Institute for Community Alliances

HMIS USER GUIDE FOR COC PROJECTS

PERMANENT SUPPORTIVE HOUSING (PSH) | RAPID RE-HOUSING (RRH)
TRANSITIONAL HOUSING (TH) | SUPPORTIVE SERVICES ONLY (SSO)

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DATA ENTRY QUICK REFERENCE

This section provides simplified instructions for common data entry tasks. Please refer to the General HMIS Instructions and upcoming sections of this document for further instruction.

Your agency may have a project that receives funding from multiple sources for the same project to serve the same clients. If you are using a single HMIS provider to report out to multiple funders, you will need to complete the data entry and reporting requirements for *each funder.* For detailed instructions, please refer to the Using one provider for multiple funding sources article found on MN's HMIS Knowledge Base.

CREATE A NEW CLIENT RECORD

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
2. Make sure that the client is not already in HMIS by searching for different combinations of their information.
3. If no records match, fill out all of the search prompts and click on **Add New Client With This Information**.
    a. If the client has consented to participate in statewide data sharing, enter the word **SHARED** in the **Alias** field.
4. When prompted, enter the date of the client's entry into the project and select **Set New Back Date**. If the client entered the project today, you can select **Current System Date**. (The date can be changed by clicking on **Back Date** in the top-right corner of the screen.)
5. Select the **Client Profile** tab and enter any information missing from the **Universal Profile Assessment**.
    a. If a client has agreed to statewide data sharing, enter a **Date of ROI Consent**.
6. If the client is being served with other household members, click on the **Households** tab and either add them to an existing household or create a new household.

Enter a Client into a Project

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
    a. If entering data for a household, be sure to search for the head of household.
2. When prompted, enter the date of the client's entry into the project and select **Set New Back Date**. If the client entered the project today, you can select **Current System Date**.
    a. The date can be changed by clicking on **Back Date** in the top-right corner of the screen.
3. Click on the **Entry / Exit** tab and select **Add Entry / Exit**.
    a. If entering a household, check the box next to each client included in the entry.
    b. Select **HUD** from the **Type** drop-down menu.
    c. If necessary, adjust the **project start date**, then select **Save & Continue**.
4. For each client included in the entry, complete the data elements on the **HUD: CoC Entry** assessment in the **Entry/Exit Data** pop-up.
    a. If entering data for multiple household members, save time by clicking on **Add Household Data** and completing the **Household Data Sharing Assessment**.

HUD CoC funded Joint TH/RRH projects should refer to the Joint TH/RRH Component Project Data Entry Guidance Knowledge Base article for specific instructions on how to create Entry/Exit records for clients enrolled in their Joint TH/RRH program.

Add a Service Transaction

Services for Moving On Assistance are required for PSH projects only.

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint.**
2. To create a **service transaction,** navigate to the **Service Transactions** tab, then click on the **Services** tab and select **Add Service.**
3. Add the **service** from the Head of Household's record.
    a. If service benefits entire household, it may be recorded solely for the **Head of Household.**
4. Record the date that **Moving On Assistance** was provided as the **Start Date** and select the **Service Type**. **End Date** can be the same date as the **Start Date.** Click **Save & Continue.**
    a. **Start** and **End Dates** of **Services** must fall between their **project start date** and **exit date** recorded in the **Entry / Exit** tab.
5. On the next screen, using the Moving On Assistance Crosswalk, choose the **Moving On Assistance** that matches the **Service Type**. All other fields can be skipped. Scroll to the bottom of the screen and click **Save & Exit**.

Update a Client's Information

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
2. Click on the **Entry/Exit** tab, then select the **Interims** icon for the correct Entry/Exit.
3. In the **Interim Reviews** pop-up, click on **Add Interim Review**.
    a. Select the appropriate **Interim Review Type** from the drop-down menu. Select **Update** for updates prompted by a change. Select **Annual Assessment** when completing the required update that must be within 30 days of the anniversary date of the Head of Household's Project Start Date.
    b. If serving a household, be sure to include all applicable household members in the entry by checking the boxes next to their names.
4. In the **Entry/Exit Interim Review** pop-up, review the **HUD: CoC & ESG Update** assessment answers. Update any answers that are no longer correct with the newest accurate information.

