

2022 MSHMIS Operating Policies and Procedures

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TABLE OF CONTENTS

Key Terms and Acronyms:.....	3
I. POLICIES AND PROCEDURES SUMMARY:.....	9
A. Policy Disclaimers and Updates	9
II. AGREEMENTS, CERTIFICATIONS, LICENSES AND DISCLAIMERS:.....	9
A. Required Agency Agreements, Certifications and Policies.....	9
B. HMIS User Requirements:	10
III. PRIVACY:.....	10
A. Privacy Statement	10
B. Privacy and Security Plan:	11
IV. DATA BACKUP AND DISASTER RECOVERY PLAN:.....	17
A. Backup Details for MSHMIS.....	17
B. MSHMIS Project Disaster Recovery Plan:.....	18
C. Local HMIS Lead Agencies:	18
V. LOCAL SYSTEM ADMINISTRATOR:	19
A. Training Requirements for a Local System Administrator:	19
B. Meetings Local System Administrators Are Required to Participate In:.....	19
C. Local System Administrator Responsibilities:.....	19
VI. AGENCY ADMINISTRATOR:	21
A. The Agency Administrator Role/Requirements:	22
VII. DATA QUALITY PLAN AND WORKFLOWS:.....	23
A. Provider Page Set-Up:.....	23
B. Data Quality Plan:.....	24
D. Coordinated Entry Requirements:.....	27
VIII. RESEARCH AND ELECTRONIC DATA EXCHANGES	27
A. Electronic Data Exchanges:.....	27
APPENDIX A: DOCUMENT CHECKLIST FOR MSHMIS AGENCIES	30
Contracts, Agreements, Policies and Procedures	30
MSHMIS User Documentation	30
Agency Privacy Documents	30

Revision History:

Revision Date	
November, 2016	First Release of Policy Rewrite
February, 2018	Second Release, Edits for Compliance with the 2017 HUD Data Standards Revisions and Coordinated Assessment Requirements. Replaced all references to Bowman Systems with Mediware Information Systems. Incorporated recommendations based on comments delivered from end users and administrators within the implementation. Approved 2/8/2018 by the MI BOSCO
June, 2022	Revisions to comply with the 2022 HUD Data Standards. Replaced Mediware references with WellSky. Updated HUD annual activities to reflect changes that took place over the COVID-19 Pandemic. Updates to policy on name protocol. Updates to research and data exchanges policies.

2022 Michigan Statewide Homeless Management Information System (MSHMIS) Operating Policies and Procedures

The purpose of an HMIS project is to:

- Record and store client-level information about the numbers, characteristics and needs of persons who use prevention, coordinated entry, housing for persons experiencing homelessness and supportive services.
- Produce an unduplicated count of persons experiencing homelessness for each Continuum of Care.
- Understand the extent and nature of homelessness locally, regionally and nationally.
- Understand patterns of service usage and measure the effectiveness of projects and systems of care.

These are the minimum standards of operation for the MSHMIS Project. CoCs may elect to implement more rigorous standards as agreed upon by their local CoC. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating agencies in Michigan. (Contributing HMIS Organizations – CHOs).**

KEY TERMS AND ACRONYMS:

Term	Acronym (if used)	Brief Definition
42 CFR Part 2	Part 2	42 CFR Part 2 is the federal regulation governing the confidentiality of drug and alcohol use treatment and prevention records. The regulations are applicable to certain federally assisted substance use treatment programs limiting the use and disclosure of substance use patient records and identifying information.
Administrative Qualified Services Organization Business Associates Agreement	Admin QSOBAA	The agreement signed by each CHO, the Local HMIS Lead Agency, MCAH and MSHDA that defines core privacy practices between participants on the MSHMIS.
Michigan Balance of State CoC	MIBOSCO	The Michigan Balance of State CoC is a HUD recognized Continuum of Care composed largely of rural communities throughout the State of Michigan. The Michigan Balance of State CoC is divided up into Local Planning Bodies for funding and evaluation purposes. These groups were historically called Balance of State CoCs as they were organized to oversee homeless activities within their communities, however they have no legal status with HUD.
By-Name List	BNL	A By-Name List is a list of persons experiencing homelessness within a specific jurisdiction. By-Name Lists can be comprehensive, meaning they include all homeless persons, or focused, meaning they contain persons with certain subpopulation, (ex. chronic or veteran), or prioritization characteristics. By-Name Lists are frequently used within collaborative multi-partner meetings known as case conferencing sessions to link appropriate homeless persons with housing opportunities that best meet their needs

