

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

**Behavioral Health Recovery Program-Basic Needs
(BHRP-Basic)
Web-Based System**

User Manual



Updated 7/1/2018

Introduction

The Behavioral Health Recovery Program-Basic Needs (BHRP-Basic) 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 RSP information for individuals registered with BHRP-Basic through your agency.
- Register applicants for the RSP program and request initial and ongoing recovery supports.
- View the outcome of all requests for supports including details on when and where to pick up supports or 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.

In order to successfully access this secure Web-based system, users must have access to the Internet. To successfully view the system, the computer used must have an Internet browser that will allow viewing of 128-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 128-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-Basic Web-based system. Users have limited access to the minimally necessary applicant-specific, site-specific current and historical authorization information stored in our BHRP-Basic 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 three 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-Basic Web-based system during your online sessions, we use digital identity verification. ABH has a digital server certification from thawte™ 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 128-bit level. The server certification can be viewed at the bottom of the page by clicking on the thawte™ padlock symbol. 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 Behavioral Health Recovery Program-Basic Needs (BHRP-Basic), 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-Basic 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.

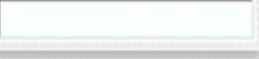
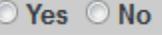
Basic System Display Information

The following items appear throughout the system:

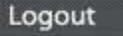
Command Buttons:

	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:

	<i>Text Boxes</i> 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>
	<i>Drop-Down Selections (or Combo Boxes)</i> are used for selecting values from a pre-determined list of allowed values for that field. The value can either be selected by clicking on the arrow at the right end of the Combo Box, or by typing the entry.
	<i>Check Boxes</i> are used when a response to a question is either Yes or No; if checked the response is Yes and if unchecked the response is No. Checkboxes will often cause other fields to become enabled and/or required.
	<i>Radio Buttons</i> 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 <i>Registration/Inquiry button</i> brings the user back to the default (home) screen.
	Clicking the <i>Logout button</i> ends user's session and logs out of the Web-based system.
	Clicking the <i>Back button</i> 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>

