

# Summary of Changes from the Existing RSR Package (0915-0323)

## Ryan White Services Report

### Client Level Variables

#### Deletions/Modifications

- Vital Enrollment Status - Active, continuing in program, Referred to another program or services, or self-sufficient, Removed from treatment due to violation of rules, Incarcerated, Relocated, Deceased to **Alive, Deceased, Unknown**
- ID #14: HIV Infection Risk Factor - Male who have sex with male(s) to **Male-to-male sexual contact (MSM)**, Injecting to **Injection drug use (IDU)**, **Hemophilia/coagulation disorder (no change)**, **Heterosexual contact (no change)**, Receipt of blood transfusion, blood components, or tissue, Mother w/at risk for HIV infection (perinatal transmission) to **Perinatal transmission**, Risk factor not reported or not identified (no change)
- ID #15 Medical Insurance to **Health Coverage**
- Federal Poverty Level – **change response options to continuous variable rather than categorical variable**
- ID #28-35: Support Services Delivered – change from yes/no options to **# of support services visits**
- ID #52: Prescribed ART – change response options from Yes, No, not ready (as determined by clinician), No, client refused, No, intolerance, side-effect, toxicity, No, ART payment assistance unavailable, No, other reason to **Yes, No**
- Delete each of the following variables: HIV Risk-Reduction Screening/Counseling Provided, Screened for TB Since HIV-diagnosis, Screened for Hepatitis B Since HIV Diagnosis, Vaccinated for Hepatitis B, Screened for Hepatitis C Since HIV Diagnosis, Screened for Substance Abuse, Screened for Mental Health, Received Cervical Pap Smear , Prescribed PCP prophylaxis
- Add the following variable: **Date Housing Status Collected**
- ID #8: Self-Reported Transgender Status – Deleted – changed in 2017
- ID #7: Self-Reported Gender – Transgender Male to Female, Transgender Female to Male, Transgender Unknown added response options – changed in 2017

### Services

### **Deletions/Modifications**

- ID #19: Core Medical Services Delivered – Parts A and B removed as qualifiers for Early Intervention Services – changed in 2017
- ID #35: Support Services – Legal Services deleted – changed in 2017
- ID #39: Support Services – Permanency Planning deleted – changed in 2017

### **Additions**

- Core Medical Services Delivered – AIDS Drug Assistance Program Treatments added as a response option – changed in 2017
- Support Services – Other Professional Services added as a response option – changed in 2017

### **Clinical Information**

#### **Modifications**

- ID #47: Date First HIV Outpatient/Ambulatory Care Visit – changed to Date of First HIV Outpatient/Ambulatory Health Services Visit – changed in 2017
- ID #48 Dates of all Outpatient Ambulatory Care Visits – changed to Dates of All Outpatient/Ambulatory Health Services Visits. – changed in 2017
- Item #74 OAMC Link Date – changed to OAHS Link Date – changed in 2017

**TABLE 3**  
**Ryan White Services Report (RSR) Variables**

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-XXXX. Public reporting burden for this collection of information is estimated to average 113 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

**RSR Client-Level Data - Demographics**

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
<b>Demographics</b>					
	EnrollmentStatusID	The client's vital enrollment status at the end of the reporting period.	CM, OA	1 per client	<b>EnrollmentStatusID:</b> <ul style="list-style-type: none"> <li>• Active, continuing in program - modify</li> <li>• Referred to another program or services, or discharged because self-sufficient – delete</li> <li>• Removed from treatment due to violation of rules – delete</li> <li>• Incarcerated – delete</li> <li>• Relocated – delete</li> <li>• Deceased – keep</li> <li>• Unknown – add</li> </ul>
	BirthYear	Client's year of birth.  This value should be on or before all service date years for the client.	All (including C&T)	1 per client	<b>BirthYear:</b> yyyy
	EthnicityID	Client's ethnicity.	All (including C&T)	1 per client	<b>EthnicityID:</b> <ul style="list-style-type: none"> <li>• Hispanic/Latino/a, or Spanish origin</li> <li>• Non-Hispanic/Latino(a), or Spanish origin</li> </ul>
	RaceID	Client's race.	All (including C&T)	1-5 per client	<b>RaceID:</b>

