

Attachment D: Proposed 2018 NHM&E Variables

NHM&E DATA VARIABLES & VALUES



National HIV
Prevention Program
Monitoring and
Evaluation (NHM&E)



NHM&E Data Variables and Values

Agency Level

Table A: General Agency	Page 1
Table S: Site Information	Page 14

Client Level

Table CDC: CDC Use Variables	Page 21
Table G1: Client Characteristics-Demographic	Page 23
Table G2: Client Characteristics- Risk Profile	Page 30
Table G4: Client Characteristics – Priority Populations	Page 41
Table H: Client Intervention Characteristics	Page 43
Table PCRS-1: Partner Services Case	Page 46
Table PRCS-2: Partner Services Partner	Page 48
Table X-1: HIV Test	Page 49
Table X-2: HIV Test History	Page 67
Table X-3: Attempt to Locate	Page 68
Table X-5: Elicit Partners	Page 70
Table X-6: Notification of Exposure	Page 72
Table X-7: Referral	Page 74

Aggregate Level Requirements

Table ME: Aggregate Level Variables	Page 107
---	----------

XML Specific Fields

Table Z1: XML Specific Fields	Page 109
---	----------

Budget

Table BT: Budget Table	Page 114
----------------------------------	----------

CBO

Table CBOTEST: Additional CBO Variables	Page 135
Table CBOCL: CBO Client Summary Variables	Page 142

Data Variable Set (DVS)

Agency Level

Table: A **General Agency Information**

This table is required to be completed by all directly funded grantees. It is also required for all agencies that indirectly receive CDC funds for HIV prevention AND: 1) Provide HIV prevention services and/or 2) Provide contracts using CDC funds to support the provision of HIV prevention services.

A01	Agency Name	XSD (Schema) Name: agencyName
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	The official legal name of the agency or organization.	
<i>Instructions:</i>	Enter the official legal name of the agency funded by CDC to provide HIV prevention programs. Please note: for jurisdictions that upload CT data, there is currently no way to enter the actual name of the agency via XML upload. The system substitutes the Agency ID for the name. System administrators can log into EvaluationWeb@ and update this field to their actual name.	
<i>Business rules:</i>	HIV Testing: Required Partner Services: Allowed, but not reported to CDC	

A01a	Agency ID	XSD (Schema) Name: agencyId
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 32
<i>Definition:</i>	An alpha-numeric identification used to uniquely identify an agency.	
<i>Instructions:</i>	Enter the unique agency ID generated by the CDC-funded agency. If using EvaluationWeb for direct key entry, this number may be automatically generated by that system.	
<i>Business rules:</i>	HIV Testing: Mandatory Partner Services: Mandatory	

A02 Jurisdiction**XSD (Schema) Name:** populatedAreaValueCode**Value Option:** Choose only one**Format Type:** Number**Min Length:** 2**Max Length:** 3

Definition: The CDC-directly funded state, territory, city area, or region where a state or city health department receives funding to monitor HIV prevention activities. Each jurisdiction has a corresponding Federal Information Processing Standards (FIPS) code.

Instructions: Select the code of state, city or territory in which your agency is located. If uploading data to EvaluationWeb, submit the two number FIPS code for your state or territory, not the value description or the name of the jurisdiction. FIPS codes contain leading zeros when applicable.

Business rules: HIV Testing: Mandatory
Partner Services: Required

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky

22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina
38	ND	North Dakota
39	OH	Ohio
40	OK	Oklahoma
41	OR	Oregon
42	PA	Pennsylvania
44	RI	Rhode Island
45	SC	South Carolina
46	SD	South Dakota
47	TN	Tennessee
48	TX	Texas
49	UT	Utah
50	VT	Vermont
51	VA	Virginia

53	WA	Washington
54	WV	West Virginia
55	WI	Wisconsin
56	WY	Wyoming
60	AS	American Samoa
64	FM	Federated States of Micronesia
66	GU	Guam
68	MH	Marshall Islands
69	MP	Northern Mariana Islands
70	PW	Palau
72	PR	Puerto Rico
78	VI	Virgin Islands of the U.S.
80	San Francisco, CA	San Francisco Health Department
81	Los Angeles, CA	Los Angeles Health Department
82	New York City, NY	New York City Health Department
83	Houston, TX	Houston Health Department
84	Chicago, IL	City of Chicago Health Department
85	Philadelphia, PA	City of Philadelphia Health Department
87	Baltimore, MD	Baltimore City Health Department

A27 CBO AgencyName XSD (Schema) Name: CBOAgencyName

Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100

Definition: The official name of the community-based organization directly-funded by CDC to conduct HIV prevention activities.

Instructions: Enter the official name of the community-based organization directly-funded by CDC to conduct HIV prevention activities.

Please note: for CBOs that upload CT data, there is currently no way to enter the actual name of the CBO via XML upload. The system substitutes the CBO ID for the name. System administrators can log into EvaluationWeb® and update this field to their actual name.

Business rule HIV Testing: Required, see business rule
Partner Services: Not applicable

Business rule for HIV testing:
Required for testing events funded by PS10-1003, PS11-1113 Category A or B, PS13-1310, and PS15-1502 (X137=5 or 6 or 8 or 9 or 11 or 13 or 14).
Not expected otherwise.

A28 CBO Agency ID**XSD (Schema) Name: CBOAgencyID****Value Option: N/A****Format Type: Alpha-Numeric****Min Length: 5****Max Length: 5**

Definition: An alpha-numeric identification assigned by CDC to community-based organizations that CDC has directly funded since January 1, 2012.

Instructions: Enter the CDC assigned CBO Agency ID.

Business rules: HIV Testing: Mandatory, see additional business rule
Partner Services: Not applicable

Additional business rule for HIV testing:
Mandatory for testing events funded by PS10-1003, PS11-1113 Category A or B, PS13-1310, and PS15-1502 Category A or B; (X137=5 or 6 or 8 or 9 or 11 or 13 or 14).

Code	Value Description	Value Definition
AL001	Aletheia House	CDC directly funded community-based organization, Birmingham, AL
AL002	AIDS Alabama, Inc.	CDC directly funded community-based organization, Birmingham, AL
AL003	AIDS Action Coalition	CDC directly funded community-based organization, Huntsville, AL
AL004	Birmingham AIDS Outreach	CDC directly funded community-based organization, Birmingham, AL
AZ001	Southern Arizona AIDS Foundation	CDC directly funded community-based organization, Tucson, AZ
AZ002	Ebony House, Inc.	CDC directly funded community-based organization, Phoenix, AZ
AZ003	Native American Community Health Center, Inc.	CDC directly funded community-based organization, Phoenix, AZ
AZ004	Southwest Center for HIV/AIDS	CDC directly funded community-based organization, Phoenix, AZ
CA001	AmASSI Center of South Central Los Angeles	CDC directly funded community-based organization, Inglewood, CA
CA002	AIDS Healthcare Foundation	CDC directly funded community-based organization, Los Angeles, CA
CA003	AIDS Project Los Angeles	CDC directly funded community-based organization, Los Angeles, CA
CA004	AltaMed Health Services Corporation	CDC directly funded community-based organization, Los Angeles, CA
CA005	Bienestar Human Services	CDC directly funded community-based organization, Los Angeles, CA
CA006	Children's Hospital of Los Angeles	CDC directly funded community-based organization, Los Angeles, CA
CA007	Friends Research Institute, Inc./Friends Community Center	CDC directly funded community-based organization, Los Angeles, CA
CA008	JWCH Institute, Inc.	CDC directly funded community-based organization, Los Angeles, CA

CA009	<i>Los Angeles Gay and Lesbian Center (Metro Homeless Youth Services of LA)</i>	<i>CDC directly funded community-based organization, Los Angeles, CA</i>
CA010	<i>Realistic Education in Action Coalition to Foster Health (REACH LA)</i>	<i>CDC directly funded community-based organization, Los Angeles, CA</i>
CA011	<i>Special Service for Groups/Asian Pacific AIDS Intervention Team</i>	<i>CDC directly funded community-based organization, Los Angeles, CA</i>
CA012	<i>AIDS Project of the East Bay</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA013	<i>CA Prostitutes Education Project</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA014	<i>HIV Prevention Project of Alameda County</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA015	<i>La Clínica De la Raza, Inc.</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA016	<i>Center for AIDS Research Education & Services</i>	<i>CDC directly funded community-based organization, Sacramento, CA</i>
CA017	<i>Family Health Centers of San Diego</i>	<i>CDC directly funded community-based organization, San Diego, CA</i>
CA018	<i>Asian and Pacific Islander Wellness Center</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CA019	<i>Larkin St. Youth Services</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CA020	<i>Stop AIDS Project</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CA021	<i>Centerforce</i>	<i>CDC directly funded community-based organization, San Rafael, CA</i>
CA022	<i>Tarzana Treatment Centers, Inc.</i>	<i>CDC directly funded community-based organization, Tarzana, CA</i>
CA023	<i>AIDS Services Foundation Orange County</i>	<i>CDC directly funded community-based organization, Irvine, CA CA024</i>
	<i>Centro de Salud de San Ysidro dba San Ysidro Health Center</i>	<i>CDC directly funded community-based organization, San Diego, CA</i>
CA025	<i>Black AIDS Institute/African-American AIDS Policy & Training Institute</i>	<i>CDC directly funded community-based organization, Los Angeles, CA</i>
CA026	<i>San Francisco AIDS Foundation</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CO001	<i>Empowerment Program</i>	<i>CDC directly funded community-based organization, Denver, CO</i>
CT001	<i>Latinos Conta Cida (Latino Community Services, Inc.)</i>	<i>CDC directly funded community-based organization, Hartford, CT</i>
DC001	<i>Children's National Medical Center</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC002	<i>Deaf-REACH</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC003	<i>Sasha Bruce Youthwork, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC004	<i>The Women's Collective</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC005	<i>Us Helping Us, People Into Living, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC006	<i>Washington Area Consortium on HIV Infection in Youth (dba Metro Teen AIDS)</i>	<i>CDC directly funded community-based organization, Washington, DC</i>

DC007	<i>La Clinica Del Pueblo, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC008	<i>Family and Medical Counseling Service, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
FL001	<i>Broward House</i>	<i>CDC directly funded community-based organization, Fort Lauderdale, FL</i>
FL002	<i>River Region Human Services</i>	<i>CDC directly funded community-based organization, Jacksonville, FL</i>
FL003	<i>Jacksonville Area Sexual Minority Youth Network (JASMYN)</i>	<i>CDC directly funded community-based organization, Jacksonville, FL</i>
FL004	<i>EmpowerU</i>	<i>CDC directly funded community-based organization, Miami, FL</i>
FL005	<i>Community AIDS Resource (dba Care Resource)</i>	<i>CDC directly funded community-based organization, Miami, FL</i>
FL006	<i>Miracle of Love</i>	<i>CDC directly funded community-based organization, Orlando, FL</i>
FL007	<i>Comprehensive AIDS Program of Palm Beach County, Inc.</i>	<i>CDC directly funded community-based organization, Palm Springs, FL</i>
FL008	<i>Gay Lesbian Community Center of Greater Fort Lauderdale</i>	<i>CDC directly funded community-based organization, Wilton Manors, FL</i>
FL009	<i>Latinos Salud</i>	<i>CDC directly funded community-based organization, Wilton Manors, FL</i>
FL010	<i>Hope and Help Center of Central FL, Inc.</i>	<i>CDC directly funded community-based organization, Winter Park, FL</i>
FL011	<i>Metropolitan Charities, Inc.</i>	<i>CDC directly funded community-based organization, St. Petersburg, FL</i>
GA001	<i>Saint Joseph's Mercy Care Services</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA002	<i>AID Atlanta, Inc.</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA003	<i>Positive Impact, Inc.</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA004	<i>AID Gwinnett</i>	<i>CDC directly funded community-based organization, Duluth, GA</i>
GA005	<i>Empowerment Resource Center</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA006	<i>Recovery Consultants of Atlanta, Inc.</i>	<i>CDC directly funded community-based organization, Decatur, GA</i>
GA007	<i>Positive Impact Health Centers, Inc.</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA008	<i>Atlanta HARM Reduction Coalition</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA009	<i>Someone Cares, Inc. of Atlanta</i>	<i>CDC directly funded community-based organization, Marietta, GA</i>
HI001	<i>Life Foundation</i>	<i>CDC directly funded community-based organization, Honolulu, HI</i>
IA001	<i>AID Greater Des Moines, Inc. (AIDS Project of Central Iowa)</i>	<i>CDC directly funded community-based organization, Des Moines, IA</i>
IL001	<i>Access Community Health Network</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL002	<i>Center on Halsted</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL003	<i>Chicago House and Social Service Agency</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>

IL004	Christian Community Health Center	CDC directly funded community-based organization, Chicago, IL
IL005	Heartland Human Care Services	CDC directly funded community-based organization, Chicago, IL
IL006	CALOR	CDC directly funded community-based organization, Chicago, IL
IL007	McDermott Center (dba Haymarket Center)	CDC directly funded community-based organization, Chicago, IL
IL008	Puerto Rico Center (Puerto Rican Cultural Center)	CDC directly funded community-based organization, Chicago, IL
IL009	South Side Help Center	CDC directly funded community-based organization, Chicago, IL
IL010	Taskforce Prevention and Community Services	CDC directly funded community-based organization, Chicago, IL
IL011	Association House of Chicago	CDC directly funded community-based organization, Chicago, IL
IL012	Howard Brown Health Center	CDC directly funded community-based organization, Chicago, IL
KY001	Volunteers of America of Kentucky, Inc.	CDC directly funded community-based organization, Louisville, KY
LA001	HIV/AIDS Alliance for Region Two	CDC directly funded community-based organization, Baton Rouge, LA
LA002	Brotherhood, Inc.	CDC directly funded community-based organization, New Orleans, LA
LA003	Institute of Women and Ethnic Studies	CDC directly funded community-based organization, New Orleans, LA
LA004	NO/AIDS Task Force	CDC directly funded community-based organization, New Orleans, LA
MA001	Boston Medical Center	CDC directly funded community-based organization, Boston, MA
MA002	Fenway Community Health Center	CDC directly funded community-based organization, Boston, MA
MA003	Justice Resource Institute, Inc.	CDC directly funded community-based organization, Boston, MA
MA004	Massachusetts Alliance of Portuguese Speakers (MAPS)	CDC directly funded community-based organization, Cambridge, MA
MA005	Whittier Street Health Services	CDC directly funded community-based organization, Roxbury, MA
MD001	Women Accepting Responsibility	CDC directly funded community-based organization, Baltimore, MD
MD002	Identity, Inc.	CDC directly funded community-based organization, Gaithersburg, MD
ME001	Regional Medical Center at Lubec	CDC directly funded community-based organization, Lubec, ME
MI001	Teen Hype Youth Development Program	CDC directly funded community-based organization, Detroit, MI
MI002	Community Health Awareness Group	CDC directly funded community-based organization, Detroit, MI
MN001	Indigenous People Task Force	CDC directly funded community-based organization, Minneapolis, MN
MN002	Minnesota AIDS Project	CDC directly funded community-based organization, Minneapolis, MN
MO001	Kansas City Free Health Clinic	CDC directly funded community-based organization, Kansas City, MO
MO002	The Community Wellness Project	CDC directly funded community-based organization, St. Louis, MO
MS001	Building Bridges, Inc.	CDC directly funded community-based organization, Jackson, MS

MS002	<i>My Brother's Keeper, Inc.</i>	<i>CDC directly funded community-based organization, Ridgeland, MS</i>
NC001	<i>Carolina Cares Partnership (formerly Regional HIV/AIDS Consortium)</i>	<i>CDC directly funded community-based organization, Charlotte, NC</i>
NC002	<i>Quality Home Care Services</i>	<i>CDC directly funded community-based organization, Charlotte, NC</i>
NJ001	<i>PROCEED</i>	<i>CDC directly funded community-based organization, Elizabeth, NJ</i>
NJ002	<i>Hyacinth, Inc. (dba Hyacinth AIDS Foundation)</i>	<i>CDC directly funded community-based organization, New Brunswick, NJ</i>
NJ003	<i>Newark Beth Israel Medical Center</i>	<i>CDC directly funded community-based organization, Newark, NJ</i>
NJ004	<i>Newark Community Health Centers</i>	<i>CDC directly funded community-based organization, Newark, NJ</i>
NJ005	<i>North Jersey AIDS Alliance (dba North Jersey Community Research Initiative)</i>	<i>CDC directly funded community-based organization, Newark, NJ</i>
NY001	<i>AIDS Council of Northeastern New York</i>	<i>CDC directly funded community-based organization, Albany, NY</i>
NY002	<i>Whitney M Young Jr. Health Services</i>	<i>CDC directly funded community-based organization, Albany, NY</i>
NY003	<i>BOOM! Health (Bronx AIDS Services, Inc.)</i>	<i>CDC directly funded community-based organization, Bronx, NY</i>
NY004	<i>CitiWide Harm Reduction Program</i>	<i>CDC directly funded community-based organization, Bronx, NY</i>
NY005	<i>Montefiore Medical Center/Women's Center</i>	<i>CDC directly funded community-based organization, Bronx, NY</i>
NY006	<i>Brookdale University Hospital and Medical Center</i>	<i>CDC directly funded community-based organization, Brooklyn, NY</i>
NY007	<i>Brooklyn AIDS Task Force</i>	<i>CDC directly funded community-based organization, Brooklyn, NY</i>
NY008	<i>Lutheran Family Health Center Network of Luther Medical Center</i>	<i>CDC directly funded community-based organization, Brooklyn, NY</i>
NY009	<i>Wyckoff Heights Medical Center</i>	<i>CDC directly funded community-based organization, Brooklyn, NY</i>
NY010	<i>AIDS Community Services of Western New York</i>	<i>CDC directly funded community-based organization, Buffalo, NY</i>
NY011	<i>Long Island Association for AIDS Care, Inc.</i>	<i>CDC directly funded community-based organization, Hauppauge, NY</i>
NY012	<i>AIDS Service Center of Lower Manhattan, Inc.</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY013	<i>Asian and Pacific Islander Coalition on HIV/AIDS, Inc. (APICHA)</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY014	<i>Community Health Project</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY015	<i>Exponents</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY016	<i>Foundation for Research on Sexually Transmitted Diseases (FROSTD)</i>	<i>CDC directly funded community-based organization, New York, NY</i>

