

Justification for the modification of 0920-0696, National HIV Prevention Program Monitoring and Evaluation (NHM&E) Data

The Centers for Disease Control and Prevention (CDC) requests to make non-substantive revisions to the currently approved National HIV Prevention Program Monitoring and Evaluation (NHM&E) Data, OMB No. 0920-0696, expiration date 2/28/2019. The proposed revisions are for the NHM&E variables. All other project activities and methods remain the same as in the previously approved information collect request. The proposed revisions do not change the burden shown in the current inventory.

This submission includes a detailed description of the NHM&E variables changes. The currently approved NHM&E Data Variables and Values (10-Jul-2015) are found in Attachment A (OMB 0920-0696, Expiration 2/2019).

Overview of NHM&E

NHM&E data are a set of standardized variables that CDC uses to monitor and evaluate HIV prevention programs funded by the Division of HIV/AIDS Prevention (DHAP) at CDC. These data are used to report key program performance indicators to CDC to show whether the programs implemented or supported are efficient and effective in achieving their stated goals. NHM&E data also assist Health Departments and Community-Based Organizations (CBOs) in monitoring and evaluating their activities to help them develop, deliver, and refine successful HIV prevention interventions. NHM&E data supply program managers with service-level information regarding intervention processes (e.g., who delivered what to whom, how many, where, and when) and client-level information (e.g., client demographics, behavioral risk factors, exposure to services, and verified referrals into other services) for monitoring and enhancing local HIV prevention programs.

CDC currently funds HIV prevention programs in all state and territorial health jurisdictions (including the Pacific Island territories), 9 city health departments, and approximately 130 CBOs through cooperative agreements. These numbers of grantees vary over time and some grantees may be funded under more than one program announcement. Monitoring and evaluation of these HIV prevention programs are essential for strengthening CDC's overall monitoring of HIV/AIDS prevention.

The NHM&E data make possible national program evaluation; performance indicator calculation; accountability reporting to Congress, the administration, and other HIV prevention program stakeholders; and informed decision-making about funding and HIV prevention. These data are used for planning and monitoring the delivery of prevention services to clients, implementing and improving HIV prevention programs, and reporting the required program performance indicators. Additionally, NHM&E data enable CDC to provide valuable feedback to these programs and to better account for the use of HIV prevention resources. All funded health jurisdictions and CBOs, under CDC HIV prevention program funding, are required to submit the NHM&E data.

No other Federal agency collects standardized prevention program data from all CDC-funded health departments and CBOs. The data are expected to have significant implications for program improvement and at national and local levels.

Proposed Revisions and Justification

The National HIV/AIDS Strategy specifies goals and objectives for HIV prevention in the United States. In response to these goals, the CDC Division of HIV/AIDS Prevention aligned its strategic plan to focus on high-impact prevention, treatment as prevention, and use of new testing and prevention technology. As this plan is implemented through changes to funding opportunity requirements, the NHM&E variables need to be modified

to monitor and evaluate the changed requirements. For example, the flagship notice of funding opportunity announcement (NOFO) for health departments, PS18-1802, was awarded in January 2018. The NOFO priorities are to increase individual knowledge of HIV status, prevent new infections among HIV-negative persons, reduce transmission from persons living with HIV, and build interventional surveillance to enhance response capacity and intensive data-to-care activities to support sustained viral suppression. Priority activities include (but are not limited to) HIV testing; linkage to, re-engagement in, and retention in care and other services to support achieving viral suppression; and pre-exposure prophylaxis (PrEP) related activities. Several of the required activities are new (e.g., PrEP) and there is less focus on implementing evidence-based interventions (EBIs).

Grantees may differ in how quickly they are able to implement new NHM&E requirements associated with a funding announcement. Challenges may include updating existing systems, developing and printing new data forms, and training of staff and contractors on the new requirements.

This revision is to modify the currently approved NHM&E variables by having two options to monitor and evaluate strategies and interventions that are critical to national HIV prevention goals.

Option 1 will retain a subset of the currently approved NHM&E variables for a limited period of time for health departments and CBOs. Following approval of this change request, this option will be available to health departments funded under PS18-1802 until December 31, 2018 to facilitate the transition to the new requirements (Option 2). For CBOs, this option will be available through the last year of current funding.

Option 2 will retain a smaller subset of the currently approved NHM&E variables (than Option 1) and introduce a number of new variables to inform progress toward meeting national HIV prevention goals and objectives that align with the Division's current strategic plan. Option 2 will be available to health departments for transitioning to this option beginning July 1, 2018 and required for all health departments on January 1, 2019. Option 2 will be required for any new CBO NOFO.

The new variables are listed in Attachment B and summarized below (n=74).

Table S: Site Information

- 1 variable (S03 "Site name") was added to better distinguish the locations where an agency delivers the HIV prevention services.

