

Georgia Balance of State Continuum of Care (BoS CoC) Homeless Management Information Systems (HMIS) Policy 2012-2013

Notwithstanding the HUD mandate for HMIS, the purpose of Georgia's collaborative HMIS program is to

- A. Assist homeless persons to navigate the continuum of care
- B. Assist homeless service agencies with information allowing them to better serve consumers, and
- C. Assist homeless agencies, local, state and Federal entities with information on numbers of homeless persons, reasons for homelessness, services required, services received, gaps in services, etc.

**It is anticipated that HUD will issue new HMIS data and reporting standards during this grant year. At that time DCA will revise policies and procedures to become compliant with those changes. Grantees, Project Sponsors, and Subrecipients are expected to comply with new standards and requirements within the timeframe established by DCA.

Participation Requirements

1. All BoS Continuum of Care agencies AND GHFA sponsored S+C/Rental Assistance projects must actively participate in a HMIS by meeting the Implementation Requirements defined herein and in more detail in the Standard Operating Procedures Manual available at <http://www.dca.ga.gov/housing/SpecialNeeds/index.asp>.
2. Grantees must establish a unique program in HMIS for each HUD-funded CoC PROGRAM TYPE, i.e. transitional housing (SHP/CoC), permanent supportive housing (SHP/S+C/CoC), supportive services (SHP/CoC), etc.
3. Permanent Supportive Housing and Transitional Housing programs must also establish a housing inventory in HMIS for each program and keep this information updated and accurate. If an agency operates permanent supportive housing or transitional housing programs with beds across multiple Continua, separate HMIS programs must be created for the beds in each Continuum. For assistance with determining how to configure your HMIS programs, please contact the Pathways support team.
4. All agencies must have more than one user in HMIS, with at least one user designated as the Agency Administrator of HMIS.
5. Authorization for HMIS should be attempted for 100% of persons who are "homeless" or at-risk of homelessness. Identical information must be kept in the hard copy file for consumers who refuse HMIS authorization.
6. Short term services-only programs are expected to enroll consumers into a program within HMIS. Services and referrals should also be entered into HMIS.
7. All housing programs are required to enroll consumers into the appropriate HMIS program within one week of program enrollment. Consumers must also be discharged from the appropriate HMIS program within one week of their actual discharge. Date of enrollment and discharge within the HMIS system should reflect the actual dates of program enrollment and program discharge. Agencies must enroll ALL family members into relevant programs.
8. Efforts should be made to document all key service transactions provided to consumers.
9. If the Grantee is not able to serve a particular consumer, the Grantee must make every effort to record universal data elements for the household in HMIS and to make an appropriate referral to service providers based on the needs of the individual/family.
10. In the event of conflict between federal, state and local government and/or local Continuum of Care HMIS policy, the higher standard must be met.

Implementation Requirements

1. All agencies must comply with the policies and procedures outlined in the Georgia HMIS Standard Operating Procedures Manual (http://www.dca.ga.gov/housing/specialneeds/programs/documents/GaHMIS_SOPmanual.pdf)

2. All agencies must comply with the current HMIS Privacy, Confidentiality, and Security standards issued in the HUD Notice on 7/31/2004. These standards may change during the grant year, but currently require, but are not limited to:
 - a. Installing virus protection software, with an automatic update on every computer that accesses HMIS
 - b. Activating a locking screen saver on every computer that accesses HMIS
 - c. Developing a data privacy policy and notice
 - d. Posting the agency's privacy notice on its premises and website
 - e. Installing an individual or network firewall
 - f. Posting "purpose for data collection" signs at each intake desk
3. Documentation of consumer authorization/refusal must be maintained in each consumer file. Individuals refusing to authorize participation in HMIS should complete a Refusal form and information equivalent to the required HMIS data elements must be gathered and documented in the case file.
4. DCA staff will monitor HMIS participation through **periodic desk and/or onsite** monitoring, in addition to ongoing review of data in the HMIS. Data will also be reviewed within the reimbursement process for GHFA sponsored permanent supportive housing programs and. DCA reserves the right to withhold payment until HMIS violations are corrected or required levels of data quality are achieved. For example, violations include, but are not limited to a percentage of "Missing" or "Don't Know/Refused" responses for universal data elements above 5% for any element. DCA will review data quarterly for all other BoS CoC HUD Grantees. Data quality and project performance will be reviewed by the CoC for all projects.
5. Agencies must respond to DCA in writing when notified of HMIS Policy Violation within **10 working days** of receipt. Agencies should inform DCA of how they have responded to the violation. Failure to comply with HMIS requirements may result in DCA withholding payments (for GHFA sponsored projects) until compliance is complete and documented, or termination of the grant(s). Failure to comply with HMIS requirements for BoS CoC Grantees will be part of project review in CoC competitions. In addition, failure to comply with requirements by CoC funded projects may result in an agency being ineligible for funding or receiving a low HMIS performance score in the next grant year.
6. In each competition, a Continuum of Care's score is based, in part, on HMIS performance of all HUD funded projects. Considerations during annual competitions will include, but are not limited to:
 - a. Level of system utilization including: having a clearly identifiable program name and set up in HMIS, housing and bed inventory entered accurately into and maintained in HMIS
 - b. Number of households served in HMIS versus number of households projected in application
 - c. Completeness of universal and program level data elements, response to monitoring
 - d. Ability to produce reports through HMIS
 - e. Program enrollment
 - f. Service transactions
 - g. Referrals for consumers and non-consumers
7. Grantees with CoC funds approved for HMIS costs must follow HUD guidelines within each project type to determine eligible expenses (if they have approval from HUD to do so).
8. Although DCA will make every effort to inform Agencies when this policy is revised, it is the responsibility of the grantee or project sponsor to ensure they are in compliance with the current version of the HMIS Policy and Standard Operating Procedures. Updates are maintained on the ESG page of the DCA website at <http://www.dca.ga.gov/>
9. For guidance on required data elements refer to the HMIS Standards posted on the CoC page of the DCA website.
10. Family violence providers with a S+C project will need to submit a HUD APR report (generated from ALICE) quarterly, with reimbursement requests. Family Violence providers with a SHP project, funded through the BoS CoC, will also need to submit a HUD APR report from ALICE quarterly. Family Violence providers are also required to report annually. For training on ALICE data entry within ALICE, please review the ALICE Training Webinar at: <http://www.dca.ga.gov/housing/specialneeds/programs/ESGranteesOnly.asp>.

*Training and technical assistance (TA) for HMIS is provided by Pathways Community Network Institute and can be accessed Monday-Friday from 8:30 A.M. through 4:30 P.M via phone at (866) 818-1032 or email at support@pcni.org.

"What gets measured gets done."