



# **North Dakota-500 Statewide Continuum of Care Data Quality Management Plan**

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CoC Membership Approval: August 2023

Next Review: July 2024

## I. Introduction

- A. The North Dakota Continuum of Care (ND CoC) is a partnership of public and private entities and state and local government across North Dakota aimed at ending homelessness. An end to homelessness means that we prevent it whenever possible and, if it does occur, the episode is rare, brief, and non-recurring.
- B. The Homeless Management Information System (HMIS) is a database used by agencies across North Dakota to provide an unduplicated count of persons experiencing homelessness in the state. HMIS is used to coordinate care; for evaluation and research to improve our homeless service response system; and for functions related to payment, reimbursement, and administration. The Institute for Community Alliances (ICA) serves as the HMIS Lead Agency (LA) for the ND CoC and manages HMIS on the ND CoC's behalf.
- C. The ND CoC, in conjunction with ICA, have created this Data Quality Management Plan (Plan) to provide actionable, measurable steps to address data quality within HMIS. Data quality within HMIS affects everything we do in our work to address and end homelessness, and its importance cannot be overstated.
- D. The Department of Housing and Urban Development (HUD) and other federal partners have also expressed their commitment to addressing data quality through the [HUD's Office of Special Needs Assistance Programs \(SNAPS\) Data Technical Assistance \(TA\) Strategy to Improve Data and Performance](#) and other briefs specifically addressing data in HMIS. Because HUD and the federal partners use data in HMIS to measure how we are doing to address and end homelessness across the country, they remain invested in the data in HMIS.
- E. While focusing on data quality for federally funded projects that enter data into HMIS is necessary to ensure accurate reporting for those grants, any project that enters data into HMIS contributes to the overall picture of homelessness within the community, and therefore, is expected to participate in this Plan. All agencies participating in HMIS will be required to sign the [ND HMIS Participating Agency Agreement](#) prior to receiving access to HMIS. The Agreement requires the agency to abide by the baseline requirements, as laid out in this Plan.
- F. The reasons why data quality is important are many, including but not limited to:
  1. Requirements based on federal, state, and local funding;
  2. Lack of data quality can directly affect the funding opportunities for providers;
  3. Allows accurate reporting for federal, state, and local grants;
  4. Provides the community accurate information to tell the story of homelessness as realistically and completely as possible; and
  5. Data entered in HMIS directly affects clients through the Coordinated Access, Referral, and Entry System (CARES) process and may determine for which services they may or may not appear to be eligible.
- G. The ND CoC will work in conjunction with ICA to ensure all providers have access to the tools they need to ensure high data quality, including training, data quality reports, incentives to maintain a high level of data quality, and enforcements for non-responsiveness to data quality concerns. While the HMIS LA is responsible for a large part of the overall Plan, the ND CoC will maintain a high level of involvement to ensure providers respond to data quality concerns and that the data quality within

HMIS is both acknowledged and addressed on an ongoing, iterative, continual basis and in an objective, data-driven manner.

- H. The following addresses how the ND CoC will both incentivize and enforce the Plan, with transparency about how a provider's data quality can bring about both incentives and enforcements. The Plan is then broken out into the various components of data quality – completeness, coverage, utilization, timeliness, accuracy, and consistency. The sections will address the baseline minimum requirements to maintain a sufficient level of data quality, and depending on the section, the baseline minimum requirement will be broken out by project type. The Data Quality report is used as part of the monitoring visit tool when conducting project monitoring. The Data Quality Improvement Plan (DQIP) will be used with providers and end users consistently failing to maintain a baseline minimum requirement – specifics of how that will be determined and what the tool includes is described in that section.
- I. The Plan ends with an Appendix about the expectation of the HMIS LA, the data quality baseline minimum requirements for agencies, and system set-up and maintenance of the overall HMIS to ensure it runs effectively and efficiently. This section is used to assist the ND CoC in ensuring the HMIS LA is maintaining a high level of system set-up data quality to ensure accurate reporting on behalf of the ND CoC.
- J. The Plan is a living, evolving tool that will change as the community and its HMIS data needs change.

## **II. Incentives and Enforcements**

- A. The ND CoC works with the HMIS LA to ensure providers have access to all the support and tools they need to ensure a high level of data quality within HMIS. The ND CoC will monitor data quality, in conjunction with the HMIS LA, and the following incentives and enforcements are in place to ensure providers understand the importance of data quality within HMIS.
- B. Incentives
  - 1. The ND CoC board will make data quality an agenda item at every meeting and the HMIS LA and Data Committee will acknowledge agencies meeting a high level of data quality in the meeting minutes, which will be posted on the ND CoC's website.
  - 2. The ND CoC Data Committee will acknowledge the work of agencies meeting a high level of data quality in quarterly meetings and other public forums that acknowledge the work done.
  - 3. The ND CoC will use data quality in HMIS during the annual rank and review process for the CoC Notice of Funding Opportunity competition.
  - 4. The ND CoC will work with state and local funders to use data quality metrics when making funding allocation decisions to agencies.
- C. Enforcements
  - 1. Implementation of a Data Quality Improvement Plan when agencies and/or users consistently fail to meet the baseline requirements as laid out in this Plan.

2. Removing access to HMIS for specific agencies or users until remedial or additional training is received from the HMIS LA, and data quality is shown to be a focus.
3. Restricting additional funding, or withholding funding, from projects until data quality meets, at a minimum, the baseline threshold requirements for the given project type.
4. Preventing organizations from applying for new or additional dollars during Request for Proposal processes.

### III. Data Completeness

- A. Data completeness looks at how much of the data fields for any given client, project enrollment, agency, or system are filled in or answered. The definition used in the HUD System Performance Improvement Briefs, [CoC Data Quality](#) is: “The degree to which all required data is known and documented.” Data completeness looks at missing or null values; “data not collected” values; and depending on the data field, “client doesn’t know”, “client refused”, and/or “other” values.
- B. Data completeness is usually one of the first pieces of overall data quality that is addressed because it is the simplest to measure – it is easy to report on what is or is not in HMIS, based on what is required to be in HMIS for any given project type.
- C. The HMIS LA will run data completeness reports every month and send to agencies. Agencies who fall below the baseline requirement for data completeness for their project type will be asked to clean up their data within a certain timeframe. For consistent issues with data completeness, agencies may be directed to create a DQIP.

Project Type	Baseline Requirements
Street Outreach (SO)	<ul style="list-style-type: none"> <li>• 90% of required data elements (only applies after client has a Date of Engagement)</li> <li>• Includes destination data</li> </ul>
Emergency Shelter (ES)	<ul style="list-style-type: none"> <li>• 95% of required data elements</li> <li>• 25% destination data</li> </ul>
Supportive Services (SSO)	<ul style="list-style-type: none"> <li>• 90% of required data elements</li> <li>• Includes destination data</li> </ul>
Transitional Housing (TH)	<ul style="list-style-type: none"> <li>• 98% of required data elements</li> <li>• Includes destination data</li> </ul>
Rapid Rehousing (RRH)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>

Permanent Supportive Housing (PSH)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>
Coordinated Access, Referral, Entry, and Stabilization System (CARES)	<ul style="list-style-type: none"> <li>• 99% of required data elements (only applies after client/household reaches a specific point in the process and is considered engaged)</li> <li>• 60% destination data</li> </ul>
Homelessness Prevention (HP)	<ul style="list-style-type: none"> <li>• 99% of required data elements</li> <li>• Includes destination data</li> </ul>

#### IV. Data Timeliness

- A. Entering data into HMIS in a timely manner is necessary to ensure that clients receive the services they need in a quick and efficient manner. Additionally, timely data entry ensures that regular, accurate reporting can be done through HMIS. Users who enter data into HMIS in a timely manner are less likely to make data entry errors and are more likely to focus on overall data quality. The [HUD SNAPS Data TA Strategy to Improve Data and Performance](#) encourages communities to enter data into HMIS within 2 hours for crisis response projects and within 24 hours for PSH projects.
- B. The baseline requirements for data timeliness by project type are applicable to all components of the client record, including but not limited to: project start dates, updates and annual assessments, services provided, referrals provided, contacts, and project exit dates.
- C. The HMIS LA will run data timeliness reports every other month and send to agencies. Agencies who fall below the baseline requirement for data timeliness for their project type will be asked to work with the HMIS LA to make sure that they can meet the data timeliness standard moving forward. For consistent issues with data timeliness, providers may be directed to create a DQIP.

