RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT INSTRUCTION MANUAL

VERSION 1.2

HIV/AIDS Bureau
Division of Science and Epidemiology
Health Resources and Services Administration
U.S. Department of Health and Human Services
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INTRODUCTION

The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415, December 19, 2006) provides the Federal HIV/AIDS programs in the Public Health Service (PHS) Act under Title XXVI flexibility to respond effectively to the changing epidemic. Its emphasis is on providing life-saving and life-extending services for people living with HIV/AIDS across the country, and resources to targeted areas with the greatest need.

All Program Parts of the Ryan White HIV/AIDS Program (RWHAP) specify the Health Resources and Services Administration's (HRSA) responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quality of care. Accurate records of the providers receiving RWHAP funding, the services provided, and the clients served continue to be critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities.

Previously, the HIV/AIDS Bureau (HAB) required that all RWHAP-funded grantees and their contracted service providers report aggregate data annually using the Ryan White HIV/AIDS Program Annual Data Report (RDR). However, aggregate data are limited in two ways:

- Aggregate data lacks client identifiers and, by definition, cannot be merged and unduplicated across service providers within a given geographic area. As a result, grantees—and ultimately HAB—cannot obtain accurate counts of the number of individuals the RWHAP serves.
- Aggregate data cannot be analyzed in the detail required to assess quality of care, or to sufficiently account for the use of RWHAP funds.

In order to address these deficiencies RWHAP grantees and service providers will use a new biannual data reporting system to report information to HAB on their programs and the clients they serve, beginning in 2009.

HAB's goal is to build a client-level data reporting system that provides data on the characteristics of the funded grantees, their service providers, and the clients served with program funds. The data submitted to HRSA/HAB will be used for monitoring the outcomes achieved on behalf of HIV/AIDS clients and their impacted families receiving care and treatment through a Ryan White HIV/AIDS Program grantees and/or providers; monitoring the use of Ryan White HIV/AIDS Program funds for the appropriate use to address the HIV/AIDS epidemic in the United States; and addressing to the needs and concerns of U.S. Congress and the DHHS Secretary concerning the HIV/AIDS epidemic and the Ryan White HIV/AIDS Program.

A Note about the Ryan White HIV/AIDS Program Data Report

HAB expects all grantees and providers to submit a 2009 Ryan White HIV/AIDS Program Annual Data Report (RDR) during the transition to client-level reporting. For additional information about the RDR, visit: http://datasupport.hab.hrsa.gov

ABOUT THE RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT

The Ryan White HIV/AIDS Program Services Report (RSR) includes three components: the Grantee Report, the Service Provider Report, and the Client Report.

The **Grantee Report** collects basic information about the grantee organization and the service provider contracts that it funded during the reporting period. This report is completed by all RWHAP Part A, Part B, Part C, Part D (including the Adolescent Initiative), and Part F (MAI)—also referred to as Part A MAI and Part B MAI—funded grantees.

The **Service Provider Report** collects basic information about both the service provider agency and the services it delivered under each of its RWHAP contracts. This report is completed by all RWHAP service providers.

> **Note**: Third-party administrators that process fee-for-service reimbursements to providers of eligible services are considered a "service provider" and should report all services paid for with RWHAP funds in the Service Provider Report.

The **Client Report** (client-level data) collects one de-identified record for each RWHAP client served. Each record will include information on demographic status, HIV clinical information, HIV-care medical and support services received at the service provider, and the client's encrypted unique identifier. This report is completed by all service providers that deliver—or, in the case of third party administrators, pay for— direct client services with RWHAP funds.

> **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.

WHO IS THE GRANTEE OF RECORD?

The grantee of record is the official RWHAP grantee that receives Federal funding directly from HRSA. This agency may be the same as the provider agency or may be the agency that contracts with other agencies to provide RWHAP services.

WHO IS THE SERVICE PROVIDER?

The service provider is the agency that provides direct services to:

1. Clients and their affected family members; and/or
2. Grantees of record (e.g., Administrative and Technical Services providers).

Service providers may be directly funded through one or more Program Parts, through subcontract(s) with official RWHAP grantees of record, or through a fiscal intermediary (an administrative agent of the grantee of record).

WHAT ARE THE REPORTING PERIODS?

Grantees are required to submit two RSRs:

- An interim report for the period January 1 through June 30; and
- An annual report for the period January 1 through December 31.

WHICH SERVICES ARE REPORTED IN THE RSR?

Grantees will report services funded under each service provider contract. Meanwhile, service providers will report on the services delivered to clients and/or grantees. The services are divided into four groups:

1. Administrative and Technical Services;
2. Core Medical Services;
3. Support Services; and
4. HIV Counseling and Testing Services.

1. Administrative and Technical Services

Planning or evaluation services is the systematic (orderly) collection of information about the characteristics, activities, and outcomes of services or programs in order to assess the extent to which objectives have been achieved, to identify needed improvements, and/or to make decisions about future programming.

Administrative or technical support services is the provision of qualitative and responsive "support services" to an organization. Services may include human resources, financial management, and administrative services (e.g., property management, warehousing, printing/publications, libraries, claims, medical supplies, and conference/training facilities).

Fiscal intermediary services is the provision of administrative services to the grantee of record by a pass-through organization. The responsibility of these organizations may include the following: determine the eligibility of RWHAP recipients; decide how funds are allocated to recipients; award RWHAP funds to recipients; monitor recipients for compliance with RWHAP specific requirements; and complete required reports.

Other fiscal services is the receipt or collection of reimbursements on behalf of health care professionals for services rendered or other related fiduciary services pursuant to health care professional contracts.

Technical assistance services is identifying the need for and the delivery of practical program and technical support to the RWHAP community. These services should help grantees, planning bodies, and affected communities to design, implement, and evaluate RWHAP-supported planning and primary care service delivery systems.

Capacity development services are a set of core competencies that contribute to an organization's ability to develop effective HIV health care services, including the quality, quantity, and cost-effectiveness of such services. These competencies also sustain the infrastructure and resource base necessary to develop and support these services. Core competencies include: management of program finances; effective HIV service delivery,

including quality assurance; personnel management and board development; resource development, including preparation of grant applications to obtain resources and purchase of supplies/equipment; service evaluation; and cultural competency development.

Quality management services is a systematic process with identified leadership, accountability, and dedicated resources that uses data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. Quality management programs should focus on linkages, efficiencies, and provider and client expectations in addressing outcome improvement, and need to be adaptive to change. The process is continuous and should fit within the framework of other program quality assurance and quality improvement activities, such as the Joint Commission on the Accreditation of Healthcare Organizations and Medicaid. Data collected as part of this process should be fed back into the quality management process to assure that goals are accomplished and outcomes are improved.

Quality management is a continuous process to improve the degree to which a health or social service meets or exceeds established professional standards and user expectations. The purpose of a quality management program is to ensure that: (a) services adhere to PHS guidelines and established clinical practice; (b) program improvements include supportive services; (c) supportive services are linked to access and adherence to medical care; and (d) demographic, clinical, and utilization data are used to evaluate and address characteristics of the local epidemic.

2. Core Medical Services

Core medical services are a set of essential, direct health care services provided to persons living with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Modernization Act.

Outpatient/ambulatory medical care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not considered outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the PHS's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

> **NOTE:** Early Intervention Services provided by Ryan White Part C and Part D Programs are reported under *outpatient/ambulatory medical care***.**

Local AIDS pharmaceutical assistance (APA, not ADAP) are local pharmacy assistance programs implemented by Part A, B, or C. The Part B grantee consortium or Part A planning council contracts with one or more organizations to provide HIV/AIDS medications to clients. These organizations may or may not provide other services (e.g., primary care or case management) to the clients that they serve through a RWHAP contract with their grantee.

Programs are considered APAs if they provide HIV/AIDS medications to clients and meet all of the following criteria:

- Have a client enrollment process;
- Have uniform benefits for all enrolled clients;
- Have a record system for distributed medications; and
- Have a drug distribution system.

Programs are not APAs if they dispense medications in one of the following situations:

- As a result or component of a primary medical visit;
- On an emergency basis (defined as a single occurrence of short duration); or
- By giving money or cash vouchers to a client to procure medications.

Local APAs are similar to AIDS Drug Assistance Programs (ADAPs) in that they provide medications for the treatment of HIV disease. However, local APAs are not paid for with Part B funds "earmarked" for ADAP.

Oral health care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

Early intervention services for Parts A and B include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose the extent of immune deficiency, and tests to provide information on appropriate therapeutic measures); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and provision of therapeutic measures.

Health insurance premium & cost sharing assistance is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

Home health care is the provision of services in the home by licensed health care workers, such as nurses, and the administration of intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other medical therapies.

Home and community-based health services includes skilled health services furnished to the individual in the individual's home, based on a written plan of care established by a case management team that includes appropriate health care professionals. Services include: durable medical equipment; home health aide services and personal care services in the home; day treatment or other partial hospitalization services; home intravenous and aerosolized drug therapy (including prescription drugs administered as part of such therapy); routine diagnostics testing administered in the home; and appropriate mental health, developmental, and rehabilitation services.

Note*:* Inpatient hospital services, nursing homes, and other long-term care facilities are not included.

Hospice services is end-of-life care provided to clients in the terminal stage of an illness. It includes room, board, nursing care, counseling, physician services, and palliative therapeutics. Services may be provided in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services.

Mental health services are psychological and psychiatric treatment and counseling services for individuals with a diagnosed mental illness. These services are conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

Medical nutrition therapy is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutrition therapy provided by someone other than a licensed/registered dietitian should be recorded under psychosocial support services.

Medical case management services (including treatment adherence) are a range of client-centered services that link clients with health care, psychosocial, and other services. The coordination and followup of medical treatments is a component of medical case management. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client and other key family members' needs and personal support systems. Medical case management includes the provision of treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments. Key activities include: (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client. It includes client-specific advocacy and review of utilization of services. This includes all types of case management including face-to-face, phone contact, and any other forms of communication.

Substance abuse service (outpatient) is the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician, or by other qualified personnel.

3. Support Services

Support services are a set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS.

Case management services (non-medical) include the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and followup of medical treatments.

Child care services is the provision of care for the children of clients who are HIV-positive while the clients are attending medical or other appointments or attending RWHAP-related meetings, groups, or training. This does not include child care while the client is at work.

Pediatric developmental assessment and early intervention services are the provision of professional early interventions by physicians, developmental psychologists, educators, and

others in the psychosocial and intellectual development of infants and children. These services involve the assessment of an infant or a child's developmental status and needs in relation to the education system, including early assessment of educational intervention services. They include comprehensive assessment, taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV-affected clients, and education/assistance to schools also should be reported in this category.

> **Note**: Only Part D programs are eligible to provide pediatric developmental assessment and early intervention services.

Emergency financial assistance is the provision of short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available. Part A and Part B programs must allocate, track, and report these funds under specific service categories as described under 2.6 in DSS Program Policy Guidance No. 2 (formerly Policy No. 97-02).

Food bank/home-delivered meals is the provision of actual food or meals. It does not include finances to purchase food or meals, but may include vouchers to purchase food. The provision of essential household supplies, such as hygiene items and household cleaning supplies, also should be included in this item.

Health education/risk reduction is the provision of services that educate clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information about medical and psychosocial support services and counseling to help clients living with HIV improve their health status.

Housing services is the provision of short-term assistance to support emergency, temporary, or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with them. Eligible housing can include both housing that does not provide direct medical or supportive services and housing that provides some type of medical or supportive services, such as residential mental health services, foster care, or assisted living residential services.

Legal services is the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the Ryan White HIV/AIDS Program.

> **Note**: these services do not include any legal services to arrange for guardianship or adoption of children after the death of their normal caregiver.

Medical transportation services are conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

Outreach services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may

become aware of, and may be enrolled in, care and treatment services. Outreach services do not include HIV counseling and testing or HIV prevention education. These services may target high-risk communities or individuals. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Permanency planning is the provision of services to help clients/families make decisions about the placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

Psychosocial support services is the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. It includes nutrition counseling provided by a non-registered dietitian, but it excludes the provision of nutritional supplements.

Referral for health care/supportive services is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made within the non-medical case management system by professional case managers, informally through support staff, or as part of an outreach program.

Rehabilitation services are services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

Respite care is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client living with HIV/AIDS.

Substance abuse services (residential) is the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

> **Note**: Part C programs are not eligible to provide substance abuse services (residential).

