

## 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.

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name</i>
<b>A01</b>	<b>Agency Name</b>	<b>XSD (Schema) Name: agencyName</b>
<b>Value Option: N/A</b>		
<b>Format Type: Alpha-Numeric</b>		
<b>Min Length: 1</b>		
<b>Max Length: 100</b>		
<i>Definition:</i>	The official legal name of the agency or organization.	
<i>Instructions:</i>	Enter the official legal name of the agency funded by CDC to provide HIV prevention programs. Please note: for jurisdictions that upload CT data, there is currently no way to enter the actual name of the agency via XML upload. The system substitutes the Agency ID for the name. System administrators can log into EvaluationWeb® and update this field to their actual name.	
<i>Business rule</i>	HIV Testing: Required Partner Services: Allowed, but not reported to CDC	
<b>A01a</b>	<b>Agency ID</b>	<b>XSD (Schema) Name: agencyId</b>
<b>Value Option: N/A</b>		
<b>Format Type: Alpha-Numeric</b>		
<b>Min Length: 1</b>		
<b>Max Length: 32</b>		
<i>Definition:</i>	An alpha-numeric identification used to uniquely identify an agency.	
<i>Instructions:</i>	Enter the unique agency ID generated by the CDC-funded agency. If using EvaluationWeb for direct key entry, this number may be automatically generated by that system.	
<i>Business rule</i>	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



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## NHME Variables and Values

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<i>Num</i>	<i>Variable Name</i>	
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



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
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	XSD (Schema) Name: CBOAgencyID
<b>A28</b>	<b>CBO Agency ID</b>	
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 5      Max Length: 5</b>
<i>Definition:</i>	An alpha-numeric identification assigned by CDC to community-based organizations that CDC has directly funded since January 1, 2012.	
<i>Instructions:</i>	Enter the CDC assigned CBO Agency ID.	
<i>Business rule</i>	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



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
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



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
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



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
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





# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
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



# NHME Variables and Values

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	
<b>S01</b>	<b>Site ID</b>	<b>XSD (Schema) Name: siteld</b>

**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



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# NHME Variables and Values

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<i>Num</i>	<i>Variable Name</i>			
<b>S03</b>	<b>Service Delivery Site Name</b>	<b>XSD (Schema) Name: site/name</b>		
<b>Value Option: N/A</b>		<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>
<i>Definition:</i>	The official name of the agency's HIV prevention site of service delivery.			
<i>Instructions:</i>	Enter the official name of the site where your agency provides HIV prevention services. The Site Name must be unique for each site supported by your agency. If your agency's services are delivered at the same place your administrative office is located, then this site will automatically be entered in EvaluationWeb. Note: Please provide the official name for your agency's HIV prevention site, even though some staff and community residents may refer to it as something other than its official name.			
<i>Business rule</i>	HIV Testing: Required Partner Services: Allowed, but not reported to CDC			



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: siteTypeValueCode		
<b>S04</b>	<b>Site Type</b>			
<b>Value Option: Choose only one</b>		<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 3</b>	<b>Max Length: 6</b>
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	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.



## NHME Variables and Values

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.
F50	Self-test	Self-testing
F88	Non-clinical - Other	A site where prevention services are conducted other than those specified above.



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# NHME Variables and Values

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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

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# 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 abbreviation.

*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





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## NHME Variables and Values

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<i>Num</i>	<i>Variable Name</i>	
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



