Changes to HUD Universal Data Elements 3.917

March 2017

The Data Center at NCCEH

North Carolina Coalition to End Homelessness

securing resources ● encouraging public dialogue ● advocating for public policy change

919.755.4393 ● www.ncceh.org

Privacy & Security Reminders

Do not send information that identifies clients over email

- Name
- Social Security Number

Notify NCCEH Data Center when staff leave your agency

- To deactivate HMIS license

2016 Universal Data Elements

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Veteran Status
- Project Entry Date
- Project Exit Date
- Personal ID
- Household ID
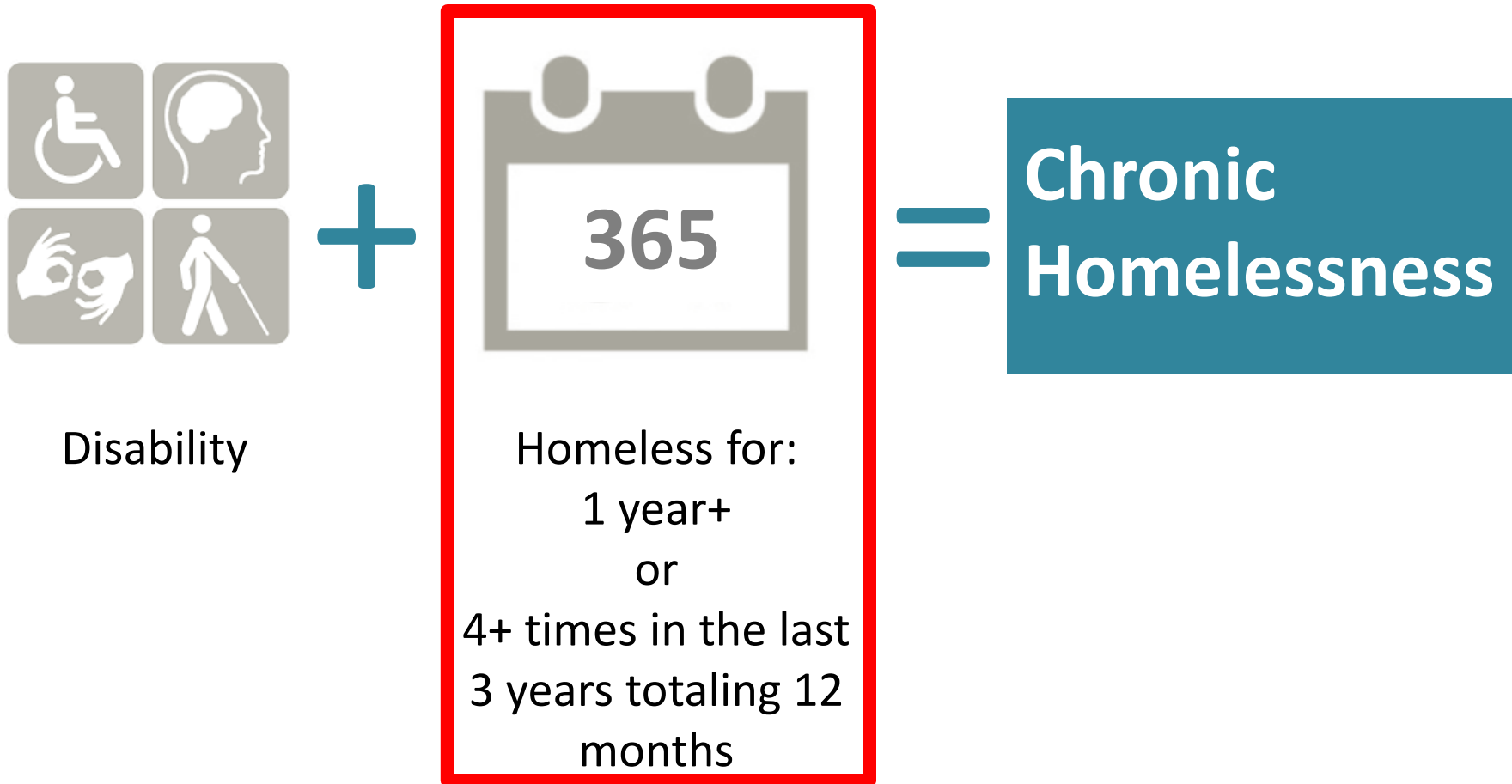- Relationship to Head of Household
- Client Location