Exit a Client from a Project

1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
2. Click on the **Entry/Exit** tab, then select the **edit pencil** (in the **Exit Date** column) next to the correct entry.
    a. If exiting a household, be sure to include all applicable household members in the exit by checking the boxes next to their names.
    b. Enter the correct **Exit Date** and **Destination**, then click on **Save & Continue.**
3. Complete the **HUD: CoC & ESG Exit** assessment for each household member.

Run a Report

For more information about CoC Reports, refer to the user guide section titled Reporting Guidelines.

1. Click on **Reports** to open the **Report Dashboard**. Select **CoC-APR**.
2. Fill out the prompts in the **Report Options** section, then click on **Build Report**.
3. Review sections **6a – 6f** to identify data quality issues.
4. Click on **Download** to get a zip archive containing the CSV files required for HDX submission.

DATA COLLECTION FORMS

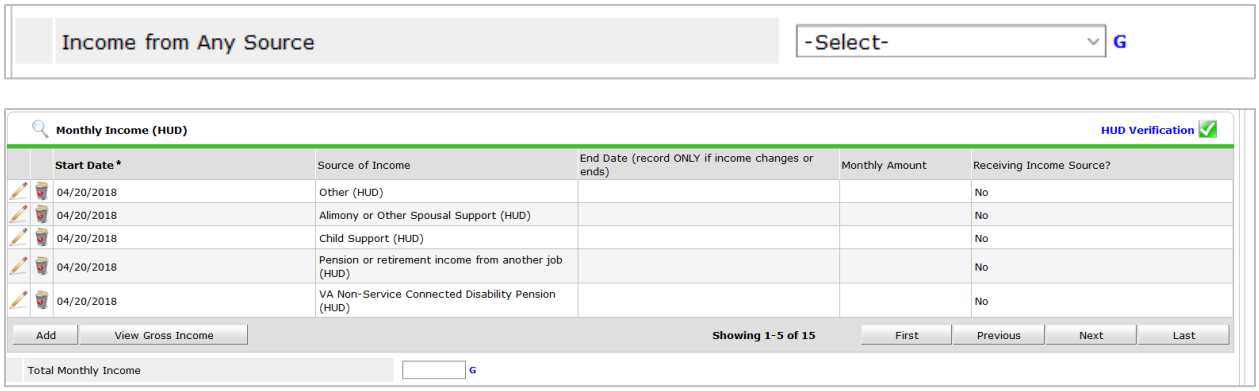
Data collection forms for HUD CoC projects can be found by visiting the Forms and Instructions page on the Minnesota HMIS website. These forms will change as new data standards are released biannually on October 1. There are both PDF and Word versions available for download.

You are not required to use ICA's data collection forms. Staff responsible for data collection should also be aware that their agency may require them to gather non-HMIS data that is not captured by these forms.

PROGRAM-SPECIFIC DATA ELEMENTS

Program-specific data elements are chosen by your funder and are often unique to the types of projects they fund. More information about these data elements, and other common data elements, can be found in the HUD CoC Program Manual and Minnesota's HMIS Data Standards Guide.

4.2 INCOME AND SOURCES



Project Type Applicability: All HMIS Project Types

Data Collected About: Head of Household and Adults

Data Collection Point: Project Start, Update, Annual Assessment and Exit

Rationale: To determine whether the households are accessing all income sources for which they are eligible at the time of project start and to allow for analyzing changes in the composition of income between project start and exit.

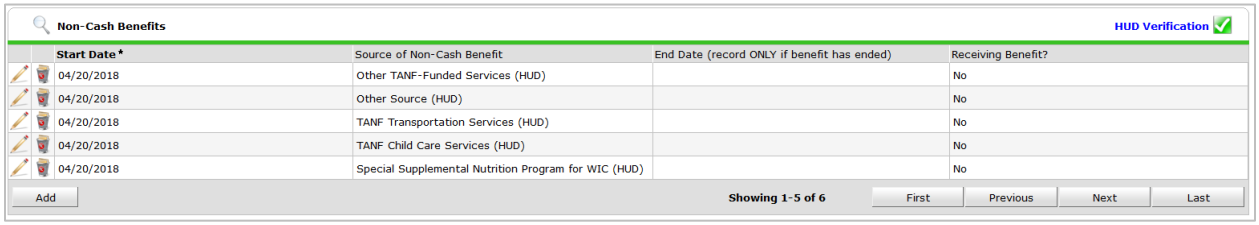
Data Collection Instructions: Indicate whether each head of household served (including minor heads of their own household) and each adult household member have income and the sources of that income.

