

QUARTERLY DATA QUALITY MONITORING REPORT GUIDE

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VERSION HISTORY

Version	Release	Revision Summary
3	July 2020	Revisions based on Scoring Rubric revisions: modifications to Timeliness and Total scoring.
2	April 2020	<p>Addition of Timeliness Detail tab to Details section.</p> <p>Clarification in Fix These First! tab overview for Relationship to Head of Household errors within a household.</p> <p>Clarifications in Technical Notes section to Calculation Notes for Income and Sources and Disability elements.</p> <p>Additions in Technical Notes section to Source Notes for all elements.</p> <p>Clarifications in Provider Score Summary and Additional Information tab overviews to indicate why a provider may not appear.</p>
1	January 2020	[Original]

SUMMARY

This guide is meant to orient users to the purpose, structure and technical features of the [251 Quarterly Data Quality Monitoring report](#). Whether running the report to make data corrections or consulting it to monitor projects, this document will answer questions about how to read and interpret the data within the report.

This guide is also meant to be used alongside other Quarterly Data Quality materials, such as the [Quarterly Data Quality Instruction Guide](#) and the [Scoring Rubric](#).

WHAT IS THE 251 QUARTERLY DATA QUALITY MONITORING REPORT?

The Quarterly Data Quality Monitoring report was built in 2019 by ICA Minnesota to support HMIS data quality monitoring and the Quarterly Data Quality process.

It is designed to show the quality of data entered overall at the project level for a given time period, and where applicable, to easily compare across projects. The report generates scores to measure projects' data quality based on the extent to which key data elements meet criteria for completeness, accuracy and consistency, and timeliness. Details on which data elements are included and how scores are calculated can be found in [subsequent sections of this guide](#).

While HMIS users are required to use the report for Quarterly Data Quality monitoring, the report can also be run outside that process for regular data quality checks and/or to support other data quality initiatives.

Please note: this report only works for data entry providers that use entry/exits; it will not work correctly for providers who use only service transactions.

HOW IS IT ORGANIZED?

The report is designed to follow ICA Minnesota's standard method of providing both summary and detail information in a single report. There are three Summary tabs and five Detail tabs.

The Summary tabs display aggregated scores; the Detail tabs contain data from the client records that make up those scores.

The Detail tabs are designed to draw the reader to client records that need correction; for that reason, in most cases actual data is masked to display an indication that the data is “ok”, “missing”, or contains an “error”. Because most data is masked, this report should not be used in place of summary or demographic reports.

HOW IS IT DIFFERENT FROM OTHER DATA QUALITY REPORTS?

Because the 251 Quarterly Data Quality Monitoring report was designed specifically for the Quarterly Data Quality process, it’s different from other data quality check reports. As described above, actual data is masked by indicators showing the reader whether the record needs attention. It also contains only the data elements that are scored as part of Quarterly Data Quality. Users will need to run separate reports for data quality checks on other data elements, such as those required only for specific state or federal programs. Some elements are also calculated slightly differently than in the CoC-APR, the ESG-CAPER, or the 0640 HUD Data Quality Framework. Refer to the [Technical Notes](#) section of this guide for more information on calculations in this report.

HOW WILL I USE THIS REPORT?

How users interact with the report will depend on your role in the Quarterly Data Quality process. If you are an HMIS end user at an agency, you’ll use the report primarily to identify and make data corrections for your agency’s data entry providers (i.e. the activities in the orange portion of the flowchart). If you are someone who works with agencies, you’ll use the report (or information from it) primarily to monitor and track progress on data quality for data entry providers that represent projects you support (i.e. the activities in the blue portion of the flowchart on the next page).

