



**State of Connecticut
Department of Mental Health and Addiction Services**

**Behavioral Health Recovery Program
Recovery Support Services (BHRP-RSS)
Web-Based System**

User Manual

Updated 11/2025



Introduction

The Behavioral Health Recovery Program-Recovery Support Services (BHRP-RSS) Web-based system was developed in 2010 to introduce new efficiencies to agencies providing treatment services for applicants served by the Medicaid for Low Income Adult (LIA/Husky D) program. The application uses the latest Internet technology to provide a safe, secure method to approved users for the following functions:

- View site-specific current and historical BHRP-RSS information for individuals registered through your agency.
- Register applicants for the BHRP-RSS program and request initial and ongoing recovery supports.
- View the outcome of all requests for supports including the rationale for denials.

System Access Requirements & Security Information

Due to the confidential nature of the information contained in the Web-based system, users must possess an active login and password to obtain access. It is expected that any login/password will NOT be shared; this will preserve the integrity of the system.

Access to this secure Web-based system requires all users have access to the Internet. To view the system, the computer used must have an Internet browser that will allow viewing of 256-bit encrypted transmission.

Advanced Behavioral Health, Inc., is committed to protecting confidential applicant information and ensuring compliance with state and federal regulations regarding privacy and confidentiality. With Advanced Behavioral Health's security infrastructure in place as well as the security built into your own browser, we are confident that your online information is protected from those individuals not approved for access. Advanced Behavioral Health, Inc. uses 256-bit encryption during your online sessions to safeguard your data. Encryption is essentially a sophisticated way of scrambling the information you enter online before it leaves your computer, so that it will be totally unreadable if it is intercepted by another party.

Other Security Features

We have a firewall in place, which is highly sophisticated software and hardware that reviews data coming in and out of our system, so that only authorized users are able to pass information in to our BHRP-RSS Web-based system. Users have limited access to the minimally necessary applicant-specific, site-specific current and historical authorization information stored in our BHRP-RSS system, but are restricted from access to any clinical data. The data entered by system users are stored on secure servers within ABH. ABH servers physically reside in a locked data center and are protected against data loss. The data center stores data entered in a backup file multiple times a day and maintains these backup files outside of the organization for redundancy and recovery purposes. To help you ensure that you are really connected to the BHRP-RSS Web-based system during your online sessions, we use digital identity verification. ABH has a digital server certification which your browser uses each time you sign on to let you verify that you are connected to ABH, Inc. This certificate enables the IIS server to perform SSL encryption at the 256-bit level. The server certification can be viewed by clicking on icon to display the security information in the address bar of the browser. Lastly, we have other security measures that we have put in place which are HIPAA compliant and reflective of industry standard. These security measures are in place to guarantee that we meet our commitment to protecting and serving the applicants served by the BHRP-RSS program, as well as improving the efficiency of your agency.



Using the System – Access

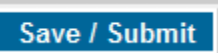

Because of the need to protect the information collected by Advanced Behavioral Health, Inc. access to the BHRP-RSS Web-based system is restricted to approved users only. To obtain access to the system an individual must:

- Be employed by a provider who bills Medicaid for clinical behavioral health services for applicants receiving Husky D, or be a provider approved by the Department of Mental Health and Addiction Services (DMHAS).
- Request and receive a unique, individualized login and password, which is to be used by the registered user only.
- Receive training provided by Advanced Behavioral Health, Inc. in the proper use of the system.

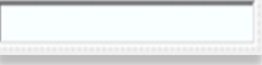
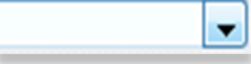

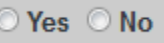
Basic System Display Information

The following items appear throughout the system:




Command Buttons:

	Clicking the <i>Submit</i> or <i>Save</i> buttons will save the information that has been typed in and move the user to the next step.
	In order to print a copy of information entered into a Web-based system screen, users can click on the <i>printer icon</i> . They will then have a hard copy of the information.

Data Entry Fields:

	<u>Text Boxes</u> are used for entry of free-form text fields, such as names, numbers, and dates. Some text boxes assist the user by showing the format next to the field. For example, numbers should be entered into one of the following formats: Phone/Fax Number: XXX-XXX-XXXX Date: MM/DD/YYYY Dollars: XX.XX <i>Please note that the system will not spell check your entries. Please enter information exactly as you want it stored.</i>
	<u>Drop-Down Selections (or Combo Boxes)</u> are used for selecting values from a pre-determined list of allowed values for that field. The appropriate value is selected by clicking on the arrow at the right end of the Combo Box.
	<u>Check Boxes</u> are used when a response to a question is either Yes or No; if checked the response is Yes or if unchecked the response is No. Checkboxes will often cause other fields to become enabled and/or required.
	<u>Radio Buttons</u> allow the user to choose an option from a group of selections. When radio buttons are present, only one option may be chosen.

