HMIS NEW DATA STANDARDS / UPGRADE QUICK REFERENCE

NOTICE

Any client who was actively enrolled in a program/project or was actively receiving services any time on or after October 1, 2014 must have their data updated to reflect the new data standards.

For more in depth definitions of all HUD Data Elements please see the HMIS Data Standards Manual from www.hudexchange.info.

MINOR BUT IMPORTANT CHANGES:

NAME DATA QUALITY:

- New field to be entered when creating a new client.

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<tbody>
<tr>
<td>‣ Full Name Reported</td>
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<tr>
<td>‣ Partial, Street Name, or Code Name Reported</td>
</tr>
<tr>
<td>‣ Client Doesn’t Know</td>
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<tr>
<td>‣ Client Refused</td>
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VETERAN STATUS

- Veteran Status will be entered on the same screen that you enter a client’s Social Security Number when you first add a client to the system.

- Veteran Status is now included in both the 1st and 2nd options on the new Client Consent Form (ROI). Make sure the client has agreed to share this data, either by having chosen the 1st option on the old consent form or one of the first two options on the new consent form.

RESIDENCE PRIOR TO PROJECT ENTRY

- Added choice: “Foster Care Home or Foster Care Group Home”

- Added Choice: “Long term care facility or nursing home”

- Added Choice: “Residential project or halfway house with no homeless criteria”

- Added Choice: “Rental by Client, with GPD TIP Subsidy”

LENGTH OF STAY IN PREVIOUS PLACE

- Added Choice: “One day or less”

- Changed Choice: “One week or less” is now “Two days to One Week”
**RELATIONSHIP TO HEAD OF HOUSEHOLD**

- Relationship to head of household has been limited to only a few choices and must be collected at each Project Entry (in addition to question on household screen).

<table>
<thead>
<tr>
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<tr>
<td>‣ Self (Head of Household)</td>
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<tr>
<td>‣ Head of household’s child</td>
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<tr>
<td>‣ Head of household’s spouse or partner</td>
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<tr>
<td>‣ Head of household’s other relation member*</td>
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<td>‣ Other: non-relation member</td>
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*examples: nephew, niece, grandmother, grandfather, uncle, etc.*

**INCOME SOURCE**

- Changed Choice: “Veterans Disability Payment” is now “VA Service-Connected Disability Compensation”
- Changed Choice: “Veterans Pension” is now “VA Non-Service-Connected Disability Pension”

**PERCENTAGE OF AMI:**

- Changed Field: Used to be “Household AMI Level”

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<td>‣ Greater than 50%</td>
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<td>‣ 30% to 50%</td>
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<td>‣ Less than 30%</td>
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- Use the old field to update the new field. Do not add new data to the old field.

**ANNUAL ASSESSMENT**

- Assessment Change: All clients who are enrolled in a project for 1 year or more must have an annual assessment that is **within 30 days before or after the client’s anniversary of their Entry Date.**
  - You MUST choose “Annual Assessment” from the Interim Review Type for reports to recognize it as THE annual assessment. *Especially crucial for the APR.*

**UPDATE (INTERIM ASSESSMENTS)**

- Reminder: anytime client data changes (e.g. loss or gain of income) you must use the Interim Dialogue link on the Entry/Exit Tab that shares the same row as the Project.
- We strongly encourage you to use the “Update” for the “Interim Review Type” unless it is the Annual Assessment.
- There’s no limit to Interim Reviews if they are dated between the Entry and the Exit. So if the data changes, add another “Update” for the date it changed.
- Reminder: if you made an error when entering the client and need to Fix data, do so on the Entry Screen by clicking the pencil underneath and slightly left of the Entry Date...BUT only if you need to Fix an error.
MAJOR CHANGES

RELEASE OF INFORMATION

- Documentation: There are now two options for “Signed Consent”
  - Signed Consent – Profile Plus *(Client chose the first option on the consent form)*
  - Signed Consent – Profile Only *(Client chose the second option on the consent form)*

CLIENT LOCATION

- New Field: This is the HUD-assigned CoC Code. For all of Suburban Cook County it will always be **IL-511**.
- SSVF: The only program that may choose something other than IL-511 and *only if* it applies.

LENGTH OF TIME ON STREET, IN AN EMERGENCY SHELTER, OR SAFE HAVEN

- New Field: A 4-part question that replaces Chronic Homeless questions.

