

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

**Housing Assistance Fund
(HAF)
Web-Based System**

User Manual



Updated 3/19/2024

Introduction

The Housing Assistance Fund (HAF) Web-based system was developed in 2024 to introduce new efficiencies to agencies seeking to support participants in finding, securing, and retaining safe, decent, and affordable housing as part of their recovery. This 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 HAF information for individuals registered through your agency;
- Register applicants for the HAF program and request initial supports and submit redetermination reviews; and
- View the outcome of all requests including details on payment or rationale for denial.

System Access Requirements & Security Information

Due to the confidential nature of the information contained in the HAF 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 and user access may be terminated if it has been determined to be shared.

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 ABH'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. ABH 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 HAF Web-based system. Users have limited access to the minimally necessary applicant-specific, site-specific current and historical authorization information stored in our HAF 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 connected to the HAF Web-based system during your online sessions, ABH uses digital identity verification. ABH has a digital server certification from GoDaddy.com, Inc., 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 the padlock symbol at the top of the page by the URL. 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 HAF, as well as improving the efficiency of your agency.

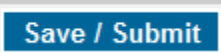

Using the System – Access

Because of the need to protect information collected by ABH, access to the HAF Web-based system is restricted to approved users only. To obtain access to the system an individual must be employed by a provider approved by the Department of Mental Health and Addiction Services (DMHAS) and request and receive a unique, individualized login and password which is to be used by the registered user only.

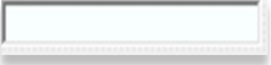
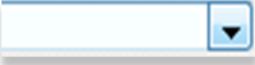


Basic System Display Information

The following items appear throughout the system:




Command Buttons:

	Clicking the Submit or Save 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 printer icon .

Data Entry Fields:

	Text Boxes 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 and you will not be able to edit information once it has been saved. Please take care enter information exactly as you want it stored.</i>
	Drop-Down Selections (or Combo Boxes) are used for selecting values from a pre-determined list of allowed values for that field. The value can be selected either by clicking on the arrow at the right end of the Combo Box, or by typing the entry.
	Check Boxes 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 may enable or disable other fields.
	Radio Buttons 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 Registration/Inquiry button brings the user back to the default (home) screen.
	Clicking the Logout button ends user's session and logs out of the Web-based system.
	Clicking the Back button 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>

