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

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

(MULTIPLE UMDAP FINANCIAL ASSESSMENTS WOULD ONLY BE DONE IF THERE WERE CHANGES TO INSURANCE STATUS).

#### 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 in SmartCare.

Administrative Assistant (AA) should check insurance status for all appointments for the week at minimum 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 an UMDAP Financial Assessment is needed.

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

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۹[	client fee		
6	Client Fee	(Client)	Д

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

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

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(	Client Fee (	0)							<b>0</b> ☆★≵	0?
	All Locations		~	All Programs	~	All Staff	¥	Apply Filter		
	All Client Fee T	ypes	~	Begin Date: 05/01/2022	<b>*</b>	End Date:	iii ▼			
	Template Id	Begin Date	End Date	% of Standard Rate	Amount	Self Pay	Client Fee Types	Location(s)	Program(s)	P
						1	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 does not need to obtain a new UMDAP Financial Assessment unless there has been a change in insurance status. At that time a new UMDAP Financial Assessment needs to be done, and the Health Information Technician (HIT) will need to adjust the Client Fee page when complete.

IN MOST CASES THERE SHOULD ONLY BE ONE UMDAP FINANCIAL ASSESSMENT IN SMARTCARE PER ANNUAL PERIOD. THE EXCEPTION WILL BE WHEN THE CLIENT HAS EXPERIENCED CHANGES TO THEIR INSURANCE.

1 Programs 🗸				
	All Staff	✓	Apply Filter	
% of Standard Rate Amount	Self Pay	Client Fee Types	Location(s)	Program(s) P
	No data	a to display		
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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 the first day of the month when the new UMDAP is starting.

- If this Financial Assessment is to cover the entire Financial Annual Period, this will be the first date of that annual period.
- If this is to cover a change in insurance the effective date will be the first day of the month the change happened.

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E	ffective 06/02/2023	Status New	Author So Co, Test Front	Office 🗸	00	Sign 💿 < 🕇
	Responsible Party Third Party I	nformation Financial Liability	UMDAP Liability Determination Ot	her Information		U
F	Responsible Party Informatio	on				- i

## **RESPONSIBLE PARTY TAB**

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 the 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. Responsible Party is the name on the insurance card.
  - i. 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.

- b. Answer if client is Medi-Cal eligible, yes or no.
- c. Complete any other sections in this tab if the information was obtained by the service provider.

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Responsible Party	Third Party Information Financial Liabil	ity UMDAP	Liability Determination 0	ther Information		
Responsible Par	ty Information					
Client is Responsible F	Party OYes No		Medi-Cal Eligible	◯ Yes ◯ No		
Name	Search Contact		Relationship to Client	~		
Date of Birth	<b>₩ ▼</b>		Marital Status	~		
Address			Telephone Number			
Home 🔽				DNC 🚯	DNLM ()	
			Home 💌			
			Business 💌			
Billing			Home 2			
L. L	Jetans		Business 2 💌			
		_				
/eteran	◯ Yes ◯ No		Social Security Number	Modify		

## THIRD PARTY INFORMATION

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.

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UMDAP Financial Assessment	l	🗳 : 🖻 😌 anto 🚢 🎝 🛅 🖶 🗅 🖬 Savo 🗙
Effective 05/22/2023	Author So Co, Test Front Office 🗸 05/10/2023	Sign @ <+
Responsible Party Third Party Information Financial Liability Third Party Information	MDAP Liability Determination Other Information	
Insurance Medicare Policy ID Number Address Home	Insurance ID Medi-Cal CIN Assignment/Release of information obtained	
Details		

### FINANCIAL LIABILITY

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 the client may have. Enter the number of dependents on income.

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Responsible Party TI	hird Party Information	Financial Liability	UMDAP Liability Deter	mination (	Other Informa	ation		
Annual Period								
Annual Period Start Date	05/01/2023 🛗 🗸	Annual Perio	od End Date 04/30/202	24				
Annual Period Start Date	05/01/2023 🛗 🗸	Annual Perio	od End Date 04/30/202	24				
Annual Period Start Date	05/01/2023 🛗 🔻	Annual Perio	od End Date 04/30/202	24				
Annual Period Start Date Income Responsible person	05/01/2023 🗎 🕶	Annual Perio	od End Date 04/30/202	24				
Annual Period Start Date Income Responsible person Spouse	\$ 1200 \$ 0	Annual Perio	od End Date 04/30/202	24				
Annual Period Start Date Income Responsible person Spouse Other	05/01/2023	Annual Perio	od End Date 04/30/202	24				
Annual Period Start Date Income Responsible person Spouse Other Total gross monthly family	05/01/2023 📾 🕶	Annual Perio	od End Date 04/30/202					

## UMDAP LIABILITY DETERMINATION

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 clinician determines an adjustment amount with the client, 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.