Field		Dependency	Response Category/Data Type	
1	Information Date	None		[Date]
2	Income from Any Source	None	0	No
			1	Yes

Field		Dependency	Response Category/Data Type	
			8	Client Doesn't Know
			9	Client Refused
			99	Data Not Collected
3	Earned Income	None	0	No
			1	Yes
	A. Monthly Amount	Field 3, Response 1		Currency
4	Unemployment Insurance	None	0	No
			1	Yes
	B. Monthly Amount	Field 4, Response 1		Currency
5	Supplemental Security Income (SSI)	None	0	No
			1	Yes
	C. Monthly Amount	Field 5, Response 1		Currency
6	Social Security Disability Insurance (SSDI)	None	0	No
			1	Yes
	D. Monthly Amount	Field 6, Response 1		Currency
7	VA Service-Connected Disability Compensation	None	0	No
			1	Yes
	E. Monthly Amount	Field 7, Response 1		Currency
8	VA Non-Service-Connected Disability Compensation	None	0	No
			1	Yes
	F. Monthly Amount	Field 8, Response 1		Currency
9	Private Disability Insurance	None	0	No
			1	Yes
	G. Monthly Amount	Field 9, Response 1		Currency
10	Worker's Compensation	None	0	No
			1	Yes
	H. Monthly Amount	Field 10, Response 1		Currency
11	Assistance for Needy Families (TANF)	None	0	No
			1	Yes
	I. Monthly Amount	Field 11, Response 1		Currency

Field		Dependency	Response Category/Data Type	
12	General Assistance (GA)	None	0	No
			1	Yes
	J. Monthly Amount	Field 12, Response 1		Currency
13	Retirement income from Social Security	None	0	No
			1	Yes
	K. Monthly Amount	Field 13, Response 1		Currency
14	Pension or retirement income from former job	None	0	No
			1	Yes
	L. Monthly Amount	Field 14, Response 1		Currency
15	Child Support	None	0	No
			1	Yes
	M. Monthly Amount	Field 15, Response 1		Currency
16	Alimony and other spousal support	None	0	No
			1	Yes
	N. Monthly Amount	Field 16, Response 1		Currency
17	Other Source	None	0	No
			1	Yes
	O. Monthly Amount	Field 17, Response 1		Currency
	P. Specify Source	Field 17, Response 1		[Text]
18	Total Monthly Income	None		[Currency/decimal]

4.3 NON-CASH BENEFITS



Project Type Applicability: All HMIS Project Types

Data Collected About: Head of Household and Adults

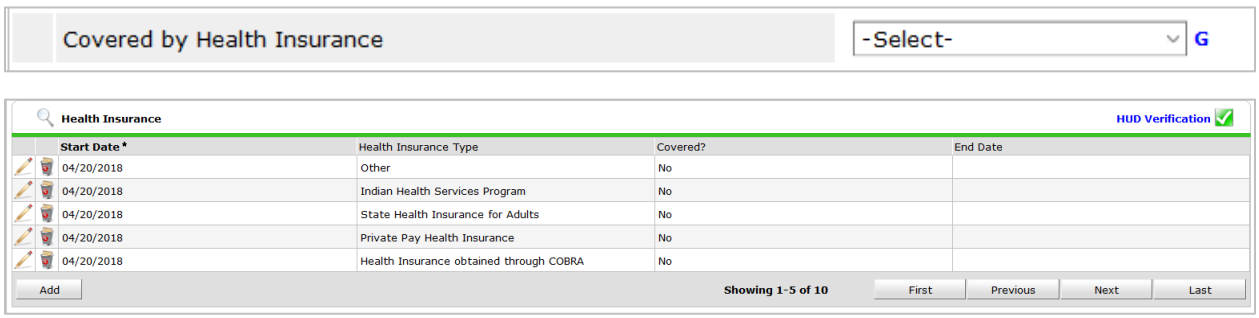
Data Collection Point: Project Start, Update, Annual Assessment and Exit

Rationale: To determine whether households are accessing all mainstream program benefits for which they are eligible at the time of project start and to allow for analyzing changes in the composition of non-cash benefits between project start and exit.

