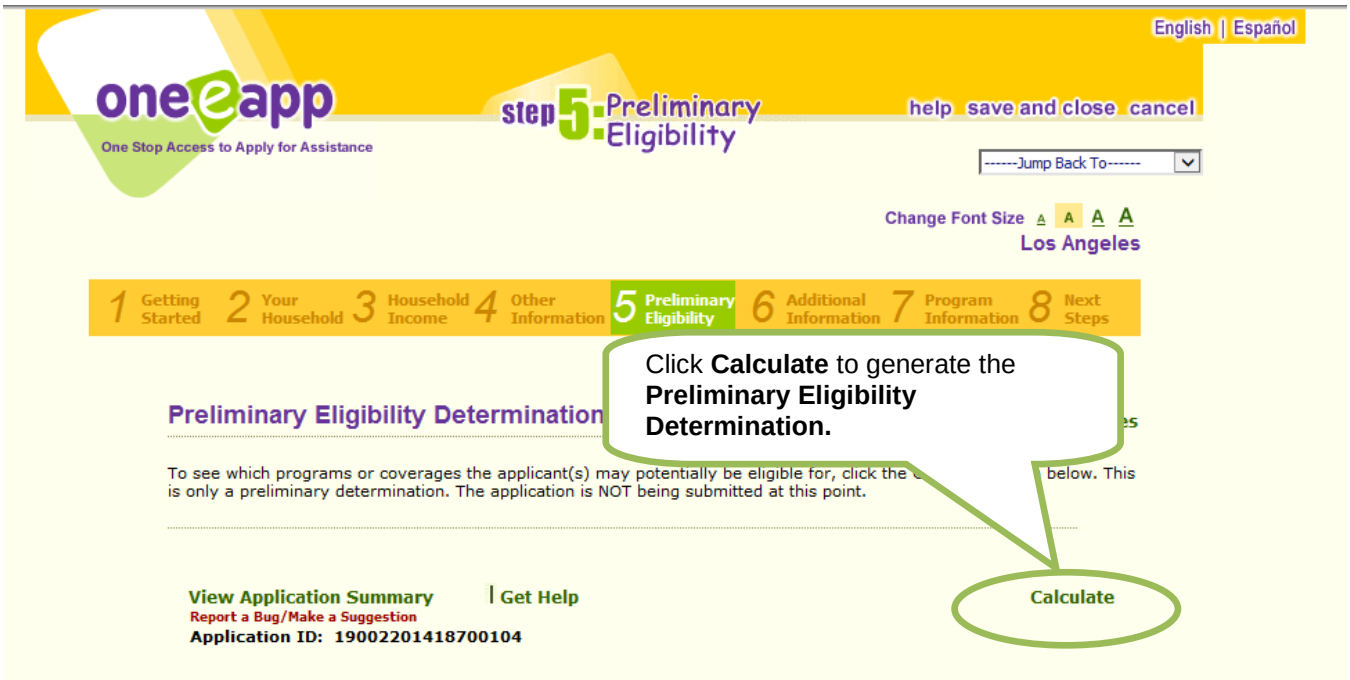

→ Click the **Calculate** button for **Preliminary Eligibility Determination** for each applicant based on the information entered into the application so far.

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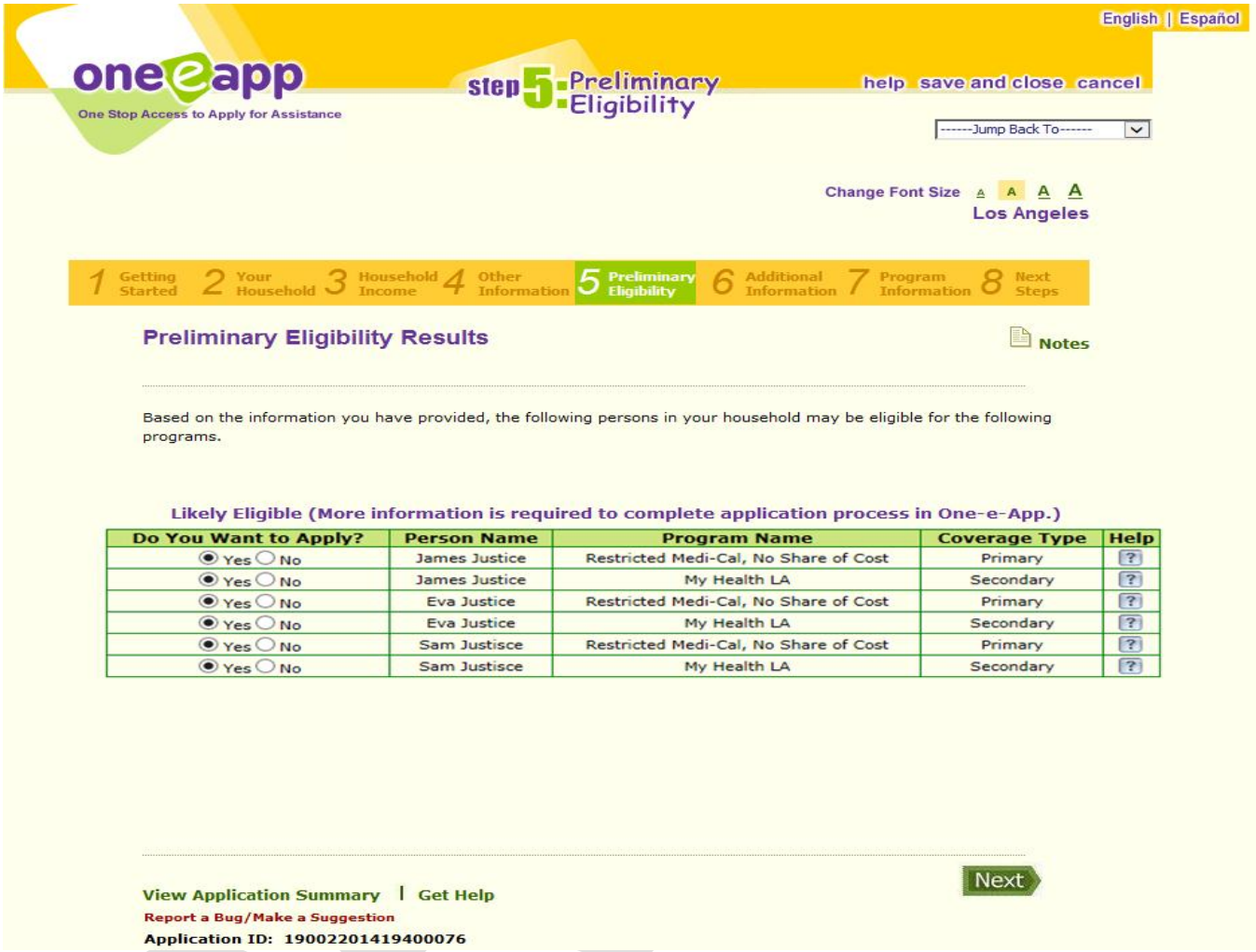

Preliminary Eligibility Results

This is the last of the **Preliminary Eligibility Pages**. Review this page closely. Each program has its own application submission process that will begin after this page.

CAUTION:
This is the last time the applicants may choose to NOT apply for programs, meaning their application will not be submitted for this program. If the patient indicates that he or she does not wish to apply for My Health LA, select **"No"** following the question "**Do you want to Apply?"**

> **Note:** This is the last of the **Preliminary Eligibility** screens. Review this page carefully. Each program has its own submission process that begins after this screen.

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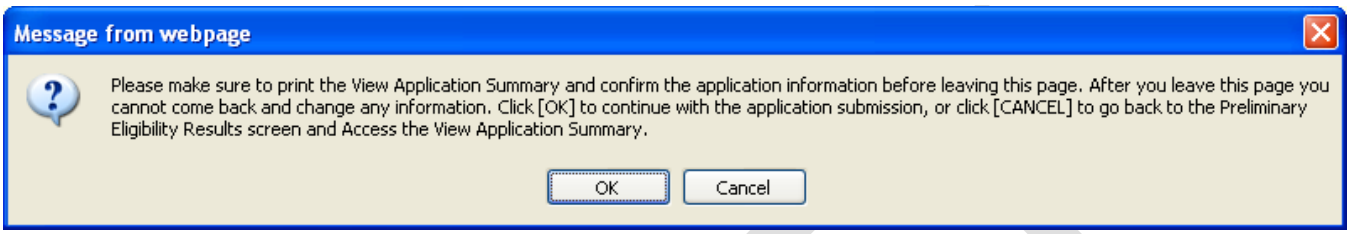
→ Click the **Next** button to proceed to the **Program Submission** pages.



Preliminary Eligibility Results (Continued)

A pop-up will appear asking the Assistor to review the **Application Summary** prior to proceeding. If the Assistor has already reviewed all of the information, click **Continue**, otherwise click on **Cancel** and then click on **View Application Summary** in the lower left hand side of the application.

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Program Submission

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oneeapp

After One-e-App determines preliminary eligibility for each applicant, the system will proceed~~s~~ to ask additional questions as necessary to complete the application submission process. This section provides a high level overview of the program submission process for the following programs:

One-e-App **determines eligibility** and **enrolls** applicants for the following program:

- My Health LA

One-e-App **screens for eligibility** for referral to the following programs:

- Medi-Cal
- L.A. Care's Healthy Kids Program

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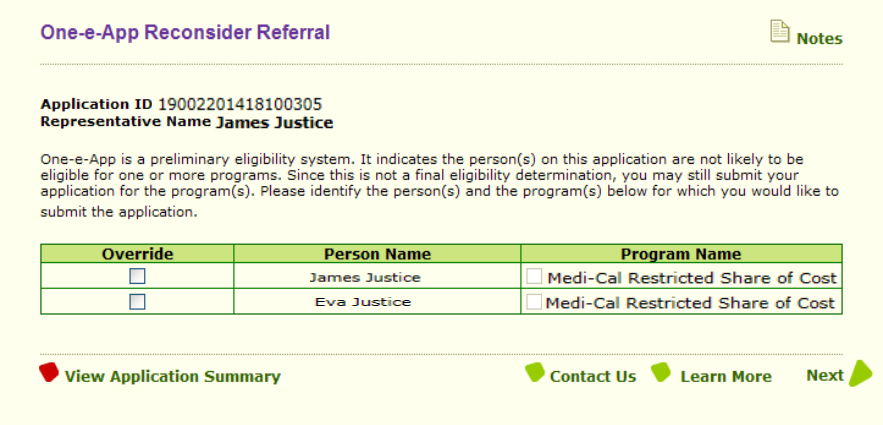

One-e-App Reconsider Referral

Notes

Application ID 19002201418100305
Representative Name **James Justice**

One-e-App is a preliminary eligibility system. It indicates the person(s) on this application are not likely to be eligible for one or more programs. Since this is not a final eligibility determination, you may still submit your application for the program(s). Please identify the person(s) and the program(s) below for which you would like to submit the application.

Override	Person Name	Program Name
☐	James Justice	Medi-Cal Restricted Share of Cost
☐	Eva Justice	Medi-Cal Restricted Share of Cost

View Application Summary Contact Us Learn More Next

Reconsider

This is an opportunity to tell One-e-App that you would like to proceed with applying for a program that One-e-App did not determine you preliminarily eligible for. Simply check the “Override” box next to the person and program would want to apply for.

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My Health LA Submission

This page will appear if you are applying for MHLA. You can search for a Medical Home based on different search criteria.

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step 6: Additional Information

help save and close

My Health LA

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Los Angeles

Your Provider Search Criteria

Notes

City: LOS ANGELES
Zip:
Provider Name: No Preference
Specialty: No Preference
Gender: No Preference
Language: No Preference

Your search resulted with 75 record(s) Please select the provider to whom you wish to assign one or more household members.

View Map

	Clinic Name	Zipcode	Language	Status
○	KOREAN HEALTH EDUCATION	90020	ENGLISH, SPANISH, KOREAN	OPEN
○	KORYO HEALTH FOUNDATION	90006	ENGLISH, SPANISH	OPEN
○	LOS ANGELES FREE-BEVERLY	90048	ENGLISH, SPANISH	OPEN
○	LOS ANGELES FREE-HOLL/WIL	90038	ENGLISH, SPANISH	OPEN
○	LOS ANGELES FREE-HOLLYWOOD	90028	ENGLISH, SPANISH	OPEN
○	MISSION CITY-HOLLYWOOD	90027	ENGLISH, SPANISH	OPEN
○	NORTHEAST COMM-CFC	90015	ENGLISH, SPANISH, FRENCH, ITALIAN	OPEN
○	NORTHEAST COMM-FOSHAY	90018	ENGLISH, SPANISH	OPEN
○	ALTAMED-1ST STREET	90033	ENGLISH, SPANISH	CLOSED
○	ALTAMED-BUENA CARE	90033	ENGLISH, SPANISH	OPEN
○	ALTAMED-EAST LA	90022	ENGLISH, SPANISH	CLOSED
○	ALTAMED-ESTRADA COURTS	90023	ENGLISH, SPANISH	CLOSED
○	ALTAMED-HOLLY PRESBY	90027	ENGLISH, SPANISH	CLOSED
○	ALTAMED-RAMONA GARDENS	90033	ENGLISH, SPANISH	OPEN
○	ALTAMED-WHITTIER	90023	ENGLISH, SPANISH	CLOSED
○	ALTAMED-WILLIAM MEAD	90012	ENGLISH, SPANISH	CLOSED
○	ARROYO VISTA-BROADWAY	90031	ENGLISH, SPANISH	OPEN
○	ARROYO VISTA-EL SERENO	90032	ENGLISH, SPANISH	OPEN
○	ARROYO VISTA-EL SERENO HU	90032	ENGLISH, SPANISH	OPEN
○	ARROYO VISTA-HIGHLAND	90042	ENGLISH, SPANISH	OPEN

1 2 3 4

Please specify the household members for whom the above selected provider is to be assigned.