Project Type	Baseline Requirement
Street Outreach (SO)	<ul style="list-style-type: none"> <li>• Live time or within five calendar days of contact with the client</li> <li>• Project exit 90 days after no contact with client (back dated to date of last contact with client)</li> </ul>
Emergency Shelter (ES)	<ul style="list-style-type: none"> <li>• Live time or within five calendar days of contact with the client</li> <li>• Project exit two weeks after no shelter stay for client in a night-by-night shelter (back dated to date of last shelter stay for client)</li> </ul>
Supportive Services (SSO)	<ul style="list-style-type: none"> <li>• Live time or within five calendar days of contact with the client</li> </ul>

Transitional Housing (TH)	<ul style="list-style-type: none"> <li>Live time or within five calendar days of contact with the client</li> </ul>
Rapid Rehousing (RRH)	<ul style="list-style-type: none"> <li>Live time or within five calendar days of contact with the client</li> </ul>
Permanent Supportive Housing (PSH)	<ul style="list-style-type: none"> <li>Live time or within five calendar days of contact with the client</li> </ul>
Coordinated Access, Referral, Entry, and Stabilization System (CARES)	<ul style="list-style-type: none"> <li>Live time or within five calendar days of contact with the client</li> <li>Project exit 180 days after no contact with client or known activity in the homeless service response system (back dated to date of last contact with client)</li> </ul>
Homelessness Prevention (HP)	<ul style="list-style-type: none"> <li>Live time or within five calendar days of contact with the client</li> </ul>

**V. Data Accuracy**

- A. Data accuracy is not as easy to manage or monitor and requires specific reports that look at congruency between and among responses to data elements within the system, as well as checks between what the client has told an intake worker and what data is entered in HMIS.
- B. The HMIS LA will run data accuracy reports every other month and send to providers. The goal for all project types and all data entered in HMIS is 100 percent accuracy. Those providers who show issues with data accuracy will be asked to clean up their data within a certain timeframe. For consistent issues with data accuracy, providers may be directed to create a DQIP.
- C. Data quality reports will look at data accuracy between and among responses to data elements including, but not limited to:

Data Element	Check for Accuracy
Date of Birth and Project Start Date	<ul style="list-style-type: none"> <li>Ensure the two are not the same dates, especially for heads of household</li> </ul>
Prior Living Situation	<ul style="list-style-type: none"> <li>Ensure responses for prior living situation, length of stay in prior living situation, approximate date homelessness started, number of times the client has experienced homelessness in the last three years, and number of months experiencing homelessness in the last three years do not conflict among each other</li> </ul>
Disabling Condition	<ul style="list-style-type: none"> <li>Ensure the Yes/No answer does not conflict with the specific types of disabling conditions</li> </ul>
Health Insurance	<ul style="list-style-type: none"> <li>Ensure the Yes/No answer does not conflict with the specific types of health insurance</li> </ul>
Monthly Income	<ul style="list-style-type: none"> <li>Ensure the Yes/No answer does not conflict with the specific sources of monthly income</li> </ul>

Non-Cash Benefits	<ul style="list-style-type: none"> <li>• Ensure the Yes/No answer does not conflict with the specific sources of non-cash benefits</li> </ul>
Domestic Violence Victim/Survivor	<ul style="list-style-type: none"> <li>• Ensure congruency among the three different data elements specific to domestic violence</li> </ul>
Relationship to Head of Household	<ul style="list-style-type: none"> <li>• Ensure there is one, and only one, head of household for any given household (including clients served individually)</li> </ul>
Veteran Status	<ul style="list-style-type: none"> <li>• Ensure minor-aged individuals are not defined as veterans</li> </ul>
Project Population Specifics	<ul style="list-style-type: none"> <li>• Ensure that projects only serving individuals are serving individuals</li> <li>• Ensure that projects only serving families with children are serving families with children</li> <li>• Ensure that projects only serving clients of a specific gender are serving clients of that gender</li> <li>• Ensure that projects only serving clients of a specific age range are serving clients of that age range</li> </ul>

- D. Additionally, the [Longitudinal System Analysis \(LSA\) Guide](#) (see Appendix A in the LSA Guide) looks at specific data quality issues in relation to that systemwide submission to HUD on an annual basis. These specific data quality and data accuracy pieces should be addressed in the reports run by the HMIS LA on an ongoing basis.
- E. The ND CoC, in conjunction with the HMIS LA, will also work with agencies to review, at regular intervals, the data collected directly from clients, either on paper forms or by being present during intakes with clients, and the data entered in HMIS to ensure that the data entered in HMIS matches the client's reality. This will be done, at a minimum, during annual formal onsite monitoring visits, and will also occur at other points throughout the year.

## VI. Data Consistency

- A. Users with access to HMIS should be entering data on a regular and consistent basis, not only to prevent a backlog of data entry, but also to ensure users maintain familiarity with HMIS and the workflows for which they are responsible. Furthermore, the data entered in HMIS should have consistency across the system. For example, veteran status should mean the same thing at one agency as it does at another agency when collecting that data element to enter in HMIS.
- B. The HMIS LA will monitor user log in and access to HMIS every other month by running a report that shows when users last logged into the system. If users have not logged into HMIS within the last 30 days of the report run date, the HMIS LA will contact the user and ask if they still need access to the system. If the user responds that they do still need access, the HMIS LA will ensure that the user has maintained sufficient data quality and does not need remedial training. If the user does not have a high level of data quality, the HMIS LA will provide remedial training for the user. In both situations, the successful completion of a practice case will be required to be



completed and submitted to the help desk for review. The HMIS LA will then restore user access to HMIS.

- C. If the user is non-responsive to any inquiries about their access to HMIS, the HMIS LA will contact the user's direct supervisor. If the HMIS LA is informed that the user is no longer an active participant in HMIS data entry, the user's access to HMIS will be removed. If the direct supervisor of the user informs the HMIS LA that the user is still an active user, the user will be required to connect directly with the HMIS LA to complete any necessary remedial trainings to maintain a high level of data quality in the system.
- D. Should the HMIS LA not hear from either the user or the user's direct supervisor, the user's access to HMIS will be removed.
- E. When a licensed, active user will be on family or medical leave for over 30 days, the user will contact the HMIS LA to have the leave noted in their file. The user access will be temporarily deactivated.

Upon return to work, the user will notify the HMIS LA and a practice case will be required to be completed successfully for HMIS access to be restored.

## **VII. Bed Coverage and Utilization**

- A. Reviewing bed and unit utilization for projects that serve clients is a good way to determine whether the data in HMIS is accurate for the clients served in the project at any given point, and if there is a possible deficiency in exiting clients from the project in a timely manner (over-utilization) or entering clients into the project in a timely manner (under-utilization).
- B. Every quarter, the HMIS LA will review utilization data for projects that provide beds and units to clients for the following project types:
  - 1. Emergency Shelter
  - 2. Transitional Housing
  - 3. Rapid Rehousing
  - 4. Permanent Supportive Housing
- C. Agencies with utilization under 85 percent or over 110 percent for any project will receive communication from the HMIS LA to verify that this utilization was accurate for the time period, and if so, the agency will need to provide a reason for the low or high utilization. If the utilization is not correct, the agency will work with the HMIS LA to ensure that all clients who were served in the time period are entered into the project (under-utilization) and that all clients who were exited in the time period are exited from the project (over-utilization).

