

How to enter a UMDAP Financial Assessment for UMDAP clients.

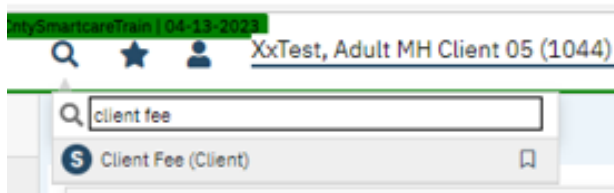
THERE SHOULD ONLY BE ONE CURRENT UMDAP FINANCIAL ASSESSMENT IN THE SYSTEM. THIS WILL BE SHARED BY BOTH MH & DAS PROGRAMS.

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.

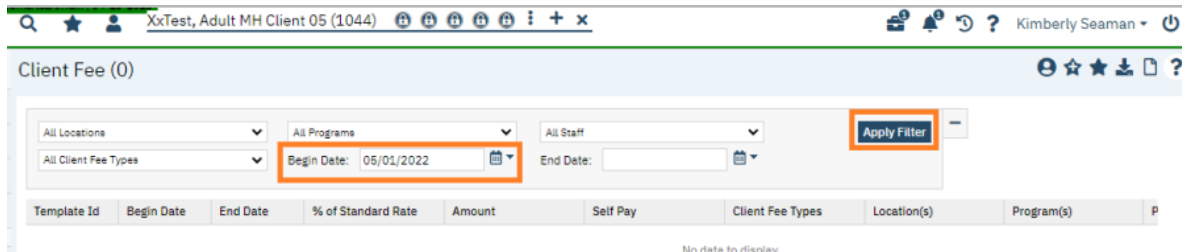
AA should check insurance status for all intakes and clients scheduled with prescribers the day before the scheduled appointment. If a client has lost their Medi-Cal coverage or falls within one of the insurance categories listed above, they will require an UMDAP. AA should send an email notification 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.

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

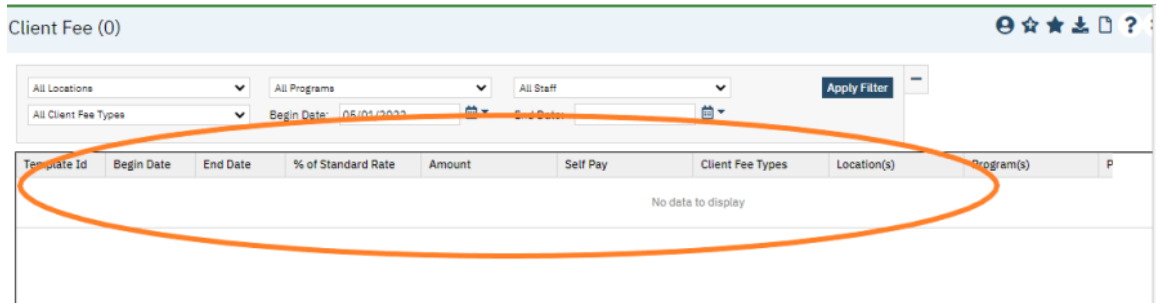


Set the begin date to go back one full year and click apply filter. (Leave all other fields set as All.)



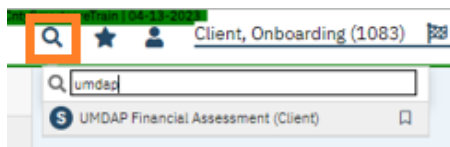
If nothing is shown in this field, you may proceed with entering a new UMDAP Financial Assessment. Note: if there is a current UMDAP in place, the annual start and end dates, along with the UMDAP amount, will display here. If the start and end dates are within the current time client is starting services 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.

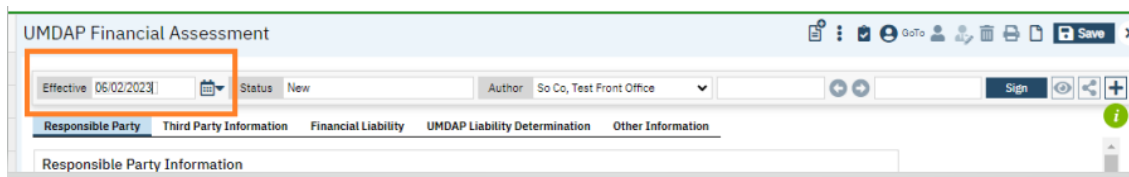


Complete an UMDAP Financial Assessment

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.



