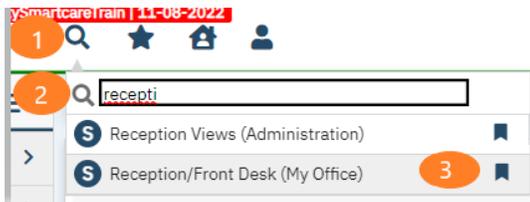


Onboarding a Client in SmartCare

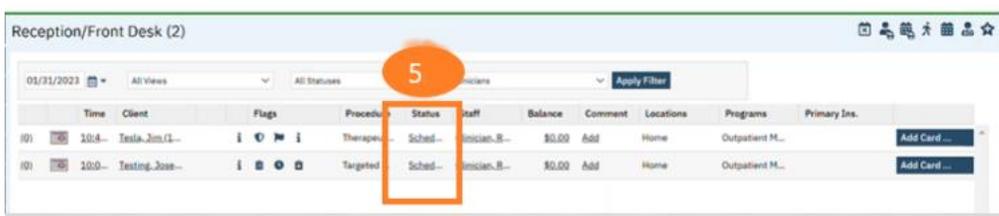
SmartCare search words in **bold** throughout this guide.

Check-in Client

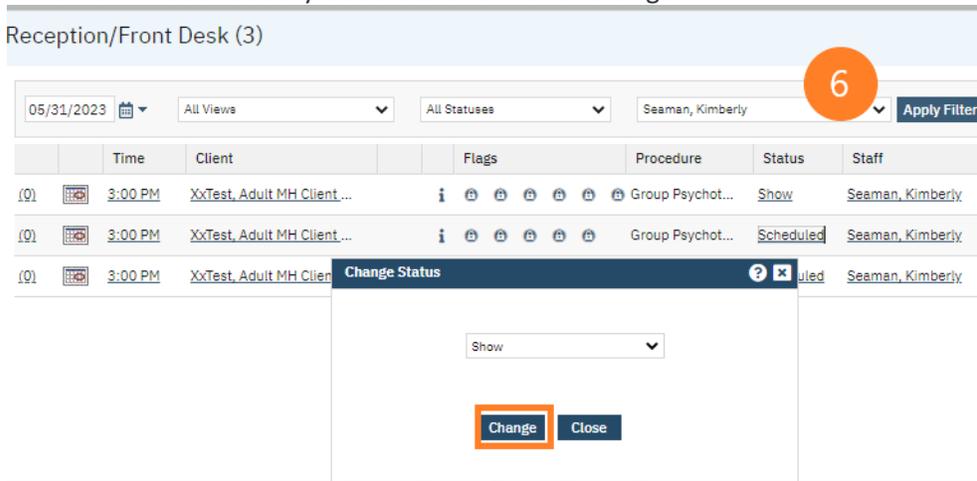
1. Click the Search icon.
2. Type **Reception** in the search bar.
3. Click to select **Reception-Front Desk (My Office)**



4. In the Reception/Front Desk screen, locate the correct client along with correct staff and appointment time.
5. Click on the Scheduled link in Status column.



6. It will automatically default to Show. Click Change.



Note: Once the client has been checked-in, it will display as "Show" on the staff's Appointments for Today widget. Staff should be encouraged to frequently refresh their Appointments for Today widget.

7. Once the client has been checked-in, click the blue link client name to open their record.

Reception/Front Desk (4)

01/31/2023 Outpatient M... All Statuses All Clinicians Apply Filter

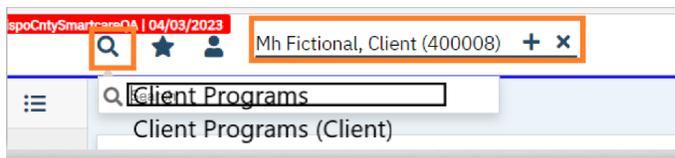
Time	Client	Flags	Procedure	Status	Staff	Balance	Comment	Locations	Programs	Primary Ins.	
10:00	Tessa, Tim L.	7	Therapeut...	CANCEL	Clinician, B...	\$0.00	Add	Home	Outpatient M...		Add Card ...
10:00	Tessina, Zoe...		Targeted	Clinician, B...	\$0.00	Add	Home	Outpatient M...		Add Card ...
2:00	Assala, Jason...		ASAC e Compre...	Show	Staff, Fysio...	\$617.80	Add	Office	Outpatient M...		Add Card ...
2:00	Bauch, Eric L.		Hypother...	Social...	WILLIAMS, L...	\$0.00	Add	Office	Outpatient M...	Medi-Cal/100	Add Card ...

Enroll Client into Program

(AZ equivalent = admitting the intake assignment)

You must enroll the client into the program before any documents may be added to the client's record.

With the client record open, type **Client Programs** in the search bar. Select **Client Programs (Client)**.



The **Client Programs** window will open. Search for your program, in the Requested status. (You can filter this window to only show programs in the requested status by first clicking the All Statuses drop down arrow and select Requested, then click Apply Filter.)

rtcareQA | 04/03/2023

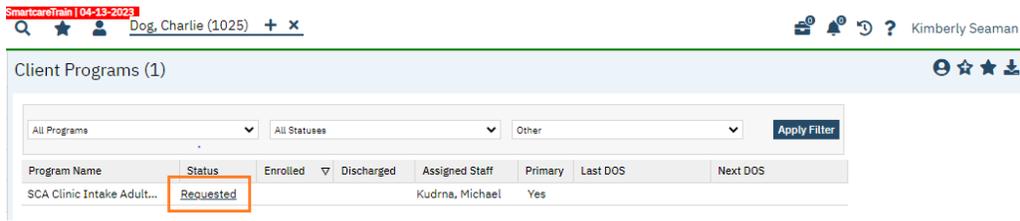
Mh Fictional, Client (400008) + x

Client Programs (15)

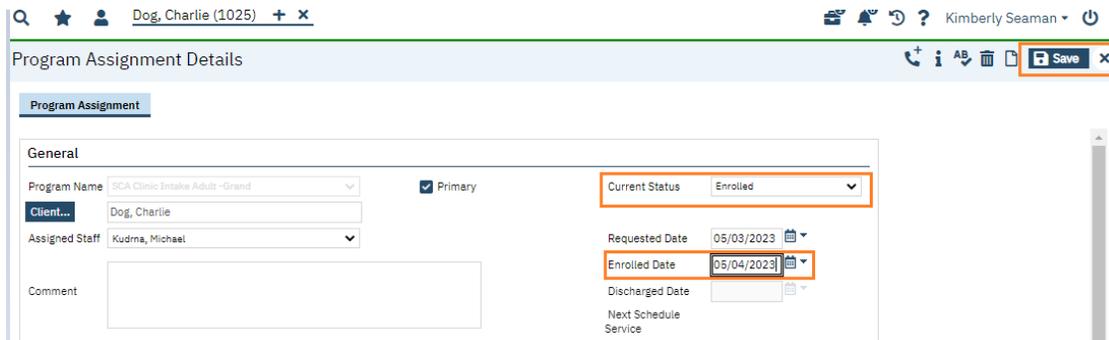
All Programs All Statuses Other Apply Filter

Program Name	Status	Enrolled	Discharged	Assigned Staff	Primary	Last DOS	Next DOS
MHSA So St. MH Youth ...	Requested			Gabriel, Mary K...	No		
SLC Clinic Youth	Discharged	12/01/2013	01/01/2017	Koenig, Rachael	No		
SLC Generic Clients On...	Enrolled	12/01/2013		Heintz, Molly	Yes		
SLC Generic Clients On...	Discharged	12/01/2013	03/10/2023	Gabriel, Mary K...	No		
SLC Martha's PI Generi...	Enrolled	12/01/2013		Gabriel, Mary K...	No		
NCA Generic Clients O...	Enrolled	12/01/2013		Gabriel, Mary K...	No		
SCA Generic Clients On...	Enrolled	12/01/2013		Gabriel, Mary K...	No		
SLC Clinic Adult	Discharged	05/30/2014	01/01/2018	Gabriel, Mary K...	No		
TMHA Vocational	Discharged	02/22/2016	07/01/2016	Wilson, Craig	No		
SCA Clinic Med Mgr Ad...	Discharged	01/01/2017	02/21/2017	London, Carolyn	No		
SCA Clinic Youth	Discharged	01/04/2017	01/04/2017	Jensen-Best, S...	No		
TMHA MHSA Adult FSP...	Enrolled	08/01/2020		Gabriel, Mary K...	No		
TMHA MHSA FSP AOT ...	Discharged	08/01/2020	11/18/2020	Gabriel, Mary K...	No		
TMHA MHSA FSP HOT ...	Enrolled	08/01/2020		Gabriel, Mary K...	No		
WCS MHSA OAD FSP MD	Enrolled	08/01/2020		Gabriel, Mary K...	No		

Once you have located your Requested Program, click the Requested blue link in the Status column.