# NHME Variables and Values

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*

<b>CDC06</b>	<b>CDC Variable 6</b>	<b>XSD (Schema) Name: otherCdcVariable6</b>		
<b>Value Option: TBD</b>	<b>Format Type: TBD</b>	<b>Min Length: TBD</b>	<b>Max Length: TBD</b>	
<i>Definition:</i>	TBD			
<i>Instructions:</i>	TBD			
<i>Business rule</i>	HIV Testing: Allowed, but not reported to CDC Partner Services: Not applicable			
<b>CDC07</b>	<b>CDC Variable 7</b>	<b>XSD (Schema) Name: otherCdcVariable7</b>		
<b>Value Option: TBD</b>	<b>Format Type: TBD</b>	<b>Min Length: TBD</b>	<b>Max Length: TBD</b>	
<i>Definition:</i>	TBD			
<i>Instructions:</i>	TBD			
<i>Business rule</i>	HIV Testing: Allowed, but not reported to CDC Partner Services: Not applicable			
<b>CDC08</b>	<b>CDC Variable 8</b>	<b>XSD (Schema) Name: otherCdcVariable8</b>		
<b>Value Option: TBD</b>	<b>Format Type: TBD</b>	<b>Min Length: TBD</b>	<b>Max Length: TBD</b>	
<i>Definition:</i>	TBD			
<i>Instructions:</i>	TBD			
<i>Business rule</i>	HIV Testing: Allowed, but not reported to CDC Partner Services: Not applicable			
<b>CDC09</b>	<b>CDC Variable 9</b>	<b>XSD (Schema) Name: CDCVariable9</b>		
<b>Value Option: TBD</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>	
<i>Definition:</i>	This field will be dedicated for Partner Services use. Use is TBD.			
<i>Instructions:</i>	Dedicated for Partner Services			
<i>Business rule</i>				



# NHME Variables and Values

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

## Table: G1 Client Characteristics-Demographic

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

Num	Variable Name	XSD (Schema) Name: collectedDateForClient		
<b>G101</b>	<b>Date Client Demographic Data Collected</b>			
<b>Value Option: N/A</b>	<b>Format Type: MM/DD/YYYY</b>	<b>Min Length: 8</b>	<b>Max Length: 10</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Required			
	Cannot be greater than the current date at the time of data entry.			

Num	Variable Name	XSD (Schema) Name: localClientId		
<b>G103</b>	<b>Local Client ID</b>			
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 32</b>	
<i>Definition:</i>	A locally developed alpha-numeric unique client identification code used to distinguish an individual client receiving multiple services within an agency.			
<i>Instructions:</i>	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).			
<i>Business rule</i>	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.			



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
<b>G112</b>	<b>Date of Birth - Year</b>	<b>XSD (Schema) Name: birthYear</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 4      Max Length: 4</b>
<i>Definition:</i>	The calendar year in which the client was born.	
<i>Instructions:</i>	Enter the year in which the client was born. If birth year is unknown, enter 1800.	
<i>Business rule</i>	HIV Testing: Required Partner Services: Required	
	Value must be ≥ 1900 or = 1800 if birth year is unknown.	

<b>G114</b>	<b>Ethnicity</b>	<b>XSD (Schema) Name: ethnicity</b>
<b>Value Option: Choose only one</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 2      Max Length: 2</b>
<i>Definition:</i>	The client's self-report of whether they are of Hispanic or Latino origin. Standard OMB ethnicity codes are applied.	
<i>Instructions:</i>	Indicate whether the client's self-reported ethnicity of Hispanic/Latino or not Hispanic/Latino.	
<i>Business rule</i>	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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: raceValueCode
<b>G116</b>	<b>Race</b>	
<b>Value Option: Choose all that apply    Format Type: Alpha-Numeric    Min Length: 2    Max Length: 2</b>		
<i>Definition:</i>	A client's self-reported classification or classifications of the biological heritage with which they most closely identify. Standard OMB race codes are applied.	
<i>Instructions:</i>	Indicate the client's self-reported race(s) using standard OMB race codes. Record all race categories that the client reports.	
<i>Business rule</i>	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	XSD (Schema) Name: stateOfResidence
G120	State/Territory of Residence	

**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

<i>Num</i>	<i>Variable Name</i>	
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