Select	My Health LA Person Name	Provider Name
☐	James Justice	
☐	Eva Justice	
☐	Sam Justice	

Medical Home Search
View Application Summary
| Get Help
Report a Bug/Make a Suggestion
Application ID: 19002201418100271

Next

My Health LA Submission (Continued)

Based on the search criteria you previously entered, the One-e-App system will display the options for Medical Homes that an applicant may choose from. You can then indicate in which Medical Home the patient would like to enroll.

Note: Applicants will not be able to select a **"closed"** medical home.

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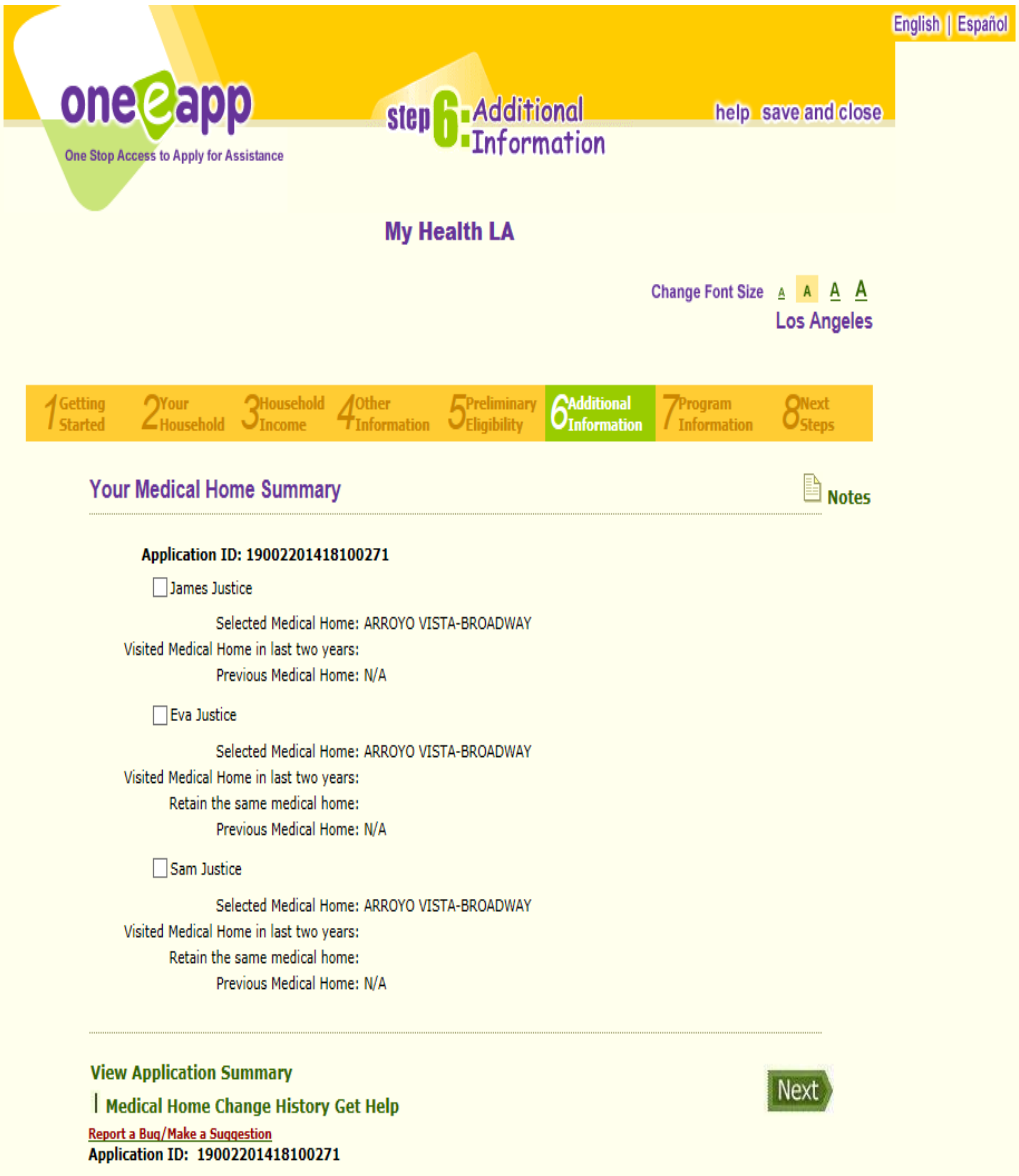

My Health LA Submission (Continued)

After the applicant chooses a Medical Home, the One-e-App system will then take you to a **summary page**. Here, you can review the medical home selection and make sure that the correct medical home was selected.

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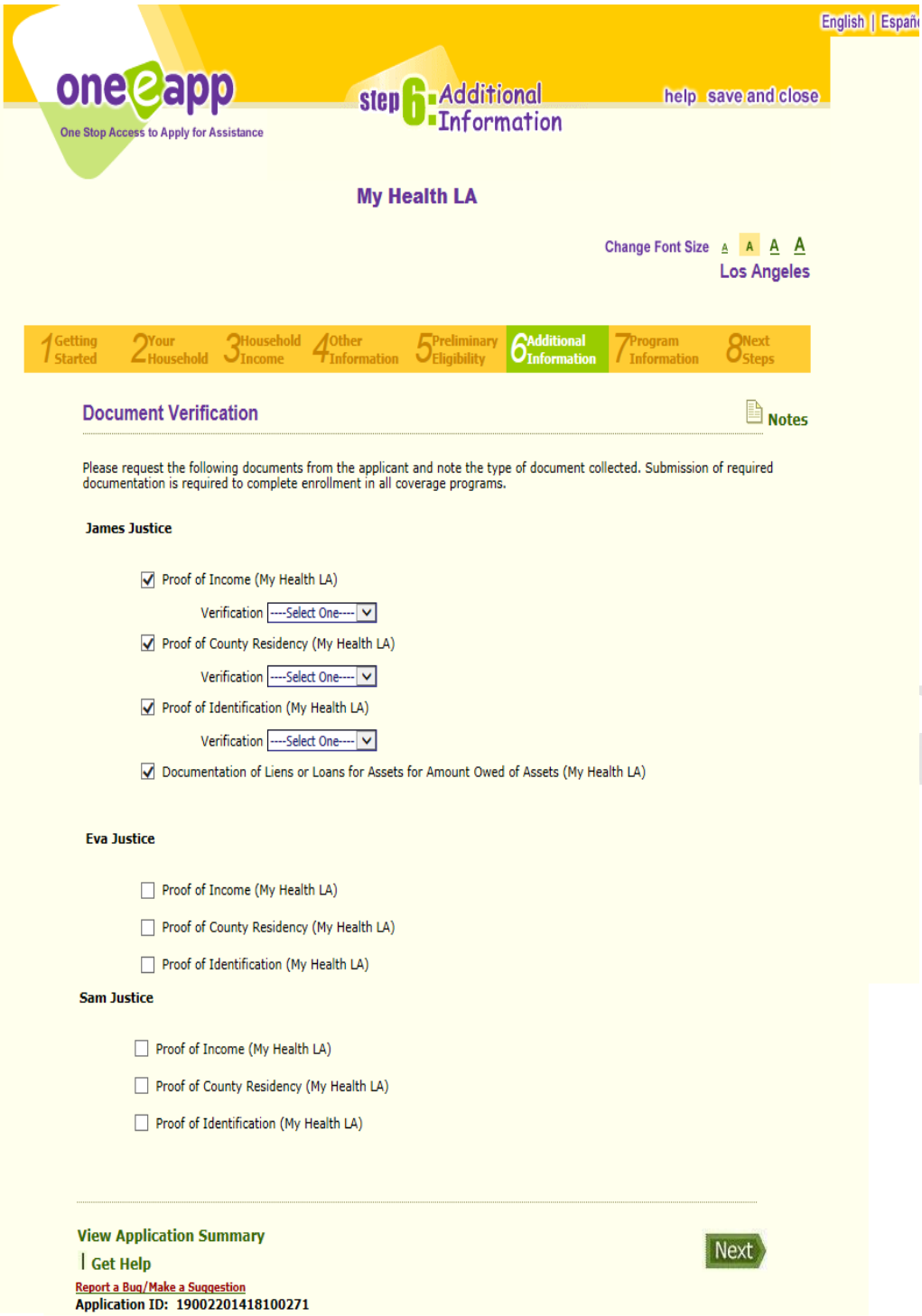

My Health LA Submission (Continued)

You will then need to identify if you have received **Supporting Documentation** for the program from the applicant, as well as specify what type of supporting documentation was received.

Note – The application is not complete if all the verification documents are not received.

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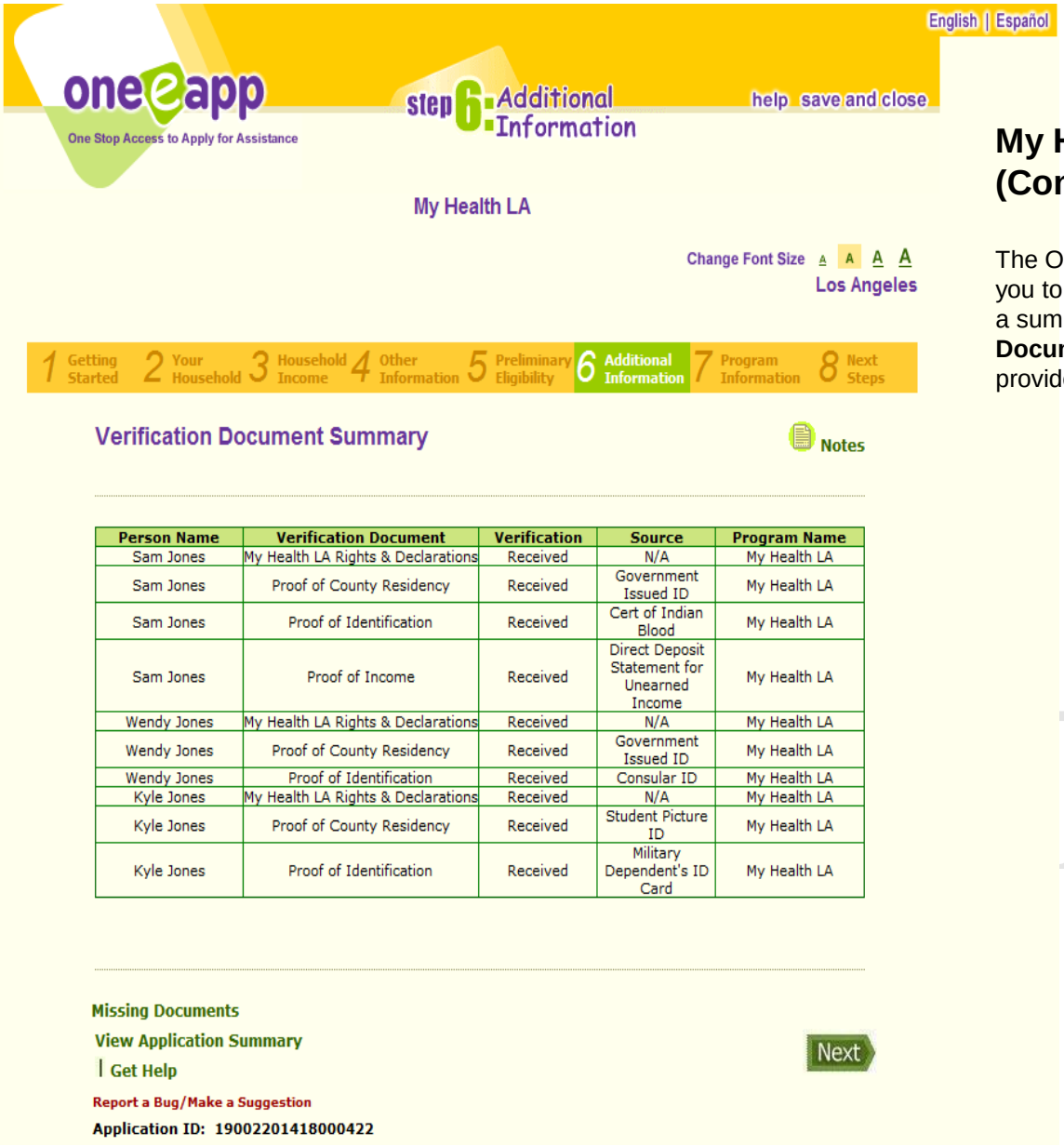

Person Name	Verification Document	Verification	Source	Program Name
Sam Jones	My Health LA Rights & Declarations	Received	N/A	My Health LA
Sam Jones	Proof of County Residency	Received	Government Issued ID	My Health LA
Sam Jones	Proof of Identification	Received	Cert of Indian Blood	My Health LA
Sam Jones	Proof of Income	Received	Direct Deposit Statement for Unearned Income	My Health LA
Wendy Jones	My Health LA Rights & Declarations	Received	N/A	My Health LA
Wendy Jones	Proof of County Residency	Received	Government Issued ID	My Health LA
Wendy Jones	Proof of Identification	Received	Consular ID	My Health LA
Kyle Jones	My Health LA Rights & Declarations	Received	N/A	My Health LA
Kyle Jones	Proof of County Residency	Received	Student Picture ID	My Health LA
Kyle Jones	Proof of Identification	Received	Military Dependent's ID Card	My Health LA

My Health LA Submission (Continued)

The One-e-App system will then take you to a **summary screen** to show you a summary of what **Verification Documents** you indicated were provided by the applicant.

