NHME Variables and Values
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.

Num	*Variable Name*			

A01 **Agency Name**   XSD (Schema) Name: **agencyName**

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

Definition: The official legal name of the agency or organization.

Instructions: 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.

Business rule 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**

Definition: An alpha-numeric identification used to uniquely identify an agency.

Instructions: 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.

Business rule HIV Testing: Mandatory
Partner Services: Mandatory

NHME Variables and Values

Num	Variable Name			
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 rule 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

NHME Variables and Values

Num	Variable Name	
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

Num	Variable Name	
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 Agency Name**   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.

NHME Variables and Values

Num	Variable Name			
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 rule   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	Los Angeles Gay and Lesbian Center (Metro Homeless Youth Services of LA)	CDC directly funded community-based organization, Los Angeles, CA
CA010	Realistic Education in Action Coalition to Foster Health (REACH LA)	CDC directly funded community-based organization, Los Angeles, CA
CA011	Special Service for Groups/Asian Pacific AIDS Intervention Team	CDC directly funded community-based organization, Los Angeles, CA
CA012	AIDS Project of the East Bay	CDC directly funded community-based organization, Oakland, CA

Num	Variable Name	
CA013	CA Prostitutes Education Project	CDC directly funded community-based organization, Oakland, CA
CA014	HIV Prevention Project of Alameda County	CDC directly funded community-based organization, Oakland, CA
CA015	La Clinica De la Raza, Inc.	CDC directly funded community-based organization, Oakland, CA
CA016	Center for AIDS Research Education & Services	CDC directly funded community-based organization, Sacramento, CA
CA017	Family Health Centers of San Diego	CDC directly funded community-based organization, San Diego, CA
CA018	Asian and Pacific Islander Wellness Center	CDC directly funded community-based organization, San Francisco, CA
CA019	Larkin St. Youth Services	CDC directly funded community-based organization, San Francisco, CA
CA020	Stop AIDS Project	CDC directly funded community-based organization, San Francisco, CA
CA021	Centerforce	CDC directly funded community-based organization, San Rafael, CA
CA022	Tarzana Treatment Centers, Inc.	CDC directly funded community-based organization, Tarzana, CA
CA023	AIDS Services Foundation Orange County	CDC directly funded community-based organization, Irvine, CA
CA024	Centro de Salud de San Ysidro dba San Ysidro Health Center	CDC directly funded community-based organization, San Diego, CA
CA025	Black AIDS Institute/African-American AIDS Policy & Training Institute	CDC directly funded community-based organization, Los Angeles, CA
CA026	San Francisco AIDS Foundation	CDC directly funded community-based organization, San Francisco, CA
CO001	Empowerment Program	CDC directly funded community-based organization, Denver, CO
CT001	Latinos Conta Cida (Latino Community Services, Inc.)	CDC directly funded community-based organization, Hartford, CT
DC001	Children's National Medical Center	CDC directly funded community-based organization, Washington, DC
DC002	Deaf-REACH	CDC directly funded community-based organization, Washington, DC
DC003	Sasha Bruce Youthwork, Inc.	CDC directly funded community-based organization, Washington, DC
DC004	The Women's Collective	CDC directly funded community-based organization, Washington, DC
DC005	Us Helping Us, People Into Living, Inc.	CDC directly funded community-based organization, Washington, DC
DC006	Washington Area Consortium on HIV Infection in Youth (dba Metro Teen AIDS)	CDC directly funded community-based organization, Washington, DC
DC007	La Clinica Del Pueblo, Inc.	CDC directly funded community-based organization, Washington, DC
DC008	Family and Medical Counseling Service, Inc.	CDC directly funded community-based organization, Washington, DC
FL001	Broward House	CDC directly funded community-based organization, Fort Lauderdale, FL
FL002	River Region Human Services	CDC directly funded community-based organization, Jacksonville, FL
FL003	Jacksonville Area Sexual Minority Youth Network (JASMYN)	CDC directly funded community-based organization, Jacksonville, FL
FL004	EmpowerU	CDC directly funded community-based organization, Miami, FL
FL005	Community AIDS Resource (dba Care Resource)	CDC directly funded community-based organization, Miami, FL

Num	Variable Name	
FL006	Miracle of Love	CDC directly funded community-based organization, Orlando, FL
FL007	Comprehensive AIDS Program of Palm Beach County, Inc.	CDC directly funded community-based organization, Palm Springs, FL
FL008	Gay Lesbian Community Center of Greater Fort Lauderdale	CDC directly funded community-based organization, Wilton Manors, FL
FL009	Latinos Salud	CDC directly funded community-based organization, Wilton Manors, FL
FL010	Hope and Help Center of Central FL, Inc.	CDC directly funded community-based organization, Winter Park, FL
FL011	Metropolitan Charities, Inc.	CDC directly funded community-based organization, St. Petersburg, FL
GA001	Saint Joseph's Mercy Care Services	CDC directly funded community-based organization, Atlanta, GA
GA002	AID Atlanta, Inc.	CDC directly funded community-based organization, Atlanta, GA
GA003	Positive Impact, Inc.	CDC directly funded community-based organization, Atlanta, GA
GA004	AID Gwinnett	CDC directly funded community-based organization, Duluth, GA
GA005	Empowerment Resource Center	CDC directly funded community-based organization, Atlanta, GA
GA006	Recovery Consultants of Atlanta, Inc.	CDC directly funded community-based organization, Decatur, GA
GA007	Positive Impact Health Centers, Inc.	CDC directly funded community-based organization, Atlanta, GA
GA008	Atlanta HARM Reduction Coalition	CDC directly funded community-based organization, Atlanta, GA
GA009	Someone Cares, Inc. of Atlanta	CDC directly funded community-based organization, Marietta, GA
HI001	Life Foundation	CDC directly funded community-based organization, Honolulu, HI
IA001	AID Greater Des Moines, Inc. (AIDS Project of Central Iowa)	CDC directly funded community-based organization, Des Moines, IA
IL001	Access Community Health Network	CDC directly funded community-based organization, Chicago, IL
IL002	Center on Halsted	CDC directly funded community-based organization, Chicago, IL
IL003	Chicago House and Social Service Agency	CDC directly funded community-based organization, Chicago, IL
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

Num	Variable Name	
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	My Brother's Keeper, Inc.	CDC directly funded community-based organization, Ridgeland, MS
NC001	Carolina Cares Partnership (formerly Regional HIV/AIDS Consortium)	CDC directly funded community-based organization, Charlotte, NC
NC002	Quality Home Care Services	CDC directly funded community-based organization, Charlotte, NC
NJ001	PROCEED	CDC directly funded community-based organization, Elizabeth, NJ
NJ002	Hyacinth, Inc. (dba Hyacinth AIDS Foundation)	CDC directly funded community-based organization, New Brunswick, NJ
NJ003	Newark Beth Israel Medical Center	CDC directly funded community-based organization, Newark, NJ
NJ004	Newark Community Health Centers	CDC directly funded community-based organization, Newark, NJ
NJ005	North Jersey AIDS Alliance (dba North Jersey Community Research Initiative)	CDC directly funded community-based organization, Newark, NJ
NY001	AIDS Council of Northeastern New York	CDC directly funded community-based organization, Albany, NY
NY002	Whitney M Young Jr. Health Services	CDC directly funded community-based organization, Albany, NY
NY003	BOOM! Health (Bronx AIDS Services, Inc.)	CDC directly funded community-based organization, Bronx, NY
NY004	CitiWide Harm Reduction Program	CDC directly funded community-based organization, Bronx, NY
NY005	Montefiore Medical Center/Women's Center	CDC directly funded community-based organization, Bronx, NY

Num	Variable Name	
NY006	Brookdale University Hospital and Medical Center	CDC directly funded community-based organization, Brooklyn, NY
NY007	Brooklyn AIDS Task Force	CDC directly funded community-based organization, Brooklyn, NY
NY008	Lutheran Family Health Center Network of Luther Medical Center	CDC directly funded community-based organization, Brooklyn, NY
NY009	Wyckoff Heights Medical Center	CDC directly funded community-based organization, Brooklyn, NY
NY010	AIDS Community Services of Western New York	CDC directly funded community-based organization, Buffalo, NY
NY011	Long Island Association for AIDS Care, Inc.	CDC directly funded community-based organization, Hauppauge, NY
NY012	AIDS Service Center of Lower Manhattan, Inc.	CDC directly funded community-based organization, New York, NY
NY013	Asian and Pacific Islander Coalition on HIV/AIDS, Inc. (APICHA)	CDC directly funded community-based organization, New York, NY
NY014	Community Health Project	CDC directly funded community-based organization, New York, NY
NY015	Exponents	CDC directly funded community-based organization, New York, NY
NY016	Foundation for Research on Sexually Transmitted Diseases (FROSTD)	CDC directly funded community-based organization, New York, NY
NY017	Gay Men's Health Crisis	CDC directly funded community-based organization, New York, NY
NY018	Harlem United Community AIDS Center	CDC directly funded community-based organization, New York, NY
NY019	Hispanic AIDS Forum	CDC directly funded community-based organization, New York, NY
NY020	Iris House A Center for Women Living with HIV	CDC directly funded community-based organization, New York, NY
NY021	Latino Commission on AIDS	CDC directly funded community-based organization, New York, NY
NY022	Planned Parenthood of New York City, Inc.	CDC directly funded community-based organization, New York, NY
NY023	Safe Horizon	CDC directly funded community-based organization, New York, NY
NY024	The Door - A Center for Alternatives, Inc.	CDC directly funded community-based organization, New York, NY
NY025	The Hetrick-Martin Institute	CDC directly funded community-based organization, New York, NY
NY026	The Partnership for the Homeless	CDC directly funded community-based organization, New York, NY
NY027	Community Health Action of Staten Island	CDC directly funded community-based organization, Staten Island, NY
NY028	The Sharing Community	CDC directly funded community-based organization, Yonkers, NY
NY029	AIDS Center of Queens County, Inc.	CDC directly funded community-based organization, Jamaica, NY
NY030	Harlem Hospital Center/NYC Health & Hospitals Corporation	CDC directly funded community-based organization, New York, NY
NY031	North Shore University	CDC directly funded community-based organization, Manhasset, NY
NY032	William F. Ryan Community Health Center	CDC directly funded community-based organization, New York, NY
NY033	Women's Prison Association & Home	CDC directly funded community-based organization, New York, NY
OH001	AIDS Resource Center Ohio	CDC directly funded community-based organization, Columbus, OH
OH002	Recovery Resources	CDC directly funded community-based organization, Cleveland, OH
OK001	Guiding Right, Inc.	CDC directly funded community-based organization, Midwest City, OK
OR001	Cascade AIDS Project	CDC directly funded community-based organization, Portland, OR