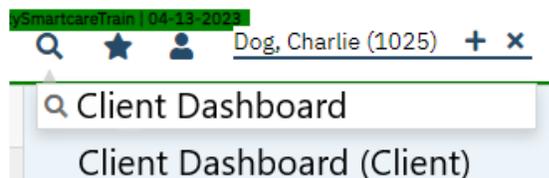
The Program Assignment Details window will open. Change Current Status field from Requested to Enrolled. Enter in the Enrolled Date (date client is attending the assessment.) Click Save and X to close.



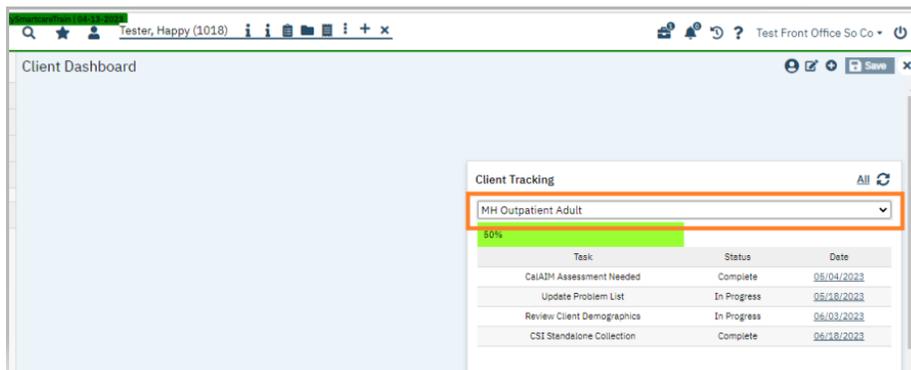
Obtain Client Consents

(Consent to Treat, Consent for Telehealth, Consent for Text Communication, and Consent for Email Communication)

Search **Client Dashboard**. Select **Client Dashboard (Client)**.

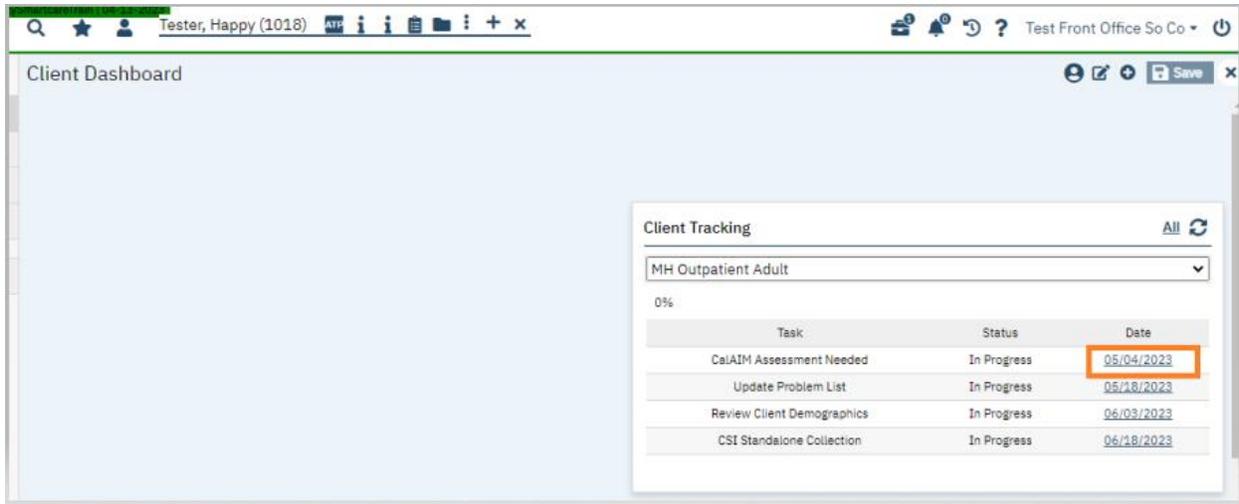


Navigate to the “**Client Tracking**” Widget and select your program from the drop-down menu. This shows you all the flags (tasks) associated with that program.



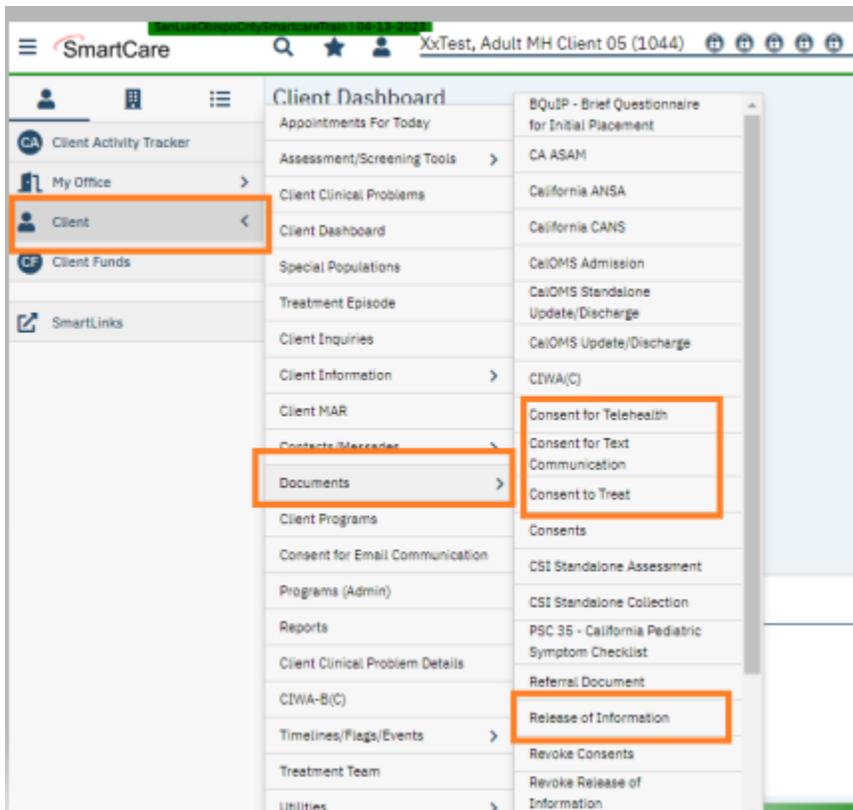
Look at the **Client Tracking** Widget and select each document you are responsible for completing.

Note: Only documents within SmartCare will open when selecting. **If it's a screen or paper form that needs to be completed, that item will not open when selecting.**



Alternate method if Client Tracking is not set-up at go-live:

You can launch the consent forms from your Quicklinks:



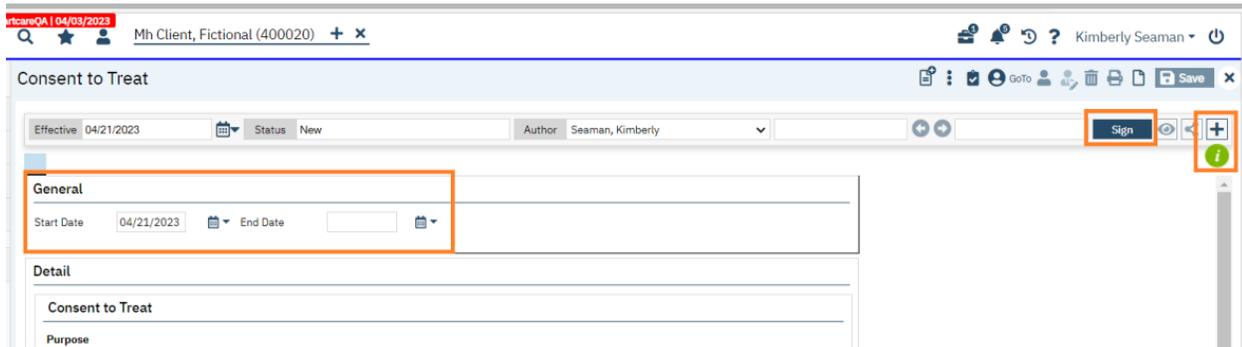
Upon launching a consent document, a dialogue box will open asking you to select the CDAG Program Enrollment. Select the program for your site.