Data Collection Instructions: Indicate whether the head of each household served (including minor heads of their own household) and each adult household member are receiving any of the listed benefits.

Field	Dependency	Response Category/Data Type	
1 Non-Cash Benefits from Any Source	None	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected
2 Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	None	0	No
		1	Yes
3 Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	None	0	No
		1	Yes
4 TANF Child Care Services	None	0	No
		1	Yes
5 TANF Transportation Services	None	0	No
		1	Yes
6 Other TANF-funded Services	None	0	No
		1	Yes
7 Other Source	None	0	No
		1	Yes
A. Specify Source			Text

4.4 HEALTH INSURANCE



Project Type Applicability: All HMIS Project Types

Data Collected About: All Clients

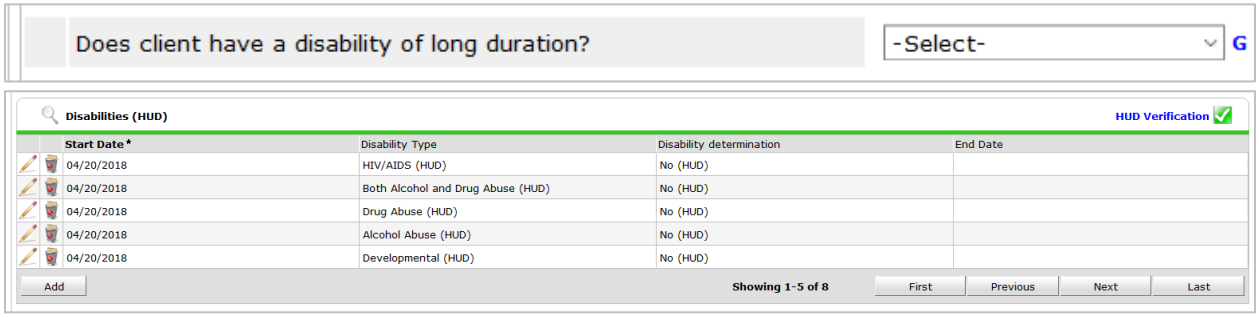
Data Collection Point: Project Start, Update, Annual Assessment and Exit

Rationale: To determine whether clients are accessing all mainstream medical assistance benefits for which they may be eligible, and to ascertain a more complete picture of changes to economic circumstances between project start and exit.

Data Collection Instructions: In separate fields indicate whether clients are receiving health insurance from any of the listed sources.

Field		Dependency	Response Category/Data Type	
1	Covered by Health Insurance	None	0	No
			1	Yes
			8	Client Doesn't Know
			9	Client Refused
			99	Data Not Collected
2	Medicaid	None	0	No
			1	Yes
3	Medicare	None	0	No
			1	Yes
4	State Children's Health Insurance Program (SCHIP)	None	0	No
			1	Yes
5	Veteran's Administration (VA) Medical Services	None	0	No
			1	Yes
6	Employer-Provided Health Insurance	None	0	No
			1	Yes
7	Health Insurance obtained though COBRA	None	0	No
			1	Yes
8	Private Pay Health Insurance	None	0	No
			1	Yes
9	State Health Insurance for Adults	None	0	No
			1	Yes
10	Indian Health Services Program	None	0	No
			1	Yes
11	Other	None	0	No
			1	Yes
	A. Specify	Field 11, Response 1		[Text]

4.5-4.10 DISABILITY ELEMENTS



Project Type Applicability: All HMIS Project Types

Data Collected About: All Clients **Data Collection Point:** Project Start

Rationale: To indicate whether the clients have any disabling special needs which contribute to their experience of homelessness or may be a factor in housing.

Data Collection Instructions: In separate fields indicate if 1.) If each client has the indicated disability; and 2.) If there is indication that the disability is expected to be of long-continued and indefinite duration (applicable to most of the individual disability elements) and substantially impair the client's ability to live independently.

