**Summary of Changes**

**Ryan White Services Report**

**Client demographics**

**Deletions/Modifications**

* ID #1: First Service Date – Deleted
* ID #2: Enrollment status - Unknown deleted as a response option
* ID #3: Death Date – Deleted
* ID #5: Ethnicity - Unknown deleted as a response option
* ID #9: Poverty level – Response options were changed; unknown deleted as a response option
* ID #10: Housing status - Unknown deleted as a response option
* ID #11: Geographic Unit Code – Deleted
* ID #12: HIV/AIDS Status - Unknown deleted as a response option
* ID #13: AIDS Diagnosis Year – Deleted
* ID #14: HIV Risk Factor – Other deleted as a response option; Unknown changed to risk factor not reported or not identified
* ID #15: Health insurance coverage – Response options were changed; unknown deleted as a response option

Additions

* Hispanic/Latino(a) breakdown – If a client is reported as Hispanic/Latino, this additional information will now be required
* Asian breakdown – If a client is reported as Asian, this additional information will now be required
* Native Hawaiian/Pacific Islander breakdown – If a client is reported as Native Hawaiian/Pacific Islander, this additional information will now be required
* Sex at Birth - The biological sex assigned to the client at birth has been added

Note – Where Unknown is deleted, clients with no information will show as missing.

Services

**Deletions/Modifications**

* Field #16-25\*: Core Medical Services – Quarter ID variable is being removed
* Field #26-45\*: Support Services – Quarter ID variable is being removed; Delivered ID response options of no and unknown deleted

\*Element ID#s are listed consecutively according to the RSR Data Dictionary; the 2014 RSR Instruction Manual is pending update.

Clinical Information

**Deletions/Modifications**

* ID #46: Risk Screening - Unknown deleted as a response option
* ID #50 Viral load test – The rules for reporting undetectable values have been changed. The undetectable flag and ld. for < have been removed. For an undetectable viral load, the lower bound of the test (if known) will be reported; otherwise 0 will be reported.
* Item #51 Prescribed PCP Prophylaxis - Unknown deleted as a response option
* Item #52 Prescribed HAART – No, not medically indicated and unknown deleted as response options
* Item #53 Screened TB during reporting period - deleted
* Item #54 Screened for TB since HIV diagnosis - now required for all clients for whom Clinical information is reported
* Item #55 Syphilis screening - Unknown deleted as a response option
* Item #56 Hepatitis B screening during reporting period – deleted
* Item #57 Screened for Hepatitis B since HIV diagnosis - now required for all clients for whom Clinical information is reported
* Item #58 Hepatitis B Vaccination - Unknown deleted as a response option
* Item #59 Hepatitis C screening during reporting period– deleted
* Item #60 Screened for Hepatitis C since HIV diagnosis - now required for all clients for whom Clinical information is reported
* Item #61 Substance Abuse Screening - Unknown deleted as a response option
* Item #62 Mental Health Screening - Unknown deleted as a response option
* Item #63 Cervical Pap Screening - Unknown deleted as a response option
* Item #64 Pregnancy Status - Unknown deleted as a response option
* Item #65 Prenatal Care – deleted
* Item #66 Prescribed ARV – deleted

HIV Counseling and Testing Section - To be reported for clients testing positive during the reporting period

Additions

* Date of first positive HIV test
* Date of OAMC visit after first positive HIV test

Note: HAB is not including primary language or disability status in 2014 RSR reporting