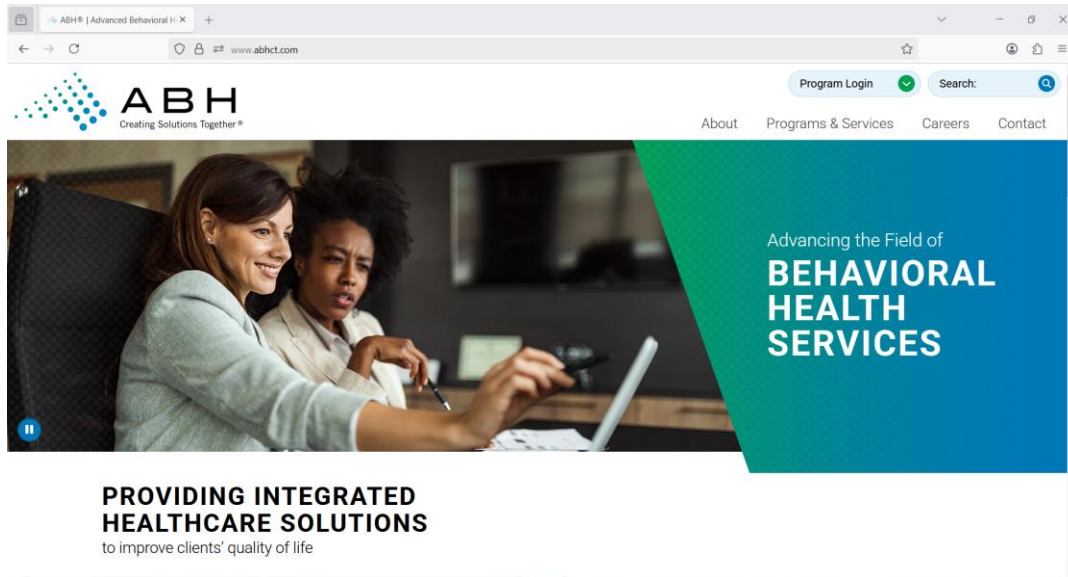
Navigation Buttons:

	Clicking the <u>Registration/Inquiry button</u> brings the user back to the default (home) screen.
	Clicking the <u>Logout button</u> ends user's session and logs out of the Web-based system.
	Clicking the <u>Back button</u> exits the current screen and returns to the previous screen. <i>Please note: this is not the "Back" button on your browser. This button can be found in the upper right-hand corner next to the printer icon.</i>



