

## ***2015 Michigan Statewide Homeless Management Information System (MSHMIS) Operating Policies and Procedures***

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of projects and systems of care. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

### **PRIVACY STATEMENT**

MSHMIS is committed to make Michigan's HMIS safe for all types of projects, the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

#### **Toward that end:**

- Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.
- All organizations will screen for safety issues related to the use of the automation.
- MSHMIS release offered options in terms of the SS#, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained
- MSHMIS adopted a statewide Privacy Notice, developed in collaboration, with providers that manage information that may put a client at risk.
- The MSHMIS is compliant with HIPPA, federal, and state laws
- All privacy procedures are designed to ensure that the broadest range of providers may participate in HMIS.
- Privacy training is required for all users prior to gaining access to the MSHMIS system
- MCAH views the privacy training as an opportunity for all participating organizations to revisit and improve overall privacy practices.
- Staff must successfully complete privacy training, sign a User's Agreement and Code of Ethics in order to be issued a user license. Additionally, all HMIS contributing agencies must sign a MSHMIS Participation Agreement. Taken together, these documents obligate agencies to the core privacy procedures. If agencies decide to share HMIS information, they must sign an agreement that defines sharing practice and prevents re-release of information (the Sharing QSOBAA).
- Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Participation Agreement and the Policies and Procedures.
- The MSHMIS system allows projects with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client's time spent on documenting activities and ensuring that care is coordinated and messages to clients are reinforced and consistent
- MSHMIS has incorporated Continuous Quality Improvement (CQI) Training designed to help agency administrators use the information collected in the HMIS to stabilize and improve project

processes, measure outcomes, report to their many funders, and be more competitive in funding requests.

**Key Terms and Acronyms:**

Term	Acronym (if used)	Brief Definition
Homeless Management Information System	<b>HMIS</b>	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money's related to homelessness.
Continuum of Care	<b>CoC</b>	Planning body charged with guiding the local response to homelessness.
Independent Jurisdictions	<b>IJs</b>	CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.
Balance of State CoCs	<b>BOS</b>	MSHDA/MHAAB have organized local planning bodies throughout Michigan that make up the "Balance of State" IJ. These groups are called BOS CoCs as they are organized like Independent Jurisdictions with many of the same rules; however they have no legal status with HUD.
Michigan Homeless Assistance Advisory Board	<b>MHAAB</b>	The BOS IJ CoC Governance Board. The Statewide HMIS reports to MHAAB – the BOS IJ CoC Planning Group
Michigan State Housing Development Authority	<b>MSHDA</b>	MSHDA is the grantee for the Statewide HMIS and subcontracts with MCAH for administration of the system.
Joint Governance Charter		The Agreement between Michigan's IJ CoCs and MSHMIS that supports a statewide HMIS operating in a single system environment.
Contributing HMIS Organizations	<b>CHO</b>	An organization that participates on the HMIS.
Participation Agreement		The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Administrative Qualified Services Organization Business Associates Agreement	<b>Admin. QSOBA A</b>	The Agreement signed by each agency, local Lead HMIS Agency, MCAH, and MSHDA that governs the privacy standards for all those that can see multiple organization data.
Sharing Qualified Services Organization Business Associates Agreement	<b>Sharing QSOBA A</b>	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
User Agreement & Code of Ethics		The document each HMIS User signs agreeing to the HMIS standards of conduct.
Release of Information	<b>ROI</b>	An electronic ROI must be completed to share any person's data within the HMIS. A signed (paper) ROI giving informed client

		consent for sharing is also required to share data between agencies.
Sharing		Sharing refers to the sharing of data between agencies. It does <b>not</b> refer to basic entry into the HMIS. Sharing data requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.
Visibility		Refers to the ability to see a client’s data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page.
Visibility Groups		Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA.
Coverage Rate		For MSHMIS - The percent of the Homeless Population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Projects. See Coverage Memo for guidance. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential projects).
Project Types		<b>HUD defines 9 basic Project Types</b>
		<ul style="list-style-type: none"> <li>• ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months.</li> <li>• TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services.</li> <li>• PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this project.</li> <li>• PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing.</li> <li>• RR: Rapid Rehousing- A project that rapidly rehouses those that are identified at Literally Homeless.</li> <li>• HP: Homeless Prevention- A project that helps those are at imminent risk of losing housing, to retain their housing.</li> <li>• SOP: Street Outreach Project- A project that serves homeless persons that are living on the street or other places not meant for habitation.</li> <li>• SSO: Services Only Project- A project that serves only with no residential component. These projects often provide case management and other forms of support and meet with clients in an office, at the household’s home, or in a shelter.</li> <li>• Safe Haven: A project that provides low-demand shelter for</li> </ul>

		hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	<b>LOS</b>	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events.
Point in Time Count	<b>PIT</b>	An annual count during the last week in January that is required for all CoCs. Every other year, that count also included anunshelteredor street count.
Housing Inventory Chart	<b>HIC</b>	All residential projects (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating projects).
SOAR Across Michigan	<b>SOAR</b>	Using the nation “best practice” curriculum, the SOAR project, led by Department of Community Health, reduces the barriers and supports the application for Social Security Benefits for Michigan’s disabled homeless.
Department of Human Services Emergency Services Project	<b>DHS ESP</b>	DHS general fund and TANF dollars designated for homeless services primarily sheltering. The dollars are managed through the Salvation Army and require HMIS participation.
Homeless Definition		<p><b>See Homeless Definition Crosswalk.</b></p> <p><b>Hearth defines 4 categories of homelessness.</b> Not all projects can serve all categories and some may utilize a different definition when delivering services. MSHMIS has adopted the HUD definition for counting the homeless.</p> <ul style="list-style-type: none"> <li>• Category 1: Literally Homeless</li> <li>• Category 2: Imminent Risk of Homelessness</li> <li>• Category 3: Homeless under other Federal Statute</li> <li>• Category 4: Fleeing/Attempting to Flee DV</li> </ul>
Projects for Assistance in Transition from Homelessness	<b>PATH</b>	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) administered by the Michigan Department of Community Health. It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This project has different reporting requirements than HUD funded projects and uses HMIS to collect this information.
Shelter Plus Care	<b>S+C</b>	Lead by the Michigan Department of Community Health, provides Permanent Supportive Housing to disabled persons throughout the State of Michigan and reports to the HMIS.
Housing Opportunities for Persons with AIDS	<b>HOPWA</b>	Lead by the Michigan Department of Community Health, provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This project has different project reporting requirements than the other HUD funded projects in

		this document.
Housing Assessment and Resource Agencies	<b>HARAs</b>	Michigan has implemented HARA's across the state to serve as "single points of entry" for homeless persons. HARAs work with other service providers to insure that access to homeless resources is optimized and based on assessment of need.

### Policy Disclaimers and Updates

Operating Procedures defined in this document set forth the minimum standards of participation on MSHMIS and general "best practices" a round operation procedures. Local HMIS Lead Agencies, in coordination with their CoCs, may include additional standards.

Operation Standards in this document are not intended to supersede grant specific requirements and operating procedures, as required by funding entities. Path, HOPWA, and VA providers have operating rules specific to HHS and VA and should be followed accordingly.

The MSHMIS Operating Policies and Procedures are updated routinely, as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the monthly System Administrator Call-In and included the Meeting Minutes, which are distributed by email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. A current copy of the Procedures may also be found on the MSHMIS WEB Site [www.mihomeless.org](http://www.mihomeless.org).

### Agreements, Certifications, Licenses and Disclaimers:

- 1) All CoCs participating on the MSHMIS must sign a **Joint Governance Charter** that designates the use of the Michigan Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with the Statewide Agency and is responsible for specific tasks. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS information system.
- 2) All Agencies must have all User Agreements and Training Certifications on file as well as agency related Participation Agreements and documentation.
- 3) All Agencies must have fully executed and be in compliance with the following Agreements and Policies:
  - a) Administrative QSOBAA governing administrative access to the system.

- b) Participation Agreement governing the basic operating principals of the system and rules of membership.
  - c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
  - d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the agency.
  - e) User Agreement and Code of Ethics governing the individual's participation on the system.
- 4) Agencies must have an assigned HMIS Agency Administrator. The Agency Administrator maintains files that document:
- a) Workflow and provider page training (and have documentation of training)
  - b) All users have signed User Agreements/Code of Ethics documents on file
  - c) All Users have refreshed Privacy Training since moving to ServicePoint 5.x (June 2011 or later) and Privacy Training is refreshed thereafter annually. Successful completion of the Certification Questionnaire is required for Privacy Training.
  - d) All users have completed workflow training and related updates and have documentation of training. Further, Agencies must have users certified by completing the associated Certification Questionnaire and returning it to MCAH.
  - e) Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcome and other performance issues).

