

Move-In Multnomah (MiM)

ServicePoint Handbook

This handbook gives instruction for the data entry workflow related to **Landlord Incentive** providers associated with Move-In Multnomah.
For instruction on data entry workflows related to rental assistance, follow standard RRH workflows.

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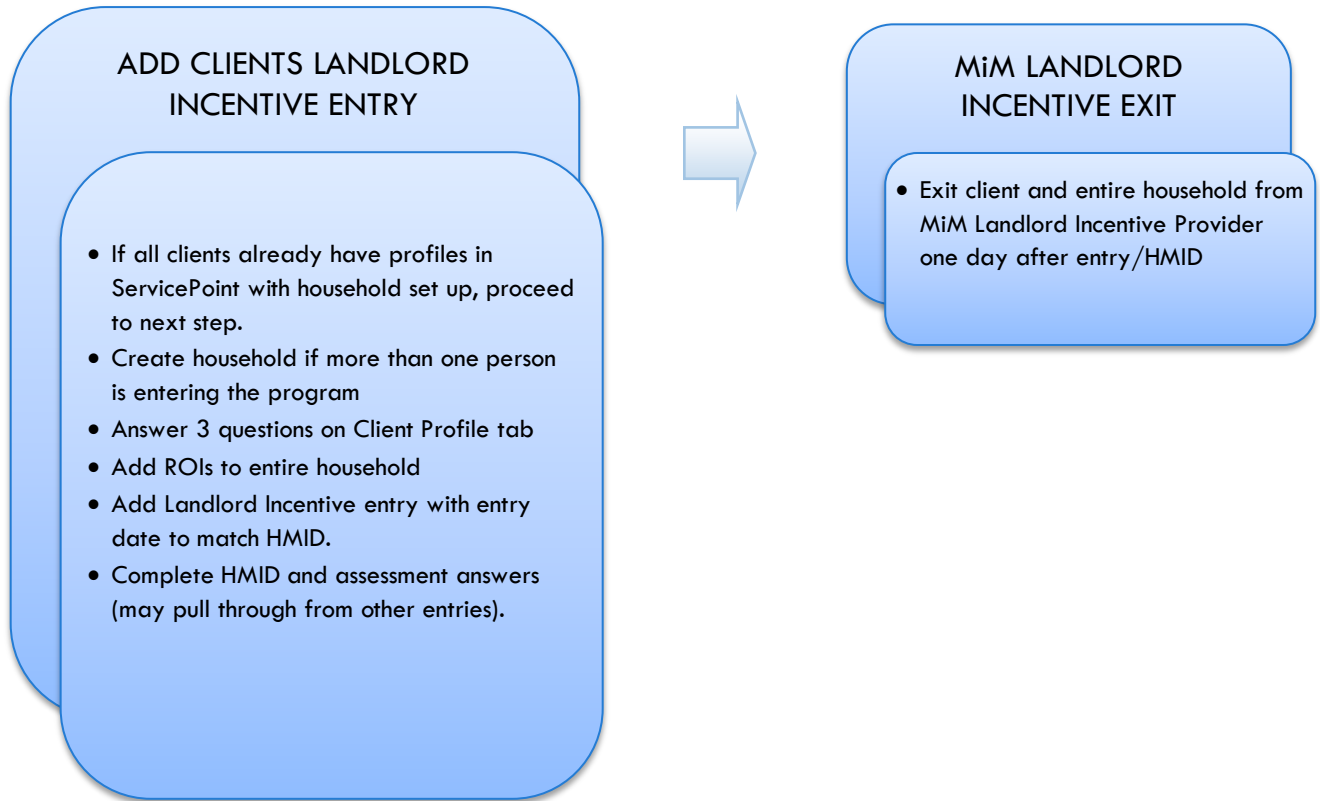


Questions? Contact servicepoint@multco.us

MiM SERVICEPOINT HANDBOOK REVISION HISTORY

- Published June 2022

DATA MILESTONES – MiM Landlord Incentive



COORDINATION WITH HOUSING PROGRAMS

If client is also receiving rental assistance, follow standard workflow laid out in [RRH/HP handbook](#) in coordination with MiM Landlord Incentive workflow. Interim review for HMID should match Landlord Incentive Entry Date

ENTRY INTO MiM Landlord Incentive

- After clients sign a *Client Consent to Share* form for their household, add Agency AND MiM Landlord Incentive ROIs to each HH member's ServicePoint profile. Instructions can be found at: <https://multco.us/servicepoint/manualsguides>. Clients with an existing MultCo ROI on file may re-use that form.
- Create a program entry into your agency's Landlord Incentive HMIS provider 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 **each** client's entry (adults and children) to enter data.

