A HOME FOR EVERYONE ECONOMIC OPPORTUNITY PROGRAM – HOUSING STABILIZATION

ServicePoint Handbook

Contents

Multnomah County

Questions? Contact the ServicePoint Helpline at 503.970.4408 or servicepoint@multco.us
http://multco.us/servicepoint

REVISION HISTORY

- **Revised October 2021:** Added information on how to select more than one Gender option; added new SHS Population A/B question to program entry.
- **Revised February 2021**: Added instructions when an open entry to OR:501 Coordinated Access is present. Changed ROI to plus 7 years. Added Appendix II.
- **Revised August 2018:** Updated ROI section, included instructions on how to update Housing Move-In Date through Interim, and reorganized the order of entry and exit questions.
- **Revised October 2017:** Updated Release of Information section & updated screen shots.
- **Revised June 2017:** Changed project name, removed Client's Residence/ Last Permanent Address and Percent of Median Family Income questions from Entry/Exit

PROGRAM MODEL

A Home for Everyone Economic Opportunity Program is designed to assist clients who are homeless or at risk of homelessness. Housing Stabilization is provided in the form of housing placement or eviction prevention for individuals and families in need based on the established EOP Rent assistance guidelines.

Eviction prevention	• Helping households in danger of eviction maintain the housing they have
Housing placement	• Helping households obtain permanent housing
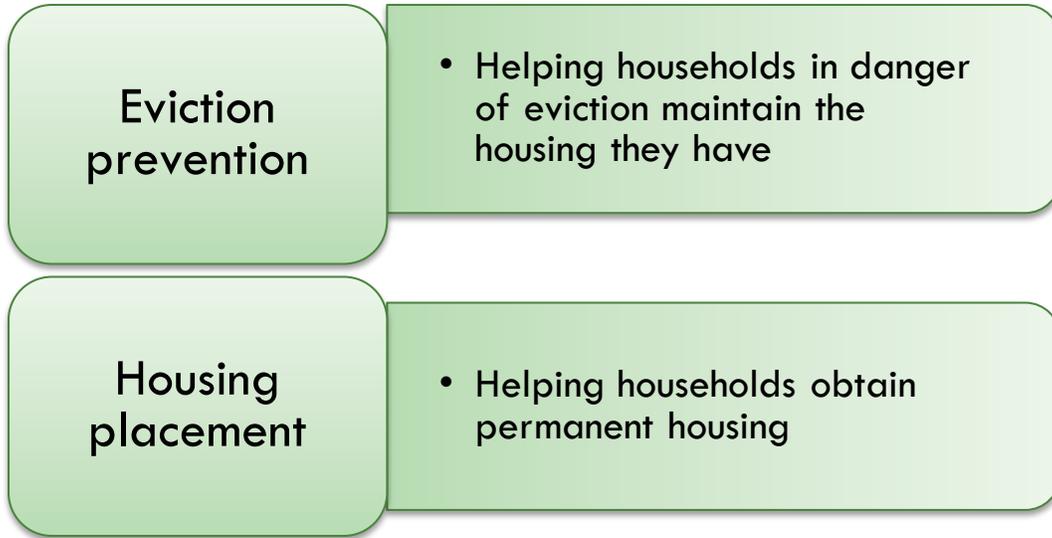
SEND EMAILS TO SERVICEPOINT@MULTCO.US WHEN:

- There is an open program entry into OR-501:Coordinated Access to advise client is enrolled in program
- If client is not successfully housed, send details to re-open Coordinated Access program entry

DATA MILESTONES

ENTRY	HOUSING PLACEMENT (HMID)	SERVICES (ongoing)	EXIT	FOLLOW-UP
• Add client to ServicePoint • Create household (HH) • Create ROI for entire HH • Create program entry for entire HH	• **HP** - HMID = Program entry date • **RRH,Add Interim Review** and choose "Update" as review type • Update Housing Move-In Date with date housed	• Track services in ServicePoint • **All data entry is due by 15th of following month**	• Exit client in ServicePoint	• Record Follow-ups at 6 & 12 months post-exit

