

UMDAP Tip Sheet

This Tip Sheet will walk users through how to create an UMDAP for a client. This permission is given after attending Provider Admin Training. This tip sheet may change as trainings are updated. Please view our webpage for the most up to date version. If any additional help is needed, please contact us at bhs-ehrsupport@saccounty.gov.

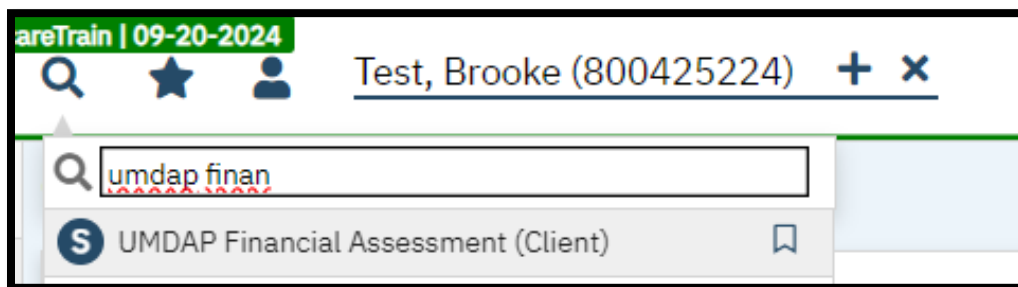
What is an UMDAP?

UMDAP stands for Uniform Method to Determine Ability to Pay. An UMDAP is only necessary for clients receiving Mental Health services who do not have full scope Medi-Cal. The purpose of an UMDAP is to lower the payment of services for the client. The following things should be kept in mind when doing an UMDAP:

- An UMDAP is only necessary for clients without full scope Medi-Cal, if the client has Medi-Cal an UMDAP Assessment is not necessary. If the client is self-pay, private insurance, Medi-Care, or any variation of those (without Medi-Cal), then an UMDAP Assessment is needed.
- There is no Payor on the Coverage screen for an UMDAP. Other insurances can be added if applicable.
- If the client is NOT the responsible party, then the responsible party will need to be entered into the Client Information screen as a *Client Contact* prior to the UMDAP Financial Assessment being entered.
- The Coverage screen should be filled out prior to completing the UMDAP Financial Assessment (if applicable).

UMDAP Financial Assessment

1. With the client selected, search **UMDAP Financial Assessment (Client)**



2a. Fill out the **Responsible Party Information** section on the first tab. If the client is the responsible party, select **Yes** on the first question, that will populate the form with the client’s demographics (This pulls from the **Client Information** screen).

UMDAP Financial Assessment

Effective 09/30/2024 Status New Author Callahan, Stacey

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

Responsible Party Information

Client is Responsible Party Yes No

Name

Date of Birth

Address

Home 123 Home Way
Sacramento, CA 95823

Billing [Details...](#)

Medi-Cal Eligible Yes No

Relationship to Client

Marital Status

Telephone Number

		DNC <i>i</i>	DNLM <i>i</i>
Home	<input type="text" value="(916) 555-8888"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business 2	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Veteran Yes No

Employer

Social Security Number [Modify...](#)

Position

2b. If the client is not the responsible party, select **No** on the first question. If the party responsible is not the client, then they will need to be listed as a **Client Contact** prior to beginning this form. Begin typing in the name of the contact under the **Name** section, it will say **Search Contact** prior to typing.

Responsible Party Information

Client is Responsible Party Yes No

Name

Type the name of the contact into the Name box, select the contact from the drop-down.

Client is Responsible Party Yes No

Name

Date of Birth

The contact information will populate below.

Responsible Party Information

Client is Responsible Party Yes No

Name

Date of Birth

Medi-Cal Eligible Yes No

Relationship to Client

Marital Status

Address

Home

Billing

[Details...](#)

Telephone Number

		DNC ⓘ	DNLM ⓘ
Home	<input checked="" type="checkbox"/> (916) 555-8888	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input checked="" type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home 2	<input checked="" type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business 2	<input checked="" type="checkbox"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Veteran Yes No

Employer

Social Security Number [Modify...](#)

Position

The employer/spouse/nearest relative information on the first tab is optional to fill out.

- The **Third Party Information** tab will pre-populate with the data entered into the Coverage screen. This information can also be entered or edited if applicable.

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

Third Party Information

Insurance Insurance ID
 Medicare Policy ID Number Medi-Cal CIN
 Address Assignment/Release of information obtained Yes No
 Billing

- Under the **Financial Liability** Tab, enter the **Annual Period Start Date**. When you tab out, that will automatically pull in the **Annual Period End Date**.

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

Annual Period

Annual Period Start Date Annual Period End Date

- Under the **Income** section, enter in the monthly income for the financially responsible person, their spouse, as well as any additional income they may have (should this mention something about all income in the household? I think it's worded in that way in Avatar). The system will calculate the **Total gross monthly family income**. Enter in the **Number of dependent on income**.

