DHCS-BHSA HMIS Project Setup Frequently Asked Questions (FAQ) Version 1.2

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Introduction

This document answers frequent questions about setting up Behavioral Health Services Act (BHSA) Housing Intervention projects in a Homeless Management Information System (HMIS). It is a companion to the official BHSA guidance.

As of June 2026, the DHCS-BHSA HMIS Project Setup Instructions (Version 1.1, dated June 3, 2026) are the current governing source for how projects should be configured in HMIS, including project types, funding codes, grant identifiers, and required data elements. The BHSA Policy Manual is the governing source for BHSA program policy, including eligibility, priority populations, and definitions such as chronic homelessness. This FAQ summarizes and points to that guidance in plain language so that HMIS Leads, counties, and providers can find answers quickly.

Note that version 1.1 of the Project Setup Instructions supersedes version 1.0 (see the Revision History section of the updated instructions for further information). This matters when reviewing earlier training materials: the initial BHSA HMIS Project Build Webinar (April 2026) was based on Version 1.0, while the June 2026 Office Hours reflect the updated guidance in Version 1.1 (including the revised approach to assisted living placements).

The current Setup Instructions, the BHSA Housing Guidebook, webinar recordings, and Office Hours materials are all posted at calmhsa.org/housing-interventions. This FAQ is updated as additional guidance is released. For HMIS questions not answered here, contact the BHSA technical assistance team at BHSA@abtglobal.com. For BHSA reporting and monitoring questions, contact CalMHSA at info@calmhsa.org. For BHSA policy and funding administration questions, contact DHCS at BHTinfo@dhcs.ca.gov.

Revision History

This table summarizes substantive changes between versions. Minor editorial and formatting corrections are not separately noted.

Version	Date	Description of Changes
1.1	June 2026	• Initial release; aligns with version 1.1 of the DHCS-BHSA Project Setup Instructions

Implementation & Timeline

When should BHSA HMIS projects go live?

HMIS projects are expected to go live at the start of the new fiscal year, July 1, 2026, unless otherwise directed by BHSA.

Do projects need to be entered into HMIS by June 30?

It depends on whether the project is already operating or starting new as of July 1, 2026.

Currently operating projects transitioning to BHSA funding must be set up in HMIS by June 30, 2026, with data entered for every client currently housed or receiving services as of the transition, including active clients never previously in HMIS. Clients who exited before the project's HMIS start date do not need to be entered and will not appear in state reporting.

Projects starting on or after July 1, 2026, must enter HMIS data beginning the first day the first client is served. They do not need data entered by June 30, but the system must be configured and ready by the first day of operation.

What start date should be used for projects in HMIS?

It depends on whether you are adding BHSA funding to an existing project or creating a new one. If you are keeping an existing project (project type unchanged and all households BHSA-funded as of the grant start date), do not change the project's Operating Start Date. It will retain the original date. You add the BHSA funding source with a Grant Start Date of July 1, 2026 (or the date BHSA funding begins) and end-date the prior funding source. If a new project is required (the project type is changing, only some households are BHSA-funded, or the project was not previously in HMIS), use an Operating Start Date of July 1, 2026, or the date BHSA funding or service begins, if later.

Should existing clients be backdated to their actual start or housing dates?

It depends on how the project is set up:

- If BHSA funding is simply added to an existing project, clients stay enrolled as they are; do not exit, re-enroll, or change their existing Project Start Dates or Housing Move-In Dates.

- If a new project is created (type change, partial BHSA funding, or not previously in HMIS), exit each client from the original project on the transition date and enroll them in the new BHSA project the same day; the client's Project Start Date is the new enrollment date, not their original entry into housing or services, so it should not be backdated. In all cases, Housing Move-In Date must be on or after the Project Start Date even if the client was housed earlier, and Prior Living Situation should reflect where the client was immediately before this enrollment.

Are BHSA housing resources required to use the Coordinated Entry (CE) system for new placements?
No. The Section C.9.5.5 of the BHSA Policy Manual states, "coordination with the local Coordinated Entry System (CES) is strongly encouraged but counties are not required to route referrals for housing interventions through the CES."

Are there any forthcoming updates to BHSA HMIS guidance that may change project setup or reporting requirements?
DHCS is currently working on the HMIS instructions for the Medi-Cal Managed Care Plans who are required to report on Transitional Rent beginning January 1, 2027. These instructions will be for the plans and not for county BH departments.