1. HOUSEHOLD	Every client needs 1 (and only 1) household
Household Type	
Head of Household	Only <u>one</u> head of household
Relationship to Head of HH	If client is head of household, this should be 'Self'
HH Date Entered	Same as Program Entry Date

2. ROI	Required for ALL Household Members included in Program Entry

After clients sign a *Client Consent to Release of Information for Data Sharing* form for their household, transact Parent, and program level ROI to all household members.

Clients only need to sign one Client Consent form <u>per agency</u>.

Only one Client Consent form needs to be signed per household, but it must be transacted in ServicePoint (SP) under multiple SP providers. The multiple provider includes the Parent provider (also known as your Login Provider) AND all of the SP providers associated with the program they are participating in.

View the How to Transact an ROI video here: https://www.youtube.com/watch?v=A6YYacA-sd4

Transact ROI under Head of Household	In the client profile of the <u>Head of Household</u>, click on the "ROI" tab. Then, click on "Add Release of Information."

Household Members	Check off all household members who were included on the *Client Consent to Release of Information for Data Sharing* form.

Provider	Click 'Search' to select your PARENT provider (also known as your Login provider) <u>AND</u> **all** the applicable providers for your agency.	**Release of Information Data** **Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.** Provider * ☑ Human Solutions - SP (14) [Search] ☑ Human Solutions: AHFE EOP - Rapid Re-Housing (RRH) (5946)
Release Granted	Choose Yes or No based on the Client Consent to Share form.	Release Granted * [Yes ▾]
Start Date	Date the Client Consent to Share form was signed.	Start Date * 02 / 01 / 2021
End Date	7 years after Start Date or period set by your agency.	End Date * 02 / 01 / 2028
Documentation	Select "Signed Statement from Client" - **Verbal consent is not an option**	Documentation [Signed Statement from Client ▾]
Witness	Enter *Multco* for the witness	Witness Multco [Save Release of Information] [Cancel]

When successfully transacted, it should look like this under the ROI tab. You may choose to attach the signed Client Consent to Share form by clicking on the image of the binder clip (optional).

Release of Information

	Provider	Permission	Start Date	End Date	
✏ 🗑	Human Solutions - SP	Yes	02/01/2021	02/01/2028	📎
✏ 🗑	Human Solutions: AHFE EOP - Rapid Re-Housing (RRH)	Yes	02/01/2021	02/01/2028	📎
[Add Release of Information]		Showing 1-2 of 2			

Email or call the ServicePoint Helpline if you see there are other ROIs transacted for the household already and you are unsure what to do: 503-970-4408 or servicepoint@multco.us

ENTRY

- Create a program entry for the Head of Household. Click the check box next to the names of **all household members** to include them in the entry.
- Go into <u>each</u> client's entry (adults and children) to enter data.

3. ENTRY	
Entry Provider	Choose your AHFE EOP provider: AHFE EOP – Homeless Prevention OR AHFE EOP – Rapid Re-Housing
Entry Type	Always choose 'Basic'
Entry Date	Defaults to data entry date - **Change to date of intake**

Required for ALL Household Members (Note: there is no section header on the assessment to indicate this)	
I-TRAC Client ID	
Housing Move-in Date	
Relationship to Head of Household	
Date of Birth	
Date of Birth Type	
Gender	Use CTRL to select more than one option
Race	**Required *in addition to* Inclusive Identity**
Race-Additional	(optional) Do not answer the same as 'Race'
Ethnicity	**Required *in addition to* Inclusive Identity**
Inclusive Identity	**Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.**
Primary Language	
If Primary Language is Other, then Specify	
Does client have a disabling condition?	
Disabilities	**Click 'HUD Verification' to create a Y/N response for each Disability Type**

Covered by Health Insurance?

