

Guidance for Enhanced Care Management and Community Supports providers on the use of the Homeless Management Information System

Purpose

This document provides background information and guidance for Anthem Blue Cross' (Anthem's) CalAIM contracted Enhanced Care Management (ECM) and Community Supports (CS) providers serving members experiencing homelessness on the use of the Homeless Management Information System (HMIS). This guidance is specifically targeted to providers implementing the following services as the target population for these services focus on individuals experiencing homelessness or at-risk:

- ECM services for the Homeless Population of Focus
- CS Housing Transition and Navigation Services
- CS Housing Tenancy and Sustaining Services
- CS Day Habilitation Services
- CS Recuperative Care
- CS Short-Term Post Hospitalization Housing

Anthem strongly encourages all ECM and CS providers serving individuals experiencing homelessness to participate in their local Continuum of Care (CoC) HMIS databases. The Department of Health Care Services (DHCS) is also encouraging HMIS use and has identified it within the *DHCS ECM Policy Guide*. HMIS related systems such as Coordinated Entry System (CES) are highlighted within the *DHCS CS Policy Guide*, and HMIS is identified as priority metric within the DHCS Housing and Homelessness Incentive Program (HHIP). Lastly, local homeless CoC's are seeking to ensure more comprehensive HMIS use among all organizations that provide homeless services, including the array of CalAIM services that are provided to individuals and families experiencing homelessness.

Overview of HMIS

HMIS is a local information technology system used to record and store person level information on the characteristics and service participation of individuals and families experiencing homelessness or at risk of homelessness in a given CoC. HMIS was developed in response to a congressional mandate and ensures that homeless service organizations receiving funding from the United States Department of Housing and Urban Development (HUD) are collaborating with regional community partners to collect a universal set of data elements and work towards community-wide outcomes. While HUD sets the requirements for HMIS, HMIS is administered and implemented at the local homeless CoC level. A CoC is a local or regional planning body (currently 44 CoC's in California) that seeks to provide housing and services, develop a strategic approach to homeless solutions, and fulfill various federal and state requirements including the administration of a local HMIS. Below are additional aspects of HMIS:

- Each CoC designates an entity to administer and oversee the HMIS. Often the HMIS lead agency may also fulfill the duties of the CoC lead agency. HMIS lead agencies may be public entities (counties, cities, public housing authorities) or non-profit organizations. See *Appendix A* for information on CoC and HMIS leads in counties where Anthem serves as a Medi-Cal Managed Care (Medi-Cal) plan.
- Each CoC must designate an HMIS software. While each HMIS software uses the HUD data standards, software solutions vary. Popular HMIS software solutions include Bitfocus Clarity, Client Track, Wellsky, and others.
- HMIS is a major source of information for HUD's Annual Homeless Assessment Report (AHAR) to Congress which provides estimates on numbers and characteristics of individuals and families experiencing homelessness and housing insecurity.
- All designated agencies funded to provide homeless services by the State of California and/or HUD must meet the minimum HMIS participation standards as defined in accordance with CoC policies and procedures. These designated programs include Homelessness Prevention, Street Outreach, Emergency Shelters, Transitional

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Housing, Safe Haven, Coordinated Entry, Rapid Re-Housing, Permanent Housing, Permanent Supportive Housing, and Supportive Services Only programs.

Benefits of using HMIS

Participation in the local HMIS system provides a wide array of benefits for ECM and CS providers and members they are serving:

- Ability to identify individuals experiencing homelessness who may be eligible for ECM and CS services and proactively conduct outreach and engagement for enrollment.
- Enhances outreach, engagement, and care management planning by providing a member's history of homeless services utilization including participation in prior homeless programs as well an understanding of the current housing and homeless services they might be accessing. In addition, some HMIS use geolocation functionality to provide the locations of where individuals may be receiving services such as outreach. This can improve providers ability to engage members that are difficult to locate.
- In most CoC's, the local CES is embedded in the HMIS. CES is the system that each CoC uses to prioritize individuals and families experiencing homelessness for housing resources and services in the CoC including Permanent Supportive Housing (PSH) and Rapid Re-Housing (RRH) programs.
- Allows the ECM and CS provider to communicate to other HMIS partners that this member is currently enrolled and receiving services. This helps to ensure there is no duplication of services, especially among other ECM and CS providers.
- Ability to communicate directly with other homeless partners who may be supporting the member. Some HMIS allow for direct messaging or emailing through the HMIS to other homeless partner staff to allow for coordination of care.
- When entering data in HMIS on ECM and CS services, providers have improved ability to track member outcomes specifically housing outcomes. If entering data, the ECM and CS provider will have access to different program level reports to support enhanced program analytics and ongoing process improvement.
- Provides critical data to inform national policy and analyze regional variances to support local homeless planning.

Steps to gaining HMIS access

ECM and CS providers will need to work with their CoC lead agency/HMIS lead agency to gain access to HMIS. The following include steps and things to consider when gaining access:

- ECM and CS providers will need to engage their local CoC lead agency and/or HMIS lead agency to begin the process of gaining HMIS access. See *Appendix A* for information on your CoC and HMIS lead in your county.
- Most CoC's/HMIS leads require new organizations to sign an HMIS organizational agreement that outlines the expectations of HMIS use and privacy protocols for HMIS user organizations. Additionally, CoC's/HMIS leads will require that each HMIS staff that will be using HMIS go through training and sign an individual HMIS user agreement. Given that HMIS are administered locally, each CoC will have a slightly different process and agreements for organizational access and individual staff access.
- Some CoC's charge an annual HMIS user license fee, while other CoC's may provide access for free. License fees vary across CoC's, however in general HMIS license fees are nominal on an annual basis and ECM and CS providers will need to factor this in as an internal cost to provide ECM and CS services.
- Once HMIS access is granted in a CoC, the CoC will generally require that each organization have an HMIS administrator that serves as the main HMIS point of contact for the organization and ensures compliance with the HMIS organizational agreement. This may include managing staff access, running system level reports, ensuring privacy practices, and other activities.