Treatment adherence counseling is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments by non-medical personnel outside of the medical case management and clinical setting.

4. HIV Counseling and Testing Services

The delivery of HIV counseling and testing may include antibody tests, rapid tests, ELISA, and Western Blot administered by health professionals to determine and confirm the presence of HIV infection. HIV counseling may include discussions of the benefits of testing, including the medical benefits of diagnosing HIV disease in the early stages and of receiving early intervention primary care; legal provisions relating to confidentiality, including information about

any disclosures authorized under applicable law; the availability of anonymous counseling and testing; and the significance of the results, including the potential for developing HIV disease.

Counseling and testing do not include tests to measure the extent of the deficiency in the immune system, because these tests are fundamental components of comprehensive primary care. This service category also excludes mental health counseling/therapy, substance abuse counseling/treatment, and psychosocial support services. These services are listed separately.

HIV counseling and testing are funded as components of Early Intervention Services for Parts A and B. HIV counseling and testing are required components of a Part C program. Part D funds may be used to support these services.

HOW IS THE RSR SUBMITTED TO HAB?

Grantee Report. HRSA requires grantees to submit post-award reports, including the RSR, online using the HRSA Electronic Handbooks (EHBs), a Web-based grants administration system. The EHBs are located at https://grants.hrsa.gov/webexternal.

Service Provider Report. Service providers will complete this report online. Service providers that also are grantees of record (receive funding directly from HAB) will access and submit this report online through the EHBs (https://grants.hrsa.gov/webexternal). All other service providers will access and submit the RSR through the RSR Web system at https://performance.hrsa.gov/hab/RegLoginApp/Admin/Login.aspx.

Navigating the RSR Reporting System

Navigation buttons appear at the bottom of each page of the online forms within the RSR system. Use the "**Next**" and "Previous" buttons to save any edits you have made in one or more fields *and* to navigate forward and backwards through the report. The "**Save**" button will save your edits without changing the page. Use the "**Cancel**" button to undo any edits you have made to one or more fields since the last save.

Client Report (client-level data). Service providers will submit this report as an electronic upload file using a standard XML format from within the provider report. For additional information, see "Submitting Client-level Data to HAB" on page 23.

THE GRANTEE REPORT

Each grantee of record will complete a separate grantee report for each RWHAP grant it receives from HRSA. For example, an agency with only a Part C grant will complete one grantee form; an agency with a Part C and a Part D grant will complete two grantee forms—one for its Part C grant and another for its Part D grant.

GRANTEE INFORMATION

If the information is available to HAB, selected items will be prepopulated in the Grantee Report. Items that are "display only" are prepopulated and cannot be modified directly within the RSR. Instead, the grantee must update these items in the EHBs.

1. **Grantee of record address (display only):** This item shows the grantee address information stored in the Electronic Handbooks (EHBs). To edit this information, grantees need to update their agency information in the EHBs.

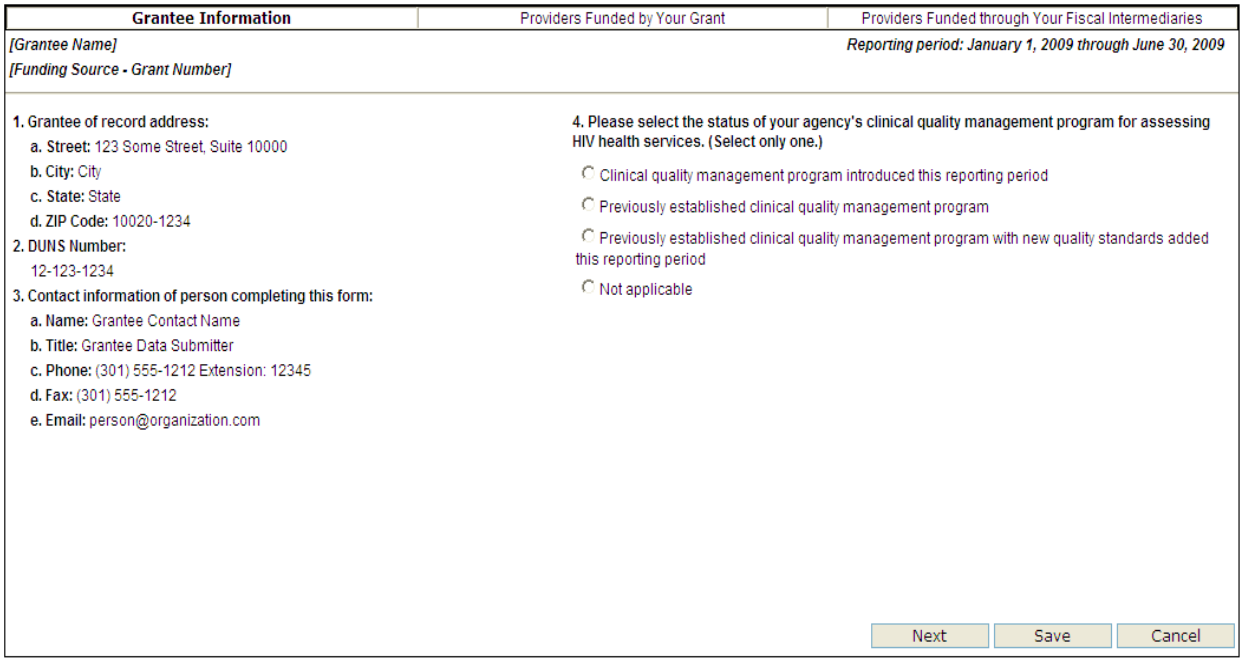
2. **DUNS number (display only):** This item shows the DUNS number of the grantee of record that is stored in the EHBs. To edit this information, grantees need to update their agency information in the EHBs.

3. **Contact information of person completing this form (display only):** This item shows the contact information stored in the EHBs for the person completing this form. To edit this information, grantees must update their user information in the EHBs.

4. **Select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one.)**
   Every RWHAP is required to have a clinical quality management program to assess the extent to which HIV health services provided to patients by medical providers and/or medical case managers under the grant are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS. (For further information on quality management of the RWHAP, refer to the Technical Assistance Manual available at http://hab.hrsa.gov/tools.htm.)

   Indicate whether your agency:
   - has established a new program to manage the clinical quality of RWHAP services during the reporting period;
   - has a previously established clinical quality management program; or
   - has recently updated an existing program with new quality standards.

FIGURE 1. RSR Grantee Report Online Form
Screenshot of the "Grantee Information" Section



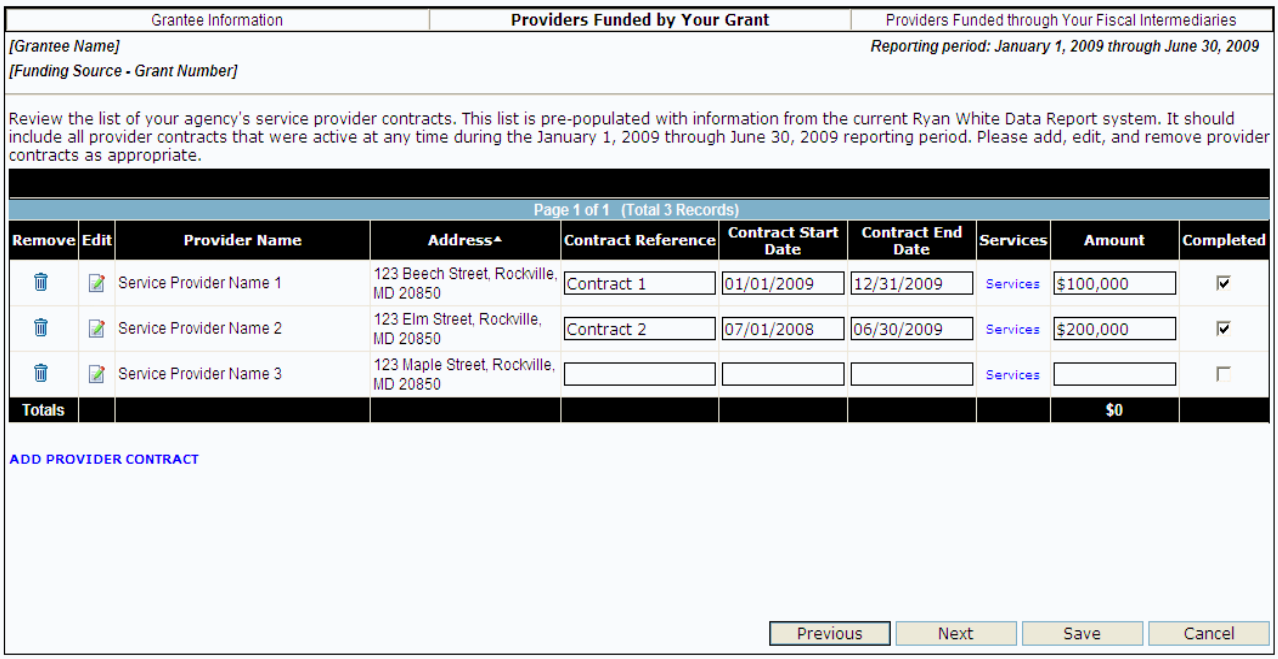
Once you've updated, entered, and/or verified the data on the Grantee Information page, select the "Next" button to save the data and advance to the next page in the Grantee Report, "Providers Funded by Your Grant."

PROVIDERS FUNDED BY YOUR GRANT

Grantees will view, update, and verify a list of their service provider contracts that were active during the reporting period. For the purpose of the Ryan White Data Report, *contracts* include formal contracts, memoranda of understanding, or other agreements. A service provider contract that was active during the reporting period is a contract under which:

1. Services were delivered by the service provider during the reporting period; and/or
2. Any portion of the contract period falls within the reporting period.

FIGURE 2. RSR Grantee Report Online Form
Screenshot of the "Providers Funded by Your Grant" Section



Grantee Information | **Providers Funded by Your Grant** | Providers Funded through Your Fiscal Intermediaries

[Grantee Name]
[Funding Source - Grant Number]
Reporting period: January 1, 2009 through June 30, 2009

Review the list of your agency's service provider contracts. This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the January 1, 2009 through June 30, 2009 reporting period. Please add, edit, and remove provider contracts as appropriate.

Page 1 of 1 (Total 3 Records)

Remove	Edit	Provider Name	Address	Contract Reference	Contract Start Date	Contract End Date	Services	Amount	Completed
		Service Provider Name 1	123 Beech Street, Rockville, MD 20850	Contract 1	01/01/2009	12/31/2009	Services	$100,000	☑
		Service Provider Name 2	123 Elm Street, Rockville, MD 20850	Contract 2	07/01/2008	06/30/2009	Services	$200,000	☑
		Service Provider Name 3	123 Maple Street, Rockville, MD 20850				Services		☐
Totals								$0	

ADD PROVIDER CONTRACT

Previous | Next | Save | Cancel

Review the list of service provider contracts that were active during the given reporting period. If a contract is missing from the list, add the new provider contract using the ADD PROVIDER CONTRACT link located beneath the table on the left side of the screen. This link will open a second browser window with a search form that can be used to select a provider from a RWHAP provider directory. If the service provider you have contracted with is not listed in the directory, contact Ryan White Data Support to have the provider added to the directory in the RSR system. To remove a provider contract, click the Remove icon next to the provider's name.

After reviewing and updating your provider contract list. Verify the contact information for your providers. To edit a provider's address, select the "Edit" icon. This link will open another browser window where you can update the providers contact information.

