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

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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

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ID	Variable Name	Definition	Required	Occurrence	Allowed Values
	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	1-8 per client	**MedicalInsuranceID:** • Private – Employer

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ID	Variable Name	Definition	Required	Occurrence	Allowed Values
			<mark>including C&T</mark>)		• 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-<mark>365</mark> (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	Variable Name	Definition	Required	Occurrence	Allowed Values
					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	RiskScreeningProvided ID	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.

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Client Level Data					
ID	**Variable Name**	**Definition**	**Required**	**Occurrences**	**Allowed Values**
Clinical Information					

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	OA if client is 18 years of age, or older	0-1 per client	**ScreenedSyphilisID:** • No • Yes • Not medically indicated

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	**Client Level Data**
ID	**Variable Name**	**Definition**	**Required**	**Occurrences**		**Allowed Values**
	**Clinical Information**
		active)				
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

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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 <mark>new client</mark> 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	All C&T clients	0-1 per	HIV Positive Test Date:

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
		confirmatory HIV test with a positive result within the reporting period.	with confidential positive HIV confirmatory test during the reporting period	client	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.

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