Table G1: Client Characteristics-Demographic and Table G2: Client Characteristics-Risk Profile

- 1 variable was added for partner services to determine if there is a record of a client's previous HIV test (G205a)
- 4 variables were added to identify priority populations with fewer variables (G224, G400, G401, G402)

Table H: Client Intervention Characteristics

- 2 client identifiers from the National HIV Surveillance System were added (OMB 0920-0573, expiration 06/30/2019) to permit linking from an HIV positive test conducted in a CDC-funded HIV testing program to an HIV- diagnosed persons in NHSS, regardless of when or where the test took place (H04c, H04d).
- 2 variables were added related to pre-exposure prophylaxis (PrEP) knowledge and use in the past 12 months. PrEP is an important HIV prevention tool that when taken consistently has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. (H800, H802)

Table PCRS-1: Partner Services Case and Table PCRS-2: Partner Services Partner

- 1 variable (PCR104a "Care Status at Case Close Date") was added to determine if client was in care at the close of the partner services case.

Table X-1: HIV Test, Table X-3: Attempt to Locate, Table X-5: Elicit Partners, Table X-6: Notification of Exposure, and Table X-7: Referral

- 62 variables were added.
 - o 31 variables (50%) relate to screening, identifying, and referral/provision for service needs (PrEP, behavioral risk-reduction counseling, perinatal services, navigation services for HIV medical care, linkage to HIV medical care, health benefits navigation and enrollment, medication adherence, evidence-based risk reduction interventions, behavioral health services, and social services). The responses are yes/no for each variable. Additionally, four of the services (perinatal, navigation services, linkage to care, and medication adherence) are relevant only to those who test HIV positive, which represents less than 1.0% of the approximately 3 million CDC-funded HIV tests conducted annually. (X731, X731a, X742, X745-X758c).
 - o 11 variables relate to the HIV test, in either a modified or new way. For example, CDC previously received information on up to 3 HIV tests (e.g., rapid preliminary positive and a confirmed lab-based positive). We are now asking only about the final determination of the HIV test result regardless of the number of HIV tests. (X104a, X124-X126a, X138, X150-X151a, X224).
 - o 9 variables request information about additional tests conducted in conjunction with the HIV test and the results. These questions are limited to the most relevant sexually transmitted infections to HIV (i.e., syphilis, gonorrhea, and chlamydia infection and hepatitis C) (X127-X128d).
 - o 7 variables are required for calculating partner services indicators (X712a, X712b, X725b, X743, X744, X744a).
 - o 5 variables relate to HIV medical care for persons testing HIV-positive, in either a modified or new way (X706c, X706d, X740, X741, X741a)

Table CBOTEST: Additional HIV Testing Variables

- 1 variable added (CBOTEST005) to ascertain the date a client attended first HIV medical care appointment

The majority of the variables added are needed to monitor the new PS18-1802 NOFO grantee HIV Testing and Partner Services required activities at the client-level. Many of these variables are relevant only for those who test HIV positive that represent less than 1.0% of all HIV tests.

Under both Option 1 and Option 2, 109 variables will no longer be required (Attachment C). The majority of these variables (n=89, 82%) are aggregate-level. The analytic usefulness of these data was not strong and has decreased because of the added client-level HIV testing and partner services variables. Also, several variables related to client-level data collection on evidence-based interventions are no longer required, which is in line with decreased emphasis on CDC funding of the implementation of these interventions.

Impact of Revisions on the Estimated Burden

The proposed revisions to the NHM&E data variable set have been made in consultation with Health Department and Community-based Organization representatives. The revisions will result in no change to the overall estimated grantee reporting burden. Of the 3 million CDC-funded HIV tests conducted annually, over 75% are conducted in healthcare settings among persons testing HIV negative. Only a limited set of variables are required to be reported to CDC from these tests and the information is often drawn from electronic medical records. These tests are the largest contributor to the overall estimated reporting burden and we expect no changes to this. The majority of the variables removed and added are either not required in healthcare settings for those testing HIV negative or relevant only for those who test HIV positive, which represents less than 1.0% of all HIV tests in healthcare and non-healthcare settings.

List of Attachments:

Attachment A: Currently approved NHM&E Variables (OMB 0920-0696, Expiration 2/2019).