NHME Variables and Values

Num	Variable Name	
PA001	AIDS Care Group	CDC directly funded community-based organization, Chester, PA
PA002	Family Planning Council	CDC directly funded community-based organization, Philadelphia, PA
PA003	Mazzoni Center	CDC directly funded community-based organization, Philadelphia, PA
PA004	Philadelphia Fight	CDC directly funded community-based organization, Philadelphia, PA
PA005	Public Health Management Corp (dba Philadelphia Health Management)	CDC directly funded community-based organization, Philadelphia, PA
PA006	The Philadelphia AIDS Consortium	CDC directly funded community-based organization, Philadelphia, PA
PR001	Corporacion de Salud Y Medicina Avanzada (COSSMA)	CDC directly funded community-based organization, Cidra, PR
PR002	Estancia Corazon (Program Fondita)	CDC directly funded community-based organization, Mayaguez, PR
PR003	Migrant Health Center, Western Region, Inc.	CDC directly funded community-based organization, Mayaguez, PR
PR004	ASPIRA of Puerto Rico	CDC directly funded community-based organization, San Juan, PR
PR005	COAI, Inc.	CDC directly funded community-based organization, San Juan, PR
PR006	Puerto Rico Community Network for Clinical Research on AIDS (PR CONCRA)	CDC directly funded community-based organization, San Juan, PR
SC001	Palmetto AIDS Life Support Services of SC, Inc.	CDC directly funded community-based organization, Columbia, SC
SC002	South Carolina HIV/AIDS Council	CDC directly funded community-based organization, Columbia, SC
TN001	Women on Maintaining Education and Nutrition	CDC directly funded community-based organization, Nashville, TN
TN002	Le Bonheur Community Health and Well-Being	CDC directly funded community-based organization, Memphis, TN
TN003	Nashville CARES	CDC directly funded community-based organization, Nashville, TN
TX001	AIDS Services of Austin, Inc.	CDC directly funded community-based organization, Austin, TX
TX002	The Wright House Wellness Center	CDC directly funded community-based organization, Austin, TX
TX003	Coastal Bend AIDS Foundation	CDC directly funded community-based organization, Corpus Christi, TX
TX004	Abounding Prosperity, Inc.	CDC directly funded community-based organization, Dallas, TX
TX005	AIDS Arms, Inc.	CDC directly funded community-based organization, Dallas, TX
TX006	Parkland Health and Hospital System	CDC directly funded community-based organization, Dallas, TX
TX007	Urban League of Greater Dallas, Inc.	CDC directly funded community-based organization, Dallas, TX
TX008	AIDS Foundation Houston, Inc.	CDC directly funded community-based organization, Houston, TX
TX009	Change Happens (formerly Families Under Urban and Social Attack, Inc.)	CDC directly funded community-based organization, Houston, TX
TX010	Houston Area Community Services, Inc. (HACS)	CDC directly funded community-based organization, Houston, TX
TX011	Legacy Community Health Services, Inc.	CDC directly funded community-based organization, Houston, TX
TX012	St. Hope Foundation	CDC directly funded community-based organization, Houston, TX
TX013	South Texas Council on Alcohol and Drug Abuse	CDC directly funded community-based organization, Laredo, TX
TX014	Beat AIDS Coalition Trust	CDC directly funded community-based organization, San Antonio, TX

Num	Variable Name	
VA001	*ACCESS AIDS Care*	*CDC directly funded community-based organization, Norfolk, VA*
VI001	*Virgin Islands Community AIDS Resource & Education (VICARE)*	*CDC directly funded community-based organization, Christiansted, VI*
VI002	*Helping Others in a Positive Environment, Inc. (HOPE)*	*CDC directly funded community-based organization, St. Thomas, VI*
VI003	*Frederiksted Health Care, Inc.*	*CDC directly funded community-based organization, St. Croix, VI*
WA001	*Neighborhood House*	*CDC directly funded community-based organization, Seattle, WA*
WA002	*People of Color Against AIDS Network*	*CDC directly funded community-based organization, Seattle, WA*
WI001	*Diverse and Resilient, Inc.*	*CDC directly funded community-based organization, Milwaukee, WI*

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.

Num	Variable Name	
S01	**Site ID**	**XSD (Schema) Name: siteId**

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

Definition:	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).
Instructions:	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).
Business rule	HIV Testing: Mandatory Partner Services: Mandatory

Num	Variable Name		
S03	**Service Delivery Site Name**	**XSD (Schema) Name:**	**site/name**

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

Definition: The official name of the agency's HIV prevention site of service delivery.

Instructions: 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.

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

NHME Variables and Values

Num	Variable Name		
S04	**Site Type**	**XSD (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 rule 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.

Num	Variable Name	
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 rule	HIV Testing: Required Partner Services: Allowed, but not reported to CDC

NHME Variables and Values

Num	Variable Name		
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 abbrevision.

Business rule 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

Num	Variable Name	
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

Num	Variable Name	
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 rule   HIV Testing: Required
Partner Services: Allowed, but not reported to CDC

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

NHME Variables and Values

Num   *Variable Name*

Client Level

Table: CDC	CDC Use Variables

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

Num   *Variable Name*

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**

Definition: TBD

Instructions: TBD

Business rule   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**

Definition: This field will be dedicated for Partner Services use. Use is TBD.

Instructions: Dedicated for Partner Services

Business rule

NHME Variables and Values

Num	Variable Name		
CDC10	**CDC Variable 10**	XSD (Schema) Name:	**CDCVariable10**

Value Option: **TBD**	Format Type: **Alpha-Numeric**	Min Length: **1**	Max Length: **100**

Definition: This field will be dedicated for Partner Services use. Use is TBD.

Instructions: Dedicated for Partner Services

Business rule

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).

Num	Variable Name		
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 rule   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 rule   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.

Num	Variable Name		
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 rule	HIV Testing: Required Partner Services: Required Value must be ≥ 1900 or = 1800 if birth year is unknown.

Num	Variable Name		
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 rule	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.*

Num	Variable Name		
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 rule   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.*

NHME Variables and Values

Num	Variable Name		
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 codes.

Business rule 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

NHME Variables and Values

Num	Variable Name	
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

Num	Variable Name	
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 rule   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.

Num	Variable Name		
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 rule	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.*

G124a	**Specify Current Gender Identity**	XSD (Schema) Name:	**otherCurrentGender**

Value Option: N/A   **Format Type: Alpha-Numeric**   **Min Length: 1**   **Max Length: 50**

Definition:	The additional specification of Current Gender Identity if G124 = 89 "Additional (specify)".
Instructions:	Specify the current gender identity if G124 = 89 "Additional (specify)".
Business rule	HIV Testing: Required, see detailed business rule Partner Services: Required, see detailed business rule Detailed business rule: Required if current gender is 'Additional specify' (currentGenderValueCode = 89). Not expected if current gender isn't 'Additional specify' (currentGenderValueCode not 89).

Num	Variable Name		
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 rule	HIV Testing: Required Partner Services: Allowed, but not reported to CDC

Num	Variable Name		
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 rule	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).

Num	Variable Name		
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 rule	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.

NHME Variables and Values

Num	Variable Name		
G200_1	**Client Behavioral Risk Profile**	XSD (Schema) Name:	**noClientRiskFactors**

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

Definition: An indication of whether the client was asked about behavioral risk factors and why behavioral risk data may not be available. A risk may have been identified during the 12 month recall period; a risk may not have been identified during the 12 month recall period; the provider may not have asked the client about his or her risks; or, the client was asked but declined to provide behavioral risk information.

This variable is a revision of variable G221 (XSD schema name: noClientRiskFactors). The value codes have changed to match those on the 2012 HIV test template. Variable G221 is no longer used, yet the schema name has remained the same.

Instructions: Indicate outcome of attempt to complete a behavioral risk profile.

Business rule   HIV Testing: Required
Partner Services: Required

Code	Value Description	Value Definition
1	*Client completed a behavioral risk profile*	*The client completed a behavioral risk profile and risks were identified.*
5	*Client was asked but no behavioral risks were identified*	*The client reports that none of the listed risk factors may have placed the client at potential risk for HIV exposure and/or transmission.*
66	*Client was not asked about behavioral risk factors*	*The provider did not ask the client about his or her risk factors.*
77	*Client declined to discuss behavioral risk factors*	*The client declined or was unwilling to discuss his or her risk factors.*
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 rule   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.*

NHME Variables and Values

Num	Variable Name		
G205	**Self-Reported HIV Test Result**	XSD (Schema) Name:	**hivStatusValueCode**

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

Definition: The client's self-reported result from his/her most recent HIV test.

Instructions: If the client reports having had a previous HIV test (i.e. G204: Previous HIV Test = "Yes"), then indicate the client's self-reported HIV test result. When asking about the "Self-Reported Test Result" it is very important to ask about the test result from the most recent HIV test because that will reflect the client's current HIV serostatus. Ensure that the client understands that he or she is being asked to report his or her test results and not what he or she believes their status to be.

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

Detailed business rule:
Required if previous HIV test was done (previousHivTestValueCode = 1).
Not expected if previous HIV test wasn't done (previousHivTestValueCode=0) or client doesn't know (=99), wasn't asked (=66) or declined to answer (=77).

Code	Value Description	Value Definition
1	*Positive*	*The client reports that his or her HIV serostatus is positive based on a confirmatory test result.*
2	*Negative*	*The client reports that his or her HIV serostatus is negative based on a negative test result.*
3	*Preliminary positive*	*The client reports that he or she received a "Preliminary positive" test result (i.e., the client had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test).*
4	*Indeterminate*	*The client reports that he or she received an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he or she is HIV-positive or HIV-negative).*
66	*Not asked*	*The provider did not ask the client about his or her HIV serostatus.*
77	*Declined to answer*	*The client declines or is unwilling to report his or her HIV serostatus.*
99	*Don't know*	*The client reports that he or she is unaware of his or her HIV sersostatus.*

NHME Variables and Values

Num	Variable Name		
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 rule 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.

Num	Variable Name		
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 rule	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.*

Num	Variable Name			
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 rule 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.

NHME Variables and Values

Num	Variable Name		
G211_01	**Injection Drug Use**	**XSD (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 rule   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.*

Num	Variable Name		
G211_08	**Share Drug Injection Equipment**	**XSD (Schema) Name:**	**shareDrugInjectionEquipment**

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

Definition: The client self-reported whether or not he/she shared hypodermic needles, syringes, or other injection equipment within the last 12-months. This variable should only be completed if client has reported injection drug use (i.e., G211_01 Injection Drug Use = "Yes").

Instructions: Indicate if the client reported sharing hypodermic needles, syringes, or other injection drug equipment within the last 12 months.

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

Detailed business rule:
Required if behavioral risks were reported (noClientRiskFactors=1) and client reported injection drug use (injectionDrugUse=1)
Not expected if a client reported no injection drug use (injectionDrugUse=blank, 0, 99)
Not expected if client reported no behavioral risk factors (noClientRiskFactors=5), wasn't asked (noClientRiskFactors=66), declined to discuss behavioral risk factors (noClientRiskFactors=77), or status of behavioral risk profile is missing (noClientRiskFactors=blank).

Code	Value Description	Value Definition
0	*No*	*Client indicates injection drug equipment wasn't shared in the past 12 months.*
1	*Yes*	*Client indicates injection drug equipment was shared 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 if injection drug equipment was shared in the last 12 months. Do not select 'don't know' if the client was not asked.*

NHME Variables and Values

Num	Variable Name		
G212	**Additional Client Risk Factors**	XSD (Schema) Name:	**additionalClientRiskFactors**

Value Option: Choose all that apply   **Format Type: Number**   **Min Length: 1**   **Max Length: 2**

Definition: If the client's risk factors in the past 12 months involve anal or vaginal sexual activity, these are additional factors that further describe the client's sexual risk for HIV exposure and/or transmission.

Instructions: Complete this variable if the client reported anal or vaginal sex with male, female, or transgender individual(s) in the variables G216a, G216b or G216c: Vaginal or Anal Sex in the past 12 months. Note, these values are not stratified by gender of the client's partner. Multiple addional risks can be reported.

Business rule   HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and vaginal or anal sex with a male (withMale=1), with a female (withFemale=1) or with a transgender person (withTransgender=1) was reported, however can be missing if client did not report any additional risk factors.
Not expected if a client reported no behavioral risk factors (noClientRiskFactors=5), client wasn't asked about risk factors (noClientRiskFactors=66), client declined to discuss risk factors (noClientRiskFactors=77).