**Privacy and Security Plan:**

**All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.**

**Oversight:**

- 1) All Agency Administrators, with support of agency Leadership must<sup>1</sup>:
  - a) Ensures that all staff using the system complete annual privacy & security training. Training must be provided by MSHMIS Certified Trainers and based on the MSHMIS Privacy/Security training curricula.
  - b) Conduct quarterly review of their Providers Visibility, ensuring that it properly reflects any signed Sharing QSOBAAs, their adapted ROI, and the Script used to explain privacy to all clients.

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<sup>1</sup> In lieu of revised Technical Standards, in 2015 the requirement for a privacy officer was removed. However, the function of data security has been assigned to the assigned Agency Administrator. Reflecting Participation Agreement Language the quarterly review of Provider Visibility has been expressly added to this document.

- c) Ensures the removal licenses to the HMIS when a staff person leaves the organization.
  - d) Reports any security or privacy incidents to the local Lead HMIS System Administrator for the CoC Jurisdiction. The System Administrator investigates the incident including running applicable audit reports. If the System Administrator and Security Officer determine that a breach has occurred and/or the staff involved violated privacy or security guidelines, the System Administrator will report to the chair of the CoC. A Corrective Action Plan will be implemented. Components of the Plan must include at minimum supervision and retraining. It may also include removal of the HMIS license, client notification if a breach has occurred, and any appropriate legal action.
- 2) Criminal background checks must be completed on all Local System Administrators by the Local Lead Agency. All agencies should be aware of the risks associated with any person given access to the system and limit access as necessary. System Access levels should be used to support this activity.
  - 3) The HMIS Lead Agency conducts routine audits of participating agencies to ensure compliance with the Operating Policies and Procedures. The audit should include both HMIS system and on-site reviews. The Lead Agency documents the inspection and recommendations.

**Privacy:**

- 1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where intakes are conducted. See Appendix A for link to the Notice.
- 2) All Agencies must have a **Privacy Notice**. They may adopt the MSHMIS sample notice or integrate MSHMIS into their existing Notice. See Appendix A for a link to the sample Notice with required sections highlighted. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
  - a) The purpose for collection of client information.
  - b) A brief description of policies & procedures governing privacy, including protections for vulnerable populations.
  - c) Data collection, use and purpose limitations. The Uses of Data must include de-identified data.
  - d) The client has the right to copy/inspect/correct their record. Agencies may establish reasonable norms for the time and cost related to producing any copy from the record. The agency may say

“no” to a request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.<sup>2</sup>

- e) The client complaint procedure
  - f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the agency.
- 3) All Notices must be posted on the Agencies WEB Site.
- 4) All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by MSHMIS. See Appendix A for link. All Privacy Policies must include:
- a) Procedures defined in the Agencies Privacy Notice
  - b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:
    - i) Closing of the profile search screen so that only the serving agency may see the record.
    - ii) The right to refuse sharing if the agency has established an external sharing plan.
    - iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the system and the record is located through a randomly generated number (note: this interface does allow for deduplication because the components of the Unique Client Id are generated)
    - iv) The right to have a record marked as inactive.
    - v) The right to remove their record from the system.
  - c) Security of hard copy files: Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).
  - d) Client Information Storage and Disposal: Users may not store information from the system on personal portable storage devises. The agency will retain the client record for a period of **seven** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
  - e) Remote Access and Usage: The agency must establish a policy that governs use of the system when access is approved from remote locations. The policy must address:
    - i) The use of portable storage devises with client identifying information is strictly controlled.

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<sup>2</sup> Language was added to clarify the HIPAA rule.

- ii) The environments where use is approved are not open to public access and all paper and electronic records that include client identified information are secured in locked spaces or are password controlled.
  - iii) All browsers used to connect to the system must be secure. **No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.**
  - iv) All computers accessing the system are owned by the agency.
- 5) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
- a) Client files are locked in a drawer/file cabinet
  - b) Offices that contain files are locked when not occupied.
  - c) Files are not left visible for unauthorized individuals.
- 6) To standardize the messaging around privacy rules, the agency must provide a **Privacy Script** to all staff responsible for explaining privacy. The Script must:
- a) Developed by the agency leadership to reflect the agencies sharing agreements and the level of risk associated with the type of data the agency collects and shares.
  - b) The Script should be appropriate to the general education / literacy level of the Agencies clients.
  - c) A copy of the Script should be available to clients as they complete the intake interview.
- 7) Agencies that plan to share information through the system must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
- a) The Agreement proscribes the re-release of information shared under the terms of the Agreement.
  - b) The Agreement specifies what is shared with whom.
  - c) Agencies may select the data elements to be shared with external agencies and sign multiple sharing QSOBAAs.
  - d) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.
  - e) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.

