



Residential Universal Utilization Management Program

The Residential Universal Utilization Management Program (RUUM) is a new initiative to more effectively and consistently manage the use of mental health residential programs. This will involve submitting additional data elements to DMHAS through a system created by Advanced Behavioral Health (ABH®). The utilization management of the residential programs will continue with the local LMHAs.

The process will require housing providers to submit data via the ABH internet RUUM program. This data must be submitted at a minimum of 90 days, and more frequently if determined necessary by the LMHA staff.

ABH® will import key data elements from the DMHAS DPAS (and DDAP) system to avoid the need for double data entry of certain data (e.g., name, date of admission, diagnosis etc., will all be imported from DMHAS). The new data elements were developed by a statewide workgroup of LMHA staff. The data elements are designed to be quick, simple and clear to aid in data entry and reporting.

Training on using the RUUM system will be provided to Housing and LMHA staff in late March and early April. This training will be internet based so your staff will be able to be trained on your site and not require travel to ABH®. The staff being trained will need access to a computer, and either speakers with the computer or a telephone to hear the audio portion of the training. ABH® will have a User Manual and help desk staff available to assist users after the training.

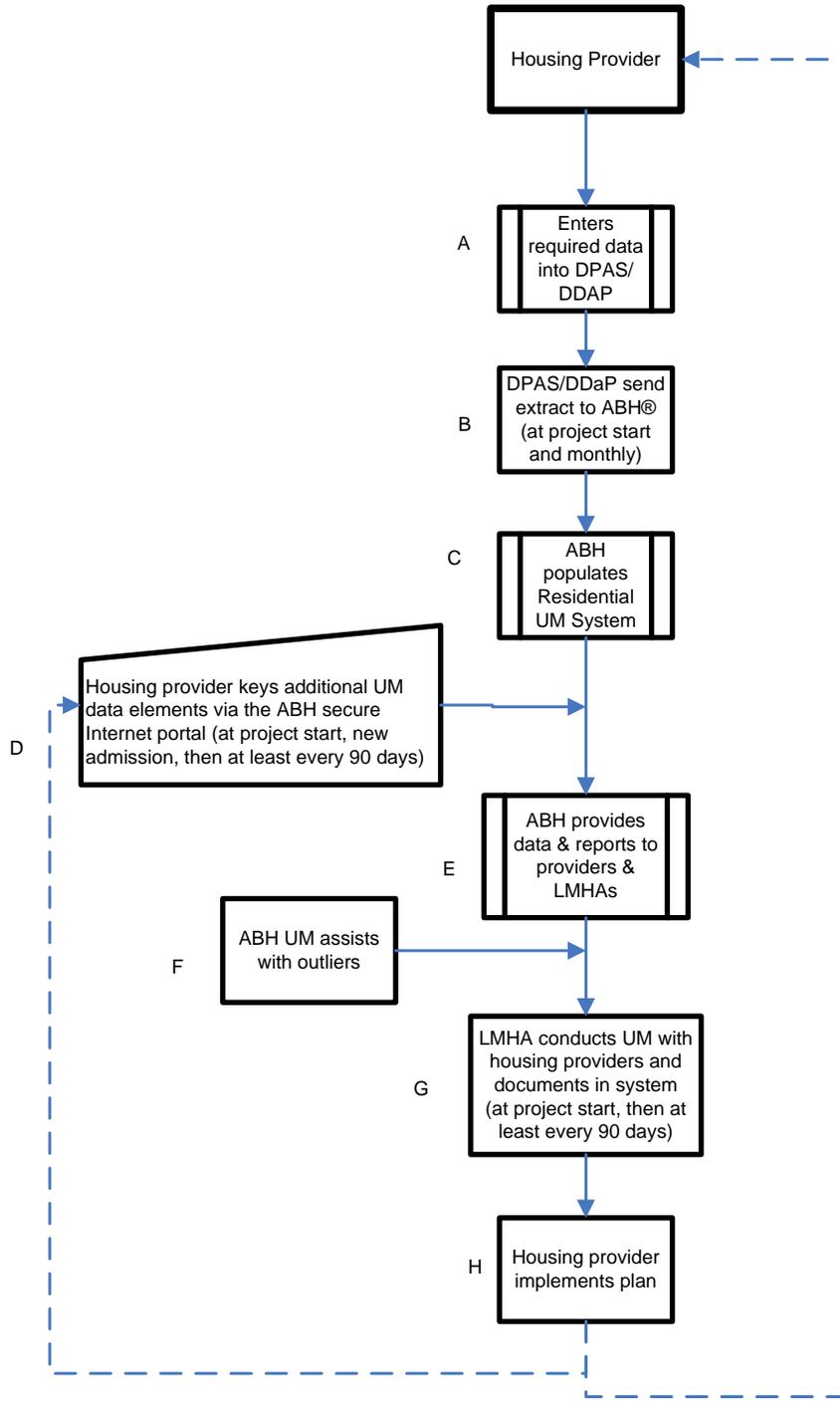
We estimate that most users after they learn the system will be able to enter an entire case in 5-10 minutes. After the training and completion of required user forms (see Appendix 1), users will be given access to a “test system” to see the data elements and practice data entry. (The “test system” has data from DMHAS through January 2010.) We plan to “go live” with data entry into the production system on or about April 15th with more updated data. There may be a time lag in the import of new cases from DMHAS to ABH® and we are working to keep that time lag to a minimum.

The data entry staff will need access to a computer with an internet connection. Depending on the organization, the data entry staff can be a case manager, housing manager, clinical staff, or a clerical staff. The new data elements are in Appendix 2 of this document.

The next page shows a flow chart of how the data is being imported and entered in the system. At “Point D” in the chart is where the housing providers will enter data into the new system.

RESIDENTIAL UM DATA AND WORK FLOW

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Reports: (Reports to be created)

- Client Lists for each agency and LMHA
- “Tickler “ Reminder system for transition and discharge dates
 - Barriers List for agencies and LMHA’s
 - LOS Outliers
- Trend Lists per Agency, per LMHA and per Region

State-Op LMHA Role:

- Work with their affiliate agencies to help them learn the data entry and review process,
 - Sign off on the affiliate information quarterly (or as submitted,
- Follow, review and quantify the local system barriers for each client, the LOS’s and the LOC’s,
- Monitor the admission and discharge process, create a transition and a waiting list: there should always be someone working towards being admitted to the next bed.

ABH and Training:

ABH will have training dates posted on both DMHAS Web and ABH web sometime during the week of March 29th. <http://www.abhct.com/index.asp>