Health Insurance	**Click 'HUD Verification' to create a Y/N response for each Health Insurance Type**

Complete the following questions for Head of Household and All Adults

Complete SHS Priority Pop for HOH if funded by JOHS

Identify the SHS Priority Population	Refer to Population A/B Determination form: https://rb.gy/hfc1au

Income from Any Source

Monthly Income	**Click 'HUD Verification' to create a Y/N response for each Income Source** * Only list income that will be **ongoing** * Enter Household Income provided by a minor in the **Head of Household's profile**

See Appendix B for additional information about recording income

Non-cash benefit from any source

Non-Cash Benefits	**Click 'HUD Verification' to create a Y/N response for each Benefit Source** * Only list benefits that will be **ongoing** * Enter benefits received by a minor in the **Head of Household's profile** * $ amounts are not required for non-cash benefits

Residence Prior to Project Entry	Residence just prior to entry (i.e. the night before entry date). Choose only ONE.
Length of Stay in Previous Place	

If response to Residence Prior to Project Entry is under HOMELESS SITUATION, you will see the following questions:
Approximate date homelessness started
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today
Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years
If response to Residence Prior to Project Entry is under INSTITUTIONAL SITUATION **and** Length of Stay in Previous Place is less than **90 days**, you will see the following questions:
On the night before [residence prior situation], did client stay on the streets, emergency shelter or safe haven? If yes, complete the following:
Approximate date homelessness started
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today
Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years
If response to Residence Prior to Project Entry is under TRANSITIONAL AND PERMANENT HOUSING SITUATION **and** Length of Stay in Previous Place is less than **7 days**, you will see the following questions:
On the night before [residence prior situation], did client stay on the streets, emergency shelter or safe haven? If yes, complete the following:
Approximate date homelessness started
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today
Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years

Client Location
Domestic violence victim/survivor
If yes for Domestic violence victim/survivor, when experience occurred
If yes for Domestic Violence victim/survivor, are you currently fleeing?
% of Median Family Income
Client's Residence/Last Permanent Address

4. CLIENT PROFILE QUESTIONS	Answer 3 questions on Client Profile tab
	- Name Data Quality - SSN Data Quality - Veteran Status

RECORDING SERVICES

- Services should be recorded in ServicePoint on a monthly basis.
- All services are entered in the Head of Household's record. Check off the names of all household members to include them in the service.

❶ Select the appropriate Provider: Human Solutions: AHFE EOP – Homeless Prevention
OR
Human Solutions: AHFE EOP – Rapid Re-Housing

❷ Enter the Start Date and the End Date for each service transaction. **The Start Date should never be before the Entry Date and the End Date should never be after the Exit Date.**

❸ Click on pencil to select the appropriate Service Type.

❹ Select the appropriate service staff

❺Enter exact dollar amount next to "Number of Units" – NEVER USE "Cost per Unit" or "Total Cost of Units."

Click 'Save & Exit' to finish

①	Service Provider *	Human Solutions: AHFE EOP - Homeless Prevention (HP) (5875)
	Creating User	Daylis Torres
②	Start Date *	03 / 06 / 2017 8 ▼ : 14 ▼ : 13 ▼ AM ▼
	End Date	__ / __ / ____ 8 ▼ : 14 ▼ : 13 ▼ AM ▼
③	Service Type *	Rental Deposit Assistance (BH-3800.7250)
	Provider Specific Service	-Select- ▼
④	Service Staff	-Select- ▼
	Service Notes	

Service Costs

⑤	Number of Units	
	Unit Type	-Select- ▼
	Cost per Unit	$
	Total Cost of Units	$

SERVICE CATEGORIES

- ADA Implementation Assistance
- Debt Reduction Funds
- Homeless Motel Vouchers
- Household Goods Storage
- Housing Expense Assistance
- Identification Cards
- Mortgage Payment Assistance
- Moving Expenses Assistance
- Rental Application Fee Payment Assistance
- Rental Deposit Assistance
- Rental Payment Assistance
- Undesignated Temporary Financial Assistance
- Utility Assistance

HOUSING PLACEMENT FOR RAPID-REHOUSING

When a household has been placed in permanent housing, update the Housing Move-in Date (HMID) using the following steps. Do NOT pencil back into the program entry to update this field.