Code	Value Description	Value Definition
1	Exchange sex for drugs/money/or something they needed	The client participated in sex events in exchange for drugs or money or something they needed.
12	Diagnosed with a sexually transmitted disease (STD)	The client has been diagnosed with a sexual transmitted disease in the past 12 months (e.g. syphilis, gonorrhea, or Chlamydia).
13	Sex with multiple partners	The client indicates that he/she has had sex with more than one partner during the past 12 months.
14	Oral Sex (optional)	The client has had oral sex during the past 12 months.
15	Unprotected vaginal/anal sex with a person who is an IDU	The client has had unprotected (without a condom) vaginal/anal sex with a person who is an IDU during the past 12 months.
16	Unprotected vaginal/anal sex with a person who is HIV positive	The client has had unprotected (without a condom) vaginal/anal sex with a person who is HIV positive during the past 12 months.
17	Unprotected vaginal/anal sex in exchange for drugs/money/or something they needed	The client participated in unprotected (without a condom) vaginal/anal sex events in exchange for drugs or money or something they needed.
18	Unprotected vaginal/anal sex with person who exchanges sex for drugs/money	The client has had unprotected (without a condom) vaginal/anal sex with a person who he or she knows exchanges sex for drugs/money.
19	Unprotected sex with multiple partners	The client indicates that he/she has had unprotected (without a condom) vaginal/anal sex with more than one partner during the past 12 months.
2	While intoxicated and/or high on drugs	The client used alcohol and/or illicit drugs before and/or during sex.
5	With person of unknown HIV status	The client has had sex with a person whose HIV status is unknown to either the client or to the partner.

Num	Variable Name	
6	*With person who exchanges sex for drugs/money*	*The client has had a sex with a person who he or she knows exchanges sex for drugs/money.*
8	*With anonymous partner*	*The client has had sex with a person whose identity was unknown to the client. A person's identity is a set of behavioral or personal characteristics by which that person is known. This can include information about a person's name, address, and habits that allow the client to identify the person.*

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 rule 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.*

Num	Variable Name		
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 rule   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 rule   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.*

Num	Variable Name		
G217a	**Vaginal or Anal Sex without a Condom with a Male**	**XSD (Schema) Name:**	withMaleWithoutCondom

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 male in the past 12 months.
Instructions:	Indicate if the client reported unprotected (without a condom) vaginal or anal sex in the past 12 months with a male.
Business rule	HIV Testing: Required, see detailed business rule
	Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with male was reported (withMale=1).
Not expected if sex with male was not reported (withMale = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	*No*	*Client indicates that he or she did not have vaginal or anal sex with a male without a condom in the past 12 months.*
1	*Yes*	*Client indicates that he or she had vaginal or anal sex with a male without a condom 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 if he or she had vaginal or anal sex with a male without a condom in the past 12 months. Do not select 'don't know' if the client was not asked.*

Num	Variable Name		
G217b	Vaginal or Anal Sex without a Condom with a Female	XSD (Schema) Name:	withFemaleWithoutCondom

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 female in the past 12 months.

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

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with female was reported (withFemale=1).
Not expected if sex with female was not reported (withFemale = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	No	*Client indicates that he or she did not have vaginal or anal sex with a female without a condom in the past 12 months*
1	Yes	*Client indicates that he or she had vaginal or anal sex with a female without a condom 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 if he or she had vaginal or anal sex with a female without a condom in the past 12 months. Do not select 'don't know' if the client was not asked.*

Num	Variable Name		
G217c	**Vaginal or Anal Sex without a Condom with a Transgender Person**	**XSD (Schema) Name:**	**withTrangenderWithoutCondom**

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 transgender person in the past 12 months.

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

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person was reported (withTransgender=1).
Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	*No*	*Client indicates that he or she did not have vaginal or anal sex with a transgender person without a condom in the past 12 months*
1	*Yes*	*Client indicates that he or she had vaginal or anal sex with a transgender person without a condom 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 if he or she had vaginal or anal sex with a transgender person without a condom in the past 12 months. Do not select 'don't know' if the client was not asked.*

NHME Variables and Values

Num	Variable Name		
G218a	**Vaginal or Anal Sex with a Male IDU**	XSD (Schema) Name:	**withMaleIDU**

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 an identified IDU male partner in the past 12 months.
Instructions:	Indicate if the client reported vaginal or anal sex with an identified or known male IDU partner in the past 12 months.
Business rule	HIV Testing: Required, see detailed business rule Partner Services: Allowed, but not reported to CDC Detailed business rule: Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with male was reported (withMale=1). Not expected if sex with male was not reported (withMale = blank, 0 or 99). Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77). Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	*No*	*Client indicates that he or she did not have vaginal or anal sex with a male IDU in the past 12 months*
1	*Yes*	*Client indicates that he or she had vaginal or anal sex with a male IDU 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 if he or she had vaginal or anal sex with a male IDU in the past 12 months. Do not select 'don't know' if the client was not asked.*

NHME Variables and Values

Num	Variable Name		
G218b	**Vaginal or Anal Sex with a Female IDU**	**XSD (Schema) Name:**	**withFemaleIDU**

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 an identified IDU female partner in the past 12 months.

Instructions: Indicate if the client reported vaginal or anal sex with an identified or known female IDU partner in the past 12 months.

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with female was reported (withFemale=1).
Not expected if sex with female was not reported (withFemale = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	*No*	*Client indicates that he or she did not have vaginal or anal sex with a female IDU in the past 12 months*
1	*Yes*	*Client indicates that he or she had vaginal or anal sex with a female IDU 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 if he or she had vaginal or anal sex with a female IDU in the past 12 months. Do not select 'don't know' if the client was not asked.*

NHME Variables and Values

Num	Variable Name		
G218c	**Vaginal or Anal Sex with a Transgender IDU**	XSD (Schema) Name:	withTransgenderIDU

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 an identified transgender IDU partner in the past 12 months.

Instructions: Indicate if the client reported vaginal or anal sex with an identified transgender IDU partner in the past 12 months.

Business rule   HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person was reported (withTransgender=1).
Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	No	*Client indicates that he or she did not have vaginal or anal sex with a transgender IDU in the past 12 months*
1	Yes	*Client indicates that he or she had vaginal or anal sex with a transgender IDU 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 if he or she had vaginal or anal sex with a transgender IDU in the past 12 months. Do not select 'don't know' if the client was not asked.*

Num	Variable Name		
G219a	**Vaginal or Anal Sex with HIV-Positive Male**	XSD (Schema) Name:	**withMaleHIVPositive**

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 an HIV-positive male partner in the past 12 months.

Instructions: Indicate if the client reported having vaginal or anal sex with a known or identified HIV-positive male in the past 12 months.

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with male was reported (withMale=1).
Not expected if sex with male was not reported (withMale = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	No	*Client indicates that he or she did not have vaginal or anal sex with a HIV positive male in the past 12 months*
1	Yes	*Client indicates that he or she had vaginal or anal sex with a HIV positive male 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 if he or she had vaginal or anal sex with a HIV positive male in the past 12 months. Do not select 'don't know' if the client was not asked.*

NHME Variables and Values

Num	Variable Name		
G219b	**Vaginal or Anal Sex with HIV-Positive Female**	XSD (Schema) Name:	**withFemaleHIVPositive**

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 an HIV-positive female partner in the past 12 months.

Instructions: Indicate if the client reported having vaginal or anal sex with a known or identified HIV-positive female in the past 12 months.

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with female was reported (withFemale=1).
Not expected if sex with female was not reported (withFemale = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	No	*Client indicates that he or she did not have vaginal or anal sex with a HIV positive female in the past 12 months*
1	Yes	*Client indicates that he or she had vaginal or anal sex with a HIV positive female 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 if he or she had vaginal or anal sex with a HIV positive female in the past 12 months. Do not select 'don't know' if the client was not asked.*

Num	Variable Name		
G219c	**Vaginal or Anal Sex with HIV-Positive Transgender Person**	XSD (Schema) Name:	withTransgenderHIVPositive

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 an HIV-positive transgender partner in the past 12 months.

Instructions: Indicate if the client reported having vaginal or anal sex with a known or identified HIV-positive transgender partner in the past 12 months.

Business rule HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person was reported (withTransgender=1).
Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).
Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).
Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank).

Code	Value Description	Value Definition
0	No	*Client indicates that he or she did not have vaginal or anal sex with a HIV positive transgender person in the past 12 months*
1	Yes	*Client indicates that he or she had vaginal or anal sex with a HIV positive transgender person 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 if he or she had vaginal or anal sex with a HIV positive transgender person in the past 12 months. Do not select 'don't know' if the client was not asked.*

NHME Variables and Values

Num	Variable Name		
G220	**Vaginal or Anal Sex with MSM (female only)**	**XSD (Schema) Name:**	**vaginalOrAnalSexWithMSM**

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 identified MSM partner in the past 12 months.

Instructions: Indicate if the client reported vaginal or anal sex with a MSM in the past 12 months. The question should only be asked of and reported for female (current gender) clients.

Business rule   HIV Testing: Required, see detailed business rule
Partner Services: Allowed, but not reported to CDC

Detailed business rule:
Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and current gender is female or transgender M2F (currentGenderValueCode = 2 or 3).

Code	Value Description	Value Definition
0	No	*Client indicates that they have not had vaginal or anal sex with a MSM in the past 12 months.*
1	Yes	*Client indicates that they have had vaginal or anal sex with a MSM 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 if he or she had vaginal or anal sex with a MSM in the past 12 months. Do not select 'don't know' if the client was not asked.*

NHME Variables and Values

Num	Variable Name
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 rule 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.

NHME Variables and Values

Num	Variable Name		
G223	**Vaginal or Anal Sex with an IDU (PS only)**	**XSD (Schema) Name:**	**vaginalOrAnalSexWithIDUPS**

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 an identified IDU partner in the past 12 months.

Instructions: Indicate if the client reported vaginal or anal sex in the past 12 months with a partner(s) who is an identified IDU

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

Detailed business rule:
Required when a client behavioral risk profile was collected (noClientRiskFactors=1) and vaginal or anal sex with a male (withMale=1), with a female (withFemale=1) or with a transgender person (withTransgender=1) was reported, however can be missing if client did not respond to this specific risk question.

Code	Value Description	Value Definition
0	*No*	*Client has not had vaginal or anal sex with an identified IDU in the past 12 months.*
1	*Yes*	*Client has had vaginal or anal sex with an identified IDU 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 if he or she had vaginal or anal sex without an identified IDU in the past 12 months. Do not select 'don't know' if the client wasn't asked.*

Num   *Variable Name*

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.

Num   *Variable Name*

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 rule   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 rule   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 h ad sex with a female in the past 5 years.*

Num	Variable Name		
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 rule 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.*

G403	**Sex with a transgender person**	XSD (Schema) Name:	

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

Definition: The client/patient self-reported having sex with a transgender person iin the past 5 years.

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

Business rule 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 transgender person in the past 5 years.*
1	Yes	*The client/patient indicates he or she had sex with a transgender person in the past 5 years*

NHME Variables and Values

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.

Num	Variable Name

H04a **Form ID** XSD (Schema) Name: **formId**

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

Definition: A unique alpha-numeric code or identification number used to identify and connect data collected on a standardized form for a given intervention.

Instructions: 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.

Business rule 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**

Definition: 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.

Instructions: Enter the assigned state number associated with this diagnosed HIV infection.

Business rule 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 rule 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)

Num	Variable Name		
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 rule   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 rule   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)*

Num	Variable Name		
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 rule   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.

