## Santa Barbara County Continuum of Care

July 2018

# HMIS 5.12 workflow Adding an Interim Review



#### Access HMIS Web Portal

Access the Santa Barbara portal at: <u>http://ctagroup.org/santa-barbara-hmis/</u>



The Five (5) Icons:

- Login to HMIS
- User Central: documents and forms
- Training: sign up for a training or access online video library
- Partner Agencies: List of Agencies that use HMIS
- Help: click to send a Help Request

#### Adding an Interim Review

To add an Interim Review, log into ServicePoint and search for the client. From the *Client Information* screen, click **Entry/Exit** tab (red arrow).

	) Lee, Baby lease of Info	rmation: None				-Swit	ch to	Another Hous	ehold Meml	ber- ▼	Subr	mit
ient	t Informat	ion				vice T	rans	actions				
Sum	ımary 🎽 C	lient Profile	Househo	olds   R	οι Ϊ	Entry / Exit	Ca	se Managers	Case Pla	ns Å A	ssessm	ien
	🚺 Re Entry / E	eminder: House			ist be esta		useho		_	Fallow		
	-			nbers mu <b>Type</b>	ist be esta	Project Start Date	useho	lds tab before Exit Date	creating Er Interims	Follow		
-	Entry / E Program				ist be esta	Project	useho		_	Follow	Client	
-	Entry / E Program County of S	<b>xit</b> Santa Barbara ion Army: Have	(1)	Туре	ist be esta	Project Start Date	useho		Interims	Follow Ups	Client	

Click on **Interims** (blue arrow) icon and **Interim Reviews** popup window will appear. Here, click *Add Interim Review* (black arrow). \*Note- The number on the bottom of the icons indicate the number of reviews made (gold arrow).

1	Interim Reviews		×
	Interim Review	vs Associated with this Entry / Exi	t
	Review Date	Review Type	Client Count
Þ	Add Interim Review	No ma	atches.
11			

#### Adding an Interim Review

Under *Interim Review Data*, select the *Interim Review Type*: 30-day, 60-day, 90-day, 120-day, Annual Assessment, or Update. To enter an Interim Review for the entire Household, click on the box beside each name (blue arrow). Verify the *Review Date*, then click 'Save and Continue'.

Add	Interim Review - (7)	Lee, Baby		×
	Household Members			
0	To include Household m		n the Entry / Exit for this Interim Review, click th e each name.	ie
	(2) Male Single Parent			
	Interim Review Data			
	Entry / Exit Provider	County of Santa Barbar	a (1)	
	Entry / Exit Type	HUD		
	Interim Review Type * Review Date *	-SelectSelect- 30-Day Review	💙 🦓 12 ▼ : 12 ▼ : 14 ▼ PM ▼	
		60-Day Review 90-Day Review 120-Day Review Annual Assessment Update		
			Save & Continue Canc	el

If no change needs to be made, click 'Save & Exit'. Then go to page 13.

Interim Review – Select an Assessment...... Page:5

Interim Review – Monthly Income...... Page: 6

Interim Review – Non-Cash Benefits......Page: 8

Interim Review – Health Insurance......Page: 10

Interim Review – Disabilities......Page: 12

#### Adding an Interim Review-Select an Assessment

You must select *HUD CoC & ESG Update* in the **Select an Assessment** field to update a review for the adults in the household. If the client is a child or the household has a child, you must first go to **Select an Assessment** field (red arrow) and click on **Child Intake** (blue arrow) before editing.