❶ Click on the Entry/Exit tab in the <u>Head of Household's</u> profile

Client Information | **Service Transactions**

Summary | Client Profile | Households | ❶ | **Entry / Exit** | Case Managers | Case Plans | Activities | Assessm

ⓘ Reminder: Household members must be established on Households tab before creating Entry / Exits

Entry / Exit

Program	Type	Project Start Date	Exit Date	Interims	Follow Ups	Client Count
Human Solutions: AHFE EOP - Rapid Re-Housing (RRH) (5946)	Basic	✏ 07/27/2018	✏	📄	📄	🔍②

Add Entry / Exit   Showing 1-1 of 1   ❷

❷ Click on the icon in the 'Interims' column

Interim Reviews ⊠

Interim Reviews Associated with this Entry / Exit

Review Date	Review Type	Client Count
❸ Add Interim Review	No matches.	

❸ Click the 'Add Interim Review' button

Household Members

ⓘ To include Household members associated with the Entry / Exit for this Interim Review, click the box beside each name.

❹ ☑ **(117) Male Single Parent**
    ☑ (162) Sparrow, Jack (Entry Date: 07/27/2018 2:20 PM)
    ☑ (163) Sparrow, Junior (Entry Date: 07/27/2018 2:20 PM)

❹ Click to include all household members

Interim Review Data

Entry / Exit Provider	Human Solutions: AHFE EOP - Rapid Re-Housing (RRH) (5946)
Entry / Exit Type	Basic
❺ **Interim Review Type ***	Update ▾
❻ **Review Date ***	07 / 27 / 2018 📅🔄📅 2 ▾ : 21 ▾ : 27 ▾ PM ▾

❺ Choose 'Update' for Interim Review Type

❻ Set 'Review Date' to Housing Move-in Date

❼ Click 'Save & Continue'

❼ Save & Continue   Cancel

❽ Fill in or update the 'Housing Move-in Date'

Entry / Exit Interim Review

Interim Review Data

Entry / Exit Provider	Human Solutions: AHFE EOP - Rapid Re-Housing (RRH) (5946)
Entry / Exit Type	Basic
Interim Review Type	Update
Review Date	07/27/2018 02:37:25 PM

Interim Review Assessment

❾ Click on **each** household member and repeat step 8.

When steps above are Completed, click on 'Save & Exit.'

Household Members | **Assessment Updates (Formerly known as the RARE)** | Interim Review Date: 07/27/2018 02:37

(162) Sparrow, Jack Age: Unknown Veteran: Unknown	Housing Move-in Date	☐ / ☐ / ☐ 📅🔄📅 G ❽
☑ (163) Sparrow, Junior Age: Unknown Veteran: Unknown ❾	Relationship to Head of Household	Self (head of household)
	Does the client have a disabling condition?	-Select- ▾ G

EXIT	Answers from Entry will carry over. <u>Remember to update all responses that have changed</u>.
Exit Date	Last day of subsidy
Reason for Leaving	
Destination	

Update for EACH household member if needed

Housing Move-in Date	
Relationship to Head of Household	
Does client have a disabling condition?	

Disabilities	**Click magnifying glass to check that all responses are still accurate**
	![Disabilities table] Disabilities — HUD Verification — Disability Type, Start Date*, End Date, Disability determination, Add

Covered by Health Insurance?	

