**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
 |

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# 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.  | AllAt 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.  | AllAt 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:** IntegerReport 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)  | OAif 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  | ScreenedHepatitisCSince-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.**  | OAif 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, OAFor 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 = Male2 = 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. |