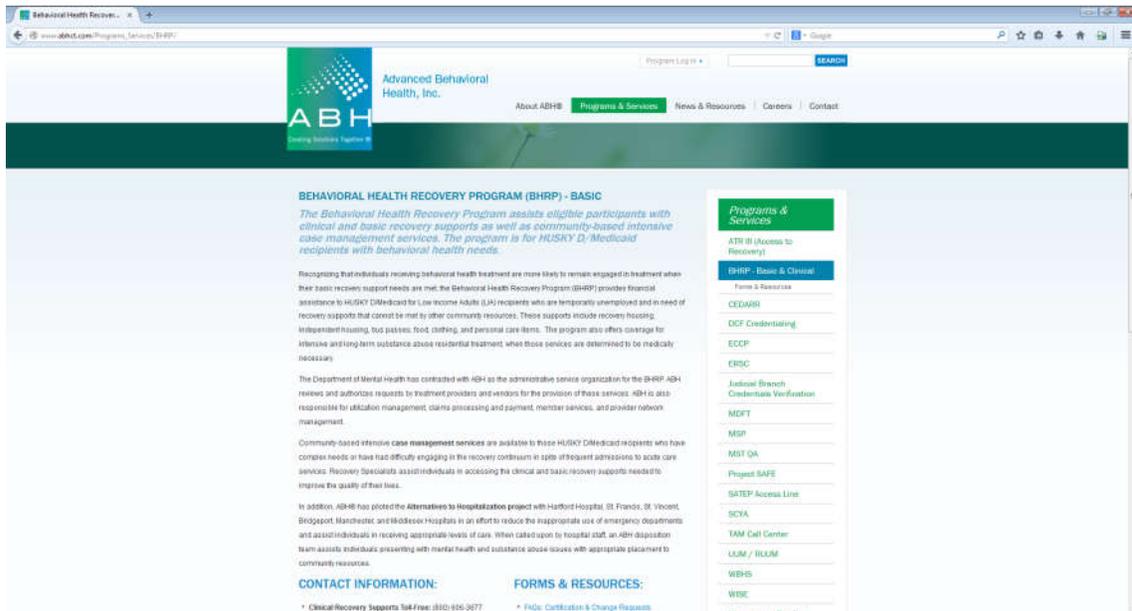
Logging On to the Web-Based System

To access the BHRP-Basic 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 – RSP* to log in.
- Select **Programs & Services**, then *BHRP – Basic & Clinical* 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-Basic 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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DMHAS Behavioral Health Recovery Program - Basic

User ID :

Password :

"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

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

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Registration / Inquiry Logout

User Name: Michelle Masi

Provider: ▼

Confirmation #:

Last Name:

First Name:

EMS ID:

CLIENT ID:

Open Registrations: Active Clients Inactive Clients Pending Invoice

Pending Registrations:

Registering & Searching for Clients

Please note that each user is linked to a specific provider site. In this screen you can **register a new applicant** or check the status (**search**) of an applicant who has already been registered. If you select **register new applicant** you will be brought to the following screen:

The screenshot shows the 'Registration / Inquiry' page for 'ADVANCED BEHAVIORAL HEALTH'. The user is Michelle Masi, logged in as 'Michelle Masi'. The provider is 'SOBER SOLUTIONS LLC, 1159-A BOSTON TURNPIKE, BOLTON (Active)'. The form is divided into 'APPLICANT INFORMATION' and 'PROVIDER INFORMATION' sections. Fields are marked as required in red. The 'APPLICANT INFORMATION' section includes fields for DATE (10/6/2014), APPLICANT'S LAST, DATE OF BIRTH, GENDER, SSN#, FIRST, and MEDICAID #. The 'PROVIDER INFORMATION' section includes fields for PROVIDER NAME (SOBER SOLUTIONS LLC), PHONE ((860) 533-9500), ADDRESS (1159-A BOSTON TURNPIKE), SECURE FAX ((860) 647-0015), CITY (BOLTON), STATE (CT), and ZIP CODE (06043). There are also fields for NAME OF PERSON COMPLETING FORM, PERSON COMPLETING FORM, and PHONE. A checkbox for 'Do you have a Valid, Signed ROI for this client' is set to 'No'. The email address 'mmasi@abhct.com' is listed. A 'Save / Submit' button is at the bottom right.

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 option of registering another client or applying for services.

The screenshot shows the registration confirmation message. It displays the user name 'Michelle Masi' and the provider 'SOBER SOLUTIONS LLC (1159-A BOSTON TURNPIKE, BOLTON, CT)'. The message states: 'You have successfully submitted this Registration !!!'. It provides the 'Registration Confirmation #: 29121' and 'Client Name: Frost, Jack'. It instructs the user to 'You need to fax this page along with the below documents to (866) 249-8766' and lists 'Signed Release of Information' as a required document. It notes that the registration will be reviewed by RSP Staff within 24 hours and provides a contact number (800) 658-4472 for questions. At the bottom, there are two buttons: 'Register New Client' and 'Registration / Inquiry'.

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-Basic Needs 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-Basic Needs 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 on to request services for the applicant. Occasionally, staff will be unable to reconcile the information and will 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 with registered with at the current provider location.
- Active Clients: Clients currently authorized for services with units available to bill.
- Inactive Clients: Authorized clients who have exhausted units but have not yet been discharged.
- Pending Invoice: Clients with invoices submitted that are missing a matching progress note.
- Pending Registrations: Clients with registrations flagged for mismatched information.

Requesting Services

In order to request BHRP-Basic Needs services for an applicant, search for the client.

