

**MONTGOMERY COUNTY, MARYLAND (MCMD)
CONTINUUM OF CARE (CoC)
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
POLICY AND PROCEDURE MANUAL**

Montgomery County, Maryland Continuum of Care Policy and Procedure Manual lists local procedures for operating the HMIS. It documents specific expectations regarding the use of the system and procedures that should be followed regarding routine and occasional functions.

SECTION 1: Federal Operating Procedures

MCMD CoC adheres first and foremost to policies and procedures outlined in the Department of Housing and Urban Development HMIS Data and Technical Standards Final Notice [Docket No. FR 4848-N-02] (Appendix A, <http://www.montgomerycountymd.gov/content/hhs/HMIS/hmisdatastandards2004.pdf>, <http://www.montgomerycountymd.gov/content/hhs/HMIS/hmisdatastandards2009.pdf>, http://www.montgomerycountymd.gov/content/hhs/HMIS/hprp_apr.pdf, and <http://www.montgomerycountymd.gov/content/hhs/HMIS/hmisdatastandards2010.pdf>)

SECTION 2: Contractual Requirements and Roles

MCMD CoC Contract Requirements: Department of Health and Human Services (DHHS), in its role as the HMIS Lead Agency, agrees to provide all of the necessary equipment and staff to operate and maintain the centralized HMIS database site. This includes all required licenses for software and direct technical assistance to sites, with regards to the HMIS application. This applies to all Agencies that DHHS is currently funded to serve.

Effective June 14, 2012, please note Advance Reporting Tool (ART) licenses will be assigned to an Agency based on a 4:1 ratio. That is for every 4 programs at an Agency, 1 ART license is assigned. This policy will not be retroactive but will be grandfathered in. Unless an exception is granted, all Agencies will have 2 Agency Administrators in order to ensure continuity of operations and as such will be issued at a minimum 2 ART licenses.

Effective December 12, 2013, please note each Agency must have a minimum of two Agency Administrators designated. This policy is retroactive and will not be grandfathered in. The only two exceptions are (1) an Agency that has 1 worker and (2) an Agency that has only read-only access to the application. All other exceptions to this policy must be granted by the Homeless Administrator.

MCMD CoC New Sites Requirements: Any Agency that MCMD CoC does not receive alternate funding for but does want to participate must assume the costs of requisite licenses and cost share of central resources.

HMIS Project Team: MCMD CoC utilizes the HMIS Project Team to provide general oversight and guidance to the project.. This includes policy administrators, contract monitors, and IT staff that provide service to the homeless population.

MCDHHS Information Systems and Technology (IS&T) Server Management: Management of an HMIS requires several divergent skill sets. The MCMD CoC project has identified the following roles to provide the best, most efficient service to our stakeholders:

- Project Manager
- Requirement Analyst

- Technical Support Specialist
- Trainer
- Application Administrator
- Developer

The project also designates the roles of every participating user in order to prevent any confusion around responsibilities and privileges. Each role must be filled in order for the Agency to begin working with the project: Participating Agency Executive Director, Participating Agency Site Technical Administrator, and User.

SECTION 3: Participation Requirements

Participation Requirements: For most efficient utilization of the services provided by MCMD CoC, several steps must be completed at the Agency level before implementation can begin. IS&T staff assists with most steps though some require the Agency to act without assistance.

Steps include:

- High Speed Internet Connectivity (DSL or Broadband);
- Identification of a Site Technical Administrator to serve as primary contact;
- Signed Participation Agreement contract (Appendix B); and
- Establishing client consent procedures and interview protocols.

Central Server Requirements: This section covers the exact equipment, staffing, and procedures that the MCMD CoC IS&T staff is responsible for. Focused on security, the areas are:

- Hardware Physical Security
- Software Security
- Network security
- Client database security

Implementation Requirements: Agencies must generate documents that cover each of the following areas in order for implementation to begin.

- Participation Agreement: Each participating Agency must agree to the requirements set forth in the Participation Agreement, which must be signed by a duly authorized Agency representative and returned to the Agency's DHHS Contract Monitor. Each Agency must complete the Provider Form (Appendix C)
- Interagency Data Sharing: HMIS users whose role based access is a Case Manager I or II, Agency Administrator, or Executive Director will be able to view information on clients throughout the HMIS database.
- Notice of Privacy Practice: Each participating Agency must use a Notice of Privacy Practice (NOPP). DHHS will provide the Department's NOPP to each participating Agency for each Agency to adapt to their needs. Each participating Agency must provide a copy of the adapted NOPP to DHHS. If the participating Agency is a HIPAA covered entity, the Agency may continue to utilize its' own NOPP; however MCDHHS must have copy of on file.
- Notice of Privacy Practice Posting: Each participating Agency must post the Notice of Privacy Posting in a conspicuous place at each Provider site. DHHS will provide the Privacy Posting, which is a summary of the NOPP.
- Release of Information: Each participating Agency must have signed Releases of Information (ROI) from each client upon program admission, to allow the sharing of information among authorized HMIS users. DHHS will provide the Release of Information (ROI) to each participating Agency. The DHHS

ROI does not replace an Agency's ROI, which is used to obtain and to share information from other Providers that are not part of the HMIS such as treatment providers, etc.

- Participant Privacy, restricted information including psychotherapy or treatment notes, details regarding domestic violence, dating violence, sexual assault and stalking concerns shall not be specifically entered into HMIS. Agencies can share information with providers only with a specific client *Release of Information*, not through the HMIS.
- Data Collection Commitment: Participation in the MCMD CoC project requires that all participating Providers collect the required universal and program specific data elements on all consenting clients. Each Agency must complete the HMIS Data Entry Form (Appendix D), which includes the minimal data elements. The Agency may add any additional elements it wishes to collect.
- Information Security Protocols: Internal policies must be developed at each site to establish a process for the violation of any of Montgomery County Government information security protocols.
- Implementation Connectivity: Once implementation has begun each site agrees to maintain connectivity in order to continue project participation.
- Maintenance of Onsite Computer Equipment: Each Agency agrees to maintain its computer equipment in order to continue project participation. DHHS IS&T agrees to maintain computer equipment provided to selected agencies involved in past HMIS pilots. Please note once the contract is terminated, the Agency must return the computer equipment to DHHS IS&T.
- Conversion of Legacy Data: Agencies that are using legacy systems that request data conversion must provide resources and processes to enable conversion unless specific contracts have been established to provide the conversion at no cost.
- Policy Update Schedule: DHHS will provide the HMIS Policy and Procedures Manual to each participating Agency. This manual will be reviewed annually and updated as necessary.

SECTION 4: Training

HMIS Application Training: MCMD CoC provides ongoing training on all relevant aspects of system operation for the duration of the project. Training modules are developed based on skill level and type of access to the system. Each user of the system is required to complete the application training, as well as HIPAA training, in order to begin using the system.

HIPAA Training: Each participating Agency is responsible for administering the HIPAA training and certifying that their users are trained. A HIPAA training verification will be required for all new users at the time they attend the HMIS Application training.

Scheduled Training Delivery: MCMD CoC agrees to deliver at least one monthly group trainings on an ongoing basis.

HMIS Onsite Application Training: MCMD CoC is available to deliver on-site training in the event that an Agency has a large number of staff to train. However, MCMD CoC will not deliver one to one training on-site.

HMIS and HIPAA Training Materials: All training documentation will be available on the County's HMIS Internet site, which is <http://www.montgomerycountymd.gov/hmis>.

SECTION 5: User, Location, Physical and Data Access

Access Privileges to System Software: Access to system resources will only be granted to Agency staffs that need access in order to perform their job. Users must complete the HMIS User Agreement form (Appendix E), in order to request access privileges.

Access Levels for System Users: Each user of the system will be assigned an account that grants access to specific system resources that they require. A model of least-privilege is used; no user will be granted more than the least amount of privilege needed to perform their job.

System Access Deactivation: Participating Agency Executive Director will complete the HMIS User Deactivation form (Appendix F) within one business day when there is a change in a user's job role or the user is no longer employed by the Agency.

Location Access Privileges to System Server: MCMD CoC may require that each computer accessing the system be identified and authorized prior to access. MCMD CoC uses electronic certificates in order to accomplish this goal.

