

OFFICE OF HOUSING

# HUD has partnered with HHS to provide free at-home COVID-19 test kits to all Multifamily Assisted Housing properties.

OFFICE OF MULTIFAMILY HOUSING PROGRAMS

U.S. Department of Health and Human Services (HHS) Administration for Strategic Preparedness and Response (ASPR) and

U.S. Department of Housing and Urban Development (HUD)

hud.gov/COVID-testing

# Agenda

- 1. HPOP Self-Service
  - Site Registration
- 2. Ordering / Processing
  - How to Place an Order (Site's Perspective)
- 3. Help Desk and Support
  - Contact Information

# **HPOP Self-Service**

### **Site Registration**

https://hpop.hhs.gov/ords/r/ohrr/self-service-registration

# **Initial Self-Service Request**



#### **Required:**

- First Name
- Last Name
- Email
- Phone
- Registration

# Initial Self-Service Request

Administration for Strategic Preparedness & Response Health Partner Order Portal	
Self-Service Site Sign Up	Sign Up
<ul> <li>Instructions Welcome to Self-Service Site Sign Up! <ul> <li>You will need to provide your name, contact details, and physical address in order to proceed with this self-service sign-up process.</li> <li>Once you sign up, you will receive an email with a link to the Site Portal. Within the Site Portal you can complete setting up other account details and then enter your Site details.</li> <li>If you are not authorized to enter as a self-service Site then please exit immediately. Failure to do so may lead to prosecution for trespassing!</li> </ul> </li> </ul>	
First Name Enhanced Required Required	
Job Title Email Enhanced HPOPDX@mailinator.com	
Phone number, Phone Extension, and Fax will only accept numeric input. Phone 2028675309 Required Phone Exten Fax	

Once complete, select "Sign Up" found in the upper right corner

# Initial Self-Service Request

# (ACTIVATION LINK)

Administration for Strategic Bealth Partner Order Portal

#### Thank You

Please check your email in-box. In a few minutes, you should receive an email to activate your account and access Site Portal using the link in the email. Within the Site Portal, you will need to complete site location information and submit the request for a site location registration.

Thank You screen to validate completion of initial Self-Service request.

Please check your email for the "Activate Account" link.

https://hpop.hhs.gov will be used for future logins



### Self-Service (Setting Password)

	Password Reset
_	
Ent	er Password
	Regulared
_	
Cor	nfirm Password
_	Regulred
Pas:	Password:
	<ul> <li>Must be between 8 and 25 characters</li> </ul>
	<ul> <li>Cannot be the same as the last 4</li> </ul>
	Expires after 120 days
	Password must include the following:
	<ul> <li>1 uppercase letter</li> </ul>
	<ul> <li>1 lowercase letter</li> </ul>
	<ul> <li>1 number</li> </ul>
	1 special character
	<ul> <li>1 number</li> <li>1 special character</li> <li>Password must not contain the following:</li> </ul>
•	1 number     1 special character     Password must not contain the following:     The user's first name

Please adhere to the Password Policy as shown (12 Character Minimum)

Once the password requirements have been met, select "Reset Password"

# HPOP Log In



#### UAT Environment

User Name

User name or email

Password

Password

#### Forgot Password?



Need help signing in?

For issues with COVID Vaccines or COVID Diagnostics email cars\_helpdesk@cdc.gov

For issues with COVID Therapeutics or Mpox email hpop.support@hhs.gov

#### hpop.hhs.gov

Login with your Username and Password

Select "Sign In"



#### Multifactor Authentication Select: "Enable Secure Verification"



# Multifactor Authentication Select one:

- 1. Email
- 2. Mobile App
- 3. Phone



ASPR HPoP - UAT

enhancedhpopdx@mailinator.com

Identity domain ohrr-uat-ext

#### Select Your Default Secure Verification Method

You have already set up one or more recovery methods. We will use these same methods for Secure Verification.