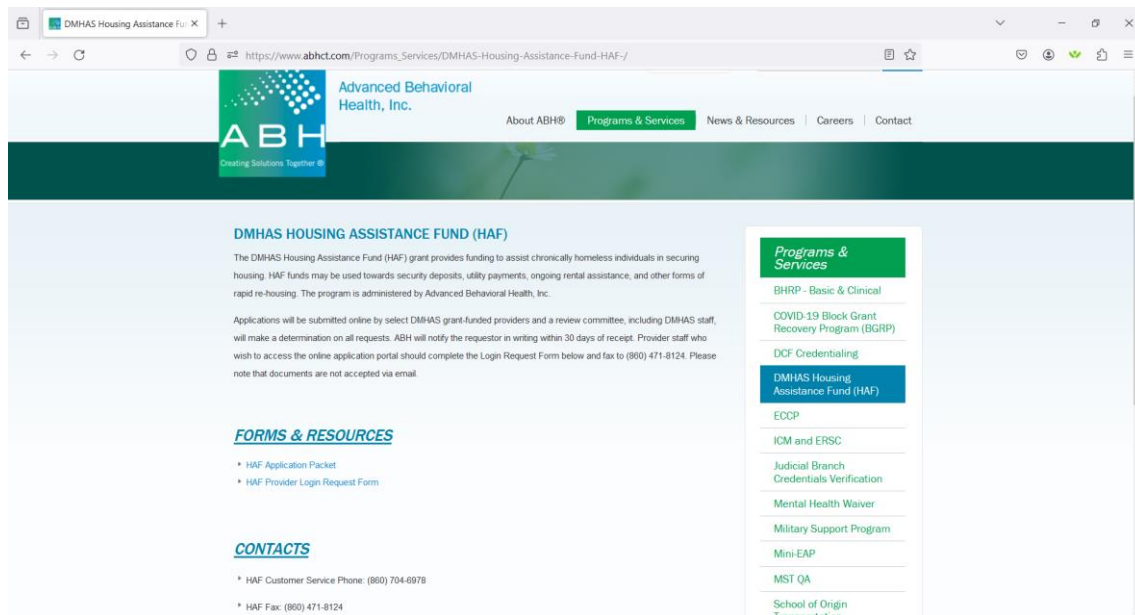
Logging On to the Web-Based System

To access the HAF Web-based system, users will first need to log on to the Internet and go to the ABH Web site at www.abhct.com.

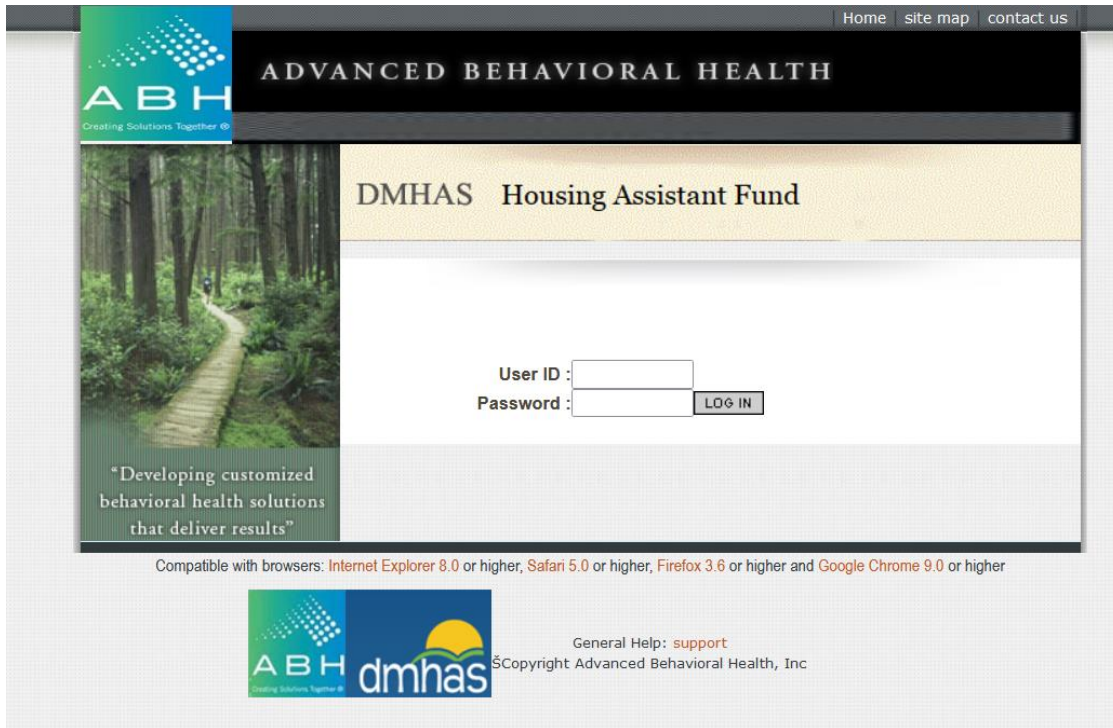


From this page users can:

- Select **Program Log In**, in the upper right hand corner, then **HAF** to log in.
- Select **Programs & Services**, then **DMHAS Housing Assistance Fund (HAF)** to view and print sample documentation, provider alerts, and other important program documents.