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Responsible Party Third Par	ty Information Financial Liabi	lity UMDAP Liability Determination Other Information	_			
Liquid Assets						_
Savings	\$ 50					
IRA, CD, Market Value of Stocks, Boods 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	1200					
Asset Determination Adjusted gross monthly income	1200					
Asset Determination Adjusted gross monthly income s owable Expenses t ordered obligations paid monthly	\$ 1200 / \$ 0	Monthly child care (necessary for employment)	\$ 250			
Asset Determination Adjusted gross monthly income sowable Expenses t ordered obligations paid monthly thly dependent support payments	\$ 1200 y \$ 0 \$ 0 \$ 0	Monthly child care (necessary for employment) Monthly medical expense payments	\$ 250 \$ 50			
Asset Determination Adjusted gross monthly income sowable Expenses t ordered obligations paid monthly thly dependent support payments thly medical expense payments in	\$ 1200 ( \$ 0 \$ 0 excess of 2% of gross income	Monthly child care (necessary for employment) Monthly medical expense payments	\$ 250 \$ 50 \$ 26.00			
Asset Determination Adjusted gross monthly income owable Expenses t ordered obligations paid monthly thly dependent support payments thly medical expense payments in thly mandated deductions from gr		Monthly child care (necessary for employment) Monthly medical expense payments not Social Security - Allowance made in payment schedule)	\$ 250 \$ 50 \$ 26.00 \$ 0			
Asset Determination Adjusted gross monthly income sowable Expenses t ordered obligations paid monthly thly dependent support payments in thly medical expense payments in thly mandated deductions from gr I allowable expenses	1200      S     0     excess of 2% of gross income     oss income for retirement plans (	Monthly child care (necessary for employment) Monthly medical expense payments not Social Security - Allowance made in payment schedule)	\$ 250 \$ 50 \$ 26.00 \$ 0 \$ 276.00			
Asset Determination Adjusted gross monthly income owable Expenses t ordered obligations paid monthly thly dependent support payments in thly medical expense payments from gr I allowable expenses justed Monthly Income		Monthly child care (necessary for employment) Monthly medical expense payments not Social Security - Allowance made in payment schedule)	\$ 250 \$ 50 \$ 26.00 \$ 0 \$ 276.00			
Asset Determination Adjusted gross monthly income owable Expenses t ordered obligations paid monthly thly dependent support payments thly mandated deductions from gr I allowable expenses justed Monthly Income sted gross monthly income minus	\$ 1200 (\$ 0 \$ 0 excess of 2% of gross income oss income for retirement plans ( total allowable expenses \$	Monthly child care (necessary for employment) Monthly medical expense payments not Social Security - Allowance made in payment schedule)	\$ 250 \$ 50 \$ 26.00 \$ 0 \$ 276.00			
Asset Determination Adjusted gross monthly income a owable Expenses t ordered obligations paid monthly thly dependent support payments in thly medical expense payments form gr I allowable expenses justed Monthly Income sted gross monthly income minus IDAP Liability Determination	\$ 1200 ( \$ 0 \$ 0 excess of 2% of gross income oss income for retirement plans ( total allowable expenses \$ 0 Dn	Monthly child care (necessary for employment) Monthly medical expense payments not Social Security - Allowance made in payment schedule)	\$ 250 \$ 50 \$ 26.00 \$ 0 \$ 276.00			

## **OTHER INFORMATION**

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. (If the annual liability amount was not adjusted, leave these fields blank.)
- b. If the amount was adjusted enter the program supervisor name in Approved by field and add the date sent to supervisor for approval.
- c. Select the yes radial button next to an explanation of the UMDAP liability was provided.
- d. Sign the form.

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Responsible Party	Third Party Information	Financial Liability	UMDAP Liabili	y Determination	Other Informat	ion			
Other Information								_	
Provider of Financial I	nformation (if other thar	n patient or responsible	person)						
Name			Д	djusted by	Seaman,	Kimberly			
Approved by	Seaman, Kimberly		A	djusted Reason	Therapeut	ic Exemption	~		
Approval Date	05/30/2023 🛗 🕶		А	n explanation of the	e UMDAP liability w	as provided	Yes O No		
Address									
Home 🔽			-						

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

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

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Other Versions	Signed By	Signer		Program
1. <u>05/30/2023. Kimberi</u>	C 1. Kimberly Seaman ON 1. 05/30/2023 (1)	Add Signer(s) Co-Sign Decline	V XXTest, Adult	FON MIGA TAY FSP Med Mgr A
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10. Indicate method of signature. Click Sign.

a. If the client gave verbal consent over phone, notify the site HIT so a paper copy can be mailed when completed. If the client signed in person offer a printed copy of the form.

SignaturePage	0
XxTest Adult MH Client	02 is signing the UMDAP Financial Assessment
Password () Signature Pad () Mouse/Touchr	ad
Sign Clear Cancel	

11. If an adjustment was made, 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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Other Versions			Signed By	Sign	ter			Program
1. <u>05/30/2023, Kimb</u>	eri	0 1	Kimberly Seaman ON 106/30/2023 (1) XXTest, Aduit MH Client 02 ON 106/30/2023 (1)	Add S	gner(q) V Co-Sign Decline		+	
xument ≡   ∀ ~   \	7 Draw	~			- 🖸   1 of 4   🤉			Q   〇 四   総

12. Add the site HIT as a cosigner for all UMDAPs set.

#### 13. Click X to close.

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14. When complete, the site HIT will update Client Account and Client Fee screens as necessary.

