PARTNERS FOR HOME

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)  Atlanta Continuum of Care Data Quality Plan
Overview

This document describes the Data Quality Plan for the Atlanta Continuum of Care (CoC). The plan monitors data quality from initial client engagement to discharge. This data plan is inclusive of the Homeless Management Information System (HMIS) data quality standards and the data quality monitoring plan. The Atlanta CoC Data Quality Plan and the related monitoring plan will be updated annually with consideration to the latest HMIS data standards and the Georgia HMIS Standard Operational Procedures.
I. **Introduction**

A. **What is Data Quality?**
   
   Data quality is a term used to describe and determine the reliability and validity of client-level data collected in the Homeless Management Information System (HMIS). It is measured by the extent to which the client data in the system reflects actual information in the real world. With good data quality, the Continuum of Care (CoC) can “tell the story” of the population experiencing homelessness.

   1. **Why data quality is important:**
      
      The quality of data is important because high standards for certain characteristics such as timeliness, completeness, and accuracy increase reliability and validity of data.

B. **What is a Data Quality Plan?**
   
   A Data Quality Plan is a community-level document that facilitates the ability of the CoC to achieve statistically valid and reliable data. A Data Quality Plan sets expectations for the CoC, the HMIS Lead Agency, and the end users to capture valid and reliable data on persons accessing the homeless assistance system throughout the community.

   1. **Goals of Data Quality Plan**
      
      Developed by the CoC Data Quality Committee and adopted by the CoC, the goals of the Data Quality Plan are:
      
      - Identify the responsibilities of all parties within the CoC with respect to data quality;
      - Establish specific data quality benchmarks for timeliness, completeness, accuracy, and consistency;
      - Describe the procedures for implementing the plan and monitoring progress toward meeting data quality benchmarks; and
      - Establish a timeframe for monitoring data quality on a regular basis.

C. **What is HMIS and HMIS Data Standards?**
   
   HMIS is an administered, electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community. Each CoC receiving HUD funding is required to implement an HMIS to capture standardized data about all persons accessing the homeless assistance system. Furthermore, elements of HUD’s annual CoC funding competition are directly related to a CoC’s progress in implementing its HMIS.

   HMIS data standards set expectations for the quality of data entered into the HMIS and provide guidance to HMIS participating providers on how to capture and enter reliable and valid data for persons accessing the homeless assistance system.
D. **What is a Data Quality Monitoring Plan?**
A data quality monitoring plan is a set of procedures that outlines a regular, on-going process for analyzing and reporting on the reliability and validity of the data entered into the HMIS at both the program and aggregate system levels. A data quality monitoring plan is the primary tool for tracking and generating information necessary to identify areas for data quality improvement.

II. **HUD Requirements**
In 2004, HUD published HMIS Data and Technical Standards in the Federal Register. The Standards defined the requirements for data collection, privacy safeguards, and security controls for all local HMIS.

In July 2017, HUD updated the HMIS Data Standards Manual to reflect critical data standard changes that were needed from previous versions and to address frequently asked HMIS questions.

A. **Federal Partners**
The federal partners and their respective programs now use HMIS in an effort to end homelessness. These include:

**U.S. Department of Housing and Urban Development (HUD)**
- Office of Special Needs Assistance Programs (SNAPS)
- Continuum of Care (CoC) Program
- Emergency Solutions Grants (ESG) Program
- Housing Opportunities for Persons with AIDS program (HOPWA)
- HUD-Veterans Affairs Supportive Housing (HUD/VASH)
- Rural Housing Stability Assistance Program (RHSP)

**U.S. Department of Health and Human Services (HHS)**
- Administration for Children and Families (ACYF) – Family and Youth Service Bureau (FYSB)
- Runaway and Homeless Youth (RHY)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Projects for Assistance in Transition from Homelessness (PATH)

