RUNAWAY HOMELESS YOUTH -BASIC CENTER (RHY BCP) ServicePoint Handbook

CONTENTS

REVISION HISTORY	2
PROGRAM MODEL	3
DATA MILESTONES	4
SEARCH FOR/BUILD CLIENTS IN CLIENTPOINT	5
ENTERING CLIENTS IN SHELTERPOINT	6
EXITING CLIENTS IN SHELTERPOINT	7
ENTERING HP CLIENTS IN CLIENTPOINT	8
ENTERING SERVICE TRANSACTIONS	
EXITING RHY BC CLIENTS	11
RECORDING FOLLOW UP/AFTERCARE	13
APPENDICES: INCOME, HUD VERIFICATION, ANNUAL REVIEWS	



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

HOMELESS YOUTH – RUNAWAY HOMELESS YOUTH EMERGENCY SHELTER AND BASIC CENTER (RHY-BCP-ES) – REVISION HISTORY

• Created March 2021

RHY BASIC CENTER PROGRAM MODEL

The RHY Basic Center Program is designed to meet the immediate needs of runaway and homeless youth under 18 years of age. BCPs typically provide shelter as well as out-of-shelter services.

Emergency Shelter (ES) provides emergency shelter and services to homeless youth under age 18. BCPs must provide overnight emergency shelter to youth. The residential environments that are included as emergency shelters include: building-based shelter facility; safe homes; youth respite rooms/buildings/units; host family homes; and any other residential placement designed specifically to house BCP youth on a short-term, emergency basis.

Homelessness Prevention (HP) services may also be provided under RHY BCP funding. Prevention services are all activities/services provided to BCP youth who do not enter the emergency shelter or are not residentially housed by the BCP program. These services include case management, family counseling, food, clothing, medical care, individual counseling, crisis intervention, and recreation programs.

A single client may receive either prevention or emergency shelter or both prevention and emergency shelter during one experience at BCP. Below is guidance on how to approach the distinction:

• If a youth receives services that are not shelter stays, the youth would be entered into the prevention project.

• If the youth stays in the emergency shelter, the youth would be entered into the shelter project.

• If a youth initially comes in contact with the program to only receive preventative services, but afterwards enters a shelter program, the youth should be entered into BCP Prevention during the date range in which they are only receiving prevention services, and then be exited out of prevention and entered into BCP-Emergency Shelter.

• If the youth leaves the shelter but still receives preventive services, the youth should be exited out of emergency shelter and the preventive services should be recorded as After Care.

• For clients that move on the same day from the prevention program to the shelter (i.e., require overnight sheltering) recording them only in the shelter project is acceptable



- Create client profile and household in ClientPoint.
- Complete Client Profile questions
- Record ROI to share data between RHY agencies
- Create entry in BCP ES through ShelterPoint or BCP HP through ClientPoint

SERVICES / ANNUAL INTERIM REVIEW (ongoing)

- Track RHY Services in ClientPoint
- Services are entered ONCE per entry, on the first day that they happen
- Clients enrolled for more than one year must have Annual Reviews completed



FOLLOW-UP/AFTERCARE

• Each client will receive at least 1 follow-up within 3 months of exit.

SEARCH FOR/BUILD CLIENT PROFILE

Go to ClientPoint and search for client by First and Last name

Last Viewed Favorites	Client Search								
Home			Please Search the System h	fore adding a New Clier					
ClientPoint			Thease search and system a	rere warny a tren ener					
ResourcePoint	Name	Jo	Middle	O	Suffix				
undManager	Name Data Quality	-Select-							
helterPoint	Allar								
ctivityPoint	Anas								
teports	Social Security Number								
dmin	Social Security Number	-Select-	•						
ogout	U.S. Militany Vataraa?	-Calact.							
	0.5. Mintary Veteran/	.24iect.							
	Exact Platter								
6	Search Clear	Add New Clie	ent With This Information						
	Client Number								
	Enter or scan a Client ID num	iber to ao directly to	that Client's profile.						
	Client ID #		- hash						
			aprilis						
	Contractor								
	Client Results								
	ID Name 🔺		Social Securit Number	y Date of Birth	Alias	Gender Bann	ed Household		
	2 130 Carl Inc.		453-22-5678	12/01/1067	Two-Leg los	Stale	. 0		