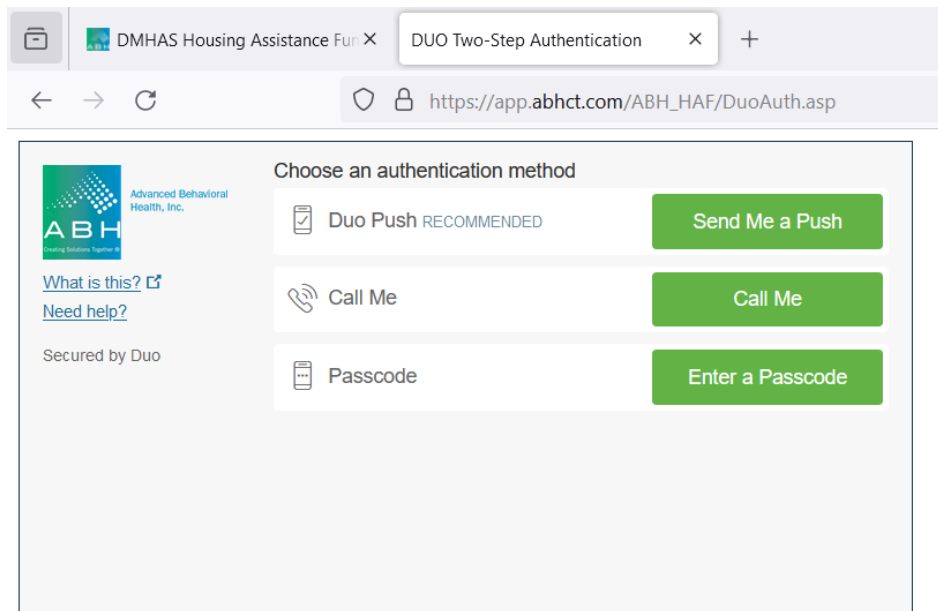


Once a user connects to the ABH Web site and navigates to the HAF login screen, s/he must enter a User ID and Password. Once the User ID and password have been entered, click the Log In button.



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, you will be prompted to authenticate your login session using Duo.



After authenticating, the screen shown below (the Registration/Inquiry Screen) should appear.

Home | [site map](#) | [contact us](#)

ADVANCED BEHAVIORAL HEALTH



Registration / Inquiry | Logout

User Name: Michelle Masi
Provider: ADVANCED BEHAVIORAL HEALTH, INC. (213 COURT STREET, MIDDLETOWN, CT) ▾

Encounter #: ***
Last Name:
First Name:
SSN:
CLIENT ID:

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

No records found !!!

General Help: [Support](#)
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Registering & Searching for Clients

Please note that each user is linked to a specific provider agency and that all users at that agency will have access to all clients. In this screen, you can **register a new applicant** or check the status (**search**) of an applicant who has already been registered. All new applicants must be registered in advance of requesting services. Upon clicking **Register New Client** you will be brought to the following screen:

The screenshot shows the registration form for Advanced Behavioral Health. The user is Michelle Masi, and the provider is Advanced Behavioral Health, Inc., 213 Court Street, Middletown, CT. The form is divided into two main sections: Applicant Information and Provider Information. The Applicant Information section includes fields for Date (3/12/2024), Date of Birth, Gender, Race, Phone, SSN, Ethnicity, and Marital Status. The Provider Information section includes fields for Provider Name, Address, City, State, Phone, Secure Fax, and Zip Code. There are also fields for the name and phone of the person completing the form. A 'Save / Submit' button is located at the bottom right of the form.

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 have the option to register another client or continue applying for services.

The screenshot shows the registration confirmation message. It displays the user name (Michelle Masi) and provider (Advanced Behavioral Health, Inc., 213 Court Street, Middletown, CT). The message states: "You have successfully submitted this Registration !!!". It provides the Registration Confirmation #: 24 and the Client Name: Frost, Jack. It also notes that the registration will be reviewed by HAF Staff and the status will be determined within 24 hours. If you have any questions, please call (860) 704-6978. There are two buttons: "Register New Client" and "Registration / Inquiry".