Continuum of Care	CoC	A federally recognized planning body charged with guiding the local response to homelessness.
Contributing HMIS Organizations	CHO	An organization that participates on the HMIS.
Coordinated Entry System	CE	A functioning coordinated entry system is now required for all CoCs receiving HUD funding, per the HUD CoC Program Interim Rule. Each CoC must develop a plan/system based on their local providers and available resources. The objective of Coordinated Entry is to ensure that access to homeless resources is optimized and based on a standardized assessment of need.
Michigan Department of Health and Human Services Emergency Services Project	MDHHS ESP	The ESP project combines MDHHS general fund funds and TANF dollars designated for homeless services, primarily sheltering. The dollars are managed through the Salvation Army and require MSHMIS participation.
The Emergency Solutions Grant Program	ESG	<p>The Emergency Solutions Grant Program funds homeless services in five program areas:</p> <ul style="list-style-type: none"> • street outreach • emergency shelter • homelessness prevention • rapid re-housing assistance • HMIS <p>ESG Funds are typically allocated to a state agency from HUD or to local government for use within their jurisdictions.</p>
Family and Youth Services Bureau	FYSB	A division of the US Department of Health and Human Services, the Family and Youth Services Bureau provides federal resources to address homelessness among youth.
The Health Insurance Portability and Accountability Act of 1996	HIPAA	The Health Insurance Portability and Accountability Act of 1996, particularly the Privacy Rule under Title II, regulates the use and disclosure of Protected Health Information (PHI) held by covered entities and business associates. HIPAA is the base operational privacy rule on which the MSHMIS privacy rule is structured. HIPAA was amended by the HITECH Act – or Health Information Technology for Economic and Clinical Health Act in 2008.
Housing Assessment and Resource Agencies	HARAs	A HARA is an agency that receives Emergency Solutions Grant funding from the Michigan State Housing Development Authority (MSHDA) and coordinates services within the community’s Coordinated Entry System such as prevention, rapid rehousing and coordinated entry. HARAs work with other service providers to ensure that access to homeless resources is optimized and based on assessment of need.
Homeless Definition		<p>See Homeless Definition Crosswalk.</p> <p>The HEARTH Act defines 4 categories of homelessness. 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 persons experiencing homelessness.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statutes • Category 4: Fleeing/Attempting to Flee DV
Homeless Management Information System	HMIS	A data system that meets HUD’s HMIS requirements and is used 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 for other public streams of funding related to homelessness.
Housing Inventory Count	HIC	The HIC is where all residential projects (both HMIS participating and non-participating) specify the number of beds and units available to homeless persons within a jurisdiction. The numbers are recorded in the agency’s HMIS provider pages, (for MSHMIS participating projects), or in “shell” provider pages for non-HMIS participating agencies.
Housing Opportunities for Persons with AIDS	HOPWA	Lead by the Michigan Department of Health and Human Services, HOPWA 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.
Independent Jurisdiction CoCs	IJs	CoCs that are recognized by HUD and are usually organized around higher population counties. In Michigan, this term commonly refers to CoCs other than the Michigan Balance of State
Joint Governance Charter		The Agreement between Michigan’s CoCs and MSHMIS that supports a statewide HMIS operating in a single system environment.
Length of Stay	LOS	The number of days between the beginning of services and the end of services, or in the case of permanent housing, the number of days between the housing move in date and the exit from housing. Length of stay is calculated using project start and exit dates, shelter stay dates, or for permanent housing, the housing move-in date and project exit. MSHMIS offers calculations for discrete stays as well as the total stays across multiple sheltering events.
Local Planning Body	LPB	Within the Balance of State CoC (MI-500), there are further subdivisions of leadership responsibility at local levels. While these groups were traditionally called “CoCs” within the Michigan Campaign to End Homelessness, they are not “true” CoCs from a HUD perspective. Therefore, these local partnerships that are responsible for overseeing local work and are called Local Planning Bodies.
Local HMIS Lead Agency		The Local HMIS Lead Agency is the agency that fills the following roles for a CoC, (if applicable) <ul style="list-style-type: none"> • Holds the CoC’s HMIS Grant or is funded by other dollars (such as ESG) to support CoC wide HMIS activities. • Employs the Local System Administrator for the CoC. • Is responsible for overseeing the completion of all required federal and state reporting tasks within the CoC, which involve data from the HMIS.
Local System Administrator/System Administrator I	LSA/SAI	The Local System Administrator is responsible for overseeing the operation of the MSHMIS project in either a local CoC or a Local Planning Body/Jurisdiction. The Local System Administrator/System Administrator I maintains relationships with the agencies in the local community and supports the specific HMIS needs of the agencies and leadership teams they are responsible for.
Longitudinal System Analysis	LSA	The Longitudinal Systems Analysis (LSA) report is produced from a CoC’s Homelessness Management Information System (HMIS) and submitted annually to HUD via the HUD HDX 2.0 . It provides HUD and Continuums of Care (CoCs) with critical information about how people experiencing homelessness use their system of care.
Michigan Coalition Against Homelessness	MCAH	The Michigan Coalition Against Homelessness is a nonprofit membership organization that is an advocate for individuals and families who are

		homeless or at-risk of becoming homeless and the agencies that serve them. MCAH serves as the HMIS statewide administrative agency for the MSHMIS project.
The Michigan Campaign to End Homelessness	MCTEH	The Michigan Campaign to End Homelessness is a statewide partnership between MSHDA, MDHHS, MCAH, MDVA, the Salvation Army, and a broad coalition of regional and local partners. The CTEH exists to provide coordinated leadership for initiatives to prevent and end homelessness within the State of Michigan.
Michigan Department of Health and Human Services	MDHHS	The Michigan Department of Health and Human Services oversees a wide range of health, public welfare and resource initiatives throughout the State of Michigan. It was formed in 2015 from the merger of the Department of Community Health (DCH) and the Department of Human Services (DHS).
Department of Military and Veterans Affairs	DMVA	The Department of Military and Veterans Affairs of the State of Michigan is responsible for overseeing the Michigan National Guard, as well as providing support to military personnel, civilian employees, families, retirees, and veterans.
Michigan Balance of State Continuum of Care Governance Council		The MI BOS CoC Governance Council oversees the Michigan Balance of State CoC. The Statewide HMIS project reports to MIBOSCO.
Michigan State Housing Development Authority	MSHDA	MSHDA is the grantee for the Statewide HMIS and subcontracts with MCAH for administration of the system.
Participation Agreement		The agreement between MSHMIS participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Point in Time Count	PIT	An annual count, usually in the last week of January, that is required for all CoCs. Every two years, the PIT Count must include an “unsheltered” or street count.
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Michigan Department of Health and Human Services. It provides services to persons experiencing homelessness with mental health conditions, primarily through street outreach, to link them to permanent supportive housing. This project has different reporting requirements than HUD funded projects and uses HMIS to collect this information.
Project Types		<p>HUD defines 13 Project Types in HMIS:</p> <ul style="list-style-type: none"> • CE: Coordinated Entry - A project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool. • Day Shelter – A Day Shelter is a facility/center for persons experiencing homelessness that does not provide overnight accommodations. • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than three months. • HP: Homeless Prevention- A project that helps those who are at imminent risk of losing housing, to retain their housing. • Other: A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type. • PH: PSH Permanent Supportive Housing – Includes both services and housing. Permanent Supportive Housing requires a disability for entry and often serves persons who are chronically homeless.

		<ul style="list-style-type: none"> • PH: Housing Only - Permanent Housing Only projects may be supported by a voucher but does not have supportive services attached to the housing. • PH: Housing with Services (no disability required) – Provides both housing and supportive services but does not require a disability for entry into the project. • PH: RRH Rapid Rehousing- A project type that rapidly rehuses those who identify as literally homeless. Rapid Rehousing often involve temporary housing subsidies which are discontinued as a household stabilizes. • SH: Safe Haven – A project that offers supportive housing that serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services. It also provides 24-hour residence for eligible persons for an unspecified period, has an overnight capacity of 25 or fewer people and provides low demand services and referrals for residents. • SO: Street Outreach Project- A project serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Project- A project that serves persons 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 client’s home, or in a shelter. • TH: Transitional Housing- A project with a planned length of stay of not more than two years and provides supportive services.
Protected Health Information	PHI	Protected Health Information is demographic information, diagnosis information, medical histories, disability information or mental health condition information that health care professionals collect to identify individuals and provide appropriate care. In housing services, PHI may be used to determine eligibility for certain housing programs and resources.
Protected Personal Information	PPI	Protected Personal Information is a category of sensitive information that is associated with an individual person and should be accessed only on a strict need-to-know basis. In HMIS, all portions of a client record outside of the Client Profile require a Sharing QSOBAA be in place and a client signed release of information before information can be shared.
Provider Page		A Provider Page or Provider is a defined location in the database where information is stored and organized. Provider Pages are structured in levels and can represent the whole implementation, CoCs, agencies, projects, or subprojects.
Release of Information	ROI	A Release of Information comes in two forms, a paper ROI and an electronic ROI. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies. An electronic ROI must be completed to share a client’s data on the HMIS.
Runaway and Homeless Youth	RHY	Overseen by FYSB, the Runaway and Homeless Youth programs support street outreach, emergency shelter, transitional living and maternity group homes for youth experiencing homelessness
Sharing		In an HMIS context, sharing refers to the exchange of client data between agencies. External data sharing requires a Sharing QSOBAA be established between two or more agencies, and a client signed Release of Information authorizing the sharing of that client’s information. Basic data entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.