- f) No agency may be added to the Agreement without the approval of all other participating agencies.
    - i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
  - g) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**
- 8) Agencies must have appropriate **ROI(s)** that are consistent with the type of data the agency plans to share.
- a) The agency has adopted the MSHMIS basic ROI appropriate to their sharing practice to share basic demographic and transaction information.
  - b) If the agency integrates the MSHMIS Release into their existing Releases, the Release must include the following components:
    - i) A brief description of MSHMIS, including a summary of the HUD Public Notice.
    - ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
    - iii) A description of the agency's sharing partners (if any) and a description of what is shared, and must reflect items negotiated in the Agencies Sharing QSOBAA.
    - iv) A defined term of the Agreement<sup>3</sup>.
    - v) Inter-agency sharing must be accompanied by the negotiation of a Sharing QSOBAA.
  - c) A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
    - i) Progress Notes
    - ii) Information or referral for health, mental health, HIV/AIDs, substance abuse, or domestic violence.
    - iii) To streamline paper, the basic HMIS Release may be adapted to include the language necessary for a HIPAA compliant release if sharing practice is likely to include the items above in ii.<sup>4</sup>

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<sup>3</sup> The change reflects changes in the HIPAA rule that allow for Releases to cover a term – rather than a specific date. The date in the electronic ROI will reflect the specific date defined by the term. The term should not be arbitrary, but should reflect the anticipated term of the agency's planned coordinating activities.

<sup>4</sup> Recognizes existing practice by participating CoCs.

- 9) An **automated ROI** is required to enable the sharing of any particular client’s information between any Provider Pages on the system.
- i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all agency provider pages where sharing is planned and allowed by law.
    - (1) **Internal sharing** does not require a Client ROI unless otherwise specified by law.
    - (2) If new provider pages are added to the agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.
  - ii) Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).
    - (1) Signed and dated Client ROI(s) must be stored in the Client Record (paper or scanned onto the system) for all Automated ROI(s) that release data between different agencies – external sharing.
    - (2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.
- 10) The agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
- a) Provisions for braille or audio
  - b) Available in multiple languages
  - c) Available in large print
- 11) **Agencies are required to maintain a culture that supports privacy.**
- a) Staff must not discuss client information in the presence of others without a “need to know.”
  - b) Staff eliminate unique client identifiers before releasing data to the public.
  - c) The agency configures workspaces for intake that supports privacy of client interaction and data entry.
  - d) User accounts and passwords are not shared between users, or visible to others.
  - e) Project staffs are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
  - f) Staff are trained regarding the use of email communication.

- 12) All staff using the system must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.
- 13) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

**Data Security:**

- 1) All licensed users of the system must be assigned **Access Levels** that are consistent with their job responsibilities and their business “need to know.”
- 2) All computers have **virus protection with automatic updates:**
  - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure:
    - i) The Anti-Virus Software is using the up-to-date virus database.
    - ii) That updates are automatic.
    - iii) OS updates are also run regularly.
- 3) All computers are protected by a Firewall:
  - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure:
    - i) For single computers, the software and version is current.
    - ii) For network computers, the firewall model and version is current.
    - iii) That updates are automatic.
- 4) Physical access to computers that connect to the HMIS is controlled:
  - a) All workstations in secured locations (locked offices).
  - b) Workstations are logged off when unmanned.
  - c) All workstations are password protected.
  - d) **All HMIS Users are proscribed from using a computer that is available to the public or from accessing the system from a public location through an internet connection that is not secured.** That is, staff are not allowed to use internet cafes, libraries, airport wifi or other non-secure internet connections.
- 5) A remote access plan in case staff will be using the MSHMIS system outside of the office. Concerns addressed in this plan should include the privacy surrounding the off-site entry.

- a) The computer and environment of entry must meet all the standards defined above.
- b) Downloads from the computer may not include client identifying information.
- c) Staff must use an agency-owned computer.
- d) System access settings should reflect the job responsibilities of the person using the system.

