



**CONTINUUM OF CARE**  
WINSTON-SALEM FORSYTH COUNTY

# NC-500 HMIS

Homeless Management Information System

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## Data Quality Handbook



**EQUAL HOUSING  
OPPORTUNITY**

## Table of Contents

Table of Contents .....	2
I. INTRODUCTION .....	3
A. HMIS Data and Technical Standards .....	3
B. Purpose of HMIS DATA QUALITY Standards .....	4
C. What is Data Quality? .....	4
D. What is a Data Quality Plan? .....	4
E. Structure of COC and Responsible Parties .....	6
1. CoC Governance Charter .....	7
II - DATA QUALITY PLAN .....	8
A. Data Entry Expectations: .....	8
1. Universal Data Elements .....	8
2. Universal Project Stay Elements .....	8
3. Program Specific Data Elements .....	9
4. Agency Level Duties and Roles .....	9
B. Timeliness .....	11
A. Completeness .....	12
B. Accuracy .....	13
C. Data Consistency Checks .....	13
III DATA QUALITY MONITORING PLAN .....	14
A. Roles and Responsibilities: .....	14
1. CoC Governing Board .....	14
2. Local HMIS Lead (City of Winston-Salem CoC) .....	14
B. Implementation Plan .....	15
C. Oversight Plan .....	15
VI Appendixes .....	1
Appendix A: Data Quality Thresholds .....	1
Appendix A1: Universal Data Quality Thresholds 2020 .....	1
Appendix A2: Program Specific Data Quality Thresholds 2020 .....	2
Appendix B: Definitions .....	3
RESOURCES .....	<b>Error! Bookmark not defined.</b>
Appendix C: HMIS Data Standards .....	4
Appendix D: HMIS Data Standards Basics .....	5
Appendix E: HUD HMIS Data Collection Forms .....	5
Guide to Data Collection Forms (Link) .....	5
Intake Forms .....	5
Update Forms .....	5

## I. INTRODUCTION

This document describes the Homeless Management System (HMIS) data quality plan for the City of Winston-Salem County Continuum of Care (CoC). HMIS is a locally administered electronic system that stores client-level information about persons who access homeless services in a community. The document includes a Data Quality Plan and protocols for ongoing data quality monitoring that meet requirements set forth by the Department of Housing and Urban Development (HUD). It is developed by the HMIS Administrator (City of Winston-Salem CoC), and in coordination with the Data Committee of the CoC Homeless Coalition, HMIS participating agencies, and other community service providers. This HMIS Data Quality Plan is to be updated annually, considering the latest HMIS Data Standards and locally developed Data Quality Thresholds.

### A. HMIS Data and Technical Standards

Each CoC receiving HUD funding is required to implement and participate in HMIS to capture standardized data about all persons accessing homeless assistance in the area. The Homeless Management Information System complies with HUD’s official data and technical standards published on HUD’s Resource Exchange.

In 2010, the U.S. Interagency Council on Homelessness (USICH) affirmed HMIS as the official method of measuring outcomes for homelessness in Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. Many federal partners that provide services to specific homeless populations have joined to work in a coordinated effort to end homelessness using HMIS data:

- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Veteran Affairs (VA)

In June of 2019, HUD published the FY 2020 HMIS Data Standards to ensure consistent reporting across federal agencies. The 2020 Data Standards revise and replace the 2017 HMIS Data Standards, which guide client- and program-level data reporting. The Data Standards identify Universal Data Elements and Program Specific Data Elements that are required of all homeless programs participating in the HMIS.

## B. Purpose of HMIS DATA QUALITY Standards

The purpose of these HMIS DATA QUALITY Standard is to provide guidelines, requirements, responsibilities, processes, and procedures governing the operation of the HMIS, with an emphasis on protecting the privacy of Clients and the security of Client information. These Standard apply to Winston-Salem Forsyth County CoC and HMIS Staff, Agencies, Agency Users, the HMIS Software Vendor, and any other entity involved in the administration of the NC-500 Collaboration.

## C. What is Data Quality?

Data quality is the reliability and validity of client-level data collected. Good data quality accurately reflects actual client information in the real world and has the ability to tell a client's story. It also aids case management in assessing client needs and determining appropriate services. Data quality is determined by several factors such as timeliness, completeness, and accuracy. For system performance measurement, HUD's expectation is that HMIS data be complete and accurate dating back to October 1, 2012.

**Figure 1 What Is Data Quality?**



## D. What is a Data Quality Plan?

A data quality plan is a community-level document that assists the CoC in achieving statistically valid and reliable data. The plan sets expectations for both the community and the end users to capture reliable and valid data on persons accessing the homeless assistance system. The plan:

- Establishes specific data quality benchmarks for timeliness, completeness, accuracy, and consistency.
- Identifies the responsibilities of all parties within the CoC with respect to data quality; and establishes a timeframe for monitoring data quality on a regular basis.