END USERS: MAKING DATA CORRECTIONS

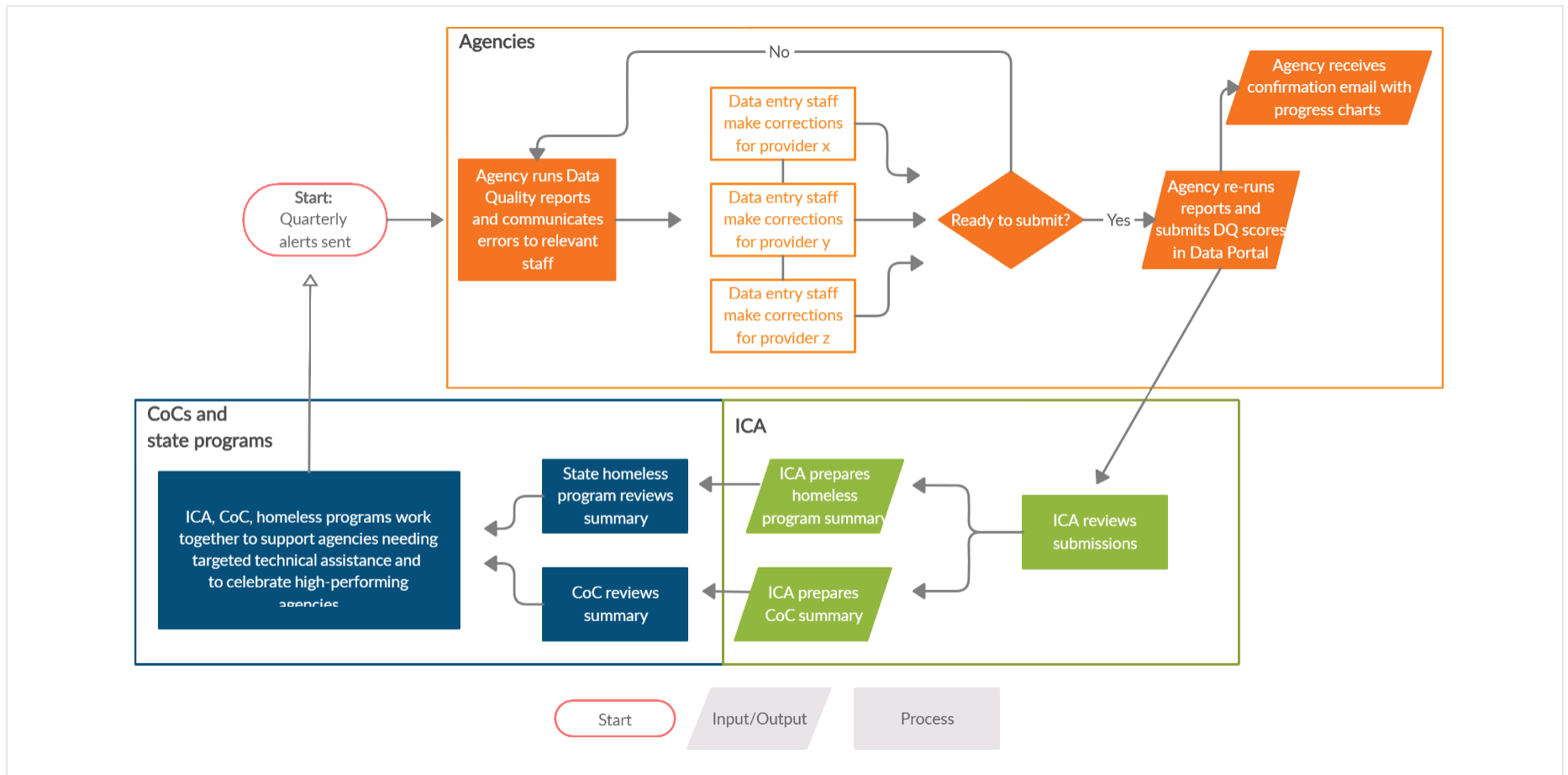
HMIS end users will use this report to identify data entry errors and to get the data quality scores for submission into the Data Portal. Users will likely run the report multiple times during the data corrections process, and will see their scores change as

corrections are made. When users are finished making data entry corrections, they'll run the report a final time and use the scores from a final run of the report to submit in the Data Portal. See the [Data Portal Instructions](#) for a guide to that part of the process.

PROGRAM MANAGERS, AGENCY LEADERSHIP, COC COMMITTEES OR COORDINATORS: MONITORING PROJECTS

Persons using the report for monitoring or tracking data quality improvements over time will likely focus on information from the Summary tabs of the report. The scores appearing on these tabs can be used to establish data quality baseline and improvement metrics for individual providers or to compare across providers.

Depending on your role, if you are not an HMIS user you may not have direct access to the report, and instead will rely on summarized information from the Data Portal or supplied by ICA. In that case, you still may find this guide useful for contextualizing any summary information.



HOW DOES THE SCORING WORK?

Scoring is broken down into three data quality categories: Completeness, Consistency and Accuracy, and Timeliness.

- **Completeness** ensures that all the appropriate and relevant data that agencies or funders need is being collected and recorded, and that a community can accurately describe both its clients, and the full scope of services provided to those clients accessing services.
- **Consistency and Accuracy**, often considered separately, work together and in this report are scored together. It is critical that all aspects of a client's profile and assessment data "agree with" each other, and that there are no contradictions among the data. It is also critical that data within the system accurately reflects reality as provided by the client and as documented in the client's file.
- **Timeliness** impacts the other components of data quality: reducing the time between data collection and data entry will increase the accuracy and completeness of client data. If updated information is not recorded in the system, analysis is done on outdated and inaccurate information – data that's not present can't be analyzed.

Refer to the [Scoring Rubric](#) for more information on these categories and the scoring details.

COMPLETENESS

An entry/exit record is applicable in this category if it is dated within the report date range and applies to a client for whom the data is required (for example: Veteran Status is a required element for only clients who are 18 or older).

SCORING FOR EACH DATA ELEMENT

Percentages are calculated by dividing the number of entry/exit records with missing information or don't know/refused values by the number of total applicable entry/exit records.

Number of Entry/Exit records with missing information or don't know / refused values

Total number of applicable Entry/Exit records

SCORING FOR THE CATEGORY

The calculation above corresponds to a point total for each data element. The score for Completeness is calculated by dividing the number of points received for each element by the total number of possible points.