Health Insurance	**Click magnifying glass to check that all responses are still accurate**
	Health Insurance — HUD Verification — Start Date*, Health Insurance Type, Covered?, End Date, Add

Income from Any Source	

Monthly Income	**Click magnifying glass to check that all responses are still accurate**
	Monthly Income — HUD Verification — Start Date*, Source of Income, Receiving Income Source?, Monthly Amount, End Date, Add, View Gross Income

Non-cash benefit from any source?	

Non-Cash Benefits	**Click magnifying glass to check that all responses are still accurate**
	Non-Cash Benefits — HUD Verification — Start Date*, Source of Non-Cash Benefit, Receiving Benefit?, Amount of Non-Cash Benefit, End Date, Add

Update the following questions when required by funder or administrator

Achieved case plan goals	
% Median Farm Income	

Client's Residence/Last
Permanent Address

PRE-SETTING FOLLOW-UPs

At the time of Exit from AHFE EOP, go to the Assessments tab of the Head of Household's profile. Select **'Housing Outcomes'** from the drop-down menu and click 'Submit.'

❶ Click 'Add'

❷ Reporting Program = 'Rent Assistance'

❸ Select the appropriate Housing Outcome Intervention type from the dropdown menu
- Eviction Prevention for HP
- Transitional or Permanent Housing for RRH

❹ **Housing Placement Information:**
Initial Placement… = **AHFE EOP entry date**
End of Subsidy Date = **AHFE EOP exit date**

❺ **Follow-Up Schedule:**
What triggered…? = End of Subsidy/Exit
Follow-Up Interval = 6 months
Follow-Up Due Date = set based on exit date

❻ Click 'Save and Add Another' and **repeat Steps 1-5 for 12 mo. follow-up**

RECORDING FOLLOW-UPs

Follow-ups that were pre-set at the time of WSI AHFE EOP Exit can be found in the Assessments tab of the Head of Household's profile. Select **'Housing Outcomes'** and click 'Submit.'

❶ Click the pencil next to the follow-up
   interval you'd like to record

❷ Record Actual Follow-up responses

❸ Click 'Save'

Repeat same process for the 12th mo. follow-up.

RECORDING CLIENT INCOME

- Each client's record should store their entire income history. **Never update a client's income by deleting or writing-over the answers in an existing income record.**
- Each income source should have a Yes/No response. The same is true for Benefits, Disability and Health Insurance types.
- New program entries pre-fill with income data from previous entries. If the income data that pre-fills is not accurate for your point in time, **end date** it and **add** a new/updated income.
- When completing an Annual Review, record changes through the 'Interims' icon. Do not change answers in Program Entry.

STEP 1: Answer 'Income from Any Source'
(Update existing answer if necessary)

MONTHLY INCOME:
Income from Any Source -Select- G

If Answer = Yes

If Answer = No, Don't Know, or Refused

STEP 2: Record Responses for EVERY Income Source

Monthly Income   HUD Verification ⚠
Start Date*   Source of Income   Receiving Income Source?   Monthly Amount   End Date
Add   View Gross Income

Is there a Y/N response for each income source? — No → Click **HUD Verification ⚠** to create all 15 'No' responses at once, or click 🔍 to add one response at a time
→ **DONE** HUD Verification ✅

Are there active income lines for EACH income source? — No → Click **HUD Verification ⚠** to create all 15 'Yes/No' responses, or click 🔍 to add one income source at a time → **DONE** HUD Verification ✅

Yes ↓

Yes ↓ (from Y/N response)

Are they still accurate?

Are they still accurate? — Yes → **DONE** HUD Verification ✅ — No → End inaccurate income amounts → Add Income → **DONE** HUD Verification ✅

Yes → **DONE** HUD Verification ✅   No → End inaccurate income amounts → Add Income → **DONE** HUD Verification ✅

Follow the process below to record client income at Entry, Interims, and Exit

ADDING INCOME

❶ To create all 15 income responses at once for NEW clients, click the HUD V icon **HUD Verification ⚠**
If updating clients who already have responses, click the magnifying glass 🔍

❷ Leave Start Date as default (date of Entry, Annual Review, or Exit)

❸ Select Source of Income

❹ Monthly Amount = ($ amount from this source)

❺ Leave End Date blank

❻ Save /add another and Exit

ENDING INCOME

✪ If updating income at Entry/Exit, enter data in client's program Entry/Exit. If updating income *during* enrollment, use appropriate interim.