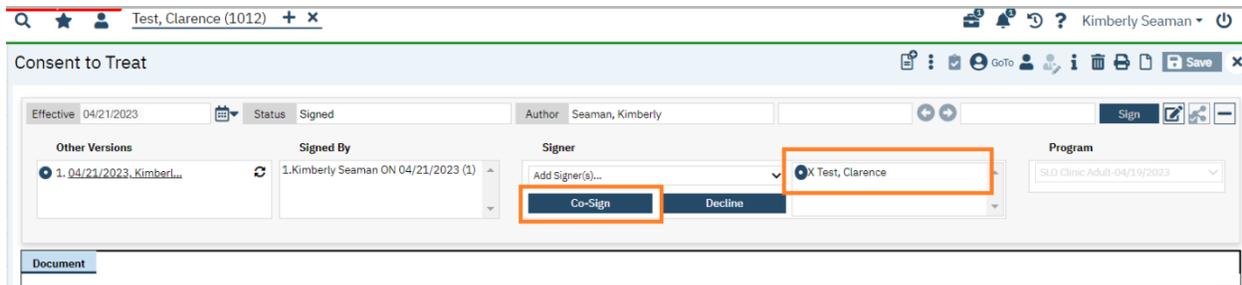
The consent documents do not have any fields that need to be entered. (Start date auto-populates with date document is launched. Leave the end date field blank.) The documents need to be explained to the client and/or guardian, and if consenting, obtain signature(s).

How to obtain signature(s) on Consents:

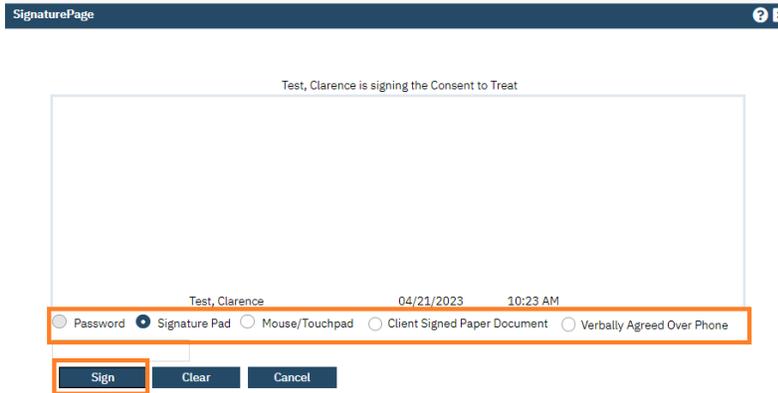
Start by signing. Click the Sign button in the upper right-hand corner.



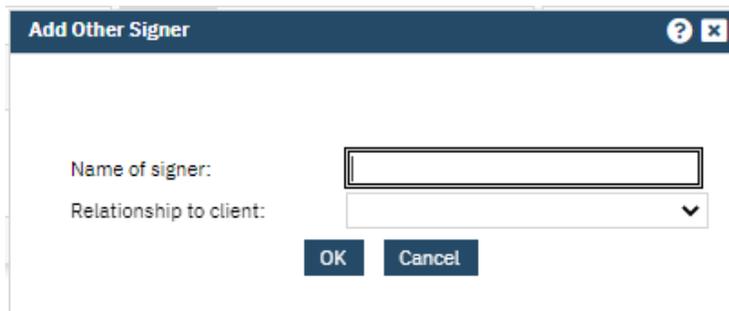
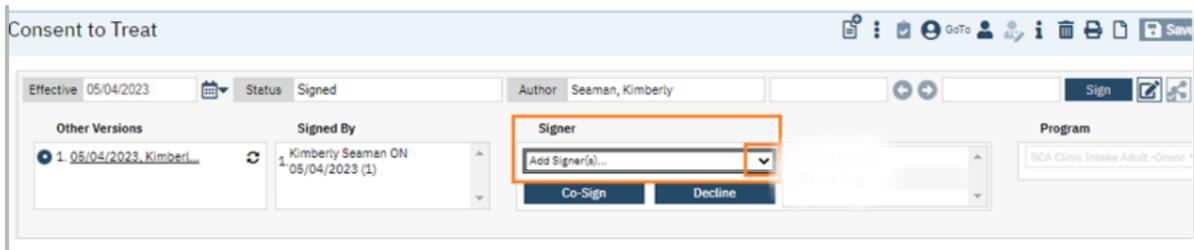
Next, click the + button. The signer box will open. Click the radial button next to the client's name. Click the Co-Sign button. (Note: there is an X next to the radial button. If you click the X, instead of the radial button, the signatory's name will disappear. You will then need to go to the "Add Signer Field" and select the client from the drop-down menu to re-insert them into the signatory box. You can click the X to delete client under 12 years old but will need to add in the parent/guardian signature. How-to in future section.)



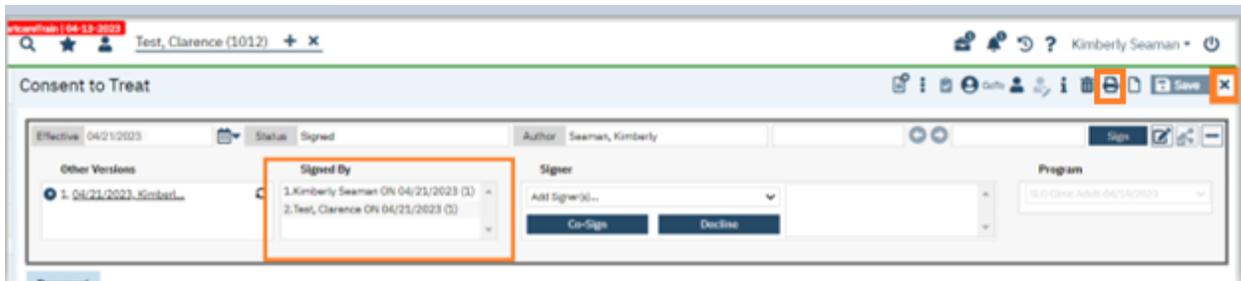
The signature window will display. Select method client will be signing. Once signed, click the Sign button.



If parent/guardian signature is needed, select " Other Signer" from the drop-down menu in the Add Signer field, enter in the name of the parent/guardian and specify relationship to client, then click OK.

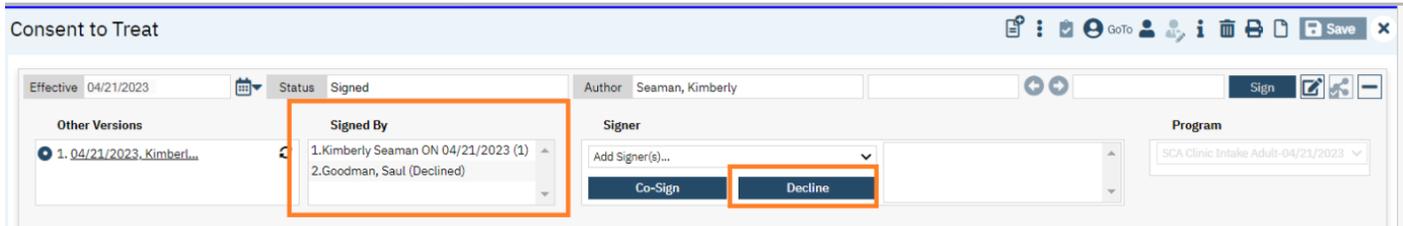


Verify all needed signatures have been obtained. You can print a copy for the client by clicking the print icon. Click X to close the screen.



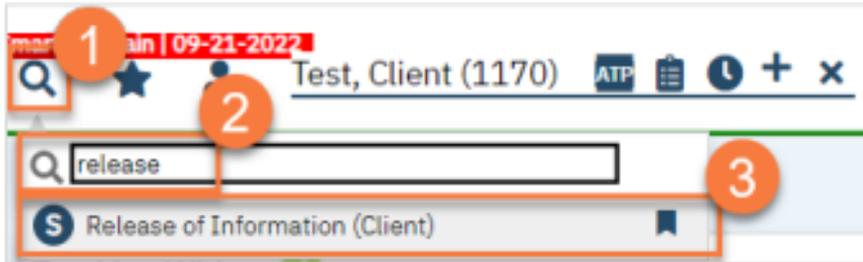
Repeat this process for **Consent** for Text Communication document, **Consent** for Telehealth document, and **Consent** for Email Communication document.