4.5 Physical Disability

Field	Dependency	Response Category/Data Type	
1 Physical Disability	None	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected
A Expected to be of long-continued and indefinite duration and substantially impairs the ability to live independently.	Field 1; Response 1	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

4.6 Developmental Disability

Field	Dependency	Response Category/Data Type	
1 Developmental Disability	None	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

Field	Dependency	Response Category/Data Type	
A Expected to be of long-continued and indefinite duration and substantially impairs the ability to live independently.	Field 1; Response 1	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

4.7 Chronic Health Condition

Field	Dependency	Response Category/Data Type	
1 Chronic Health Condition	None	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected
A Expected to be of long-continued and indefinite duration and substantially impairs the ability to live independently.	Field 1; Response 1	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

4.8 HIV/AIDS

Field	Dependency	Response Category/Data Type	
1 HIV/AIDS	None	0	No
		1	Yes
		3	Client Doesn't Know
		4	Client Refused
		5	Data Not Collected
A Expected to be of long-continued and indefinite duration and substantially impairs the ability to live independently.	Field 1; Response 1	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

4.9 Mental Health Disorder

Field	Dependency	Response Category/Data Type	
1 Mental Health Disorder	None	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

Field	Dependency	Response Category/Data Type	
A Expected to be of long-continued and indefinite duration and substantially impairs the ability to live independently.	Field 1; Response 1	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

4.10 Substance Use Disorder

Field	Dependency	Response Category/Data Type	
1 Substance Use Disorder	None	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected
A Expected to be of long-continued and indefinite duration and substantially impairs the ability to live independently.	Field 1; Response 1	0	No
		1	Yes
		8	Client Doesn't Know
		9	Client Refused
		99	Data Not Collected

C1 WELL-BEING

Project Type Applicability: Permanent Supportive Housing (PSH)

Data Collected About: Head of Household

Data Collection Point: Project Start, Annual Assessment, and Exit

Rationale: For individuals and households supported by Permanent Supportive Housing projects, HUD is seeking to understand how measures of well-being change over time using Well Being (data element C1). The questions asked within this data element could generate responses from individuals that require additional follow-up and support. For example, if an individual responds with "Strongly disagree" to the question, "Client perceives their life has value and worth", intake workers need to address that response intentionally with additional resources, support in accessing resources, and/or referrals to other professionals who can provide the necessary support.

Data Collection Instructions: HUD has provided additional training and guidance around how to ask the Well Being questions in a trauma-informed way to minimize harm and provide suggestions for how to work directly with individuals when asking the questions. Please visit the HUD Exchange to view the C1 Well-being Data Element Training Resource for more information.

Field	Dependency	Response Category/Data Type	
1 Information Date	None	[date]	
2 Client perceives their life has value and worth.	None	0	Strongly disagree
		1	Somewhat disagree
		2	Neither agree nor disagree
		3	Somewhat agree
		4	Strongly agree
		8	Client doesn't know
		9	Client refused
		99	Data not collected
3 Client perceives they have support from others who will listen to problems.	None	0	Strongly disagree
		1	Somewhat disagree
		2	Neither agree nor disagree
		3	Somewhat agree
		4	Strongly agree
		8	Client doesn't know
		9	Client refused
		99	Data not collected
4 Client perceives they have a tendency to bounce back after hard times.	None	0	Strongly disagree
		1	Somewhat disagree
		2	Neither agree nor disagree
		3	Somewhat agree
		4	Strongly agree
		8	Client doesn't know
		9	Client refused
		99	Data not collected
5 Client's frequency of feeling nervous, tense, worried, frustrated, or afraid	None	0	Not at all
		1	Once a month
		2	Several times a month
		3	Several times a week
		4	At least every day
		8	Client doesn't know
		9	Client refused
		99	Data not collected

C2 MOVING ON ASSISTANCE PROVIDED

Project Type Applicability: Permanent Supportive Housing (PSH)

Data Collected About: Head of Household

Data Collection Point: Occurrence Point

Rationale: As part of its strategic priority to end homelessness, HUD encourages communities to explore Moving On strategies in their communities for clients in PSH who may no longer need or want the intensive services offered but continue to need assistance in maintaining their housing. In July 2019, HUD issued a SNAPS In Focus message that provided guidance to communities around Moving On strategies and a link to a Moving On resources page on the HUD Exchange.