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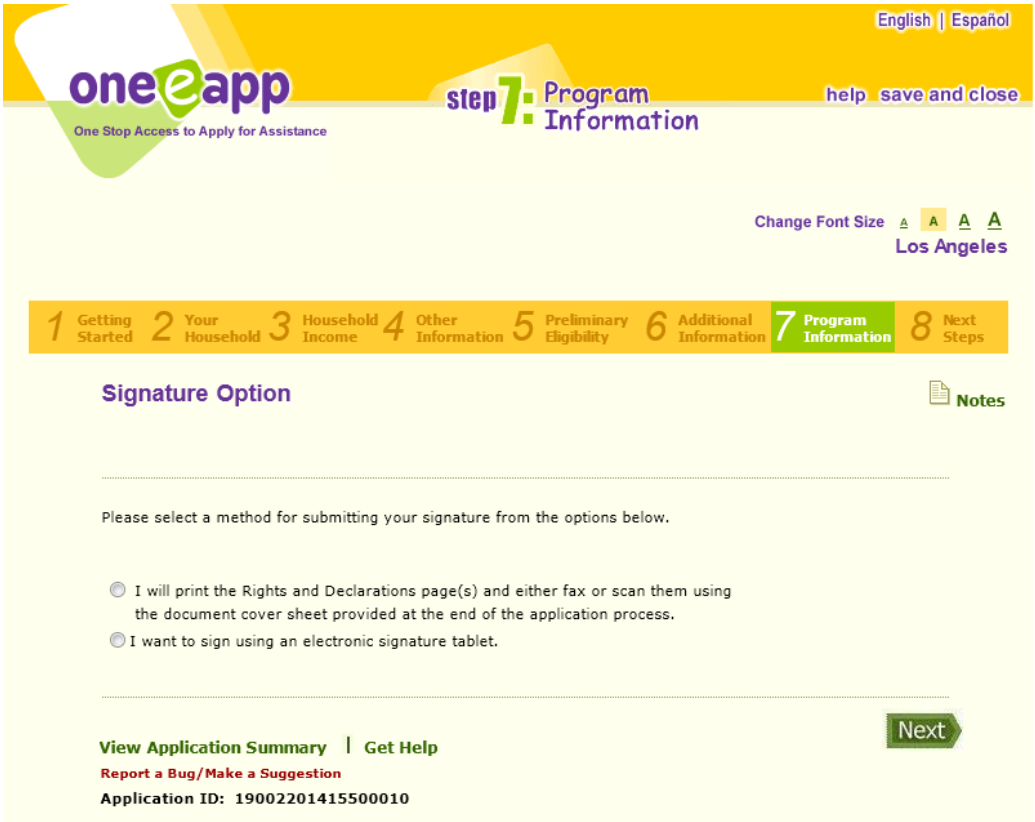

My Health LA Submission (Continued)

Next, you will indicate how the applicant would like to sign **the Rights and Declaration** page.

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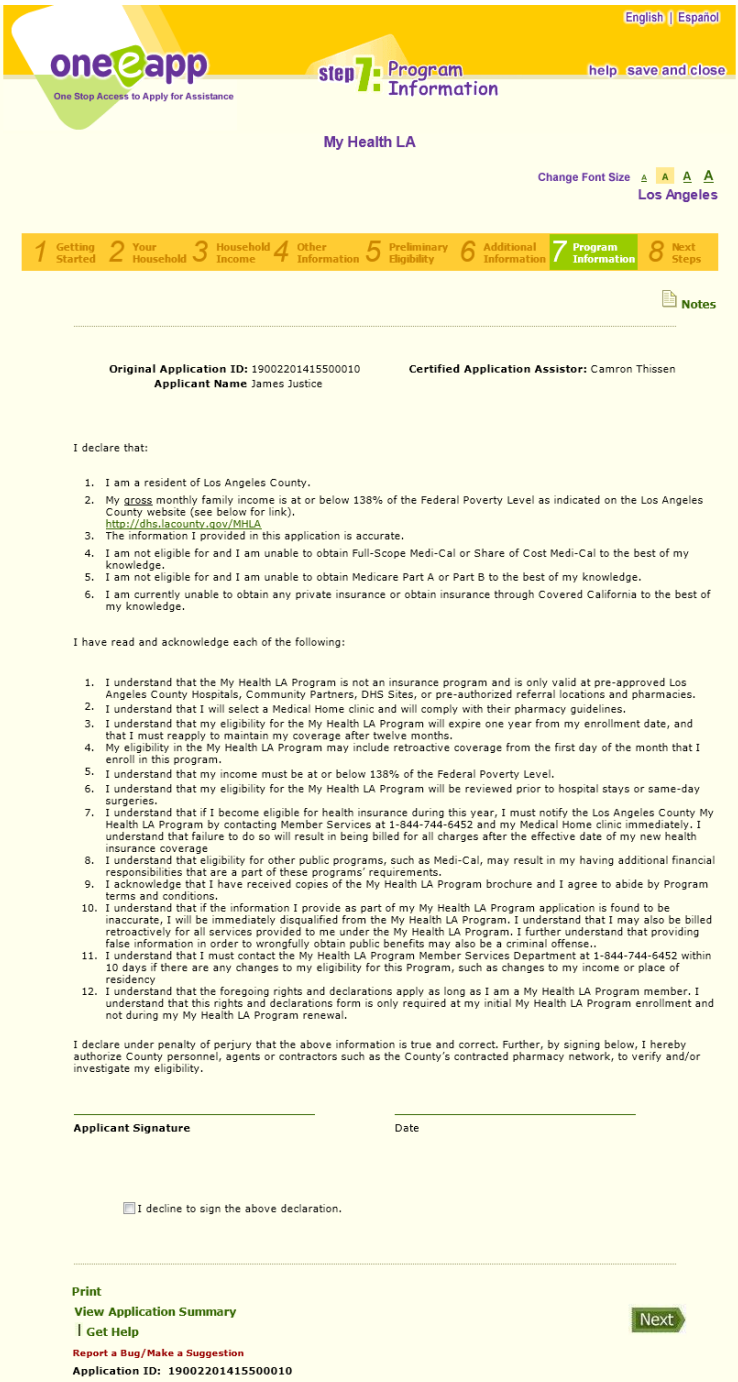

English | Español

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step 7: Program Information

help save and close

My Health LA

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Los Angeles

1 Getting Started | 2 Your Household | 3 Household Income | 4 Other Information | 5 Preliminary Eligibility | 6 Additional Information | 7 Program Information | 8 Next Steps

Notes

Original Application ID: 19002201415500010 **Certified Application Assistor:** Camron Thissen
Applicant Name James Justice

I declare that:

1. I am a resident of Los Angeles County.
2. My gross monthly family income is at or below 138% of the Federal Poverty Level as indicated on the Los Angeles County website (see below for link). http://dhs.lacounty.gov/MHLA
3. The information I provided in this application is accurate.
4. I am not eligible for and I am unable to obtain Full-Scope Medi-Cal or Share of Cost Medi-Cal to the best of my knowledge.
5. I am not eligible for and I am unable to obtain Medicare Part A or Part B to the best of my knowledge.
6. I am currently unable to obtain any private insurance or obtain insurance through Covered California to the best of my knowledge.

I have read and acknowledge each of the following:

1. I understand that the My Health LA Program is not an insurance program and is only valid at pre-approved Los Angeles County Hospitals, Community Partners, DHS Sites, or pre-authorized referral locations and pharmacies.
2. I understand that I will select a Medical Home clinic and will comply with their pharmacy guidelines.
3. I understand that my eligibility for the My Health LA Program will expire one year from my enrollment date, and that I must reapply to maintain my coverage after twelve months.
4. My eligibility in the My Health LA Program may include retroactive coverage from the first day of the month that I enroll in this program.
5. I understand that my income must be at or below 138% of the Federal Poverty Level.
6. I understand that my eligibility for the My Health LA Program will be reviewed prior to hospital stays or same-day surgeries.
7. I understand that if I become eligible for health insurance during this year, I must notify the Los Angeles County My Health LA Program by contacting Member Services at 1-844-744-6452 and my Medical Home clinic immediately. I understand that failure to do so will result in being billed for all charges after the effective date of my new health insurance coverage
8. I understand that eligibility for other public programs, such as Medi-Cal, may result in my having additional financial responsibilities that are a part of these programs' requirements.
9. I acknowledge that I have received copies of the My Health LA Program brochure and I agree to abide by Program terms and conditions.
10. I understand that if the information I provide as part of my My Health LA Program application is found to be inaccurate, I will be immediately disqualified from the My Health LA Program. I understand that I may also be billed retroactively for all services provided to me under the My Health LA Program. I further understand that providing false information in order to wrongfully obtain public benefits may also be a criminal offense..
11. I understand that I must contact the My Health LA Program Member Services Department at 1-844-744-6452 within 10 days if there are any changes to my eligibility for this Program, such as changes to my income or place of residency
12. I understand that the foregoing rights and declarations apply as long as I am a My Health LA Program member. I understand that this rights and declarations form is only required at my initial My Health LA Program enrollment and not during my My Health LA Program renewal.

I declare under penalty of perjury that the above information is true and correct. Further, by signing below, I hereby authorize County personnel, agents or contractors such as the County's contracted pharmacy network, to verify and/or investigate my eligibility.

Applicant Signature Date

I decline to sign the above declaration.

Print
View Application Summary
| Get Help
Report a Bug/Make a Suggestion
Application ID: 19002201415500010

Next

My Health LA Submission (Continued)

You will then need to print the **Rights and Declarations** and have the applicant sign it, or you can have the applicant sign it electronically with a signature tablet.

Note: The One-e-App system will populate a **Rights and Declarations Form** for every member who is applying for My Health LA. Only the adults in the HH are required to sign form.

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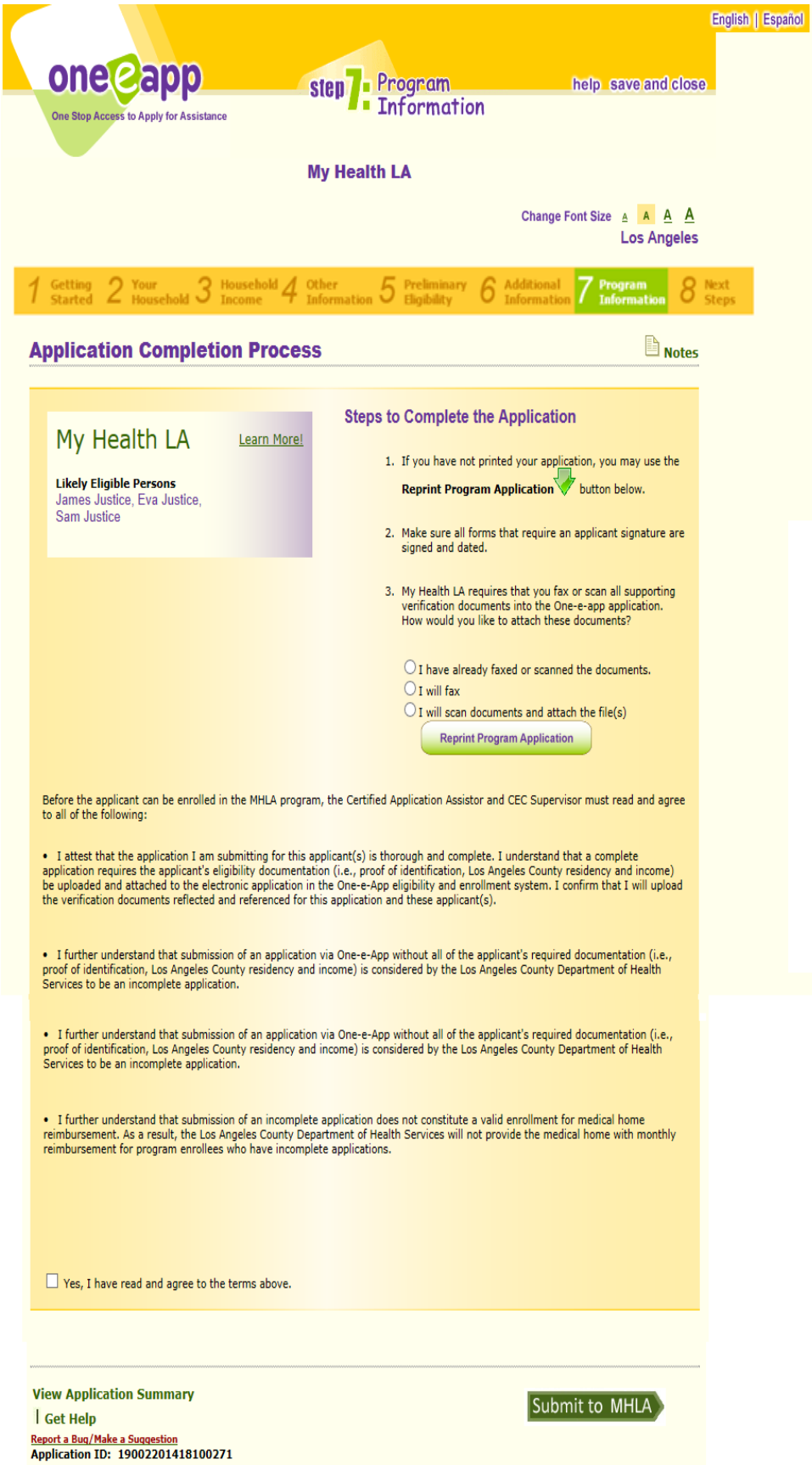

My Health LA Submission (Continued)

You will next need to identify how you would like to enter the supporting documents that are provided by the applicant. You may submit these documents by faxing or scanning them in.

By clicking **"Submit to MHLA"** the applicant will be enrolled into My Health LA if they meet all of the eligibility requirements and all the verification documents are uploaded in to the system.