🖂 Email

An email that contains a verification code has been sent to enhancedhpopdx@mailinator.com.

Code

Enter code

Resend code

Verify Email Address

Select Email and you'll receive a verification code to your email. (Example Below)

Enter code and select "Verify Email Address"



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Email has successfully been set as default authentication method.

Select "Done" to proceed.

### Self-Service (Site Registration) - Start



Welcome to the Site Registration Portal.

Select "Next"

# Self-Service (Site Registration) – Enter Site Details

ASPR Administration for Strategic Health Partner Order Portal		UAT	
Site Registration		Previous Save and Exit Next	
Start	Enter Site Details	O     O       Enter Receiving Hours     Upload Requested Documents	
Instructions     Welcome to the Site Registration Portal!     First you will need to enter all of the Site details, then enter the Receiving Hours (which is when you     Once all of the details have been successfully entered, the governing body or one of its agents will     If approved, you will receive an email notification. After being approved, the next time you log in, y	r Site can accept product deliveries), followed by uploading the requested do ev/ew your submission. Please be patient as reviews may take several days de up will be able to start utilizing the Site Portal to enter Orders, complete Wasta	comments. You can save your Site request by selecting Save and Exit button which will save your information, but not submit the Site request. depending on the number of submissions. tage reports, and other inventory functions. If rejected you will also be sent a notification.	
Site Name		Partner  Partner Partn	
Site Type		Setting(s) where this location with administer products (Select one or more) 500	
Pharmacy Type		Population(s) served by this location     (Select one or more)	
License	License Expiry Date		
Address Line 1	Address Line 2	City State Zip	
Special Instructions		Loading Dock	
The Receiving Email and Phone must be monitored for communications from the distribut	ion center.		
Receiving Email Email must be 40 characters or less.	Special Instructions:		
Phone Number, Phone Extension, and Fax will only accept numeric input. • enter the project's 9-digit iPENS_EUA/Contract #			
There Number IREIVIS, FHA/CONTRACT #			

#### **Required Fields:**

- Site Name
- Partner
  - Select "HUD (HU2)"
- Site Type

   Select "Other"
- Setting(s)
  - Setting(s)
     Select "Other"
- Other Location Type

   Select "Other"
- Special Instructions

   Enter "iREMS #"
- Address Line 1
- Zip Code
- Receiving Email
- Receiving Phone #

Select "Next" to Continue

### Self-Service (Site Registration) – Enter Site Details

Approximate number of patients/clients routinely served by this location	
restructions (Enter "0" if the location does not serve this age group.)	
Children 18 years of age and younger	Unknown
Adults 19 – 64 years of age	
Adults 65 years of age and older	Unknown
Unique patients/clients seen per week on average	Unknown
Not applicable (e.g., for commercial vaccination service sites)	

Select "Unknown" for each of the age group fields and seen per week on average field:

- Children 18 years of age and younger
- Adults 19 64 years of age
- Adults 65 years of age and older
- Unique patients/clients seen per week on average