- If your client is already in ServicePoint, click on their name to go to their profile
- If your client is not already in ServicePoint, click the Add New Client with this Information button

HOUSEHOLD	Every Client Needs 1 (and only 1) Household *FOR NEW CLIENTS ONLY*
Household Type*	
Head of Household*	
Relationship to Head of HH*	Self (if DHS youth); actual relationship to HoH in family unit (if community youth)
HH Date Entered*	Required if entering client into ServicePoint for first time; Same as program Entry Date
CLIENT PROFILE	Every client needs 3 questions answered on the Client Profile tab

(1) Case, Justin A Release of Information: None		
lent Information		_
Summary	Client Profile	
Name	Case, Justin A	
Name Mama Data Guality	Case, Justin A	
Alias	4	
Social Security		
SSN Data Quality	1	
U.S. Military Veteran?		
6.00		

SSN Data QualityChoose Client Refused if you have not entered all or partial SSN in the fields aboveU.S. Military Veteran?Select "No"

Select appropriate response

Name Data Quality

Enter Data As (EDA) the RHY p BEFORE recording ROI	rovider you want to enter data for, and starting program entry
Click Enter Data As in the upper right-hand corner of the s	Screen Emily Gardner & System Admin I Mode: Shadow Enter Data As Connect To ART
Search for 'rhy-bc'	Search for Providers by using keywords from the Provider Name or Description. Search rhy-bc Show Advanced Options Search Clear Provider Number
Use green plus-sign to choose the correct provider Latino Network: RHY-BC-HP (7962) New Avenues for Youth: RHY-BC-ES (7963) New Avenues for Youth: RHY-BC-ES (7964)	Provider ID # Submit Provider Search Results # # A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All Provider Level Phone Location Last Updated Image: Data State Harry's Mother-RHY-BCP-ES Level Phone Latino Network: RHY-BC-HP (7962) Level 6 Unknown Portland, OR 97232 03/10/2021 Image: Data State St

ROI

Required to share data between agencies

In the client profile/Summary tab of the client, click on the "Add ROI" button in the Release of Information dashlet

Provider	Permission Start Date End Date
Add ROI	No matches.

	Household Members
d Members	To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.
	🖾 (289) Non-custodial Caregiver(s)
	(576) Horwitz, Moses Harry
	(587) Horwitz, Jerome Lester



GO TO SHELTERPOINT TO BEGIN THE CHECK-IN PROCESS FOR <u>CLIENTS ENTERING SHELTER</u>

ENTERING CLIENTS IN SHELTERPOINT

- Create the record in ClientPoint first (see steps above).
- Start by clicking the ShelterPoint link on the left side of the ServicePoint screen.
- Search for RHY BC ES provider



CHECKING A CLIENT IN

Clients can be checked in through Client Check In or the View All tiles

- Client will be placed in selected bed, click plus sign to add
- Search for client
- **6** 'Date In' defaults to data entry date *Remember to change to check-in date.*
- Answer all of the RHY Assessment questions.
- **G** Save and exit
- Entry type defaults to RHY DO NOT change to "Basic".

Unit List	Youth Shelter									
					Display All Beds	✓ Sc	ort By Floor	✓ A:	scending 🗸	Sort
Date In	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Note
3	Scattered Sites	OYA	Bed 001	Hold	EMPTY					
3	Scattered Sites	OYA	Bed 002	Hold	EMPTY					
03/03/2021	Scattered Sites	Proctor Home A	Bed 001		(921) King, james	10/01/2008	Male		No	
3	Scattered Sites	Proctor Home B	Bed 001	Hold	EMPTY					
6	Scattered Sites	Proctor Home C	Bed 001	Hold	EMPTY					
3	Scattered Sites	Proctor Home D	Bed 001	Hold	EMPTY					
6			Overflow (New)		EMPTY					

CHECKING A CLIENT OUT

Check clients out individually through 'View All".

