

## HMIS Lead / Sys Admin – Q&A

### Questions from 3/25/20 Webinar

For any questions that were not addressed on the webinar, or if there are specific questions to your own systems, please submit an HMIS AAQ to receive a thorough answer:

<https://www.hudexchange.info/program-support/my-question/>

**Q:** We have the Census moving forward locally in the midst of COVID and they would like us to provide Name, DOB, Race, and Ethnicity from HMIS (instead of having folks complete Census). Is this type of disclosure covered by the 2004 data and technical standards?

**A:** HUD is releasing a listserv today that will address the Census. Please look to this for guidance.

After reviewing the listserv, additional questions can be submitted to the AAQ.

<https://mailchi.mp/hudexchange/update-on-2020-census-efforts-to-count-the-homeless?e=2ab0cb998f>

**Q:** Can the HMIS Lead Agency, as the administrative entity for the HMIS database, disclose information, or can only CHOs? The CHO may not have access to see a diagnosed client's recent shelter history due to existing sharing agreements?

**A:** A CHO is defined by 2004 Standards as "Covered Homeless Organization (CHO). Any organization (including its employees, volunteers, affiliates, contractors, and associates) that records, uses or processes PPI on homeless clients for an HMIS." So, HMIS Leads are CHOs, too.

**Q:** Any advice on rolling out an updated privacy notice during this chaotic time? We have a new one that we were planning to roll out this month anyway, but providers are so scattered right now it is difficult to put out a unified message.

**A:** If you can do what you need to locally for COVID-19 response without it, you may just decide to hold off on the update until this passes. Otherwise, our advice would be to use your best effort to get the message out - including using built-in messages in your software and/or listservs and websites in use locally. Remember every agency needs to post the Privacy Notice on their websites.

**Q:** Is it likely that COVID-19 HUD approved data elements will be added, if so, how long will it take to get them, and if not, should we just go ahead and add our own questions if we want to gather that information?

**A:** HUD has no plans to require data collection in HMIS for COVID-19. Some practices were recently shared through the HUD exchange: <https://www.hudexchange.info/resource/5994/covid19-hmis-setup-and-data-sharing-practices>

**Q:** How can Privacy Notices be retroactive? If they were informed of their rights and what data would be shared and they agreed to a release upon those rules, how can you change that without informing them and giving them the opportunity to refuse?

**A:** "A CHO must state in its privacy notice that the policy may be amended at any time and that amendments may affect information obtained by the CHO before the date of the change. An amendment to the privacy notice regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated. Here is the link for this language: <https://www.hudexchange.info/faqs/3310/what-are-acceptable-forms-of-client-consent-and-privacy-notices-can-notice/>

**Q:** What language can we use to allow for verbal consent on an ROI if we don't want to collect infected paper or have them touch equipment to do an electronic signature?

**A:** Decisions about appropriate levels of consent may be made locally and in accordance with any local, state, or other federal privacy regulations applicable to the situation. At a minimum, clients must be made aware of what is happening with their data and how to access the privacy notice.

**Q:** How did you identify which health professionals would record info into the project?

**A:** We relied on the City and County Health Commissioners to identify the appropriate staff from their departments.

**Q:** If you're a HIPAA covered entity, do you definitely need to continue to do ROIs (SUDS programs need a 42 CFR Part 2 ROI too). Other entities can just use the privacy notice and policy that I sent to a client previously?

**A:** Although most homeless providers are not covered entities under Health Insurance Portability and Accountability Act (HIPAA) regulation, note that these same permissions are granted under HIPAA and described in the Office for Civil Rights of the U.S. Department of Health and Human Services February 2020 Bulletin.

**Q:** What about asking how many persons that touched our homeless response system get tested for COVID?

**A:** Louisiana BOS added a question about test status. If it's collected with reliability, it can be tallied up.

**Q:** We have an emergency shelter that closed their night-by-night shelters and are now offering hotel stays for clients. This would follow more of an E/E recording type, which would not fit in the current project's project type. Do you have any advice on how to handle these or should the client just get an ES stay for each night they're in the hotel?

**A:** Modifying PDDE is one of the options for addressing inventory issues during an infectious disease crisis. HUD will have more guidance soon, but CoCs and HMIS Leads should do what makes sense locally and also what falls within the data collection guidance in the HMIS Data Manual.

**Q:** What project type would a COVID19 quarantine facility be?

**A:** The answer depends on a lot of things, and HUD has not assigned specific project type codes in HMIS to quarantine facilities. CoCs and HMIS Leads should do what makes sense locally and also what falls within the data collection guidance in the HMIS Data Manual.

**Q:** We are foreseeing major utilization swings if one shelter has a large infection rate and people need to be moved to quarantine. This will likely leave some inventory empty for cleaning before using again.

**A:** Any utilization impacts should be noted in reporting.

**Q:** If an existing project is setting up extra beds for COVID 19, can we create an "overflow" inventory for that project or add a new project specific for the temporary beds?

**A:** CoCs and HMIS Leads should do what makes sense locally and also what falls within the data collection guidance in the HMIS Data Manual. Either overflow beds or separate projects/inventory records for infectious disease related inventory is likely acceptable.

**Q:** If we're adding new projects for COVID-19 beds with people coming from Emergency Shelter, will this reflect badly on SPMs because clients will be existing ES into homelessness?

**A:** Any system performance impacts should be noted in reporting.

**Q:** Community suggestion: Regions should consider looking at PIT data to identify vulnerable populations for the unsheltered populations. Over 60 as well as those with chronic health conditions should be targeted for isolated living spaces such as hotel beds that might be available. Having PIT figures will help regions determine how many of these units may be needed. Don't forget to extrapolate those with chronic health conditions as you can't tell who has a chronic health condition from an observation tally. Any GPS data gathered from the PIT should also be used for helping to place handwashing stations and target outreach.

**A:** Thanks for the helpful suggestions.

**Q:** What exit destination would we want to use for those that leave an entry/exit project to a quarantine facility?

**A:** It might depend on project set up of the quarantine facility, but in general it would be a "Hospital or other residential non-psychiatric medical facility."

**Q:** If someone entered a shelter from a quarantine facility, what prior residence would be the best fit?

**A:** It might depend on project set up of the quarantine facility, but in general it would be a "Hospital or other residential non-psychiatric medical facility."