Data Quality Management Plan

Columbus-Muscogee / Russell County Continuum of Care (CoC)

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Data Quality Management Plan

Table of Contents

Introduction 3

Encouragements and Enforcements 4

- ***Encouragements*** 4
- ***Enforcements*** 4

Data Quality Benchmarks 5

- ***Data Completeness*** 5
- ***Data Timeliness*** 6
- ***Data Accuracy*** 7
- ***User Access and Consistency*** 8
- ***HMIS/CMIS Bed Coverage*** 9
- ***Data Quality Monitoring Visit Report and Improvement Plan*** 10

Appendix 11

Data Quality Management Plan

Introduction

The Columbus-Muscogee / Russell County Continuum of Care (CoC), the HMIS/CMIS Lead, and providers have created this Data Quality Management Plan (DQMP) to provide actionable, measurable steps to address data quality within the Homeless/Community Management Information System (HMIS/CMIS). Data quality within HMIS/CMIS affects everything we do in our work to address and end homelessness, and its importance cannot be overstated. All HUD guidelines used in this document can be found here HUD Exchange Search - HUD Exchange.

While focusing on data quality for federally funded projects that enter data into HMIS/CMIS is necessary to ensure accurate reporting for those grants, any project that enters data into HMIS/CMIS contributes to the overall picture of homelessness within the CoC, and therefore, is expected to participate in this DQMP.

The reasons why data quality is important are many, including but not limited to:

- Requirements based on funding the CoC receives;
- Data quality, or lack thereof, can directly affect the funding opportunities for providers;
- Accurate reporting for federal, state, and local funding;
- The ability of the CoC, and providers within the CoC, to tell the story of homelessness as realistically and completely as possible; and
- The data entered in HMIS/CMIS directly affects clients through the Coordinated Entry process and may determine which services they may or may not be eligible for.

The CoC will work in conjunction with the HMIS/CMIS Lead to ensure all providers have access to the tools they need to ensure high data quality, including training, data quality reports, encouragements to maintain a high level of data quality, and enforcements for non-responsiveness to data quality concerns. While the HMIS/CMIS Lead is responsible for a large part of the overall DQMP, the CoC will maintain a high level of involvement to ensure providers respond to data quality concerns and that the data quality within the HMIS/CMIS is both acknowledged and addressed on an ongoing, iterative, continual basis and in an objective, data-driven manner.

The following addresses how the CoC will both encourage and enforce the DQMP, with transparency about how a provider's data quality can bring about both incentives and consequences. The DQMP is then broken out into the various components of data quality – completeness, timeliness, accuracy, consistency, and bed coverage. The sections will address the baseline minimum requirements to maintain a sufficient level of data quality, and depending on the section, the baseline minimum requirement will be broken out by project type. The Data Quality Monitoring Visit Report and Improvement Plan is a tool that will be used for providers and end users consistently failing to maintain a baseline minimum requirement – specifics of how that will be determined and what the tool includes is described in that section.

The DQMP has an Appendix A about the expectations of the HMIS/CMIS Lead and the data quality baseline minimum requirements for provider and system set-up and maintenance of the overall HMIS/CMIS to ensure it runs effectively and efficiently. This section is used to assist the CoC in ensuring the HMIS/CMIS Lead maintains a high level of system set-up data quality to ensure accurate reporting on behalf of the CoC. The DQMP is a living, evolving tool that will change as the community and its HMIS/CMIS data needs change

Encouragements and Enforcements

The CoC works with the HMIS/CMIS Lead to ensure providers have access to all the support and tools they need to ensure a high level of data quality within the HMIS/CMIS. The CoC will monitor data quality, in conjunction with the HMIS/CMIS Lead, and the following encouragements and enforcements are in place to ensure providers understand the importance of data quality within HMIS/CMIS.