## NHME Variables and Values

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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: <b>currentGenderValueCode</b>
<b>G124</b>	<b>Current Gender Identity</b>	
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 2</b>		
<i>Definition:</i>	The client's current self-reported gender identity. This may include one's social status, self-identification, legal status, and biology.	
<i>Instructions:</i>	Select the value that most closely describes the client's current, self-reported gender identity.	
<i>Business rule</i>	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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>G132</b>	<b>Client - County</b>	<b>clientCounty</b>
<b>Value Option: N/A</b>		
<b>Format Type: Alpha-Numeric</b>		
<b>Min Length: 3</b>		
<b>Max Length: 3</b>		
<i>Definition:</i> The county, parish, or municipality of the client's locating address.		
<i>Instructions:</i> Enter the three-digit FIPS code of the county where the client's address is located.		
<i>Business rule</i> HIV Testing: Required Partner Services: Allowed, but not reported to CDC		

Num	Variable Name	XSD (Schema) Name:
<b>G134</b>	<b>Client - Zip Code</b>	<b>clientZipCode</b>
<b>Value Option: N/A</b>		
<b>Format Type: Alpha-Numeric</b>		
<b>Min Length: 5</b>		
<b>Max Length: 10</b>		
<i>Definition:</i> The postal zip code for the client's locating address.		
<i>Instructions:</i> Enter the postal zip code of the client's locating address.		
These data are collected from clients but not reported to CDC.		
<i>Business rule</i> 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	XSD (Schema) Name:
<b>G200</b>	<b>Date Client Risk Collected</b>	<b>dateCollectedForRiskProfile</b>
<b>Value Option: N/A</b>		
<b>Format Type: MM/DD/YYYY</b>		
<b>Min Length: 8</b>		
<b>Max Length: 10</b>		
<i>Definition:</i> 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.		
<i>Instructions:</i> 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.		
<i>Business rule</i> 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*

**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	XSD (Schema) Name:
<b>G205a</b>	<b>Previous HIV Test Result</b>	<b>previousHIVTestResult</b>
<b>Value Option: Choose only one</b>		
<b>Format Type: Alpha-Numeric</b>		
<b>Min Length: 1</b>		
<b>Max Length: 2</b>		
<i>Definition:</i>	The client's result from his/her most recent HIV test confirmed through record review or surveillance.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	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.



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
<b>G209</b>	<b>Pregnant (Only If Female)</b>	<b>XSD (Schema) Name: pregnantStatusValueCode</b>

**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.



## NHME Variables and Values

**Num**                      **Variable Name**

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**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

<i>Num</i>	<i>Variable Name</i>	
<b>G211_01</b>	<b>Injection Drug Use</b>	<b>XSD (Schema) Name: injectionDrugUse</b>

**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.





# NHME Variables and Values

*Num*                      *Variable Name*

**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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>G216b</b>	<b>Vaginal or Anal Sex with a Female</b>	<b>withFemale</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 2</b>
<i>Definition:</i>	The client self-reported having vaginal or anal sex with a female in the past 12 months.	
<i>Instructions:</i>	Indicate if the client reported vaginal or anal sex in the past 12 months with a female.	
<i>Business rule</i>	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.

Num	Variable Name	XSD (Schema) Name:
<b>G216c</b>	<b>Vaginal or Anal Sex with a Transgender Person</b>	<b>withTransgender</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 2</b>
<i>Definition:</i>	The client self-reported having vaginal or anal sex with a transgender person in the past 12 months.	
<i>Instructions:</i>	Indicate if the client reported vaginal or anal sex in the past 12 months with a transgender person.	
<i>Business rule</i>	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.



## 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

**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 had sex with a female in the past 5 years.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>G402</b>	<b>Injection drug use</b>	<b>injectionDrugUse</b>
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 1</b>		
<i>Definition:</i> The client/patient reported having injected drugs/substances in the past 5 years.		
<i>Instructions:</i> Indicate if the client/patient reported having injected drugs/substances in the past 5 years.		
<i>Business rule</i> 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.

