

Financially Screening Your HWLA Clients from DMH

*A Brief Overview of the
UMDAP Process*

Overview of Presentation

- What is financial screening and UMDAP?
- Why do we have to do it?
- Ok, now that we know why we have to do it, how do we financially screen a client about to receive DMH services?
 - ✓ *Introduction to the PFI form*
- What do we do if a client has an annual liability and loses their HWLA coverage?

Financial Screening & UMDAP

What is Financial Screening?

- Financial screening is the evaluation of
 - ✓ *Who* can pay for the services rendered
 - Client or responsible party
 - Third party payers such as insurance or Medi-Cal
 - ✓ *How much* the client can contribute to paying for services
 - ✓ Whether a client can access or qualifies for benefits

Financial Screening & UMDAP

What is UMDAP?

- The Uniform Method of Determining Ability to Pay (UMDAP) is the process of determining how much a client is responsible to pay for services.
- Based on a sliding fee scale after evaluation of the client's
 - ✓ Income and assets
 - ✓ Allowable expenses

Financial Screening & UMDAP

What is UMDAP? (*continued*)

- With UMDAP, the annual charge period is one year.
- The UMDAP annual liability amount is valid for one year.
 - ✓ Clients cannot be charged until they have become obligated to pay for services they have received.
 - ✓ *Can be adjusted up or down if the client's financial circumstances change.*

The Importance of Financial Screening & UMDAP

Why is financial screening & UMDAP required?

- The UMDAP annual charge period and liability amount apply throughout California.
 - ✓ Ensures that clients are not accidentally charged more than they can afford to pay as determined by the State's sliding fee scale.
- State regulations (Welfare and Institutions Code Section 5872) requires providers to collect from all applicable public and private payers.

This impacts all DMH funding

Overview of the Payer Financial Information Form (PFI)

- The Payer Financial Information (PFI) form has four sections
 - ➔ Client information
 - ➔ Third party payer information (including payer references)
 - ➔ UMDAP Liability Determination
 - ➔ Other (current UMDAP status, treatment information and signatures)

Overview of the Payer Financial Information Form (PFI)

Client Information (lines 1 & 2)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH PAYER FINANCIAL INFORMATION		CONFIDENTIAL CLIENT INFORMATION See W & I Code, Section 5328	
CLIENT INFORMATION			
1	CLIENT NAME	SS #	DWH CLIENT ID #
2	MAIDEN NAME	DOB	MARITAL STATUS ☐ M ☐ F ☐ D ☐ W ☐ SP
		SPOUSE NAME	
THIRD PARTY INFORMATION			

Overview of the Payer Financial Information Form (PFI)

Third Party Payer Information (lines 3-18)

2					☐ M ☐ S ☐ D ☐ W ☐ SP																	
THIRD PARTY INFORMATION																						
3	<table border="1"> <tr> <td>NO THIRD PARTY PAYER ☐</td> <td colspan="2">MEDI-CAL COUNTY CODE / AND CODE/ CIN #</td> <td colspan="2">MEDI-CAL PENDING ☐ YES ☐ NO</td> <td colspan="2">DATE REFERRED</td> </tr> <tr> <td>☐ YES ☐ NO</td> <td colspan="2"></td> <td colspan="2">REFERRED FOR ELIGIBILITY ASSESSMENT ☐ YES ☐ NO</td> <td colspan="2"></td> </tr> </table>								NO THIRD PARTY PAYER ☐	MEDI-CAL COUNTY CODE / AND CODE/ CIN #		MEDI-CAL PENDING ☐ YES ☐ NO		DATE REFERRED		☐ YES ☐ NO			REFERRED FOR ELIGIBILITY ASSESSMENT ☐ YES ☐ NO			
NO THIRD PARTY PAYER ☐	MEDI-CAL COUNTY CODE / AND CODE/ CIN #		MEDI-CAL PENDING ☐ YES ☐ NO		DATE REFERRED																	
☐ YES ☐ NO			REFERRED FOR ELIGIBILITY ASSESSMENT ☐ YES ☐ NO																			
4	SHARE OF COST ☐ YES ☐ NO	SOC AMT \$	SSI PENDING ☐ YES ☐ NO	SSI APPLICATION DATE	IF MEDI-CAL/SSI ELIGIBLE BUT NOT REFERRED, STATE REASON																	
5	CALWORKS ☐ YES ☐ NO	GROW ☐ YES ☐ NO	HEALTHY FAMILIES ☐ YES ☐ NO	HEALTHY FAMILIES CIN #	AB3632 ☐ YES ☐ NO	AB3632 CONSENT FORM SIGNED ☐ YES ☐ NO																
6	MEDICARE ☐ YES ☐ NO	MEDICARE #	LIFETIME AUTHORIZATION SIGNED ☐ YES ☐ NO	MEDI-GAP ☐ YES ☐ NO	VET/ADM ☐ YES ☐ NO	CHAMPUS ☐ YES ☐ NO	HEALTHY WAY LA ☐ YES ☐ NO	HWLA MEMBER #														
7	HMO/PPD ☐ YES ☐ NO	NAME OF CARRIER		GROUP/POLICY/ID #		NAME OF INSURED																
8	CARRIER ADDRESS						ASSIGNMENT/RELEASE OF INFORMATION OBTAINED ☐ YES ☐ NO															
9	PAYER REFERENCES (CLIENT OR RESPONSIBLE PERSON)																					
10	NAME OF PAYER		RELATION TO CLIENT	DOB	MARITAL STATUS ☐ M ☐ S ☐ D ☐ W ☐ SP		PAYER CAL/CAL ID															
11	ADDRESS		CITY	STATE	ZIP CODE	TEL #																
12	SOURCE OF INCOME: ☐ SALARY ☐ SELF EMPLOYED ☐ UNEMPLOYMENT INSURANCE ☐ DISABILITY INSURANCE ☐ SSI ☐ GR ☐ VA ☐ Other Public Assistance ☐ IN-KIND ☐ UNKNOWN ☐ OTHER: _____						PAYER SS #															
13	EMPLOYER			POSITION	IF NOT EMPLOYED, DATE LAST WORKED																	
14	EMPLOYER'S ADDRESS (Include City, State & Zip Code)						TEL #															
15	SPOUSE		ADDRESS (Include City, State & Zip Code)			SPOUSE'S SS #																
16	SPOUSE'S EMPLOYER			POSITION	IF NOT EMPLOYED, DATE LAST WORKED																	
17	SPOUSE'S EMPLOYER'S ADDRESS (Include City, State & Zip Code)						TEL #															
18	NEAREST RELATIVE/RELATIONSHIP			ADDRESS (Include City, State & Zip Code)			TEL #															
UMDAP LIABILITY DETERMINATION																						