Total points received for each element

Total possible points

CONSISTENCY AND ACCURACY

An entry/exit record is applicable in this category if it is dated within the report date range and applies to a client for whom the data is required (for example: Disabling Condition and the Disabilities series are required elements for only some funding sources).

SCORING FOR EACH DATA ELEMENT

Percentages are calculated by dividing the number of entry/exit records with errors by the number of total applicable entry/exit records.

Number of Entry/Exit records with errors

Total number of applicable Entry/Exit records

SCORING FOR THE CATEGORY

The calculation above corresponds to a point total for each data element. The score for Consistency and Accuracy is calculated by dividing the number of points received for each element by the total number of possible points.

Total points received for each element

Total possible points

TIMELINESS

A entry/exit record is applicable in this category if the entry/exit record was created by the provider during the report date range. Providers in some project types may have no entry/exit records created during a given report date range. If this is the case, the report will display “N/A” for timeliness and it will not count against the provider.

SCORING FOR THE CATEGORY

Timeliness is calculated by first measuring the number of days between the date an HMIS user entered the entry/exit record into the system (referred to in ART as Entry Exit Date Added) and Project Start Date for each applicable client record.

Then, the report calculates the average and median number of days between Entry Exit Date Added and Project Start Date for all applicable client records for the provider.

Average number of days between Entry Exit Date Added and Project Start Date

Median number of days between Entry Exit Date Added and Project Start Date

Then, the report calculates the total points based on the average and the median above, and generates a percentage score based on the more favorable calculation for that provider.

Total points received based on average or median timeliness

Total possible points

TOTAL (EXCLUDING TIMELINESS)

The report also features a total score that combines the Completeness and Consistency and Accuracy scores into one. Based on user feedback and a recommendation from the Rubric Review Workgroup, the Total score does not include Timeliness.

SCORING FOR THE CATEGORY

The total score adds together all the numerators from the Completeness and Consistency and Accuracy category scores, and divides by all the denominators for the Completeness and Consistency and Accuracy category scores. It is a weighted score in that the category scores are based on total applicable answers.

Total points received in Completeness and Consistency and Accuracy

Total possible points in Completeness and Consistency and Accuracy

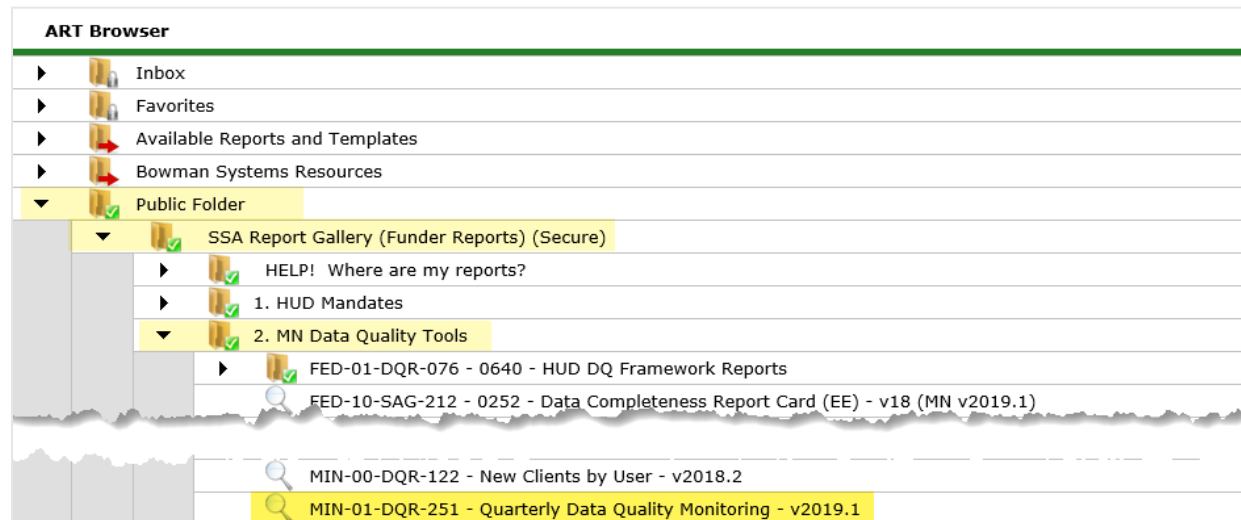
DETAILS

This section of the guide provides instructions for successfully running the report and an orientation to each tab of the report and the data contained in them.

REPORT LOCATION

The MIN-01-DQR-251 – Quarterly Data Quality Monitoring report is located in ART in the Public Folder, under 2. MN Data Quality Tools.

The MN Data Quality Tools folder contains other data quality reports that can serve as companion reports when looking for greater detail on errors, such as the 0640 HUD DQ Framework Reports.



REPORT PROMPTS

The report is designed to be run a variety of ways, depending on the user's role and needs. Most users will run this report for a single provider or multiple providers and can skip prompts for Reporting Group and CoC Code.