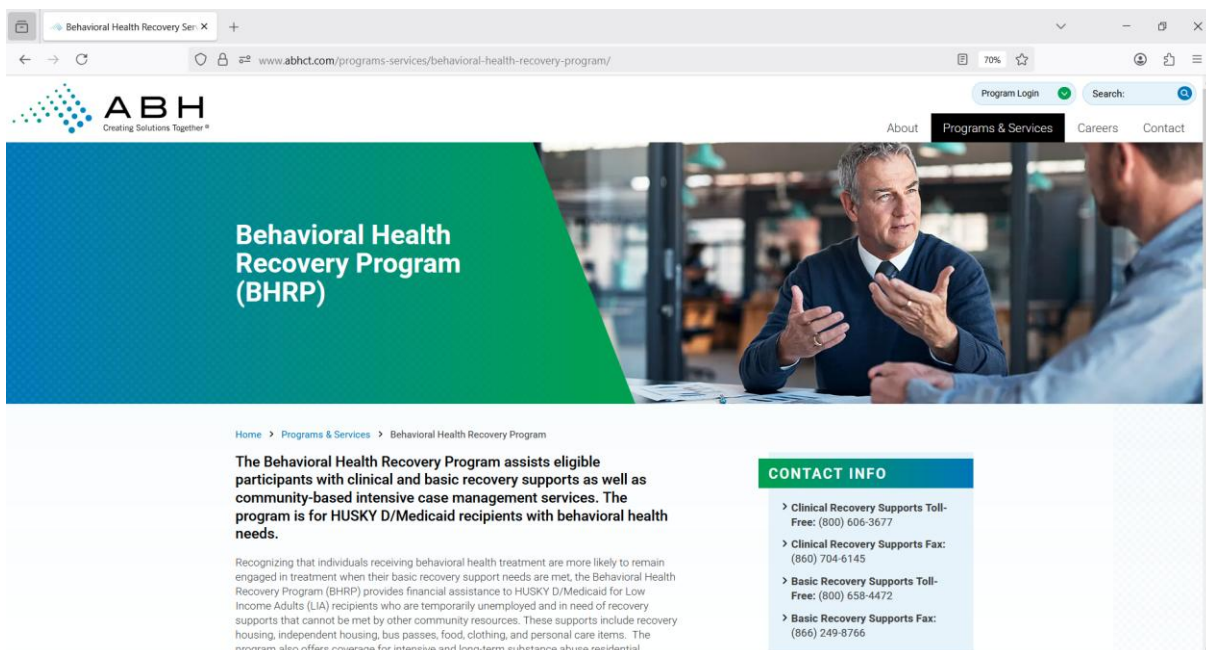
Logging On to the Web-Based System

To access the BHRP-RSS Web-based system, users will first need to log on to the Internet and go to the Advanced Behavioral Health Web site at www.abhct.com.



From this page users can:

- Select **Program Log In**, in the upper right hand corner, then *BHRP – RSS* to log in.
- Select **Programs & Services**, then *Behavioral Health Recovery Program* to view and print sample documentation, provider alerts, and other important program documents.





Once a user connects to the ABH Web site and navigates to the BHRP-RSS login screen, s/he must enter a User ID and Password. Once the User ID and password have been entered, click the Log In button.

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ADVANCED BEHAVIORAL HEALTH

DMHAS Behavioral Health Recovery Program - RSS

User ID :

Password : **LOG IN**

"Developing customized behavioral health solutions that deliver results"

Compatible with browsers: Internet Explorer 8.0 or higher, Safari 5.0 or higher, Firefox 3.6 or higher and Google Chrome 9.0 or higher

ABH dmhas

BHRP-RSS - User Manual
General Help: support
©Copyright Advanced Behavioral Health, Inc

Tip: Occasionally, notices and announcements concerning system changes, maintenance, or service updates will appear on the login screen. Please read these notices and adjust accordingly.

If you have entered your User ID and Password correctly, the screen shown below (the Registration/Inquiry Screen) should appear.

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ADVANCED BEHAVIORAL HEALTH

Registration / Inquiry Logout

You are in Training System. Data Entered in this system will be permanently deleted without notice!!!

User Name: Michelle Masi
Provider: EVERGREEN FAMILY ORIENTED TREE, INC (35 GLENVIEW TERRACE, NEW HAVEN, CT) ▼

Encounter #: **Search**

Last Name: **Register New Client**

First Name: **Reports**

EMS ID: **CRITICAL INCIDENT**

CLIENT ID:

Open Registrations: ☐ Active Clients ☐ Inactive Clients ☐ Pending Invoice ☐

Pending Registrations: ☐

*** No other criteria is applied when this is supplied



Registering & Searching for Clients

Please note that each user is linked to a specific provider site. In this screen you can **Register a New Client** or check the status (**Search**) of an applicant who has already been registered. Please note that submitting a BHRP-RSS application is a **two-step process** – you must first register the client, then submit service requests.

Clicking Register New Client will bring you to the following screen:

Tip: If you skip a required field, you will receive a reminder message when you hit Save / Submit.

All fields labeled in **red** are **required**. The Provider Information fields will be filled in based on information provided on the access request form. Once an applicant is successfully registered, you will receive the following message and be given the option of registering another client or returning to the main screen to submit a request for services.



Client registrations will sometimes flag as pending due to mismatched information. This could be due to a typo in your registration information, or outdated information on the BHRP-RSS system that needs to be updated.

Client ID (+/-)	Registration Status (+/-)	Service Requests	Progress Notes	Service Request Status
	Pending	N/A	N/A	N/A

BHRP-RSS staff will review the pending registration, as well as the information on file. When possible, the registration will be released and you will then be able to continue. Occasionally, staff will be unable to reconcile the information and will need to contact the requesting provider to re-register the client using corrected information.

Users can search for an existing client by using any combination of the fields listed on the Registration/Inquiry screen. Users may also filter for clients with the check boxes listed under Client ID.

- | | |
|------------------------|--|
| Open Registrations: | All clients registered within the last 12 months at the current provider's location. |
| Active Clients: | Clients currently authorized for services with units available to bill (SRHS only). |
| Inactive Clients: | Clients who have exhausted all units but have not yet been discharged (SRHS only). |
| Pending Invoice: | Clients with invoices submitted that are missing a progress note (SRHS only). |
| Pending Registrations: | Clients with registrations flagged for mismatched information. |



Requesting Services

To proceed with requesting BHRP-RSS services for an applicant, search for the client.

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ADVANCED BEHAVIORAL HEALTH

Registration / Inquiry | Logout

You are in Training System. Data Entered in this system will be permanently deleted without notice!!!

