SECTION XI – FINANCIAL SCREENING

FINANCIAL RECORD

Network providers are required to maintain a financial record for each client receiving services at their facility. The financial record should contain all financial information regarding the client and a detailed history of contacts and conversations with the client. The following are examples of the types of information that should be filed in the financial record:

1. Payor Financial Information (PFI) form (Attachment I)
2. Verification of employment, income, allowable expenses, and assets
3. Photocopy of identification, Social Security Card, paycheck stubs and health insurance cards
4. Financial Obligation Agreement
5. Photocopy of the Medi-Cal beneficiary's Benefit Identification Card (BIC)
6. Department of Public Social Services/Social Security Administration (SSA) Referral Card
7. Client Authorization and Assignment of Benefits
8. Authorization for Request or Use/Disclosure of PHI
9. Any correspondence to or from the client
10. Re-evaluation Follow-Up Letter

Financial screening is the process of evaluating a client or a responsible party's ability to pay for services. This includes the individual's ability to personally contribute, the individual's ability to access third-party benefits and the individual's ability to qualify for benefits from social welfare programs.

Clients have the right to refuse to provide financial information. However, if the client refuses to provide financial information they then become liable for the actual cost of care; unless the client has full scope Medi-Cal. There can be only one annual liability period for each Medi-Cal beneficiary/payor and their resident dependent family members regardless of the number of service providers within the state or county.

The objective of the financial screening interview is to obtain complete and accurate billing information on each client. It is imperative that all third-party billing sources are identified and clients are appropriately referred to social welfare programs for which they are potentially eligible.

It is the goal of the Local Mental Health Plan (LMHP) to interview all clients at the time of their first visit. If this goal is not attained, measures must be taken to ensure an interview takes place during a subsequent visit. Basic billing information, e.g., name, address, telephone number and Social Security Number is to be obtained on all clients during their first visit, including those clients receiving emergency services.

In the absence of adequate information to determine the Uniform Method of Determining Ability To Pay (UMDAP) liability amount, the client should be billed the actual cost of care; unless the client has full scope Medi-Cal. The actual cost of care amount can be rescinded once the information is provided.

UNIFORM METHOD OF DETERMINING ABILITY TO PAY

The Uniform Method of Determining Ability to Pay (UMDAP) liability applies to services extended to the client and dependent family members. It is valid for a period of 365 days (366 days for leap years) from the client's initial admission date regardless of the provider. There can be only one annual UMDAP liability period regardless of the number of providers of service within any county in the State of California in which a client is treated. Subsequent providers must accept the UMDAP liability sliding scale fee and charge period established by the previous provider for the remainder of the UMDAP liability period. UMDAP liability amounts can be adjusted should the client's financial condition change during the liability period. Under no circumstances should a client, including Share of Cost (SOC) clients, be billed the UMDAP liability amount if the client has not incurred that amount in actual services. The client is responsible for the actual cost of care or the annual liability amount (whichever is less).

The Department of Health Care Services (DHCS) requires that all Short/Doyle providers employ the UMDAP when assessing a client's ability to personally pay for services rendered.

Third-party benefits are separate and aside. They apply first to the actual cost of care, then to the annual UMDAP liability. Third-party payments do not lessen the established UMDAP liability except in instances when the combined third-party payment and the UMDAP liability exceed the actual cost of care. Assisting Medi-Cal beneficiaries in understanding this process is often one of the most difficult tasks a financial screener encounters. See the following examples:

The actual cost of care is $1,000 and the UMDAP liability amount is $100. If the client has insurance that paid $500 then, this amount is not applied to the UMDAP liability and the client remains obligated to pay the UMDAP liability amount of $100 because the amount paid by the insurance did not reach or go below the UMDAP liability of $100.

Insurance Payment	$500
Client's obligation is the entire UMDAP liability amount	$100
County Cost:	$400
Actual Cost of Care:	$1,000

The actual cost of care is $1,000 and the UMDAP liability amount is $100. If the client has insurance that paid $950, then $50 would be applied to the UMDAP liability. The client would be liable for the remaining $50 liability.

Insurance Payment	$950
Client's obligation is the remaining portion of the actual cost of care	$50
Actual Cost of Care:	$1,000

The UMDAP process that occurs during a client's financial screening may be waived for those full-scope clients with no share-of-cost. However, network providers are still required to complete the PFI form for all clients during the financial screening. The waiver only applies to the UMDAP Liability Determination Sections 19, 20 and 21. All other sections of the PFI form must be completed.