Prompt	Instructions
Select Reporting Group(s):	Leave empty, unless you have one or more reporting groups you typically use to run reports for your applicable data entry providers, select the reporting group(s) whose data you'd like to include.
Select Provider(s):	Select the provider(s) whose data you'd like included. If you selected a Reporting Group, leave empty.
Select CoC Code(s):	Leave empty.
Select Retired CoC Code(s) ICA ONLY:	Leave empty. This prompt is here for ICA use only.
EDA Provider:	Leave as is.
Enter Start Date:	Enter the first day of the quarter for which you're running data (e.g. 10/1/2019 12:00:00 AM).
Enter End Date (PLUS 1 Day):	Enter the date one day after the last day of the quarter for which you're running data (e.g. 1/1/2020 12:00:00 AM).
Enter effective date	Enter the same date you entered for End Date (e.g. 1/1/2020 12:00:00 AM).

TAB-BY-TAB OVERVIEW

Refer to this section for instructions on reading and using each report tab.

PROVIDER SCORE SUMMARY

Quarterly Data Quality Monitoring Provider Score Summary Report Dates: 4/1/2020 - 6/30/2020							
<small>HMIS-Generated Report developed by the Institute for Community Alliances. Copyright © 2018 Institute for Community Alliances. All Rights Reserved.</small>							
Table/Report Information							
This tab displays percentage scores for each Data Quality category, for each provider included in the report. Enter these scores in the Data Portal. Detail on the client records counting toward these scores can be found on all Detail tabs.							
Report manual with data definitions and specifications: https://hmismn.org/s/251-Quarterly-Data-Quality-Monitoring-Report-Guide.pdf							
				Enter these scores in Data Portal			
Provider	Funder	Project Type	CoC	Completeness	Consistency and Accuracy	Timeliness	TOTAL (excluding Timeliness)
ICA-ES-HCC-DHS-OEO-ESP-Training Provider(14	DHS OEO ESP	ES	HCC	40.84%	49.47%	47.50%	44.64%
ICA-PH S-HCC-DHS-OEO HYA-Training Provider(DHS OEO HYA	PH-S	HCC	54.12%	80.95%	N/A	59.43%
ICA-PSH D-HCC-HUD-CoC-Training Provider(141	HUD:CoC	PSH	HCC	34.58%	38.10%	N/A	35.21%
ICA-PSH D-HCC-MN HSG-LTH-Training Provider(MHFA LTH	PH-S	HCC	46.67%	60.00%	77.40%	58.00%
ICA Test-SO-RCC-HHS-PATH(2317)	HHS:PATH	SO	RCC	43.48%	78.95%	N/A	51.14%
ICA-TH-RCC-HHS-RHY-TLP Training Provider(37	HHS:RHY	TH	RCC	95.65%	68.42%	100.00%	92.37%

This tab is designed for quick reference when entering scores in the Data Portal.

The main table displays percentage scores for each Data Quality category and a total score, for each provider included in the report. It also displays information from fields maintained by ICA to determine the funding program, project type, and CoC of each data entry provider. If information is missing, incorrect, or displays an error it may affect how scores are calculated for that provider: please reach out to your Regional System Administrator (or the MN HMIS Helpdesk) if you notice missing or incorrect

information for one of your data entry providers. If a provider shows all “N/A” values, it’s because they served no clients in the report period.

This tab displays less detail compared to all other tabs. If you are looking for a more complete score breakdown, refer to the other Summary tabs. If you are looking for client-level detail, refer to the Detail tabs.

SUMMARY BY PROVIDER

Quarterly Data Quality Monitoring Summary by Provider Report Dates: 4/1/2020 - 6/30/2020			
<small>HMIS-Generated Report developed by the Institute for Community Alliances. Copyright © 2018 Institute for Community Alliances. All Rights Reserved.</small>			
ICA-ES-HCC-DHS-OEO-ESP-Training Provider(1410)			
Completeness	Consistency and Accuracy	Timeliness	TOTAL (excluding Timeliness)
Score: Enter this score in the Data Portal	Score: Enter this score in the Data Portal	Score: Enter this score in the Data Portal	Score: Enter this score in the Data Portal
40.84%	49.47%	47.50%	44.64%

This tab shows score detail at the provider level for every data entry provider included in the report. Each provider’s information is separated by a blue header. If you are viewing the report in Excel, look for the blue headers as you scroll down. If you are viewing the report as a PDF (not recommended) or in View mode in ART, look for the blue headers as you navigate to a new page.

The top table in each provider’s section displays percentage scores for each Data Quality category and a total score. Refer to the [How does the scoring work?](#) section of this document, or the [Scoring Rubric](#), for more information on scoring.

The next two tables contain score breakdowns for each data element, separated into HUD Universal Data Elements and Minnesota Universal Data Elements (also containing those elements that are not universal but are required for QDQ). These tables display information on the clients for whom the element is required, the count of applicable entry/exits, and the count and percentage of records that will count against the score for that element.

In these tables, “Number of Missing Values” and “Number of DK/R Values” count against the provider’s Completeness score, and “Number of Inconsistent Values” count against the provider’s Consistency and Accuracy score.

Finally, there is a separate table just for detail on timeliness. This table shows the best score between average timeliness and median timeliness, and also shows both possible scores (average timeliness and median timeliness) for the provider. The data in the “Best Score” columns should match either the Median or Average columns.