User Name: Michelle Masi
Provider: STEPPING STONE (164 MT. PLEASANT STREET, MERIDEN, CT) ▾

Encounter #: ***
Last Name: Doe
First Name: Jenny
EMS ID:
CLIENT ID:

Search
Register New Client
Reports
CRITICAL INCIDENT

Open Registrations: ☐ Active Clients ☐ Inactive Clients ☐ Pending Invoice
Pending Registrations: ☐ *** No other criteria is applied when this is supplied

Registered Client Search Results...

Client Name	Client ID (+/-)	Registration Status (+/-)	Service Requests	Progress Notes	Service Request Status	Attach
DOE, JENNY	43017	Completed	Add	Add	View	

It is recommended to click “View” under Service Request Status after registering a client to familiarize yourself with the services the client has received in the last year. Further explanation of the status options can be found on page 11 of this manual.

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ADVANCED BEHAVIORAL HEALTH

Registration / Inquiry | Logout

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User Name: Michelle Masi
Provider: EVERGREEN FAMILY ORIENTED TREE, INC (35 GLENVIEW TERRACE, NEW HAVEN, CT) ▾


Client Name: DOE, JENNY
EMS ID: 009-42-8876S

Service Requests

Encounter #	Status	ARF Received	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
192653	Approved	05/18/2025	5/18/2025	Basic Needs			\$100.00		N/A
192653	Denied	05/18/2025	5/18/2025	Basic Needs			\$50.00		N/A
192653	Ineligible	05/18/2025	5/18/2025	Basic Needs			\$30.00		N/A
192653	Approved	05/18/2025	5/18/2025	Supported Recovery Housing Services	11/18/2019	12/18/2019	30		
192653	Approved	05/18/2025	5/18/2025	Supported Recovery Housing Services	6/15/2025	7/15/2025	30		




Selecting the *Add* button under *Service Requests* brings you to the screen pictured below.



ADVANCED BEHAVIORAL HEALTH

Registration / InquiryLogout

Back

User Name: Michelle Masi

Provider: EVERGREEN FAMILY ORIENTED TREE, INC, 35 GLENVIEW TERRACE, NEW HAVEN (Active) ▾

APPLICANT INFORMATION

ID 73567

NAME Doe, Jenny

EMS ID 001-33-6987S

Current Address:

City:

State: ▾

Zip Code: 99999

E-Mail Address:

Cell Phone: (999) 999-9999

CLINICAL TREATMENT PROVIDER INFORMATION

Is the applying provider same as clinical provider? ☐ Yes ☐ No

Clinical Treatment Provider:

Service Address of Provider:

Service City:

Service State: CT ▾

Service Zip Code: 99999

Type of Treatment / Level of Care: ▾

Date of Admission: (mm/dd/yyyy)

Expected Date of Discharge: (mm/dd/yyyy)

APPLYING PROVIDER INFORMATION

Staff Completing Application:

Staff Phone#: (999) 999-9999 Extension: 999999

Date of Application: 10/29/2025 (mm/dd/yyyy)

I attest that the applicant is currently participating in behavioral health treatment/services through the provider agency identified above and I am in support of the approval of BHRP-RSS assistance. ☐ Yes ☐ No

Do you have a valid, signed ROI for this client? ☐ Yes ☐ No **ROI must be faxed to ABH® at 1-866-249-8766**

The *Applicant Information* fields are all required – please update the client’s current address, email address, and phone number with each request. If the client is homeless, you may enter “homeless” in the current address field and indicate the city where they are sleeping. If they do not have a phone you may enter 999-999-9999. If they do not have an email address you may use your own.

The *Clinical Treatment Provider Information* fields are all required. If you are the **clinical** provider submitting the request, select YES and your agency’s information will fill in automatically. You will need to select the level of care and type in the admission date and expected discharge date. If you are **not** the clinical provider submitting the request you will select NO and enter the information as provided on the Treatment Verification Form.



User Name: Michelle Masi	
Provider: EVERGREEN FAMILY ORIENTED TREE, INC, 35 GLENVIEW TERRACE, NEW HAVEN (Active) ▾	

APPLICANT INFORMATION

ID	73567
NAME	Doe, Jenny
EMS ID	001-33-6987S

Current Address:	<input type="text" value="123 S Main Street"/>	City:	<input type="text" value="Middletown"/>
State:	<input style="background-color: #f0f0f0; border: 1px solid #ccc;" type="text" value="CT"/>	Zip Code:	<input type="text" value="06457"/> <input type="text" value="99999"/>
EEmail Address:	<input type="text" value="jenny@doe.com"/>	Cell Phone:	<input type="text" value="(800) 658-4472"/> <input type="text" value="(999) 999-9999"/>