**U.S. Department of Veteran Affairs (VA)**
- Supportive Services for Veteran Families Program (SSVF)
- Community Contract Emergency Housing (HCHV/EH)*
- Community Contract Residential Treatment Program (HCHV/RT)*
- Domiciliary Care (HCHV/DOM)*
- VA Community Contract Safe Haven Program (HCHV/SH)*
- Grant and Per Diem Program (GPD)*
- Compensated Work Therapy Transitional Residence (CWT/TR)*
B. HMIS Data Standard Requirements

1. Program Descriptor Data Elements (PDDEs)
   Data elements are recorded about each project in the CoC, regardless of whether the project participates in the HMIS. PDDEs are updated at least annually. HUD’s Program Descriptor Data Elements as set forth in the HMIS Data Standards Revised Notice, March 2010, Data Elements 2.1 through 2.13.

   The following Project Descriptor Data Elements are required for project setup in HMIS:
   - Organization Identifiers
   - Project Identifiers
   - Continuum of Care Code
   - Project Type
   - Method for Tracking Emergency Shelter Utilization
   - Federal Partner Funding Sources
   - Bed and Unit Inventory
   - Additional Project Information

2. Universal Data Elements
   The Universal Data Elements establish a baseline for data collection requirements for all homeless, housing, and/or service providers entering data into the HMIS. They are the basis for producing unduplicated estimates of the number of people experiencing homelessness and the number of people accessing services from homeless assistance projects. Universal Data Elements also produce basic demographic characteristics of people experiencing homelessness and patterns of service use, such as information on shelter stays and homelessness over time.

   The required Universal Data Elements include the following:
   - Name
   - Social Security Number
   - Date of Birth
   - Race
   - Ethnicity
   - Gender
   - Veteran Status
   - Disabling Condition
   - Living Situation
   - Project Entry Date
   - Project Exit Date
   - Destination
   - Personal ID (Client ID)
   - Household ID (Case ID)
   - Relationship to Head of Household
   - Client Location

3. Program Specific Data Elements
   Program Specific Data Elements differ from the Universal Data Elements in that no individual project must collect every single element in this section. Which data elements are required is dictated by the reporting requirements set forth by each Federal Partner for each of their programs. A Partner may require all of the fields or response categories in a data element or may specify which of the fields or response categories are required for their report.

   Program Specific Data Elements required by more than one Federal Partner are as follows:
III. Data Quality Standards

A. Intake Packet

Agencies within the CoC will utilize the project appropriate intake forms found on the Georgia Department of Community Affairs (DCA) website. Agencies are expected to utilize the latest version approved by DCA. The DCA approved intake forms are required. Agencies can elect to use additional intake forms as needed.

B. Data Timeliness

Timeliness reduces human errors that may happen when too much time has elapsed between data collection and data entry. It also ensures data is accessible when needed, either proactively (e.g. monitoring purposes, increasing awareness, meeting funding requirements), or reactively (e.g. responding to requests for information, responding to inaccurate information).
All data will be input into the HMIS within 48 hours of collection, including programs requiring re-certification and annual reviews.

C. Data Completeness
Completeness is the level at which a data field has been answered in whole or in its entirety. Measuring completeness can ensure that client profiles are accurately answered in whole and that an entire picture of the client’s situation emerges. Partially complete or missing data (e.g., missing digit(s) in the SSN, missing the year of birth, missing information on disability or veteran status) can negatively affect each CoC’s ability to provide comprehensive care to clients. Incomplete data results in an inaccurate picture of the needs in each CoC, directly affecting services in individual communities that are necessary to permanently house clients.

All Projects will ensure each of their required Data Elements are entered in to HMIS for all clients served by the project. In addition, all Projects will make reasonable efforts to limit the percentage of “missing/null”, “don’t know”, “refused”, and “data not collected” entries to 5% or less.

1. All Clients Served
   All clients will be entered in to the HMIS. This includes identifying information, characteristics fields, and entrance and exit data. An exception can be made for victims of domestic violence or any client who does not want their information in HMIS.

2. Bed/Unit Utilization Rates
   Bed coverage will be calculated consistently with the Housing Inventory Count (HIC). The Atlanta CoC will achieve the following targets for bed coverage: 100% of HUD required organizations; 50% of non-HUD required beds (excluding HUD-VASH vouchers). The CoC Lead Agency will assess bed coverage annually.

