MSHMIS SITE REVIEW

AGENCY NAME:

ASSESSMENT DATE:

AGENCY ADMIN:

REQUIREMENT	ASSESSMENT	ACTION NEEDED
Agreements, Certifications & Licenses Does the Agency have all user agreements and certifications on file as well as agency related participation agreements and documentation?	Yes ☐ No ☐ The CoC has signed a Joint Governance Charter if they are an Independent Jurisdiction Does an agency have the following documents on file? ☐ ☐ - Signed Administrative QSOBAA ☐ ☐ - Signed Participation Agreement ☐ ☐ - Signed Sharing QSOBAA's if applicable *(See MCAH's HMIS Operating Policy and Procedure document's Privacy Section, item 7 for requirements for Sharing QSOBAA's)* ☐ ☐ - A board certified Confidentiality Policy ☐ ☐ Is an Agency Administrator Assigned? ☐ ☐ The Agency Administrator has completed workflow and provider page training (and have documentation of training) ☐ ☐ All users have signed User Agreements/Code of Ethics documents on file ☐ ☐ All users have completed Privacy Training (and have documentation of training) and have refreshed Privacy Training within the past 12 months ☐ ☐ All users have completed applicable workflow training (and have documentation of training)	
Privacy: Posted HUD Public Notice Does the agency have a posted privacy notice in places visible to clients such as a lobby or intake rooms?	Yes ☐ No ☐ Posted HUD Public Notice Location(s):	
Privacy: Privacy Notice Does the Agency have a standard privacy notice?	Yes ☐ No ☐ Did the agency using the standard MSHMIS Privacy Notice? **OR** Does the agency notice have the following: ☐ ☐ • Specifies purpose for collection of client information	

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Privacy: **Privacy Notice** (cont.)	Yes No ☐ ☐ • Brief description of policies and procedures including vulnerable population protections. ☐ ☐ • Data collection, use and purpose limitations, including de-identified data ☐ ☐ • Client right to copy/inspect/correct record ☐ ☐ • The client complaint procedure ☐ ☐ • Notice to consumer that Privacy Notice may be updated over time and applies to all client info within the agency ☐ ☐ Copy available ☐ ☐ Privacy Notice is posted on the web at www._____		
Privacy: **Privacy Policy** Does the Agency have a privacy policy?	Yes No ☐ ☐ Did the agency using the template MSHMIS Privacy Policy in building their board certified Privacy Policy? **OR** Does the agency policy have the following: ☐ ☐ 1) Procedures defined in the Agencies Privacy Notice ☐ ☐ 2) security of hard copy files ☐ ☐ 3) policy covers client data generated from the HMIS ☐ ☐ 4) Client Information Storage and Disposal ☐ ☐ 5) Remote Access and Usage ☐ ☐ **6) Use of Portable Storage** *(Significant Security Risk)* ☐ ☐ Copy available for review		
Privacy: **Hard Copy Data** Does the Agency protect hard copy data from unauthorized viewing or access?	Yes No During an onsite inspection: ☐ ☐ • Spot check demonstrates files are locked in a drawer/file cabinet ☐ ☐ • Offices are locked when not occupied ☐ ☐ • Spot check for visible client files on-site		

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Privacy: **Privacy Script** Does the Agency staff use a privacy script when explaining client rights?	Yes ☐ No ☐ Agency uses an Agency Privacy Script to standardize the explanation of agency privacy rules Yes ☐ No ☐ 1) Developed by the Agency Leadership to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares ☐ ☐ 2) The Script should be appropriate to the general education / literacy level of the Agencies clients. ☐ ☐ 3) A copy of the Script should be available to clients as they complete the intake interview	
Privacy: **Releases of Information** Does the Agency use appropriate releases of information and are they consistent in collecting them with clients?	Yes ☐ No ☐ Agency collects ROI's from all intake clients ☐ ☐ Agency uses MCAH standardized ROI applicable to its level of sharing **OR** *(if using a modified ROI, review to make sure the following is included)* ☐ ☐ 1) A brief description of MSHMIS including a summary of the HUD Public Notice. ☐ ☐ 2) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed. ☐ ☐ 3) A description of the Agencies sharing partners (if any) and a description of what is share, and must reflect items negotiated in the Agencies Sharing QSOBAA. ☐ ☐ 4) A negotiated end date on the release. ☐ ☐ 5) Clients are presented with a copy of the agency privacy notice ☐ ☐ If data sharing takes place, releases for the sharing of confidential information are collected from applicable clients ☐ ☐ From a random sample of ROI's, paper releases are consistent with the electronic releases in HMIS	