UDEs with changes in 2016
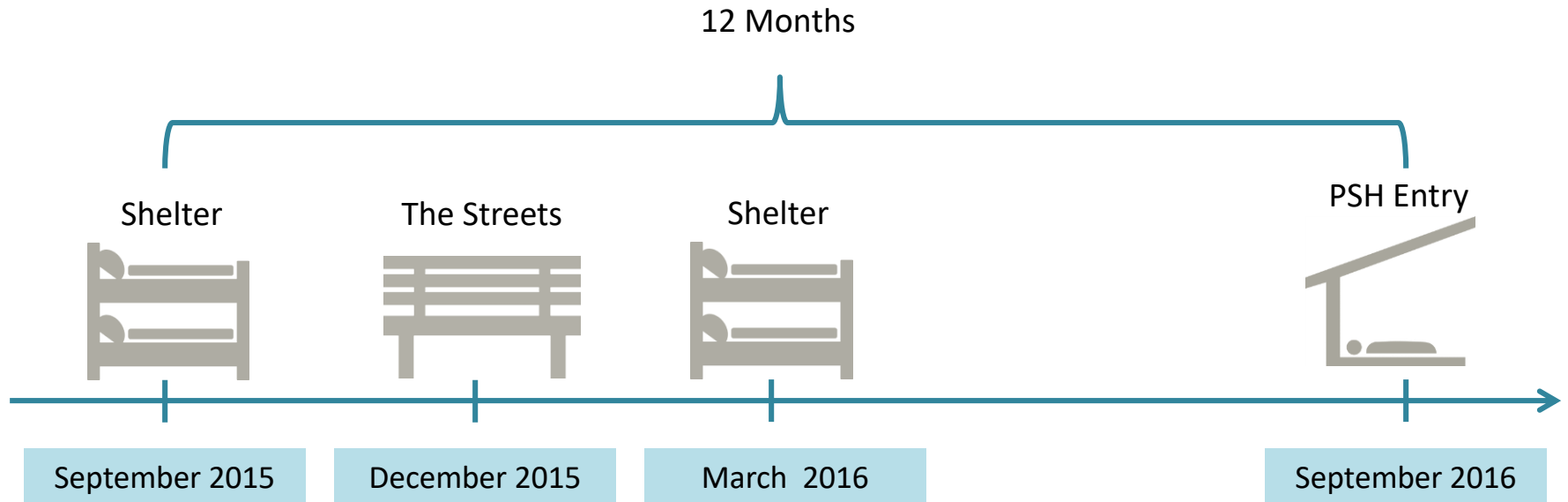
- Gender
- Disabling Condition
- Living Situation

3

MEASURING CHRONIC HOMELESSNESS
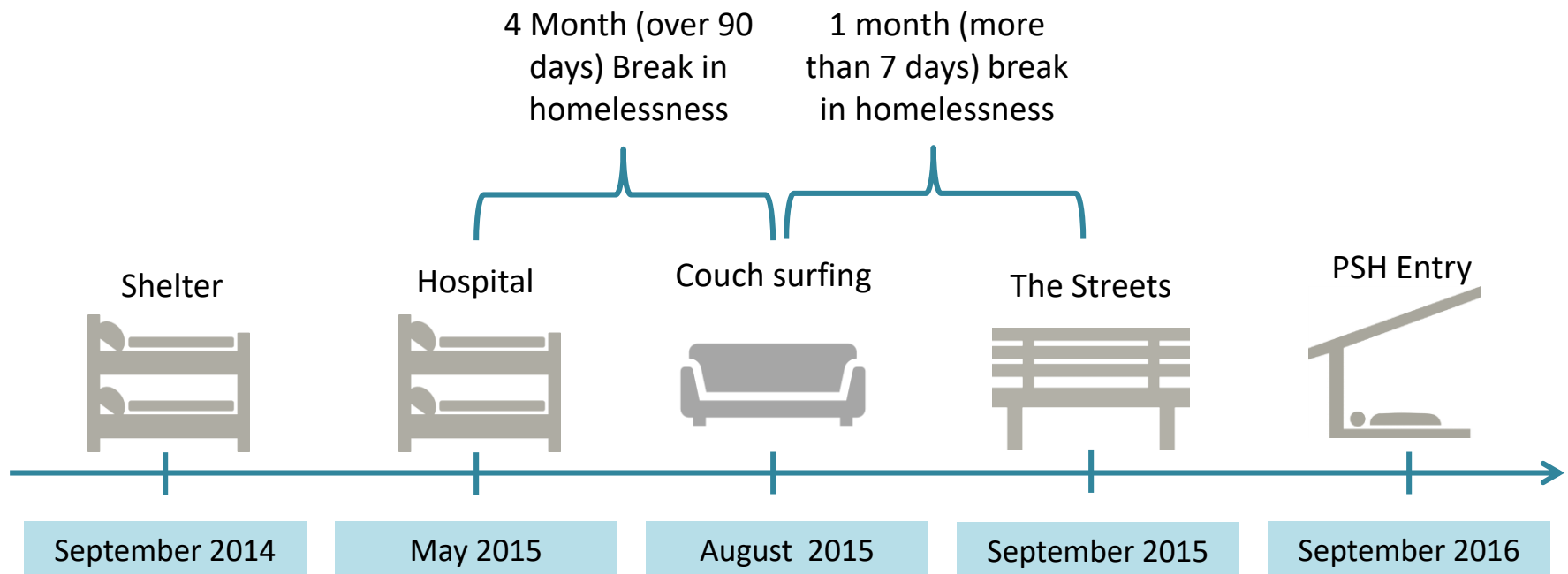
Defining Chronic Homelessness

Disability

+

365

Homeless for:
1 year+
or
4+ times in the last
3 years totaling 12
months

=

Chronic Homelessness

What does a client with chronic homeless history look like?

12 Months

Shelter

The Streets

Shelter

PSH Entry

September 2015

December 2015

March 2016

September 2016

What does a break in homeless history look like?

- Institutional stays of 90 days or more
- Stays in "housed" environments more than 7 nights

4 Month (over 90 days) Break in homelessness

1 month (more than 7 days) break in homelessness

Shelter	Hospital	Couch surfing	The Streets	PSH Entry
September 2014	May 2015	August 2015	September 2015	September 2016

What about Transitional Housing and Rapid Re-Housing?

Transitional Housing

- Clients entering TH projects will lose their chronic homeless status.
- Exception: VA funded TH (like Grant Per Diem projects) will maintain chronic homeless status if:
  - The client was chronically homeless before they entered the project
  - AND the time in VA TH doesn't determine their chronically homeless status

Rapid Re-Housing

- RRH is considered Permanent Housing, but clients are allowed to transfer to PSH.