Access to Data: All data collected by the MCMD CoC project is categorized. Access to datasets, types of data, and all MCMD CoC data releases is governed by policies developed by the HMIS Project Team.

Access to Client Paper Records: All users of the system must not have greater access to client information through the system than is accessible in the agencies paper files.

Physical Access Control: All equipment or media containing MCMD CoC data must be physically controlled at the Agency site. Protections and destruction policies vary depending on the type of data and media.

Logical Access: Access to system resources must be limited to authorized users for authorized transactions.

Unique User ID and Password: Each user of the system must be individually and uniquely identified. Identification will be verified through a password.

Right to Deny User and Participating Agencies' Access: MCMD CoC retains the right to suspend or revoke the access of any Agency or individual to the system for consistent or egregious violation of MCMD CoC policies.

Data Access Control: Access to the system must be audited. All audits may be reviewed regularly.

Auditing - Monitoring, Violations and Exceptions: MCMD CoC considers any exception to stated DTS Computer Security Guideline (Appendix G) policies a violation of those policies that must be investigated.

Auditing – Data Logs: MCMD CoC will maintain logs of all actions taken by users. Logs may include operating system logs, database, and firewall logs. All logs may be reviewed regularly.

Data Assessment and Access: All data associated with the MCMD CoC project is categorized. Access to data is restricted based on the content of the data. Reproduction, distribution, and destruction of data are based on the content of the data.

Data Integrity Controls: Access to the production data is restricted to authorized users only. Each user that has access to production data is contracted to not falsely alter or impact data in any way. If the Agency receives information that necessitates a client's information be entirely removed from the HMIS, the Agency will complete the Client Delete Request form (Appendix H).

Local Data Storage: If agencies choose to store local copies of data they are required to developed policies and procedures on how data is generated, stored, and destroyed.

Transmission of Client Level Data: All authorized users agree to transmit any client level data securely.

Data Accuracy: There are many aspects to data quality, such as validity, completeness, consistency, coverage, accuracy, and timeliness. Each of these aspects is defined in detail in the HMIS Data Quality Standards (Appendix I).

SECTION 6: Technical Support and System Availability

Planned Technical Support: MCMD CoC offers technical support to all participating agencies. Support services include training, implementation support, report writing support, and process troubleshooting.

Participating Agency Technical Service Request: Service requests from participating agencies may originate from any authorized user either by contacting the HMIS Administrator or sending a request to the HMIS email account (hmis@montgomerycountymd.gov).

Rapid Response Technical Support: Requests for service that require a rapid response will be responded to within 1 business day.

Availability – Hours of System Operation: The system is available to users 24 hours a day, except during routine system maintenance, scheduled system upgrades, and unexpected system failures.

Availability – MCDHHS IS&T Staff Availability: IS&T staff are available from 8:30 AM to 5:00 PM on Monday to Friday (with the exclusion of holidays) to respond to service requests.

Availability – Planned Interruption to Service: Participating agencies will be notified of planned interruptions to service one week prior to the interruption.

Availability –Unplanned Interruption to Service: In the event of an unplanned interruption to service IS&T staff will immediately notify all authorized users within one hour of the system failure.

SECTION 7: Stages of Implementation

Implementation – Stage 1: Start-up and Initial Training: Implementation begins with stage 1. To enter stage 1 an Agency must complete all requisite paperwork and have user accounts created on the system.

Implementation – Stage 2: Data Entry Begins: To enter stage 2 an Agency must begin entering data on their client population.

SECTION 8: Stages of Completion

One week prior to an Agency and/or Provider contract termination, the DHHS Contract Monitor will notify the Agency and/or Provider to exit all clients from the HMIS application. Upon the first business day of the contract termination, the HMIS Administrator will deactivate all user accounts associated with the Agency and/or Provider.

SECTION 9: Encryption Management

Encryption General: All potentially identifying information is encrypted in the database. Encryption prevents unauthorized personnel from accessing confidential information for any reason.

Encryption Management: In the event that system wide data decryption becomes necessary the process is outlined here. Only one event has been identified that would require this, a change in products.

SECTION 10: Data Release Protocols

Data Release Authorization and Distribution: MCMD CoC does release data in the process of generating reports. MCMD CoC will only release de-identified aggregate data.

Right to Deny Access to Client Identified Information: MCMD CoC does not release client identified information to any third party. Court orders for information will be forwarded to the DHHS Housing Stabilization Senior Administrator for review. Pursuant to policy no release will occur unless the party obtains the written release of every client within the database prior to receiving the database.

Right to Deny Access to Aggregate Information: MCMD CoC retains the right to deny access to aggregate level data. Pursuant to policy any interested party must submit a request for data to the HMIS Project Team. All requests are reviewed by the HMIS Project Team.

Version: 1.7

Revision Date: Jan. 2014

APPENDIXES

- APPENDIX A:** Department of Housing and Urban Development HMIS Data and Technical Standards Final Notice [Docket No. FR 4848-N-02] *Linked from Page 1*¹
- APPENDIX B:** Participation Agreement
- APPENDIX C:** Provider Form
- APPENDIX D:** HMIS Data Entry Forms
- APPENDIX E:** HMIS User Agreement
- APPENDIX F:** HMIS User Deactivation
- APPENDIX G:** DTS Computer Security Guideline
- APPENDIX H:** Client Delete Request Form
- APPENDIX I:** HMIS Data Quality Standards

¹, <http://www.montgomerycountymd.gov/content/hhs/HMIS/hmisdatastandards2004.pdf>, <http://www.montgomerycountymd.gov/content/hhs/HMIS/hmisdatastandards2009.pdf>, http://www.montgomerycountymd.gov/content/hhs/HMIS/hprp_apr.pdf, and <http://www.montgomerycountymd.gov/content/hhs/HMIS/hmisdatastandards2010.pdf>

APPENDIX B

Participation Agreement

1. Participation Agreement

**Participation Agreement
Between
[Montgomery County Department of Health and Human Services]
and
[Agency Name]**

This agreement is entered into on _____ (dd/mm/yy) between the HMIS Lead Agency Montgomery County Department of Health and Human Services, hereafter known as "HLA," and

(agency name), hereafter known as "Agency," regarding access and use of the [Homeless Management Information System], hereafter known as "HMIS."

I. Introduction

The HMIS, a shared human services database, allows authorized personnel at homeless and human service provider agencies throughout Montgomery County Homeless Continuum of Care (MCCoC), to enter, track, and report on information concerning their own clients and to share information, subject to appropriate inter-agency agreements, on common clients.

HMIS's goals are to:

- Improve coordinated care for and services to homeless persons in the MCCoC,
- Provide a user-friendly and high quality automated records system that expedites client intake procedures, improves referral accuracy, and supports the collection of quality information that can be used for program improvement and service-planning, and
- Meet the reporting requirements of the U.S. Department of Housing and Urban Development (HUD), and other funders as needed.

In compliance with all state and federal requirements regarding client/consumer confidentiality and data security, the HMIS is designed to collect and deliver quality data about services and homeless persons or persons at risk for being homeless. The Montgomery County Department of Health and Human Services (MCDHHS) administers the HMIS.

II. HLA Responsibilities

1. HLA will make a best effort to provide the Agency 24 hour access to the HMIS database system, except during routine system maintenance, scheduled system upgrades and unexpected system failures..
2. HLA will provide model Privacy Notices, Client Release forms and other templates for agreements that may be adopted or adapted in local implementation of HMIS functions.
3. HLA will provide both initial training and periodic updates to that training for all end users regarding the use of the HMIS.
4. HLA will provide basic user support and technical assistance (i.e., general trouble-shooting and assistance with standard report generation). Access to this basic technical assistance will normally be available from 8:30 AM. to 5:00 PM. on Monday through Friday (with the exclusion of holidays)..

III. Privacy and Confidentiality

A. Protection of Client Privacy

1. The Agency will comply with all applicable federal and state laws regarding protection of client privacy.
2. The Agency will comply specifically with Federal confidentiality regulations as contained in the *Code of Federal Regulations, 42 CFR Part 2*, regarding disclosure of alcohol and/or drug abuse records where applicable. Users should be aware that the Lead Agency will give notice when specific portions of a client record should be locked.
3. The Agency will comply specifically with the *Health Insurance Portability and Accountability Act of 1996, 45 C.F.R., Parts 160 & 164*, and corresponding regulations established by the U.S. Department of Health and Human Services.
4. The Agency will comply with all policies and procedures established by HLA pertaining to protection of client privacy.