Num	Variable Name	XSD (Schema) Name:
<b>G403</b>	<b>Sex with a transgender person</b>	
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 1</b>		
<i>Definition:</i> The client/patient self-reported having sex with a transgender person in the past 5 years.		
<i>Instructions:</i> Indicate if the client/patient reported having sex in the past 5 years with a transgender person.		
<i>Business rule</i> 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

*Num*                      *Variable Name*

**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)



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>H06</b>	<b>Session Date</b>	<b>sessionDate</b>
<b>Value Option: N/A</b> <b>Format Type: MM/DD/YYYY</b> <b>Min Length: 8</b> <b>Max Length: 10</b>		
<i>Definition:</i> The calendar date (month, day, and year) on which the session was delivered to the client.		
<i>Instructions:</i> Enter the month, day, and year during which this session was delivered.		
<i>Business rule</i> 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.		

<b>H800</b>	<b>Ever heard of PrEP</b>	<b>XSD (Schema) Name: everHeardOfPrEP</b>
<b>Value Option: Choose only one</b> <b>Format Type: Number</b> <b>Min Length: 1</b> <b>Max Length: 1</b>		
<i>Definition:</i> The client/patient's awareness of HIV Pre-exposure prophylaxis (PrEP), the medication taken daily to reduce the risk for acquiring HIV infection.		
<i>Instructions:</i> Indicate if the client/patient has ever heard of PrEP.		
<i>Business rule</i> 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)



# NHME Variables and Values

Num	Variable Name			
<b>H802</b>	<b>Used PrEP anytime in the last 12 months</b>	<b>XSD (Schema) Name: usedPrEPInLast12Months</b>		
<b>Value Option: TBD</b>		<b>Format Type: Number</b>	<b>Min Length: 1</b>	<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient has used PrEP anytime in the last 12 months.			
<i>Instructions:</i>	Indicate if the client/patient used PrEP in the last 12 months.			
<i>Business rule</i>	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			
<b>PCR101</b>	<b>Case Number</b>	<b>XSD (Schema) Name: partnerServiceCaseNumber</b>		
<b>Value Option: N/A</b>		<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 32</b>
<i>Definition:</i>	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.			
<i>Instructions:</i>	Select the system-generated PS case number or enter the locally-defined case number.			
<i>Business rule</i>	HIV Testing: Required Partner Services: Mandatory			
	A case number uniquely identifies a PS case within an agency.			





# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
<b>PCR103</b>	<b>Case Open Date</b>	<b>XSD (Schema) Name: caseOpenDate</b>
<b>Value Option: N/A</b>	<b>Format Type: MM/DD/YYYY</b>	<b>Min Length: 8      Max Length: 10</b>
<i>Definition:</i>	The calendar date on which the PS case was opened at the agency.	
<i>Instructions:</i>	Enter the date on which the PS case was opened at the agency.	
<i>Business rule</i>	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.	

<b>PCR104</b>	<b>Case Close Date</b>	<b>XSD (Schema) Name: caseCloseDate</b>
<b>Value Option: N/A</b>	<b>Format Type: MM/DD/YYYY</b>	<b>Min Length: 8      Max Length: 10</b>
<i>Definition:</i>	The calendar date on which the PS case was closed at the agency.	
<i>Instructions:</i>	Enter the date on which the PS case was closed at the agency.	
<i>Business rule</i>	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.	



# NHME Variables and Values

**Num**                      **Variable Name**

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**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.



# NHME Variables and Values

**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.



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# NHME Variables and Values

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**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.