NY017	<i>Gay Men's Health Crisis</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY018	<i>Harlem United Community AIDS Center</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY019	<i>Hispanic AIDS Forum</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY020	<i>Iris House A Center for Women Living with HIV</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY021	<i>Latino Commission on AIDS</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY022	<i>Planned Parenthood of New York City, Inc.</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY023	<i>Safe Horizon</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY024	<i>The Door - A Center for Alternatives, Inc.</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY025	<i>The Hetrick-Martin Institute</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY026	<i>The Partnership for the Homeless</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY027	<i>Community Health Action of Staten Island</i>	<i>CDC directly funded community-based organization, Staten Island, NY</i>
NY028	<i>The Sharing Community</i>	<i>CDC directly funded community-based organization, Yonkers, NY</i>
NY029	<i>AIDS Center of Queens County, Inc.</i>	<i>CDC directly funded community-based organization, Jamaica, NY</i>
NY030	<i>Harlem Hospital Center/ NYC Health & Hospitals Corporation</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY031	<i>North Shore University</i>	<i>CDC directly funded community-based organization, Manhasset, NY</i>
NY032	<i>William F. Ryan Community Health Center</i>	<i>CDC directly funded community-based organization, New York, NY</i>
NY033	<i>Women's Prison Association & Home</i>	<i>CDC directly funded community-based organization, New York, NY</i>
OH001	<i>AIDS Resource Center Ohio</i>	<i>CDC directly funded community-based organization, Columbus, OH</i>
OH002	<i>Recovery Resources</i>	<i>CDC directly funded community-based organization, Cleveland, OH</i>
OK001	<i>Guiding Right, Inc.</i>	<i>CDC directly funded community-based organization, Midwest City, OK</i>
OR001	<i>Cascade AIDS Project</i>	<i>CDC directly funded community-based organization, Portland, OR</i>
PA001	<i>AIDS Care Group</i>	<i>CDC directly funded community-based organization, Chester, PA</i>
PA002	<i>Family Planning Council</i>	<i>CDC directly funded community-based organization, Philadelphia, PA</i>
PA003	<i>Mazzoni Center</i>	<i>CDC directly funded community-based organization, Philadelphia, PA</i>
PA004	<i>Philadelphia Fight</i>	<i>CDC directly funded community-based organization, Philadelphia, PA</i>
PA005	<i>Public Health Management Corp (dba Philadelphia Health Management)</i>	<i>CDC directly funded community-based organization, Philadelphia, PA</i>
PA006	<i>The Philadelphia AIDS Consortium</i>	<i>CDC directly funded community-based organization, Philadelphia, PA</i>
PR001	<i>Corporacion de Salud Y Medicina Avanzada (COSSMA)</i>	<i>CDC directly funded community-based organization, Cidra, PR PR002</i>

	<i>Estancia Corazon (Program Fondita)</i>	<i>CDC directly funded community-based organization, Mayaguez, PR</i>
<i>PR003</i>	<i>Migrant Health Center, Western Region, Inc.</i>	<i>CDC directly funded community-based organization, Mayaguez, PR</i>
<i>PR004</i>	<i>ASPIRA of Puerto Rico</i>	<i>CDC directly funded community-based organization, San Juan, PR</i>
<i>PR005</i>	<i>COAI, Inc.</i>	<i>CDC directly funded community-based organization, San Juan, PR</i>

PR006	<i>Puerto Rico Community Network for Clinical Research on AIDS (PR CONCRA)</i>	<i>CDC directly funded community-based organization, San Juan, PR</i>
SC001	<i>Palmetto AIDS Life Support Services of SC, Inc.</i>	<i>CDC directly funded community-based organization, Columbia, SC</i>
SC002	<i>South Carolina HIV/AIDS Council</i>	<i>CDC directly funded community-based organization, Columbia, SC</i>
TN001	<i>Women on Maintaining Education and Nutrition</i>	<i>CDC directly funded community-based organization, Nashville, TN</i>
TN002	<i>Le Bonheur Community Health and Well-Being</i>	<i>CDC directly funded community-based organization, Memphis, TN</i>
TN003	<i>Nashville CARES</i>	<i>CDC directly funded community-based organization, Nashville, TN</i>
TX001	<i>AIDS Services of Austin, Inc.</i>	<i>CDC directly funded community-based organization, Austin, TX</i>
TX002	<i>The Wright House Wellness Center</i>	<i>CDC directly funded community-based organization, Austin, TX</i>
TX003	<i>Coastal Bend AIDS Foundation</i>	<i>CDC directly funded community-based organization, Corpus Christi, TX</i>
TX004	<i>Abounding Prosperity, Inc.</i>	<i>CDC directly funded community-based organization, Dallas, TX</i>
TX005	<i>AIDS Arms, Inc.</i>	<i>CDC directly funded community-based organization, Dallas, TX</i>
TX006	<i>Parkland Health and Hospital System</i>	<i>CDC directly funded community-based organization, Dallas, TX</i>
TX007	<i>Urban League of Greater Dallas, Inc.</i>	<i>CDC directly funded community-based organization, Dallas, TX</i>
TX008	<i>AIDS Foundation Houston, Inc.</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX009	<i>Change Happens (formerly Families Under Urban and Social Attack, Inc.)</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX010	<i>Houston Area Community Services, Inc. (HACS)</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX011	<i>Legacy Community Health Services, Inc.</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX012	<i>St. Hope Foundation</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX013	<i>South Texas Council on Alcohol and Drug Abuse</i>	<i>CDC directly funded community-based organization, Laredo, TX</i>
TX014	<i>Beat AIDS Coalition Trust</i>	<i>CDC directly funded community-based organization, San Antonio, TX</i>
VA001	<i>ACCESS AIDS Care</i>	<i>CDC directly funded community-based organization, Norfolk, VA</i>
VI001	<i>Virgin Islands Community AIDS Resource & Education (VICARE)</i>	<i>CDC directly funded community-based organization, Christiansted, VI</i>
VI002	<i>Helping Others in a Positive Environment, Inc. (HOPE)</i>	<i>CDC directly funded community-based organization, St. Thomas, VI</i>
VI003	<i>Frederiksted Health Care, Inc.</i>	<i>CDC directly funded community-based organization, St. Croix, VI</i>
WA001	<i>Neighborhood House</i>	<i>CDC directly funded community-based organization, Seattle, WA</i>
WA002	<i>People of Color Against AIDS Network</i>	<i>CDC directly funded community-based organization, Seattle, WA</i>
WI001	<i>Diverse and Resilient, Inc.</i>	<i>CDC directly funded community-based organization, Milwaukee, WI</i>

Table: S Site Information

A site is a facility or non-facility based setting (e.g. park, street corner), which serves as a point of service delivery. If an agency has multiple sites, this table is completed for each site. However, if an agency has multiple sites with the same zip code that are of the same site type, the agency may use a single site name and ID for the encompassing locations. For example, a mobile van that rotates to several sites within the same zip code.

S01	Site ID	XSD (Schema) Name: siteld
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 32
<i>Definition:</i>	A unique alpha-numeric identification code used to distinguish the locations where an agency delivers the HIV prevention service.	
	A site ID is unique to an agency.	
	For Partner services (PS), the Site ID distinguishes between the agency site locations and should identify the locality where the PS case is assigned (i.e., the county health department).	
<i>Instructions:</i>	Indicate the unique alpha-numeric ID that will be used to link prevention services delivered by a particular agency to a specific geographic area and type of setting. If using EvaluationWeb for direct key entry, this ID may be generated for you.	
	If a mobile van is used, an agency may assign the same ID to sites that are of the same type AND located within the same zip code (e.g., all churches in 39126).	
<i>Business rules:</i>	HIV Testing: Mandatory Partner Services: Mandatory	
S03	Service Delivery Site Name	XSD (Schema) Name: site/name
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	The official name of the agency's HIV prevention site of service delivery.	
<i>Instructions:</i>	Enter the official name of the site where your agency provides HIV prevention services. The Site Name must be unique for each site supported by your agency. If your agency's services are delivered at the same place your administrative office is located, then this site will automatically be entered in EvaluationWeb. Note: Please provide the official name for your agency's HIV prevention site, even though some staff and community residents may refer to it as something other than its official name.	
<i>Business rules:</i>	HIV Testing: Required Partner Services: Allowed, but not reported to CDC	

S04 Site TypeXSD (Schema) Name: **siteTypeValueCode****Value Option: Choose only one** **Format Type: Alpha-Numeric** **Min Length: 3** **Max Length: 6**

Definition: The setting of the location in which HIV prevention services are provided. For PS, this is the type of local agency to which the PS case is assigned.

Instructions: Select the site type from the list provided that best represents the setting and/or primary type of services offered at this site of service delivery. You can only choose one site type.

Business rules: HIV Testing: Required
Partner Services: Required

Code	Value Description	Value Definition
F01.01	Clinical - Inpatient hospital	A health facility that provides medical care to patients that reside within that facility while they are receiving those services.
F02.12	Clinical - TB clinic	A non-residential health care facility that specializes in the provision of tuberculosis treatment, care and prevention services.
F02.19	Clinical - Substance abuse treatment facility	A non-residential health care facility that provides alcohol and chemical dependency treatment services.
F02.51	Clinical - Community health center	A non-residential health care facility that provides primary and preventative health care services to the members of a community in which it is located.
F03	Clinical - Emergency department	A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.
F04.05	Non-clinical - HIV testing site	A facility or non-facility based setting where HIV prevention counseling and testing services are provided.
F06.02	Non-clinical - Community setting - School/educational facility	A building or place where individuals receive knowledge through learning and instruction.
F06.03	Non-clinical - Community setting - Church/mosque/synagogue/temple	A building where a group of people who adhere to a common faith gather for prayer.
F06.04	Non-clinical - Community Setting - Shelter/transitional housing	A building or facility that provides supportive housing temporarily or may be used to facilitate the movement of homeless individuals and families to permanent housing.
F06.05	Non-clinical - Community setting - Commercial facility	A business or commercial facility (e.g., beauty salon, grocery store, shopping center) where HIV prevention services may also occur.

F06.07	Non-clinical - Community setting - Bar/club/adult entertainment	A place of entertainment, typically open at night, usually serves food and alcoholic beverages, and often provides music and space for dancing or having a floor show which may depict, describe, or relate to sexual conduct or sexual excitement.
F06.08	Non-clinical - Community setting - Public area	An area, environment or context that is open to the community as a whole such as a park or city street.
F06.12	Non-clinical - Community setting - Individual residence	An individual's home or place of residence.
F06.88	Non-clinical - Community setting - Other	A defined area, environment or context (other than those already specified) in which a group of people live, work or congregate.
F07	Non-clinical - Correctional facility - Non-healthcare	A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders
F08	Clinical - Primary care clinic (other than CHC)	A health care facility in which medical care is provided by a clinician to a patient as part of regular, ambulatory care, and sometimes followed by referral to other medical providers.
F09	Clinical - Pharmacy or other retail-based clinic	A health care facility or business in which prescription and non-prescription drugs and/or medical equipment are dispensed. Primary care clinical services may be provided by a practicing nurse or pharmacist at the facility.
F10	Clinical - STD clinic	A health care facility in which sexual health is specialized in the prevention and treatment of sexually transmitted infections.
F11	Clinical - Dental clinic	A health care facility in which care is provided for dental patients. The facility may provide various treatments for the teeth, e.g. cleaning, X-rays, fillings, extractions, and root canal surgery.
F12	Clinical - Correctional facility clinic	An area within a penal or correctional facility, including adult or juvenile detention facilities, that provides medical or health services.
F13	Clinical - Other	A health care facility where medical services are provided, other than those specified.
F14	Non-clinical - Health department - field visit	Services are provided in an unspecified location away from the clinician's usual place of business, except for Correctional Institution, Inpatient, or Residential Care for adults or children. An example may be the clients' home or place of employment.
F15	Non-clinical - Community Setting - Syringe exchange program	A facility or center where clients may exchange used hypodermic needles for sterile needles.
F40	Mobile Unit	A specialized vehicle used to provide HIV prevention services beyond the transport of agency staff to the field and/or for client recruitment.
F88	Non-clinical - Other	A site where prevention services are conducted other than those specified above.

S08 **Site - County**

XSD (Schema) Name: *site/county*

Value Option: *Choose only one* **Format Type:** *Alpha-Numeric* **Min Length:** *3* **Max Length:** *3*

Definition: The county, parish, or municipality where the agency's site of service delivery is physically located.

Instructions: Indicate the FIPS code of the county where the site of service delivery is physically located. Note: Site County FIPS codes are unique within a jurisdiction.

Business rules: HIV Testing: Required
Partner Services: Allowed, but not reported to CDC

S09 Site - State

XSD (Schema) Name: site/State

Value Option: Choose only one Format Type: Alpha-Numeric Min Length: 2 Max Length: 2

Definition: The numeric FIPS code for the state, territory or district in which the official mailing address for the site is physically located.

Instructions: Select the value code (numeric FIPS code, not state/territory abbreviation) for the name of the state, territory or district where the site you entered for variable S03: Site Name is located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico. The value codes are numeric FIPS codes and contain leading zeros. Do not submit your state or territory abbreviation.

Business rules: HIV Testing: Required
 Partner Services: Allowed, but not reported to CDC

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky

22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina
38	ND	North Dakota
39	OH	Ohio
40	OK	Oklahoma
41	OR	Oregon
42	PA	Pennsylvania
44	RI	Rhode Island
45	SC	South Carolina
46	SD	South Dakota
47	TN	Tennessee
48	TX	Texas
49	UT	Utah
50	VT	Vermont
51	VA	Virginia

53	WA	Washington
54	WV	West Virginia
55	WI	Wisconsin
56	WY	Wyoming
60	AS	American Samoa
64	FM	Federated States of Micronesia
66	GU	Guam
68	MH	Marshall Islands
69	MP	Northern Mariana Islands
70	PW	Palau
72	PR	Puerto Rico
78	VI	Virgin Islands of the U.S.

S10 **Site - Zip Code** **XSD (Schema) Name: site/zip**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 5** **Max Length: 10**

Definition: The postal zip code associated with the site where services are provided. The site's postal zip code is linked to the unique Site ID and Site Type.

Instructions: Enter the postal zip code for the site of service delivery.

Business rules: HIV Testing: Required
 Partner Services: Allowed, but not reported to CDC

Code	Value Description	Value Definition
	##### #####	Only the 5 digit zip code is required.

Client Level

This table is for CDC use only. All variables are defined by the CDC for grantee use.

Table: CDC CDC Use Variables

CDC06	CDC Variable 6	XSD (Schema) Name: otherCdcVariable6		
Value Option: TBD	Format Type: TBD	Min Length: TBD	Max Length: TBD	
Definition:	TBD			
Instructions:	TBD			
Business rule	HIV Testing: Allowed, but not reported to CDC Partner Services: Not applicable			
CDC07	CDC Variable 7	XSD (Schema) Name: otherCdcVariable7		
Value Option: TBD	Format Type: TBD	Min Length: TBD	Max Length: TBD	
Definition:	TBD			
Instructions:	TBD			
Business rule	HIV Testing: Allowed, but not reported to CDC Partner Services: Not applicable			

CDC08	CDC Variable 8	XSD (Schema) Name: otherCdcVariable8		
Value Option: TBD	Format Type: TBD	Min Length: TBD	Max Length: TBD	
<i>Definition:</i>	TBD			
<i>Instructions:</i>	TBD			
<i>Business rule</i>	HIV Testing: Allowed, but not reported to CDC Partner Services: Not applicable			

CDC09	CDC Variable 9	XSD (Schema) Name: CDCVariable9		
Value Option: TBD	Format Type: Alpha-Numeric	Min Length: 1	Max Length: 100	
<i>Definition:</i>	This field will be dedicated for Partner Services use. Use is TBD.			
<i>Instructions:</i>	Dedicated for Partner Services			
<i>Business rule</i>				

CDC10	CDC Variable 10	XSD (Schema) Name: CDCVariable10		
Value Option: TBD	Format Type: Alpha-Numeric	Min Length: 1	Max Length: 100	
<i>Definition:</i>	This field will be dedicated for Partner Services use. Use is TBD.			
<i>Instructions:</i>	Dedicated for Partner Services			
<i>Business rule</i>				

Table: G1 Client Characteristics-Demographic

This table is required to be completed by all agencies that provide HIV prevention interventions or services individually to clients (e.g., HIV testing).

G101 **Date Client Demographic Data Collected** **XSD (Schema) Name: collectedDateForClient**

Value Option: N/A **Format Type: MM/DD/YYYY** **Min Length: 8** **Max Length: 10**

Definition: The date on which client demographic data or other information is collected. For reporting to CDC, this should be the intake date or the date of the first session before the intervention begins.

Instructions: Enter the date that client demographic data are collected. This should be the intake date or the date of the first session before the intervention begins.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Cannot be greater than the current date at the time of data entry.

G103 **Local Client ID** **XSD (Schema) Name: localClientId**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 32**

Definition: A locally developed alpha-numeric unique client identification code used to distinguish an individual client receiving multiple services within an agency.

Instructions: This code can be shared and used by more than one agency throughout a city, territory or state. This code should not contain personal information that is organized in a way that can be easily deciphered (e.g., birth date, month and year).

Business rules: HIV Testing: Allowed, but not reported to CDC
Partner Services: Mandatory

This ID must be unique for each client. At a minimum this ID needs to be unique within an agency.

G112 **Date of Birth - Year** **XSD (Schema) Name: birthYear**

Value Option: N/A **Format Type: Number** **Min Length: 4** **Max Length: 4**

Definition: The calendar year in which the client was born.

Instructions: Enter the year in which the client was born. If birth year is unknown, enter 1800.

Business rules: HIV Testing: Required
 Partner Services: Required

 Value must be ≥ 1900 or = 1800 if birth year is unknown.

G114 **Ethnicity** **XSD (Schema) Name: ethnicity**

Value Option: Choose only one **Format Type: Alpha-Numeric** **Min Length: 2** **Max Length: 2**

Definition: The client's self-report of whether they are of Hispanic or Latino origin. Standard OMB ethnicity codes are applied.

Instructions: Indicate whether the client's self-reported ethnicity of Hispanic/Latino or not Hispanic/Latino.

Business rules: HIV Testing: Required
 Partner Services: Required

Code	Value Description	Value Definition
77	Declined to answer	The client declines or is unwilling to report his or her ethnicity.
99	Don't know	The client reports that he or she is unaware of his or her ethnicity.
E1	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
E2	Not Hispanic or Latino	A person not identified by the definition of Hispanic or Latino.