Attachment B: New NHM&E variables

Attachment C: NHM&E variables that are no longer required

Attachment D: Proposed 2018 NHM&E Variables

National HIV Prevention Program Monitoring and Evaluation (NHM&E) Data Variables (OMB 0920-0696, Exp. 02/28/2019)

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
General Agency Information Variables					
A01	Agency Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A01a	Agency ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A02	Jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A27	CBO Agency Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A28	CBO Agency ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		5	5	5	
Site Information					
S01	Site ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S04	Site Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S08	Site - County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S09	Site - State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S10	Site - Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S03	Site Name			<input type="checkbox"/>	New
		5	5	6	
CDC Use Variables					
CDC03	CDC Variable 3	<input type="checkbox"/>			No longer required
CDC04	CDC Variable 4	<input type="checkbox"/>			No longer

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
					required
CDC05	CDC Variable 5	<input type="checkbox"/>			No longer required
CDC06	CDC Variable 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CDC07	CDC Variable 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CDC08	CDC Variable 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CDC09	CDC Variable 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CDC10	CDC Variable 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		8	5	5	
Client Characteristics					
G101	Date Client Demographic Data Collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G103	Local Client ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G112	Date of Birth - Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G114	Ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G116	Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G120	State/Territory of Residence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G123	Assigned Sex at Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G124	Current Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G124a	Specify Current Gender Identity	<input type="checkbox"/>	<input type="checkbox"/>		
G132	Client - County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
G134	Client - Zip Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G200	Date Client Risk Collected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G200_1	Client Behavioral Risk Profile	<input type="checkbox"/>	<input type="checkbox"/>		
G204	Previous HIV Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G205	Self-Reported HIV Test Result	<input type="checkbox"/>	<input type="checkbox"/>		
G209	Pregnant (Only If Female)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G210	In Prenatal Care (Only if Pregnant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G211_01	Injection Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G211_08	Share Drug Injection Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
G212	Additional Client Risk Factors	<input type="checkbox"/>	<input type="checkbox"/>		
G216a	Vaginal or Anal Sex with a Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G216b	Vaginal or Anal Sex with a Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G216c	Vaginal or Anal Sex with a Transgender Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G217a	Vaginal or Anal Sex without a Condom with a Male	<input type="checkbox"/>	<input type="checkbox"/>		
G217b	Vaginal or Anal Sex without a Condom with a Female	<input type="checkbox"/>	<input type="checkbox"/>		
G217c	Vaginal or Anal Sex without a Condom with a Transgender Person	<input type="checkbox"/>	<input type="checkbox"/>		
G218a	Vaginal or Anal Sex with a Male IDU	<input type="checkbox"/>	<input type="checkbox"/>		
G218b	Vaginal or Anal Sex with a Female IDU	<input type="checkbox"/>	<input type="checkbox"/>		
G218c	Vaginal or Anal Sex with a Transgender IDU	<input type="checkbox"/>	<input type="checkbox"/>		

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
G219a	Vaginal or Anal Sex with HIV-Positive Male	<input type="checkbox"/>	<input type="checkbox"/>		
G219b	Vaginal or Anal Sex with HIV-Positive Female	<input type="checkbox"/>	<input type="checkbox"/>		
G219c	Vaginal or Anal Sex with HIV-Positive Transgender Person	<input type="checkbox"/>	<input type="checkbox"/>		
G220	Vaginal or Anal Sex with MSM (female only)	<input type="checkbox"/>	<input type="checkbox"/>		
G222	Vaginal or Anal Sex without a Condom (PS only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G223	Vaginal or Anal Sex with an IDU (PS only)	<input type="checkbox"/>	<input type="checkbox"/>		
G205a	Previous HIV Test Result			<input type="checkbox"/>	New
G224	Is the client/patient at risk for HIV infection?			<input type="checkbox"/>	New
G400	In the past 5 years, has the client/patient had sex with a male?			<input type="checkbox"/>	New
G401	In the past 5 years, has the client/patient had sex with a female?			<input type="checkbox"/>	New
G402	In the past 5 years, has the client/patient injected drugs that were not prescribed to him/her by a medical care provider?			<input type="checkbox"/>	New
		35	35	24	
Intervention Characteristics					
H01	Intervention ID	<input type="checkbox"/>			No longer required
H01a	Intervention Name	<input type="checkbox"/>			No longer required
H01b	Program Evidence Base	<input type="checkbox"/>			No longer required
H01c	Specify Other Program Evidence Base	<input type="checkbox"/>			No longer required
H02	Number of Planned Sessions	<input type="checkbox"/>			No longer

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
					required
H04a	Test Form ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H05	Number of Completed Sessions	<input type="checkbox"/>			No longer required
H06	Session Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H07	Date of enrollment	<input type="checkbox"/>			No longer required
H08	Program ID	<input type="checkbox"/>			No longer required
H08a	Program Name	<input type="checkbox"/>			No longer required
H800	Has the client/patient ever heard of PrEP, the medicine taken daily to reduce the risk for getting HIV?			<input type="checkbox"/>	New
H802	Has the client/patient used PrEP anytime in the last 12 months?			<input type="checkbox"/>	New
H04c	eHARS State Number			<input type="checkbox"/>	New
H04d	eHARS City/County Number			<input type="checkbox"/>	New
		11	2	6	
Partner Services Variables (Case and Partner)					
PCR101	Case Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PCR103	Case Open Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PCR104	Case Close Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PCR108	Date of Report	<input type="checkbox"/>	<input type="checkbox"/>		
PCR109	Reported to Surveillance	<input type="checkbox"/>	<input type="checkbox"/>		