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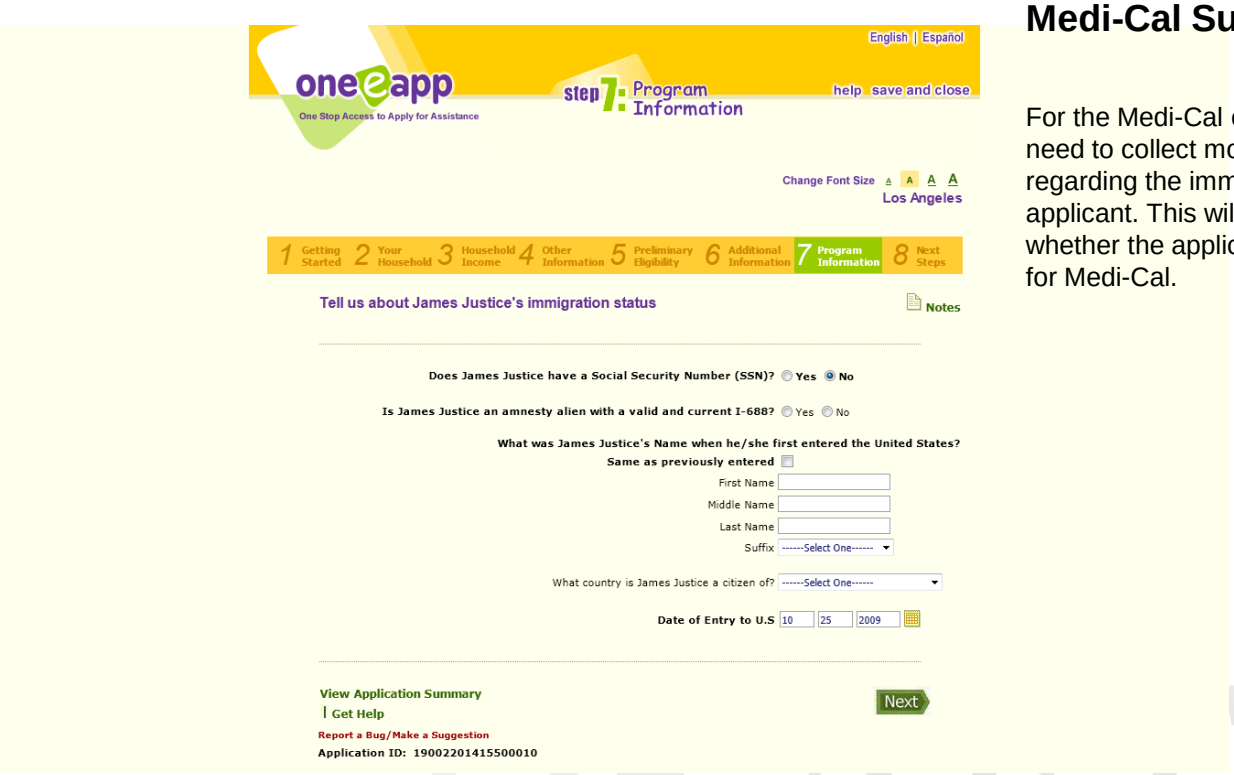
Medi-Cal Submission

For the Medi-Cal check-list, we will need to collect more information regarding the immigration status of the applicant. This will be used to determine whether the applicant may be eligible for Medi-Cal.



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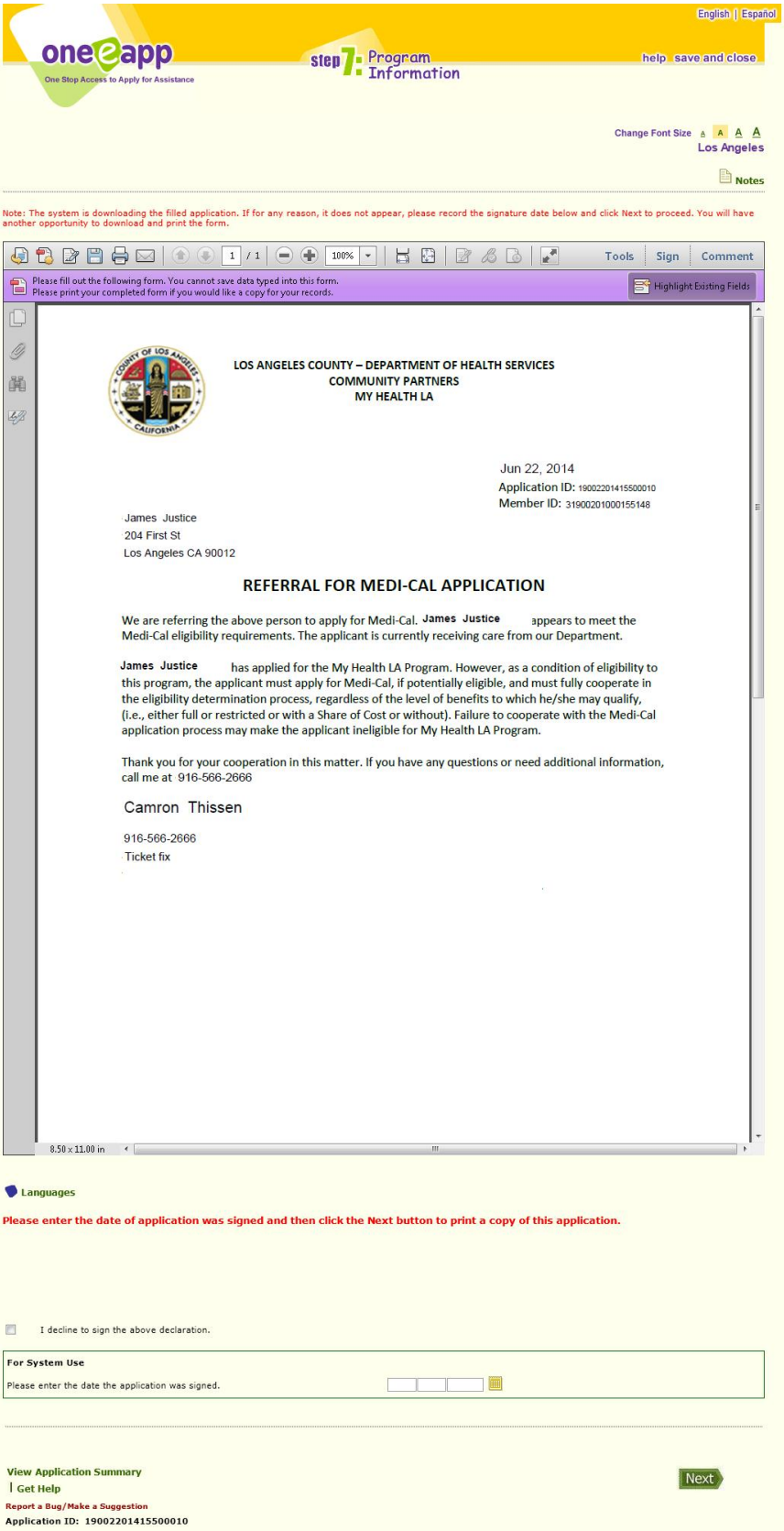

Medi-Cal Submission (Continued)

One-e-App will populate a **Medi-Cal Referral** for each member who is eligible for Medi-Cal.

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step 7: Program Information

help save and close

Medi-Cal

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Los Angeles

Coversheet To The Application For Cash Aid, Food Stamps, and/or Medi-Cal

Notes

Action Required: You must print and review SAWS1 and SAWS2 Application. One-e-App has completed some application fields with information you provided. There are additional questions you may have to complete. Please print the application, complete any unanswered questions and sign before submitting to the program.

Note: The system is downloading the filled application. If for any reason, it does not appear, please record the signature date below and click Next to proceed. You will have another opportunity to download and print the form.

1 / 17 91.9% Tools Sign Comment

Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

State of California - Health and Human Services Agency

California Department of Social Services
California Department of Health Services

COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY MEDICAL SERVICES PROGRAM (CMSP)

TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSP, complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help to apply for or keep getting cash aid, benefits, and services, tell the county.

BEFORE YOU CAN GET CASH AID, FOOD STAMPS, OR MEDI-CAL/34-COUNTY CMSP, INCLUDING IMMEDIATE NEED, HOMELESS ASSISTANCE, OR FOOD STAMP EXPEDITED SERVICE, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

FOR CASH AID AND FOOD STAMPS, the county will tell you if and when you need to be fingerprint and photo imaged in order to get benefits.

TO GET IMMEDIATE NEED AND/OR HOMELESS ASSISTANCE, you must appear to be eligible for Cash Aid. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your social security number(s), trying to get income available to you, and agreeing to cooperate with the local child support agency about child, spousal, and medical support.

FOR FOOD STAMPS, the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another adult household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

FOOD STAMPS — Date of Eligibility
If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

CASH AID IMMEDIATE NEED
If you have an emergency, you may be able to get up to $200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you do not have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

CASH AID HOMELESS ASSISTANCE
If you are homeless, or have received a Pay Rent or Quit Notice, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

CalWORKs DIVERSION SERVICES
Diversion services can help applicants who need some assistance but do not want or need to go on welfare. Diversion services allow you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get Diversion services at time of application for cash aid, and you may be eligible for Medi-Cal, child care assistance, and food stamps if you get Diversion services.

After reviewing your facts, the county will tell you if you would be eligible for Diversion services. If eligible and you choose to get a Diversion cash payment or non-cash services instead of cash aid:

- You will get a denial notice for cash aid.
- Your cash aid may be lowered or the amount of time you can get cash aid may be reduced if you go on aid later.

APPLICANTS FOR FOOD STAMPS: All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

FOOD STAMP EXPEDITED SERVICE
You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE:

- Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions **(see the other side of the page for definitions of income and liquid resources),**
  OR
- No more than $100 liquid resources and less than $150 income for the month before deductions,
  OR
- No more than $100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, **complete Items 1 - 17 on the attached application**; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN
If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for CalWORKs or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, tell the county and check "YES" in both parts of Item 12.

MEDI-CAL/34-COUNTY CMSP - MEDICAL EMERGENCY/PREGNANCY
If you have a medical emergency or are pregnant AND want Medi-Cal/34-County CMSP as soon as possible, complete Items 1-13. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

SAWS 1 COVERSHEET (12/06) CA 1/DFA 285-A1 REQUIRED FORM - SUBSTITUTE PERMITTED

Languages

Please enter the date of application was signed and then click the Next button to print a copy of this application.

I decline to sign the above declaration.

For System Use

Please enter the date the application was signed.

View Application Summary
| Get Help
Report a Bug/Make a Suggestion
Application ID: 19002201415500010

Next

Medi-Cal Submission (Continued)

- ✓ Print the SAWS1 and SAWS2 (Medi-Cal) forms on this page. Have the applicant sign both forms.
- ✓ Enter the date the forms were signed.

  Note: You will also have an opportunity to print this form on the program completion page.

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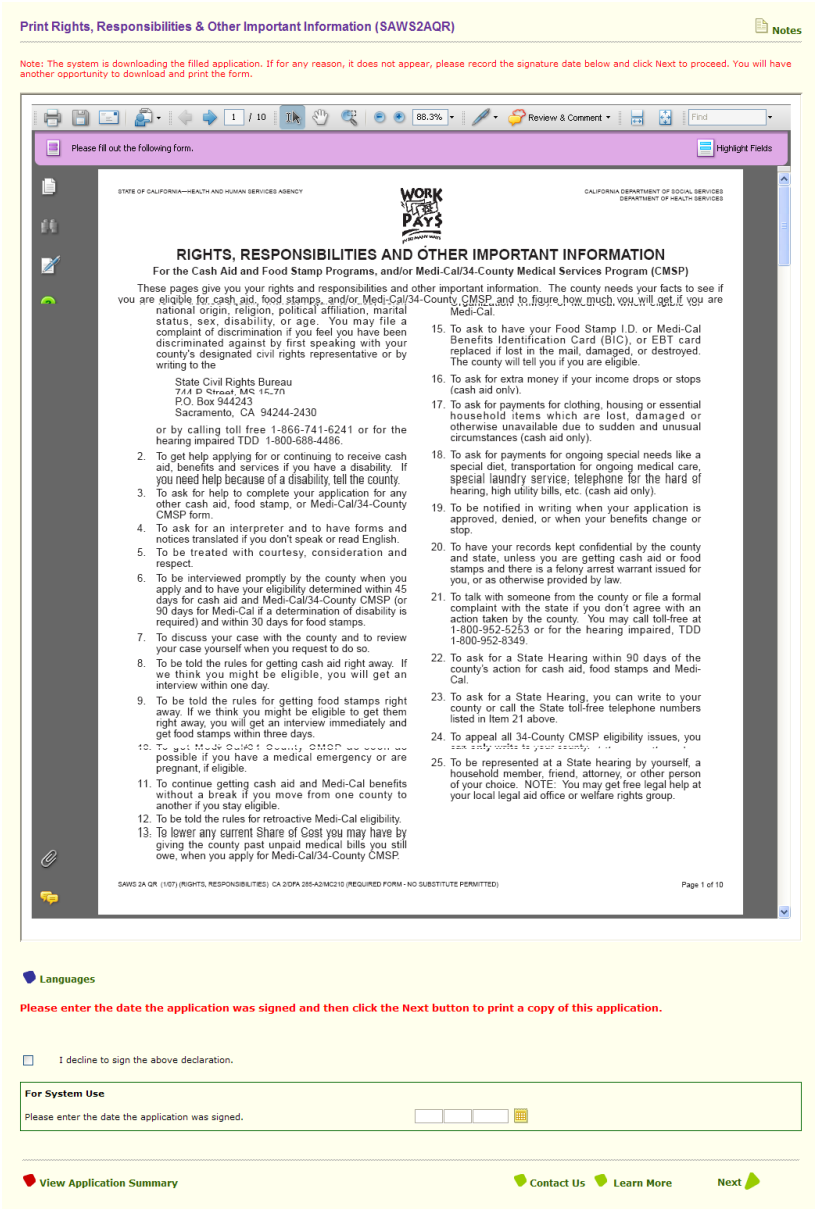

Medi-Cal Submission (Continued)

- ✓ Print the SAWS2AQR (Medi-Cal Rights and Responsibilities form)
- ✓ Enter the date the forms were signed.

  Note: You will also have an opportunity to print this form on the program completion page.