G116 Race

XSD (Schema) Name: raceValueCode

Value Option: Choose all that apply Format Type: Alpha-Numeric Min Length: 2 Max Length: 2

Definition: A client's self-reported classification or classifications of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Instructions: Indicate the client's self-reported race(s) using standard OMB race codes. Record all race categories that the client reports.

Business rules: HIV Testing: Required, see detailed business rule regarding multiple responses
Partner Services: Required, see detailed business rule regarding multiple responses

Detailed business rule:

Multiple value codes may be selected if value code ≠ 55 or 77 or 99. Not specified should only be selected if ethnicity is Hispanic or Latino (ethnicity = E1) and no other race is indicated.

Code	Value Description	Value Definition
55	Not specified	The client reported that he or she is of Hispanic or Latino descent, but did not specify their race.
77	Declined to answer	The client declines or is unwilling to report his or her race.
99	Don't know	The client reports that he or she is unaware of their race.
R1	American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
R2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
R3	Black or African American	A person having origins in any of the black racial groups of Africa.
R4	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
R5	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

G120 State/Territory of Residence**XSD (Schema) Name: stateOfResidence****Value Option: Choose only one****Format Type: Number****Min Length: 2****Max Length: 2***Definition:* The state, territory or district where the client was residing at the time of service delivery.*Instructions:* Select the value code for the state, territory or district where the client lives at the time services are delivered. In some cases, where the client lives may not be the same as where the client is receiving HIV prevention services. For example, a person could reside in one state (or jurisdiction) but drive to another state to receive HIV testing out of fear of having their privacy or confidentiality exposed. Leading zeros are retained as the value codes are FIPS*Business rules:* HIV Testing: Required
Partner Services: Allowed, but not reported to CDC

Code	Value Description	Value Definition
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky

22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina
38	ND	North Dakota
39	OH	Ohio
40	OK	Oklahoma
41	OR	Oregon
42	PA	Pennsylvania
44	RI	Rhode Island
45	SC	South Carolina
46	SD	South Dakota
47	TN	Tennessee
48	TX	Texas
49	UT	Utah
50	VT	Vermont
51	VA	Virginia

53	WA	Washington
54	WV	West Virginia
55	WI	Wisconsin
56	WY	Wyoming
60	AS	American Samoa
64	FM	Federated States of Micronesia
66	GU	Guam
68	MH	Marshall Islands
69	MP	Northern Mariana Islands
70	PW	Palau
72	PR	Puerto Rico
78	VI	Virgin Islands of the U.S.
88	Other	Client does not currently reside in a US state, territory, or district.

G123 Assigned Sex at Birth

XSD (Schema) Name: birthGenderValueCode

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: The biological sex assigned to the client at birth, (i.e., the sex noted on the client's birth certificate).

Instructions: Indicate whether the client reports being born a male or female (i.e., born with male or female genitalia).

Business rules: HIV Testing: Required
Partner Services: Required

Code	Value Description	Value Definition
1	Male	The sex that produces spermatozoa by which female ova are fertilized.
2	Female	The sex that produces ova, can conceive and bear offspring/children.
77	Declined to answer	The client declines or is unwilling to report his or her assigned sex at birth.

G124 **Current Gender Identity** **XSD (Schema) Name: currentGenderValueCode**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The client's current self-reported gender identity. This may include one's social status, self-identification, legal status, and biology.

Instructions: Select the value that most closely describes the client's current, self-reported gender identity.

Business rules: HIV Testing: Required
 Partner Services: Required

Code	Value Description	Value Definition
1	Male	A person who identifies as a male and whose behavioral, cultural, or psychological traits are typically associated with the male sex.
2	Female	A person who identifies as a female and whose behavioral, cultural, or psychological traits are typically associated with the female sex.
3	Transgender - Male to Female	Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. MTF = male to female.
4	Transgender - Female to Male	Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. FTM = female to male.
5	Transgender - Unspecified	Individuals whose physical or birth sex is male or female but whose gender expression and/or gender identity differs from that which was documented at birth.
6	Another Gender	Individuals whose physical or birth sex is male or female but whose gender expression or gender identity is other than male or female.
77	Declined to answer	The individual declines to self report his or her current gender identity.

G132 **Client - County** **XSD (Schema) Name: clientCounty**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 3** **Max Length: 3**

Definition: The county, parish, or municipality of the client's locating address.

Instructions: Enter the three-digit FIPS code of the county where the client's address is located.

Business rules: HIV Testing: Required
 Partner Services: Allowed, but not reported to CDC

G134 **Client - Zip Code** **XSD (Schema) Name: clientZipCode**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 5** **Max Length: 10**

Definition: The postal zip code for the client's locating address.

Instructions: Enter the postal zip code of the client's locating address.

These data are collected from clients but not reported to CDC.

Business rules: HIV Testing: Allowed, but not reported to CDC
 Partner Services: Allowed, but not reported to CDC

Code	Value Description	Value Definition
	#####	Only the 5 digit zip code is mandatory.

Table: G2 Client Characteristics-Risk Profile

This table is required to be completed by all agencies when data are collected on individual clients. This could be part of interventions or services delivered individually (e.g., HIV testing).

G200 **Date Client Risk Collected** **XSD (Schema) Name: dateCollectedForRiskProfile**

Value Option: N/A **Format Type: MM/DD/YYYY** **Min Length: 8** **Max Length: 10**

Definition: The date client risk profile data are collected. For reporting to CDC, this should be the intake date or the date of the first session before the intervention begins.

Instructions: Enter the date on which these risk profile data are collected. This should be the intake date or the date of the first session before the intervention begins.

Business rules: HIV Testing: Not applicable
 Partner Services: Required

The client risk profile date collected must be equal or greater than case open date. Date collected cannot be greater than the date of file submission to CDC.

G204 Previous HIV Test

XSD (Schema) Name: previousHivTestValueCode

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: The client's self-report of having had at least one prior HIV test.

Instructions: Indicate if the client reports having at least one prior HIV test.

Business rules: HIV Testing: Required
Partner Services: Required

Code	Value Description	Value Definition
0	No	The client reports that he or she has never had an HIV test.
1	Yes	The client reports that he or she has had at least one previous HIV test.
99	Don't know	The client reports that he or she is unaware if he or she has had a previous HIV test.

G205a Previous HIV Test Result**XSD (Schema) Name: previousHIVTestResult****Value Option: Choose only one****Format Type: Alpha-Numeric****Min Length: 1****Max Length: 2***Definition:* The client's result from his/her most recent HIV test confirmed through record review or surveillance.*Instructions:* If the client reports having had a previous HIV test (i.e., G204: Previous HIV Test = "Yes"), then indicate the client's HIV test result as found using a record review or surveillance report. If no report found, may use self-report as alternative.*Business rules:* HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
1	Record Found- Positive	Client's HIV status is positive as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
2	Record Found-Negative	Client's HIV status is negative as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
3	Record Found- Preliminary Positive	The client had a reactive HIV rapid test but has not received a conventional confirmatory test as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
4	Record Found-Indeterminate	The client's results did not conclusively indicate whether he or she is HIV-positive or HIV-negative as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
5	No Record Found-Self Report Negative	The client reports that his or her HIV status is negative.
6	No Record Found-Self Report Positive	The client reports that his or her HIV status is positive based on a confirmatory test result.
7	No Record Found- No Self Report	No HIV test result found from a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report and the client did not provide an HIV test result.

G209 Pregnant (Only If Female)**XSD (Schema) Name: pregnantStatusValueCode****Value Option: Choose only one****Format Type: Number****Min Length: 1****Max Length: 2***Definition:*

The self-reported pregnancy status of a client with a preliminary or confirmed positive HIV test.

Prior to 2012, these data were collected for only confirmed positive female clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive female clients.

Instructions:

If the client is female and HIV-positive, from any HIV test (conventional, rapid, NAAT, RNA or other), then indicate whether she is pregnant.

Business rules:

HIV Testing: Required, see detailed business rule
Partner Services: Not applicable

Detailed business rule:

Required for birth gender females (birthGenderValueCode=2) with any positive HIV test (X125 = 1 or 2 or 6 or 7 or 8 or 9).

Code	Value Description	Value Definition
0	No	The client reports she is not pregnant.
1	Yes	The client reports she is pregnant.
77	Declined to answer	The client declines or is unwilling to report if she is currently pregnant.
99	Don't know	The client reports that she is unaware if she is currently pregnant.

G210 In Prenatal Care (Only if Pregnant) XSD (Schema) Name: prenatalCareStatusValueCode

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The self-reported status of the HIV-positive pregnant client's receipt of regular health care during pregnancy.
 Prior to 2012, these data were collected for only confirmed positive pregnant female clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive pregnant clients.

Instructions: If the client is HIV-positive and pregnant (G209: Pregnant = "Yes"), indicate whether she is receiving prenatal care.

Business rules: HIV Testing: Required
 Partner Services: Not applicable
 Detailed business rule:
 Required for pregnant females (pregnantStatusValueCode=1).

Code	Value Description	Value Definition
0	No	The client reports she is not currently receiving prenatal care.
1	Yes	The client reports she is currently receiving prenatal care.
66	Not asked	The provider did not ask the client if she was currently receiving prenatal care.
77	Declined to answer	The client declines or is unwilling to report if she is currently receiving prenatal care.
99	Don't know	The client reports that she is unaware if she is currently receiving prenatal care.

G211_01 Injection Drug UseXSD (Schema) Name: **injectionDrugUse****Value Option: Choose only one****Format Type: Number****Min Length: 1****Max Length: 2**

Definition: The client self-reported use in the past 12 months of any injection drugs/substances (including narcotics, hormones, silicon, etc.).

Instructions: Indicate if the client reported having used injection drugs within the last 12 months.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
0	No	Client indicates that he/she did not engage in injection drug use in the past 12 months.
1	Yes	Client indicates that he/she engaged in injection drug use in the past 12 months.
66	Not Asked	The provider did not ask the client that he/she engaged in injection drug use in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he/she engaged in injection drug use in the past 12 months.

G216a Vaginal or Anal Sex with a Male

XSD (Schema) Name: withMale

Value Option: Choose only one

Format Type: Number

Min Length: 1

Max Length: 2

Definition: The client self-reported having vaginal or anal sex with a male in the past 12 months.

Instructions: Indicate if the client reported vaginal or anal sex in the past 12 months with a male.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
0	No	Client indicates that he or she did not have vaginal or anal sex with a male in the past 12 months.
1	Yes	Client indicates that he or she had vaginal or anal sex with a male in the past 12 months.
66	Not Asked	The provider did not ask the client that he or she had vaginal or anal sex with a male in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he or she had vaginal or anal sex with a male in the past 12 months.

G216b **Vaginal or Anal Sex with a Female**
XSD (Schema) Name: withFemale
Value Option: Choose only one
Format Type: Number
Min Length: 1
Max Length: 2

Definition: The client self-reported having vaginal or anal sex with a female in the past 12 months.

Instructions: Indicate if the client reported vaginal or anal sex in the past 12 months with a female.

Business rules: HIV Testing: Not applicable
 Partner Services: Required

Code	Value Description	Value Definition
0	No	Client indicates that he or she did not have vaginal or anal sex with a female in the past 12 months.
1	Yes	Client indicates that he or she had vaginal or anal sex with a female in the past 12 months.
66	Not Asked	The provider did not ask the client that he or she had vaginal or anal sex with a female in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he or she had vaginal or anal sex with a female in the past 12 months.

G216c **Vaginal or Anal Sex with a Transgender Person** **XSD (Schema) Name: withTransgender**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The client self-reported having vaginal or anal sex with a transgender person in the past 12 months.

Instructions: Indicate if the client reported vaginal or anal sex in the past 12 months with a transgender person.

Business rules: HIV Testing: Not applicable
 Partner Services: Required

Code	Value Description	Value Definition
0	No	Client indicates that he or she did not have vaginal or anal sex with a transgender person in the past 12 months.
1	Yes	Client indicates that he or she had vaginal or anal sex with a transgender person in the past 12 months.
66	Not Asked	The provider did not ask the client that he or she had vaginal or anal sex with a transgender person in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he or she had vaginal or anal sex with a transgender person in the past 12 months.

G222 **Vaginal or Anal Sex without a Condom (PS only)** **XSD (Schema) Name: vaginalOrAnalSexWithoutCondomPS**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The client self-reported having unprotected vaginal or anal sex with a partner during the past 12 months.

Instructions: Indicate if the client reported unprotected (without a condom) vaginal or anal sex in the past 12 months.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
0	No	The client indicates they have not had vaginal or anal sex without a condom in the past 12 months.
1	Yes	The client indicates they have had vaginal or anal sex without a condom in the past 12 months.
66	Not Asked	The provider did not ask the client that they have had vaginal or anal sex without a condom in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if they have had vaginal or anal sex without a condom in the past 12 months.

G224 At risk for HIV infection
XSD (Schema) Name: atRiskForHIVInfection**Value Option: Choose only one****Format Type: Number****Min Length: 1****Max Length: 1**

Definition: An indication of whether the client/patient is at risk for HIV infection based on an agency's local risk assessment.

Instructions: Indicate if the client/patient is at risk for HIV infection.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Completed for persons who test negative for HIV.
Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient is not at risk for HIV infection
1	Yes	The client/patient is at risk for HIV infection
2	Risk Not Known	It is not know if the client/patient is at risk for HIV infection
3	Not Assessed	No risk assessment was done

Table: G4 Client Characteristics – Priority Populations

This table is required to be completed by all agencies when data are collected on individual clients as part of HIV testing service delivery.

G400 Sex with a male XSD (Schema) Name: **sexWithMale**
Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: The client/patient self-reported having sex with a male in the past 5 years.

Instructions: Indicate if the client/patient reported having sex in the past 5 years with a male.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient indicates he or she did not have sex with a male in the past 5 years
1	Yes	The client/patient indicates he or she had sex with a male in the past 5 years

G401 **Sex with a female** **XSD (Schema) Name: sexWithFemale**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: The client/patient self-reported having sex with a female in the past 5 years.

Instructions: Indicate if the client/patient reported having sex in the past 5 years with a female.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient reported he or she did not have sex with a female in the past 5 years.
1	Yes	The client/patient reported he or she had sex with a female in the past 5 years.

G402 **Injection drug use** **XSD (Schema) Name: injectionDrugUse**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: The client/patient reported having injected drugs/substances in the past 5 years.

Instructions: Indicate if the client/patient reported having injected drugs/substances in the past 5 years.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient reported he or she did not inject drugs in the past 5 years that were not prescribed to them by a medical care provider.
1	Yes	The client/patient reported he or she had injected drugs in the past 5 years that were not prescribed to them by a medical care provider.

Table: H Client Intervention Characteristics

This table is required to be completed for all interventions in which client level data are collected. This includes HIV prevention interventions delivered individually to clients (e.g. HIV testing or Partner Services). These data are captured for each provider/client interaction.

H04a	Form ID	XSD (Schema) Name: formId
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 32
<i>Definition:</i>	A unique alpha-numeric code or identification number used to identify and connect data collected on a standardized form for a given intervention.	
<i>Instructions:</i>	If you use a standardized form to collect data for HIV testing or other interventions enter the Form ID. The Form ID is used to uniquely identify data collected on the form. Form ID is unique at the agency level. This variable is most often used for data collected on the EvaluationWeb HIV Test Form template or locally developed HIV testing forms.	
<i>Business rules:</i>	HIV Testing: Mandatory Partner Services: Required	
	'FORM ID' must be unique within an agency and will be associated with only one client.	

H04c	eHARS State Number	XSD (Schema) Name: eHarsStateNumber
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 32
<i>Definition:</i>	A unique state number assigned to each patient throughout the course of HIV infection assigned by the separately funded state/jurisdiction in which they are reported.	
<i>Instructions:</i>	Enter the assigned state number associated with this diagnosed HIV infection.	
<i>Business rules:</i>	HIV Testing: Required Partner Services: Required	
	Completed for persons who test positive for HIV. Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)	

H04d **eHARS City/County Number** **XSD (Schema) Name: eHarsCityCountyNumber**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 32**

Definition: A unique city/county number assigned to each patient throughout the course of HIV infection assigned by the separately funded city in which they are reported.

Instructions: Enter the city/county number associated with diagnosed HIV infection.

Business rules: HIV Testing: Required
Partner Services: Required

Completed for persons who test positive for HIV.
Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

H06 **Session Date** **XSD (Schema) Name: sessionDate**

Value Option: N/A **Format Type: MM/DD/YYYY** **Min Length: 8** **Max Length: 10**

Definition: The calendar date (month, day, and year) on which the session was delivered to the client.

Instructions: Enter the month, day, and year during which this session was delivered.

Business rules: HIV Testing: Mandatory
Partner Services: Required, see detailed business rule

Detailed business rule:
Session date cannot be greater than the current date at the time of data entry.
For PS session data, the date falls within a valid case period.

H800 **Ever heard of PrEP** **XSD (Schema) Name: everHeardOfPrEP**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: The client/patient’s awareness of HIV Pre-exposure prophylaxis (PrEP), the medication taken daily to reduce the risk for acquiring HIV infection.

Instructions: Indicate if the client/patient has ever heard of PrEP.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient reported he or she had never heard of Pre-exposure prophylaxis (PrEP)
1	Yes	The client/patient reported he or she had heard of Pre-exposure prophylaxis (PrEP)

H802 **Used PrEP anytime in the last 12 months** **XSD (Schema) Name: usedPrEPInLast12Months**

Value Option: TBD **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient has used PrEP anytime in the last 12 months.

Instructions: Indicate if the client/patient used PrEP in the last 12 months.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient reported he or she had not used PrEP anytime in the last 12 months
1	Yes	The client/patient reported he or she had used PrEP in the last 12 months

Table: PCRS-1 Partner Services Case

This table provides details for a Partner Services (PS) case. A PS case will indirectly associate an HIV+ index case to his/her partners and the intervention through which services are provided.

PCR101 Case Number XSD (Schema) Name: **partnerServiceCaseNumber**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 32**

Definition: A number to uniquely identify a PS case within an agency. This number is system-generated when establishing a PS case. It can also be an assigned number that is key-entered by the provider. This number is associated with an index client and links the index client to his/her partner or partners. Only one PS case may have a status of open for any given index client at any given time.