3.917 LIVING SITUATION

Living Situation is required for all HoH & adults

Purpose	Used to identify the type of living situation and length of stay in that situation just prior to project entry
When do I collect this data?	Project entry
Who do I collect this data for?	Head of household and adults
Special Notes/ Changes	• Assists in determining the number of chronically homeless individuals and families • An update is needed for any child who turns 18 during enrollment • A series of questions • Questions are based on project type (ex. ES, SO, PSH, etc.)

A child turns 18 during a project stay

Must update the data for 3.917 for any child who turns 18 during enrollment

Update must occur on the Entry/Exit tab

3.917 Living Situation set-up in HMIS

Presented as a series of 7 possible questions to determine if a client is chronically homeless.

Some clients will not be asked all 7 questions depending on:

- Type of project client is entering
- Clients responses to questions in the series

First 2 questions are required for all HoH & adults

Residence Prior to Project Entry	*	-Select-
Length of Stay in Previous Place	*	-Select- ▼ G

3 response categories for Residence Prior

Examples of residences in each category

Literally homeless Situation

Place not meant for habitation
Emergency Shelter
Interim Housing (next slide)

Institutional Situation

Hospital
Foster care
Jail/Prison

Transitional & Permanent Housing Situation

Permanent supportive housing
Transitional housing
Rental by client
Includes Missing/Don't Know/Refused responses

Interim Housing is not a type of housing

It is a housing situation

Client identified as chronically homeless has: **applied** for permanent housing, been **accepted**, a unit/voucher has been **reserved** for them, but for some reason the **cannot move in** immediately

This is not a substitute for a waiting list

New Residence Prior dropdown in HMIS

Residence Prior to Project Entry *

-Select- ▾ G

-Select-
----- HOMELESS SITUATION -----
Place not meant for habitation (HUD)
Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)
Safe Haven (HUD)
New → Interim Housing
----- INSTITUTIONAL SITUATION -----
Foster care home or foster care group home (HUD)
Hospital or other residential non-psychiatric medical facility (HUD)
Jail, prison or juvenile detention facility (HUD)
Long-term care facility or nursing home (HUD)
Psychiatric hospital or other psychiatric facility (HUD)
Substance abuse treatment facility or detox center (HUD)
----- TRANSITIONAL AND PERMANENT HOUSING SITUATION -----
Hotel or motel paid for without emergency shelter voucher (HUD)
Owned by client, no ongoing housing subsidy (HUD)
Owned by client, with ongoing housing subsidy (HUD)
Permanent housing for formerly homeless persons (HUD)
Rental by client, no ongoing housing subsidy (HUD)
Rental by client, with VASH subsidy (HUD)
Rental by client, with GPD TIP subsidy (HUD)
Rental by client, with other ongoing housing subsidy (HUD)
Residential project or halfway house with no homeless criteria (HUD)
Staying or living in a family member's room, apartment or house (HUD)
Staying or living in a friend's room, apartment or house (HUD)
Transitional housing for homeless persons (including homeless youth) (HUD)
At Bottom of list → Client doesn't know (HUD)
Client refused (HUD)
Data not collected (HUD)

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New Length of Stay in Previous Place dropdown in HMIS

Length of Stay in Previous Place *

-Select-

-Select-
One night or less
Two to six nights
One week or more, but less than one month
One month or more, but less than 90 days
90 days or more, but less than one year
One year or longer (HUD)
Client doesn't know (HUD)
Client refused (HUD)
Data not collected (HUD)

New

Some clients will not be asked all questions

All clients are asked the first 2 questions:

– Residence prior to project entry

– Length of stay in previous place

Presentation of remaining questions based on:

– Type of project client is entering (next slide)

- 3.917A

- 3.917B

– Clients responses to questions in the series

Entry project type impacts questions asked

3.917 A	3.917 B
Emergency Shelter	Rapid Rehousing
Safe Haven	Permanent Supportive Housing
Street Outreach	Transitional Housing
	All other project types

The next 3 slides explain 3.917A. These slides are for the following project types:

Emergency Shelter

Street Outreach

Safe Haven

Living Situation in HMIS
Required for ES, SH, SO

Residence Prior to Project Entry *	-Select-
Length of Stay in Previous Place *	-Select- ▼ G
Approximate date homelessness started: *	☐ / ☐ / ☐ 📅🔄📅 G
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today *	-Select- ▼ G
Total number of months homeless on the street, in ES or SH in the past three years *	-Select- ▼ G

Addie enters Emergency Shelter on 10/02/16

Question	Addie's Response
Residence Prior to project entry?	Streets
Length of stay in prior living situation?	1 year or longer
Approximate date started?	9/1/2015
Total # times homeless in past 3 years?	4 or more times
Total # months homeless in past 3 years?	More than 12 months

The next group of slides explain 3.917B. These slides are for all other project types.

i.e. NOT - Street Outreach, Emergency Shelter, or Safe Haven

Clients entering all other HMIS projects (**NOT** ES, SH, SO)

3.917B is presented as a series of questions

Questions are based on clients' responses
- Avoid asking for information which is irrelevant or inappropriate in HMIS
- Paper forms include all questions

Residence Prior and Length of Stay in Previous Place

The responses to these question will determine the next questions presented in the assessment

Residence Prior to Project Entry	*	-Select-
Length of Stay in Previous Place	*	-Select- ▼ G

Example - Literally Homeless
Yes

Residence Prior to Project Entry *	Place not meant for habitation (HUD) ▼ G
Length of Stay in Previous Place *	-Select- ▼ G
Approximate date homelessness started: *	[ ] / [ ] / [ ] 🗓 🔄 🗓 G
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today *	-Select- ▼ G
Total number of months homeless on the street, in ES or SH in the past three years *	-Select- ▼ G