## E. Data Quality-Monitoring Plan

A data quality-monitoring plan is a set of procedures that outlines a regular, on-going process for analyzing the 3 pillars of reporting (completeness, accuracy, and timeliness) and the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. This plan includes roles and responsibilities for the CoC, the HMIS Administrator, and the Data Committee.

Our DQMP understands that each piece of data builds off the other and this interactive process is continuous to ensure the CoC's commitment to data quality. To be effective, each entity involved in the process must understand their roles and responsibilities in the DQMP process and works in synergy to foster an environment that supports and encourages high-quality data.



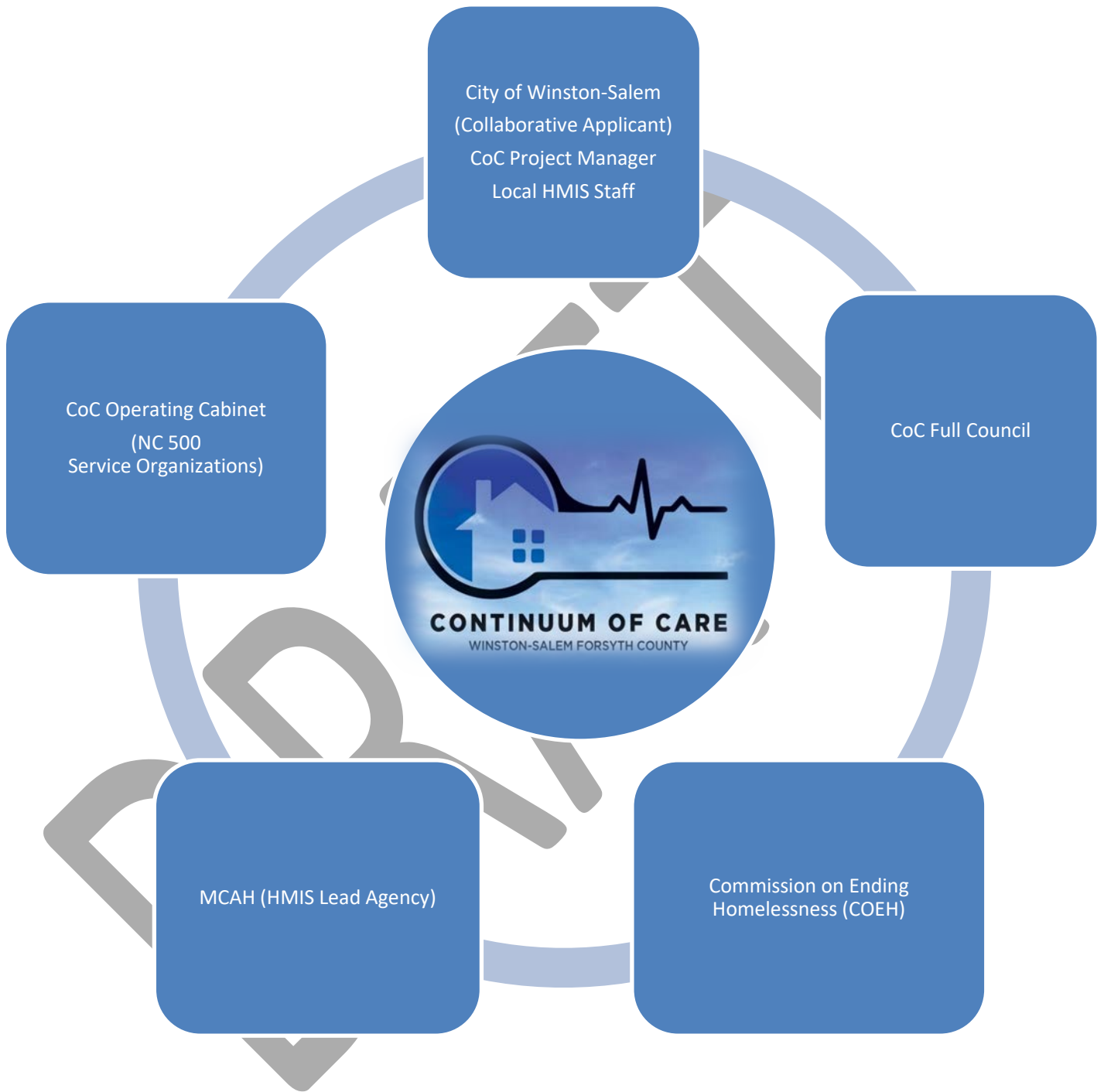
### Why Data Quality Matters??



