This Family Registration Form is used to register a Family in the system. Each Family Account represents the Client or Client’s Responsible Party as a “Payer”, to calculate the yearly income of a household for annual UMDAP (Uniform Method of Determining Ability to Pay) liability for mental health services.

**Menu path:**
> Avatar PM / Client Management / Family and UMDAP Management / Family Registration

**Add a new Family Account**
Go to **Search Forms** field, type “family” and press Enter. A dropdown list will display a list of matching Menu Path. Select “Family Registration” from the dropdown list and double-click it.

**TIP:** The Family Registration option is included in the MH Outpatient Admission Bundle for a new client. Or it can be selected using the menu path above, or through Search Forms, which can be added in My Forms too.

Go to “Select Family” screen field. Click the **New Family** button, to launch the Family Registration Form *(if a client does not already have an active Family Account #).*
**TIP** – The Family Registration form has three sections which display on top of the left side margin: Family Registration, Family Members, and UMDAP Information.

**Family Registration**
- **Family Name** – LastName, FirstName (with no space between Last and First name).
- **Family’s Address** – Street address including apartment or suite #.
- **Family’s ZipCode** – 9-digit zip code with a dash “-“; if +4 digit is unknown, 4-0’s is acceptable.
- **Family’s City** – Populates, if zip is entered.
- **Family’s State** – Populates, if zip is entered.
- **Family Activation Date** – The date the family became active for the start of UMDAP coverage.
- **Inhibit Billing By Mail** – Select “Yes” to prevent sending a self-pay bill or patient statement to a client. Otherwise, select “No”.

**Family Members**
1. **Family Membership Information** - Click on to link the Client ID#.
2. **Client ID** – Usually begins with a “9”. Click on the button to activate search.
3. **Family Member Name** - The Family LastName, FirstName gets populated in this field.
4. **Type of Family Member** - Select appropriate radio button. Click the lightbulb icon for Help.
5. **Relationship To ‘Head of Household’** - Select the appropriate “Relationship...” from the dropdown list. (E.g., Head Of Household “Relationship...” is Self.)
6. **Start Date Of Family Membership** – The same month and day the family was activated, the Avatar system will not allow you to enter a different month and day, except only the year.
7. **End Date of Family Membership** – **SKIP** unless the client has ended membership to this household (such as in the cases of death, divorce, or becoming a member of a different client household).

**UMDAP Information** – This section has 4 subsections to calculate a household’s yearly payment:

1. **Financial Liability Subsection**
2. **Asset Determination Subsection**
3. **Allowable Expenses Subsection**
4. **Totals Subsection**

If no line item is added or displayed in the summary table, click **button to add a new yearly UMDAP/Payer Financial Information (PFI). **NOTE, the client is considered a ‘Payer’ here.**

**Start Date Of UMDAP Year** – Two-digit month, two-digit date, and four-digit year (MM/DD/YYYY) matching the same month and day as the Family Activation Date. Otherwise, an Error window will pop up. The End Date will be populated by the system.

1. **Financial Liability** – This subsection begins with monthly income fields.
   - The “Gross monthly...” wages, Social Security OASDI, SSI or SSP, etc. received by each family member. “Resp Person” = responsible person or Head of Household. If applicable, income for “Spouse” and/or “Other” family members.
   - # Dependent On Income – Enter family household number (**count all persons, including non-clients, in household**).

2. **Asset Determination** - This subsection is about liquid assets (quickly convertible to cash).
   - **NOTE** the data in the grayed fields are system populated. They are not editable fields. **

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**DPH – Community Behavioral Health Services**
3. **Allowable Expenses** - This subsection is about court-ordered, healthcare, or other expenses. Enter data where applicable, in the white-fill fields.

**DO NOT enter data in the “Allowed Monthly Medical Expenses” field.**

4. **Totals** - This subsection summarizes financial data from the preceding subsections: Liability, Assets, and Expenses.

   a) "**Calculated UMDAP Annual Liability**” – **SKIP**; this field shows a lump sum which is not editable, but adjustments can be made in the following fields...

   b) "**UMDAP Annual Liability**” – edit to a lesser amount, if needed, which prompts you to the next field “Agreed Monthly Payments....” Then the 2 formerly inactive gray-filled fields, "Adjusted by" and "Reason", must be entered. (For example, a reason could be *Therapeutic Adjustment.*)

   c) “Agreed Monthly Payments To Satisfy Above Liability” must be entered with installments for the remainder of that UMDAP year.

   d) “Approved by” (clinic/program director’s name), ”Interviewer,” ”Approved Date,” & ”Date Interviewed” fields must be completed.

Click button to save your input. Otherwise, click to **Exit**, which would allow you to disregard your data input or changes. Select “Yes” to close the small window display.
Find an existing Family Account #:

Go to “Search Forms” field, type “forms” and press Enter. Select the client from the dropdown list and double-click it.

Enter Last Name, First Name (for example, “LADY,GAGA” with no space between Last and First name). Click on the button to activate search. The dropdown list will display Family Accounts meeting the search criteria.

Select the correct Family Account by double clicking on the name or by using the arrow keys to move to the desired account and press ‘Enter’ or click “Select” button.
Select “Edit” to view the existing Family Account # or click “Add” to print a new PFI report. It will take you to “Consent Forms” option.

Click on the button. It will generate a PFI Report on the screen, where you will see Family Account # on the top left hand corner.

Click when the “Download Report from server” window display appears on the screen. Click button to “Exit” and select “Yes” to close the small window display.

**TIP** – The Consent Forms will display the various types of consent forms in use in the system and allow the user to print out each from the check boxes listed below.

- CBHS Consent for Treatment
- CBHS disclosure of PHI
- CBHS Notice of Privacy Practices
- CBHS Receipt of Materials
- Consent Medications Adult
- Consent Medication CYF
**My Avatar – Family Registration Guide**

**Family Registration, UMDAP/PFI**

There are two different aspects of **Payer Financial Information (PFI)** in regard to storing financial information in My Avatar system:

1. **Payer** Financial Information is stored in **Financial Eligibility** screen.
2. **Patient** Financial Information is stored in **Family Registration** screen.

<table>
<thead>
<tr>
<th><strong>Medi-Cal Full Scope #88</strong></th>
<th><strong>Medi-Cal with SOC #32</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Eligibility:</strong></td>
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</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Must enter Payer’s Financial Information in Financial Eligibility screen, i.e. add guarantors or insurance info. Make a note of guarantor order.</td>
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<tr>
<td>2. General Fund #35</td>
<td>2. UMDAP #36</td>
</tr>
<tr>
<td>3. General Fund #35</td>
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<th><strong>Consent Forms:</strong></th>
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</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>A Family Account should not be added in Family Registration screen, since a Full Scope beneficiary does not have any patient liability.</td>
<td>Go to Forms. Select the first top three options (Consent for Treatment, Disclosure of PHI and Notice of Privacy Practices) and click the <strong>'Click Here for PFI Report'</strong> button below to printout and obtain signature from the Client or Client’s Responsible Party for PHI etc.</td>
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</table>

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<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Go to Forms. Click the ‘Submit’ button to printout and obtain signature from the Client or Client’s Responsible Party for their agreement to pay yearly financial UMDAP liability amount due.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** Clients with Healthy Kid (HK), Healthy Families (HF) and Healthy Worker (HW) beneficiaries do not need to fill out Family Registration. These beneficiaries have their co-pays per visit. Their Payer Financial Information is entered in Financial Eligibility section. They should use Full Pay #39 as the secondary guarantor, before General Fund #35.