## How to enter a UMDAP Financial Assessment for UMDAP clients.

THERE SHOULD ONLY BE ONE CURRENT UMDAP FINANCIAL ASSESSMENT IN THE SYSTEM. THIS WILL BE SHARED BY BOTH MH & DAS PROGRAMS.

**This process is for clients with Medicare Only, Private Insurance, or no insurance/funding source.** An UMDAP will be set by the service provider. The service provider will need to complete the UMDAP Financial Assessment (on paper) & set the UMDAP. Once completed, the service provider will give the paper form to the clinic AA, who will enter in to SmartCare.

AA should check insurance status for all intakes and clients scheduled with prescribers the day before the scheduled appointment. If a client has lost their Medi-Cal coverage or falls within one of the insurance categories listed above, they will require an UMDAP. AA should send an email notification to the service provider and Program Supervisor (also recommend clinic case manager) informing a paper UMDAP Financial Assessment is needed.

## Start by ascertaining if a current UMDAP is already in the system.

AltySmartcareTrain i 04-13-2023 Q ★ A XxTest, Adult MH Client 05 (1044) Q client fee S Client Fee (Client)

With the client open, search **Client Fee**. Select **Client Fee (Client)**.

Set the begin date to go back one full year and click apply filter. (Leave all other fields set as All.)

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	All Locations		~	All Programs	~	All Staff	*	Apply Filter			
	All Client Fee T	ypes	~	Begin Date: 05/01/2022	<b>*</b>	End Date:					
	Template Id	Begin Date	End Date	% of Standard Rate	Amount	Self Pay	Client Fee Types	Location(s)	Program(s)	P	
							No data to display				

If nothing is shown in this field, you may proceed with entering a new UMDAP Financial Assessment. Note: if there is a current UMDAP in place, the annual start and end dates, along with the UMDAP amount, will display here. If the start and end dates are within the current time client is starting services with us, the service provider did not need to obtain a new UMDAP Financial Assessment.

THERE SHOULD ONLY BE ONE UMDAP FINANCIAL ASSESSMENT IN SMARTCARE PER ANNUAL PERIOD.

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Temptate Id Begin Date End Date % of Standard Rate Amount Self Pay Client Fee Types Location(s) Coogram(s) No data to display			Apply Filter	<b>~</b> ≓ <b>*</b>		All Staff	All Programs Begin Date: 05/01/2022	* *	ypes	All Locations All Client Fee T
No data to display	P	Program(s)	Location(s)	Client Fee Types	Self Pay	Amount	% of Standard Rate	End Date	Begin Date	Ten plate Id
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## **Complete an UMDAP Financial Assessment**

1. With the client open, search UMDAP and select UMDAP Financial Assessment (Client).



2. Change the effective date to match the date service provider and client signed the paper form.

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	Responsible Party Third Party Information Financial Liability UMDAP Liability Determination Other Information		Ū
	Responsible Party Information		Î

3. In the Responsible Party tab, enter the information into the outlined sections. (Some fields will populate with info from the Client Information screen. You will only need to complete any fields that are still blank within the outlined sections)

- a. If the client is the responsible party, select the radial button next to yes and their info will autopopulate. Answer if client is Medi-Cal eligible.
- b. If the client is not the financially responsible person, start typing in the last name of the financially responsible person and if they are listed in the contact section on the Client Information screen, their name will show. (If they are not in the contact section on the Client Information screen, you will need to add them and ensure you check the financially responsible box.) Select their name and their info will auto-populate. Answer if client is Medi-Cal eligible.
- c. Complete any other sections in this tab if the information was obtained by the service provider.

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Effective 05/22/2023	uthor So Co, Test Front Office 🗸 05/10/2023	
Responsible Party Information Financial Liability UMDAP L Responsible Party Information	iability Determination Other Information	
Client is Responsible Party Yes No Name Search Contact	Medi-Cal Eligible OYes No Relationship to Client V	
Date of Birth	Marital Status	
Home		DNLM <b>()</b>
Details	Home 2 V	C Rectangular Sn
Veteran O Yes O No	Social Security Number Modify	
Employer's Address	Position Employer Telephone Number	

4. In the next tab (Third Party Information) the insurance information will pull from the Coverage screen. Ensure it is correct and add any other coverages, if indicated by service provider.

a. Check yes for Assignment/Release of Information obtained.

UMDAP Financial Assessment	Save X
Effective 05/22/2023 🚔 Status New Author So Co, Test Front Office 🗸 05/10/2023 🕞 🕤 Sign	
Responsible Party         Third Party Information         Financial Liability         UMDAP Liability Determination         Other Information           Third Party Information         Financial Liability         UMDAP Liability Determination         Other Information	
Insurance     Insurance ID       Medicare Policy ID Number     Medi-Cal CIN	
Address Assignment/Release of information Yes No obtained	
Details	

5. In the Financial Liability tab, enter the annual period start date (first day of the month in which they are beginning services.) The annual period end date will auto-calculate.

a. Enter responsible person/client income amount. Enter income amounts for spouse and any other income client may have. Enter number of dependents on income.