Interim Review Data							
Entry / Exit Provider	Art	isan Court II (PH) (75)	)				
Entry / Exit Type	HU	D					
Interim Review Type	Ani	Annual Assessment					
Review Date	06/	/15/2018 10:36:57 AM	1				
Interim Review Assessmer	t						
Select an Assessment							
RRH (2016) SB			· · · · · · · · · · · · · · · · · · ·	Other Projects (2016) SB			
HUD CoC & ESG Entry SO E SH (2016) SB	S HUD CoC & I SB	ESG Exit (2016)	HUD CoC & ESG Update (2016) SB	HHS PATH Entry for SSO (2016) SB			
HHS PATH Exit (2016) SB	HHS PATH U	Indate (2016) SB	Child Intake 2016 SB				
Household Members	Child Intake	)(	Interim	Review Date: 06/15/2018 10:36:57 /			
(3) test, george Age: 22 Veteran: Unknown		2016 SB	Interim ead of household)	Review Date: 06/15/2018 10:36:57 /			
(3) test, george Age: 22 Veteran: Unknown (43) Smith, Baby Age: 1	Child Intake Relationship t	2016 SB	ead of household)	Review Date: 06/15/2018 10:36:57 /			
(3) test, george Age: 22 Veteran: Unknown (43) Smith, Baby Age: 1 Veteran: No (HUD) (46) Testing, Testing	Child Intake Relationship t of Household	2016 SB	ead of household)	Review Date: 06/15/2018 10:36:57 /			
(3) test, george Age: 22 Veteran: Unknown (43) Smith, Baby Age: 1 Veteran: No (HUD)	Child Intake Relationship t of Household Date of Birth	2016 SB to Head * Self (he * 07 / 0. Type * Full DO	ead of household) 1 ]/ [1995 ] 🧖 🕽 🧖 G 1B Reported (HUD)				
(3) test, george           Age: 22           Veteran: Unknown           (43) Smith, Baby           Age: 1           Veteran: No (HUD)           (46) Testing, Testing           Age: 10	Child Intake Relationship t of Household Date of Birth Date of Birth Gender * Ethnicity *	2016 SB to Head * Self (he * 07 / 0 Type * Full DO Male Non-His	ead of household) 1 ]/ [1995 ] 🧖 🔊 🧖 G IB Reported (HUD) spanic/Non-Latino (HUD) 🔻 G	▼ G ▼ G			
(3) test, george           Age: 22           Veteran: Unknown           (43) Smith, Baby           Age: 1           Veteran: No (HUD)           (46) Testing, Testing           Age: 10	Child Intake Relationship t of Household Date of Birth Date of Birth Gender * Ethnicity * Primary Race	2016 SB to Head * Self (he • 07 / 0 Type * Full DO Male Non-His • America	ead of household) 1 ]/ [1995 ] 🧖 🕽 🧖 G 1B Reported (HUD)	▼ G ▼ G ▼ G			
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(3) test, george           Age: 22           Vebran: Unknown           (43) Smith, Baby           Age: 1           Vebran: No (HUD)           (46) Testing, Testing           Age: 10	Child Intake Relationship t of Household Date of Birth Date of Birth Gender * Ethnicity * Primary Race	2016 SB to Head * Self (he * 07 / 0 Type * Full DO Male Non-His * America e -Select- th have * No.(HU	ead of household) 1 / 1995 🔊 🏹 G B Reported (HUD) spanic/Non-Latino (HUD) 🔻 G an Indian or Alaska Native (HUD)	▼ G ▼ G ▼ G			
(3) test, george           Age: 22           Vebran: Unknown           (43) Smith, Baby           Age: 1           Vebran: No (HUD)           (46) Testing, Testing           Age: 10	Child Intake Relationship t of Household Date of Birth Date of Birth Gender * Ethnicity * Primary Race Secondary Race Does the clier	2016 SB to Head * Self (he * 07 / 0. Type * Full DO Male Non-His * America e -Select- th have * Mo (HU	ead of household) 1 / 1995 🔊 🏹 G B Reported (HUD) spanic/Non-Latino (HUD) 🔻 G an Indian or Alaska Native (HUD)	▼ G ▼ G ▼ G			
(3) test, george           Age: 22           Vebran: Unknown           (43) Smith, Baby           Age: 1           Vebran: No (HUD)           (46) Testing, Testing           Age: 10	Child Intake Relationship t of Household Date of Birth Date of Birth Gender * Ethnicity * Primary Race Secondary Race Does the client a disabling co Disability	2016 SB to Head * Self (he * 07 / 0 Type * Full DO Male Non-His * America e -Select- ot have * No (HU es Type	ead of household) 1 / 1995 🔊 🏹 G B Reported (HUD) spanic/Non-Latino (HUD) 🔻 G an Indian or Alaska Native (HUD)	▼ G ▼ G ▼ G			
(3) test, george           Age: 22           Vebran: Unknown           (43) Smith, Baby           Age: 1           Vebran: No (HUD)           (46) Testing, Testing           Age: 10	Child Intake Relationship t of Household Date of Birth Date of Birth Gender * Ethnicity * Primary Race Secondary Race Does the client a disabling co Disability	2016 SB to Head * Self (he 07 / 0 Type * Full DO Male Non-His America Select- No (HU es Type buse (HUD)	ead of household) 1 / 1995 🔊 🏹 G B Reported (HUD) spanic/Non-Latino (HUD) 🔻 G an Indian or Alaska Native (HUD)	▼ G ▼ G ▼ G			