*If client declines to sign any consent document, instead of clicking co-sign button after you have selected radial button next to client's name, select the decline button. Verify the declined signature has been accepted, then X out to close.

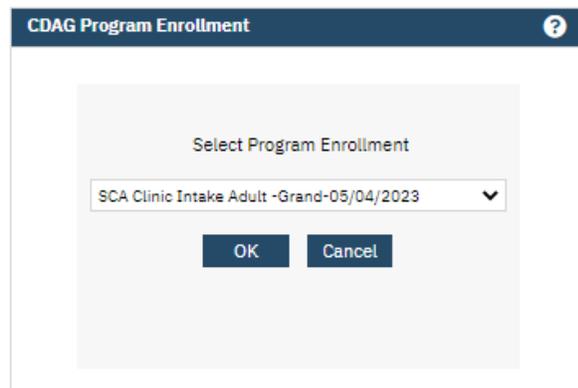


Obtain Release of Information

1. With the client record open, click the Search icon.
2. Type **Release of Information** into the search bar.
3. Click to select **Release of Information (Client)**.



4. In the CDAG Program Enrollment window pop-up, click the drop down and click to select the appropriate program.
5. Click OK to continue.



6. Complete the Release To/Release From section. Make sure to select whether this authorization allows you to release information to this entity and/or obtain information from this entity.

Release To/Release From

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

Organization/Provider Contact **Open Contacts** Type Release To Obtain From **6**

Release To/From: Training, Spouse

Contact Type: [Dropdown]

Organization: [Text]

Name: Training, Spouse

Address: 123 Oak Street

City: Sacramento State: California Zip: 95555

Phone: (916) 555-9999 Fax Number: [Text]

a. If the person you're completing this release for is already entered as a contact in the Client Information Screen, select "Contact" and then select the person from the drop-down list "Release To/From". This will bring in the contact person's information.

Release To/Release From

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

Organization/Provider Contact **Open Contacts** Type

Release To/From: Training, Spouse **a**

Contact Type: [Dropdown]

Organization: [Text]

Name: [Text]

Address: [Text]

City: [Text] State: [Text] Zip: [Text]

Phone: [Text] Fax: [Text]

b. If you're completing a release for an organization, such as Social Services or a school, select "Organization/Provider". This opens a button next to the Release To/From field. Clicking this brings up a pop-up window where you can enter the organization's information. Click save. This will push this information to the ROI and save this information for future ROIs. Enter the organization's information.

Release To/Release From

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

Organization/Provider Contact **Open Contacts** Type Release To Obtain From

Release To/From: [Text] **b**

Contact Type: [Dropdown]

Organization: Local Recovery Clinic

Name: [Text]

Address: 321 Sycamore Road ,

City: Sacramento State: California Zip: 95555

Phone: (916) 555-3333 Fax Number: (916) 555-2222

- c. If you're completing a release for a contact person that is not currently entered as a contact in the Client Information Screen, selecting "Contact" will create an opportunity to select the button "Open Contacts". This will take you to the Client Information Screen, where you can add additional contact.

Release To/Release From

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

Organization/Provider Contact **Open Contacts** Type Release To Obtain From

Release To/From:

Contact Type:

Organization:

Name:

Address:

City: State: Zip:

Phone: Fax Number:

7. Complete the Purpose of Disclosure section. Most authorizations to disclose information are for treatment and/or care coordination, but others may apply. Select the appropriate boxes. If you select "Other", make sure to clarify.

8. Complete the Expiration section. The start date automatically fills with today's date. If you don't change anything in this section, the document will automatically expire 1 year from today's date.

- a. You can also add c+y in this field to have the expiration date show right away.

Purpose of Disclosure 7

Process insurance/third part claims(Substance Abuse Remittance Only) Care Coordination

HIE(Health Information Exchange) Other

Expiration 8

If nothing marked - one(1) year from date signed

1 time disclosure 6 months End of Agency Treatment

Start Date: 05/18/2023 End Date: a

9. Complete the Information to be Used or Disclosed section.

- a. Select either MH or SUD for ROI Type. DO NOT USE GENERAL.
- b. Select all records that are authorized for disclosure per the client's request.
- c. If the client requests that only records from a certain time frame be shared, include the start and end dates.

Information to be Used or Disclosed 9

The information that can be disclosed under this authorization includes the following, if available

ROI Type: MH a

All Records Acknowledgement of Treatment Billing &/OR Insurance Information

Intake/Admission Information Psychological Evaluation(s) Reports Medications Prescribed

Discharge Summary/Plan b Progress Review/Summary Screening Assessment(s)

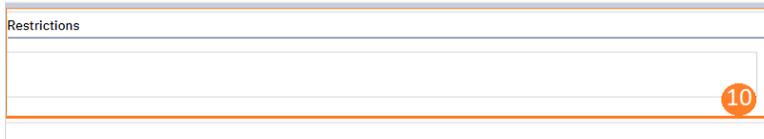
AAPS Eligibility Documents School Records/Reports/IEPs Medical History, Lab Results, Immunizations Records

Treatment Plan(s) Progress Notes Legal Documents

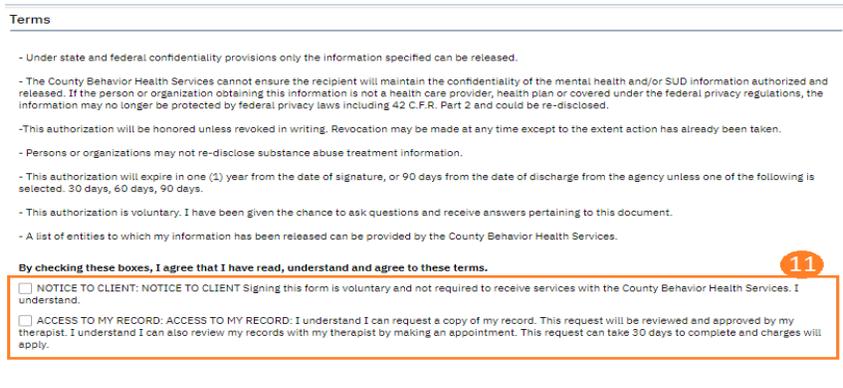
Other:

Records Start Date: Records End Date: c

10. If the client wishes to put any restrictions on this authorization, enter those in the Restrictions section.



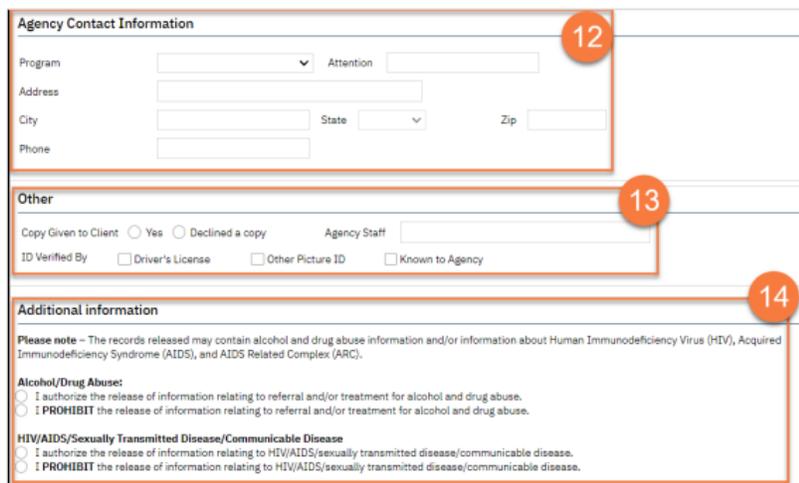
11. The terms section provides the client with information about the authorization they are signing. Make sure to check both boxes to demonstrate you've reviewed this information with the client.



12. Enter your agency's information in the Agency Contact Information section. (The purpose of this section is to provide the recipient with our contact information, should they need to contact us. Do not add specific staff to the Attention field- we don't want to limit Release of Information to just that staff member.)

