

HMIS USER GUIDE FOR HUD HOPWA PROJECTS

PERMANENT HOUSING TBRA (PSH-D) | PERMANENT HOUSING (FACILITY-BASED) (PSH-D) | TRANSITIONAL HOUSING (TH) | HOTEL/MOTEL (ES) | SHORT TERM HOUSING (ES) | SUPPORTIVE SERVICES ONLY (SSO) | HOUSING INFORMATION (SSO) | PERMANENT HOUSING PLACEMENT (SSO) | SHORT TERM RENT, MORTGAGE, UTILITY ASSISTANCE (HP)

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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 <u>Using one provider for multiple funding sources</u> article found on <u>MN's HMIS Knowledge Base</u>.

- 1. Enter **EDA mode** as the correct provider.
- 2. Fill out all of the search prompts and click on Add New Client With This Information.
 - a. Make sure the new client record is closed: **do not enter** SHARED in the Alias field.
 - b. Click the red-lock box next to the **Mass Visibility Update** button.
 - c. In the **Client Visibility** pop-up window, remove the **Statewide Data Sharing Group** by clicking the red circle/minus sign.
- 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.
- 4. Select the **Client Profile** tab and enter any information missing from the **Universal Profile Assessment**.
- 5. 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.
- 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: HOPWA**Entry 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**.

Update as information changes or annually, whichever is more frequent.

- 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 **Update** from the **Interim Review Type** drop-down menu.
 - 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: HOPWA Update assessment answers. Update any answers that are no longer correct with the newest accurate information.

- 1. Enter **EDA mode** as the correct provider and open the client's record in **ClientPoint**.
- 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. In the Service Transactions tab, select Add Multiple Services.
 - a. If the client is part of a household, and the services benefits the entire household, you can select the entire household or only the head of household.
 - b. If the service benefits a household member other than the head of household, switch to that household's file to record the service.
 - 4. Using the Service date as both the Start & End Dates, choose the **Service Type.** Refer to the HOPWA Services and Financial Assistance Crosswalks section below to determine the appropriate type of service to select.
 - 5. Click Save and Continue.
 - 6. Complete the HOPWA-specific fields:
 - a. If recording a general service, select the appropriate service in the Type of HOPWA Service dropdown. Refer to the "HOPWA Services and Financial Assistance Crosswalks" below to determine the appropriate selection.
 - b. If recording financial assistance, select the appropriate financial assistance type in the HOPWA Financial Assistance Type and enter the amount in the HOPWA Financial Assistance Amount. Refer to the "HOPWA Services and Financial Assistance Crosswalks" below to determine the appropriate selection.
 - 7. There is no need to record the fund source used for HOPWA-related financial assistance.
 - 8. Scroll down to Need Information and update the Need Status and Outcome of Need according to the client's situation.
 - 9. Click Save & Exit.
- 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: HOPWA Exit** for each household member.

RUN A REPORT

For more information about HUD HOPWA 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.

DATA COLLECTION FORMS

DATA COLLECTION FORMS FOR HOPWA PROJECTS CAN BE FOUND BY FOLLOWING THE LINKS PROVIDED BELOW OR 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 can be found in the HOPWA Program HMIS Manual.

W1 SERVICES PROVIDED: HOPWA

Project Type Applicability: All project types.

Data Collected About: All clients.

Data Collection Point: From Date of Enrollment

to Project Exit

Rationale: To determine the services provided to clients during project participation.

Data Collection Instructions: Services should be recorded for the client in the household with HIV/AIDS to whom they were provided; a service that benefits the whole household may be recorded solely for the head of household. For each service provided, projects should record the service date and service type.