BUILD/UPDATE HOUSEHOLD – NOT required for Single Individuals

Household Type

Head of Household Only one person should be designated as head of household

Relationship to Head of HH If client is head of household, this should be 'Self'

HH Date Entered

TRANSACT ROI

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

Clients only need to sign one Client Consent form per agency.

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

Download Client Consent forms here: <https://multco.us/multnomah-county-servicepoint-helpline/homeless-family-system-care-hfsc>

- View a Video on How to Transact an ROI here: <https://www.youtube.com/watch?v=A6YYacA-sd4>

In the client profile of the Head of Household, click on the "ROI" tab. Then, click on "Add Release of Information."

Transact ROI under Head of Household

The screenshot shows a web application interface for 'Client Information'. At the top, there are two main tabs: 'Client Information' (selected) and 'Service Transactions'. Under 'Client Information', there are four sub-tabs: 'Summary', 'Client Profile', 'Households', and 'ROI' (selected). A red arrow points to the 'ROI' tab. Below the sub-tabs, there is a section titled 'Release of Information'. This section has a table with two columns: 'Provider' and 'Permission'. The 'Provider' column contains a button labeled 'Add Release of Information', which is highlighted with a red arrow. The 'Permission' column contains the text 'No mat'.

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

Household Members

Household 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.

(131) Female Single Parent

(219) Benson, Noah

(218) Benson, Olivia

Provider	<p>Click 'Search' to select your PARENT provider (also known as your Login provider) AND the MiM LL Incentive provider</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="text-align: center;">Release of Information Data</p> <p> Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 30%;">Provider*</th> <th style="width: 70%;"></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Cultivate Initiatives - Parent (8466)</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Cultivate Initiatives: MiM-SHS (SSO) (8588)</td> </tr> </tbody> </table> <div style="text-align: right;"><input type="button" value="Search"/></div> </div>	Provider*		<input checked="" type="checkbox"/>	Cultivate Initiatives - Parent (8466)	<input checked="" type="checkbox"/>	Cultivate Initiatives: MiM-SHS (SSO) (8588)				
Provider*												
<input checked="" type="checkbox"/>	Cultivate Initiatives - Parent (8466)											
<input checked="" type="checkbox"/>	Cultivate Initiatives: MiM-SHS (SSO) (8588)											
Release Granted	Choose Yes or No based on the Client Consent to Share form	<table border="1" style="width: 100%;"> <tr> <td>Release Granted*</td> <td>Yes <input type="button" value="v"/></td> </tr> <tr> <td>Start Date*</td> <td>05 / 12 / 2022 </td> </tr> <tr> <td>End Date*</td> <td>05 / 12 / 2029 </td> </tr> <tr> <td>Documentation</td> <td>Signed Statement from Client <input type="button" value="v"/></td> </tr> <tr> <td>Witness</td> <td>Multco</td> </tr> </table>	Release Granted*	Yes <input type="button" value="v"/>	Start Date*	05 / 12 / 2022	End Date*	05 / 12 / 2029	Documentation	Signed Statement from Client <input type="button" value="v"/>	Witness	Multco
Release Granted*	Yes <input type="button" value="v"/>											
Start Date*	05 / 12 / 2022											
End Date*	05 / 12 / 2029											
Documentation	Signed Statement from Client <input type="button" value="v"/>											
Witness	Multco											
Start Date	Date the Client Consent to Share form was signed											
End Date	7 years after ROI was signed											
Documentation	Select Signed Statement from Client or Verbal consent											
Witness	Enter "Multco"											