**TABLE 3**

**Ryan White Services Report (RSR) Variables**

# RSR Client-Level Data – Demographics

| **ID** | **Variable Name** | | **Definition** | | **Required** | | **Occurrence** | **Allowed Values** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Demographics** | | | | | | | | | |
|  | EnrollmentStatusID | The client’s vital enrollment status at the end of the reporting period. | | CM, OA | | 1 per client | | | **EnrollmentStatusID:**   * Active, continuing in program * Referred to another program or services, or discharged  because self-sufficient * Removed from treatment due to violation of rules * Incarcerated * Relocated * Deceased |
|  | BirthYear | Client’s year of birth.  This value should be on or before all service date years for the client. | | All (including C&T) | | 1 per client | | | **BirthYear:**  yyyy |
|  | EthnicityID | Client’s ethnicity. | | All (including C&T) | | 1 per client | | | **EthnicityID:**   * Hispanic/Latino/a, or Spanish origin * Non-Hispanic/Latino(a),or Spanish origin |
|  | RaceID | Client’s race. | | All (including C&T) | | 1-5 per client | | | **RaceID:**   * White * Black or African American * Asian * Native Hawaiian/Pacific Islander * American Indian or Alaska Native |
|  | GenderID | Client’s current gender identity. This is the variable that is used for the eUCI. | | All (including C&T) | | 1 per client | | | **GenderID:**   * Male * Female * Transgender * Unknown |
|  | Transgender | Client’s current transgender status. | | All (including C&T) | | To be completed only if the response is “Transgender” in Item #6 | | | * Male-to-Female * Female-to-Male * Unknown |
|  | PovertyLevelID | Client’s percent of the Federal poverty level at the end of the reporting period. | | CM, OA | | 1 per client | | | **PovertyLevelID:**   * Below 100% of the Federal poverty level * 100 -138% of the Federal poverty level * 139 - 200% of the Federal poverty level * 201 – 250% of the Federal poverty level * 250 – 400% of the Federal poverty level * 401 – 500% of the Federal poverty level * More than 500% of the Federal poverty level |
|  | HousingStatusID | Client’s housing status at the end of the reporting period. | | CM, OA or Housing services | | 1 per client | | | **HousingStatusID:**   * Stable/permanent * Temporary * Unstable |
|  | HivAidsStatusID | Client’s HIV/AIDS status at the end of the reporting period. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank. | | CM, OA | | 1 per client | | | **HivAidsStatusID:**   * HIV negative * HIV +, not AIDS * HIV-positive, AIDS status unknown * CDC-defined AIDS * HIV indeterminate (infants <2 only) |
| 14 | HivRiskFactorID | Client’s HIV/AIDS risk factor. *Report* ***all*** *that apply*. | | CM, OA (including C&T) | | 1-7 per client | | | **HivRiskFactorID:**   * Male who has sex with male(s) (MSM) * Injecting drug use (IDU) * Hemophilia/coagulation disorder * Heterosexual contact * Receipt of blood transfusion, blood components, or tissue * Mother w/at risk for HIV infection (perinatal transmission) * Risk factor not reported or not identified |
| 15 | MedicalInsuranceID | Client’s medical insurance. *Report* ***all*** *that apply.* | | CM, OA, HI – ALL Core Services including C&T) | | 1-8 per client | | | **MedicalInsuranceID:**   * Private – Employer * Private - Individual * Medicare * Medicaid, CHIP or other public plan * VA, Tricare and other military health care * IHS * No Insurance/ uninsured * Other plan |

# 

# Client-Level Data – Core Medical Service Visits

| **ID** | | | **Variable Name** | | **Definition** | | **Required** | **Occurrence** | | **Allowed Values** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Core Medical Service Visits** | | | | | | | | | | |
| 16-25\* | ClientReportServiceVisits  ServiceID  Visits | | | The number of visits received for each core medical service during the reporting period. | | All  At least one core or support entry per client | | | 1-number of visits per service per client | **Item ID:**  Core Medical Services:  ID 16: Outpatient ambulatory health services  ID 17: Oral health care  ID 18: Early intervention services (Parts A and B)  ID 19: Home health care  ID 20: Home and community-based health services  ID 21: Hospice services  ID 22: Mental health services  ID 23: Medical nutrition therapy  ID 24: Medical case Management (including treatment adherence)  ID 25: Substance abuse services-outpatient    **Visits:**  1-365 (must be an integer) |
| 26- 45\* | | ClientReportService-Delivered  ServiceID  DeliveredID | | The service and service delivered indicator (yes) for each core medical or support service received by the client during the reporting period. | | All  At least one core or support entry per client | | | 0-1 per service per client | Core Medical Services:  **Item ID:**  ID 26: Local AIDS Pharmaceutical Assistance (APA, not ADAP)  ID 27: Health Insurance Program(HIP)    Support Services:  **Item ID:**  ID 28: Case management (non-medical) services  ID 29: Child care services  ID 30: Developmental assessment/early intervention services  ID 31: Emergency financial assistance  ID 32: Food bank/home-delivered meals  ID 33: Health education/risk reduction  ID 34: Housing services  ID 35: Legal services  ID 36: Linguistic services  ID 37: Transportation services  ID 38: Outreach services  ID 39: Permanency planning  ID 40: Psychosocial support services  ID 41: Referral for health care/supportive services  ID 42: Rehabilitation services  ID 43: Respite care  ID 44: Substance abuse services-residential  ID 45: Treatment adherence counseling    **DeliveredID:**  Yes |