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
					<ul style="list-style-type: none"> <li>• White</li> <li>• Black or African American</li> <li>• Asian</li> <li>• Native Hawaiian/Pacific Islander</li> <li>• American Indian or Alaska Native</li> </ul>
	GenderID	Client's current gender identity. This is the variable that is used for the eUCI.	All (including C&T)	1 per client	<b>GenderID:</b> <ul style="list-style-type: none"> <li>• Male</li> <li>• Female</li> <li>• Transgender</li> <li>• Unknown</li> </ul>
	Transgender	Client's current transgender status.	All (including C&T)	To be completed only if the response is "Transgender" in Item #6	<ul style="list-style-type: none"> <li>• Male-to-Female</li> <li>• Female-to-Male</li> <li>• Unknown</li> </ul>
	PovertyLevelID	Client's percent of the Federal poverty level at the end of the reporting period.	CM, OA	1 per client	<b>PovertyLevelID:</b> <ul style="list-style-type: none"> <li>• Below 100% of the Federal poverty level</li> <li>• 100 -138% of the Federal poverty level</li> <li>• 139 - 200% of the Federal poverty level</li> <li>• 201 – 250% of the Federal poverty level</li> <li>• 250 – 400% of the Federal poverty level</li> <li>• 401 – 500% of the Federal poverty level</li> <li>• More than 500% of the Federal poverty level</li> </ul>
	HousingStatusID	Client's housing status at the end of the reporting period.	CM, OA or Housing services	1 per client	<b>HousingStatusID:</b> <ul style="list-style-type: none"> <li>• Stable/permanent</li> <li>• Temporary</li> <li>• Unstable</li> </ul>
	HivAidsStatusID	Client's HIV/AIDS status at the end of the reporting period. For HIV affected	CM, OA	1 per client	<b>HivAidsStatusID:</b> <ul style="list-style-type: none"> <li>• HIV negative</li> <li>• HIV +, not AIDS</li> </ul>

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
		clients for whom HIV/AIDS status is not known, leave this value blank.			<ul style="list-style-type: none"> <li>HIV-positive, AIDS status unknown</li> <li>CDC-defined AIDS</li> <li>HIV indeterminate (infants &lt;2 only)</li> </ul>
14	HivRiskFactorID	Client's HIV/AIDS risk factor. <i>Report <b>all</b> that apply.</i>	CM, OA (including C&T)	1-7 per client	<b>HivRiskFactorID:</b> <ul style="list-style-type: none"> <li>Male who has sex with male(s) <b>Male to Male Sexual Contact (MSM)</b> – modify</li> <li>Injecting <b>Injection drug use (IDU)</b> – modify</li> <li><b>Hemophilia/coagulation disorder</b> – keep</li> <li>Heterosexual contact – keep</li> <li>Receipt of blood transfusion, blood components, or tissue – keep</li> <li><b>Mother w/at risk for HIV infection Perinatal transmission</b> – modify</li> <li><b>Risk factor not reported or not identified</b> – keep</li> </ul>
15	<b>MedicalInsuranceID Health Coverage – modify</b>	Client's medical insurance. <i>Report <b>all</b> that apply.</i>	CM, OA, HI – ALL Core Services including C&T)	1-8 per client	<b>MedicalInsuranceID:</b> <ul style="list-style-type: none"> <li>Private – Employer</li> <li>Private - Individual</li> <li>Medicare</li> <li>Medicaid, CHIP or other public plan</li> <li>VA, Tricare and other military health care</li> <li>IHS</li> <li>No Insurance/ uninsured</li> <li>Other plan</li> </ul>

## Client-Level Data – Core Medical Service Visits

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
<b>Core Medical Service Visits</b>					
16-25*	ClientReportServiceVisits ServiceID Visits	The number of visits received for each core medical service during the reporting period.	All At least one core or support entry per client	1-number of visits per service per client	<p><b>Item ID:</b> Core Medical Services: ID 16: Outpatient ambulatory health services ID 17: Oral health care ID 18: Early intervention services (Parts A and B) ID 19: Home health care ID 20: Home and community-based health services ID 21: Hospice services ID 22: Mental health services ID 23: Medical nutrition therapy ID 24: Medical case Management (including treatment adherence) ID 25: Substance abuse services-outpatient</p> <p><b>Visits:</b> 1-365 (must be an integer)</p>
26-45*	ClientReportService-Delivered ServiceID DeliveredID	The service and service delivered indicator (yes) for each core medical or support service received by the client during the reporting period.	All At least one core or support entry per client	0-1 per service per client	<p>Core Medical Services: <b>Item ID:</b> ID 26: Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 27: Health Insurance Program(HIP)</p> <p>Support Services: <b>Item ID:</b> ID 28: Case management (non-medical) services ID 29: Child care services ID 30: Developmental assessment/early intervention services</p>

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
					ID 31: Emergency financial assistance ID 32: Food bank/home-delivered meals ID 33: Health education/risk reduction ID 34: Housing services ID 35: Legal services ID 36: Linguistic services ID 37: Transportation services ID 38: Outreach services ID 39: Permanency planning ID 40: Psychosocial support services ID 41: Referral for health care/supportive services ID 42: Rehabilitation services ID 43: Respite care ID 44: Substance abuse services-residential ID 45: Treatment adherence counseling  <b>DeliveredID:</b> Yes/No - # of services delivered – modify

\*Element ID#s are listed consecutively according to the RSR Data Dictionary; the 2018 RSR Instruction Manual is pending update.