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	
	Cultivate Initiatives: MiM-SHS (SSO)	Yes	05/12/2022	05/12/2029	
	Cultivate Initiatives - Parent	Yes	05/12/2022	05/12/2029	

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* 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

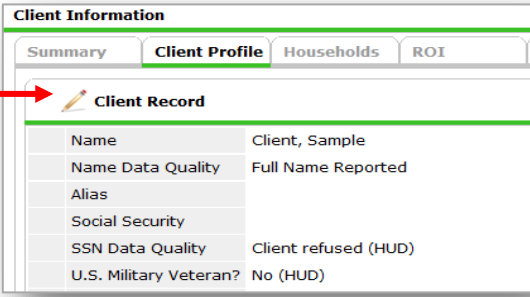
CLIENT PROFILE **Every Client must have 3 questions answered in the Client Profile Tab**

Name Data Quality

SSN Data Quality - always answer 'Client Refused' (unless SSN is required for a particular project)

U.S. Military Veteran?

Click the pencil to answer the 3 profile questions



ADDING MiM LANDLORD INCENTIVE PROGRAM ENTRY

- Entry Provider Choose your relevant MiM SHS Landlord Incentive program

- Entry Type Always choose 'BASIC'

- Entry Date Defaults to data entry date - **Change to date the client moved into housing**

Complete the following questions for EACH Household Member- if client is entered in other housing programs and this information pulls through from the interim review, you may simply save and exit.

COVID-19 Related **NOT required for MiM Landlord Incentive;** Required for all COVID projects.

COVID-19 Impact

🔍 COVID-19 Impact

Start Date *	COVID-19 Impact	End Date
Add		

NOT required for MiM Landlord Incentive; Required for all COVID Projects; Click Add to select source of impact.

- Housing Move-in Date HMID should match Entry Date for this program.

- Relationship to Head of Household Choose "Self" if client is head of household. Make sure to designate one person as the head of household. Do NOT assign more than one person as the head of household.

- Client Location Choose OR-501 Portland/Gresham/Multnomah County

- Date of Birth

- Date of Birth Type

- Gender Use CTRL to select more than one option

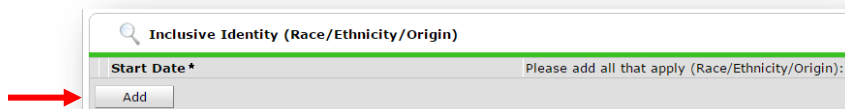
- Race **Required in addition to Inclusive Identity**

- Race-Additional (optional) Leave blank if no other Race is identified

Ethnicity **Required in addition to Inclusive Identity**

Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.

Inclusive Identity



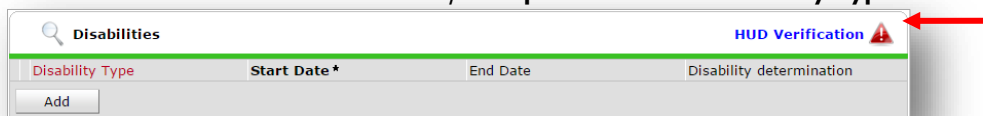
Primary Language

If Primary Language is Other, then Specify **Required if Primary Language chosen above is 'Other' - Do not enter a 2nd language or a language that is part of the picklist options under "Primary Language"**

