

DE-CMIS GUIDANCE: HOW TO UPDATE SUB-ASSESSMENTS

INTRODUCTION. This guide outlines how CMIS end users can **update sub-assessments. HUD Verification** is another term used for this. Sub-assessments are in entry assessments for the following data elements:

- Income
 N
- Non-cash benefits
- Health insurance
 Disabilities
- 1. A two-step process must be followed when entering or updating a data element with a sub-assessment.

1. Must select "Yes" or "No" to if the client has the item in question.

2. Select the HUD Verification to continue.

3. *Income only* – must type the Total Monthly Income that was entered in the HUD Verification.

	Nonthly Incom	e		HUD Verification
	Monthly Amount	Source of Income	Start Date *	End Date
/	1	Child Support (HUD)	06/22/2020	
/	i 👿	Other (HUD)	06/22/2020	
/	1	VA Service Connected Disability Compensation (HUD)	06/22/2020	
/	1	Retirement Income From Social Security (HUD)	06/22/2020	
	1	Worker's Compensation (HUD)	06/22/2020	
	Add View (Gross Income	Showing 1-5 of 14	First Previous Next Las

2. In the HUD Verification, ensure that the table matches the previously-answered Yes/No question. For any client who answered "Yes" on the entry assessment, at least one row in the sub-assessment must be answered "Yes".

1. If the response for any row is "Incomplete", use the "No" option from above to autofill these blanks.

2. Manually change any response to a row to "Yes" if the field applies to the client. For income only, you will then be prompted to type in the Monthly Amount that the client receives from that source.

HUD Verification: Monthly Income for 09/22/2022

Per Source of Income, the current records for Monthly Income as of 09/22/2022 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 09/22/2022, records containing "Yes" values will be displayed and take precedence for reporting purposes. 0

Select the Receiving Income Source? value for all incomplete Source of Income records

	Receiving Income Source?				
Source of Income	2 _{Yes}	No	Data Not Collected	Incomplete	
Alimony or Other Spousal Support (HUD)	0	۲	0	0	
Earned Income (HUD)	0	۲	0	0	
Pension or retirement income from another job (HUD)	0	۲	0	0	
Private Disability Insurance (HUD)	0	۲	0	0	
VA Non-Service Connected Disability Pension (HUD)	0	۲	0	0	
Unemployment Insurance (HUD)	0	۲	0	0	
SSDI (HUD)	0	۲	0	0	
SSI (HUD)	0	۲	0	0	
Worker's Compensation (HUD)	0	۲	0	0	
TANF (HUD)	0	۲	0	0	
VA Service Connected Disability Compensation (HUD)	0	۲	0	0	
Retirement Income From Social Security (HUD)	0	۲	0	0	
Other (HUD)	0	۲	0	0	
Child Support (HUD)	0	۲	0	0	
		Save	Save & Exit	Exit	

3. If there is previously-saved information in the sub-assessment and any source needs to be updated, click the pencil icon for the corresponding source. Do not change the response (Yes/No) immediately.

UD Verification: Monthly Income for 09/22/2022 ENTRY DATE Image: Per Source of Income, the current records for Monthly Income as of 09/22/2022 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 09/22/2022, records containing "Yes" values will be displayed and take precedence for reporting purposes.					
	Receiving Income Source?				
Source of Income	Yes	No	Data Not Collected	Incomplete	
Alimony or Other Spousal Support (HUD)	0	۲	0		
Zerned Income (HUD)	0	۲	0	0	
Pension or retirement income from another job (HUD)	0	۲	0	0	
Private Disability Insurance (HUD)	0	۲	0	0	
🖉 VA Non-Service Connected Disability Pension (HUD)	0	۲	0	0	
🖉 Unemployment Insurance (HUD)		۲	0		
SSDI (HUD)	0	۲	0	0	
SSI (HUD)		۲	0		
/ Worker's Compensation (HUD)	0	۲	0	0	
Z TANF (HUD)		۲			
🖉 VA Service Connected Disability Compensation (HUD)	0	۲	0	0	
Retirement Income From Social Security (HUD)	0	۲	0	0	
🖉 Other (HUD)	0	۲	0	0	
Child Support (HUD)		۲			
		Save	Save & Exit	Exit	

4. Add an **End Date** and Save. This date should be the day before the Project Start Date (also known as the entry date).