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Registration / Inquiry Logout

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

User Name: Michelle Masi
Provider: SOBER SOLUTIONS LLC (1159-A BOSTON TURNPIKE, BOLTON, CT) ▼

Confirmation #:
Last Name: Frost
First Name: Jack
EMS ID:
CLIENT ID:

Search
Register New Client
Reports

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

Registered Client Search Results...

Client Name	Client ID (+/-)	Registration Status (+/-)	Service Requests	Progress Notes	Service Request Status
Frost, Jack	53504	Completed	<input type="button" value="Add"/>	<input type="button" value="Add"/>	<input type="button" value="View"/>

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

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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)

APPLICANT INFORMATION

ID 53504
NAME Frost, Jack
EMS ID 002-34-5666S

Current Address: City:
 State: Zip Code:
 Phone: (999) 999-9999 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:
 Service Zip Code:
 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:
 Date of Application: 10/6/2014 (mm/dd/yyyy)

Based on the applicant's engagement/participation in treatment and/or other services, would you advocate for the approval of RSP assistance? Yes No

Where do you want to pick up vouchers:

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 except for the Cell Phone field. 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 number you may enter 999-999-9999.

The *Clinical Treatment Provider Information* fields are all required. If you are the **clinical** provider submitting the request you will select YES and your agency's information will fill in automatically. You will need to enter the level of care, 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.



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User Name: Michelle Masi

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

APPLICANT INFORMATION

ID 53504
NAME Frost, Jack
EMS ID 002-34-5666S

Current Address: 123 S Main Street City: East Hartford
State: CT Zip Code: 06118
Phone: 8601234567 (999) 999-9999 Cell Phone: (999) 999-9999

CLINICAL TREATMENT PROVIDER INFORMATION

Is the applying provider same as clinical provider? Yes No

Clinical Treatment Provider: Intercommunity, Inc.
Service Address of Provider: 281 Main Street
Service City: East Hartford
Service State: CT
Service Zip Code: 06118
Type of Treatment / Level of Care: Outpatient (1.1)
Date of Admission: 3/5/2014 (mm/dd/yyyy)
Expected Date of Discharge: 12/31/2014 (mm/dd/yyyy)

APPLYING PROVIDER INFORMATION

Staff Completing Application: Michelle Masi
Staff Phone#: 8006584472 (999) 999-9999 Extension:
Date of Application: 10/5/2014 (mm/dd/yyyy)

Based on the applicant's engagement/participation in treatment and/or other services, would you advocate for the approval of RSP assistance? Yes No

Where do you want to pick up vouchers: Manchester DSS (Reg 4)

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.

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. The requesting provider will data enter the information from this form into the Web-based system. All fields are required.

INDEPENDENT LIVING HOUSING & LANDLORD VERIFICATION FORM:

Prior Landlord Verification Forms:

Exact Address where participant will be residing:

Participant City:

Participant State: CT

Participant Zip Code:

Monthly Rent \$: (####.##)

Security Deposit \$: (####.##) Maximum equal to 1 month's rent

Name of the Owner:

Owner Address:

Owner City:

Owner State: CT

Owner Zip Code:

Owner Telephone Number: FEIN / SSN:

Participant's Move-in date: (mm/dd/yyyy)

Unit Type: Other:

Number of bedrooms in the unit:

What is the maximum allowable occupancy of the dwelling or unit, per local zoning regulations? (##)

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 use this unit:

Heat Electricity Gas

Check any of these are included in the rent: Oil Hot Water Meals

Other

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 and Shelter Services:

This request should only be completed by the SRHS and/or Shelter provider. All fields are required. The list of contracted houses 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.

SUPPORTED RECOVERY HOUSING SERVICE REQUEST:

Provider & Location:

Participant's Move-in date: (mm/dd/yyyy)

Required document (to be faxed to ABH®): Job Readiness Information ONLY if not Initial Application for Service

SHELTER HOUSING SERVICE REQUEST:

Provider & Location:

Participant's move-in date: (mm/dd/yyyy)

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. All requests are reviewed by DMHAS. Some examples of *Other* requests are for work-specific clothing or items, birth certificates, etc. 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.