Example - Institutional Situation
Less than 90 days? No

Residence Prior to Project Entry	*	Hospital or other residential non-psychiatric medical facility (HUD)
Length of Stay in Previous Place	*	90 days or more, but less than one year ▼ G
Did you stay less than 90 days?	*	No ← Based on length of stay answer

Example - Institutional Situation
Less than 90 days? Yes

Residence Prior to Project Entry *	Hospital or other residential non-psychiatric medical facility (HUD) ▼	G
Length of Stay in Previous Place *	One month or more, but less than 90 days ▼	G
Did you stay less than 90 days? *	Yes	← Based on length of stay answer
On the night before did you stay on the streets, ES or SH? *	-Select- ▼	← Drop down: Yes, No

Example - Institutional Situation
Yes, homeless the night before institutional situation

Residence Prior to Project Entry *	Hospital or other residential non-psychiatric medical facility (HUD) ▾ G
Length of Stay in Previous Place *	One month or more, but less than 90 days ▾ G
Did you stay less than 90 days? *	Yes G
On the night before did you stay on the streets, ES or SH? *	Yes ▾ G
Approximate date homelessness started: *	___ / ___ / _____ 🗓🔄🗓 G
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today *	-Select- ▾ G
Total number of months homeless on the street, in ES or SH in the past three years *	-Select- ▾ G

Example – TH or PH Situations
Was the Stay less than 7 days?

Residence Prior to Project Entry *	Staying or living in a family member's room, apartment or house (HUD)
Length of Stay in Previous Place *	-Select- ▾ G
Did you stay less than 7 nights? *	G

Autopopulates based on length of stay (above)
Cannot manually edit

Example – TH or PH Situations
Less than 7 days? No

Residence Prior to Project Entry *	Staying or living in a family member's room, apartment or house (HUD)
Length of Stay in Previous Place *	One week or more, but less than one month ▾ G
Did you stay less than 7 nights? *	No ← Based on length of stay answer

Example – TH or PH Situations
Less than 7 days? Yes

Residence Prior to Project Entry *	Staying or living in a family member's room, apartment or house (HUD)
Length of Stay in Previous Place *	Two to six nights ▾ G
Did you stay less than 7 nights? *	Yes G
On the night before did you stay on the streets, ES or SH? *	-Select- ▾ G

Based on length of stay answer

Drop down: Yes, No

Yes, homeless the night before TH or PH situation

Residence Prior to Project Entry *	Staying or living in a family member's room, apartment or house (HUD) ▾ G
Length of Stay in Previous Place *	Two to six nights ▾ G
Did you stay less than 7 nights? *	Yes G
On the night before did you stay on the streets, ES or SH? *	Yes ▾ G
Approximate date homelessness started: *	[ ] / [ ] / [ ] 📅 🔄 📅 G
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today *	-Select- ▾ G
Total number of months homeless on the street, in ES or SH in the past three years *	-Select- ▾ G

Changes to HUD Universal Data Elements 3.15: Relationship to Head of Household

March 2017

The Data Center at NCCEH

North Carolina Coalition to End Homelessness

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2016 Universal Data Elements

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Veteran Status
- Project Entry Date
- Project Exit Date
- Personal ID
- Household ID
- Relationship to Head of Household
- Client Location

UDEs with changes in 2016

- Gender
- Disabling Condition
- Living Situation

RELATIONSHIP TO HEAD OF HOUSEHOLD

What is the Relationship to Head of Household?

Only required if more than 1 client is presenting for services

- Households are not created for single clients

Choose from the options in HMIS

- Self (for Head of Household); Daughter; Husband; Nephew; etc.
- Head of Household is the primary recipient of services within the group of clients

There can only be one

Why is this important?

Understanding your project's demographic data can help you demonstrate your impact and improve your program

Identifying the Relationship to Head of Household allows HUD (and you) to analyze data by Household or Household Type

How to choose Relationship to Head of Household?

Household Information - (3) Single Parent

(3) Single Parent			Save	Save & Exit	Exit
Household Type *	Single Parent				
Income	US$0.00				
Client Count	2				

Household Members

Name	Age	Head of Household	Relationship to Head of Household	Joined Household *	Previous Associations	Household Count
(12) Lacks, Harry		No	son	10 / 17 / 2016	0	1
(9) Lacks, Henrietta	26	Yes	Self	10 / 17 / 2016	0	1

Add/Delete Household Members | Household History Report

Add new clients or remove household members

How to choose Relationship to Head of Household?

First question on the Entry Assessment

HUD Universal Data Element 3.16: Client Location

March 2017

The Data Center at NCCEH

2016 Universal Data Elements

- Name
- Social Security Number
- Date of Birth
- Race
- Ethnicity
- Veteran Status
- Project Entry Date
- Project Exit Date
- Personal ID
- Household ID
- Relationship to Head of Household
- Client Location

UDEs with changes in 2016

- Gender
- Disabling Condition
- Living Situation

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CLIENT LOCATION

What is the Client Location

- This is the CoC code where clients are being served at the time of project entry