Sharing Qualified Services Organization Business Associates Agreement	Sharing QSOBAA	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.
SSI/SSDI Outreach, Access and Recovery	SOAR	Using the national “best practice” curriculum, the SOAR project, led by the Department of Health and Human Services, reduces barriers and supports the application for Social Security Benefits for Michigan’s disabled homeless population.
System Performance Measures	SPMs	The System Performance Measures are a series of seven standardized measures which help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. SPMs look at items such as length of time spent homeless, exits to permanent housing destinations and returns to homelessness.
User Agreement & Code of Ethics		The document each HMIS user signs that defines the HMIS standards of conduct.
Visibility		Refers to whether a provider page can see client data if it has been entered into another provider page. HMIS visibility is configured separately in each provider page. Visibility can be configured by individual provider pages or by Visibility Groups.
Visibility Group		A Visibility Group is a defined group of Provider Pages where data is shared to. Internal Visibility Groups control internal sharing within an organization. Internal Visibility is governed by an agency’s internal privacy rule. External Visibility Groups control sharing with other agencies and are defined by a Sharing QSOBAA.
WellSky		WellSky is a Healthcare Software as a Service (SaaS) company that owns the Community Services/ServicePoint platform, the software solution used for MSHMIS.
Youth (Homeless Youth)		Homeless Youth are youth who lack a fixed, regular or adequate nighttime residence. Depending on the program and funding source, the age and definition of youth homelessness varies. Some youth programs serve persons up to 18 years of age, while other definitions consider youth up to the age of 21 or 24. Additionally, the US Department of Education considers youth that are sharing housing due to loss of housing or economic hardship to be homeless for purposes of their programs.

I. POLICIES AND PROCEDURES SUMMARY:

A. Policy Disclaimers and Updates

Operating policies and procedures defined in this document represent the minimum standards of participation on the MSHMIS project and represent general “best practice” operational procedures. Local HMIS Lead Agencies in coordination with their CoCs are expected to add additional standards to this base document, which govern MSHMIS participation for their local CoC and adherence to the HUD HMIS Lead Standards.

Operational 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.

The MSHMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of an annual review. Updates will be reviewed at the MSHMIS monthly System Administrator Call-In and included in the meeting minutes’ distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in any previously published Policies and Procedures document or agreements. Any changes from the previous year will be highlighted. A current copy of the MSHMIS Operating Policies and Procedures may also be found on the MSHMIS website www.hmislarningcenter.org

II. AGREEMENTS, CERTIFICATIONS, LICENSES AND DISCLAIMERS:

CoCs, agencies and users are required to uphold specific rules and responsibilities as participants in the MSHMIS project.

A. Required Agency Agreements, Certifications and Policies¹

Participating CHOs or other partners on the MSHMIS project must have the following contracts, agreements, policies and procedures available for review:

1. All CoCs participating on the MSHMIS must sign a **Joint Governance Charter** that designates the Michigan Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Administrative Agency of MSHMIS. Each CoC will identify a local HMIS Lead Agency that coordinates with the Statewide Administrative Agency and is responsible for specific tasks. The Charter outlines the frame for multiple CoCs to participate on a single HMIS.
2. All CHOs must have the following fully executed documents on file and be in compliance with the policies and directives contained therein:
 - a. An **Administrative QSOBAA** governing administrative access to the system.

¹ Templates and examples of all documents listed in section A are available for download at www.hmislarningcenter.org

- b. A **Participation Agreement** governing the basic operating principles of the system and rules of membership.
- c. **Sharing QSOBAAs** (if applicable) governing the nature of the sharing and the re-release of data.
- d. A board-certified **Confidentiality Policy** governing the privacy and security standards for the Agency.
- e. A board-certified **Grievance Policy** outlining a structured process for resolving complaints or grievances within or filed against the organization

B. HMIS User Requirements:

All CHOs must have the following documents on file for all active licensed users participating in the MSHMIS project.

1. A fully executed User Agreement and Code of Ethics document governing the individual's participation in the system.
2. All agencies must keep training certificates for active users on file.
 - a. All users must take full privacy training when they are first licensed and take the privacy update training at least annually. Successful completion of the certification questionnaire is required for both the full privacy training and the privacy update. Documentation of completion of these trainings are to be available for review.
 - b. All users must complete workflow training, related workflow updates and have documentation of the training completion for all workflows they work with. If local CoCs or Agency Administrators have additional training requirements or offerings, they should have a method for documenting successful completion and have that documentation available at their local agencies for review as needed.
 - c. All users must be trained in the HUD Data Standards Universal Data Elements and any Program Specific Elements that apply to the programs they work with. This includes training on the processes for collecting client identifying information, the Homeless Definition and the Chronic Homeless Definition.
3. A CHO must designate one staff member to serve as the Agency Administrator.

III. PRIVACY:

A. Privacy Statement

MSHMIS is committed to making the project safe for participating agencies and the clients whose information is recorded on the system.

Toward that end:

- Sharing is a planned activity guided by sharing agreements between agencies (Sharing QSOBAAs). Agencies 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 automation.

- The MSHMIS is compliant with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of organizations may participate in the project. Access to Personal Protected Information will be restricted to persons with a business need to know, as defined by the laws governing the implementation, (ex. HIPAA, 42 CFR Part 2), these Policies and Procedures and the privacy policies implemented by the CoC and local agencies.
- MSHMIS has systematized the risk assessment related to clients through the standard MSHMIS release. The standardized release offers options for the use of a client’s Social Security number. It also provides guidance on using unnamed records and how the Privacy Notice is explained to clients.
- MSHMIS has adopted a Privacy Notice that was developed in close collaboration with organizations that manage information that may put a client at risk.
- Privacy Training is a requirement for all agencies and users on the MSHMIS.
- We view our privacy training as an opportunity for all participating organizations to revisit and improve their overall privacy practices. Many agencies choose to have all their staff complete the MSHMIS training curricula – not just those with user access to the system.
- All users issued access to the system must sign a User Agreement & Code of Ethics form, and agencies must sign a MSHMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines their sharing and prevents release of information to unauthorized third parties (the Sharing QSOBAA).
- Policies have been developed that protect not only a client’s privacy, but also an agency’s privacy. Privacy practice principles around the use and publication of agency or CoC specific data have been developed are included in both the Participation Agreement and this MSHMIS Policies and Procedures document.
- The MSHMIS allows projects with multiple components/locations that serve the same client to operate on a single case plan. This reduces the amount of staff and client time spent in documentation of activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.
- MSHMIS has incorporated continuous quality improvement training designed to help agency administrators use the information collected in the HMIS to stabilize and improve project processes, measure outcomes, report to funders, and be more competitive in funding requests.