## Self-Service (Site Registration) – Enter Receiving Hours

ASPR Administration for Strategic Preparedness & Response Health Partner Order Portal	e Site Registration Portal				UAT BH	
Site Registration					Previous Save and Exit Next	
S		9	-0			
Start	Enter S	te Details	Enter Receiving Hours	Upload Requested Documents	Finish	
Instructions     Please enter the hours you can receive deliveries.     Click within any field to start selecting hours you can receive deliveries or toggie 24 Hours Switch!     If you can receive deliveries 24 Hours' for that day, Otherwise, enter the "Opening 1" and "Closing 1" hours.     If these are certain hours during the day you can't receive deliveries, also fill out "Opening 2" and "Closing 2".     When editing Opening and Closing values 12:00 am at the top of the list represents 24:00.						
Monday	24 Hours	Monday Opening 1 9:00	<ul> <li>Monday Closing 1</li> <li>17:00</li> </ul>	▼ Monday Opening 2	Monday Closing 2	
Tuesday	24 Hours	Tuesday Opening 1 9:00	▼ Tuesday Closing 1 17:00	▼ Tuesday Opening 2	▼ Tuesday Closing 2 ▼	
Wednesday	24 Hours	Wednesday Opening 1 9:00	▼ Viednesday Closing 1 17:00	▼ Wednesday Opening 2	▼ Wednesday Closing 2 ▼	
Thursday	24 Hours	Thursday Opening 1 9:00	<ul> <li>Thursday Closing 1</li> <li>17:00</li> </ul>	▪ Thursday Opening 2	✓ Thursday Closing 2 ✓	
Friday	24 Hours	Friday Opening 1 9:00	<ul> <li>Friday Closing 1</li> <li>17:00</li> </ul>	▼ Friday Opening 2	✓ Friday Closing 2 ✓	
Saturday	24 Hours	Saturday Opening 1	✓ Saturday Closing 1	▼ Saturday Opening 2	✓ Saturday Closing 2 ✓	
Sunday	24 Hours	Sunday Opening 1	▼ Sunday Closing 1	▼ Sunday Opening 2	▼ Sunday Closing 2 ▼	
Holiday	24 Hours	Holiday Opening 1	▼ Holiday Closing 1	Holiday Opening 2	▼ Holiday Closing 2 ▼	

Complete accordingly

Select "Next" to Continue

# Self-Service (Site Registration) – Enter Requested Documents

Health Partner Order Portal				
Site Registration				Previous Save and Exit Finish
Control Contro	Activity as a call delayed as a call and a call as a cal	Enter Receiving Hours	Upload Requested Documents	
<ul> <li>Instructions</li> <li>Please review Upload Requested Documents below, and upload appropriate If you have already provided all necessary documentation. Click the checkling</li> <li>After completing this step your request to be added as a Site will be submit</li> </ul>	e records as requested! ox below. tted to the governing body for review.			
No documents required to be uploaded This site does not require any additional documentation to be submitted at this	s time. Please click Submit to complete your application.			
Upload Requested Documents- REQUIRED				
Precertification I certify that I already supplied the requested documents to an applied the requested documents to applied the requ	proved partner.			

- Click "Precertification"
  - Memorandum of Understanding has been generated between ASPR and Partner
- Select "Finish" to Continue

# Self-Service (Site Registration) – Finish

ASPR Administration for Strategic Preparedness & Response Health Partner Order Portal	al		UAT EH
Site Registration			
<b>O</b>	Constitution Constitution		
Pending Approval - Submitted Your request has been successfully submitted. Pending Approval The governing body or one of its agents will review your submission. Please be If approved, you receive an email notification. After approval, the next time you If rejected, you will recieve an email notification and cannot use the HPoP Prov	a patient as reviews may take several days depending on the number of submissions. I log in, you can start using the HPoP Provider Portal to enter Orders, complete Wastage report ider Portal.	ts, and Return reports. Please close your browser tab	

- Self-Service Site Registration is now Complete.
- Please be patient, as review may take several days.

### **HPOP Self-Service**

How to Place an Order (Provider Site's Perspective)