Data Quality serves as the community's overall framework, including data monitoring and quality control. It provides benchmarks for completeness, accuracy, timeliness, and consistency, which are informed by the community's baseline. In data management, data accuracy is the first and critical component or standard of the data quality framework.

***"You can have data without information, but you cannot have information without data." Daniel Keys***

## E. Structure of COC and Responsible Parties



The Winston-Salem/Forsyth County Continuum of Care (CoC) is the network of stakeholders and organizations working throughout Winston-Salem and Forsyth County to administer housing and supportive services assistance to residents experiencing homelessness. This collaborative network abides by an established charter, which sets guidelines for the administration of assistance, CoC governance and applications for funding:

1. CoC Governance Charter

The City of Winston-Salem serves as the Collaborative Applicant for CoC grant funds from the US Department of Housing and Urban Development (HUD). The purpose of HUD CoC Assistance Programs is to reduce the incidence of homelessness in communities by assisting individuals and families in moving to self-sufficiency and permanent housing. The City of Winston-Salem, in cooperation with the Winston-Salem/Forsyth County CoC and its member agencies, coordinates annual CoC grant submissions on behalf of all stakeholders requesting funding to provide homelessness services.

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

**Definition of Continuum of Care:**

"The Continuum of Care is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."

**MCAH** The Michigan Coalition Against Homelessness is dedicated to creating a sustainable statewide voice and the infrastructure and systemic change needed to empower communities to end homelessness.

[Continuum-of-Care-Governance-Charter-PDF \(cityofws.org\)](http://cityofws.org)

[WSFC CoC Policies and Procedures - Forsyth United Way Continuum of Care \(forsythendhomelessness.org\)](http://forsythendhomelessness.org)

[Home - MCAH \(mihomeless.org\)](http://mihomeless.org)

## **II - DATA QUALITY PLAN**

### **A. Data Entry Expectations:**

The Data Elements captured in HMIS are detailed in the most recently published HMIS Data Standards, which are available online at [www.hudexchange.info](http://www.hudexchange.info). This resource includes information on required data elements, when they should be captured (at entry or exit), and which types of programs are responsible for capturing them. All programs participating in HMIS should review their policies and procedures to ensure that they are meeting HUD's baseline compliance requirements.

#### **1. Universal Data Elements**

The Universal Data Elements are baseline data collection elements required for all projects reporting data into the HMIS. One, and only one record of each of the below data elements should exist in HMIS. These include:

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity Gender
- Veteran Status

#### **2. Universal Project Stay Elements**

The Universal Project Stay Elements are additional data elements required for all projects reporting data into the HMIS. One or more values per client or household project stay may exist in HMIS. These include:

- Disabling Condition
- Project Start Date
- Project Exit Date
- Destination
- Relationship to Head of Household
- Client Location
- Housing
- Move-in Date
- Prior Living Situation



### 3. Program Specific Data Elements

Program Specific Data Elements (PDEs) differ from the Universal Data Elements (UDEs) in that no one project must collect every single element in this section. Required data elements are dictated by the reporting requirements set forth by each Federal partner for the projects they fund. A Partner may require all of the fields or response categories or may specify which of the fields or response categories are required for their report. Data Quality Thresholds are included in Appendix C of the Data Quality Plan outlining required data elements and thresholds for each Federal partner.

The Program Specific Data Elements include the following:

- Income and Sources
- Non-Cash Benefits
- Health Insurance
- Physical Disability
- Developmental Disability
- Chronic Health Condition
- HIV/AIDS
- Mental Health
- Substance Abuse
- Domestic Violence
- Current Living Situation
- Date of Engagement
- Bed-Night Date
- Coordinated Entry Assessment
- Coordinated Entry Event

### 4. Program Specific Service Transactions

Recording Service Transactions will be required for certain data entry workflows depending on the project type and the funding source. Commonly recorded Service Transactions include but are not limited to:

- Shelter Stay
- Meal
- Case Management
- Rental Assistance Payment
- Rental Application Fee
- Utility Deposit
- Utility Payment
- Bus Passes
- Bus Ticket
- Moving Fees
- Support Group
- Information and Referral
- *Other*

### 5. Agency Level Duties and Roles

Each agency **must** have the following duties and roles assigned to staff:

- **Data Entry HMIS Users:** this may be shelter intake staff, case managers, or project manager/supervisor. This role requires the user(s) to be trained in the appropriate data entry workflow and in how to conduct their own basic data review and corrections.
- **Agency HMIS Administrator(s) (also referred to as Agency Admin(s):** coordinates with the Local System Administrator to ensure new users complete all required HMIS training, manage the agency's HMIS documentation and notices, distribute HMIS updates and communications to internal staff, and provide basic HMIS technical assistance to agency staff. This role requires a higher level of training in multiple workflows, data review and corrections, and running reports.