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
PCR200	Date Collected	<input type="checkbox"/>	<input type="checkbox"/>		
PCR202a	Local PS ID	<input type="checkbox"/>	<input type="checkbox"/>		
PCR207	Partner Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PCR209	Notification Plan	<input type="checkbox"/>	<input type="checkbox"/>		
PCR104a	Care Status at Case Close Date			<input type="checkbox"/>	New
		9	9	5	
HIV Testing and Other Partner Service Activities Variables (HIV Test, Attempt to Locate, Elicit Partners, Notification of Exposure, Referral)					
X103	Test Technology	<input type="checkbox"/>	<input type="checkbox"/>		
X104	HIV Test Election	<input type="checkbox"/>	<input type="checkbox"/>		
X104a	HIV Test Election			<input type="checkbox"/>	New
X105	Sample Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X110	Test Result	<input type="checkbox"/>	<input type="checkbox"/>		
X111	Result Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X115	If Result Not Provided, Why	<input type="checkbox"/>	<input type="checkbox"/>		
X124	Basis of Final Determination			<input type="checkbox"/>	New
X125	HIV Test Result, Final Determination			<input type="checkbox"/>	New
X126	Preliminary Positive point-of-care rapid test			<input type="checkbox"/>	New
X126a	Specimen Collection Date of Preliminary Positive point-of-care rapid test			<input type="checkbox"/>	New

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X127	Tests for co-infections			<input type="checkbox"/>	New
X127a	Syphilis Test			<input type="checkbox"/>	New
X127b	Gonorrhea			<input type="checkbox"/>	New
X127c	Chlamydial infection			<input type="checkbox"/>	New
X127d	Hepatitis C			<input type="checkbox"/>	New
X128a	Result of Syphilis test			<input type="checkbox"/>	New
X128b	Result of Gonorrhea test			<input type="checkbox"/>	New
X128c	Chlamydial infection test result			<input type="checkbox"/>	New
X128d	Hepatitis C test result			<input type="checkbox"/>	New
X135	Worker ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X136	In Surveillance System or Records	<input type="checkbox"/>	<input type="checkbox"/>		
X137	Program Announcement or Program Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X137-1	Specify Program Announcement/Strategy	<input type="checkbox"/>	<input type="checkbox"/>		
X138	Client HIV Status			<input type="checkbox"/>	New
X150	Has the client/patient ever had a positive HIV test?			<input type="checkbox"/>	New
X150a	If yes, date of first positive HIV test			<input type="checkbox"/>	New
X151	Has the client/patient ever had a negative HIV test?			<input type="checkbox"/>	New
X151a	Date of last negative HIV test			<input type="checkbox"/>	New
X224	Stage of infection			<input type="checkbox"/>	New

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X302	Attempt to Locate Outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X303	Reason for Unsuccessful Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X303a	Specify Reason for Unsuccessful Attempt	<input type="checkbox"/>	<input type="checkbox"/>		
X306	Enrollment Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X502	Time Period for Recall (in months)	<input type="checkbox"/>	<input type="checkbox"/>		
X503	Total number of claimed sex and/or needle-sharing partners within the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X511	Total number of named sex and/or needle sharing partners within the last 12 months (with enough information to locate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X511a	Total Number of Named Male Partners	<input type="checkbox"/>	<input type="checkbox"/>		
X511b	Total Number of Named Female Partners	<input type="checkbox"/>	<input type="checkbox"/>		
X511c	Total Number of Named Transgender Partners	<input type="checkbox"/>	<input type="checkbox"/>		
X600	Partner Notifiability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X601	Actual Notification Method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X602	Previous HIV Test	<input type="checkbox"/>	<input type="checkbox"/>		
X603	Self-Reported HIV Test Result	<input type="checkbox"/>	<input type="checkbox"/>		
X604	Date of Last HIV Test	<input type="checkbox"/>	<input type="checkbox"/>		
X702	Referral Date	<input type="checkbox"/>	<input type="checkbox"/>		
X702a	Reason Client Not Referred to HIV Medical Care	<input type="checkbox"/>	<input type="checkbox"/>		
X703_01	Referred To HIV Testing	<input type="checkbox"/>	<input type="checkbox"/>		