Effective 05/30/2023	Status Ne	w	Author Seaman, Kimberly 🗸
Responsible Party Third Party	Information	Financial Liability	UMDAP Liability Determination Other Information
Annual Period			
Annual Bariad Start Data		Annual Desig	
Annual Period Start Date 05/0	1/2023 🔠 🔻	Annual Perio	od End Date 04/30/2024
Annual Period Start Date 05/0	1/2023 📰 🔻	Annual Perio	d End Date 04/30/2024
Income	1/2023 📰 🕇	Annual Perio	d End Date 04/30/2024
Income	\$ 1200		d End Date 04/30/2024
Income Responsible person	1/2023 m ♥ \$ 1200 \$ 0		d End Date 04/30/2024
Income Responsible person S Spouse S Other S	\$ 1200 \$ 0 \$ 0		d End Date 04/30/2024
Income Responsible person Spouse Other Start Date Documentation Spouse Start Date Start	\$ 1200 \$ 0 \$ 1200.00		d End Date 04/30/2024

6. In the UMDAP Liability Determination tab, enter all fields in the Liquid Assets section and the Allowable Expenses section. You can use the tab button to quickly navigate through these fields.

Note: the allowable expenses section has defaulted \$0 amounts, but you will need to go through each one and re-enter an amount for it allow you to sign the form.

The Annual Liability amount will be calculated. If the amount was adjusted, enter the adjusted amount into the Adjusted Annual Liability field. Indicate the monthly amount client can pay in the Agreed upon payment plan to satisfy the above liability field.

Effective 05/30/2023	Status New		Author Seaman, Kin	nberty Y	00
Responsible Party Third Par	rty Information	Financial Liability	UMDAP Liability Determination	Other Information	
Liquid Assets					
Savings	\$ 50				
RA, CD, Market Value of Stocks, Sonds and Mutual Funds	\$ 0				
Checking Accounts	\$ 1000				
fotal of liquid assets	\$ 1050.00				
ess Asset Allowance	\$ 1500				
fotal net liquid assets	\$ 0.00				
Ionthly Asset Valuation	\$ 0.00				

Allowable Expenses								
Court ordered obligations paid monthly \$ 0 Monthly child care (necessary for employment) \$								
Monthly dependent support pay	\$ 50							
Monthly medical expense paym	\$ 26.00							
Monthly mandated deductions	\$ 0							
Total allowable expenses	\$ 276.00							
Adjusted Monthly Incon	ne minus total allowable expe	nses \$ 924.00						
UMDAP Liability Determ	ination							

7. In the Other Information tab, enter the name of the person who provided the financial information (if other than the client).

- a. If the annual liability amount was adjusted, enter the staff name in the adjusted by field, select the reason for the adjustment from the drop-down menu in the adjusted reason field, add the staff's name to the approved by field and select the approval date. (If the annual liability amount was not adjusted, leave these fields blank.)
- b. Select the yes radial button next to an explanation of the UMDAP liability was provided.
- c. Sign the form.

medive 05/50/2025	Status In Progress	Author S	eaman, Kimberly	~	00	Sign 🗿 🛒
esponsible Party	Third Party Information Financial Liability	UMDAP Liability Deter	mination Othe	r Information		
ther Information						
Provider of Financial	Information (if other than patient or responsibl	e person)				
Name		Adjusted	by	Seaman, Kimberly		
Approved by	Seaman, Kimberly	Adjusted	Reason	Therepeutic Exemption	~	
Approval Date	05/30/2023 🛗 🕶	An explan	ation of the UMDA	P liability was provided	• Yes • No	
Address						
Home 🔽						

8. Click the + icon to enter the client's signature.



9. Select the radial button next to the client's name and click co-sign.

MDAP Financial Assessment 🛛 🗳 🗄 🔿 🗠 🖬 🖶 🗅 🖬 Saw									
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Other Versions	Signed By	Signer		Program					
1. 05/30/2023. Kimberl	1 Kimberly Seaman ON 1 05/30/2023 (1)	Add Signar(a)      Co-Sign     Decti	X XXTest, Aduit ne	FCN MHSA TAY FSP Med Mgr A V					
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Client ID: 1041				Page 1 of 3					
SanLuisObispoCntySmartcareTrain   04-13-2023									
		UMDAP Financial Assess	ment						
Client Name:	XxTest, Adult MH Client	t 02 DOB:	11/05/2002						

10. Indicate method of signature (Client signed paper document.) Click Sign.

SignaturePage	? ×
XxTest, Adult MH Client 02 is signing the UMDAP Financial Assessment	
Axrest, Addit MH client 02	
Password 📿 Signature Pad 🔿 Mouse/Touchpad 🧶 Client Signed Paper Document 📄 Verbally A	greed Over Phone
Sign Clear Cancel	

11. Add another signer for the service provider who completed the paper form. Click the add signer drop-down and select the staff's name from the drop-down menu. Document signature as outlined in steps 9 & 10.

12. Add your Program Supervisor as a signer. Click the add signer drop-down and select the staff's name from the drop-down menu.

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Client ID: 1041							Page 1 of 4

13. Click X to close. Give the paper form to your clinic HIT for scanning.

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Client ID: 400008	Page 1 of 3

14. Next, go to the search button and type in **Client Account**. Select **Client Account (Client)**.

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—	S Client A	ccount (Client)	Q			

15. Check the "financial information is complete" box. X to close.

Client Account						B: 2 9 B 0 ? 43
Overview Charge/ Payment Summary						
Last Statement Sent						
Payment Arrangement	Payer	Date	Amount	Check#	Unposted Amount	
Amount						
Client Fund Balance 0						
Internal Collections						
External Collections						
Don't Send Statement						
Reason	~					
Financial Information is Complete						
Accounting Nates						