

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

**Housing Stabilization Services
(HSS)
Web-Based System**

User Manual



Updated 1/2/2025

Introduction

The Housing Stabilization Services (HSS) Web-based system was developed in 2025 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 HSS information for individuals registered through your agency;
- Register applicants for the HSS 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 HSS 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 HSS Web-based system. Users have limited access to the minimally necessary applicant-specific, site-specific current and historical authorization information stored in our HSS 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 HSS 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 HSS, as well as improving the efficiency of your agency.

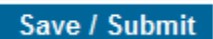

Using the System – Access

Because of the need to protect information collected by ABH, access to the HSS 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 <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> .

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 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>
	<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 be selected either 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 both Yes or No; if checked the response is Yes and if unchecked the response is No. Checkboxes may enable or disable other fields.
	<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>

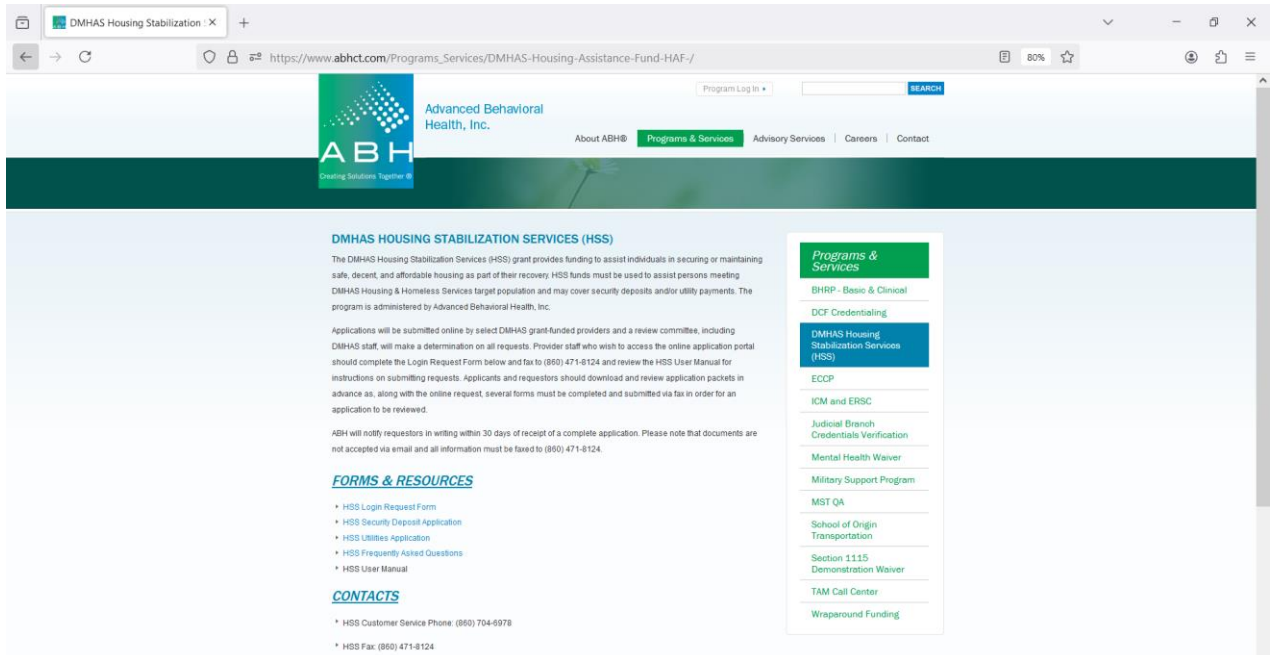
Logging On to the Web-Based System

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

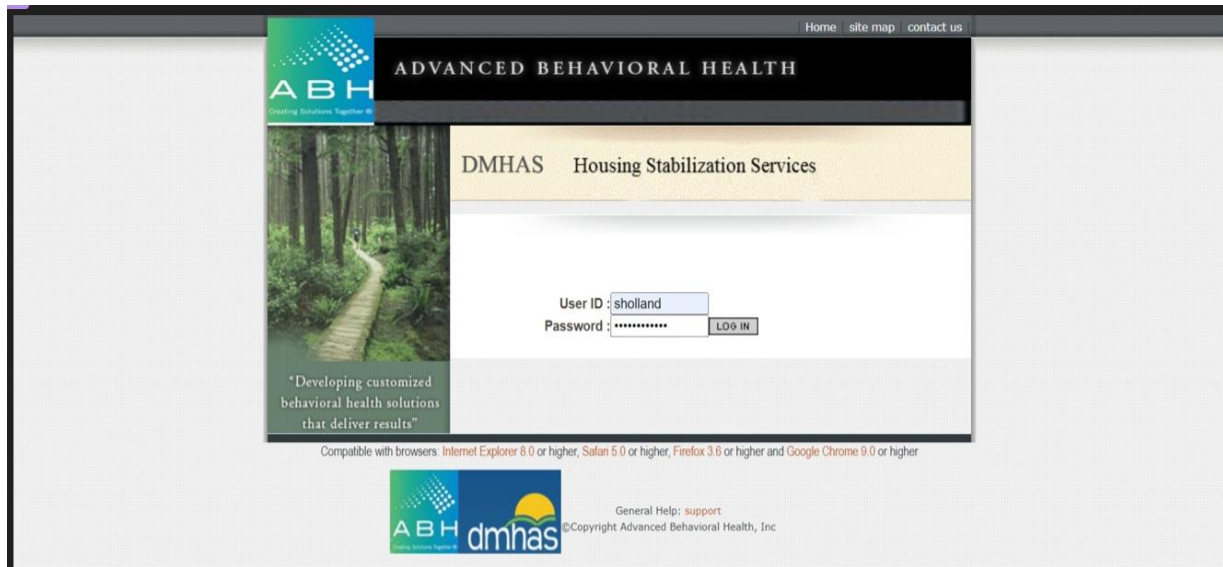


From this page users can:

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

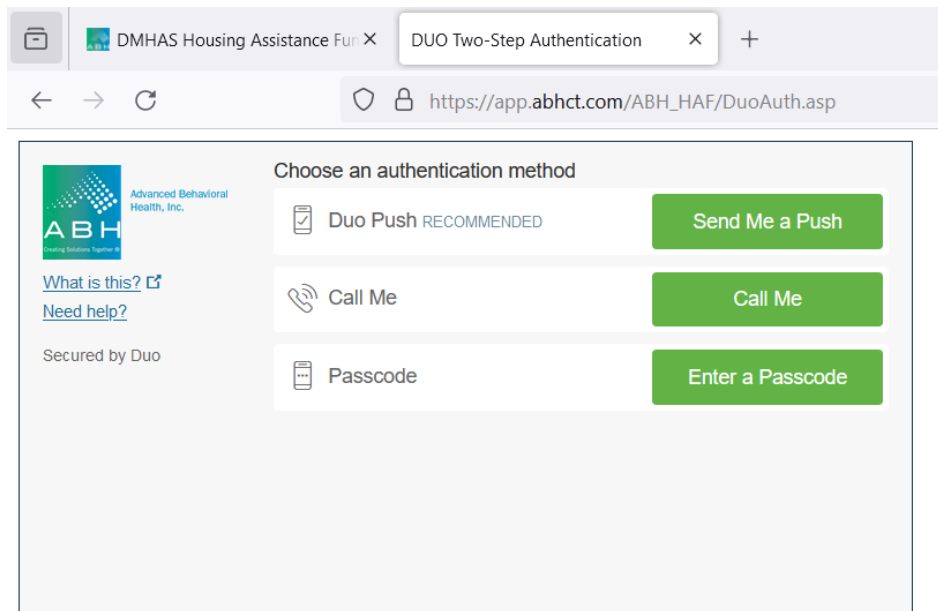


Once a user connects to the ABH Web site and navigates to the HSS login screen, s/he must enter a User ID and Password. Once the User ID and password have been entered, click the Log In button.



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.