- Use the red (minus) sign ext to the client name to remove them from the room/bed.
- 2 Check off all family members who are also exiting shelter/housing.
- 8 Answer Date, Reason for Leaving, Destination
- Oute Out' defaults to data entry date *Remember to change to check-out date.*
- Save and exit

	Shelter I	nventory Ir	formatio	n						
	Unit List -	Harry's Moth	er							
					Display All Beds 🔹	Sort By Floo	r	Ascer	iding 🔻	Sort
	Floor	Room	Bed	Hold	Client	Date of Birth	Gender	Group ID	Conf.	Codes/Notes
-			01		(550203) Ross, Zariya	01/27/1999	Female		No	
			02	Hold	EMPTY					
			03	Hold	EMPTY					
			04	Hold	EMPTY					

ENTRY

RHY-BC-HP

From ClientPoint, select RHY-BC-HP provider

To include Househ 	ld members for this Entry / Exit, click the box beside each name. Only nembers from the SAME Household may be selected.
493) Single Individua	
(923) Kent, Clark	
Project Start Data - (9	23) Kent, Clark
,	
rovider *	Latino Network: RHY-BC-HP Search My Provider Clear
vpe*	RHY V
roject Start Date t	03/03/2021 # 3 # 2 x 37 x 46 x PM x
roject start bate	

HHS RHY ENTRY FOR ES and HP	
Date of Birth	
Date of Birth Type	
Race	
Race-Additional	Only use if client is multi-racial
Ethnicity (Hispanic/Latino)	
Does client have a disabling condition?	
Relationship to Head of Household	Choose 'Self'
Client Location	Always choose OR-501: Portland/Gresham/Multnomah County
Prior Living Situation	Residence just prior to entry (i.e. the night before entry date). Choose only ONE.
Length of Stay in Previous Place	
Approximate Date Homelessness Started	
Regardless of where they stayed last night – years including today	- Number of times the client has been on the streets, in ES or SH in the past 3

Totally number of months homeless on the streets, in ES or SH in the past 3 years

Non-Cash Benefit from any source

If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Non-Cash Benefits Type. Otherwise, click the magnifying glass to review and update existing records.

* \$ amounts are not required for non-cash benefits

Start Date * Source of Non-Cash Benefit Receiving Benefit? Amount of Benefit Benefit Benefit	🔍 Non-Cash Benefi	ts			HUD Verification 🛕
	Start Date *	Source of Non-Cash Benefit	Receiving Benefit?	Amount of Non-Cash Benefit	End Date

Covered by Health Insurance

Health Insurance

If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Health Insurance Type. Otherwise, click the magnifying glass to review and update existing records.

Q Health Insurance			HUD Verification 🔬
Start Date *	Health Insurance Type	Covered?	End Date
Add			

Disabilities

If no data has been previously entered, click 'HUD Verification' to create a Y/N response for each Disability Type. Otherwise, click the magnifying glass to review and update existing records. *Enter Yes/No for question about duration and impact in pop-up box

	🔍 Disabilities			HUD Verification 🔺
	Disability Type	Start Date*	End Date	Disability determination
	Add			
Current Living Situation		Clic	k Add to add livir	ng situation
Date of Engagement				
Referral Source				
Date of BCP Status Dete	ermination			
Youth Eligible for RHY s	ervices			
If No for "Youth Eligible	for RHY Services	", Reason why serv	ices are not funde	ed by BCP grant
Sexual Orientation				
If Other please describe	e			
Last Grade Completed	(HUD)			
School Status (HUD)				
Employed?(HUD)				
If Yes, Type of Employm	nent			
If No, Why not employe	ed			
General Health Status				
Dental Status				

Mental Health Status
Pregnant?
If Yes, Projected Birth Date
Formerly a Ward Child Welfare/Foster Care Agency
Number of Years
If less than one year, number of months
Formerly a Ward of Juvenile Justice System
Number of Years
If less than one year, number of months
Family Critical Issues
Unemployment – Family Member
Mental Health Issues – Family Member
Physical Disability – Family Member
Alcohol or Substance Abuse – Family Member
Insufficient Income to Support Youth – Family Member
Incarcerated Parent of Youth

ENTERING SERVICE TRANSACTIONS

- Services are entered through ClientPoint on the client's record
- Services are entered once for each Service Type, per entry

SERVICES	
Start Date	First date that Service Type happened
End Date	Same as the Start Date
Service Type	Select Case Management
Select Save and Continue	
Type of RHY Service	See list below

RHY SERVICES

- Community Services/Services Learning (CSL)
- Criminal Justice/Legal System
- Education
- Employment and Training Services
- Health/Medical Care
- Home-based Services
- Life Skills Training
- Parenting Education for Youth with Children
- Post-natal New Born Care (wellness exams; immunizations)
- Post-natal Care for Mother
- Pre-natal Care
- STD Testing
- Street-based Services
- Substance Abuse Treatment
- Substance Abuse Ed/Prevention Services

