**Michigan Statewide Homeless Management System (MSHMIS)**

**Operating Policy and Procedure**

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 programs 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 programs, 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 has systematized the risk assessment related to clients through the

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 has adopted a Privacy Notice (with minor modifications) that was developed in close collaboration with those providers that manage information that may put a client at risk.

􀂃 The MSHMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.

􀂃 Privacy Training is a requirement for all agencies and users on the MSHMIS system.

We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Many agencies have elected to put all of their staff through the training curricula – not just those with user access to the system.

􀂃 All those issued user access to the system must successfully complete privacy training

and sign a User’s Agreement and Code of Ethics, 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 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 programs 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 in documentation 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 program processes, measure outcomes, report to their many funders, and be more competitive in funding requests.

**Key Terms and Acronyms:**

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| Term | **Acronym (if used)** | **Brief Definition** |
| Homeless Management Information System | **HMIS** | 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 | **CoC** | Planning body charged with guiding the local response to homelessness. |
| Independent Jurisdictions | **IJs** | CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ. |
| Balance of State CoCs | **BOS** | 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 | **MHAAB** | The BOS IJ CoC Governance Board. The Statewide HMIS reports to MHAAB – the BOS IJ CoC Planning Group |
| Michigan State Housing Development Authority | **MSHDA** | 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 | **CHO** | 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 | **Admin.**  **QSOBAA** | 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 | **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. |
| User Agreement & Code of Ethics |  | The document each HMIS User signs agreeing to the HMIS standards of conduct. |
| Release of Information | **ROI** | An electronic ROI must be completed to share any persons 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 **not** 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 Programs. See Coverage Memo for guidance.  HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential programs. |
| Program Types |  | **HUD defines 9 basic Program Types** |
|  |  | * ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. * TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. * PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. * PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. * RR: Rapid Rehousing- A program that rapidly rehouses those that are identified at Literally Homeless. * HP: Homeless Prevention- A program that helps those are at imminent risk of losing housing, to retain their housing. * SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. * SSO: Services Only Program- A program that serves only with no residential component. These programs 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. * Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments. |
| Length of Stay | **LOS** | 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 | **PIT** | An annual count during the last week in January that is required for all CoCs. Every other year, that count also included an “unsheltered”or street count. |
| Housing Inventory Chart | **HIC** | All residential programs (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 programs). |
| SOAR Across Michigan | **SOAR** | Using the nation “best practice” curriculum, the SOAR project, lead 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 Program | **DHS ESP** | 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 |  | **See Homeless Definition Crosswalk.**  **Hearth defines 4 categories of homelessness.** Not all programs can serve all categories and some may utilize a different definition when delivering services. MSHMIS has adopted the HUD definition for counting the homeless.   * Category 1: Literally Homeless * Category 2: Imminent Risk of Homelessness * Category 3: Homeless under other Federal Statute * Category 4: Fleeing/Attempting to Flee DV |
| Projects for Assistance in Transition from Homelessness | **PATH** | 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 program has different reporting requirements than HUD funded programs and uses HMIS to collect this information. |
| Shelter Plus Care | **S+C** | 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 | **HOPWA** | 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 program has different program reporting requirements than the other HUD funded programs in this document. |
| Housing Assessment and Resource Agencies | **HARAs** | 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 represent the minimum standards of participation on MSHMIS and general “best practice” operation procedures. Local 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.

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 distribution 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. Any changes from the previous year will be highlighted. 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 a 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:
   1. Administrative QSOBAA governing administrative access to the System.
   2. Participation Agreement governing the basic operating principals of the System and rules of membership.
   3. Sharing QSOBAA’s (if applicable) governing the nature of the sharing and the re-release of data.
   4. A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
   5. User Agreement and Code of Ethics governing the individual’s participation in the System.
4. Agencies must have an assigned Agency Administrator. The Agency Administrator has completed
   1. Workflow and provider page training (and have documentation of training)
   2. All users have signed User Agreements/Code of Ethics documents on file
   3. 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.
   4. 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.

**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 Agencies (HMIS Lead Agencies and CHOs) must assign a Security Officer. The Security Officer:
   1. Insures 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 Curriculums.
   2. Conducts an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. The Agency must document the findings of the review on the Privacy and Security Checklist (see 2012 Site Assessment Template)..
   3. Insures the removal licenses to the HMIS when a staff person leaves the organization or revision of the user’s access level as job responsibilities change.
   4. 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 HMIS license, client notification if a breach has occurred, and any appropriate legal action.
2. Criminal background checks must be completed on all Security Officers and System Administrators.
3. The HMIS Lead Agency conducts routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Lead Agency Uses the 2012 Site Assessment Template (Checklist) to guide the inspection and make recommendations for correction.

**Privacy:**

1. All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. 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:
   1. The purpose for collection of client information.
   2. A brief description of policies & procedures governing privacy including protections for vulnerable populations.
   3. Data collection, use and purpose limitations. The Uses of Data must include de-identified data.
   4. The client right to copy/inspect/correct their record
   5. The client complaint procedure
   6. 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.