Encouragements

- The CoC Board will make data quality a meeting agenda item at every CoC Membership meeting and will acknowledge providers meeting a high level of data quality in the meeting.
- The CoC will use data quality in HMIS/CMIS during the annual rank and review process for CoC dollars. To be eligible for CoC dollars, projects will need to maintain a baseline threshold of data quality requirements and will be awarded additional points for going above and beyond the baseline. Guidance on specifics of this process will be released each year with the local CoC NOFO competition process.
- The CoC will work with state and local funders to also use data quality metrics when making funding allocation decisions to providers / projects. The CoC will encourage state and local funders to use the same process the CoC uses during the annual rank and review process for CoC dollars.
- The CoC will work with providers who do not currently use HMIS/CMIS and talk about the reasons why they do not use HMIS/CMIS. Depending on the reasons, the CoC will work with the providers to make HMIS/CMIS a realistic option.

Enforcements

The CoC will work with the HMIS/CMIS Lead to monitor data quality at the user, project, agency, and system level. Enforcements will depend on where data quality issues lie, and could include the following:

- Restricting additional funding, or withholding funding, from projects until data quality meets, at a minimum, the baseline threshold for the given project type.
- Preventing agencies from applying for new or additional dollars during RFP processes.
- Data Quality assurance reports will be generated monthly and reviewed to verify data quality. Data Quality reports for the previous month are due by the 10th of the current month. If any data quality elements have errors of 5% or greater, a Data Quality detail export needs to be run, and errors need to be corrected if possible. The corrections need to be completed by the 15th of the month. If you have made all possible corrections and still have error rates over 5%, a Data Quality detail export spreadsheet with explanations/notes will need to be emailed along with the

second DQ Summary report. Failure to comply will result in actions to include loss of HMIS/CMIS privileges.

- Any user found to be intentionally backdating Case Notes or other data entered in ClientTrack (HMIS/CMIS) will be subject to the immediate suspension of their system access pending review.

Data Quality Benchmarks

Data Completeness

Data Completeness looks at how much of the data fields for any given client, project enrollment, provider, agency, or system are filled in or answered. The degree to which all required data is known and documented. Data Completeness looks at missing or null values; "data not collected" values; and depending on the data field, "client doesn't know", "client refused", and / or "other" values.

Data Completeness is usually one of the first pieces of overall data quality that is addressed because it is the simplest to measure – it is easy to report on what is or is not in HMIS/CMIS, based on what is required to be in HMIS/CMIS for any given project type.

The HMIS/CMIS Lead will run Data Completeness reports on a bimonthly basis and send them to providers. Those providers who fall below the baseline requirement for Data Completeness for their project type will be asked to clean up their data within a certain timeframe. For consistent issues with Data Completeness, providers may be directed to create a Data Quality Improvement Plan (DQIP).

Street Outreach

- 95% of required data elements (only applies after client has a Date of Engagement)

Emergency Shelter

- 95% of required data elements

Services Only (excludes Coordinated Entry)

- 95% of required data elements

Transitional Housing

- 95% of required data elements

Rapid Rehousing

- 95% of required data elements

Permanent Supportive Housing

- 95% of required data elements

Coordinated Entry

- 95% of required data elements (only applies after client reaches a specific point in the Coordinated Entry process)

Homelessness Prevention

- 95% of required data elements

Data Timeliness

Entering data into HMIS/CMIS in a timely manner is necessary to ensure that clients receive the services they need in a quick and efficient manner. Additionally, timely data entry ensures that regular, accurate reporting can be done through HMIS/CMIS. Users who enter data into HMIS/CMIS in a timely manner are less likely to make data entry errors and are more likely to focus on overall data quality. HUD recommends that projects enter data into HMIS/CMIS, at most, within 48 hours of collecting information from the client.

The HMIS/CMIS Lead will run Data Timeliness reports on a bimonthly basis and send them to providers. Those providers who fall below the baseline requirement for Data Timeliness for their project type will be asked to work with the HMIS/CMIS Lead to make sure that they can meet the Data Timeliness standard moving forward. For consistent issues with Data Timeliness, providers may be directed to create a Data Quality Improvement Plan (DQIP).

