

# COVID-19 HMIS Setup and Data Sharing Practices

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This document offers information to help Continuum of Care (CoC) and HMIS Leadership at the local level to create an action plan for recording and communicating data around COVID-19 and homelessness for their community. HUD strongly recommends that CoCs work with their local Health Departments to blend their activities and actions with the plans the Health Departments are activating.

## HMIS Privacy and Sharing

The [HMIS Privacy and Security Standards](#) gives providers a reasonable degree of flexibility regarding disclosure of information about participants without consent. It is HUD's position that under these Standards, it is permissible to share a participant's COVID-19 status for the following purposes:

- 1) Coordinating Services;
- 2) Preventing/lessening threats to health or safety (see below); and
- 3) Complying with state or local law.

If a local community has a privacy policy that is more restrictive than these Standards, you must comply with the restrictions in your privacy notice OR amend your privacy notice. The notice can be amended at any time and affect participant information obtained by providers before the change. As a best practice, HUD recommends seeking legal assistance when amending your privacy notice.

The [HMIS Privacy and Security Standards](#) offer a basis for disclosure of COVID-19 status (§ 4.1.3):

### **Threats to Health or Safety**

A provider may share a participant's COVID-19 status under applicable law and standards of ethical conduct if: 1) the provider believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public; and 2) the information is shared with a person reasonably able to prevent or lessen the threat. Note that the threat to health or safety can be a threat to *any* individual *or* the public in general. Under current emergency circumstances, disclosing COVID-19 status to anyone offering services to a client meets this standard. Disclosing information about other individuals possibly exposed to COVID-19 is also permissible under this authority to either the exposed individuals; to anyone who can offer health care, protection, or assistance to an exposed individual; or to anyone who can lessen the threat of COVID-19 to themselves, to others or to the public.

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](#).

## HMIS Data Collection and Workflow Examples

The following sections reflect HUD’s understanding of effective community implementations of HMIS workflows and setups during past Hepatitis A and TB outbreaks as well as the current COVID-19 outbreak. Communities should use their best judgment in utilizing HMIS to assist in their COVID-19 response. HUD recommends you consider the following questions as you make these quick decisions:

1. What HMIS data is necessary to inform the community’s planning and response?
2. What additional data points would help the community effectively manage information about persons experiencing homelessness so that they and their service providers can remain safe and access treatment?
3. What are the CoC’s privacy and security policies governing the HMIS and data sharing?
4. Is the HMIS robust enough to be used for system-wide screening, alerts and tracking? If not, can the HMIS be used by individual projects to help with screening and tracking, and how can this support the broader community response?

### ***Incorporating Screening Tool into HMIS***

Many communities have screening hotlines or call centers which should be utilized by the homeless provider community wherever possible. To assist shelters in triaging placement for shelter beds and/or determining when to send a participant for a COVID-19 test, the following tool can be followed:

- [COVID-19 Client Triage Tool: Atlanta, GA](#) The Atlanta Continuum of Care (CoC) developed a triage-screening tool to assist their shelters and housing programs modify shelter management strategies in light of the emerging COVID-19 concerns. The triage-screening tool focuses on reorganizing the intake workflow to effectively identify symptomatic and asymptomatic participants entering congregate sites.

### **Sample HMIS screening workflow: Cincinnati, OH**

Screen all persons currently in shelter, newly entering shelter, in outreach as they present <b>Complete HMIS project intake as normal on all new clients</b>			
Screening indicates COVID-19 test is required ASAP.		Screening indicates the person is “at-risk” for becoming ill	Screening indicates person is low-risk or not currently ill
Send to community testing site <b>ALERT/MESSAGE Placed in Record</b>		Place in a social isolation space. <b>ALERT/MESSAGE placed in Record</b>	Place in general population shelter
Positive	Negative <b>Turn ALERT off</b>	Monitor	Monitor
Quarantine	Return to shelter		

### **Using HMIS to share COVID-19 status**

HMIS needs to provide shelters and outreach projects with basic information such as client health status, placement information. There is no need to disclose test results as part of this status sharing; the important points of knowledge are whether someone:

- 1) Is symptomatic;
- 2) Needs to be moved to a different facility for social isolation; and
- 3) Has been released from social isolation and needs to access emergency shelter or return to a permanent housing project.

If possible, consider creating Alerts in the HMIS to notify other community members that a participant has received a COVID-19 test or been placed in quarantine/social isolation. Many communities are reporting that some participants are fearful of testing/quarantine/isolation and therefore avoiding service sites that have identified a need for testing/quarantine/isolation. Communication through HMIS can assist both the participant and their case manager/outreach worker.

HUD is not requiring COVID-19 specific data collection; however, we recommend a set of data elements (below) that have been used effectively during past infectious disease outbreaks. HUD encourages communities to consider implementing strategies like auto-populating, defining data elements for end users, training, using drop-downs or pick lists, and using elements already in HUD's FY2020 Data Standards to support good data quality.

#### **Basic client information elements (auto-populated for existing clients if possible):**

- Name (3.01)
- Social Security Number (3.02)
- Date of Birth (3.03)
- Gender (3.06)

#### **Sample COVID-19 Tracking Data Elements (not required)**

- Entered by – name of worker
- Client phone number
- Client email address
- Agency/location of client

#### **Sample COVID-19 Status Data Elements (not required)**

- Symptomatic (fever, cough, shortness of breath)\*
- Testing Conducted
  - Referred/sent to testing site [Date]\*
  - Test results [Date] \*
- Quarantine/isolation location, consider also collecting
  - Entry into quarantine facility [Date]
  - Exit from quarantine facility [Date]
- Social isolation [Date] \*

\*Consider systemwide HMIS Alert

**Sample Data Elements: Louisiana Balance of State CoC**

Data Element	Description
Symptoms consistent with COVID-19 (fever, cough, shortness of breath)?	Enter Yes if appropriate. Leave blank for healthy clients
Date Symptoms Started	Enter Date for ALL symptomatic clients. If client can't remember, enter today's date
Quarantine Date	Enter in the date if appropriate. Leave blank if NA or unknown
Hospitalization Date	Enter in the date if appropriate. Leave blank if NA or unknown
Test Result	Enter in the date if appropriate. Leave blank if NA or unknown
Client Health Notes	Enter any important notes
Recovery Date	Enter in date the client self-reports feeling better

**Sample HMIS Dashboard to share COVID-19 status: Cincinnati OH**

Public ID	Phone #	Client Location	Test results	Status	Last Updated	Alerts	
Sue1234	555-555-5555	Salvation Army	positive	Quarantine Facility	3/19/2020		EDIT LINK
Tom4567	555-666-6666	PATH Outreach	negative	No action needed/closed	3/19/2020		EDIT LINK
Kona9856		Mass Shelter	pending		3/19/2020		EDIT LINK

[Public ID](#) links to Client Record with three forms:

- Basic Client Information
- Testing and Results
- Messages/Alerts

[EDIT LINK](#) goes to the Testing and Results form

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