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X703_10	Referred To Medical Care	<input type="checkbox"/>	<input type="checkbox"/>		
X703_14	Referred To Partner Services	<input type="checkbox"/>	<input type="checkbox"/>		
X703_17	Referred To HIV Prevention Services	<input type="checkbox"/>	<input type="checkbox"/>		
X706	Referral Outcome	<input type="checkbox"/>	<input type="checkbox"/>		
X706b	First HIV Medical Care Appointment within 90 Days of HIV Test	<input type="checkbox"/>	<input type="checkbox"/>		
X706c	HIV Medical Care Linkage			<input type="checkbox"/>	New
X706d	First HIV Medical Appointment Date			<input type="checkbox"/>	New
X712	HIV Test Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X712a	Coinfection Screen (Partner Services)			<input type="checkbox"/>	New
X712b	Co-infection Result (Partner Services)			<input type="checkbox"/>	New
X713	HIV Test Result	<input type="checkbox"/>	<input type="checkbox"/>		
X714a	HIV Test Results Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X724	Client Received Prevention Services	<input type="checkbox"/>	<input type="checkbox"/>		
X725	Partner Service Interview	<input type="checkbox"/>	<input type="checkbox"/>		
X725a	Was the PS Interview within 30 Days of Receiving a Positive HIV Test Result	<input type="checkbox"/>	<input type="checkbox"/>		
X725b	Care Status at Time of the PS Interview			<input type="checkbox"/>	New
X730a	Housing status in past 12 months - revised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X731	PrEP Status			<input type="checkbox"/>	New

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X731a	Partner referred to PrEP Provider (Partner Services)			<input type="checkbox"/>	New
X740	Seen a Medical Care Provider in past 6 months			<input type="checkbox"/>	New
X741	Attend HIV medical care appointment			<input type="checkbox"/>	New
X741a	Appointment Date			<input type="checkbox"/>	New
X742	Individualized behavioral risk-reduction counseling			<input type="checkbox"/>	New
X743	Information provided for partner services			<input type="checkbox"/>	New
X744	Interviewed for partner services			<input type="checkbox"/>	New
X744a	Date of partner services interview			<input type="checkbox"/>	New
X745	Screened for perinatal HIV service coordination needs			<input type="checkbox"/>	New
X746	Perinatal HIV service coordination needs identified			<input type="checkbox"/>	New
X747	Referred for HIV perinatal service coordination			<input type="checkbox"/>	New
X748	Screened for PrEP eligibility			<input type="checkbox"/>	New
X749	Eligible for PrEP referral			<input type="checkbox"/>	New
X750	Referred to a PrEP Provider			<input type="checkbox"/>	New
X751	Assistance with linkage to a PrEP provider			<input type="checkbox"/>	New
X752a	Navigation services for linkage to HIV medical care - screened for need			<input type="checkbox"/>	New
X752b	Navigation services for linkage to HIV medical care - need identified			<input type="checkbox"/>	New
X752c	Navigation services for linkage to HIV medical care - provided or referred for service			<input type="checkbox"/>	New

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X752e	Linkage services to HIV medical care – screened for need			<input type="checkbox"/>	New
X752f	Linkage services to HIV medical care – need identified			<input type="checkbox"/>	New
X752g	Linkage services to HIV medical care – provided or referred for service			<input type="checkbox"/>	New
X753a	Health benefits navigation and enrollment – screened for need			<input type="checkbox"/>	New
X753b	Health benefits navigation and enrollment – need identified			<input type="checkbox"/>	New
X753c	Health benefits navigation and enrollment – provided or referred to service			<input type="checkbox"/>	New
X754a	Medication adherence support – screened for need			<input type="checkbox"/>	New
X754b	Medication adherence support – need identified			<input type="checkbox"/>	New
X754c	Medication adherence support – provided or referred to service			<input type="checkbox"/>	New
X755a	Evidence-based risk reduction intervention – screened for need			<input type="checkbox"/>	New
X755b	Evidence-based risk reduction intervention – need identified			<input type="checkbox"/>	New
X755c	Evidence-based risk reduction intervention – provided or referred to service			<input type="checkbox"/>	New
X756a	Behavioral health services – screened for need			<input type="checkbox"/>	New
X756b	Behavioral health services – need identified			<input type="checkbox"/>	New
X756c	Behavioral health services – provided or referred to service			<input type="checkbox"/>	New
X758a	Social services – screened for need			<input type="checkbox"/>	New
X758b	Social services – need identified			<input type="checkbox"/>	New