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It is highly recommended that each agency has the following duties and roles assigned to staff:

- Each Agency must identify an individual who will serve as its Agency Administrator, for setting up new user accounts and serving as a point of contact for data quality issues and corrections. Agency Administrators for the HMIS play a critical role in protecting HMIS data. Time, interest, and ability are the biggest factors in determining who should be an Agency Administrator for the HMIS.
  - The Agency Administrator must attend training provided by MCAH as needed.
  - Ensuring system auditing (within the Agency) via running the data quality report for each agency, at minimum quarterly as stated in the HMIS Data Quality Plan.
  - Serving as the point of contact and agency individual for working with agency end users to correct data quality errors.
  - Ensuring Agency-wide data quality.
  - Ensuring the security of the HMIS on the Agency website.
  - Notifying HMIS staff of any security breach within twenty-four (24) hours of the breach.
  - Enforcing Agency information system policies and standards.

## B. Timeliness

Timeliness answers the question: “Is the necessary client information entered into HMIS within a reasonable period of time?”

When data is entered in a timely manner, it can reduce human error due to too much time between data collection and data entry. Relying on notes or memory of a conversation can lead to incorrect or incomplete data entry. Timely data entry also ensures accessibility of information for the entire CoC for Coordinated Entry and project evaluation.

Each type of project has different expectations on timely data entry. Timeliness is measured by comparing the enrollment entry/exit date to the assessment entry/exit created date. Timeliness cannot be edited, only improved going forward – but assessment information dates should match the date the client interview occurred.

Data entry timeframe by project type:

- **Emergency Shelter projects:** Universal Data Elements and Housing Move-In Date must be entered within 2 business days.
- **Transitional Housing projects:** Universal Data, Program-Specific Data, and Housing Move-In Date must be entered within 2 business days.
- **Permanent Housing projects:** Universal Data, Program-Specific Data, and Housing Move-In Date must be entered within 2 business days.
- **Rapid Re-Housing projects:** Universal and Program-Specific Data Elements must be entered within 2 business days.
- **Prevention projects:** Universal and Program-Specific Data Elements must be entered within 2 business days.

- **Supportive Services Only (including SSVF) projects:** Universal and Program- Specific Data Elements must be entered within 2 business days.
- **Outreach Projects:** Limited data elements must be entered within 3 business days of each outreach encounter. Universal Data Elements should be collected upon engagement in-services.

## A. Completeness

Completeness answers the question: “Are all of the clients we serve being entered into HMIS? Are all of the necessary data elements being recorded into HMIS?”

Complete data is the key to assisting clients in finding the right services and benefits to end their homelessness. Incomplete data may hinder an organization’s ability to provide comprehensive care to the clients it serves. Incomplete data can also negatively impact the CoC’s ability to make generalizations of the population it serves, track patterns in client information and changes within the homeless population and adapt strategies appropriately.

*HMIS data quality is also part of funding applications, including CoC and ESG funding. Low HMIS data quality scores will impact and could result in denial of future funding requests.*

<https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf>

The City of Winston-Salem CoC’s goal is to collect 100% of all data elements. Therefore, the Data Committee, with the CoC Governing Board’s approval, will establish Data Quality Thresholds. (See Appendix A1 – A6 for error rate thresholds by project type). The Data Quality Thresholds set an acceptable range of “null/not collected”, and “client doesn’t know/client refused” responses, depending on the data element. To determine compliance, percentages will be rounded (example: .04% becomes 0%).

All programs using the HMIS shall enter data on one hundred (100%) of the clients they serve.

These standards will be reviewed and revised annually to make sure the thresholds are reasonable.

## **B. Accuracy**

Accuracy answers the question: “Does HMIS data accurately reflect true client information? Are the necessary data elements being recorded in HMIS in a consistent manner?”

Information entered into the HMIS needs to be valid, i.e., it needs to accurately represent information on the people that enter any of the homeless service programs contributing data to the HMIS. The best way to measure accuracy of client data is to compare the HMIS information with more accurate sources, such as a social security card, birth certificate, or driver’s license. To ensure the most up-to-date and complete data, data entry errors should be corrected on a monthly basis.

Data consistency will ensure that data is understood, collected, and entered consistently across all projects in the HMIS. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they don’t collect it in a consistent manner, then the data may not be accurate. All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, all intake and data entry workers will complete an initial training before accessing the live HMIS system, and access additional training opportunities offered by the HMIS Lead and Local HMIS System Administrator’.

## **C. Data Consistency Checks**

The HMIS staff, users, and agency administrators will check data accuracy and consistency at least quarterly by running reports that check for entry errors such as duplicate files created, overlapping enrollments or inconsistent assessment responses. The City’s HMIS team reserves the right to provide HMIS client identification numbers to the CoC for program auditing or monitoring purposes.