1. 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:
   1. Procedures defined in the Agencies Privacy Notice
   2. 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:
      1. Closing of the profile search screen so that only the serving agency may see the record.
      2. The right to refuse sharing if the agency has established an external sharing plan.
      3. 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 unduplication because the components of the Unique Client Id are generated)
      4. The right to have a record marked as inactive.
      5. The right to remove their record from the System.
   3. Security of hard copy files
   4. Policy covers client data generated from the HMIS
   5. Client Information Storage and Disposal
   6. Remote Access and Usage
   7. Use of Portable Storage (Significant Security Risk)
2. Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access?
   1. Client files are locked in a drawer/file cabinet
   2. Offices that contain files are locked when not occupied.
   3. Files are not left visible for unauthorized individuals.
3. Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:
   1. 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.
   2. The Script should be appropriate to the general education / literacy level of the Agencies clients.
   3. A copy of the Script should be available to clients as they complete the intake interview.
4. Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
   1. The Agreement proscribes the re-release of information shared under the terms of the Agreement.
   2. The Agreement specifies what is shared with whom.
   3. Agencies may share different thing with different partners and may sign multiple Sharing QSOBAAs to define the layered practice.
   4. The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.
   5. 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.
   6. No Agency may be added to the Agreement without the approval of all other participating agencies.
      1. Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
   7. 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.**
5. Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.
   1. The Agency has adopted the MSHMIS basic Release of Information appropriate to their sharing practice to share basic demographic and transaction information.
   2. If the Agency integrates the MSHMIS Release into their existing Releases, the Release must include the following components:
      1. A brief description of MSHMIS including a summary of the HUD Public Notice.
      2. A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
      3. A description of the Agencies sharing partners (if any) and a description of what is share, and must reflect items negotiated in the Agencies Sharing QSOBAA.
      4. A negotiated end date on the release.
      5. Inter-Agency sharing must be accompanied by the negotiation of a Sharing QSOBAA.
   3. A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
      1. Progress Notes
      2. Information or referral for health, mental health, HIV/AIDs, substance abuse, or domestic violence.
6. An **automated ROI** is required to enable the sharing of any particular client’s information between any Provider Pages on the System.
   * 1. 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 Release of Information 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.
     2. Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).
        1. A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs 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.
7. The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
   1. Provisions for Braille or audio
   2. Available in multiple languages
   3. Available in large print
8. **Agencies are required to maintain a culture that supports privacy**.
   1. Staff do not discuss client information in the presence of others without a need to know.
   2. Staff eliminate unique client identifiers before releasing data to the public
   3. The Agency configures workspaces for intake that supports privacy of client interaction and data entry
   4. User accounts and passwords are not shared between users, or visible for others to see
   5. Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
   6. Staff are trained regarding use of email communication.
9. All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.
10. 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**.
   1. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
      1. The Anti-Virus Software is using the up-to-date virus database.
      2. That updates are automatic.
      3. OS Updates are also run regularly.
3. All computers are protected by a Firewall.
   1. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
      1. For Single Computers, the Software and Version is current.
      2. For Network Computers, the Firewall Model and Version is current.
      3. That updates are automatic.
4. Physical access to computers that connect to the HMIS is controlled.
   1. All workstations in secured locations (locked offices).
   2. Workstations are logged off when not manned.
   3. All workstations are password protected.
   4. **All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect 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 plan for remote access if staff will be using the MSHMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
   1. The computer and environment of entry must meet all the standards defined above.
   2. Downloads from the computer may not include client identifying information.
   3. Staff must use an agency-owned computer.
   4. 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):
   1. MSHMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
      1. Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
      2. Near-Instantaneous backups of application site (no files older than 5 minutes)
      3. Nightly off site replication of database in case of a primary data center failure.
      4. Priority level response (ensures downtime will not exceed 4 hours).
2. HMIS Lead Agencies:
   1. HMIS Lead Agencies are required to back-up internal management data system’s nightly.
   2. 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.
   1. Agency Emergency Protocols must include:
      1. 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.
      2. Persons responsible for notification and the timeline of notification.
   2. In the event of System Failure:
      1. The MSHMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System’s or in the MSHMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
      2. 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.
   3. 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:
   1. 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.
   2. MSHMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
   3. 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:**
   1. Provider Page are appropriately named per the MSHMIS naming standards **<agency name>, <location>, <program>, <project/funding>.** Example: “The Salvation Army, Delta, Hotel Voucher Program, ESG, ESP”. Identification of funding stream is critical to completing required reporting to funding organization.
   2. Inactive Provider Pages are properly identified with “XXX Closed”> followed by the year of the last program entry >Provider Page Name.
   3. HUD Data Standards are fully completed on all Provider Pages:
      1. CoC code is correctly set
      2. Program type codes are correctly set
      3. Geocodes are set correctly
      4. Bed and Unit Inventories are set for applicable residential programs.