EXITING CLIENTS

- Answers from Entry will carry over to exit. Be sure to update all responses that have changed.
- Follow ShelterPoint Check-Out instructions on page 7 of this handbook for RHY BC-ES entries
- Exit from ClientPoint for RHY BC-HP

EXIT	
Date Out*	*Defaults to date of data entry - Remember to change*
Reason for Leaving*	
Reason for Leaving - Other*	Only required if Reason for Leaving is 'Other'
Destination*	
Income from Any Source	Update HUD Verification if any changes since program entry; see Appendices
Total Monthly Income	
Non-Cash Benefits	Update HUD Verification if any changes since program entry; see Appendices
Covered by Health Insurance	Update HUD Verification if any changes since program entry; see Appendices
Disability Type	Update HUD Verification if any changes since program entry; see Appendices
Last Grade Completed	
School Status (HUD)	
Employed (HUD)	
If Yes, Type of Employment	
If No, Why not Employed	
General Health Status	
Dental Health Status	
Mental Health Status	
Ever received something in exchan	ge for sex (e.g. money, food, drugs, shelter)
If yes for ever received anything f	or sex. In the past 3 months?
If yes for ever received anything f	or sex. How many times?
Ever afraid to quit/leave work due	e to threats of violence to yourself, family or friends?
Ever promised work, where work o	r payment was different than expected?
If yes for either "workplace violend tricked into continuing?	ce threats" or "workplace promise difference", Felt forced, coerced, pressured or
If yes for either "workplace violend	ce threats" or "workplace promise difference", In the last 3 months?
Project Completion Status	
If expelled or involuntarily dischar	ged, select major reason
Counseling received by client	

If yes to Counseling received by Individual, Family, Group – including peer counseling

client, Identify the type(s) of counseling received
Total number of sessions planed in youth's treatment or service plan
A plan is in place to start or continue counseling after exit
Exit destination safe – as determined by client
Exit destination safe – as determined by project/case worker
Client has permanent, positive adult connections outside of project
Client has permanent, positive peer connections outside of project
Client has permanent, positive community connections outside of project
Contact client on or before follow-up date

FOLLOW UP / AFTERCARE

There should be at least one attempt to contact client within 3 months following program exit

Follow-Ups are found in ClientPoint, on the Entry/Exit tab of the client record

Click the piece of paper to get started

ient Inforr	nation) Se	ervice Transac	tions				
Summary	Client Profile	Households	ROI	Entry / Exit	Case Ma	nagers Case	Plans	Measureme	nts Activi	ities 🏹 A	ssessment
	🚺 Re	eminder: House	hold mem	ibers must be e	established	d on Households	tab be	fore creating Ei	ntry / Exits		
Entr Progra	y / Exit			Туре		Project Start Date		Exit Date	Interim	Follow Ups	Client Count
Entr Progra	y / Exit m venue for Youth:	RHY-BC-HP (78	341)	Type RHY	_	Project Start Date	2	Exit Date 03/08/2021	Interim:	Follow Ups	client count



Follow Up Review Data New Avenue for Youth: RHY-BC-HP (7841) Entry / Exit Provider Follow-Up Review Type: Entry / Exit Type RHY Follow Up Review Type * Scheduled Review Scheduled Review) 🖉 11 🕶 : 26 🕶 : 57 🕶 AM 🕶 05 / 11 / 2021 Review Date * Review Date: Date of outreach to client Save & Continue to enter the follow-up assessment Save & Continue Cancel

	HHS RHY Post-Exit (2020) Follow Up Review Date: 05/11/2021 11:26:57 AM 🔒
	Aftercare was provided Yes 🗸 G
	If yes to "Aftercare was provided" - Identify how it was provided:
	If yes, Identify the primary way it was Via telephone V G provided
Answer the 2 follow-up questions	
Save & Exit	
	Save Save & Exit

APPENDIX A: RECORDING CLIENT INCOME

- Each client's record should store their entire income history. Never update a client's income by deleting or writingover 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.