## **III DATA QUALITY MONITORING PLAN**

### **A. Roles and Responsibilities:**

#### 1. CoC Governing Board

The CoC Governing Board will provide approval for this plan and any future amendments, overall direction to the HMIS team and provide oversight of the Data Committee. CoC Governing Board will enforce measures of community data quality.

#### 2. Local HMIS Lead (City of Winston-Salem CoC)

Eligible entity designated by the CoC to manage the CoC's HMIS on the CoC's behalf. The HMIS lead is generally responsible for the administration, management, and operation of the HMIS implementation in addition to providing user training and meeting reporting requirements for funders.

### **B. Report Oversight**

The Local HMIS Administrator is responsible for facilitating the use of HMIS reports and ensuring they are available to HMIS participating agencies and the CoC. This includes the data quality reports necessary for data correction. The HMIS staff will be responsible for the ongoing oversight of existing reports' reliability and usability as they undergo changes due to updates made in the system.

### **C. Training**

The Local HMIS System Administrator is also responsible for providing the necessary training to HMIS participating agencies the CoC. Currently, the HMIS team offers the following training: New User Training, Report Training, HMIS Security Awareness Training, Refresher Training, and role specific training. In addition, HMIS staff is available to provide technical assistance to users that need help correcting data entry errors and modifying HMIS page setting and workflows.

### **D. Quarterly Monitoring**

On a quarterly basis, the HMIS staff will provide to the Data Committee data quality report cards for all agencies using HMIS and provide additional training to those agencies that need to improve their data quality. The quarterly reports for the Data Committee will

provide information on timeliness, bed utilization rates, and data completeness for all projects.

The quarterly data quality report cards provided by the HMIS Team to the Data Committee will measure error rates for program specific data elements for programs funded through the following sources: CoC, ESG, HOPWA, PATH, VA, and a Universal Data Quality Report. The Universal Data Quality Report will include all agencies that do not have program-specific data element requirements based on a federal funding source. These report cards will not contain client-level error information but project type and agency level data quality error rates and/or an overall grade. The Local HMIS System Administrator and/HMIS Team is still able to provide client-level error information and guidance upon request by agency staff.

#### **E. Implementation Plan**

This Data Quality Plan will be submitted to the CoC Governing Board for approval on [INSERT DATE]. Quarterly data quality reports will be produced by the HMIS team starting with data for the [INSERT DATE].. Data quality reports to be reviewed by the Data Committee at their monthly meeting starting in [INSERT DATE].. HMIS partner agencies, which will be subject to the plan, will be expected to be in compliance with the Data Quality Plan by [INSERT DATE].., at which point the oversight plan will go into binding effect.

#### **F. Oversight Plan**

The HMIS Team will provide quarterly data quality report cards as described above to the Data Committee members with a corrective action plan for agencies that are out of compliance. The Data Committee will discuss and vote to approve the recommended plan. An email should be sent by the HMIS Lead to the agencies identified as having data quality issues within 5 business days of the committee meeting and saved for record keeping purposes. The HMIS team will work with agencies to complete the corrective action plan. The HMIS team shall provide technical assistance through written materials, individual or group trainings and work-sessions.

At the next quarterly review, if the agency has not successfully completed the corrective action plan or does not show significant improvement in the areas identified by the HMIS Team, the Data Committee Chair will report the agency with issues to the CoC Governing Board. Additionally, the Data Committee may require that the agencies provide a second corrective action plan, which may include HMIS refresher training for all staff members in

the project and technical assistance to the agencies' program manager(s).

If the data quality issues are not resolved by the third quarterly review, the Data Committee may also request a meeting with agency administration and recommend to the CoC Governing Board that the agency's access to HMIS and any funding be suspended until issues are resolved.

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## Appendix A2: Program Specific Data Quality Thresholds 2020

Project Type	ESG				
	Client Type	RRH	Street Outreach*	Emergency Shelter	Homelessness Prevention
Data Elements	All Clients, Adults, or HoH	Acceptable% Null/Not Collected/Doesn't know/Refused	Acceptable% Null/Not Collected/Doesn't know/Refused	Acceptable% Null/Not Collected/Doesn't know/Refused	Acceptable% Null/Not Collected/Doesn't know/Refused
Income and sources	Adults	10%	15%	10%	10%
Non-Cash Benefits	Adults	10%	15%	10%	10%
Health Insurance	HoH	10%	15%	10%	10%
Physical Disability	HoH	10%	15%	10%	10%
Developmental Disability	HoH	10%	15%	10%	10%
Chronic Health Condition	HoH	10%	15%	10%	10%
HIV/AIDS	HoH	10%	15%	10%	10%
Mental Health Problem	HoH	10%	15%	10%	10%
Substance Abuse	HoH	10%	15%	10%	10%
Domestic Violence	Adults	10%	15%	10%	10%
Contact	Adults	N/A	15%	N/A	N/A
Date of Engagement	Adults	N/A	15%	N/A	N/A
Housing Move-in Date	All	5%	N/A	N/A	N/A
Housing Assessment at Exit	All	N/A	N/A	N/A	5%