B. Privacy and Security Plan:

All records entered into 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 must²:

² 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 Agency Administrator. Reflecting Participation Agreement language, the quarterly review of Provider Visibility has been expressly added to this document.

- a. Ensure that all staff using the system complete annual privacy and security training. Training must be provided by MSHMIS Certified Trainers and based on the MSHMIS Privacy/Security Training curricula.
 - b. Conduct a quarterly review of their provider page visibility, ensuring that it properly reflects any signed Sharing QSOBAAs.
 - c. Modify their adapted Release of Information, and script used to explain privacy to all clients, for any privacy changes made. These documents should also be audited quarterly to ensure they are compliant with current sharing agreements.
 - d. Ensure user accounts are removed from the HMIS when a staff member leaves the organization, or when changes to a staff member's job responsibilities eliminate their need to access the system.
 - e. Report any security or privacy incidents immediately to the CoC's HMIS Local System Administrator. The Local System Administrator must investigate the incident within one business day, by running applicable audit reports, and by contacting MCAH staff for assistance with the investigation. If the System Administrator determines that a breach has occurred, and/or the staff involved violated privacy or security guidelines, the client record(s) in question must be immediately locked down and the Local System Administrator will submit a written report to the MSHMIS Project Director and CoC Chair within two business days. A preliminary Corrective Action Plan will be developed and implemented within five business days. Components of the plan must include at minimum supervision and retraining. It may also include removal of 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 HMIS 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 will be used to support this activity.
 3. The Local HMIS Lead Agency will conduct routine audits of participating agencies to ensure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Local HMIS Lead Agency will document the inspection and any recommendations made, as well as schedule follow-up activities to identify any changes made to document compliance with the Operating Policies and Procedures.

Privacy:

4. Any agency that is subject to the Violence Against Women Act restrictions on entering data into an HMIS are not permitted to participate in the MSHMIS project. These providers will maintain a comparable database to respond to grant contracts and reporting requirements.
5. All agencies must have the **HUD Public Notice** posted and visible to clients in locations where information is collected.
6. All Agencies must have a **Privacy Notice**. They may adopt the MSHMIS sample notice or integrate MSHMIS language into their existing notice. 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 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.³
 - e. The client complaint procedure
 - f. Notice to the consumer that the Privacy Notice may be updated over time and applies to all client information held by the Agency.
7. All Notices must be posted on the Agency’s website.
8. All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by the MSHMIS project. 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. Protections 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 as an unnamed record, 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 unduplication 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 devices. 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 devices with client identifying information is strictly controlled.
 - ii. The environments where use is approved. These environments are not open to public access and all paper and/or electronic records that include client identified information are secured in locked spaces or are password controlled.

³ Language was added to clarify the HIPAA rule.

- iii. All browsers used to connect to the system must be secure. If accessing through a wireless network, that network must be encrypted and secured. **No user is allowed to access the database from a public or non-secured private network such as an airport, hotel, library, or internet café.**
 - iv. Access via a cellular network using 5G LTE or similar access is permitted if the connection is protected and encrypted. This permits users to access MSHMIS from cell phones, tablet devices or personal hotspots. If broadcasting a hotspot signal, the device must have a passcode or other security measures to restrict general access.
 - v. All computers accessing the system are owned by the agency.
9. Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
- a. Client files must be locked in a drawer/file cabinet.
 - b. Offices that contain client files must be locked when not occupied.
 - c. Client files must not be left visible to unauthorized individuals.
10. The agency provides a **Privacy Script** to all staff charged with explaining privacy rights to clients which standardize the privacy presentation. The script must:
- a. Be developed with agency leadership to reflect the agency's 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 agency's clients.
 - c. A copy of the script should be available to clients as they complete the intake interview.
 - d. All agency staff responsible for client interaction will be trained in use of the Privacy Script.
11. Agencies that plan to share information through the system must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
- a. The Sharing QSOBAA prescribes the release of information shared under the terms of the agreement.
 - b. The Sharing QSOBAA specifies what is shared with whom.
 - c. Agencies may share different portions of a client record with different partners, and may sign multiple Sharing QSOBAAs to define a layered sharing practice.
 - d. The signatories on the Sharing QSOBAA must be representatives who are authorized to sign such an agreement by senior agency leadership and/or the Agency Board of Directors.
 - e. All members of a Sharing QSOBAA are informed that by sharing, they are creating a common electronic record that can impact data reflected in reports. Members of the sharing group agree to communicate and 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.
 - ii. Agency approval of additions or changes to a Sharing QSOBAA must be approved by a staff member with authorization to make such decisions on behalf of the agency.
 - g. When a new member is added to the Sharing QSOBAA, the related Visibility Group in the system is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**

12. Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.
 - a. The agency has adopted the appropriate MSHMIS Basic Release of Information that is applicable to their sharing practice to share basic demographic and transactional 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 listing of the Agencies sharing partners (if any) and a description of what is shared. These sections must reflect items negotiated in the agency's Sharing QSOBAA.
 - iv. A defined term of the Agreement⁴.
 - v. Interagency sharing must be accompanied by a negotiated and executed Sharing QSOBAA.
 - vi. For agencies subject to 42 CFR Part 2, both internal and external sharing will be done in accordance with the law.
 - c. A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
 - i. Case notes/progress notes
 - ii. Information or referral for health, mental health, HIV/AIDS, substance use disorders, or domestic violence.
 - iii. To reduce paper usage, 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 listed above in ii.⁵
13. An **automated ROI** is required to enable sharing of any client's information between any provider pages on the system.
 - a. Agencies should establish **Internal Visibility** or sharing between only their agency's provider pages, by creating visibility group(s) that include all the agency's provider pages where sharing is planned and allowed by law.
 - i. Internal Visibility does not require a signed Client ROI unless otherwise specified by law. (However, an electronic release must still be entered in the system to permit Internal Visibility.)
 - ii. Unless otherwise specified by law, when new provider pages are added to the Agency tree, they may be included in the existing internal 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 retroactive.
 - b. Agencies may elect to share information with other agencies, a practice known as **External Sharing**, by negotiating a Sharing QSOBAA (see 8 above).

⁴ The change reflects changes in the HIPAA rule that allow for Releases that 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 reflect the anticipated term of the agencies' planned coordinating activities.

⁵ Recognizes existing practice by participating CoCs.