\*Element ID#s are listed consecutively according to the RSR Data Dictionary; the 2014 RSR Instruction Manual is pending update.

# Client-Level Data – Clinical Information

| **Client Level Data** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Variable Name** | | **Definition** | | **Required** | | **Occurrences** | | **Allowed Values** |
| **Clinical Information** | | | | | | | | | |
| 46 | RiskScreeningProvidedID | Value indicating whether the client received risk reduction screening/counseling during this reporting period. | | OA | | | | 1 per client | **RiskScreeningProvidedID:**  No  Yes |
| 47 | FirstAmbulatoryCareDate | Date of client’s first HIV ambulatory care date at this provider agency.  This value must be on or before the last date of the reporting period. | | OA | | | | 0-1 per client | **FirstAmbulatoryCareDate:**  mm,dd,yyyy |
| 48 | ClientReportAmbulatory-  Service  ServiceDate | All the dates of the client’s outpatient ambulatory care visits in this provider’s HIV care setting with a clinical care provider during this reporting period.  The service dates must be within the reporting period. | | OA | | | | 0-number of days in reporting period per client | **ServiceDate:**  mm,dd,yyyy  Must be within the reporting period start and end dates. |
| 49 | ClientReportCd4Test  Count  ServiceDate | Values indicating all CD4 counts and their dates for this client during this report period.  The service dates must be within the reporting period. | | OA | | | | 0-number of days in reporting period per client | **Count:**  Integer  **ServiceDate:**  mm,dd,yyyy  Must be within the reporting period start and end dates. |
| 50 | ClientReportViralLoadTest  Count  ServiceDate | All Viral Load counts and their dates for this client during this report period | | OA | | | | 1-number of days in reporting period | **Count:**  Integer  Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0.  **ServiceDate:**  mm,dd,yyyy  Must be within the reporting period start and end dates. |
| 51 | PrescribedPcp-ProphylaxisID | Value indicating whether the client was prescribed PCP Prophylaxis anytime during this reporting period. | | OA | | | | 1 per client | **PrescribedPcpProphylaxisID:**   * No * Yes * Not medically indicated * No, client refused |
| 52 | PrescribedHaartID | Value indicating whether the client prescribed HAART at any time during this reporting period. | | OA | | | | 1 per client | **PrescribedHaartID:**   * Yes * No, not ready (as determined by clinician) * No, client refused * No, intolerance, side-effect, toxicity * No, HAART payment assistance unavailable * No, other reason |
| 54 | ScreenedTBSinceHiv-  DiagnosisID | Value indicating whether the client has been screened for TB since his/her HIV diagnosis. | | OA | | | | 0-1 per client | **ScreenedTBSinceHivDiagnosisID:**   * No * Yes * Not medically indicated * Unknown |
| 55 | ScreenedSyphilisID | **Value indicating whether**  the client was screened for syphilis during this reporting period (exclude all clients under the age of 18 who are not sexually active) | | OA  if client is 18 years of age, or older | | | | 0-1 per client | **ScreenedSyphilisID:**   * No * Yes * Not medically indicated |
| 57 | ScreenedHepatitisBSince-HivDiagnosisID | Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis. | | | | OA | | 0-1 per client | **ScreenedHepatitisBSinceHiv-DiagnosisID:**   * No * Yes * Not medically indicated * Unknown |
| 58 | VaccinatedHepatitisBID | Value indicating whether the client has completed the vaccine series for Hepatitis B. | | | | OA | | 1 per client | **VaccinatedHepatitisBID:**   * No * Yes * Not medically indicated |
| 60 | ScreenedHepatitisC  Since-HivDiagnosisID | Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis. | | | | OA | | 0-1 per client | **ScreenedHepatitisCSinceHiv-DiagnosisID:**   * No * Yes * Not medically indicated * Unknown |
| 61 | ScreenedSubstance-AbuseID | Value indicating whether the client was screened for substance use (alcohol and drugs) during this reporting period. | | | | OA | | 1 per client | **ScreenedSubstanceAbuseID:**   * No * Yes * Not medically indicated |
| 62 | ScreenedMentalHealthID | Value indicating whether the client was screened for mental health during this reporting period. | | | | OA | | 1 per client | **ScreenedMentalHealthID:**   * No * Yes * Not medically indicated |
| 63 | ReceivedCervical-PapSmearID | Value indicating whether the client received a Pap smear during the reporting period. **This should be completed for HIV+ women only.** | | | | OA  if the client is an HIV+ female | | 0-1 per client | **ReceivedCervicalPapSmearID:**   * No * Yes * Not medically indicated * Not applicable |
| 64 | PregnantID | Value indicating whether the client was pregnant during this reporting period. **This should be completed for HIV+ women only.** | | | | OA  if the client is an HIV+ female | | 0-1 per client | **PregnantID:**   * No * Yes * Not applicable |