\* Street Outreach Programs will only be responsible for data quality on clients with a Date of Engagement

**Appendix A3: Program Specific Data Quality Thresholds 2020**

<b>Project Type</b>	<b>CoC</b>			
	<b>Client Type</b>	<b>RRH</b>	<b>PSH</b>	<b>Homelessness Prevention</b>
<b>Data Elements</b>	<b>All Clients, Adults, or HoH</b>	<b>Acceptable % Null/Not Collected/Doesn't know/Refused</b>	<b>Acceptable% Null/Not Collected/Doesn't know/Refused</b>	<b>Acceptable % Null/Not Collected/Doesn't know/Refused</b>
Income and sources	Adults	10%	10%	10%
Non-Cash Benefits	Adults	10%	10%	10%
Health Insurance	HoH	10%	10%	10%
Physical Disability	HoH	10%	10%	10%
Developmental Disability	HoH	10%	10%	10%
Chronic Health Condition	HoH	10%	10%	10%
<b>HIV/AIDS</b>	HoH	10%	10%	10%
Mental Health Problem	HoH	10%	10%	10%
Substance Abuse	HoH	10%	10%	10%
Domestic Violence	Adults	10%	10%	10%
Housing Move-in Date	All	10%	N/A	N/A
Housing Assessment at Exit	All	N/A	N/A	5%

\* Street Outreach Programs will only be responsible for data quality on clients with a Date of Engagement

**Appendix A4: Program Specific Data Quality Thresholds 2020**

Project Type	HOPWA		
	Client Type	PH	TH
Data Elements	All Clients, Adults, or HoH	Acceptable% Null/Not Collected/Doesn't know/Refused	Acceptable% Null/Not Collected/Doesn't know/Refused
Income and sources	Adults	5	10%
Non-Cash Benefits	Adults	5	10%
Health Insurance	HoH	5	10%
Physical Disability	HoH	5	10%
Developmental Disability	HoH	5	10%
Chronic Health Condition	HoH	5	10%
HIV/AIDS	HoH	0	0%
Mental Health Problem	HoH	5	10%
Substance Abuse	HoH	5	10%
Domestic Violence	HoH	5	10%
T-cell (CD4) and Viral Load	HoH	5	10%
Housing Assessment at Exit	HoH	5	10%

## Appendix A5: Program Specific Data Quality Thresholds 2020

Project Type	PATH		
	Client Type	Supportive Services Only	Street Outreach*
Data Elements	All Clients, Adults, or HoH	Acceptable% Null/Not Collected/Doesn't know/Refused	Acceptable% Null/Not Collected/Doesn't know/Refused
Income and sources	Adults	10%	15%
Non-Cash Benefits	Adults	10%	15%
Health Insurance	HoH	10%	15%
Physical Disability	HoH	10%	15%
Developmental Disability	HoH	10%	15%
Chronic Health Condition	HoH	10%	15%
HIV/AIDS	HoH	10%	15%
Mental Health Problem	HoH	10%	15%
Substance Abuse	HoH	10%	15%
Contact	Adults	10%	15%
Date of Engagement	Adults	10%	15%
PATH Status	HoH	10%	15%
Connection with SOAR	HoH	10%	15%

\* Street Outreach Programs will only be responsible for data quality on clients with a Date of Engagement

**Appendix A6: Program Specific Data Quality Thresholds 2020**

<b>Project Type</b>	<b>VA</b>		
	<b>Client Type</b>	<b>SSVF: RRH</b>	<b>SSVF: HP</b>
<b>Data Elements</b>	<b>All Clients, Adults, or HoH</b>	<b>Acceptable% Null/Not Collected/Doesn't know/Refused</b>	<b>Acceptable % Null/Not Collected/Doesn't know/Refused</b>
Income and sources	Adults	10%	10%
Non-Cash Benefits	Adults	10%	10%
Health Insurance	HoH	10%	10%
Veteran's Insurance	HoH	10%	10%
Percent of AMI (SSVF Eligibility)	HoH	10%	10%
Last Permanent Address	HoH	10%	10%
VMACStation Number	HoH	10%	10%
SSVF HP Targeting Criteria	HoH	10%	10%
Connection with SOAR	HoH	10%	10%
Last Grade Completed	HoH	10%	10%
Employment Status	HoH	10%	10%
Residential Move in Date	All	10%	<b>N/A</b>

## Appendix B: Definitions

**Agency:** An organization working with Winston-Salem/Forsyth County CoC, who has signed an Agency Partner Agreement thereby agreeing to follow HMIS and DATA QUALITY Standards. The Agency Partner Agreement is in effect for all related programs within an Agency.