These tables repeat for each provider included in the report.

SUMMARY ALL PROVIDERS

Quarterly Data Quality Monitoring Summary: All Providers Combined Report Dates: 4/1/2020 - 6/30/2020			
HMIS-Generated Report developed by the Institute for Community Alliances. Copyright © 2018 Institute for Community Alliances. All Rights Reserved.			
Completeness	Consistency and Accuracy	Timeliness	TOTAL (excluding Timeliness)
Score: Enter this score in the Data Portal	Score: Enter this score in the Data Portal	Score: Enter this score in the Data Portal	Score: Enter this score in the Data Portal
52.68%	62.50%	33.33%	57.77%

This tab displays the same tables as the Summary by Provider tab, but shows results combined across all providers pulled into the data set rather than for a single provider at a time. This tab may be useful if you are running the report for an agency or reporting group and you’d like to compare individual providers’ results to the whole, or track results for multiple providers at once.

FIX THESE FIRST!

Quarterly Data Quality Monitoring													
High Impact Errors: Fix These First!													
Report Dates: 10/1/2019 - 12/31/2019													
<small>HMIS-Generated Report developed by the Institute for Community Alliances. Copyright © 2018 Institute for Community Alliances. All Rights Reserved.</small>													
Table/Report Information													
This tab displays only clients with errors in the Date of Birth (DOB) or Relationship to Head of Household (Relate HoH) elements. If a client has a DOB or Relate HoH error, the report can't properly count them in other areas. IMPORTANT: Fixing these errors will have an impact on the errors that appear in later tabs of the report. Re-run the report after fixing the errors on this tab.													
Key													
Data Element	Indicator	Reason											
HoH	Null	This household has no client marked Head of Household in the Relationship to Head of Household data element.											
DOB Type	Null	This client is missing information in the Date of Birth Type data element.											
DOB Error	Error	There are inconsistencies between the value recorded for DOB and the value recorded for Date of Birth type for this client.											
Relate HoH	Missing	This client is missing information in the Relationship to Head of Household data element.											
Relate HoH Error	HoH Error	This client's household is missing a Head of Household.											

Client Id	Group Id	H o H	Entry Exit Id	Provider	Proj Typ e	Entry Date	Exit Date	at Entr y	Date of Birth			Relationship to Head of Household	
									DOB Type	DOB	DOB Error	Relate HoH	Relate HoH Error
377194	1363735 EE	Null	1363735	ICA-PH S-HCC-DHS-OEO HYA- Training Provider(3410)	PH-S	6/15/2017		47	Full DOB Reported (HUD)	3/1/1970	OK	Missing	Missing

Whether an entry/exit record belongs to an adult or Head of Household affects which data elements are required to be completed in that record. For this report to correctly identify errors or missing information in a record, it first must know the client's age and Relationship to Head of Household status.

Fixing these errors will have an impact on the errors that appear in later tabs of the report, so it is recommended that users running the report for data corrections focus on addressing these errors first, and rerun the report after fixing the errors on this tab.

On this report, errors are highlighted with red text on a yellow background to stand out. Only records with Date of Birth or Relationship to Head of Household errors will appear on this tab. Note that if a household contains a Relationship to Head of Household error, all members of that household attached to the record will appear.

CLIENT DETAIL

Data Element		Indicator	Reason
(all)		Ok	No correction needed.
		-	This element is not required for this client.
		Missing	There is no data recorded for this element for this client.
		DKR	There is a response of "Client Doesn't Know" or "Client Refused" for this element for this client.
SSN	Error	There are inconsistencies between the value recorded for SSN and the value recorded for SSN Data Quality for this client.	
DOB	Error	There are inconsistencies between the value recorded for DOB and the value recorded for Date of Birth Type for this client.	
Vet	Error	There are inconsistencies between the value recorded for Veteran Status and the client's age.	

Client Id	Provider	Name	SSN	DOB	Race	Eth	Gender	Vet
1	ICA-PH S-HCC-DHS-OEO HYA-Training Provider(3410)	Ok	Ok	Missing	Ok	Ok	Ok	Ok

This tab shows data elements that appear on the Client Profile page in HMIS. All records appear on this tab, not just those with errors, and most data is masked with an indicator either that the data is “ok” or needs attention. Date of Birth information is repeated on this tab, as it’s pulled from the Client Profile page. Refer to the key at the top of the report tab to identify data elements and errors.

HUD UDE DETAIL

Quarterly Data Quality Monitoring

HUD UDE + Timeliness Detail

Report Dates: 1/1/2020 - 3/31/2020

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Table/Report Information

This tab displays information on HUD Universal Data Elements. Errors here count in the Completeness and Consistency and Accuracy categories.