- i. A signed and dated Client ROI must be stored in the Client Record (paper or scanned onto the system) for all Automated ROIs that release data between different agencies.
 - ii. Retroactive Sharing, or sharing historic information between two or more agencies without client consent is not permitted in HMIS. To prevent retroactive sharing, a new visibility group is constructed whenever a new sharing partner is added to the agency's existing sharing plan/Sharing QSOBAA.
 - c. MCAH's procedure for pulling a client's housing history across the entire database to verify a client's eligibility for specific housing options requires that:
 - i. Consent for obtaining the client's housing history is written into the agency's Outreach Sharing Plan of their ROI, and the client has agreed to permit this activity by initialing this section.
 - ii. An electronic copy of the signed ROI including the client authorization to release the housing history has been attached to the client record in HMIS.
 - d. Client information entered in HMIS may be used to create **By-Name Lists** and in **Prioritization Meetings** provided that:
 - i. The client provides written consent to participate in a By-Name List and/or Prioritization process. Consent for participating in this process is built into the current version of MCAH's ROI, under the Outreach Sharing Plan.
 - ii. Information that a client authorizes to be discussed within the Prioritization/By-Name List process may only be discussed directly at those meetings, and not re-released back to agencies, unless a separate release/Sharing QSOBAA exists releasing that information.
14. 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
15. **Agencies are required to maintain a culture that supports privacy.**
- a. Staff do 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 the privacy of client interaction and data entry.
 - d. User accounts and passwords must not be shared between users, or visible for others to see.
 - e. Project staff must be educated to not save reports with client identifying data on portable media. Agencies must be able to provide evidence of users receiving training on this procedure through written training procedures or meeting minutes.
 - f. Staff must be trained regarding use of email communication, texting, file sharing and other electronic means of transferring data related to client services.
 - i. By-name housing prioritization lists may not be printed with client identifying information without written client consent.

Data Security:

1. All licensed HMIS Users must be assigned **Access Levels** that are consistent with their job responsibilities and their business “need to know”.
2. All computers have **network threat protection software with automatic updates**.
 - a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure:
 - i. The threat protection software is up-to-date.
 - ii. That various system updates are automatic, unless a specific, documented reason exists to maintain an older version of the software.
 - iii. Operating System updates are 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 versions are current.
 - ii. For networked computers, the firewall firmware is current.
4. Physical access to computers that connect to the HMIS is controlled.
 - a. All workstations are in secured locations (locked offices).
 - b. Workstations are logged off when not manned.
 - c. All workstations are password protected.
 - d. **All HMIS Users are prohibited from using a computer that is available to the public.**
5. A **Plan for Remote Access** must exist if staff will be using the MSHMIS outside of the office such as working from home. Concerns addressed in this plan should include the privacy surrounding off-site access.
 - a. The computer and environment of entry must meet all the standards defined above.
 - b. Downloads to the computer may not include client identifying information.
 - c. Staff must use an agency-owned computer.

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, that of your sharing partners and clients. If an accidental or purposeful breach occurs, you are required to notify MCAH. A full accounting of access to the record can be completed.

IV. DATA BACKUP AND DISASTER RECOVERY PLAN:

The HMIS is a critically important tool in responding to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, Louisiana with nightly off-site backup. In case of a significant system failure at the main data center, MSHMIS can be brought back online within approximately four hours.

A. Backup Details for MSHMIS

WellSky has a detailed description of data security and WellSky’s Disaster Response Plan available via their customer support portal.

1. The MSHMIS Project is required to maintain the highest-level disaster recovery service by contracting with WellSky for Premium Disaster Recovery that includes:

- a. Off site, out-of-state backup on a different Internet provider, and a separate electrical grid.
- b. Backups of the application server occur on a regular basis and align with the current version of the live MSHMIS site.
- c. Near-instantaneous backups of the MSHMIS database (information is backed up within 5 minutes of entry.)
- d. Additional nightly off-site replication to protect in case of a primary data center failure.
- e. Priority level response (ensures downtime will not exceed 4 hours).

B. MSHMIS Project Disaster Recovery Plan:

In the event of a major system failure:

- 1. The MSHMIS Project Director or designee will notify all participating CoCs and Local System Administrators should a disaster occur at WellSky which affects the functionality and availability of MSHMIS. When appropriate, MCAH will notify Local System Administrators/CoC Leadership of the planned recovery activities and related timelines.
- 2. Local/assigned System Administrators are responsible for notifying their local agencies and users.
 - a. If a failure occurs after normal business hours, MSHMIS staff will report the system failure to WellSky using their emergency contact line. An email will also be sent to Local System Administrators no later than one hour following identification of the failure.
- 3. The MSHMIS Project Director or designated staff will notify WellSky if additional database services are required.
- 4. The MSHMIS Project will always have one staff member on-call 24/7/365 so agencies and users can report system outages. Contact information for this person is supplied by MCAH.

C. Local HMIS Lead Agencies:

Local HMIS Lead Agencies within CoCs have an obligation, to secure and backup key information necessary for the administration and functioning of the MSHMIS Project within their own jurisdiction.

- 1. Local HMIS Lead Agencies are required to back-up their internal data system nightly.
- 2. Data back-ups will include a solution for maintaining at least one copy of key internal data off-site for their internal data systems. This location will be secure with controlled access.
- 3. Local HMIS Lead Agencies must have a disaster recovery plan documented which outlines the policies and procedures for the CoC in case of a major system disaster.
 - a. Agency Emergency Protocols must include:**
 - i. Emergency contact information including the names/organizations and numbers of local responders and key internal organization staff, designated representative of the CoCs, Local HMIS Lead Agency, and the MSHMIS Project Director.
 - ii. Delegation of key responsibilities. The plan should outline which persons will be responsible for notification and the timeline of notification.
- 4. In the event of a local disaster:
 - a. MSHMIS in partnership with the Local HMIS Lead Agency will work to fill all reasonable requests to 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 MSHMIS Local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
5. MSHMIS in collaboration with the MSHMIS 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.

V. LOCAL SYSTEM ADMINISTRATOR:

The position of the Local System Administrator/System Administrator I is key to the success of the CoC. This person is responsible for overseeing the operation of the MSHMIS project in either a local CoC or a local Planning Body/Jurisdiction. This position will be referred to in this section as a Local System Administrator. The following describes the typical list of responsibilities for a Local System Administrator within a CoC.

A. Training Requirements for a Local System Administrator:

1. All trainings required for standard users on the system.
2. Provider Page Training and Workflow Training for all workflows used in their CoC.
3. Reports Training (Local System Administrators are tasked with supporting data quality as well as monitoring outcomes and other performance issues).
4. System Administrator Training – This training usually takes place several weeks after a new Local System Administrator has been in their position.
5. Continuous Quality Improvement Training
6. All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS
7. HUD Initiative Training (LSA, PIT, APR, etc.)

B. Meetings Local System Administrators Are Required to Participate In:

1. Regular CoC Meetings and/or workgroups as determined by the CoC.
2. The CoC Reports Committee or meetings where data use and release is discussed.
3. The Monthly System Administrator Call-In (3rd Wednesday of every month at 10 am).
4. Regular Agency Administrator/User Meetings within the CoC.