Street Outreach

- Live time or within 72 hours of contact with the client.

Emergency Shelter

- Live time or within 72 hours of contact with the client.

Services Only (excludes Coordinated Entry)

- Live time or within 72 hours of contact with the client.

Transitional Housing

- Live time or within 72 hours of contact with the client.

Rapid Rehousing

- Live time or within 72 hours of contact with the client.

Permanent Supportive Housing

- Live time or within 72 hours of contact with the client.

Coordinated Entry

- Live time or within 72 hours of contact with the client.

Homelessness Prevention

- Live time or within 72 hours of contact with the client.

Data Accuracy

Data Accuracy is not as easy to manage or monitor and requires specific reports that look at congruency between and among responses to data elements within the system, as well as checks between what the client has told an intake worker and what data is entered into HMIS/CMIS. The HMIS/CMIS Lead will run Data Accuracy reports on a bimonthly basis and send them to providers. The goal for all project types and all data entered in HMIS/CMIS is 100% Data Accuracy. Those providers who show issues with Data Accuracy will be asked to clean up their data within a certain timeframe. For consistent issues with Data Accuracy, providers may be directed to create a Data Quality Improvement Plan (DQIP). Data quality reports will look at Data Accuracy between and among responses to data elements including:

- Date of birth and project start date (ensure the two are not the same, especially for Heads of households);
- 3.917 data elements (ensure that the responses to residence prior to project entry, length of time in previous place, approximate date homelessness started, number of times experiencing homelessness in the last three years, and number of months experiencing homelessness in the last three years do not conflict with each other);
- Disabling Condition yes / no and types of disabling conditions (ensure these do not conflict);
- Health Insurance yes / no and sources of insurance (ensure these do not conflict);
- Income yes / no and sources of income (ensure these do not conflict);
- Non-Cash Benefits yes / no and sources of non-cash benefits (ensure these do not conflict);
- Domestic violence victim / survivor and subsequent data elements (if the first answer is no, are the other questions answered, and vice versa);
- Relationship to head of household (are there multiple heads of household or no head of household?);
- Client location (is the client location defined as a community outside of the applicable CoC?);
- Veteran (is a minor-aged individual defined as a veteran?);
- A given project only includes clients of a specific gender (if that project is not dedicated to only serving a specific gender)

Additionally, the Longitudinal System Analysis Guide (see Appendix A in the LSA Guide) looks at specific data quality issues in relation to that systemwide submission to HUD on an annual basis. These specific data quality and data accuracy pieces should be addressed in the reports run by the HMIS/CMIS Lead on an ongoing basis.

The CoC, in partnership with the HMIS/CMIS Lead, will also work with providers to review, at regular intervals, the data collected directly from clients, either on paper forms or by being present during intakes with clients, and the data entered into HMIS/CMIS to ensure that the data entered into HMIS/CMIS matches the client's reality. This will be done, at a minimum, during annual formal onsite monitoring visits, and will also occur at other points throughout the year.

Data Quality Management Plan

User Access and Consistency

Users with access to HMIS/CMIS should enter data on a regular and consistent basis, not only to prevent a backlog of data entry, but also to ensure users maintain familiarity with the HMIS/CMIS and the workflows for which they are responsible.

The HMIS/CMIS Lead will monitor users log in and access to HMIS/CMIS bimonthly by running a report that shows when users last logged into the system. If users have not logged into HMIS/CMIS within the last 30 days of the report run date, the HMIS/CMIS Lead will contact the user and ask if they still need access to the system. If the user responds that they do still need access, the HMIS/CMIS Lead will ensure that the user has maintained sufficient data quality and does not need remedial training. If the user does not have a high level of data quality, the HMIS/CMIS Lead will provide remedial training for the user. If the user is non-responsive to any inquiries about their access to HMIS/CMIS, the HMIS/CMIS Lead will contact the user's direct supervisor and include the CoC Lead. If the HMIS/CMIS Lead is informed that the user is no longer an active participant in HMIS/CMIS data entry, the user's license will be removed from HMIS/CMIS. If the direct supervisor of the user informs HMIS/CMIS Lead that the user is still an active user, the user will be required to connect directly with the HMIS/CMIS Lead to complete any necessary remedial trainings to maintain a high level of data quality in the system.