Guidance on HMIS Use with a focus on HMIS data entry

While Anthem strongly encourages HMIS use amongst ECM and CS providers, Anthem understands that the use of HMIS can vary. At the very least Anthem is encouraging basic *view only* access while heavily encouraging ECM and CS providers to use HMIS to its fullest capacity and enter data in HMIS for members they are providing ECM and CS services to. Anthem acknowledges that there may be challenges with HMIS data entry such as staff bandwidth or that the provider is already entering data on members in other external or internal databases. The following table provides descriptions of the different types of HMIS use (these may vary across CoC's):

| HMIS view only access | HMIS coordinated entry system use and data entry | HMIS full user capability including data entry |
|---|--|---|
| View only access allows for ECM and CS providers to be able to login into HMIS and search members on an individual basis. While this access is helpful and may be a starting point, it is not as beneficial to the member and community. Anthem is encouraging actual data entry ability for ECM and CS providers. Some CoC's may not allow ECM and CS providers to just gain view only access and only allow access to ECM and CS providers who will be entering data. | Some CoC's allow HMIS users to have limited data entry capability that may just include the ability to enter data for CES purposes such as CES assessment data and project enrollment. ECM and CS providers will need to engage their CoC on this ability and processes. Again, this may be a starting point for ECM and CS providers, but Anthem encourages full HMIS use that includes data entry on ECM and CS services being provided. | Most CoC's and Anthem want to support ECM and CS providers to be a full HMIS user which includes the ability to enter data on individuals that the ECM and CS provider is serving. This includes specific project enrollment/entry and exit data in accordance with CoC and HUD HMIS data standards. Please see the section below – Guidance on HMIS data entry – for more details. |

Guidance on HMIS data entry

Anthem is encouraging ECM and CS providers to engage with their local CoC/HMIS lead to determine the optimal way to enter data in HMIS for individuals who are receiving services. Depending on the HMIS software used in each CoC, there may be variation in data entry approaches, so it is critical that engagement with the CoC/HMIS occurs prior to starting data entry. There are two approaches for data entry outlined in this guidance:

- Use of HMIS project type per ECM/CS Service.
- Use of umbrella project with different CalAIM services. Depending on your CoC/HMIS lead there may be other options too. However, regardless of the HMIS data entry approach, it will be important for the data entry to be done in a way that will allow Anthem as a funder of ECM and CS services to be able to identify and differentiate through HMIS reporting:
 - Information on individuals who received ECM and CS services who are Medi-Cal members only as opposed to all individuals in a CoC who might be receiving these services through other managed care programs (MCP).
 - Anthem members who are receiving each of the specific CalAIM services. For example, ensuring that reporting can be easily done on Anthem members receiving ECM services vs Anthem members receiving CS Housing Navigation and Transition Services.
 - Certain outcome measures including length of time in each CalAIM service, exit destinations from each CalAIM service, and other measures for Anthem members.

Option 1: Using HMIS project type per ECM/CS service

The table below identifies the type of ECM or CS service and the corresponding HMIS project type(s) along with data entry considerations and requirements. While this table provides general guidance, it is important that ECM and CS providers engage with their CoC and confirm specifics for data entry, HMIS project set up, and requirements.

| ECM/CS services | HMIS project types | Considerations for data entry | HMIS required data entry |
|---|--------------------------------|---|--|
| <ul style="list-style-type: none"> ECM Homeless Population of Focus CS Housing Navigation CS Housing Tenancy and Sustaining Services CS Day Habilitation Services | Supportive Services Only (SSO) | Anthem is encouraging that each ECM and CS provider set up specific SSO projects specific to Anthem members and specific to ECM or CS services. For example, if an organization is contracted for ECM, CS Housing Navigation and Transition Services, and CS Housing Tenancy and Sustaining Services with Anthem the provider will have one SSO project for Anthem ECM services, one SSO project for Anthem CS Housing Navigation and Transition Services and one SSO project for Anthem CS Housing Tenancy and Sustaining Services. The provider may have other SSO projects for services through the other MCP. | <p>Comply with HUD HMIS Data Standards for minimum data entry for SSO projects.</p> <p>The HUD HMIS Data Standards can be found here.</p> <p>ECM and CS providers may also choose to enter case notes or other qualitative information if desired.</p> |
| <ul style="list-style-type: none"> CS Recuperative Care CS Short-Term Post Hospitalization Housing | Emergency Shelter (ES) | For CS Recuperative Care and CS Short-Term Post Hospitalization Housing services, Anthem encourages CS providers to engage their CoC's on the best HMIS project type to use. Anthem recommends that CS providers use an Emergency Shelter HMIS project type. Similar to above, Anthem is encouraging that each CS provider set up specific ES projects specific to Anthem members and specific to the CS service type (recuperative care or short-term post hospitalization housing). | <p>Comply with HUD HMIS Data Standards for minimum data entry for ES or TH projects.</p> <p>The HUD HMIS Data Standards can be found here.</p> <p>CS providers may also choose to enter case notes or other qualitative information if desired.</p> |

Option 2: Use of umbrella project with different CalAIM services.

Depending on your CoC/HMIS lead as well as the HMIS software used in the CoC, there may be options to create an umbrella HMIS project specific to CalAIM and then be able to enter data on the specific services such as ECM or CS within that project and to identify Anthem as the MCP for that project. Please consult with your CoC/HMIS lead on setting this up if an option in your CoC.