Data Collection Instructions: This data element is to be collected for the Head of Household at any point within the project enrollment that the information changes. Refer to the Moving On Assistance Crosswalk in this document for more information on the **Service Type** associated with the **Moving On Assistance** fields below. Refer to HUD's Moving On Services Guide for more information about these services.

Field	Dependency	Response Category/Data Type	
1 Date of Moving On Assistance	None	[date]	
2 Moving On Assistance	None	1	Subsidized housing application assistance
		2	Financial assistance for Moving On (e.g., security deposit, moving expenses)
		3	Non-financial assistance for Moving On (e.g., housing navigation, transition support)
		4	Housing referral/placement
		5	Other (please specify)
A Other (please specify)	Field 2, Response 5	[text]	

R7 GENERAL HEALTH STATUS

Project Type Applicability: Permanent Supportive Housing (PSH)

Data Collected About: Head of Household and Adults

Data Collection Point: Project Start and Project Exit

Field	Dependency	Response Category/Data Type	
1 General Health Status	None	1	Excellent
		2	Very Good
		3	Good
		4	Fair
		5	Poor
		6	Client doesn't know
		7	Client refused
		8	Data not collected

SERVICE TRANSACTIONS

Record the date the assistance was provided in the date field and indicate the type of service. Services only need to be recorded for the Head of Household. The **Service Type/Code** provided in the crosswalk below are *suggestions* for using with the **Moving On Assistance** values. Only the **Moving On Assistance** value will be used in your CoC-APRs.

C2 – MOVING ON ASSISTANCE CROSSWALK

Moving On Assistance	Service Type	Service Code
Subsidized housing application assistance	Benefits Assistance	FT-1000
Financial assistance for Moving On (e.g., security deposit, moving expenses)	Rental Deposit Assistance	BH-3800.7250
	Moving Services	BH-5000 and related
Non-financial assistance for Moving On (e.g., housing navigation, transition support)	Housing Search and Information	BH-3900 and related
	Case/Care Management	PH-1000
Housing referral/placement	Supportive Housing Placement/Referral	BH-8500 and related
Other (please specify)	Varies	Varies

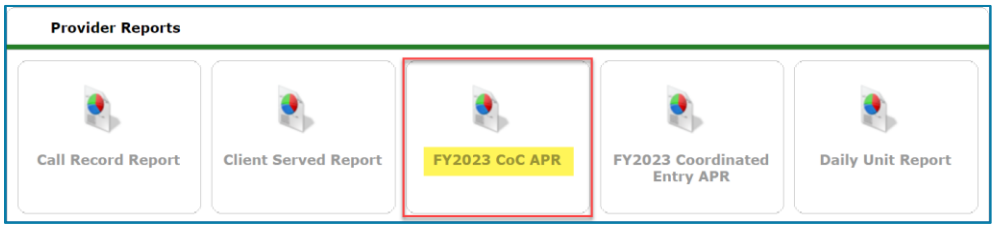
REPORTING GUIDELINES

This section introduces the data quality and funder-required reports for CoC projects. Users should run data quality reports regularly to ensure that accurate information is being provided to funders and other agencies. For information about reporting periods, due dates, and changes to requirements, refer to communications from funders. A Guide to the CoC APR is available for additional guidance.