#### Adding an Interim Review-Monthly Income

After clicking Save & Continue, the screen will display Entry / Exit Interim Review. Here is where you can complete client updates.

If the client already has income data entered into HMIS, verify the income is correct by answering **Income from Any Source** question and by clicking on:

After clicking on '**HUD Verification**', click the pencil icon (red arrow) if changes need to be made to any source of income. If there has been a change to a source of earned income (regardless if it was an increase or decrease) enter an end date one day prior to the start date of the client's current income. *For example, if the client was previously earning \$150 per month and then started earning \$200 per month on 6/8/18, enter an end date of 6/7/2018 for the \$150 per month recordset (blue arrow).* 

#### Click save.

HUD	) Verification: E	dit Recordset - (3) te	est, george	×		
6	Per Source of records for Mont	Monthly Income		Maria	iple rec	ny previous cords exist per
	Source of Incom	Monthly Amount	150 G		edence	for reporting
		Source of Income	Earned Income (HUD)		ource?	
	Source of Inco	If Other, Please Specify			Not	Incomplete
/	Alimony or Other				2	0
/	Child Support (H		G		2	0
/	Earned Income (				2	0
1	General Assistan				2	0
1	Other (HUD)	Receiving Income	Yes V G		2	0
1	Pension or retire	Source?			2	0
/	Private Disability	Start Date *	02 / 07 / 2018 🧖 🟹 🦉 G		>	0
1	Retirement Incor	End Date	06 / 07 / 2018 🕂 🕄 🏹 G		5	0
1	SSDI (HUD)	Print Recordset	Save Cance	1	2	0

If the date of the change to the client's earned income is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current income.

#### Adding an Interim Review -Monthly Income-Continued

After clicking save, you will notice that the marking will change from **Yes/No** to **Incomplete** (red arrow) and the **HUD Verification** icon will change from green check mark to a red triangle (red arrow).

HU	D Verification: Monthly Income fo	r 06/08/2018						
0	Per Source of Income, the current record records for Monthly Income not overlapping Source of Income as of 06/08/2018, record		e not displayed values will be					
	Select the Receiving Income Source? value for all incomplete Source of Income records	<ul> <li>○ <u>No</u></li> <li>○ <u>Data Not Colle</u></li> <li>● <u>Incomplete</u></li> </ul>	ected		•			
				Receiving In	come Source?			
	Source of Income		Yes	No	Data Not Collected	Incomplete		
/	Alimony or Other Spousal Support (HUD)			۲		0	HUD Verification 🔺	
1	Child Support (HUD)			۲	0	0	End Date	
	Earned Income (HUD)		0	0	0			
/	General Assistance (HUD)			۲		0		

Change the *Receiving Income Source* (blue arrow) response to **Yes** if the client is currently receiving income or **No** if the client is no longer receiving income. The *Add Recordset* pop up window will appear if you select **Yes**. Here, you will enter the client's new income change in the *Monthly Amount* (black arrow), verify or edit the start date, then click **Save & Exit**.

Add Recordset	×
Monthly Income	
Monthly Amount	200 G
Source of Income	Earned Income (HUD)
If Other, Please Specify	G
Receiving Income Source?	Yes
Start Date *	06 / 08 / 2018 🧖 💐 🧟 G
End Date	// 🧖 🎝 🤯 G
	Save Cancel

The HUD Verification will change to indicating that there is no missing data.