North Carolina Continuum of Care (CoC) Primary Areas

500 Winston-Salem/Forsyth Co.
501 Asheville/Buncombe Co.
502 Durham City/Durham Co.
503 NC Balance of State
504 Greensboro/High Point/Guilford Co.
505 Charlotte/Mecklenburg
506 Wilmington/Brunswick/New Hanover/Pender Co.
507 Raleigh/Wake Co.
509 Gastonia/Cleveland/Gaston/Lincoln Co.
511 Fayetteville/Cumberland Co.
513 Chapel Hill/Orange Co.
516 Northwest NC
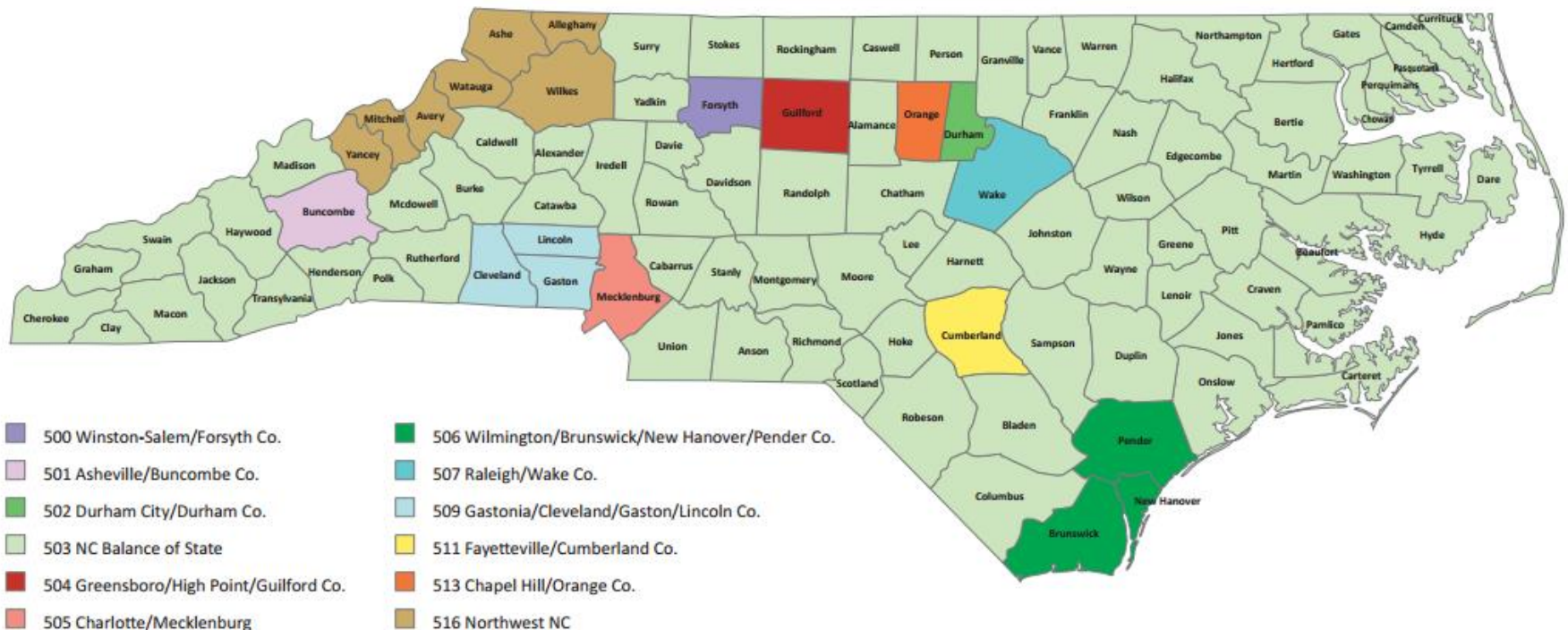
Why is this important?

Understanding the geographic data across the state/country can help the entire system demonstrate our impact

Without the Client Location data, your hard work to shelter or house this client could be left out of our system-wide data

How to choose the Client Location?

Zip Code (of Last Permanent Address, if known)

County and City of Residence refer to where the client is living the night before this assessment

ANSWER FOR HEAD OF HOUSEHOLD ONLY

Client Location — -Select-

County of Residence

City of Residence

*ANSWER FOR HEAD OF HO

Income from Any Source

Monthly Income

D Verification ⚠

Monthly Amount * Source of Inc
ate

-Select-
NC-500 Winston-Salem/Forsyth County CoC
NC-501 Asheville/Buncombe County CoC
NC-502 Durham City and County CoC
NC-503 NC Balance of State CoC
NC-504 Greensboro/High Point CoC
NC-505 Charlotte/Mecklenburg County CoC
NC-506 Wilmington/Brunswick, New Hanover, Pender Counties CoC
NC-507 Raleigh/Wake County CoC
NC-509 Gastonia/Cleveland, Gaston, Lincoln Counties CoC
NC-511 Fayetteville/Cumberland County CoC
NC-513 Chapel Hill/Orange County CoC
NC-516 Northwest North Carolina CoC

↑

Always choose
your projects CoC

HUD Universal Data Element: Sub-assessments
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Disability, Income, Non-Cash Benefits and Insurance Sub-Assessments

1. Begin with Gateway question
   - Yes/No question before specifying the details
2. Then add types or sources
3. HUD Verification button verifies that information has been recorded according to HUD specifications
   - Must answer "Yes" or "No" for each type
   - Red = incomplete

3.8 DISABLING CONDITION

HUD DATA STANDARD TUTORIAL

REVIEW THIS HUD RESOURCE BEFORE CONTINUING

Disability Sub-assessment

Collection Point	Project entry, project exit, updates as information changes
Subject	All clients

Special Notes	• Questions within the sub-assessment:
	    ❑ Expected to be of long-continued and indefinite duration
	    ❑ Substantially impairs ability to live independently
	    ❑ Documentation of the disability and severity on file*

*more details are in MCAH's Chronic Homelessness Final Rule training

Disability in ServicePoint

1 Gateway question

Health and Disability Information:

Does the client have a disabling condition?   -Select-   ▼   G

🔍 **Disabilities**   **3** **HUD Verification** ⚠

Disability Type *	Disability determination *	Start Date *	End Date
Add			

2 Add the type of disability

Disability Sub-assessment

Add Recordset - (16) Lacks, Henrietta ⊠

Disabilities

Disability Type *	-Select- ▼ **G**
Disability determination *	-Select- ▼ **G**
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	-Select- ▼ **G**
If Yes, Documentation of the disability and severity on file	-Select- ▼ **G**
(If yes)Currently receiving services or treatment?	-Select- ▼ **G**
If Yes for Mental Health Problem, Alcohol Abuse, Drug Abuse, or Both Alcohol and Drug Abuse, How confirmed (PATH only)	-Select- ▼ **G**
If Yes for Mental Health Problem (PATH only) Serious mental illness (SMI) and, if SMI, how confirmed	-Select- ▼ **G**
Start Date *	03 / 07 / 2017 📅🔄📅 **G**
End Date	/ / 📅🔄📅 **G**

Red text is required

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Disability HUD Verification

Health and Disability Information:

Does the client have a disabling condition?   -Select-   ▼ G

🔍 **Disabilities**   **HUD Verification** ⚠️

Disability Type *	Disability determination *	Start Date *	End Date
Add			

HUD Verification: Disabilities for 03/07/2017

ℹ️ Per Disability Type, the current records for Disabilities as of 03/07/2017 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 03/07/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Disability determination value for all incomplete Disability Type records

- ○ No (HUD)
- ○ Client doesn't know (HUD)
- ○ Client refused (HUD)
- ○ Data not collected (HUD)
- ◉ Incomplete

Select All feature skips sub-assessments already completed

Edit completed sub-assessments →

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
✏️ Physical (HUD)	◉	○	○	○	○	○
Chronic Health Condition (HUD)	○	○	○	○	○	◉
HIV/AIDS (HUD)	○	○	○	○	○	◉
Developmental (HUD)	○	○	○	○	○	◉
Alcohol Abuse (HUD)	○	○	○	○	○	◉
Drug Abuse (HUD)	○	○	○	○	○	◉
Both Alcohol and Drug Abuse (HUD)	○	○	○	○	○	◉
Mental Health Problem (HUD)	○	○	○	○	○	◉

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Disability HUD Verification

Example of completed pop-up:

HUD Verification: Disabilities for 03/07/2017

Per Disability Type, the current records for Disabilities as of 03/07/2017 are displayed below. Any previous records for Disabilities not overlapping as of this date are not displayed. In the event that multiple records exist per Disability Type as of 03/07/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Disability determination value for all incomplete Disability Type records

- ⦿ No (HUD)
- ○ Client doesn't know (HUD)
- ○ Client refused (HUD)
- ○ Data not collected (HUD)
- ○ Incomplete

Disability Type	Disability determination					
	Yes (HUD)	No (HUD)	Client doesn't know (HUD)	Client refused (HUD)	Data not collected (HUD)	Incomplete
Physical (HUD)	⦿	○	○	○	○	○
Chronic Health Condition (HUD)	○	⦿	○	○	○	○
HIV/AIDS (HUD)	○	⦿	○	○	○	○
Developmental (HUD)	○	⦿	○	○	○	○
Alcohol Abuse (HUD)	○	⦿	○	○	○	○
Drug Abuse (HUD)	○	⦿	○	○	○	○
Both Alcohol and Drug Abuse (HUD)	○	⦿	○	○	○	○
Mental Health Problem (HUD)	○	⦿	○	○	○	○

Save   Save & Exit   Exit

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Completed Disability HUD Verification

Health and Disability Information:

Does the client have a disabling condition?	Yes (HUD) ▼ G

Disabilities   **HUD Verification** ✔

		Disability Type *	Disability determination *	Start Date *	End Date
✏	🗑	Mental Health Problem (HUD)	No (HUD)	03/07/2017	
✏	🗑	Both Alcohol and Drug Abuse (HUD)	No (HUD)	03/07/2017	
✏	🗑	Drug Abuse (HUD)	No (HUD)	03/07/2017	
✏	🗑	HIV/AIDS (HUD)	No (HUD)	03/07/2017	
✏	🗑	Developmental (HUD)	No (HUD)	03/07/2017	

Add	Showing 1-5 of 8	First	Previous	Next	Last

Completed Disability HUD Verification

Health and Disability Information:

Does the client have a disabling condition?		Yes (HUD) ▼ G		

🔍 **Disabilities**   **HUD Verification** ✅

		Disability Type *	Disability determination *	Start Date *	End Date
✏️	🗑️	Alcohol Abuse (HUD)	No (HUD)	03/07/2017	
✏️	🗑️	Chronic Health Condition (HUD)	No (HUD)	03/07/2017	
✏️	🗑️	Physical (HUD)	Yes (HUD)	03/07/2017	

Add		Showing 6-8 of 8	First	Previous	Next	Last

Click "Next" to scroll through all of the sub-assessment responses

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4.2 INCOME

Income Sub-assessment

Collection Point	Project entry, annual assessment, project exit, update as income and/or sources change
Subject	Head of household and adults
Special Notes	❑ Income received by or on behalf of a minor child should be recorded as part of household income under the Head of Household, unless the federal funder in the HMIS program specific manual instructs otherwise ❑ Information should be recorded only for sources of income that are current as of the information date. ❑ Annual assessment required for clients who have stays of 365+ days or more even if there is no change in income/sources ❑ If client does not know the exact amount, select "Yes" for overall income questions, and estimate income amount ❑ Must update responses for children who turn 18 during project stay

Income in ServicePoint

1 Gateway question

ANSWER FOR HEAD OF HOUSEHOLD AND ADULTS

Income from Any Source	-Select- ▼ G

🔍 **Monthly Income**

3 HUD Verification ⚠

Monthly Amount *	Source of Income *	Receiving Income Source?	Start Date *	End Date
Add	View Gross Income			

