North Carolina Statewide Homeless Management System (NC HMIS)
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. These are minimum standards, additional Policies and Procedures may be added by the local Continuum of Care. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

PRIVACY STATEMENT

NC HMIS is committed to make North Carolina's HMIS safe for all types of programs and 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.
NC HMIS has systematized the risk assessment related to clients through the
NC HMIS Release, offered options in terms of the Search Screen, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.
☐ NC HMIS has adopted a Privacy Notice that was developed in North Carolina to cover both HIPAA covered and non-covered organizations.
☐ The NC HMIS 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 NC HMIS system.
We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Agencies are encouraged to put all of their staff through the training curricula – not just those with user access to the system and/or those that collect information from clients.
☐ 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 NC HMIS 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 (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 Policies and Procedures.
☐ The NC HMIS 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.

☐ It is understood that 2015 represents a development period as participants in NC HMIS adopt a new approach to System operation as well as privacy. Agencies will take some time to effect the changes identified in this Policy and mid-course adjustments may occur. As such, the policies and procedures identified in this document represent basic standards and all participating agencies will be given adequate time and support to come into compliance. Local CoCs may adapt this document to apply a stricter standard and may establish local timelines for full implementation.

Key Terms and Acronyms:

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.
North Carolina HMIS	**NC HMIS**	Title given to the North Carolina statewide implementation of the HMIS.
Michigan Coalition Against Homelessness	**MCAH**	The North Carolina Governance Committee and participating CoCs has employed MCAH to act as the Lead HMIS administrator.
ServicePoint	**SP**	The database used by North Carolina to record and report HMIS information.
Bowman System, Inc		North Carolina's Vendor for HMIS. They provide the technology (ServicePoint) and software and server support for the System.
Independent Jurisdictions	**IJs**	CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.
North Carolina HMIS Governance Committee	**GC**	The NC Governance Committee composed of representatives from all CoC provides direct oversight on the Statewide HMIS project.
MCAH Interim Memorandum of Understanding	**MOU**	The Interim MOU enables MCAH to serve as the HMIS Lead Agency and administer the statewide HMIS implementation on behalf of the North Carolina CoCs.
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.
NC Administrative Data Use Agreement / QSOBAA	**Admin. QSOBAA**	The Agreement signed by each Agency, local Lead HMIS Agency, and MCAH that governs the privacy standards for all those with administrative responsibility for the database
NC Sharing Agreement / QSOBAA	**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 (Electronic)	**ROI**	An electronic ROI must be completed to share any person's data within the HMIS.
Privacy Notice		A document that details the Privacy rules applied to the System. It includes a description of the HMIS, the rights of clients, why we collect data and the legal uses of data/disclosures. It must be available to clients and be present on the agencies WEB Site.
HUD Public Notice		A description of why HUD requires grantees to collect information. It must be posted where-ever information is collected.
Privacy Script		Adapted by agencies based on what they collect and their sharing practice, the "script" is used by intake staff to standardize the privacy discussion with every client and is a critical part of the informed consent process.

NC HMIS Release of Information and Sharing Agreement	**Release**	A signed (paper) Release that specifies how the Search Screen will be configured and details each agencies sharing plan to support an "informed consent" process. A signed Release allows for reciprocal sharing between agencies/programs identified in the Release.
Sharing		Sharing refers to the sharing of data between agencies. It does **not** refer to basic entry into the HMIS. Sharing data between agencies 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		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. Coverage Memos provide guidance for estimating coverage. 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. - PH-PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. - PH-PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. - PH- RRH: Rapid Rehousing- A program that rapidly rehouses those that are identified as Literally Homeless. - HP: Homeless Prevention- A program that helps those who 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 includes 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 North Carolina	**SOAR**	Using the national "best practice" curriculum, the SOAR project reduces barriers to and supports the application for Supplemental Security Income or

		Supplemental Security Disability Insurance (SSI/SSDI) for North Carolina's disabled homeless people.
Emergency Assistance Network	**EAN**	EAN agencies provide a mix of emergency services for people in need and report to funding organizations through NC HMIS.
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. NC HMIS 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). 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**	Refers to a federal program that provides Permanent Supportive Housing to disabled persons throughout the State of North Carolina. With the new HEARTH Regulation S+C was folded into CoC programming.
Housing Opportunities for Persons with AIDS	**HOPWA**	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 program has different program reporting requirements than the other HUD-funded programs in this document.
Runaway and Homeless Youth Programs	**RHY**	RHY provides a range of services to youth up to age 21 experiencing homelessness. This federal program is required to participate on the HMIS effective 10/1/2014 and has specific operating rules.
Coordinated Assessment Programs	**CA**	North Carolina has implemented plans to better coordinate services to homeless persons. Each CoC must develop a plan based on their local providers and resources. The shared objective of these locally defined processes is to insure that access to homeless resources is optimized and based on a standardized assessment of need.

Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on NC HMIS and general "best practice" operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

The Standards described in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. PATH, HOPWA, RHY and VA providers have operating rules specific to HHS and the VA.

The NC HMIS 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 in 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 NC HMIS WEB Site www.nchmis.org .

Agreements and Training Certifications:

1) All CoCs participating on the NC HMIS must sign the MCAH Interim MOU that designates the use of the North Carolina Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness (MCAH) as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with MCAH and is responsible for specific tasks. The MOU supports the ability for multiple jurisdictions to participate on a single statewide HMIS information system.

2) Training is required for all users of the System. Agencies must provide new staff with a list of training requirements and assure that basic training has been completed. A basic overview of required training is presented below, however details of specific Web Casts and Live Training for new and existing Users may be found at www.nchmis.org Training Certifications must be maintained on file for all licensed users. Privacy and Definitions Training is also required for those staff that interview clients and collect information.

3) All Agencies must have fully executed and be in compliance with the following Agreements. An Implementation Agency Checklist may be found at www.nchmis.org
   a) Administrative QSOBAA governing administrative access to the System.
   b) Participation Agreement governing the basic operating principals of the System and rules of membership.
   c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
   d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
   e) User Agreement and Code of Ethics governing the individual's participation in the System.

4) Agencies must have an assigned Agency Administrator. The Agency Administrator is required to support the agency's use of the System including insuring that all users are properly trained. Training categories include:
   a) Privacy and annual privacy updates (all users and those that collect data from clients)
   b) Provider Page Training to understand the System Configuration for each provider (Local System Administrators and Agency Administrators).
   c) Updated Workflow training (The steps to completing data entry. There may be multiple workflows depending on the fund sources and the services provided by the agency.)
   d) Reports Training (agency users and leadership tasked with supporting data quality as well as monitoring outcome and other performance issues.

Privacy and Security Plan:

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

Oversight:

1) Agency Administrators with support from agency Leadership must:

   a) Insure that all staff using the System complete annual privacy & security training. Training must be provided by NC HMIS Certified Trainers and based on the NC HMIS Privacy/Security Training Curriculums.

   b) Adapt the Privacy Script Template and Client Release of Information and Sharing Plan to reflect their sharing choices.

   c) Conduct a quarterly review of the Providers Visibility Set up and an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. Finding from the review should be available upon request.

   d) Insure the prompt removal of licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.

   e) Report any security or privacy incidents immediately to the Local Lead HMIS System Administrator (LSA) for the CoC Jurisdiction to insure that the record is closed as soon as possible. The Local System Administrator investigates the incident including running applicable audit reports. If the LSA determines that a possible breach has occurred and/or the staff involved violated privacy or security guidelines, the LSA will report to the chair of the CoC and NC HMIS Lead Director within 5 working days. A Corrective Action Plan will be negotiated. 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. All confirmed breaches must be reported to the Governance Committee Executive Committee.

2) Criminal background checks must be completed on all System Administrators. All agencies should be aware of the risks associated with any persons given access to the System and limit access as necessary.

3) Local System Administrators conduct routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. MCAH staff will also participate in local audits from time to time. Audits are designed to facilitate use of the System and agencies will be given adequate time to implement any required changes.

4) Agencies must have a formal grievance process. A copy of any HMIS-related grievance, and the Agency's response, must be submitted to the MCAH Project Manager, and CoC Lead within 5 days of completion of the agencies response.

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 NC HMIS sample notice or integrate NC HMIS into their existing Notice. See Appendix A for a link to the sample 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 uses related to de-identified data.

   d) The client's rights to copy/inspect/correct their record based on agency policy. Agencies may establish reasonable norms for the time and cost related to producing a copy of the report. The agency may say "no" to the request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.

   e) The client complaint procedure

   f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.

   g) All Notices must be posted on the Agencies WEB Site.