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

ADDING INCOME

- To create all 15 income responses at once for NEW clients, click the HUD Verification A If updating clients who already have responses, click the mag Q ng glass
- 2. Leave Start Date as default (date of Entry, Annual Review, or Exit)
- 3. Select Source of Income
- Monthly Amount = (\$ amount from this source)
- 5. Leave End Date blank
- 6. Save / add another Exit

ENDING INCOME

When updating income at Entry/Exit, enter data in client's program Entry/Exit.

- 1. Click the pencil next to outdated income
- 2. Leave Start Date, Source, and Amount unchanged
- 3. End Date = the day before Entry/Exit
- 4. 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.

ic enswer the "Covered by He Covered by Health Insurance lick HUD Venfication and si	aith Insurance" question for everyone.	pe	HUD Verification for CoC Programs
🔍 Health Insurance			2 HUD Verification
	Health Insurance Type	Covered?	End Data
Start Date *	a set de car de carde a de carde a de carde a	Covereur	EUR DROP
Start Date *	State Health Insurance for Adults	Yes	End Date
Start Date * 9 10/01/2014 10/01/2014	State Health Insurance for Adults Private Pay Health Insurance	Yes	End Date
Start Date * 10/01/2014 10/01/2014 10/01/2014 10/01/2014 10/01/2014	State Health Insurance for Adults Private Pay Health Insurance Health Insurance obtained through COBRA	Yes No No	Elia Dala
Start Date * Image:	State Health Insurance for Adults Private Pay Health Insurance Health Insurance obtained through COBRA State Children's Health Insurance Program	Yes No No	

0	Per Source of Income, the current records for Monthly Inc records for Monthly Income not overlapping as of this da exist per Source of Income as of 10/01/2014, records cont for reportin	ome as of 10/0 ate are not dis aining "Yes" va g purposes.)1/2014 are o played. In the alues will be o	lisplayed below. event that mult lisplayed and tak	Any previous iple records ce precedence
	Select the Receiving Income Source? value for all incomplete Source of Income records	ected			
			Receiving	Income Source?	
s	ource of Income	Yes	No	Data Not Collected	Incomplete
A	imony or Other Spousal Support (HUD)	•	0	0	۲
C	hild Support (HUD)	0	0	0	۲
E	arned Income (HUD)	0	0	0	۲
0	ther (HUD)	0	0	0	۲
P	ension or retirement income from another job (HUD)	0	0	0	۲
PI	rivate Disability Insurance (HUD)	0	0	0	۲
R	etirement Income From Social Security (HUD)	0	0	0	۲
S	SDI (HUD)	0	0	0	۲
S	SI (HUD)	0	0	0	۲
T/	ANF (HUD)	0	0	0	۲
U	nemployment Insurance (HUD)	0	0	0	۲
V	A Non-Service Connected Disability Pension (HUD)	0	0	0	۲
V	A Service Connected Disability Compensation (HUD)		0	0	۲
N N	/orker's Compensation (HVD)	0	0	0	۲

 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 🛛 🔊 🤣 c
Source of Income	TANF (HUD)
If Other, Please Specify	C
Receiving Income Source?	Yes
If other, specify	G
Monthly Amount 5	487 G
End Date	// / 🥂 🦉 😋 🚳
ARCHIVAL USE ONLY!	-Select- 🔻 G
	Save Cancel

 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.

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



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.

Answer the Covered by He	and insurance question for everyone.		
Covered by Health Insurance	No (HUD) 🔻 G		
Click HUD Verification and s	elect 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	
2 🗑 01/01/2017	State Children's Health Insurance Program	No	
/ 🧋 01/01/2017	MEDICARE	No	
/ 🗑 01/01/2017	Other	No	

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!

	н	ealth Insurance					
		Provider	Date Effective -	Start Date	Health Insurance Type	Covered?	End Date
1	W	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	
1	W	Multhomah 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	
/	Ŵ	Multhomah 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	
1	Ŵ	Multhomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No	
1	¥.	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No	
1	1	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	
/	W	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	
1	W	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	
1	-	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	
1	W	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICAID	No	
	Ade	d)		Sho	wing 1-10 of 10		

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			н	ealth Insurance	
Answer the "Covered by He	ealth Insurance" question for eve	eryone.	Ar	swer the "Covered by Heal	th Insurance" question for everyone.
Covered by Health Insurance	No (HUD)	•		Covered by Health Insurance	Yes (HUD) 🔻 G