## **VIII. HMIS Bed Coverage**

- A. The importance of a high percentage of HMIS bed coverage for all project types is an emphasis of the [HUD SNAPS Data TA Strategy to Improve Data and Performance](#). Without a high percentage of HMIS bed coverage within a community, the data within HMIS is never wholistic and the story told with HMIS data about homelessness within the community is never fully accurate. A lack of high HMIS bed coverage prevents communities from truly understanding how both their system, and the clients served within their system, are functioning.



- B. While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes, and clients served by the projects. Therefore, the goal for HMIS bed coverage for all project types is 100 percent.
- C. The HMIS LA, in conjunction with the ND CoC, will ensure that bed coverage is as close to 100 percent as is possible for all project types. This includes a review of the most recent Housing Inventory Count (HIC) to know which providers participated in the most recent HIC but are not entering data into HMIS.
- D. Ensuring the community's HMIS bed coverage reaches 100 percent, and stays at 100 percent, also requires implementing a process to ensure that any new projects that become available to serve clients at-risk of or experiencing homelessness are communicated to the ND CoC so that HMIS data entry can be encouraged and/or required for the new project.
- E. Strategies to increase and/or maintain HMIS bed coverage
  - 1. Review the HIC quarterly to ensure all projects are entering data into HMIS, except for Victim Service Providers (VSPs).
  - 2. For any projects that do not enter data into HMIS and are included on the HIC, create an action plan to address.
  - 3. For any new project that becomes available that will serve clients at-risk of or experiencing homelessness, ensure a clear and transparent process for communicating that to the ND CoC and HMIS LA.
  - 4. Work with state and local funders to understand the importance of HMIS and encourage all funders to require the use of HMIS for grantees.

## **IX. HMIS System Coverage**

- A. A high percentage of HMIS system coverage is imperative for the community to understand the various ways in which a client is entering the homeless services system. This includes the following types of projects that do not have beds/units associated:
  - 1. Street Outreach
  - 2. Homelessness Prevention
  - 3. Diversion and Rapid Resolution
  - 4. Coordinated Access, Referral, Entry and Stabilization System
  - 5. Day Shelter
  - 6. Supportive Services/Case Management
  - 7. Drop-in Center
- B. If any of the above project types are dedicated and/or prioritized to serve clients at-risk of or experiencing homelessness in the community, the goal is for the data to be entered in HMIS for clients served. The HMIS LA, in conjunction with the ND CoC, will ensure that system coverage is as close to 100 percent as possible for all project types.
- C. Ensuring a community's HMIS system coverage reaches 100 percent, and stays at 100 percent, also requires implementing a process to ensure that any new projects

that become available to serve clients at-risk of or experiencing homelessness are communicated to the ND CoC so that HMIS data entry can be encouraged and/or required for the new project.

- D. Strategies to increase and/or maintain HMIS system coverage
  - 1. Review the services available to serve clients at risk of or experiencing homelessness on a quarterly basis.
  - 2. The ND CoC will work with agencies to provide a simple, streamlined process to communicate about new projects operating within the community at least 21 days before the project is operational.
  - 3. Work with state and local funders to streamline the funding allocation process and align HMIS requirements across the community, regardless of funding source.

## **X. HMIS Monitoring Tool Report**

- A. The HMIS Monitoring Tool along with the Data Quality Report (Appendix F) will be used annually during project monitoring to ensure that all HMIS participating agencies are in compliance with HMIS policies and procedures, agency agreements, user agreements, and any other documents governing the use of HMIS. If data quality deficiencies are identified in any area during the monitoring visit, the DQIP will be used to assist the agency in addressing issues using concrete, time-bound action steps. If deficiencies other than data quality issues are identified during the monitoring visit, the HMIS Data Quality & Monitoring Visit Report will be used to define action steps with specific deadlines to address them.
- B. New agencies, projects, and end users will be monitored for data quality within 20 days of receiving access to HMIS. The HMIS LA will run data quality reports to measure completeness, timeliness, and accuracy to ensure errors or deficiencies are caught and addressed quickly. While this may not require an onsite visit component, any deficiencies found will be addressed directly with the agency, project, or end user through a webinar, review training, or other defined step.

## **XI. Data Quality Improvement Plan**

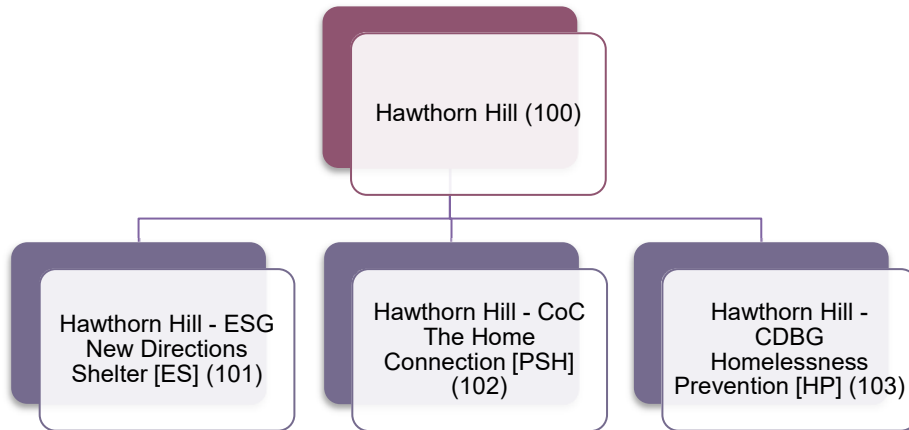
The DQIP (Appendix D) will be used when a monitoring visit results in required action/follow-up steps. Additionally, if, at any time, the HMIS LA has documented one or more ongoing issues related to data quality with a given agency (ongoing is defined as the issue lasting longer than three months consecutively without resolution), a DQIP will be implemented with the agency, with or without an accompanying monitoring visit.

## **XII. System Setup Quality**

- A. While HMIS data quality is mainly focused on the users, projects, and agencies entering data into the system, ensuring that the “behind the scenes” or provider and system setup side of HMIS is completed correctly is vital to ensure accurate reporting and functionality.
- B. Ensuring the provider and system setup of HMIS is done correctly is the responsibility of the HMIS LA, with the support of the ND CoC and agencies. Reviewing the provider and system setup of HMIS should be an ongoing process for the HMIS LA and the processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation.

### C. Naming Conventions

1. Projects in HMIS should have a consistent naming convention that includes, at a minimum, the Agency Name, Project Type, and Agency ID/Number. It may benefit the HMIS LA to also include grant types (CoC, Emergency Solutions Grant (ESG), Projects for Assistance in Transition from Homelessness (PATH), Supportive Services for Veteran Families (SSVF), Runaway and Homeless Youth (RHY), North Dakota Homeless Grant (NDHG), etc.) in the overall naming convention of projects to easily locate projects funded with specific funding streams.



2. If the HMIS supports different “levels” for projects, the HMIS LA ensures that the “levels” are consistent across the system. For example, if the HMIS supports an “agency tree”, the HMIS LA ensures that the agency at the top of the “agency tree” is the Agency Name and that any projects operated by that agency are under that specific “agency tree” in the HMIS (example below).
3. The HMIS LA will document the naming convention used and create an “agency tree” that mimics what is in HMIS for easy reference.

### D. Project Descriptor Data Elements (PDDEs)

1. The PDDEs are the data elements required to be completed by the HMIS LA to ensure projects in the system are set up correctly. PDDEs include:
  - a. Operating Start Date completed and accurate based on when the project began providing services.
  - b. If the project is no longer operational, Operating End Date completed.
  - c. Project Type defined based on the type of services provided.
  - d. Bed and Unit Inventory is up-to-date and available, when applicable.
  - e. Continuum of Care Code, Geocode, Zip Code, and other location data is complete.
  - f. Specific workflow is defined by project type.
  - g. Specific grants and/or federal partner funding sources are identified.
  - h. Target populations are listed.

2. The HMIS LA will document how this is done in the system, how often they review and update the PDDEs, and any changes that have been made over time to the process.