If the date of the change to the client's earned income is not known, use the date on which the interim (e.g. annual assessment) or exit assessment is being completed as the start date for the client's current income.

#### Adding an Interim Review - Non-Cash Benefits

Only items that are HUD approved choices will appear in the verification window. If the client already has non-cash benefits data entered into HIMS, Verify the data is correct by answering *Non-cash benefit from any source* question and clicking on the

**HUD Verification .** Then click on the appropriate **pencil icon** (red arrow) if changes need to be made. If there has been any change to a non-cash benefit, enter an end date of one day prior to the start date of the client's current non-cash benefit.

For example, if the client had not been receiving Food Stamps and began receiving \$175 in Food Stamps on 6/8/18, enter an end date of 6/7/18 for the No Food Stamps Recordset (blue arrow).

0	Per Source of Non-Cash Benefit, the current records for Non- previous records for Non-Cash Benefits not overlapping as records exist per Source of Non-Cash Benefit as of 06/08/20 take precedence for re	of this date a 18, records o	re not displaye ontaining "Yes'	d. In the event th	nat multiple	First	Previous Next	
			Receivi	ng Benefit?		HUD Verificat		
	Source of Non-Cash Benefit	Yes	No	Data Not Collected	Incomplete	d Date	9	
/	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)		۲	0	0			
1	Special Supplemental Nutrition Program for WIC (HUD)		۲	0				
/	TANF Child Care Services (HUD)			0	0			
1	TANF Transportation Services (HUD)		۲	0	0			
1	Other TANF-Funded Services (HUD)			0	0	First	Previous Next	
1	Other Source (HUD)			0	0			

Edit Recordset - (14133	3) test2, test 🛛 🕅
Non-Cash Benefits	ŵ
Amount of Non-Cash Benefit	0 G
Source of Non-Cash Benefit	Supplemental Nutrition Assistance Program (Food Stamps) (HUD) 🔻 G
If Other, Please Specify	G
Receiving Benefit?	No T G
Start Date *	04 / 01 / 2017 🕂 🖏 👽 🦝 G
End Date	06 / 07 / 2018 🧃 🛪 G
Print Recordset	Save Save and Add Another Cancel

#### Adding an Interim Review - Non-Cash Benefits- Continued

After clicking save, you will notice that the marking will change from *Yes, No, or Data Not Collected* to *Incomplete* (red) and the HUD Verification icon will change from green check mark to a red triangle (red).

		Receiving			
Source of Non-Cash Benefit	Yes	No	Data Not Collected	Incomplete	HUD Verification 🛕
Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	•	•	•		
Special Supplemental Nutrition Program for WIC (HUD)		۲	0	0	
TANF Child Care Services (HUD)	0	۲	0	0	revious Next Last
TANF Transportation Services (HUD)		۲	0	0	

Change the *Receiving Benefit* (blue arrow) selection to *Yes* or *No* depending on the change to the client's Non-Cash Benefits. For our example client, select *Yes*. Click Save then click on the Pencil icon to change the amount of the Non-Cash Benefit.

The *Edit Recordset* window will appear. Here you will indicate the client currently receives \$175 in Food Stamps (black arrow), verify the start date. Do not make changes to *Receiving Benefit*, this will automatically apply when you clicked **Yes** or **No** for the Receiving *Benefit* (blue arrow). Click **Save**.

t Recordset - (1413 Non-Cash Benefit	· · ·
Amount of Non-Cash Benefit	G G
Source of Non-Cash Benefit	Supplemental Nutrition Assistance Program (Food Stamps) (HUD) 🔻 🕻
If Other, Please Specify	G
Receiving Benefit?	Yes • G
Start Date *	06 / 08 / 2018 🧖 🔿 🧟 G
End Date	// 🧖 🞝 🧟 G
Print Recordset	Save Save and Add Another Cancel

The HUD Verification will change to indicating that there is no missing data.