❶ Click the pencil next to outdated income

❷ Leave Start Date, Source, and Amount unchanged

❸ End Date = the **day before** Entry/Annual Review/Exit

❹ Save and Exit

NOTE: Follow the same process when recording Benefits, Disabilities and Health Insurance

Answering HUD Verification Questions for New Participants

Your program's Entry may include the following questions:
- Health Insurance
- Disabilities
- Monthly Income
- Non-Cash Benefits

Though these four questions each have different answers available to choose from, all function the same way. This type of question has two parts to answer:

1. Answer the Yes/No question that sits above the HUD Verification.

2. Click HUD Verification, which opens the next window.

3. Select the "No" link. All of the answers in the bottom section will shift to "No".

4. Carefully review the list of answers. If one of the answers applies to the participant, shift the answer on that one line to a "Yes".

If you answer "Yes" to an Income Source for the Monthly Income question, or for the Disability types, an additional box will pop up. See Step 5 and/or 6 below.

Otherwise, click **Save & Exit**.

5. **INCOME**: Enter the amount of that Income. Enter an approximate amount if necessary.

Record all income received in the 30 days prior to intake, but only if it that income will be continuous and ongoing.

Monthly Income	
Start Date *	10 / 01 / 2014
Source of Income	TANF (HUD)
If Other, Please Specify	
Receiving Income Source?	Yes
If other, specify	
Monthly Amount ⑤	487
End Date	/ /
ARCHIVAL USE ONLY!	-Select- ▾

6. **DISABILITIES**: Enter "Yes"* in the 2 fields below the Note on Disability box.

*If the project requires an official documentation of disability, you must have that in the client file in order to enter "Yes".

Click **Save.**

Continue answering the remaining Entry questions.

Add Recordset

Disabilities

Disability Type	Mental Health Problem (HUD)
Start Date *	07 / 30 / 2018
Note on Disability	
Above condition is going to be long term? (Retired)	Yes ▾
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes (HUD) ▾
Disability determination	Yes (HUD)
End Date	/ /

When you're done answering questions for the Head of Household, remember to click **Save**, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.

Updating HUD Verification Questions for Existing Participants

If you are answering the HUD Verification questions for a participant who already exists in ServicePoint, there's a good chance that these type of questions (health insurance, disability, income, non-cash benefits) have already been answered at least once. ServicePoint will display all previously recorded answers as long as they are *ongoing*. This means that no one has entered an "End Date" for the answers you are seeing.

In order for you to update a HUD Verification question that has already been answered, you must enter an End Date for each previously recorded answer **that is no longer correct**. Then create a line for each **new** correct answer; new answers should be dated with the date of your new entry or annual update.

EXAMPLE: Last year, a survivor and her child completed the intake process for a program on 01/01/2017. A couple days later, her advocate created a program entry in ServicePoint using the intake date as the entry date. The advocate answered all of the questions required by ServicePoint in the program entry, including all four of the HUD Verification-type questions (Health Insurance, Disability, Monthly Income, and Non-Cash Benefits). At the time the advocate completed her intake, the participant did not have health insurance.

Notice how each of the individual answers within the HUD Verification-type questions has a **Start Date** of 01/01/2017 (the same as the participants' entry date). Because the advocate recorded these answers from within the program entry dated 01/01/2017, the **Start Date** for each answer defaults to the entry date. **(Don't change it.)**

> **TIP:** After completing a HUD Verification, click on the magnifying glass icon to expand the HUD Verification box and see all of your answers at once!