E. Visibility

1. Ensuring the visibility in HMIS is set up correctly so that users can see what they are supposed to see and, alternatively, what they are not supposed to see, is critical. Visibility processes are different for every HMIS, and it is imperative that the HMIS LA have a solid understanding on the visibility setup in the given system and how visibility is affected by project and user setup.
2. The HMIS LA will document how the visibility is set up in the system and any changes made to it over time.

**XIII. Appendices**

- A. [Appendix A: Roles and Responsibilities Worksheet](#)
- B. [Appendix B: ND HMIS Participating Agency Agreement](#)
- C. [Appendix C: HMIS Data Quality Monitoring Visit Report](#)
- D. [Appendix D: HMIS Data Quality Improvement Plan](#)
- E. [Appendix E: HMIS Data Quality Performance Monitoring and Improvement Strategies](#)
- F. [Appendix F: HMIS Monitoring Tool](#)

## Appendix A: Roles and Responsibilities Worksheet

**Background:** The different roles associated with HMIS data collection, operations, policy and procedure development, and data quality (DQ) monitoring and reporting can all play a meaningful part upholding a CoC's Data Quality Management Plan. This worksheet is intended as an exercise for CoCs to review each role/responsibility and consider which entity should be responsible for carrying out the task in their CoC. Keep in mind for some communities, roles and responsibilities listed may be filled by a single entity, shared across stakeholders, or not assigned at all. CoCs should note this on the worksheet and utilize this document to ensure clear expectations across stakeholders. More or less of roles and responsibilities may exist in a community, and the checklist should be customized locally to account for these differences.

### Data Collection and Entry

Collect HUD assessment data from clients	Agency
Enter HUD entry assessment data in HMIS	Agency
Update HMIS to reflect change in income, benefits, etc.	Agency
Collect HUD exit assessment data from clients (including exit destination)	Agency
Enter HUD exit assessment data in HMIS	Agency
Dismiss clients from programs in HMIS	Agency
Make or change a bed/unit reservation for a client	Agency
Merge duplicate clients across the HMIS	Agency/HMIS LA
Secure paper forms according to privacy and confidentiality standards	Agency
Maintain workstation security	Agency

### HMIS Operations

Develop and deliver training for new end users	HMIS LA
Provide remedial or refresher training to end users	HMIS LA
Develop and deliver training for medium to advanced-level users	HMIS LA
Maintain documentation of completed training requirements	HMIS LA
Authorize/provide HMIS access or licenses to new end users	HMIS LA
Remove HMIS access or licenses due to violation or end of employment at the Agency	HMIS LA
Review HMIS data standards updates for correctness and completeness	HMIS LA/ND CoC Staff
Manage project set up tasks	HMIS LA
Provide troubleshooting/technical assistance via service desk activities	HMIS LA
Solicit feedback from HMIS stakeholders on HMIS policies and operations	HMIS LA/ND CoC Staff
Provide communications about upcoming agency specific HMIS changes	HMIS LA

Provide communications about CoC-wide or HUD-mandated HMIS changes	HMIS LA/ND CoC Staff
Document workflow needs by program	HMIS LA
Implement program-level workflow, features, and functionality	HMIS LA
Monitor the HMIS vendor against the terms and conditions of the contract	HMIS LA/ND CoC Staff
Update and revise the HMIS vendor contract	HMIS LA/ND Staff
Review HMIS software functionality updates for correctness and accuracy	HMIS LA
Test new features and functionality	HMIS LA

### **Policies and Procedures**

Develop data quality plans, policies, and procedures, including DQ benchmarks for timeliness, completeness, accuracy, and consistency	HMIS LA/ND CoC Staff/ND CoC Data Committee
Approve data quality plans, policies, and procedures, including DQ benchmarks for timeliness, completeness, accuracy, and consistency	ND CoC Board/Membership
Review data quality plans, policies, and procedures for appropriateness in relation to CoC's needs	HMIS LA/ND CoC Staff/ND CoC Data Committee
Implement DQ plans, policies, and procedures	HMIS LA/ND CoC Staff
Conduct monitoring and oversight of end users to ensure HMIS activities are implemented with fidelity to approved plans, policies, and procedures	HMIS LA/ND CoC Staff
Develop program- and user-level forms and documents (such as HMIS end user agreement or client releases of information)	HMIS LA/ND CoC Staff
Define roles and responsibilities of HMIS end users	HMIS LA/ND CoC Staff
Define roles and responsibilities of the HMIS decision-making entity across the CoC (e.g., board of directors, designated committee, or work group)	HMIS LA/ND CoC Staff
Define roles and responsibilities of HMIS Lead	HMIS LA/ND CoC Staff
Review and approve HMIS data requests for external research/evaluation projects	HMIS LA/ND CoC Staff
Provide HMIS data to external researchers/evaluators	HMIS LA
Participate in the ND CoC Data Committee	HMIS LA/ND CoC Staff/ND CoC Members

## Monitoring and Reporting

Monitors data quality for completeness (client and program)	HMIS LA
Monitor data quality for timeliness	HMIS LA
Monitor data quality for accuracy	HMIS LA
Monitor data quality for consistency	HMIS LA
Analyze project-level and system-level trends in DQ performance	HMIS LA
Running data quality/validation reports	HMIS LA
Correct low-quality data across the HMIS implementation	HMIS LA
Correct low-quality data at the program level	HMIS LA/Agency
Communicate low data quality performance to appropriate stakeholders (e.g., discussing improvement strategies with agencies or elevating issues up to DQ enforcement entity when necessary)	HMIS LA
Communicate high data quality performance to appropriate stakeholders (e.g., public recognition)	HMIS LA/ND CoC Data Committee
Evaluate current DQ monitoring processes and identify new protocols for continuous improvement	HMIS LA/ND CoC Staff/ND CoC Data Committee
Evaluate current DQ incentives and enforcements and identify new resources for continuous improvement	HMIS LA/ND CoC Staff/ND CoC Data Committee
Review HUD reports prior to submission	HMIS LA/ND CoC Staff
Submit HUD reports in Sage or HDX	ND CoC Staff
Manage program-level reporting requirements by service and/or funder	HMIS LA
Conduct Point in Time Count reports as required by the CoC	HMIS LA/ND CoC Staff
Provide Housing Inventory reports to the CoC	HMIS LA
Develop and review data dashboards/visualizations, if applicable	HMIS LA/ND CoC Staff/ND CoC Data Committee



## Appendix B: ND HMIS Participating Agency Agreement

The North Dakota Homeless Management Information System (HMIS) is an internet-based database that is used by some Partner Agencies within the North Dakota's Continuum of Care to record and store client-level information about the numbers, characteristics, and needs of persons at-risk of or experiencing homelessness.

A Partner Agency is defined as any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses, or processes Personally Identifiable Information (PII) on clients at-risk of or experiencing homelessness for an HMIS. This definition includes both organizations that have direct access to the HMIS, as well as those organizations who do not but do record, use, or process PII. This agreement is specific to Partner Agencies that directly access and enter data into HMIS.

North Dakota's implementation of HMIS is administered by the Institute for Community Alliances (ICA) and WellSky. WellSky administers the central server and ICA administers user and Agency licensing, training, and compliance. In this Agreement, ICA is the "HMIS Lead Agency (HMIS LA)" and "System Administrator", "Partner Agency" is an agency participating in HMIS, "Client" is a consumer of services, and "Agency" is the covered homeless organization named in this Agreement.

The signature of the Executive Director of the Agency indicates agreement with the terms set forth before an HMIS account can be established for the Agency.