CLINICAL TREATMENT PROVIDER INFORMATION

Is the applying provider same as clinical provider? ☐ Yes ☒ No

Clinical Treatment Provider:	<input type="text" value="InterCommunity, Inc."/>
Service Address of Provider:	<input type="text" value="281 Main Street"/>
Service City:	<input type="text" value="East Hartford"/>
Service State:	<input style="background-color: #f0f0f0; border: 1px solid #ccc;" type="text" value="CT"/>
Service Zip Code:	<input type="text" value="06108"/> <input type="text" value="99999"/>
Type of Treatment / Level of Care:	<input style="background-color: #f0f0f0; border: 1px solid #ccc;" type="text" value="Level I: Outpatient Services"/>
Date of Admission:	<input type="text" value="3/15/2025"/> (mm/dd/yyyy)
Expected Date of Discharge:	<input type="text" value="3/15/2026"/> (mm/dd/yyyy)

APPLYING PROVIDER INFORMATION

Staff Completing Application:	<input type="text" value="Michelle Masi"/>		
Staff Phone#:	<input type="text" value="(800) 658-4472"/> <input type="text" value="(999) 999-9999"/>	Extension:	<input type="text" value="999999"/>
Date of Application:	<input type="text" value="10/29/2025"/> (mm/dd/yyyy)		

I attest that the applicant is currently participating in behavioral health treatment/services through the provider agency identified above and I am in support of the approval of BHRP-RSS assistance. ☒ Yes ☐ No

Do you have a valid, signed ROI for this client? ☒ Yes ☐ No **ROI must be faxed to ABH® at 1-866-249-8766**

The *Applying Provider Information* fields are all required with the exception of Extension.

If you answer NO to the advocacy question, the application will be denied.



Independent Living Housing & Landlord Verification Form:

In order to request this service, the applicant will need to have his or her landlord complete the Landlord Verification Form and bring it to the requesting provider. The provider will data enter the information from this form into the Web-based system - all fields are required, but Security Deposit may be left blank if the applicant is *only* requesting rental assistance.

☐ **INDEPENDENT LIVING HOUSING & LANDLORD VERIFICATION FORM:**

Prior Landlord Verification Forms: **Go**

Exact Address where participant will be residing:

Participant City:

Participant State:

Participant Zip Code:

Monthly Rent \$:

Security Deposit \$:

This field is ONLY required if you are also requesting a Security Deposit. If you are requesting rent only, you do not need to add the Security Deposit in this field.

Name of the Owner:

Owner Address:

Owner City:

Owner State:

Owner Zip Code:

Owner Telephone Number:

Participant's Move-in date:

Unit Type: Other:

Number of bedrooms in the unit:

How many people live in this household, per the lease agreement?

Are all household members related? ☐ Yes ☐ No If not, how many unrelated people live in this household?

Please list all residents permitted to live in this unit (with ages if younger than 18 years old):

Required document (to be faxed to ABH®): Landlord Verification Form, Lease, W-9, Proof of income ONLY for initial move-in

Tip: If the client has requested (and been approved for) independent housing assistance in the past, the prior Landlord Verification Form will be stored in the system. The requesting provider can select it from the drop-down box labeled Prior Landlord Verification Forms and click Go to fill in that form's data. It is the requesting provider's responsibility to confirm all information is current and valid.



Supported Recovery Housing Services/Supported Recovery Housing Services-Expansion 2:

This request should only be completed by the SRHS provider. A list of contracted providers is available on the ABH Web site for all other providers seeking housing supports. Clients and/or clinical providers should contact housing providers directly for information on bed availability. All fields are required; SRHS providers should document the referral source for SRHS-E2 as well. Participant's move-in date should be the start date being requested (not the original move-in date).

<input type="checkbox"/> <u>SUPPORTED RECOVERY HOUSING SERVICE REQUEST:</u>	Should only be requested by SRHS Providers
Provider & Location: <input type="text"/>	
Participant's Move-in date: <input type="text"/> (mm/dd/yyyy)	
Required document (to be faxed to ABH®): Job Readiness Information ONLY if not Initial Application for Service	
<input type="checkbox"/> <u>Supported Recovery Housing Services – Expansion 2:</u>	Should only be requested by SRHS-Extended Providers
Provider & Location: <input type="text"/>	
Referral Source: <input type="text"/> If Other: <input type="text"/>	
Participant's move-in date: <input type="text"/> (mm/dd/yyyy)	
Required document (to be faxed to ABH®): Job Readiness Information ONLY if not Initial Application for Service	

Basic Needs/Food/Transportation:

Providers can use the Basic Needs, Food, and Transportation sections to request these items for their clients. Enter the Requested Amount and select the appropriate vendor from the drop-down; requests will be fulfilled according to current service maximums posted at <https://www.abhct.com/programs-services/behavioral-health-recovery-program-forms/>. You may select any card value listed in the Provider & Location drop-down as long as you select the correct vendor; amounts visible at any given time are dependent on available inventory on hand and, if approved, clients will be given a quantity of cards up to the current maximum benefit amount.