B. Client Confidentiality

1. The Agency agrees to provide a copy of HMIS' *Privacy Notice* (or an equivalent Agency-specific alternative) to each consumer. The Agency will provide a verbal explanation of the HMIS and arrange for a qualified interpreter/translator or other reasonable accommodation in the event that an individual is not literate in English or has difficulty understanding the *Privacy Notice* or associated Consent Form(s).
2. The Agency will not solicit or enter information about clients into the HMIS database unless it is essential to provide services or conduct evaluation or research. Agency Management, in consultation with the HLA will make a determination of what qualifies as essential for services or research.
3. The Agency will not divulge any information received from the HMIS to any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.
4. The Agency will ensure that all persons who are issued a User Identification and Password to the HMIS abide by this *Participation Agreement*, including all associated confidentiality provisions. The Agency will be responsible for oversight of its own related confidentiality requirements.
5. The Agency agrees that it will ensure that all persons issued a User ID and Password will complete a formal training on privacy and confidentiality and demonstrate mastery of that information, prior to activation of their User License. The privacy and confidentiality training must be consistent with HLA training or otherwise meet all required state and federal standards.
6. The Agency acknowledges that maintaining the confidentiality, security and privacy of information such as that described in Part III, downloaded from the system by the Agency is strictly the responsibility of the Agency.

7. Agency Participants are prohibited from altering information in databases without first obtaining express permission of the HLA.

C. Inter-Agency Sharing of Information

1. The Agency acknowledges that all forms provided by the HLA regarding client privacy and confidentiality are shared with the Agency as generally applicable models that may require specific modification in accord with Agency-specific rules. The Agency will review and revise (as necessary) all forms provided by the HLA to assure that they are in compliance with the laws, rules and regulations that govern its organization.
2. The Agency acknowledges that informed written client consent is required before any basic identifying client information is shared with other Agency's in the System; unless sharing is otherwise permitted by applicable regulations or laws. The Agency will document client consent on the *HMIS Client Release of Information Form*.^[1]
3. The Agency will incorporate an HMIS release clause into its existing *Agency Authorization for Release of Information Form(s)* if the Agency intends to share restricted client data within the HMIS. Restricted information, including psychotherapy notes, the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, victims of domestic violence, dating violence, sexual assault and stalking concerns shall be not be shared with other participating Agencies with out a specific *Client Release of Information*. Sharing of restricted information is **not** covered under the general *HMIS Client Release of Information*. Agencies with whom information is shared are each responsible for obtaining appropriate consent(s) before allowing further sharing of client records.
4. The Agency acknowledges that the Agency, itself, bears primary responsibility for oversight for all sharing of data it has collected via the HMIS. The HLA will hold the Agency responsible only for information that the Agency shares. The HLA however, will not hold the Agency responsible for the actions of the Entity that receives and misappropriates the shared data; unless the Agency knew or should have known that the Entity would misappropriate or were otherwise not entitled to receive the shared information.
5. The Agency agrees to place all *Client Authorization for Release of Information* forms related to the HMIS in a file to be located at the Agency's business address and that such forms will be made available to the HLA for periodic audits. The Agency will retain these HMIS related authorization for Release of Information forms for a minimum of six years or longer if appropriate.
6. The Agency acknowledges that clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible. The Agency does not have to qualify a client to be eligible for a service if the Agency does not have enough information to qualify the client for the program.

D. Custody of Data

1. The Agency acknowledges, and HLA agrees, that the Agency retains responsibility for all information it enters into the HMIS but the HLA owns the records that are developed as a result of the development of the database.

IV. Data Entry and Regular Use of HMIS

1. The Agency will not permit User ID's and Passwords to be shared among users.
2. If a client has previously given the Agency permission to share information with multiple agencies, beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the Agency will contact its partner agency/agencies and explain that, at the client's request, portions of that client record will no longer be shared. The Agency will then "lock" those portions of the record, impacted by the revocation, to the other agency or agencies. Agency Users will be notified by the HLA to lock specific portions of a client record when applicable.
3. If the Agency receives information that necessitates a client's information be entirely removed from the HMIS, the Agency will work with the client to complete a brief *Delete Request Form*,^[2] which will be sent to the HLA for de-activation of the client record. This provision only applies to reporting that is not required by State or Federal mandates.
4. The Agency will enter all minimum required data elements as published by the most recent U.S. Department of Housing and Urban Development (HUD) HMIS Data Standards and required local community elements specified for all persons who are participating in services funded by the HUD Supportive Housing Program, State of Maryland Emergency Transitional Housing Services (ETHS), and Montgomery County, Maryland Government.
5. The Agency will enter data in a consistent manner, and will strive for real-time, or close to real-time, data entry.
6. The Agency will routinely review records it has entered in the HMIS for completeness and data accuracy. The review and data correction process will be made according to HMIS' published *Policies and Procedures*.
7. The Agency will not knowingly enter inaccurate information into HMIS.
8. The Agency acknowledges that once the *Client Release of Information* expires, a new Client Release of Information must be obtained or no new information can be added to the database. Information entered before the date of the expired release will continue to be available to the sharing partners.
9. The Agency acknowledges that a modified agency *Authorization to Release Information* form, with an HMIS clause, permits it to share restricted client information with select agencies (as determined by the Authorization to Release Form) in compliance with the Agency's approved Confidentiality Policies and Procedures.
10. The Agency will prohibit anyone with an Agency-assigned User ID and Password from entering offensive language, profanity, or discriminatory comments based on race, color, religion, national origin, ancestry, handicap, age, sex, and sexual orientation. These prohibited actions are not limited to those listed above and include all other requirements found in the HUD provisions found at the Federal Register Part III Department of HUD HMIS provisions.
11. The Agency will utilize the HMIS for business purposes only.
12. The Agency will keep updated virus protection software and appropriate firewall protection on Agency computers that access the HMIS.

13. Nothing in this Agreement authorizes any party to collect, maintain, use, or disclose information in violation of any laws.
14. The Agency agrees that the HLA or the local Continuum of Care Committee may meet to discuss procedures, updates, policy and practice guidelines, data analysis, and software/ hardware upgrades. The HLA will request the Agency to designate at least one specific Staff member to regularly attend the meetings.
15. Notwithstanding any other provision of this *Participation Agreement*, the Agency agrees to abide by all policies and procedures relevant to the use of HMIS that HLA publishes from time to time. The Agency will have a reasonable time to comply with new policies and procedures to be set by HLA. The Agency will complete the HMIS Deactivation User Agreement form regarding employee status change and forward to the HMIS Administrator when an HMIS User is no longer employed by the Agency.

V. Publication of Reports

1. The Agency agrees that it may only release aggregated information generated by the HMIS that is specific to its own services.
2. The Agency acknowledges that the release of aggregated information will be governed through policies established by relevant committees operating at the Continuum of Care level for community-level analysis. Such information will include qualifiers such as coverage levels or other issues necessary to fully explain the published findings.

VI. Database Integrity

1. The Agency will not share assigned User ID's and Passwords to access the HMIS with any other organization, governmental entity, business, or individual.
2. The Agency will not intentionally cause corruption of the HMIS in any manner. Any unauthorized access or unauthorized modification to computer system information, or interference with normal system operations, will result in immediate suspension of services, and, where appropriate, legal action against the offending entities.
3. All Agency participants must obtain and maintain corporate/business e-mail accounts to be eligible to participate in distribution lists.