**Agency Administrator:** The individuals at an Agency who are the chief liaisons between CoC and the Agency and whose responsibilities are more fully described in the "Agency Participation Requirements".

**Agency User or User:** An employee, agent, or other representative authorized by an Agency to receive an HMIS username and password.

**Aggregated Data:** This is data that is grouped, usually by program, but possibly across any dimension (e.g., time, region, segments of Client populations, etc.). This data type precludes exploration at a client-identified level because all Client-level information is de-identified.

**Client:** A person who applies for or receives services from an Agency.

**Client-level Information:** A set of data records that combined represent a single Client. This type of information lends itself to more in-depth data analysis. All public Client-level Information is De-identified Information.

**De-identified Information:** A data set or report that removes all Protected Personal Information, (i.e., information that identifies the Client by name, SSN, or other unique identifier).

**Disclosure:** The release, transfer, or provision of access to information outside the HMIS.

**DV closed system:** The closed HMIS for victim service providers where information is restricted to the assigned agency.

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996, 42 USC 1320d et. seq., and its implementing regulations (all as amended).

**HMIS:** Homeless Management Information System — a web-based computer system managed by MCHA staff that collects Client- identifying Confidential Information with services received and outcomes achieved by the Clients.

**HMIS Contractor:** Contactors involved in administering the HMIS.

**HMIS Staff:** W-S CoC employees and/or contractors involved in administering the HMIS.

**HMIS Software Vendor:** Sevicepoint, Inc. (MCHA)

**Minimum Necessary:** The minimum amount of Protected Personal Information needed to accomplish the purpose of a request or to assess Client eligibility to provide services to the Client.

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**Protected Personal Information (PPI):** Any information maintained by an Agency or in HMIS about a Client or homeless individual that: (i) identifies, either directly or indirectly, a specific individual; (ii) can be manipulated by a reasonably foreseeable method to identify a specific individual; or (iii) can be linked with other available information to identify a specific individual. The term shall include Protected Health Information (PHI). This information may include demographic or financial information about a particular Client that is obtained through one or more sources. This may include information such as name, address, social security number, income, education, and housing information.

**Protected Health Information (PHI):** Any individually identifiable information, whether oral or recorded in any form or medium, that: (1) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

**Program Specific Data Elements:** Additional data elements that are specific to the services provided by the Agency to each Client. Program Data are a mix of those elements required to complete the HUD APR (Annual Progress Report) and additional elements suggested by other federal agencies, HMIS practitioners and researchers.

**Public Data:** De-identified Information approved for release to external parties and the public. It may be either Client-level Information or Aggregated Data.

**Research:** An activity is defined as research when it meets the following definition: – a systematic investigation, including Research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. This includes the development of Research repositories and databases for Research. ¶ (45 CFR, Part 46 – The Common Rule). For purposes of this Policy, any use of Protected Personal Information for Research purposes must be for academic Research conducted by an individual or institution that has a formal relationship with CoC if the Research is conducted either: (1) by an individual employed by or affiliated with CoC for use in a research project conducted under a written research agreement approved in writing by the RARC; or (2) by an institution for use in a research project conducted under a written research agreement approved in writing by the RARC.

**Stakeholders:** CoC sponsors, participating agencies, programs, and people experiencing homelessness.

**Universal Data Elements:** Basic demographic data elements defined in the HUD Data Standards including those the Agency staff are responsible for entering into the HMIS. The 2022 HUD Data Standards are effective October 1, 2021. To review the 2022 HUD Data Standards Manual, please visit: [FY 2022 HMIS Data Standards Manual - Version 1.3 \(hudexchange.info\)](https://hudexchange.info)

## Appendix C: HMIS Data Standards

### [HUD Exchange HMIS Data Standards](#)

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## Appendix D: HMIS Data Standards Basics

### [FY 2022 HMIS Data Standards - HUD Exchange](#)

## Appendix E: HUD HMIS Data Collection Forms

### [Guide to Data Collection Forms \(Link\)](#)

#### **Intake Forms**

- [NC HMIS Coordinated Entry Intake Form](#)
- [NC HMIS Street Outreach and Emergency Shelter Intake Form](#)
- [NC HMIS RRH and Prevention Intake Form](#)
- [NC HMIS SSVF and VASH Intake Form](#)
- NC HMIS General CoC Intake Form – to be used by other types of programs

#### **Update Forms**

- [NC HMIS General CoC Update Forms](#)
- [NC HMIS SSVF Update Form](#)

#### **Exit Forms**

- [NC HMIS General CoC Exit Form](#)
  - [NC HMIS SSVF Exit Form](#)
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This page contains links to all MCAH training videos, as well as the documents that accompany each training.