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
X758c	Social services – provided or referred to service			☐	New
		40	40	76	
Aggregate-Level Reporting Variables					
ME100a	Program Delivery Year	☐			No longer required
ME100b	Program Delivery Period	☐			No longer required
ME101	Number of HIV-diagnosed clients linked to HIV medical care	☐			No longer required
ME101a	Number of HIV-diagnosed MSM/IDU linked to HIV medical care	☐			No longer required
ME101b	Number of HIV-diagnosed MSM linked to HIV medical care	☐			No longer required
ME101c	Number of HIV-diagnosed IDU linked to HIV medical care	☐			No longer required
ME101d	Number of HIV-diagnosed heterosexuals linked to HIV medical care	☐			No longer required
ME101e	Number of HIV-diagnosed clients with other/unknown behavioral risk factors linked to HIV medical care	☐			No longer required
ME101f	Number of HIV-diagnosed African Americans linked to HIV medical care	☐			No longer required
ME101g	Number of HIV-diagnosed Hispanics linked to HIV medical care	☐			No longer required
ME101h	Number of HIV-diagnosed clients of other race/ethnicity linked to HIV medical care	☐			No longer required
ME102	Number of HIV-diagnosed clients linked to treatment adherence services	☐			No longer required

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
ME102a	Number of HIV-diagnosed MSM/IDU linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME102b	Number of HIV-diagnosed MSM linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME102c	Number of HIV-diagnosed IDU linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME102d	Number of HIV-diagnosed heterosexuals linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME102e	Number of HIV-diagnosed clients with other/unknown behavioral risk factors linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME102f	Number of HIV-diagnosed African Americans linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME102g	Number of HIV-diagnosed Hispanics linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME102h	Number of HIV-diagnosed clients of another race/ethnicity linked to treatment adherence services	<input type="checkbox"/>			No longer required
ME103	Number of out-of-care HIV-diagnosed clients re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME103a	Numbers of out-of-care HIV-diagnosed MSM/IDU re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME103b	Numbers of out-of-care HIV-diagnosed MSM re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME103c	Numbers of out-of-care HIV-diagnosed IDU re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME103d	Numbers of out-of-care HIV-diagnosed heterosexuals re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
ME103e	Number of out-of-care HIV-diagnosed clients with other/unknown behavioral risk factors re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME103f	Numbers of out-of-care HIV-diagnosed African Americans re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME103g	Numbers of out-of-care HIV-diagnosed Hispanics re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME103h	Number of out-of-care HIV-diagnosed clients of another race/ethnicity re-engaged into HIV medical care and treatment services	<input type="checkbox"/>			No longer required
ME104	Number of condoms distributed	<input type="checkbox"/>			No longer required
ME105a	Number of condoms distributed to high-risk individuals who are HIV-negative or whose HIV status is unknown	<input type="checkbox"/>			No longer required
ME105b	Number of condoms distributed to HIV positive individuals	<input type="checkbox"/>			No longer required
ME109	Number of community EBI conducted	<input type="checkbox"/>			No longer required
ME110	Number of people reached by community EBIs	<input type="checkbox"/>			No longer required
ME111	Number of social marketing/public information conducted	<input type="checkbox"/>			No longer required
ME112	Number of people reached by social marketing/public information events	<input type="checkbox"/>			No longer required
ME113	Number of media placements for marketing campaigns	<input type="checkbox"/>			No longer required
ME114	Number of clients referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME114a	Number of MSM/IDU referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
ME114b	Number of MSM referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME114c	Number of IDU referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME114d	Number of high-risk heterosexuals referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME114e	Number of clients with other or unknown risks referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME114f	Number of African Americans referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME114g	Number of Hispanics referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME114h	Number of clients of another race/ethnicity referred to non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115	Number of clients initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115a	Number of MSM/IDU who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115b	Number of MSM who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115c	Number of IDU who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115d	Number of high-risk heterosexuals who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115e	Number of clients with other or unknown risks who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115f	Number of African American who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME115g	Number of Hispanics who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
ME115h	Number of clients of another race/ethnicity who initiated non-occupational PEP therapy	<input type="checkbox"/>			No longer required
ME116	Number of MSM referred to PrEP therapy	<input type="checkbox"/>			No longer required
ME116a	Number of African American MSM referred to PrEP therapy	<input type="checkbox"/>			No longer required
ME116b	Number of Hispanic MSM referred to PrEP therapy	<input type="checkbox"/>			No longer required
ME116c	Number of MSM of another or unknown race/ethnicity referred to PrEP therapy	<input type="checkbox"/>			No longer required
ME117	Number of MSM initiated PrEP therapy	<input type="checkbox"/>			No longer required
ME117a	Number of African American MSM who initiated PrEP therapy	<input type="checkbox"/>			No longer required
ME117b	Number of Hispanic/Latino MSM who initiated PrEP therapy	<input type="checkbox"/>			No longer required
ME117c	Number of MSM of another or unknown race/ethnicity initiated PrEP therapy	<input type="checkbox"/>			No longer required
ME201a	Category A total PS12-1201-funded aggregate test events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will refer to PS18-1802 funds
ME201b	Category A total reimbursed aggregate test events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will refer to PS18-1802 funds
ME202a	Category A PS12-1201-funded aggregate newly diagnosed HIV-positive test events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will refer to PS18-1802 funds
ME202b	Category A reimbursed aggregate newly diagnosed HIV-positive testing events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will refer to PS18-1802 funds
ME203a	Category B total PS12-1201-funded aggregate test events	<input type="checkbox"/>			No longer