Num	Variable Name		
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 rule   HIV Testing: Required
Partner Services: Mandatory

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

Num	Variable Name		
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 rule   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 Date**	XSD (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 rule   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.

Num	Variable Name		
PCR104a	**Care Status at Case Close Date**	XSD (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 rule	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.*

Num	Variable Name		
PCR108	**Date of Report**	XSD (Schema) Name:	**dateOfReport**

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

Definition:	The date on which an index client was newly reported to surveillance as being infected with HIV. Persons reported to surveillance have not previously been reported to the same health department surveillance unit.
Instructions:	Enter the date on which an index client was newly reported to surveillance as being infected with HIV. This would be the date linked to the HARS or eHARS ID.
Business rule	HIV Testing: Not applicable Partner Services: Required, see detailed business rule Detailed business rule: The Date of Report must be less than the date of file submission to CDC.

Num	Variable Name		
PCR109	**Reported to Surveillance**	**XSD (Schema) Name:**	**reportedToSurveillance**

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

Definition:	An indication of whether or not the index client's HIV case was reported to surveillance.
Instructions:	Indicate whether or not the index client's HIV case was reported to surveillance.
Business rule	HIV Testing: Not applicable
	Partner Services: Required

Code	Value Description	Value Definition
0	No	*The index client's HIV case was not reported to the health department's surveillance department.*
1	Yes	*The index client's HIV case was reported to the health department's surveillance department.*
99	Don't know	*It is not known whether or not the index client's HIV case has been reported to surveillance.*

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.

Num	Variable Name		
PCR200	**Date Collected**	**XSD (Schema) Name:**	**partnerDateCollected**

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

Definition:	The date on which information about the partner is initially collected. Information includes partner type, demographic and risk behaviors of the partner.
Instructions:	Indicate the initial date (mm/dd/yyyy) that information was provided about the partner.
Business rule	HIV Testing: Not applicable
	Partner Services: Required, see detailed business rule
	Detailed business rule:
	The Date Collected (partnerDateCollected) must be less than the date of file submission to CDC.

NHME Variables and Values

Num	Variable Name			
PCR202a	**Local PS ID**		XSD (Schema) Name:	**localPartnerServiceId**

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

Definition:	An alpha-numeric identification that is unique to each partner. Each local PS ID is associated with a specific PS case number (PCR101).
Instructions:	If you have a local identification system for PS partners, enter the local ID here. For example, a partner ID from STD*MIS could be entered here.
Business rule	HIV Testing: Not applicable Partner Services: Mandatory (Not applicable to PS V2.1 schema) Local PS ID must be unique within an agency and can be associated with only one client.

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 rule	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.*

NHME Variables and Values

Num	Variable Name		
PCR209	**Notification Plan**	**XSD (Schema) Name:**	**notificationPlan**

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

Definition: The method that will be used to inform the partner that he or she has been potentially exposed to HIV.

Instructions: Indicate the planned method agreed upon by the index client and PS provider for notifying this partner of his or her potential exposure to HIV.

Business rule HIV Testing: Not applicable
Partner Services: Required (Not applicable to PS V2.1 schema)

Code	Value Description	Value Definition
1	Client notification	The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services.
2	Provider notification	The PS provider, with the consent of the HIV-infected client, takes the responsibility for informing the partner of his or her possible exposure to HIV and referring them to HIV counseling, testing, and other support services.
3	Dual notification	The HIV-infected client informs his or her partners of their possible exposure to HIV and refers them to HIV counseling, testing, and other support services in the presence of the PS provider.
4	Contract	The PS provider and HIV-infected client negotiate a time frame for the client to inform his or her partners of their possible exposure to HIV. If the client is unable to inform a partner within an agreed-upon time, the provider has the permission to notify and refer partners to HIV counseling, testing, and other support services.
5	Third-party notification	A notification strategy whereby the partner would be notified by a professional other than the health department provider (e.g., a private physician).

NHME Variables and Values

Num	Variable Name

Table: X-1	HIV Test

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

Num	Variable Name

X103	**Test Technology**	**XSD (Schema) Name:** **testTechnology**

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

Definition: A description of the type of test or test methods used to screen for HIV antibodies.

Instructions: Indicate the type of HIV test technology used for this test.

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

Detailed business rule:
Required when testing event is reported (sampleDate isn't missing and testElection = 0 or 1).
Not expected if a testing event isn't reported or didn't occur (sampleDate is missing or testElection=66 or 77).

Code	Value Description	Value Definition
1	*Conventional*	*A standard test used to detect antibodies to HIV, typically referred to as an EIA or ELISA (Enzyme-linked immunosorbent assay).*
2	*Rapid*	*A test to detect antibodies to HIV that can be collected and processed within a short interval of time (e.g., approximately 10-60 minutes).*
4	*NAAT/RNA Testing*	*A test that detects the genetic material of HIV. (Nucleic Acid Amplification Testing or Ribonucleic Acid Testing)*
88	*Other*	*Additional testing technologies that are not considered conventional or rapid such as oral mucosa or urine based tests.*

Num	Variable Name		
X104	**HIV Test Election**	**XSD (Schema) Name:**	**testElection**

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

Definition: An indication of whether the test is linked to a name or is anonymous.

Instructions: Indicate if the written test record is linked to the client's name.

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

Detailed business rule:
Required when testing event is reported (sampleDate isn't missing).
Not expected if a testing event isn't reported (sampleDate is missing).

Code	Value Description	Value Definition
0	Tested anonymously	The HIV test was not linked to the client's name.
1	Tested confidentially	The HIV test was confidential.
66	Test not offered	The HIV test was not offered to the client.
77	Declined testing	The client declined or is unwilling to take an HIV test.

X104a	**HIV Test Election**	**XSD (Schema) Name:**	**testElection**

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

Definition: An indication of whether the test is linked to a name or is anonymous.

Instructions: Indicate if the written test record is linked to the client's name.

Business rule 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.

NHME Variables and Values

Num	Variable Name			
X105	**Specimen Collection Date**		**XSD (Schema) Name:**	**sampleDate**

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

Definition: The calendar date (month, day, year) that the specimen for the HIV test was collected.

Instructions: Indicate the month, day, and year that the specimen for the HIV test was collected.

Business rule   HIV Testing: Required
Partner Services: Required

The specimen collection date cannot be greater than date of submission of XML file or data entry date.

X110	**Test Result**		**XSD (Schema) Name:**	**testResultValueCode**

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

Definition: The outcome of the current HIV test.

Instructions: Indicate the result of this HIV test.

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

Detailed business rule:
Required when a testing event is reported (sampleDate is not missing OR testElection= 0 or 1 OR testTechnology is not missing).
Not expected if a testing event isn't reported or didn't occur (sampleDate is missing or testElection=66 or 77).

Code	Value Description	Value Definition
1	Positive/reactive	a test result that is reactive or positive on any HIV test technology
3	Negative	a test result that is non-reactive or negative on any HIV test technology
4	Indeterminate	A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.
5	Invalid	A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.
6	No result	No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).

Num	Variable Name		
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 rule   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.*

Num	Variable Name
X115	**If Result Not Provided, Why**

XSD (Schema) Name: **reasonResultNotProvidedValueCode**

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

Definition: An explanation for why the HIV test result was not provided to the client.

Instructions: Select the reason why the HIV test result was not provided to the client.

Business rule   HIV Testing: Required, see detailed business rule
Partner Services: Not applicable
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Not applicable
CBO Aggregate: Not applicable

Detailed business rule:
Required when at least one testing event occurred, a result is available and the results were not communicated to the client (provisionOfResultValueCode = 0).
Not expected if a testing event isn't reported or didn't occur (sampleDate is missing or testElection=66 or 77).
Not expected if a testing event occurred and results were provided to the client (provisionOfResultValueCode=1 or 2).

Code	Value Description	Value Definition
1	*Declined notification*	*The client declined to accept notification of his or her HIV test result from the provider.*
2	*Did not return/could not locate*	*The client did not return for his or her HIV test result or could not be located to administer the test result.*
88	*Other*	*The result of the HIV test was not provided to client for some other reason not listed above.*

NHME Variables and Values

Num	Variable Name		
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 rule	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.*

Num	Variable Name		
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 rule 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	Preliminary positive	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
2	Positive	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
3	Negative	One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done
4	Discordant	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
5	Invalid	A CLIA-waved POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.
6	HIV-1 Positive	Positive for HIV type 1 infection
7	HIV-1 Positive, possible acute	Positive for HIV type 1 infection and is a possible acute HIV infection
8	HIV-2 Positive	Positive for HIV type 2 infection
9	HIV Positive, undifferentiated	Positive for HIV infection. HIV antibodies could not be differentiated
10	HIV-1 Negative, HIV-2 inconclusive	Negative for HIV type 1 infection and HIV type 2 antibodies were not confirmed
11	HIV-1 Negative	Negative for HIV type 1 infection
12	HIV Negative	Negative for HIV infection
13	Inconclusive, further testing needed	HIV antibodies were not confirmed; further testing is needed

Num	Variable Name
X126	**Preliminary Positive point-of-care rapid test**

XSD (Schema) Name:

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

Num	Variable Name		
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 rule   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 rule   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.*

NHME Variables and Values

Num	Variable Name		
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 rule   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.*

Num	Variable Name		
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 rule   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*

Num	Variable Name		
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 rule 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.*

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 rule 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.

NHME Variables and Values

Num	Variable Name		
X136	**In Surveillance System or Records**	**XSD (Schema) Name:**	**inSurveillanceSystemRecords**

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

Definition: Information obtained via surveillance system or records that verifies whether or not a client who has tested positive, with a conventional, RNA, NAAT or other non-rapid test, was previously reported to your jurisdiction's surveillance department as a new HIV case.

Instructions: Indicate if the client was previously reported in the jurisdiction's surveillance system as being HIV-positive. This variable is only used for HIV testing and for reporting on HIV-positive clients.

Business rule HIV Testing: Required
Partner Services: Not applicable

Code	Value Description	Value Definition
0	*No*	*Client cannot be located in the jurisdiction surveillance system or records*
1	*Yes*	*Client has been located in the jurisdiction surveillance system or records*
88	*Not checked*	*The jurisdiction's surveillance system or records has not or cannot be checked*

NHME Variables and Values

Num	Variable Name		
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 rule 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	PS 18-1802	PS18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments.
21	PS 18-1802 Demonstration Projects	PS18-1802 Demonstration Projects: Funding to expand high-impact HIV prevention and surveillance interventions and strategies.

Num	Variable Name	
22	PS 19-1901 CDC STD	PS 19-1901: STD prevention funding for Health Departments.
98	Other CDC-funded	A program announcement other than those listed and an HIV test was conducted using a CDC-funded mechanism.
99	Other Non-CDC funded	A program announcement other than those listed and an HIV test was conducted using a non-CDC funded mechanism.

X137-1 **Specify Program Announcement/Strategy**   **XSD (Schema) Name:** **spfyProgAnnouncementProgStrategy**

Value Option: N/A   **Format Type: Alpha-Numeric**   **Min Length: 1**   **Max Length: 50**

Definition: A specification of the funding source for the HIV preention service if '98- Other, CDC-funded' or '99 - Other, non-CDC funded' was selected in X137 Program Announcement.

Instructions: For local use only. Collection and reporting of these data are not required by CDC.

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

Num	Variable Name		
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 rule 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	New diagnosis, verified	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).
2	New diagnosis, not verified	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.
3	Previous diagnosis	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.
4	Unable to determine	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.

Num	Variable Name

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 rule	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 15th of the month as the day.
Business rule	HIV Testing: Required Partner Services: Not applicable Required if X150 = 1

NHME Variables and Values

Num   *Variable Name*

Table: X-2   HIV Test History

This table collects HIV test history.

