

Data Elements for Client-level Data Export (Submitted to OMB)

A client report must be submitted by all agencies that provide services directly to clients. This document outlines the data fields that will be submitted in the XML file. The client report will contain one de-identified record for each client who received a Ryan White HIV/AIDS Program-funded core medical service or support service during the reporting period.

The data elements reported per client will depend upon the specific RWHAP-funded service(s) the client received at the agency. HAB used the Privacy Rule’s safe-harbor method of de-identification as a guide when determining the client level data elements to be reported by Ryan White Program service providers. The information being reported in the selected client level data elements cannot be used alone or in combination to re identify specific Ryan White clients. For detailed information about these data elements and reporting client-level data, refer to “The Client Report” section in the RSR Instruction Manual.

Note: For the first two RSR reporting periods (January–June 2009 and January–December 2009), only service providers receiving RWHAP funds to provide outpatient/ambulatory medical care and/or case management services (medical or non-medical) will be required to submit a Client Report.

Field #	Variable Description	Coding	Rationale ¹
SV1	Reporting Period	Jan 1 – Jun 30, 20XX Jan 1 – Dec 31, 20XX	
SV2	Unique Provider ID	_____	
Client Demographics			
SV3	Unique client ID (UCI)	TBD	
1.	Date of client’s first service visit at this provider’s agency or organization	__/__/____ MM/DD/YYYY (If only month and year are known, enter “01” as the day.) Unknown	Necessary for identifying new clients 2006 Ryan White Legislation requirement Necessary for all performance measures relevant to new clients as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical Performance Measures Group 1

Field #	Variable Description	Coding	Rationale ¹
2.	What was the client's vital enrollment status <u>at the end of this reporting period</u> ?	Active, continuing in program Referred to another program or services, or became self-sufficient Removed from treatment due to violation of rules Incarcerated Relocated Deceased Unknown	Necessary to track enrollment or vital status over the course of the reporting period Informs the denominator of other items
3.	If response is "deceased" in Q2, then answer: What was the client's date of death, if known?	____/____/____ MM/DD/YYYY	
4.	Client's year of birth	____ YYYY Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement
5.	What is the client's ethnicity?	Hispanic/Latino Non-Hispanic/Latino Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement Necessary for all performance measures relevant to new clients as required for: <ul style="list-style-type: none"> • PART
6.	What is the client's race? (<i>Select one or more</i>)	White Black or African American Asian Native Hawaiian/ Pacific Islander American Indian or Alaska Native Unknown	Used to identify important population subgroups Necessary for performance measures relevant to ethnicity as required for: <ul style="list-style-type: none"> • PART

Field #	Variable Description	Coding	Rationale ¹
7.	What is the client's current gender?	Male Female Transgender Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement
8.	If response is "Transgender" in Q7, then answer: What is the client's transgender subgroup, if known?	Male to female Female to male	Necessary for performance measures relevant to gender as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical Performance Measures Group 1
9.	Client's percent of the Federal poverty level <u>at the end of the reporting period</u>	Equal to or below the Federal poverty level 101-200% of the Federal poverty level 201-300% of the Federal poverty level More than 300% of the Federal poverty level Unknown	Used to identify an important population subgroup 2006 Ryan White Legislation requirement
10.	Client's housing status <u>at the end of the reporting period</u>	Stable/permanent Temporary Unstable Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement
11.	What was the geographic unit code of the client's residence <u>at the end of this reporting period</u> ? If the client's housing is "unstable," enter the geographic unit code of the place the client considered his/her residence or "home base" <u>at the end of this reporting period</u> .	— — —	Used to measure and assess the extent of out-of-service area utilization. Used to determine areas of eligibility

