

**Advanced Behavioral Health, Inc.**  
**Access to Web-Based Residential UUM Data System**  
**Statement of Rights & Responsibilities**

In order to maintain safe and secure communication that is consistent with all applicable state and federal rules and regulations including those outlined in the Health Insurance Portability & Accountability Act (HIPAA), it is essential that individuals granted access to the ABH secure, Residential UUM Data System understand and comply with all safeguards. We ask you to review the following statements and to confirm your understanding of the statements contained by signing the bottom of the form.

1. I understand that the login and password assigned to me are intended for my use only and are not to be shared or distributed to others.
2. I agree to maintain the confidentiality of client information while online by logging off the Residential UUM Data System if I leave my computer unattended.
3. I understand that my employer will receive a list of the employees with current access to the Residential UUM Data System, and will be informed of any suspension or termination of my access to the Residential UUM Data System.
4. I agree to notify Advanced Behavioral Health, Inc. immediately if my employment status with \_\_\_\_\_ changes. I further understand that my access to the Residential UUM Data System is fully conditional to my employment with this agency.
5. I understand that my access to the ABH online system(s) may be suspended or terminated immediately by ABH if there is evidence of inappropriate use or distribution of the system or my login/password.

Your Name (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Agency Name: \_\_\_\_\_

\*Please note supervisor name and signature required to process.

I have read and agree to the statements listed above.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPENDIX 2: RESIDENTIAL UNIVERSAL UTILIZATION MANAGEMENT DATA ELEMENTS

<p><b><u>UM Plan Rehab Goals</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> All rehab goals met</li><li style="text-align: center;">OR</li><li><input type="checkbox"/> Demonstrate good personal hygiene</li><li><input type="checkbox"/> Develop/demonstrate ability to maintain personal boundaries</li><li><input type="checkbox"/> Develop/demonstrate socialization skills</li><li><input type="checkbox"/> Develop/demonstrate a daily routine</li><li><input type="checkbox"/> Develop/demonstrate ability to access medical care</li><li><input type="checkbox"/> Develop/demonstrate ability to maintain living environment</li><li><input type="checkbox"/> Develop/demonstrate leisure/fun skills</li><li><input type="checkbox"/> Establish/maintain compliance with medications</li><li><input type="checkbox"/> Demonstrate ability to self-administer medications correctly</li><li><input type="checkbox"/> Develop/demonstrate safety skills</li><li><input type="checkbox"/> Develop/demonstrate ability to shop for and prepare meals</li><li><input type="checkbox"/> Use peer and community supports appropriately</li><li><input type="checkbox"/> Demonstrate ability to use public transportation</li><li><input type="checkbox"/> Develop and manage a daily budget</li><li><input type="checkbox"/> Prepare and follow a weekly schedule of appointments/tasks</li><li><input type="checkbox"/> Demonstrate ability to request help independently</li><li><input type="checkbox"/> Demonstrate ability to interact appropriately within milieu</li><li><input type="checkbox"/> Demonstrate ability to manage symptoms</li><li><input type="checkbox"/> Decrease or abstain from use of alcohol and/or other drugs</li></ul>	<p><b><u>Barriers To Discharge</u></b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> No current barriers to discharge</li><li style="text-align: center;">OR</li><li><input type="checkbox"/> Individual in care/Family/Conservator disagrees with the proposed discharge date or discharge plan</li><li><input type="checkbox"/> Insurance/entitlements needed for aftercare supports</li><li><input type="checkbox"/> Extended wait for DDS services</li><li><input type="checkbox"/> Awaiting PSRB approval of treatment or discharge plan</li><li><input type="checkbox"/> Inability to locate next needed service due to history of sexual assault/predation</li><li><input type="checkbox"/> Inability to locate next needed service due to history of fire setting</li><li><input type="checkbox"/> Inability to locate next needed service due to other high-risk behaviors</li><li><input type="checkbox"/> Extended wait for wraparound services needed to support individual post-discharge (e.g., ACT, CSP)</li><li><input type="checkbox"/> Refusing medication or other therapeutic interventions necessary to improve status</li><li><input type="checkbox"/> LMHA/Current Treatment Provider disagrees with the proposed discharge date or plan</li><li><input type="checkbox"/> Continued relapse to substance use makes rapid decompensation likely</li><li><input type="checkbox"/> Gross impairment/inability to perform ADLs</li><li><input type="checkbox"/> Gross impairment of skills necessary for community living</li><li><input type="checkbox"/> Presence of complex medical or psychosocial needs</li><li><input type="checkbox"/> Special assessment/evaluation required before discharge has not been scheduled/occurred</li><li><input type="checkbox"/> Specialized services needed for complex care needs are unavailable</li><li><input type="checkbox"/> Previous discharges from the current level of care have led to rapid decompensation</li></ul>										
<p><b><u>Proposed Discharge Disposition</u></b></p> <p>Proposed Discharge Date:</p> <p>Projected Discharge Disposition: (select one)</p> <table border="0"><tr><td><input type="checkbox"/> Group Home</td><td><input type="checkbox"/> Nursing Home</td></tr><tr><td><input type="checkbox"/> Residential Support</td><td><input type="checkbox"/> Case Management</td></tr><tr><td><input type="checkbox"/> Supervised Apartment</td><td><input type="checkbox"/> ACT Team/CSP</td></tr><tr><td><input type="checkbox"/> Supported Apartment</td><td><input type="checkbox"/> Unable to Determine</td></tr><tr><td><input type="checkbox"/> Transition Residential</td><td></td></tr></table>	<input type="checkbox"/> Group Home	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Residential Support	<input type="checkbox"/> Case Management	<input type="checkbox"/> Supervised Apartment	<input type="checkbox"/> ACT Team/CSP	<input type="checkbox"/> Supported Apartment	<input type="checkbox"/> Unable to Determine	<input type="checkbox"/> Transition Residential		
<input type="checkbox"/> Group Home	<input type="checkbox"/> Nursing Home										
<input type="checkbox"/> Residential Support	<input type="checkbox"/> Case Management										
<input type="checkbox"/> Supervised Apartment	<input type="checkbox"/> ACT Team/CSP										
<input type="checkbox"/> Supported Apartment	<input type="checkbox"/> Unable to Determine										
<input type="checkbox"/> Transition Residential											