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:

Search

Register New Client

Open Registrations: Active Clients Inactive Clients

Pending Registrations: *** No other criteria is applied when this is supplied

No records found !!!



Please note that submitting a HSS application is a two-step process. Clients must be registered, and, once the registration has been successfully processed, providers must add a service request.

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 of Birth, SSN, Ethnicity, Marital Status, Race, and Phone. The Provider Information section includes fields for Provider Name, Address, City, State, Phone, Secure Fax, and Zip Code. A 'Save / Submit' button is located at the bottom right of the form.

APPLICANT INFORMATION	
DATE:	3/12/2024 (mm/dd/yyyy)
FIRST:	
APPLICANT'S LAST:	
DATE OF BIRTH:	(mm/dd/yyyy)
SSN:	(xxx-xx-xxxx)
ETHNICITY:	
MARITAL STATUS:	
RACE:	
PHONE:	(999) 999-9999
STREET ADDRESS:	
EMAIL:	

PROVIDER INFORMATION	
PROVIDER NAME:	ADVANCED BEHAVIORAL HEALTH, INC.,
PHONE:	(860) 638-5309 (999) 999-9999
ADDRESS:	213 COURT STREET
SECURE FAX:	(999) 999-9999
CITY:	MIDDLETOWN
STATE:	CT
ZIP CODE:	06457
NAME OF PERSON COMPLETING FORM:	
PERSON COMPLETING PHONE:	(999) 999-9999
Extension:	

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. **Please note that submitting a HSS application is a two-step process. All clients must be registered, and, once the registration has been successfully processed, providers must add a service request.**

The screenshot shows the registration confirmation message. It states that the registration has been successfully submitted and provides the registration confirmation number (153) and the client name (Mickey, Mouse). It also provides instructions on how to fax the page along with the required documents to (860) 471-8124. The message notes that the registration will be reviewed by HSS Staff within 24 hours and provides a contact number (800) 658-4472 for any questions. There are two buttons: 'Register New Client' and 'Registration / Inquiry'.

You have successfully submitted this Registration !!!