Field	Dependency	Response Category/Data Type
A Date of Service	No	(date)
B Type of Service	No	1 Adult day care and personal assistance
		2 Case management
		3 Child care
		4 Criminal justice / legal services
		5 Education
		6 Employment and training services
		7 Food/meals/nutritional services ¹
		8 Health/medical care
		9 Life skills/training
		10 Mental health care/counseling
		11 Outreach and/or engagement
		12 Substance use disorder services/treatment
		13 Transportation
		14 Other HOPWA funded service

¹ Note for Permanent Housing, Transitional Housing, Supportive Services projects: A service record under Food/meals/nutritional services for each instance of a residential meal provided is not required. This response is only intended to capture information about when food is provided through non-housing projects, not daily meals in a housing project. Provision of food from non-housing projects are considered "Supportive Services".

W2 FINANCIAL ASSISTANCE: HOPWA

Project Type Applicability: Permanent Housing Placement (PHP) and Short-Term Rent, Mortgage, Utility Assistance (STRMU).

Data Collected About: Heads of household.

Data Collection Point: From Date of Enrollment

to Project Exit

Rationale: To track financial assistance provided to clients in Permanent Housing Placement or STRMU projects during project participation.

Data Collection Instructions: Financial Assistance records payments made by the project on behalf of or for the benefit of the client. For each instance of financial assistance provided, there should be one and only one record created. Records of financial assistance should be attached to the head of household.

Field	Dependency	Response Category/Data Type
A Date of Financial Assistance	No	(date)
B Type of Service	No	1 Rental assistance
		2 Security deposits (PHP only)
		3 Utility deposits (PHP only)
		4 Utility payments
		5 Mortgage assistance (STRMU only)
C Financial Assistance Amount	No	(currency)

W3 MEDICAL ASSISTANCE

Project Type Applicability: All project types.

Data Collected About: All household members with HIV/AIDS.

Data Collection Point: At project start and project exit. Update during project stay as needed.

Rationale: Medical assistance information is important to determine whether HIV positive clients are accessing medical assistance benefits for which they may be eligible.

Data Collection Instructions: Enter the date on which the information was collected. For each source of medical assistance listed below, determine if the client is presently receiving the medical assistance specified. Clients may identify multiple sources of medical assistance. If the client is not receiving medical assistance, enter the reason why such insurance is not being received.

Field	Dependency	Response Category/Data Type
A Information Date	No	(date)
В	No	1 No

Field	Dependency	Res	ponse Category/Data Type
Receiving Public HIV/AIDS Medical		2	Yes
Assistance		3	Client doesn't know
		4	Client refused
C (if no) Reason	Field B;	1	Applied; decision pending
	Response 1	2	Applied; client not eligible
		3	Client did not apply
		4	Insurance type N/A for this client
		5	Client doesn't know
		6	Client refused
D Receiving AIDS Drug Assistance	No	1	No
Program (ADAP)		2	Yes
		3	Client doesn't know
		4	Client refused
E (if no) Reason	Field D; Response 1	1	Applied; decision pending
		2	Applied; client not eligible
		3	Client did not apply
		4	Insurance type N/A for this client
		5	Client doesn't know
		6	Client refused
F Receiving Ryan White- funded Medical or Dental Assistance	No	1	No
		2	Yes
	_	3	Client doesn't know
		4	Client refused
G (if no) Reason	Field F; Response 1	1	Applied; decision pending
		2	Applied; client not eligible
		3	Client did not apply
		4	Insurance type N/A for this client
		5	Client doesn't know
		6	Client refused

W4 T-CELL (CD4) AND VIRAL LOAD

Project Type Applicability: All project types.

Data Collected About: All household members with HIV/AIDS.

Data Collection Point: At project start, update, annual assessment and project exit.

Rationale: To measure the extent to which housing impacts health of persons with HIV/AIDS.

Data Collection Instructions: Indicate T-cell count (CD4) and viral load measurement at 6-month intervals, or as frequently as the client's medical plan allows, beginning at project start through project exit. At a minimum for clients staying one year or more, the data must be collected at annual assessment. The updated data (6-month collection, or as frequently as the client's medical plan allows) of t-cell (CD4) and viral load may be entered on different dates as information is available.