13. The Other section allows you to document if the client received or declined a copy of the document. It also allows you to document how you verified the client's identity as the appropriate person to sign this document. Enter your name in the Agency Staff field.

14. The Additional information section must be completed to document the disclosure of certain types of information. The client must opt to either authorize or prohibit each of these specialty types of information.



Start by signing. Click the Sign button in the upper right-hand corner.



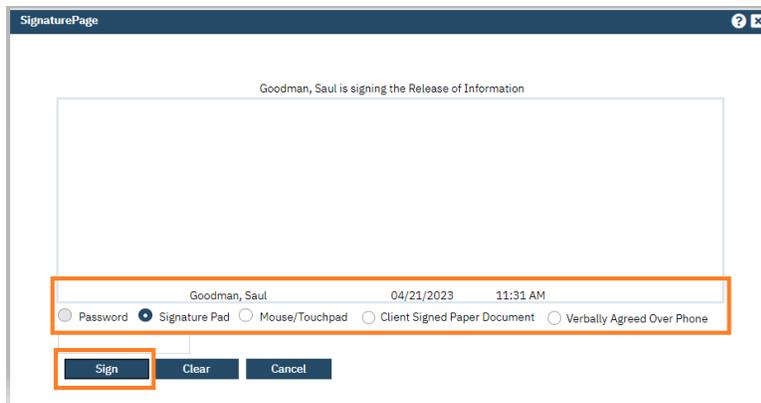
Next, click the + button. The signer box will open. Click the radial button next to the client's name. Click the Co-Sign button.



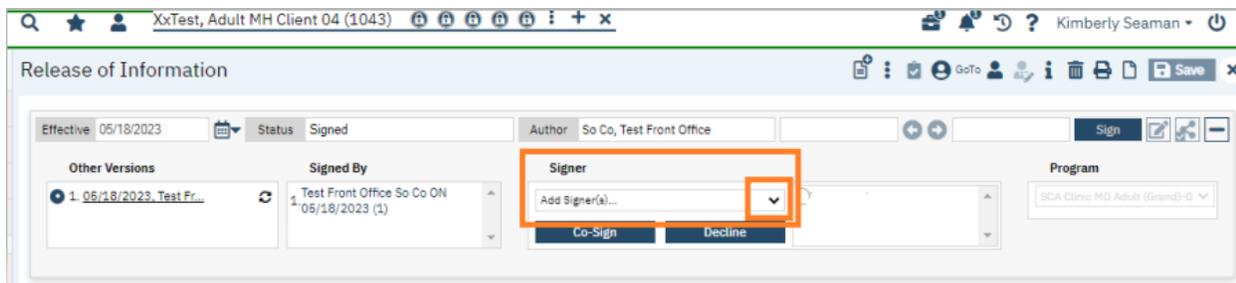
The signature window will display. Select method client will be signing. (Do not use verbally agreed over phone for signature. Doing so will invalidate the Release of Information.)

Once signed, click the Sign button.

Note: If a client is under 12 years old, you may delete the client signature. You will need to add the parent/guardian signature.



Add parent/guardian, if needed. Select "Other Signer" from the drop-down in Add Signer field, enter in name of signer and specify relationship to client, then click OK.



Add Other Signer

Name of signer:

Relationship to client:

OK **Cancel**

Add signatures for your clinic HIT and LPHA from the Signer drop-down menu.

Verify all needed signatures have been obtained. Click X to close the screen.

Release of Information

Effective: 04/21/2023 | Status: Signed | Author: Seaman, Kimberly

Signed By

- 1. Kimberly Seaman ON 04/21/2023 (1)
- 2. Goodman, Saul ON 04/21/2023 (2)
- 3. Kimberly Seaman ON 04/21/2023 (2)

Signer

Add Signer(s)...

Co-Sign **Decline**

Program

SCA Clinic Intake Adult-04/21/2023

If you forget to add a staff signature, re-open the form and click the edit button.

Release of Information

Effective: 05/23/2023 | Status: Signed | Author: So Co, Test Front Office

Document

Sign **Edit** **+**

Select the desired staff from the drop-down menu in the Signer field. X to close.

Release of Information

Effective: 05/18/2023 | Status: Signed | Author: So Co, Test Front Office

Signed By

- 1. Test Front Office So Co ON 05/18/2023 (1)

Signer

Add Signer(s)...

Co-Sign **Decline**

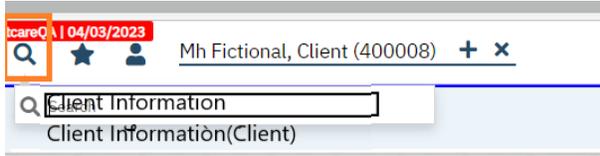
Program

SCA Clinic HD Adult (Brand-0)

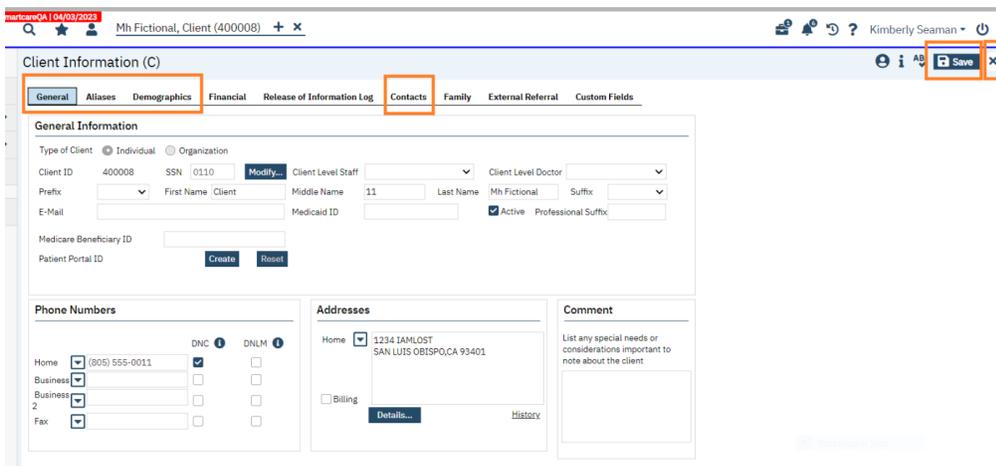
Enter in Client Information (Screen)

(AZ equivalent = Demographics)

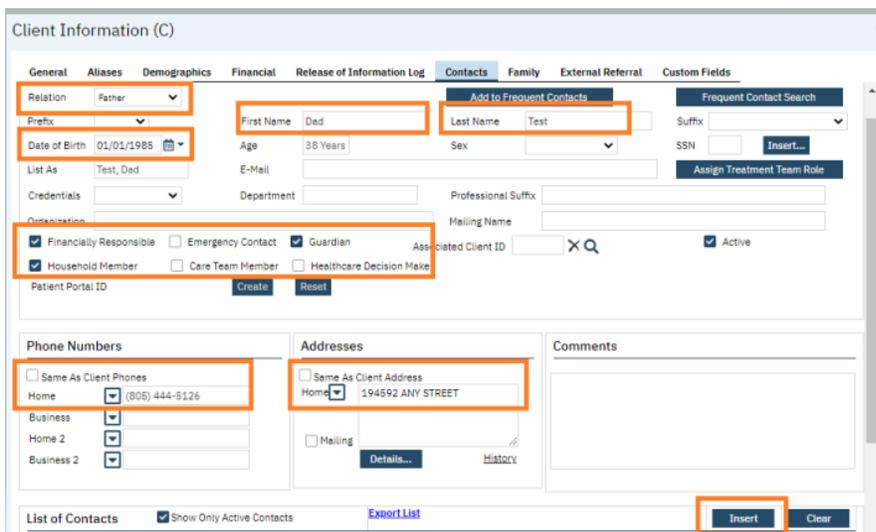
With the client record open, type **Client Information** in the search bar. Select **Client Information (Client)**.



Enter all information in the General tab, Alias tab, Demographic tab, and Contacts tab. Once done, click Save and X to close.



If the client is a minor, make sure to add parent/guardian information in the Contacts tab. Ensure to check the financially responsible box, as well as guardian and/or household member boxes, so this will push through the system and will automatically add parent/guardian information to the UMDAP Financial Assessment (discussed later in this guide), as well as add their signature to any future forms that require signatures.