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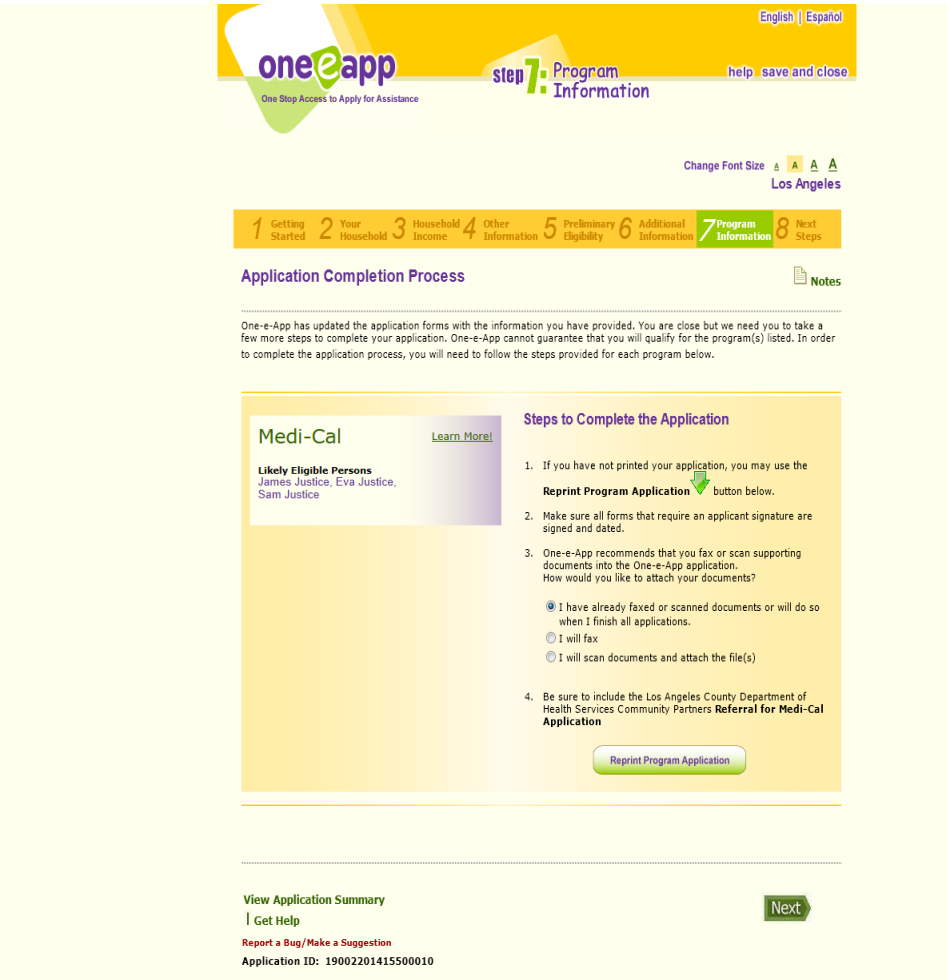
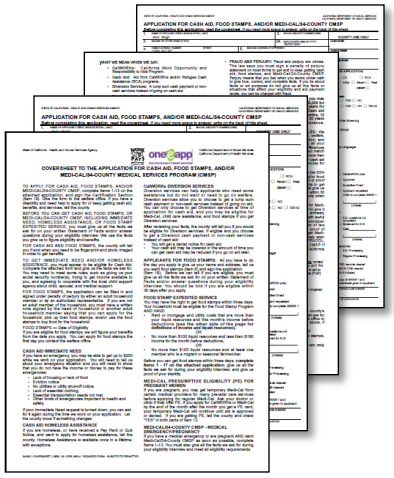


SAWS 1 & 2



Medi-Cal Submission (Continued)

To refer to Medi-Cal:

- ✓ Print the **Medi-Cal Referral** along with the **SAWS1 and SAWS2 (Medi-Cal) forms** on this page. Have the applicant sign both forms.
- ✓ Recommendation: Fax/Upload these documents into One-e-App for later retrieval.

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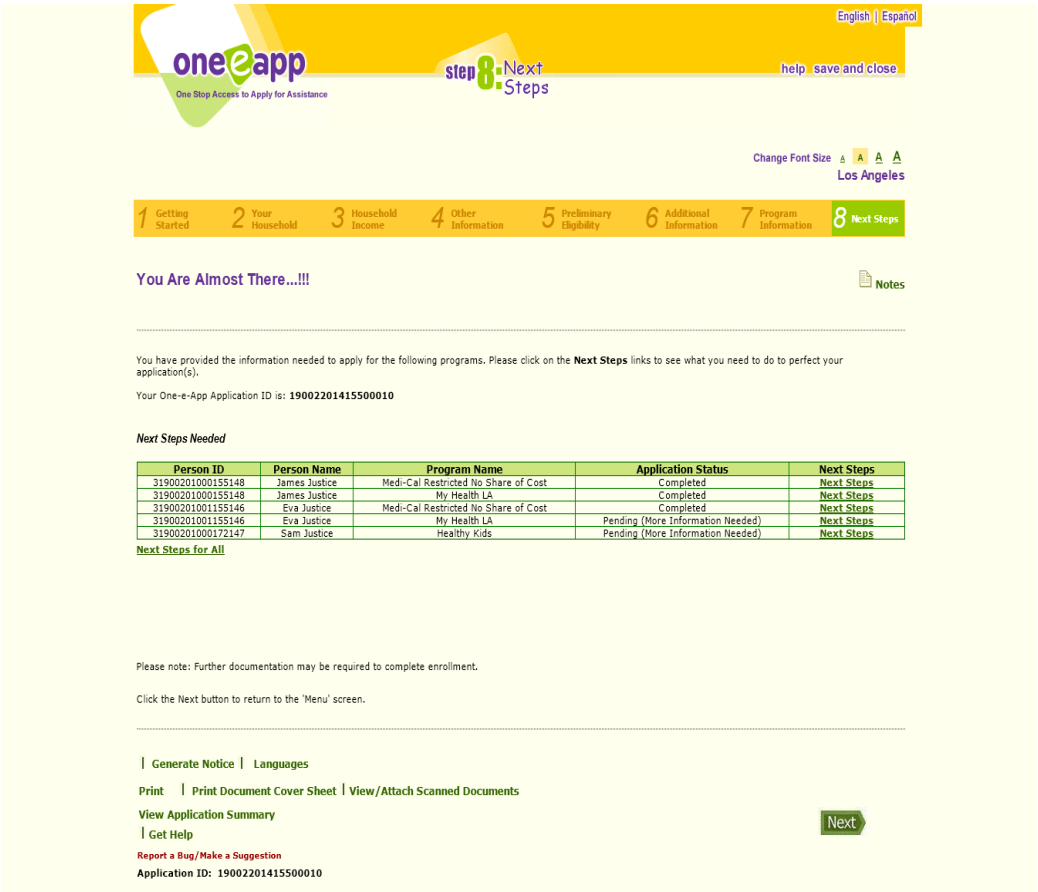

Application Completion

This is the last page of the application process. This page displays a summary of the status of the applications – **completed, in progress, or pending.**

Make sure to click on **"Generate Notice"** link. This will populate the award letters for My Health LA.

For more information on next steps, click on the **"Next Steps"** link for that program.

Click **"Next"** to go to the **Main Menu.**

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Faxing and Uploading Documents

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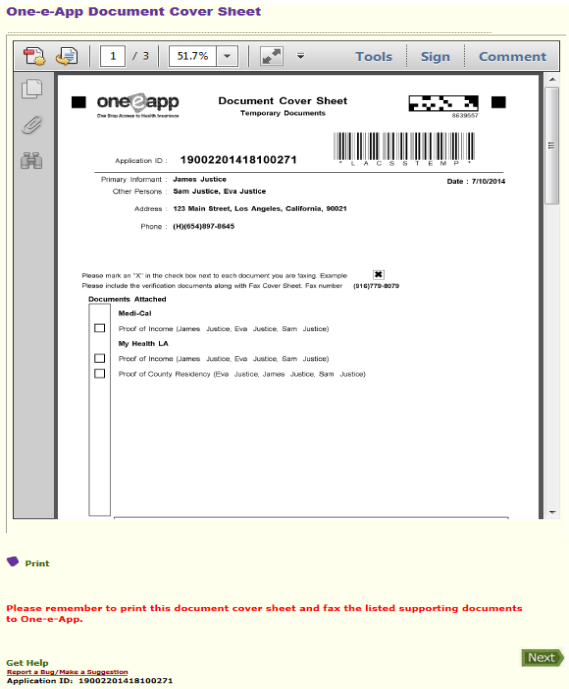
Option 1: Printing Fax Cover Sheets from the Program Submission process.



Option 2: Printing Fax Cover Sheets after submitting an application in One-e-App

After you have submitted the application in One-e-App, you must fax or upload supporting documents into One-e-App in order to complete the application process and enroll the patient (e.g., income, rights and declarations, identification documents, proof of Los Angeles County residency). Below are instructions on how to fax or upload documents into One-e-App.

FAXING DOCUMENTS

Step 1: Print the Fax Cover Sheets

- **One-e-App** has two fax cover sheets for each application - one for permanent documents (i.e., items that do not change, such as birth certificates) and one for temporary documents (i.e., items that do change, such as income). These fax cover sheets can be used for all programs.

- Fax cover sheets may be printed during the application process by clicking on **"Print Document Cover sheet"** during the program submission process (Option 1) OR by selecting the **"Print Document Cover sheet"** from your One-e-App **Dashboard**, searching for the application, and clicking on **"Fax"** under the **"Retrieve Fax"** column (Option 2).

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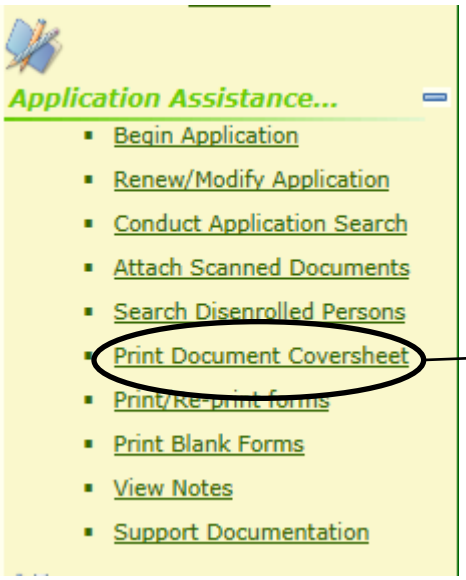

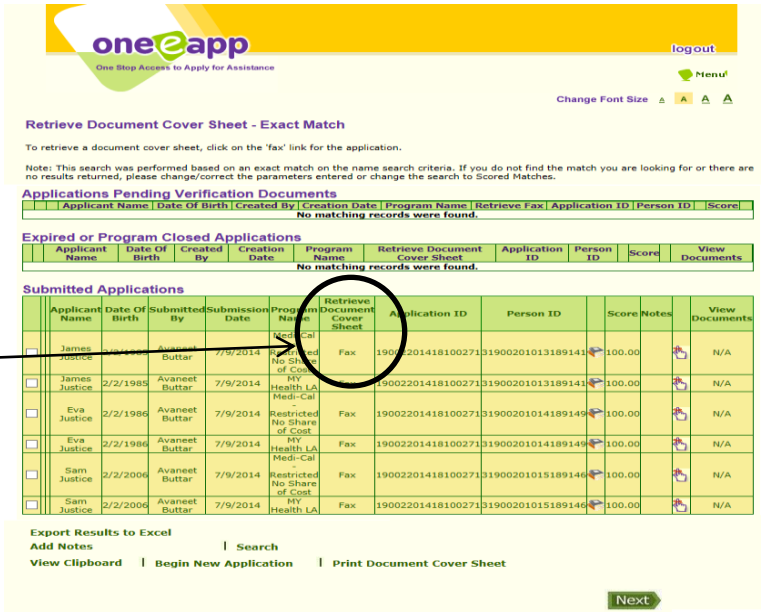

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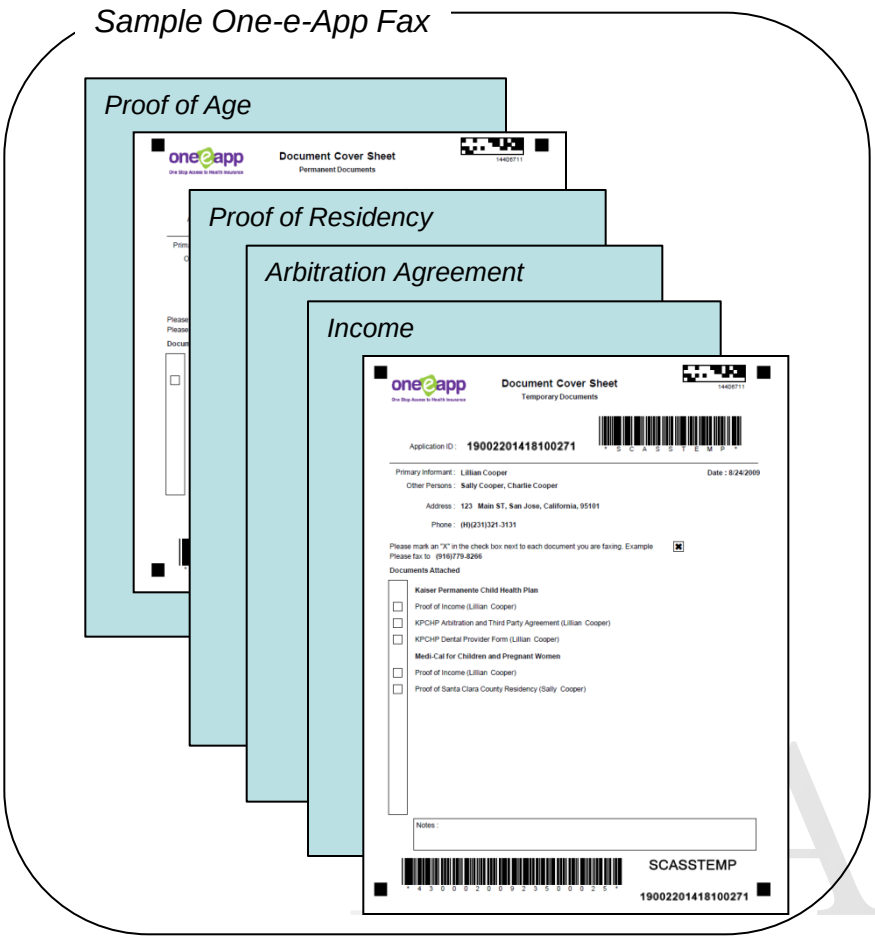
Sample One-e-App Fax



FAXING DOCUMENTS (Continued)

Step 2: Fax/Send Documents

FAX to One-e-App

You may also fax supporting documents into One-e-App at the fax number listed on the fax cover sheet.