Num   *Variable Name*

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 rule   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

NHME Variables and Values

Num	Variable Name

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.

Num	Variable Name

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 rule   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 rule   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.*

Num	Variable Name		
X303a	**Specify Reason for Unsuccessful Attempt**	XSD (Schema) Name:	**specifyReasonUnsuccessAttempt**

Value Option: N/A   Format Type: **Alpha-Numeric**   Min Length: **1**   Max Length: **50**

Definition:	A specification for why the client was not located if X303--89 Other (specify) is selected.
Instructions:	Specify the reason why the client was unable to be located.
Business rule	HIV Testing: Not applicable Partner Services: Required, see detailed business rule (Not applicable to PS V2.1 schema) Detailed business rule: Required if reason for unsuccessful attempt to locate was 'other' (reasonForUnsuccessfulAttempt = 89). Not expected otherwise (reasonForUnsuccessfulAttempt= 1 or 2).

Num	Variable Name		
X306	**Enrollment Status**	XSD (Schema) Name:	**enrollmentStatus**

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

Definition:	The decision made by the index client or the index client's partner to enroll in PS.
Instructions:	Indicate if the index client or index client's partner accepted or declined enrollment into PS.
Business rule	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.*

Num	Variable Name

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).

Num	Variable Name

X502	**Time Period for Recall (in months)**	**XSD (Schema) Name: timePeriodForRecallInMonths**

Value Option: N/A	**Format Type: Number**	**Min Length: 1**	**Max Length: 2**

Definition: The period of time between 1 and 12 months for which the client is asked to remember and report his or her number of sex and/or needle-sharing partners.

Instructions: Indicate the period of time as defined in months for which the client is asked to remember and report his or her number of sex and/or needle-sharing partners.

Business rule HIV Testing: Not applicable
Partner Services: Required

X503	**Total Number of Partners Claimed**	**XSD (Schema) Name: totalNumberOfPartnersClaimed**

Value Option: N/A	**Format Type: Number**	**Min Length: 1**	**Max Length: 5**

Definition: 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.

Instructions: Enter the total number of partners identified by the index client. This includes all anonymous, male, female, and transgender partners.

Business rule 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 rule 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).

Num	Variable Name		
X511a	**Total Number of Named Male Partners**	XSD (Schema) Name:	**totalNumberOfNamedMalePartners**

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

Definition: The total number of sex or needle-sharing male partners for which there is sufficient identifying and locating information.

Instructions: Indicate the total number of sex or needle-sharing male partners for which there is sufficient identifying and locating information.

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

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

X511b	**Total Number of Named Female Partners**	XSD (Schema) Name:	**totalNumberOfNamedFemalePartners**

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

Definition: The total number of sex or needle-sharing female partners for which there is sufficient identifying and locating information.

Instructions: Indicate the total number of sex or needle-sharing female partners for which there is sufficient identifying and locating information.

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

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

X511c	**Total Number of Named Transgender Partners**	XSD (Schema) Name:	**totalNumberOfTransgenderPartners**

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

Definition: The total number of sex or needle-sharing transgender partners for which there is sufficient identifying and locating information.

Instructions: Indicate the total number of sex or needle-sharing transgender partners for which there is sufficient identifying and locating information.

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

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

NHME Variables and Values

Num	Variable Name

Table: X-6	Notification of Exposure

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

Num	Variable Name

X600	**Partner Notifiability**	**XSD (Schema) Name:** **partnerNotifiability**

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

Definition: 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.

Instructions: For each partner named, indicate whether or not he or she is able to be notified of his or her exposure to HIV.

Business rule   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.*

NHME Variables and Values

Num	Variable Name		
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 rule   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.*

NHME Variables and Values

Num	Variable Name		
X602	**Previous HIV Test**	**XSD (Schema) Name:**	**previousHIVTest**

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

Definition: The partner's self-report of having at least one prior HIV test before these data were collected.

Instructions: Indicate if the partner reports having a previous HIV test.

Business rule   HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
0	No	The index client's partner reports that he or she has never had an HIV test.
1	Yes	The index client's partner reports that they had a previous HIV test.
66	Not asked	The provider did not ask the index client's partner about having a prior HIV test.
77	Declined to answer	The index client's partner declines or is unwilling to report if he or she had a previous HIV test.
99	Don't know	The index client's partner reports that he or she is unaware if he or she had a previous HIV test.

NHME Variables and Values

Num	Variable Name		
X603	**Self-Reported HIV Test Result**	XSD (Schema) Name:	**selfReportedHIVTestResult**

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

Definition: The client's self-reported test result from his/her most recent HIV test prior to notification.

Instructions: If the partner reports having had a previous HIV test (i.e. X602: Previous HIV Test = "Yes"), then indicate the partner's self-reported HIV test result at the time of notification. When asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test because this is the result that will reflect the partner's current HIV serostatus. Ensure that the partner understands that he/she is being asked to report his/her test results and not what he/she believes their status is.

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

Detailed business rule:
Required when Previous HIV Test was done (previousHIVTest = 1).
Not expected otherwise.

Code	Value Description	Value Definition
1	*Positive*	*The index client's partner reports that his or her HIV status is positive based on a confirmatory test result.*
2	*Negative*	*The index client's partner reports that their HIV status is negative.*
3	*Preliminary positive*	*The index client's partner reports that he or she received a "Preliminary positive" test result (i.e., the index client's partner had a reactive HIV rapid test but did not receive the results of the associated conventional confirmatory test).*
4	*Indeterminate*	*The client reports that he or she received an "Indeterminate" test result (i.e., the client received results but those results did not conclusively indicate whether he or she is HIV-positive or HIV-negative).*
66	*Not asked*	*The provider did not ask the client about his or her HIV status.*
77	*Declined to answer*	*The index client's partner declines or is unwilling to report his or her HIV status.*
99	*Don't know*	*The index client's partner reports that he or she is unaware of his or her HIV status.*

Num	Variable Name		
X604	**Date of Last HIV Test**	XSD (Schema) Name:	**dateOfLastHIVTest**

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

Definition:	The date of the partner's last HIV test.
Instructions:	If the partner reports having a previous HIV test (X602: Previous HIV test = "Yes"), indicate the date of the partner's last HIV test.
Business rule	HIV Testing: Not applicable Partner Services: Required, see detailed business rule Detailed business rule: Required if a previous HIV test was reported (previousHIVtest=1). Not expected otherwise.

Table: X-7   Referral

This table is completed for all clients receiving a referral.

Num	Variable Name		
X702	**Referral Date**	XSD (Schema) Name:	**referralDate**

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

Definition:	The date that the referral was made for the client.
Instructions:	Indicate the date on which the referral was made. This variable can be pre-populated based on the date of the session when the referral was made for the client.
Business rule	HIV Testing: Not applicable Partner Services: Required Detailed business rule: "Referral Date" must be between the case open date (caseOpenDate) and the date of file submission to CDC.

Num	Variable Name		
X702a	**Reason Client Not Referred to HIV Medical Care**	**XSD (Schema) Name:**	**reasonForNoMedicalCareReferral**

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

Definition:　The reason why a referral to HIV medical care for an HIV-positive client was not made.

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

Instructions:　Complete if a client tests positive for HIV, on any HIV test, conventional, RNA/NAAT, rapid or other, during a testing event but is not referred to HIV medical care.

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

Detailed business rule:
Required for clients with a positive HIV test (testResultValueCode=1) who were not referred to HIV medical care (referredToMedicalCare=0).
Not expected for clients without a positive HIV test (testResultValueCode not 1) or clients with a positive HIV test were referred to HIV medical care (referredToMedicalCare=1).

Code	Value Description	Value Definition
1	*Client already in care*	*Client was not referred to HIV medical care because he or she is already receiving care.*
2	*Client declined care*	*Client was offered a referral to HIV medical care but client declined.*

X703_01	**Referred To HIV Testing**	**XSD (Schema) Name:**	**referredToHIVTesting**

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

Definition:　The client was referred to HIV testing. HIV testing is a diagnostic, laboratory procedure to assess for the presence of HIV antibodies.

Instructions:　Indicate if the client was referred to HIV testing.

Business rule　HIV Testing: Not applicable
Partner Services: Required

Code	Value Description	Value Definition
0	*No*	*The client was not referred to an HIV test.*
1	*Yes*	*The client was referred to an HIV test.*
99	*Don't know*	*Provider is unaware if the client was referred to an HIV test.*

Num	Variable Name		
X703_10	**Referred To Medical Care**	**XSD (Schema) Name:**	**referredToMedicalCare**

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

Definition:	The client was referred to medical services for (or due to their HIV-positive diagnosis) HIV infection including: evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.
	Prior to 2012, these data were collected for only confirmed positive clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive clients.
Instructions:	Indicate if the client was referred to HIV medical care.
Business rule	HIV Testing: Required, see detailed business rule
	Partner Services: Required, see detailed business rule
	Detailed business rule for HIV testing:
	Required for clients with a positive HIV test (testResultValueCode=1).
	Not expected for clients without a positive HIV test (testResultValueCode not 1).
	Detailed business rule for Partner Services:
	Required if HIV test result was positive/reactive (HIVTestResult=1).
	Not expected otherwise.

Code	Value Description	Value Definition
0	No	*The client was not referred to HIV medical care after receiving an HIV positive test result.*
1	Yes	*The client was referred to HIV medical care after receiving an HIV positive test result.*
99	Don't know	*Provider is unaware if the client was referred to HIV medical care after receiving an HIV positive test result.*

Num	Variable Name		
X703_14	**Referred To Partner Services**	**XSD (Schema) Name:**	**referredToPartnerServices**

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

Definition: The client was referred to Partner Services. Partner Services include a range of available services for newly and previously diagnosed HIV-infected persons, their partners and affected communities. Services may include: informing current and past sex partners that a person who is HIV-infected has identified them as a sex or injection-drug-paraphernalia-sharing partner and advising them to have HIV counseling and testing. Additionally, it can include notifying partners, who may not have suspected that they were at increased risk for HIV that they can be tested for HIV. This enables those who test HIV-positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling.

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

Instructions: Indicate if the client was referred to Partner Services.

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

Detailed business rule:
Required for clients with a positive HIV test (testResultValueCode=1).
Not expected for clients without a positive HIV test (testResultValueCode not 1).

Code	Value Description	Value Definition
0	*No*	*Client was not referred to partner services after receiving an HIV positive test result.*
1	*Yes*	*Client was referred to partner services after receiving an HIV positive test result.*
99	*Don't know*	*Provider is unaware if the client was referred to partner services after receiving an HIV positive test result.*

NHME Variables and Values

Num	Variable Name		
X703_17	**Referred To HIV Prevention Services**	**XSD (Schema) Name:**	**referredToHIVPrevention**

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

Definition:	The client was referred to HIV prevention services. Prevention services are defined as generally any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, DEBIs, risk-reduction counseling). It excludes indirect services such as mental health services or housing.
	Prior to 2012, these data were collected for only confirmed positive clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive clients.
Instructions:	Indicate if the client was referred to HIV Prevention services.
Business rule	HIV Testing: Required, see detailed business rule Partner Services: Not applicable
	Detailed business rule: Required for clients with a positive HIV test (testResultValueCode=1). Not expected for clients without a positive HIV test (testResultValueCode not 1).