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
					required
ME203b	Category B total reimbursed aggregate test events	<input type="checkbox"/>			No longer required
ME204a	Category B PS12-1201-funded aggregate newly diagnosed HIV-positive test events	<input type="checkbox"/>			No longer required
ME204b	Category B reimbursed aggregate newly diagnosed HIV-positive testing events	<input type="checkbox"/>			No longer required
ME207a	Number of syphilis tests conducted as part of service integration in healthcare settings	<input type="checkbox"/>			No longer required
ME207b	Number of syphilis tests conducted under service integration in non-healthcare settings	<input type="checkbox"/>			No longer required
ME208a	Number of gonorrhea tests conducted under service integration in healthcare settings	<input type="checkbox"/>			No longer required
ME208b	Number of gonorrhea tests conducted under service integration in non-healthcare settings	<input type="checkbox"/>			No longer required
ME209a	Number of chlamydia tests conducted under service integration in healthcare settings	<input type="checkbox"/>			No longer required
ME209b	Number of chlamydia tests conducted under service integration in non-healthcare settings	<input type="checkbox"/>			No longer required
ME210a	Number of tests for hepatitis B virus conducted under service integration in healthcare settings	<input type="checkbox"/>			No longer required
ME210b	Number of tests for hepatitis B virus conducted under service integration in non-healthcare settings	<input type="checkbox"/>			No longer required
ME211a	Number of tests for hepatitis C virus conducted under service integration in healthcare settings	<input type="checkbox"/>			No longer required
ME211b	Number of tests for hepatitis C virus conducted under service integration in non-healthcare settings	<input type="checkbox"/>			No longer required
ME212a	Number of tuberculosis tests conducted under service integration in healthcare settings	<input type="checkbox"/>			No longer required