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

Covered by Health Insurance	Yes (HUD) T		
Click HUD Verification and sele	ect appropriate answer for each Health	Insurance Type	HUD Verification 🛃
Start Date *	Health Insurance Type	Covered?	End Date
/ 🗑 01/01/2017	Employer - Provided Health Insurance	No	
2 🗑 01/01/2017	Veteran's Administration (VA) Medical Services	No	
/ 🗑 01/01/2017	State Children's Health Insurance Program	No	
2 🗑 01/01/2017	MEDICARE	No	
/ 🗑 01/01/2017	Other	No	

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

Provider	Date Effective 🔻	Start Date	Health Insurance Type	Covered?	End Date	OHP is recorded
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		ServicePoint as
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		"MEDICAID", so
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	-	be updated to re
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No		that the participa
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No		insurance.
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Indian Health Services Proor an	NO		
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Ocate Health Insurance for Adults	No		Click on the pend
Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/0 <u>1/2017</u> 2-04:32 PM	01/01/2017	Private Pay Health Insurance	No		answer to edit.
Multnomah County Domestic Violence Coordinator's Office	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		

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.

Health Insurance	*	A
Start Date *	01 / 01 / 2017 🛛 🧖 💐 G	
Health Insurance Type	MEDICAID G	
(If Yes to Other) Specify Source		
Covered?	No	
(HOPWA) If Private Pay Insurance, Specify]
(HOPWA) If No, Reason not covered	-Select- V G	-
End Date	/ / / 🥂 🥂 🤂 G	

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**.

End Date	12 / 31 / 2017 🥂	💙 🥂 G	
Print Recordset		Save	Cancel

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.

 Image: Walkhowski with county Domestic Violence Coordinator's Office
 01/01/2017 3:34:32 PM
 01/01/2017
 MEDICAID
 No
 12/31/2017

 Add
 Showing 1-10 of 10
 Showing 1-10
 Show

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 :

Add Recordset - (1923	70) Test, HoH	×
Health Insurance		
Start Date *	01 / 01 / 2018 🛛 🧑 😋 🥵 G	
Health Insurance Type	MEDICAID 🔻 G	
(If Yes to Other) Specify Source	G	
Covered?	Yes 🔻 G	
(HOPWA) If Private Pay Insurance, Specify	G	
(HOPWA) If No, Reason not covered	-Select- G	
End Date	/ /	
	Save and Add Another Cancel	

	He	ealth Insurance						
		Provider	Date Effective 🔻	Start Date	Health Insurance Type	Covered?	End Date	
2	Ţ	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2018 5:06:56 PM	01/01/2018	MEDICAID	Yes		
21	1	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		
2	Į	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		A HUD Verification question that
2	Į	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		correctly captures a change in a
/	1	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	MEDICARE	No		participant's circumstances may
2	Į	Multnomah County Domestic Violence Coordinator's Office - DV - SP (727)	01/01/2017 3:34:32 PM	01/01/2017	Other	No		have multiple lines with End Dates , but
/	1	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		should have only on ongoing line per
2	Į	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		answer, whether "Yes" or "No".
/	Ţ	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		
2	Į	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		
2	1	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	
A	dd	1		Sho	wing 1-11 of 11			



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.

APPENDIX C: ANNUAL REVIEW

If client is enrolled for one full year, complete Annual Review; Repeat annually on anniversary of enrollment date.

Interim Reviews are found in ClientPoint, on the Entry/Exit tab of the client record

Click the piece of paper to get started

ent Inforn	nation				Service	Fransactions			
ummary	Client Profile	Households	ROI	Entry / Exit	Case Manager	Case Plans	Measuremen	ts Activiti	ies Assessment
	🚺 Re	minder: House	hold mem	ibers must be e	established on Ho	useholds tab be	ofore creating Ent	ry / Exits	
Entry	/ Exit								
Entry Progra	y / Exit			Туре	Proje	ct Start	Exit Date	Interims	Follow Client Ups Count
Entry Progra	y / Exit m venue for Youth: I	RHY-BC-HP (78	41)	Type RHY	Proje Date	ct Start /2021	Exit Date	Interims	Follow Client Ups Count



Assessment was completed

Save & Continue



Review and update information on Disabilities, Income, Health Insurance, Non-Cash Benefits and Client Living Situation

Save and Exit when done