#### Adding an Interim Review -Health Insurance

If the client already has health insurance data entered into HMIS, verify the data is correct by answering the Covered by Health

Insurance question and by clicking **WD Verification** . After clicking *on* HUD Verification, click the pencil icon (red arrow) if changes need to be made to any types of health insurance. If there was a change to the client's health insurance, enter an end date one day prior to the start date of the client's current health insurance status.

For example, if the client previously had no health insurance but obtained MEDICARE as of 6/8/18, enter an end date of 6/7/18 for the pertinent recordset (blue arrow). Then click **Save**.

0	records for H	urance Type, the current records lealth Insurance not overlapping surance Type as of 06/08/2018,	as of this date are not di	splayed. In the e	vent that multiple	records exist	
				C	overed?		
	Health Insu	rance Type	Yes	No	Data Not Collected	Incomplete	
/	MEDICAID		0	۲	0	•	revious Next
/	MEDICARE		0	۲	0	0	
/	State Childrer	n's Health Insurance Program	•	۲	0	0	
/	Veteran's A	dit Recordset - (3) te	st, george			×	HUD Verificati
*	Employer -		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				lu Date
1	Health Insu	Health Insurance				<i>*</i> 🔒	
/	Private Pay	Start Date *	05 / 01 / 2017	🔊 🔿 🔊 G			
/	State Healt	Health Insurance Type	MEDICARE				-
/	Indian Heal	(If Yes to Other) Specify	· · · · · ·				
/	Other	Source				G	revious Next
		Covered?	No	▼ G			
		(HOPWA) If Private Pay Insurance, Specify				G	
		(HOPWA) If No, Reason not covered	-Select-		▼ G		

10

#### Adding an Interim Review -Health Insurance-Continued

After clicking save, you will notice that the marking will change from *Yes, No, or Data Not Collected* to *Incomplete* (red) and the HUD Verification icon will change from green check mark to a red triangle (red).

			Cove			
	Health Insurance Type	Yes	No	Data Not Collected	Incomplete	
	MEDICAID	0	۲	0	0	HUD Verification
	MEDICARE	0	0	0		nd Date
/	State Children's Health Insurance Program	0	۲	0	0	
1	Veteran's Administration (VA) Medical Services	0	۲	0	0	
1	Employer - Dravided Health Jacurance					

Change the Covered? (blue) response to Yes or No depending on the change of the client's Health Insurance Type. Click Save.

Edit Recordset - (14133) test2, test					
Health Insurance		K			
Start Date *	06 / 08 / 2018 🔊 💸 G				
Health Insurance Type	MEDICARE G				
(If Yes to Other) Specify Source		G			
Covered?	Yes 🔻 G				
(HOPWA) If Private Pay Insurance, Specify		G			
(HOPWA) If No, Reason not covered	-Select- G				
End Date	// 🧖 🦣 🧟				
Print Recordset	Save Save and Add Another	Cancel			

If **Yes**, click on the pencil icon to enter more detail on the Health Insurance Type and **Edit Record Set** pop-up will appear. Here, you can enter to specify source of 'Other' option (red arrow) as well as entering HOPWA related information if applicable.

For the example client, you will enter the client's new MEDICARE information then (black arrow). Then click **Save & Exit**.

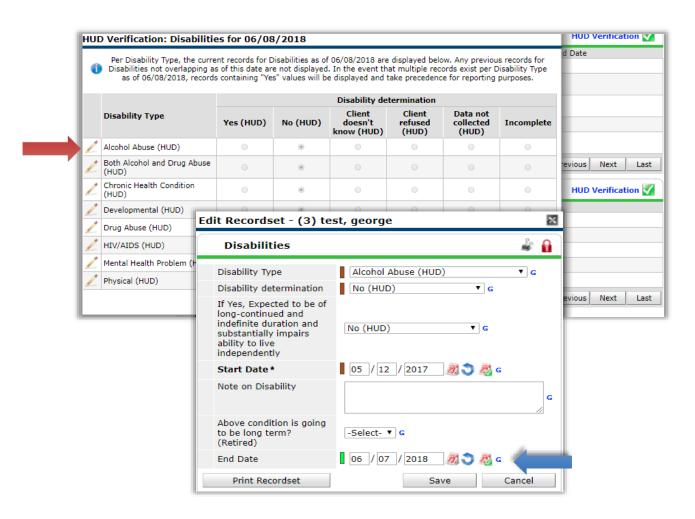
The HUD Verification will change to indicating that there is no missing data.

