

County of San Diego Health and Human Services Agency (HHS)A Mental Health Services Policies and Procedures MHS General Administration							
Subject:	<b>UMDAP (Uniform Method for Determining Ability to Pay) – Processing When There Is a Financial Change</b>			No:	<b>01-01-219</b> Formerly 01-01-112		
Reference:	California Department of Mental Health Revenue Manual, October 1989 and subsequent DMH notices; the San Diego County HHS)A Mental Health Organizational Provider Financial Eligibility and Billing Procedures Manual, dated February 1, 2000			Page:	<b>1</b>	of	<b>3</b>

**PURPOSE:**

To ensure all Mental Health clients, who report changes in their financial situation are assessed for UMDAP correctly and efficiently in accordance with the DMH State guidelines.

**BACKGROUND:**

The State Department of Mental Health has delegated to each County the responsibility for determining the liability of patients receiving Short-Doyle Mental Health services and collecting the payments. The determination is made by using the UMDAP. Each client that receives Mental Health services provided in the County of San Diego will be assessed for UMDAP based on information collected from the Payor Financial Form (PFI) in accordance with the client’s or responsible party’s ability to pay as determined by the State Department of Mental Health, not to exceed actual cost of services. This policy will address how to prorate a client’s or responsible party’s UMDAP amount when a change in financial circumstances occurs in the middle of their UMDAP liability period.

**POLICY:**

It is the responsibility of all County Mental Health Human Services Specialists (HSSs) to ensure that all Mental Health clients who report a change in financial circumstances are re-assessed for UMDAP in accordance with State guidelines and the procedures identified herein.

**PROCEDURE(S):**

1. When assessing a client for UMDAP, the annual liability period is the month of admission into a Mental Health Service program. This period does not change regardless of whether admission or readmission into the program, whether the client receives services, or whether a client’s financial circumstances change.

Approved Date:	Approved:
3-26-08	Alfredo Aguirre’s Signature on File
	Director, Mental Health Services/Designee

County of San Diego  
Health and Human Services Agency (HHS)A)  
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2. Generally, the annual liability/deductible established for a client upon entry into the system will prove financially appropriate. However, if at any time during the liability period (whether the client is in treatment or not) a client reports a change in financial circumstances, a re-determination shall be made for the time remaining.
3. Whenever a client reports to any staff a change in financial situation prior to his/her yearly renewal, he/she is referred to the HSS and a new PFI form is completed and the financial liability amount is re-assessed for UMDAP. The client is required to provide verification of the new income amount.
4. The change is effective the date the client reports the information. Changes are not retroactive.
5. The HSS shall take the client's current UMDAP liability and divide that amount by 12. Multiply that number by the number of months that have passed in the current UMDAP period, not including the current month. This will give the HSS the past amount the client owes.
6. The HSS will re-assess the client's UMDAP based on the new financial circumstances and divide that amount by 12. Multiply that number by the number of months remaining in the UMDAP period, including the month the change was reported. This will give the HSS the amount due for the remainder of the UMDAP period.
7. The HSS will add the amount calculated from the past (number 5), to the current amount calculated (number 6), to come up with the amount due for the current UMDAP liability period.
8. The HSS will advise client of the new annual amount.
9. The HSS will fill out a deductible adjustment/correction request that identifies the new UMDAP amount and have their Supervisor sign the form. The HSS will then forward the form to the County Mental Health Billing Unit at Mail Stop W403, Attention: Mental Health Billing Unit.
10. After 10 working days, the HSS will check InSyst to ensure the change has been entered by the County Mental Health Billing Unit. If not, the HSS will contact the County Mental Health Billing Unit to make sure the change was received. The HSS will continue checking until the change has been entered.

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**ATTACHMENT(S):**

A - [UMDAP Deductible Adjustment/Correction Request](#)

**SUNSET DATE:**

This policy shall be reviewed for continuance on or before January 31, 2011.

**AUTHOR/CONTACT ON 1/28/08:**

Marie Lopez