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 auto-populate. 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.

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

Responsible Party Information

Client is Responsible Party Yes No

Name Search Contact

Date of Birth

Address

Home

Billing

Telephone Number

Home DNC DNLM

Business

Home 2

Business 2

Social Security Number

Veteran Yes No

Employer

Employer's Address

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.

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

Insurance

Medicare Policy ID Number

Address

Home

Billing

Insurance ID

Medi-Cal CIN

Assignment/Release of information obtained Yes No

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.

UMDAP Financial Assessment

Effective 05/30/2023 Status New Author Seaman, Kimberly

Responsible Party Third Party Information **Financial Liability** UMDAP Liability Determination Other Information

Annual Period

Annual Period Start Date 05/01/2023 Annual Period End Date 04/30/2024

Income

| | |
|-----------------------------------|------------|
| Responsible person | \$ 1200 |
| Spouse | \$ 0 |
| Other | \$ 0 |
| Total gross monthly family income | \$ 1200.00 |
| Number dependent on income | 1 |

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.

UMDAP Financial Assessment

Effective 05/30/2023 Status New Author Seaman, Kimberly

Responsible Party Third Party Information Financial Liability **UMDAP Liability Determination** Other Information

Liquid Assets

| | |
|---|------------|
| Savings | \$ 50 |
| IRA, CD, Market Value of Stocks, Bonds and Mutual Funds | \$ 0 |
| Checking Accounts | \$ 1000 |
| Total of liquid assets | \$ 1050.00 |
| Less Asset Allowance | \$ 1500 |
| Total net liquid assets | \$ 0.00 |
| Monthly Asset Valuation | \$ 0.00 |

Asset Determination

Adjusted gross monthly income \$ 1200

| Allowable Expenses | | | |
|---|------|---|-----------|
| Court ordered obligations paid monthly | \$ 0 | Monthly child care (necessary for employment) | \$ 250 |
| Monthly dependent support payments | \$ 0 | Monthly medical expense payments | \$ 50 |
| Monthly medical expense payments in excess of 2% of gross income | | | \$ 26.00 |
| Monthly mandated deductions from gross income for retirement plans (not Social Security - Allowance made in payment schedule) | | | \$ 0 |
| Total allowable expenses | | | \$ 276.00 |

| Adjusted Monthly Income | |
|--|-----------|
| Adjusted gross monthly income minus total allowable expenses | \$ 924.00 |

| UMDAP Liability Determination | | | |
|---|-------|---|-------|
| Annual Liability | \$ 89 | Adjusted Annual Liability (if applicable) | \$ 50 |
| Agreed upon payment plan to satisfy the above liability | \$ 5 | | |

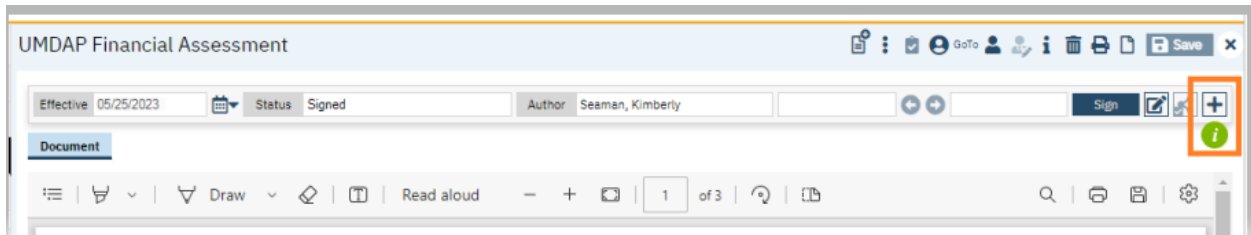
7. In the Other Information tab, enter the name of the person who provided the financial information (if other than the client).

- 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.