VII. Hold Harmless

1. The HLA and MCDHHS make no warranties, expressed or implied. The Agency, at all times, will indemnify and hold HLA/MCDHHS harmless from any damages, liabilities, claims, and expenses that may be claimed against the Agency; or for injuries or damages to the Agency or another party arising from participation in the HMIS; or arising from any acts, omissions, neglect, or fault of the Agency or its agents, employees, licensees, or clients; or arising from the Agency's failure to comply with laws, statutes, ordinances, or regulations applicable to it or the conduct of its business. This Agency will also hold HLA/MCDHHS harmless for loss or damage resulting in the loss of data due to delays, non-deliveries, mis-deliveries, or service interruption caused by Bowman Information Systems, by the Agency's or other member agency's negligence or errors or omissions, as well as natural disasters, technological difficulties, and/ or acts of God. HLA/MCDHHS shall not be liable to the Agency for damages, losses, or injuries to the Agency or another party other than if such is the result of gross negligence or willful misconduct of HLA/MCDHHS. HLA and MCDHHS agree to hold the Agency

harmless from any damages, liabilities, claims or expenses caused solely by the negligence or misconduct of HLA or MCDHHS

2. The Agency agrees to keep in force a comprehensive general liability insurance policy. Said insurance policy shall include coverage for theft or damage of the Agency's HMIS-related hardware and software, as well as coverage of Agency's indemnification obligations under this agreement.
3. Provisions of Section VII shall survive any termination of the Participation Agreement. All restrictions on the use and disclosure of client information will also survive any termination of the Participation Agreement.

VIII. Terms and Conditions

1. The parties hereto agree that this agreement is the complete and exclusive statement of the agreement between parties and supersedes all prior proposals and understandings, oral and written, relating to the subject matter of this agreement.
2. The Agency shall not transfer or assign any rights or obligations under the *Participation Agreement* without the written consent of HLA.
3. This agreement shall remain in force until revoked in writing by either party, with 30 days advance written notice. The exception to this term is if allegations or actual incidences arise regarding possible or actual breaches of this agreement. Should such situations arise, the HLA may immediately suspend access to the HMIS until the allegations are resolved in order to protect the integrity of the system.
4. This agreement may be modified or amended by written agreement executed by both parties with 30 days advance written notice.

IN WITNESS WHEREOF, the parties have entered into this Agreement:

AGENCY:

HLA:

HMIS _____

By: _____

By: _____
[Name of HMIS Lead]

Title: _____

Title: _____

Date: _____

Date: _____

Homeless Management Information System

ASSURANCE

_____ (Name of Agency) assures that the following fully executed documents will be on file and available for review.

- The Agency's Board Approved Confidentiality Policy.
- The Agency's Grievance Policy, including a procedure for external review.
- The Agency's official *Privacy Notice* for HMIS clients.
- Executed *Agency Authorizations for Release of Information* as needed.
- Certificates of Completion* for required training for all HMIS System Users.
- A fully executed *User Agreement* for all HMIS System Users.
- A current *HMIS Policy and Procedure Manual*.

By: _____

Title: _____

Signature: _____

Date: _____

Last Updated: Jan. 20, 2014

APPENDIX C

Provider Form

PROVIDER FORM

Last Updated: December 18, 2013

Parent Provider If not creating Level 1 Provider, the parent Provider name displays as a hyperlink for access to the parent Provider page (e.g. Montgomery County Coalition for the Homeless)

Note: Per HUD requirements, this name **must** coincide with the name used in the HUD Housing Chart or Annual Performance Report (APR) or Quarterly Performance Report (QPR) or Housing Prevention and Rapid Re-housing (HPRP).

Name the Provider being created (e.g. Seneca Heights)

Note: Per HUD requirements, this name **must** coincide with the name used in the HUD Housing Chart or Annual Performance Report (APR) or Quarterly Performance Report (QPR) or Housing Prevention and Rapid Re-housing (HPRP).

Provider Profile

Description of Services provided by this Provider

Module Access Settings

Provider is a shelter program.

Yes or No

Location Information

Street Address Physical street location of this Provider

Street Address Additional location information such as floor or suite number

City Physical city location of this Provider

State Physical state location of this Provider
MD

Zip Zip code of this Provider

County County of this Provider
Montgomery County

Area Geographical Area used as a search criteria in ResourcePoint

Mailing Address Mailing address of this Provider

Mailing Address Additional mailing address information such as mail stop

Mailing City Mailing address city

Mailing State Mailing address state

Mailing Zip Mailing address zip

Landmarks Description of landmarks to help locate this Provider such as cross street as well as public transit information (e.g. what busses pass your site).

Contact Information

Telephone 1-4 (Number) List up to four telephone numbers for this Provider

Description Main Number	Phone 1
Description	Phone 2
Description	Phone 3
Description	Phone 4

Fax 1-2 (Number) List up to two fax numbers for this Provider

Fax Number 1
Fax Number 2

Person in Charge Name of contact (e.g. program director, program manager, etc.) related to this Provider

Person in Charge Title Title of the contact for this Provider

Person in Charge Email Address Email address to use to contact this Provider

Contact Person 1 Name Name of contact (e.g. program director, program manager, etc.) related to this Provider

Contact Person 1 Title Title of the contact for this Provider

Contact Person 1 Email Address Email address to use to contact this Provider

Contact Person 2 Telephone Phone number to use to contact this Provider

Description Main Number	Phone 1
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Contact Person 2 Name of contact (e.g. program director, program manager, etc.) related to this Provider

Contact Person 2 Title of the contact for this Provider

Contact Person 2 Email Address to use to contact this Provider

Contact Person 2 Telephone Phone number to use to contact this Provider

Description Main Number	Phone 1
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Services

Website Address for this Provider

Days and Hours of operation for this Provider

Program Fees List fees associated with this Provider's Services

Intake/Application Process

- Completion of the DHHS Shelter Placement Form
- Completion of Provider Specific Referral Form
- Completion of Psychosocial Assessment
- Results of TB Test
- Other, Please specify:

Eligibility

Eligibility Requirements

- Client is willing to accept case management.
- Client is willing to follow program rules.
- Client is willing to live in a group home setting.
- Client is willing to participate in a treatment program.
- Client must remain abstinent from illegal substances.
- Client must have a substance dependency issue.
- Client must have a co-occurring disorder.
- Income is not required.
- Income is required and the client must be willing to pay 30% of income or entitlements.
- Client is willing to provide supporting documentation. Please specify:
- Other, Please specify other eligibility requirements:

Languages Spoken at the Site

Volunteer Opportunities

Call provider to attain information on volunteer opportunities.

Wish list

Call provider to attain information on wishlist items.

Handicap Access Select Yes or No as to whether this Provider has handicap access to their location.

- Yes or No

Brochures Select Yes or No as to whether this Provider has program brochures.

- Yes or No

Shelter Select Yes or No as to whether this Provider is a shelter program.

- Yes or No

Additional Information

Services Provided

Note: This information will be used to assist users in searching for providers in ResourcePoint based on services provided by the provider. Additionally, please select the appropriate Type of Service (Primary or Secondary).

Service Description	Type of Service
	Primary Service

	Primary Service
	Primary Service
	Primary Service

Program Descriptor Information

Legal Status

Note: Select only one from the following list below.

- | | | |
|---|---|---|
| <input type="checkbox"/> City/County (Parish) | <input type="checkbox"/> Educational | <input type="checkbox"/> Faith Based-Non Profit |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other |
| <input type="checkbox"/> Private Individual | <input type="checkbox"/> Private-Non Profit | <input type="checkbox"/> Profit |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Religious | <input type="checkbox"/> State |
| <input type="checkbox"/> United Way | <input type="checkbox"/> Volunteer | |

HUD Standards

Organization Identifier (Agency/Provider Identifier)

To be completed by HMIS Administrator. Same as the Parent Provider.

COC Code

MD-601

To be completed by HMIS Administrator. 249031

Program Type Code

Select one of the following:

- Emergency Shelter (HUD)
- Homeless Outreach (HUD)
- Homeless Prevention and Rapid Re-Housing (HUD)
- Permanent Housing (e.g. Mod Rehab SRO, Subsidized Housing without Services) (HUD)
- Permanent Supportive Housing (HUD)
- Prevention (HUD)
- Rapid Re-housing (HUD)
- Safe Haven (HUD)
- Supportive Services Only Program (HUD)
- Transitional Housing (HUD)
- Other (HUD)

Direct Service Code

Select Yes, if you provide direct service to clients.

- Yes
- No

Program Site Configuration Type

Select one of the following to describe the overall program configuration and the facility where the CoC Program provides most housing and/or services (i.e. the principal program service site) within the CoC.

