



Program Eligibility Requirements

To be eligible for BHRP services you must:

- Have active Medicaid Husky D insurance
- Not receive any state or federal cash assistance
- Participate in clinical behavioral health services

Other provider requirements may apply for certain services.

Program eligibility does not guarantee service approval.

Ask your provider whether you are eligible and if they can apply!



For more information or to contact us:

Phone 1-800-658-4472

Fax 1-866-249-8766

[http://www.abhct.com/
Programs_Services/BHRP](http://www.abhct.com/Programs_Services/BHRP)



BEHAVIORAL HEALTH RECOVERY PROGRAM (BHRP)

Offering Support for
Your Recovery Needs





BEHAVIORAL HEALTH RECOVERY PROGRAM-BASIC

What is the Behavioral Health Recovery Program?

The Department of Mental Health and Addiction Services (DMHAS) funds the Behavioral Health Recovery Program. The Behavioral Health Recovery Program-Basic is administered by Advanced Behavioral Health to link eligible individuals with behavioral health recovery support services. Services are requested by either your clinical provider or other providers in your community.

Goals of the Behavioral Health Recovery Program

- To support you in your journey to recovery
- To help you get quick access to the recovery support services you need
- To work with you to increase your self-sufficiency in the community where you choose to live

Services	
Type	Requested By*
Supported Recovery Housing Services (SRHS)	SRHS Provider
Independent Housing	Clinician SRHS Provider
Recovery (Case) Management Services (RMS)	RMS Provider
Recovery Oriented Vocational Services (ROVS)	Vocational Provider
Faith Based Services (FRSS)	Faith Provider
Wellness	Any
Basic Needs Gift Cards	Clinician
Transportation Assistance	RMS, ROVS, or FRSS Provider

* Speak to your clinician or provider to see if you are eligible under program and provider requirements

What if I'm not happy with my services?

First you should discuss your concerns with your clinician and their supervisor, in an attempt to resolve the issue.

If that is not successful, you may contact ABH® at the number on the back of this brochure.

Complaints received by ABH® will be reviewed with DMHAS.

What can I do if my request for a service is denied?

You may appeal a service denial as long as you did it within seven (7) days of the denial decision.

To appeal a recovery supports services denial decision, you or your provider must complete the appeal form available at <http://www.abhct.com> and fax it to the number on the back of this brochure.