### I. Confidentiality

- A. The Agency shall uphold relevant federal and state confidentiality regulations and laws that protect Client records, and the Agency shall only release client records in accordance with this Agreement and the North Dakota Homeless Management Information System Policies and Procedures.
  1. The Agency shall abide specifically by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records. In general terms, the federal rules prohibit the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or is as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Agency understands the federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse partners.
  2. The Agency shall abide specifically, when applicable, with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and corresponding regulations passed by the U. S. Department of Health and Human Services.
- B. The Agency shall not solicit or input information from Clients into the HMIS database unless it is essential to provide services or coordinate services, to develop reports and provide data, or to conduct evaluation or research. Furthermore,
  1. The Agency shall provide a verbal or written explanation of the HMIS database and allowable uses and disclosure of the data therein and shall arrange for a qualified interpreter or translator if an individual is not literate in English or has difficulty understanding the ND CoC Privacy Policy.

2. The Agency agrees to abide by the allowable uses and disclosures of PII as laid out in the ND CoC Privacy Policy. Any other uses and disclosures of PII by the Agency requires written client consent.
  3. ICA does not require or imply that services must be contingent upon a Client's participation in the HMIS database. Services should be provided to Clients regardless of HMIS participation provided the Client(s) would otherwise be eligible for the services.
- C. The Agency is responsible for ensuring that its users comply with the requirements laid out in the ND CoC's Privacy Plan and Security Plan.
1. The Agency agrees not to release any PII to any organization or individual without the Client's consent, as recorded with the Client Informed Consent and Release of Information. The Agency shall ensure that all staff and volunteers issued a User ID and password for HMIS will comply with the following:
    - a. Read and abide by this Agency Partnership Agreement;
    - b. Read and abide by the HMIS Policies and Procedures;
    - c. Read and sign the HMIS User Policy, Code of Ethics, and Responsibility Statement;
    - d. Participate in new user privacy and security training and on-going security training on an annual basis;
    - e. Participate in additional trainings as required by the HMIS Policies and Procedures;
    - f. Maintain a unique User ID and password and not share or reveal that information to anyone by written or verbal means; and
    - g. Read the HMIS email newsletter.
- D. The Agency shall conduct criminal background checks on all staff and volunteers before requiring potential users to attend new user training led by ICA. Individuals with a history of perpetrating fraud identity theft, or misuse of confidential information, or an individual who is under investigation for such issues, shall not be permitted a user license.
- E. The Agency understands that the file server will contain all Client information. The Agency understands that all client information will be encrypted on a file server physically located in a locked office with controlled access at Iron Mountain Data Center (AZP1), 615 N 48<sup>th</sup> Street, Phoenix, AZ 85008.
- The Agency shall not be denied access to client data entered by the Agency. Partner Agencies are bound by all restrictions placed upon the data by the ND CoC's Privacy Plan. The Agency shall not knowingly enter false or misleading data under any circumstances.
- F. The Agency shall maintain appropriate documentation of Client consent to participate in the HMIS database.
1. The Client Informed Consent and Release of Information, once signed by the Client, authorizes Client data to be shared with HMIS Partner Agencies.
  2. The following data elements will be shared with all HMIS Partner Agencies, unless otherwise specified by the client:
    - a. Client Demographics/Client Profile

- b. Household Information
  - c. Project Entry/Exit with Assessment information
  - d. Service Transactions including: needs, services, referrals
  - e. Case Managers
  - f. Incidents
3. If a Client withdraws consent for release of information, the Agency remains responsible to ensure that Client's information is unavailable to all other Partner Agencies from the date of withdrawal going forward.
  4. The Agency shall keep signed copies of any Client Informed Consent and Release of Information forms for HMIS for a period of five years unless program regulations require release forms to be kept on file for a longer period.
- G. If this Agreement is terminated, the System Administrators and remaining Partner Agencies shall maintain their right to use all Client data previously entered by the terminating Agency. This use is subject to any restrictions requested by the Client or laid out in the ND CoC's Privacy Plan.
- H. The Agency agrees to permit the System Administrator to monitor its handling of confidential client data in connection with the HMIS, including but not limited to, its confidentiality procedures and documentation (client release of information, etc.).

## **II. HMIS Use and Data Entry**

- A. The Agency shall follow, comply with, and enforce the HMIS User Agreement and the HMIS Policies and Procedures. Modifications to the User Agreement and Policies and Procedures needed for the purpose of smooth and efficient operation of HMIS and to meet HUD requirements shall be established in consultation with the Data Committee, with approval by the ND CoC Board and Membership. ICA will announce approved modifications in a timely manner via the HMIS Newsletter.
1. The Agency shall only enter data on individuals in the HMIS database that exist as Clients under the Agency's jurisdiction. The Agency shall not misrepresent its Client base in the HMIS database by knowingly entering inaccurate information.
  2. The Agency shall use Client information in the HMIS database, as provided to the Agency or Partner Agencies, to assist the Agency in providing adequate and appropriate services to the Client.
- B. The Agency shall consistently enter information into the HMIS database and will strive for real-time data entry. Real-time is defined by either immediate data entry upon seeing a client or data entry into the HMIS database within five calendar days.
- C. The Agency will not alter information in the HMIS database that is entered by another Partner Agency with known, inaccurate information (i.e., Agency will not purposefully enter inaccurate information to override information entered by another Partner Agency).
- D. The Agency shall not include profanity or offensive language in the HMIS database. This does not apply to the input of direct quotes by the client if the Agency believes that it is essential to enter these comments for assessment, service, and treatment purposes.
- E. The Agency shall utilize the HMIS database for business purposes only.

- F. The Agency shall not use the HMIS database with intent to defraud federal, state, or local governments, individuals or entities, or to conduct any illegal activity.
- G. The System Administrator will provide initial training and periodic updates to that training to select Agency staff on the use of HMIS.
- H. System Administrator should be utilized for technical assistance.
- I. The transmission of material in violation of any federal or state regulations is prohibited. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secrets.
- J. The Agency must be an active participant of the ND Continuum of Care.
- K. Agencies will be billed annually for license fees by the HMIS Lead.
- L. An Agency may establish a Memorandum of Understanding (Coordinated Services Agreement) with another Partner Agency so that a licensed user at that agency may enter data on its behalf. The MOU must be approved by the HMIS LA and the ND CoC Coordinator and signed by the Executive Directors or the immediate supervisors of the employees responsible for HMIS activities at both organizations, and the licensed user who will have privileges to access the Agency's data.

### **III. Reports**

- A. The Agency shall retain access to identifying and statistical data on the Clients it serves.
- B. The Agency's access to data on Clients it does not serve shall be limited to non-identifying and statistical data.
- C. The Agency may make aggregate data available to other entities for funding or planning purposes pertaining to providing services to persons experiencing homelessness. However, such aggregate data shall not directly or indirectly identify individual Clients.
- D. The System Administrator or ND CoC will use only unidentified, aggregate HMIS data for homeless policy and planning decisions, in preparing federal, state, or local applications for homelessness funding; to demonstrate the need for and effectiveness of programs; and to obtain a system-wide view of program utilization in the state.
- E. Once a report containing confidential client information is downloaded from HMIS, it is the responsibility of the Agency to protect all confidential information.
- F. An Agency may distribute a report containing PII for the express purpose of referring its own clients to a community housing program or other service intended to benefit its clients.

### **IV. Proprietary Rights**

- A. The Agency shall not give, or share assigned usernames and/or passwords of the HMIS database with any other Agency, business, or individual.
- B. The Agency shall not cause in any manner, or way, corruption of the HMIS database.

### **V. Terms and Conditions**

- A. Neither the ND CoC, or the System Administrator, shall transfer or assign any rights or obligations without the written consent of the other party.



# Appendix C: HMIS Data Quality Monitoring Visit Report

Date of Monitoring Visit: \_\_\_\_\_

Person Conducting Monitoring: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Organization Contact and Information: \_\_\_\_\_

Name of Project Monitored: \_\_\_\_\_

Type of Project Monitored: \_\_\_\_\_

**Agency Staff Present During Monitoring**

**Each baseline and expectation met below accounts for (\_\_\_\_) points for a total of (\_\_\_\_) allowable points.**

**Include the specific baseline requirements for the specific project type to be monitored:**

Data Completeness Baseline \_\_\_\_\_ Baseline Met?  Yes  No

Data Timeliness Baseline: \_\_\_\_\_ Baseline Met?  Yes  No

Data Accuracy Baseline \_\_\_\_\_ Baseline Met?  Yes  No

Data Consistency expectation met?  Yes  No

Coverage & utilization expectation met?  Yes  No  N/A

**Total Score:** \_\_\_\_\_

Each item in the “observed” column accounts for (\_\_\_\_) points for a total of (\_\_\_\_) allowable points.