- Single Site, Single Building: Housing units (or service encounters) are at one site, in a single structure.
- Single Site, Multiple Buildings: Housing units (or service encounters) are at one site, in multiple structures (e.g., single apartment complex with multiple buildings and program units in two or more buildings).
- Multiple Sites, Multiple Buildings: Housing units (or service encounters) are at multiple sites (e.g., scattered-site housing, outreach).

Site Type

Select one of the following:

- Non-Residential: Services Only: The program only provides supportive services and does not provide overnight accommodations.
- Residential: Special Needs and Non-Special Needs: Residential housing (i.e., site that provides overnight accommodation) is located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with HIV/AIDS—and persons without any special needs.

Residential: Special Needs Only: Residential housing is located within a building or complex that houses only persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, persons with HIV/AIDS, persons with a physical disability, and/or elderly persons.

Housing Type

Select one of the following below. For the principal program service site, record the appropriate housing type. Non-residential programs should select “Not applicable: non-residential program.”

- Mass shelter/barracks. Multiple individuals and/or family households sleep in a large room with multiple beds.
- Dormitory/hotel/motel. Most individuals and/or families share small to medium sized sleeping rooms or have private sleeping rooms. Persons may or may not share a common kitchen, common bathrooms, or both.
- Shared housing. Most individuals and/or families reside in one or more shared housing units that house up to 8 individuals or 4 families. Each unit includes a kitchen and bath. Each family generally has a private sleeping room, though more than one individual may share sleeping space.
- Single Room Occupancy (SRO) units. Most individuals reside in a private unit with a sleeping/living room intended for one occupant that contains no sanitary facilities or food preparation facilities, or contains either, but not both, types of facilities.
- Single apartment (non-SRO) units. Most individuals and/or families reside in a self-contained apartment intended for one individual or family household that includes a private kitchen and bath.
- Single homes/townhouses/duplexes. Most individuals and/or families reside in a self-contained home/townhouse/duplex intended for one individual or family household.
- Not applicable: non-residential program. The program does not offer residential services to clients.

Geocode

To be completed by HMIS Administrator. Use 240582 for all City of Gaithersburg locations; otherwise use 249031 for all other Montgomery County locations.

Note: See link to for the Geocode- http://www.hudhre.info/documents/FY2009_PPRNAmts.pdf or <http://www.hud.gov/offices/cpd/homeless/apply/2006nofa/index.cfm> or <http://www.hud.gov/offices/cpd/homeless/apply/2006nofa/md/ipn.xls>

Grantee Identifier

Record the appropriate Grantee Identifier (ID) to uniquely identify HPRP grantees and sub-grantees that receive funding under the American Recovery and Reinvestment Act of 2009. HPRP state and local government grantees may select one or more organizations (called “sub-grantees”) to administer HPRP funded programs. All sub-grantees of a federal HPRP grantee must identify their projects with the original state or local grantee identifier as assigned by HUD.

Method for Tracking Residential Program Occupancy

Select only one to record the method used to track the actual nights that a client stays in a program. The standard method for residential homeless assistance programs that complete APRs must be based on a comparison of program entry and exit dates. A residential program that is not required to produce an APR may alternatively use a bed management tool or service transaction approach to report the number of persons receiving shelter/housing on a particular night.

To be completed by HMIS Administrator.

- Program Entry and Exit Comparison
- Bed Management Motel
- Service Transaction Model

Bed Inventory Data

Bed List Name Use the same name as the provider.

Household Type

- Households without children
- Households with children
- Households with **only** children

Bed Type

- Facility Based
- Voucher
- Other

Availability

- Year-Round
- Seasonal
- Overflow

Bed Inventory (Number of Beds)

Chronic Homeless Bed Inventory (Permanent Supportive Housing Programs Only)

Unit Inventory (Number of Units)

Inventory Start Date

Inventory End Date

HMIS Participating Beds

HMIS Participation Start Date

HMIS Participation End Date

Target Population A

Note: Select ***only one*** response.

- Single Males (18 years and older)
- Single Females (18 years and older)
- Single Males and Females (18 years and older)
- Couples Only, No Children
- Single Males and Households with Children
- Households with Children
- Unaccompanied Young Males (under 18)
- Unaccompanied Young Females (under 18)
- Unaccompanied Young Males and Females (under 18)
- Single Male and Female and Households with Children

Target Population B

Note: Select ***only one*** response.

- Domestic Violence Victims
- Veterans
- HIV: Persons with HIV/AIDS
- Not Applicable

Shelter Information

Does this provider have beds to be created in ServicePoint?

- Yes No

Shelter Requirements

Provide a description for the shelter's requirements.

Shelter Service Code Select only one.

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing

Select the appropriate section that describes the bed list.

Select ***one*** of the following:

- Family Section
- Men's Section
- Women's Section
- Men's and Women's Section

Users

Please list the users who should have access to this provider's data:

- User 1:
- User 2:
- User 3:
- User 4:
- User 6:
- User 7:
- User 8:
- User 9:
- User 10:
- User 11:
- User 12:

Provider Group

Select ***all*** that apply.

- Annual Homeless Assessment Group (AHAR)
- Montgomery County CoC – All
- Montgomery County CoC – All Family Providers
- Montgomery County CoC – All Individual Providers
- Emergency Shelter – All
- Emergency Shelter – Family
- Emergency Shelter – Family and Hotels
- Emergency Shelter – Individual
- Housing Initiative Program – All
- Housing Initiative Program – All Family Providers
- Housing Initiative Program – All Individual Providers
- Transitional Housing – All
- Transitional Housing – Family
- Transitional Housing – Individual
- Permanent Supportive Housing – All
- Permanent Supportive Housing – Family
- Permanent Supportive Housing – Individual

HMIS Client Authorization

To be completed by HMIS Administrator.

Does the HMIS User Agreement form need to be updated?

(\\Hhsnasdata\shared\Cross Programs\ServicePoint\TrainingPackage\HMISUserAgreement.doc)

- Yes
- No

Does the HMIS Client Authorization form need to be updated?

(\\Hhsnasdata\shared\Cross Programs\ServicePoint\Policy_and_Procedure\HMIS_Authorization_Form.doc)

- Yes
- No

Does the HMIS Destination Crosswalk need to be updated?

(\\Hhsnasdata\shared\Cross Programs\ServicePoint\TrainingPackage\Crosswalk\HMIS_Destination_Cross_Walk_Chart.doc)

- Yes
- No

APPENDIX D

HMIS Data Entry Forms

Department of Health and Human Services
Homeless Management Information System Data Entry Form
APR Entry Assessment

Last Modified: June 10th, 2010

Assessment Date ____/____/____

Provider Site: _____

Required of all clients (adults and children).

Client Name (Head of Household)

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Social Security Number _____ - _____ - _____

Social Security Data Quality (Select only one)

Full SSN Report Partial SSN Report Don't Know or Don't Have SSN Refused

Date of Birth ____/____/____

Date of Birth Type (Select only one)

Full DOB Reported Approximate or Parital DOB Reported Don't Know Refused

Ethnicity (Select only one.)

Non-Hispanic/Latino Hispanic/Latino Don't Know Refused

Primary Race (Select only one.)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 Don't Know Refused

Secondary Race (Select a secondary race only if it is different from the primary race.)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Other
 Don't Know Refused

Gender (Select only one.)

Female Male Transgender Male to Female Transgender Female to Male
 Other Don't Know Refused

Highest Level of Education Attained (Select only one.)

No Schooling Completed Nursery School to 4th Grade 5th Grade or 6th Grade
 7th Grade or 8th Grade 9th Grade 10th Grade
 11th Grade 12th Grade, No Diploma High School Diploma
 GED Post-Secondary School Technical School Certification
 College Degree Graduate Degree

Was your last known address within the Gaithersburg city limit?

Yes No

Was your last known address within the Rockville city limit?

Yes No

U.S. Citizen? (Select only one.)

Yes No

Immigration Status (Select only one.)

Asylee Undocumented Permanent Resident Pending Naturalization
 Refugee Section 212 Refugee Section 207

Housing Status (Select only one.)

- Literally Homeless Housed and at imminent risk of losing housing
 Housed and at-risk of losing housing Stably Housed Don't Know Refused

Homelessness Primary Reason (Select only one.)