Field #	Variable Description	Coding	Rationale ¹
12.	What was the client's HIV/AIDS status <u>at the end of the reporting period</u> ?	HIV negative HIV +, not AIDS HIV-positive, AIDS status unknown CDC-defined AIDS HIV indeterminate (infants only) Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to HIV/AIDS status as required for: <ul style="list-style-type: none"> • PART • HAB Core Clinical performance measures Group 1
13.	If response is “CDC-defined AIDS” in Q12, then answer: What is the year of the client's AIDS diagnosis, if known?	_____ YYYY	
14.	What is the client's risk factor for HIV infection (select one or more)	Male who has sex with male(s) (MSM) Injecting drug use (IDU) Hemophilia/coagulation disorder Heterosexual contact Receipt of blood transfusion, blood components, or tissue Mother w/at risk for HIV infection (perinatal transmission) Other Unknown	Used to identify important population subgroups
15.	Indicate <u>all sources</u> of the client's health insurance <u>during this reporting period</u> :	Private Medicare Medicaid Other Public No Insurance Other Unknown	Used to identify important population subgroups 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale ¹
Core Services: Only report data for the services your agency has been funded to provide.			
16.	Outpatient ambulatory health services	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement Necessary for performance measures relevant to number of visits as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1
17.	Oral health care	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
18.	Early intervention services (Parts A and B)	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
19.	Home health care	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
20.	Home and community-based health services	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
21.	Hospice services	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
22.	Mental health services	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
23.	Medical nutrition therapy	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement
24.	Medical case management (including treatment adherence)	Number of visits <u>in each quarter of reporting period</u> — —	Accountability, use of funds 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale ¹
25.	Substance abuse services--outpatient	Number of visits <u>in each quarter of reporting period</u> ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
26.	Did the client receive Local AIDS Pharmaceutical Assistance (APA, not ADAP) <u>at any time during each quarter of this reporting period?</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
27.	Was Health Insurance Program (HIP) funding provided for this client <u>each quarter during this reporting period?</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
Support Services: Only report data for the services your agency has been funded to provide.			
28.	Received Case management (non-medical) services <u>each quarter during this reporting period</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
29.	Received Child care services <u>each quarter during this reporting period</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
30.	Received Developmental assessment/ early intervention services <u>each quarter during this reporting period</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
31.	Received Emergency financial assistance <u>each quarter during this reporting period</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
32.	Received Food bank/home-delivered meals <u>each quarter during this reporting period</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
33.	Received Health education/risk reduction <u>each quarter during this reporting period</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement
34.	Received Housing services <u>each quarter during this reporting period</u>	Yes No Unknown ___ ___	Accountability, use of funds 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale ¹
35.	Received Legal services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
36.	Received Linguistic services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
37.	Received Transportation services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
38.	Received Outreach services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
39.	Received Permanency planning <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
40.	Received Psychosocial support services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
41.	Received Referral for health care/supportive services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
42.	Received rehabilitation services <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
43.	Received Respite care <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement
44.	Received Substance abuse services—residential <u>each quarter during this reporting period</u>	Yes No Unknown — —	Accountability, use of funds 2006 Ryan White Legislation requirement

Field #	Variable Description	Coding	Rationale ¹
45.	Received Treatment adherence counseling <u>each quarter during this reporting period</u>	Yes No Unknown ____ _	Accountability, use of funds 2006 Ryan White Legislation requirement
Clinical information: Outpatient/ambulatory medical care providers should report clinical data for HIV-positive and indeterminate clients only.			
46.	Was HIV risk reduction screening/counseling provided to this client <u>during this reporting period</u> ?	Yes No Unknown _____	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to new clients as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 1
47.	Date of the client's <u>first outpatient /ambulatory care visit</u> at this provider agency	__/__/____ MM/DD/YYYY (If only month and year are known, enter "01" as the day.) Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to medical visits as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1
48.	List <u>all the dates</u> of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider <u>during this reporting period</u> .	__/__/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1
49.	Report all CD4 counts and their dates for this client <u>during this report period</u> .	Value ____ Date __/__/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits for care as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1

