

HMIS Data Standards Field Changes

The following fields have been added or modified to comply with HMIS Data Standards effective February 1, 2010

Field	Form(s)	Changes
Gender	Basic Client Info	New selections include: <ul style="list-style-type: none"> • Transgendered male to female • Transgendered female to male • Other • Client does not know gender • Client refused to disclose gender
Prior Living Situation	Intake Wizard	<p>“Room, apartment, or house that you rent” replaced by:</p> <ul style="list-style-type: none"> • “Rental by client, no housing subsidy” • “Rental by client, VASH housing subsidy” • “Rental by client, with other (non-VASH) housing subsidy” <p>“Apartment or house that you own” replaced by:</p> <ul style="list-style-type: none"> • “Owned by client, no housing subsidy” • “Owned by client, with housing subsidy”
Exit Destination	Exit Wizard	See attached: HMIS EXIT DESTINATIONS CROSSWALK
Drug Abuse & Alcohol Abuse	Special Needs	Formerly 2 check boxes – now combined as Substance Abuse with drop-down list: <ul style="list-style-type: none"> • No substance abuse issues • Alcohol abuse • Drug abuse • Both alcohol and drug abuse • Client does not know • Client refused to answer
Long Term / Impairs Independent Living	Special Needs	Formerly 2 check boxes – now combined for both Substance Abuse and Mental Illness Definition of Long Term / Impairs Independent Living: <ul style="list-style-type: none"> • expected to be of long-continued and indefinite duration • substantially impedes an individual's ability to live independently • of such a nature that such ability could be improved by more suitable housing conditions
Has Been Receiving Services / Treatment for Substance Abuse	Special Needs	New Field <ul style="list-style-type: none"> • At intake, has client been receiving services or treatment for substance abuse? • At exit, has client been receiving services or treatment for substance abuse, regardless if the services were provided by your program or not? • Drop down list of possible responses includes Yes, No, Client does not know, Client refused to answer
Has Been Receiving Services / Treatment for Developmental Disability	Special Needs	New Field <ul style="list-style-type: none"> • At intake, has client been receiving services or treatment for developmental disability? • At exit, has client been receiving services or treatment for developmental disability, regardless if the services were provided by your program or not? • Drop down list of possible responses includes Yes, No, Client does not know, Client refused to answer

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Has Been Receiving Services / Treatment for Mental Illness	Special Needs	<p>New Field</p> <ul style="list-style-type: none"> At intake, has client been receiving services or treatment for mental illness? At exit, has client been receiving services or treatment for mental illness, regardless if the services were provided by your program or not? Drop down list of possible responses includes Yes, No, Client does not know, Client refused to answer
Has Been Receiving Services / Treatment for Physical Disability	Special Needs	<p>New Field</p> <ul style="list-style-type: none"> At intake, has client been receiving services or treatment for physical disability? At exit, has client been receiving services or treatment for physical disability, regardless if the services were provided by your program or not? Drop down list of possible responses includes Yes, No, Client does not know, Client refused to answer
Has Been Receiving Services / Treatment for HIV/AIDS	Special Needs	<p>New Field</p> <ul style="list-style-type: none"> At intake, has client been receiving services or treatment for HIV / AIDS? At exit, has client been receiving services or treatment for HIV / AIDS, regardless if the services were provided by your program or not? Drop down list of possible responses includes Yes, No, Client does not know, Client refused to answer
Chronic Health Condition	Special Needs	<p>New Field added with dependent drop down fields</p> <p>For the purposes of this Notice, a chronic health condition means a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.</p> <ul style="list-style-type: none"> Chronic Health Condition drop down list of possible responses includes Yes, No, Client does not know, and Client refused to answer
Specific Condition	Special Needs	<p>New Field Added</p> <ul style="list-style-type: none"> If yes is selected for Chronic Health Condition, a dependent field will come on your screen, asking you to select the specific health condition to which the client is referring. If it is not listed, select "other".
Has Been Receiving Services / Treatment for chronic condition	Special Needs	<p>New Field</p> <ul style="list-style-type: none"> At intake, has client been receiving services or treatment for chronic health condition? At exit, has client been receiving services or treatment for chronic health condition, regardless if the services were provided by your program or not? Drop down list of possible responses includes Yes, No, Client does not know, Client refused to answer