Instructions: Select the system-generated PS case number or enter the locally-defined case number.

Business rules: HIV Testing: Required
Partner Services: Mandatory

A case number uniquely identifies a PS case within an agency.

PCR103 Case Open Date XSD (Schema) Name: **caseOpenDate**

Value Option: N/A **Format Type: MM/DD/YYYY** **Min Length: 8** **Max Length: 10**

Definition: The calendar date on which the PS case was opened at the agency.

Instructions: Enter the date on which the PS case was opened at the agency.

Business rules: HIV Testing: Not applicable
Partner Services: Required, see detailed business rule

Detailed business rule:
The case open date must be less than the date of file submission to CDC.

PCR104 Case Close DateXSD (Schema) Name: **caseCloseDate**Value Option: **N/A**Format Type: **MM/DD/YYYY**Min Length: **8**Max Length: **10***Definition:* The calendar date on which the PS case was closed at the agency.*Instructions:* Enter the date on which the PS case was closed at the agency.*Business rules:* HIV Testing: Not applicable
Partner Services: Required, see detailed business rule

Detailed business rule:

The Case Closed Date must be between the caseOpenDate and the date of file submission to CDC. This date can be blank.

PCR104a Care Status at Case Close DateXSD (Schema) Name: **careStatusAtCaseClose**Value Option: **Choose only one**Format Type: **Alpha-Numeric**Min Length: **1**Max Length: **2***Definition:* This is an indication of whether or not the client was in medical care at the time of the case close date.*Instructions:* Indicate whether or not the client was in medical care at the time of the case close date.*Business rules:* HIV Testing: Not applicable
Partner Services: Required

Detailed business rule:

Required if Case Close Date is valid date.

Code	Value Description	Value Definition
1	In Care	Client has seen a medical care provider at least once in the past 6 months for HIV treatment.
2	Not In Care	Includes HIV-positive persons who were never-in-care for their HIV diagnoses as well as those who were previously in HIV medical care, but are currently out-of-care.
3	Pending	There is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.
77	Declined to Answer	The client declines or is unwilling to report his or her HIV care status.
99	Don't Know	The client reports that he or she is unaware of his or her HIV care status.

Table: PCRS-2 Partner Services Partner

This table provides details about partners for a PS case and will include partner identifying and locating information as well as services received by the partner.

PCR207 Partner Type

XSD (Schema) Name: partnerType

Value Option: Choose only one

Format Type: Number

Min Length: 1

Max Length: 2

Definition: The partner's sex and needle-sharing relationship with the index client. This relationship could involve sexual relations between the client and the partner, needle-sharing between the client and partner or both sex and needle-sharing partners.

Instructions: For each partner identified, indicate whether the partner and client are sex partners, needle-sharing partners or both sex and needle-sharing partners.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
1	Sex partner	A person who engages in any type of sexual activity with the index client.
2	Needle-sharing partner	A person who engages in any type of needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.
3	Both sex and needle sharing partner	A person who engages in any type of sexual activity and needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index client.

Table: X-1 HIV Test

This table is completed for each HIV antibody test conducted for a client.

X104a	HIV Test Election	XSD (Schema) Name: testElection	
Value Option: Choose only one	Format Type: Number	Min Length: 1	Max Length: 2
<i>Definition:</i>	An indication of whether the test is linked to a name or is anonymous.		
<i>Instructions:</i>	Indicate if the written test record is linked to the client's name.		
<i>Business rules:</i>	HIV Testing: Required Partner Services: Not applicable Business rule: Required when testing event is reported (sampleDate is not missing).		
Code	Value Description	Value Definition	
1	Anonymous	The HIV test was not linked to the client's name.	
2	Confidential	The HIV test was confidential.	
3	Test Not Done	An HIV test was not done.	

X105	Specimen Collection Date	XSD (Schema) Name: sampleDate	
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8	Max Length: 10
<i>Definition:</i>	The calendar date (month, day, year) that the specimen for the HIV test was collected.		
<i>Instructions:</i>	Indicate the month, day, and year that the specimen for the HIV test was collected.		
<i>Business rules:</i>	HIV Testing: Required Partner Services: Required The specimen collection date cannot be greater than date of submission of XML file or data entry date.		

X111 Result Provided
XSD (Schema) Name: provisionOfResultValueCode
Value Option: Choose only one**Format Type: Number****Min Length: 1****Max Length: 1**

Definition: The act of informing the client of the HIV test result.

Instructions: Indicate whether the result of this HIV test was provided.

Business rules: HIV Testing: Required, see detailed business rule
Partner Services: Required

Detailed business rule:
Required when at least one testing event occurred (X104a = 1 or 2) and test result final determination is not missing (X125 is not missing).

Code	Value Description	Value Definition
0	No	The result of this HIV test was not provided to the client.
1	Yes	The result of this HIV test was provided to the client.
2	Yes, client obtained the result from another agency	The result of this HIV test was provided to the client from a provider at another agency.

X124 Test Type

XSD (Schema) Name: testType

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: Refers to the type of test and technology used for determining the outcome of the current HIV test.

Instructions: Indicate the type of test used for determining the outcome of the current HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if at least one HIV test was conducted (X104a = 1 or 2)

Code	Value Description	Value Definition
1	CLIA-waved point-of-care (POC) Rapid Test (s)	A diagnostic HIV test performed outside of a laboratory that produces a rapid and reliable result.
2	Laboratory-based Test (s)	Testing done by a laboratory for the diagnosis of HIV infection.

X125 HIV Test Result - Final Determination**XSD (Schema) Name: hivTestResult****Value Option: Choose only one****Format Type: Alpha-Numeric****Min Length: 1****Max Length: 2***Definition:* The outcome of the current HIV test.*Instructions:* Indicate the result of this HIV test.*Business rules:* HIV Testing: Required, see detailed business rule
Partner Services: Required**Business rule:**

Required if at least one HIV test was conducted (X104a = 1 or 2) or specimen collection is not missing (sampleDate is not missing).

Code	Value Description	Value Definition
1	<i>Preliminary positive</i>	<i>One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency</i>
10	<i>HIV-1 Negative, HIV-2 inconclusive</i>	<i>Negative for HIV type 1 infection and HIV type 2 antibodies were not confirmed</i>
11	<i>HIV-1 Negative</i>	<i>Negative for HIV type 1 infection</i>
12	<i>HIV Negative</i>	<i>Negative for HIV infection</i>
13	<i>Inconclusive, further testing needed</i>	<i>HIV antibodies were not confirmed; further testing is needed</i>
2	<i>Positive</i>	<i>Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done</i>
3	<i>Negative</i>	<i>One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done</i>
4	<i>Discordant</i>	<i>One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done</i>
5	<i>Invalid</i>	<i>A CLIA-waved POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.</i>
6	<i>HIV-1 Positive</i>	<i>Positive for HIV type 1 infection</i>
7	<i>HIV-1 Positive, possible acute</i>	<i>Positive for HIV type 1 infection and is a possible acute HIV infection</i>

XSD (Schema) Name:

8	HIV-2 Positive	Positive for HIV type 2 infection
9	HIV Positive, undifferentiated	Positive for HIV infection. HIV antibodies could not be differentiated

X126 Preliminary Positive point-of-care rapid test

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication that the client/patient had a preliminary positive point-of-care rapid test result prior to the current laboratory-based HIV test.

Instructions: Indicate if a laboratory-based test was preceded by a reactive (preliminary positive) point-of-care-rapid test.

Business rule HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if an HIV test was conducted (X104a = 1 or 2) and basis for final test result determination is laboratory-based testing (X124 = 2)

Code	Value Description	Value Definition
0	No	The client/patient did not have a preliminary positive point-of-care rapid test prior to the laboratory-based test.
1	Yes	The client/patient's laboratory-based test was preceded by a preliminary positive point-of-care rapid test.

X126a Specimen Collection Date of Preliminary Positive point-of-care rapid test **XSD (Schema) Name:**

Value Option: TBD **Format Type:** Date **Min Length:** 8 **Max Length:** 10

Definition: If the laboratory-based test was preceded by a preliminary positive point-of-care rapid test, this variable refers to the date the point-of-care rapid test was conducted.

Instructions: Enter the calendar month, day, and year of the preliminary positive point-of-care rapid test.

Enter 01/01/1800 if date is unknown

Business rule HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if X126 = 1

X127 Tests for co-infections XSD (Schema) Name: otherTestingPerformed

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: The client/patient was tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.

Instructions: Indicate whether tests for syphilis, gonorrhea, chlamydial infection, or Hepatitis C were done in conjunction with this HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule: Required if an HIV test was conducted (X104a = 1 or 2).

Code	Value Description	Value Definition
0	No	The client/patient was not tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.
1	Yes	The client/patient was tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.

X127a Syphilis Test

XSD (Schema) Name: syphilis/testPerformed

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: An indication of whether the client/patient was tested for syphilis in conjunction with this HIV test.

Instructions: Indicate if the client/patient received a syphilis test in conjunction with this HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for syphilis in conjunction with his or her HIV test.
1	Yes	The client/patient was tested for syphilis in conjunction with his or her HIV test.

X127b **Gonorrhea** **XSD (Schema) Name: gonorrhea/testPerformed**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was tested for gonorrhea in conjunction with this HIV test.

Instructions: Indicate if the client/patient received a test for Gonorrhea in conjunction with this HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for gonorrhea in conjunction with his or her HIV test.
1	Yes	The client/patient was tested for gonorrhea in conjunction with his or her HIV test.

X127c **Chlamydial infection** **XSD (Schema) Name: chlamydia/testPerformed**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was tested for chlamydial infection in conjunction with this HIV test.

Instructions: Indicate if the client/patient was tested for Chlamydial infection in conjunction with this HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for chlamydial infection in conjunction with this HIV test
1	Yes	The client/patient was tested for chlamydial infection in conjunction with this HIV test

X127d Hepatitis C

XSD (Schema) Name: hepC/testPerformed

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: An indication of whether the client/patient was tested for Hepatitis C in conjunction with this HIV test.

Instructions: Indicate if the client/patient received a Hepatitis C test in conjunction with this HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for Hepatitis C in conjunction with this HIV test.
1	Yes	The client/patient was tested for Hepatitis C in conjunction with this HIV test.

X128a Result of Syphilis Test

XSD (Schema) Name: syphilis/testResult

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: The outcome of the current syphilis test done in conjunction with this HIV test.

Instructions: Indicate the result of the current syphilis test done in conjunction with this HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if X127a = 1

Code	Value Description	Value Definition
1	Newly identified infection	The syphilis screening resulted in identifying a new infection.
2	Not infected	The client has either never been infected or was previously infected and successfully treated.
3	Not Known	The results of the current syphilis test are unknown.

X128b Result of Gonorrhea Test**XSD (Schema) Name: gonorrhea/testResult****Value Option: Choose only one****Format Type: Number****Min Length: 1****Max Length: 1***Definition:* The outcome of the current gonorrhea test done in conjunction with this HIV test.*Instructions:* Indicate the result of the current gonorrhea test done in conjunction with this HIV test.*Business rules:* HIV Testing: Required
Partner Services: Not applicableBusiness rule:
Required if X127b = 1

Code	Value Description	Value Definition
1	Positive	The client/patient tested positive for gonorrhea.
2	Negative	The client/patient tested negative for gonorrhea.
3	Not Known	The result of the current gonorrhea test is unknown.

X128c Chlamydial infection test result**XSD (Schema) Name: chlamydia/testResult****Value Option: Choose only one****Format Type: Number****Min Length: 1****Max Length: 2***Definition:* The outcome of the current test for chlamydial infection done in conjunction with this HIV test.*Instructions:* Indicate the result of the current test for chlamydial infection done in conjunction with this HIV test.*Business rules:* HIV Testing: Required
Partner Services: Not applicableBusiness rule:
Required if X127c = 1

Code	Value Description	Value Definition
1	Positive	The client/patient tested positive for chlamydial infection.
2	Negative	The client/patient tested negative for chlamydial infection.
3	Not Known	The result of the current test for chlamydial infection is unknown.

X128d Hepatitis C test result XSD (Schema) Name: **hepC/testResult**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: The outcome of the current test for Hepatitis C done in conjunction with this HIV test.

Instructions: Indicate the result of the current test for Hepatitis C done in conjunction with this HIV test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Required if X127d = 1

Code	Value Description	Value Definition
1	Positive	The client/patient tested positive for Hepatitis C.
2	Negative	The client/patient tested negative for Hepatitis C.
3	Not Known	The result of the current hepatitis C test is unknown.

X135 Worker ID XSD (Schema) Name: **workerId**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 32**

Definition: A unique alpha-numeric identification code used to distinguish between persons who are delivering services to clients.

Instructions: Enter the unique ID of the worker delivering the HIV prevention service. Worker ID is unique at the jurisdiction level. If a state does not tie tests to a worker, no ID should be reported.

Business rules: HIV Testing: Allowed but not reported to CDC
Partner Services: Not applicable

Allowed when at least one testing event occurred (sampleDate is not missing). Can be missing if a state does not tie tests to a worker.

X137 **Program Announcement****XSD (Schema) Name:** **progAnnouncementProgStrategy****Value Option:** **Choose only one****Format Type:** **Number****Min Length:** **1****Max Length:** **2***Definition:* The CDC program announcement and category, if applicable, from which the HIV prevention service was funded.*Instructions:* Indicate the CDC funding source from which this HIV prevention service is funded.
Choose only one.*Business rules:* HIV Testing: Mandatory
Partner Services: Required

Code	Value Description	Value Definition
13	PS 15-1502 – Category A	PS15-1502: HIV prevention services for members of racial/ethnic minority communities.
14	PS 15-1502 – Category B	PS15-1502: HIV prevention services for members of groups at greatest risk for acquiring and transmitting HIV infection, regardless of race/ethnicity.
15	PS 15-1506 PRIDE	PS15-1506: Health Department Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among Men Who Have Sex with Men (MSM) and Transgender Persons (PrIDE) Demonstration Project. This program announcement is applicable only to 12 funded jurisdictions: Baltimore, California, Chicago, Colorado, Houston, Los Angeles, Louisiana, Michigan, New York City, San Francisco, Tennessee, and Virginia.
16	PS 15-1509 THRIVE	PS15-1509: Health Department Demonstration Projects for Comprehensive Prevention and Care for Men Who Have Sex with Men (MSM) of Color at Risk for and Living with HIV Infection. This program announcement is applicable only to seven funded jurisdictions: Alabama, Baltimore, District of Columbia, Louisiana, New York City, Philadelphia, and Virginia.
17	PS 17-1704 Category A - YMSM	PS17-1704: This category provides funding to Community-Based Organizations for HIV Prevention Programs for Young Men of Color Who Have Sex with Men and their partners.
18	PS 17-1704 Category B - YTG	PS17-1704: This category provides funding to Community-Based Organizations for HIV Prevention Programs for Young Transgender Persons of Color and their partners.
19	PS17-1711	Use of molecular HIV surveillance to identify active HIV transmission networks and implement HIV interventions for Hispanic/Latino men who have sex with men.

20	<i>PS 18-1802</i>	<i>PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments.</i>
21	<i>PS 18-1802 Demonstration Projects</i>	<i>PS18-1802 Demonstration Projects: Funding to expand high-impact HIV prevention and surveillance interventions and strategies.</i>
22	<i>PS 19-1901 CDC STD</i>	<i>PS 19-1901: STD prevention funding for Health Departments.</i>
98	<i>Other CDC-funded</i>	<i>A program announcement other than those listed and an HIV test was conducted using a CDC-funded mechanism.</i>
99	<i>Other Non-CDC funded</i>	<i>A program announcement other than those listed and an HIV test was conducted using a non-CDC funded mechanism.</i>

X138 **New or Previous HIV-positive Diagnosis** **XSD (Schema) Name: clientHIVStatus**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The indication of if the client/patient's HIV infection is a new diagnosis or if their infection was previously diagnosed.

Instructions: Indicate whether the current positive HIV test is a new diagnosis for this client/patient or if their infection was previously diagnosed.

Business rules: HIV Testing: Required, see detailed business rule
 Partner Services: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
1	<i>New diagnosis, verified</i>	<i>The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).</i>
2	<i>New diagnosis, not verified</i>	<i>The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.</i>
3	<i>Previous diagnosis</i>	<i>Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.</i>
4	<i>Unable to determine</i>	<i>The HIV surveillance system not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.</i>

X150 **Has the client/patient ever had a positive HIV test** **XSD (Schema) Name: everHadPreviousPositiveTest**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The purpose of this variable is to ascertain whether a positive HIV test occurred earlier than the current HIV diagnosis date.

Instructions: Indicate if the client/patient has ever had a positive HIV test result

Business rules: HIV Testing: Required
Partner Services: Not applicable

Completed for all persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9).

Code	Value Description	Value Definition
0	No	The client/patient has never had a positive HIV test
1	Yes	The client/patient had a positive HIV test prior to this positive HIV test
99	Don't Know	It is unknown whether the client/patient ever had a positive HIV test prior to this positive HIV test

X150a **Date of first positive HIV test** **XSD (Schema) Name: dateOfPreviousPositiveTest**

Value Option: TBD **Format Type: Date** **Min Length: 8** **Max Length: 10**

Definition: The calendar date (month, day, year) of the earliest known positive HIV test.

Instructions: Record the date of the earliest known positive HIV test.

Enter 01/01/1800 if the complete date is not known.

If the month and year are known, but the day is not known, enter the "01" for the day.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Required if X150 = 1

X151 **Has the client/patient ever had a negative HIV test** **XSD (Schema) Name: everHadNegativePositiveTest**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The purpose of this variable is to ascertain whether a negative HIV test occurred earlier than the current HIV diagnosis date.

Instructions: Indicate if the client/patient has ever had a negative HIV test result

Business rules: HIV Testing: Required
Partner Services: Not applicable

Completed for all persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9).

Code	Value Description	Value Definition
0	No	The client/patient has never had a negative HIV test
1	Yes	The client/patient had a positive HIV test prior to this negative HIV test
99	Don't Know	It is unknown whether the client/patient ever had a negative HIV test prior to this positive HIV test

X151a **Date of first negative HIV test** **XSD (Schema) Name: dateOfPreviousNegativeTest**

Value Option: TBD **Format Type: Date** **Min Length: 8** **Max Length: 10**

Definition: The calendar date (month, day, year) of the earliest known negative HIV test.

Instructions: Record the date of the earliest known negative HIV test.