Field #	Variable Description	Coding	Rationale ¹
50.	Report all Viral Load counts and their dates for this client <u>during this report period</u>	Value ____ Date __/__/____ MM/DD/YYYY	Necessary for performance measures relevant to number of visits for care as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1
51.	Was the client prescribed PCP prophylaxis at any time <u>during this reporting period</u> ?	Yes No Not medically indicated No, client refused Unknown	Necessary for performance measures relevant to PCP prophylaxis screening as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 1
52.	Was the client prescribed HAART at any time <u>during this reporting period</u> ?	Yes No, not medically indicated No, not ready (as determined by clinician) No, client refused No, intolerance, side-effect, toxicity No, HAART payment assistance unavailable No, other reason Unknown	Necessary for performance measures relevant to client's HAART status as required in: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1
53.	Was the client screened for TB <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to TB screening as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 2
54.	If response is “no” or “not medically indicated” in Q53, then answer: Has the client been screened for TB <u>since his/her HIV diagnosis</u> ?	Yes No Not medically indicated Unknown	
55.	Was the client screened for syphilis <u>during this reporting period</u> ? (exclude all clients under the age of 18 who are not sexually active)	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to syphilis screening as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 2

Field #	Variable Description	Coding	Rationale ¹
56.	Was the client screened for Hepatitis B <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to Hep B screening as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 3
57.	If response is “no” or “not medically indicated” in Q56, then answer: Was the client screened for Hepatitis B <u>since his/her HIV diagnosis</u> ?	Yes No Not medically indicated Unknown	
58.	Has the client completed the vaccine series for Hepatitis B?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to Hep B as required for: <ul style="list-style-type: none"> • HAB Core Clinical performance measures Group 2
59.	Was the client screened for Hepatitis C <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Necessary for performance measures relevant to TB screening as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 2
60.	If response is no” or “not medically indicated” in Q59, then answer: Has the client been screened for Hepatitis C <u>since his/her HIV diagnosis</u> ?	Yes No Not medically indicated Unknown	
61.	Was the client screened for substance use (alcohol and drugs) <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	2006 Ryan White Legislation requirement Necessary for performance measures relevant to substance use screening as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 3
62.	Was the client screened for mental health <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	2006 Ryan White Legislation requirement Necessary for performance measures relevant to mental health screening as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 3

Field #	Variable Description	Coding	Rationale ¹
63.	(For HIV+ women only) Did the client receive a Pap smear <u>during this reporting period</u> ?	Yes No Not medically indicated Not applicable Unknown	Necessary for performance measures relevant to Pap smears as required for: <ul style="list-style-type: none"> • GPRA • HAB Core Clinical performance measures Group 2
64.	(For HIV+ women only) Was the client pregnant <u>during this reporting period</u> ?	Yes No Not applicable Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to pregnant clients as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1
65.	(For HIV+ women only) If response is “yes” in Q64, then answer: When did the client enter prenatal care?	First trimester Second trimester Third trimester At time of delivery Not applicable Unknown	2006 Ryan White Legislation requirement Necessary for all performance measures relevant to appropriate services to reduce perinatal transmission as required for: <ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1
66.	(For HIV+ women only) If response is “yes” in Q64, then answer: Was the client prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV?	Yes No Not applicable Unknown	<ul style="list-style-type: none"> • GPRA • PART • HAB Core Clinical performance measures Group 1

1 * Ryan White legislation: Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

* GPRA: The Government Performance and Results Act (GPRA), enacted in 1993, requires Federal agencies to establish standards measuring their performance and effectiveness.

* PART: The Program Assessment Rating Tool (PART) was developed to assess and improve program performance so that the Federal government can achieve better results.

* HAB Core Clinical Performance Measures provide an indication of an organization’s performance in relation to a specified process or outcome. HAB is releasing the performance measures in phases to allow for staged implementation by service providers. Providers can review the HAB Core Clinical Performance Measures that have been released at <http://hab.hrsa.gov/special/habmeasures.htm>.