  Question 1: “Continuously homeless for at least one year?”
  - Select-
    - Yes
    - No
    - Client Doesn’t Know
    - Client Refused

  Question 2: “Number of Times the Client has been Homeless in the Past Three Years?”
  - Select-
    - 0 (not homeless—Prevention Only)
    - 1 (homeless only this time)
    - 2
    - 3
    - 4 or more
    - Client Doesn’t Know
    - Client Refused

  Question 2.1: “*(If 4 or more)* Total number of months homeless in the past three years?”
  - Select-
    - [Choose # between 0 and 12]
    - More than 12 months
    - Client Doesn’t Know
    - Client Refused

- Question 3: “Total number of months continuously homeless immediately prior to project entry”
  - Enter number of months

- Question 4: “Status Documented”
  - “Yes” | “No”
**HOUSING STATUS** (see HOUSING STATUS DEFINITION on page 7)

- Change: Housing status is collected only at entry.

<table>
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<tbody>
<tr>
<td>‣ Category 1 – Homeless</td>
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<tr>
<td>‣ Category 2 – At imminent risk of losing housing</td>
</tr>
<tr>
<td>‣ Category 3 – Homeless only under other federal statutes</td>
</tr>
<tr>
<td>‣ Category 4 – Fleeing domestic violence</td>
</tr>
<tr>
<td>‣ At-risk of homelessness</td>
</tr>
<tr>
<td>‣ Stably housed</td>
</tr>
<tr>
<td>‣ Client Doesn’t Know</td>
</tr>
<tr>
<td>‣ Client Refused</td>
</tr>
</tbody>
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**HUD VERIFICATION**

- NEW PROCEDURE for the Disability, Income, Non-Cash Benefits and Health Insurance Sub-Assessments
- For each specific source of a data element HUD is asking for verification that the client was asked about that source by entering “Yes” “No” “Client Refused” or “Client Does Not Know” into HMIS.
  - Example: Does the client have...

| Earned Income? | oYes | oNo | oClient Doesn’t Know | oClient Refused |
| Unemployment Insurance? | oYes | oNo | oClient Doesn’t Know | oClient Refused |
| Supplemental Security Income (SSI) | oYes | oNo | oClient Doesn’t Know | oClient Refused |
| etc. | oYes | oNo | oClient Doesn’t Know | oClient Refused |

- For Each “YES” the Sub-Assessment will pop up for Amount and Start Date
- Use the HUD Verification link added to each sub-assessment on the top, right corner.

**HEALTH INSURANCE**

- New Field: Is the client covered by health insurance?

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<tbody>
<tr>
<td>‣ Yes</td>
</tr>
<tr>
<td>‣ No</td>
</tr>
<tr>
<td>‣ Client Doesn’t Know</td>
</tr>
<tr>
<td>‣ Client Refused</td>
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</table>

- Sources of Health Insurance

| Medicaid | Medicare |
| State Children’s Health Insurance | Veteran’s Administration (VA) Medical Services |
| Employer Provided Health Insurance | Health insurance obtained through COBRA |
| Private Pay Health Insurance | State Health Insurance for Adults |

**NON-CASH BENEFITS**

- Changed Choices: Medicaid and Medicare are no longer Non-Cash Benefit Sources but have been moved to the Health Insurance Sub-Assessment.
HOMELESS PREVENTION

HOUSING ASSESSMENT AT EXIT

• New Field for Prevention Projects
  
  -Select-
  › Able to maintain the housing they had at project entry*
  › Moved to a new housing unit+
  › Moved in with family/friends on a temporary basis
  › Moved in with family/friends on a permanent basis
  › Moved to a transitional or temporary housing facility or program
  › Client became homeless – moving to a shelter or other place unfit for human habitation
  › Client went to jail/prison
  › Client died
  › Client doesn’t know
  › Client refused

• *(If able to maintain the housing they had at project entry) Subsidy Information:
  
  -Select-
  › Without a subsidy
  › With the subsidy they had at project entry
  › With an ongoing subsidy acquired since project entry
  › Only with financial assistance other than a subsidy

• *(If moved to new housing unit) Subsidy Information:
  
  -Select-
  › With an ongoing subsidy
  › Without an ongoing subsidy

RAPID RE-HOUSING

RESIDENTIAL MOVE-IN DATE

• New Field: Collect at entry and updated throughout client enrollment (using the interim dialogue).