If a client is identified as being Medi-Cal eligible only after meeting their Medi-Cal share-of-cost, technically they are not Medi-Cal eligible and must interface with the UMDAP process.

PAYOR FINANCIAL INFORMATION FORM

The financial screener is to base the financial interview on obtaining the information required to complete the Payor Financial Information (PFI) form (see *Attachment I*). The PFI form is used to capture client financial information in order to determine a client's ability to pay. It is also used to identify and document third-party payor sources for billing purposes. All information recorded on the PFI form is confidential per Welfare and Institutions Code Section 5328.

The PFI form is mandated by the DHCS for content, but not for format. A PFI form must be completed for each client treated in the county mental health care system. Each provider/clinic should provide a written request for a copy of the PFI form completed at another facility. Each clinic should provide a copy of the PFI form when a written request for information is received. The following provides detailed instructions for the completion of the PFI form:

CLIENT INFORMATION

Line 1:

- **CLIENT NAME:** First, middle and last name
- **CLIENT SOCIAL SECURITY NUMBER:** Enter the Client's SS# number
- **DMH CLIENT ID NUMBER**: Enter the DMH Client ID number
- **FAMILY REGISTRATION**: If applicable

Line 2:

- **MAIDEN NAME:** If applicable
- **DOB**: Date of Birth**:** Month, Day, and Year
- **MARITAL STATUS:** Check one
  - M - Married
  - S - Single
  - D - Divorced
  - W - Widowed
  - SP- Separated
- **SPOUSE/PARTNER/SIGNIFICANT OTHERS NAME:** If applicable

Line 3:

- **FOSTER CARE:** ☐ Yes ☐ No
- **VICTIMS OF CRIME:** ☐ Yes ☐ No
- **VETERAN:** ☐ Yes ☐ No
- **WORKERS COMP:** ☐ Yes ☐ No
- **HOMELESS:** ☐ Yes ☐ No
- **CALWORKS :** ☐ Yes ☐ No
- **OTHER SPECIAL POPULATION:** ☐ Yes ☐ No

Line 4:

- **PROVIDER OF FINANCIAL INFORMATION:** Enter Name and Address – Complete only if *other* than the client or responsible person

THIRD-PARTY INFORMATION

Line 5:

- **MEDI-CAL:** ☐ Yes ☐ No Check the appropriate box to indicate whether the client has Medi-Cal benefits
- **ECM PLAN NAME: Enhanced Care Management**
- **MEDI-CAL COUNTY CODE/AID CODE/CLAIM CIN NUMBER**
- **HEALTHY FAMILIES:** ☐ Yes ☐ No
- **SHARE OF COST:** ☐ Yes ☐ No Check the appropriate box to indicate whether the client has a Share of Cost amount.
- **SOC AMT:** Enter the amount of the client's Share of Cost.
- **MEDI-CAL PENDING:** ☐ Yes ☐ No Check the appropriate box to indicate whether a Medi-Cal application is pending through the DPSS and/or a Supplemental Security Income (SSI) application is pending through Social Security Administration (SSA).

Line 6:

- **SSI PENDING:** ☐ Yes ☐ No Check the appropriate box to indicate whether an SSI application is pending through SSA.
- **SSI APPLICATION DATE:** Enter the SSI application date.
- **REFERRED FOR BENEFITS ASSESSMENT:** ☐ Yes ☐ No Check the applicable box to indicate whether the client was referred to DPSS to apply for Medi-Cal benefits and/or referred to SSA to apply for SSI. (See the Medi-Cal Eligibility Requirements and SSI Requirements following the PFI form instructions).
  Also, enter the Date Referred (date client was referred).
- **REASON FOR NOT REFERRING MEDI-CAL/SSI ELIGIBLE TO BENEFIT ASSESSMENT:** If the client appeared eligible for Medi-Cal benefits and not referred to DPSS, indicate why the client was not referred. In addition, if the client appears eligible for SSI and not referred to SSA, indicate why the client was not referred.