Where can BHSA HMIS project setup resources be found?
Resources developed in collaboration with Abt Global Technical Assistance providers, CalMHSA, DHCS, and Cal ICH for the BHSA HMIS project setup can be found at calmhsa.org/housing-interventions/. Ongoing technical assistance is also available by contacting BHSA@abtglobal.com.

Funding

Can existing BHBH or MHSA projects in HMIS be reused for BHSA?
Yes, under most circumstances. You can update an existing project (e.g., renaming it and adding the BHSA funding code) when both of these conditions are met: (1)The project type is not changing under the DHCS-BHSA HMIS Project Setup Instructions. (2) All households in the project will be BHSA-funded as of the grant start date.

When both are true, add the BHSA funding source and Grant ID to the project and end-date the prior funding source. No new project or client re-enrollment is needed.

If the project type is changing, a new project must be created. And if only some households or units will be BHSA-funded, the project must be split into two, one for the BHSA-funded households/units and one for those supported by other funding, rather than updating the funding source on the single existing project.

How should projects with multiple or braided funding sources be handled? Do projects need to be split if all beds are not funded by the same sources?
Projects with multiple funding streams (e.g., BHSA, BHBH, other sources) can be combined within a single project if all funding sources support the same beds/units and project type. If beds are not uniformly supported across funding sources, separate projects must be created by funding source.

How should mixed-funded sites (e.g., partial BHSA beds) be reported?
Mixed-funded sites should be configured based on how beds are funded. If all beds are supported by the same funding sources, they can be included in one project. If only some beds are BHSA-funded, separate projects must be created to reflect distinct funding by bed/unit.

What funding source should be selected in HMIS?
Select “Local or Other Funding Source,” then choose or enter the BHSA funding code and corresponding BHSA Grant ID.

If funding is updated on an existing project, does it affect past data?
Updating funding on an existing project applies moving forward. When transitioning from MHSA or other state funding to BHSA, end the previous funding with the appropriate end date to ensure accurate reporting and avoid overlap.

Will grant IDs be available by July 1?
Grant IDs are available. Enter “BHSA” plus the county code (see Appendix D of the Project Setup Instructions). The full list of Grant IDs is also in Appendix D.

What should be used as the grant end date for ongoing BHSA-funded projects?
The grant end date should be left blank for ongoing BHSA-funded projects and only populated when the funding period ends.

How should projects be configured when funding sources must be used in a specific order?
Projects should be configured to include all applicable funding sources within the same project, even if funds are used in a specific sequence. HMIS does not track order of operations; it reflects all funding sources supporting the project. If funding applies to different beds/units or populations, separate projects may be required.

HMIS Project Types & Continuum Project

What project type should be used for Board and Care settings and other assisted living placements?
Assisted living placements (ARFs, residential care facilities for the elderly, licensed board and care, and license-exempt room and board facilities) are determined case by case: clients with leases go to Permanent Supportive Housing (PSH) (Continuum Project = "Yes"); no leases but intended as permanent go to PSH (Continuum Project = "No" if it doesn't meet HUD's PSH definition); temporary placements go to Emergency Shelter (ES) Entry/Exit. As such, ES applies only to temporary stays. Confirm setup with your HMIS Lead and see the assisted living placements flowchart in the Project Setup Instructions.

What is a Continuum Project in HMIS?
A Continuum Project is an HMIS designation for projects that are part of the local homeless response system and primarily serve people experiencing or at risk of homelessness. For BHSA-funded projects, this means projects within the geographic boundaries of a CoC whose primary purpose is to meet the specific needs of people who are experiencing or at risk of homelessness by providing housing, shelter, and/or services. Most BHSA-funded projects should answer "Yes" to this field. If only some of a project's housing or services meet this definition, two separate HMIS projects will need

to be created: one for the qualifying activities (Continuum Project = "Yes") and one for the non-qualifying activities (Continuum Project = "No").

How should project types be determined for time-limited housing with leases?
Project type should be determined based on the housing structure rather than the length of assistance. If the program provides leases or tenancy rights, it should be classified as Permanent Housing (PH) (e.g., PSH or RRH), even if the assistance is time-limited. If the program does not provide tenancy rights, it should be classified as Emergency Shelter (ES).