C. Local System Administrator Responsibilities:

1. Help Desk and Local Technical Support

- a. The Local System Administrator provides front-line technical support/technical assistance for users and agencies within the CoC they support. This support includes resetting passwords and troubleshooting/problem solving for users and agencies within their CoC. Where applicable, the Local System Administrator may train Agency Administrators to do fundamental system support activities, minimizing the burden for support on the Local System Administrator.
- b. The Local System Administrator builds relationships within the agencies they serve, working to understand the business practices of these agencies, and assisting them with mapping these business practices onto the system. The HMIS lead staff will be available,

on request, to provide advanced technical assistance if requested by the Local System Administrator/Local CoC.

2. User and Provider Page Setup

- a. Local System Administrators will setup new users in MSHMIS or delegate the task to their Agency Administrators. If delegating this task, they will train Agency Administrators on proper setup of user accounts.
- a. Local System Administrators will supervise license allocation for users and agencies within the CoC they serve. When necessary or requested, the Local System Administrator will purchase additional licenses directly for the CoC.
- b. The Local System Administrator will work in partnership with agencies and Agency Administrators in the CoC they serve to ensure that agency provider pages are setup correctly per the HUD Data Standards.
- c. The Local System Administrator will work directly with Agency Administrators and agencies, through a collaborative process to ensure proper visibility is established for the provider pages in the CoC they serve. The agency, at all times will be directly involved in the visibility process and will sign off on any visibility changes made.

3. Communication

- a. The Local System Administrator will host regular User/Agency Administrator meetings for system users in the CoC(s) they serve. These meetings will cover important news on system changes, items of local interest within the CoC, and issues identified by the CoC's Local System Administrator.
- b. The Local System Administrator will share any key news items of local impact, interest, or relevance to the users and Agency Administrators in the CoC they serve.

4. Training

- a. The Local System Administrator will inform Agency Administrators and local users of required and recommended system trainings that are available through the HMIS Lead training website
- b. The Local System Administrator will provide localized training to CoC users and agencies for issues or items of importance related to the local community. These may include local PIT/HIC training, guidance on local data cleanup, or specific guidance on proper workflow and system usage that are identified through an audit process
- c. The Local System Administrator will provide training for local users on initiatives identified and agreed upon between the Local System Administrator and the local CoC.

5. HUD Projects and Activities (Including LSA, PIT/HIC, HMIS APR, SPMs, HUD NOFO):

- a. The Local System Administrator will work directly with CoC leadership to complete CoC-wide HUD reporting activities such as the LSA, PIT/HIC, System Performance Measures and the CoC HUD NOFO submission. The Local System Administrator will also assist the CoC with work surrounding state and local funding initiatives which require data from the HMIS.
- b. The Local System Administrator will assist with completing the HMIS Annual Performance Report (APR) for the CoC they serve, if the CoC has a HUD-funded CoC HMIS grant.

- c. The Local System Administrator will provide support/technical assistance for agencies completing the CoC APR within their jurisdiction. This will include providing technical assistance with problem solving data quality issues, reporting issues, etc.

6. Local CoC Reporting

- a. The Local System Administrator is responsible for providing reports to the CoC. These include, but are not limited to:
 - i. CoC wide demographics, performance outcomes, and data quality reports that are used for informational and evaluation purposes.
 - ii. Final reports on submissions made to HUD for various HUD mandated activities such as the LSA, PIT/HIC, SPMs and HMIS APR.
 - iii. General requests for data of interest to the local CoC.
 - iv. Any additional reporting requirements initiated by HUD that are required of the local CoC.
- b. The Local System Administrator will train local Agency Administrators and users on how to run reports at the agency level to monitor data quality and outcomes on a regular basis.
- c. The Local System Administrator will be responsible for generating reports on activities and expenditures to the local CoC which he or she serves, as directed by the CoC

7. CoC/Agency/Project Auditing and Monitoring

- a. The Local System Administrator will work with the local CoC to establish local HMIS policies and procedures using this Policies and Procedures document as a frame. The Local System Administrator will work with local CoC leadership and Agency Leadership/Administrators to update this document as needed.
- b. The Local System Administrator, collaborating with the Agency Administrators in the CoC they serve, will audit agencies and projects to ensure compliance. Audit activities may include, but are not limited to:
 - i. Ensuring the agency has all required contracts, agreements and policies in place for participation on the HMIS
 - ii. Verifying system users have completed all required training for system participation
 - iii. Ensuring provider pages are correctly setup per HUD Standards Guidance
 - iv. Ensuring agencies are following appropriate data entry protocol per the funding sources they receive funding from
 - v. Monitoring implementation of privacy, to ensure client rights are being protected
 - vi. Regularly monitoring data quality, completeness and outcomes to ensure projects are maintaining a high level of compliance with HUD and CoC requirements.

VI. AGENCY ADMINISTRATOR:

All agencies participating on the system must identify a staff member within the organization to serve as an Agency Administrator.

A. The Agency Administrator Role/Requirements:

1. Serves as the lead point of contact in the agency for all HMIS related activities and communication.
2. Is the first point of contact for providing technical assistance for agency users. If the Agency Administrator cannot resolve the issue it will be elevated to the Local System Administrator.
3. Oversees data quality activities for projects within the agency, (this includes running regular data quality reports and working with staff on data corrections.)
 - a. Is responsible for following the data quality plan defined by the local CoC.
4. Monitors agency compliance with HMIS requirements such as:
 - a. Keeps all agency related HMIS agreements and paperwork on file
 - b. Manages agency user licenses and accounts if delegated the task by the CoC's Local System Administrator.
 - c. Ensures privacy practices are properly implemented at the agency and project levels.
 - d. Regularly reviews that agency staff are properly trained in their use of the HMIS.
 - e. Audits agency provider pages regularly, in partnership with the Local System Administrator, to ensure that setup is correct and compliant.
5. Works with agency staff and leadership to complete any funder required reports and/or submissions.
 - a. Works with the Local System Administrator to check agency data for CoC reporting activities. These include but are not limited to the Point in Time Count/Housing Inventory Count, the Longitudinal System Analysis and System Performance Measures.
6. Training Requirements - Agency Administrators must complete and maintain documentation of the following:
 - a. All base trainings required for HMIS users.
 - b. Provider Page training.
 - c. Workflow Training for all workflows used in their agency. This training will be developed by the MSHMIS Lead, the funding agency or an agency authorized to train on behalf of the funding agency or MSHMIS.
 - d. Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcomes and other performance issues).
 - e. Other trainings as specified by the CoC.
7. Agency Administrator Participation Requirements – Agency Administrators should participate in the following CoC or agency meetings:
 - a. CoC HMIS Agency Administrator meetings and trainings
 - b. Agency specific HMIS user meetings or preside over an HMIS specific topic during routine staff meetings.
 - c. A local Reports Committee that reviews and governs the publication of CoC information.
 - d. Local CQI initiatives as established by the CoC.