# Site Ordering (Create)

Home > Sites	3												
outh Carol	lina DD Cou	ncil Orders	/ Inve	ntory						Site Inform	nation	Create	Orde
eral PIN State PIN 0142	Group STATE DEVELOPM	IENT DISABILITIES CO	UNCIL					Up	Created by ALL dated by KATHLE	ISON.CRUZ@ACL.HH EN.VOTAVA@ACL.HH	5.GOV on 01 5.GOV on 01	/09/2023 /11/2023	11:00 07:37
ders Stock /	Administered Dis	positions Transfe	ers Repl	acements Reconciliations	Alfallin P								-
λ Search												4	
Response Product Type	Order Key	Order Date 17	Order Lines	Response Product Label	Site Requested	Partner Processed	Apportionment	Order Status	Order Type	Processing Type	Special Event		ction
COVID / DX	OR003552221	06/30/2023	1	Siemens CLINITEST® Rapid COVID-19 Self-Test (00816490025948)	3 Packages	3 Packages	No	Transmitted	Internal	Standard	No		
COVID / DX	OR000075330	04/10/2023	1	Siemens CLINITEST® Rapid COVID-19 Self-Test (00816490025948)	0 Packages	0 Packages	No	Shipped	Internal	Standard	No		
COVID / DX	OR000073935	03/17/2023	1	Siemens CLINITEST® Rapid COVID-19 Self-Test (00816490025948)	0 Packages	0 Packages	No	Shipped	Internal	Standard	No		
COVID / DX	OR000072729	03/01/2023	1	Siemens CLINITEST® Rapid COVID-19 Self-Test (00816490025948)	1 Package	1 Package	No	Shipped	Internal	Standard	No		
OVID / DX	OR000070443	02/01/2023	1	Siemens CLINITEST® Rapid COVID-19 Self-Test (00816490025948)	0 Packages	0 Packages	No	Shipped	Internal	Standard	No		

- Login to <u>https://hpop.hhs.gov</u>
- Click "Create Order"

### Site Ordering (Response Product Type)

Assertation for Stategic Health Partner Order Portal     Partner Portal		🔒 Admini	stration for Community Living 🔲 Feedback 🕜 Help • 🛛 🛛 🛛 🛛 🛛 🖓
Home > Sites > South Carolina DD Council > Create Order			Cancel
Response Product Type	Response Product	Quantity	Create Order
Select A Response Product Type COVID-19 / Diagnostic Response Product Types Not Accessible To You No Invalid Response Product Types.			

#### Select a Response Product Type

• Click "COVID-19 / Diagnostic"

### Site Ordering (Response Product)



Select a Response Product (Site Dependent)

• Quidel (20402)

# Create Order (Quantity)



#### Select Quantity

• Site dependent (use # of units/occupants)

# Create Order (Submit)

= ASPR Adversionation of Printight Health Partner Order Portal Partner Portal			Administration for Community Living	🕄 Feedback 🕐 Help * 🛛 LB
Home $\rightarrow$ Sites $\rightarrow$ South Carolina DD Council $\rightarrow$ Create Order			Cancel	Add Line Submit Order
Response Product Type				
COVID-19 / Diagnostic				
Order Lines				
Order Line IL	Response Product	Quantity		Actions
1	Quidel (20402)	7 Packages		<b>©</b>

Options:

• Add Line (Add New Product)

or

• Submit Order

# Order Timeline (Logistics)

- After completing HPOP registration, distribution sites will be reviewed and approved by HUD.
- Once approved by HUD, provider sites will have the ability to order test kits.
- Orders will be processed on a **weekly** basis.
- Provider sites should only order an amount of test kits they estimate can be fully distributed in a 7-day period.
- 1 package includes 45 test kits, there are **2 4 tests** in each kit; depending on brand.
- Ordering Deadline is **every Monday** by midnight (12:00am) Eastern Standard Time.
- Packages are shipped out every Wednesday.
- Expect deliveries within 7-10 calendar days after the shipping date.
- Test kit storage: Room temperature (15-25°C/59-77°F)

# **Test Kit Information & Self-Testing Resources**



Quidel Corporation: <u>QuickVue At-Home OTC COVID-19 Test</u>:

- Rapid antigen test that an individual can self-administer
- Can be self-administered for use by those 14 years of age and older and for those 2-13 years of age, if an adult performs the test
- Results available within 10-15 minutes
- Can be used if symptomatic, asymptomatic, or within 6 days of symptom onset

### Self-Testing Resources

Quidel QuickVUE At-Home OTC COVID-19 Test Instructions For Use (Infographic Insert): <u>Spanish Version</u>