- Disaster Domestic Violence Don't Know Eviction Mortgage Foreclosure-Owner
 Mortgage Foreclosure-Rental Unit Political Asylum Put Out Release From Institution
 Substandard Housing/Condemned

Contributing Factor to Homelessness (Select only one.)

- Criminal Activity Death of Significant Others Don't Know Family Conflict Loss of Child Care
 Loss of Employment Loss of Housing Subsidy Loss of Public Benefits Loss of Transportation Medical Condition
 Mental Health Owner Defaulted on Rental Property Separation/Divorce Substance Abuse
 Underemployment/Low Income Unpaid Utilities

Monthly Income/ Non-Cash Benefit

Income Received In Last 30 Days:

- Yes No Don't Know Refused

Non-Cash Benefit Received in Last 30 Days:

- Yes No Don't Know Refused

Source of Income Options: Earned Income, Unemployment Insurance, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veteran's Disability Payment, Private Disability Insurance, Worker's Compensation, Temporary Assistance for Needy Families (TANF), General County Assistance, Retirement Income from Social Security, Veteran's Pension, Pension from a Former Job, Child Support, Alimony or Other Spousal Support, Other Cash Income, Supplemental Nutrition Assistance Program (Food Stamps), MEDICAID, MEDICARE, SCHIPP, Supplemental Nutrition Assistance Program for WIC, VA Medical Services, TANF Child Care Services, TANF Transportation Services, Other TANF-Funded Services, Section 8, public housing, or other ongoing rental assistance, Other Non-Cash source, Temporary rental assistance

Last 30 Day Income	Source of Income (See above.)	Last 90 Day Income	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
1.				
2.				
3.				
4.				
5.				

Do you have a disability? (Select only one.)

Yes No Don't Know Refused

Disabilities

Disability Type Options: Alcohol Abuse, Chronic Health Condition, Developmental, Drug Abuse, Hearing Impaired, Mental Health Problem, Physical Mobility Limits, HIV/AIDS, Hearing Impaired, Visual Impaired

Disability Type (See above.)	Start Date (MM/DD/YYYY)	Above Condition Long Term? (Yes or No)	End Date (MM/DD/YYYY)
1.			
2.			
3.			
4.			
5.			

Required of adults and unaccompanied youth.

Total number of hospital admissions in the past twelve (12) months.: _____ (must be a number)

Is Client Homeless? (Select only one.)

Yes No

Is Client Chronically Homeless? (Select only one.)

Yes No

Living Situation Prior to Program Entry (Select only one.)

Emergency Shelter Hotel with Voucher Transitional Housing Permanent Housing
 Psychiatric Hospital Substance Abuse Treatment Facility Hospital (Non-Psychiatric)
 Jail Rented Room, House, Apartment Owned Apartment or House
 Living with Family Living with Friends Foster Care Home
 Place Not Meant for Habitation (e.g. Vehicle, Abandoned Building, Anywhere Outside, etc.)
 Hotel/Motel with no Voucher Subsidized Housing Safe Haven
 Rental with VASH subsidy Rental with Other subsidy Owned by Client with housing subsidy
 Don't Know Refused Other: _____

Length of Stay at Prior Living Situation (Select only one.)

One Week or Less More than one week, but less than one month.
 One to Three Months. More than three months and less than one year.
 One year or longer. Don't Know Refused

Zip Code of Last Permanent Address

ZIPCODE: _____

Zip Code Data Quality (Select only one.)

Full or Partial Zip Code Don't Know Refused

Domestic Violence Victim? (Select only one.)

Yes No Don't Know Refused

Required of parents under age 18.

Is a juvenile parent? (Select only one.)

Yes No

Required of all adults.

U.S. Military Veteran? (Select only one.)

Yes No Don't Know Refused

Department of Health and Human Services
Homeless Management Information System Data Entry Form
APR Entry Assessment

Last Modified: June 10th, 2010

Exit Date ____/____/____ Time: _____

Provider Site: _____

Required of all clients (adults and children).

Client Name (Head of Household)

First Name _____ Middle Name _____ Last Name _____ Suffix _____

Reason for Leaving:

- Left for housing opp. Before completing program
- Completed Program
- Non- Payment of Rent
- Non-Compliance with program
- Criminal activity/violence
- Reached maximum time allowed
- Needs could not be met
- Disagreement with rules/persons
- Death
- Other
- Unknown/Disappeared

If Other, specify: _____

Destination:

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing for formerly homeless persons (SHP, S+C, SRO)
- Psychiatric Hospital or Facility
- Substance Abuse Treatment/ Detox Center
- Hospital
- Jail, Prison, or Juvenile Detention Facility
- Don't Know
- Refused
- Rental by client, no housing subsidy
- Rental by client, VASH subsidy
- Rental by client, other non-Vash subsidy
- Owned by client, no housing subsidy
- Owned by client, with housing subsidy
- Staying or living with friends, temporary tenure
- Staying or living with friends, permanent tenure
- Staying or living with family, temporary tenure
- Staying or living with family, permanent tenure
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or group home
- Places not meant for habitation
- Safe Haven
- Deceased
- Other If Other Please specify: _____

DESTINATION NOTES:

Housing Status (Select only one.)

- Literally Homeless Housed and at imminent risk of losing housing
 Housed and at-risk of losing housing Stably Housed Don't Know Refused

Monthly Income/ Non-Cash Benefit

Income Received In Last 30 Days:

- Yes No Don't Know Refused

Non-Cash Benefit Received in Last 30 Days:

- Yes No Don't Know Refused

Source of Income Options: Earned Income, Unemployment Insurance, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Veteran's Disability Payment, Private Disability Insurance, Worker's Compensation, Temporary Assistance for Needy Families (TANF), General County Assistance, Retirement Income from Social Security, Veteran's Pension, Pension from a Former Job, Child Support, Alimony or Other Spousal Support, Other Cash Income, Supplemental Nutrition Assistance Program (Food Stamps), MEDICAID, MEDICARE, SCHIPP, Supplemental Nutrition Assistance Program for WIC, VA Medical Services, TANF Child Care Services, TANF Transportation Services, Other TANF-Funded Services, Section 8, public housing, or other ongoing rental assistance, Other Non-Cash source, Temporary rental assistance

Last 30 Day Income	Source of Income (See above.)	Last 90 Day Income	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
1.				
2.				
3.				
4.				
5.				

APPENDIX E

HMIS User Agreement

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
USER AGREEMENT
Revised 01/27/2014**

HMIS STATEMENT OF CONFIDENTIALITY AND REQUEST FOR HMIS USER

Please complete the following:

Employee Name: _____
(Please print clearly.)

Business Phone: _____

Business Physical Address: _____

(Please print complete address including city and zip code.)

Business Email Address: _____
(Please print clearly.)

Training: Agency Trained (by Internal Staff) or DHHS Trained

Access Level: _____
(Please see page 3 and print clearly.)

Agency and Provider Name: _____
(Please see pages 3 to 5.)

Important

If you have any questions regarding the completion of this request,
please contact the County's Helpdesk at 240-777-2828 or send an email to HelpIT@MontgomeryCountyMD.gov.

After filling out this form, please scan and email it to HelpIT@MontgomeryCountyMD.gov.

STATEMENT OF CONFIDENTIALITY

I AGREE TO MAINTAIN THE STRICT CONFIDENTIALITY OF INFORMATION OBTAINED THROUGH the Montgomery County Department of Health and Human Services Continuum of Care, Homeless Management Information System. This information will be used only for legitimate client services and administration of the above named agency. Any breach of confidentiality will result in immediate termination of participation in the MCDHHS HMIS.

Employee Signature: _____ **Date:** _____

Supervisor's/Executive Director's Signature: _____

Date: _____

REQUEST FOR ACCOUNT

Each user requires a unique username and password, which is to be kept private. Use of another user's username (account) is grounds for immediate termination from the Montgomery's County Continuum of Care Homeless Management Information System.

USER'S RESPONSIBILITY STATEMENT

Your username and password give you access to the Department of Health and Human Services homeless management information system. Initial each item below to indicate your understanding of the proper use of your username and password, and sign where indicated. Any failure to uphold the confidentiality standards set forth below is grounds for immediate termination from the Montgomery County's HMIS.

Initial Only

_____ I understand that I must abide by all protocols outline in the HMIS Policy and Procedure Manual.

_____ I understand that I must take all reasonable means to protect personal information that is in hard copy format, including, but not limited to, reports, data entry forms, and signed consent forms.

_____ I understand those hard copies of HMIS information must be kept in a secure file.

_____ I understand that once the hard copies of HMIS are no longer needed, they must be properly destroyed to maintain Confidentiality.

_____ I understand that I must take all reasonable means to protect personal information that is stored within the application, including, but not limited to, a network, desktop, laptop, and external storage drive.

_____ I understand that I must take all reasonable means to keep my password physically secure.

_____ I understand that my username and password are for my use only and should not be shared with any other user.

_____ I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.

_____ I understand that I may only view, obtain, disclose, or use the database information that is necessary in performing my job.

_____ I understand that these rules apply to all users of the DHHS HMIS whatever their work role or position.

_____ I understand that if I notice or suspect a security breach, I must immediately notify DHHS HMIS Administrator.

I understand and agree to the above statements.

Employee Signature: _____ **Date:** _____

Please fax this form back to:

HMIS Administrator
240-777-1575

To be completed by the HMIS Administrator:

1. Verified user was HIPAA trained. [] Yes [] No
2. Verified user was Agency or DHHS application trained. [] Yes [] No
3. Added user's business email to the HMIS Outlook distribution list. [] Yes [] No
4. Submitted Helpdesk Ticket to create County ID. [] Yes [] No [] N/A-User is an employee or onsite contractor.

User ID (Assigned by MCDHHS): _____

HMIS Admin Signature: _____ **Date:** _____

SERVICEPOINT USER ACCESS LEVEL CHART

Note: Case Manager II will have permission to "Allow User to Back-date Releases of Information" and "Allow User to create/edit Client Infractions".

	Resource Specialist I	Resource Specialist II	Resource Specialist III	Volunteer	Agency Staff	Case Managers I & II	Agency Administrator	Executive Director	System Operators	System Administrator I	System Administrator II
ClientPoint											
Profile				X	X	X	X	X		X	X
Assessments						X	X	X		X	X
Case Notes						X	X	X		X	X
Case Plans						X	X	X		X	X
Service Records				X	X	X	X	X		X	X
ServicePoint											
Referrals				X	X	X	X	X		X	X
Services Provided					X	X	X	X		X	X
ResourcePoint	X	X	X	X	X	X	X	X	X	X	X
ShelterPoint				X	X	X	X	X		X	X
Reports											
<i>Audit Reports</i>											
Client/Service Information											X
User Information			X				X	X	X	X	X
Client/Service Access Information											X
<i>Provider Reports</i>											
Client Served						X	X	X		X	X
Daily Bed Report			X			X	X	X		X	X
HUD 40118 APR						X	X	X		X	X
Outstanding Referrals			X			X	X	X		X	X
Service Transaction						X	X	X		X	X
Needs Report						X	X	X		X	X
<i>ReportWriter</i>						X	X	X		X	X
Administration											
Add/Edit Users							X	X	X	X	X
Reset Passwords							X	X	X	X	X
Add Provider			X						X	X	X
Edit Provider		#	X				#	#	X	X	X
Delete Provider		%	X				%	%	X	X	X
Agency News		X	X		X	X	X	X	X	X	X
System Wide News			X						X	X	X
Picklist Data									X	X	X
Licenses									X	X	X
Assessment Admin									X	X	X
Shadow Mode											X
System Preferences											X

X: Users have access to this section of ServicePoint.
 %: Users can neither delete the provider they belong to, nor any of their parent providers.
 #: Users cannot edit their parent provider, they may edit their provider or child providers only.

SERVICEPOINT AGENCY AND PROVIDER CHART

Agency Name	Provider Name	Place an “x” next to the Agency/Provider you need access to.
Bethesda Cares Agency	Bethesda Cares	
Catholic Charities Services, Inc.	Bethesda House	
Catholic Charities Services, Inc.	Chase Partnership House	
Catholic Charities Services, Inc.	Dorothy Day Place	
City of Gaithersburg	DeSillum House	
City of Gaithersburg	Housing Initiative Program-Individual (City of Gaithersburg)	
City of Gaithersburg	Wells/Robertson House	
Community Clinic, Inc. Agency	Community Clinic, Inc.	
Community Ministries of Rockville	Jefferson House	
Community Ministries of Rockville	Mansfield Kaseman Health Clinic	
Department of Health Human Services	Arcola Transitional-Families	
Department of Health Human Services	Crisis Center	
Department of Health Human Services	Housing Initiative Program-Family (DHHS)	
Department of Health Human Services	Housing Initiative Program-Individual (DHHS)	
Department of Health Human Services	Housing Stabilization Services-Assessment Only	
Department of Health Human Services	Housing Stabilization Services-Diversion	
Department of Health Human Services	Housing Stabilization Services-Rapid Re-Housing-Family	
Department of Health Human Services	Housing Stabilization Services-Rapid Re-Housing-Individual	
Department of Health Human Services	Housing Stabilization Services-Shelter/Hotel	
Department of Health Human Services	Montgomery Cares Health Care for the Homeless	
Department of Health Human Services	Systems Planning and Management	
Department of Health Human Services	TB Outreach and Case Management	
Dwelling Place Agency	Dwelling Place	
Dwelling Place Agency	Housing Initiative Program-Family (The Dwelling Place)	
Dwelling Place Agency	Housing Initiative Program-Service Coordination (The Dwelling Place)	
Dwelling Place Agency	New Opportunity Homes	
Dwelling Place Agency	Permanent Supportive Housing (Dwelling Place)	
Housing Opportunities Commission	Housing Counseling Program	
Housing Opportunities Commission	Housing Initiative Program Housing Locators	
Housing Opportunities Commission	Housing Initiative Program-Service Coordination (HOC)	
Housing Opportunities Commission	Housing Initiative Program-Service Coordinator(s) (HOC)	
Housing Opportunities Commission	Lasko Manor	
Housing Opportunities Commission	McKinney 03	
Housing Opportunities Commission	McKinney 10-Family	
Housing Opportunities Commission	McKinney 10-Individual	
Housing Opportunities Commission	McKinney 12-Individual	
Housing Opportunities Commission	New Neighbors 1	
Housing Opportunities Commission	New Neighbors 2	
Housing Opportunities Commission	Shelter Plus Care	
Interfaith Works	Becky’s House	

Interfaith Works	Carroll House	
Interfaith Works	Community Vision	
Interfaith Works	Community Vision Winter Overflow Shelter	
Interfaith Works	Housing Initiative Program-Family (Interfaith Works)	
Interfaith Works	Housing Initiative Program-Individual (Interfaith Works)	
Interfaith Works	Housing Initiative Program-Service Coordination (Interfaith Works)	
Interfaith Works	Interfaith Housing Coalition	
Interfaith Works	Interfaith Homes	
Interfaith Works	Watkins Mill House	
Interfaith Works	Wilkins Avenue Women's Assessment Center	
Mental Health Association	Places for People 1	
Mental Health Association	Places for People 3	
Montgomery Avenue Women's Center Agency	Montgomery Avenue Women's Center	
Montgomery County Coalition for the Homeless	Ashmore	
Montgomery County Coalition for the Homeless	Aurora Apartments	
Montgomery County Coalition for the Homeless	Back to Work	
Montgomery County Coalition for the Homeless	Cordell Place	
Montgomery County Coalition for the Homeless	Cordell Place HUD	
Montgomery County Coalition for the Homeless	Flower	
Montgomery County Coalition for the Homeless	Home First I	
Montgomery County Coalition for the Homeless	Home First II	
Montgomery County Coalition for the Homeless	Hope Housing-Forest	
Montgomery County Coalition for the Homeless	Hope Housing-Gallop	
Montgomery County Coalition for the Homeless	Hope Housing-Grandin	
Montgomery County Coalition for the Homeless	Hope Housing-Hutton	
Montgomery County Coalition for the Homeless	Hope Housing-Jump	
Montgomery County Coalition for the Homeless	Hope Housing-Peony	
Montgomery County Coalition for the Homeless	Hope Housing-Pier	
Montgomery County Coalition for the Homeless	Hope Housing-Rolling	
Montgomery County Coalition for the Homeless	Hope Housing-Shea	
Montgomery County Coalition for the Homeless	Hope Housing-Van Buren	
Montgomery County Coalition for the Homeless	Housing Initiative Program-Family (MCCH)	
Montgomery County Coalition for the Homeless	Housing Initiative Program-Individual (MCCH)	