3) All Agencies are required to have a **Privacy and Security Policy**. Agencies may elect to integrate the Privacy Policies defined in this document into an existing Privacy Policy. See Appendix A for link. All Privacy Policies must include:

   a) Procedures defined in the Agencies Privacy Notice

   b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:

      i) Closing of the profile search screen so that only the serving agency may see the record.

      ii) The right to refuse sharing if the agency has established an external sharing plan.

      iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note: this interface does allow for un-duplication 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) Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).

d) Client Information Storage and Disposal. Users may not store information from the System on personal portable storage devises. The Agency will retain the client record for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

e) Remote Access and Usage: The Agency must establish a policy that governs use of the System when access is approved from remote locations. The policy must address:

   i) The use of portable storage devises.

   ii) The environments where use is approved.

   iii) All browsers used to connect to the System must be secure. No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.

4) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.

a) Client files are locked in a drawer/file cabinet

b) Offices that contain files are locked when not occupied.

c) Files are not left visible for unauthorized individuals.

5) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:

a) The Script must be developed to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.

b) The Script should be appropriate to the general education / literacy level of the Agencies clients.

c) A copy of the Script should be available to clients as they complete the intake interview.

6) Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).

a) Sharing QSOBAAs are managed by the CoC's LSA and negotiated within the CoC planning process.

b) The Agreement proscribes the re-release of information shared under the terms of the Agreement.

c) The Agreement specifies what is shared with whom.

d) Agencies may share different information with different partners and may sign multiple Sharing QSOBAAs to define a layered sharing practice.

e) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.

    f)   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.

    g)   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.

    h)   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.**

7) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency's plan to share.

    a)   The Agency adapts the NC HMIS Release of Information and Sharing Plan to reflect their sharing decisions and include a list of sharing partners and a description of the information to be shared.

    b)   If the Agency integrates the NC HMIS Release into their existing Releases, the Release must include the following components:

        i)   A brief description of NC HMIS and a discussion of why we collect information.

        ii)   A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.

        iii)   A description of the Agency's sharing partners (if any) and a description of what is shared. **It must reflect items negotiated in the Agency's Sharing QSOBAA.**

        iv)   A defined term of the Agreement.

        v)   The NC HMIS Release is intended to allow for the exchange of information between all agencies included within the Sharing QSOBAA and may be completed one time to cover all entities.

8) An **automated ROI** is required to enable the sharing of any particular client's information between any Provider Pages on the System.

        i)   Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.

            (1) **Internal sharing** does not require a signed 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.

      ii) 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.

9) 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

10) **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 or any information that would allow the public to re-identify the client before releasing data to the public.

    c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry.

    d) User accounts and passwords are not shared between users, or visible for others to see.

    e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.

    f) Staff are trained regarding use of email communication.

11) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.

12) 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 must have **virus protection with automatic updates**.

     a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:

        i) The Anti-Virus Software is using the up-to-date virus database.

        ii) That updates are automatic.

        iii) OS Updates are also run regularly.

3) All computers are protected by a Firewall.

     a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:

        i) For Single Computers, the Software and Version is current.

        ii) For Network Computers, the Firewall Model and Version is current.

        iii) That updates are automatic.

4) Physical access to computers that connect to the HMIS is controlled.

     a) All workstations in secured locations (locked offices).

     b) Workstations are logged off when not manned.

     c) All workstations are password protected.

     d) **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 Wi-Fi or other non-secure internet connections.

5) A plan for remote access if staff will be using the NC HMIS 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.

     a) The computer and environment of entry must meet all the standards defined above.

     b) Downloads from the computer may not include client identifying information.

     c) Staff must use an agency-owned computer.

     d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

Remember that information security is never better than the trustworthiness of the staff licensed to use the System. The data at risk is the agency's own and that of its sharing partners. If an accidental or purposeful breach occurs, the agency is 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 North Carolina and can be restored within 4 hours if the catastrophe is in Louisiana.

1) HMIS Data System (see "Bowman Systems Securing Client Data" for a detailed description of data security and Bowman's Disaster Response Plan):
   a) NC HMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
      i) 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.
      ii) Near-Instantaneous backups of application site (no files older than 5 minutes).
      iii) Nightly off site replication of database in case of a primary data center failure.
      iv) Priority level response (ensures downtime will not exceed 4 hours).