For those in the “outcome” column defined as “Action Needed”, the “Notes” section must include action steps with specific timelines.

Requirement	Observed	Outcome	Notes
Data Collection & Quality	The project has not required the use of a Data Quality Improvement Plan to address data quality issues since the last monitoring visit.	<input type="checkbox"/> Action Needed	
	The organization documents the homeless status of clients served, as well as any other eligibility criteria for the project.	<input type="checkbox"/> In Compliance	

		Intake workers and HMIS users understand the required data elements and how to present them to clients in a way to get accurate information.		
		The organization's paper intake forms, if applicable, include all data elements required to be entered into HMIS.		
		Random selection of client files show complete data collection process and match data entry in HMIS.		
<b>Total Score</b>				

The combined total of the total scores in the sections above results in the specific project's monitoring visit score.

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "exceeding expectations".

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "meeting expectations".

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "below expectations".

Projects with scores between (\_\_\_\_) – (\_\_\_\_) will be determined as "severely at-risk".

**Upon completion of monitoring visit**

Data Quality Improvement Plan needed?        Yes        No

    If yes, has plan been created?                Yes        No

**Notes**

\_\_\_\_\_  
Monitor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Executive Director/Representative

\_\_\_\_\_  
Date



# Appendix D: HMIS Data Quality Improvement Plan

Date of Data Quality Improvement Plan Implementation: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Contact and Information: \_\_\_\_\_

Name of Project(s) included in DQIP: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agency Staff Responsible for DQIP:**

Staff Person	Role
_____	_____
_____	_____
_____	_____

**HMIS Lead Agency Staff Responsible for DQIP:**

Staff Person	Role
_____	_____
_____	_____

**CoC Staff Responsible for DQIP:**

Staff Person	Role
_____	_____
_____	_____

Issue	Baseline Not Currently Being Met	How to Address	How Often and Who is Responsible	Date Completed

**Additional Narrative:**

If the agency does not remain communicative and interactive with the HMIS Lead Agency to address the issue(s) by following through with the above steps, the ND CoC will consider this DQIP in default and will use incentives and enforcements available, including a loss of supports and dollars currently provided to the agency.

Acknowledgement and Acceptance of Data Quality Improvement Plan

\_\_\_\_\_  
Signature of Executive Director/Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
HMIS Lead Agency Manager/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
ND CoC Coordinator

\_\_\_\_\_  
Date

## Appendix E: HMIS Data Quality Performance Monitoring and Improvement Strategies

### I. User/Front-end Data Quality

#### A. Data Completeness

Why It Matters	How to Address	How Often
For accurate reporting and to analyze trends in homelessness data over time, data needs to be complete	Data Completeness Reports with deadlines for fixing errors	Data Completeness Reports provided to individual users/agencies monthly/every other month
Attempt to have as few null, missing, data not collected, client refused, and client doesn't know options as possible	Report Cards that may be publicly available	Report Cards publicly available quarterly (by provider or project type)
Data completeness is the easiest thing to focus on when discussing overall data quality, because it is easy to tell if a client's HMIS record is complete or not	Set a baseline for data completeness for each project type in HMIS Policies and Procedures	Review HMIS Policies and Procedures annually and review data completeness baselines for each project type
Data collection and data entry is not a one-time event and agencies should attempt to collect data for clients served over time, as working relationships are developed and trust is built	Provide one-on-one/remedial training for users	HMIS LA offer one-on-one/remedial training for users on an ad-hoc/regular basis

## B. Data Timeliness

Why It Matters	How to Address	How Often
<p>To benefit clients most immediately, data needs to be entered into HMIS in a timely manner (most directly affects clients as it relates to Coordinated Entry)</p>	<p>Data Quality Report that shows length of time between the date the information was gathered from the client (Project Start or other date) and the date the data was entered into HMIS</p> <p>Ensure that agencies and projects entering data into HMIS have sufficient users/staff support to maintain a data timeliness standard</p> <p>Showing, in real life, how lack of data timeliness directly affects clients (for example, a client not appearing on the Prioritization List for Coordinated Entry in time for a case conferencing meeting because the data was not entered into HMIS)</p> <p>Agencies communicate with HMIS LA about any other databases into which they have to enter data and take steps to avoid dual data entry, if possible</p>	<p>Data Quality Reports provided to individual users/agencies monthly/every other month</p> <p>HMIS LA talk with agencies/providers when new projects come online or agencies expand what activities they are doing in HMIS to ensure that the user base is sufficient to maintain a data timeliness baseline (proactive, not reactive – agencies talk with HMIS LA before these changes/expansions occur, not during or after)</p>
<p>Data also needs to be entered into HMIS in a timely manner so that reports and data visualizations are accurate and include all clients served and all data elements collected</p>	<p>A baseline should be set in the HMIS Policies and Procedures – the baseline may differ by project types, with some requiring more stringent data timeliness standards than others</p>	<p>Review HMIS Policies and Procedures annually and review data timeliness baselines for each project type</p>

### C. Data Congruency

Why It Matters	How to Address	How Often
<p>When the answer to whether a client has any monthly income overall, but then there is a specific income source recorded as a “yes” with a monthly dollar amount, this is incongruity</p> <p>This issue occurs most often when recording responses to the “HUD Verification” questions in HMIS:</p> <ul style="list-style-type: none"> <li>• Health Insurance Coverage</li> <li>• Disabling Conditions</li> <li>• Monthly Income</li> <li>• Non-Cash Benefits</li> </ul> <p>Data congruency is an issue with responses to the Prior Living Situation questions not being consistent among each other</p>	<p>HUD’s Data Quality Framework, as well as other reports that look at answers that don’t match each other in HMIS</p> <p>A report that looks specifically at the 3.917 questions (Residence Prior to Project Entry, Length of Time in Previous Place, Approximate Date Homelessness Started, # of Times Experiencing Homelessness in Last 3 Years, and # of Months Experiencing Homelessness in Last 3 Years) and if any of the answers in that data set conflict with one another</p> <p>Education and an understanding how the 3.917 answers can significantly skew the System Performance Measures</p> <p>HMIS LA provide ongoing/ad hoc trainings about the 3.917 questions and how to answer them, as well as the HUD Verification questions and how to update them when changes occur in the client’s situation</p>	<p>Data Quality Framework and/or other reports provided to users/agencies monthly/every other month</p> <p>Review of System Performance Measures on a regular basis throughout the year to ensure the 3.917 answers are not skewing the data in any specific obvious way</p> <p>HMIS LA offer one-on-one/remedial training for users on an ad-hoc/regular basis</p> <p>HMIS LA offer ongoing education on the effect specific data elements have on the System Performance Measures</p>

#### D. Data Accuracy

Why It Matters	How to Address	How Often
<p>Data completeness, in and of itself, does not speak to the accuracy of the data entered in HMIS and if that is a true reflection of the client's situation</p> <p>When the data entered in HMIS is not a true reflection of the client's reality, this causes accuracy issues</p> <p>Some of these can be difficult to determine, because HMIS doesn't know what HMIS doesn't know. A few, though, include:</p> <ul style="list-style-type: none"> <li>• Multiple open entries into the same project type for the same client</li> <li>• No defined Head of Household</li> <li>• Multiple defined Heads of Household</li> </ul>	<p>Reports that look for multiple Heads of Household and no Head of Household issues</p> <p>Reports that look at multiple open entries in the same project type for clients/households</p> <p>Regular communication with users/agencies to ensure that the data in HMIS is a true reflection of the project's reality (does overall client count make sense, demographics served make sense, services provided, dollars spent, etc.)</p>	<p>Reports that look at data accuracy provided to users/agencies every month/every other month</p> <p>Discussions between users/agencies and the HMIS LA occur as needed, at a minimum, annually during HMIS Monitoring</p>