- Quidel QuickVUE <u>Self-Testing Video</u>
- Customizable Self-Test Kit | CDC Handout (<u>Infographic</u>)
- Self-Testing | CDC (<u>Guidance</u>)

### **Test Kit Information & Self-Testing Resources**



Quidel Corporation: QuickVue At-Home OTC COVID-19 Test 12-month to 16-month self-life extension granted by the FDA on September 23, 2022

Lot Number	Tests with this printed expiration date (Year-Month-Day)	Now have this extended expiration date (Year-Month-Day)
2201005	2022-12-22	2023-04-22
F40549	2022-12-26	2023-04-25
F40546, F40547, F40548, F41052	2022-12-27	2023-04-26
2201001, 2201003, 3668729, 3668730, 3668731, 3668732, 3668733, 3668734, 3668735, 3668736, 3668737, 3668738,		
3678798, F40550, F40557	2022-12-29	2023-04-28
2203008, 3668739, 3668740, 3668741, 3668742, 3668743, 3668744, 3668745, 3668746, 3668747, 3668748, 3668749, 3668750, 3668751, 3669590, 3669591, 3669592, 3669593, 3669594, 3669595,		
3669596, 3677838, 3681536, F40560	2022-12-30	2023-04-29
707399, F40597, F40598	2023-01-02	2023-05-02
F40677	2023-01-03	2023-02-24
707429, F40599, F40601, F40608, F40632, F40633, F40634, F40635 F40648, F40649	2023-01-03 2023-01-04	2023-05-03 2023-02-24
3669608, 3669609, 3669610, 3669611, 3669612, 3669613, 3669614, 3669615, 3669616, 3669617, 3669618, 3669619, 3669620, 3669621, 3669612, 3669619, 3670073, 3670076, 3670077, 3670078, 3670079, 3670078,	2023-01-04	2023-03-25

#### The QuickVue At-Home OTC COVID-19 Test expiration extension

The Quidel: QuickVue At-Home OTC COVID-19 Test has been granted FDA Emergency Use Authorization to extend expiration dating from 12 months to 16 months. A copy of the letter is <u>available here</u>. Please note the expiration dates on the outer kit box may not reflect the 16-month dating for product that is already distributed.

#### Is your test nearing its expiration date?

To verify if the expiration date for a particular lot has been extended:

- Scroll down to view the list of lot numbers with updated expiration dating.
- You will require the lot number on your test kit box.
- Lot number is found on back of package.
- <u>Click Here</u> for the Quidel: QuickVue expiration extension granted by FDA
- FDA webpage for all Authorized OTC Diagnostic Tests
- <u>At-Home COVID19 Diagnostic Test FAQs (FDA.gov)</u>





# Help Desk and Support

Program	Help Needed	Contact Information
HUD Questions	<ul> <li>Ensure you include the following:</li> <li>1. Property ID or iREMS # or Contract #</li> <li>2. Email Contact</li> <li>3. Phone Number</li> <li>4. Project Name</li> <li>5. Project Address</li> </ul>	HUD_COVID19_Test_Kit_Registration@ hud.gov (toll free number coming soon)
HPOP <b>Diagnostics</b> Questions	<ul> <li>Ensure you include the following:         <ol> <li>Clearly label the subject as related to HPOP diagnostics</li> <li>Include a call back phone number to enable a faster follow- up response</li> <li>Include the partner name (HUD) and provider name</li> <li>Be specific on the issue</li> <li>Include a screenshot of the issue, including the URL</li> </ol> </li> </ul>	cars_helpdesk@cdc.gov or (833) 748-1979



HUD Questions to: <u>HUD COVID19 Test Kit Registration@hud.gov</u>

**Registration Link** 

https://hpop.hhs.gov/ords/r/ohrr/self-service-registration

Sign In Link https://hpop.hhs.gov

Thank you.