- Arrange documents behind the appropriate cover sheet (permanent or temporary) as shown to the left.
- Clearly mark an **"X"** on the cover sheet next to those items that are attached
- Send the set of two fax cover sheets and documents in each fax transmission
- **It is very important that you do not write anywhere on the bar code!**

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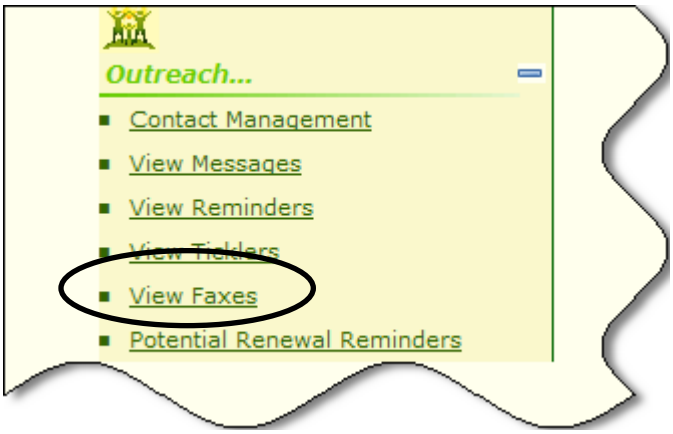


FAXING DOCUMENTS (continued)

Step 3: Verify the fax was received by One-e-App

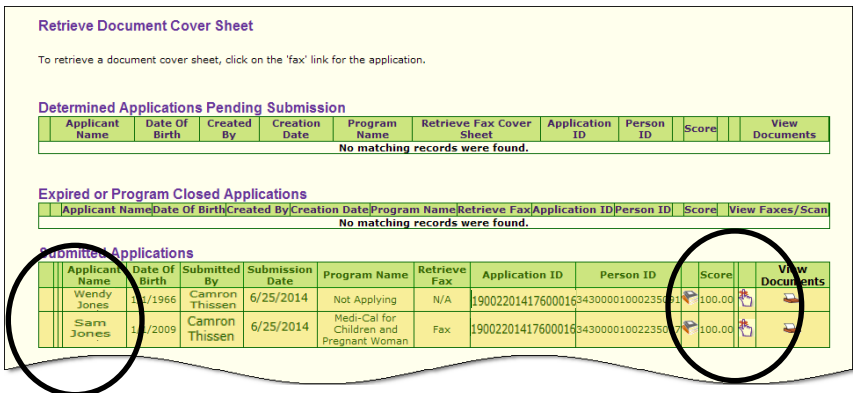
You should now verify that faxes sent to One-e-App were received, showing properly, and readable. To do this:-

- Select "**View Faxes"** from your One-e-App **Dashboard.**

- Search for the application.

- In the search results, Click on the **fax icon** in the "**View Documents**" column. This will show you a consolidated image of the faxes.

- For a more detailed view of faxes by item, click the applicant's name in the search results to go to the **"Application Submission Details"** page.



Retrieve Document Cover Sheet

To retrieve a document cover sheet, click on the 'fax' link for the application.

Determined Applications Pending Submission

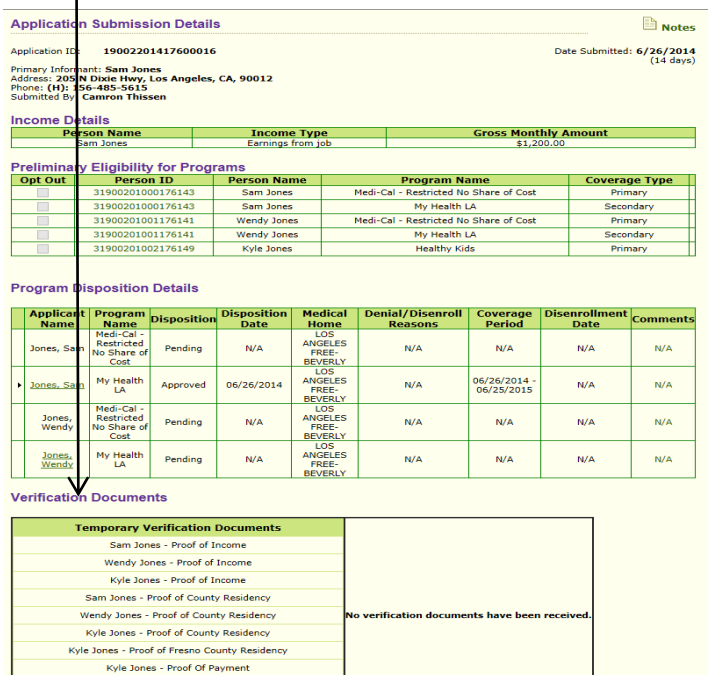
Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax Cover Sheet	Application ID	Person ID	Score	View Documents
No matching records were found.									

Expired or Program Closed Applications

Applicant Name	Date Of Birth	Created By	Creation Date	Program Name	Retrieve Fax	Application ID	Person ID	Score	View Faxes/Scan
No matching records were found.									

Submitted Applications

Applicant Name	Date Of Birth	Submitted By	Submission Date	Program Name	Retrieve Fax	Application ID	Person ID	Score	View Documents
Wendy Jones	1[illegible]/1966	Camron Thissen	6/25/2014	Not Applying	N/A	190022014176000163	43430000100023501	100.00	
Sam Jones	1[illegible]/2009	Camron Thissen	6/25/2014	Medi-Cal for Children and Pregnant Woman	Fax	190022014176000163	43430000100023501	100.00	



Application Submission Details

Notes

Application ID: **190022014176000163**

Date Submitted: **6/26/2014** (14 days)

Primary Informant: **Sam Jones**
Address: **205 N Dixie Hwy, Los Angeles, CA, 90012**
Phone: **(H): 156-485-5615**
Submitted By: **Camron Thissen**

Income Details

Person Name	Income Type	Gross Monthly Amount
Sam Jones	Earnings from job	$1,200.00

Preliminary Eligibility for Programs

Opt Out	Person ID	Person Name	Program Name	Coverage Type
	31900201000176143	Sam Jones	Medi-Cal - Restricted No Share of Cost	Primary
	31900201000176143	Sam Jones	My Health LA	Secondary
	31900201001176141	Wendy Jones	Medi-Cal - Restricted No Share of Cost	Primary
	31900201001176141	Wendy Jones	My Health LA	Secondary
	31900201002176149	Kyle Jones	Healthy Kids	Primary

Program Disposition Details

Applicant Name	Program Name	Disposition	Disposition Date	Medical Home	Denial/Disenroll Reasons	Coverage Period	Disenrollment Date	Comments
Jones, Sam	Medi-Cal - Restricted No Share of Cost	Pending	N/A	LOS ANGELES FREE-BEVERLY	N/A	N/A	N/A	N/A
Jones, Sam	My Health LA	Approved	06/26/2014	LOS ANGELES FREE-BEVERLY	N/A	06/26/2014 - 06/25/2015	N/A	N/A
Jones, Wendy	Medi-Cal - Restricted No Share of Cost	Pending	N/A	LOS ANGELES FREE-BEVERLY	N/A	N/A	N/A	N/A
Jones, Wendy	My Health LA	Pending	N/A	LOS ANGELES FREE-BEVERLY	N/A	N/A	N/A	N/A

Verification Documents

Temporary Verification Documents	
Sam Jones - Proof of Income	No verification documents have been received.
Wendy Jones - Proof of Income	
Kyle Jones - Proof of Income	
Sam Jones - Proof of County Residency	
Wendy Jones - Proof of County Residency	
Kyle Jones - Proof of County Residency	
Kyle Jones - Proof of Fresno County Residency	
Kyle Jones - Proof Of Payment	

Go to the next page for instructions on **Uploading Documents into One-e-App.**

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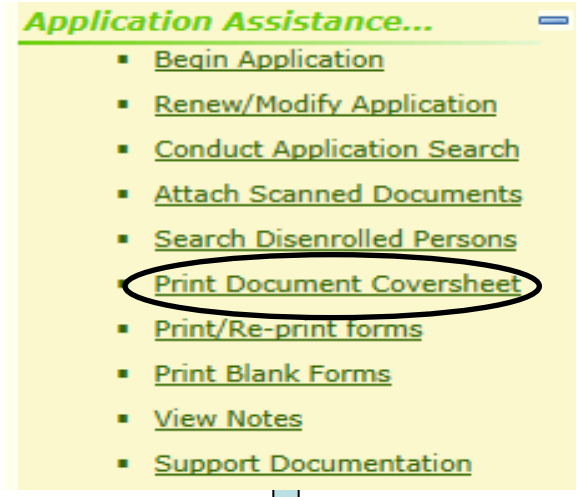
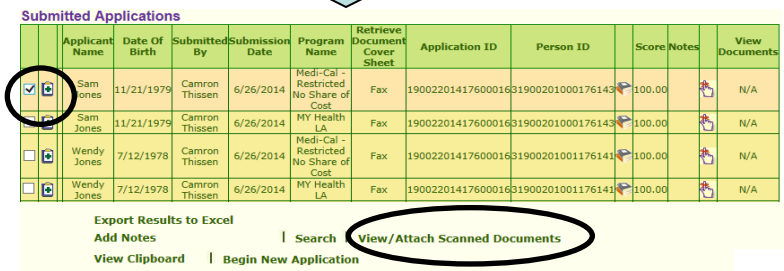
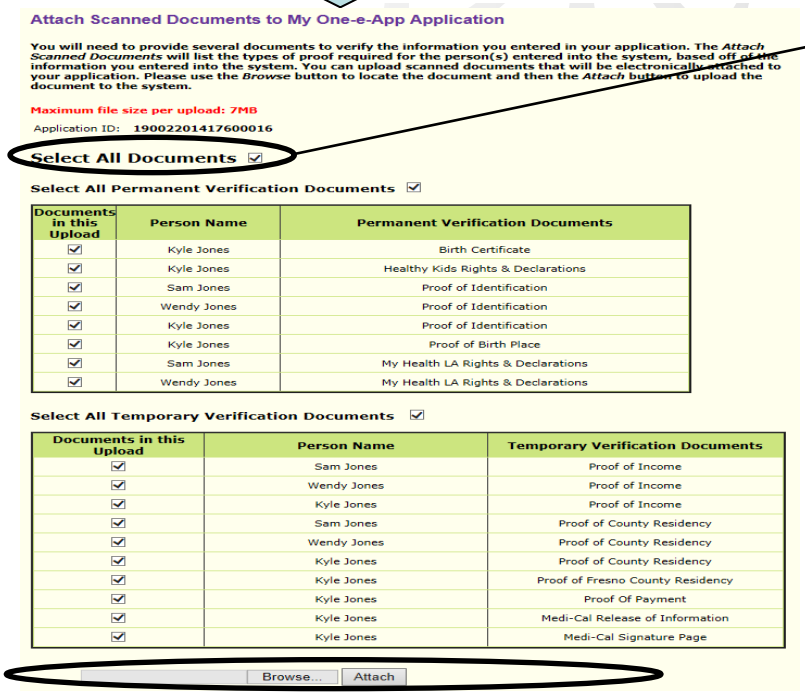
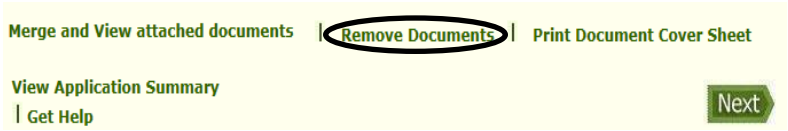






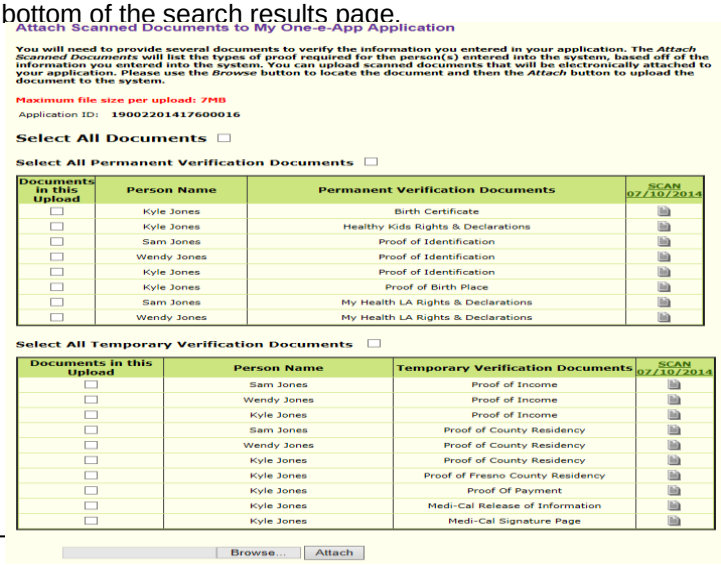


UPLOADING DOCUMENTS INTO One-e-App

You may also upload into One-e-App those supporting documents that you have in electronic image formats (such as .pdf, .gif, etc.) To do this:-

- Click "**Attach Scanned Documents"** from your **One-e-App Dashboard.**
- Search for the application.
- In the search results, check the box next to the application for which you want to upload documents. Then click "**View/Attach Scanned Documents"** at the bottom of the search results page.
- Click "**Browse**" and locate the file that you wish to upload and click **"OK".**
- Click "**Attach**" to upload the document.
- If you wish to remove the attached item, click "**Remove Documents."**
- If you wish to upload a single file and apply it to multiple documents, click **"Select All Documents",** then select all of the documents you wish to upload at one time.

After you have uploaded documents, you can view them by clicking on "View Scanned Documents" from your One-e-App Dashboard and following the same steps to find the application in the search results and clicking on "View/Attach Scanned Documents" at the bottom of the search results page.