Key

Data Element	Indicator	Reason
(all)	Ok	No correction needed.
	-	This element is not required for this client.
	Missing	There is no data recorded for this element for this client.
	DKR	There is a response of "Client Doesn't Know" or "Client Refused" for this element for this client.
Entry Exit Date Errors	Error	This client has overlapping entry/exits in the same project, or their stay exceeds the max length of stay for the project type.
Relate HoH	HoH Error	There is an error in the Relationship to Head of Household field for this client/household. Refer to the Fix These First! tab.
Disab	Error	There are inconsistencies between the value recorded for "Does client have a disability of long duration?" and the values recorded in the Disability sub-assessment for this client.
Client Loc	Error	There are inconsistencies between the value recorded for Client Location for this client and the CoC Code of the provider.
HMI	Error	There are inconsistencies between the value recorded for Housing Move In Date and the Project Start Date for this client.
Res Prior	Error	The value recorded for Prior Living Situation for this client is a retired value.

Client Id	Group Id	H o H	Entry Exit Id	Provider	Proj Type	Entry Date	Exit Date	Entry Exit Date Errors	Age at Entry	Relate HoH	Disab	Client Loc	HMI	Dest	Prior Living Situation Series				
															Res Prior	LOT Prior	On the Night	Approx Date	Num Times

This tab shows HUD Universal Data Elements (excluding those that appeared on the Client Detail tab). Date of Birth and Relationship to Head of Household are also repeated on this tab.

Only records with an error appear here, and most data is masked with an indicator either that the data is "ok" or needs attention. Refer to the key at the top of the report tab to identify data elements and errors.

TIMELINESS DETAIL

Quarterly Data Quality Monitoring
Timeliness Detail
Report Dates: 1/1/2020 - 3/31/2020

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Table/Report Information

This tab displays timeliness calculation detail: counting the number of days between EE Date Added and EE Entry Date. It is sorted first by Provider, then by Timeliness in days in ascending order.

Client Id	Entry	Exit Id	Provider	EE Date Added	EE Entry Date	Timeliness (in days)
-----------	-------	---------	----------	---------------	---------------	----------------------

This tab displays detail on all records included in the Timeliness score calculation. For every entry/exit created during the time period, the date the record was entered and the Project Start Date/Entry Exit Entry Date will display, as well as the count of days between those two dates (displayed as Timeliness in days).

MN UDE INCOME DETAIL

Data Element		Indicator	Reason
		Ok	No correction needed.
		-	This element is not required for this client.
(all)	Missing		There is no data recorded for this element for this client.
	DKR		There is a response of "Client Doesn't Know" or "Client Refused" for this element for this client.
Veteran Status series		Error	There are inconsistencies between the value recorded for Veteran Status and the values recorded for the MN Veteran Status question series for this client.
Domestic Violence series		Error	There are inconsistencies among the values recorded for "Have you ever experienced domestic violence?", "If yes for Domestic violence victim/survivor, when did the experience occur?", and "If yes for Domestic Violence Victim/Survivor, are you currently fleeing?"
Inc		Error	There are inconsistencies between "Income from Any Source" and the responses in the Income sub-assessment for this client.

Client Id	Group Id	H o H	Entry Exit Id	Provider	Proj Type	Entry Date	Exit Date	Age at entry	Veteran Status series										Prior Permanent Residence series				Domestic Violence series								
									Tribal Enroll	a. Active Duty/ Guard	b. Called	c. 1980	d. Months	e. Discharge	f. Pay	g. Registry	Foster	MN Hms	Leave Any	Perm How Long	Perm State	Perm County	Perm City	County Resides	DV DV	DV Flee	DV When	Inc			
1	1937926 iEE	H	1937926	ICA-PH S-HCC-DHS-OEO HYA- Training Provider(3410)	PH-S	6/30/2019		Null	-	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	Ok	-

This tab shows Minnesota Universal Data Elements and Income. Date of Birth and Relationship to Head of Household are also repeated on this tab. Only records with an error appear here and most data is masked with an indicator either that the data is “ok” or needs attention. Refer to the key at the top of the report tab to identify data elements and errors.

ROI DETAIL

Quarterly Data Quality Monitoring		
ROI Detail		
Report Dates: 10/1/2019 - 12/31/2019		
<small>HMS-Generated Report developed by the Institute for Community Alliances. Copyright © 2018 Institute for Community Alliances. All Rights Reserved.</small>		
Table/Report Information		
This tab displays information on the client Release of Information. Errors here count in the Consistency and Accuracy category.		
Key		
Data Element	Indicator	Reason
ROI	Ok	No correction needed.
	Error	There are inconsistencies between the client's Date of ROI Consent and the Client Alias, or the client has a six-digit ID and data in one of those fields.
Client Id	Provider	ROI
875961	ICA-PSH D-HCC-HUD-CoC-Training Provider(1413)	Ok
875962	ICA-PSH D-HCC-HUD-CoC-Training Provider(1413)	Ok
875963	ICA-PSH D-HCC-HUD-CoC-Training Provider(1413)	Ok
884004	ICA-PSH D-HCC-HUD-CoC-Training Provider(1413)	Ok

This tab shows information on the client Release of Information. All client records created during the report period by providers in the report appear on this tab, not just those with errors, and data is masked with an indicator either that the data is “ok” or needs attention.