<input type="checkbox"/> <u>BASIC NEEDS:</u>
Requested Amount: <input type="text"/> (###.##)
Provider & Location: <input type="text"/>
Required document (to be faxed to ABH®): Job Readiness Information ONLY if not Initial Application for Service
<input type="checkbox"/> <u>FOOD:</u>
Requested Amount: <input type="text"/> (###.##)
Provider & Location: <input type="text"/>
Required document (to be faxed to ABH®): Job Readiness Information ONLY if not Initial Application for Service
<input type="checkbox"/> <u>TRANSPORTATION:</u>
Requested Amount: <input type="text"/> (###.##)
Provider & Location: <input type="text"/>
Required document (to be faxed to ABH®): Job Readiness Information ONLY if not Initial Application for Service



Other:

This category can be used for any request that is not indicated elsewhere. All fields are required and all requests are reviewed by DMHAS. Some examples of *Other* requests are for work-specific clothing or items, birth certificates, etc. Providers may also use this request to apply for reimbursement of ID costs. Providers should document the item being requested, the cost of the item, and the reason for the request, as well as the vendor name and address. Depending on the vendor and request, additional supporting documentation may be requested.

☐ **OTHER:**

Explanation of item(s) being Requested and why:

Vendor Name and Address:

Once you have selected all requested services you will *Save/Submit* the application. If you have skipped any required fields, or otherwise provided invalid data, you will receive pop-up messages explaining what needs to be fixed before the application can be submitted.

app.abhct.com


Please enter a response to Applicant Cell Phone Number

OK


If all information has been submitted and is valid the following screen will appear. You will be instructed to submit supporting documents needed to process each individual request and may use this confirmation as a cover page though it is not required. You may also click the attachment icon (paper clip) to the right of the screen to upload application documentation directly (see next page for additional instructions on uploading).



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**ADVANCED BEHAVIORAL HEALTH**

User Name: Michelle Masi
Provider: EVERGREEN FAMILY ORIENTED TREE, INC (35 GLENVIEW TERRACE, NEW HAVEN, CT) ▾

You have successfully submitted this Application !!!
If you have any files to attach, click on the attachment icon to the right 


Application Confirmation #: 73567
Client Name: Doe, Jenny

You need to fax this page along with the below document(s) to
ABH at: (866) 249-8766
After receiving the document(s), ABH Staff will review and approve or deny the service request(s).
If you have any questions, please call (800) 658-4472

You can now go to [Registration / Inquiry](#)

Uploading Application Documentation:

You can also access the attachment icon (paper clip) via the main Registration/Inquiry screen.

Registered Client Search Results...						
Client Name	Client ID (+/-)	Registration Status (+/-)	Service Requests	Progress Notes	Service Request Status	Attach
Doe, Jenny	73567	Completed	Add	Add	View	

It is important to select the paper clip in the row of the client you are applying for to ensure that documentation links to the correct individual.

After clicking the paper clip, you will be brought to the main attachments screen.

Please note: the only acceptable file formats are .jpg and .tif – the system will not allow you to upload files of any other type. Files of any other type must be faxed to 1.866.249.8766 as they cannot be processed online.

ADVANCED BEHAVIORAL HEALTH

[Registration / Inquiry](#) | [Logout](#) | [Back](#)

Client Name: Doe, Jenny Client ID: 73567

Attach File(s)

Choose File(s): [Browse...](#) No files selected.
[Upload](#)

Acceptable File Formats: .jpg, .tif



Click Browse to locate the file, then Upload. If there are any issues with your file, you will see a message in red.

The allowed file types are (.jpg, .tif). Please check your file and resubmit.

You will receive a “File Uploaded Successfully!” message once your document has been successfully uploaded.

The screenshot shows the 'ADVANCED BEHAVIORAL HEALTH' header with 'Registration / Inquiry' and 'Logout' tabs. Below, it displays 'Client Name: Doe, Jenny' and 'Client ID: 73567' with a 'Back' link. The main section is titled 'Attach File(s)' and contains a 'Choose File(s):' button with a 'Browse...' link and 'No files selected.' text. An 'Upload' button is below it. A note states 'Acceptable File Formats: .jpg, .tif'. At the bottom, a red message reads 'File Name uploaded as: DOEJ-J Doe ROI.tif' and 'File Uploaded Successfully!'.

Applications are processed, in the order they are received by ABH, within 5 business days. Requesting providers can check the status of applications at any time online using View under *Service Request Status*. You will also receive a notification email once the status of an application has changed (please note this does not contain any client-specific information and serves as a reminder notice to log in and check the status).