F. Other indicators

1. Timely Entries into Project

How to Address	How Often	Why It Matters
<p>The sooner data is entered into HMIS, the sooner it is available for reporting purposes, prioritization purposes, data analysis purposes, making data-informed decisions, and more</p> <p>Entering data in a timely manner also ensures that data is not lost or forgotten</p>	<p>Same type of tools for the overall Data Timeliness piece, but focused on the Project Start Date for clients/households</p> <p>Report of project/bed/unit utilization could also be helpful</p> <p>A baseline should be set in the HMIS Policies and Procedures – the baseline may differ by project types, with some requiring more stringent data timeliness standards than others</p> <p>For project types with a heavy lift for the number of clients seen and entered in the project (such as mass emergency shelters and CARES), ensure sufficient staff are available to enter data in HMIS to maintain data timeliness baseline</p>	<p>Data timeliness reports provided to users/agencies monthly/every other month</p> <p>Bed utilization provided to users/agencies every other month/quarterly</p> <p>Review HMIS Policies and Procedures annually to edit/update the data timeliness baseline by project type, as needed</p> <p>Regular communication between users/agencies and HMIS LA to ensure that the number of HMIS users is sufficient to maintain sufficient data timeliness</p>



## 2. Timely Exits from Project

How to Address	How Often	Why It Matters
<p>Clients who are not exited from projects in a timely manner drive up the average length of time a client is served in the project</p> <p>Can also cause overlapping open entries into the same project type for a client who transitions from, for example, one shelter to another if the client was not provided a timely exit in HMIS from the first shelter</p> <p>Can cause the project to look like it is highly over-utilized</p>	<p>Same type of tools for the overall Data Timeliness piece, but focused on the Project Start Date for clients/households</p> <p>Report of project/bed/unit utilization could also be helpful</p> <p>Report of clients who have been in a project type longer than normally anticipated (for example, Emergency Shelter longer than 90 days, Transitional Housing longer than 2 years, etc.) – a “No Exits” report</p> <p>A baseline should be set in the HMIS Policies and Procedures</p> <p>May differ by project types, with some requiring more stringent data timeliness standards than others</p> <p>For project types with a heavy lift for the number of clients seen and exited out of the project (such as mass emergency shelters and Coordinated Entry), ensure sufficient staff are available to enter data in HMIS to maintain data timeliness baseline</p>	<p>Data timeliness reports provided to users/agencies monthly/every other month</p> <p>Bed utilization provided to users/agencies every other month/quarterly</p> <p>“No Exits” report provided to users/agencies quarterly to verify accuracy of clients not exited from project/actively still served</p> <p>Review HMIS Policies and Procedures annually to edit/update the data timeliness baseline by project type, as needed</p> <p>Regular communication between users/agencies and HMIS LA to ensure that the number of HMIS users is sufficient to maintain sufficient data timeliness</p>

3. All Clients Served are Entered

How to Address	How Often	Why It Matters
<p>Ensuring that all clients that are served in a project are entered in the project in HMIS is important but can be difficult to report on</p> <p>If the project is a shelter or housing project, the number of clients served can be compared to the number of beds/units available in the project to look for under-utilization</p> <p>Ensure accurate entry of household members who enter the project after the Head of Household has been entered in the project</p>	<p>Report of project/bed/unit utilization for project types</p> <p>Comparison of number of clients entered in HMIS vs. what the agency has stated is their target number of clients served for any given period of time</p> <p>Report of “orphaned” children for households who have entered projects at different times</p>	<p>Reports on utilization provided to users/agencies every month/every other month</p> <p>Review of clients entered in HMIS vs. what the grant states about the number of clients the agency will serve with the given project – at a minimum, quarterly</p> <p>Report of households who have entered in projects at varying times to users every month/every other month (depending on how often this occurs)</p>

**II. HMIS Setup Data Quality**

While HMIS data quality is mainly focused on the users, projects, providers, agencies, and CoCs entering data in the system, ensuring that the “behind the scenes” or provider and system setup side of HMIS is completed correctly is vital to ensure accurate reporting and functionality. As an example, the HMIS LA and system administrators should ensure consistency between the CoC’s Housing Inventory Count (HIC) report and the projects that are reported in the Longitudinal System Analysis report, including verification of all homeless projects in the CoC, regardless of HMIS participation. Ensuring the provider and system setup of HMIS is done correctly is the responsibility of the HMIS LA, with the support of the CoC. Reviewing the provider and system setup of HMIS should be an ongoing process for the HMIS LA and the processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation. The HMIS setup serves as the backbone for the entire system’s accuracy and data quality.

#### A. Provider Naming Convention

While the specific convention any given HMIS LA uses will be different, consistency within the way projects are named will assist in a streamlined user experience and organize the system.

Why It Matters	How to Address	How Often
Ensuring the naming convention in HMIS makes sense and follows a sense of order is important, not only for internal use, but if the HMIS LA role ever shifts to another entity, the new entity will need to know what name is attached to what project in the system.	Ensure that the HMIS LA has a consistent naming convention for the system that is documented and easily understood.	This should be reviewed at least annually, if not more often.
Naming conventions in HMIS assist in system organization, both on the user side and the setup side, and helps users know which project is which when they are entering data.	Use reports from HMIS to see what the provider names are currently, and if there is inconsistency among them, fix.	When new agencies/projects come online, ensure consistency in their naming in HMIS.

#### B. Project Descriptor Data Elements

The Project Descriptor Data Elements (PDDEs) are vital in ensuring accurate reporting. HUD's [Project Setup Tool](#) on how to build projects in HMIS correctly is a great resource for HMIS LAs.

Why It Matters	How to Address	How Often
The PDDEs in HMIS are vital to ensuring accurate reporting, as it includes project type, grants received, CoC code, bed/unit inventory, etc.	Use reports from HMIS to ensure providers have the accurate PDDEs associated with them.	This should be reviewed at least annually, if not more often.
The PDDEs also increase the efficiency and accuracy of reporting for HIC, LSA, SPMs, and other federally required reports.	When new agencies/projects come online, work with the agency to ensure there is sufficient information provided to include accurate PDDEs.	The <a href="#">HUD HMIS Data Standards</a> also address PDDEs extremely thoroughly and any changes will be reflected in the most recent versions.

### C. All Necessary Data Elements Available

Each HMIS software functions slightly differently, but all of them allow for the HMIS LA to ensure that the data elements needed for each project are available to that project to complete.

Why It Matters	How to Address	How Often
The HMIS LA must ensure that all required data elements, by project type and funding stream, are available to all projects that need them. Any locally required data elements also must be available to all projects that need them.	Review all assessments in HMIS – availability to agencies, data elements included, and compare to <a href="#">HUD HMIS Data Standards</a> dictionaries.	Any time new data standards are released, assessments should be reviewed for accuracy.
This is vital for accurate reporting, data completeness, maintaining HMIS to keep in line with HUD and federal partner standards, etc.	Use reports from HMIS that allow for viewing which data elements are included in which assessments and which projects have access to those assessments.	When new agencies/projects come online, ensure appropriate access to all necessary data elements.

### D. Visibility

Each HMIS software functions differently and HMIS LAs will need to understand how visibility works in the specific system to ensure that the visibility of client records in HMIS aligns with the CoC's Privacy Plan.

Why It Matters	How to Address	How Often
Visibility of providers, data elements, and client records is necessary to ensure a client's right to privacy is protected and that the data is shared in HMIS when allowed.	<p>Visibility can be difficult to report on easily and may need to be reviewed manually, depending on the HMIS software used.</p> <ul style="list-style-type: none"> <li>• Review the default visibility settings of providers.</li> <li>• Review the default visibility of specific data elements and client records.</li> <li>• Review visibility groups to ensure all projects signed on to an Interagency Data Sharing Agreement are included in the group.</li> </ul>	Visibility should be reviewed at least every six months and every time a major change occurs at any level.