2) HMIS Lead Agencies:
   a) HMIS Lead Agencies are required to back-up internal management data system's nightly.
   b) Data back-ups will include a solution for off-site storage for internal data systems.

3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
   a) Agency Emergency Protocols must include:
      i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the NC HMIS Project Director.
      ii) Persons responsible for notification and the timeline of notification.
   b) In the event of System Failure:
      i) The NC HMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System's or in the NC HMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
      ii) After business hours, NC HMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to Local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
   c) NC HMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.

4) In the event of a local disaster:
   a) NC HMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.

b) NC HMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.

c) NC HMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

System Administration and Data Quality Plan:

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

   a) Provider Page are appropriately named per the NC HMIS naming standards **<agency name> - <county> - <program> - <project/funding>.** Example: "The Salvation Army – Wake County – Housing for Veterans - ESG". Identification of funding stream is critical to completing required reporting to funding organization.

   b) Inactive Provider Pages are properly identified with "XXXCLOSED"> followed by the year of the last program exit >Provider Page Name. For example: XXXCLOSED2015 – The Salvation Army…

   c) HUD Data Standards are fully completed on all Provider Pages:

      i) CoC code is correctly set.

      ii) Program type codes are correctly set.

      iii) Geocodes are set correctly for Principal Site provider pages.

      iv) Bed and Unit Inventories are set for applicable residential programs.

      v) The Federal Partner Funding Source section is completed for all projects receiving funding from one of the federal partners.

   d) User licenses are set up to "Enter Data As" (EDA) and users are trained to use EDA to navigate provider pages.

   e) All Agency Administrators and System Administrators complete Provider Page Set-Up Training. Set-up instructions will vary by funding and/or Provider type. Agency Administrators and System. Administrators update instruction and respective Providers as new instructions are published.

2) **Data Quality Plan:**

   a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The "order of priority" for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and (3) certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local central intake/coordinated assessment agencies to establish the homeless designation and maintain related documentation.

b) 100% of clients must be entered into the System no more than 15 days after the information is collected from the client. If the information is not entered on the same day it is collected, the agency must assure that date associated with the information be the collection date by:

   i) Entering entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or

   ii) Backdating the information into the System.

c) All staff are required to be trained on the definition of Homelessness.[1]

   i) NC HMIS will provide a Homeless Definition Cross-Walk to support agency level training.

   ii) Documentation of training must be available for audit. This should be maintained in the agency's HMIS binder.

   iii) There is congruity between the following NC HMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).

d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.

   i) An ID is requested at intake to support proper spelling of the client's name as well as the recording of the DOB.

   ii) If no ID is available, staff request the legal spelling of the person's name.

   iii) 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.

   iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.

e) Income, non-cash benefits and health insurance information are being updated at least annually and at exit.

f) Agencies have an organized exit process that includes:

   i) 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.

   ii) Discharge Destinations are properly mapped to the HUD Destination Categories.

      (1) NC HMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link).

   iii) There is a procedure for communicating exit information to the person responsible for data entry.

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[1] Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com

g) Agency Administrator/Staff regularly run data quality reports.

    i) Report frequency should reflect the volume of data entered into the System. Frequency for funded 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. In low volume longer stay programs, reports should be run following all intakes and exits and quarterly to monitor the recording of services and other required data elements.

    ii) 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.

    iii) Data quality screening and correction activities must include the following:

        (1) Missing or inaccurate information in (red) Universal Data Element Fields.

        (2) If funded through a Federal Partner Funding Source, missing program specific elements are also audited.

        (3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.

        (4) Count reports for proper ratio of children to adults in families. (at least 1.25)

        (5) Provider Page Completion Reports with an Annual update of the HUD Standards Information.

        (6) Close all inactive provider pages within the agency tree. Audit of inactive pages includes closing all open services and exiting all un-exited clients.