Enter 01/01/1800 if the complete date is not known.

If the month and year are known, but the day is not known, enter the "01" for the day.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Required if X150 = 1

Table: X-2 HIV Test History

This table collects HIV test history.

X224 HIV Stage

XSD (Schema) Name: hivStage

Value Option: Choose only one

Format Type: Number

Min Length: 2

Max Length: 2

Definition: The stage of the HIV infection of the client. The stage for individuals 6years and older is based primarily on the CD4+ T-lymphocyte count; the CD4+ T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and the percentage is considered only if the count is missing.

Instructions: Enter the HIV stage of the client. This should be noted at intake or before the intervention begins.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
10	HIV Stage 0	If there was a negative HIV test within 6 months of the first HIV infection diagnosis, the stage is 0, and remains 0 until 6 months after diagnosis.
11	HIV Stage 1	≥500 Cells/μL or ≥26%
12	HIV Stage 2	200-499 Cells/μL or 14-25%
13	HIV Stage 3	<200 Cells/μL or <14%
99	HIV Unknown	If CD4 test result is missing, the stage is Unknown

Table: X-3 Attempt to Locate

This table is to be completed for each index client or partner to be located. While this table is intended to be for PS, it may be used optionally for any intervention.

X302 Attempt to Locate Outcome XSD (Schema) Name: attemptToLocateOutcome

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: The result of a PS provider's attempt to locate the index client or the index client's partner(s).

Instructions: Indicate the result of the attempt to locate.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
1	Unable to locate	The provider did not locate the index client or partner during this attempt.
2	Located	The provider located the index client or partner during this attempt.

X303 Reason for Unsuccessful Attempt
XSD (Schema) Name: reasonForUnsuccessfulAttempt
Value Option: Choose only one**Format Type: Number****Min Length: 2****Max Length: 2**

Definition: The explanation for why the location attempt was not achieved.

Instructions: If the attempt to locate the index client or index client's partner was unsuccessful (X302: Attempt to Locate Outcome = "Unable to locate"), indicate why the client or partner was unable to be located.

Business rules: HIV Testing: Not applicable
Partner Services: Required, see detailed business rule

Detailed business rule:
Required if client could not be located (attemptToLocateOutcome = 1).
Not expected if a client was located (attemptToLocateOutcome = 2).

Code	Value Description	Value Definition
1	Deceased	The index client or partner is no longer alive.
2	Out of jurisdiction	The index client or partner resides outside of the jurisdiction in which the provider is authorized to provide services.
89	Other	The index client or partner was not located due to another reason not listed.

X306	Enrollment Status	XSD (Schema) Name: enrollmentStatus		
Value Option: Choose only one	Format Type: Number	Min Length: 2	Max Length: 2	
<i>Definition:</i>	The decision made by the index client or the index client's partner to enroll in PS.			
<i>Instructions:</i>	Indicate if the index client or index client's partner accepted or declined enrollment into PS.			
<i>Business rules:</i>	HIV Testing: Not applicable Partner Services: Required, see detailed business rule Detailed business rule: Required if a client was located (attemptToLocateOutcome = 2).			

Code	Value Description	Value Definition
1	Accepted	The index client or partner enrolled in PS.
2	Declined	The index client or partner chose not to enroll in PS.
3	Client not located	The index client or partner was not located.

Table: X-5 Elicit partners

This table is to be completed for each enrolled PS index client to capture partner information (e.g. number of partners).

X503	Total Number of Partners Claimed	XSD (Schema) Name: totalNumberOfPartnersClaimed		
Value Option: N/A	Format Type: Number	Min Length: 1	Max Length: 5	
<i>Definition:</i>	The total number of sex or needle-sharing partners reported by the client over the last 12 months. This would include anonymous partners and partners for which there is not sufficient information to locate and notify.			
<i>Instructions:</i>	Enter the total number of partners identified by the index client. This includes all anonymous, male, female, and transgender partners.			
<i>Business rules:</i>	HIV Testing: Not applicable Partner Services: Required, see detailed business rule. Detailed business rule: "Total Number of Partners Claimed" must be greater than or equal to the number of named partners (totalNumberOfNamedPartners).			

X511 **Total Number of Named Partners** **XSD (Schema) Name: totalNumberOfNamedPartners**

Value Option: N/A **Format Type: Number** **Min Length: 1** **Max Length: 3**

Definition: The total number of sex or needle-sharing partners reported by the client over the last 12 months for which there is sufficient identifying and locating information.

Instructions: Indicate the total number of sex or needle-sharing partners named for which there is sufficient information to identify and locate the partner.

Business rules: HIV Testing: Not applicable
Partner Services: Required, see detailed business rule

Detailed business rule:
"Total Number of Named Partners" must be less than or equal to the Total Number of Partners Claimed (totalNumberOfPartnersClaimed).

Table: X-6 Notification of Exposure

This table is completed for each partner located to determine their knowledge of HIV exposure and HIV status.

X600	Partner Notifiability	XSD (Schema) Name: partnerNotifiability		
Value Option: Choose only one	Format Type: Number	Min Length: 1	Max Length: 2	
<i>Definition:</i>	An indication of whether or not a named partner is determined to be eligible for notification of exposure. Partners that are found to be deceased or for which there is a risk of domestic violence are not considered to be notifiable.			
<i>Instructions:</i>	For each partner named, indicate whether or not he or she is able to be notified of his or her exposure to HIV.			
<i>Business rules:</i>	HIV Testing: Not applicable Partner Services: Required			

Code	Value Description	Value Definition
1	No - Partner is deceased	The partner is no longer alive.
2	No - Partner is out of jurisdiction	The partner resides outside of the jurisdiction in which the provider is authorized to provide services.
3	No - Partner has a risk of domestic violence	The provider has assessed that notifying the partner of his or her exposure to HIV could pose a risk of domestic violence to the partner.
5	No - Partner is known to be previously positive	The partner was not notified because he/she is known to be previously positive for HIV.
6	Yes - Partner is notifiable	The partner is able to be notified of his/her exposure to HIV.
7	Yes - Partner is notifiable and known to be previously positive	The partner was notified; he/she is known to be previously positive for HIV.
88	No - Other	The partner was not notified due to another reason not listed.

X601 Actual Notification Method**XSD (Schema) Name: actualNotificationMethod****Value Option: Choose only one****Format Type: Number****Min Length: 1****Max Length: 2**

Definition: The actual method used to notify each identified partner that they may have been exposed to HIV.

Instructions: Indicate the method used to notify each notifiable partner that they may have been exposed to HIV.

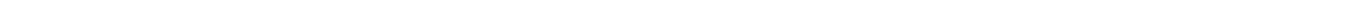
Business rules: HIV Testing: Not applicable
Partner Services: Required, see detailed business rule

Detailed business rule:
Required if the partner is able to be notified (partnerNotifiability =6 or 7).

Code	Value Description	Value Definition
1	Client notification	The index client informed his or her partner of their possible exposure to HIV and referred them to counseling, testing, and other support services.
2	Provider notification	The PS provider informed the partner of his or her possible exposure to HIV and referred them to counseling, testing, and other support services.
3	Dual notification	The index client informed the partner of his or her serostatus in the presence of the PS provider.
5	Third-party notification	A notification strategy whereby the partner was notified by a professional other than the health department provider (e.g., a private physician) of his or her possible exposure to HIV.
6	Refused notification	The index client's partner refused to be informed of his or her possible exposure to HIV.
7	Partner Not Notified	The index client's partner was not informed of his or her possible exposure to HIV.

Table: X-7 Referral

This table is completed for all clients receiving a referral.



X706c HIV Medical Care Linkage**XSD (Schema) Name: currentHIVMedicalCareStatus****Value Option: Choose only one****Format Type: Number****Min Length: 1****Max Length: 2**

Definition: The current status of the client's HIV medical care after HIV diagnosis, current HIV test, or report to Partner Services.

Instructions: Select the value that reflects the current status of the client's HIV medical care after HIV diagnosis, current HIV test, or report to Partner Services.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Detailed business rule:
Required if HIV Test Results for CLIA-Waved Point of Care Rapid Tests are Positive, or Laboratory-Based Tests HIV-1 Positive, HIV-1 Positive (Possible acute), or HIV-2 Positive (hivTestResult=2, 6, 7 or 8).

Code	Value Description	Value Definition
1	Appointment Pending	There is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.
2	Confirmed—Partner Accessed Service Within 14 Days of Positive Test	Client attended an HIV medical appointment within 14 days of their positive test as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), HIV-related laboratory reports, or an ART prescription filled.
3	Confirmed—Partner Accessed Service Within 30 Days of Positive Test	Client attended an HIV medical appointment within 30 days of their positive test as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), HIV-related laboratory reports, or an ART prescription filled.
4	Confirmed—Partner Accessed Service After 30 Days of Positive Test	Client attended an HIV medical appointment after 30 days of their positive test as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), HIV-related laboratory reports, or an ART prescription filled.
5	Confirmed—Partner Did Not Access Service	Client did not attend an HIV medical appointment as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), or HIV-related laboratory reports.
6	Partner Lost to Follow-Up	After 90 days of the positive test, the client's attendance at an HIV medical care appointment can't be confirmed.

7	No Appointment Necessary- Negative Test Result	Client was not referred to HIV medical care because he or she tested negative.
8	No Appointment Necessary-Partner Previous Positive and Engaged in Medical Care	Client was not referred to HIV medical care because he or she is known to be previous positive and already receiving care.

X706d Date of 1st HIV Medical Appointment XSD (Schema) Name: firstMedicalCareAppointmentDate

Value Option: TBD Format Type: Date Min Length: Max Length: TBD

Definition: Date a client attended his/her HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services.

Instructions: Enter the date a client attended his/her HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Detailed business rule:
Required if HIV Test Results for CLIA-Waved Point of Care Rapid Tests are Positive, or Laboratory-Based Tests HIV-1 Positive, HIV-1 Positive (Possible acute), or HIV-2 Positive (hivTestResult=2, 6, 7 or 8).

X712 HIV Test Performed XSD (Schema) Name: HIVTestPerformed

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: A client received an HIV test while enrolled in partner services.

Instructions: Indicate if the client was tested for HIV while enrolled in partner services.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
0	No	The client did not receive an HIV test as a result of a referral from PS.
1	Yes	The client received an HIV test as a result of a referral from PS.
2	No, Client is known to be HIV-positive	The client did not receive an HIV test as a result of a referral from PS; client is known to be HIV-positive.

X712a Coinfection Screen

XSD (Schema) Name: syphilisTest

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: A client received a syphilis test in conjunction with an HIV test during PS activities.

Instructions: Indicate if a client received a syphilis test in conjunction with an HIV test during PS activities.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
0	No	The client did not receive a syphilis test in conjunction with the current HIV test.
1	Yes	The client received a syphilis test in conjunction with the current HIV test.

X712b Coinfection Screen Result

XSD (Schema) Name: syphilisTestResult

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: The outcome of the current syphilis test in conjunction with an HIV test while enrolled in partner services.

Instructions: Indicate the outcome of the current syphilis test in conjunction with an HIV test while enrolled in partner services.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
1	Newly Identified Infection	The syphilis screening resulted in identifying a new infection.
2	Not infected	Client has either never been infected or was previously infected and successfully treated.
3	Not Known	The results of the current syphilis test are unknown.

X714a HIV Test Results ProvidedXSD (Schema) Name: **HIVTestResultsProvided**Value Option: **Choose only one**Format Type: **Number**Min Length: **1**Max Length: **1***Definition:* The act of informing the client of his or her HIV test result.*Instructions:* Indicate whether or not the result of this HIV test was provided to the partner.*Business rule* HIV Testing: Not applicable
Partner Services: Required, see detailed business ruleDetailed business rule:
Required if HIV Test Performed =Yes (HIVTestPerformed = 1) and HIV Test Result was Positive (HIVTestResult = 1).
Not expected otherwise.

Code	Value Description	Value Definition
0	No	The result of this HIV test was not provided to the partner.
1	Yes	The result of this HIV test was provided to the partner.

X725b Care Status at Time of the PS Interview

XSD (Schema) Name: careStatusAtInterview

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: If a client was interviewed for Partner Services, this is an indication of whether or not he/she was in medical care at the time of the Partner Services interview.

Instructions: Indicate whether or not the client was in medical care at the time of the Partner Services interview.

Business rules: HIV Testing: Not applicable
Partner Services: Required

Detailed business rule:
Required if a client was enrolled (enrollmentStatus = 1).
Not expected if a client wasn't enrolled (enrollmentStatus = 2 or blank).

Code	Value Description	Value Definition
1	In Care	Client has seen a medical care provider at least once in the past 6 months for HIV treatment
2	Not In Care	Includes HIV-positive persons who were never-in-care for their HIV diagnoses as well as those who were previously in HIV medical care, but are currently out-of-care.
3	Pending	There is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.
77	Declined to Answer	The client declines or is unwilling to report his or her HIV care status.
99	Don't Know	The client reports that he or she is unaware of his or her HIV care status.

X730a Housing status in past 12 months - revised

XSD (Schema) Name: housingStatusRevised

Value Option: Enter one value only Format Type: Number Min Length: 1 Max Length: 2

Definition: The client's self-report of the most unstable housing status in the past 12 months. Collection of these data began in 2013.

Instructions: For clients with a positive HIV test (confirmatory or preliminary), indicate the client's self-reported most unstable housing status in the past 12 months.

Business rules: HIV Testing: Required
Partner Services: Allowed, but not reported to CDC

Business rule:
Completed for persons who test positive for HIV.
Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
1	Literally Homeless	Client has lived in places not designed nor typically used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus/train station or camping ground; or in a shelter or emergency shelter that provides temporary living arrangements.
3	Unstably housed and/or at-risk of losing housing	Client has not been homeless, however, client has experienced housing instability as evidenced by frequent moves due to economic reasons, living with others due to economic hardship; eviction from a private dwelling unit (but having another place to go); living in overcrowded housing; or being at risk of having no housing options. This value code includes persons imminently losing housing.
4	Stably housed	Persons living in a consistent housing facility that is meant for human habitation and are not at risk of losing housing.
66	Not asked	Client was not asked about housing status in the past 12 months.
77	Declined to answer	Client declined to report housing status in the past 12 months.
99	Don't know	Only select 'don't know' if the client states that he or she doesn't know housing status in the past 12 months. Do not select 'don't know' if the client was not asked.

X731 **Currently taking daily PrEP medicine** **XSD (Schema) Name: currentlyOnPrEP**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.

Instructions: Indicate if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.

Business rules: HIV Testing: Required
 Partner Services: Required

Code	Value Description	Value Definition
0	No	The client/patient is not currently taking dailyPrEP medicine
1	Yes	The client/patient is currently taking daily PrEPmedicine

X731a **Referred to PrEP Provider** **XSD (Schema) Name: referredToPrEP**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: An indication if the client was referred to a provider for Pre-exposure prophylaxis (PrEP).

Instructions: Indicate if the client was referred to a provider for Pre-exposure prophylaxis (PrEP).

Business rules: HIV Testing: Not applicable
 Partner Services: Required

Code	Value Description	Value Definition
0	No	Client not offered referral for PrEP.
1	Yes	Client offered referral for PrEP.
2	Partner Declined	Client offered referral for PrEP but client declined.
3	Partner on PrEP	No referral necessary; Client currently onPrEP.

X740 **Seen a Medical Care Provider in past 6 months for HIV treatment** **XSD (Schema) Name: seenMedicalCareProvider**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: If the client/patient's HIV infection is a previous diagnosis or it is unknown if the diagnosis is a new or previous diagnosis, indicate if the client/patient has seen a medical care provider in the past six months for HIV treatment.

Instructions: Indicate whether the client/patient has seen a medical care provider at least once in the past six months for HIV treatment.

This question should be asked if the client/patient's HIV infection was previously diagnosed or if unable to determine if the client's infection was a new diagnosis or previous diagnosis.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Completed if the client's HIV infection is not a new diagnosis.
Required if (X138 = 3 or 4)

Code	Value Description	Value Definition
0	No	The client/patient has not seen a medical care provider in the past 6 months for HIV treatment
1	Yes	The client/patient has seen a medical care provider in the past 6 months for HIV treatment
77	Declined	The client/patient declined to answer whether he or she had seen a medical care provider in the past 6 months for HIV treatment
99	Don't Know	The client/patient does not know if he or she has seen a medical care provider in the past 6 months for HIV treatment

X741 **Attended HIV medical care appointment** **XSD (Schema) Name: attendHIVMedicalCare**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: Indicate if the client/patient attended a medical care appointment after this positive HIV test.

Instructions: Indicate whether the client/patient attended an appointment for HIV medical care after this positive test.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
1	Yes, confirmed	Confirmation that the client/patient did attend his or her HIV medical appointment after this positive test
2	Yes, client/patient self-report	The client/patient's self-report of attending his or her HIV medical care appointment after this positive test
3	No	Client did not attend his or her HIV medical appointment after this positive test
99	Don't Know	The provider is unaware if the client/patient attended his/her HIV medical appointment after this positive test

X741a **Appointment Date** **XSD (Schema) Name: dateofMedicalCare**

Value Option: N/A **Format Type: Date** **Min Length: 10** **Max Length: 10**

Definition: The calendar month, day, and year on which a client attended his/her HIV medical care appointment after this positive test.

Instructions: Indicate the date the client/patient attended his/her appointment for HIV medical care after this positive test.
 Enter 01/01/1800 if date is unknown.

Business rules: If the month and year are known, but the day is unknown, enter the 15th of the month as the day.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Business rule:
 Completed if HIV-positive client attended an HIV medical care appointment.
 Required if (X741 = 1 or 2)

X742 **Individualized behavioral risk-reduction counseling** **XSD (Schema) Name: behavioralRiskReductionCounseling**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: Refers to an HIV prevention service directly aimed at reducing risk for transmitting or acquiring HIV infection.

Instructions: Indicate whether individualized behavioral risk-reduction counseling was provided to the client/patient.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not provided individualized behavioral risk-reduction counseling.
1	Yes	The client/patient was provided individualized behavioral risk-reduction counseling.

X743 **Contact information provided for partner services** **XSD (Schema) Name: providedToHDForPS**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: This is an indication of if the client/patient's contact information was provided to the health department for partner services.

Instructions: Indicate whether the client/patient's name and contact information were provided to the health department for partner services.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient's information was not provided to the health department for partner services
1	Yes	The client/patient's information was provided to the health department for partner services.