Certain access levels do not allow for downloads.

**Remember that your information security is never better than the trustworthiness of the staff you license to use the system. The data at risk is your own and that of your sharing partners. If an accidental or purposeful breach occurs, you are required to notify MCAH. A full accounting of access to the record can be completed.**

### **Disaster Recovery Plan:**

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately available via Internet connection if the catastrophe is in Michigan and can be restored within 4 hours if the catastrophe is in Louisiana.

- 1) HMIS Data System (see “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan):
  - a) MSHMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
    - i) Application server via a secured Virtual Private Network connection that is off-site, out of state, on a different internet provider, and on a separate electrical grid backup.
    - ii) Near-instantaneous backups of application site (no files older than 5 minutes).
    - iii) Nightly off-site replication of database in case of a primary data center failure.
    - iv) Priority level response (ensures downtime will not exceed 4 hours).
- 2) HMIS Lead Agencies:
  - a) HMIS Lead Agencies are required to back-up internal management data systems nightly.
  - b) Data back-ups will include a solution for off-site storage for internal data systems.
- 3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
  - a) Agency Emergency Protocols must include:

- i) Emergency contact information including the names, organizations, and numbers of local responders, key internal organization staff, designated representative of the CoCs, local HMIS Lead Agency, and the MSHMIS Project Director.
    - ii) Persons responsible for notification and the timeline of notification.
  - b) In the event of system failure:
    - i) The MSHMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman Systems or in the MSHMIS Administrative Offices. Notification will include a description of the recovery plan-related timelines. Local/assigned System Administrators are responsible for notifying Agencies.
    - ii) After business hours, MSHMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
  - c) MSHMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
- 4) In the event of a local disaster:
- a) MSHMIS, in partnership with the local Lead Agency, will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.
  - b) MSHMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
  - c) MSHMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

### **System Administration and Data Quality Plan:**

#### **1) Provider Page Set-Up:**

- a) Provider Page are appropriately named per the MSHMIS naming standards **<agency name>**, **<location>**, **<project>**, **<project/funding>**. Example: “The Salvation Army, Delta, Hotel Voucher Project, ESG, ESP”. Identification of funding stream is critical to completing required reporting to funding organization.

- b) Inactive Provider Pages are properly identified with “XXX Closed”> followed by the year of the last project exit >Provider Page Name.<sup>5</sup>
- c) HUD Data Standards are fully completed on all Provider Pages:
  - i) CoC code is correctly set.
  - ii) Project type codes are correctly set.
  - iii) Geocodes are set correctly.
  - iv) Bed and Unit Inventories are set for applicable residential projects.
- d) All Agency Administrators and System Administrators must complete Provider Page training. Set-up instruction is offered for System 5 by funding stream / project type.

## 2) Data Quality Plan:

**\*NOTE: Data quality becomes relevant for street outreach programs when a client becomes ‘engaged’ in services as reflected by the clients ‘Date of Engagement’ in HMIS.**

- a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local HARAs to establish the homeless designation and maintain related documentation.
- b) 100% of the clients must be entered into the system within 15 days of data collection. If the information is not entered on the same day it is collected, the agency must assure that the date associated with the information is the date on which the data was collected by:
  - (1) Entering the entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
  - (2) Backdating the information into the system<sup>6</sup>
- c) All staff are required to be trained on the definition of Homelessness:<sup>7</sup>
  - i) MSHMIS provides a Homeless Definition Cross-Walk to support agency level training.
  - ii) Documentation of training must be available for audit.

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<sup>5</sup> Original language focused on “entries” and subsequent practice has changes this to “exits”.

<sup>6</sup> Clarification of existing policy.

<sup>7</sup> Specific instruction is available for PATH and HOPWA projects at [www.cihhs.org](http://www.cihhs.org).

- iii) There is congruity between the following MSHMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).
- d) Agency has a process to ensure the first and last names are spelled properly and the DOB is accurate.
  - i) An ID is requested at intake to support proper spelling of the clients name as well as the recording of the DOB.
  - ii) If no ID is available, staff should request the legal spelling of the person's name. **Staff should not assume they know the spelling of the name.**
  - iii) Projects that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
  - iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the system. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint ID Numbers Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.
- e) Income and non-cash benefits are updated at least annually and at exit:
  - i) For PH projects with long stays, incomes over two years old must be updated at the annual review by closing the existing income and entering a new income record (even if the income has not changed). This assures that the income has been reconfirmed.
  - ii) For all other projects, any income no longer available to the client should be closed at intake (shared data from another provider), annual review, and exit. If the income is over two years old, please follow the procedure defined above.<sup>8</sup>
- f) Agencies have an organized exit process that includes:
  - i) Clients and staff education on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
  - ii) Discharge Destinations are properly mapped to the HUD Destination Categories.

