



COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE

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BY L. Vasquez EFFECTIVE 7/94

DEPARTMENT BEHAVIORAL HEALTH

SUBJECT

ADJUSTMENT OF CLIENT FEES

APPROVED

*James McReynolds*  
James McReynolds, Director

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.

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**MONTHLY BUDGET FORM**

**CLIENT INFORMATION COMPLETED  
BY CLINICAL THERAPIST**

**FINANCIAL INTERVIEWER  
INFORMATION**

Monthly Gross Income: \$ \_\_\_\_\_  
Number of Dependents: \_\_\_\_\_

Monthly Gross Income: \$ \_\_\_\_\_  
Number of Dependents: \_\_\_\_\_

**MONTHLY EXPENSES**

Court Ordered Payments \$ \_\_\_\_\_  
Mandatory Retirement \$ \_\_\_\_\_  
Medical Insurance/Expenses \$ \_\_\_\_\_  
Dependent Support \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_

**ALLOWABLE MONTHLY EXPENSES  
(ITEMS CONSIDERED SEPARATELY FOR  
THE STATE'S UMDAP CALCULATION)**

Court Ordered Payments \$ \_\_\_\_\_  
Mandatory Retirement \$ \_\_\_\_\_  
Medical Insurance/Expenses \$ \_\_\_\_\_  
Dependent Support \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_

**(A) SUBTOTAL \$ \_\_\_\_\_**

**TOTAL MONTHLY  
ALLOWABLE EXPENSES \$ \_\_\_\_\_**

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.

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

Housing \$ \_\_\_\_\_  
Food \$ \_\_\_\_\_  
Car Expenses \$ \_\_\_\_\_  
(payment, gas, insurance, etc.)  
Utilities \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Credit Card Payments \$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**(C) SUBTOTAL PAYROLL  
DEDUCTION: \$ \_\_\_\_\_**

**MONTHLY NET INCOME: \$ \_\_\_\_\_**

**TOTAL MONTHLY EXPENSES:  
\$ \_\_\_\_\_  
(A+B+C)**

**NET DIFFERENCE: \$ \_\_\_\_\_  
(MONTHLY NET INCOME LESS  
TOTAL MONTHLY EXPENSES)**

**(B) SUBTOTAL \$ \_\_\_\_\_**

FEE ADJUSTMENT REQUEST

\_\_\_\_\_ IN COLLECTIONS? YES \_\_\_ NO \_\_\_  
 CLINICIAN \_\_\_\_\_ CLINIC \_\_\_\_\_  
 DATES OF DEDUCTIBLE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
 EXISTING YEARLY DEDUCTIBLE \_\_\_\_\_  
 PROPOSED YEARLY DEDUCTIBLE \_\_\_\_\_  
 REDUCTION (DIFFERENCE) \_\_\_\_\_

JUSTIFICATION FOR REDUCTION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROUTING FOR REVIEW:

\_\_\_\_\_ DATE \_\_\_\_\_ RECOMMENDED YES/NO  
 CLINIC SUPERVISOR

\_\_\_\_\_ DATE \_\_\_\_\_ RECOMMENDED YES/NO  
 PROGRAM MANAGER

\_\_\_\_\_ DATE \_\_\_\_\_ RECOMMENDED YES/NO  
 DEPUTY DIRECTOR

REASON FOR DENIAL:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_