A year later, the same participant completed an intake for a new program. A couple days later, her advocate creates an entry for the new program, using the new intake date (01/01/2018) as the program entry date.

Sometime in the last year, the participant acquired health insurance through the Oregon Health Plan. Yay! The HUD Verification question about Health Insurance in the new program's entry pulls the "No" answer from the last time this question was answered, just like all other questions in ServicePoint. Flip the answer in the first part of the question from a "No" to a "Yes".

Health Insurance
Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance | No (HUD) ▼

Health Insurance
Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance | Yes (HUD) ▼ G

Click on the magnifying glass icon to review each of the individual answers within the HUD Verification.

Health Insurance
Answer the "Covered by Health Insurance" question for everyone.

Covered by Health Insurance | Yes (HUD) ▼ G

Click HUD Verification and select appropriate answer for each Health Insurance Type

Health Insurance   HUD Verification ✅

	Start Date*	Health Insurance Type	Covered?	End Date
🖉 🗑	01/01/2017	Employer - Provided Health Insurance	No	
🖉 🗑	01/01/2017	Veteran's Administration (VA) Medical Services	No	
🖉 🗑	01/01/2017	State Children's Health Insurance Program	No	
🖉 🗑	01/01/2017	MEDICARE	No	
🖉 🗑	01/01/2017	Other	No	

Add   Showing 1-5 of 10 | First | Previous | Next | Last |

Tip: The **Start Date** shows the date of the entry wherein each answer was created.

Show All Health Insurance Records   🖨 ❌

Health Insurance

	Provider	Date Effective ▼	Start Date	Health Insurance Type	Covered?	End Date
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
🖉 🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	

Add   Showing 1-10 of 10

Exit

OHP is recorded in ServicePoint as "MEDICAID", so this is the line that must be updated to reflect that the participant now has health insurance.

Click on the pencil icon in line with this answer to edit.

The **Start Date** tells you the date of the entry wherein this answer was created. When the answer was created on 01/01/2017, "No" *was* the correct answer to the question "Covered?" for "MEDICAID".

But as of 01/01/2018, "No" is no longer a correct answer. Document this change by entering an **End Date** for the "No" answer. The date "No" stopped being correct is the date the participant first acquired health insurance; however, the participant isn't expected to remember that date, and the advocate is not expected to record it.

But the advocate *does* know that on the date the participant completed the intake for the new program, she had OHP. The advocate is only responsible for reporting what is true as of the **Entry Date**. So, use the date of the day before the program entry as the **End Date.**

In this example, the **Entry Date** for the new program is 01/01/2018, so the **End Date** is 12/31/2017.

After entering an **End Date**, click **Save**.

The **End Date** now appears in line with the "No" for the MEDICAID answer.

The next step is to document an ongoing "Yes" for MEDICAID as of the date of the new program entry. Click the **Add** button.

1. The **Start Date** defaults to the date of the Program entry. **(Don't change it).**

2. Health Insurance Type is MEDICAID.

3. Covered? Is "Yes".

LEAVE END DATE BLANK.

Click **Save.**

A correctly updated HUD Verification question should look something like this:

Show All Health Insurance Records

Health Insurance

		Provider	Date Effective ▼	Start Date	Health Insurance Type	Covered?	End Date
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2018 5:06:56 PM	01/01/2018	MEDICAID	Yes	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Employer - Provided Health Insurance	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Veteran's Administration (VA) Medical Services	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Children's Health Insurance Program	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Program	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	State Health Insurance for Adults	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Private Pay Health Insurance	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Health Insurance obtained through COBRA	No	
✎	🗑	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	12/31/2017

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A HUD Verification question that correctly captures a change in a participant's circumstances may have multiple lines with **End Dates**, but should have only one *ongoing* line per answer, whether "Yes" or "No".

When you're done answering entry assessment questions for the Head of Household, remember to click **Save**, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.