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<sup>8</sup> Reflecting the 2015 data quality review of client income, staff are being asked to close any incomes that are more than two years old and to enter a new income with the income review process and to prevent the further accumulation of open old incomes to add reviewing income information to the routine discharge process.

- (1) MSHMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link). All new staff must have training on this document.
  - (2) Projects must have defined processes for collecting this information from as many households as possible.<sup>9</sup>
- iii) There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.
  - g) Agency Administrator/staff regularly run data quality reports.
    - i) Report frequency should reflect the volume of data entered into the system. Frequency for funded projects will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume projects, such as shelters and services only projects, must review and correct data at least monthly. Lower volume projects, such as Transitional and Permanent Housing, must run following all intakes and exits and quarterly to monitor the recording of services and other required data elements including annual updates of income and employment.<sup>10</sup>
    - ii) The project entry and exit dates should be recorded upon project entry or exit of all participants. Entry dates should record the first day of service or project entry with a new project entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing project or the last day a service was provided.
    - iii) Data quality screening and correction activities must include the following:
      - (1) Missing or inaccurate information in (red) UDE fields:
        - (a) The Relationship to Household assessment questions is completed.
        - (b) The Client Location question is completed.
        - (c) Time on Streets in Shelter or Safe Haven is completed, including the proper completion of the revised 2015 Homeless History Chronic question series.
      - (2) All project specific required fields are completed. Of special interest:
        - (a) The status of Domestic Violence flight is completed (new question).
        - (b) HUD Verifications are completed on all Income, Non Cash Benefits, Insurance and Disability sub-assessments are completed.

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<sup>9</sup> Data indicates the some providers have regressed in completing discharge destination in the last year and accurately completing this field is vitally important to succeeding. Beyond data entry issues, projects must define processes that collect this information from as many households as possible.

<sup>10</sup> Additional detail was added for low volume environments that are required to annually update income and employment.

- (c) The Residential move-in-date is completed for all PH – RRH projects.
- (3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
- (4) Provider Page Completion Reports with an Annual update of the HUD DATA Standard Elements.
  - (a) The Federal Partner Funding Source is completed with “NA” if no Federal funding sources exist or the name of the Federal Partner, Grant Number and Grant dates are completed.
  - (b) New CoC sub-assessment is completed and aged-out pages are identified via page naming and CoC code convention.
  - (c) The primary provider contact information reflects where the services are being delivered.
  - (d) Close all inactive provider pages using the naming protocol. Audit of inactive pages includes closing all open services and incomes and exiting all un-exited clients.
- h) CoCs and agencies are required to review Outcome Performance Reports defined by HUD and other funding organizations. Measures are adjusted by Project Type. The CoC Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures. See Appendix A for links and Setting Targets training podcast.<sup>11</sup>
- i) MSHMIS publishes regional benchmarks on all defined measures annually (see Appendix A).
- j) Agencies are expected to participate in the CoCs CQI Plan. See CQI materials designed to support Data Quality through CQI (see Appendix A).

### 3) Workflow Requirements:

- a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.
- b) Users performing data entry have latest copies of the workflow guidance documents.
- c) If using paper, the intake data collection forms correctly align with the workflow.
- d) 100% of clients are entered into the system within 15 days of data collection.
- e) Agencies are actively monitoring project participation and exiting clients. Clients are exited within 30 days of last contact unless project guidelines specify otherwise.

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<sup>11</sup> Updated to reflect the Revised 2014 Data Standards issued in July 2015 and local Data Quality initiatives.

- f) All required project information is being collected.<sup>12</sup>
  - i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entry and exits, the Michigan Basic Entry and Exit Form.
  - ii) Projects that serve over time are required to complete additional project elements as defined by the funding stream. If the agency is not reporting to a funding stream, they are encouraged to use the Michigan Basic Entry and Exit forms.
- g) Data sharing is properly configured for sharing information internally between projects, including use of visibility groups.
- h) External data sharing aligns with any active Sharing QSOBAA's including use of visibility groups.
  - i) Visibility groups are managed appropriately (see Privacy 9).