How should project types be determined in complex or hybrid models not clearly aligned to HUD definitions?
Project types should be based on how the program operates (housing structure, tenancy, and services provided) using HUD HMIS definitions. If activities span multiple models, separate HMIS projects may be required. In rare cases where alignment is not possible, projects may be set to Continuum Project = “No” to support state reporting without conflicting with HUD standards.

When should Homelessness Prevention (HP) be used as the project type for BHSA?
Use HP sparingly. BHSA's primary purpose is serving people already experiencing homelessness, with priority for those chronically homeless in encampments, so HP applies only to people at imminent risk of losing housing (within 30 days). When used, set Continuum Project = "No." HP was added as an eligible BHSA project type in the Setup Instructions; see Tables 2 and 3.

Data Entry & Client Data

For clients not previously in HMIS, what minimum data must be collected?
All Universal Data Elements (UDEs) must be entered for every client active at the time of HMIS setup. Client project start dates, move-in dates, and other key UDEs should align with the HMIS implementation/enrollment date (e.g., July 1, 2026), rather than being backdated to original service or housing dates.
For clients who already have an HMIS record, existing UDEs (e.g., name, SSN) should be reviewed and confirmed for accuracy.
Common Data Elements (CDEs) do not need to be backfilled for clients enrolled prior to HMIS setup. They should be collected going forward at standard collection points (e.g., update, annual assessment, exit), with Current Living Situation collected at the next contact.

How should prior living situation be recorded for clients enrolled at implementation?
Prior Living Situation should reflect the client’s situation immediately prior to HMIS enrollment (e.g., just before July 1, 2026), rather than reconstructing their full historical timeline. Data collection should focus on accurate circumstances at the point of implementation, not retroactive history.

If splitting projects, how should client transfers, start dates, and move-in dates be handled?
Projects should be set up with an operating start date aligned to BHSA implementation (e.g., July 1, 2026, or the date the project begins services/housing), and clients should be exited from the original project and enrolled in the new project on the same or next day. Client project start dates should align with the new enrollment (not original entry into housing) and move-in dates must be on or after the project start date, even if the client was housed earlier. Prior Living Situation should reflect the client's status immediately before the new enrollment.

CoC, Geography & Multi-Site Projects

Where should multiple CoC codes be recorded?
Projects should be set up in the primary CoC where funding/administration resides, with all applicable CoCs listed in Project CoC, and the specific location of service recorded per client in Enrollment CoC.

What address should be used for multi-site or tenant-based projects?
Use the address where most clients are served for multi-site projects. For tenant-based projects, use the administrative address.

How should out-of-county placements or cross-CoC placements be handled?
If a project serves clients across CoCs but is funded and administered from one CoC, it should remain a single project in that CoC, with:

- All operating CoCs listed in Project CoC, and
- Each client's service location captured in Enrollment CoC.

When are duplicate project setups across CoCs required?
Duplicate setup is required when a project is funded to operate across multiple CoCs and those CoCs use different HMIS implementations. In those cases, the project must be set up separately in each system.

Are there exceptions to Project CoC vs Enrollment CoC guidance?
Generally, projects should not be duplicated across CoCs unless required by HMIS implementation differences. Exceptions should be determined in coordination with the HMIS Lead based on how the project operates.

Do providers need to add CoC codes for outsourced placements (e.g., ARFs)?
Yes. Providers should ensure that all CoCs where placements occur are included in Project CoC, and that Enrollment CoC reflects the client's actual placement location, even for outsourced or out-of-county placements.

Reporting & HMIS System

When will BHSA data be available in HDIS?

BHSA data will be available in HDIS after it is entered into HMIS and uploaded by HMIS Leads through regular data submission processes. Timing and availability details may be clarified further once additional state guidance is released.

When will BHSA project data become visible in HDIS reporting?
Cal ICH is required by AB 977 to publish outcome measures by June 1, 2027. The initial public reporting will include data through June 30, 2026, and therefore will not include BHSA data. At this time, Cal ICH has not specified when the next upload of data will be added to the outcome measures site.

What reporting is required for BHSA programs (e.g., APR or other reports)?
Reporting requirements have not yet been finalized by DHCS. Additional guidance on required reports (e.g., APR or other reporting formats) will be provided as it becomes available.

What is the expected reporting frequency (e.g., monthly, quarterly)?
The 44 CoCs/HMIS leads upload data to HDIS quarterly and the required submission date is determined by Cal ICH and currently is approximately one and one-half months after the end of the quarter. County BH departments are not required to submit data to Cal ICH.