## Client-Level Data – Clinical Information

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
<b>Clinical Information</b>					
46	RiskScreeningProvided ID	Value indicating whether the client received risk reduction screening/counseling during this reporting period.	OA	1 per client	<b>RiskScreeningProvidedID:</b> No Yes
47	FirstAmbulatoryCareDate	Date of client's first HIV ambulatory health services date at this provider agency.  This value must be on or before the last date of the reporting period.	OA	0-1 per client	<b>FirstAmbulatoryServicesVisitDate:</b> mm,dd,yyyy
48	ClientReportAmbulatory Service ServiceDate	All the dates of the client's outpatient ambulatory health services visits in this provider's HIV care setting with a clinical care provider during this reporting period.  The service dates must be within the reporting period.	OA	0-number of days in reporting period per client	<b>ServiceDate:</b> mm,dd,yyyy Must be within the reporting period start and end dates.
49	ClientReportCd4Test Count ServiceDate	Values indicating all CD4 counts and their dates for this client during this report period.  The service dates must	OA	0-number of days in reporting period per client	<b>Count:</b> Integer  <b>ServiceDate:</b> mm,dd,yyyy Must be within the reporting period start



Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
<b>Clinical Information</b>					
		be within the reporting period.			and end dates.
50	ClientReportViralLoadTest Count ServiceDate	All Viral Load counts and their dates for this client during this report period	OA	1-number of days in reporting period	<b>Count:</b> Integer Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0.  <b>ServiceDate:</b> mm,dd,yyyy Must be within the reporting period start and end dates.
51-	PrescribedPcpProphylaxisID-	Value indicating whether the client was prescribed PCP Prophylaxis anytime during this reporting period.	OA-	1 per client-	<b>PrescribedPcpProphylaxisID:-</b> <ul style="list-style-type: none"> <li>• <del>No</del></li> <li>• <del>Yes</del></li> <li>• <del>Not medically indicated</del></li> <li>• <del>No, client refused</del></li> </ul>
52	PrescribedHaartID	Value indicating whether the client prescribed HAART at any time during this reporting period.	OA	1 per client	<b>PrescribedHaartID:</b> <ul style="list-style-type: none"> <li>• Yes – keep</li> <li>• No, not ready (as determined by clinician) – delete</li> <li>• No, client refused – delete</li> <li>• No, intolerance, side-effect, toxicity – delete</li> <li>• No, HAART payment assistance unavailable – delete</li> <li>• No, other reason – delete</li> <li>• No – add</li> </ul>
54-	ScreenedTBSinceHivDiagnosisID-	Value indicating whether the client has been screened for TB since his/her HIV diagnosis.	OA-	0-1 per client-	<b>ScreenedTBSinceHivDiagnosisID:-</b> <ul style="list-style-type: none"> <li>• <del>No</del></li> <li>• <del>Yes</del></li> <li>• <del>Not medically indicated</del></li> <li>• <del>Unknown</del></li> </ul>
55-	ScreenedSyphilisID-	<b>Value indicating</b>	OA	0-1 per client-	<b>ScreenedSyphilisID:-</b>