# HIT

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



### a. Check the "Financial Information is Complete" box. X to close.

Client Account						₽ 2 ° 8 0 ? 4 ×
Overview Charge/ Payment Summary						
Last Statement Sent	-	D. I.		Charles H	line and the second	
Payment Arrangement 0 Amount	Payer	Date	Amount	<u>Check#</u>	Unposted Amount	
Client Fund Balance 0						
Internal Collections						
External Collections						
Don't Send Statement						
Reason						
Financial Information is Complete						
Accounting Notos						

#### b. Go to Client Fee screen.

All Locations		All Programs		✔ All Staff	All Staff 🗸		Apply Filter	
				✓ Begin Da	ite: 🗰 🔻	End Date:	<b></b>	
Client Summary								
Template Id	Begin Date	✓ End Date	% of Standard Rate	Amount	Self Pay	Client Fee Types	Location(s)	Program
	09/01/2023	08/30/2024	100.00%	\$37.00 Per Year	No	UMDAP Client Fee	All Selected	All Select
	00/04/2022	09/24/2022	100.00%	\$20.00 Per Vear	No	LIMDAR Client Fee	All Selected	All Salad

- c. Select the Annual Period this UMDAP was for.
- d. Enter the monthly adjusted amount in the Monthly Cap field. SAVE.

ient Fee D	etails							
Client Fee								
Client Fee ID	3348			Client Fee Type	UMDAP Client	Fee	~	Self Pay
Begin Date	09/01/20	23 🛗 🔻		End Date	08/30/2024	<b>iii -</b>	Priority	100
Charge Client % Rate	6 of Standard	100.00	% Session	\$	Per	(	Calculate	
				Daily Cap	Ot	her family	members r	eceiving
				Weekly Cap				
			\$25.00	Monthly Cap		No	data to disp	lay
				Yearly Cap				
				Minimum Fee				
Location	n(s)	All Selecte	d					
Program	n(s)	All Selecte	d					
Procedure (	Code(s)	All Selecte	d					
Service Ar	rea(s)	MH						
Commont								

e. If we add a changed UMDAP amount during an existing annual period we will also need to adjust the dates to show when each UMDAP is in effect during the annual period.

All Locations		~	All Programs		~	All Staff	~		
All Client Fee 1	Гурев	~	All Service Area		•	Begin Date:	<b>≡</b> ▼	End	Date:
Terrelate Tel	Partia Data - T	Ford Data	N/ of Chandrad Data	Amount		Call Day	Client Fee Trace		1 1 -
emplate In	Regin Liate V	End Date	% of Standard Rate	Amount		Self Pay	Client Fee Types		Locatio
	<u>03/01/2024</u>	02/28/2025	100.00%	\$4250.00 Per Year		No	UMDAP Client Fee		
	03/01/2024	02/28/2025	100.00%	\$3186.00 Per Year		No	UMDAP Client Fee		

f. Select the original UMDAP to adjust the dates.

g. Change the End Date to the day before the new UMDAP starts.

ient Fee D	etails				
Client Fee					
Client Fee ID	5126		Client Fee Type	UMDAP Client Fee	✓ 🗌 Self
Begin Date	03/01/2024 🛗 🕶		End Date	04/30/2024 🛗 🗸	Priority 100
Charge Client % Rate	of Standard 100.00 %	OR Session	3	Per	Calculate
			Daily Cap	Other fami services	ily members receiving
			Weekly Cap	N	o data to display

h. In the new UMDAP change the begin date and enter the adjustment amount.

Client Fee				
Client Fee ID 5128 Begin Date 05/01/2024		Client Fee Type End Date	UMDAP Client Fee	Setf Pay Priority 100
Rate 100.00 %	OR Session	\$	Per	Calculate
		Daily Cap	Other fam services	ily members receiving
		Weekly Cap	50111005	
	\$100.00	Monthly Cap	N	lo data to display
	\$1,200.00	Yearly Cap		
		Minimum Fee		
Location(s)				
Program(s)				
Procedure Code(s)				
Service Area(s) MH				

### i. You will now have two UMDAPs to cover the annual period.

All Locations   All Client Fee Types		All Programs			All Staff		~			
		~	All Service Area	~	в	Begin Date:	: 🗎 🗖		End D	nd Date:
emplate Id	Begin Date ⊽	End Date	% of Standard Rate	Amount	Se	lf Pay	Client	Fee Types		Locatio
	05/01/2024	02/28/2025	100.00%	\$100.00 Per Month\$	No		UMDAR	Client Fee		
	03/01/2024	04/30/2024	100.00%	\$4250.00 Per Year	No		UMDAF	Client Fee		