What data elements will DHCS collect from HMIS?
Projects are required to collect Universal Data Elements (UDEs) and applicable Common Data Elements (CDEs) in HMIS. These data will support DHCS reporting; however, specific reporting requirements and use of these elements have not yet been fully defined.

How does DHCS view HMIS data (aggregate vs. project-level)?
HMIS data is submitted to the state and aggregated within HDIS for reporting and analysis. Further detail on how DHCS will review or use project-level vs. aggregate data is pending additional guidance.

Are there additional reporting requirements beyond what is outlined in the BHSA Policy Manual?
For county BH, all reporting for BHSA is specified in the policy manual, however, DHCS has not yet released the Behavioral Health Outcomes, Accountability, and Transparency Reports (BHOATRs) which will be the actual reporting mechanism for BH Counties. In addition, DHCS is developing Phase Two Performance Measures which will not require specific reporting, but will utilize data from EHRs and HMIS to calculate measures that counties will be held accountable to.

Will additional FAQs or formal guidance documents be released?

Yes. The FAQ document will be updated as additional guidance becomes available. Ongoing technical assistance will continue via BHSA@abtglobal.com, which should be used for questions or clarification needs.

Vendor & System Functionality

What guidance is available on HMIS vendor configuration, system updates, or functionality for BHSA (e.g., new fields, data requirements, or system capabilities)?
HMIS configuration, including system updates, new fields (e.g., Board and Care Move-In Date, Chronic Homelessness), data field requirements, and system functionality, is HMIS vendor-specific. Providers should work directly with their vendor for information on system updates, field availability, and implementation timelines.

Are any existing HMIS data fields (e.g., W5) no longer required?
Yes. As of Version 1.1 of the Project Setup Instructions, W5 Housing Assessment at Exit was removed from the required BHSA-HMIS data elements list and is no longer required for BHSA.

For the current required data elements, refer to the Setup Instructions. For how these changes are reflected or implemented in HMIS, contact your vendor directly.

How will HMIS systems handle BHSA definitions that differ from HUD definitions?
Projects should follow HUD HMIS Data Standards for system configuration. Any system-specific handling of BHSA definitions is vendor-dependent, and questions should be directed to the HMIS vendor.

How will vendors support integration of BHSA-specific definitions (e.g., chronic homelessness differences from HUD)?
HMIS vendors are working on edits to their systems to allow for the BHSA Chronic Homelessness calculation. Contact your HMIS vendor for additional details that may vary.

Are there costs or limitations related to tracking multiple CoCs within vendor systems?
This is vendor specific. Providers should consult their HMIS vendor regarding costs, system limitations, and functionality related to managing multiple CoCs.

Will HMIS vendors (e.g., WellSky, Bitfocus) add new fields or workflows specific to BHSA? HMIS vendors are working on system updates to allow for the BHSA Chronic Homelessness calculation. Contact your HMIS vendor for additional details that may vary.

Will standardized report templates be developed for BHSA- and BHBH-funded projects? CalMHSA hosted three webinars on the draft HMIS BHSA instructions. This included demonstrations from some HMIS vendors on reporting available. Recordings of the webinars and vendor presentation materials are available at calmhsa.org/housing-interventions. Please contact your HMIS lead for further guidance.

Special Populations & Programs

Are ARFs or Board and Care providers required to enter data into HMIS?
Yes. If operating a BHSA-funded project, the entity responsible for delivering housing or services must ensure HMIS data is collected and entered, either directly or through a contracted provider.

How should outreach programs funded under BHSA be set up (Outreach vs Services Only)?
Outreach programs should be set up as Street Outreach (SO) when the primary activity is engaging unsheltered individuals and connecting them to housing and services. Services Only (SSO) should be used only when activities do not fit another HMIS project type.

How should specialized or non-standard programs (e.g., FSP Housing, auxiliary housing) be configured in HMIS?
Programs should be configured based on how they operate, using HUD HMIS project types:

- Housing with tenancy (leases) → Permanent Housing (PSH or RRH)
- Temporary housing without tenancy → Emergency Shelter (ES)
- Services without housing → Services Only (SSO)

If a program includes multiple distinct activities, separate HMIS projects may be required to reflect each function.