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Tip Sheets

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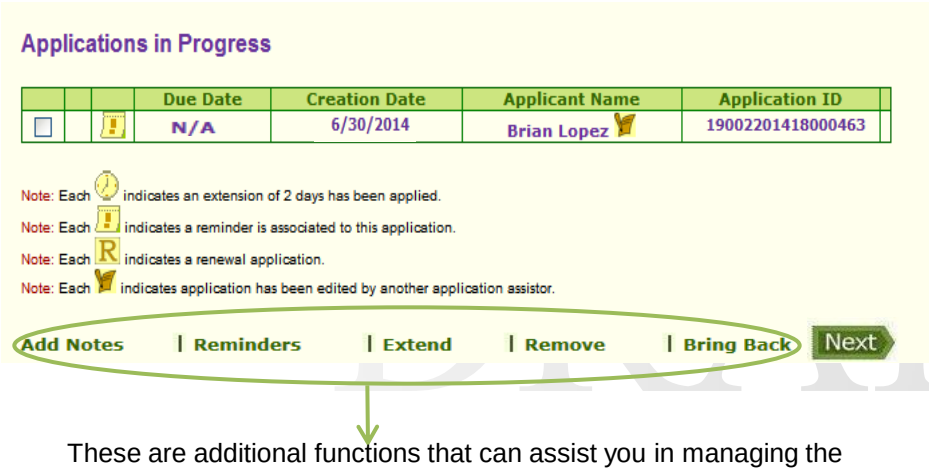
Applications in Progress Workload



When you click "**In Progress**" you will be navigated to two different workloads:

- **Applications in Progress**
- **Program Submission Workload**

The **Applications in Progress Workload** displays applications that are still in the interview process and for which preliminary eligibility has not been determined.

Click "**Next"** to move to the **Program Submission Workload.**

These are additional functions that can assist you in managing the application that is in progress.

The **Add Notes** link allows you to enter notes regarding an application. These notes will be linked to the application.

You can set a **Reminder** by clicking on the little box near the **due date** of the applicant, then click **reminder**. You can add notes that will be linked with the application.

The **Extend** icon extends the application beyond timeframe (e.g., 90 days) that an application can remain in progress. It will extend for two additional days. You can extend an application twice.

The **Remove** icon removes an application from your **Applications Tab** in the **Progress Workload**. You will be prompted by the system to indicate the reason for application removal.

The **Bring Back** icon brings back an application that you removed. Once the application has been "brought back", it will appear in this workload.

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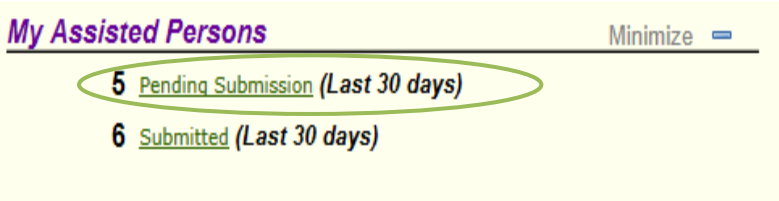
Pending Submission Workload



The **Pending Submission Workload** contains two tables.

- Applications Pending Submission
- Applications Submitted

Applications Pending Submission

		Application ID	MSN	Applicant Name	Preliminary Eligibility	Coverage Type	System Name	
☐		19002201418100305	1	Justice, James	Medi-Cal Restricted Share of Cost	Primary	One-e-App	
☐		19002201418100305	2	Justice, Sam	Healthy Kids	Primary	One-e-App	
☐		19002201418100305	3	Justice, Eva	Medi-Cal Restricted Share of Cost	Primary	One-e-App	
☐		19002201418200196	1	Justice, James	Medi-Cal Restricted No Share of Cost	Primary	One-e-App	
☐		19002201418200196	2	Justice, Eva	Medi-Cal Restricted No Share of Cost	Primary	One-e-App	

Applications Submitted

Application ID	Applicant Name	Submission Status	Submission Date	Preliminary Eligibility	Coverage Type	System Name	Documents	
19002201414100671	Doe, Jane	Successful	6/19/2014	Medi-Cal Restricted, No Share of Cost	Primary	One-e-App	N/A	
19002201414200133	Smith, Jim	Successful	5/23/2014	Medi-Cal Restricted, No Share of Cost	Primary	One-e-App	N/A	
19002201414200133	Smith, Jim	Successful	5/23/2014	My Health LA	Secondary	N/A	N/A	
19002201414200133	Davis, Mack	Successful	5/23/2014	Medi-Cal Restricted, No Share of Cost	Primary	One-e-App	N/A	
19002201414200133	Davis, Mack	Successful	5/23/2014	My Health LA	Secondary	N/A	N/A	

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Applications Pending Submission

These are applications that have passed the preliminary eligibility determination pages, but the application has NOT been completed all of the required information and has NOT been submitted.

Applications Submitted

These are applications that have been submitted to the My Health LA program. You will also see individuals who are not eligible for applying for programs in this table.

<u>NOTE</u>: Applications are not complete until all required documents have been submitted to One-e-App.

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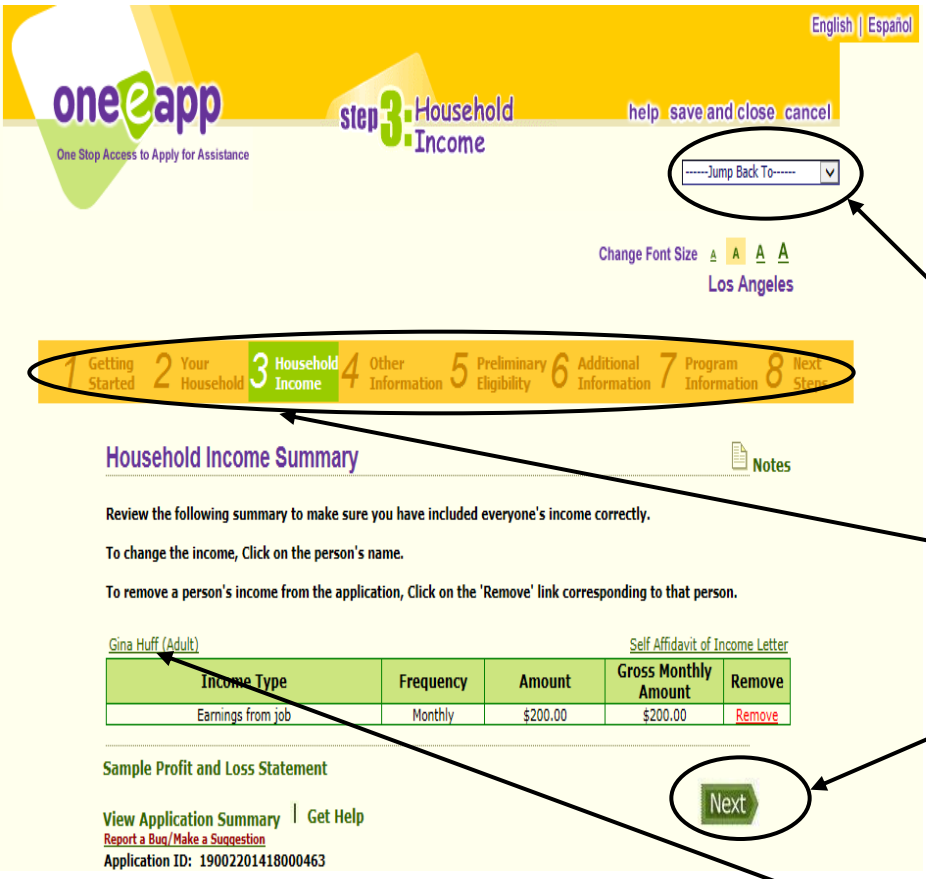

One-e-App Navigation

This tip sheet provides a brief overview of the navigation tools in One-e-App. Below are the methods for jumping around to different screens in throughout the One-e-App system.

Jump Back To: The **Jump Back To** feature is available when you are in the middle of an application. It allows you to go back to the beginning of an application section, such as Your Household, Household Income, Application Review, etc. To move forward, click "Next".

Tabs: When you are in the middle of an application, you can see 8 Tabs that identify different application sections. Similar to the **Jump Back To** feature, you can move to previous sections. Click on the **purple tabs** to be taken to the beginning of that section. To move forward, click "**Next**".

Next button: Throughout the One-e-App program, you will see **Next** Buttons appear at the bottom right-hand corner of the page. Click **Next** to move forward through the application or to go to the next page in other parts of the One-e-App program.

Green Links: Throughout One-e-App there are several types of **Green Links**. Click on the **Green Links** to go to an individual person's information, bring up certain forms associated with the application or carry out a specific, desired action (such as removing an individual from the application).

Helpful Hints

To *move forward* in an application use the **Next Button.**

To *go back* to a certain section in an application, use the **Jump Back To** or **Tabs** feature.

To *go back* to a specific person or location in One-e-App, click on the **Green Links**.

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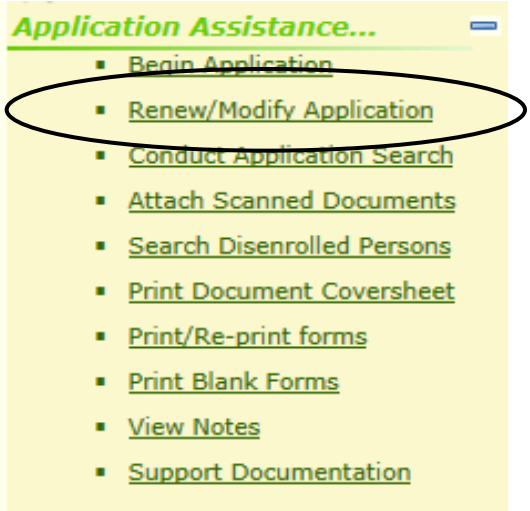

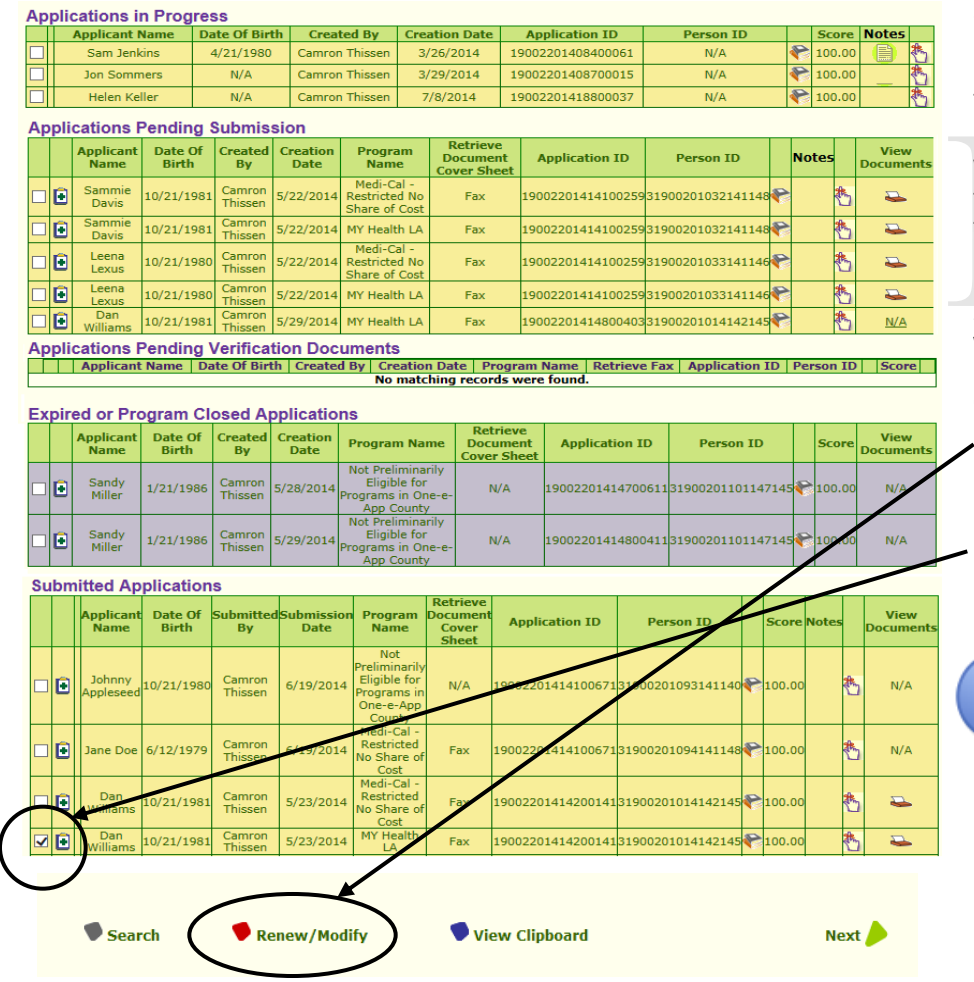

Renew/Modify Application

This tip sheet will provide a brief overview of how to **Renew** or **Modify** an application in One-e-App.

Use **Modify** to make a change to an existing application that impacts eligibility, such as make a change to income, marital status, or add a new child. Applications can be modified at any point, even after the application has been submitted.

My Health LA members must renew their coverage every twelve months. You can automatically generate renewal notices for applicants from the One-e-App system. There is also a table to view applications that are 90, 60, and 30 days from the renewal due date for the My Health LA program.

When **Renew/Modify Application** is chosen from the **Menu** or **Dashboard**, you will be taken to the "**Search for Application**" screen. Here you search for the applicant or an application. The search results will show you several tables. Locate the application that you would like to **Renew/Change**, then check the box next to the application from the list and click **"Renew/Modify".**

Application ID Assignment

Each time an application is **Renewed or Changed**, a new Application ID number will be automatically assigned by the One-e-App system.