General Help: [Support](#)
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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 HAF system that needs to be updated.

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

HAF 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.

Home | site map | contact us

ABH
Creating Solutions Together

ADVANCED BEHAVIORAL HEALTH

Registration / Inquiry | Logout

User Name: Michelle Masi
Provider: ADVANCED BEHAVIORAL HEALTH (213 COURT STREET, MIDDLETOWN, CT) ▼

Encounter #: ****
Last Name:
First Name:
SSN:
CLIENT ID:

Search
Register New Client

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

- Open Registrations: Clients that have been registered with no service requests entered
- Pending Registrations: Registrations with mismatched information pending review
- Active Clients: Clients with approved service requests
- Inactive Clients: Clients with service requests that are pending review/determination

Requesting Services

In order to request HAF services for an applicant, search for the client.

Home site map contact us

ABH ADVANCED BEHAVIORAL HEALTH
Creating Solutions Together

Registration / Inquiry Logout

User Name: Michelle Masi
 Provider: ADVANCED BEHAVIORAL HEALTH (213 COURT STREET, MIDDLETOWN, CT) ▼

Encounter #: ****
 Last Name:
 First Name:
 SSN:
 CLIENT ID:

Search
 Register New Client

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

Registered Client Search Results...

Client Name	Client ID (+/-)	Registration Status (+/-)	Service Requests	Service Request Status
Frost, Jack	73621	Completed	Add	View

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

Back

User Name: Michelle Masi
 Provider: ADVANCED BEHAVIORAL HEALTH, 213 COURT STREET, MIDDLETOWN (Active) ▼

APPLICANT INFORMATION

ID 73621
 NAME Frost, Jack

Social Security Number: XXX-XX-XXXX
 Date Of Birth: mm/dd/yyyy
 Street Address:
 Telephone Number: (999) 999-9999

APPLICANT DEMOGRAPHICS

GENDER:
 RACE:
 LEGAL STATUS:
 ETHNICITY:
 MARITAL STATUS:
 If legal charges are pending or applicant is on parole, please Explain:

REFERRAL SOURCE

Agency Name:
 Street Address:
 Person Making Referral: Title:
 Contact Information:
 Phone: (999) 999-9999 Email:

As with the registration, all fields labeled in red are required. 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.

Please note that users may not start an application and complete it later; please review all of the information that will be needed and have it available at the time of data entry.

Proceed through each section and enter the requested information. Applicants may request assistance with housing funds, utilities, or both.

User Name: Michelle Masi
Provider: [ADVANCED BEHAVIORAL HEALTH, 213 COURT STREET,MIDDLETOWN (Active) ▼]

APPLICANT INFORMATION

ID 73621
NAME Frost, Jack

Social Security Number: [456-45-6789] [xxx-xx-xxxx]
Date Of Birth: [1/1/2002] [mm/dd/yyyy]
Street Address: [213 Court Street
Middletown, CT 06457]
Telephone Number: [8607046978] [(999) 999-9999]

APPLICANT DEMOGRAPHICS

GENDER: [Male ▼] **ETHNICITY:** [Non-Hispanic ▼]
RACE: [White ▼] **MARITAL STATUS:** [Never Married ▼]
LEGAL STATUS: [No Charges Pending ▼]

If legal charges are pending or applicant is on parole, please Explain:
[]

REFERRAL SOURCE

Agency Name: [ADVANCED BEHAVIORAL HEALTH]
Street Address: [213 COURT STREET MIDDLETOWN, CT 06457]
Person Making Referral: [Michelle Masi] Title: []
Contact Information:
Phone: [860-704-6352] [(999) 999-9999] Email: [mmas@abhct.com]

Short-Term Rental Assistance / Security Deposit / Ongoing Housing Assistance Fund REQUEST:

HOUSEHOLD COMPOSITION

List all members of the applicant's household. (At least one line is required)

Name	Relationship	Date of Birth
Jack Frost	Self	1/1/2002
		mm/dd/yyyy
		mm/dd/yyyy
		mm/dd/yyyy
		mm/dd/yyyy

Please note... that it is expected rent will be equally shared among all adults (18 years of age or older) in the household with the exception of married couples or adult children who can verify they are attending school. Assistance will be considered only for the applicant's portion of rent in situations where there are adult roommates or adults cohabitating.