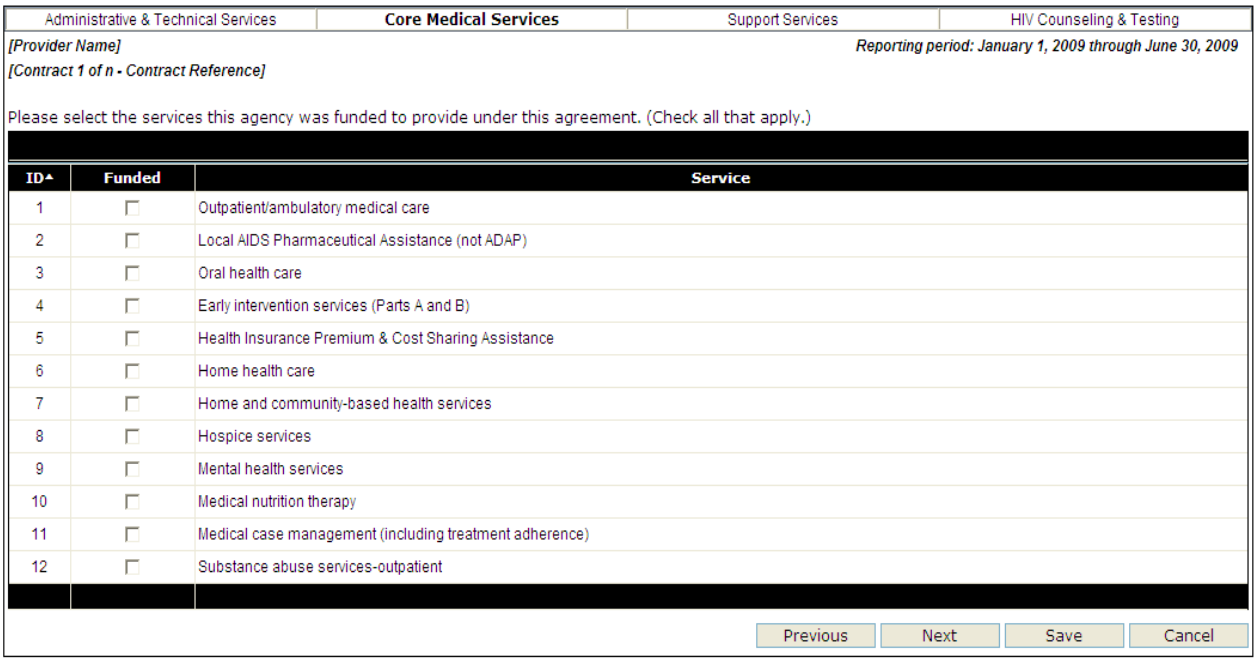
Next, verify your providers' contract information by reviewing the data in the following fields. The data in these fields may be edited at anytime.

- **Contract Reference (optional)**: An optional feature that you may want to use if you have multiple contracts with one of your service providers under a single grant. You can assign a contract reference number (or name) for each of the contracts to make it easier for you and your provider to identify each particular contract.
- **Contract Start and End Date**: Enter the start date and end date of the selected contract. Keep in mind that the contract period may begin before and/or extend beyond the reporting period dates.
- **Amount**: Enter the total amount of funding allocated for the selected contract.

For each contract, grantees are required to specify the services the provider is authorized to deliver under the contract. Select the "**Services**" link to open another screen (see Figure 3). Select all of the services the agency has been contracted to provide under this agreement. After

saving the services pages, simply close the browser window to return to the "Providers Funded by Your Grant" page of the Grantee Report.

FIGURE 3. RSR Grantee Report Online Form
Screenshot of Core Medical Services List



Administrative & Technical Services | **Core Medical Services** | Support Services | HIV Counseling & Testing

[Provider Name] — *Reporting period: January 1, 2009 through June 30, 2009*

[Contract 1 of n - Contract Reference]

Please select the services this agency was funded to provide under this agreement. (Check all that apply.)

ID	Funded	Service
1	☐	Outpatient/ambulatory medical care
2	☐	Local AIDS Pharmaceutical Assistance (not ADAP)
3	☐	Oral health care
4	☐	Early intervention services (Parts A and B)
5	☐	Health Insurance Premium & Cost Sharing Assistance
6	☐	Home health care
7	☐	Home and community-based health services
8	☐	Hospice services
9	☐	Mental health services
10	☐	Medical nutrition therapy
11	☐	Medical case management (including treatment adherence)
12	☐	Substance abuse services-outpatient

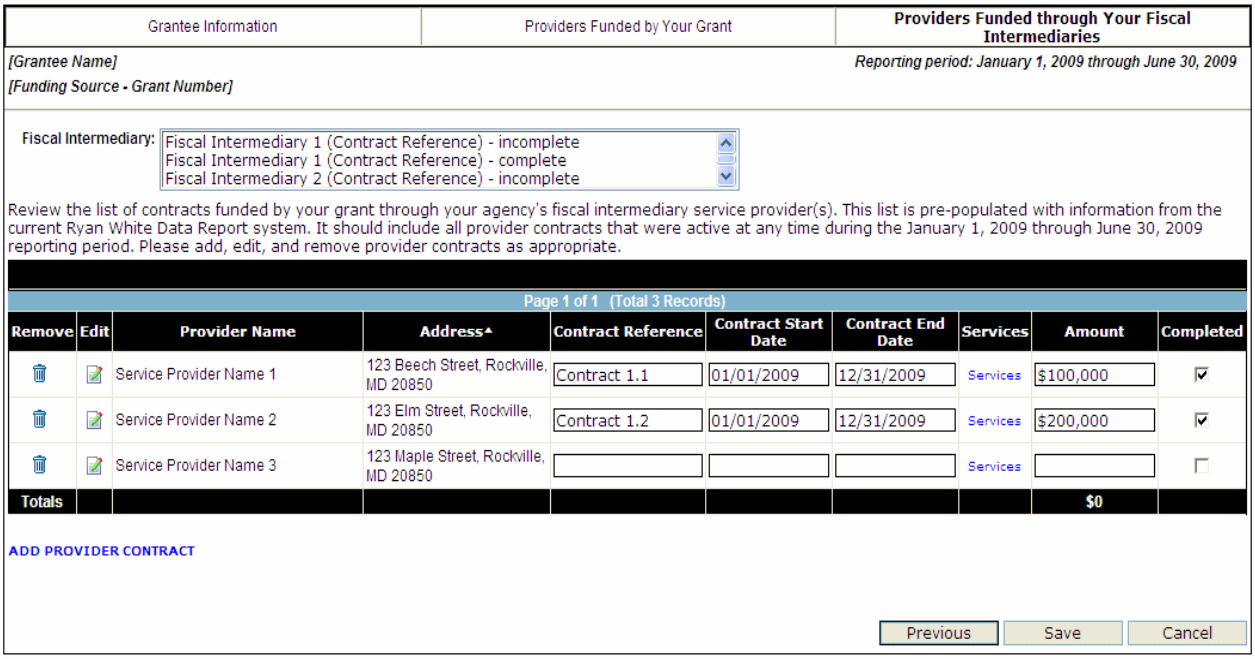
Previous | Next | Save | Cancel

After reviewing and updating, if necessary, the information for each contract, check the box in the "Completed" column (see Figure 2). Select the "Next" button to save the data and advance to the final page in the Grantee Report, "Providers Funded Through Your Fiscal Intermediaries."

PROVIDERS FUNDED THROUGH YOUR FISCAL INTERMEDIARIES

Grantees have a responsibility to monitor all recipients of their RWHAP funds to ensure agencies are using the funds in accordance with program requirements. Grantees of record that contract with another agency to provide fiscal intermediary services (i.e., that use another organization to award and/or monitor the use of its RWHAP funds) are responsible for submitting the list of the service provider contracts funded by its grant through a fiscal intermediary (FI) service provider. For each contract awarded by a fiscal intermediary service provider, grantees will indicate the services that their Program Part funded under that contract.

FIGURE 4. RSR Grantee Report Online Form
Screenshot of the "Providers Funded through your Fiscal Intermediaries" Section



Grantee Information | Providers Funded by Your Grant | **Providers Funded through Your Fiscal Intermediaries**

[Grantee Name]
[Funding Source - Grant Number]
Reporting period: January 1, 2009 through June 30, 2009

Fiscal Intermediary: Fiscal Intermediary 1 (Contract Reference) - incomplete
Fiscal Intermediary 1 (Contract Reference) - complete
Fiscal Intermediary 2 (Contract Reference) - incomplete

Review the list of contracts funded by your grant through your agency's fiscal intermediary service provider(s). This list is pre-populated with information from the current Ryan White Data Report system. It should include all provider contracts that were active at any time during the January 1, 2009 through June 30, 2009 reporting period. Please add, edit, and remove provider contracts as appropriate.

Page 1 of 1 (Total 3 Records)

Remove	Edit	Provider Name	Address	Contract Reference	Contract Start Date	Contract End Date	Services	Amount	Completed
		Service Provider Name 1	123 Beech Street, Rockville, MD 20850	Contract 1.1	01/01/2009	12/31/2009	Services	$100,000	☑
		Service Provider Name 2	123 Elm Street, Rockville, MD 20850	Contract 1.2	01/01/2009	12/31/2009	Services	$200,000	☑
		Service Provider Name 3	123 Maple Street, Rockville, MD 20850				Services		☐
Totals								$0	

ADD PROVIDER CONTRACT

Previous | Save | Cancel

To update the list of providers funded through your fiscal intermediaries:

Select a contract for fiscal intermediary services from the list box near the top of the page. The list of providers contracts will change based on your selection and the provider funded through the selected FI service contract will be listed.

Review and update the service provider contracts under the selected FI provider to ensure that all contracts that were active during the reporting period are listed. For the purpose of the Ryan White Data Report, *contracts* include formal contracts, memoranda of understanding, or other agreements. A service provider contract that was active during the reporting period is a contract under which:

- Services were delivered by the service provider during the reporting period; and/or
- Any portion of the contract period falls within the reporting period.

If a contract is missing from the list, add the new provider contract using the ADD PROVIDER CONTRACT link located beneath the table on the left side of the screen. This link will open a second browser window with a search form that can be used to select a provider from a RWHAP provider directory. If the service provider you have contracted with is not listed in the directory, contact Ryan White Data Support to have the provider added to the directory in the RSR system. To remove a provider contract, click the Remove icon next to the provider's name.

After reviewing and updating your provider contract list. Verify the contact information for your providers. To edit a provider's address, select the "Edit" icon. This link will open another browser window where you can update the providers contact information.

Next, verify your providers' contract information by reviewing the data in the following fields. The data in these fields may be edited anytime.

- **Contract Reference (optional)**: An optional feature that you may want to use if you have multiple contracts with one of your service providers under a single grant. You can assign a contract reference number (or name) for each of the contracts to make it easier for you and your provider to identify each particular contract.
- **Contract Start and End Date**: Enter the start date and end date of the selected contract. Keep in mind that the contract period may begin before and/or extend beyond the reporting period dates.
- **Amount**: Enter the total amount of funding allocated for the selected contract.

For each contract, grantees are required to specify the services the provider is authorized to deliver under the contract. Select the "**Services**" link to open another browser window with the list RWHAP-eligible (see Figure 3). Select all of the services the agency has been contracted to provide under this agreement. After saving the services pages, simply close the browser window to return to the "Providers Funded by Your Grant" page of the Grantee Report.

After review and updating, if necessary, all information for each contract, check the box in the "Completed" column (see Figure 4). Select the "Save" button to save the data and then close the Grantee Report.

> **Note**: The Grantee Report cannot be submitted to HAB until all of the grantee's providers have successfully submitted their Provider and Client–level reports (if applicable).

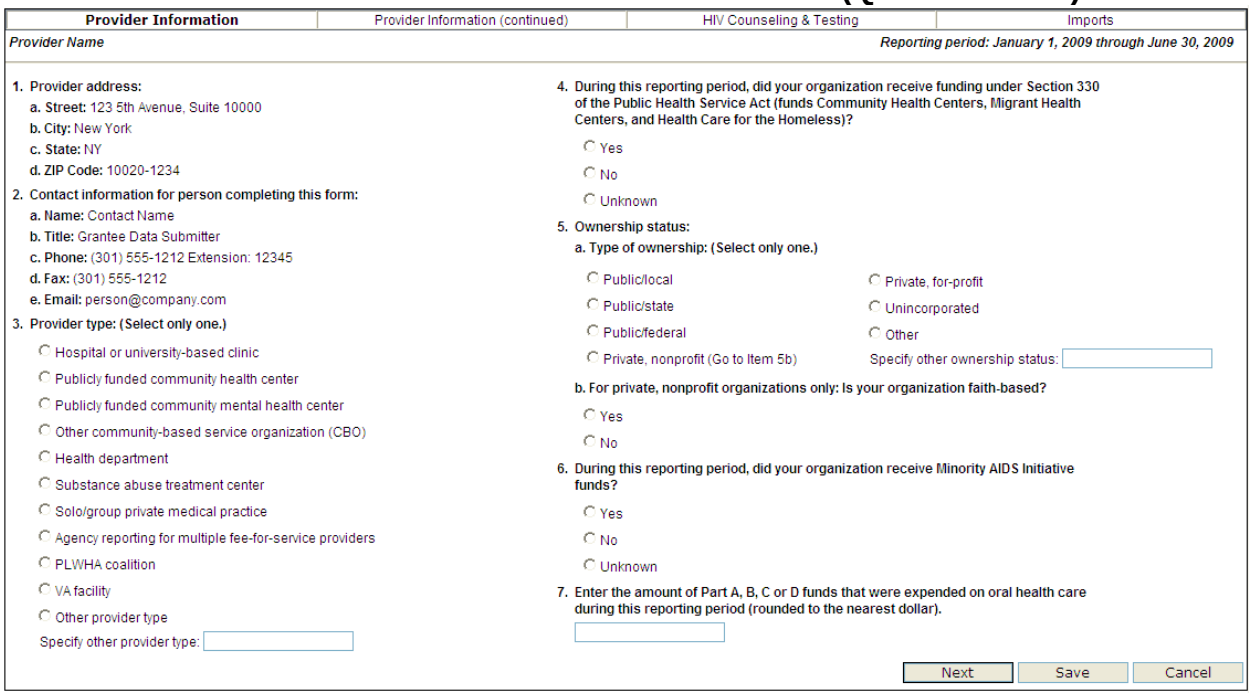
THE SERVICE PROVIDER REPORT

All agencies that provide direct services to clients and their affected family members and/or grantees of record will submit a Provider Report online. The report includes information from all program Parts under which the agency is funded.