Does client have a disabling condition? Choose answer from drop-down list

Click 'HUD Verification' to create a Y/N response for each Disability Type

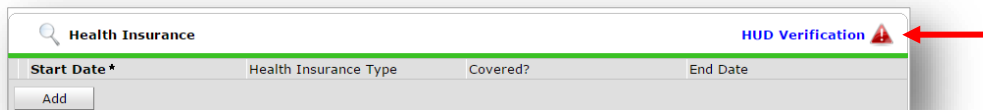
Disabilities



Covered by Health Insurance? Choose answer from drop-down list

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

Health Insurance



Complete the following questions for Head of Household (HoH) and All Adults

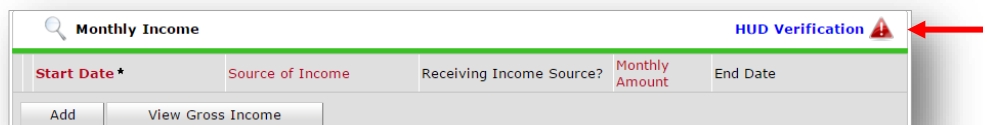
Complete SHS Priority Pop for HoH

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

Income from Any Source? Choose answer from drop-down list

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**

Monthly Income



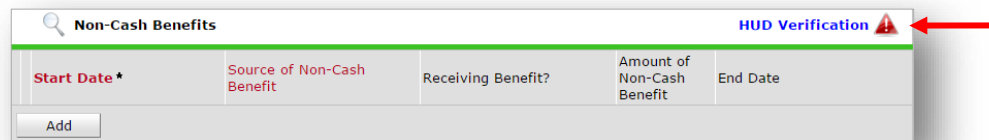
See Appendix I for additional information about recording income

Non-cash benefit from any source Choose answer from drop-down list

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

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	

Domestic violence victim/survivor If response is "Yes," also provide a response to the two follow-up questions: *When did the experience occur?* and *Are you currently fleeing?*

Update the following questions when required by funder or administrator:

Household Size	NOT required
Percent of Median Family Income	NOT required

Level of Family Income (% HHS Guidelines) NOT required

Employment Status NOT required

Zip Code of Last Permanent Address NOT required

Client's Residence / Last Permanent Address **Optional**

Client's Residence / Last Permanent Address				
Placement Date *	Client's Street Address	Apt. #	Client's ZIP	Housing Type
<input type="button" value="Add"/>				

Current Living Situation **Optional**

Current Living Situation			
Start Date *	End Date	Information Date	Current Living Situation
<input type="button" value="Add"/>			

EXITING PROGRAM

Exit all clients from MiM Landlord Incentive provider the day after Entry.