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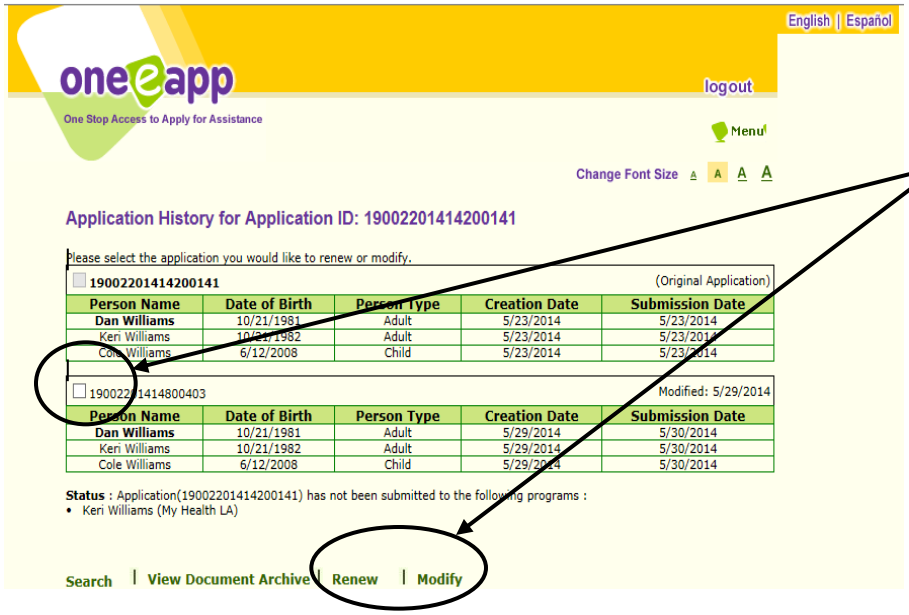


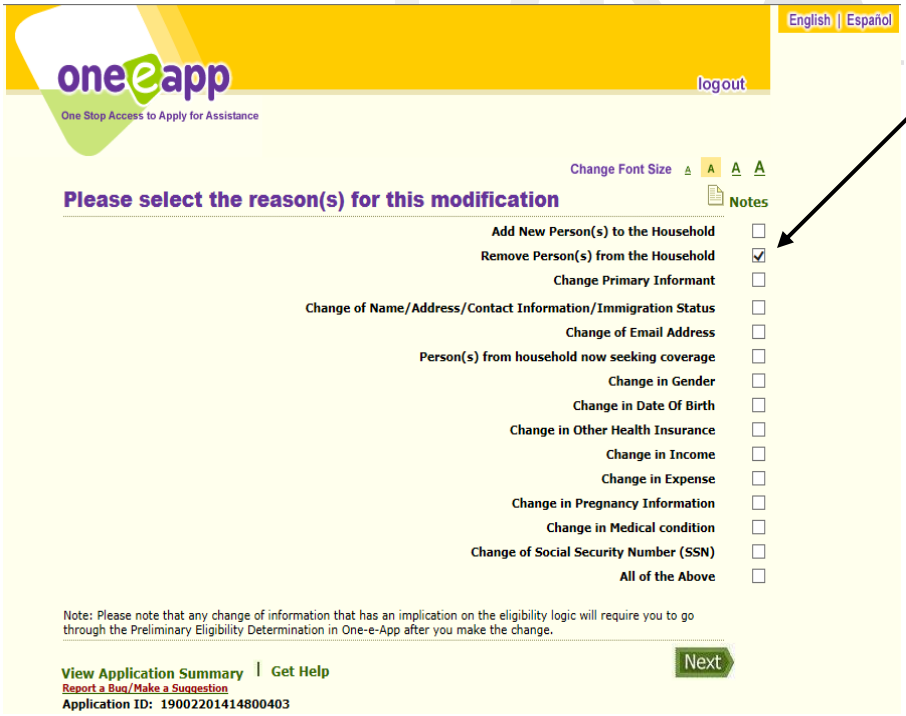
Renew/Modify Application

In some instances there may be more than one application associated with an individual. You can identify which application you are trying to renew or modify by looking at the Creation or Submission Date, It is important that you confirm that you have selected the proper application that you wish to renew or modify, and check the box next to that specific Application ID number. Once you have selected the correct application to renew or modify, click **Renew** or **Modify.**

Helpful Hints

Use **Modify** to make a change to an existing application that impacts eligibility, such as change in income, marital status, or adding a new child. Applications can be modified at any point.

My Health LA members must renew their coverage every 12 months, but can renew up to 3 months prior to their renewal date.



When you **Modify** an application, you will be directed to the **"Reason(s) for Modification"** screen. Check the box(es) next to the reason that describes why you need to modify the application. Then click "**Next**".

This will bring you directly to the section(s) of the One-e-App application that corresponds to the modification reason you just selected. Once you have completed modifications to the application you will return to the "**Preliminary Eligibility"** screen.

Use the **Tabs** or **Jump Back To** feature to go back and make additional changes to other sections as needed.

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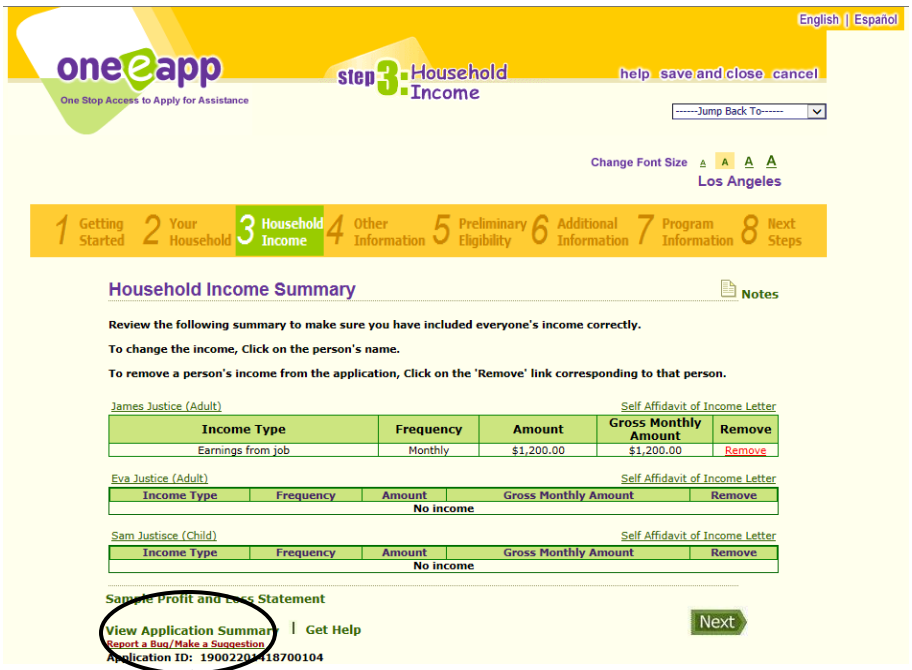

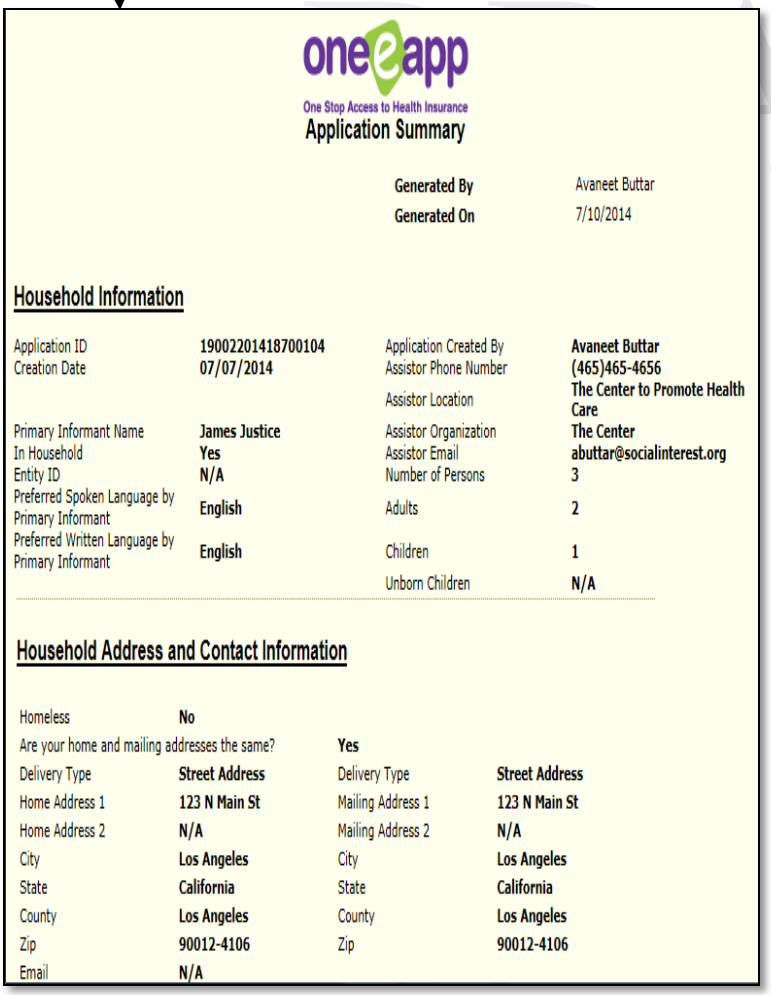

Application Summary

This tip sheet provides a brief overview of the **Application Summary** in One-e-App.

The **Application Summary** contains all of the relevant information that you have entered into the application up to that point. The **Application Summary** can be viewed and the throughout the application process by clicking on "**View Application Summary",** which can be found in the lower left hand corner.

It is recommended that you review and validate the information on the **Application Summary** prior to proceeding past the One-e-App "**Preliminary Eligibility Page".**

The **Application Summary** is broken into several sections for easy review. The sections of the **Universal Application Summary** include:

- Household Information
- Household Address & Contact Information
- Adult Details
- Child Details
- Household Relationships
- Income Details
- Expenses
- Additional Household Information
- Potential Eligibility Results
- Eligibility Results

By following the "**Re-Print Forms"** link from the One-e-App **Dashboard** and **Menu**, the **Application Summary** can be re-printed at any time after the application has been submitted.

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Using the One-e-App Help Desk

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If you experience an issue or problem in One-e-App, please contact the One-e-App Help Desk by phone at (866) 429-1979 or email at ttpro@oneapp.org to report your issue. The following are instructions for calling the helpdesk or reporting an issue via e-mail.

I.Tips for calling the helpdesk:

When calling the One-e-App helpdesk to report an issue, please be prepared to providing the following information:

- The County you live in
- Your User name and organization
- Your ID and role (example, CAA)
- The Application ID or name of applicant or primary client on the application
- Screen print of error message or the URL of the screen name where the issue was encountered, Example URL: https://thecenter.oneeapp.org/app/APPTYPE.ASPX
- Detailed description of the problem, at what point in the system that the problem occurred (e.g., Searches, Application Processing, Eligibility Calculation, Data Transfer to Health-e-App, User Account, Faxing of Verification Documents, Generation of Universal Summary, Notices or PDF Documents).

II. How to report system "bugs" or problems to One-e-App via e-mail:

Send an e-mail to **ttpro@oneapp.org** with a brief summary of the issue in the subject line and a detailed description of the problem you are experiencing in the body of the e-mail, along with the One-e-App Application ID, User Name and, whenever possible, a screen-shot of the error you have encountered.

The e-mail will get loaded into Test Track Pro's Helpdesk Log and you will receive an automatic e-mail notification with a ticket number, which can be used for future reference.

DRAFT

Do not reply to messages sent by Test Track Pro

You should not reply to the automatic messages sent by Test Track Pro, nor should you "cc" or copy anyone at the "TTpro" e-mail address while 'Replying' or 'Forwarding' your original message. This will generate new ticket numbers and duplicate the issues in the helpdesk log.

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Attaching screen-shots on e-mails to TTPro:

Attaching screen-shots is a great way to communicate a One-e-App "bug", or problem, as the screen shots help the Development Team recreate the issue and/or isolate the cause of the problem.

Screen shots that are inserted directly in the body of the e-mail do not work in TTPro. Screen shots must be **attached** as "attachments" to the e-mail.

E-mails sent to **ttpro@oneapp.org** are directly received by the One-e-App Support Team. The text in the body of the e-mail is imported as the "ticket description" and any attachments to the e-mail are attached to the ticket in Test Track Pro. It is important that if a screenshot is included with the e-mail sent to this address, it must be saved to a file and then the file must be attached separately to the e-mail.

How to Attach a Screen-shot:

1. When you create the screen-shot, be sure you are looking at the screen with the problem!
2. Press "print screen" on your keyboard to record the screen-shot to your computer's clipboard.
3. Open your word processing software (such as Microsoft Word) and create a new document.
4. Choose Edit → Paste from the menu (or Control + V on the keyboard) to paste the screen-shot into the document.
5. Save the document to your computer – remember where you saved it! Saving it to your desktop or a special folder for "One-e App" may be helpful.
6. Write your e-mail to: **ttpro@oneapp.org**
7. From your e-mail software (i.e. MS Outlook, GroupWise, Yahoo, etc...) select "attach a file."
8. Find the document you saved in step 4 and select it.
9. Verify that your document is now attached to the e-mail (open it up and look at it as a final check, to be sure that you did not attach the wrong document!)
10. Send the e-mail.

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Sample responses from Test Track Pro (TTPro)

TTPro is an automated system that tracks bugs or issues for the help desk. Below are samples of the e-mail notifications of Tickets created from an e-mail you send to the TTPro system. If you don't agree that an issue has been resolved, you can re-open a ticket.

Report that a Ticket was created.

Ticket 391710 has been created on June10, 2014.

This is an automated acknowledgement that we received your message on 06/10/2014.

Your issue has been given Ticket# 391710

Should you wish to check on the status or have any further questions on this issue, please call the help desk at 1-866-429-1979 and refer to the Ticket#.

Report that a Ticket was closed.

LA One-e-App DOT NET Ticket # 301710 has been closed

Ticket 391710 was closed on 06/15/2014.

Severity: P2 - High
Project: One-e-App DOT NET
Summary: Income screen does not allow commas in employer's name

Description:
https://thecenter.oneeapp.org/app/H_INC_INC.ASPX? I tried to include a employer name with a comma, it kept giving me the pop up to "enter valid characters for employer"
…….....

Closure Notes: The allowed values for employer name have been changed so that users may enter employers with commas in the name.

Should you wish to re-open this issue, please refer to the Ticket # 391710 and contact the Help Desk at 1-866-429-1979 for further assistance.

Thank you for your patience.

-- Application Support Team

DRAFT

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