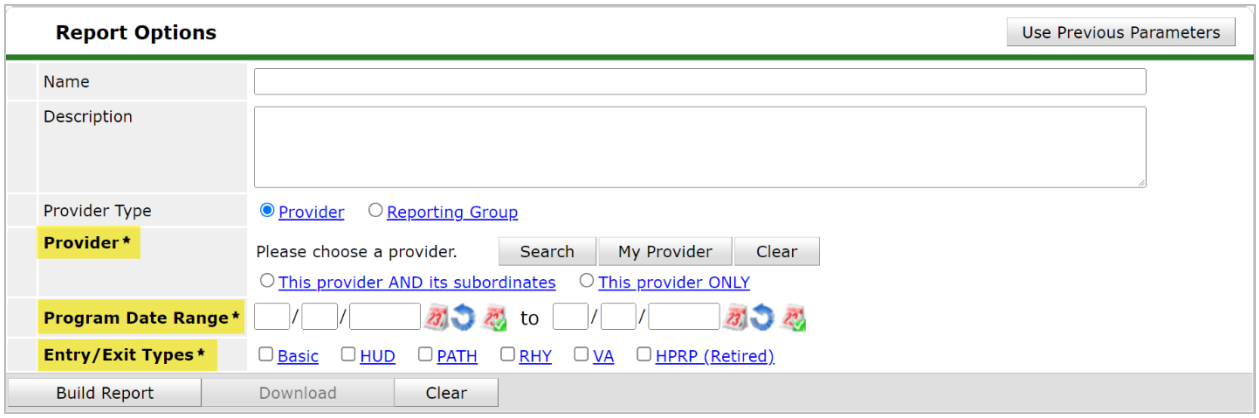
DATA QUALITY REPORTS

Name: CoC-APR

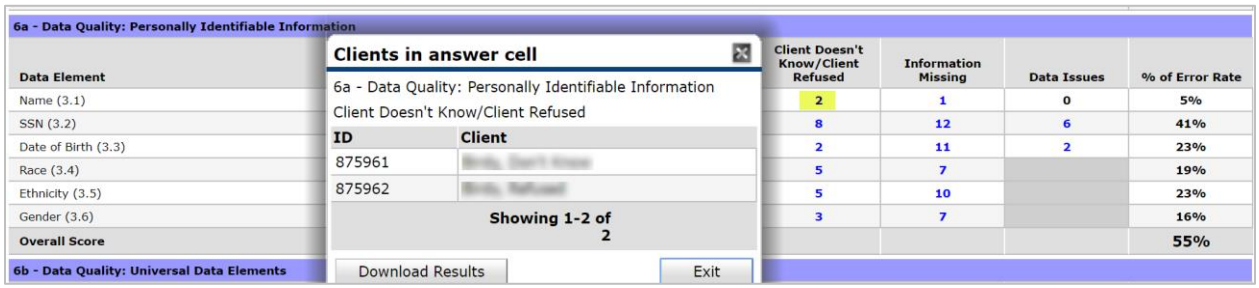
Location: The CoC-APR is a **Provider** (i.e., canned) report, located under the Reports Tab → Provider Reports → CoC-APR



Required Prompts: Provider, Program Date Range, Entry/Exit Types (CoC projects are instructed to select HUD as the Entry/Exit type)



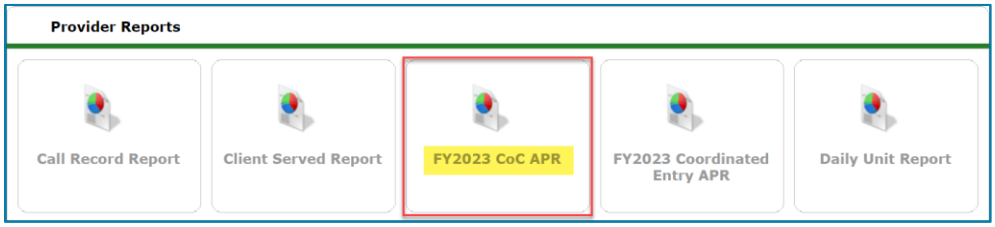
Data Quality Instructions: Sections 6a-6f of the APR are focused on data quality. To view client records flagged as containing an error, click on the blue number in the desired cell.



FUNDER-REQUIRED REPORTS

Name: CoC-APR

Location: The CoC-APR is a **Provider** (i.e., canned) report, located under the Reports Tab → Provider Reports → CoC-APR



Required Prompts: Provider, Program Date Range, Entry/Exit Types (CoC projects are instructed to select HUD as the Entry/Exit type)

Submission Frequency: Annually, based on your grant year (varies agency to agency)

Submission Instructions: CoC APR is uploaded into Sage. Please visit the HUD Exchange to view the Sage CoC APR Guidebook for CoC Grant-Funded Programs for more information.