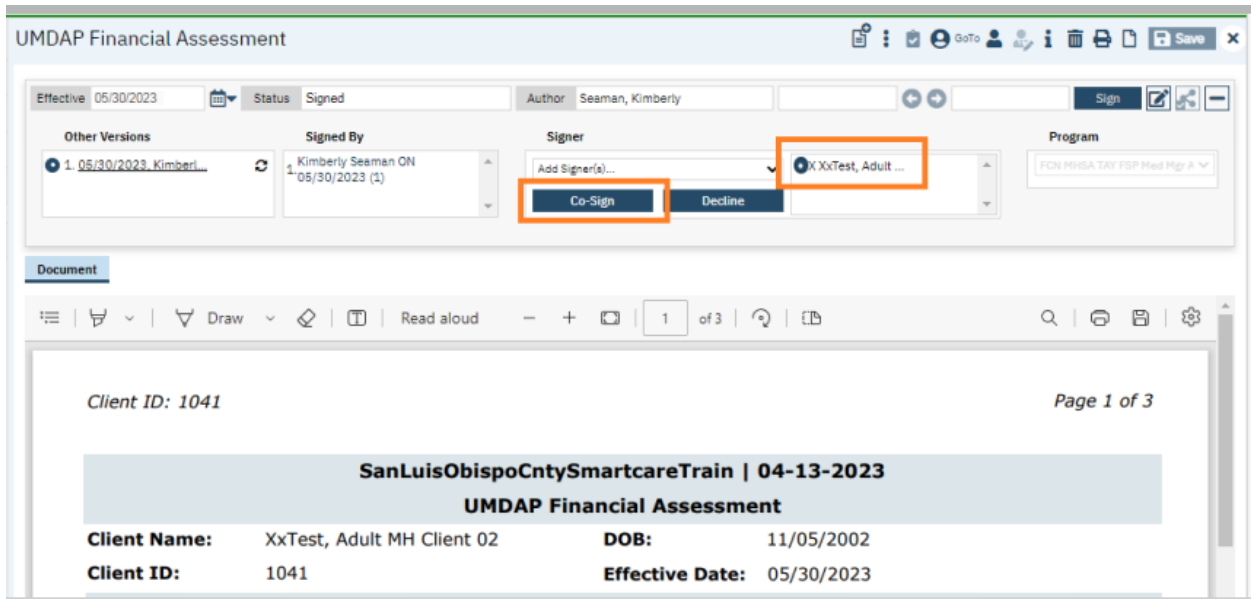
The screenshot shows the 'UMDAP Financial Assessment' application window. The 'Other Information' tab is active and highlighted with an orange border. The form fields are as follows:

- Effective:** 05/30/2023
- Status:** In Progress
- Author:** Seaman, Kimberly
- Sign:** Button highlighted with an orange box.
- Provider of Financial Information (if other than patient or responsible person):**
 - Name:** [Empty field]
 - Adjusted by:** Seaman, Kimberly
 - Approved by:** Seaman, Kimberly
 - Adjusted Reason:** Therapeutic Exemption
 - Approval Date:** 05/30/2023
 - An explanation of the UMDAP liability was provided:** Yes No
- Address:**
 - Home:** [Dropdown menu]
 - Billing:**
 - Details...** Button

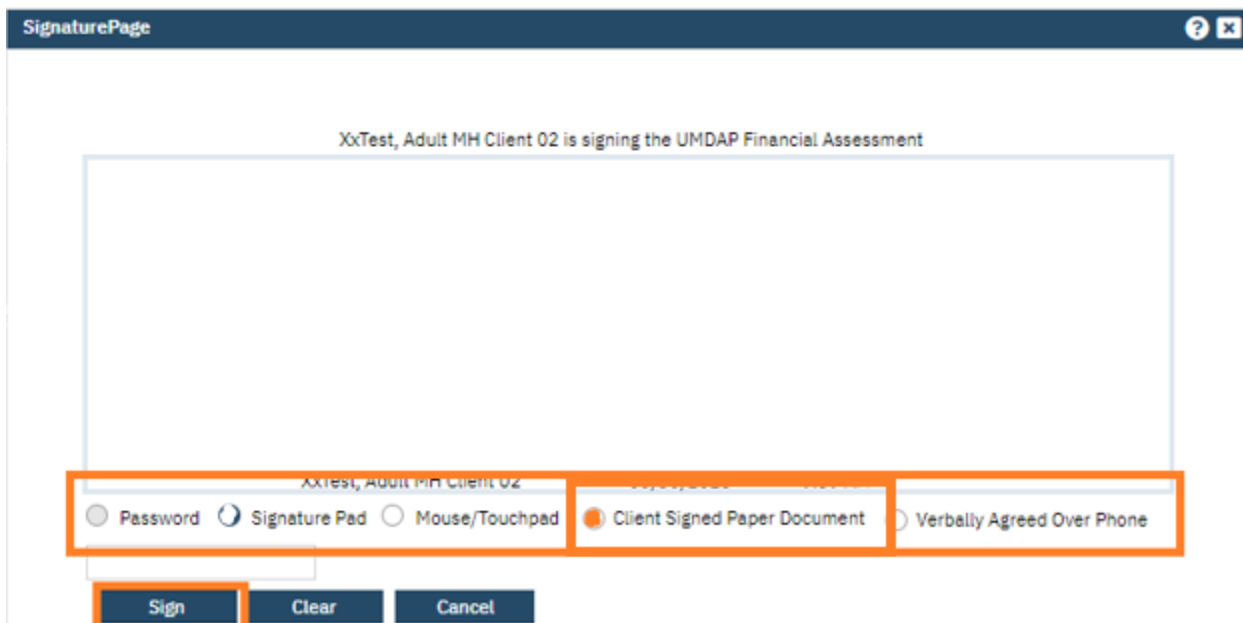
8. Click the + icon to enter the client's signature.