Overview of the Payer Financial Information Form (PFI)

UMDAP Liability Determination (lines 19-23)

UMDAP LIABILITY DETERMINATION			
19 LIQUID ASSETS		20 ALLOWABLE EXPENSES	
Savings	\$ _____	Court ordered obligations paid monthly	\$ _____
Checking Accounts	\$ _____	Monthly child care payments (necessary for employment)	\$ _____
IRA, CD, Market value of stocks, bonds and mutual funds	\$ _____	Monthly dependent support payments	\$ _____
TOTAL LIQUID ASSETS	\$ _____	Monthly medical expense payments	\$ _____
Less Asset Allowance	\$ _____	Monthly mandated deductions from gross income for retirement plans. (Do not include Social Security)	\$ _____
Net Asset Valuation	\$ _____	Total Allowable Expenses	\$ _____
Monthly Asset Valuation (Divide Net Asset by 12)	\$ _____		
VERIFICATION OBTAINED ☐ YES ☐ NO		VERIFICATION OBTAINED ☐ YES ☐ NO	
21 ADJUSTED MONTHLY INCOME			
Gross Monthly Family Income			
Self/Payer	\$ _____		
Spouse	\$ _____		
Other	\$ _____		
TOTAL HOUSEHOLD INCOME		\$ _____	
TOTAL FROM BOX 19		\$ _____ +	
SUBTOTAL		\$ _____	
LESS TOTAL FROM BOX 20		\$ _____ -	
Adjusted Monthly Income		\$ _____	
VERIFICATION OBTAINED ☐ YES ☐ NO		VERIFICATION OBTAINED ☐ YES ☐ NO	
22	Number Dependent on Adjusted Monthly Income (Client Included)	ANNUAL LIABILITY	ANNUAL CHARGE PERIOD
		FROM	TO
23	PROVIDER OF FINANCIAL INFORMATION Name and Address (If Other Than Patient or Responsible Person)		

Overview of the Payer Financial Information Form (PFI)

Other (lines 24-27)

OTHER			
24	PRIOR MENTAL HEALTH TREATMENT DURING THE CURRENT ANNUAL CHARGE PERIOD ☐ YES ☐ NO WHERE:	FROM	TO
	ANNUAL LIABILITY ADJUSTED BY	DATE	REASON ADJUSTED
25	ANNUAL LIABILITY ADJUSTMENT APPROVED BY	DATE	
26	An explanation of the UMDAP liability was provided. SIGNATURE OF INTERVIEWER		PROVIDER NAME AND NUMBER
27	I affirm that the statements made herein are true and correct to the best of my knowledge and I agree to the payment plan as stated on line 22 SIGNATURE OF CLIENT OR RESPONSIBLE PERSON		
			DATE

MH 281 Rev. 02/11/2011

Loss of HWLA Coverage

- If your client becomes unenrolled from HWLA or needs annual re-enrollment
 - ✓ Confirm the client's eligibility by verifying
 - Income at or below 133% of the Federal Poverty Level (FPL)
 - Continued residency in Los Angeles County.
 - ✓ Refer client to DHS for re-enrollment.

Contacting RMD

RMD Hotline: (213) 480-3444

or e-mail

RevenueManagement@dmh.lacounty.gov

RMD Fax: (213) 252-8880 or (213) 252-8879