**Summary of Changes**

**Ryan White Services Report**

**Client demographics**

**Deletions/Modifications**

* ID #8: Self-Reported Transgender Status – Deleted
* ID #7: Self-Reported Gender – Transgender Male to Female, Transgender Female to Male, Transgender Other added response options
  + Justification: This variable will be deleted. We have not deviated from the currently preferred Federal measures for obtaining information on gender identity. Variable ID 71, SextAtBirth ID, addresses the sex that the client was assigned at birth (Male/Female). Variable ID 7, GenderID, describes the client’s gender identify, as per the preferred Federal measures.
  + The variables are laid out in sequential order in this tool; however, this does not reflect the order that they appear in the client report when providers enter this data.

Services

**Deletions/Modifications**

* ID #19: Core Medical Services Delivered – Parts A and B removed as qualifiers for Early Intervention Services
* ID #35: Support Services – Legal Services deleted
* ID #39: Support Services – Permanency Planning deleted

Additions

* Support Services – Other Professional Services added as a response option

Clinical Information

**Modifications**

* ID #47: Date First HIV Outpatient/Ambulatory Care Visit – changed to Date of First HIV Outpatient/Ambulatory Health Services Visit
* ID #48 Dates of all Outpatient Ambulatory Care Visits – changed to Dates of All Outpatient/Ambulatory Health Services Visits.
* Item #74 OAMC Link Date – changed to OAHS Link Date

**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 |
| 7 | 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 * Male to Female Transgender * Female to Male Transgender * Transgender Other |
|  |  |  | |  | |  | | |  |
|  | 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. | | 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** |
|  | | | | | | | | |
| **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 | OAHSlinkDate | 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 OAHSlinkage date:  mm,dd,yyyy  Must be within the reporting period and on the same day or later than HIV positive test date. |