ADDITIONAL INFORMATION

Quarterly Data Quality Monitoring

Additional Information

Report Dates: 10/1/2019 - 12/31/2019

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Report Information	Values
Report Version:	v2019.1
Report Current as of:	12/18/2019
User Running Report: (If shadowing, user being shadowed will display)	esalvaterra
Query Runtime:	3 min 9 sec

As a general reminder, System Administrators (ICA and Local System Administrators) can run reports on client records that are not shared statewide. This may explain discrepancies between reports generated by System Administrators and reports generated by users, which would only include records that the user has visibility to in HMIS.

User Prompt Field	Value(s) Selected
Select Reporting Group(s):	- Optional Prompt -
Select CoC(s):	- Optional Prompt -
Select Provider(s):	None Selected;ICA-ES-HCC-DHS-OEO ESP-Training Provider(1410);ICA-HP-HCC-MN HSG-FHPAP-Training Provider(1414);ICA-PH S-HCC-DHS-OEO HYA-Training Provider(3410);ICA-PSH D-HCC-HUD-CoC-Training Provider(1413);ICA-PSH D-HCC-MN HSG-LTH-Training Provider(1412);ICA-RRH-HCC-MN HSG-FHPAP-RRH Training Provider(4405);ICA-SSO-HCC-DHS-HTA-Training Provider(1416);ICA Test-SO-RCC-HHS-PATH(2317);ICA Test-SO-RCC-HHS-PATH-Referrals(3346);ICA-TH-HCC-DHS-OEO THP-Training Provider(1417);ICA-TH-RCC-HHS-RHY-TLP Training Provider(3733)

This tab is a consistent design feature of ICA reports. It displays the results of the prompts selected when the report was run, which is useful for historical documentation and troubleshooting. It also displays some provider-level information useful for determining whether and how records are counted for the Income and Sources elements and the Disabilities series of elements.

TECHNICAL NOTES

Below is a table containing each element that is scored in the report and notes on unique or significant methods of calculation in use in the report. For technical questions not addressed below, please contact the ICA Minnesota Reporting and Evaluation team [via the Helpdesk](#).

Data Element	Applies to	Source Notes	Calculation Notes
HUD 3.01 Name	All Clients	Pulls the most current value	N/A
HUD 3.02 Social Security Number	All Clients	Pulls the most current value	Invalid Social Security Number and Social Security Number Data Quality is null or Full SSN Reported = error Partial Social Security Number and Social Security Number Data Quality is Approximate or Partial SSN Reported = error
HUD 3.03 Date of Birth	All Clients	Pulls the most current value	Date of Birth is after Project Start Date = error Age is negative or over 105 = error Date of Birth Data Quality is Approximate or Partial DOB recorded = error
HUD 3.04 Race	All Clients	Pulls the most current value	N/A
HUD 3.05 Ethnicity	All Clients	Pulls the most current value	N/A

Data Element	Applies to	Source Notes	Calculation Notes
HUD 3.06 Gender	All Clients	Pulls the most current value	N/A
HUD 3.07 Veteran Status	Adults Only (18+)	Pulls the most current value	Veteran Status is Yes and age is less than 18 = error
HUD 3.08 Disabling Condition	All Clients All Funding Sources and Project Types except HYA ES	Pulls the value as of Entry/Project Start Date	N/A
HUD 3.10 Project Start Date (Entry Exit Entry Date)	All Clients		Overlapping stays in same provider = error
HUD 3.11 Project Exit Date (Entry Exit Exit Date)	All Clients		Length of time in program is > 90 days for ES = error Length of time in program is >730 for TH or RRH = error
HUD 3.12 Destination	All Clients	Pulls the value as of Entry/Project Start Date	N/A
HUD 3.15 Relationship to Head of Household	All Clients	Pulls the value as of Entry/Project Start Date – pulls from Entry record, not Households table	No Head of Household in household = error Multiple Heads of Household in household = error
HUD 3.16 Client Location	Heads of Household Only	Pulls the value as of Entry/Project Start Date	Client Location does not match provider’s CoC = error

Data Element		Applies to	Source Notes	Calculation Notes
HUD 3.20	Housing Move-In Date	Heads of Household Only Permanent Housing Project Types only	Pulls the value as of Exit/Project Exit Date (for clients who exited in the report period) or as of Effective Date (for those who did not exit in the report period)	Housing Move-In Date before Project Start Date = error Housing Move-In Date is null and length of time in program is >=30 days for PH S, PSH, PH-HO = missing Housing Move-In Date is null and length of time in program is >=30 days for RRH = missing
HUD 3.917	Prior Living Situation	Heads of Household and Adults	Pulls the value as of Entry/Project Start Date	N/A
	Length of Stay in Previous Place	Heads of Household and Adults; conditional based on other responses in series and project type	Pulls the value as of Entry/Project Start Date	Though this is a series, Completeness is scored independently for each element. Refer to the HMIS Standard Reporting Terminology Glossary for information on how to calculate where elements are required.
	On the night before ...		Pulls the value as of Entry/Project Start Date	
	Approximate Date ...		Pulls the value as of Entry/Project Start Date	
	Regardless of where they stayed last night - Number of times ...		Pulls the value as of Entry/Project Start Date	
	Total number of months ...		Pulls the value as of Entry/Project Start Date	