APPLICANT EMERGENCY & ALTERNATE CONTACTS

Emergency Contact Name: Santa Claus
 Telephone Number: 860-704-6352 (999) 999-9999
 Relationship to Applicant: Father

Does applicant have a conservator or representative payee? Yes No

Name: _____
 Telephone Number: _____ (999) 999-9999

Please list any other service provider contacts, if any, such as clinicians or case managers:

Name	Agency	Telephone Number
Jane Doe	CHC	860-111-1234 (999) 999-9999
		(999) 999-9999
		(999) 999-9999
		(999) 999-9999
		(999) 999-9999

Applicants must exhaust all other community resources prior to accessing DMHAS Emergency Housing Assistance Funds. Please complete this section to document other resources have been exhausted before continuing on.

List all agencies/programs exhausted and a brief explanation of why they are not available. Please include any other resources that will be utilized to supplement EHAF funding, including the amount of contribution. (At least one is required)

- Section 8 paperwork has been submitted - pending receipt of voucher
- Not eligible for CHESS assistance
-
-
-

Please describe the applicant's plan to end temporary assistance. Check the appropriate box(es) and attach verification or explanation if necessary. (At least one is required)

- Applicant will be awarded Social Security benefits.
Please attach written verification reflecting status of application/appeal. Priority granted to applications submitted through SOAR.
- Applicant will obtain subsidized or permanent affordable housing.
Please attach written verification of client's acceptance and number on the waiting list.
- Applicant will gain employment and/or financial independence.
Applicant will be given no more than 6 months to secure employment.
- Applicant will recruit and secure a roommate to share expenses.
Applicant will be given no more than 6 months to arrange roommate agreement.
- Other
Please specify plan/steps and attach all relevant documentation.

What type of assistance is the applicant requesting? (At least one is required)

- Short-Term Rental Assistance (If checked, then a month duration is required)
 1 month 2 months 3 months
- Security Deposit
- Ongoing Housing Assistance Fund

What is the applicant's current living situation ?

Residing with parents temporarily

How will the applicant pay for their portion of rent and/or utilities ?

SSDI benefits

Although proof of sustainability is not required for approval, please explain the applicant's ability to "sustain" housing if provided HAF assistance to secure new housing. How will the applicant pay rent once temporary assistance is no longer available ?

Applicant has SSDI benefits to sustain rent ongoing

If the applicant is chronically homeless, what efforts will be made by referring agency and/or other providers to avoid CH from occurring again ?

N/A

FINANCIAL ASSESSMENT

Please enter current HOUSEHOLD income. (All incomes are Required to be 0 or greater)
All persons in household over 18 years of age must supply documentation of income in writing.

No Income Check if no Income !

Social Security (SSD, SSI, SSDI)	968.00	####.##
SAGA or TANF cash benefits		####.##
Unemployment Compensation		####.##
Retirement, Investment, or savings income		####.##
Rent Supplement (including HUD and housing programs that receive public support)		####.##
Alimony and/or child support		####.##
Spousal income or contribution from family/friends/other household members		####.##
Earned income (employment)		####.##
Veterans Administration (VA) benefits		####.##
Other Income (please specify)		####.##
TOTAL HOUSEHOLD INCOME	968.00	####.##
SNAP benefits (not considered cash income, but please answer, if applicable)	154.00	####.##

PROPERTY OWNER/MANAGER INFORMATION

Name: Mickey Mouse

Owner/Manager's Street Address: 123 Main Street, Middletown, CT 06457

Telephone Number: 860-704-6978 (999) 999-9999

Rental Unit Street Address: 225 Main Street, Middletown CT 06457

Apartment Size (Number of bedrooms): 1 ##

Monthly Rent Amount: 750.00 ####.##

Security Deposit: 1500.00 ####.##

*** This apartment must be inspected by requesting provider prior to tenant move-in..

NOTE: A W-9 Form completed by the property owner/manager must be faxed to ABH® be attached to this application.