Registration Confirmation #: 153
Client Name: Mickey, Mouse

You need to fax this page along with the below documents to
® at: (860) 471-8124

Please note this Registration will be reviewed by HSS Staff and the status of the registration will be determined within 24 hours.
If you have any questions, please call (800) 658-4472

You may enter another registration by clicking **Register New Client**
or
You can go to **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 HSS system that needs to be updated.

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

HSS 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: 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

Please note that submitting a HSS application is a two-step process. Clients must be registered, and, once the registration has been successfully processed, providers must add a service request. In order to request HSS services for an applicant, search for the client.

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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.

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ABH ADVANCED BEHAVIORAL HEALTH
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Registration / Inquiry Logout

Back

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

APPLICANT INFORMATION

ID 2
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: ETHNICITY:
RACE: MARITAL STATUS:

REFERRAL SOURCE

Person Making Referral: Title:
Referring Agency:
Housing & Homeless Service Program Name:
Name:
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 security deposit funds, utilities, or both.

FINANCIALS		
Total household gross monthly income \$:	<input type="text" value="1000.00"/>	####.##
Total household monthly expenses \$:	<input type="text" value="2000.00"/>	####.##
(attach verification)		
APPLICANT STATEMENTS		
Please describe your current living situation:		
Currently in DV shelter		
Please describe how receiving Housing Stabilization Services will benefit your homelessness or housing instability:		
Receiving a security deposit will help secure safe housing for myself and my children		
Please describe your job searches and/or vocational program, or tell us if you're working or have other income or benefits:		
Employed part time		
Please explain how your utilities will be paid on an ongoing basis:		
Payment plan with Eversource, paying with employment income		

Security Deposit REQUEST:

*** To be eligible for security deposit, applicant must provide proof they are able to sustain the apartment.

If applicable, please list voucher type:

PROPERTY OWNER / MANAGER INFORMATION		
Name:	<input type="text" value="Mickey Mouse"/>	
Owner/Manager's Street Address:	<input type="text" value="123 Main Street, Middletown CT 06457"/>	
Owner/Manager's Telephone Number:	<input type="text" value="(860) 867-5309"/> (999) 999-9999	
Rental Unit Street Address:	<input type="text" value="456 Main Street Apt. B, Middletown CT 06457"/>	
Apartment Size (Number of bedrooms):	<input type="text" value="2"/>	##
Monthly Rent Amount:	<input type="text" value="1600.00"/>	####.##
Tenant Portion of Rent Amount:	<input type="text" value="0.00"/>	####.##
Security Deposit:	<input type="text" value="3200.00"/>	####.##
Applicant Name:	<input type="text" value="Jack Frost"/>	

UTILITIES REQUEST:

*** HSS assistance is limited to \$5,000 per person for life of the program. Please fax a complete copy of the most recent utility bill and/or notice of termination - this should be in the application's name and total due, payment address, and account number must be clearly visible.

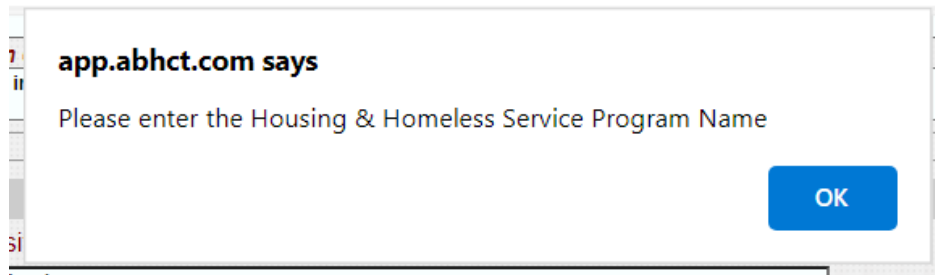
Utility:	<input type="text" value="Eversource"/>	Amt Requested: \$	<input type="text" value="638.56"/>	####.##
Utility:	<input type="text"/>	Amt Requested: \$	<input type="text"/>	####.##

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.

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.

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ADVANCED BEHAVIORAL HEALTH

User Name: Sharron Holland
Provider: APT FOUNDATION, INC. (1 LONG WHARF DR., SUITE 321, NEW HAVEN, CT) ▼

You have successfully submitted this Application !!!

Application Confirmation #: 139
Client Name: Doe, Jane

Blank forms may be downloaded from [\[Click here for the HSS Forms & Resource Page\]](#)

- Release of Information
- Homelessness or Risk of Homelessness Verification Form
- Verification of Income for all Household members
- Lease
- W-9 Form completed by property owner/manager

■ Most recent utility Bill in Client's name OR
■ Termination of utility notification

All documents must be received by ABH® in order for this application to be reviewed. If you have any questions, please call (860) 704-6978.

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

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 'Home', 'site map', and 'contact us' links. 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 main content area displays user information: 'User Name: Michelle Masi' and 'Provider: ADVANCED BEHAVIORAL HEALTH (213 COURT STREET, MIDDLETOWN, CT)'. Below this, it shows 'Client Name: Frost, Jack' and 'EMS ID:'. A section titled 'Service Requests' contains a table with the following data:

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.