The screenshot shows the user 'Michelle Masi' and provider 'EVERGREEN FAMILY ORIENTED TREE, INC (35 GLENVIEW TERRACE, NEW HAVEN, CT)'. It features search fields for 'Encounter #', 'Last Name: Doe', 'First Name', 'EMS ID', and 'CLIENT ID'. On the right are buttons for 'Search', 'Register New Client', 'Reports', and a red 'CRITICAL INCIDENT' button. Below these are checkboxes for 'Open Registrations', 'Active Clients', 'Inactive Clients', and 'Pending Invoice'. A note states '*** No other criteria is applied when this is supplied'. At the bottom, a table titled 'Registered Client Search Results...' shows one result for 'Doe, Jenny' with Client ID '73567' and status 'Completed'. The table has columns for Client Name, Client ID (+/-), Registration Status (+/-), Service Requests, Progress Notes, Service Request Status, and Attach.

Client Name	Client ID (+/-)	Registration Status (+/-)	Service Requests	Progress Notes	Service Request Status	Attach
Doe, Jenny	73567	Completed	Add	Add	View	

In this screen, you will also be able to view the last 12 months of the applicant’s history with the BHRP-RSS program.



Service Requests									
Encounter #	Status	ARF Received	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
459602	Denied	10/28/2025	10/28/2025	Basic Needs			\$100.00		N/A
459603	To Be Reviewed	10/29/2025		Basic Needs			\$100.00		N/A
459602	Approved	10/28/2025	10/28/2025	Food			\$100.00		N/A
459602	Approved	10/28/2025	10/28/2025	Husky B			\$100.00		N/A
459602	Approved	10/28/2025	10/28/2025	Supported Recovery Housing Services	10/15/2025	11/14/2025	30		
459602	Ineligible	10/28/2025	10/28/2025	Transportation			\$63.00		N/A

Clicking a red **Denied** message will show the reason(s) for denial as well as any comments from BHRP-RSS staff (please note this opens as a separate pop-up window and you may need to adjust your browser settings to be able to see it).

Denied Reason

114 – Denial - Client has met maximum in 12 month period

Close

Tip: If an application has been denied due to missing information, please fax the document(s) to 1.866.249.8766 or upload into the BHRP-RSS system directly. Applications can be reopened to revise for up to 30 days after submission and it is not necessary to reapply unless specifically directed to do so.

If an application's status is **Ineligible**, this means that the applicant does not currently have active Husky D insurance and is not eligible for the program. BHRP-RSS staff cannot discuss client-specific eligibility criteria or disqualification with providers; please ask the applicant to call BHRP-RSS directly at 1.800.658.4472.

Approved items will be distributed via mail. Food, Basic Needs, Transportation, and/or "Other" approvals will be mailed to the requesting provider for in-person distribution to applicants. They will arrive with a letter of instruction detailing how to record distribution and return signed receipts or unclaimed items. Checks for Independent Housing, Security Deposit, and/or "Other" will be mailed to the vendor at the address provided on the W-9 Form.



Progress Notes & Invoicing (SRHS Providers Only):

SRHS providers submit claims via the Invoice button. Invoiced SRHS claims will not be released for payment unless a progress note dated within the invoice period has been entered. Additional training on these screens will be provided directly to SRHS staff.


If an applicant has been approved for services at your location, the *Invoice* button will appear once the authorization has begun. A *View* button indicates that all units have been billed.

From the Registration/Inquiry page, search for the client and click *Add* under Progress Notes


Registered Client Search Results...					
Client Name	Client ID (+/-)	Registration Status (+/-)	Service Requests	Progress Notes	Service Request Status
Frost, Jack	53504	Completed	Add	Add	View

All fields are required. Please note that the Goal being worked on, Intervention Provided, Client Response to Intervention, and Plan/Next Steps sections will accept a maximum of 300 characters; providers may need to enter multiple notes to capture all topics discussed during a single session.


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 **ADVANCED BEHAVIORAL HEALTH**

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User Name: Michelle Masi



Provider: SOBER SOLUTIONS LLC, 1159-A BOSTON TURNPIKE, BOLTON (Active) 



Client Name: Frost, Jack

Add New Progress Notes

Session Date: (*) (mm/dd/yyyy)

Service Type: 

Start Time:   (*)

End Time:   (*)


Present at Session: ☐ Client ☐ Other **Name:**

Relationship to Client:

Goal being worked on: (*)

Intervention Provided: (*)

Client Response to Intervention: (*)

Goal Progress:  (*)

Plan/Next Steps: (*)

(*) required field

[Save](#) [Add Invoice](#)

Progress Notes history

Session Date/Start Time/End Time	Present at Session	Goal	Intervention	Client Response	Goal Progress	Plan/Next Step
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There is also a shortcut Add Progress Notes button next to the Submit button on the invoicing screen. This will take a user directly to the progress note data entry screen.