MiM Landlord Incentive EXIT

Exit Date Defaults to data entry date – change to Entry Date + 1 day

Reason for Leaving Completed Program

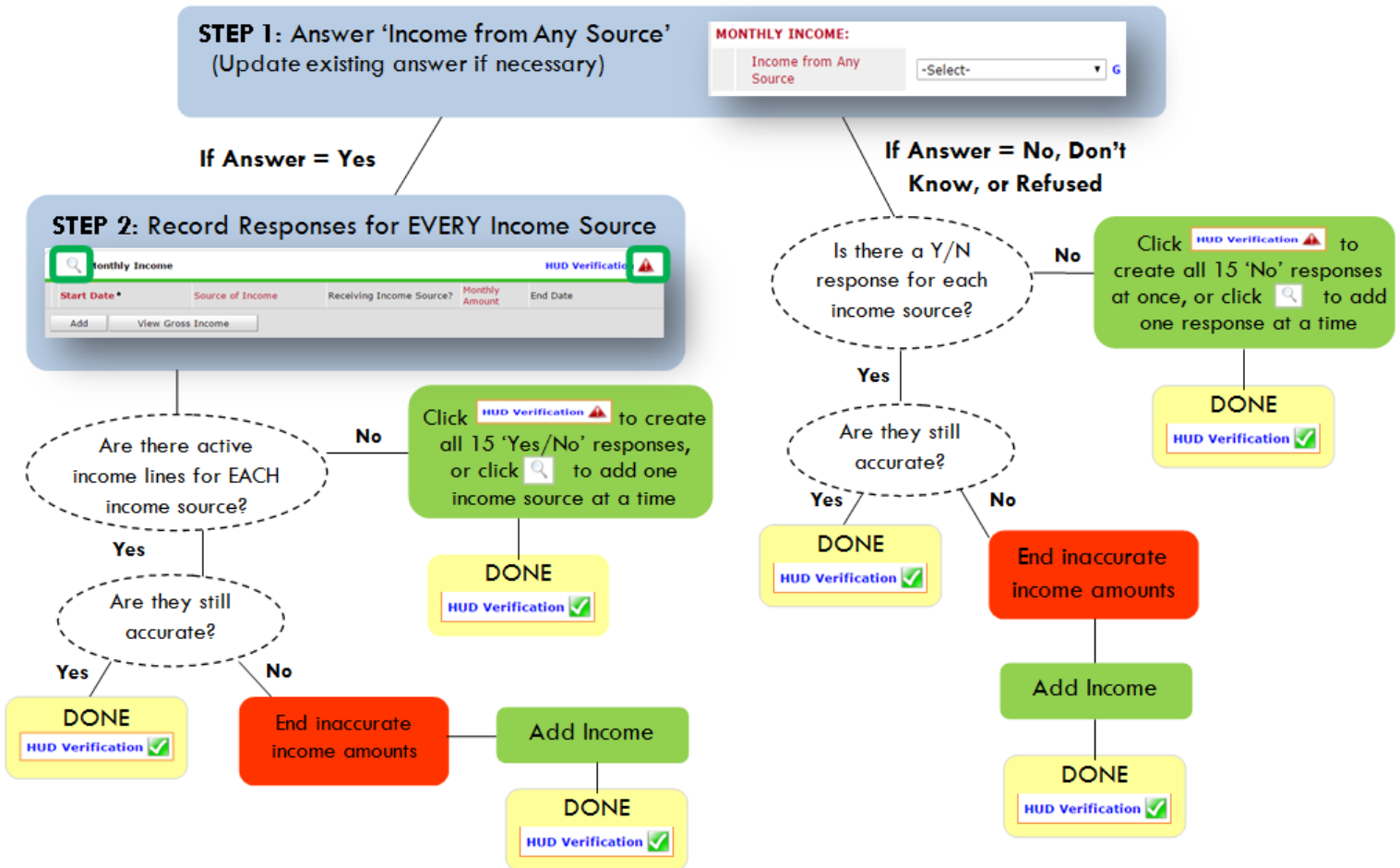
Destination

Answers from Entry will carry over. Unless response have changed you may save and exit.

APPENDIX I

RECORDING 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.



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

ADDING INCOME

- 1 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.
- 2 Leave Start Date as default (date of Entry, Annual Review, or Exit)
- 3 Select Source of Income
- 4 Monthly Amount = (\$ amount from this source)
- 5 Leave End Date blank
- 6 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.
- 1 Click the pencil next to outdated income
 - 2 Leave Start Date, Source, and Amount unchanged
 - 3 End Date = the day before Entry/Annual Review/Exit
 - 4 Save and Exit

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

APPENDIX II

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 that income will be continuous and ongoing.

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

Covered by Health Insurance: Yes (HUD)

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

Start Date *	Health Insurance Type	Covered?	End Date
10/01/2014	State Health Insurance for Adults	Yes	
10/01/2014	Private Pay Health Insurance	No	
10/01/2014	Health Insurance obtained through COBRA	No	
10/01/2014	State Children's Health Insurance Program	No	
10/01/2014	Employer - Provided Health Insurance	No	

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HUD Verification: Monthly Income for 10/01/2014

Per Source of Income, the current records for Monthly Income as of 10/01/2014 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 10/01/2014, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

No
 Data Not Collected
 Incomplete

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Earned Income (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension or retirement income from another job (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private Disability Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement Income From Social Security (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSDI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TANF (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment Insurance (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Non-Service Connected Disability Pension (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VA Service Connected Disability Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worker's Compensation (HUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Save Save & Exit Exit

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 487

End Date

ARCHIVAL USE ONLY! -Select-

Save Cancel

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.

The screenshot shows a software window titled "Add Recordset" with a sub-section titled "Disabilities". The form contains the following fields and values:

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	

At the bottom of the window, there are "Save" and "Cancel" buttons. Below the main window, a blurred view of the same form is visible, showing the "Disability determination" field set to "Yes (HUD)".



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 parent and her child completed the intake process for a program on 01/01/2017. A couple days later, her case manager 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 case manager completed her intake, the participant did not have health insurance.

Health Insurance

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

Covered by Health Insurance: No (HUD)

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

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	

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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!

Show All Health Insurance Records

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	

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A year later, the same participant completed an intake for a new program. A couple days later, her case manager 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. 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



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

Covered by Health Insurance

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

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

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.

	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
Showing 1-10 of 10						

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	Employee 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

Add Showing 1-11 of 11 Exit

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.