D. Data Accuracy (Validity)
Accurate data ensures that the HMIS is the best possible representation of reality as it relates to persons experiencing homelessness and the programs serving them on a day-to-day basis. Accuracy can be difficult to assess as it depends on the client providing correct data and the intake worker’s ability to document and enter the data accurately. Accuracy is best determined by comparing records in the HMIS to paper records, or the records of another reliable provider. For example, the SSN in question can be compared to a paper case file or SSI benefit application.

A 100% (no more than a 5% error rate allowed) data accuracy rate is expected of all HMIS participating agencies. Data accuracy can be measured by self-monitoring project records against paper records and by using forms that require clear communication from data entry staff and data collection staff.

Consistency means that all users of the HMIS have a common understanding of the meaning of all fields and of which fields need completion. It is measured by significant differences in the characteristics of data entered by different users or for different programs or agencies. Our client populations share many of the same
characteristics and significant differences in these characteristics indicate possible inconsistency in interpreting the meaning of the data fields.

All data in HMIS shall be collected and entered in a common and consistent manner across all programs. As stated in “Section A: Intake Packet”, Agencies are expected to utilize the latest version approved by DCA. The DCA approved intake forms are required. Agencies can elect to use additional intake forms as needed. A document that outlines the basic data elements collected on the intake form, their response categories, rationale, and definitions will be made available in paper and via the HMIS website as a quick reference to ensure consistent data collection. New agencies that join the CoC are required to review this document as part of the HMIS Agency Agreement execution process.

E. Training
Training helps ensure that end-users are all kept up-to-date on the latest HMIS software releases, are entering data correctly into HMIS, and are adhering to policies and procedures. The DCA website (https://www.dca.ga.gov/safe-affordable-housing/homeless-special-needs-housing/homeless-management-information-system-hmis) has multiple training videos and extensive documentation including guides, intake forms, and workflows for multiple programs including CoC, ESG, HOPWA, and VASH.

All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, all end-users will complete an initial training before accessing the live HMIS system. All HMIS users are encouraged to attend a refresher training annually.

Please note: Six months of no system activity will require completion of refresher training before accessing the live HMIS system again.

F. Monitoring
The purpose of monitoring is to ensure that the standards on the extent and quality of data entered into the Georgia Homeless Management Information System that have been agreed upon by the CoC and their homeless service providers are met to the greatest possible extent and that data quality issues are quickly identified and resolved.

All projects are expected to meet the HMIS Data Quality Standards described in this document. Each project is responsible for monitoring its own data and establishing internal data quality control procedures. Projects are encouraged to utilize all applicable reports that can be generated directly from HMIS. In addition, the HMIS administrators for the Atlanta CoC will monitor HMIS data on the project and system levels in accordance with this Data Quality Plan. Projects that fail to meet the data standards will be asked by the CoC Lead Agency to submit a written plan that details how they will take corrective action and the timeline for doing so. Data quality scoring by each agency plays a significant role during funding consideration. Failing to meet minimum Data Quality Standard requirements may result in a loss or reduction of funding.
IV. Data Quality Monitoring Plan

A. Introduction
The data quality monitoring plan is the primary tool for tracking and improving data quality over time. When the data quality benchmarks are met, reporting will be more reliable and can be used to evaluate service delivery, program design and effectiveness, and efficiency of the system. Assessing data for compliance with community-level benchmarks can be cumbersome and involves identifying the roles and responsibilities of all parties within the CoC that affect HMIS data quality. This section outlines how Georgia HMIS data quality will be monitored, including adherence to the data quality standards referenced in this plan.