   4. All Agency Administrators and System Administrators must complete Provider Page Training. Set-up instruction is offered for System 5 by Funding Stream / Program type.
2. **Data Quality Plan:**
   1. 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 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 HARA’s to establish the homeless designation and maintain related documentation.
   2. 100% of the Clients must be entered into the System within 15 days of Intake.
   3. All staff are required to be trained on the definition of Homelessness.[[1]](#footnote-1)
      1. MSHMIS providers a Homeless Definition Cross-Walk to support agency level training.
      2. Documentation of training must be available for audit.
      3. There is congruity between the following MSHMIS case record responses, based on the applicable homeless definition: (Is Client Homeless, Housing Status and Prior Living Situation are being properly completed).
   4. Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
      1. An ID is requested at intake to support proper spelling of the clients name as well as the recording of the DOB.
      2. If no ID is available, staff request the legal spelling of the person’s name.
      3. Programs 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.
      4. 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 #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.
   5. Income and non-cash benefits are being updated at least annually and at exit
   6. Agencies have an organized exit process that includes:
      1. Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
      2. Discharge Destinations are properly mapped to the HUD Destination Categories.
         1. MSHMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link.
      3. There is congruity between discharge destination and Housing Status at exit.
      4. There is a procedure for communicating exit information to the person responsible for data entry.
   7. Agency Administrator/Staff regularly run data quality reports.
      1. Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. Lower volume programs such as Transitional and Permanent Housing must review records at least quarterly.
      2. The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.
      3. Data quality screening and correction activities must include the following:
         1. Missing or inaccurate information in (red) Universal Data Element Fields.
         2. Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
         3. Count reports for proper ratio of children to adults in families. (at least 1.25)
         4. Provider Page Completion Reports with an Annual update of the HUD DATA Standard Elements.
   8. CoCs and Agencies are required to review Outcome Performance Reports defined in the Shared Outcomes Matrix at least quarterly. Measures are adjusted by Program Type. The HMIS Lead Agency, in collaboration with the CoC Reports Committee or designated CQI Committee, establishes local benchmark targets. See Appendix A for links and “Setting Targets” training podcast.
   9. MSHMIS publishes regional benchmarks on all defined measures annually (see Appendix A).
   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 (see Appendix A).
3. **Workflow Requirements:**
   1. Assessments set in the Provider Page Configuration are appropriate for the funding stream.
   2. Users performing data entry 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 15 days of intake.
   5. Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.
   6. All required program information is being collected. [[2]](#footnote-2)
      1. All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entry and exits, the Michigan Basic Exit Form.
      2. Programs that serve over time are required to complete additional program 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.
   7. Data sharing is properly configured for sharing information internally between programs, including use of visibility groups.
   8. External data sharing aligns with any Sharing QSOBAA’s including use of visibility groups
   9. Visibility groups are managed appropriately (see Privacy 9).
4. **Electronic Data Exchanges:**
   1. Agencies electing to either import or export data from the MSHMIS must assure:
      1. 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.
      2. 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.
   2. MSHDA/ MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.
      1. 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.
      2. 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.
      3. Programs 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/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
      4. CoCs will be provided a description of each Study being implemented. Agencies may opt out of the Study through a written notice to MCHA or the Study Owner.
   3. MSHDA/ MCAH or your local CoC may elect to participate in identified research data sets to support research and planning.
      1. All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
      2. CoCs will be provided a description of each Study being implemented. Agencies may opt out of the Study through a written notice to MCHA or the Study Owner.
5. **Staff Training and Required Meetings:**
   1. All Users are recertified in Privacy Training Annually.
   2. All Users participate in Workflow Training and Training Updates for their assigned Workflows.
   3. All Users are trained in Data Standard data element definitions.
   4. **All Agency Administrators participate in:**
      1. Provider Page Set-Up Training
      2. Workflow Training sponsored by the funding agency or MSHMIS
      3. Reports Training
         1. Data Quality
         2. Progress Reporting
         3. Outcome Reporting
      4. Other training specified by the CoC.
      5. **CoC Agency Administrator Meetings and Trainings**
      6. **Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.**
      7. **A local Reports Committee that governs the publication of information as requested.**
   5. **All System Administrators participate in:**
      1. All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
      2. System Administrator Orientation
      3. Provider Page Set-Up Training
      4. Workflow Training sponsored by the funding agency or MSHMIS
      5. Reports Training
         1. Data Quality
         2. Progress Reporting
         3. Outcome Reporting
      6. CQI Training
      7. HUD Initiative Training (AHAR, PIT, APR, etc.)
      8. On Site and System Audits of Agency compliance of Date Privacy, Security and Oversight standards as well as item1 through 4 under System Administration and Data Quality.
      9. **The Monthly System Administrator Call-In (3rd Wednesday of every Month at 1pm).**
      10. **The CoC Reports Committee or CoC Meeting where data use and release is discussed.**
      11. **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 2010
* 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 Release of Information
* HIPAA compliant Authorization to Release Confidential Information
* Translated Notice for Spanish and Arabic

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

* CQI Curriculums
* 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)

1. Specific instruction is available for PATH and HOPWA programs at [www.dyns-services.com](http://www.dyns-services.com) [↑](#footnote-ref-1)
2. Path , HOPWA and VA programs use program entry forms that correspond to the data collection requirements of those programs. For Path and HOPWA, please contact [www.dyns-services.com](http://www.dyns-services.com) [↑](#footnote-ref-2)