<input type="checkbox"/> OTHER:	
Explanation of item(s) being Requested and why:	<input type="text"/>
Vendor Name and Address:	<input type="text"/>

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.

Please enter a response to INDEPENDENT LIVING HOUSING & LANDLORD VERIFICATION FORM: Security Deposit
<input type="button" value="OK"/>

If all information has been submitted and is valid the following screen will appear. You will be instructed to fax other supporting documents needed to process each individual request and may use this confirmation as a cover page.

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ADVANCED BEHAVIORAL HEALTH

User Name: Michelle Masi
 Provider: SOBER SOLUTIONS LLC (1159-A BOSTON TURNPIKE, BOLTON, CT)

You have successfully submitted this Application !!!

Application Confirmation #: 53504
 Client Name: Frost, Jack

**You need to fax this page along with the below document(s) to
 ABH® at: (866) 249-8766**

- Release of Information
- Landlord Verification Form
- Lease
- W-9
- Proof of Income ONLY for initial move-in
- Clinical Service Verification Form ONLY if you are not the Clinical Provider.

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](#)

Applications are processed, in the order they are received by ABH, in approximately 5 business days. If any required information is missing you will be contacted with a request to fax the information in. Requesting providers can check the status of applications at any time online via the *Service Request Status*.

User Name: Michelle Masi
 Provider: SOBER SOLUTIONS LLC (1159-A BOSTON TURNPIKE, BOLTON, CT)

Confirmation #:
 Last Name:
 First Name:
 EMS ID:
 CLIENT ID:

Open Registrations Pending Registrations Active Clients Inactive Clients Pending Invoice

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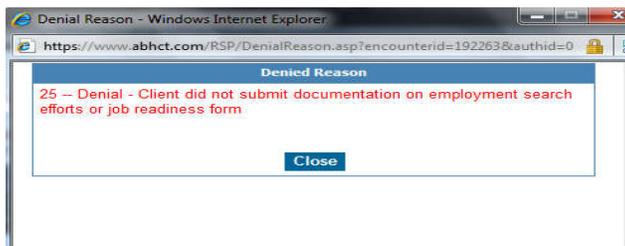
Registered Client Search Results...

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

Once you have clicked *View* you will be brought to the following screen, where you can view the current status and outcome of a request. In this screen, you will also be able to view the last 12 months of the applicant's history with the BHRP-Basic Needs program.

Service Requests								
Encounter #	Status	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
192653	Approved	11/18/2015	Basic Needs			\$50.00		N/A
192670	To Be Reviewed		Basic Needs			\$50.00		N/A
192653	Approved	11/18/2015	Supported Recovery Housing Services (TVF: Received)	11/18/2015	12/18/2015	30	Invoice	Add

Clicking the red **Denied** will show the reason(s) for denial.



If an application's status is **Ineligible**, this means that the client either does not currently have active Husky D insurance, or is receiving state cash and/or federal disability funds, and is not eligible for the program. The applicant must contact BHRP-Basic Needs directly to determine the exact nature of program ineligibility. BHRP-Basic Needs staff cannot discuss eligibility criteria or disqualification with providers.

Service Requests								
Encounter #	Status	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)		
346238	Ineligible	9/4/2014	Basic Needs			\$50.00		N/A
346238	Ineligible	9/4/2014	Housing	9/5/2014		\$680.00		N/A

Progress Notes & Invoicing:

SRHS and Shelter providers submit claims via the Invoice button. Invoiced SRHS claims will not be released for payment unless a matching progress note has been entered. Shelter claims do not require progress notes.

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 have a 250-character limit. Multiple notes can be entered for a single session, if needed, to capture all goals and discussions.



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Registration / Inquiry
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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 entry screen.

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 enter a 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.