X744 **Interviewed for partner services**
XSD (Schema) Name: interviewedForPS
Value Option: Choose only one
Format Type: Number
Min Length: 1
Max Length: 2

Definition: This is an indication of if the client/patient was interviewed for partner services by health department staff or staff trained by the health department to conduct partner services interviews.

Instructions: Indicate if the client was interviewed for partner services.

This variable is only used for HIV testing and for reporting on HIV-positive clients.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:

Completed for persons who test positive for HIV.

Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
1	Yes, by health department staff	The client was interviewed for partner services by health department staff.
2	Yes, by a non-health department person trained by the health department to conduct partner services	The client was interviewed for partner services by a non-health department person who was trained by the health department to conduct partner services.
3	No	The client was not interviewed for partner services.
99	Don't Know	It is unknown if the client was interviewed for partner services.

X744a **Date of partner services interview****XSD (Schema) Name:** **dateOfPSInterview****Value Option:** **N/A****Format Type:** **MM/DD/YYYY****Min Length:** **8****Max Length:** **10***Definition:* The calendar month, day, and year on which the client/patient was interviewed for partner services.*Instructions:* Enter the calendar month, day, and year the client/patient was interviewed for partner services.

Enter 01/01/1800 if date is unknown.

If the month and year are known, but the day is unknown, enter the 15th of the month as the day.

Business rules: HIV Testing: Required
Partner Services: Not applicableBusiness rule:
Completed if the client/patient was interviewed for partner services (X744=1 or 2).**X745** **Screened for perinatal HIV service coordination needs (Only if pregnant)****XSD (Schema) Name:** **screenedForPerinatalHIVCoordination****Value Option:** **Choose only one****Format Type:** **Number****Min Length:** **1****Max Length:** **2***Definition:* An indication of if the client/patient was screened for perinatal HIV service coordination needs.

This variable is used for reporting of perinatal HIV service coordination needs among women living with diagnosed HIV infection.

Instructions: If the client/patient is HIV-positive, indicate whether she was screened for perinatal HIV service coordination needs.*Business rules:* HIV Testing: Required
Partner Services: Not applicableBusiness rule:
Completed for birth gender females who test positive for HIV.
Required if (birthGenderValueCode=2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for perinatal HIV service coordination needs
1	Yes	The client/patient was screened for perinatal HIV service coordination needs.

X746 **Perinatal HIV service coordination needs identified** **XSD (Schema) Name: perinatalCoordinationNeedsIdentified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of if perinatal HIV service coordination needs were identified for the client/patient.

Instructions: If the client/patient is HIV-positive and screened for perinatal HIV service coordination needs, indicate if perinatal HIV service coordination needs were identified.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Completed for birth gender females who test positive for HIV.
Required if (birthGenderValueCode=2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9) and (X745 = 1)

Code	Value Description	Value Definition
0	No	The client/patient was screened and no HIV service coordination needs were identified
1	Yes	The client/patient was screened and HIV perinatal service coordination needs were identified

X747 **Referred for HIV perinatal service coordination** **XSD (Schema) Name: referredForHIVPerinatalServiceCoordination**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

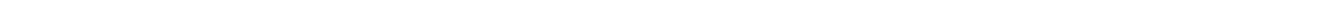
Definition: An indication of whether the client/patient was referred for HIV perinatal service coordination.

Instructions: If the client/patient is HIV-positive and HIV perinatal service coordination needs were identified, indicate if the client/patient was given a referral to HIV perinatal service coordination needs.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Business rule:
Completed for birth gender females who test positive for HIV.
Required if (birthGenderValueCode=2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not referred to HIV perinatal service coordination
1	Yes	The client/patient was referred to HIV perinatal service coordination



X748 **Screened for PrEP eligibility** **XSD (Schema) Name: screenedForPrEPeligibility**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: Refers to whether an assessment was conducted to determine if he or she meets the appropriate criteria for using pre-exposure prophylaxis (PrEP).

Instructions: Indicate whether the client/patient was screened for PrEP eligibility.

 This variable is used for reporting on clients who test negative for HIV infection.

Business rules: HIV Testing: Required
 Partner services: Not applicable

 Business rule:
 Completed for persons who test negative for HIV.
 Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for PrEP eligibility
1	Yes	The client/patient was screened for PrEP eligibility



X749 **Eligible for PrEP referral** **XSD (Schema) Name: eligibleForPrEPreferral**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient met the appropriate criteria for receiving a referral for using PrEP.

Instructions: Indicate whether the client/patient was eligible to receive a referral for PrEP.

 This variable is used for reporting on clients who test negative for HIV infection.

Business rules: HIV Testing: Required
 Partner services: Not applicable

 Business rule:
 Completed for persons who test negative for HIV.
 Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient was not eligible for PrEP referral
1	Yes, CDC criteria	The client/patient was eligible for PrEP referral based on CDC criteria
2	Yes, by local criteria or protocol	The client/patient was eligible for PrEP referral based on local criteria or protocol

X750 **Referred to a PrEP Provider** **XSD (Schema) Name: referredToPrEPProvider**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was given a referral to a PrEP provider. PrEP providers are peers, volunteers, and staff members of clinics, health departments, and community-based organizations.

Instructions: Indicate whether the client/patient was given a referral to a PrEP provider.

Business rules: HIV Testing: Required
 Partner services: Not applicable

Business rule:
 Completed for persons who test negative for HIV.
 Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient was not referred to a PrEP provider
1	Yes	The client/patient was referred to a PrEP provider

X751 **Assistance with linkage to a PrEP provider** **XSD (Schema) Name: providedAssistanceToPrEPProvider**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was provided navigation or linkage services to assist with linkage to a PrEP provider.

Instructions: Indicate whether the client/patient was provided navigation or linkage services to assist them with linkage to a PrEP provider.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not provided navigation or linkage services to assist with linkage to a PrEP provider
1	Yes	The client/patient was provided navigation or linkage services to assist with linkage to a PrEP provider

X752a **Navigation services for linkage to HIV medical care - screened for need** **XSD (Schema) Name: navOrLinkageHIVMedicalCare/screenedFor**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was screened for the need of navigation for linkage to HIV medical care.

Instructions: Indicate whether the client/patient was screened for the need of navigation services for linkage to HIV medical care.

Business rules: HIV Testing: Required
 Partner services: Not applicable

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for navigation services needs for linkage to HIV medical care
1	Yes	The client/patient was screened for navigation services needs for linkage to HIV medical care

X752b **Navigation services for linkage to HIV medical care - need identified** **XSD (Schema) Name: navOrLinkageHIVMedicalCare/needIdentified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was identified as needing navigation services for linkage to HIV medical care.

Instructions: Select 'Yes' if the client/patient needed navigation services for linkage to HIV medical care.

Business rules: HIV Testing: Required
Partner services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	No service need was identified for navigation services for linkage to HIV medical care
1	Yes	Navigation services need was identified for linkage to HIV medical care was

X752c **Navigation services for linkage to HIV medical care - provided or referred for service** **XSD (Schema) Name: navOrLinkageHIVMedicalCare/provide**
dOrReferred

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was provided or referred to navigation services for linkage to HIV medical care.

Instructions: Indicate if the client/patient was provided or referred to navigation services for linkage to HIV medical care.

Business rules: HIV Testing: Required
Partner services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to navigation services for linkage to HIV medical care
1	Yes	The client/patient was provided or was given a referral to navigation services for linkage to HIV medical care

X752e **Linkage services to HIV medical care – screened for need** **XSD (Schema) Name: linkageServicesHIVMedicalCare/screenedFor**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was screened for the need of linkage services to HIV medical care.

Instructions: Indicate if the client/patient was screened for the need of linkage services to HIV medical care.

Business rules: HIV Testing: Required
Partner services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for linkage to HIV medical care service needs
1	Yes	The client/patient was screened for linkage to HIV medical care service needs

X752f **Linkage services to HIV medical care – need identified** **XSD (Schema) Name: linkageServicesHIVMedicalCare/need identified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was identified as needing linkage services to HIV medical care.

Instructions: Select 'Yes' if the client/patient needed linkage services for linkage to HIV medical care.

Business rules: HIV Testing: Required
Partner services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	No need for linkage to HIV medical care services was identified
1	Yes	A need was identified for linkage to HIV medical care services



X752g **Linkage services to HIV medical care – provided or referred for service** **XSD (Schema) Name: linkageServicesHIVMedicalCare/providedOrReferred**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was provided or referred for linkage services to HIV medical care.

Instructions: Indicate if the client/patient was provided or referred to linkage services for linkage to HIV medical care.

Business rules: HIV Testing: Required
 Partner services: Not applicable

 Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to linkage to HIV medical care services
1	Yes	The client/patient was provided or referred to linkage to HIV medical care services

X753a **Health benefits navigation and enrollment - screened for need** **XSD (Schema) Name: healthBenefits/screenedFor**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether client/patients are assessed for health benefits navigation and enrollment needs.

Instructions: Indicate whether the client/patient was screened for health benefits navigation and enrollment need.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not screened for health benefits navigation and enrollment service needs
1	Yes	The client/patient was screened for health benefits navigation and enrollment service needs

X753b **Health benefits navigation and enrollment - need identified** **XSD (Schema) Name: healthBenefits/needIdentified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was identified as needing health benefits navigation and enrollment services.

Instructions: Select 'Yes' if the client/patient needed health benefits navigation and enrollment services.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	No need was identified for health benefits navigation and enrollment services
1	Yes	A need for health benefits navigation and enrollment services was identified

X753c **Health benefits navigation and enrollment services - provided or referred for service** **XSD (Schema) Name: healthBenefits/providedOrReferred**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was provided or referred to services for health benefits navigation and enrollment.

Instructions: Indicate if the client/patient was provided or referred to services for health benefits navigation and enrollment.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to health benefits navigation and enrollment services
1	Yes	The client/patient was provided or referred to health benefits navigation and enrollment services

X754a **Medication adherence support services - screened for need** **XSD (Schema) Name: medicationAdherence/screenedFor**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether an assessment was done to determine if the client/patient needed medication adherence support services.

Instructions: Indicate whether the client/patient was screened for as needing medication adherence support service.

Business rules: HIV Testing: Required
Partner services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for medication adherence support service needs
1	Yes	The client/patient was screened for medication adherence support service needs

X754b **Medication adherence support - need identified** **XSD (Schema) Name: medicationAdherence/needIdentified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was identified as needing medication adherence support services.

Instructions: Select 'Yes' if the client/patient was identified as needing medication adherence support services.

Business rules: HIV Testing: Required
Partner services: Not applicable

Business rule:
Completed for persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	No need was identified for medication adherence support services
1	Yes	A need was identified for medication adherence support services

X754c **Medication adherence support - provided or referred to service** **XSD (Schema) Name: medicationAdherence/providedOrReferred**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was provided or referred to medication adherence support services.

Instructions: Indicate if the client/patient was provided or referred to services for medication adherence support.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to medication adherence support services
1	Yes	The client/patient was provided or referred to medication adherence support services

X755a **Evidence-based risk reduction intervention - screened for need** **XSD (Schema) Name: evidenceBaseRiskReduction/screened For**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was assessed for evidence-based risk reduction intervention needs.

Instructions: Indicate whether the client/patient was screened for evidence-based risk reduction intervention need.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not screened for evidence-based risk reduction intervention needs
1	Yes	The client/patient was screened for evidence-based risk reduction intervention needs

X755b **Evidence-based risk reduction intervention - need identified** **XSD (Schema) Name: evidenceBaseRiskReduction/needIdentified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was identified as needing evidence-based risk reduction intervention services.

Instructions: Select 'Yes' if the client/patient needed evidence-based risk reduction intervention services.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	No need was identified for evidence-based risk reduction intervention services
1	Yes	A need for evidence-based risk reduction intervention services was identified

X755c **Evidence-based risk reduction intervention - provided or referred to service** **XSD (Schema) Name: evidenceBaseRiskReduction/providedOrReferred**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was provided or referred to evidence-based risk reduction intervention services.

Instructions: Indicate if the client/patient was provided or referred to evidence-based risk reduction intervention services.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to evidence-based risk reduction intervention services
1	Yes	The client/patient was provided or referred to evidence-based risk reduction intervention services

X756a **Behavioral health services - screened for need** **XSD (Schema) Name: behavioralHealthServices/screenedFor**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was assessed for behavioral health services need.
Examples of behavioral health services include mental health treatment, and substance use treatment.

Instructions: Indicate whether the client/patient was screened for behavioral health services need.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not screened for behavioral health services need
1	Yes	The client/patient was screened for behavioral health services need

X756b	Behavioral health services - need identified	XSD (Schema) Name: behavioralHealthServices/needIdentified
Value Option: Choose only one	Format Type: Number	Min Length: 1 Max Length: 2
<i>Definition:</i>	An indication of whether the client/patient was identified as needing behavioral health services. Examples of behavioral health services include mental health treatment, and substance use treatment.	
<i>Instructions:</i>	Select 'Yes' if the client/patient needed behavioral health services.	
<i>Business rules:</i>	HIV Testing: Required Partner Services: Not applicable	

Code	Value Description	Value Definition
0	No	No need was identified for behavioral health services
1	Yes	A need for behavioral health services was identified

X756c	Behavioral health services - provided or referred to service	XSD (Schema) Name: behavioralHealthServices/providedOrReferred
Value Option: Choose only one	Format Type: Number	Min Length: 1 Max Length: 1
<i>Definition:</i>	An indication of whether the client/patient was provided or referred to behavioral health services. Examples of behavioral health services include mental health treatment, and substance use treatment.	
<i>Instructions:</i>	Indicate if the client/patient was provided or referred to behavioral health services.	
<i>Business rules:</i>	HIV Testing: Required Partner Services: Not applicable	

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to behavioral health services
1	Yes	The client/patient was provided or referred to behavioral health services

X758a **Social services - screened for need** **XSD (Schema) Name: socialServices/screenedFor**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was assessed for social services needs.
 Examples of social services include housing, transportation, domestic violence intervention, and employment.

Instructions: Indicate whether the client/patient was screened for social services need.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not screened for social service needs
1	Yes	The client/patient was screened for social service needs

X758b **Social services - need identified** **XSD (Schema) Name: socialServices/needIdentified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was identified as needing social services.
 Examples of social services include housing, transportation, domestic violence intervention, and employment.

Instructions: Select 'Yes' if the client/patient needed social services.

Business rules: HIV Testing: Required
 Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	No need was identified for social services
1	Yes	A need for social services was identified

X758c **Social services - provided or referred to service** **XSD (Schema) Name: socialServices/providedOrReferred**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was provided or referred to social services.

Examples of social services include housing, transportation, domestic violence intervention, and employment.

Instructions: Indicate if the client/patient was provided or referred to social services.

Business rules: HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to social services
1	Yes	The client/patient was provided or referred to social services

Aggregate Level Requirements

Table: ME **Aggregate level Variables**

This table should be reported at jurisdiction level and broken out by the program announcement.

ME201a	Total PS18-1802-funded aggregate test events	XSD (Schema) Name:
Value Option:	TBD	Format Type: Number Min Length: 1 Max Length: 8
<i>Definition:</i>	PS18-1802-funded aggregate test events are test events supported in any way by PS18-1802-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable.	
<i>Instructions:</i>	Enter the total number of PS18-1802-funded aggregate HIV test events conducted during the reporting period.	
<i>Business rules:</i>	HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required	
ME201b	Total reimbursed aggregate test events	XSD (Schema) Name:
Value Option:	TBD	Format Type: Number Min Length: 1 Max Length: 8
<i>Definition:</i>	Reimbursed aggregate test events are done in PS18-1802-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS18-1802 because they would likely not be done in the absence of the PS18-1802-supported program, but they are not directly paid for by PS18-1802 funds.	
<i>Instructions:</i>	Enter the total number of reimbursed aggregate HIV testing events conducted during the reporting period.	
<i>Business rules:</i>	HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required	

ME202a **PS18-1802--funded aggregate newly diagnosed HIV-positive test events** **XSD (Schema) Name:**

Value Option: TBD **Format Type: Number** **Min Length: 1** **Max Length: 8**

Definition: PS18-1802-1-funded aggregate test events are test events supported in any way by PS18-1802--funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.

Instructions: Enter the total number of PS18-1802--funded aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.

Business rules: HIV Testing: Not applicable
Partner Services: Not applicable
HD Aggregate: Required

ME202b **Reimbursed aggregate newly diagnosed HIV-positive testing events** **XSD (Schema) Name:**

Value Option: TBD **Format Type: Number** **Min Length: 1** **Max Length: 8**

Definition: Reimbursed aggregate test events are test events that are done in PS18-1802-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS18-1802 because they would likely not be done in the absence of the PS18-1802--supported program, but they are not directly paid for by PS18-1802- funds. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.

Instructions: Enter the total number of reimbursed aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.

Business rules: HIV Testing: Not applicable
Partner Services: Not applicable
HD Aggregate: Required

XML Specific Fields

Table: Z1 XML Specific Fields

This table contains the variables and the XML values to be used for records to identify updated and modified records. This table is only required for jurisdictions that upload XML files to EvaluationWeb. These fields apply to all XML formats, with the exception of the now obsolete CTv1 format. (Some variable may have had different XSD (Schema) Names in older formats. See the individual variables for details.

Z01 **Status** **XSD (Schema) Name:** @status

Value Option: Enter one value only **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 1

Definition: The indicator to define the status of the record. This status indicator is used by a number of different records (Site, HivForm, aggregateData. Etc.). This indicator is always an attribute (for example <HivForm status="N">...). Check the relevant XSD to determine which elements can be modified with a status, and which element must be modified with a status.

Instructions: Indicate if the records are new, updated, should be deleted, are re-submitted but unchanged from a previous submission, or, for aggregate data, should be added to existing totals.

Business rule Applicable only for XML uploads

Code	Value Description	Value Definition
A	Added Record	Applies only to Aggregate Data. This record should be added to the totals for the period for the variable reported.
D	Deleted Record	This record is marked for deletion and should be deleted for the database for this agency.
N	New Record	This record is a new record and has not been previously submitted to EvaluationWeb. If the record is in the system from a previous submission and is not exactly identical to the submitted record, the system will report an error.
R	Resubmitted Record	This record has been submitted previously and is not changed in this submission.
U	Updated Record	This record is an updated record; the record has been previously submitted to EvaluationWeb and contains updated information. If the record is not currently in the system, the system will report an error.