## [User Policy, Responsibility, & Code of Ethics](#)

### **Prerequisites**

*2017 Key Changes to Data Elements*

- [Video](#)
- [HUD Data Standards Terminology](#)

*Basic Privacy and Security*

- [Video](#)

*Chronic Homeless Final Rule*

- [Video](#)

*Chronic Interview Process*

- [Video](#)
- [Chronic Certification by Name Report Request Form](#)
- [Chronic Homeless Verification Tracking Sheet](#)
- [Determining Chronic Status Interview](#)

*Release of Information (ROI)*

- [Video](#)
- [Release of Information Workflow](#)

### **Core Trainings**

*Informed Consent and Data Collection*

- [Video](#)

*Navigating ServicePoint*

- [Video](#)

*Navigating ClientPoint*

- [Video](#)

*Securing Client Records*

- [Video](#)
- [Securing Client Records Workflow](#)

*Creating Unnamed Records*

- [Video](#)

#### *Creating & Managing Households*

- [Video](#)
- [Creating & Managing Households Workflow](#)

#### *Entry and Assessments: Entry/Exit Process*

- [Video \(Part 1\)](#)
- [Video \(Part 2\)](#)
- [Project Start/Exit Workflow](#)

#### *Services Only Projects*

- [Video](#)

#### *Service Transactions*

- [Video](#)
- [Service Transactions Workflow](#)
- [SSVF Service Transactions Workflow](#)

#### *Interim Income*

- [Video](#)

#### *Sub-Assessments: Correcting Your Data*

- [Video](#)

#### *ART Reports*

- [Understanding Reports: Demographics Video](#)
- [Understanding Reports: Outcomes Video](#)
- [Understanding Reports: Data Quality Video](#)

#### *Case Plans*

- [Video](#)

### **Grant Specific Training**

#### *HARA ESG Workflow*

- [Video](#)
- [Project Start/Exit Workflow](#)
- [Revised HARA Screening Interview](#)
- [VI-SPDAT and SPDAT Workflow Updates](#)

#### *SOAR*

- [Video](#)

#### *RHY Basic Workflow*

- [Video](#)
- [RHY Basic Workflow](#)
- [RHY Program HMIS Manual](#)
- [Federal RHY Services Crosswalk](#)
- [HHS RHY Provider Page Configuration Guide \(Michigan\)](#)
- [HHS RHY Provider Page Configuration Guide \(North Carolina\)](#)

#### *RHY Street Outreach Workflow*

- [Video](#)
- [RHY Street Outreach Workflow](#)
- [RHY Program HMIS Manual](#)

#### *MDHHS HYR Workflow (Michigan Only)*

- [Video \(Part 1\)](#)
- [Video \(Part 2\)](#)
- [Video \(Part 3\)](#)
- [MDHHS HYR Workflow](#)
- [RHY Program HMIS Manual](#)
- [MDHHS HYR Data Collection Flowchart](#)
- [MDHHS HYR Service Transactions Guidance](#)

#### **VI-SPDAT and VI-F-SPDAT**

- [VI-SPDAT Video](#)
- [VI-F-SPDAT Video](#)

#### **Self-Sufficiency Matrix**

- [Video](#)
- [Self-Sufficiency Matrix \(Short Version\)](#)
- [Summary Points](#)
- [PowerPoint \(Short Version\)](#)

#### **AmeriCorps Workflow**

- [Video](#)
- [2018-2019 AmeriCorps Workflow](#)
- [MSHMIS CTEH AmeriCorps Add-On](#)
- [MSHMIS Universal Data Elements Intake Form 3.917B](#)

#### **Agency/System Administrator Training**

#### *Advanced Privacy and Data Sharing*

- [Video](#)

*Establishing Visibility*

- [Video \(Michigan\)](#)
- [Video \(North Carolina\)](#)

*Creating & Managing Provider Pages*

- [Video \(Part 1\)](#)
- [Video \(Part 2\)](#)
- [Creating & Managing Provider Pages Guide](#)

**Advanced Topics**

*CQI Coordinator Training*

- [Video](#)

**ServicePoint Modules**

*ShelterPoint Introductory Workflow*

- [Video](#)

*FundManager Training*

- [Case Worker Video](#)
- [Fund Admin Video](#)
- [Reports Video](#)
- [Review Agent Video](#)

*CallPoint*

- [Video](#)

*CallPoint Upgrade*

- [Video](#)