PROVIDER INFORMATION

If the information is available to HAB, selected items will be prepopulated in the Provider Report. Items that are "display only" are prepopulated and cannot be modified directly within the Ryan White Services Reporting System (RSR System).

FIGURE 5. RSR Provider Report Online Form
Screenshot of Provider Information Section (Questions 1–7)



1. Provider Address
To edit this information, providers need to update their agency profile in the RSR System. Grantees that also are service providers should update their agency profiles in both the EHBs and the RSR System.

2. Contact information of person completing this form
To edit this information, providers need to update their user profile in the RSR System. Grantees that also are service providers should update their user profiles in both the EHBs and the RSR System.

3. Provider Type (select only one):
Select the provider type that best describes the agency. If "Other facility" is selected, you must provide a description.

Hospital or university-based clinic includes ambulatory/outpatient care departments or clinics, emergency rooms, rehabilitation facilities (physical, occupational, speech), hospice programs, substance abuse treatment programs, sexually transmitted diseases (STD) clinics, HIV/AIDS clinics, and inpatient case management service programs.

Publically funded community health center includes community health centers, migrant health centers, rural health centers, and homeless health centers.

Publicly funded community mental health center is a community-based agency, funded by local, State, or Federal funds, that provides mental health services to low-income people.

Other community-based service organization (CBO) includes non-hospital-based organizations, AIDS service and volunteer organizations, private nonprofit social service and mental health organizations, hospice programs (home and residential), home health care agencies, rehabilitation programs, substance abuse treatment programs, case management agencies, and mental health care providers.

Health department includes State or local health departments.

Substance abuse treatment center is an agency that focuses on the delivery of substance abuse treatment services.

Solo/group private medical practice includes all health and health-related private practitioners and practice groups.

Agency reporting for multiple fee-for-service providers is an agency that reports data for more than one fee-for-service provider (e.g., State operating a reimbursement pool).

PLWHA coalition includes organizations of People Living with HIV/AIDS (PLWHA) that provide support services to individuals and families affected by HIV and AIDS.

VA facility is a facility funded through the United States Department of Veterans Affairs.

4. Did your organization receive funding under Section 330 of the Public Health Service Act (PHSA) (funds Community Health Centers, Migrant Health Centers, and Healthcare for the Homeless)?
Indicate (yes, no, unknown) if you received funding under Section 330 of the Public Health Service Act (PHSA) during the reporting period. Section 330 of the PHSA supports the development and operation of community health centers that provide preventive and primary health care services, supplemental health and support services, and environmental health services to medically underserved areas/populations.

5. Ownership Status

a. Type of ownership (select only one):
Select the category that best describes your agency's ownership status.

Public/local is an organization funded by a local government entity and operated by local government employees. Local health departments are examples of local publicly owned organizations.

Public/state is an organization funded by a State government entity and operated by State government employees. A State health department is an example of a State publicly owned organization.

Public/state is an organization funded by a State government entity and operated by State government employees. A State health department is an example of a State publicly owned organization.

Public/federal is an organization funded by the Federal government and operated by Federal Government employees. A Federal agency is an example of a Federal publicly owned organization.

Private, nonprofit is an organization owned and operated by a private, not for-profit, non-religious-based entity, such as a nonprofit health clinic.

Private, for-profit is an organization owned and operated by a private entity, even though the organization may receive government funding. A privately owned hospital is an example of a private, for-profit organization.

Other facility includes facilities other than those listed above.

Unincorporated is an agency that is not incorporated. ***Other*** is an agency other than those listed above.

b. For private, nonprofit organizations only: Is your organization faith-based?
If you selected "private, nonprofit" as the ownership status, indicate if your agency received funding as a *faith-based organization* (that is, one operated by a religiously affiliated entity, such as a Catholic hospital).

6. During this reporting period, did your organization receive Minority AIDS Initiative (MAI) funds?
Indicate (yes, no, unknown) whether your organization received MAI funds during the given reporting period.

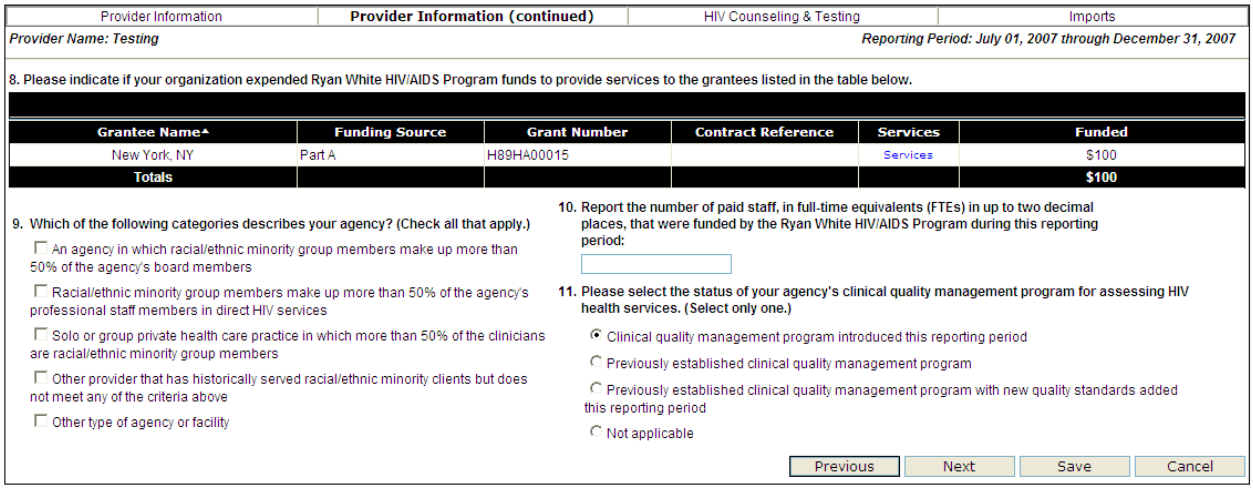
7. **Enter the amount of RWHAP Part A, B, C, D, or F (MAI) funds expended on oral health care during the reporting period.**
   Do not include Dental Reimbursement Program (DRP) or Community-Based Dental Partnership Program (CBDPP) funds.

8. **Indicate if your organization expended RWHAP funds to provide services to the grantees listed.**

This list of contracts displayed on this page of the report is created with information provided by RWHAP grantees (see Figure 6). The contract reference is an optional feature for your grantee to use if it has multiple contracts with your agency under a single grant. Using contract references may help you and your grantee track specific contracts as you complete your Provider Report. A contract reference will only appear if your grantee has designated one. For the purpose of the Ryan White Data Report, "contracts" include formal contracts, memoranda of understanding, or other agreements.

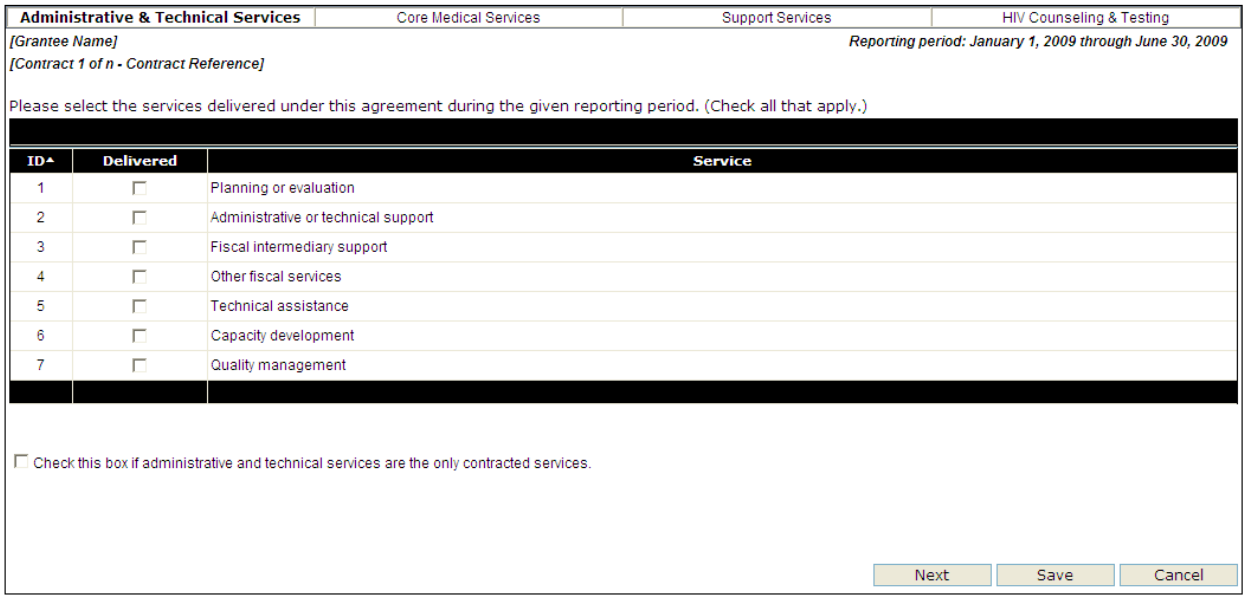
Grantee/contract information. The list of grantees/contracts is prepopulated based on information provided by grantees on their grantee report. If a contract is missing from this list, ask your grantee of record to add the contract to its grantee report.

FIGURE 6. RSR Provider Report Online Form
Screenshot of Provider Information Section (Questions 8 - 11)



Services. Indicates the services delivered under this contract *during the reporting period*. To do this, select the "**Services**" link to open another browser window (see Figure 7 for an example) with the list of RWHAP-eligible services. Note: You may only report services that you are contracted to provide by the grantee under this agreement. If a service category is missing, ask your grantee of record to add the service to the contract. If you were contracted to provide a particular service but did not deliver it to any clients during the reporting period, don't check the box for that service.

FIGURE 7. RSR Provider Report Online Form
Screenshot of the Administrative & Technical Services List



Administrative & Technical Services | Core Medical Services | Support Services | HIV Counseling & Testing

[Grantee Name] — *Reporting period: January 1, 2009 through June 30, 2009*

[Contract 1 of n - Contract Reference]

Please select the services delivered under this agreement during the given reporting period. (Check all that apply.)

ID	Delivered	Service
1	☐	Planning or evaluation
2	☐	Administrative or technical support
3	☐	Fiscal intermediary support
4	☐	Other fiscal services
5	☐	Technical assistance
6	☐	Capacity development
7	☐	Quality management

☐ Check this box if administrative and technical services are the only contracted services.

Next | Save | Cancel

After saving the services pages, simply close the browser window to return to the Service Provider Report.

> **Note:** If your agency indicates that it only provides administrative and technical services under **all** contracts, **STOP HERE**. You are not required to complete the remainder of this report.

After reviewing and updating, if necessary, the information for each contract, select the "Save" button to save the edited data and continue with the next item in the Provider Report.

9. Which of the following categories describes your agency (select all that apply):
Note: The fourth and fifth options in this list are mutually exclusive. Providers may select the first, second, and/or third options; the fourth option; OR the fifth.