VII. DATA QUALITY PLAN AND WORKFLOWS:

A. Provider Page Set-Up:

1. Provider Pages are appropriately named per the MSHMIS naming standards **Agency Name – Location (CoC Name) – Project Name – Project Funding Descriptors**.
For example: **The Salvation Army – Eaton CoC – Hotel Voucher Project – ESP**
Identification of funding stream is critical to completing required reporting to funding organization.
2. The primary provider contact information reflects where the services are being delivered.
3. **The HUD Standards Information** section is fully completed on all Provider Pages:
 - a. The Victim Service Provider designation is correctly set.
 - b. The Operating Start Date is correctly set. If the project began operating before October 1, 2012 and the exact start date is not known, the start date may be estimated (set to a date prior to October 1, 2012). The Operating End Date is null if the project is operational.
 - c. The Continuum Project designation is correctly set.
 - i. The Continuum Project should be set to yes if it is a project within the geographic boundaries of the Continuum(s) of Care served by the HMIS whose primary purpose is to meet the specific needs of people who are homeless by providing lodging and/or services. A continuum project is not limited to those projects funded by HUD and should include all of the Federal Partner projects and all other federally or non-federally funded projects functioning within the continuum.
 - d. Project Type is correctly set.
 - e. If a project is an Emergency Shelter, the Emergency Shelter Tracking Method field is correctly set. If a project is not an Emergency Shelter, this field is left null or “-Select-”
 - f. The Housing Type is properly set (if applicable).
 - g. The HOPWA funded Medically Assisted Living facility field is correctly set. (“NA not HOPWA Funded Project” for all non HOPWA projects).
 - h. If a project is HOPWA, RHY, PATH, HUD CoC or SSVF, the Provider Grant Type is correctly filled out.
 - i. The CoC Code is correctly set.
 - i. The project Zip Code, Geocode and Geography Type are set correctly.
 - j. Bed and Unit Inventories are set for applicable residential projects. Bed and Unit Inventories for all projects should be reviewed at least annually and updated as needed.
 - k. Federal Partner Program and Components must be filled out. Federal Partner Program and Components are to be updated at least annually based on the grant fiscal term. If a project is not funded by a Federal Partner Funding Source, the option selected is may be “Local or Other Funding Source” or “N/A”.
 - i. If a project is funded by a HUD or other Federal Partner Funding Source, there must be a current open funding period for the project to pull correctly into certain federal reports.
 - ii. If a value is “Local or Other Funding Source” or “N/A” the grant end date may be left open.

4. Assessments with the appropriate Living Situation question are assigned based on Program Type
 - a. Emergency Shelter, Street Outreach or Safe Haven projects should use the MSHMIS Street and Shelter Intake (or comparable assessment.)
 - b. All other project types should use the MSHMIS CoC Intake assessment or one that is comparable for their specific workflow, project type and funding sources.
 - c. MCAH has guidance at the HMIS Learning Center to assist communities with determining the right assessments for their projects.
5. Inactive Provider Pages are properly identified and closed out with “XXXClosed” followed by the year of the last project exit. For example, **XXXClosed2017**.
 - a. Close all clients in inactive/closed provider pages. Audit of inactive pages includes closing all open services and incomes and exiting all unexited clients.
 - b. The Operating End Date is set on all closed pages.
 - c. Bed and Unit Inventories have end dates for all closed pages.
 - d. The CoC Code has an end date for all closed pages.
 - e. All Federal Partner Program and Components are closed out.

B. Data Quality Plan:

1. Agencies must require documentation at intake of the homeless status of those they serve 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.
2. 100% of the clients must be entered into MSHMIS within seven business 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.
 - a. Data is entered into the system using the Enter Data As function.
 - b. Entering the project start/exit data including the UDEs on the Entry/Exit Tab of MSHMIS or
 - c. Backdating the information into the System⁶
3. All staff are required to be trained on the Definition of Homelessness.⁷
 - a. MSHMIS provides a homeless definition crosswalk and Homeless History Interview flowchart to support agency level training.
 - b. There is congruity between the MSHMIS case record responses, based on the applicable homeless definition. (Elements from the Homeless History Interview are being properly completed).
4. The agency has a process to ensure the First and Last Names are spelled properly and that the DOB and Social Security numbers are accurate.

⁶ Clarification of existing policy.

⁷ Specific instruction is available for PATH, HOPWA, DHHS-ESP and DHHS PSH projects at <https://www.cihhs.org/>

- a. Identification (ID) may be requested at intake to support proper spelling of the client’s name, as well as the recording of the DOB.
 - b. If no ID is available, staff request the legal spelling of the person’s name. **Staff should not assume they know the spelling of the name.**
 - c. If a client identifies with a different name than the one on legal documents (for example, a client is transgender and has not legally changed their name), staff should enter the client’s legal name in the First Name and Last Name fields until a legal name change has taken place. This will assist the client with getting access to resources requiring an ID. The name a client presents with should be entered in the Preferred Name/Alias field of the client profile.
 - d. Projects that serve the chronic and higher risk populations are encouraged to use the scan card process within MSHMIS to improve un-duplication and to improve the efficiency of recording services.
 - e. Data for clients with significant privacy needs may be entered under the “unnamed record” feature of the system. However, while identifiers are not stored using this feature, great care should be taken in creating the unnamed algorithm by carefully entering the first and last name and the DOB. Names and the MSHMIS ID number must be maintained off-line in a secure location. (The MSHMIS ID number is required to find the record again.)
5. Income, non-cash benefits and health insurance information are being updated at least annually and at exit, or at the frequency specified by program requirements.
- a. For Permanent Housing Projects, the Housing Move-In Date is completed on an update when the client moves into housing.
 - b. Annual Reviews will be completed in the 30 days prior to or after the anniversary of the client’s entry into services.
 - c. For PH projects with long stays, at the annual review, incomes over two years old must be updated 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 and will pull properly into reports.
 - d. For all other projects, any income(s) no longer available to the client should be closed for the day before intake (shared data from another provider), update or exit. If the income is over two years old please follow the procedure defined above.⁸
6. Agencies must have an organized exit process that includes:
- a. Educating clients and staff on the importance of planning and communicating regarding discharge destination and outcomes. This must be evidenced through staff meeting minutes or other training logs and records.
 - b. Discharge Destinations must be properly entered using the HUD Discharge Destination categories.
 - i. MSHMIS provides a Destination Definition document to support proper completion of exits. All new staff must have training on this document.

⁸ 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 closing of the income to the routine discharge processes.