• In Permanent Housing: Yes | No
  
  o If Yes, Date of Move In.
**SSVF (Supportive Services for Veteran Families)**

**Last Permanent Address**

- New Requirement: Record the Last Permanent Address in the Client Residence Sub-Assessment on the Entry Screen (address where client last lived for 90 days or more).

**VETERAN INFORMATION**

- New Sub-Assessment! All information in previous sub-assessments must be added to the new “Veteran Information” sub-assessment. The previous veteran information questions have been included temporarily to facilitate entry of data into the new sub-assessment. The old questions will eventually be removed.

- Veteran Information Sub-Assessment includes:
  - Year Entered Military Service
  - Year Separated from Military Service
  - List of Wars/Service Operations with a Yes | No | Client Doesn’t Know | Client Refused dropdown, including:
    - World War II, Korean War, Vietnam War, Persian Gulf War, Afghanistan, Iraq Freedom, Iraq Dawn, Other Peace-keeping Operations or Military Interventions
  - Branch in Military

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<tbody>
<tr>
<td>› Army</td>
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<tr>
<td>› Air Force</td>
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<tr>
<td>› Navy</td>
</tr>
<tr>
<td>› Marines</td>
</tr>
<tr>
<td>› Coast Guard</td>
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<tr>
<td>› Client doesn’t know</td>
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<tr>
<td>› Client refused</td>
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</table>

- Discharge Status

<table>
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<tbody>
<tr>
<td>› Honorable</td>
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<tr>
<td>› General under honorable conditions</td>
</tr>
<tr>
<td>› Under other than honorable conditions (OTH)</td>
</tr>
<tr>
<td>› Bad Conduct</td>
</tr>
<tr>
<td>› Dishonorable</td>
</tr>
<tr>
<td>› Uncharacterized</td>
</tr>
<tr>
<td>› Client doesn’t know</td>
</tr>
<tr>
<td>› Client refused</td>
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</tbody>
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**SERVICE TRANSACTIONS**

- HPRP fields have been removed.
- Start date is the date the client received the service or the date the check was cut and/or landlord paid.
- After Choosing Service Type, choose a corresponding “SSVF Service Type” OR “SSVF Financial Assistance Type.” CHOOSE ONLY ONE TYPE.
- If the service is Financial, record the amount of the check in “SSVF Financial Assistance Amount”
**Housing Status Definitions**

- **“Category 1 – Homeless”**
  An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  
  (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; OR
  
  (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); OR
  
  (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

- **“Category 2 – At imminent risk of losing housing”**
  Housing Loss in **14 Days**: An individual or family who will imminently lose their primary nighttime residence1 provided that:
  
  (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; AND
  
  (ii) No subsequent residence has been identified; AND
  
  (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing.

- **“Category 3 – Homeless only under other federal statutes”**
  Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  
  
  (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance; AND
  
  (iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; AND
  
  (iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree of General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.
• “Category 4 – Fleeing domestic violence”

Category 4 should only be used when the household does NOT meet any other category but is homeless solely because they are fleeing domestic violence. Category 4 includes any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual’s or family’s primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; AND

(ii) Has no other residence; AND

(iii) Lacks the resources or support networks, e.g., family, friends, faith based or other social networks, to obtain other permanent housing.

• “At-Risk of Homelessness”

At project entry, this category is only a valid response for clients being served by Homelessness Prevention or Coordinated Assessment projects. This category includes:

(1) An individual or family who:

   (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD; AND

   (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in Homeless Category 1 above; AND

   (iii) Meets one of the following conditions:

      (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

      (B) Is living in the home of another because of economic hardship;

      (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

      (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

      (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons per room, as defined by the U.S. Census Bureau;

      (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

      (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved consolidated plan (for ESG projects) or the jurisdiction’s approved consolidated plan (for non-ESG projects); OR

(2) A child or youth who does not qualify as “homeless” under the categories described above, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of

(3) A child or youth who does not qualify as “homeless” under the categories described above, but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living them.

• **“Stably Housed”**

An individual or family who is not otherwise experiencing homelessness or at risk of homelessness according to the categories above.