1. An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members.
2. Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in direct HIV services.
3. Solo or group private health care practice in which more than 50% of the clinicians are racial/ethnic minority group members
4. Other provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above
5. Other type of agency of facility

10. **Report the number of paid staff, in full-time equivalents (FTEs), who were funded by the Ryan White HIV/AIDS Program during the given reporting period:**
    You may enter up to two decimal places. Enter a "zero" if there are no paid staff.

    How to calculate FTEs

    Step 1: Count each staff member who works full-time (at least 35–40 hours per week) on RWHAP as one FTE. Full-time employees who regularly work overtime should not be counted as more than one FTE. If a percentage of each staff member's time is being funded by Parts A, B, C, D, and/or F (MAI), you can simply add the percentages to calculate the total. For example: Physician .50 FTE, Nurse Practitioner 1.0 FTE, Dentist .20 FTE, Case Manager .75 FTE, C&T 1.0 FTE = 3.45 FTEs.

    Step 2: Identify the staff members who do not work full time on HIV/AIDS care (e.g., part-time employees or full-time employees who spend only a portion of their time in HIV/AIDS care), and sum the weekly hours they spend in HIV/AIDS care. Divide this number by your agency's definition of full time (e.g., 35 or 40 hours per week).

    Step 3: Add the FTEs calculated in steps 1 and 2. This sum is the number of FTEs you should report.

11. **Select the status of your agency's clinical quality management program for assessing HIV health services. (Select only one.)**
    Every RWHAP is required to utilize a clinical quality management program to assess the extent to which HIV health services that medical providers and/or medical case managers provide patients are consistent with the most recent Public Health Service guidelines for the treatment of HIV/AIDS. (For further information on quality management of the RWHAP, refer to the Technical Assistance Manual available at http://hab.hrsa.gov/tools.htm.)

    Indicate whether your agency:

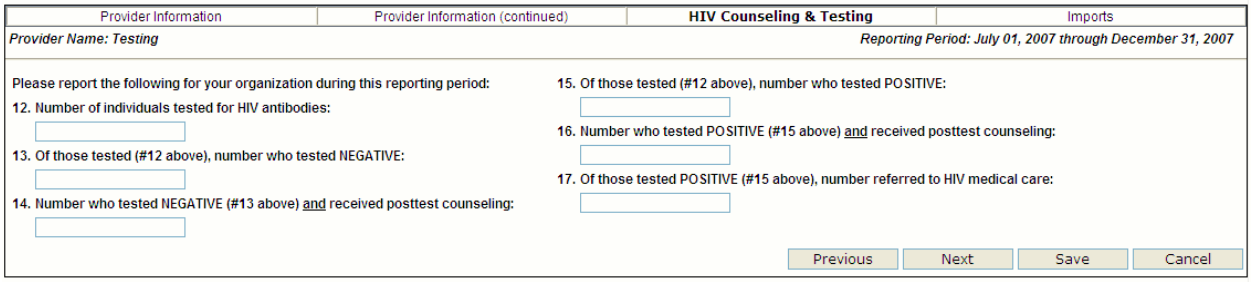
    1. established a new program to manage the clinical quality of Ryan White HIV/AIDS Program services during the reporting period,
    2. has a previously established clinical quality management program, or
    3. has recently updated an existing program with new quality standards.

After reviewing and updating, if necessary, the information on this page of the Service Provider Report, select the "Next" button to save the data and advance to the next page in the Service Provider Report, "HIV Counseling and Testing" (see Figure 8).

HIV COUNSELING AND TESTING

If a grantee indicated that your agency was contracted to provide HIV counseling and testing services during the given reporting period, your agency must complete this section.

FIGURE 8. RSR Provider Report Online Form
Screenshot of the HIV Counseling and Testing Section



12. Number of individuals tested for HIV:
Indicate the number of people tested using an FDA-approved test during the reporting period.

13. Of those tested (Item 12 above), number who tested NEGATIVE?
The number that tested negative for HIV during the reporting period.

14. Number who tested NEGATIVE (Item 13 above) and received posttest counseling:
Of the number indicated in Item 13, report how many received HIV-posttest counseling.

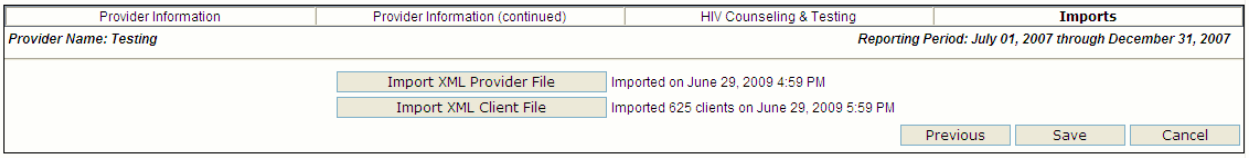
15. Of those tested (Item 12 above), number who tested POSITIVE?
Of the total number tested, indicate how many tested POSITIVE for HIV during the reporting period.

16. The number who tested POSITIVE (Item 15 above) and received posttest counseling:
Of the number specified in Item 15, indicate how many received HIV-posttest counseling immediately following the test or returned for counseling at a later date.

17. Of those tested POSITIVE (Item 15 above), number referred to HIV medical care:
Of the total number who tested positive for HIV, indicate how many were referred to HIV medical care.

Select the "Next" button to save the data and advance to the final page in the Service Provider Report, the "Imports" page (see Figure 9).

FIGURE 9. RSR Provider Report Online Form
Screenshot of the File "Imports" Screen



Agencies required to submit a Service Provider Report have the option of importing an XML Provider File into the RSR system as an alternative to manual data entry of the Service Provider Report. The XML Provider File includes the data required to populate:

- Items 3–7 and 9–11: the provider's organizational data;
- Item 8: the services provided with Ryan White funds under each agreement; and
- Items 12–17: HIV counseling and testing data.

Note: The Service Provider Report cannot be submitted to the grantee until the XML Client File is imported into the RSR System. Select the "Import XML Client File" button to open another browser window and follow the on-screen instructions to locate and submit the XML file, You may upload an XML Client File multiple times; however, after initial file upload, all subsequent file uploads will overwrite the existing file in the RSR system.

Following upload of the XML Client File, select "Save" and close the Provider Report.

THE CLIENT REPORT

A client report must be submitted by all agencies that provide RWHAP-funded core medical or support services directly to clients. Grantees may decide on a case-by-case basis to require a provider to submit its own client data. Alternatively, grantees may submit the client data on behalf of the provider.

REPORTING CLIENT-LEVEL DATA

The client report will contain one de-identified record for each client who received a RWHAP-funded core medical service or support service during the reporting period. (The types of clients—infected, indeterminate, and affected—that may be served by the Ryan White HIV/AIDS Program are defined in the glossary.) The data elements reported per client will depend upon the specific RWHAP-funded service(s) the client received at your agency. See the chart of Required Client-Level Data Elements for RWHAP Eligible Services in Appendix 1 to determine the minimum client-level data elements that will be reported for a client based on the RWHAP-funded service(s) he or she received.

Example:

A service provider organization receives RWHAP funding to provide outpatient/ambulatory medical care services, medical case management services, and several support services including linguistic services, housing services, and medical transportation services.

Client 1 receives outpatient/ambulatory medical services, medical case management services, and medical transportation services. The record for client 1 will report:

- data for *all* demographic data elements
- data for *all* clinical services data elements
- the number of visits in each quarter for outpatient/ambulatory medical care services
- the number of visits in each quarter for medical case management services
- the client received medical transportation services during the applicable quarter(s)

Client 2 receives only housing services and linguistic services. The record for client 2 will report:

- data for *selected* demographic data elements (e.g. race, ethnicity, age, housing status)
- the client received housing services during the applicable quarter(s)
- the client received linguistic services during the applicable quarter(s)

SUBMITTING CLIENT-LEVEL DATA TO HAB

The Client Report (client-level data set) must be uploaded in the required XML format. XML (e**X**tensible **M**arkup **L**anguage) is a standard, simple, and widely adopted method of formatting text and data so that it can be exchanged across all of the different computer platforms, languages, and applications.

Providers need to extract the client-level data elements from their systems and into the proper XML format before they can be uploaded to the HAB server. Several software applications for managing and monitoring HIV clinical and supportive care—including CAREWare, LabTracker, Aries, AIRS, Casewatch Millennium, and Sage—will be able to export the data in the required XML format. No special action will be required to generate the XML file. However, if your organization uses a custom-built data collection system, you will need to write a program that extracts the data from your custom system and insert it into an XML file that conforms to the rules of the RSR XML schema. The schema can be obtained from HAB at http://hab.hrsa.gov/manage/CLD.htm. **Note*:*** Technical support will be available to providers with custom systems through the HAB Web site and from HAB project officers.

CLIENT-LEVEL DATA FIELDS

This section outlines the data fields that will be submitted in the XML file. 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 RWHAP 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.

> **Note**: The item numbers listed below correspond to the items listed in the "Data Element for Client-level Data Export" document available at http://hab.hrsa.gov/manage/CLD.htm.

System Variables

The XML file will contain three system fields which are prepopulated in the XML file.

SV1 Reporting Period
January 1 through June 30 (interim report)
January 1 through December 31 (annual report)

> **Note**: Information that is not available when the interim report is submitted may be included in the annual report. However, grantees and providers *will not* be able to amend data submitted in the annual report.

SV2 Unique Provider ID
This is automatically generated when the provider is created in the RSR Web system. For providers that were entered in the Ryan White Data Report Web system, the provider ID in the RSR Web system will not change. This information is prepopulated by the RSR Web system.

SV3 Unique Client ID

The Unique Client ID (UCI) is a unique 11-character alphanumeric code that distinguishes one Ryan White client from all others and is the same for the client across all provider settings. The UCI is derived from the first and third letters of a client's first and last name, their date of birth (MM/DD/YY), and a code for gender (1=male 2=female 3=Transgender). For example, for the client Julius Ceasar born on March 15, 1980, the UCI would be JLCA0315801. A 12th character can be added if a provider needs to distinguish between two clients that may in fact have the same UCI. Providers will use a program, provided by HAB, to encrypt the UCI at their site, before sending the ***encrypted*** UCI as part of the Client Report to HAB. ONLY the ***encrypted UCI*** gets reported in the uploaded client data, ***not*** the unencrypted UCI.

Note: The method used to encrypt the UCI does not allow for decryption, thus securing the client's privacy.

Client Demographics

1. Date of client's first service visit at this provider's agency

Indicate this date in the form MM/DD/YYYY. This date may or may not be the date the client first received a Ryan White-funded service. If only the month and year are collected, enter "01" as the day of the client's first visit (i.e., MM/01/YYYY).

You are not expected to resort to unreasonable measures to locate this information in your files. If you are unable to identify the first date of service, please report the earliest date available in your records.

2. What was the client's vital/enrollment status at the end of the reporting period?

Active—the client will be continuing in program.

Referred—the client was referred to another program or services and will not continue to receive services at this agency. Also select this category if the client was discharged from a program because they became self-sufficient and no longer need Ryan White Program-funded services.

Removed—client was removed from treatment due to violation of rules.

Incarcerated—the client will not be continuing in the agency's program because he/she is serving a criminal sentence in a Federal, State, or local penitentiary, prison, jail, reformatory, work farm, or similar correctional institution (whether operated by the government or a contractor).

Relocated—the client has moved out of the agency's service area and will not continue to receive RWHAP services at the agency's location.

Deceased

Unknown—the client has been "lost to care." Note: Each individual agency must determine its own guidelines for classifying a client as "lost to care."

3. If the client is reported as "deceased" in Item 2, indicate date of death (MM/DD/YYYY) if known.

4. Client's year of birth

Indicate the client's birth year in the form YYYY, if known.

Note: Even though only the year of birth will be reported to HAB, providers should collect the client's full date of birth. The client's birth month and day are used to generate the UCI.

Reporting Client Race and Ethnicity

Office of Management and Budget (OMB) Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity provides a minimum standard for maintaining, collecting, and presenting data on race and ethnicity for all Federal reporting purposes. The standards were developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino." The racial category descriptions, defined in October 1997, are required for all Federal reporting, as mandated by the OMB. For more information go to:

http://www.whitehouse.gov/omb/fedreg/1997standards.html

HAB is required to use the OMB reporting standard for race and ethnicity. However, service provider agencies should feel free to collect race and ethnicity data in greater detail. If the agency chooses to use a more detailed collection system, the data collected should be organized so that any new categories can be aggregated into the standard OMB breakdown.