Should the HMIS/CMIS not hear from either the user or the user's direct supervisor, the user's license will be removed from the system.

Data Quality Management Plan

HMIS/CMIS Bed Coverage

The importance of a high percentage of HMIS/CMIS Bed Coverage for all project types is an emphasis. Without a high percentage of HMIS/CMIS Bed Coverage within a CoC, the data within HMIS/CMIS is never wholistic, and the story told with HMIS/CMIS data about homelessness within the CoC is never fully accurate. A lack of high HMIS/CMIS Bed Coverage prevents CoCs from truly understanding how both their system and the clients served within their system, are functioning.

While extrapolation techniques can work for some research and reporting purposes, the extrapolation will only be as accurate as the similarities between any given projects, processes, and clients served by the projects. Therefore, the goal for HMIS/CMIS Bed Coverage for all project types is 100%.

The HMIS/CMIS Lead, in conjunction with CoC Lead, will ensure that bed coverage is as close to 100% as possible for all project types. This includes a review of the CoC's most recent Housing Inventory Chart (HIC) to know which providers participated in the most recent HIC but are not entering data into HMIS/CMIS. Ensuring a CoC's HMIS/CMIS Bed Coverage reaches 100%, and stays at 100%, also requires implementing a process to ensure that any new projects that become available to serve clients at-risk of or experiencing homelessness are communicated to the CoC so that HMIS/CMIS data entry can be encouraged and / or required for the new project.

Below are things to do to ensure HMIS/CMIS Bed Coverage reaches or maintains at 100%:

- Review the HIC on a quarterly or semi-annual basis to ensure all projects (except for Victim Services Providers) are entering data into HMIS/CMIS;
- If projects are included on the most recent HIC that do not enter data into HMIS/CMIS, the CoC and HMIS/CMIS Lead should find out why this is the case and target any solutions to the specific "why";
- For any new project that becomes available within the CoC that will serve clients at-risk of or experiencing homelessness, the CoC should be made aware and work with the HMIS/CMIS Lead to ensure the new project is encouraged and / or required to enter data into HMIS/CMI

Data Quality Monitoring Onsite Visit Report and Improvement Plan

The CMIS Onsite Visit Checklist will be used annually during agency monitoring to ensure that all HMIS/CMIS participating agencies are following HMIS/CMIS policies and procedures, agency agreements, user agreements, and any other documents governing the use of HMIS/CMIS. If deficiencies are identified in any area during the monitoring visit, the Improvement Plan will be used to assist the agency in addressing issues using concrete, time-bound action steps. See Appendix B to print a copy of the CMIS Onsite Visit Checklist.

If, at any time, the HMIS/CMIS Lead has documented one or more ongoing issues related to data quality with a given agency (ongoing is defined as the issue lasting longer than a specific period of time as defined by the CoC and HMIS/CMIS Lead consecutively without resolution), an Improvement Plan will be implemented with the agency, with or without an accompanying monitoring visit.

Data Quality Management Plan

Appendix A

Document processes
While HMIS/CMIS data quality is mainly focused on the users, projects, providers, agencies, and CoCs entering data into the system, ensuring that the "behind the scenes" or provider and system setup side of HMIS/CMIS is completed correctly is vital to ensure accurate reporting and functionality.

Ensuring the provider and system setup of HMIS/CMIS is done correctly is the responsibility of the HMIS/CMIS Lead, with the support of the CoC. Reviewing the provider and system setup of HMIS/CMIS should be an ongoing process for the HMIS/CMIS Lead, and the processes taken to ensure provider and system setup should be documented and easily replicable based on that documentation.