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
<b>Clinical Information</b>					
		<del>whether the client was screened for syphilis during this reporting period (exclude all clients under the age of 18 who are not sexually active)</del>	<del>if client is 18 years of age, or older</del>		<ul style="list-style-type: none"> <li><del>• No</del></li> <li><del>• Yes</del></li> <li><del>• Not medically indicated</del></li> </ul>
57-	<del>ScreenedHepatitisBSinceHivDiagnosisID-</del>	<del>Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis.</del>	<del>OA</del>	<del>0-1 per client</del>	<b>ScreenedHepatitisBSinceHivDiagnosisID:-</b> <ul style="list-style-type: none"> <li><del>• No</del></li> <li><del>• Yes</del></li> <li><del>• Not medically indicated</del></li> <li><del>• Unknown</del></li> </ul>
58-	<del>VaccinatedHepatitisBID</del>	<del>Value indicating whether the client has completed the vaccine series for Hepatitis B.</del>	<del>OA</del>	<del>1 per client</del>	<b>VaccinatedHepatitisBID:-</b> <ul style="list-style-type: none"> <li><del>• No</del></li> <li><del>• Yes</del></li> <li><del>• Not medically indicated</del></li> </ul>
60-	<del>ScreenedHepatitisCSinceHivDiagnosisID-</del>	<del>Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis.</del>	<del>OA</del>	<del>0-1 per client</del>	<b>ScreenedHepatitisCSinceHivDiagnosisID:-</b> <ul style="list-style-type: none"> <li><del>• No</del></li> <li><del>• Yes</del></li> <li><del>• Not medically indicated</del></li> <li><del>• Unknown</del></li> </ul>
61-	<del>ScreenedSubstanceAbuseID-</del>	<del>Value indicating whether the client was screened for substance use (alcohol and drugs) during this reporting period.</del>	<del>OA</del>	<del>1 per client</del>	<b>ScreenedSubstanceAbuseID:-</b> <ul style="list-style-type: none"> <li><del>• No</del></li> <li><del>• Yes</del></li> <li><del>• Not medically indicated</del></li> </ul>
62-	<del>ScreenedMentalHealthID-</del>	<del>Value indicating whether the client was screened for mental health during this reporting period.</del>	<del>OA</del>	<del>1 per client</del>	<b>ScreenedMentalHealthID:-</b> <ul style="list-style-type: none"> <li><del>• No</del></li> <li><del>• Yes</del></li> <li><del>• Not medically indicated</del></li> </ul>
63-	<del>ReceivedCervicalPapSmearID-</del>	<del>Value indicating whether the client received a Pap smear during the reporting period. <b>This should be completed for HIV+</b></del>	<del>OA if the client is an HIV+ female</del>	<del>0-1 per client</del>	<b>ReceivedCervicalPapSmearID:-</b> <ul style="list-style-type: none"> <li><del>• No</del></li> <li><del>• Yes</del></li> <li><del>• Not medically indicated</del></li> </ul>

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
<b>Clinical Information</b>					
		<del>women only.</del>			<del>• Not applicable</del>
	HousingStatusDateID	Value indicating date when housing status is collected.  The service date must be within the reporting period.	OA	0-number of days in reporting period per client	<b>Count:</b> Integer  <b>ServiceDate:</b> mm,dd,yyyy Must be within the reporting period start and end dates.
64	PregnantID	Value indicating whether the client was pregnant during this reporting period. <b>This should be completed for HIV+ women only.</b>	OA if the client is an HIV+ female	0-1 per client	<b>PregnantID:</b> <ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Not applicable</li> </ul>

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
<b>New Variables</b>					
<b>Demographics</b>					
68	HispanicSubgroupID	If EthnicityID = Hispanic/Latino(a), Client's Hispanic Sub-group (choose all that apply)	All (included C&T)	0-4 per client	<ul style="list-style-type: none"> <li>• Mexican, Mexican American, Chicano/a</li> <li>• Puerto Rican</li> <li>• Cuban</li> <li>• Another Hispanic, Latino/a or Spanish origin</li> </ul>
69	AsianSubgroupID	If RaceID = Asian, Client's Asian subgroup. (choose all that apply)	All (included C&T)	0-7 per client	<ul style="list-style-type: none"> <li>• Asian Indian</li> <li>• Chinese</li> <li>• Filipino</li> <li>• Japanese</li> <li>• Korean</li> <li>• Vietnamese</li> <li>• Other Asian</li> </ul>
70	NHPISubgroupID	If RaceID=Native Hawaiian/Pacific Islander, Client's Native Hawaiian/Pacific Islander subgroup.(choose all that apply)	All (included C&T)	0-4 per client	<ul style="list-style-type: none"> <li>• Native Hawaiian</li> <li>• Guamanian or Chamorro</li> <li>• Samoan</li> <li>• Other Pacific Islander</li> </ul>
72	HIVDiagnosisYear	Year of client's HIV diagnosis, if known. To be completed for a new client when the response is <b>not</b> "HIV-negative" or HIV indeterminate" in 12.  This value must be on or before the last date of the reporting period.	CM, OA For a new client, if the response is <b>not</b> "HIV-negative" or HIV indeterminate" in 12.	1 per client	HIVDiagnosisYear: yyyy Must be less than or equal to the reporting period year.
71	SexAtBirth ID	The biological sex assigned to the client at birth	All (included C&T)	1 per client	1 = Male 2 = Female
<b>HIV Counseling and Testing</b>					

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
<b>New Variables</b>					
73	HIVPosTestDate	Date of client's confidential confirmatory HIV test with a positive result within the reporting period.	All C&T clients with confidential positive HIV confirmatory test during the reporting period	0-1 per client	HIV Positive Test Date: mm,dd,yyyy Must be within the reporting period.
74	OAHSlinkDate	Date of client's first OAMC medical care visit after positive HIV test.  Date must be the same day or after the date of client's confidential confirmatory HIV test with a positive result.	All C & T clients with a confidential positive HIV confirmatory test during the reporting period	0-1 per client	HIV OAMC linkage date: mm,dd,yyyy Must be within the reporting period and on the same day or later than HIV positive test date.