Z02	Last Modified Date	XSD (Schema) Name: @lastModifiedDate		
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8	Max Length: 10	
<i>Definition:</i>	An indicator to denote the date on which the record was modified based on the last time the record was modified. This indicator is always an attribute in the XML. (<HivForm lastModifiedDate="01/01/2013">). See the relevant XSD to determine which elements may contain a last modified date.			
<i>Instructions:</i>	<p>Indicate the date the record was last modified.</p> <p>If the record is added, the date should be the date the record was added.</p> <p>If the record should be deleted, the date should be the date when the status changed to a deleted record.</p> <p>If this is a new record, the date of data entry should be entered.</p> <p>If the record is resubmitted but unchanged from a previous submission, the date should be the same date as the last upload/submission.</p> <p>If the record is an update, the date should be date the record was last modified.</p> <p>If, for aggregate data, the record is to be added to previous data, the date should be when the record was added.</p>			
<i>Business rule</i>	Applicable only for XML uploads			
Z03a	CT Schema Version Number	XSD (Schema) Name: CTSchemaVersion		
Value Option: Enter one value only	Format Type: Number	Min Length: 1	Max Length: 10	
<i>Definition:</i>	Specifies the version of the XSD which has been used to validate the XML file.			
<i>Instructions:</i>	<p>This value will be hard coded within the schema.</p> <p>The number should exactly match the version number specified in the appropriate XSD - for 2012 CT data, use 2.1, CT schema 1.0 does not contain this field.</p>			
<i>Business rule</i>	Applicable only for XML uploads of CT data.			
Z03b	PS Schema Version Number	XSD (Schema) Name: psSchemaVersionNumber		
Value Option: Enter one value only	Format Type: Number	Min Length: 1	Max Length: 10	
<i>Definition:</i>	Specifies the version of the XSD which has been used to validate the XML file.			
<i>Instructions:</i>	<p>This value will be hard coded within the schema.</p> <p>The number should exactly match the version number specified in the appropriate XSD - for Partner Services use 1.0 or 2.0 depending on which format is being submitted.</p>			
<i>Business rule</i>	Applicable only for XML uploads of PS data.			

Z03c	Schema Version Number	XSD (Schema) Name: SchemaVersionNumber
Value Option: Enter one value only	Format Type: Number	Min Length: 1 Max Length: 10
<i>Definition:</i>	Specifies the version of the XSD which has been used to validate the XML file.	
<i>Instructions:</i>	This value will be hard coded within the schema. The number should exactly match the version number specified in the appropriate XSD. For non-CT, non-PS data, it should be 1.0; for 2013 CT data, it should be 3.0.	
<i>Business rule</i>	Applicable only for XML uploads after January 2013.	
Z04	Agency ID Sending File	XSD (Schema) Name: senderAgencyID
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 12
<i>Definition:</i>	The agency which sent the XML data file. This field allows for better CDC management of multiple files from multiple entities.	
<i>Instructions:</i>	Enter the ID of the agency sending the file to CDC	
<i>Business rule</i>	Applicable only for XML uploads.	
Z05a	First Date of Data Included in File	XSD (Schema) Name: firstDate
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8 Max Length: 10
<i>Definition:</i>	Specifies the first date of data included in the file and allows for better data management (duplicate identification). This helps to identify the correct data receiving process necessary to handle the XML message.	
<i>Instructions:</i>	Enter the first date of data submitted in the current file.	
<i>Business rule</i>	Applicable only for XML uploads	
Z05b	Last Date of Data Included in File	XSD (Schema) Name: lastDate
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8 Max Length: 10
<i>Definition:</i>	Specifies the last date of data included in the file and allows for better data management (duplicate identification). This helps to identify the correct data receiving process necessary to handle the XML message.	
<i>Instructions:</i>	Enter the last date of data submitted in the current file.	
<i>Business rule</i>	Applicable only for XML uploads	

Z06 Data Type in File XSD (Schema) Name: dataType

Value Option: Enter one value only Format Type: Alpha-Numeric Min Length: 1 Max Length: 5

Definition: Specifies the type of data being sent.

Instructions: Enter the date type of data sent.

Business rule Applicable only for XML uploads.

Code	Value Description	Value Definition
CBOAG	CBO aggregate	Aggregate level directly funded CBO data
CBOCL	CBO client level	Client level directly funded CBO data
CT	Counseling and testing	Client level counseling and Testing Data
HDAG	Health department aggregate	Aggregate level health department data
HDCL	Health department client level	Client level health department non-CT non-PS data
PS	Partner services	Client level partner services data

Z07 Contact Person Information XSD (Schema) Name: contactPersonInformation

Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100

Definition: Contact information of the person who manages the packaging and sending of the data.

Instructions: Provide the contact information of the person who manages the packaging and submission of the data in the current file. At a minimum, this should include the name and email address.

Business rule Applicable only for XML uploads

Z08 Collection of Agency IDs Included in File XSD (Schema) Name: agencyIDs

Value Option: TBD Format Type: Alpha-Numeric Min Length: 1 Max Length: 1500

Definition: The IDs of each agency for which data are being transmitted in the file.

Instructions: List the IDs of each unique agency for whom data are represented in the file. This field should draw from the variables' Agency ID' and 'CBO Agency ID'. It should reflect all agencies directly-funded by CDC under any program announcement for whom data are included in the file.

Business rule Applicable only for XML uploads

Z09	Date File Was Created	XSD (Schema) Name: dateCreated
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8 Max Length: 19
<i>Definition:</i> The date (and optionally, the time) the XML file was created.		
<i>Instructions:</i> Enter the date the current XML file was created. There should be sufficient precision to uniquely identify a file.		
<i>Business rule</i> Applicable only for XML uploads		
Z10	Date File Last Modified	XSD (Schema) Name: fileLastModifiedDate
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8 Max Length: 19
<i>Definition:</i> If the file has been modified, the date (and optionally, the time) the XML file was last modified.		
<i>Instructions:</i> Enter the date the current XML file was modified. There should be sufficient precision to uniquely identify a file submission.		
<i>Business rule</i> Applicable only for XML uploads		
Z11	Special Instructions	XSD (Schema) Name: specialInstructions
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 50
<i>Definition:</i> Special instructions about XML file, if any.		
<i>Instructions:</i> Indicate any special instructions or notes about the XML file. This might include reasons the file was modified or updated, or the name of the software that generated the file.		
<i>Business rule</i> Applicable only for XML uploads		
Z12	Agency Name of Data Owner	XSD (Schema) Name: dataOwnerAgencyName
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 50

Budget Allocation

Table: BT Budget Allocation Variables

This table is completed annually by grantees. It is used to provide their budget allocation information to the CDC

BT100a	Budget allocation reporting year	XSD (Schema) Name: budgetAllocationYear	
Value Option: N/A	Format Type: Number	Min Length: 4	Max Length: 4
<i>Definition:</i>	Budget allocation reporting year refers to the 12-month calendar year (January-December) for which the budget allocation is being reported.		
<i>Instructions:</i>	Indicate the year for which the budget allocation data are being provided.		
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable		
BT101a	Amount of PS18-1802 Category A funds allocated for HIV testing in healthcare settings	XSD (Schema) Name: amountHIVtestRoutineCateA	
Value Option: N/A	Format Type: Currency	Min Length: 1	Max Length: 8
<i>Definition:</i>	For PS18-1802 Category A award (HIV Prevention Programs for Health Departments), this value represents the allocation associated with HIV testing in healthcare settings. HIV testing in healthcare settings is a testing strategy that involves testing persons regardless of whether they have a recognized behavioral risk or presence of signs or symptoms of HIV infection. CDC provides the amount of awarded PS18-1802 Category A funds annually to each grantee.		
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category A funds awarded to your agency that have been allocated for routine HIV testing or screening. If no funds were allocated then enter 0.		
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable		

BT101b **Amount of PS18-1802 Category B funds allocated for HIV testing in healthcare settings** **XSD (Schema) Name: amountHIVtestRoutineCateB**

Value Option: N/A **Format Type: Currency** **Min Length: 1** **Max Length: 12**

Definition: For PS18-1802 Category B award (Expanded HIV Testing for Disproportionately Affected Populations), this value represents the allocation associated with HIV testing in healthcare settings performed using Category B funds. HIV testing in healthcare settings is a testing strategy that involves testing persons regardless of whether they have a recognized behavioral risk or presence of signs or symptoms of HIV infection.

CDC provides the amount of awarded PS18-1802 Category B funds annually to each grantee.

Instructions: Indicate the amount of PS18-1802 Category B funds awarded to your agency that have been allocated for HIV testing in healthcare settings. If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT101c **Amount of PS18-1802 Category C funds allocated for HIV testing in healthcare settings** **XSD (Schema) Name: amountHIVtestRoutineCateC**

Value Option: N/A **Format Type: Currency** **Min Length: 1** **Max Length: 12**

Definition: For PS18-1802 Category C award (Demonstration Projects), this value represents the funds allocated from your Category C award that are for HIV testing in healthcare settings. HIV testing in healthcare settings is a testing strategy that involves testing persons regardless of whether they have a recognized behavioral risk or presence of signs or symptoms of HIV infection.

CDC provides the amount of awarded PS18-1802 Category C funds annually to each grantee.

Instructions: Indicate the amount of PS18-1802 Category C funds awarded to your agency that have been allocated for HIV testing in healthcare settings. If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT102a **Amount of PS18-1802 Category A funds allocated for HIV testing in non-healthcare settings** XSD (Schema) Name: **amountHIVtestTargetedCateA**

Value Option: N/A **Format Type: Currency** **Min Length: 1** **Max Length: 8**

Definition: For PS18-1802 Category A award (HIV Prevention Programs for Health Departments), this value represents the allocation associated with HIV testing in non-healthcare settings. HIV testing in non-healthcare settings is a testing strategy that involves testing persons based on characteristics that increase their likelihood of being infected with HIV. These characteristics can include the presence of sexually transmitted diseases, behavioral risks, or attendance at venues frequented by high-risk persons.

Instructions: Indicate the amount of PS18-1802 Category A funds awarded to your agency that have been allocated for HIV testing in non-healthcare settings. If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT102b **Amount of PS18-1802 Category B funds allocated for HIV testing in non-healthcare settings** XSD (Schema) Name: **amountHIVtestTargetedCateB**

Value Option: N/A **Format Type: Currency** **Min Length: 1** **Max Length: 8**

Definition: For PS18-1802 Category B award (Expanded HIV Testing for Disproportionately Affected Populations), this value represents the allocation associated with HIV testing in non-healthcare settings. HIV testing in non-healthcare settings is a testing strategy that involves testing persons based on characteristics that increase their likelihood of being infected with HIV. These characteristics can include the presence of sexually transmitted diseases, behavioral risks, or attendance at venues frequented by high-risk persons.

Instructions: Indicate the amount of PS18-1802 Category B funds awarded to your agency that have been allocated for HIV testing in non-healthcare settings, if implemented or applicable. If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT102c **Amount of PS18-1802 Category C funds allocated for HIV testing in non-healthcare settings** **XSD (Schema) Name: amountHIVtestTargetedCateC**

Value Option: N/A **Format Type: Currency** **Min Length: 1** **Max Length: 8**

Definition: For PS18-1802 Category C award (Demonstration Projects), this value represents the allocation associated with HIV testing in non-healthcare settings. HIV testing in non-healthcare settings is a testing strategy that involves testing persons based on characteristics that increase their likelihood of being infected with HIV. These characteristics can include the presence of sexually transmitted diseases, behavioral risks, or attendance at venues frequented by high-risk

Instructions: Indicate the amount of PS18-1802 Category C funds awarded to your agency that have been allocated for HIV testing in non-healthcare settings, if implemented or applicable. If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT102m **Open-ended question 2 for HIV testing in non-healthcare settings** **XSD (Schema) Name: questionHIVtestTargeted2**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 650**

Definition: Please provide any additional information to explain funding allocation limitations or caveats for HIV testing in non-healthcare settings that may be a concern to you, if applicable.

Instructions: Please answer the question in 100 words or less.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT103a **Amount of PS18-1802 Category A funds allocated for comprehensive prevention with positives** XSD (Schema) Name: amountCPPCateA

Value Option: N/A

Format Type: Currency

Min Length: 1

Max Length: 12

Definition: For PS18-1802 Category A award (HIV Prevention Programs for Health Departments); this value represents the funding allocation associated with comprehensive prevention with positives (CPP) programs and services. CPP covers a range of prevention activities including Partner Services, continuum of care (linkage, retention, re-engagement in care, and treatment adherence), risk-reduction EBIs with HIV-positive people and other prevention programs that are targeted to HIV-diagnosed individuals and their partners.

Instructions: Indicate the amount of your PS 12-1201 Category A award that your agency allocated for comprehensive prevention with positives activities. If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT103b	Amount of PS18-1802 Category B funds allocated for comprehensive prevention with positives	XSD (Schema) Name: amountCPPCateB
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category B award (Expanded HIV Testing for Disproportionately Affected Populations); this value represents the funding allocation associated with comprehensive prevention with positives (CPP) programs and services. CPP covers a range of prevention activities including Partner Services, continuum of care (linkage, retention, re-engagement in care, and treatment adherence), risk-reduction EBIs with HIV-positives and other prevention programs that are targeted to HIV-diagnosed individuals and their partners.	
<i>Instructions:</i>	Indicate the amount of your PS 12-1201 Category B award that your agency allocated for comprehensive prevention with positives activities. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT103c	Amount of PS18-1802 Category C funds allocated for comprehensive prevention with positives	XSD (Schema) Name: amountCPPCateC
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category C award (Demonstration Projects); this value represents the funding allocation associated with comprehensive prevention with positives (CPP) programs and services. CPP covers a range of prevention activities including Partner Services, continuum of care (linkage, retention, re-engagement in care, and treatment adherence), risk-reduction EBIs with HIV-positive people and other prevention programs that are targeted to HIV-diagnosed individuals and their partners.	
<i>Instructions:</i>	Indicate the amount of your PS18-1802 Category C award that your agency allocated for comprehensive prevention with positives activities. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT103i	Open-ended question 1 for comprehensive prevention with positives	XSD (Schema) Name: questionCPP1
Value Option: N/A		Format Type: Alpha-Numeric
Min Length: 1		Max Length: 650
<i>Definition:</i> Please identify the specific prevention activities included in the allocations to "other CPP" activities category. <i>Instructions:</i> Please answer the question in 100 words or less.		
<i>Business rule</i> HIV Testing: Not applicable Partner Services: Not applicable		
Open ended question, free text field, may be left blank.		

BT103k	Amount of PS18-1802 Category A funding allocated for partner services	XSD (Schema) Name:
Value Option: N/A		Format Type: Currency
Min Length: 1		Max Length: 12
<i>Definition:</i> For PS18-1802 Category A, this value represents the allocation associated with Partner Services.		
<i>Instructions:</i> Indicate the amount of PS18-1802 Category A funding that your agency allocated for Partner Services. If no funds were allocated, enter 0.		
<i>Business rule</i> HIV Testing: Not applicable Partner Services: Not applicable		

BT103l	Amount of PS18-1802 Category B funding allocated for partner services	XSD (Schema) Name:
Value Option: N/A		Format Type: Currency
Min Length: 1		Max Length: 12
<i>Definition:</i> For PS18-1802 Category B, this value represents the allocation associated with Partner Services.		
<i>Instructions:</i> Indicate the amount of PS18-1802 Category B funding that your agency allocated for Partner Services. If no funds were allocated, enter 0.		
<i>Business rule</i> HIV Testing: Not applicable Partner Services: Not applicable		

BT103m **Amount of PS18-1802 Category C funding allocated for partner services** XSD (Schema) Name:

Value Option: N/A **Format Type:** Currency **Min Length:** 1 **Max Length:** 12

Definition: For PS18-1802 Category C, this value represents the allocation associated with Partner Services.

Instructions: Indicate the amount of PS18-1802 Category C funding that your agency allocated for Partner Services. If no funds were allocated, enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT103n **Amount of PS18-1802 Category A funding allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support** XSD (Schema) Name:

Value Option: N/A **Format Type:** Currency **Min Length:** 1 **Max Length:** 12

Definition: For PS18-1802 Category A, this value represents the allocation associated with HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support.

Instructions: Indicate the amount of PS18-1802 Category A funding that your agency allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support. If no funds were allocated, enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT103o	Amount of PS18-1802 CategoryB funding allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support.	XSD (Schema) Name:
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category B, this value represents the allocation associated with HIV continuum of care which includes, linkage, retention, and re-engagement in care, and HIV medication adherence support.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category B funding that your agency allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support. If no funds were allocated, enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT103p	Amount of PS18-1802 Category C funding allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support	XSD (Schema) Name:
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category C, this value represents the allocation associated with HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category C funding that your agency allocated for HIV continuum of care which includes linkage, retention, and re-engagement in care, and HIV medication adherence support. If no funds were allocated, enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT103q **Amount of PS18-1802 Category A funding allocated for risk-reduction EBIs with HIV-positive persons** **XSD (Schema) Name:**

Value Option: N/A **Format Type:** Currency **Min Length:** 1 **Max Length:** 12

Definition: For PS18-1802 Category A, this value represents the allocation associated with risk-reduction EBIs with HIV-positive persons.

Instructions: Indicate the amount of PS18-1802 Category A funding that your agency allocated for risk-reduction EBIs with HIV-positive persons. If no funds were allocated, enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT103r **Amount of PS18-1802 Category B funding allocated for risk-reduction EBIs with HIV-positive persons** **XSD (Schema) Name:**

Value Option: N/A **Format Type:** Currency **Min Length:** 1 **Max Length:** 12

Definition: For PS18-1802 Category B, this value represents the allocation associated with risk-reduction EBIs with HIV-positive persons.

Instructions: Indicate the amount of PS18-1802 Category B funding that your agency allocated for risk-reduction EBIs with HIV-positive persons. If no funds were allocated, enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT103s **Amount of PS18-1802 Category C funding allocated for risk-reduction EBIs with HIV-positive persons** **XSD (Schema) Name:**

Value Option: N/A **Format Type:** Currency **Min Length:** 1 **Max Length:** 12

Definition: For PS18-1802 Category C, this value represents the allocation associated with risk-reduction EBIs for HIV-positive persons.