Line 7:

- **MEDICARE:** A Federal Health Insurance Program for people who have attained the age of 65 or over, or have received SSD for two or more years.
  ☐ Yes ☐ No Check the applicable box to indicate if the client is eligible for Medicare.
- **MEDICARE NUMBER (MBI):**
- **LIFETIME EXTENDED SIGNATURE AUTHORIZATION SIGNED:** If applicable
  (***Refer to page 14 for more detail)***
- **MEDI-GAP:** A private insurance policy that pays for some of the items that Medicare does not cover such as deductible, co-payment, prescription drugs and dental.
  ☐ Yes ☐ No Check the applicable box to indicate whether or not the client is covered by Medi-Gap insurance
- **TRICARE:** Insurance for military service personnel
- **CHAMP/VA:** Insurance for retired military service personnel, their dependents, and the dependents of active duty service personnel.
  ☐ Yes ☐ No Check the applicable box to indicate whether or not the client is covered by CHAMPUS/VA.

Line 8:

- **HMO/PPO** ☐ Yes ☐ No
- **MEDICARE ADVANTAGE:** ☐ Yes ☐ No
- Enter the Insuranc**e NAME OF CARRIER**
- Enter the Insurance **SUBSCRIBER POLICY ID#**
- Enter the Insurance **SUBSCRIBER NAME**

Line 9:

- Enter the insurance **CARRIER ADDRESS FOR MENTAL HEALTH CLAIMS**
- Indicate whether **INSURANCE AUTHORIZATION & ASSIGNMENT OF BENEFITS SIGNATURES OBTAINED**

  ☐ Yes ☐ No

Line 10:

- **ADD'L HMO/PPO (Health Maintenance Organization/Preferred Provider Organization):** To clarify who is eligible for treatment refer to the appropriate DMH policy identified below:

  801.04 Medi-Cal Prepaid Health Care Treatments and Billing

  801.05 Medicare Prepaid Health Care Treatment and Billing

  801.06 Private Prepaid Health Care Treatment and Billing

  ☐ Yes ☐ No Check the applicable box to indicate whether or not the client is covered by additional HMO/PPO.
- **MEDICARE ADVANTAGE** ☐ Yes ☐ No
- Enter the Insurance **NAME OF CARRIER**
- Enter the Insurance **SUBSCRIBER POLICY ID#**
- Enter the Insurance **SUBSCRIBER NAME**

Line 11:

- Enter the insurance **CARRIER ADDRESS FOR MENTAL HEALTH CLAIMS**
- Indicate whether **INSURANCE AUTHORIZATION & ASSIGNMENT OF BENEFITS SIGNATURES OBTAINED**

☐ Yes ☐ No

PAYOR PREFERENCES (CLIENT OR FINANCIALLY RESPONSIBLE PERSON)

LINE 12:

- **NAME OF PAYOR**: (responsible person) if different from client.
- **RELATION TO CLIENT**
- **DOB:** Date of Birth: Month, Day and Year
- **MARITAL STATUS:** Circle one

  M - Married
  S - Single
  D - Divorced
  W - Widowed
  SP - Separated

- **PAYOR CDL/CAL ID/OTHER ID:** California Drivers License or California Identification Number. (This information is not required in the event of a conservator or foster parent.)

LINE 13:

- Client or payor residence **ADDRESS, CITY, STATE** and **ZIP CODE.** (A post office box is not acceptable as a residence address.)
- **TELEPHONE NUMBER** where client or payor may be reached. When necessary, this can be the telephone number of a neighbor or relative where the client regularly receives messages.

LINE 14: Check the box(es) for the appropriate source(s) of income

- **SOURCE OF INCOME**
  - ☐ Salary
  - ☐ Self-Employed
  - ☐ Unemployment Insurance
  - ☐ Disability Insurance
  - ☐ SSI (Social Security Income)
  - ☐ GR (General Relief
  - ☐ VA (Veterans Affairs)
  - ☐ Other Public Assistance
  - ☐ In-Kind ("In-Kind" should be checked for a client receiving room and board from another person.)
  - ☐ Unknown
  - ☐ Other: _____

  (Clarification must be provided if "Other" is selected for how the client/payor is supported. Check "Other" and enter "unemployed" when the client/payor or spouse is no longer employed.)
- Enter Client/Payor **SOCIAL SECURITY** number

Line 15:

- Client/Payor **EMPLOYER** name
- Client/Payor **POSITION**, payroll title, or occupation
- **IF NOT EMPLOYED, DATE LAST WORKED**

Line 16:

- **EMPLOYER'S ADDRESS:** (Include City, State & Zip Code.)
- Enter the employer's **TELEPHONE NUMBER.**

Line 17:

- **SPOUSE:** If applicable, enter spouse's name.
- Enter spouse's **ADDRESS:** (Include City, State & Zip Code.)
- Enter Client/Payors **SPOUSE'S SOCIAL SECURITY NUMBER**

Line 18:

- Enter Client/Payor **SPOUSE'S EMPLOYER** name
- Enter Client/Payor **POSITION**, payroll title, or occupation

- **IF NOT EMPLOYED, DATE LAST WORKED**

Line 19:

- **SPOUSE'S EMPLOYER'S ADDRESS:** (Include City, State & Zip Code)
- Enter spouse's employers **TELEPHONE NUMBER.**

Line 20:

- **NEAREST RELATIVE AND THE RELATIONSHIP**
- Enter **ADDRESS** of nearest relative and the relationship. (Include City, State & Zip Code)
- Enter **TELEPHONE NUMBER** of nearest relative/relationship

SECTION 21

LIQUID ASSETS	
Savings	$ _____
Checking Accounts	$ _____
IRA, CD, Market Value of stocks, bonds and mutual funds.	$ _____
TOTAL LIQUID ASSETS	$ _____
Less Asset Allowance	$ _____
Net Asset Valuation	$ _____
Monthly Asset Valuation (Divide Net Asset By 12)	$ _____
VERIFICATION OBTAINED	**[ ] YES [ ] NO**

1. Enter the combined total of liquid assets (those easily converted into cash) of the client and their spouse if applicable. Network providers are not limited to those indicated on the PFI Form. Liquid assets also include Individual Retirement Accounts (IRAs), deferred compensation plans, trust funds, etc.
2. Subtract the asset allowance amount. The asset allowance is the dollar amount of liquid assets (savings, stocks, bonds, etc.) a family is allowed to retain without it being added into their income for purposes of determining their annual liability. (The chart identified in this training guide indicates the asset allowances for 1988 and 1989. The 1989 data should be used to determine the asset allowance. This is the most current chart issued by the DHCS and is still in use. When an update becomes available, it will be issued to all network providers.)
3. Enter the **NET ASSET VALUATION** (the total liquid assets less the asset allowance).
4. The **MONTHLY ASSET VALUATION** is determined by dividing the Net Asset Valuation by twelve (12). The amount entered here is to be carried forward to Section 23 - **ADJUSTED**

MONTHLY INCOME and entered on the line identified as **ADD MONTHLY ASSET VALUATION**.

5. **VERIFICATION ATTACHED**. (**[ ] YES [ ] NO**) The client must be charged the actual cost of care if verification is not attached or available in the client's financial record.

SECTION 22

ALLOWABLE EXPENSES	
Court ordered obligations paid monthly	$ _____
Monthly childcare payments (necessary for employment)	$ _____
Monthly dependent support payments	$ _____
Monthly medical expense payments	$ _____
Monthly mandated deductions from income for retirement plans. (Do not include Social Security)	$ _____
TOTAL ALLOWABLE EXPENSES	**$** _____
VERIFICATION OBTAINED	**[ ] YES [ ] NO**

1. Monthly obligations include court ordered child support and alimony obligations that are to be verified with a copy of the certified court order and receipts or canceled checks verifying payment.
2. Monthly childcare payments (necessary for employment) are to be verified with receipts or canceled checks.
3. Monthly medical expense payments include all health, medical and dental premiums as well as expenses and regular monthly payments, i.e., installments on a hospital or dental bill. Payments are to be verified with invoices, receipts, or canceled checks.
4. Monthly mandated deductions from income for retirement plans are those that are required by the employer. **DO NOT INCLUDE SOCIAL SECURITY** (identified as Federal Insurance Contribution Act on paycheck stubs). Verification of deductions is available from the client's or their spouse's paycheck stubs.
5. The total expense amount entered here is to be carried forward to section 23 - **ADJUSTED MONTHLY INCOME** and entered on the line identified as **SUBTRACT TOTAL EXPENSES**.
6. **VERIFICATION ATTACHED**. (**[ ] YES [ ] NO**) All allowable expenses must be substantiated. Do not include the expense in the determination of the client's annual UMDAP liability if verification is not attached or available in the client's financial record.