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 you to invoice more than 7 units of SRHS or 30 units of Shelter at a time. Once all fields are complete click *Submit*.

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 #
11/18/2015-11/24/2015	116.69	7	Ready to Pay	116.69		

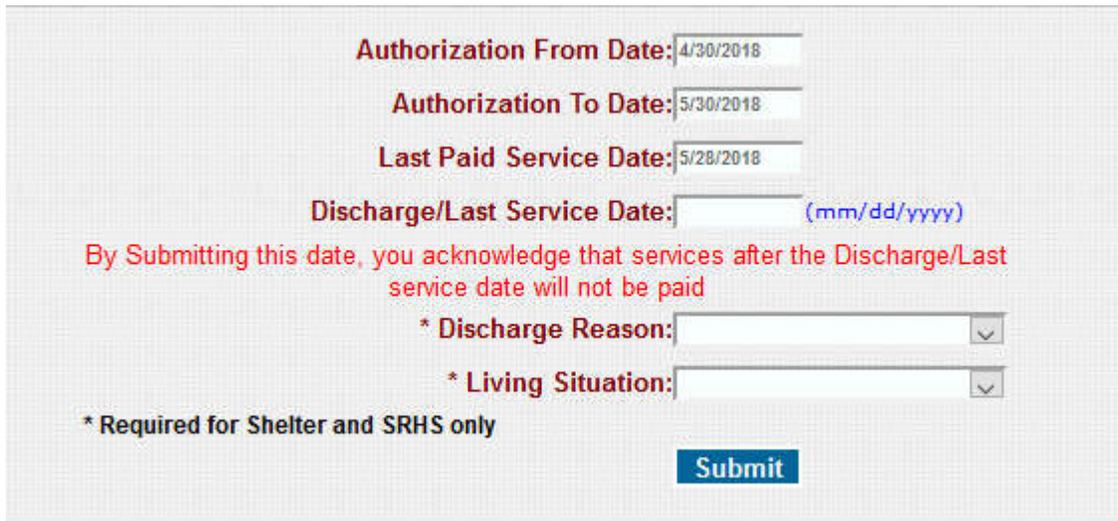
Once the claims processing system has adjudicated the claim to the internal BHRP-Basic Needs system, the Status will update with whether the claim is ready to pay or has been denied. Claims may be denied if the requested timeframe or number of units exceeds the service approval, or if the provider bills outside of the timely filing window. The Paid Date and Check # fields will fill in for provider reference once the claim has actually been included on a check run.

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

Discharging Clients From Services

SRHS and Shelter 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 recording a client discharge. The form includes the following fields and instructions:

- 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:** []
- * Living Situation:** []
- * 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 or completed services, 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-Basic Web-based system for contracted SRHS and Shelter providers. The reports available will be updated on an ongoing basis. To run reports, click the Reports button on the Registration/Inquiry screen.

The screenshot shows the top navigation bar with 'Home', 'site map', and 'contact us' links. The main header features the 'ABH' logo with the tagline 'Creating Solutions Together' and the text 'ADVANCED BEHAVIORAL HEALTH'. Below the header are 'Registration / Inquiry' and 'Logout' buttons. The user's name 'Michelle Masi' is displayed, along with a 'Back' button. A 'Provider' dropdown menu is set to 'Select a Provider'. The 'Reports' section contains a 'Choose Report' dropdown menu, 'From Date' and 'To Date' input fields with red asterisks and '(mm/dd/yyyy)' format instructions, and a 'Generate' button. A legend indicates that the asterisk denotes a 'required field'.

Report titles will vary by service and provider.

This close-up shows the 'Reports' dropdown menu open, listing three report options: 'BHRP-Basic - BHRP/ATRII/ATRIII Housing Utilization - Detail - All Sites', 'BHRP-Basic - BHRP/ATRII/ATRIII Housing Utilization - Summary', and 'BHRP-Basic - Claims Report'. The 'Generate' button is visible below the list.

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