Instructions: Indicate the amount of PS18-1802 Category C funding that your agency allocated for risk-reduction EBIs with HIV-positive persons. If no funds were allocated, enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT103v **Amount of PS18-1802 Category C funding allocated
for other comprehensive prevention activities with
HIV-positive persons**

XSD (Schema) Name:

Value Option: N/A

Format Type: Currency

Min Length: 1

Max Length: 12

Definition: For PS2-1201 Category C, this value represents the allocation associated with other comprehensive activities with HIV-positive persons.

Instructions: Indicate the amount of PS18-1802 Category C funding that your agency allocated for other comprehensive activities with HIV-positive persons. If no funds were allocated, enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT104a	Amount of PS18-1802 Category A funding allocated for condom distribution	XSD (Schema) Name: amountCondomCateA
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category A award (HIV Prevention Programs for Health Departments), this value represents the funding allocation associated with condom distribution.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category A funds your agency allocated for condom distribution. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT104g	Open-ended question 2 for condom distribution	XSD (Schema) Name: questionCondom2
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 650
<i>Definition:</i>	Please provide any additional information to explain condom distribution-related funding allocation limitations or caveats that may be a concern to you, if applicable.	
<i>Instructions:</i>	Please answer the question in 100 words or less.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT104h	Amount of PS18-1802 Category C funding allocated for condom distribution	XSD (Schema) Name:
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category C, this value represents the allocation associated with condom distribution.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category C funding that your agency allocated for condom distribution. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT104i	Amount of PS18-1802 CategoryB funding allocated for condom distribution	XSD (Schema) Name:
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category B, this value represents the allocation associated with condom distribution.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 funding that your agency allocated for condom distribution. If no funds were allocated, enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	
BT105a	Amount of PS18-1802 Category A allocated for Policy Initiatives	XSD (Schema) Name: amountPolicyCateA
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category A award (HIV Prevention Programs for Health Departments), this value represents the allocation associated with policy initiatives.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category A funds your agency allocated for policy initiatives. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	
BT106b	Amount of PS18-1802 Category B Allocated for service integration (optional)	XSD (Schema) Name: amountRoutineCateB
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802Category B award (Expanded HIV Testing for Disproportionately Affected Populations), this value represents the allocation associated with the optional services integration component.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category B funds your agency allocated for the integration of testing programs for HIV, hepatitis B virus, hepatitis C virus, other STDs and tuberculosis, if implemented. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT106e	Open-ended question for PS18-1802 Category B funds allocated for service integration	XSD (Schema) Name: question121201RCCateB
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 650
<i>Definition:</i>	If you have allocated PS18-1802 Category B funds to other components, please list the programs or activities that you are going to implement or have implemented.	
<i>Instructions:</i>	Please answer the question in 100 words or less.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	
BT106g	Amount of PS18-1802 Category A funding allocated for other components	XSD (Schema) Name:
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category A, this value represents the allocation associated with other non-required prevention activities, excluding support services.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category A funding that your agency allocated for other components (non-required prevention activities excluding support services). If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	
BT106h	Open-ended question for PS18-1802 Category A funds allocated for other components	XSD (Schema) Name:
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 650
<i>Definition:</i>	If you have allocated PS18-1802 Category A funds to other components, please list the program or activities that you are going to implement or have implemented.	
<i>Instructions:</i>	Please answer the question in 100 words or less.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT106i **Amount of PS18-1802 CategoryB funding allocated for other components** XSD (Schema) Name:

Value Option: N/A **Format Type: Currency** **Min Length: 1** **Max Length: 12**

Definition: For PS18-1802 Category B, this value represents the allocation associated with other non-required prevention activities excluding service integration and support services.

Instructions: Indicate the amount of PS18-1802 Category B funding that your agency allocated for other components (non-required prevention activities excluding service integration and support services). If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT106j **Amount of PS18-1802 CategoryC funding allocated for other components** XSD (Schema) Name:

Value Option: N/A **Format Type: Currency** **Min Length: 1** **Max Length: 12**

Definition: For PS18-1802 Category C, this value represents the allocation associated with other non-required prevention activities excluding support services.

Instructions: Indicate the amount of PS18-1802 Category C funding that your agency allocated for other components (non-required prevention activities excluding support services). If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT106k **Open-ended question for PS18-1802 Category B funds allocated for recommended and other components** XSD (Schema) Name:

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 650**

Definition: If you have allocated PS18-1802 Category B funds to other components, please list the program or activities that you are going to implement or have implemented.

Instructions: Please answer the question in 100 words or less.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT106I	Open-ended question for PS18-1802 Category C funds allocated for recommended and other components	XSD (Schema) Name:
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 650
<i>Definition:</i>	If you have allocated PS18-1802 Category C funds or other components, please list the program or activities that you are going to implement or have implemented.	
<i>Instructions:</i>	Please answer the question in 100 words or less.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT107c	Amount of PS18-1802 Category A funds allocated for HIV prevention program monitoring and evaluation	XSD (Schema) Name: amountMandE121201CateA
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category A, this value represents the allocation associated with program monitoring and evaluation.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category A funding that your agency allocated for program monitoring and evaluation. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT107d	Amount of PS18-1802 Category B funds allocated for HIV prevention program monitoring and evaluation	XSD (Schema) Name: amountMandE121201CateB
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category B, this value represents the allocation associated with program monitoring and evaluation.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category B funding that your agency allocated for program monitoring and evaluation. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT107e	Amount of PS18-1802 Category C funds allocated for HIV prevention program monitoring and evaluation	XSD (Schema) Name: amountMandE121201CateC
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category C, this value represents the allocation associated with program monitoring and evaluation.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category C funding that your agency allocated for program monitoring and evaluation. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT108c	Amount of PS18-1802 Category A funds allocated for Jurisdictional HIV Prevention Planning	XSD (Schema) Name: amountPlanning121201CateA
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category A, this value represents the allocation associated with jurisdictional HIV prevention planning.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category A funding that your agency allocated for jurisdictional HIV prevention planning. If no funds were allocated then enter 0	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT109c	Amount of PS18-1802 Category A funds allocated for Capacity Building and Technical Assistance	XSD (Schema) Name: amountCBTA121201CateA
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category A, this value represents the allocation associated with capacity building and technical assistance	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category A funding that your agency allocated for capacity building and technical assistance. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT109d	Amount of PS18-1802 Category B funds allocated for Capacity Building, Technical Assistance, and systems for third party reimbursement for HIV testing and other related co-infections	XSD (Schema) Name: amountCBTA121201CateB
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category B, this value represents the allocation associated with capacity building, technical assistance, and systems for third party reimbursement for HIV testing and other related co-infections.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category B funding that your agency allocated for capacity building, technical assistance, and systems for third party reimbursement for HIV testing and other related co-infections. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT109e	Amount of PS18-1802 Category C funds allocated for Capacity Building and Technical Assistance	XSD (Schema) Name: amountCBTA121201CateC
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category C, this value represents the allocation associated with capacity building and technical assistance.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category C funding that your agency allocated for capacity building and technical assistance. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT110c **Amount of PS18-1802 Category A funds allocated for agency's general operations or admin activities** XSD (Schema) Name: amountAdmin121201CateA

Value Option: N/A **Format Type:** Currency **Min Length:** 1 **Max Length:** 12

Definition: For PS18-1802 Category A, this value represents the allocation associated with agency's general operations or administrative activities.

Instructions: Indicate the amount of PS18-1802 Category A funding that your agency allocated for agency's general operations or administrative activities. If no funds were allocated then enter 0.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable

BT110d	Amount of PS18-1802 Category B funds allocated for agency's general operations or admin activities	XSD (Schema) Name: amountAdmin121201CateB
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category B, this value represents the allocation associated with agency's general operations or administrative activities.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category B funding that your agency allocated for agency's general operations or administrative activities. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT110e	Amount of PS18-1802 Category C funds allocated for agency's general operations or admin activities	XSD (Schema) Name: amountAdmin121201CateC
Value Option: N/A	Format Type: Currency	Min Length: 1 Max Length: 12
<i>Definition:</i>	For PS18-1802 Category C, this value represents the allocation associated with agency's general operations or administrative activities.	
<i>Instructions:</i>	Indicate the amount of PS18-1802 Category B funding that your agency allocated for agency's general operations or administrative activities. If no funds were allocated then enter 0.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

BT111	Open-ended question for overall budget allocation	XSD (Schema) Name: questionOverallIBT
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 650
<i>Definition:</i>	Please provide any additional information to explain funding allocation limitations or caveats that may be a concern to you, if applicable, for any of the budget allocation variables.	
<i>Instructions:</i>	Please answer the question in 100 words or less.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable	

Additional HIV Testing Requirement

Table: CBOTEST Additional HIV Testing Variables

This table is completed by all CDC directly funded community-based organizations

CBOTEST001	Target Population(s)	XSD (Schema) Name:
Value Option: Choose only one	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 1
<i>Definition:</i>	The client belongs to the population(s) targeted by the CBO's PS15-1502-funded targeted HIV testing program.	
<i>Instructions:</i>	Indicate whether the client belongs to the primary or secondary population(s) targeted by your agency's PS15-1502-funded targeted HIV testing program.	
<i>Business rule</i>	HIV Testing: Required, see detailed business rule Partner Services: Not applicable	
	Detailed business rule: Should be reported reported by directly funded CBOs funded by PS15-1502 (X137=13 or X137=14).	
	Value option TP9 should only be selected if TP1, TP2, or TP3 is not selected.	

Code	Value Description	Value Definition
TP1	Primary target population	Client is a member of the primary population targeted by the CBO's PS15-1502-funded targeted HIV testing program
TP2	Secondary target population	Client is a member of the secondary population targeted by the CBO's PS15-1502-funded targeted HIV testing program
TP3	Both target populations	Client is a member of the primary and secondary target populations
TP9	Not a member of either target population	Client is not a member of the primary or secondary population targeted by the CBO's PS15-1502-funded targeted HIV testing program

CBOTEST002 **High-Risk Client** XSD (Schema) Name:

Value Option: Enter one value only **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: Assessment of a client's risk level is determined on the basis of his/her responses provided on the CBO's risk assessment tool.

Instructions: Indicate whether the client is at high-risk for HIV-infection.

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Not applicable

Detailed business rule:
Should only be reported by directly funded CBOs funded by PS15-1502 (X137=13 or X137=14).

Not expected otherwise.

Code	Value Description	Value Definition
0	No	Client is not at high-risk for HIV infection as defined by the CBO's PS15-1502-funded targeted HIV testing program
1	Yes	Client is at high-risk for HIV-infection as defined by the CBO's PS15-1502-funded targeted HIV testing program
2	Not assessed	No risk assessment was done for this client

CBOTEST003 HIV Medical Care at the time of this positive test XSD (Schema) Name:

Value Option: Enter one value only **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: At the time of this positive test, is the client already in HIV medical care?

Instructions: Indicate if the client is already in HIV medical care at the time of this positive test.

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Not applicable

Detailed business rule:
Should only be reported by directly funded CBOs funded by PS15-1502 (X137=13 or X137=14).

Not expected otherwise.

Code	Value Description	Value Definition
0	No	Client was not in HIV medical care at the time of this positive test
1	Yes	Client was in HIV medical care at the time of this positive test
66	Not asked	Client was not asked if he/she was already in HIV medical care at the time of this positive test
77	Declined to answer	Client declined to answer if he/she was already in HIV medical care at the time of this positive test

CBOTEST004 **Navigation and prevention and essential support services, HIV Testing** **XSD (Schema) Name:**

Value Option: Choose all that apply **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 4

Definition: The navigation, prevention, and essential support services that a client was referred to or provided as part of PS15-1502 HIV testing program

Instructions: Indicate all navigation, prevention, and essential support services the client was referred to or provided as part of the CBO's PS15-1502 HIV testing program

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Not applicable

Detailed business rule: Should only be reported by directly funded CBOs funded by PS15-1502 (X137=13 or X137=14). Not expected otherwise.

Code	Value Description	Value Definition
P1	Provided a High Impact Prevention (HIP) behavioral intervention, HIV-positive	Client was provided a CDC-supported evidence-based behavioral intervention (EBI) for HIV-positive persons that reduce sexual or drug-related risks related to the transmission of HIV infection
P2	Provided medication adherence support services, HIV-positive	Client was provided a CDC-supported medication adherence intervention that improves medication adherence and/or viral load among HIV patients who have been prescribed antiretroviral treatment (ART), HIV-positive only
P3	Provided screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive	Client was provided screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive only
P4	Provided screening for viral hepatitis, HIV-positive	Client was provided screening for viral hepatitis, HIV-positive only
P5	Provided screening for TB/TB infection, HIV-positive	Client was provided screening for latent or active strains of tuberculosis, HIV-positive only
P6	Provided a High Impact Prevention (HIP) behavioral intervention, HIV-negative	Client was provided a CDC-supported High Impact Prevention (HIP) behavioral intervention for high-risk HIV-negative persons
P7	Provided screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative	Client was provided screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative only
P8	Provided screening for viral hepatitis, HIV-negative	Client was provided screening for viral hepatitis, HIV-negative only
P9	Provided screening for TB/TB infection, HIV-negative	Client was provided screening for latent or active strains of tuberculosis, HIV-negative only
RF1	Referred to a High Impact Prevention (HIP) behavioral intervention, HIV-positive	Client was referred to a CDC-supported evidence based behavioral intervention (EBI) for HIV-positive persons that reduce sexual or drug-related risks related to the transmission of HIV infection

RF10	<i>Referred to non-occupational post-exposure prophylaxis (nPEP), HIV-negative</i>	<i>Client was referred to non-occupational post-exposure prophylaxis (nPEP), HIV-negative only</i>
RF11	<i>Referred to pre-exposure prophylaxis (PrEP), HIV-negative</i>	<i>Client was referred to pre-exposure prophylaxis (PrEP), HIV-negative only</i>
RF12	<i>Referred to screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative</i>	<i>Client was referred to screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative only</i>
RF13	<i>Referred to screening for viral hepatitis, HIV-negative</i>	<i>Client was referred to screening for viral hepatitis, HIV-negative only</i>
RF14	<i>Referred to screening for TB/TB infection, HIV-negative</i>	<i>Client was referred to screening for latent or active strains of tuberculosis, HIV-negative only</i>
RF15	<i>Referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative</i>	<i>Client was referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative only</i>

RF16	Referred to treatment or vaccination for viral hepatitis, HIV-negative	Client was referred to treatment or vaccination for viral hepatitis, HIV-negative only
RF17	Referred to treatment for TB/TB infection, HIV-negative	Client was referred to treatment for latent or active strains of tuberculosis, HIV-negative only
RF18	Referred to basic education continuation and completion services	Programs that assist the client in improving basic reading, writing, math, spelling, and language skills (such as GED preparation, or English as a Second Language (ESL) classes)
RF19	Referred to employment services	Programs that provide employment assistance including vocational trainings, employment referrals, job placement, skills assessment, resume building support, etc.
RF2	Referred to medication adherence support services, HIV-positive	Client was referred to a CDC-supported medication adherence intervention that improves medication adherence and/or viral load among HIV patients who have been prescribed antiretroviral treatment (ART), HIV-positive only
RF20	Referred to housing services	Programs that help clients find adequate housing by providing services such as assistance with homelessness, rental housing, or home-buying, access/eligibility assessment to HUD/HOPWA housing programs
RF21	Referred to insurance navigation and enrollment services	Programs that help uninsured clients enroll in public or private healthcare insurance. Services may include outreach and education on available insurance options, eligibility assessment, enrollment, etc.
RF22	Referred to mental mental health counseling and services	Programs that are provided by a mental health professional. Services may include psychiatric assessment, consultation, treatment, psychotherapy, crisis intervention, etc.
RF23	Referred to sex education, including HIV education	Client was referred to sex education, including HIV education (e.g. risk education programs, school-based HIV prevention providers) and HIV/AIDS prevention education
RF24	Referred to substance abuse treatment and services	Client was referred to drug and alcohol abuse treatment and support programs/services
RF25	Referred to transportation services	Client received a referral to agencies providing transportation assistance (to and from HIV prevention and medical care appointments, including HIV medical care appointments), e.g. through direct transportation services, vouchers, ortokens

RF26	Referred to other prevention and essential support services	Other navigation, prevention, and essential support services, e.g., social services, peer support, child care assistance, food, services for youth and/or seniors, etc.
RF3	Referred to screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive	Client was referred to screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive only
RF4	Referred to screening for viral hepatitis, HIV-positive	Client was referred to screening for viral hepatitis, HIV-positive only
RF5	Referred to screening for TB/TB infection, HIV-positive	Client was referred to screening for latent or active strains of tuberculosis, HIV-positive only
RF6	Referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive	Client was referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive only
RF7	Referred to treatment or vaccination for viral hepatitis, HIV-positive	Client was referred to treatment or vaccination for viral hepatitis, HIV-positive only
RF8	Referred to treatment for TB/TB infection, HIV-positive	Client was referred to treatment for latent or active strains of tuberculosis, HIV-positive only
RF9	Referred to a High Impact Prevention (HIP) behavioral intervention, HIV-negative	Client was referred to a CDC-supported High Impact Prevention (HIP) behavioral intervention for high-risk HIV-negative persons

CBOTEST004SP Other recommended support services, HIV testing XSD (Schema) Name:

Value Option: N/A **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 50

Definition: Description of other navigation and prevention and essential support services a client was referred to or provided

Instructions: Enter the type of service the client was referred to or provided

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Not applicable

Detailed business rule:
Text must be entered if other prevention and essential support services (value option RF26) is selected for CBOTEST004.

CBOTEST005 Date client attended first medical appt XSD (Schema) Name:

Value Option: TBD **Format Type:** Date **Min Length:** 8 **Max Length:** 10

Definition: The calendar month, day, and year that the client attended his/her first medical care appointment.

Instructions: Enter the date that client attended first medical appointment.

Business rule: CBO: required
Cannot be greater than the current date at the time of data entry

CBO Client Summary Requirements

Table: CBOCL **CBO Client Summary Variables**

This table is completed by all CDC directly funded community-based organizations

CBOCL003 **Client Record Number**

Value Option: N/A

Format Type: Number

Min Length: 1

Max Length: 32

Definition: A locally developed, unique-client number used to distinguish an individual client receiving one or more services within an agency

Instructions: Enter the unique client record number assigned by the CBO to an individual client. Client Record Number must not contain any personally identifiable information (PII).

Business rule HIV Testing: Mandatory, see detailed business rule
Partner Services: Not applicable

Detailed business rule:

Must be reported by directly funded CBOs funded by PS15-1502 (X137=13 or X137=14).