New Invoice

Start Date:

Units:

Submit **Add Progress Notes**

(Note: Adding Progress Note does not submit the Invoice)

Users must enter a progress note and an invoice separately in order to create a claim for payment.

Once the user clicks Save, the fields will clear out and the content of the note will move to the table below the empty fields. All progress notes entered by provider location staff can be viewed from this screen.

7/23/2015-19:00-20:00 Supported Recovery Housing Services	Client	Helped client research permanent housing & employment options	Reviewed openings at nearby apartment building & classifieds	Did not like openings at building - going to review classifieds again this weekend	In Progress	Has appointment with job resource fair next week - will call and update on progress
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Tip: Entering a progress note alone will not create an invoice. You must also bill for services via the Invoicing screen.

To enter a bill for services, navigate to the Service Request Status screen and click the *Invoice* button.

Session invoicing is based on the service profile outlined in your organization's Rate Schedule and will be limited to dates authorized by ABH. Future dates are not billable.

For SRHS providers, at least one progress note must be entered for every 7 units of service. Seven (7) units is the maximum that can be invoiced at a time. Billing can be done monthly, but multiple invoices will be required.

New Invoice

Start Date: End Date:
(mm/dd/yyyy) (mm/dd/yyyy)

Units:

☐ I am affirming that the details in the invoice above are true and correct to the best of my knowledge and that the individual listed occupied a bed in the location indicated during the dates indicated.

Submit **Add Progress Notes**

(Note: Adding Progress Note does not submit the Invoice)

When you enter the *Start Date* and *End Date* and tab to *Units*, the number of units will fill in automatically. The Web-based system will not allow an invoice of more than 7 units of SRHS at a time. You must also click to affirm the details are true to the best of your knowledge. Once all fields are complete click *Submit*.

New Invoice

Start Date: End Date:
(mm/dd/yyyy) (mm/dd/yyyy)

Units:

☒ I am affirming that the details in the invoice above are true and correct to the best of my knowledge and that the individual listed occupied a bed in the location indicated during the dates indicated.

Submit **Add Progress Notes**

(Note: Adding Progress Note does not submit the Invoice)



If you have not entered a corresponding progress note, you will be notified via an on-screen message that the invoice has been flagged and will remain in a Pending state until a progress note has been entered. Once a note has been entered, the system will automatically reprocess Pending claims.

You can check the status of invoices submitted by navigating to the Invoice screen. The table will fill in with billed service dates, charges, and status.

Prior Invoices						
Service Date	Charge \$	Units	Status	Paid Amt	Paid Date	Check #
09/28/2025-10/01/2025	132	4	Paid	132	10/28/2025	E000010410

Once the claims processing system has adjudicated the claim, the Status will update to indicate whether the claim is ready to pay or has been denied. Claims may be denied if the requested timeframe or number of units exceeds the service approval, or if the provider bills outside of the timely filing window. The Paid Date and Check # fields will fill in for provider reference once payment has been generated.

Similar to application outcomes, providers may click on a red **Denied** message to learn why the claim was denied.



Discharging Clients From Services

SRHS providers must record all client discharges on the Web-based system. Discharges must be recorded for all clients, per the BHRP Provider Manual, and should be entered either when the client either successfully completes services OR leaves services early.

To enter a discharge, locate the client and navigate to the Service Request Status screen. Click *Add* under Last Service Date.

The screenshot shows a web-based form for discharging a client. The form includes the following fields and text:

- Authorization From Date:** 4/30/2018
- Authorization To Date:** 5/30/2018
- Last Paid Service Date:** 5/28/2018
- Discharge/Last Service Date:** (mm/dd/yyyy)
- By Submitting this date, you acknowledge that services after the Discharge/Last service date will not be paid**
- * Discharge Reason:** (dropdown menu)
- * Living Situation:** (dropdown menu)
- * Required for Shelter and SRHS only**
- Submit** (button)

The authorization to and from dates, as well as the last paid service date, will fill in automatically and cannot be changed. Enter the day the client left, the reason for discharge, their anticipated living situation, and click Submit.

Tip: Depending upon the date entered, ABH may need to credit claims paid for service dates on and/or after the discharge date. No claims will be payable once a discharge has been entered, so this should only be completed once all invoices have been submitted.



Reports

Reports are available on the BHRP-RSS Web-based system for contracted SRHS providers. The reports available may vary on an ongoing basis. To run reports, click the Reports button the Registration/Inquiry screen.

Report titles will vary by service and provider.

Select the provider site, report, and dates, then click Generate.