Race and Ethnicity Data Collection

Ryan White HIV/AIDS Program providers are expected to make every effort to obtain and report race and ethnicity, based on each client's self-report. Self-identification is the preferred means of obtaining this information. Providers should not establish criteria or qualifications to use to determine a particular individual's racial or ethnic classification, nor specify how someone should classify himself or herself.

5. Ethnicity
Indicate the client's ethnicity based on his/her self-report.

Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous with "Hispanic or Latino."

Not Hispanic or Latino—A person who does not identify his/her ethnicity as "Hispanic or Latino."

Unknown indicates the client's ethnicity is unknown or was not reported.

6. Race (Select one or more)
Indicate the client's race based on his/her self-report. **Note:** Multiracial clients should select all categories that apply.

American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American—A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Unknown—indicates the client's racial category is unknown or was not reported.

7. Current Gender

Indicate the client's gender (the socially and psychologically constructed, understood, and interpreted set of characteristics that describe the current sexual identity of an individual) based on his/her self-report.

Male—an individual with strong and persistent identification with the male sex.

Female—an individual with strong and persistent identification with the female sex.

Transgender—An individual whose gender identity is not congruent with his or her biological gender, regardless of the status of surgical and hormonal gender reassignment processes. Sometimes the term is used as an umbrella term encompassing transsexuals, transvestites, cross-dressers, and others. The term transgender refers to a continuum of gender expressions, identities, and roles, which expand the current dominant cultural values of what it means to be male or female.

Unknown indicates the client's gender category is unknown or was not reported.

8. If the client is reported as "transgender" in Item 7, indicate the subgroup, if known:

- o Male to Female
- o Female to Male

9. Report the client's income in terms of the percent of the Federal poverty level at the end of the reporting period.

- o Equal to or below the Federal poverty level
- o 101–200% of the Federal poverty level
- o 201–300% of the Federal poverty level
- o > 300% of the Federal poverty level
- o Unknown/unreported

If your organization collects this information early in the reporting period, it is not necessary to collect this information again at the end of the reporting period (although changes should be documented.) Report the latest information on file for each client.

10. Indicate the client's housing status at the end of the reporting period.

***Stable Permanent Housing* includes:**

- o Renting and living in an unsubsidized room, house or apartment
- o Own and live in an unsubsidized house or apartment
- o Unsubsidized permanent placement with families or other self-sufficient arrangements
- o Housing Opportunities for Persons with AIDS (HOPWA)-funded housing assistance, including Tenant-based Rental Assistance (TBRA) or Facility-Based Housing Assistance, but not including the Short-term Rent, Mortgage and Utility (STRMU) Assistance Program
- o Subsidized, non-HOPWA, house or apartment, including Section 8, the HOME Investment Partnerships Program, and Public Housing
- o Permanent housing for formerly homeless persons, including Shelter Plus Care, the Supportive Housing Program (SHP), and the Moderate Rehabilitation Program for SRO Dwellings (SRO Mod Rehab)
- o Institutional setting with greater support and continued residence expected (psychiatric hospital or other psychiatric facility, foster care home or foster care group home, or other residence or long-term care facility)

Temporary Housing includes:

- o Transitional housing for homeless people
- o Temporary arrangement to stay or live with family or friends
- o Other temporary arrangement such as a Ryan White Program housing subsidy
- o Temporary placement in an institution (e.g., hospital, psychiatric hospital, or other psychiatric facility, substance abuse treatment facility, or detoxification center)
- o Hotel or motel paid for without emergency shelter voucher

Unstable Housing Arrangements include:

- Emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, a bus/train/subway station/airport, or anywhere outside
- Jail, prison, or a juvenile detention facility
- Hotel or motel paid for with emergency shelter voucher

Unknown indicates the client's housing status is unknown or was not reported.

Definitions are based on:

1. Housing Opportunities for Persons With AIDS (HOPWA) Program, Annual Progress Report (APR), Measuring Performance Outcomes, form HUD-40110-C.
2. McKinney-Vento Act, Title 42 US Code, Sec. 11302, *General definition of homeless individual*.

11. Indicate the geographic unit code of the client's residence at the end of the reporting period.

The geographic unit code is the initial three digits of a U.S. Postal Service Zip code. For example, "200" is the geographic unit code for a client living in an area represented by the five digit Zip code "20001." **Note:** Providers should report a geographic unit code of "000" for clients with a Zip code beginning with the following three digits: 022, 036, 059, 102, 203, 555, 556, 692, 821, 823, 830, 831, 878, 879, 884, 893, 987, or 994.

If the client's housing is "Unstable," enter the geographic unit code of the place he or she considers his or her residence or "home base." ***Home base*** for a person who is homeless or has an unstable living arrangement is the place where s/he returns regularly and presently intends to remain, including an emergency shelter, a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside. It also can be a place the person returns to regularly where he or she can receive messages and be contacted.

12. Indicate the HIV/AIDS status of the client at the end of the reporting period.

HIV-negative (affected)—Client has tested negative for HIV; is an affected partner or family member of an individual who is HIV-positive; and has received at least one RWHAP-funded support service during the reporting period.

HIV-positive, not AIDS—Client has been diagnosed with HIV but has not advanced to AIDS.

HIV-positive, AIDS status unknown—Client has been diagnosed with HIV. It is not known whether the client has advanced to AIDS.

CDC-defined AIDS—Client is an HIV-infected individual who meets the CDC AIDS case definition for an adult or child. **Note:** Once a client has been diagnosed with AIDS, he or she always is counted in the CDC-defined AIDS category regardless of changes in CD4 counts. For additional information, see: http://www.cdc.gov/ncphi/disss/nndss/casedef/aidscurrent.htm

HIV-indeterminate (infants only)— An infant whose HIV status is not yet determined but was born to an HIV-infected mother.

Unknown—A client who is not an infant *and* whose HIV/AIDS Status is unknown or was not reported.

13. If the response to Item 12 is "CDC-defined AIDS," indicate the year (YYYY) of the client's AIDS diagnosis, if known.

14. What is the client's risk factor for HIV infection (select one or more):

Men who have sex with men (MSM) cases include men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact).

Injection drug user (IDU) cases include clients who report use of drugs intravenously or through skin-popping.

Hemophilia/coagulation disorder cases include clients with delayed clotting of the blood.

Heterosexual contact cases include clients who report specific heterosexual contact with an individual with, or at increased risk for, HIV infection (e.g., an injection drug user).

Receipt of transfusion of blood, blood components, or tissue cases include transmission through receipt of infected blood or tissue products given for medical care.

Mother with/at risk for HIV infection (perinatal transmission) cases include transmission from mother to child during pregnancy. This category is exclusively for infants and children infected by mothers who are HIV-positive or at risk.

Other indicates the client's exposure category is known, but not listed above.

Unknown indicates the client's exposure category is unknown or was not reported.

15. Report the client's sources of health insurance during the reporting period (select all that apply):

Private means health insurance plans such as BlueCross/BlueShield, Kaiser Permanente, and Aetna.

Medicare is a health insurance program for people 65 years of age and older, some disabled people under 65 years of age, and people with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant).

Medicaid is a jointly funded, Federal-State health insurance program for certain low-income and needy people.

Other public means other Federal, State, and/or local government programs providing a broad set of benefits for eligible individuals. Examples include State-funded insurance plans, military health care (CHAMPUS), State Children's Insurance Program (SCHIP), Indian Health Services, and Veterans Health Administration.

No insurance means the client did not have insurance to cover the cost of services at any time during the reporting period, the client self-pays, or services are covered by RWHAP funds.

Other insurance means client has an insurance type other than those listed above.

Unknown means the primary source of medical insurance is unknown and not documented.

Core Services

For each RWHAP client, report the number of visits per quarter for each RWHAP-funded core medical service. If a RW client received a core medical service that was not funded through your RW contract, do not report on that service for the client. If a RW client received a core medical service that your organization funds through multiple sources, including RW and non-RW funds, report the number of visits per quarter for that core medical service, ***unless*** your data system can discern that the client's visits were paid for with non-RW funds. **Note:** For each day, only one service visit per category may be counted.

16. Indicate the number of Outpatient/ambulatory medical care service visits the client received per quarter during the reporting period.

17. Indicate the number of Oral health care service visits the client received per quarter during the reporting period.

18. **Indicate the number of Early Intervention Services (Part A and B) service visits the client received per quarter during the reporting period.**
19. **Indicate the number of Home health care service visits the client received per quarter during the reporting period.**
20. **Indicate the number of Home and community-based health service visits the client received per quarter during the reporting period.**
21. **Indicate the number of Hospice service visits the client received per quarter during the reporting period.**
22. **Indicate the number of Mental health service visits the client received per quarter during the reporting period.**
23. **Indicate the number of Medical nutrition therapy service visits the client received per quarter during the reporting period.**
24. **Indicate the number of Medical case management (including treatment adherence) service visits the client received per quarter during the reporting period.**
25. **Indicate the number of Substance abuse service (outpatient) visits the client received per quarter during the reporting period.**
26. **Indicate (Yes/No/Unknown) if the client received Local AIDS Pharmaceutical Assistance (Not ADAP) at any time during each quarter.**
27. **Indicate (Yes/No/Unknown) if Health Insurance Premium funding were provided for the client at any time during each quarter.**

Support services

For each RW client, report on whether or not a support service was received for each RW-funded support service. If a RW client received a support service that was not funded through your RW contract, do not report on that service for the client. If a RW client received a support service that your organization funds through multiple sources, including RW and non-RW funds, report on whether or not the client received that support service, ***unless*** your data system can discern that the client's receipt of service was paid for with non-RW funds. **Note:** For each day, only one service visit per category may be counted.

28. **Indicate (Yes/No/Unknown) if the client received Case management (non-medical) services at any time during each quarter.**
29. **Indicate (Yes/No/Unknown) if the client received Child care services at any time during each quarter.**
30. **Indicate (Yes/No/Unknown) if the client received Developmental assessment/early intervention services at any time during each quarter. (Part D only.)**
31. **Indicate (Yes/No/Unknown) if the client received Emergency financial assistance services at any time during each quarter.**
32. **Indicate (Yes/No/Unknown) if the client received Food bank/home- delivered meals services at any time during each quarter.**
33. **Indicate (Yes/No/Unknown) if the client received Health education/ risk reduction services at any time during each quarter.**
34. **Indicate (Yes/No/Unknown) if the client received Housing services at any time during each quarter.**
35. **Indicate (Yes/No/Unknown) if the client received Legal services at any time during each quarter.**

36. **Indicate (Yes/No/Unknown) if the client received Linguistic services at any time during each quarter.**

37. **Indicate (Yes/No/Unknown) if the client received Transportation services at any time during each quarter.**

38. **Indicate (Yes/No/Unknown) if the client received Outreach services at any time during each quarter.**

39. **Indicate (Yes/No/Unknown) if the client received Permanency planning services at any time during each quarter.**

40. **Indicate (Yes/No/Unknown) if the client received Psychosocial support services at any time during each quarter.**

41. **Indicate (Yes/No/Unknown) if the client received a Referral for health care/ supportive services at any time during each quarter.**

42. **Indicate (Yes/No/Unknown) if the client received Rehabilitation services at any time during each quarter.**

43. **Indicate (Yes/No/Unknown) if the client received Respite care services at any time during each quarter.**

44. **Indicate (Yes/No/Unknown) if the client received Substance abuse services (residential) at any time during each quarter.**

45. **Indicate (Yes/No/Unknown) if the client received Treatment adherence counseling services at any time during each quarter.**

Clinical Information

Outpatient/ambulatory medical care providers report clinical data for clients whose status is HIV-positive or indeterminate. Data provided in this section will help HAB prove that, nationally, the program is meeting patient care requirements as set forth in:

1. The 2006 Ryan White HIV/AIDS program legislation;
2. HAB's Government Performance and Results Act (GPRA) measures;
3. HAB's Performance Assessment Rating Tool (PART) measures; and
4. HAB's HIV/AIDS Core Clinical Performance Measures for Adults & Adolescents.

Ultimately, information provided in this section will help HAB ensure that Ryan White clients receive a consistent level of service across all provider settings.

46. **HIV risk reduction screening/counseling**
Indicate (yes/no/unknown) if HIV risk reduction screening and/or counseling was provided to the client during this reporting period.

47. **First outpatient/ambulatory care visit**
List the date of the client's first outpatient/ambulatory care visit at this provider agency. **Notes:** (1) This visit may have occurred before the start of the reporting period. (2) This visit may or may not be an RWHAP-funded visit. If the full date is not available, report the month and year of the first visit and the day as"01" (i.e., MM/01/YYYY).