Field	Dependency	Response Category/Data Type
A Information Date	No	(date)
B T-cell (CD4) Count Available	No	1 No
		2 Yes
		3 Client doesn't know
		4 Client refused
		5 Data not collected
C (if yes) T-cell Count	Field B;	0 - 1500
	Response 2	
D How was the data obtained	Field B; Response 2	1 Medical report
		2 Client report
		3 Other
E Viral Load	Field B; Response 2	1 0 - 999999
F How was the data obtained	Field B; Response 2	1 Medical report
		2 Client report
		3 Other

W5 HOUSING ASSESSMENT AT EXIT

Project Type Applicability: All project types.

Data Collected About: All clients. **Data Collection Point:** At project exit.



Rationale: To determine whether clients exiting prevention projects have remained stably housed.

Data Collection Instructions: Determine the response value that best describes the client's housing circumstances from project start to project exit.

Field	Dependency	Resp	oonse Category/Data Type
A Housing Assessment at Exit	No	1	Able to maintain the housing they had at project entry
		2	Moved to new housing unit
		3	Moved in with family/friends on a temporary basis
		4	Moved in with family/friends on a permanent basis
		5	Moved to a transitional or temporary housing facility or program ²
		6	Client became homeless – moving to a shelter or other place
		7	Client went to jail/prison
		8	Client died
		9	Client doesn't know
		10	Client refused
B (if able to maintain the housing)	Field A;	1	Without a subsidy
	Response 1	2	With the subsidy they had at project entry
		3	With an ongoing subsidy acquired since project entry
		4	Only with financial assistance other than a subsidy
C (if moved to new housing unit)	Field A;	1	With an ongoing subsidy
	Response 2	2	Without an ongoing subsidy

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² Note: "Moved to a transitional or temporary housing facility or program" includes transitional housing for homeless and non-homeless persons, treatment facilities, or institutions.

W6 PRESCRIBED ANTI-RETROVIRAL

Project Type Applicability: All project types.

Data Collected About: All household members

with HIV/AIDS

Data Collection Point: At project start, update, and project exit

Field		Dependency	Dependency Response Category/Data Type	
Α	Information Date	None	[date]	
В	Has the participant been prescribed	·	1	No
	anti-retroviral drugs?		2	Yes
			3	Client doesn't know
			4	Client refuses

HOPWA SERVICES AND FINANCIAL ASSISTANCE

The terminology used by HOPWA to describe services and financial assistance provided is different than the terminology in HMIS. Use the crosswalks below to determine the correct service description to use in HMIS based on the HOPWA-funded service or financial assistance provided.

SERVICES CROSSWALK

HOPWA Service Description	HMIS Service Description
Adult day care and personal assistance	Adult Day Programs
Case management	Case/Care Management
Child care	Child Care Providers
Criminal justice/legal services	Criminal Justice and Legal Services
Education	Education
Employment and training services	Training and Employment Programs
Food/meals/nutritional services	Food
Health/medical care	Health Care
Life skills training	Life Skills Education
Mental health care/counseling	Mental Health Support Services
Outreach and/or engagement	Outreach Programs
Substance use disorder services/treatment	Substance Use Disorder Services
Transportation	Transportation
Other HOPWA funded service	[Varies]

FINANCIAL ASSISTANCE CROSSWALK

HOPWA Financial Assistance	HMIS Service Description
Rental assistance	Rent Payment Assistance
Security deposits	Rental Deposit Assistance
Utility payments	Utility Assistance
Utility deposits	Utility Deposit Assistance
Mortgage assistance	Mortgage Payment Assistance

See "Document Services and Financial Assistance Provided" in the Data Entry Quick Reference section for step-by-step instructions for recording services and financial assistance.

CONFIDENTIALITY

Data collected on HOPWA project participants is subject to special confidentiality and privacy guidelines. Users doing data entry for HOPWA projects should take care to ensure client information is protected.