Naming Conventions
Projects in HMIS/CMIS should have a consistent naming convention that includes, at a minimum, the Provider Name, Project Type, and Provider ID / Number. It may benefit the HMIS/CMIS Lead to also include grant types (CoC, ESG, SSVF, RHY, etc.) in the overall naming convention of projects to easily locate projects funded with specific funding streams.

If the HMIS/CMIS supports different "levels" for projects, the HMIS/CMIS Lead ensures that the "levels" are consistent across the system. For example, if the HMIS/CMIS supports a "provider tree", the HMIS/CMIS Lead ensures that the provider at the top of the "provider tree" is the Provider Name and that any projects operated by that provider are under that specific "provider tree" in the HMIS/CMIS.

Project Descriptor Data Elements (PDDEs)
The Project Descriptor Data Elements (PDDEs) are the "back end" data elements required to be completed by the HMIS/CMIS Lead to ensure projects in the system are typified correctly.

- Project type is defined to ensure projects are pulled correctly into reports;
- Bed and unit inventory is up-to-date and is available for the Point in Time (PIT) and Longitudinal System Analysis (LSA) reports;
- Specific workflow is defined by project type;
- Specific grants and / or federal partner funding sources are identified;
- Target populations are listed;
- The CoC(s) in which the provider operates is identified

The HMIS/CMIS Lead will document how this is done in the system, how often they review and update the PDDEs, and any changes that have been made over time to the process.

Data Quality Management Plan

Visibility

Ensuring the visibility in HMIS/CMIS is set up correctly so that users can see what they are supposed to see and, alternatively, not see what they are not supposed to see, is critical. Visibility processes are different for every HMIS/CMIS, and it is imperative that the HMIS/CMIS Lead has a solid understanding of the visibility setup in the given system and how visibility is affected by project and user setup. The HMIS/CMIS Lead will document how the visibility is set up in the system and any changes made to it over time.

HMIS/CMIS data quality baseline minimum requirements

CCOs (Continuum of Care Organizations) are required to sign a participation agreement stating their commitment to adhere to the policies and procedures for effective use of the system and proper collaboration with CMIS.

- Universal and Program Data Elements (full program enrollment) are to be entered into CMIS system within three days of residential intake. (Residential = emergency shelter stay, transitional housing stay, permanent-supportive housing stay, prevention and rapid re-housing subsidy assistance).

- Universal and Program Data Elements (full program exit) are to be entered into CMIS system within three days of residential exit. (Residential = emergency shelter stay, transitional housing stay, permanent-supportive housing stay, prevention and rapid re-housing subsidy assistance).

- Additional Services and program-specific data are to be entered into the CMIS system within Three days of receiving a service.

- HMIS/CMIS Data Quality reports will be required to be submitted monthly to the CoC HMIS/CMIS Administrator for each project. The Data Quality reports are for the previous month and are due by the 10th of the current month. If any data quality elements have errors of 5% or greater, a Data Quality detail export needs to be run, and errors need to be corrected. The corrections need to be completed by the 15th of the month. When all possible corrections have been made and there are still error rates over 5%, a Data Quality detail export spreadsheet with explanations/notes will need to be emailed along with the second Data Quality report. Failure to comply will result in actions up to the loss of CMIS privileges.

Data Quality Management Plan

Appendix B

GA-505 Columbus Muscogee / Russell County Continuum of Care

CMIS ONSITE VISIT CHECKLIST

Agency Name: _____ Visit Date: _____

Visit Completed By: _____

Staff Members Present

Name: _____ Title: _____

Name: _____ Title: _____

REQUIREMENT			ASSESSMENT	IMPROVEMENT PLAN	
Agreements, Certifications & Licenses Does the agency have all CMIS agreements on file?	YES	NO		**Corrective Steps**	**Follow up Review**
			Does the agency have a signed copy of their most recent Organization Partner Agreement?		
			Does the agency have a signed copy of a User License Agreement for each active CMIS user?		

https://unitedcv.org/wp-content/uploads/2026/11/New-CMIS-Site-Visit-Checklist-October-2026.pdf