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Provider Page Setup, Naming Protocols, Groups and HUD Data Standards Are provider pages appropriately configured for all applicable HUD data standards?	Yes ☐ No ☐	Provider Page bins are appropriately named per the MSHMIS naming standards	
	Yes ☐ No ☐	Program bins have appropriate funding codes attached to names	
	Yes ☐ No ☐	Inactive bins are properly identified	
		HUD Data Standards:	
	Yes ☐ No ☐	• CoC code is correctly set	
	Yes ☐ No ☐	• Program type codes are correctly set	
	Yes ☐ No ☐	• Geocodes are set correctly	
	Yes ☐ No ☐	• Bed and Unit Inventories are set for applicable residential programs	
	Yes ☐ No ☐	Data sharing is properly configured for sharing information internally between programs, including use of visibility groups	
	Yes ☐ No ☐	Visibility settings on provider pages correspond with sharing defined within Sharing QSOBAAs.	
	Yes ☐ No ☐	Inactive agency bins are properly identified with the "ZZZ" tag and all clients have been exited.	
Privacy: Special Considerations Does the Agency have policies in place to assist with specific populations and special needs?	Yes ☐ No ☐	Agency has a procedure to assist clients who are hearing impaired or do not speak English as a primary language. For example: • Provisions for Braille or audio • Available in multiple languages • Available in large print	

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Privacy Culture: Do employees understand and support the culture of privacy in the organization?	Yes □ No □ — Addresses not discussing client information in the presence of others without a need to know. Yes □ No □ — Checks and eliminates unique client identifiers before releasing data to the public Yes □ No □ — Configuration of workspaces for intake supports privacy of client interaction and data entry Yes □ No □ — User accounts and passwords are not shared between users, or visible for others to see Yes □ No □ — Program staff are educated to **not save reports with client identifying data on portable media** as evidenced through written training procedures or meeting minutes Yes □ No □ — Staff are trained regarding use of email communication.		
Computer Systems: Virus Protection and System Updates Do all computers have virus protection with automatic updates?	Yes □ No □ — Verified through spot check of several computers Software and version: Date last updated: Yes □ No □ — OS Updates are run regularly		
Computer Systems: Firewall Does the agency use a firewall to protect internal network servers and local user computers?	Yes □ No □ — **Single Computer Agencies:** Individual Workstation Software and version: Yes □ No □ — **Multiple (Networked) Computer Agencies:** Network Firewall Model and version:		

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REQUIREMENT	ASSESSMENT		ACTION NEEDED
Computer Systems: Physical Access	Yes	No	
	☐	☐	All workstations in secured locations (locked offices)
	☐	☐	Workstations are logged off when not manned
	☐	☐	All workstations are password protected
	☐	☐	Computers used for data entry are not available to the general public, or connected to an open network/WiFi connection. (i.e. Internet Cafe's, Libraries, Airports)
	☐	☐	A written plan for remote access exists if the agency permits users to access the system from outside the office. *(See MCAH's HMIS Operating Policy and Procedure document's Data Security Section, item 5 for concerns regarding off-site system access.)*

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Workflows Does the agency have consistent systematic workflows for entering client data in the system? Does the workflow match funding requirements	Yes ☐ No ☐	Agency has a procedure to ensure the First and Last Names and the DOB is accurate.	
	☐ ☐	Agency is documenting the homeless status of consumers at intake according to the reporting and eligibility guidelines issued by HUD	
	☐ ☐	All users have been trained on the definition of homelessness and its' application.	
	☐ ☐	Income and non-cash benefits are being updated at least annually and at exit	
	☐ ☐	Assessments set in the Provider Page Configuration are appropriate for the funding stream	
	☐ ☐	Users performing data entry have latest copies of the workflow guidance documents	
	☐ ☐	If using paper, the intake data collection forms correctly align with the workflow	
	☐ ☐	100% of clients are entered into the system within 45 days of intake	
	☐ ☐	At minimum, all UDE's are being collected. Data collected is appropriate for funding source.	
	☐ ☐	Training on organized client exit procedures have taken place as evidenced by training logs or meeting minutes.	
	☐ ☐	Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.	
	☐ ☐	Agencies are properly collecting discharge destinations and updating the Housing Status of clients on exit.	
	☐ ☐	Spot check of various random clients shows all required program information is being collected.	

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Data Quality Checks Agency Staff regularly run reports to verify data quality and completeness. Staff correct data quality errors in a timely manner.	Yes ☐	No ☐	Agency Administrator/Staff regularly run data quality reports	
			Report frequency:	
	☐	☐	Agency Administrators are updating Provider Pages at least annually	
	☐	☐	Staff regularly correct data entry errors and missing program elements	
	☐	☐	Unexited client reports are monitored routinely	
	☐	☐	Agency is monitoring count reports for proper ratio of children to adults in families. (at least 1.25)	
	☐	☐	Staff run outcome reports as applicable for program type (at least quarterly is recommended)	
Trainings and User Meetings Does the Agency have regular trainings for users and regular meetings regarding HMIS Issues?	Yes ☐	No ☐	At least one representative from each participating agency is attending Monthly Agency Admin and User Call-in if CoC does not host their own Agency Admin meetings	
	☐	☐	Agency has regular trainings and refresher meetings	
	☐	☐	Agency has regular user meetings documented by meeting minutes (at least quarterly)	
	☐	☐	Agency Administrator or Users have participated in Reports Training	
	☐	☐	Agency Representative participates in local reports committee meetings as defined by the local CoC.	
	☐	☐	Agency has a regular CQI process implemented to problem solve and monitor internal procedures and performance.	

Reviewer Signature: _____   Date: _____

Review Type: _____