B. Components:

1. Benchmarks and Goals

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<th>Data Type*</th>
<th>Error Rate (max)</th>
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<tr>
<td>Personally Identifiable Information</td>
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</tr>
<tr>
<td>Universal Data Elements</td>
<td>5%</td>
</tr>
<tr>
<td>Income and Housing Data</td>
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</tr>
<tr>
<td>Chronic Homelessness</td>
<td>5%</td>
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<tr>
<td>Timeliness (documentation entered within 72 hours)</td>
<td>10%</td>
</tr>
<tr>
<td>Destination</td>
<td>5%</td>
</tr>
</tbody>
</table>

*for all project types

2. Roles and Responsibilities
All roles listed must ensure the privacy and confidentiality of the clients served and records collected and adhere to the ClientTrack End-User Agreement.

   a) **HMIS Lead**
   Project management, system functionality, policy and procedures, training and technical assistance, and implementation for Georgia. For more detailed information, refer to the GA HMIS Bylaws 2018.

   b) **GA HMIS Steering Committee**
   Responsible for providing oversight of the HMIS implementation, and for providing counsel, guidance, and assistance to the staff members, governing bodies, and contributing providers within each of the eight participating CoCs. For more detailed information, refer to the GA HMIS Bylaws 2018.
c) **GA HMIS Steering Committee Data and Evaluation Subcommittee**
   Assists with new policy and policy revisions for the GA HMIS Implementation.

d) **System Administrators**
   Staff from the HMIS Lead who support the CoC HMIS Administrators

e) **CoC HMIS Administrators**
   In addition to the responsibilities assigned to HMIS End Users, CoC HMIS Administrators will run all required reports monthly and compare the results to the Data Quality Standards. CoC HMIS Administrators carry out maintenance and operation of GA HMIS, create de-identified (anonymous) information that can be used for research and statistical purpose, and provide technical assistance and training.

f) **Providers**
   Providers are responsible for entering and correcting data in accordance with the Data Quality Plan and for staying abreast of any updates that occur within their programs. The provider will identify a primary staff contact that will oversee quality data collection and entry by staff.

g) **HMIS End Users/Data Entry Staff**
   HMIS end users/data entry staff are responsible for attending all required and relevant training and ensuring timely, accurate, and complete data collection and entry.
3. Monitoring Timelines
The table below outlines the frequency with which each report for each project type should be run by individual agencies to self-monitor their own data quality.

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</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>Monthly</td>
<td>Quarterly</td>
<td>Monthly</td>
<td>Daily</td>
<td>Quarterly</td>
</tr>
<tr>
<td>HOPWA</td>
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<td>Quarterly</td>
<td>Monthly</td>
<td>Monthly</td>
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</tr>
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<td>Monthly</td>
<td>Weekly</td>
<td>Quarterly</td>
</tr>
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<td>PATH</td>
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<td>Quarterly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Quarterly</td>
</tr>
<tr>
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<td>Monthly</td>
<td>Monthly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Prevention</td>
<td>Monthly</td>
<td>Quarterly</td>
<td>Monthly</td>
<td>Monthly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Rapid Rehousing</td>
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<td>Monthly</td>
<td>Monthly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Services Only</td>
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<td>Quarterly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Quarterly</td>
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<tr>
<td>Transitional Housing</td>
<td>Monthly</td>
<td>Quarterly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Quarterly</td>
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</tbody>
</table>

4. Compliance
The Atlanta CoC HMIS Administrators will randomly select a subset of the Atlanta CoC projects on a quarterly basis to audit using the data quality reports in the table above. The reports will be reviewed by the Atlanta CoC Data Quality Committee to ensure compliance.
When projects are not in compliance with the data quality standards set in this Data Quality Plan, the Committee will contact a representative of that project to inform him/her of the issue and set a Data Quality Improvement Plan to bring that project into compliance by the next audit. Continuous non-compliance may result in a loss or reduction of funding.