- ii. Projects must have defined processes for collecting this information from as many households as possible.⁹
 - c. There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.
- 7. Agency Administrators/staff regularly run data quality reports.
 - a. 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 reports at least quarterly to monitor the recording of services and other required data elements including annual updates of health insurance, income and employment.¹⁰
 - b. The project start and exit dates should be recorded upon project start or exit of all participants. Project start dates should record the first day of service or initial contact with a client. 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.
 - c. Data quality screening and correction activities must include the following:
 - i. Missing or inaccurate information in Universal Data Element Fields.
 - ii. The Relationship to Head of Household question is completed/updated on each entry.
 - iii. The Living Situation and Homeless History series of questions are completed/updated on each entry.
 - iv. The Approximate Date Homelessness Began is completed/updated on each entry. The response must correspond with the start of the client's **current episode of homelessness**.
 - v. The Client Location question is completed/updated on each entry.
 - vi. The Domestic Violence questions are completed/updated on each entry.
 - vii. HUD Verifications are completed on all Income, Non-Cash Benefits, Health Insurance and Disability sub-assessments. These questions should be reviewed and refreshed for each new entry/update/exit.
 - viii. The Housing Move-in Date is completed for all Permanent Housing projects, if a move-in occurs within the current project. The Housing Move-In Date must be after the Project Start Date and reflect the date the client moved into Permanent Housing.
 - ix. All project specific data elements are completed as required by the various funding sources supporting the project.
 - d. Providers must audit unexited clients in the system using the length of stay and unexited client data quality reports.
- 8. CoCs and Agencies are required to review Outcome Performance Reports/System Performance Measures reports defined by HUD and other funding organizations. Measures are based on

⁹ Data indicates that 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.

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

Project Type. The Local HMIS Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures.

9. MSHMIS publishes regional benchmarks on all defined measures annually.
10. Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan. See CQI materials designed to support data quality through continuous quality improvement.

C. Workflow Requirements:

1. Assessments are set in the Provider Page Configuration section to match requirements for the program funder/program type.
2. Users entering data have latest copies of the workflow guidance documents.
3. If using paper, the intake data collection forms correctly align with the workflow.
4. 100% of clients are entered into the system within seven days of intake.
5. Agencies are actively monitoring project participation and exiting clients. Clients are exited within 30 days of last contact unless project guidelines specify otherwise.
6. All required project information is being collected.¹¹
 - a. All HMIS participating agencies are required to enter at minimum the HUD Universal Data Elements.
 - b. Projects that serve clients over time are required to complete additional updates as defined by the funding source. If the Agency is not reporting to a funder, they are encouraged to use the MSHMIS Update forms that are consistent with their workflows.

D. Coordinated Entry Requirements:

1. All Coordinated Entry projects/provider pages must use an Entry/Exit workflow to track activity within Coordinated Entry
 - a. Clients should be exited using a standardized process for Coordinated Entry Exits. This process is defined by the CoC as outlined under the HUD Coordinated Entry requirements.
2. All Coordinated Entry projects/provider pages must collect all Coordinated Entry data elements defined in the HUD HMIS Data Standards.

VIII. RESEARCH AND ELECTRONIC DATA EXCHANGES

A. Electronic Data Exchanges:

1. Agencies electing to either import data to or export data from the MSHMIS must assure:
 - a. **Data Import** - The quality of data being loaded onto the System must meet 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 CoC APR, the ESG CAPER, or other required reports as specified by the funder.

¹¹ PATH, HOPWA and VA projects use project entry forms that correspond to the data collection requirements of those projects. For PATH, HOPWA, DHHS-ESP and DHHS PSH please contact <https://www.cihhs.org/>

- b. **Data Export** - Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants in MSHMIS 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.
 - i. Agencies who request or conduct data exports must have a process to ensure confidential information is secured and protected by encryption throughout the entire transmission process.
 - ii. The number of persons with access to an identified data set should be the minimum necessary depending on the scope of the project.
2. MSHDA/MCAH or your local CoC may elect to participate in de-identified data sets to support research, planning and/or service delivery.
- a. 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.
 - b. 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.
 - i. CoC, local community or agency permission is required for release of aggregate data sets smaller than at a regional level.
 - c. 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 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.
 - d. CoCs will be provided a description of each study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCAH or the study owner.
3. MSHDA/ MCAH or your local CoC may elect to participate in identified data sets to support research, planning and/or service delivery.
- a. All identified research and/or data use cases must be governed through an Institutional Review Board or comparable body that includes requirements for an ethical review of proposed data uses and ensures that client informed consent protections are upheld.
 - i. All identified research and/or data use cases must also comply with all requirements specified in the MSHMIS Administrative QSOBAA and MSHMIS Participation Agreement.
 - b. 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. If Personal Identifying Information is used to match records through a trusted partner to determine eligibility for resources, a client’s name may be released via a By-Name List process to the housing prioritization committee/case manager to notify the client of potential eligibility. A client must sign a separate release of information specifying further release of PHI/PII from the matching process before any personal data release takes place.

- d. A trusted partner must meet the minimum requirements of the MSHMIS Privacy Policy and MSHMIS Privacy Notice.
 - i. A trusted partner must control security and access to identified data sets to the minimum number of persons necessary depending on the scope of the project.
 - ii. A trusted partner must have security and release protocols for deidentified aggregate datasets for research and/or data use cases to protect against possible reidentification of individual records.
 - iii. A trusted partner must have retention and disposal policies for identified data matched sets when the research and/or data use case is completed.

APPENDIX A: DOCUMENT CHECKLIST FOR MSHMIS AGENCIES

All agencies that participate on the MSHMIS project are required to keep either a physical or electronic binder containing each of the following fully executed documents.

Contracts, Agreements, Policies and Procedures

- Fully Executed Joint Governance Charter:** (Only the HMIS and/or the Local HMIS Lead Agency is required to maintain this document.)
- HMIS Policies and Procedures Document for the CoC:** (Only the HMIS and/or the Local HMIS Lead Agency is required to maintain this document. It must have been formally approved by the CoC as evidenced by CoC meeting minutes.)
- Administrative QSOBAA:** Fully signed and executed
- Participation Agreement:** Fully signed and executed
- Sharing QSOBAAs:** (Only necessary if the agency has engaged in external sharing). Document should be fully signed and executed. If any changes have been made to a Sharing QSOBAA written documentation and approval of those changes by all parties must be included also.
- Confidentiality Policy:** (Approved by Agency Board)
- Grievance Policy:** (Approved by Agency Board)

MSHMIS User Documentation

- User Agreement and Code of Ethics Document:** Fully initialed and signed. A User Agreement and Code of Ethics document must be on file for all users currently licensed on MSHMIS. It is recommended that the User Agreement and Code of Ethics documents for employees no longer at the agency be kept with their separated employee file
- User Training Documentation/Certification:** Documentation of all MSHMIS trainings completed by active users are to be kept in the MSHMIS binder. These trainings are to be certified by either MCAH, a certified MCAH trainer, other identified statewide trainers or CoC identified trainers for CoC initiatives. Evidence of training include training completion certificates, successfully passed training quizzes, training logs, etc.

Agency Privacy Documents

- HUD Posted Public Notice:** HUD Public Notices should be posted in locations where clients are seen.
- Agency Privacy Notice:** Agencies can adopt the sample MCAH Notice or customize to address agency needs.
- Agency Privacy Policy:** Agencies can adopt the sample MCAH Policy or customize to address agency needs.
- Current Agency Privacy Script:** That's been developed and approved by agency leadership.
- Current Agency Release of Information:** Including all sharing partners and sharing outreach plan as applicable.