If you need to edit contact information, go to list of contacts field, click radial button next to contact name, edit info then click modify.

Client Information (C)

General Aliases Demographics Financial Release of Information Log **Contacts** Family External Referral Custom Fields

Financially Responsible Emergency Contact Guardian Associated Client ID X Q Active

Household Member Care Team Member Healthcare Decision Maker

Patient Portal ID

Phone Numbers

Same As Client Phones

Home (805) 444-5126

Business

Home 2

Business 2

Addresses

Same As Client Address

Home 123 Any Street
Anytown, CA 93111

Mailing

Comments

List of Contacts Show Only Active Contacts

	Contact	Relation	Phone	Organization	Guardian	Emergency	Financially Responsible	Household Member	Care Team Member	Active	Healthcare Decision Maker
X	<input checked="" type="radio"/> Dog, Mom	Mother	(805) 444-5126		Yes	Yes	No	Yes	No	Yes	No
X	<input type="radio"/> Dog, Dad	Father	(805) 444-5126		Yes	No	Yes	Yes	No	Yes	No

Enter in Coverage/Insurance Information (Screen)

With the client record open, search **Coverage**. Select **Coverage (Client)**.

Search: Dog, Charlie (1025) + X

Q Coverage

Coverage (Client)

Click on the New icon to add a new Plan.

Coverage

Client Plans Notes

These fields are required when entering a new plan:

Plan – Select from the dropdown menu.

Insured ID – Enter Insured ID

Client Is Subscriber

- i. The Client is Subscriber radio button automatically defaults to Yes.
- ii. If the client is not the subscriber select the No radio button and select the subscriber from the dropdown list of the client’s contacts.

iii. If the subscriber has not been added to the client's contacts, select the Update Contacts button, and add the subscriber's information to the client's contacts.

d. Save and close.

7. Repeat the above steps to add additional Coverages. You will need to enter Medi-Cal info, as well as separate Medi-Cal DMC ODS info.

Note: SmartCare should automatically add the Medi-Cal DMCODS info once you have entered Medi-Cal information and ran eligibility. This feature could not be tested at the time of this guide creation due to Medi-Cal eligibility not being activated in the Train environment.

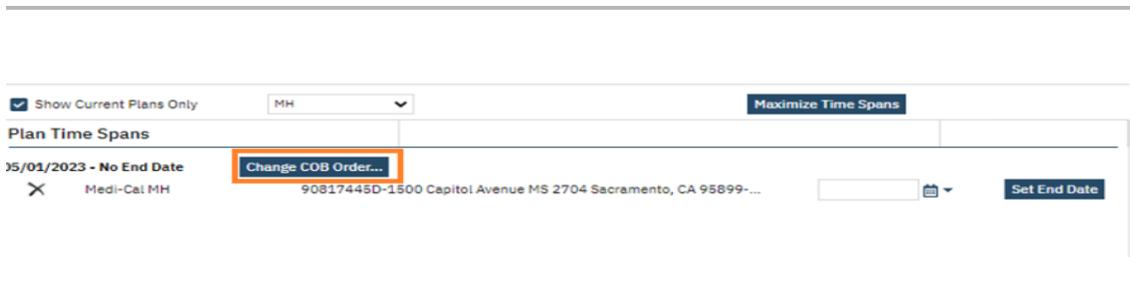
The screenshot shows the 'Client Plans' form with tabs for 'General', 'Claim Information', 'Copayment', and 'Monthly Deductible'. The 'Plan' dropdown is set to 'Medi-Cal MH'. The 'Insured ID' field is highlighted with a red box. An inset window titled 'Insured Information' is shown, with the 'Update Contacts' button circled in red.

Enter Start Date, Service Area (add both MH & DMC for Medicare/Private Insurance; MH for Medi-Cal; and DMC for Medi-Cal DMCODS) and select Add.

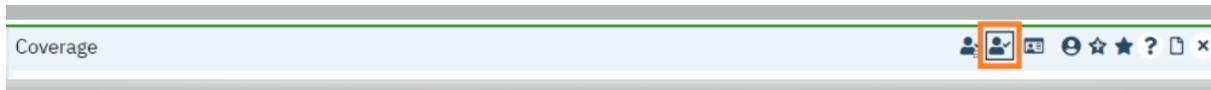
The screenshot shows the 'Coverage' form with a table of 'Client Plans'. The 'Start Date' and 'Service Area' columns are highlighted with orange boxes. The 'Add' button for each row is also highlighted.

Plan Name	Insured Id	Co-Pay	Start Date	End Date	COB	Service Area	
Medi-Cal	90817445D						Add
Medi-Cal MH	90817445D		05/01/2023			MH	Add
Medicare Part A & B	54DX232XJK1						Add

The plan will now be shown in the Plan Time Spans field. If more than one insurance is listed, click the Change CBO Order button.



Verify eligibility by clicking the Verify Eligibility icon.



Insurance Eligibility Verification screen will open. Click Submit Request.

Insurance Eligibility Verification

Request | Response

Print Response | Close

Coverage Plan

Electronic Payer: Medi-Cal | Payer Id: 610442

Insured Information

First Name: Kitty | Last Name: Cat | SSN: 562562145
 Insured Id: 90817445D | Date Of Birth: 04/26/2001 | Sex: Female
 Group Number: [Empty]

Client Information

Relationship to the insured: Self | First Name: Kitty | Last Name: Cat
 Date Of Birth: 04/26/2001 | Sex: Female

Date Range Start and End date range cannot be greater than days

Start Date: 05/10/2023 | End Date: 05/10/2023

Submit Request

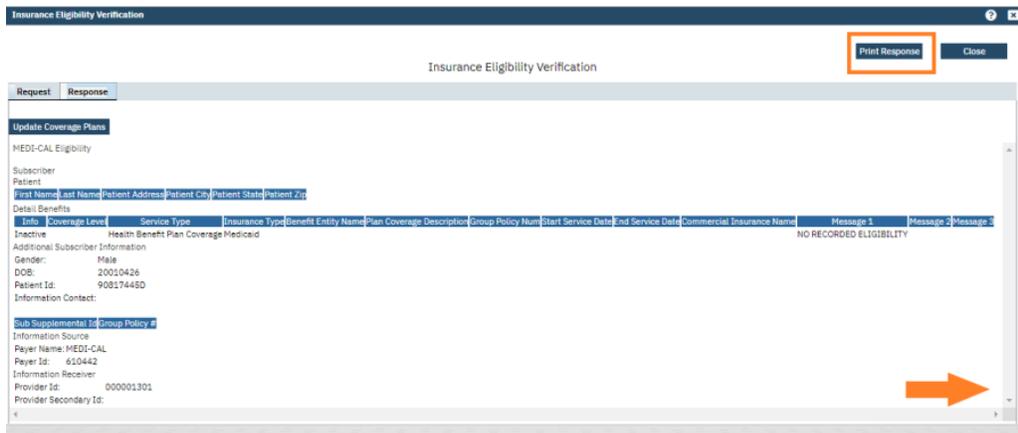
Click the Update Coverage button to automatically update the client's Medi-Cal coverage.

Update Coverage Plan

Medi-Cal
 Submitter: [Empty]
 Patient: [Empty]
 Role: [Empty]
 Relationship: [Empty]
 Date of Birth: [Empty]

Info	Coverage Level	Service Type	Insurance Type	Benefit Entity Name	Plan Coverage Description	Contract Name	Start Service Date	End Service Date	Commercial Insurance Name	Religious	Co-Insurance	Co-Pay Amount	Production	Out of Pocket	Phase 1	Phase 2	Phase 3

- a. Click the Print Response button if you need to print. Scroll down to view additional benefits and client information.



Complete a UMDAP Financial Assessment, Paper Cost Agreement, and Paper ABN (if applicable) for non-UMDAP clients.

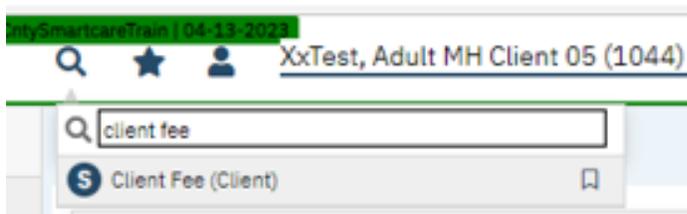
For clients with Full Scope Medi-Cal, SOC Medi-Cal, & DAS Grant Funded Programs, the AA will need to complete a paper cost agreement and explain what happens if the client loses their Medi-Cal coverage. An UMDAP Financial Assessment in SmartCare will also need to be completed, as well as a paper ABN (for MH clients with Medicare insurance), for all MH in person assessments.