V. Resources and Tools

A. Data Quality Resources

1. **GA HMIS Policies and Standard Operating Procedures**

2. **GA DCA HMIS Documents**
   https://www.dca.ga.gov/node/4254/documents/10

3. **DCA ClientTrack Training Videos**
   https://www.youtube.com/playlist?list=PLQLtPM9_z4aBCxXAHZQf_Kv0qDf1tEUBW

4. **HUD HMIS Data Standards**

5. **HMIS Data and Technical Standards**

6. **HUD HMIS Data Dictionary**

7. **Program-Specific HMIS Data Manuals**
   https://www.hudexchange.info/programs/hmis/hmis-guides/#hmis-federal-partner-grantees-resources

B. Reports

1. **HUD Data Quality Report**
   Home Workspace > GA HMIS REPORTS > HUD Data Quality Report
Note: This report should be used in conjunction with the HUD Data Quality Report Detail found in the same location.

2. **APR**
   Home Workspace > GA HMIS REPORTS > APR > CSV – APR 2018

3. **LSA Data Quality Reports**
   Home Workspace > CUSTOM REPORTS > LSA Data Quality Reports
   >
   1. LSA Head of Household Issues
   2. LSA Missing Client Location
   3. LSA Missing Move-In Date
   4. LSA 3.917
   5. LSA Missing DV

4. **Current Enrollments**
   Home Workspace > MY CLIENTTRACK > Current Enrollments > Open Enrollments w/ Most Recent Assessment

5. **ESG – CAPER**
   Home Workspace > GA HMIS REPORTS > ESG CAPER > CSV – CAPER 2018

Note: Once the report filters are inputted and the export is run, the data can be encrypted, if desired. If it is run as an encrypted file, the file with download as an .exe file and the computer may flag this as a virus. If the file is run as unencrypted, it is the responsibility of the person running it to ensure that the file is secure on the computer as there is Personally Identifiable Information on these files.
C. HUD HMIS Glossary

Terms and Definitions

Administration for Children and Families (ACYF) / Family and Youth Service Bureau (FYSB) – HHS funded agency that promotes the economic and social well-being of families, children, individuals, and communities through a range of educational and supportive programs in partnership with states, tribes, and community organizations. ACF also advises Secretary of Health and Human Services on issues pertaining to children, youth, and families. These issues include child support enforcement, child welfare, childcare, family assistance, Native American assistance, refugee resettlement, and more. FYSB supports the organizations and communities that work to put an end to youth homelessness, adolescent pregnancy and domestic violence.

ClientTrack – The locally (Georgia) administered, electronic data collection system that stores longitudinal person-level information.

Community Contract Emergency Housing (HCHV/EH)- VA sponsored program that provides emergency housing to Veterans experiencing homelessness.

Community Contract Residential Treatment Program (HCHV/RT) - Provides emergency housing to Veterans experiencing homelessness with serious mental health or substance use disorders.

Compensated Work Therapy Transitional Residence (CWT/TR) - Program designed to assist homeless Veterans in returning to competitive employment.

Continuum of Care (CoC) – a local planning body that coordinates a plan to organize and deliver housing and services to meet the needs of people who are homeless; continuum of care action plan include outreach, intakes, assessments and linkage to emergency shelter, transitional housing and permanent supportive housing.

Domiciliary Care (HCHV/DOM) - Residential care for sheltered and unsheltered Veterans with multiple challenges, illnesses or rehabilitative care needs. It provides a structured setting to foster Veterans’ independence and mutual support. Either on VAMC (VA Medical Center) grounds or in the community, participating Veterans receive interdisciplinary clinical care that includes medical, psychiatric, vocational, educational or social services.

Emergency Solutions Grants (ESG) - A HUD administered grant that assist individuals and families quickly regain stability in permanent housing after experiencing a housing crisis or homelessness.

Grant and Per Diem Program (GPD) - VA program that promotes the development and provision of supportive housing (up to 24 months) and/or supportive services with the goal of helping homeless Veterans achieve residential stability.

Homeless Management Information System (HMIS) - An electronic data collection system that stores longitudinal person-level information about the men, women, and children who access homeless and other human services in a community.
Housing Opportunities for Persons with AIDS (HOPWA) – HUD funded grants provided to local communities, States and non-profit organizations for projects that benefit low income individuals living with HIV/AIDS and their families.