2 Add the type of disability

Income Sub-assessment

Income HUD Verification

HUD Verification: Monthly Income for 03/07/2017

ℹ Per Source of Income, the current records for Monthly Income as of 03/07/2017 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 03/07/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Income Source? value for all incomplete Source of Income records

- ○ No
- ○ Data Not Collected
- ◉ Incomplete

Select All feature skips sub-assessments already completed

Edit completed sub-assessment →

Source of Income	Receiving Income Source?			
	Yes	No	Data Not Collected	Incomplete
Alimony or Other Spousal Support (HUD)	○	○	○	◉
Child Support (HUD)	○	○	○	◉
Earned Income (HUD)	◉	○	○	○
General Assistance (HUD)	○	○	○	◉
Pension or retirement income from another job (HUD)	○	○	○	◉
Private Disability Insurance (HUD)	○	○	○	◉
Retirement Income From Social Security (HUD)	○	○	○	◉
SSDI (HUD)	○	○	○	◉
SSI (HUD)	○	○	○	◉
TANF (HUD)	○	○	○	◉
Unemployment Insurance (HUD)	○	○	○	◉
VA Service Connected Disability Compensation (HUD)	○	○	○	◉
VA Non-Service Connected Disability Pension (HUD)	○	○	○	◉
Worker's Compensation (HUD)	○	○	○	◉
Other (HUD)	○	○	○	◉

Completed Income HUD Verification

ANSWER FOR HEAD OF HOUSEHOLD AND ADULTS

Income from Any Source	Yes (HUD) ▾ G

🔍 **Monthly Income**   **HUD Verification** ✅

		Monthly Amount *	Source of Income *	Receiving Income Source?	Start Date *	End Date
✏️	🗑️		Other (HUD)	No	03/07/2017	
✏️	🗑️		Worker's Compensation (HUD)	No	03/07/2017	
✏️	🗑️		VA Non-Service Connected Disability Pension (HUD)	No	03/07/2017	
✏️	🗑️		VA Service Connected Disability Compensation (HUD)	No	03/07/2017	
✏️	🗑️		Unemployment Insurance (HUD)	No	03/07/2017	

Add	View Gross Income		Showing 1-5 of 15	First	Previous	Next	Last

Total monthly income		G

View Gross Income ⊠

Totals

Gross Monthly Income:	US$650.00
Gross Annual Income:	US$7,800.00

Close

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4.3 NON-CASH BENEFITS

Non-cash Benefits Sub-assessments

Collection Point	Project entry, annual assessment, update as benefits and/or sources change, project exit
Subject	Head of household and adults
Special Notes	❑ Only collect information on benefits that are expected to be ongoing ❑ "Yes" should only be recorded for current benefits ❑ Annual assessment required for clients who have stays of 365+ days or more even if there is no change in benefits/sources ❑ Must update responses for children who turn 18 during project stay

Non-cash Benefits in ServicePoint

1 Gateway question

Non-cash benefit from any source   -Select- ▼ G

🔍 **Non-Cash Benefits**   **3** **HUD Verification** ⚠️

Source of Non-Cash Benefit *	Start Date *	End Date	Amount of Non-Cash Benefit	Receiving Benefit?
Add				

2 Add the type of disability

Non-Cash Benefits Sub-assessment

Non-Cash Benefits HUD Verification

HUD Verification: Non-Cash Benefits for 03/07/2017

ⓘ Per Source of Non-Cash Benefit, the current records for Non-Cash Benefits as of 03/07/2017 are displayed below. Any previous records for Non-Cash Benefits not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Non-Cash Benefit as of 03/07/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Receiving Benefit? value for all incomplete Source of Non-Cash Benefit records

- ○ Yes
- ○ No
- ○ Data Not Collected
- ◉ Incomplete

Select All feature skips sub-assessments already completed

Edit completed sub-assessment →

Source of Non-Cash Benefit	Receiving Benefit?			
	Yes	**No**	**Data Not Collected**	**Incomplete**
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	◉	○	○	○
Special Supplemental Nutrition Program for WIC (HUD)	○	○	○	◉
TANF Child Care Services (HUD)	○	○	○	◉
TANF Transportation Services (HUD)	○	○	○	◉
Other TANF-Funded Services (HUD)	○	○	○	◉
Section 8, Public Housing, or other ongoing rental assistance (HUD)	○	○	○	◉
Temporary rental assistance (HUD)	○	○	○	◉
Other Source (HUD)	○	○	○	◉

Save   Save & Exit   Exit

Non-Cash Benefits HUD Verification

| Non-cash benefit from any source | Yes (HUD) ▼ | **G** |

| | | Non-Cash Benefits | | | **HUD Verification** ✅ |

		Source of Non-Cash Benefit *	Start Date *	End Date	Amount of Non-Cash Benefit	Receiving Benefit?
✏️	🗑️	Other Source (HUD)	03/07/2017			No
✏️	🗑️	Temporary rental assistance (HUD)	03/07/2017			No
✏️	🗑️	Other TANF-Funded Services (HUD)	03/07/2017			No
✏️	🗑️	Section 8, Public Housing, or other ongoing rental assistance (HUD)	03/07/2017			No
✏️	🗑️	TANF Transportation Services (HUD)	03/07/2017			No

| Add | | | Showing 1-5 of 8 | First | Previous | Next | Last |

4.4 HEALTH INSURANCE

Health Insurance Sub-assessment

Collection Point	Project entry, annual assessment, updates as health insurance change, project exit
Subject	All clients
Special Notes	❑ Annual assessment required for clients who have stays of 365+ days or more even if there is no change in health insurance