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

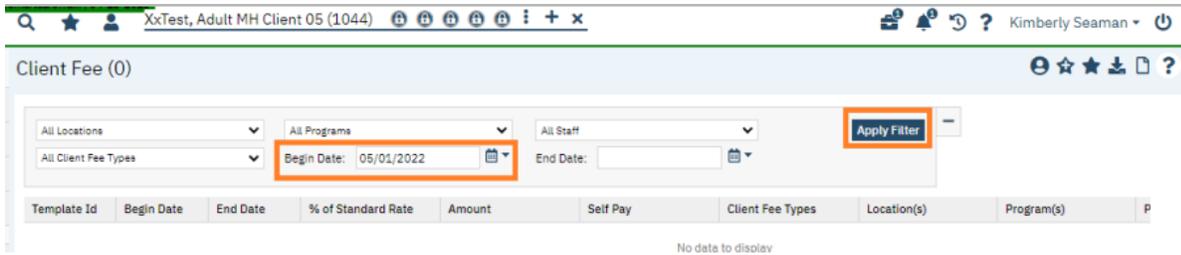
If a client needs an UMDAP (for clients with Medicare Only, Private Insurance, or no insurance/funding source), an UMDAP will need to be set by the service provider. The service provider will need to complete the UMDAP Financial Assessment (on paper) & set the UMDAP. Once done, they will give to the AA to enter in to SmartCare. HIT will verify.

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

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

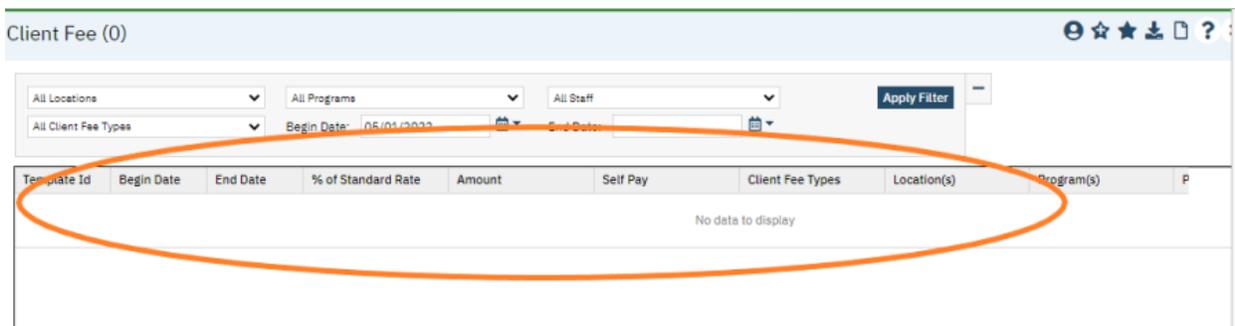


Set the begin date to go back one full year and click apply filter. (Leave all other fields set as All.)



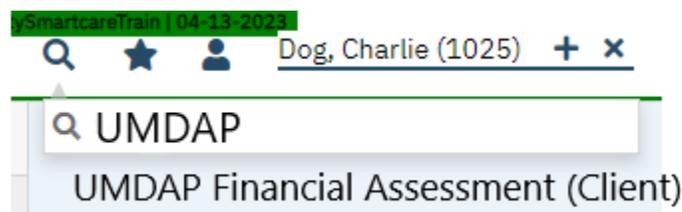
If nothing is shown in this field, you may proceed with entering a new UMDAP Financial Assessment. Note: if there is a current UMDAP in place, the annual start and end dates, along with the UMDAP amount, will display here. If the start and end dates are within the current time client is starting services with us, you do not need to obtain a new UMDAP Financial Assessment.

THERE SHOULD ONLY BE ONE UMDAP FINANCIAL ASSESSMENT IN SMARTCARE PER ANNUAL PERIOD.



Complete a UMDAP Financial Assessment

1. With the client record open, click the Search icon.
2. Type **UMDAP** into the search bar.
3. Click to select **UMDAP Financial Assessment (Client)**.



4. In the Responsible Party tab, complete the outlined sections. (Some fields will populate with info from the Client Information screen. You will only need to complete any 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. Answer if client is Medi-Cal eligible.
- b. 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.

- c. You may complete the other sections in this tab if the information is known, but it is not required.

The screenshot shows the 'Responsible Party' tab of the UMDAP Financial Assessment form. The form is for a client named 'Tester, Happy (1018)' with an effective date of 05/22/2023 and a status of 'New'. The author is 'So Co, Test Front Office' and the date is 05/10/2023. The 'Responsible Party' tab is active, and several fields are highlighted with orange boxes: 'Client is Responsible Party' (radio buttons for Yes/No), 'Name' (with a 'Search Contact' button), 'Date of Birth', 'Medi-Cal Eligible' (radio buttons for Yes/No), 'Relationship to Client' (dropdown), 'Marital Status' (dropdown), 'Address' (with a 'Home' dropdown and a 'Billing' checkbox), 'Telephone Number' (with dropdowns for Home, Business, Home 2, Business 2 and checkboxes for DNC and DNLM), 'Veteran' (radio buttons for Yes/No), 'Social Security Number' (with a 'Modify...' button), 'Employer', and 'Employer's Address'.

5. In the next tab (Third Party Information) the insurance information will pull over the Coverage screen.

- a. Check yes for Assignment/Release of Information obtained.

The screenshot shows the 'Third Party Information' tab of the UMDAP Financial Assessment form. The form is for a client named 'Tester, Happy (1018)' with an effective date of 05/22/2023 and a status of 'New'. The author is 'So Co, Test Front Office' and the date is 05/10/2023. The 'Third Party Information' tab is active, and several fields are highlighted with orange boxes: 'Insurance' (text input), 'Medicare Policy ID Number' (text input), 'Address' (with a 'Home' dropdown and a 'Billing' checkbox), 'Insurance ID' (text input), 'Medi-Cal CIN' (text input), and 'Assignment/Release of information obtained' (radio buttons for Yes/No).

6. 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 monthly income amount. Enter \$0 for spouse and other. Enter number of dependents on income.

UMDAP Financial Assessment

Effective 05/22/2023 Status In Progress Author So Co, Test Front Office 05/15/2023

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

Annual Period

Annual Period Start Date 05/01/2023 Annual Period End Date 04/30/2024

Income

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

7. In the UMDAP Liability Determination tab, enter \$0 in 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 0 for it allow you to sign the form.

UMDAP Financial Assessment

Effective 05/22/2023 Status New Author So Co, Test Front Office 05/10/2023

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

Liquid Assets

Savings \$
 IRA, CD, Market Value of Stocks, Bonds and Mutual Funds \$
 Checking Accounts \$
 Total of liquid assets \$
 Less Asset Allowance \$
 Total net liquid assets \$
 Monthly Asset Valuation \$

Asset Determination

Adjusted gross monthly income \$ 0

Allowable Expenses

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 \$ 0,00

UMDAP Liability Determination

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

Note: If the client has a SOC, continue with the process of setting the UMDAP amount based on their dependents and income. The system will automatically update SOC information when the MMEF file is run each month.

8. In the Other Information tab, select the yes radial button next to an explanation of the UMDAP liability was provided (since you had client sign a paper cost agreement.) Sign the form.

The screenshot shows the 'UMDAP Financial Assessment' form with the 'Other Information' tab selected. The status is 'New' and the author is 'Seaman, Kimberly'. A 'Sign' button is highlighted in the top right. In the 'Other Information' section, the 'Adjusted Reason' dropdown is set to 'An explanation of the UMDAP liability was provided', and the 'Yes' radio button is selected. Other fields include 'Provider of Financial Information', 'Name', 'Adjusted by', 'Approved by', 'Approval Date', and 'Address'.

9. Remove the client signature. (Client signature on the UMDAP Financial Assessment is not required for non-UMDAP clients since it was already obtained on paper cost agreement.)

The screenshot shows the 'UMDAP Financial Assessment' form in 'Document' view. The status is 'Signed'. A '+' icon in the top right corner is highlighted, indicating the next step in the process.