UTILITIES REQUEST:

Total household gross monthly income \$: ####.##

Total household monthly expenses \$: ####.##

(attach verification)

*** To be eligible for utility services, applicant must provide verification of termination of Utility Services.

Utility: _____

Amt Requested: \$: ####.##

Utility: _____

Amt Requested: \$: ####.##

Application Attestation

I understand that I am attesting to the following:

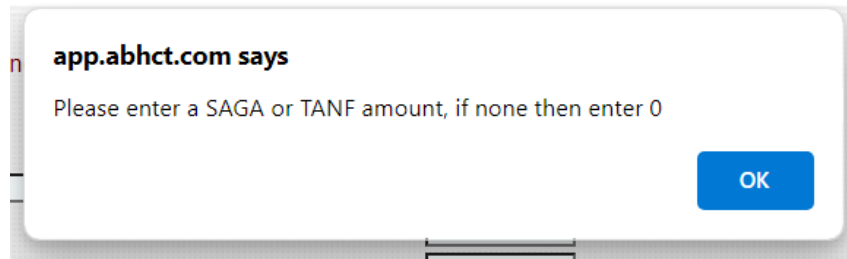
• The information provided is subject to verification and audit, and intentional misrepresentation may lead to criminal prosecution.

Additional Required Documentation

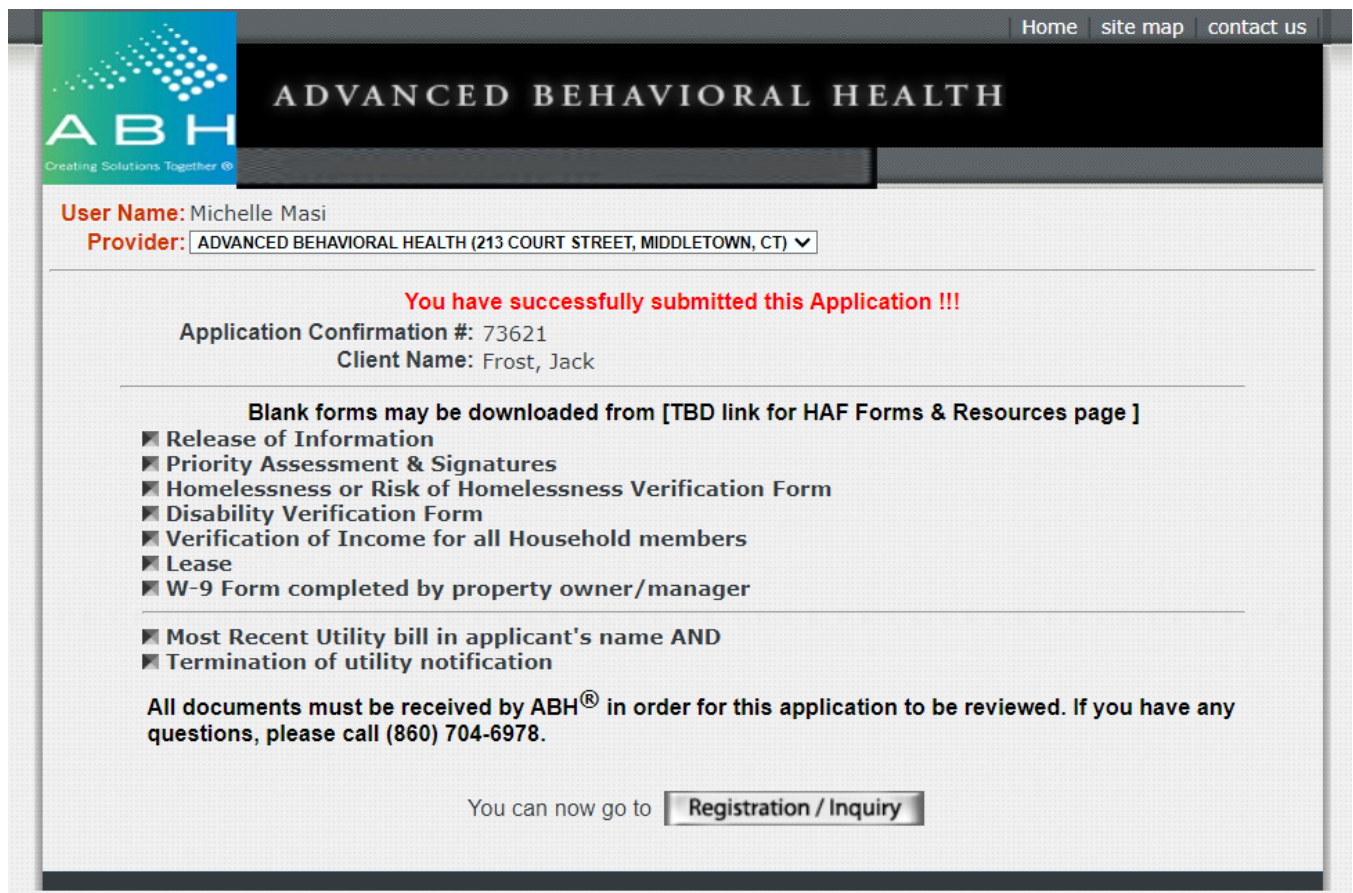
- Most recent utility bill in applicant's name AND
- Termination of utility notification