<p>Users must have access to the correct project types to enter data in HMIS for clients they serve.</p> <p>Users must have access to the appropriate data elements for the various project types in HMIS to ensure accurate and complete data entry for clients they serve.</p>	<p>Communication between the HMIS LA and users/agencies to ensure that the HMIS LA knows what users need access to in HMIS, as well as how agencies would like their project visibility set up.</p>	<p>Ensure the documentation surrounding privacy and sharing is consistent with itself, including the client-facing ROI, HMIS Consumer Notice, Privacy Plan, HMIS Policies and Procedures, etc. – these documents should always be reviewed in conjunction with each other and no less than annually.</p>
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#### E. Appropriate Workflows

Each HMIS software functions differently and HMIS LAs must understand the specific system to ensure the most efficient and effective workflow for any given project.

Why It Matters	How to Address	How Often
<p>Ensure appropriate workflows for users for project types using the easiest/least cumbersome data entry process that allows for the highest data quality. HMIS data entry should not monopolize a user's time, as a person entering data in HMIS is usually juggling many other required tasks, including direct client care.</p>	<p>Ensure the HMIS LA knows the workflows available for any given project type and weigh all pros and cons of any given workflow.</p>	<p>Communication between the users and HMIS LA should occur on a regular/ongoing basis to ensure that the workflows set up in HMIS are not burdensome or overly time-consuming for users.</p>
<p>The more burdensome HMIS data entry is to users, the less likely it is to get high-quality data in the system.</p>	<p>Provide sufficient training materials in different venues – in-person trainings, webinars, visual guides, videos, etc. to ensure users who learn through different ways have access to sufficient resources.</p> <p>Provide ongoing trainings/ad hoc trainings to ensure users maintain high data quality.</p>	<p>HMIS LA should be informed of any issues with the workflow as soon as it is discovered by users.</p>

F. Documenting Changes Made in HMIS

Ensuring there is a “trail” for the changes made in HMIS over time is important so that all involved entities can ask and then know when and why something changed.

Why It Matters	How to Address	How Often
Documenting changes made to the setup of HMIS is important to maintain internal consistency. It is also important to have a history of what has been done to HMIS over time if the HMIS LA role shifts from one entity to another.	This could be done in different ways, including: <ul style="list-style-type: none"><li data-bbox="732 472 1031 535">• Reports from HMIS itself</li><li data-bbox="732 556 1039 651">• An internally shared google document or excel spreadsheet</li><li data-bbox="732 672 1063 798">• A PDF that is updated and made available publicly on a regular basis</li></ul>	Documentation of changes made in HMIS should occur any time a change is made. Sharing of that documentation can occur as the community sees fit.

## Appendix F: HMIS Monitoring Tool

HMIS Agreements		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency has communicated policies and expectations within the Agency Partner Agreement to staff through providing them a copy of the signed Agency Partnership Agreement, internal training, or other form of communication.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency has had a change in leadership (board chair, executive director, or equivalent) since the current Agency Partnership Agreement was signed.
<b>If yes, who is the new contact?</b>		
<b>Signatory of the last APA:</b> _____		
FR: Vol 69, No 146 4.2.6 (4) & Vol 76, No 237 580.9(c) 580.35		
Privacy & Security Standards		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Consumer Notice is posted in the lobby or intake area where it is visible to clients, for all locations. <b>During site visit, ICA will confirm Consumer Notice posted in applicable locations.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency can verify that all formats of the Agency Privacy and Security Notice list the same current HMIS Grievance Officer contact information (paper copies, electronic copies, and website version).
<b>Grievance Officer</b> _____		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Privacy and Security Notice is located on the Agency website. <b>ICA will review website to verify.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of the Agency Privacy and Security Notice is made available to clients upon request. <b>A copy must be provided to ICA at the time of the site visit.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency has provided a copy of the Agency Privacy and Security Notice to each individual user who has signed in agreement of receipt and willingness to abide by it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency has encountered a need for HMIS paperwork to be provided in other languages.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency can verify that all formats of the Agency Privacy and Security Notice list the same current HMIS Grievance Officer contact information (paper copies, electronic copies, and website version).
<b>If yes, please list which other language(s) has been requested:</b>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Site stores client records and reports generated from HMIS in a secure manner (locked filing cabinets, locked offices, etc.)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Site uses a secure method of disposal for all HMIS reports and records with client information not being stored in the client file (shredding/burning). <b>During site visit, ICA will confirm security measures followed.</b>



<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency escorts visitors and clients to designated areas to ensure HMIS data is not seen.
FR: Vol 69, No 146 4.2 (1-6); 4.3.3		

### Client Consent

<input type="checkbox"/> Yes	<input type="checkbox"/> No	A completed Client Informed Consent to Share and Release of Information form is on file for all households for each project (including refusals). <b>ICA will run the ROI Report Validation report to confirm all required projects are logging the ROIs in HMIS and will cross check three files per project or ten per agency.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>ICA staff only:</b> Were there any clients appearing on the ROI Validation Report as “no”?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>ICA staff only:</b> If yes, is there record that the client’s HMIS record was properly secured/locked?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Agency has provided a copy of the Agency Privacy and Security Notice to each individual user who has signed in agreement of receipt and willingness to abide by it.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <b>For STL CE only.</b> A completed <i>Coordinated Entry Participation Agreement</i> (CEPA) is on file for all households for the project (including any refusals).
FR: Vol 69, No 146 4.2.3 (1-7)		

### Data Collection

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Does the agency utilize ICA created data collection forms? <i>If live data entry is done, please select N/A.</i> <b>If No, provide a copy of intake, update, and exit paperwork used to collect HMIS information.</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No		<b>Universal Data Elements</b> are being collected on every client at entry, updates, annually (if applicable), and at exit. <i>Universal Data Elements: Name; Name Data Quality; Social Security Number; Social Security Number Data Quality; Date of Birth; Race; Ethnicity; Gender; Veteran Status; Disabling Condition; Project Start Date; Project Exit Date; Destination; Client Location (CoC); Relationship to Head of Household; Housing Move-in Date (if applicable), Prior Living Situation</i>
HMIS Data Standards Manual June 201			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<b>Program Specific Data Elements</b> are being collected for all CoC, ESG, RHY, PATH, and VA funded projects about every client at entry, update, annually (if applicable), and at exit.
HMIS Data Standards Manual June 2019			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<b>Agency/Community Specific Data Elements</b> are being collected as defined by any special assessments created specifically for this agency.

## HMIS Data Self-Monitoring Plan

- Yes     No    Agency has reviewed the TAA Report to ensure all information is accurate, all users are currently active, and projects listed are being actively used.  
**Please notify System Administrator of any updates during your site visit.**
- Yes     No    Agency follows a self-monitoring plan to ensure quality of data in HMIS.  
**Please have verification prepared during site visit to ensure agency is actively following plan.**
- Yes     No    Agency has reviewed the TAA Report to ensure all information is accurate, all users are currently active, and projects listed are being actively used.  
**Please notify System Administrator of any updates during your site visit.**

Yes     No    Does Agency have satellite office locations which collect client data and/or access HMIS?

Yes     No    **If yes, does each satellite office location follow all HMIS policies and regulations listed above?**

Please list each satellite location below:

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

**ALL USER WORKSTATION FORMS SHOULD BE COMPLETED ON EACH HMIS USER AND/OR WORKSTATION AND PREPARED TO SUBMIT TO ICA AT THE TIME OF THE SITE VISIT.**

**ICA Internal.**

Site Visit Date: \_\_\_\_\_ Location(s) visited: \_\_\_\_\_

Authorized Representative(s) Present: \_\_\_\_\_

HMIS System Administrator Signature: \_\_\_\_\_