Code	Value Description	Value Definition
0	*No*	*Client was not referred to HIV prevention services after receiving a positive HIV test result.*
1	*Yes*	*Client was referred to HIV prevention services after receiving a positive HIV test result.*
99	*Don't know*	*Provider is unaware if the client was referred to HIV prevention services after receiving a positive HIV test result.*

NHME Variables and Values

Num	Variable Name		
X706	**Referral Outcome**	**XSD (Schema) Name:**	**firstMedicalCareAppointment**

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

Definition: The current status of the referral based on activities to verify that the service was accessed.

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

Instructions: Select the value that reflects the current status of this referral follow-up.

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

Detailed business rule for HIV testing:
Required for clients with a positive HIV test (testResultValueCode=1) who were referred to medical care (referredToMedicalCare = 1).
Not expected for HIV testing clients without a positive HIV test (testResultValueCode not 1) or those who were not referred to medical care (referredToMedicalCare=0).

Detailed business rule for Partner Services:
Required if clients with a positive HIV Test Result (HIVTestResult=1) who were referred to medical care (referredToMedicalCare = 1).

Code	Value Description	Value Definition
1	*Pending*	*The referring agency has not yet confirmed that the client accessed the service to which he or she was referred.*
2	*Confirmed - Accessed service*	*The referring agency has confirmed that the client accessed the service to which he or she was referred. For HIV testing, this value also corresponds to 'Yes' the client was linked to HIV medical care.*
3	*Confirmed - Did not access service*	*The referring agency has confirmed that the client had not accessed the service to which he or she was referred. For HIV testing, this value also corresponds to 'No' the client was not linked to HIV medical care*
4	*Lost to follow-up*	*After 90 days of the referral date (X702), access of the service to which the client was referred can't be confirmed or denied.*
5	*No follow-up*	*The referral was not tracked to confirm whether the client accessed the referred service.*
99	*Don't know*	*The referral outcome is unknown.*

NHME Variables and Values

Num	Variable Name			
X706b	**First HIV Medical Care Appointment within 90 Days of HIV Test**	**XSD (Schema) Name:**	**apptWithin90DaysOfHIVTest**	

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

Definition: Confirmation that a client attended his/her HIV medical care appointment within 90 days of the HIV test date.

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

Instructions: Indicate if the client attended his/her HIV medical appointment within 90 days of the HIV test date. This question would be asked if client had a "yes" response to "Did client attend the first appointment". This variable is only used for HIV testing and for reporting on HIV-positive clients.

Please see business rule for specific data elements incorporated into this instruction.

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

Detailed business rule:
Required for clients with a positive HIV test (testResultValueCode=1) who were referred to medical care (referredToMedicalCare = 1) and attended first appointment (firstMedicalCareAppointment=2).
Not expected for clients without a positive HIV test (testResultValueCode not 1) or those with a positive HIV test who did not attend the first medical care appointment (firstMedicalCareAppointment = 3 or 4 or 5 or 99).

Code	Value Description	Value Definition
0	No	*Client did not attend his/her HIV medical appointment within 90 days of the HIV test date.*
1	Yes	*Client did attend his/her HIV medical appointment within 90 days of the HIV test date.*
99	Don't know	*The provider is unaware if client attended his/her HIV medical appointment within 90 days of the HIV test date.*

NHME Variables and Values

Num	Variable Name		
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 rule 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.

Num	Variable Name		
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 rule	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).

Num	Variable Name		
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 rule	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.*

NHME Variables and Values

Num	Variable Name		
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 rule 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.*

Num	Variable Name		
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 rule 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.*

Num	Variable Name			
X713	**HIV Test Result**		**XSD (Schema) Name:** **HIVTestResult**	

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

Definition:	The confirmed outcome of an HIV test conducted on the partner as a result of a referral to HIV testing through Partner Services (PS).This variable is required for PS only.
Instructions:	If the client received an HIV test (X712: HIV Test Performed = "Yes"), as a result of referral from PS to HIV testing, indicate the result of the HIV test.
Business rule	HIV Testing: Not applicable Partner Services: Required, see detailed business rule Detailed business rule: Required if an HIV Test is performed (HIVTestPerformed = 1). Not expected otherwise.

Code	Value Description	Value Definition
1	Positive/reactive	*A test result that is reactive on an initial ELISA test, repeatedly reactive on a second ELISA run on the same specimen, and confirmed positive on a Western blot or other supplemental test indicating that the client is infected.*
3	Negative	*A test result that is non-reactive on an initial ELISA test indicating the absence of HIV infection or an ELISA that was repeatedly reactive and the confirmatory test (Western Blot or IFA) was negative.*
4	Indeterminate	*A test result that has not been precisely determined. A possible result of a Western-blot, which might represent a recent HIV infection or a false positive.*
5	Invalid	*A test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.*
6	No result	*No result was obtained even though the specimen was drawn (e.g., blood sample hemolyzed, blood tube broke, blood tube lost in transit, unable to draw blood from veins).*

NHME Variables and Values

Num	Variable Name		
X714a	**HIV Test Results Provided**	**XSD (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 rule
HD Risk Reduction Activities: Not applicable
CBO Risk Reduction Activities: Not applicable
HD Aggregate: Not applicable
CBO Aggregate: Not applicable

Detailed 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.*

NHME Variables and Values

Num	Variable Name		
X724	**Client Received Prevention Services**	**XSD (Schema) Name:**	**clientReceivedPreventionServices**

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

Definition: Confirmation that a client received prevention services after receiving an HIV-positive test result, from a conventional, RNA/NAAT, rapid or other test. Prevention services is defined as generally any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, DEBIs, risk-reduction counseling). It excludes indirect services such as mental health services or housing.

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

Instructions: Indicate if the client received prevention services following an HIV test and referral to prevention services. This variable is only used for HIV testing and for reporting on HIV-positive clients who have any positive test, either confirmed or preliminary.

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

Detailed business rule:
Required for clients with a positive HIV test (testResultValueCode=1) who were referred to prevention services (referredToHIVPrevention=1).
Not expected for clients without a positive HIV test (testResultValueCode not 1).

Code	Value Description	Value Definition
0	*No*	*Client did not receive prevention services after receiving an HIV positive test result.*
1	*Yes*	*Client did receive prevention services after receiving an HIV positive test result.*
99	*Don't know*	*Provider is unaware if the client received prevention services after receiving an HIV positive test result.*

Num	Variable Name			
X725	**Partner Service Interview**		**XSD (Schema) Name:**	**clientPSInterview**

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

Definition:	The indication that a client was interviewed for Partner Services.
	Prior to 2012, these data were collected for only confirmed positive clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive clients.
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, with either a confirmed or preliminary positive test.
Business rule	HIV Testing: Required, see detailed business rule Partner Services: Not applicable
	Detailed business rule: Required for clients with a positive HIV test (testResultValueCode=1) who were referred to Partner Services (referredToPartnerServices=1). Not expected for clients without a positive HIV test (testResultValueCode not 1) or clients with a positive HIV test who were not referred to Partner Services (referredToPartnerServices=0 or 99).

Code	Value Description	Value Definition
0	*No*	*Client did not receive a Partner Services interview.*
1	*Yes*	*Client did have an interview with Partner Services.*
99	*Don't know*	*The provider is unaware if the client had a Partner Services interview.*

NHME Variables and Values

Num	Variable Name		
X725a	**Was the PS Interview within 30 Days of Receiving a Positive HIV Test Result**	**XSD (Schema) Name:**	**clientInterviewPS30DaysHIVResult**

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 interviewed within 30 days of receiving their HIV-positive test result.

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

Instructions: Indicate whether or not the interview for Partner Services occurred within 30 days of the client receiving his or her positive HIV test result, from either a conventional, RNA/NAAT, rapid or other test.

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

Detailed business rule:
Required for clients with a positive HIV test (testResultValueCode=1) who was referred to Partner Services (referredToPartnerServices=1) and interviewed (partnerServiceInterview=1).
Not expected for clients without a positive HIV test (testResultValueCode not 1) or those with a positive HIV test who were not interviewed for Partner Services (partnerServiceInterview = 0 or 99).

Code	Value Description	Value Definition
0	No	*Client did not receive a Partner Service interview within 30 days of receiving an HIV positive test result.*
1	Yes	*Client did have an interview with Partner Services within 30 days of their HIV positive test result date.*
99	Don't know	*The provider is unaware if the client had a Partner Services interview within 30 days of their HIV positive test result date.*

NHME Variables and Values

Num	Variable Name		
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 rule 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.*

NHME Variables and Values

Num	Variable Name		
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 rule	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.

Num	Variable Name

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 rule   HIV Testing: Required
Partner Services: Required

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

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 rule   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 on PrEP.*

Num	Variable Name	
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 rule 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*

Num	Variable Name		
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 rule
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.

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

Business rule
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)

NHME Variables and Values

Num	Variable Name		
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 rule	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.*

Num	Variable Name		
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 rule	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.*

Num	Variable Name		
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 rule   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 rule   HIV Testing: Required
Partner Services: Not applicable

Business rule:
Completed if the client/patient was interviewed for partner services (X744=1 or 2).

Num	Variable Name		
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 rule   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 (pregnantStatusValueCode=1)

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 rule   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 (pregnantStatusValueCode=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*

NHME Variables and Values

Num	Variable Name		
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 rule: 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 (pregnantStatusValueCode=1)

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 rule: 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*

NHME Variables and Values

Num	Variable Name		
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 rule 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

Num	Variable Name		
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 rule 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

NHME Variables and Values

Num	Variable Name			
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 rule 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 rule 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*

Num	Variable Name		
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 rule   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/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 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 rule   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*

Num	Variable Name		
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 rule   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/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 linkage services to HIV medical care.

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

Business rule   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*

NHME Variables and Values

Num	Variable Name		
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 rule   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 rule   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*

NHME Variables and Values

Num	Variable Name		
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 rule   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*

Num	Variable Name		
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 rule   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*

Num	Variable Name

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 rule	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 rule	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*

Num	Variable Name		
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 rule 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

Num	Variable Name		
X755a	**Evidence-based risk reduction intervention - screened for need**	**XSD (Schema) Name:**	**evidenceBaseRiskReduction/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 evidence-based risk reduction intervention needs.

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

Business rule 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

NHME Variables and Values

Num	Variable Name		
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 rule 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*

Num	Variable Name		
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 rule 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*

Num	Variable Name		
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 rule	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*

Num	Variable Name		
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**

Definition:	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.
Instructions:	Select 'Yes' if the client/patient needed behavioral health services.
Business rule	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*

NHME Variables and Values

Num	Variable Name			
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**

Definition: 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.

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

Business rule   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*

Num	Variable Name			
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 rule   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*

Num	Variable Name		
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 rule 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

Num	Variable Name		
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 rule 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

NHME Variables and Values

Num   *Variable Name*

Aggregate Level Requirements

Table: ME	Aggregate level Variables

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

Num   *Variable Name*

ME201a   **Total PS18-1802-funded aggregate test events**   **XSD (Schema) Name:**

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

Definition: 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.

Instructions: Enter the total number of PS18-1802-funded aggregate HIV test events conducted during the reporting period.

Business rule   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**

Definition: 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.

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

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

NHME Variables and Values

Num	Variable Name		
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 rule HIV Testing: Not applicable
Partner Services: Not applicable
HD Aggregate: Required

NHME Variables and Values

Num   *Variable Name*

Budget Information

Table: BT	Budget Allocation and Expenditure Variables

This table is completed annually by grantees. It is used to provide their budget allocation and budget expenditure information for Prevention and Surveillance to the CDC. Budget information is required for grantees receiving PS18-1802 funds which support HIV prevention strategies and activities.