SECTION 23

ADJUSTED MONTHLY INCOME	
Gross Monthly Family Income	$ _____
Self/Payor	$ _____
Spouse	**$** _____
Other	$ _____
TOTAL HOUSEHOLD INCOME	$ _____
TOTAL FROM BOX 21	+$ _____
SUBTOTAL	+$ _____
LESS TOTAL FROM BOX 22	-$ _____
Adjusted Monthly Income	$ _____
VERIFICATION OBTAINED	**[ ] YES [ ] NO**

1. Enter the client's gross monthly income.
2. Enter the client's spouse's gross monthly income.
3. Enter any additional monthly income.
4. Enter the total monthly income identified above.
5. The amount identified on this line is to be added to the total monthly income amount. (See section 19 - **LIQUID ASSETS** for information regarding the determination of the **MONTHLY ASSET VALUATION**.)
6. Enter the **TOTAL** monthly income plus the **MONTHLY ASSET VALUATION**.
7. The amount identified on this line is to be subtracted from the combined totals of the monthly income plus the monthly asset valuation. (See section 22 - **ALLOWABLE EXPENSES** for information regarding the determination of monthly allowable expenses.)
8. Enter the balance of the following equation: Total gross monthly income plus monthly asset valuation minus total expenses = adjusted monthly income.
9. **VERIFICATION ATTACHED**: ([ ] YES [ ] NO) The client must be charged the actual cost of care if verification is not attached or available in the client's financial record.

Line 24:

- **NUMBER DEPENDENT ON ADJUSTED MONTHLY INCOME**: Enter the number of dependents applicable to the adjusted monthly income. Dependents are those persons claimable as dependents on the client's Federal Income Tax Return. Child support, which is paid, but does not qualify client to claim the child as a dependent may be claimed in section 22 - **Allowable Expenses**. Child support must be court ordered and verification of payment must be provided.

- **ANNUAL LIABILITY**: Enter the amount of annual liability. The annual liability is determined by using the adjusted monthly income amount and the number of dependent on the adjusted monthly income. The Uniform Patient Fee Schedule provides the annual UMDAP liability based on income and number of dependents. The shaded Medi-Cal eligible area on the Uniform Patient Fee Schedule identifies income levels presumed eligible if the client meets Medi-Cal eligibility requirements. Client income levels falling into the shaded Medi-Cal eligible area are to be assessed an annual UMDAP liability of zero. If the client meets the Medi-Cal eligibility requirements, the client is to be referred to the DPSS to apply for Medi-Cal benefits. (See Medi-Cal Eligibility Requirements following the PFI Form instructions.)
- **ANNUAL CHARGE PERIOD**: FROM ___/____/____ TO ____/____/____. The annual liability period is a twelve-month period that constitutes a client's fiscal year and must be renewed every twelve-month period. The record runs for 365 days (366 days for leap years) from the client's initial admission date regardless of the provider. Ex. A client's annual charge period was established on 8/21/2025. The annual charge period will run for 365 days and up until 8/20/2026.
    - When the client is new to DMH system of care, this date is recognized by DMH as the "Uniform Method of Determining Ability to Pay (UMDAP) date and is either: 1.) the client's intake admission with the provider or 2.) the client's admission intake into a hospital, whichever date comes first. If the annual liability record has expired, the annual charge period for the client will be the same month and same day of the first established charge period replacing only the year with the current year.
    - When a client has been seen by any DMH provider (contracted, FFS2, and directly-operated providers) and has an existing UMDAP cycle established, the provider must follow the existing annual charge cycle.
- **PAYMENT PLAN**: $ _____ per month for how many months
  ☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6

OTHER

Line 25:

- **PRIOR MENTAL HEALTH TREATMENT**: (Only applicable to current Annual Charge Period)
  ☐ YES ☐ NO If Yes, where?
- **FROM**: Enter the date prior mental health treatment began.
- **TO**: Enter the date prior mental health treatment ended.
- **CURRENT ANNUAL LIABILITY BALANCE**: Enter the amount of the client's current annual liability balance.