| **Client Level Data** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Variable Name** | | **Definition** | **Required** | | **Occurrences** | | **Allowed Values** |
| **New Variables** | | | | | | | | |
| **Demographics** | | | | | | | | |
| 68 | HispanicSubgroupID | If EthnicityID = Hispanic/Latino(a), Client’s Hispanic Sub-group (choose all that apply) | | | All (included C&T) | | 0-4 per client | * Mexican, Mexican American, Chicano/a * Puerto Rican * Cuban * Another Hispanic, Latino/a or Spanish origin |
| 69 | AsianSubgroupID | If RaceID = Asian, Client’s Asian subgroup. (choose all that apply) | | | All (included C&T) | | 0-7 per client | * Asian Indian * Chinese * Filipino * Japanese * Korean * Vietnamese * Other Asian |
| 70 | NHPISubgroupID | If RaceID=Native Hawaiian/Pacific Islander, Client’s Native Hawaiian/Pacific Islander subgroup.(choose all that apply) | | | All (included C&T) | | 0-4 per client | * Native Hawaiian * Guamanian or Chamorro * Samoan * Other Pacific Islander |
| 72 | HIVDiagnosisYear | Year of client’s HIV diagnosis, if known. To be completed for a new client when the response is **not** “HIV-negative” or HIV indeterminate” in 12.  This value must be on or before the last date of the reporting period. | | | CM, OA  For a new client, if the response is **not** “HIV-negative” or HIV indeterminate” in 12. | | 1 per client | HIVDiagnosisYear:  yyyy  Must be less than or equal to the reporting period year. |
|  |  |  | | |  | |  |  |
| 71 | SexAtBirth ID | The biological sex assigned to the client at birth | | | All (included C&T) | | 1 per client | 1 = Male  2 = Female |
| **HIV Counseling and Testing** | | | | | | | | |
| 73 | HIVPosTestDate | Date of client’s confidential confirmatory HIV test with a positive result within the reporting period. | | | All C&T clients with confidential positive HIV confirmatory test during the reporting period | | 0-1 per client | HIV Positive Test Date:  mm,dd,yyyy  Must be within the reporting period. |
| 74 | OAMClinkDate | Date of client’s first OAMC medical care visit after positive HIV test.  Date must be the same day or after the date of client’s confidential confirmatory HIV test with a positive result. | | | All C & T clients with a confidential positive HIV confirmatory test during the reporting period | | 0-1 per client | HIV OAMC linkage date:  mm,dd,yyyy  Must be within the reporting period and on the same day or later than HIV positive test date. |