Health Insurance in ServicePoint

1 Gateway question

2 Add the type of disability

3

Health Insurance Sub-assessment

Add Recordset - (16) Lacks, Henrietta

Health Insurance

Start Date *	03 / 07 / 2017
Health Insurance Type	-Select-
(If Yes to Other) Specify Source	
Covered?	-Select- G
(HOPWA) If Private Pay Insurance, Specify	
(HOPWA) If No, Reason not covered	-Select- G
End Date	/ / G

Red text is required

Dropdown options:
- -Select-
- MEDICAID
- MEDICARE
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer - Provided Health Insurance
- Health Insurance obtained through COBRA
- Private Pay Health Insurance
- State Health Insurance for Adults
- Indian Health Services Program
- Other

Save   Save and Add Another   Cancel

Health Insurance HUD Verification

HUD Verification: Health Insurance for 03/07/2017

Per Health Insurance Type, the current records for Health Insurance as of 03/07/2017 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 03/07/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

- ○ Yes
- ○ No
- ○ Data Not Collected
- ● Incomplete

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
MEDICAID	●	○	○	○
MEDICARE	○	○	○	●
State Children's Health Insurance Program	○	○	○	●
Veteran's Administration (VA) Medical Services	○	○	○	●
Employer - Provided Health Insurance	○	○	○	●
Health Insurance obtained through COBRA	○	○	○	●
Private Pay Health Insurance	○	○	○	●
State Health Insurance for Adults	○	○	○	●
Indian Health Services Program	○	○	○	●
Other	○	○	○	●

Complete for all types

Save   Save & Exit   Exit

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Health Insurance HUD Verification

HUD Verification: Health Insurance for 03/07/2017

ⓘ Per Health Insurance Type, the current records for Health Insurance as of 03/07/2017 are displayed below. Any previous records for Health Insurance not overlapping as of this date are not displayed. In the event that multiple records exist per Health Insurance Type as of 03/07/2017, records containing "Yes" values will be displayed and take precedence for reporting purposes.

Select the Covered? value for all incomplete Health Insurance Type records

- ○ Yes
- ● No
- ○ Data Not Collected
- ○ Incomplete

Select All feature skips sub-assessments already completed

Edit completed sub-assessment

Health Insurance Type	Covered?			
	Yes	No	Data Not Collected	Incomplete
🖉 MEDICAID	●	○	○	○
MEDICARE	○	●	○	○
State Children's Health Insurance Program	○	●	○	○
Veteran's Administration (VA) Medical Services	○	●	○	○
Employer - Provided Health Insurance	○	●	○	○
Health Insurance obtained through COBRA	○	●	○	○
Private Pay Health Insurance	○	●	○	○
State Health Insurance for Adults	○	●	○	○
Indian Health Services Program	○	●	○	○
Other	○	●	○	○

Save   Save & Exit   Exit

Completed Health Insurance HUD Verification

		Covered by Health Insurance	Yes (HUD) ▼	G			

🔍 **Health Insurance**   **HUD Verification** ✅

		Start Date *	Health Insurance Type	Covered?	(HOPWA) If Private Pay Insurance, Specify	(HOPWA) If No, Reason not covered	End Date
✏️	🗑️	03/07/2017	Other	No			
✏️	🗑️	03/07/2017	Indian Health Services Program	No			
✏️	🗑️	03/07/2017	Health Insurance obtained through COBRA	No			
✏️	🗑️	03/07/2017	State Health Insurance for Adults	No			
✏️	🗑️	03/07/2017	Employer - Provided Health Insurance	No			

Add			**Showing 1-5 of 10**	First	Previous	Next	Last

HUD Project Specific Data Element 4.17: Residential Move-In Date

March 2017

The Data Center at NCCEH

North Carolina Coalition to End Homelessness

securing resources ● encouraging public dialogue ● advocating for public policy change

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UPDATE AND ANNUAL REVIEW

There are 5 data collection points in HMIS

Record Creation	Project Entry	Update	Annual Review	Project Exit

| When client record is created | At every project entry | At multiple points during project enrollment | Recorded no more than 30 days before or after the anniversary date of the client's Project Entry Date | At every project exit |

Data collected during enrollment

Updates

Information that is collected at multiple points during project enrollment in order to track changes over time or entered to record activities as they occur.

Annual Review

Required for clients enrolled in a single project for 365+ days. Must be recorded no more than 30 days before or after the anniversary of the client's Project Entry Date.

Information must be accurate as of the *Information Date*

When to complete an Annual Review

Date Type	Date
Client Entry Date	10/17/2016
Client Anniversary Date	10/17/2017
30 days before Anniversary Date	09/17/2017
30 days after Anniversary Date	11/16/2017

Annual review window: 09/17/2017 – 11/16/2017

RRH Projects must add an Update when client moves into Permanent Housing

Program Entry
06/01/16

Move-In Date
06/29/16

Program Exit
09/01/16

Residential Move-In Date= 06/29/2016

Updates allow you to enter the date

Residential Move-in Date   /   /

Updates in ClientPoint

Updates are called "Interims" in ClientPoint

Adding an Interim Review

Interim Reviews

Interim Reviews Associated with this Entry / Exit

	Review Date	Review Type		Client Count
Add Interim Review			No matches.	

Select the Review Type

Include the right HH members

Select type of review from drop-down

Enter Review Date + Save & Continue

Complete Update data entry

Don't forget to complete this for other Household Members

ncceh.org/hmis

access local support for Balance of State, Wake, Durham, & Orange CoCs

919.410.6997 or **hmis@ncceh.org**

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