#### **4) Electronic Data Exchanges:**

- a) Agencies electing to either import or export data from the MSHMIS must assure:
  - i) The quality of data being loaded onto the system meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports, including, but not limited to, the APR and the Michigan Basic Counting Report.
  - ii) Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination system. If the destination system operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.
- b) MSHDA/ MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.
  - i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.
  - ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
  - iii) Projects used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a "trusted party" to allow for updates of an otherwise de-identified data set, the organization/person charged with

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<sup>12</sup> Street Outreach Programs, PATH, HOPWA and VA projects use project entry forms that correspond to the data collection requirements of those projects. For Path and HOPWA, please contact [www.cihhs.org](http://www.cihhs.org)

retaining that data set will certify that they meet medical/behavioral health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.

- iv) CoCs will be provided a description of each study being implemented. Agencies may opt out of the study through a written notice to MCAH or the study owner.
- c) MSHDA/ MCAH or your local CoC may elect to participate in identified research data sets to support research and planning.
  - i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
  - ii) CoCs will be provided a description of each study being implemented. Agencies may opt out of the study through a written notice to MCAH or the study owner.

**5) Staff Training and Required Meetings (see the Michigan Training Certification Site Guide<sup>13</sup> in Links attached):**

- a) All users are recertified in Privacy Training Annually.
- b) All users participate in Workflow Training and Training Updates for their assigned Workflows.
- c) All users are trained in data standard data element definitions.

**d) All Agency Administrators participate in:**

- i) Provider page set-up training
- ii) Workflow training sponsored by the funding agency or MSHMIS
- iii) Reports Training
  - (1) Data Quality
  - (2) Progress Reporting
  - (3) Outcome Reporting
- iv) Other training specified by the CoC
- v) CoC Agency Administrator Meetings and Trainings
- vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.
- vii) A local Reports Committee that governs the publication of information as requested

**e) All System Administrators participate in:**

- i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.

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<sup>13</sup> New Guide available on the MSHMIS Certification Site designed to improve communication of training requirements by System's Role.

- ii) System Administrator orientation
- iii) Provider Page set-up training
- iv) Workflow Training sponsored by the funding agency or MSHMIS
- v) Reports Training
  - (1) Data Quality
  - (2) Progress Reporting
  - (3) Outcome Reporting
- vi) CQI Training
- vii) HUD Initiative Training (AHAR, PIT, APR, etc.)
- viii) On Site and System Audits of Agency compliance of Data Privacy, Security and Oversight standards as well as item 1 through 4 under System Administration and Data Quality.
- ix) The Monthly System Administrator Call-In (3<sup>rd</sup> Wednesday of every month at 1pm).
- x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.
- xi) Michigan's Campaign to End Homelessness Work Groups and Regional Meetings as assigned.

## **Appendix A: Links to Documents referred to in this Policy**

<http://mihomeless.org/index.php/downloads/viewcategory/235-5-hud-definitional-files>

- HUD Data Standards 2014
- HMIS Requirements Proposed Rules Federal Registered (HEARTH)
- MSHMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- Discharge Destination Guidance

<http://mihomeless.org/index.php/downloads/contracts-agreements-policies>

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Joint Governance Charter

<http://mihomeless.org/index.php/downloads/privacy-resources-training>

- Privacy and Security Recorded Training
- Privacy Certification Questionnaire
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Workflow
- Privacy Notice Sample (Grayed Sections Required) Updated
- MSHMIS ROI
- HIPAA compliant Authorization to Release Confidential Information
- Translated Notice for Spanish and Arabic

<http://mihomeless.org/index.php/downloads/continuous-quality-improvement-cqi>

- CQI Curriculum
- Outcomes Matrix (Michigan State)
- Various Outcomes Training Documents and Pod Casts
- CQI Products from Implementations

<http://mihomeless.org/index.php/downloads/self-sufficiency-matrix/viewcategory/144-self-sufficiency-matrix>

- Self Sufficiency Matrix Training Materials

<http://mihomeless.org/index.php/downloads/3-workflows-and-grant-specific-documents>

- All technical workflow and training documents and podcasts

<http://mihomeless.org/index.php/downloads/system-admin-meetings>

- Minutes from Required System Administrator Meetings (current year/recent)