Data Element	Applies to	Source Notes	Calculation Notes
HUD 4.02 Income and Sources	Heads of Household and Adults except where Funding Source is DHS OEO HYA and Project Type is ES, and when Funding Source is HHS RHY and Project Type is not TH	Pulls the value as of Entry/Project Start Date	Income from Any Source is Yes and Monthly Income subassessment has no Yes values = error Income from Any Source is not Yes and Monthly Income subassessment has Yes values = error Source is a non (HUD) source = error
HUD 4.05 – 4.10 Disability Elements	All Clients where Funding Source is HUD:CoC, HUD:ESG, HUD:HOPWA, HHS:PATH, HHS:RHY, HUD:HUD/VASH, DHS OEO ESP Heads of Household and Adults where Funding Source is DHS HS, DHS OEO THP, DHS HTA, DHS LTHSSF, MN HSG LTH, VA SSVF, or DHS OEO HYA where Project Type is not ES	Pulls the values as of Entry/Project Start Date	Disabling Condition is Yes and Disabilities subassessment has no Yes values in “If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently” where required by HUD (all types except HIV/AIDS and Developmental Disability) = error Disabilities subassessment has Yes values in “If yes, expected to be of long-continued and indefinite duration and substantially impairs ability to live independently” where required by HUD (all types except HIV/AIDS and Developmental Disability) and Disabling Condition is not Yes = error Disability Type is a non (HUD) type = error

Data Element	Applies to	Source Notes	Calculation Notes
MN If Native American, which tribe are you an enrolled member of?	All Clients	Pulls the value as of Entry/Project Start Date	N/A
MN a. Did you serve on Active Duty, or in the National Guard or Reserves?	Adults Only (18+)	Pulls the value as of Entry/Project Start Date	N/A
MN b. If Guard or Reserve: Were you ever called to Active Duty as a member of the National Guard or as a Reservist?	Adults Only (18+) who answer “yes” to a.	Pulls the value as of Entry/Project Start Date	<p>Did you serve on Active Duty, or in the National Guard or Reserves? is not Yes and subsequent question(s) are not null = error</p> <p>Considered and scored as a series (i.e. only penalized once for the above)</p>
MN c. Did you enter Active Duty before 9/7/1980?	Adults Only (18+) who answer “yes” to a.	Pulls the value as of Entry/Project Start Date	
MN d. For approximately how many months did you serve?	Adults Only (18+) who answer “yes” to a.	Pulls the value as of Entry/Project Start Date	

Data Element	Applies to	Source Notes	Calculation Notes
MN e. What kind of discharge did you have?	Adults Only (18+) who answer “yes” to a.	Pulls the value as of Entry/Project Start Date	
MN f. Are you receiving VA disability pay?	Adults Only (18+) who answer “yes” to a.	Pulls the value as of Entry/Project Start Date	
MN g. Has client been referred to Homeless Veteran Registry?	Adults Only (18+) who answer “yes” to a.	Pulls the value as of Entry/Project Start Date	
MN Are you, or have you ever been, in foster care?	Clients 26 and under only	Pulls the value as of Entry/Project Start Date	N/A
MN Extent of homelessness by MN definition, on the day before program entry	Heads of Household and Adults	Pulls the value as of Entry/Project Start Date	N/A

Data Element	Applies to	Source Notes	Calculation Notes
MN Did the client leave any of the places listed in the last 3 months before project start date?	Heads of Household and Adults	Pulls the value as of Entry/Project Start Date	N/A
MN How long since client had permanent place to live (permanent address)?	Heads of Household and Adults	Pulls the value as of Entry/Project Start Date	N/A
MN Location of client's last permanent address (State)	Heads of Household and Adults	Pulls the value as of Entry/Project Start Date	N/A
MN Location of client's last permanent address (County)	Heads of Household and Adults where State of last permanent address is Minnesota	Pulls the value as of Entry/Project Start Date	N/A
MN Location of client's last permanent address (City)	Heads of Household and Adults where State of last permanent address is Minnesota	Pulls the value as of Entry/Project Start Date	N/A

Data Element		Applies to	Source Notes	Calculation Notes
MN	County where resides	Heads of Household Only	Pulls the value as of Entry/Project Start Date	N/A
MN	Have you ever experienced domestic violence?	Heads of Household and Adults	Pulls the value as of Entry/Project Start Date	Have you ever experienced domestic violence? is not Yes and subsequent question(s) are not null = error Considered and scored as a series (i.e. only penalized once for the above)
MN	If yes, when did the experience occur?	Heads of Household and Adults who answer "yes" above	Pulls the value as of Entry/Project Start Date	
MN	If yes, are you currently fleeing?	Heads of Household and Adults who answer "yes" above	Pulls the value as of Entry/Project Start Date	
	Date of ROI Consent	All Clients created by the provider		
	Client Alias	All Clients created by the provider		Client Alias contains Shared and Date of ROI Consent is blank = error Date of ROI Consent is not blank and Client Alias does not contain Shared = error Client ID is fewer than seven digits long and Client Alias contains Shared or Date of ROI Consent is not blank = error