Income

Responsible person \$
 Spouse \$
 Other \$
 Total gross monthly family income \$
 Number dependent on income

- Under the UMDAP Liability Determination tab, enter the applicable amount for the responsible party's Liquid Assets and Allowable Expenses. The Asset Determination and Adjusted Monthly Income will pre-populate based on the information given. If any field is not applicable, enter a 0, do not leave the field blank.

Liquid Assets	
Savings	\$ 300
IRA, CD, Market Value of Stocks, Bonds and Mutual Funds	\$ 0
Checking Accounts	\$ 200
Total of liquid assets	\$ 500.00
Less Asset Allowance	\$ 2400
Total net liquid assets	\$ 0.00
Monthly Asset Valuation	\$ 0.00

Asset Determination	
Adjusted gross monthly income	\$ 2750.00

Allowable Expenses			
Court ordered obligations paid monthly	\$ 0.00	Monthly child care (necessary for employment)	\$ 0.00
Monthly dependent support payments	\$ 0.00	Monthly medical expense payments	\$ 0.00
Monthly medical expense payments in excess of 2% of gross income			\$ 0.00
Monthly mandated deductions from gross income for retirement plans (not Social Security - Allowance made in payment schedule)			\$ 0.00
Total allowable expenses			\$ 0.00

Adjusted Monthly Income	
Adjusted gross monthly income minus total allowable expenses	\$ 2750.00

- On the **UMDAP Liability Determination** section, the **Annual Liability** will automatically calculate based on the data entered. Enter the monthly payments that have been agreed upon in the **Agreed upon payment plan to satisfy the above liability** field. If that amount was adjusted enter the adjusted amount in the Adjusted Annual Liability (if applicable) field. Please note; County of Sacramento BHS QM offers an UMDAP training in which they go over when making a liability adjustment would be appropriate, as well as the process for adjusting the liability.

UMDAP Liability Determination			
Annual Liability	\$ 2694	Adjusted Annual Liability (if applicable)	\$
Agreed upon payment plan to satisfy the above liability	\$		

- On the **Other Information** tab, enter the name of the person who provided the information if it was someone other than the client. Also, enter the name of the person who approved the UMDAP and the date they approved.

Other Information

Provider of Financial Information (if other than patient or responsible person)

Name

Approved by

Approval Date

- Enter the address of the person responsible for payment and make sure to click the **Billing** box. When entering the address, click the **Details** button and enter the street, city, state, and zip code in each of their respective fields. Then Click OK.

Provider of Financial Information (if other than patient or responsible person)

Name

Approved by

Approval Date

Address

Home

Billing

SmartCare

Address Details

Street

City

State

Zip

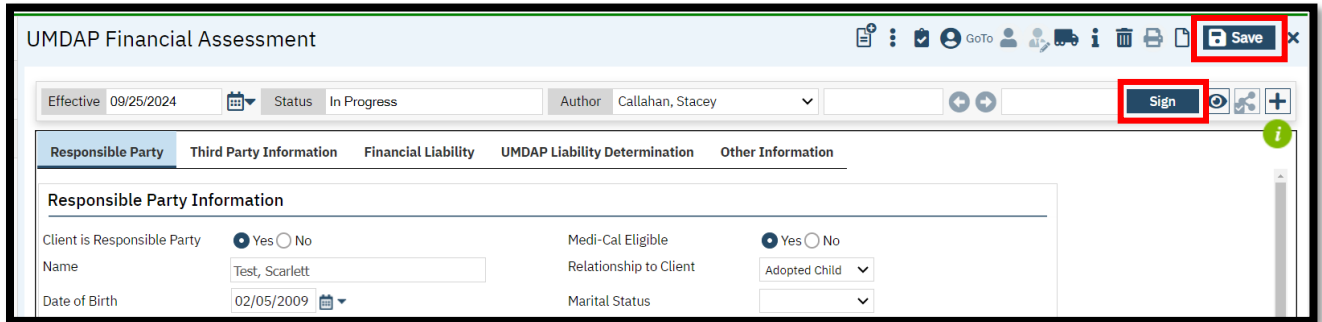
- If the annual liability was adjusted, then enter the **Adjusted by** and whether an **explanation of the UMDAP liability was provided**. The **Adjusted Reason** is not necessary.

Adjusted by

Adjusted Reason

An explanation of the UMDAP liability was provided Yes No

11. Once the Financial Assessment is complete, you can Save/Sign the assessment.
 - a. The Save button works as a “back-up”. You can Save as you go and that will back-up your work each time you save. If you save the assessment, leave and come back to it, it will pick up where you left off.
 - b. The Sign button finalizes the assessment. Once the assessment is complete, it can be signed, which will generate a PDF of the assessment.



12. Once the document has been signed, it will generate a PDF.

UMDAP Financial Assessment			
Client Name:	Test, Brooke	DOB:	02/05/2000
Client ID:	800425224	Effective Date:	10/02/2024
Responsible Party Information			
Client is Responsible Party:	Yes	Medi-Cal Eligible:	No
Name:	Test, Brooke	Relationship to Client:	Self
Date of Birth:	02/05/2000	Marital Status:	Never Married
Address:	Home: 123 Home Way Sacramento, CA 95823	Telephone Number:	Home: 9165558888