Line 26:

- **ANNUAL LIABILITY ADJUSTED BY**: Enter the signature of the person changing the deductible or payment plan for financial need during a liability and service period. (See Liability Adjustment and Therapeutic Fee Adjustment [TFA] following the PFI Form instructions.)

DATE: Enter the date an adjustment was made.

- **ANNUAL LIABILITY ADJUSTED APPROVED BY**: Enter the signature of the person approving the adjustment of the deductible or payment plan for financial need during a liability and service period.
  DATE: Enter the date an adjustment was made.
- **REASON ADJUSTED**: Enter the reason the Therapeutic Fee Adjustment [TFA] was made. Any verification must be kept in the client's financial record.

Line 27:

- **SIGNATURE OF INTERVIEWER**: Enter an explanation of the UMDAP liability provided and the signature of the person preparing the PFI Form. The interviewer acknowledges by signature and date that an explanation of liability and payment responsibility was given to the client or payor.
- **PROVIDER NAME AND NUMBER**: Enter the name and provider number of the mental health facility where the PFI Form was completed.

Line 28:

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 25.

- **SIGNATURE OF CLIENT OR RESPONSIBLE PERSON**: The client shall be asked to sign affirming that the statements made are true and correct.
- **DATE**: Enter the date signed.

Completion of Payor Financial Information Form for CalWORKs Clients

The Medi-Cal program **Cal**ifornia **W**ork **O**pportunities and **R**esponsibilities to **K**ids (CalWORKs) replaced Medi-Cal Aid for Dependent Children on January 1, 1998. Therefore, all clients identified as CalWORKs are eligible for Medi-Cal benefits.

DHCS has directed that clients receiving full-scope Medi-Cal with no share-of-cost do not have an annual liability. CalWORKs clients receive full-scope Medi-Cal with no share-of-cost. During the financial screening process, a PFI form is completed for all CalWORKs clients. However, the annual liability amount will be zero. The UMDAP Liability Determination sections 21, 22, and 23 on the PFI form may be disregarded (crossed out and not completed).

COMPLETION OF PAYOR FINANCIAL IINFORMATION FORM FOR HOMELESS CLIENTS

A person experiencing homelessness is a person who does not have a permanent address. Providers are required to complete the PFI form for all clients during the financial screening interview; however, the State Department of Mental Health only requires specific information be completed for clients that are identified as "Homeless." The following information must be completed on the PFI for Homeless clients in addition to any additional information if known or applicable: Line 1 Line 2, Line12, Line14, Line 21, Line 22, Line 23, Line 24, Line 27, and Line 28.

- Line 13: In place of an address insert the word "Homeless" and provide the address to where the client is receiving their mail.

- Homeless clients must be financially screened and the annual liability dates and amount) must be completed even if the client has zero income.

DISTRIBUTION

Once the PFI Form is completed, copies are to be distributed as follows:

- **FINANCIAL RECORD**
- **CLIENT** (Client/responsible person)

VERIFICATION

Verification of Social Security Number, employment, current address, liquid assets, allowable expenses and income are **mandatory**. Copies of verification should be attached to the PFI Form or placed in the client's financial record. Until verification is received, the client or payor is responsible for the actual cost of care.

Some sources available for verification of income are: pay check stub, tax return form, or bank statements showing direct deposits.

Care must be exercised to maintain confidentiality in making inquiries to sources other than the client or payor. Letterhead stationery that identifies the network provider as a mental health clinician must not be used.

FINANCIAL OBLIGATION AGREEMENT

A Financial Obligation Agreement is a written agreement between the client and the provider and is required for all mental health clients even for clients who have a zero annual liability. This agreement must detail the maximum liability amount and the monthly payment amounts. The agreement must be signed by the client and acknowledged by a clinic representative.

Payment plans should allow the client to pay off their debt in the shortest time possible (recommended not to exceed four payments). The payment plan should rarely exceed the anticipated length of treatment, and under no circumstances should the plan exceed one year.

MEDI-CAL ELIGIBILITY REQUIREMENTS

Individuals age 65 or older, blind, disabled, or meeting the family circumstances required for Temporary Assistance for Needy Families (TANF), are probably eligible for Medi-Cal benefits. Anyone falling into these categories must be referred to their local DPSS office to apply. The client is to be provided with a completed DPSS SSA Referral Card when referred to DPSS.

