Agenda

- System Intro
- Privacy & Confidentiality
- Intake Form Information
- Login
- Entry/Exit Workflow

MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

Agenda

- What kind of information HMIS collects
- Expectations for keeping information safe
- How to log in
- Basic Wellsky homepage
- Basic Client Entry/Exit Workflow (HUD)

Maryland Balance of State

HMIS

Our HMIS Intro

- Wellsky Community Services
- Must complete and sign end user agreement
- Must complete intro training

MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

Privacy & Confidentiality 101

- User ID and Password are for your use only and must not be shared with anyone
- You may only view, obtain, disclose, or use the database information necessary to perform your job.
- Log off when you leave
- Input quality data

Personal Protected Information (PPI)

- Any information about a client used to identify them specifically:
  - Name
  - SSN
  - Phone #

Personal Protected Information (PPI)

- Allowable HMIS Uses and Disclosures of PPI:
    - To provide or coordinate services to an individual with a proper sharing agreement in place
    - To carry out admin functions, including but not limited to legal, audit, personnel, oversight, and/or management functions
    - To create de-identified information
    - Never send client PPI in an email

Data Quality

- The three components to maintain data quality are a review of:
  - Timeliness
  - Completeness
  - Accuracy

MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

Data Elements: Intake Form

Wellsky Entry – For Adults   Wellsky Client ID #_____

Client's Name:

(write in name and check 1 data quality option): _____

_____ Full name   _____Partial, street or code name   _____Client doesn't know   _____Client refused

Social Security Number (SSN)

(write in SSN and check 1 data quality option):_____

_____Full SSN   _____Approx. or partial SSN   _____Client doesn't know   _____Client refused

U.S. Military Veteran

_____Yes   _____No   _____Client doesn't know   _____Client refused

Project Start Date:_____/_____/_____

Project Name:_____

Date of Birth (DOB)

(write in DOB and check 1 data quality option): _____/_____/_____

____Full DOB   _____Approx. or partial DOB   _____Client doesn't know   _____Client refused

Race (check up to 2):

_____American Indian or Alaska Native   _____Asian   _____Black or African American

_____Native Hawaiian/Pacific Islander   _____White

_____Client doesn't know   _____Client refused

Ethnicity:

_____Non-Hispanic/Non-Latino   _____Hispanic/Latino

_____Client doesn't know   _____Client refused

MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

Data Elements

- ID Number is created automatically by the system
- Communications referring to the client just by their ID number alone do not have to be encrypted.

Wellsky Walkthrough

- Login
- Entry/Exit workflow

MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE