



CLIENTTRACK COORDINATED ENTRY

HOUSING ASSESSOR WORKFLOW



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PURPOSE

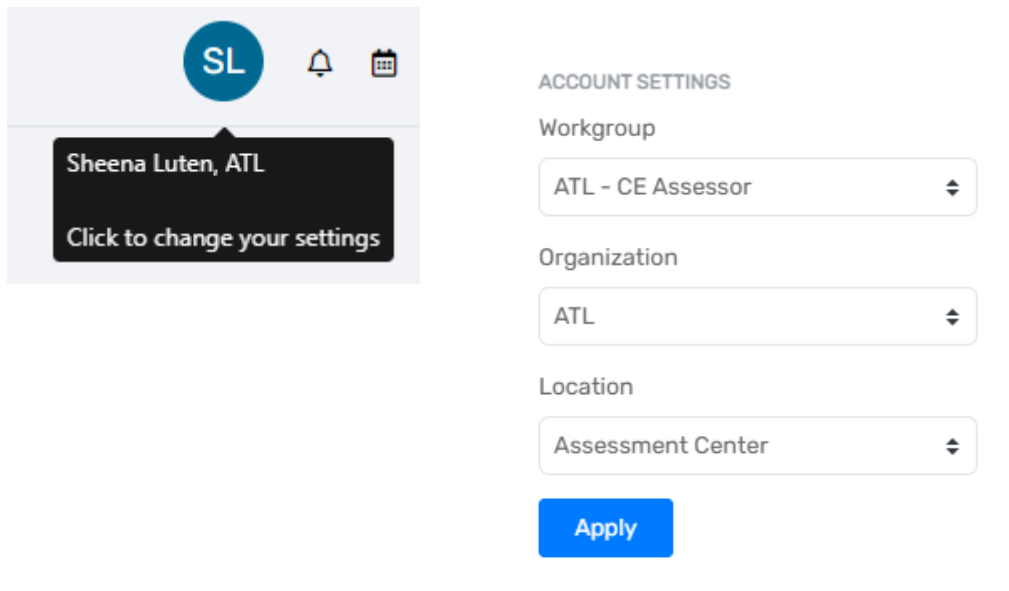
The Atlanta Continuum of Care (CoC) has automated the Coordinated Entry (CE) process using the GA Homeless Management Information Systems (GA HMIS) called ClientTrack.

The automated process (Coordinated Entry Workflow) will be used to intake new clients, place them on the Housing Queue, perform reassessments, and refer to housing. The CE assessment will be initiated by enrolling the client into a new project called Atlanta Coordinated Entry Assessment. A client's enrollment in this project will add them to the Housing Queue where clients can be prioritized and referred to a Housing Provider for placement.

There are three roles for the new Coordinated Entry process: ATL – CE Case Manager (Housing Assessor), ATL CE Provider (Housing Provider), and ATL – CE Coordinated Entry Manager (CE Manager). This document will provide instructions on how the Housing Assessor will add a client onto the Housing Queue, complete reassessments (when applicable), refer client to short-term intervention, pick up a housing referral for permanent housing and remove a client from the Housing Queue.

HOW TO ENROLL A CLIENT INTO COORDINATED ENTRY

1. Sign into ClientTrack with username and password.
2. At the top right corner of the page, you will see your initials. This is where you would change your workgroup if you are operating under a different workgroup.



3. The menu to the left in blue is how you would switch between the different workspaces. Choose the CLIENTS workspace icon (see below).



4. Search for the client's record by clicking on the "Find Client" menu option in white.
5. Search for the client by SSN, DOB, or partial first and last name and click on the Search button. A list of clients will appear in the search results section at the bottom of the screen.
6. Select the client's name from the results section. If the client is already inputted into the system, the client's dashboard will appear.
7. If the client appears on the dashboard after search, review the client's dashboard to determine if the client is currently enrolled in Coordinated Entry by another agency.



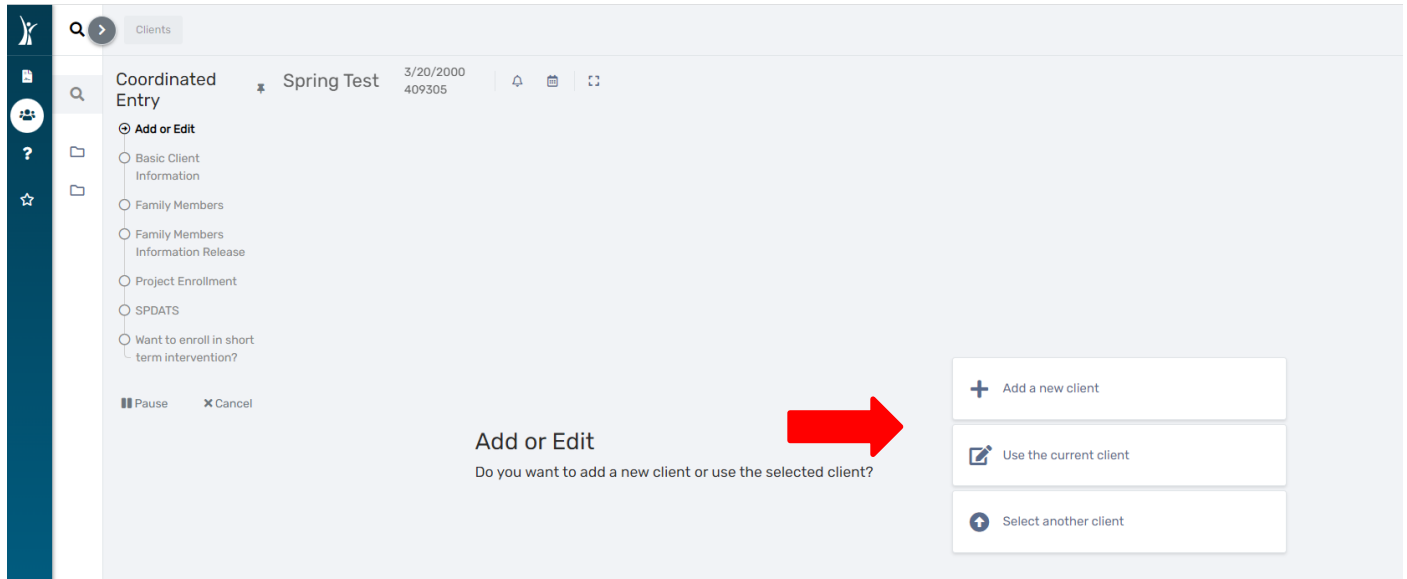
IF THE CLIENT HAS AN ACTIVE ENROLLMENT INTO ATLANTA COORDINATED ENTRY, THE CLIENT IS ALREADY ON THE HOUSING QUEUE. THE CLIENT WILL NOT APPEAR ON YOUR PROJECT'S QUEUE BECAUSE THEY WERE ENROLLED BY ANOTHER AGENCY.

IF THE CLIENT DOES NOT HAVE AN EXISTING ATLANTA COORDINATED ENTRY ENROLLMENT, PROCEED TO STEP 8.

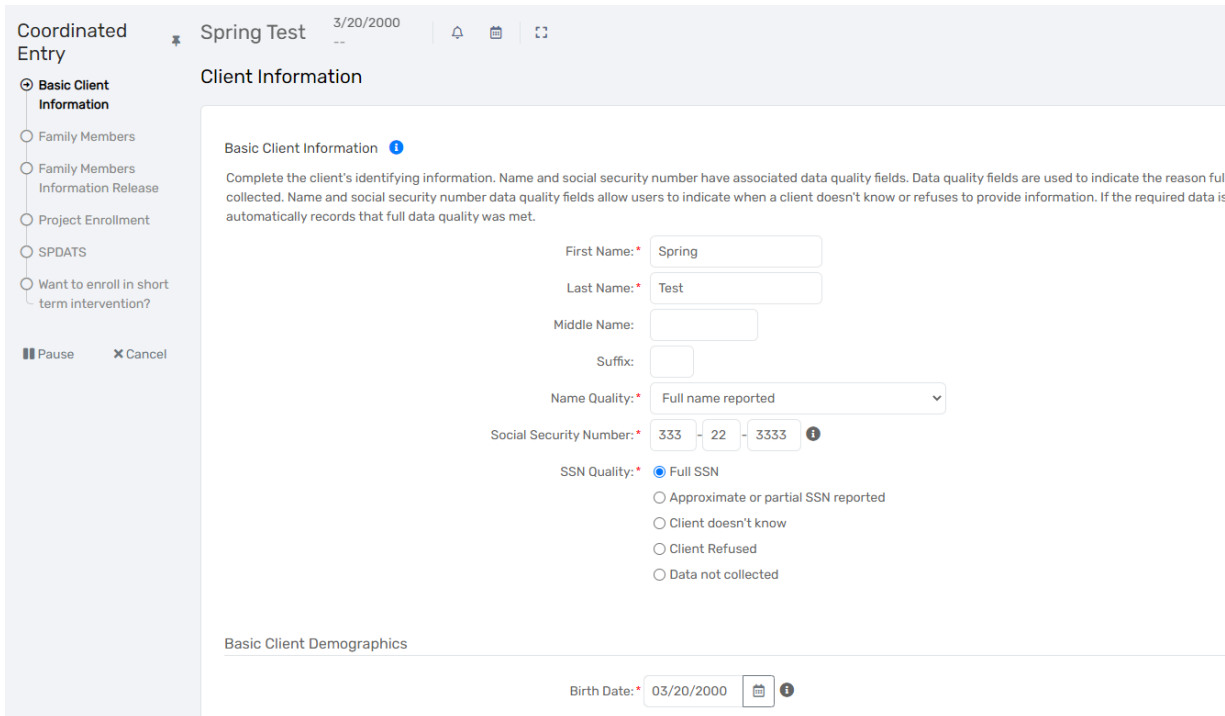
8. Select Coordinated Entry Workflow from the H.O.M.E Development menu to start the enrollment (1).

The screenshot shows a web application interface. On the left is a dark blue sidebar with a vertical menu. A red arrow points to the 'Coordinated Entry Workflow' option under the 'H.O.M.E. Development' section. The main content area is titled 'Find Client' and contains several search criteria fields: First Name, Last Name, Middle Name, Full Name (Last, First), Social Security Number, Birth Date (with a calendar icon), Client ID (with an information icon), and Pathways ID. A blue 'Search' button is located at the bottom right of the search form. The top of the page shows a search bar and a breadcrumb trail 'Clients / Find Client'.

- Choose “Use the current client” (2) from the Add or Edit screen if your client was found in the system. If the client is new, choose “Add a new client”.



- The client’s basic demographic information screen will be displayed. Fields with a red asterisk (*) are required; they must be answered to proceed to the next screen. *Note: You can multi-select for the race and gender fields.*



11. Scroll down to view all the questions and to complete the Contact Information section.

Contact Information

Address:

Address 2:

City, State, Zip Code: ,

Email:

Home Phone:

Work Phone:

Msg Phone:

The client's contact information is critical to the referral process. If the client does not have an address or phone number, it is ok for them to provide a friend, family member, or close contact's information.

12. Click on the Finish button.

13. Review the Family Members on the next screen and click the Save and Close button.

Coordinated Entry Spring Test 3/20/2000 409305

Family Members

The selected client's family members are displayed below. You may search for existing clients to add to this family or add new clients to the database and associate them with this family.

It's important to note that family members are the people who the client is related to. Family isn't always the same as a client's household. According to HUD "[a] household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed." (Data Manual)

This workflow will allow you to enroll all family members or select which family members you want to enroll.

1 result found (+1).

<input type="checkbox"/>	First Name*	Middle Name	Last Name*	Suffix	Name Quality*	Birth Date* ↑↓	Age	Birth Date Quality*
<input checked="" type="checkbox"/>	Spring		Test		Full name reported	03/20/2000	22	Full DOB Reported
<input type="checkbox"/>					-- SELECT --	MM/DD/YYYY	N/A	-- SELECT --

14. Select the appropriate Restriction option for each person in the household based on their Client Consent to Share Information form¹ on the Family Members Information Release screen. **Note: Implied consent is automatically given unless the client chooses to opt out. Must complete opt-out form for client that wishes to restrict.**

Coordinated Entry Spring Test 3/20/2000 409305

Family Members Information Release

The selected client's family members are displayed below.

Assign the correct client-level Security Restriction:

- **Restrict to my organization** will cut off the client record from all other organizations in the system. Only the agency that created the client record will be able to search for and use this record. Be sure to record the unique ClientID for your records and internal use.
- **Consent to share basic identifying information and shared project data** allows other agencies to see transactions the client has consented to share. Protected agency data, case notes, and special needs information are never shared by default.
- **Consent to share basic identifying information only** allows Georgia HMIS Users to search and use basic identifying and demographic information for this client record. No transactional data is shared outside of your organization. This is the default client record sharing setting.

Referrals viewable by other agencies?: Based on the client record's restriction, referrals might not be able to be viewed by other agencies. This field lists if referrals will be able to be seen by other agencies, based on the currently selected client restriction setting.

1 result found.

<input type="checkbox"/>	First Name*	Middle Name	Last Name*	Restriction*	Latest Date Verified	Referrals viewable by other agencies?
<input checked="" type="checkbox"/>	Spring		Test	Consent to share basic identifying information and shared project data	4/29/2022	Referrals WILL be seen

Note: If a client chooses not to share or only share part of their information referrals won't be seen, and the CE Manager will have to manually refer the client which could cause a delay in the client receiving assistance. The CE Manager will provide a referral if a client chooses not to share their information; however, this process may take longer.

15. Click the Save & Close button.

¹ GA HMIS Client Consent to Share form:

https://www.dca.ga.gov/sites/default/files/ga_hmis_client_consent_to_share_form_10.10.18-general.pdf

16. On the Family Enrollment screen, select "Atlanta Coordinated Entry Assessment" from the Project drop list and place a check mark next to each person in the household who will be enrolled in Coordinated Entry. This screen will determine which SPDAT assessment (VI-SPDAT, TAY-SPDAT, or F-VI-SPDAT) will be associated with the enrollment.

Coordinated Entry Spring Test 3/20/2000 409305

ATL-CE Family Enrollment

Select the Project you are enrolling the client into. ClientTrack will display a list of clients in the client's family. Please select all the clients you are enrolling.

The Project Start Date is:

- for Street Outreach projects – it is the date of first contact with the client.
- for Emergency Shelters – it is the night the client first stayed in the shelter for the consecutive shelter period from entry to exit. Night by night shelters, which use a bed-night tracking method will have a project start date and will allow clients to re-enter as necessary without "exiting and restarting" for each stay for a specified period.
- for Safe Havens and Transitional Housing – it is the date the client moves into the residential project (i.e. first night in residence).
- for all types of Permanent Housing, including Rapid Re-Housing – it is the date following application that the client was admitted into the project. To be admitted indicates the following factors have been met:
 - 1) Information provided by the client or from the referral indicates they meet the criteria for admission (for example if chronic homelessness is required the client indicates they have a serious disability and have been homeless long enough to qualify – though all documentation may not yet have been gathered ;
 - 2) The client has indicated they want to be housed in this project;
 - 3) The client is able to access services and housing through the project. The expectation is the project has a housing opening (on-site, site-based, scattered-site subsidy) or expects to have one in a reasonably short amount of time
- for all other types of Service projects including but not limited to: services only, day shelter, homelessness prevention, coordinated assessment, health care it is the date the client first began working with the project and generally received the first provision of service.

Project: ATL-CE

Housing Preference: Shared, Not-shared, Accessible Unit

Select if you wish to have your client's attributes shared or not for an easier match of available units. If needing an accessible unit, that field can be checked in addition.



Project: ATL-CE

Housing Preference: Shared, Not-shared, Accessible Unit

17. Verify that the Case Manager's name is correct in the Case Manager field. If it is not you, click on the magnifying glass and select the correct case manager's name or search for their name. **Do not leave this field blank.**

Household

Excerpt from the HMIS Data Standards Manual "A household is a single individual or a group of persons who apply together to a continuum project for assistance and who live together in one dwelling unit (or, for persons who are not housed, who would live together in one dwelling unit if they were housed)."

<input type="checkbox"/>	Name	Gender	Age	Project Start Date	Exit Date	Case Manager	Relationship to Head of Household*
<input checked="" type="checkbox"/>	Test, Spring	Male	22	04/29/2022	MM/DD/YYYY	Sheena Luten	Self

1

The Case Manager can also be updated via the Housing Queue by clicking on the edit pencil next to the client's name and choosing the Case Manager Assignment option. If the Case Manager field is left blank, it will auto populate the current user as the Case Manager. Please ensure to search and select the appropriate Case Manager.

18. Click the Save button at the bottom of the screen. The next screen will be the Universal Data Assessment.
19. Complete each assessment screen, beginning with the Universal Data Assessment. Fields with a red asterisk (*) are required; they must be answered to proceed to the next screen.
20. If the client has a disabling condition, answer yes or no. (You will identify the type of disabilities on another assessment page).

Universal Data Assessment

Complete the information below related to the selected client's housing status and other relevant information.

Note: Because 3.917 reflects real time data entry as described in the Data Dictionary, the Default Last Assessment button will not bring in any 3.917 data.

Assessment Active
Default Client's Last Assessment ⓘ

Information Date: *	04/29/2022		
Age at Assessment:	22		
Enroll Date:	4/29/2022 12:00:00 AM		
Program ID:	21032		
Enrollment:	ATL-CE - 04/29/2022 to		
Assessment Type:	Entry ▼		
Disabling Condition:	Yes ▼		

The Living Situation section is crucial to determining a client’s chronic homeless status. The first two questions in this section want to know where the client stayed the prior night and for how long. The remaining questions in this section are based on if the person was in a Homeless, Institutional, or Transitional and Permanent Housing Situation. If at some point during the current episode the client stayed on the street, in ES, or in a SH¹ it will ask “Approximate date homelessness started”. This question is only referring to the current episode. *See link to training for completing this section [3.917 Prior Living Situation & DV Training](#)*

If a person with a disability stayed in a place not meant for habitation, ES, or SH² for at least 12 consecutive months OR has at least four separate episodes in the past three years, the person qualifies as chronically homeless.

¹ SH stands for Safe Haven. Georgia does not have any HUD funded Safe Haven projects, so use of this selection will be limited.

Living Situation

Identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission.

Type of Residence: * Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter

Length of stay in the prior living situation: * Two to six nights

Approximate date homelessness started this time: * 04/26/2022

Regardless of where they stayed last night -- * Four or more times

Number of times the client has been on the streets, in ES, or SH in the past three years including today:

Total number of months homeless on the streets, * More than 12 months

in ES, or SH in the past three years:

21. Scroll to the bottom of the screen to answer if the client has Health Insurance. Select yes or no to the different types of insurance options and click the Save button.

Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Default Last Insurance Status

Covered by Health Insurance: * No

<input type="checkbox"/>	Type	Status*	Reason No ⓘ	Other Coverage	Wellcare Member ID
*	Private	No	-- SELECT --		↻
*	Private - Employer	No	-- SELECT --		↻
*	Private - Individual	No	-- SELECT --		↻
*	Medicare	No	-- SELECT --		↻
*	Medicaid	No	-- SELECT --		↻
*	State Children's Health Insurance Program S-CHIP	No	-- SELECT --		↻

Save Cancel


CE PREVENTION AND DIVERSION REFERRALS

There will be additional steps if the client is seeking prevention or diversion assistance. Please reference section [Possible Interventions](#) in this guide for the necessary steps.

CRISIS ASSESSMENT

The Crisis Assessment is a required assessment added into the workflow. This is to assess the client's current living situation.


22. Input the details of the location and how you are conducting the assessment.
23. This information is duplicated from 3.917


 *Note: Additional Crisis Assessments will be added to the client record over time if the client is still enrolled into Coordinated Entry. The assessment should be updated at least once every 90 days to verify that the client is still able to be contacted and is still interested in housing through the Coordinated Entry system.*


HMIS Crisis Assessment


Assess the clients current situation with the questions below. This data can be used for prioritization of services needed for the client.


Assessment Active

Assessment Date: * 04/29/2022 


Assessment Location: * Assessment Center 


Assessment Contact Type: * In Person 


What is your household type: * Household without children 

Verified by Project: -- SELECT -- 

Current Living Situation Information

Information Date: * 04/29/2022 

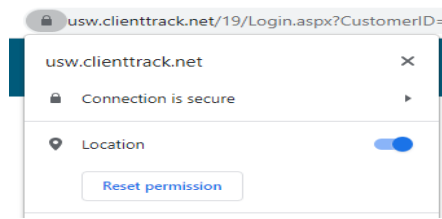
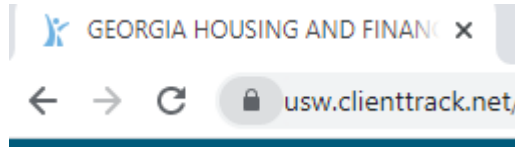
Enrollment: * 04/29/2022 - ATL-CE 

Current Living Situation: * Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter 

Location Detail:

Record Contact:

24. Complete the contact service information.
 1. Record the contact service as a 'contact'
 2. Make sure Geolocation is checked and your geolocation is turned on while using ClientTrack
To turn on geolocation go to your web browser and click the lock icon. Turn on your location (see below).



Contact Service Information

Contact Service: *

Location:

Use Geolocation:

Geolocation:

Comments:

Is there violence or conflict in the place you were staying last night:

Is your health or safety at risk in the place you were staying last night:

Prioritization Status: *

Restriction: *

25. Select all barriers/disabling conditions that the client identifies having. If yes is selected for any of the “Barrier Present” options, the “Condition is Indefinite” field must also be answered with a “Yes”. If any other answer is selected the disability will not appear correctly on the housing queue. Additionally, if a barrier is selected here and the “Disabling Condition” field above was not previously set to Yes, you would need to go back to the previous screen and update the “Disabling Condition” field.

Barriers

to view information about the defaulted records or click [View Barrier History](#) to review all previous barriers.

[View Barrier History](#)

Assessment Active

Identified Date: *

Screen:

Disabling Condition:

<input type="checkbox"/>	Barrier ↑	Help	Barrier Present? *	Condition is Indefinite	Explanation	Restriction ? *	Previous Barrier Details
<input checked="" type="checkbox"/>	Alcohol Use Disorder	?	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text"/>	<input type="text" value="Restrict to my organization"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chronic Health Condition	?	<input type="text" value="-- SELECT --"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Restrict to my organization"/>	<input type="checkbox"/>

Note: If a client has a mental health condition, a Serious and Persistent Mental Illness (SPMI) diagnosis will need to be recorded on the SPMI screen. The SPMI screen **will only** appear for mental illness barriers. The SPMI screen will appear after the document check. See guidance for completing [here](#).

26. Complete the income and non-cash benefits assessment. Be sure to scroll down and select the source of income or benefit, if the client receives any.

Income and Sources, Non-Cash Benefits

Assessment Active

Assessment Date: * 04/29/2022

Income from Any Source: * Yes ▼

Non-Cash Benefits from Any Source: * Yes ▼

Expenses: -- SELECT -- ▼ ⓘ

<input type="checkbox"/>	Type ¹ ?	Description	Monthly Amount	Restriction [?] ?
<input type="checkbox"/>	General Assistance	<input type="text"/>	<input type="text"/>	Consent to share ▼
<input type="checkbox"/>	Retirement income from Social Security	<input type="text"/>	<input type="text"/>	Consent to share ▼
<input checked="" type="checkbox"/> x	Veteran's Pension	<input type="text"/>	\$514.00	Consent to share
<input type="checkbox"/>	Other Pension	<input type="text"/>	<input type="text"/>	Consent to share ▼
<input type="checkbox"/>	Child Support	<input type="text"/>	<input type="text"/>	Consent to share ▼
<input type="checkbox"/>	Alimony or other spousal support	<input type="text"/>	<input type="text"/>	Consent to share ▼
<input type="checkbox"/>	Other Income	<input type="text"/>	<input type="text"/>	Consent to share ▼
Count/Total Monthly Income:		1	\$514.00	

27. The next assessment is identifying your client's employment status. If the client is not employed, a referral can be created to employment services. You can skip the referral if the client does not need an employment referral.

HMIS 2017 Employment Assessment

Check the appropriate employment status at the time of assessment. If the client is employed, record the hours worked in the week prior to assessment, and select the tenure of the employment position. If the client is not employed, indicate if the client is looking for work.

Assessment Active

Assessment Date: * 04/29/2022

Are you currently employed? * No

When was the last time you worked: * More than 12 months ago

Restriction : Consent to share

If you do make an employment referral, the below screen will populate. Be sure to scroll to the right of the referral to input any remaining information that is required.

Quick Referrals

INCOME & EMPLOYMENT MATCH

SOAR

- Disability and no income
- Disability and earned income under \$1120/month

Supported Employment

- Disability and current income other than employment
- No disability and not worked in over 12 months

Public Workforce System (PWS)

- No disability and worked in the past 9 months
- Disability and current income through employment

Referral Date: * 06/03/2022

Referring Provider Name: * ATL-CE Sandbox

Referring Location: Assessment Center

Referring User: Sheena Luten

1 result found (+1).

<input type="checkbox"/>	Enrollment*	Referral Status*	Service*	Provider Name*	Send Referral Email	Refer Contact Email	Referr Email Body
<input checked="" type="checkbox"/>	11/24/2020 - ATL-CE <input type="text"/>	Referral Made <input type="text"/>	ATL CE - Supported Employment Referral <input type="text"/>	My Training Organization <input type="text"/>	<input checked="" type="checkbox"/>	<input type="text"/>	You have refer...

28. The next screen will bring you to the document checklist. Select your method of verifying the documents.

At the end of the Intake Assessment the appropriate SPDAT Assessment will appear:

- VI-SPDAT will load for a single person 25 years and older.
- TAY-SPDAT will load for a single person 24 years old or younger.
- F-VI-SPDAT will load for a household with more than one person, regardless of age.

If the age of the client is unknown, select the most appropriate SPDAT for the household.

Coordinated Entry June Test 4/5/1955 409413

Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

Consent from Community Providers and/or City Consulting, Inc.

Administration

Assessment Active
ClientID: 409413

Interviewer Name: Sheena Luten Agency: Team Staff Volunteer

Date/Time: 06/24/2022 09:25 AM

Enrollment: 06/24/2022 - ATL-CE

Assessment Contact Type: In Person Interview Location: Interview Location: Assessment Location: Assessment Center

Basic Information

Name: Test, June

Note: If a client has a previous vulnerability score and it has been less than 6 months since they've completed the assessment, the SPDAT can be skipped by clicking on the Skip button at the bottom of the screen. The previous score will appear in the Housing Queue for the client. Be aware that a score of zero will appear for the client if they do not have a previous score. Make sure to check the previous score prior to clicking the submit button.

HOW TO ENROLL A CLIENT INTO A SHORT-TERM INTERVENTION

Select yes or no to the final question of "Want to enroll in short term intervention?". Short term intervention is for Emergency Shelter placement.

The household is now on the Housing Queue!!

Want to enroll in short term intervention?

Want to enroll in short term intervention?

Yes

No

If the client qualifies and agrees to short term housing, the Housing Assessors can refer the household to an Emergency Shelter and reserve a vacancy.

1. Select “Yes” on the “Want to enroll in short term intervention?” screen.
2. Select any filter values for your client that may needed to identify an available room/unit. Select “Only Show Available Units” to only display units that are available.

Program Eligibility

This form will allow CE manager to refer the client for potential placement in a CE Housing Project.

Filter values for June Test
(409413)

(Check to apply filters)

Household Type: Adults Only

Case Members: 1

Disabled: Yes

HoH Age: 67

Chronically Homeless: Yes

Family Income: \$700

% of AMI: 61.81%

Medicaid:

3. Click the Referral icon (folder) next to the Program Name to review the details of the referral. Select “Attributes” to view additional room information.

6 results found.

	Program Name ¹ ²	Project Type	Housing Facility Name	Room Desc	Room Number	Room Notes	Add'l Attributes
■	Landing Place (ES-COC-500)	Emergency Shelter	Place Emergency Shelter	Male Top Bunk	PLPES 028	Must have BC, SSC, McKinney form. Please contact Sheena Luten for additional info Sheena.luten@icalliances.org.	Attributes
➔ ■	Peace Landing Place (ES-COC-500)	Emergency Shelter	Peace Landing Place Emergency Shelter	PLES- Test RM 1 (Top Bunk)	Test RM 01	Client will present to 123 Flowers Ave. Atlanta, GA 30032 by 6pm day of referral. Client to bring referral letter from current agency/outreach worker. If client has any questions on what to bring or who to reach, please contact Sunny Matters at 404-212-2121 or email at sunny.matters@email.org	Attributes
■	Peace Landing Place (ES-COC-500)	Emergency Shelter	Peace Landing Place Emergency Shelter	PLPES009	009	Contact Sheena before referring 470-808-1960	
■	Peace Landing Place (ES-COC-500)	Emergency Shelter	Peace Landing Place Emergency	Female	112220A		Attributes

4. The screen below is the referral. You can add additional information in the comments section if needed. *Please note: Do not add any PII of the client into the comment section or referral email body. Client ID is the best way for a provider to identify the client*

ATL CE-Housing Referral

Referral Date and Time: 06/30/2022 01:02 PM ⓘ

Expiration Date: 7/3/2022 1:02 PM ⓘ

Referral Service : Referral to Emergency Shelter bed opening ▾

Referral Status: * Offer Pending ▾

Current Reserved By:

Location: Peace Landing Place (ES-COC-500) ▾

Provider Agency: ATL-CE Sandbox

ToProvider.EntityID: 409156

Provider Contact Phone Number:

Case Manager: Sheena Luten

Comments:

- The referral can be emailed to the provider. Select “Send Referral Email”.

Referral to Provider Email

Refer Contact Email:

Referral Email Body:

...

Send Referral Email:

- Click on the Save button and then click the Finish link. The head of household’s name will appear on the housing queue.
- Verify that the client’s name appears on the Housing Queue by changing into the HOME workspace and click on the Housing Queue icon. You will then search for the client.

Client ID:

First Name:

Last Name:

Case Manager :

Most Recent Referral Status:

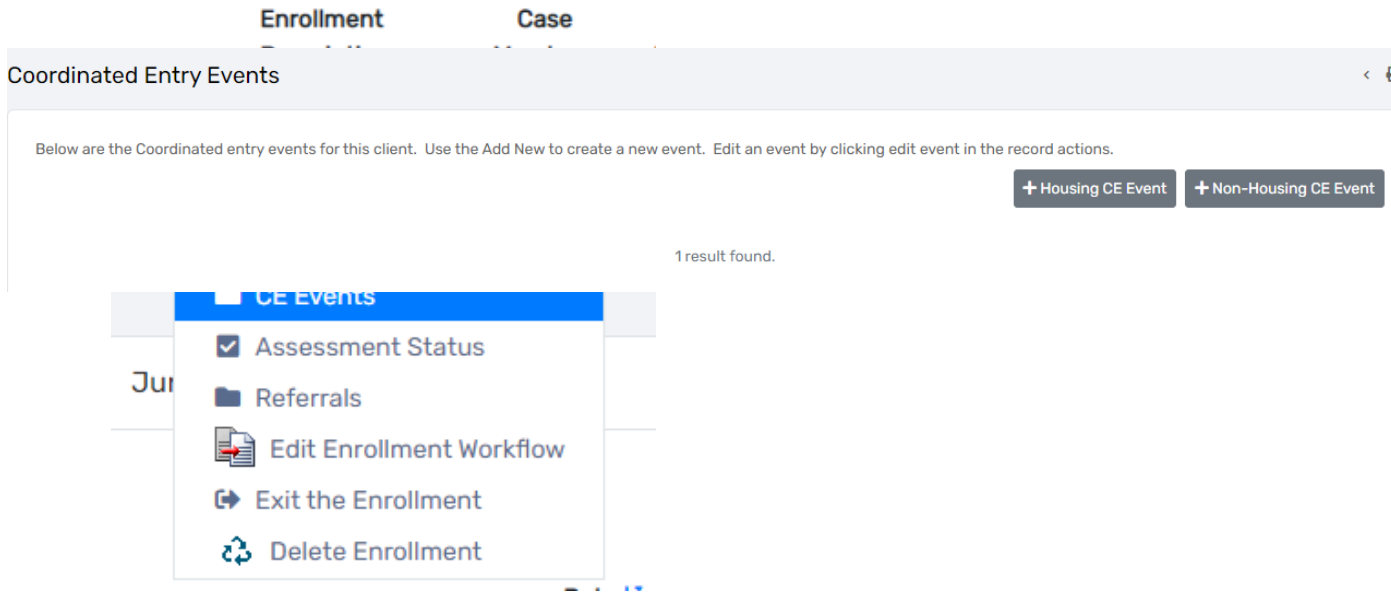
Document Ready:

Next steps for accepting a referral can be found in section [“How to Accept a Referral”](#)

CONDUCTING REFERRALS FOR CLIENTS THAT ARE NOT ON YOUR AGENCY’S HOUSING QUEUE

If a client is not found on your agency's housing queue or if you need to make a referral for a client but already completed the CE intake enrollment, you can still make a CE referral.

1. By clicking the action dots of the Atlanta Coordinated Entry enrollment, you can access the "CE Events" tab.



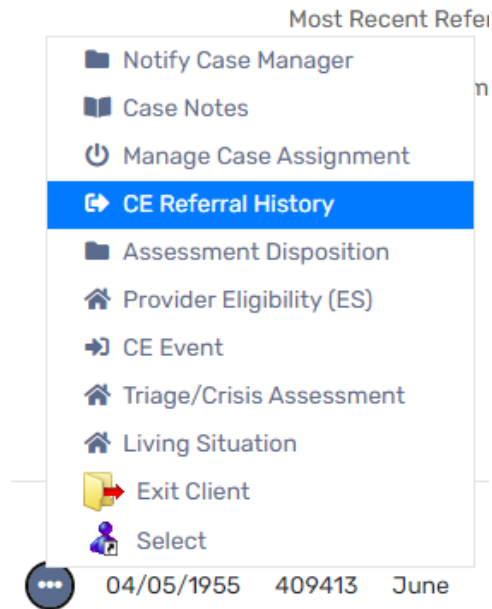
2. You will then be taken to the "Coordinated Entry Events" screen. Select the "Housing CE Event" tab to start a *shelter* referral.
3. The next screen will bring you to all available units to select for the referral.
4. Repeat steps 3-6 in the previous section to successfully make the referral.

HOW TO ACCEPT A REFERRAL

1. Click the Home workspace icon.



2. Click on the action dots next to client's name and choose CEReferral History.




3. Click on the Edit Referral icon and change the Referral Status to Offer Accepted and click the Save button.

Referral Date and Time: 06/30/2022 03:35 PM ⓘ

Expiration Date: 7/3/2022 3:35 PM ⓘ

Referral Service: Referral to Emergency Shelter bed opening

Referral Status: * Offer Accepted ▼ 

Current Reserved By:

Location: Option not in the list ▼

Provider Agency: ATL-CE Sandbox

ToProvider.EntityID: 409156

Provider Contact Phone Number:

Case Manager: Sheena Lutten

Comments:

- The referral update can be sent through email to the provider, if selected.

Referral to Provider Email

Refer Contact Email:

Referral Email Body:

Send Referral Email:

HOW TO ACCEPT A PERMANENT HOUSING REFERRAL

If a household does not accept a short-term intervention, they will remain on the Housing Queue until they are referred to permanent housing. The Coordinated Entry (CE) Manager will review the queue and determine if the household qualifies for permanent housing. If the household qualifies, the CE Manager will check for vacancies and refer the client.

The CE Manager primarily “Offer Accepts” the PH referrals on behalf of the client.

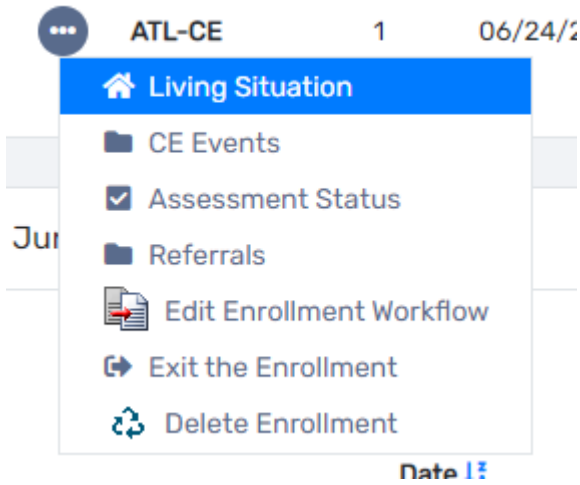
The Housing Provider will “Provider Accept” the client into the permanent housing project once they see the “Offered Accepted” status for the client on their Housing Queue.

Note: If the Housing Assessor chooses to reject the PH referral, they will need to communicate with the CE Manager and the CE Manager can override the rejection.

LIVING SITUATION

CE Assessors should update a client’s living situation at least once every 90 days. Clients should be exited from Coordinated Entry if they are no longer homeless or in need of housing.

1. Select the action dots next to the Client's CE enrollment and select Living Situation.



2. Update the Current Living Situation field with the client's current living situation.

Current Living Situation Information

Default Last Assessment

Information Date: * 06/30/2022

Enrollment: * 06/24/2022 - ATL-CE

Current Living * -- SELECT --

Situation:

Location Detail:

3. When updating the living situation, this requires CE Assessors to create a Contact Service. The Contact Service will update the days since the client’s last service on the HQ.

Record Contact:

Contact Service Information

Contact Service: * Contact

Location: -- SELECT --
Prevention/Outreach
Contact
Outreach

Use Geolocation:

Geolocation: POINT(-84.2399744 33.51)

Comments:

Restriction: * Restrict to my organization
 Consent to share

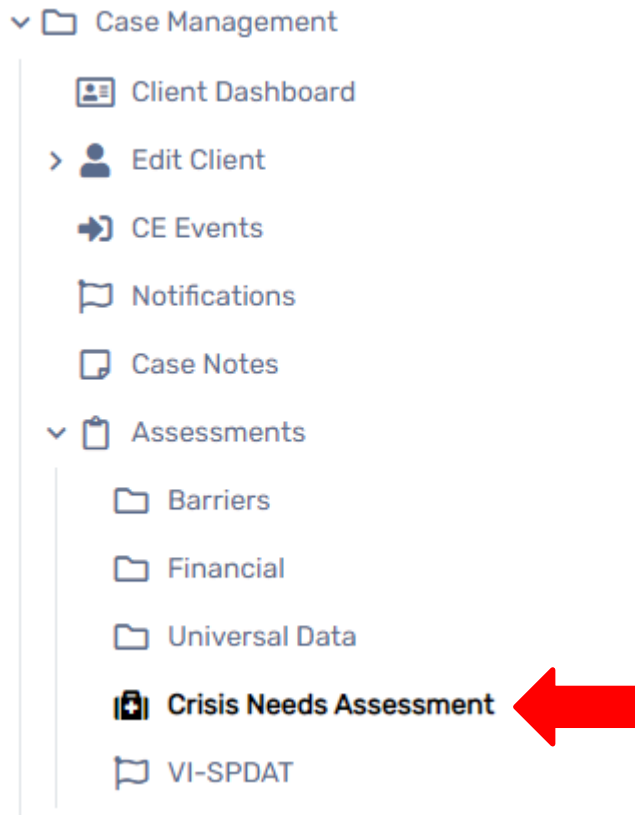
Save Cancel

Note: The “Contact” located in Contact Service will be the only field that will update the Client’s last service date.

HOW TO COMPLETE A RE-ASSESSMENT

Reassessment are encouraged to be conducted every 6 months if a client is still enrolled into Coordinated Entry by updating a Crisis Needs Assessment and a VI-SPDAT assessment.

1. From the Case Management Menu, select assessments and then select 'Crisis Needs Assessment'.



2. Select 'Add New Crisis Assessment' and update the below fields.

HMIS Crisis Assessment

Assess the clients current situation with the questions below. This data can be used for prioritization of services needed for the client.

Assessment: *

No Assessment Selected

Assessment Date: * 06/30/2022

Assessment Location: * -- SELECT --


Assessment Contact Type: * -- SELECT --

What is your household type: * -- SELECT --

Current Living Situation will also be updated on the HMIS Crisis Assessment. Be sure to record a contact service as well.

Current Living Situation Information

Default Last Assessment

Information Date: * 06/30/2022 


Enrollment: * 06/24/2022 - ATL-CE 

Current Living * -- SELECT --
Situation:

Location Detail:

Record Contact:

Contact Service Information


Contact Service: * Contact 


Location: -- SELECT -- 


Use Geolocation:

Geolocation: POINT(-84.2412168 33.511)

Comments:

Is there violence or conflict in the place you were * -- SELECT --
staying last night: 

Is your health or safety at risk in the place you were * -- SELECT --
staying last night: 

Prioritization Status: * -- SELECT -- 

Restriction: * Restrict to my organization

Consent to share 

 Save

Cancel

- To update the VI-SPDAT, under the Case Management menu, select assessments and then select 'VI-SPDAT' if needing to update this one.

Select the appropriate VI-SPDAT for the client that should be added

[+ Add New VI-SPDAT Assessment](#) [+ Add New Family-VI-SPDAT Assessment](#) [+ Add New TAY-VI-SPDAT Assessment](#)

Proceed with the VI-SPDAT assessment. The new score will then be replaced on the Housing Queue.

HOW TO EXIT A CLIENT FROM COORDINATED ENTRY BEFORE HOUSING

WHY WOULD I EXIT A CLIENT FROM COORDINATED ENTRY BEFORE THEY ARE PLACED IN HOUSING?

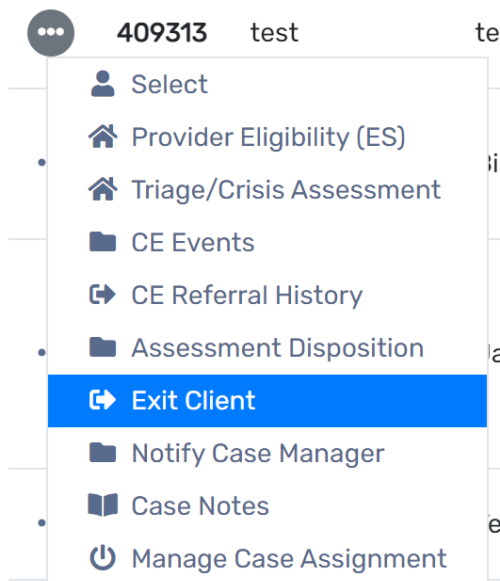
There are various reasons why a client will need to exit Coordinated Entry prior to being placed into housing. The most common reasons are:

- Client was deferred.
- Client is ineligible for housing/services.
- Client left the CoC, city, or state.
- Client was able to self-resolve their housing situation

HOW DO I EXIT A CLIENT FROM COORDINATED ENTRY BEFORE THEY ARE PLACED IN HOUSING?

To exit a client:

1. Go to the Housing Queue for Assessors.
2. Search for the client that needs to be exited from the CE project.
3. Click on the action dots next to the client and select “Exit Client” from the picklist.



- The Enrollment Exit form will appear.
- Answer all of the questions with a red asterisk (*) next to them. They are required. Make sure to check the End Case Assignment(s) box.

HUD Program Exit

7/14/1997
406755

Enrollment Exit

This form will exit the client from the Coordinated Entry Enrollment Record without a referral.

Assessment:
No Assessment Selected

Enroll Date: * 02/06/2018

Exit Date: * 07/05/2022

Destination: * Staying or living with family, permanent tenure

Exit without Placement Reason: -- SELECT --

Exit All Case Members
Check the box to save the selected exit date and information for all case members enrolled in the case.

Exit All Case Members:

Assigned Case Manager(s): Jason Sims

End Case Assignment(s):

Save No Changes

- Click the save button. The next screen will ask about health insurance update or default to last if still the same.

Universal Data Assessment

Health Insurance

Please indicate whether or not the client is covered by health insurance. If so, you will be able to record health insurance sources for the client.

Default Last Insurance Status

Covered by Health Insurance: * No

Type	Status	Reason No	Other Coverage	Wellcare Member ID
Private	No	-- SELECT --		
Private - Employer	No	-- SELECT --		
Private - Individual	No	-- SELECT --		

The client's dashboard will show the exited Coordinated Entry Assessment.

COORDINATED ENTRY HOUSING QUEUE TIPS

- The Housing Queue must be checked daily by the Housing Assessor. The Housing Assessor only has **72 hours** to accept a referral or the referral will expire, and the client will remain on the Housing Queue.
- Clients on the Housing Queue with missing information, an Enrollment Status of “Incomplete Enrollment”, “Data Not Collected” for Disability Present, or does not have an assigned case manager **will not be** referred to permanent housing. The Coordinated Entry Manager(s) need this information to properly prioritize the clients and to contact the client’s case manager.
- Please review the client’s dashboard prior to enrolling them in the Atlanta Coordinated Entry project. Clients **should not have** overlapping Atlanta Coordinated Entry enrollments.
- The Housing Queue will only show clients who were assessed by your agency. If you see a client has an Atlanta Coordinated Entry enrollment on their dashboard but do not see them on your agency’s Housing Queue, the client is on the Housing Queue but only visible to the agency who enrolled them in the project.

POSSIBLE INTERVENTIONS

After completing the crisis assessment, a new subset of ‘Current Living Situations’ should populate depending on how it is answered.

FOR A **PREVENTION** REFERRAL:

The screenshot shows the 'HMIS Crisis Assessment' form with the following fields and values:

- Information Date: 07/13/2021
- Enrollment: 07/13/2021 - ATL-CE
- Current Living Situation: Rental by client, no ongoing housing subsidy
- Is client going to have to leave their current living situation within 14 days: Yes
- Has a subsequent residence been identified: No
- Does individual or family have resources or support networks to obtain other permanent housing: No
- Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days: Yes
- Has the client moved 2 or more times in the last 60 days: No
- Do you have a formal notice to leave from a landlord or court?: Yes
- What is causing you to have to leave where you are staying?: Behind in rent for one month
- Location Detail: (Empty text box)

The next screen will appear to make a prevention referral. If you select no on this screen, you are suggesting that the client does not want any prevention services.

Exit or Make Referral?

Do you want to make a prevention referral?

📁 Yes

📁 No and exit the workflow

Complete the 'Coordinated Entry Event Data Collection'. You will still complete the 'Current Living Situation' and 'Contact Service Information' as inputted from the previous pages.

Please note: In the Provider space, you will need to conduct a search to find which agency you want to refer the client to for said services

Coordinated Entry Event Data Collection

Default Last Assessment

Event Date: * 📅

Event Type: * ▼

Provider: * 🔍

Enrollment: ▼

Verified by Project: ▼

Once you select 'Save', you will be brought to the "Enrollment Exit" screen. Since the client is being referred for prevention services, you will not need to complete the CE enrollment.

Enrollment Exit
< 🗑

This form will exit the client from the Coordinated Entry Enrollment Record without a referral.

Assessment:

No Assessment Selected

🔍

Enroll Date: *

Exit Date: * 📅

Destination: * ▼

Exit without Placement Reason: ▼

Exit All Case Members


Check the box to save the selected exit date and information for all case members enrolled in the case.

Exit All Case Members:


FOR A *DIVERSION* REFERRAL:

Coordinated Entry Event Data Collection

Default Last Assessment

Event Date: * 02/08/2022 

Event Type: * Problem Solving/Diversion/Rapid Resolution intervention or service ▼

Provider: * 

Enrollment: 12/29/2020 - ATL-CE ▼

Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative: -- SELECT -- ▼

Verified by Project: -- SELECT -- ▼

Continue through the workflow. Since the client is being referred for diversion services, you will need to complete the CE enrollment.

For a *Veteran Service* referral:

Veteran Services

Would you like to be referred for Veteran Services?

Yes

No

Select “Yes” if you do want to refer your client for veteran services, if not select no to continue through the enrollment.

If you choose to make a referral, the screen below will populate:

Referral <

Referral

Complete the information below to identify the service and the provider being referred to.

Referral Date: * 11/24/2020

Enrollment: * 11/24/2020 - ATL-CE

Referral Service: * **NF Referral - Veteran Services**

Referral Recipient

Select the agency referral recipient as the Refer to Provider.

Refer to Provider: * **VA CRRC**

Referral Source

Select the agency referral source as the Refer from Provider.

Refer from Provider: ATL-CE Sandbox

Refer from User: Abby Burgess

Location: Assessment Center

Status: * Referral Made

Select the referral service as highlighted 'NF-Veteran Service Referral'.
 Select the provider who the referral should go to. **Note: The VA CRRC may be the only option at this time**
 Select 'Next' once you verify all of your other required information.

The next screen will bring you to the "Voucher Information", you can skip this option.

Voucher and Information Release

Voucher Information

Please complete the following information if your organization has authorized a voucher for this service.

Voucher is Authorized:

Information Release

If the Client has authorized that his/her information can be released to the selected provider, please indicate this below. Doing so will cause an email to be automatically generated and sent to this provider with information regarding the referral.

Email Authorized:

Authorize Information Release:

Information Release Start Date: * 07/08/2022


Information Release End Date: MM/DD/YYYY


The next screen will display the referral outcome. You can update this information after your client has connected with the referred agency. Select 'Finish'. You will then continue to the CE workflow.


Referral Outcome


Outcome Information

Enter the Date Acknowledged by the referral recipient, Appointment Date and Time, Result Date and Result.


Date Acknowledged: 

Appointment Date: 

Result Date: 

Result: 

Comments:

Restriction: * Restrict to my organization
 Consent to share 

TO COMPLETE THE SPMI SCREEN:

Select the type: Complaint, Diagnosis, or Symptoms from the Type drop list.

- If Diagnosis is selected, click on the Diagnosis magnifying glass icon to search for the diagnosis (if known).
- Enter the name of the diagnosis and click on the Search button.

The diagnosis name and code will appear in the search result section. Select the appropriate answer (3).

If you are unable to determine the diagnoses, choose Symptoms for the Type and enter a symptom in the Problem field.

SPMI

Assessment Date: * 06/24/2022 Assessment Active

Client has active problems:

Diagnosis Code ID:

+ 1 result found (+1).

Type*	Problem	Diagnosis Code	Diagnosis	Status	Severity	Begin Date
<input type="checkbox"/> Diagnosis	Bipolar disord, crnt episo			Active	-- SELECT --	MM/DD/YYYY
<input type="checkbox"/> -- SELECT --				-- SELECT --	-- SELECT --	MM/DD/YYYY

Once completed, you will continue with the CE Enrollment.

CE REFERRAL HISTORY

When checking the referral status, EXPIRED referrals will be found under OFFER PENDING of the Referral Status.

Case Manager Housing Queue

This is the CE Case Manager Housing Queue. Active clients waiting on provider referrals prioritized by VI-SPDAT score who are enrolled in Atlanta Coordinated Entry by your organization.

Client ID:

First Name:

Last Name:

Case Manager:

Most Recent Referral Status: -- SELECT --












Document Ready: -- SELECT --

- Offer Pending/Expired
- Offer Accepted
- Offer Rejected
- Acknowledged
- Placed
- Provider Rejected
- Provider Accepted
- In ES

ts found.

Search

Referrals can be displayed from the EDIT/ACTION tab of the referral by selecting "CE REFERRAL HISTORY".




-  Notify Case Manager
-  Case Notes
-  Manage Case Assignment
-  CE Referral History
-  Assessment Disposition
-  Provider Eligibility (ES)
-  CE Event
-  Triage/Crisis Assessment
-  Living Situation
-  Exit Client
-  Select

05/20/2000 409305 Spring

CE Referral History

Below is a list of all existing referrals for the selected client. To view or edit a record displaying in the list, click **Edit** next to the desired record.

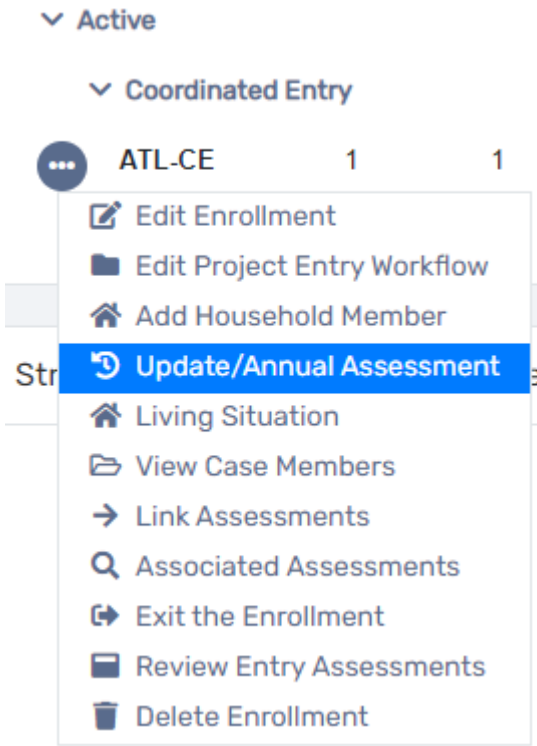
1 result found.

Project	Referral Status	Agency	Referral Date 	Expiration Date 	Case Manager	Housing Facility Name	Room Number	Room Notes
 Referral to Emergency Shelter bed opening	In ES	ICA Atlanta Training	04/29/2022	05/02/2022 9:44AM	Sheena Luten	ICA Atlanta Training Shelter	0401 DEMO	

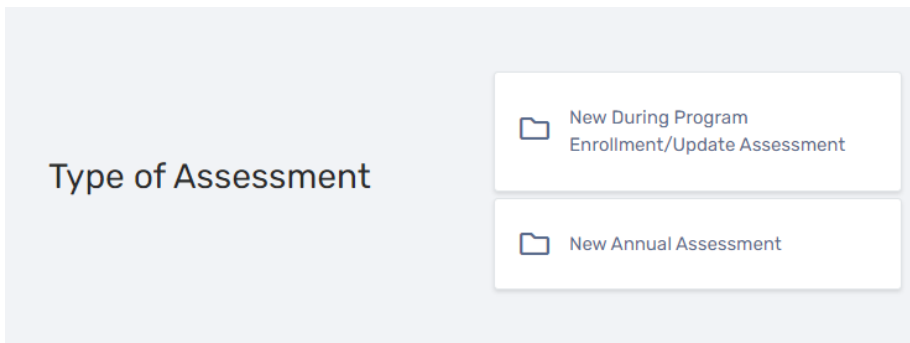
UPDATING FINANCIAL, BARRIERS AND INSURANCE

To update any financial, barriers and insurance for a client that is actively enrolled in Coordinated Entry, the Assessor will have to switch to the **GA HMIS: HMIS PROGRAMS**.

You would update the assessments through the action dots of the Atlanta CE Enrollment by selecting Update/Annual Assessment.



Bypass the Program Enrollment page by selecting “No Changes”. You would then select that this is a New During Program Enrollment/Update Assessment.



This will then prompt you to all the listed assessments to update.