Montgomery County Coalition for the Homeless	Men's Emergency Shelter	
--	-------------------------	--

Montgomery County Coalition for the Homeless	Partnership for Permanent Housing 1-Family	
Montgomery County Coalition for the Homeless	Partnership for Permanent Housing 1-Individual	
Montgomery County Coalition for the Homeless	Partnership for Permanent Housing 2-Family	
Montgomery County Coalition for the Homeless	Partnership for Permanent Housing 2-Individual	
Montgomery County Coalition for the Homeless	Safe Havens-Adrienne's	
Montgomery County Coalition for the Homeless	Safe Havens-Gaithersburg	
Montgomery County Coalition for the Homeless	Safe Havens-Laytonsville	
Montgomery County Coalition for the Homeless	Safe Havens-Maplewood	
Montgomery County Coalition for the Homeless	Seneca Heights	
Montgomery County Coalition for the Homeless	Seneca Heights Apartments Family Housing	
Montgomery County Coalition for the Homeless	Seneca Heights Private Living Quarters (PLQ)	
Montgomery County Coalition for the Homeless	Seneca Heights Private Living Quarters (PLQ) HUD	
Mount Calvary Baptist Church	Helping Hands Center	
National Center for Children and Families	Greentree Shelter	
National Center for Children and Families	Rapid Re-Housing (RRH)	
National Center for Children and Families	Supportive Housing Program (NCCF)	
People Encouraging People	Homeless Outreach Service	
Quest, Inc. Agency	Housing Initiative Program-Family (Quest)	
Quest, Inc. Agency	Housing Initiative Program-Individual (Quest)	
Quest, Inc. Agency	Housing Initiative Program-Service Coordination (Quest)	
Rockville Presbyterian Church	Rainbow Place	
Shepherd's Table Agency	Shepherd's Table	
Stepping Stones Agency	Stepping Stones Shelter	
The Coordinating Center Agency	Housing Initiative Program-Individual (The Coordinating Center)	
Village of Friendship Heights	Friendship Heights	

APPENDIX F

HMIS User Deactivation

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
USER DEACTIVATION FORM
Revised 08/13/2013**

Please complete the following for the account deactivation:

Employee Name: _____
(Please print clearly.)

ServicePoint Login ID: _____
(Please print clearly.)

Agency Name: _____
(Please print clearly.)

Supervisor's/Executive Director's Signature: _____

Date: _____

Important

Per the Agency Participation Agreement, please note this form must be completed within 1 business day after a user is no longer affiliated with your Agency.

If you have any questions regarding the completion of this request, please contact the County's Helpdesk at 240-777-2828 or send an email to HelpIT@montgomerycountymd.gov.

After filling out this form, please either scan and email it to the email above or fax it back to HHS IT at 240-777-1575.

To be completed by the HMIS Administrator:

User ID Deactivated: _____

HMIS Administrator Signature: _____

Date: _____

**MONTGOMERY COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES (MCDHHS)
CONTINUUM OF CARE
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
CLIENT DELETE REQUEST POLICY**

The purging of a client from HMIS may occur in one of two ways:

1. **Deletion:** The client record is marked as “inactive” removing the client from all stock reports as well as the client search population, but the client remains in the database and their information can be accessed through custom reports generated in Report Writer or in the Business Objects Advanced Reporting Tool (ART).

2. **Removal:** The client record is completely taken out of the database by the software vendor and is no longer accessible or restorable.

REASONS FOR POLICY:

1. As the HMIS ADMINISTRATOR implementation goes forward situations may arise that necessitate the purging of a client and his/her information from the HMIS ADMINISTRATOR database. These reasons include:

- a. For added security when a client is in danger.
- b. To correct an accidental duplicate entry and other data entry errors.
- c. In response to a client request.

2. Since multiple providers may be involved in the use and updating of a single client record, it is necessary that the deletion/removal of a client record be coordinated so that one provider does not inadvertently delete/remove the data of another provider.

STATEMENT OF POLICY:

- 1. The safety and well being of the client will supersede other considerations in all decisions regarding the deletion/removal of client records from the HMIS database.
- 2. Except for reasons of client safety and the proper correction of data entry errors, the deletion or removal of client records from the database is discouraged.
- 3. When deletion or removal is deemed necessary, every effort will be made to identify, notify, and consult with affected providers prior to the deletion/removal.

PROCEDURE:

- 1. For correction of duplicate client entry and other data entry errors.
 - a. When purging for error correction, the deletion method (as opposed to removal) will be utilized in all situations.
 - b. If after creating a new client, a user discovers that the client already existed in the database, the user should notify the HMIS Administrator. In situations where the duplicate entry is discovered after a long period of time (over 30 days), and after entry of assessment data into the duplicate entry, the user should consult with the HMIS Administrator to determine which other providers have edited the record and how the error can best be corrected. In general, for this type of error, deletion should be used only when the error cannot be effectively and practically corrected by editing or other correction methods.
- 2. When a client is in danger.
 - a. There are several functionalities built into ServicePoint to provide additional security

for clients who are in danger of physical attack or abuse. These include the unnamed client feature, closing the client profile, and the anonymous functionality all of which are available and are preferable to deleting/removing the client record.

b. In extreme cases however, and where a client comes into danger after significant data has been entered, it is sometimes necessary to delete or remove the client from the database for their protection.

c. Any decision to delete/remove for security/safety reasons should be made in consultation with the DHHS HMIS Contract Monitor(s).

d. When a client is purged for security/safety reasons, the HMIS Administrator will identify and notify any/all provider(s) that are affected.

3. Removal at the requests of the client.

a. In general, client requests for having their record deleted or removed should be discouraged unless for valid reasons of safety/security.

b. Deletion/removal at the request of a client may result in an inability for that client to receive future services.

c. When a client requests deletion/removal for invalid reasons, they should be presented with the option of closing the client profile as a viable alternative.

d. Any decision to purge the record at a client's request should be made in consultation with the System Admin I and with the HMIS Administrator.

e. When a client is deleted or removed at a client's request, the HMIS Administrator will identify and notify any/all provider(s) affected.

f. In cases where removal is provided for invalid reasons, HMIS Administrator reserves the right to pass on the costs associated with such removal.

Revised 01/22/2007

APPENDIX I

HMIS Data Quality Standards

**MONTGOMERY COUNTY, MARYLAND (MCMD)
CONTINUUM OF CARE (CoC)
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)
DATA QUALITY STANDARDS**

Although there are many aspects of good quality data, the key indicators commonly are:

Validity

All data items held on HMIS application computer systems must be valid. Where codes are used, these will comply with national standards or map to national values. Wherever possible, the HMIS application is programmed to only accept valid entries.

Completeness

All mandatory data items must be completed. Use of default codes should only be used where appropriate, and not as a substitute for real data.

Consistency

Client's entry date should match the date of enrollment into supportive services only, emergency shelter, transitional shelter, and permanent supportive housing program. For outreach providers entry date should match the initial date of engagement. Exit dates should match the date the client leaves the program. The APR Entry Assessment, which includes the 2010 HUD Universal Data Elements, must be collected at program entry and updated weekly. Additional assessments may be required at entry dependent on program type. APR Exit Assessment must be completed upon program exit. The HMIS Application is monitored daily to ensure no client is enrolled in multiple residential programs at the same time.

Coverage

Data will reflect all the work done by the end users of the HMIS application. Client intake, shelter stay, and services should all be recorded. Correct procedures are essential to ensure complete data capture.

Accuracy

Data recorded in notes and on computer systems must accurately reflect self-reported information from the client. Every opportunity should be taken to check client's demographic details with the client themselves. Inaccurate demographics may impact service delivery and create duplicate records. The accurate recording of data items must however not be allowed to delay urgent treatment of the client.

Timeliness

Data must be entered into the HMIS Application within two (2) business days of client report. Recording of timely data is beneficial to providing services to the client.

Last Updated: January 2014