48. Outpatient/ambulatory care visit dates
Report all dates (MM/DD/YYY) of the client's outpatient/ambulatory care visits in this provider's HIV care setting with a clinical care provider. A ***clinical care provider*** is a physician, physician's assistant, clinical nurse specialist, or nurse practitioner certified in his or her jurisdiction with prescribing privileges.

49. CD4 Cell Counts
Report the value and test date for all CD4 count tests administered to the client during the reporting period. The CD4 cell count measures the number of T-helper lymphocytes per cubic millimeter of blood. It is a good predictor of immunity. As CD4 cell count declines, the risk of developing opportunistic infections increases. The ***test date*** is the date the client's blood sample is taken.

50. Viral Load Counts
Report the value and test date for all viral load tests administered to the client during the reporting period. Viral load is the quantity of HIV RNA in the blood and is a predictor of disease progression. Test results are expressed as the number of copies per milliliter of blood plasma. The ***test date*** is the date the client's blood sample is taken.

51. PCP Prophylaxis

- o Yes
- o No
- o Not medically indicated
- o No, client refused
- o Unknown

PCP prophylaxis is drug treatment to prevent *Pneumocystis cariini* pneumonia (PCP)—the most common infection in people with HIV and a major cause of mortality, yet almost entirely preventable and treatable. Indicate if clients were prescribed a PCP prophylaxis at any time during the reporting period. **Note:** Select "yes" if the client began or was continuing a prophylactic regimen during the reporting period.

For additional information about PCP prophylaxis, see:
http://hab.hrsa.gov/special/measure03.htm
http://www.hrsa.gov/performancereview/prophylaxis.htm
http://wonder.cdc.gov/wonder/prevguid/m0001409/m0001409.asp

52. Was the client prescribed HAART at any time in this reporting period?

- o Yes
- o No, not medically indicated
- o No, not ready (as determined by clinician)
- o No, client refused
- o No, intolerance, side effect, toxicity
- o No, HAART payment assistance unavailable
- o No, other reason
- o Unknown

HAART is *highly active antiretroviral therapy,* an aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV whose purpose is to reduce viral load to undetectable levels. **Note**: Report "yes" if the client began or was continuing on HAART during the reporting period.

53. Indicate if the client was screened for tuberculosis (TB) during the reporting period.

- o Yes
- o No
- o Not medically indicated
- o Unknown

Tuberculosis screening is the use of physical examinations and tests (such as PPD skin tests, blood tests, X-rays, and sputum tests) to determine latent or active infection by mycobacterium tuberculosis bacteria. For additional information about tuberculosis, visit: http://www.cdc.gov/tb/pubs/TBfactsheets.htm.

54. If the response to Item 53 is "no" or "not medically indicated," indicate if the client has been screened for TB since his/her HIV diagnosis.

- o Yes
- o No
- o Not medically indicated
- o Unknown

HAB understands that it may place an unreasonable burden on providers to determine whether certain clients were screened for tuberculosis since their diagnosis and advises providers to report whatever data may be reasonably obtained.

55. Has the client been screened for syphilis during this reporting period?

- o Yes
- o No
- o Not medically indicated
- o Unknown

Syphilis is a sexually transmitted disease (STD) that can be diagnosed by examining material from a chancre (infectious sore) using a dark-field microscope or with a blood test. Additional information may be obtained at http://www.cdc.gov/std/syphilis/default.htm

56. Has the client been screened for hepatitis B during this reporting period?

- o Yes
- o No
- o Not medically indicated
- o Unknown

Hepatitis B is a serious infection caused by the hepatitis B virus (HBV). If it goes undiagnosed and untreated it can cause permanent liver damage. A screening blood test can determine a diagnosis. For additional information, please see: http://www.cdc.gov/ncidod/diseases/hepatitis/b/index.htm.

57. If the response to Item 56 is "no" or "not medically indicated," indicate if the client has been screened for hepatitis B since his/her HIV diagnosis.

- o Yes
- o No
- o Not medically indicated
- o Unknown

HAB understands that it may place an unreasonable burden on providers to determine whether certain clients were screened for hepatitis B since their diagnosis and advises providers to report whatever data may be reasonably obtained.

58. Has the client *completed* the vaccine series for hepatitis B?

- o Yes
- o Not medically indicated
- o No
- o Unknown

The hepatitis B vaccine series is a sequence of shots that stimulate a person's natural immune system to protect against HBV.

Note: If the client is in the process of completing a hepatitis B vaccination series, report "no" for the reporting period; you will indicate that the client has completed the series in subsequent reports.

59. Has the client been screened for hepatitis C during this reporting period?

- o Yes
- o No
- o Not medically indicated
- o Unknown

Hepatitis C screening is the use of physical examinations and tests, such as anti-HCV tests, HCV RIBA tests, HCV-RNA tests, and Viral Load or Quantitative HCV tests, to detect the presence of the HCV virus and/or antibodies indicating exposure to the HCV virus.

60. If the response to Item 59 is "no" or "not medically indicated," indicate if the client has been screened for hepatitis C since his/her HIV diagnosis.

- o Yes
- o No
- o Not medically indicated
- o Unknown

HAB understands that it may place an unreasonable burden on providers to determine whether certain clients were screened for hepatitis C since their diagnosis and advises providers to report whatever data may be reasonably obtained.

61. Was the client screened for substance use (alcohol and drugs) during the reporting period?

- o Yes
- o No
- o Not medically indicated
- o Unknown

Substance use screening is a quick, simple way to identify clients who need further assessment or treatment for substance use disorders. Screening may include biomarkers (e.g., positive drug screen or liver disease) and client reports of consumption patterns.

62. Was a mental health screening conducted for the client during this reporting period?

- o Yes
- o No
- o Not medically indicated
- o Unknown

Mental health screenings include the use of brief structured instruments or commonly used questionnaires to assess potential mental health problems. Screenings are designed to determine whether the client presents signs or symptoms of a mental health problem and if the client should be referred to a mental health professional. Screens are not diagnostic tools and, although typically administered by a mental health professional, may be administered by trained health care professionals in other medical/clinical disciplines.

63. For HIV+ women only: Did the client receive a Pap smear during this reporting period?

- o Yes
- o No
- o Not medically indicated
- o Not applicable
- o Unknown

A Pap smear or screening is a way to examine cells taken from a woman's cervix. It can detect cell changes that may be pre-cancerous as well as hidden, small tumors that may lead to cervical cancer.

64. For HIV+ women only: Was the client pregnant during the reporting period?

- o Yes
- o No
- o Not applicable
- o Unknown

65. For HIV+ women only: If the response to Item 64 is "yes," indicate when the client entered prenatal care.

- o First trimester
- o Second trimester
- o Third trimester
- o At time of delivery
- o Not applicable
- o Unknown

Women whose pregnancies did not result in a live birth should be reported in the "Not applicable" category.

66. For HIV+ women only: If the response to Item 64 is "yes," indicate if the client was prescribed antiretroviral therapy to prevent maternal-to-child transmission (vertical) of HIV.

- o Yes
- o No
- o Not applicable
- o Unknown

Women whose pregnancies did not result in a live birth should be reported in the "Not applicable" category.

APPENDIX A: REQUIRED CLIENT-LEVEL DATA ELEMENTS FOR RWHAP ELIGIBLE SERVICES

Client-level Data Elements	Outpatient/ambulatory medical care	Medical case management	Oral health care	Early intervention services (A and B)	Home health care	Home and comm-based hlth serv	Hospice services	Mental health services	Medical nutrition therapy	Substance abuse services--outpatient	AIDS Pharmaceutical Assistance (local)	Health Insurance Program (HIP)	Case management (non-medical)	Child care services	Ped develop assess/early interv serv	Emergency financial assistance	Food bank/home-delivered meals	Health education/risk reduction	Housing services	Legal services	Linguistics services	Medical transportation services	Outreach services	Permanency planning	Psychosocial support services	Referral hlth care/support services	Rehabilitation services	Respite care	Substance abuse services-residential	Treatment adherence counseling	Rationale
Client Demographics																															
Year of birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 10
Ethnicity	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2, 4, 10
Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4,10
Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,4,5,10
Transgender subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2,3,4,5,10
Health insurance	•	•	•	•	•	•	•	•	•	•	•	•	•																		2,10
Housing status	•	•										•						•													2,10
3 Digit ZIP code	•	•										•																			11,12
Federal poverty level	•	•										•																			2,10
Date of first service visit	•	•										•																			2,3,4,5,10
HIV/AIDS status	•	•										•																			2,4,5
Year of AIDS diagnosis	•	•										•																			2,4,5
Client risk factor	•	•										•																			10
Vital enrollment status	•	•										•																			8,9
Date of death	•	•										•																			8,9

Rational Codes:

1. Necessary for identifying new clients
2. 2006 Ryan White Legislation requirement
3. Necessary to assess RWHAP performance as required for GPRA
4. Necessary to assess RWHAP performance as required for PART
5. Necessary to assess RWHAP performance as required for HAB Core Clinical Performance Measures Tier 1 Group 1
6. Necessary to assess RWHAP performance as required for HAB Core Clinical Performance Measures Tier 1 Group 2
7. Necessary to assess RWHAP performance as required for HAB Core Clinical Performance Measures Tier 1 Group 3
8. Necessary to track enrollment or vital status over the course of the reporting period
9. Informs the denominator of other items
10. Used to identify important population subgroups
11. Used to measure and assess the extent of out-of-service area utilization.
12. Used to determine areas of eligibility.
13. Accountability, use of funds

APPENDIX A

Client-level Data Elements	Outpatient/ambulatory medical care	Medical case management	Oral health care	Early intervention services (A and B)	Home health care	Home and comm-based hlth serv	Hospice services	Mental health services	Medical nutrition therapy	Substance abuse services-outpatient	AIDS Pharmaceutical Assistance (local)	Health Insurance Program (HIP)	Case management (non-medical)	Child care service	Ped develop assess/early interv serv	Emergency financial assistance	Food bank/home-delivered meals	Health education/risk reduction	Housing services	Legal services	Linguistic services	Medical transportation services	Outreach services	Permanency planning	Psychosocial support services	Referral hlth care/support services	Rehabilitation services	Respite care	Substance abuse services-residential	Treatment adherence counseling	Rationale
Core Services																															
Outpatient/ambulatory health services	•																														2,3,4,5,13
Medical case management		•																													2,13
Oral health care			•																												2,13
Early intervention services (Parts A and B)				•																											2,13
Home health care					•																										2,13
Home and comm-based hlth services						•																									2,13
Hospice services							•																								2,13
Mental health services								•																							2,13
Medical nutrition therapy									•																						2,13
Substance abuse outpatient care										•																					2,13
Local AIDS Pharm Assistance											•																				2,13
Health Insurance Program (HIP)												•																			2,13
Support Services																															
Case management (non-medical)													•																		2,13
Child care														•																	2,13
Ped developmental assessment/ EIS															•																2,13
Emergency financial assistance																•															2,13
Food bank																	•														2,13
Health education/risk education																		•													2,13
Housing services																			•												2,13
Legal services																				•											2,13
Linguistic services																					•										2,13
Transportation services																						•									2,13
Outreach services																							•								2,13
Permanency planning																								•							2,13
Psychosocial support																									•						2,13
Referral hlth care/supp services																										•					2,13
Rehabilitation services																											•				2,13
Respite care																												•			2,13
Subst abuse services— residential																													•		2,13
Treatment adherence counseling																														•	2,13

