I. PURPOSE

To establish procedures for reducing or waiving the client UMDAP fee.

II GUIDELINES

A. Client Therapist Fee Reductions shall be the exception, not the rule, since UMDAP already allows for equitable fee structures.

B. There will be no Therapeutic Fee Reduction for clients with HMO's.

C. Exceptions to above guidelines will be determined by the deputy director.

III. PROCEDURES

A. Clinical Therapist:

Clients are to speak to the FI regarding changes in their financial status prior to completing the "Adjustment of Client Fees" form. Often adjustments can be made without having to complete the form. If the FI is unable to make adjustments of the client fee, then complete the Monthly Budget form by obtaining financial information from the client and the FI. Please note that all approved fee reductions are valid for maximum of one year. At that time another request will need to be submitted.

1. Instructions for completing the Monthly Budget Form.

   a. Complete the Client's Monthly Budget section.

   b. Contact Financial Interviewers for current UMDAP Financial Information. Place the information on the appropriate lines.

   c. Compare Budget to Financial Information received from the Financial Interview.

   d. If the information is inconsistent, refer the client to the FI for an UMDAP update.

   If the information is the same then complete the Fee Reduction Request Form.

2. Instructions for completing the Fee Reduction Request Form:

   a. Place current date, clinician's name and clinic name on the appropriate lines.

   b. Check the appropriate space to indicate if the account has been sent to Collections.
c  Place client's name, chart number, and family number on the appropriate
   lines.

d  Place dates of deductible period, amount of existing deductible, proposed
   deductible and difference on appropriate lines.

e. Complete justification for reduction in the appropriate area with comments.

f  At the top of the page indicate name of FI that you spoke to and date.

3  Submit request to clinic supervisor.

B.  Clinic Supervisor shall:

   1. Review the information on the form and make a recommendation.

   2. Forward the form to the program manager.

C.  Program Manager II shall:

   1. Review the information on the form and make a recommendation.

   2. Forward the form to the appropriate deputy director.

D.  Deputy Director shall:

   1. Review the information on the form and approve or deny the request.

   2. If approved, requests will be forwarded to the Business Office for processing with a
      copy to the program manager for distribution.

      OR

      If denied, reasons will be stated and the request will be returned to the appropriate
      program manager for review and distribution.

E  Business Office shall:

   Adjust the client's current annual deductible as approved and notify the Financial
   Interviewer's Office via a copy of a copy of the memo with the adjustment. Copies of all
   requests and related information should be filed in the client's financial folder.

F.  Financial Interviewer's Office

   The Financial Interviewers will notify the appropriate program to initiate a review of the Fee
   Reduction when the annual or a revised financial evaluation is done.

LV.smc
adjcnfee.spm
# MONTHLY BUDGET FORM

## CLIENT INFORMATION COMPLETED
BY CLINICAL THERAPIST

<table>
<thead>
<tr>
<th>Monthly Gross Income:</th>
<th>$______</th>
<th>Number of Dependents:</th>
<th>______</th>
</tr>
</thead>
</table>

## FINANCIAL INTERVIEWER INFORMATION

<table>
<thead>
<tr>
<th>Monthly Gross Income:</th>
<th>$______</th>
<th>Number of Dependents:</th>
<th>______</th>
</tr>
</thead>
</table>

### MONTHLY EXPENSES

**ALLOWABLE MONTHLY EXPENSES**

* ITEMS CONSIDERED SEPARATELY FOR THE STATE'S UMDAP CALCULATION *

<table>
<thead>
<tr>
<th>Court Ordered Payments</th>
<th>$______</th>
<th>Court Ordered Payments</th>
<th>$______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory Retirement</td>
<td>$______</td>
<td>Mandatory Retirement</td>
<td>$______</td>
</tr>
<tr>
<td>Medical Insurance/Expenses</td>
<td>$______</td>
<td>Medical Insurance/Expenses</td>
<td>$______</td>
</tr>
<tr>
<td>Dependent Support</td>
<td>$______</td>
<td>Dependent Support</td>
<td>$______</td>
</tr>
<tr>
<td>Child Care</td>
<td>$______</td>
<td>Child Care</td>
<td>$______</td>
</tr>
</tbody>
</table>

**(A) SUBTOTAL** $______

### PAYROLL DEDUCTIONS (List only those not included in Subtotal B)

<table>
<thead>
<tr>
<th>Housing</th>
<th>$______</th>
<th></th>
<th>$______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>$______</td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>Car Expenses</td>
<td>$______</td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>(payment, gas, insurance, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td>$______</td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>Telephone</td>
<td>$______</td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>Credit Card Payments</td>
<td>$______</td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>$______</td>
<td></td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td>$______</td>
<td></td>
<td></td>
<td>$______</td>
</tr>
<tr>
<td><strong>(C) SUBTOTAL PAYROLL</strong></td>
<td></td>
<td><strong>DEDUCTION:</strong></td>
<td>$______</td>
</tr>
</tbody>
</table>

**MONTHLY NET INCOME:** $______

**TOTAL MONTHLY EXPENSES:** $______

**(A+B+C)** $______

**NET DIFFERENCE:** $______

**(MONTHLY NET INCOME LESS TOTAL MONTHLY EXPENSES)**

**(B) SUBTOTAL** $______

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The following items are already included in the State’s formula for determining UMDAP Allowance. They are not taken into separate consideration. However, they may be considered by the Clinical Therapist separate from the comparison with the FI information.
# FEE ADJUSTMENT REQUEST

<table>
<thead>
<tr>
<th>CLINICIAN</th>
<th>CLINIC</th>
<th>IN COLLECTIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

**DATES OF DEDUCTIBLE PERIOD**
- FROM ____________ TO ____________

**EXISTING YEARLY DEDUCTIBLE**

**PROPOSED YEARLY DEDUCTIBLE**

**REDUCTION (DIFFERENCE)**

**JUSTIFICATION FOR REDUCTION:**

- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________
- __________________________________________________________

**ROUTING FOR REVIEW:**

<table>
<thead>
<tr>
<th>ROUTE TO</th>
<th>DATE</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINIC SUPERVISOR</td>
<td></td>
<td>YES/NO</td>
</tr>
<tr>
<td>PROGRAM MANAGER</td>
<td></td>
<td>YES/NO</td>
</tr>
<tr>
<td>DEPUTY DIRECTOR</td>
<td></td>
<td>YES/NO</td>
</tr>
</tbody>
</table>

**REASON FOR DENIAL:**

- __________________________________________________________
- __________________________________________________________
- __________________________________________________________

9-2.11A