The screenshot shows the 'UMDAP Financial Assessment' form with the 'Signer' section. The 'Signed By' field shows 'Kimberly Seaman ON 05/26/2023 (1)'. The 'Signer' dropdown is set to 'With Fictional, ...'. A red box highlights the 'X' icon next to the 'Signer' dropdown, indicating the next step in the process.

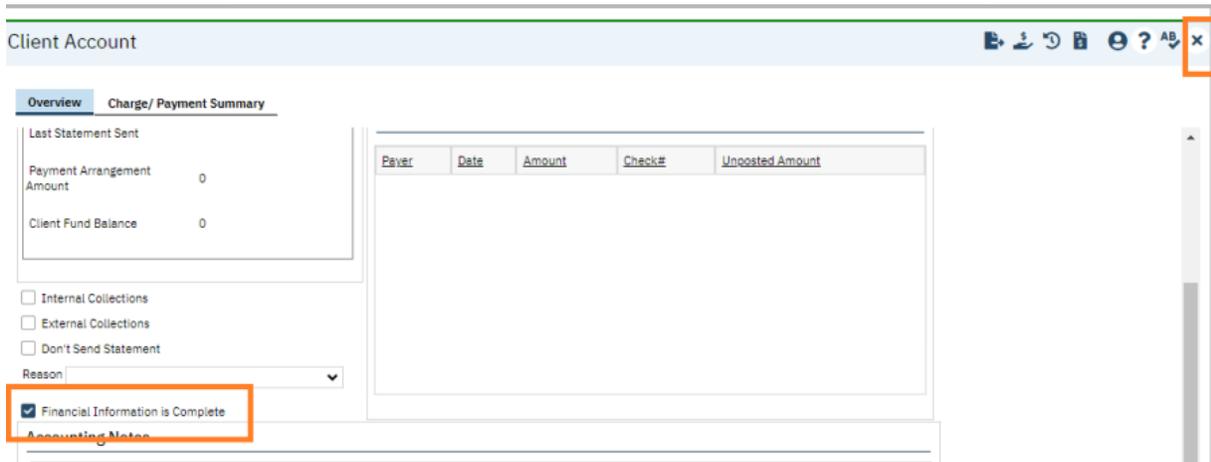
10. Click X to close.

The screenshot shows the 'UMDAP Financial Assessment' form in 'Document' view. The status is 'Signed'. A red box highlights the 'X' icon in the top right corner, indicating the next step in the process. The document content shows 'Client ID: 400008' and 'Page 1 of 3'.

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



Check the “financial information is complete” box. X to close.

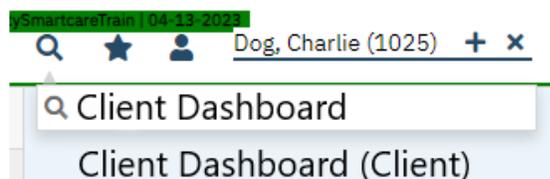


Clear Notifications/Flags for Items Front Office completed on Paper or in Screens (HITs to complete as part of intake audit.)

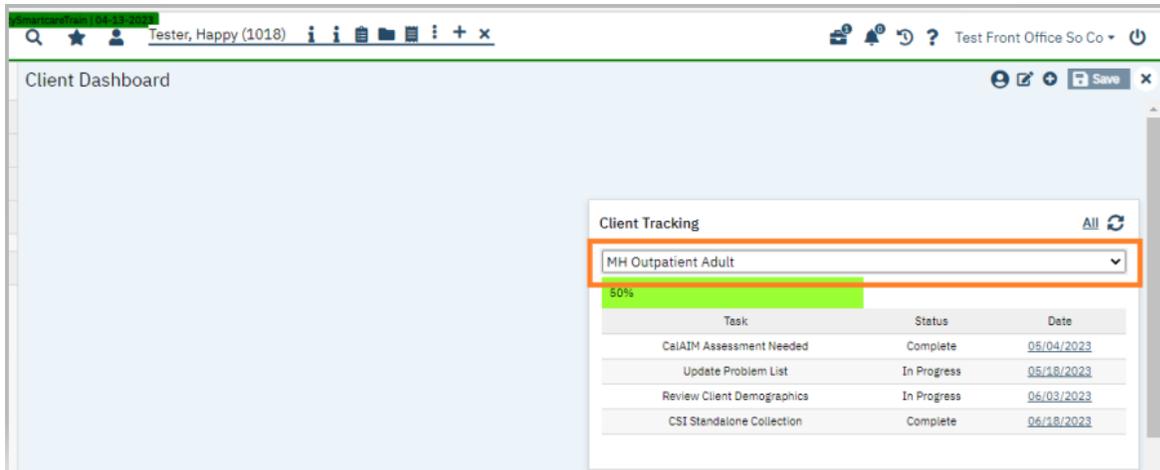
Paper items MH Front Office is to obtain, applicable to their program: Cost Agreement, ABN, Health Questionnaire- Optional; Short Sensory Profile (on paper)-Martha's Place only, CHADIS Report (on paper)-Martha's Place only, Caregiver Affidavit, Audio/Video Consent, PSC, Consent to Take Photo (if we are taking picture and uploading into SmartCare.) Service provider to complete paper UMDAP Financial Assessment for UMDAP clients.

Screens: Client Information (Client), Coverage, UMDAP Financial Assessment

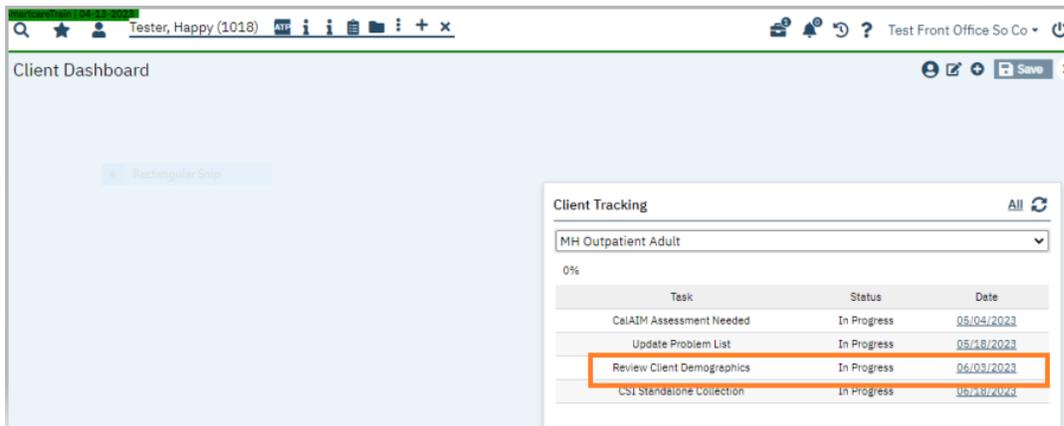
With the client open, search **Client Dashboard** and select **Client Dashboard (Client)**.



Navigate to the “**Client Tracking**” Widget and select your program from the drop-down menu. This shows you all the flags (tasks) associated with that program.



Locate the paper form or screen that has been completed. Click the blue link date associated with that paper form or screen.



The Flag Details screen will open. Enter in the End/Completed Date and select your name from the drop-down menu in the Completed By field. Click the Modify button, Save and X to close.

Flag Details Save

Note Information

Type: Review Client Demographics ID: 37438 Work Group: Active

Level: Information Protocol: MH Outpatient Adult Protocol Flag ID: Program: 40 Prado MHSA Adult Intak

Note: Review Client Demographics This flag recurs

Open Date: 05/04/2023 Display Date: 05/04/2023 Due Date: 06/03/2023 End/Completed Date: 05/10/2023

Completed By: Seaman, Kimberly

Link to: Nothing Document Clean Assigned Users: Assigned Roles:

Comment:

Permitted Flag Do not display flag Never Pop Up Always Pop Up

Modify Clear

Note List Show Active Only

When you go back to the **Client Dashboard**, you will see the status of that needed item has now changed from In Progress to Complete. Repeat this process for all items you are responsible for.

Client Dashboard Save

Client Tracking All Refresh

MH Outpatient Adult

25%

Task	Status	Date
CalAIM Assessment Needed	In Progress	05/04/2023
Update Problem List	In Progress	05/18/2023
Review Client Demographics	Complete	06/03/2023
USI Stagnation Collection	In Progress	06/03/2023