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

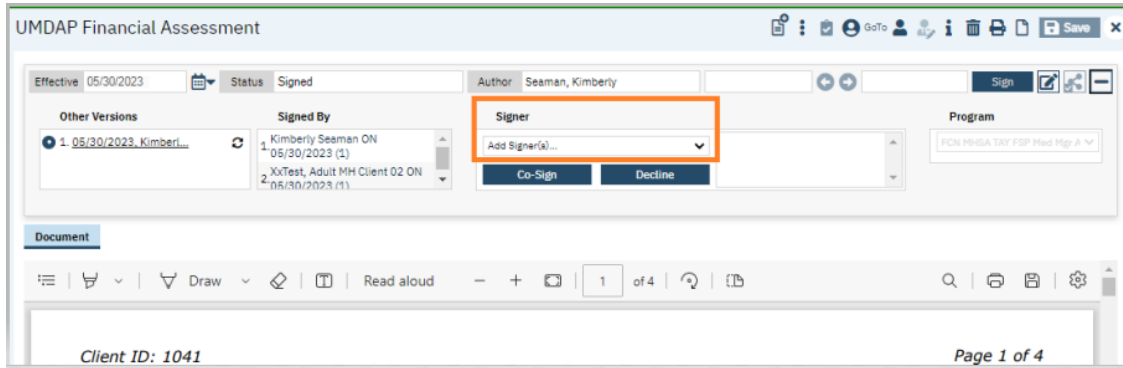


10. Indicate method of signature (Client signed paper document.) Click Sign.

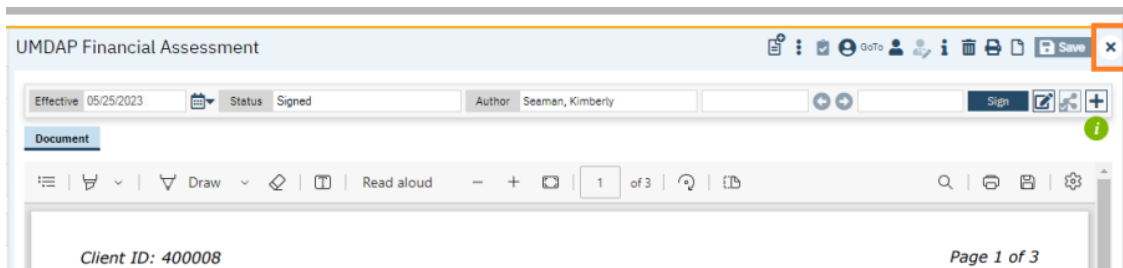


11. Add another signer for the service provider who completed the paper form. Click the add signer drop-down and select the staff's name from the drop-down menu. Document signature as outlined in steps 9 & 10.

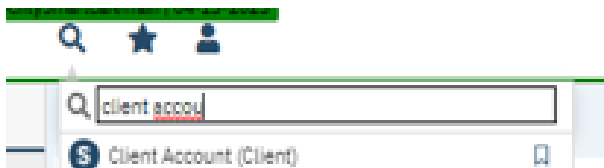
12. Add your Program Supervisor as a signer. Click the add signer drop-down and select the staff's name from the drop-down menu.



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



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



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