Save / Submit

Once you have selected all requested services click the Save/Submit button at the bottom of the screen. If you have skipped any required fields, or otherwise provided invalid data, you will receive pop-up messages (similar to the one below) explaining what needs to be corrected before the application can be submitted.



If all information has been submitted and is valid, you will receive a confirmation screen similar to the one below. Depending on the services requested, you will be instructed to fax other supporting documents needed to process each individual request and may use this confirmation as a cover page. Documents are not accepted via email or postal mail and must be faxed to (860) 471-8124.



Applications are processed in the order they are received by ABH. Each request will be reviewed to confirm all required information has been received and will be forwarded to a DMHAS review committee for determination. Requesting providers can check the status of applications at any time online via the *Service Request Status*.

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.

The screenshot shows the ABH web portal interface. At the top, there is a navigation bar with links for 'Home', 'site map', and 'contact us'. The ABH logo is on the left, and the text 'ADVANCED BEHAVIORAL HEALTH' is centered. Below the logo, there are buttons for 'Registration / Inquiry' and 'Logout'. The user's name 'Michelle Masi' and provider information 'ADVANCED BEHAVIORAL HEALTH (213 COURT STREET, MIDDLETOWN, CT)' are displayed. The client name is 'Frost, Jack' and the EMS ID is blank. A table titled 'Service Requests' contains one entry with encounter number 12 and status 'To Be Reviewed'.

Encounter #	Status	Determination Date	Service Type	From Date	To Date	Unit / \$	Invoice	Last Service Date
(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	(+/-)	
12	To Be Reviewed					\$750.00		N/A

If an application has been denied, clicking the red **Denied** status will show the reason(s) for denial. Applications denied for missing information may be revised within 30 days of denial. Providers should fax any missing or other information to (860) 471-8124 and do not need to submit a new service request unless directed to do so by ABH.

Payment for services that have been approved will be issued within 30 days and sent to the address the vendor provided on the W-9 Form.

Please contact ABH at (860) 704-6978 with any questions or concerns.