TANF replaces Aid to Families with Dependent Children (AFDC), which provides support to eligible families when children are deprived of support due to death, incapacity, unemployment, or the absence of one or both parents.

SUPPLEMENTAL SECURITY INCOME REQUIREMENTS

SSI is a program funded with Federal and State funds and administered by the SSA. Disabled persons meeting eligibility requirements would be entitled to monthly cash grant to assist them

with living expenses. Individuals who are entitled to Social Security disability benefits lower than the SSI amount will be supplemented with an SSI payment up to the SSI amount.

SSI beneficiaries receive Medi-Cal benefits automatically. Social Security work credits are not required to qualify for SSI. The client should be provided with a completed DPSS SSA Referral Card when referred to SSA.

Eligibility requirements for SSI are:

1. Age 65 or older, disabled adult or child, or blind;
2. A resident of the United States, a citizen, permanent resident alien, or resident under color of law; and
3. Income and resources within SSI limits

LIABILITY ADJUSTMENT

An annual UMDAP liability amount may be adjusted when properly supported by additional financial data justifying such change. An adjustment may be made for the time remaining in the period at any time during the liability period. Reasons for such action may be for any significant change in a person's financial circumstances. Since a client is responsible for prompt notification of a change in financial circumstances, an adjustment cannot be retroactive, but is effective on the date of notification. An adjustment to lower the annual liability cannot be made once a client has incurred services that equal or exceed the amount of the annual liability. Verification documentation supporting the adjustment must be kept in the client's financial record.

THERAPEUTIC FEE ADJUSTMENT

It is the policy of the DMH to allow UMDAP liability fee adjustments for therapeutic value only. No other basis or rationale for fee adjustments will be accepted.

In the event the provider finds a client's treatment would benefit by an increase or decrease in the annual liability, a therapeutic fee adjustment is indicated. The financial screener may not initiate a therapeutic fee adjustment. Fees cannot be adjusted retroactively.

Refer to the DMH Policy 804.03 Therapeutic Fee Adjustments regarding the requirements and procedures for initiating a therapeutic fee adjustment.

CLIENT AUTHORIZATION AND ASSIGNMENT OF BENEFITS

The Insurance Authorization and Assignment of Benefits (IAAB) is to be signed and dated by all clients. The authorization allows providers to submit insurance claims for reimbursement without obtaining original client signatures on each claim form. A photocopy is attached to the insurance claim, but the original should be kept in the client's financial record.

AUTHORIZATION FOR REQUEST OR USE/DISCLOSURE OF PHI

The Authorization for Request or Use/Disclosure of PHI is a form that grants permission to the provider/clinic to use client PHI or disclose specific client PHI to another provider/clinic. The authorization is to be completed, signed, and dated by the client. The original is to be maintained in the client's financial record.

ANNUAL RE-EVALUATION

The client is to be re-evaluated on an annual basis. The Re-evaluation Follow-Up Letter may be used to facilitate the re-evaluation process. Telephone re-evaluations are acceptable, however, missing information and verification of income and expenses are still required. The client signature is to be obtained during the next visit. Clients that have not been re-evaluated are responsible for the actual cost of care until the re-evaluation is completed.

The UMDAP liability period for a client who is still in treatment is continuous regardless of when the PFI form is completed. The re-evaluation date to be recorded on the PFI Form shall be from the date of the initial UMDAP date and runs for 365 days (366 days for leap years). The UMDAP liability period for the client will be the same month and same day of the first established UMDAP period. The year of the UMDAP period will be replaced with the current year.

DEPARTMENT OF MENTAL HEALTH POLICY MANUAL

The DMH Policy Manual should be accessed regarding specific policies addressed in this manual. The DMH Policy Manual may be downloaded from the following website address: https://dmh.lacounty.gov/for-providers/. Click on “For Providers” link and select Policies, and Procedures and Parameters from the drop down menu to view the DMH Policies.