APPENDIX A

Client-level Data Elements	Outpatient/ambulatory medical care	Medical case management	Oral health care	Early Intervention services (A and B)	Home health care	Home and comm-based hlth serv	Hospice services	Mental health services	Medical nutrition therapy	Substance abuse services-outpatient	AIDS Pharmaceutical Assistance (local)	Health Insurance Program (HIP)	Case management (non-medical)	Child care services	Ped develop assess/early interv serv	Emergency financial assistance	Food bank/home-delivered meals	Health education/risk reduction	Housing services	Legal services	Linguistics services	Medical transportation services	Outreach services	Permanency planning	Psychosocial support services	Referral hlth care/support services	Rehabilitation services	Respite care	Substance abuse services-residential	Treatment adherence counseling	Rationale
Clinical Information																															
HIV risk reduc screen/counseling	•																														2,3,5
First outpatient /ambulatory care visit	•																														2,3,4,5
Outpatient ambulatory care visits	•																														3,4,5
CD4 counts and dates	•																														3,4,5
Viral Load counts and dates	•																														3,4,5
Prescribed PCP prophylaxis	•																														3,5
Prescribed HAART	•																														3,4,5
Screened for TB	•																														3,6
Screened for TB since diagnosis	•																														3,6
Screened for syphilis	•																														3,6
Screened for Hepatitis B	•																														3,7
Screened for Hep B since diagnosis	•																														3,7
Completed Hep B vaccine series	•																														3,6
Screened for Hep C	•																														3,6
Screened for Hep C since diagnosis	•																														3,6
Screened for substance use	•																														2,3,7
Screened for mental health	•																														2,3,7
Pap smear	•																														3, 6
Pregnant	•																														2,3,4,5
Entry into prenatal Ccre	•																														2,3,5
ARV therapy for pregnant women	•																														3

GLOSSARY

Active client	An individual who was a client when the reporting period ended and is expected to continue in the program during the next reporting period.
ADAP	*AIDS Drug Assistance Program*—A State-administered program authorized under Part B of the Ryan White HIV/AIDS Program that provides FDA-approved medications to low-income individuals with HIV/AIDS disease who have limited or no coverage from private insurance, Medicaid, or Medicare.
Affected client	A family member or partner of an infected client who receives at least one Ryan White HIV/AIDS Program support service during the reporting period.
AIDS	*Acquired immune deficiency syndrome*—A disease caused by the human immunodeficiency virus.
ARV	*Antiretroviral*—A substance that fights against a retrovirus, such as the human immunodeficiency virus (HIV).
CDC	*Centers for Disease Control and Prevention*—The U.S. Department of Health and Human Services agency that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process, among others. The CDC is responsible for monitoring and reporting infectious diseases, administers AIDS surveillance grants, and publishes epidemiologic reports such as the HIV/AIDS Surveillance Report.
Client	(See infected client, affected client, active client, or indeterminate client.)
Clinical Care Provider	A physician, physician's assistant, clinical nurse specialist, or nurse practitioner certified in his or her jurisdiction with prescribing privileges.
Combination therapy	Two or more drugs or treatments used together to achieve optimum results against HIV/AIDS. For more information on treatment guidelines, visit http://www.aidsinfo.nih.gov/guidelines.
Confidential information	Information such as name, gender, age, and HIV status, that is collected on the client and whose unauthorized disclosure could cause the client unwelcome exposure, discrimination, and/or abuse.
Consortium/HIV Care Consortium	An association of one or more public, and one or more nonprofit private, health care, and support service providers, people with HIV/AIDS, and community-based organizations operating within areas determined by the State to be most affected by HIV disease. The consortium agrees to use Part B grant assistance to plan, develop, and deliver (directly or through agreement with others) comprehensive outpatient health and support services for individuals with HIV disease. Agencies constituting the consortium are required to have a record of service to populations and subpopulations with HIV/AIDS.
Continuum of care	An approach that helps communities plan for, and provide, a full range of emergency and long-term service resources to address the various needs of people living with HIV/AIDS (PLWHA).

Contract	For the purposes of the Ryan White Data Report, contracts include formal contracts, memoranda of understanding, or other agreements.
Core Medical Services	A set of essential, direct health care services provided to persons with HIV/AIDS and specified in the Ryan White HIV/AIDS Treatment Modernization Act.
DSP	*Division of Science and Policy*—The division within HRSA's HIV/AIDS Bureau that serves as the principal source of program data collection and evaluation, the development of innovative models of care (Special Programs of National Significance, or SPNS), and the focal point for coordination of program performance activities and development of policy guidance.
EMA/TGA	*Eligible Metropolitan Area/Transitional Grant Area*—The geographic area eligible to receive Part A Ryan White HIV/AIDS Program funds. The boundaries of the EMA/TGA are defined by the Census Bureau. Eligibility is determined by AIDS cases reported to the CDC. Some EMAs include just one city and others are composed of several cities and/or counties. Some EMAs extend across more than one State.
Exposure category	(See risk factor)
Family centered	A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, by providing or arranging for a full range of services. The family structures may range from the traditional, biological family unit to nontraditional family units with partners, significant others, and unrelated caregivers.
Fee-for-service	The method of billing for health services whereby a physician or other health service provider charges the payer (whether it be the patient or his/her health insurance plan) separately for each patient encounter or service rendered.
GPRA	*The Government Performance and Results Act*—Enacted in 1993, the law requires Federal agencies to establish standards measuring their performance and effectiveness. HRSA has set both long-term and annual measures to assess the performance of Ryan White HIV/AIDS Program services. http://www.whitehouse.gov/omb/mgmt-gpra/gplaw2m.html
Grantee of record	The official Ryan White HIV/AIDS Program grantee that receives Federal funding directly from the Federal government (HRSA). A grantee also may be a provider if it provides direct services in addition to administering its grant.
HAART	*Highly active antiretroviral therapy*—An aggressive anti-HIV treatment including a combination of three or more drugs with activity against HIV whose purpose is to reduce viral load to undetectable levels.
HAB	*HIV/AIDS Bureau*— The Bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program. Within HAB, the Division of Service Systems administers Part A, Part B, and the AIDS Drug Assistance Program (ADAP); the Division of Community-Based Programs administers Part C, Part D, and the HIV/AIDS Dental Reimbursement Program; and the Division of Training and Technical Assistance administers the AIDS Education and Training Centers (AETC) Program. The Bureau's Division of Science and Policy administers the SPNS Program, HIV/AIDS evaluation studies, and the Ryan White HIV/AIDS Program Data Report.

High-risk insurance pool	A State health insurance program that provides coverage for individuals who are denied coverage due to a preexisting condition or who have health conditions that would normally prevent them from purchasing coverage in the private market.
HIP	*Health Insurance Program*—a program of financial assistance for eligible individuals living with HIV to enable them to maintain continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
HIV disease	Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.
HOPWA	*Housing Opportunities for People With AIDS*—A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families. http://hab.hrsa.gov/history/webterms.htm#H
HRSA	*Health Resources and Services Administration*—The U.S. Department of Health and Human Services (DHHS) agency that is responsible for directing national health programs that improve the Nation's health by assuring equitable access to comprehensive, quality health care for all. HRSA works to improve and extend life for people living with HIV/AIDS, provides primary health care to medically underserved people, serves women and children through State programs, and trains a health workforce that is both diverse and motivated to work in underserved communities. HRSA administers the Ryan White HIV/AIDS Program.
Indeterminate client	An infant whose HIV status is not yet determined but who was born to an HIV-infected mother.
Infected client	An individual who is HIV-positive and receives at least one Ryan White HIV/AIDS Program-funded service during the reporting period.
Inpatient setting	This includes hospitals, emergency rooms and departments, and residential facilities where clients typically receive food and lodging as well as treatments.
Institution	This includes residential, health care, and correctional facilities. *Residential facilities* include supervised group homes and extended treatment programs for alcohol and other drug abuse or for mental illness. *Health care facilities* include hospitals, nursing homes, and hospices. *Correctional facilities* include jails, prisons, and correctional halfway houses.
MAI	*Minority AIDS Initiative—See Part F (MAI).*
Not Medically Indicated	A determination made by a clinical care provider that a service, procedure, or treatment is not medically necessary. Medically necessary health care services are procedures used by a prudent medical care provider to diagnosis or treat an illness, injury, disease or its symptoms in a manner that is (a) in accordance with generally accepted standards of medical practice; or (b) clinically appropriate in terms of type, frequency, extent, site, and duration, and considered effective for a patient's illness, injury, or disease; and (c) not primarily for the convenience of the patient or treating clinical care provider.

OI	*Opportunistic infection*—An infection or cancer that occurs in individuals with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Kaposi's Sarcoma (KS), *Pneumocystis cariini* pneumonia (PCP), toxoplasmosis, and cytomegalovirus are all examples of such infections.
OMB	*Office of Management and Budget*—The office within the executive branch of the Federal Government that prepares the President's annual budget, develops the Federal Government's fiscal program, oversees administration of the budget, and reviews government regulations.
Outpatient setting	A hospital, clinic, medical office, or other place where clients receive health care services but do not stay overnight.
PART	*Program Assessment Rating Tool*—A diagnostic tool used to assess the performance and management of Federal programs. For the Ryan White HIV/AIDS Program, annual goals and outcome measures include, for example, improving access to health care by increasing the proportion of people living with HIV who receive medical care and treatment; and improving health outcomes by expanding health care to underserved, vulnerable, and special needs populations. http://www.whitehouse.gov/omb/part/
Part A	The part of the Ryan White HIV/AIDS Program that provides direct financial assistance to designated EMAs/TGAs that have been the most severely affected by the HIV epidemic. The purpose of these funds is to deliver or enhance HIV-related core medical and support services to people living with HIV/AIDS and their affected partners and family members.
Part B	The part of the Ryan White HIV/AIDS Program that authorizes the distribution of Federal funds to States and territories to improve the quality, availability, and delivery of core medical and support services for individuals living with HIV/AIDS and their affected partners and family members. The Ryan White HIV/AIDS Program emphasizes that such care and support is part of a coordinated continuum of care designed to improve medical outcomes.
Part C	The part of the Ryan White HIV/AIDS Program that provides support for early intervention services, including preventive, diagnostic, and therapeutic services for people living with HIV/AIDS and their affected partners and family members. This support includes a comprehensive continuum of outpatient HIV primary care services including: HIV counseling, testing, and referral; medical evaluation and clinical care; other primary care services; and referrals to other health services.
Part D	The part of the Ryan White HIV/AIDS Program that supports coordinated family-centered outpatient care for women, infants, children, and youth with HIV/AIDS and their affected partners and family members. The Adolescent Initiative is a separate grant under the Part D program that is aimed at identifying adolescents who are HIV-positive and enrolling and retaining them in care.
Part F (MAI)	*Minority AIDS Initiative*—A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV disease within communities of color. This initiative was enacted to address the disproportionate impact of the disease in such communities. It was formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development. This is also known as Part A MAI and Part B MAI.

PHSA	*Public Health Service Act*
PLWHA	People living with HIV/AIDS
PLWHA coalition	Organizations of people living with HIV/AIDS that provide support services to individuals and families infected with and/or affected by HIV and AIDS.
Primary health care service	Any preventive, diagnostic, or therapeutic health service received on an outpatient basis by a client who is HIV-positive. Examples include medical, subspecialty care, dental, nutrition, mental health, or substance abuse treatment, medical case management, and pharmacy services; radiology, laboratory, and other tests used for diagnosis and treatment planning; and counseling and testing.
Provider agency/ service provider	The agency that provides direct services to clients (and their families). A provider agency may receive funds as a grantee (such as under Parts C and D) or through a contractual relationship with a grantee funded directly by HRSA's Ryan White HIV/AIDS Program.
RDR	Ryan White HIV/AIDS Program Annual Data Report
Reporting period	A 6-month period, January 1 through June 30; or 12-month period, January 1 through December 31, of the calendar year.
Risk factor or risk behavior/exposure category *(See also Transmission Category)*	Behavior or other factor that places an individual at risk for disease. For HIV/AIDS, this includes such factors as male-to-male sexual contact, injection drug use, and commercial sex work.
RSR	Ryan White HIV/AIDS Program Services Report
RWHAP	Ryan White HIV/AIDS Program
RWHAP-funded service	A service paid for with Ryan White HIV/AIDS Program funds.
The Ryan White HIV/AIDS Treatment Modernization Act of 2006	The Federal legislation created to address the health care and service needs of people living with HIV/AIDS (PLWHA) disease and their families in the United States and its territories. The law has changed how Ryan White funds can be used, with an emphasis on providing life-saving and life-extending services for people living with HIV/AIDS.
SPNS	*Special Projects of National Significance*—A health services demonstration, research, and evaluation program funded under Part F of the Ryan White HIV/AIDS Program. SPNS projects are awarded competitively.
Support services	A set of services needed to achieve medical outcomes that affect the HIV-related clinical status of a person living with HIV/AIDS.
Transmission category	A grouping of disease exposure and infection routes. In relation to HIV disease, exposure groupings include injection drug use, men who have sex with men, heterosexual contact, perinatal transmission, and so forth.
Unique Client Identifier (UCI)	A unique alphanumeric code that distinguishes one Ryan White client from all others and is the same for the client across all provider settings.

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