HUD-Veterans Affairs Supportive Housing (HUD / VASH) – HUD-VASH is a collaborative program between HUD and VA agencies that provide supportive services to help homeless Veterans and their families find and sustain permanent housing. HUD provides rental assistance vouchers for privately owned housing to Veterans who are eligible for VA health care services and are experiencing homelessness. VA case managers may connect these Veterans with support services such as health care, mental health treatment and substance use counseling to help them in their recovery process and with their ability to maintain housing in the community.

Program – A Federal funding source which provides housing and or services grant dollars

Project - A distinct unit of an organization which may or may not be funded by HUD or the Federal Partners that provide services and or lodging for the homeless and is identified by the continuum as part of its service program

Projects for Assistance in Transition from Homelessness (PATH) – SAMSHA funds provided services for people with serious mental illness (SMI) experiencing homelessness.

Reliable- the consistency of a measure; there are 3 types: over time (test-retest reliability), across items (internal consistency), and across different researchers (inter-rater reliability).

Runaway and Homeless Youth (RHY) An HHS/FYSB funded program that provides street outreach, emergency shelters and longer-term transitional living and maternity group homes to homeless youth.

Rural Housing Stability Assistance (RHSP)- A HUD funded program designed to re-house or improve the housing situations of persons who are homeless or in the worst housing situation; and to stabilize the housing of individuals and families who are at risk of becoming homeless; and improve the ability of the lowest income residents of the county to afford stable housing.

Substance Abuse and Mental Health Services Administration (SAMHSA) - the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation. SAMHSA provides leadership and devotes its resources, including programs, policies, information and data, contracts and grants, to help America’s states and communities act on the knowledge that behavioral health is essential to health; prevention works; treatment is effective; and people recover from mental and substance use disorders.

Supportive Services for Veteran Families Program (SSVF)- VA program that provides case management and assistance in obtaining VA and other benefits, as well as time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veteran families stay in or acquire permanent housing on a sustainable basis. SSVF serves veteran families and individuals who are homeless or at-risk of homelessness without SSVF assistance.

U.S. Department of Health and Human Services (HHS) - The U.S. Department of Health and Human Services (HHS) is a cabinet-level agency in the executive branch of the federal
government. Its mission is to enhance and protect the wellbeing of all Americans by providing effective health and human services and fostering advances in medicine, public health and social services.

**U.S. Department of Housing and Urban Development (HUD)** - Federal agency responsible for national policy and programs that address housing needs, improve and develop communities and enforce fair housing laws

**U.S. Department of Veteran Affairs (VA)** - The Department of Veterans Affairs runs programs benefiting veterans and members of their families. It offers education opportunities and rehabilitation services and provides compensation payments for disabilities or death related to military service, home loan guaranties, pensions, burials, and health care that includes the services of nursing homes, clinics, and medical centers.

**VA Community Contract Safe Haven Program (HCHV/SH)** - An early recovery model of supportive housing that serves hard-to-reach homeless individuals. A Safe Haven is a 24hr / 7 days a week community-based early recovery model of supportive housing that serves hard-to-reach and hard-to-engage Veterans with severe mental illness and/or substance use disorders. The program does not demand treatment participation although it is available. The program does expect participants to transition from unsafe environments to permanent housing and re-engage with treatment.

**Validity** - The extent to which the scores from a measure represents the variable the measure intended to score.
<table>
<thead>
<tr>
<th>Universal Data Elements</th>
<th>1.1 Name</th>
<th>1.2 Social Security Number</th>
<th>1.3 Date of Birth</th>
<th>1.4 Race</th>
<th>1.5 Ethnicity</th>
<th>1.6 Gender</th>
<th>1.7 Veteran Status</th>
<th>1.8 Disability Condition</th>
<th>1.10 Project Start Date</th>
<th>1.11 Project End Date</th>
<th>1.12 Destination</th>
<th>1.15 Relationship to Head of Household</th>
<th>1.16 Client Location</th>
<th>1.20 Housing Move-in Date</th>
<th>1.37 Living Situation</th>
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