        (7) Insure that PH RRH providers have recorded a "Move In" date reflecting when the client was actually housed.

h) CoCs and Agencies are required to review Outcome Performance Reports. Targets are adjusted by Project Type. The CoC's 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.

i) NC HMIS publishes regional benchmarks on all defined measures annually (see Appendix A).

j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan as they are developed locally. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) Workflow Requirements:

a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.

b) Users performing data entry have latest copies of the workflow guidance documents.

c) If using paper, the intake data collection forms correctly align with the workflow.

d) 100% of clients are entered into the System within 15 days of data collection.

e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.

f) All required program information is being collected.

   i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entries and exits, the HUD CoC and ESG Exit (NC HMIS) Form.

   ii) 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 HUD CoC Entry (NC HMIS) and HUD CoC and ESG Exit (NC HMIS) forms.

g) Data sharing is properly configured for sharing information internally between the agency's programs, including use of visibility groups.

h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups.

i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:

a) Agencies electing to either import or export data from the NC HMIS must assure:

   i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the North Carolina Basic Counting Report.

   ii) Agencies exporting data from NC HMIS 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 do not approve the exchange.

5) Publication and Research:

a) MCAH, another statewide entity or your local CoC may sponsor de-identified research to improve the understanding of homelessness and the effectiveness of homeless services.

   i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.

ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.

iii) 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.

iv) 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 MCHA or the Study Owner.

b) MCAH, another statewide entity or the local CoC may sponsor identified research to improve the understanding of homelessness and the effectiveness of homeless services.

i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.

ii) CoCs will be provided a description of each Study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCHA or the Study Owner.

c) Annually MCAH in conjunction with other State and local partners may publish information about the scope and causes of homelessness as well North Carolina's response to end homelessness. The following strategies will guide publication of statewide data sets:

i) Content, qualifiers and message will be guided by the Statewide Reports Committee as well as other key stakeholders such as the local Interagency Council on Homelessness/the Campaign to End Homelessness or representatives from public and private organizations that fund homeless services.

ii) Identified CoC data may only be included with written CoC approval.

iii) CoCs will be provided for review and approval CoC data sets planned for inclusion in the statewide aggregate data (without CoC identification). The review process will include at least two cycles of the data with time between for any data or report correction activities.

iv) The cycles of data review can begin no sooner than two months following the close of the report period to all for routine data quality activities to be completed.

d) MCAH, another statewide entity or the local CoC may sponsor Point in Time or publication of specialized data sets.

i) Development of the plan for publication including the frequency, data types, analytics and publication media type will be guided by the relevant entity.

ii) CoCs will be provided a description of each proposed publication.

iii) Agencies or CoCs may opt out of the publication through a written notice to MCHA or the Study Owner.

6) Staff Training and Required Meetings:

a) All Users and those that collect information from clients are recertified in Privacy Training Annually.

b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.

c) All Users and those that collect data from clients are trained in Data Standard data element definitions.

d) All Agency Administrators participate in:

    i) Provider Page Set-Up Training.

    ii) Workflow Training sponsored by the funding agency or NC HMIS.

    iii) Reports Training

        (1) Data Quality

        (2) Required funding Reports

        (3) Outcome Reporting.

    iv) Other training specified by the CoC.

    v) CoC Agency Administrator Meetings and Trainings.

    vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.

    vii) A local Reports Committee that governs the publication of information as requested.

e) All System Administrators participate in:

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

    ii) System Administrator Orientation (Live sessions with MCAH to overview the basic rules and provide a place for dialogue and questions – conducted in the second or third month after assuming the role).

    iii) Provider Page Set-Up Training (prior to licensure and routinely as changes occur).

    iv) Workflow Training sponsored by the funding agency or NC HMIS.

    v) Reports Training

        (1) Data Quality

        (2) Required Funding Reports

        (3) Outcome Reporting.

    vi) CQI Training.

    vii) HUD Initiative Training (AHAR, PIT, APR, etc.).

    viii) 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.

    ix) The Monthly System Administrator Call-In.

    x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.

    xi) North Carolina'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/north-carolina-documents

System Administration:

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

Administrative

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Interim MOU

Privacy

- Privacy and Security Training PP or PDFs
- Privacy Certification Questionnaire
- Overview of Agency Requirements
- User Access Levels in ServicePoint
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Notice Sample
- NC HMIS Release of Information and Sharing Plan

Training

- All technical workflow and training documents and podcasts
- Provider Page Training
- Reports Training
- Securing Client Records and establishing Visibility

System Administrator and User Meeting Minutes

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

Adopted June 8, 3015

NC HMIS Project