REQUIREMENTS

The AIDS Housing Opportunity Act of 1992, the law authorizing the HOPWA program, requires that grantees and project sponsors protect the privacy of those receiving HOPWA assistance. The key provisions, as further explained in HUD's CPD Notice 06-07, are as follows:

- Ensure the confidentiality of the names and other identifying information of individuals who receive assistance
- Ensure the adequate protections are in place to protect confidentiality
- Maintain written policies and procedures on confidentiality
- Train staff on confidentiality issues
- Conduct periodic monitoring of confidentiallty procedures

Minnesota's HMIS is set up to assist HOPWA projects in protecting their clients' information.

STATEWIDE DATA SHARING

HOPWA projects are excluded from statewide data sharing in Minnesota. This means providers should be creating a new closed client record for each client upon project entry. See 'Create a New Client Record' in the Data Entry Quick Reference section for instructions on creating closed records.

COORDINATED ENTRY

When a referral is accepted into a HOPWA provider, a new client record should be created for the referred client. Because HOPWA providers do not participate in statewide data sharing, the record used to make referrals to the priority list cannot be the same one used to enter the client into a HOPWA project. See 'Create a New Client Record' in the Data Entry Quick Reference section for instructions on creating closed records.

REPORTING GUIDELINES

This section introduces the data quality and funder-required reports for HUD HOPWA 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.

DATA QUALITY REPORTS

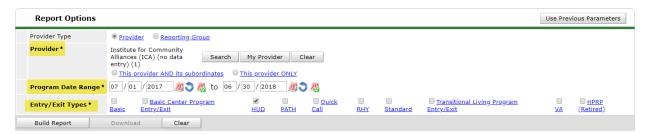
To check the quality of data entered in HOPWA providers, use the CoC-APR.

Name: CoC-APR

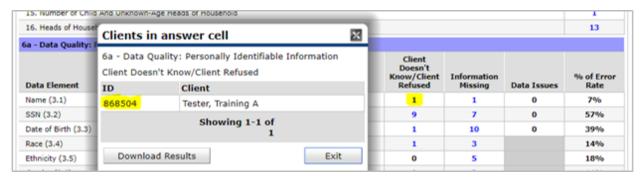
Location: Reports Dashboard



Required Prompts: Provider, Program Date Range, Entry/Exit Types (see examples)



Data Quality Instructions: Sections 6a – 6f focus on data quality. To view client records flagged as containing an error, click the blue number (a hyperlink).



FUNDER-REQUIRED REPORTS

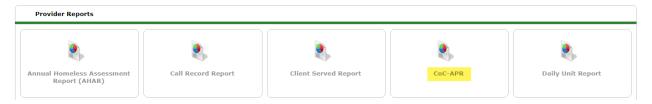
HOPWA formula and competitive grantees are required to submit paper-based reports to the local field office representative on an annual basis, within 90 days of the end of the program year. Formula grantees complete the HOPWA CAPER (Form HUD-40110-D), and competitive grantees complete the HOPWA Annual Progress Report (Form HUD-40110-C). Formula grantees also must report outcomes data electronically via the e-Con Planning Suite e-CAPER (section CR-55). See the HOPWA Data Update for more information.

HOPWA grantees that use homelessness or chronic homelessness in their program design as primary criteria for eligibility must use a Homeless Management Information System (HMIS) to track and report on the services for their homeless clients. Additionally, some competitive awards also require grantees to use HMIS, per the grant agreement.

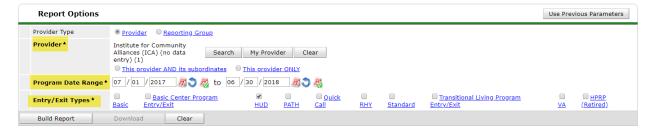
To generate in HMIS the data required to submit the HOPWA CAPER or HOPWA APR, grantees can use the CoC-APR. Contact the HMIS MN Helpdesk with questions about this process.

Name: CoC-APR

Location: Reports Dashboard



Required Prompts: Provider, Program Date Range, Entry/Exit Types (see examples)



Submission Frequency: Annually, within 90 days of grant year-end

Submission Instructions: Grantees should complete the HOPWA CAPER or HOPWA APR forms (depending on grantee type) and submit the form via email to the local field office representative.