FINANCIAL SCREENING
GLOSSARY OF TERMS

Actual Cost of Care	The actual cost of delivering services to the client. The cost is determined by a provisional billing rate, a negotiated rate, or a cost reimbursement rate.
AFDC	Aid to Families with Dependent Children. AFDC is a public welfare program for needy families and pregnant women. County of Los Angeles administers the program based on requirements set by Federal and State laws and regulations. Temporary Assistance has replaced this program for Needy Families. (See TANF.)
Annual Charge Period	Synonymous with Annual Liability Period.
Annual Liability Amount	The annual liability amount applies to services extended to the client and dependent family members and is determined by using the adjusted monthly income amount and the number dependent on the adjusted monthly income.
Annual Liability Period	The annual liability period is a twelve-month period that constitutes a client's fiscal year and must be renewed every twelve-month period. The record runs for 365 days (366 days for leap years) from the client's initial admission date regardless of the provider.
BIC	Benefit Identification Card. Clients are issued a permanent white plastic identification card by DPSS. The card is not a guarantor of eligibility.
Medi-Cal beneficiary	The person receiving services is synonymous with consumer.
CHAMPUS	Civilian Health and Medical Program of the Uniformed Armed Services. Insurance for retired service personnel, their dependents and the dependents of active duty service personnel.
CIN	Client Index Number. This is the clients Medi-Cal identification number that is assigned by the agency granting Medi-Cal.
Consumer	Synonymous with client.
Dependents	Those persons within a family unit dependent upon the payor's income for support as well as members outside the family group that payor claims as dependents when filing income tax.
DPSS	Department of Public Social Services.
Family Unit	Payor and his/her dependents.
FCC	Full Cost of Care is synonymous with actual cost or care.

Liquid Assets	Any possessions easily converted into cash, i.e., IRAs, 401Ks, or savings bonds.
Managed Care	A term coined originally to refer to the prepaid health care sector (e.g., HMOs and PHPs). In general, the term refers to a means of providing health care services within a defined network of health care providers who are given the

	responsibility to manage and provide quality cost-effective health care.
Medi-Cal	California's medical assistance program for eligible low-income persons to pay for needed medical care.
Medicare	A Federal Health Insurance Program for people who have attained the age of 65 or over, or have received SSD for two years or more.
Medi-Gap	Insurance companies that contract with a Medicare carrier that allows the carrier to directly cross-over your claims to an insurance company. A Medi-Gap policy would pay for some of the items that Medicare does not cover such as deductible, co-payment, prescription drugs and dental.
Payor	Person or entity legally responsible for payment of client's bills.
PFI	Payer Financial Information. The PFI Form is used to capture client financial information in order to determine a client's ability to pay. It is also used to identify and document third-party payor sources for billing purposes.
PHP	Prepaid Health Plan. A managed care plan.
SEP	Special Education Pupils. Parents of Special Education Pupils receiving mental health services pursuant to an Individualized Education Program (IEP) are not liable for the costs of those services. The client information data, Medi-Cal information (if applicable) and insurance information (if applicable) should be completed on the PFI Form. Services to clients may be billed through the Short-Doyle/Medi-Cal program. Insurance or other third-party payors may only be billed in the usual manner with parental consent. The PFI Form should have written or stamped on it the following notation which describes the parent's exempt status:
SSA	Social Security Administration
SSDI	Social Security Disability Insurance. Workers who qualify for disability income when they cannot work or are diagnosed with a condition that is expected to last for a year or result in death. A spouse of a disabled worker is entitled to benefits at age 62 (including some divorced spouses) or at any age if they have children under 16 years of age. A widow(er) at any age with children under age 18 is eligible. A child including adopted or stepchild may receive monthly benefits. Normally, children's benefits may continue indefinitely or start at any age if the child has a severe physical or mental disorder, which began before age 22 and keeps the child (or adult child) from gainful employment.
SSI	Supplemental Security Income. A national program for the purpose of providing supplemental security income to individuals who have attained age 65 or are blind or disabled.
SSP	State Supplementary Payments. SSP are any payments made by a State to a recipient with SSI benefits. The payments are made as a supplement to the Federal benefit amount, thereby increasing the amount of income available to the recipient.

TANF	Temporary Assistance for Needy Families. TANF replaced AFDC and provides support to eligible families when children are deprived of support due to death, incapacity, unemployment, or absence of one or both parents.
TFA	Therapeutic Fee Adjustment.
UMDAP	Uniform Method of Determining Ability to Pay. UMDAP is a sliding payment scale that reflects variations in the cost of living by family size and income by geo-economic areas of the State. They are based on the U.S. Bureau of Labor Statistics Consumer Price Index.
VET/ADM	Veterans Administration