Num	*Variable Name*		
BASTRAT10a1P	**Percent Allocated - Monitoring and Evaluation - Prevention**	**XSD (Schema) Name:**	

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

Definition:	Strategy 10: Percent of PS18-1802 funding allocated for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency allocated for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

BASTRAT10a1S	**Percent Allocated - Monitoring and Evaluation - Surveillance**	**XSD (Schema) Name:**	

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

Definition:	Strategy 10: Percent of PS18-1802 funding allocated for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency allocated for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

BASTRAT11a1P	**Percent Allocated - Capacity Building and TA - Prevention**	**XSD (Schema) Name:**	

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

Definition:	Strategy 10: Percent of PS18-1802 funding allocated for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency allocated for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BASTRAT11a1S	**Percent Allocated - Capacity Building and TA - Surveillance**		**XSD (Schema) Name:**

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

Definition: Strategy 10: Percent of PS18-1802 funding allocated for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

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

BASTRAT11a2P	**Percent Allocated - Geocoding - Prevention**		**XSD (Schema) Name:**

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

Definition: Strategy 10: Percent of PS18-1802 funding allocated for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

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

BASTRAT11a2S	**Percent Allocated - Geocoding - Surveillance**		**XSD (Schema) Name:**

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

Definition: Strategy 10: Percent of PS18-1802 funding allocated for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.

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

BASTRAT1a1S	**Percent Allocated - HIV Surveillance**		**XSD (Schema) Name:**

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

Definition: Strategy 1: Percent of PS18-1802 funding allocated for HIV Surveillance data collection, analysis, and dissemination activities.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance data collection, analysis, and dissemination activities.

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

Num	Variable Name		
BASTRAT1a2P	**Percent Allocated - Prevention**	**XSD (Schema) Name:**	

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

Definition:	Strategy 1: Percent of PS18-1802 funding allocated for HIV Prevention data collection, analysis, and dissemination activities.
Instructions:	Enter the percent of total funding that your agency allocated for HIV Prevention data collection, analysis, and dissemination activities.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BASTRAT2a1P	**Percent Allocated - Routine HIV Testing, Healthcare - Prevention**	**XSD (Schema) Name:**	

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

Definition:	Strategy 2: Percent of PS18-1802 funding allocated for HIV Prevention routine opt-out HIV testing in healthcare settings.
Instructions:	Enter the percent of total funding that your agency allocated for HIV Prevention routine opt-out HIV testing in healthcare settings.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BASTRAT2a2P	**Percent Allocated - Targeted HIV Testing, non-Healthcare - Prevention**	**XSD (Schema) Name:**	

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

Definition:	Strategy 2: Percent of PS18-1802 funding allocated for HIV Prevention targeted HIV testing in non-healthcare settings.
Instructions:	Enter the percent of total funding that your agency allocated for HIV Prevention targeted HIV testing in non-healthcare settings.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BASTRAT2a4P	**Percent Allocated - D2C - Prevention**	**XSD (Schema) Name:**	

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

Definition:	Strategy 3: Percent of PS18-1802 funding allocated for HIV Prevention Data-to-Care (D2C) Activities.
Instructions:	Enter the percent of total funding that your agency allocated for HIV Prevention Data-to-Care (D2C) Activities.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BASTRAT2a4S	**Percent Allocated - D2C - Surveillance**	XSD (Schema) Name:	

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

Definition:　Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance Data-to-Care (D2C) Activities.

Instructions:　Enter the percent of total funding that your agency allocated for HIV Surveillance Data-to-Care (D2C) Activities.

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

BASTRAT3a1P	**Percent Allocated - HIV Transmission Clusters and Outbreaks - Prevention**	XSD (Schema) Name:	

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

Definition:　Strategy 3: Percent of PS18-1802 funding allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions:　Enter the percent of total funding that your agency allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BASTRAT3a1S	**Percent Allocated - HIV Transmission Clusters and Outbreaks - Surveillance**	XSD (Schema) Name:	

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

Definition:　Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions:　Enter the percent of total funding that your agency allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BASTRAT4a1P	**Percent Allocated - CPP, Continuum of Care - Prevention**	XSD (Schema) Name:	

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

Definition:　Strategy 4: Percent of PS18-1802 funding allocated for HIV Prevention Continuum of care - (linkage to HIV medical care, re-engagement, and retention in care).

Instructions:　Enter the percent of total funding that your agency allocated for HIV Prevention Continuum of care - (linkage to HIV medical care, re-engagement, and retention in care).

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

Num	Variable Name		
BASTRAT4a2P	**Percent Allocated - CPP, Risk Reduction Interventions - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 4: Percent of PS18-1802 funding allocated for risk-reduction interventions for HIV-positive persons.

Instructions: Enter the percent of total funding that your agency allocated for risk-reduction interventions for HIV-positive persons.

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

BASTRAT4a3P	**Percent Allocated - Other CPP - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 4: Percent of PS18-1802 funding allocated for other CPP activities (health benefits navigation and enrollment, referrals to behavioral health services, and social services).

Instructions: Enter the percent of total funding that your agency allocated for other CPP activities (health benefits navigation and enrollment, referrals to behavioral health services, and social services).

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

BASTRAT5a1P	**Percent Allocated - Prevention with HIV-negative persons - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, and s

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health serv

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

BASTRAT5a2P	**Percent Allocated - PrEP Access and Support - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PrEP access and support.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention PrEP access and support.

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

Num	Variable Name	
BASTRAT5a3P	**Percent Allocated - PEP Access and Support - Prevention**	**XSD (Schema) Name:**

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

Definition: Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PEP access and support.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention PEP access and support.

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

Num	Variable Name	
BASTRAT6a1P	**Percent Allocated - Perinatal HIV Exposure Reporting - Prevention**	**XSD (Schema) Name:**

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

Definition: Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, and s

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health serv

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

Num	Variable Name	
BASTRAT6a1S	**Percent Allocated - Perinatal HIV Exposure Reporting - Surveillance**	**XSD (Schema) Name:**

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

Definition: Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PrEP access and support.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention PrEP access and support.

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

Num	Variable Name	
BASTRAT6a2P	**Percent Allocated - Perinatal HIV Surveillance Coordination - Prevention**	**XSD (Schema) Name:**

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

Definition: Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PEP access and support.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention PEP access and support.

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

Num	Variable Name		
BASTRAT6a2S	**Percent Allocated - Perinatal HIV Surveillance Coordination - Surveillance**	**XSD (Schema) Name:**	

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

Definition: Strategy 6: Percent of PS18-1802 funding allocated for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).

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

BASTRAT7a1P	**Percent Allocated - Community-level Prevention Activities - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 7: Percent of PS18-1802 funding allocated for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).

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

BASTRAT7a2P	**Percent Allocated - SSP - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 7: Percent of PS18-1802 funding allocated for HIV Prevention syringe services program (if conducted).

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention syringe services program (if conducted).

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

BASTRAT7a3P	**Percent Allocated - Condom Distribution - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 7: Percent of PS18-1802 funding allocated for HIV Prevention condom distribution.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention condom distribution.

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

Num	Variable Name			
BASTRAT8a1P	**Percent Allocated - HIV Planning - Prevention**	XSD (Schema) Name:		

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

Definition: Strategy 3: Percent of PS18-1802 funding allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BASTRAT8a1S	**Percent Allocated - HIV Planning - Surveillance**	XSD (Schema) Name:		

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

Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BASTRAT9a1P	**Percent Allocated - Health Information Infrastructure - Prevention**	XSD (Schema) Name:		

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

Definition: Strategy 9: Percent of PS18-1802 funding allocated for HIV Prevention health information infrastructure.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention health information infrastructure.

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

BASTRAT9a1S	**Percent Allocated - Health Information Infrastructure -Surveillance**	XSD (Schema) Name:		

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

Definition: Strategy 9: Percent of PS18-1802 funding allocated for HIV Surveillance health information infrastructure.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance health information infrastructure.

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

Num	Variable Name		
BASTRAT9a2P	**Percent Allocated - Data Security and Confidentiality - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding allocated for HIV Prevention data security and confidentiality.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention data security and confidentiality.

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

Num	Variable Name		
BASTRAT9a2S	**Percent Allocated - Data Security and Confidentiality - Surveillance**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding allocated for HIV Surveillance data security and confidentiality.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance data security and confidentiality.

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

Num	Variable Name		
BASTRAT9a3P	**Percent Allocated - Policies and Protocols - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding allocated for HIV Prevention strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

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

Num	Variable Name		
BASTRAT9a3S	**Percent Allocated - Policies and Protocols - Surveillance**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding allocated for HIV Surveillance strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

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

NHME Variables and Values

Num	Variable Name		
BESTRAT10a1P	**Percent Expended - Monitoring and Evaluation - Prevention**	XSD (Schema) Name:	

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

Definition:	Strategy 10: Percent of PS18-1802 funding expended for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency expended for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BESTRAT10a1S	**Percent Expended - Monitoring and Evaluation - Surveillance**	XSD (Schema) Name:	

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

Definition:	Strategy 10: Percent of PS18-1802 funding expended for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency expended for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BESTRAT11a1P	**Percent Expended - Capacity Building and TA - Prevention**	XSD (Schema) Name:	

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

Definition:	Strategy 10: Percent of PS18-1802 funding expended for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency expended for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BESTRAT11a1S	**Percent Expended - Capacity Building and TA - Surveillance**	XSD (Schema) Name:	

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

Definition:	Strategy 10: Percent of PS18-1802 funding expended for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency expended for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable

Num	Variable Name		
BESTRAT11a2P	**Percent Expended - Geocoding - Prevention**	XSD (Schema) Name:	

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

Definition:	Strategy 10: Percent of PS18-1802 funding expended for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency expended for HIV Prevention developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BESTRAT11a2S	**Percent Expended - Geocoding - Surveillance**	XSD (Schema) Name:	

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

Definition:	Strategy 10: Percent of PS18-1802 funding expended for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Instructions:	Enter the percent of total funding that your agency expended for HIV Surveillance developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BESTRAT1a1S	**Percent Expended - HIV Surveillance**	XSD (Schema) Name:	

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

Definition:	Strategy 1: Percent of PS18-1802 funding expended HIV Surveillance data collection, analysis, and dissemination activities.
Instructions:	Enter the percent of total funding that your agency expended for HIV Surveillance data collection, analysis, and dissemination activities.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BESTRAT1a2P	**Percent Expended - Prevention**	XSD (Schema) Name:	

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

Definition:	Strategy 1: Percent of PS18-1802 funding expended HIV Prevention data collection, analysis, and dissemination activities.
Instructions:	Enter the percent of total funding that your agency expended for HIV Prevention data collection, analysis, and dissemination activities.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name

BESTRAT2a1P   **Percent Expended - Routine HIV Testing, Healthcare - Prevention**   **XSD (Schema) Name:**

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

Definition: Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention routine opt-out HIV testing in healthcare settings.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention routine opt-out HIV testing in healthcare settings.

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

BESTRAT2a2P   **Percent Expended - Targeted HIV Testing, non-Healthcare - Prevention**   **XSD (Schema) Name:**

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

Definition: Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention targeted HIV testing in non-healthcare settings.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention targeted HIV testing in non-healthcare settings.

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

BESTRAT2a3P   **Percent Expended - HIV Partner Services - Prevention**   **XSD (Schema) Name:**

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

Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention HIV Partner Services.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention HIV Partner Services.

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

BESTRAT2a4P   **Percent Expended - D2C - Prevention**   **XSD (Schema) Name:**

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

Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention Data-to-Care (D2C) Activities.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention Data-to-Care (D2C) Activities.