#### Adding an Interim Review - Disabilities

If the client already has disability data entered into HMIS, verify the income is correct by answering the *Does the client have a disabling* 

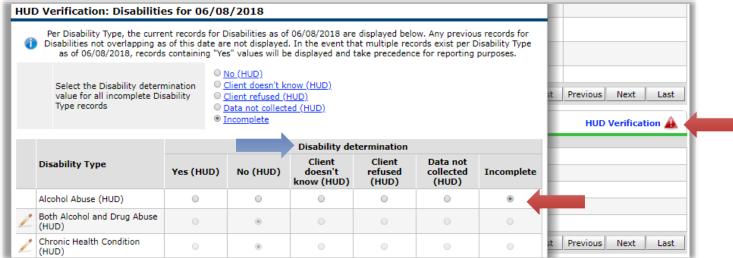
*condition* question and clicking on **HUD Verification .** After clicking on HUD Verification, click on the pencil icon (red arrow) if changes need to be made to any type of disability data. If there has been a change regarding a client's disability, enter an end date one day prior to the start date of the client's current disability data.

For example, if the client previously did not have any disabilities and then Alcohol Abuse was indicated 6/8/18, enter an end date of 6/7/2018 for the Alcohol Abuse "No" recordset (blue arrow). Then click **Save**.



#### Adding an Interim Review - Disabilities - Continued

After clicking save, you will notice that the marking will change from *Yes (HUD), No (HUD), Client doesn't know (HUD), Client refused (HUD),* or *Data not collected (HUD)* to *Incomplete* (red arrow) and the HUD Verification icon will change from green check mark to a red triangle (red).



Select the *Disability determination* selection to from *Yes (HUD)*, *No (HUD)*, *Client doesn't know (HUD)*, *Client refused (HUD)*, or *Data not collected (HUD)* depending what change of disability the client has (blue).

Add Recordset						
Disabilities						
Disability Type	Alcohol Abuse (HUD)					
Disability determination	Yes (HUD)					
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	-Select- ▼ G					
Start Date *	06 / 08 / 2018 🔊 🍣 G					
Note on Disability	G					
Above condition is going to be long term? (Retired)	-Select- V G					
End Date	// 🧖 🔿 🦓 G					
	Save Cancel					

*Add Recordset* pop up window will appear if selected *Yes(HUD).* 

Answer the questions by selecting the answers from the drop down options.

For the example client, the start state is 6/8/18.

Click Save.

The HUD Verification will change to *indicating that there* is no missing data.

### Adding an Interim Review- Complete

After you verify or edit your client's annual assessment for the Interim Review, click **Save & Exit**. An **Interim Reviews** popup window will appear showing you all the Interim Reviews for the client.

If it was a household, you can see the household size in **Client Count** (red arrow). If you click on the magnifying glass icon, an *Entry/Exit Review Client Count* (blue arrow) popup window will appear showing you the household.

Interim Reviews								
Interim Reviews Associated with this Entry / Exit					rt Da	te		
		<b>Review Date</b>	Review Type		Client Count			1
1	5	06/15/2018	Annual Assessment					
Add In	nterim R	eview	Showing 1-1 (	of 1				t
		-					0	ij
	Entry / Exit Review Client Count					×	×	
	Household Members Included in Review						Ì	
Client		Client			Project Sta	rt Date	Exit Date	1
		(43) Smit	h, Baby		01/30/2018			
_	_	(3) test, (	jeorge		01/30/2018			
		(46) Testi	ng, Testing		01/30/2018			
	Showing 1-3 of 3							
							Exit	

#### Additional Assistance

#### For any additional technical assistance

Email us: <u>helpdesk@ctagroup.org</u>

OR

By visiting our **Website:**  $\rightarrow$  <u>https://ctagroup.org/santa-barbara-hmis</u>