Chronic Homelessness

How does the BHSA definition of chronic homelessness differ from HUD's definition?
BHSA adopts HUD's definition of chronic homelessness but includes key modifications:

- BHSA removes the requirement that homelessness occur on at least four separate occasions; instead, any number of episodes totaling 12 months qualifies.
- Individuals who were chronically homeless prior to entering an institutional setting retain that status upon discharge, regardless of how long they stayed.
- Individuals who were chronically homeless prior to receiving Transitional Rent or MHSA-funded housing may retain that status when transitioning into BHSA Housing Interventions.
- Chronic homelessness status is determined at enrollment and may be maintained for the duration of participation in Housing Interventions.

In contrast, HUD requires that the 12-month duration be met either continuously or across at least four separate occasions and does not provide the same flexibility for retaining status after certain housing or institutional placements.

Will currently housed clients be grandfathered into chronic homelessness status?
Not broadly. Clients are not automatically "grandfathered" simply because they are currently housed. However, under BHSA policy:

- Clients who were chronically homeless prior to receiving Transitional Rent or MHSA-funded housing may retain their chronic homelessness status when transitioning into BHSA Housing Interventions.
- Chronic homelessness status is determined at enrollment and may be maintained for the duration of participation in Housing Interventions.

In practice, this means status can carry forward in specific circumstances, rather than being newly granted based on current housing status.

How will chronic homelessness be tracked and reported under BHSA?
Chronic homelessness will be captured using standard HMIS data elements aligned with HUD Data Standards. However, specific BHSA reporting requirements and methodologies are still pending guidance from DHCS.
Additionally, calculation methods and system implementation (e.g., how chronic homelessness is determined or reported within HMIS) are vendor-specific. Providers should work directly with their HMIS vendor for guidance on how chronic homelessness is configured, calculated, and reported within their system.

How will chronic homelessness be determined for clients without complete HMIS history?
State guidance is still pending. In the absence of complete HMIS history, projects should follow standard HMIS data collection practices and document client information as accurately as possible. Additional direction on documenting or verifying chronic homelessness under BHSA is expected.

How will BHSA chronic homelessness status be calculated within HMIS and HDIS?
HMIS vendors are working on system updates to allow for the BHSA's definition of Chronic Homelessness to be automatically calculated. Contact your HMIS vendor for the latest details on this. Cal ICH currently has no plans to report on BHSA's calculated chronic homelessness status on its reporting website.

For clients already enrolled prior to HMIS implementation, how will chronic homelessness be determined if historical HMIS data is incomplete or unavailable?
DHCS has not established a specific process for determining BHSA chronic homelessness individual/household counts in HMIS; instead that determination will be made at the county level. As stated in Section C.4.1.2, Chronically Homeless of the BHSA Policy Manual, counties are responsible for assessing whether an individual meets the definition of chronic homelessness at the time of enrollment. Once individuals are determined to be chronically homeless, they may retain that status for the duration of their participation in Housing Interventions services. This determination supports the requirement that at least 50 percent of Housing Interventions participants be individuals experiencing chronic homelessness.

Is there a way for case managers or providers to manually indicate BHSA chronic

homelessness when HMIS historical data is insufficient?
Yes. County staff may collect information and document chronic homelessness (CH) status through a manual review process. CalMHSA is developing training and documentation templates to support counties in making and documenting these determinations consistently. Until those resources are available, counties may indicate CH status in their EHR when they have determined that an individual meets the definition of chronic homelessness. Counties should maintain appropriate documentation to support their determination in accordance with local policies and procedures.

Habitability

Is a county inspection and an attestation that the housing is habitable required for all housing placements?
No, any setting that is licensed by another entity does not need habilitability oversight by DHCS. For example, motels meet these requirements through the acquisition of a business license. Similarly, Board and Cares are licensed separately and thus, do not need to be inspected.
How often do permanent settings need to be inspected?
For permanent settings, annual checks are sufficient unless complaints or issues arise.
Do interim housing sites need to be inspected? Not necessarily. For an interim setting like a hotel or an ARF, their habilitability is governed by other bodies and the county does not need to inspect them. If a permanent setting is used for an interim use, then annual inspections are required (like master leased housing being used for interim stays).
Are inspections required for all Housing Intervention expenditures?
No, inspections are not required when it is an non-rent subsidy or use of funds like a pet deposit or repairs.