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

Num	Variable Name		
BESTRAT2a4S	**Percent Expended - D2C - Surveillance**	XSD (Schema) Name:	

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

Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance Data-to-Care (D2C) Activities.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance Data-to-Care (D2C) Activities.

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

BESTRAT3a1P	**Percent Expended - HIV Transmission Clusters and Outbreaks - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BESTRAT3a1S	**Percent Expended - HIV Transmission Clusters and Outbreaks - Surveillance**	XSD (Schema) Name:	

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

Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BESTRAT4a1P	**Percent Expended - CPP, Continuum of Care - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 4: Percent of PS18-1802 funding expended for HIV Prevention Continuum of care - (linkage to HIV medical care, re-engagement, and retention in care).

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention Continuum of care - (linkage to HIV medical care, re-engagement, and retention in care).

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

Num	Variable Name		
BESTRAT4a2P	**Percent Expended - CPP, Risk Reduction Interventions - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 4: Percent of PS18-1802 funding expended for risk-reduction interventions for HIV-positive persons.

Instructions: Enter the percent of total funding that your agency expended for risk-reduction interventions for HIV-positive persons.

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

BESTRAT4a3P	**Percent Expended - Other CPP - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 4: Percent of PS18-1802 funding expended for other CPP activities (health benefits navigation and enrollment, referrals to behavioral health services, and social services).

Instructions: Enter the percent of total funding that your agency expended for other CPP activities (health benefits navigation and enrollment, referrals to behavioral health services, and social services).

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

BESTRAT5a1P	**Percent Expended - Prevention with HIV-negative persons - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention for HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, an

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention for HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health s

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

BESTRAT5a2P	**Percent Expended - PrEP Access and Support - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PrEP access and support.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention PrEP access and support.

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

NHME Variables and Values

Num	Variable Name		

BESTRAT5a3P — **Percent Expended - PEP Access and Support - Prevention**   XSD (Schema) Name:

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

Definition: Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PEP access and support.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention PEP access and support.

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

BESTRAT6a1P — **Percent Expended - Perinatal HIV Exposure Reporting - Prevention**   XSD (Schema) Name:

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

Definition: Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention for HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, an

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention for HIV testing and risk screenings, conduct risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health s

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

BESTRAT6a1S — **Percent Expended - Perinatal HIV Exposure Reporting - Surveillance**   XSD (Schema) Name:

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

Definition: Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PrEP access and support.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention PrEP access and support.

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

BESTRAT6a2P — **Percent Expended - Perinatal HIV Surveillance Coordination - Prevention**   XSD (Schema) Name:

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

Definition: Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PEP access and support.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention PEP access and support.

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

Num	Variable Name	
BESTRAT6a2S	**Percent Expended - Perinatal HIV Surveillance Coordination - Surveillance**	**XSD (Schema) Name:**

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

Definition:	Strategy 6: Percent of PS18-1802 funding expended for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).
Instructions:	Enter the percent of total funding that your agency expended for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name	
BESTRAT7a1P	**Percent Expended - Community-level Prevention Activities - Prevention**	**XSD (Schema) Name:**

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

Definition:	Strategy 7: Percent of PS18-1802 funding expended for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).
Instructions:	Enter the percent of total funding that your agency expended for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name	
BESTRAT7a2P	**Percent Expended - SSP - Prevention**	**XSD (Schema) Name:**

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

Definition:	Strategy 7: Percent of PS18-1802 funding expended for HIV Prevention syringe services program (if conducted).
Instructions:	Enter the percent of total funding that your agency expended for HIV Prevention syringe services program (if conducted).
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name	
BESTRAT7a3P	**Percent Expended - Condom Distribution - Prevention**	**XSD (Schema) Name:**

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

Definition:	Strategy 7: Percent of PS18-1802 funding expended for HIV Prevention condom distribution.
Instructions:	Enter the percent of total funding that your agency expended for HIV Prevention condom distribution.
Business rule	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required

Num	Variable Name		
BESTRAT8a1P	**Percent Expended - HIV Planning - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BESTRAT8a1S	**Percent Expended - HIV Planning - Surveillance**	XSD (Schema) Name:	

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

Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.

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

BESTRAT9a1P	**Percent Expended - Health Information Infrastructure - Prevention**	XSD (Schema) Name:	

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

Definition: Strategy 9: Percent of PS18-1802 funding expended for HIV Prevention health information infrastructure.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention health information infrastructure.

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

BESTRAT9a1S	**Percent Expended - Health Information Infrastructure - Surveillance**	XSD (Schema) Name:	

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

Definition: Strategy 9: Percent of PS18-1802 funding expended for HIV Surveillance health information infrastructure.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance health information infrastructure.

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

Num	Variable Name		
BESTRAT9a2P	**Percent Expended - Data Security and Confidentiality - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding expended for HIV Prevention data security and confidentiality.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention data security and confidentiality.

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

BESTRAT9a2S	**Percent Expended - Data Security and Confidentiality - Surveillance**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding expended for HIV Surveillance data security and confidentiality.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance data security and confidentiality.

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

BESTRAT9a3P	**Percent Expended - Policies and Protocols - Prevention**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding expended for HIV Prevention strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

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

BESTRAT9a3S	**Percent Expended - Policies and Protocols - Surveillance**	**XSD (Schema) Name:**	

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

Definition: Strategy 9: Percent of PS18-1802 funding expended for HIV Surveillance strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

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

Num	Variable Name		
CSTRATEGY1	**Comments - Strategy 1**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 1, Data collection, analysis, and dissemination of HIV data.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 1, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY10	**Comments - Strategy 10**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 10, Monitoring and Evaluation to improve HIV surveillance, prevention, and care activities

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 10, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY11	**Comments - Strategy 11**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 11, Capacity Building and Technical Assistance.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 11, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY2	**Comments - Strategy 2**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 2, Identify persons with HIV infection and uninfected persons at risk for HIV infection, HIV testing in non-healthcare settings.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 2, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

Num	Variable Name		
CSTRATEGY3	**Comments - Strategy 3**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 3, Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 3, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY4	**Comments - Strategy 4**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 4, Comprehensive prevention with positives (CPP).

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 4, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY5	**Comments - Strategy 5**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 5, Comprehensive prevention with HIV-negative persons at risk for HIV infection.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 5, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY6	**Comments - Strategy 6**	**XSD (Schema) Name:**	

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

Definition: Jurisdiction comments for Strategy 6, Perinatal HIV Prevention and Surveillance.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 6, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

Num	Variable Name		
CSTRATEGY7	**Comments - Strategy 7**	XSD (Schema) Name:	

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

Definition: Jurisdiction comments for Strategy 7, Community-level HIV prevention activities.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 7, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY8	**Comments - Strategy 8**	XSD (Schema) Name:	

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

Definition: Jurisdction comments for Strategy 8, Integrated HIV Prevention and Care Planning.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 8, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

CSTRATEGY9	**Comments - Strategy 9**	XSD (Schema) Name:	

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

Definition: Jurisdiction comments for Strategy 9, Strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 9, if applicable.

Business rule HIV Testing: Not applicable
Partner Services: Not applicable
Budget: Allowed, but not required

NHME Variables and Values

Additional HIV Testing Requirements: CDC-directly funded CBOs only

Table: CBOTEST Additional HIV Testing Variables, CDC-directly funded CBOs only

This table is completed by all CDC directly funded community-based organizations.

Num   *Variable Name*

CBOTEST001 **Target Population(s)**   **XSD (Schema) Name:**

Value Option: Choose only one **Format Type:** **Alpha-Numeric** **Min Length:** **1** **Max Length:** **3**

Definition:	The client belongs to the population(s) targeted by the CBO's targeted HIV testing program.
Instructions:	Indicate whether the client belongs to the primary or secondary population(s) targeted by your agency's targeted HIV testing program.
Business rule	HIV Testing: Required, see detailed business rule Partner Services: Not applicable Detailed business rule: Should be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18). 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*

NHME Variables and Values

Num	Variable Name		
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 CDC-directly funded CBOs (X137=13 or 14 or 17 or 18). 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-tunded 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*

NHME Variables and Values

Num	Variable Name		
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 CDC-directly funded CBOs (X137=13 or 14 or 17 or 18).

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*

NHME Variables and Values

Num	Variable Name			
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 the CBO's 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 HIV testing program
Business rule	HIV Testing: Required, see detailed business rule Partner Services: Not applicable Detailed business rule: Should only be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18). 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	*Referred to non-occupational post-exposure prophylaxis (nPEP), HIV-negative*	*Client was referred to non-occupational post-exposure prophylaxis (nPEP), HIV-negative only*

NHME Variables and Values

Num	Variable Name	
RF11	*Referred to pre-exposure prophylaxis (PrEP), HIV-negative*	*Client was referred to pre-exposure prophylaxis (PrEP), HIV-negative only*
RF12	*Referred to screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative*	*Client was referred to screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative only*
RF13	*Referred to screening for viral hepatitis, HIV-negative*	*Client was referred to screening for viral hepatitis, HIV-negative only*
RF14	*Referred to screening for TB/TB infection, HIV-negative*	*Client was referred to screening for latent or active strains of tuberculosis, HIV-negative only*
RF15	*Referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative*	*Client was referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-negative only*
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, or tokens*

Num	Variable Name	
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.
RF27	Referred to primary medical care	Client was referred to primary medical care (PS17-1704 only)
RF28	Referred to violence prevention services	Client was referred to violence prevention services (PS17-1704 only)
RF29	Referred to education services for hormone replacement therapy (HRT) and sex reassignment procedures	Client was referred to educational services for HRT and sex reassignment procedures (PS17-1704 only)
RF3	Referred to screening for STDs (syphilis, gonorhea, 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.

NHME Variables and Values

Num	Variable Name		
CBOTEST005	**Date client attended first medical care appointment (PS17-1704 only)**	**XSD (Schema) Name:**	

Value Option: N/A   **Format Type: MM/DD/YYYY**   **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 calendar month, day, and year the client attended his/her first medical care appointment.

Enter 01/01/1800 if date is unknown.

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

Detailed business rule: Required for PS17-1704 (X137=17 or 18) clients with a positive HIV test (testResultValueCode=1) who were referred to medical care (referredToMedicalCare = 1) and attended first appointment (firstMedicalCareAppointment=2).

Not expected for clients without a positive HIV test (testResultValueCode not 1) or those with a positive HIV test who did not attend the first medical care appointment (firstMedicalCareAppointment = 3 or 4 or 5 or 99,

Not expected if funding announcement is not PS17-1704 (X137 ≠ 17 or 18)

NHME Variables and Values

CBO Client Summary Requirements

Table: CBOCL   CBO Client Summary Variables

This table is completed by all CDC directly funded community-based organizations funded by PS15-1502.

Num   *Variable Name*

CBOCL003   **Client Record Number**   **XSD (Schema) Name:**

Value Option: N/A   **Format Type: Number**   **Min Length: 1**   **Max Length: 32**

Definition: A locally developed, unique-client number used to distnguish 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 and PS17-1704 (X137=13 or 14 or 17 or 18).

Not expected otherwise.

NHME Variables and Values

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.

Num	*Variable Name*		
Z03c	**Schema Version Number**	**XSD (Schema) Name:**	**SchemaVersionNumber**

Value Option: Enter one value only   **Format Type: Number**   **Min Length: 1**   **Max Length: 10**

Definition:	Specifies the version of the XSD which has been used to validate the XML file.
Instructions:	This value will be hard coded within the schema. The number should exactly match the version number specified in the appropriate XSD.
Business rule	Applicable only for XML uploads after January 2013.

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*