Per Source of records for Mo	low. A	low. Any previous altiple records exist ke precedence for			
per Source of	ke pre				
Course of Terror	Monthly Amount	Monthly Amount G		ource?	
Source of Incor	Source of Income	Earned Income (HUD)	Not cted	Incomplet	
Alimony or Other	If Other, Please Specify		2	0	
Earned Income (2	0	
Pension or retire		G	2	0	
Private Disability			2	0	
VA Non-Service (2	0	
² Unemployment I	Peceiving Income		2	0	
SSDI (HUD)	Source?	No V G		0	
SSI (HUD)	Additional Comment		2	0	
Worker's Comper			2	0	
TANF (HUD)		G	2	0	
VA Service Conn			2	0	
Retirement Incor			2	0	
Other (HUD)	Start Date*	06 / 22 / 2020 🔊 🧖 😋 🦓 G	2	0	
Child Support (H	End Date	09 / 21 / 2022 🕺 💐 G	2	0	
	Print Recordset	Save Cancel		-	

5. The source should now have the response of "Incomplete" on the sub-assessment. Select the applicable answer for the client as of entry.

0	Per Source of Income, the current records for Monthly Income as of 09/22/2022 are displayed below. Any previous records for Monthly Income not overlapping as of this date are not displayed. In the event that multiple records exist per Source of Income as of 09/22/2022, records containing "Yes" values will be displayed and take precedence for reporting purposes.						
	Select the Receiving Income Source? value for all incomplete Source of Income records	<u>iollected</u>					
			Receiving Income Source?				
	Source of Income	Yes	No	Data Not Collected	Incomplet		
1	Alimony or Other Spousal Support (HUD)	0	۲	0	0		
	Earned Income (HUD)	0	0	0	۲		
1	Pension or retirement income from another job (H	JD) O	۲	0	0		
1	Private Disability Insurance (HUD)		۲				
1	VA Non-Service Connected Disability Pension (HUD) 💿	۲				
1	Unemployment Insurance (HUD)		۲				
1	SSDI (HUD)	0	۲	0	0		
1	SSI (HUD)		۲				
1	Worker's Compensation (HUD)		۲				
1	TANF (HUD)		۲				
1	VA Service Connected Disability Compensation (HU	D) O	۲	0	0		
1	Retirement Income From Social Security (HUD)		۲				
1	Other (HUD)	0	۲	0	0		
1	Child Support (HUD)	0		0	0		

6. If "Yes" is selected, a pop-up window will appear. Enter the new Monthly Amount for this income source.

• Monthly Amount will only be automatically asked for the income sub-assessment.

Add Recordset	ld Recordset				
Monthly Income					
Monthly Amount	;				
Source of Income	Earned Income (HUD)				
If Other, Please Specify	G				
Receiving Income Source?	Yes				
Additional Comment	G				
Start Date *	09 / 22 / 2022 🛛 🔊 💐 G				
End Date	// 🦓 😋 🥰 G				
	Save Cancel				

- For the **non-cash benefits** sub-assessment, the monthly amount can be added after saving the Yes/No response.
 - **1.** Click on the pencil sign to open sub-assessment.
 - 2. Enter the monthly amount received.
 - 3. Save and exit.

🔍 No	on-Ca	ash	Benefits		HUD Ve	rification
So	our H	UD	Verification: Non-Cash B	enefits for 09/22/2022		
🦉 🗋 Ot	the Per Source of Non-Cash Benefit previous records for Non-Cash records exist per Source of Nor AN			Edit Recordset - (1) Pa	rker, Peter 🛛 🛛	Any
- 🗑 Ot / 🗑 TA				Non-Cash Benefits	÷ 🔒 🔒	ind
🖉 👿 TA	ANI per rog		Source of Non-Cash Benefit	Source of Non-Cash Benefit	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	olete
Ad 1		/	Supplemental Nutrition Assistanc (HUD)	If Other, Please Specify		6
Covered Insuran	d b ice	/	Special Supplemental Nutrition P		G	
🔍 не	eal	/	TANF Child Care Services (HUD)			
Start Da	at	/	TANF Transportation Services (HL			
Add	1.	/	Other TANF-Funded Services (HU	Receiving Benefit?	Yes V G	
Does the	e (/	Other Source (HUD)	Start Date *	09 / 22 / 2022 🧖 💐 G	
disabling	g (End Date	// 🖓 😋 🥥	it
Q Disabilities 2			·	Amount of Non-Cash Benefit	G	ncation
Disability Add	у Тур)e		Print Recordset	3 Save Cancel	

- For the **disabilities** sub-assessment, two fields must be updated:
 - **1.** Is the client's disability expected to be long-continued/indefinite and impairs their ability to live independently? (Yes/No)

2. NOTE ON DISABILITY (Text box): Provide notes about the client's disability, if needed.

Add Recordset	x
Disabilities	
Disability Type	Mental Health Disorder (HUD)
Disability determination	Yes (HUD)
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	-Select- C
Start Date *	09 / 22 / 2022 🛛 🖏 💙 🦧 G
2 Note on Disability	G
Above condition is going to be long term? (Retired)	-Select- ✔ G
End Date	/// 🖓 😋 🦧 G
	Save Cancel

7. Double-check that all parts of the two- or three-step process for each data element match in their responses.