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
ME212b	Number of tuberculosis tests conducted under service integration in non-healthcare settings	<input type="checkbox"/>			No longer required
ME213a-z	Target population of HIV-positive individuals	<input type="checkbox"/>			No longer required
ME214a-z	Total number of HIV-positive persons enrolled in behavioral risk screening	<input type="checkbox"/>			No longer required
ME215a-z	Total number of HIV-positive persons enrolled in individual- and group-level evidence-based interventions	<input type="checkbox"/>			No longer required
ME216a-z	Total number of HIV-positive persons enrolled in community-level evidence-based interventions	<input type="checkbox"/>			No longer required
ME217a-z	Total number of HIV-positive persons enrolled in other locally developed programs	<input type="checkbox"/>			No longer required
ME218a-z	Target population of high-risk HIV-negative individuals	<input type="checkbox"/>			No longer required
ME219a-z	Total number of high-risk HIV-negative persons enrolled in behavioral risk screening	<input type="checkbox"/>			No longer required
ME220a-z	Total number of high-risk HIV-negative persons enrolled in individual- and group-level evidence-based interventions	<input type="checkbox"/>			No longer required
ME221a-z	Total number of high-risk HIV-negative persons enrolled in community-level evidence-based interventions	<input type="checkbox"/>			No longer required
ME222a-z	Total number of high-risk HIV-negative persons enrolled in other locally developed programs	<input type="checkbox"/>			No longer required
		93	4	4	
Budget Allocation Variables (Will refer to PS18-1802 rather than PS12-1201)					
BT100a	Budget allocation reporting year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT101a	Amount of PS12-1201 Category A funds allocated for HIV testing in healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
BT101b	Amount of PS12-1201 Category B funds allocated for HIV testing in healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT101c	Amount of PS12-1201 Category C funds allocated for HIV testing in healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT102a	Amount of PS12-1201 Category A funds allocated for HIV testing in non-healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT102b	Amount of PS12-1201 Category B funds allocated for HIV testing in non-healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT102c	Amount of PS12-1201 Category C funds allocated for HIV testing in non-healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT102m	Open-ended question 2 for HIV testing in non-healthcare settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103a	Amount of PS12-1201 Category A funds allocated for comprehensive prevention with positives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103b	Amount of PS12-1201 Category B funds allocated for comprehensive prevention with positives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103c	Amount of PS12-1201 Category C funds allocated for comprehensive prevention with positives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103i	Open-ended question 1 for comprehensive prevention with positives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103k	Amount of PS12-1201 Category A funding allocated for partner services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103l	Amount of PS12-1201 Category B funding allocated for partner services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103m	Amount of PS12-1201 Category C funding allocated for partner services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103n	Amount of PS12-1201 Category A funding allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
BT103o	Amount of PS12-1201 Category B funding allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103p	Amount of PS12-1201 Category C funding allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103q	Amount of PS12-1201 Category A funding allocated for risk-reduction EBIs with HIV-positive persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103r	Amount of PS12-1201 Category B funding allocated for risk-reduction EBIs with HIV-positive persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103s	Amount of PS12-1201 Category C funding allocated for risk-reduction EBIs with HIV-positive persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103t	Amount of PS12-1201 Category A funding allocated for other comprehensive prevention activities with HIV-positive persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103u	Amount of PS12-1201 Category B funding allocated for other comprehensive prevention activities with HIV-positive persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT103v	Amount of PS12-1201 Category C funding allocated for other comprehensive prevention activities with HIV-positive persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT104a	Amount of PS12-1201 Category A funding allocated for condom distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT104g	Open-ended question 2 for condom distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT104h	Amount of PS12-1201 Category C funding allocated for condom distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT104i	Amount of PS12-1201 Category B funding allocated for condom distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT105a	Amount of PS12-1201 Category A allocated for Policy Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
BT106b	Amount of PS12-1201 Category B allocated for service integration (optional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106e	Open-ended question for PS12-1201 Category B funds allocated for service integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106g	Amount of PS12-1201 Category A funding allocated for other components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106h	Open-ended question for funds allocated for other components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106i	Amount of PS12-1201 Category B funding allocated for other components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106j	Amount of PS12-1201 Category C funding allocated for other components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106k	Open-ended question for PS12-1201 Category B funds allocated for recommended and other components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT106l	Open-ended question for PS12-1201 Category C funds allocated for recommended and other components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT107c	Amount of PS12-1201 Category A funds allocated for HIV prevention program monitoring and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT107d	Amount of PS12-1201 Category B funds allocated for HIV prevention program monitoring and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT107e	Amount of PS12-1201 Category C funds allocated for HIV prevention program monitoring and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT108c	Amount of PS12-1201 Category A funds allocated for Jurisdictional HIV Prevention Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BT109c	Amount of PS12-1201 Category A funds allocated for Capacity Building and Technical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
BT109d	Amount of PS12-1201 Category B funds allocated for Capacity Building, Technical Assistance, and systems for third party reimbursement for HIV testing and other related co-infections	☐	☐	☐	
BT109e	Amount of PS12-1201 Category C funds allocated for Capacity Building and Technical Assistance	☐	☐	☐	
BT110c	Amount of PS12-1201 Category A funds allocated for agency's general operations or admin activities	☐	☐	☐	
BT110d	Amount of PS12-1201 Category B funds allocated for agency's general operations or admin activities	☐	☐	☐	
BT110e	Amount of PS12-1201 Category C funds allocated for agency's general operations or admin activities	☐	☐	☐	
BT111	Open-ended question for overall budget allocation	☐	☐	☐	
		48	48	48	
Community Based Organization Specific Variables					
CBOCL001	Date of first visit in this budget year	☐			No longer required
CBOCL002	Budget year	☐			No longer required
CBOCL003	Client Record Number	☐	☐	☐	
CBOCL005	Client's HIV Status	☐			No longer required
CBOCL006	HIV Medical Care	☐			No longer required
CBOCL007	HIV Linked to Medical Care - attended first medical appointment	☐			No longer required
CBOCL008	Change in HIV Status since the first visit in this budget year	☐			No longer required

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
CBOCL009	Navigation and prevention and essential support services, RRA	<input type="checkbox"/>			No longer required
CBOCL009SP	Other recommended support services, RRA	<input type="checkbox"/>			No longer required
CBOTEST001	Target Population(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST002	High-Risk Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST003	HIV Medical Care at the time of this positive test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST004	Navigation and prevention and essential support services, HIV Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST004SP	Other recommended support services, HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CBOTEST005	Date client attended first medical care appointment			<input type="checkbox"/>	New
		14	6	7	
System Variables					
Z01	Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z02	Last Modified Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z03a	CT Schema Version Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z03b	PS Schema Version Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z03c	Schema Version Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z04	Agency ID Sending File	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z05a	First Date of Data Included in File	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Z05b	Last Date of Data Included in File	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Variable Number	Variable Name	NHM&E Requirements (July 2015)	Option 1: NHM&E Requirements	Option 2: NHM&E Requirements	Status
Z06	Data Type in File	☐	☐	☐	
Z07	Contact Person Information	☐	☐	☐	
Z08	Collection of Agency IDs Included in File	☐	☐	☐	
Z09	Date File Was Created	☐	☐	☐	
Z10	Date File Last Modified	☐	☐	☐	
Z11	Special Instructions	☐	☐	☐	
Z12	Agency Name of Data Owner	☐	☐	☐	
		15	15	15	
Total		283	174	201	109 no longer required; 74 new