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# NHME Variables and Values

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



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
<b>X111</b>	<b>Result Provided</b>	<b>XSD (Schema) Name: provisionOfResultValueCode</b>

**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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: testType
<b>X124</b>	<b>Test Type</b>	
<b>Value Option: Choose only one</b> <b>Format Type: Number</b> <b>Min Length: 1</b> <b>Max Length: 1</b>		
<i>Definition:</i>	Refers to the type of test and technology used for determining the outcome of the current HIV test.	
<i>Instructions:</i>	Indicate the type of test used for determining the outcome of the current HIV test.	
<i>Business rule</i>	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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: hivTestResult		
<b>X125</b>	<b>HIV Test Result - Final Determination</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 2</b>
<i>Definition:</i>	The outcome of the current HIV test.			
<i>Instructions:</i>	Indicate the result of this HIV test.			
<i>Business rule</i>	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





# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>X126</b>	<b>Preliminary Positive point-of-care rapid test</b>	
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 1</b>		
<i>Definition:</i>	An indication that the client/patient had a preliminary positive point-of-care rapid test result prior to the current laboratory-based HIV test.	
<i>Instructions:</i>	Indicate if a laboratory-based test was preceded by a reactive (preliminary positive) point-of-care-rapid test.	
<i>Business rule</i>	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.

Num	Variable Name	XSD (Schema) Name:
<b>X126a</b>	<b>Specimen Collection Date of Preliminary Positive point-of-care rapid test</b>	
<b>Value Option: TBD</b>		
<b>Format Type: Date</b>		
<b>Min Length: 8</b>		
<b>Max Length: 10</b>		
<i>Definition:</i>	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.	
<i>Instructions:</i>	Enter the calendar month, day, and year of the preliminary positive point-of-care rapid test.  Enter 01/01/1800 if date is unknown	
<i>Business rule</i>	HIV Testing: Required Partner Services: Not applicable	
	Business rule: Required if X126 = 1	



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>X127</b>	<b>Tests for co-infections</b>	<b>otherTestingPerformed</b>
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 1</b>		
<i>Definition:</i>	The client/patient was tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.	
<i>Instructions:</i>	Indicate whether tests for syphilis, gonorrhea, chlamydial infection, or Hepatitis C were done in conjunction with this HIV test.	
<i>Business rule</i>	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.

Num	Variable Name	XSD (Schema) Name:
<b>X127a</b>	<b>Syphilis Test</b>	<b>syphilis/testPerformed</b>
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 1</b>		
<i>Definition:</i>	An indication of whether the client/patient was tested for syphilis in conjunction with this HIV test.	
<i>Instructions:</i>	Indicate if the client/patient received a syphilis test in conjunction with this HIV test.	
<i>Business rule</i>	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	XSD (Schema) Name:
<b>X127b</b>	<b>Gonorrhea</b>	<b>gonorrhea/testPerformed</b>
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 1</b>		
<i>Definition:</i>	An indication of whether the client/patient was tested for gonorrhea in conjunction with this HIV test.	
<i>Instructions:</i>	Indicate if the client/patient received a test for Gonorrhea in conjunction with this HIV test.	
<i>Business rule</i>	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	XSD (Schema) Name:
<b>X127c</b>	<b>Chlamydial infection</b>	<b>chlamydia/testPerformed</b>
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 1</b>		
<i>Definition:</i>	An indication of whether the client/patient was tested for chlamydial infection in conjunction with this HIV test.	
<i>Instructions:</i>	Indicate if the client/patient was tested for Chlamydial infection in conjunction with this HIV test.	
<i>Business rule</i>	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



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>X127d</b>	<b>Hepatitis C</b>	<b>hepC/testPerformed</b>
<b>Value Option: Choose only one</b> <b>Format Type: Number</b> <b>Min Length: 1</b> <b>Max Length: 1</b>		
<i>Definition:</i> An indication of whether the client/patient was tested for Hepatitis C in conjunction with this HIV test.		
<i>Instructions:</i> Indicate if the client/patient received a Hepatitis C test in conjunction with this HIV test.		
<i>Business rule</i> 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.

Num	Variable Name	XSD (Schema) Name:
<b>X135</b>	<b>Worker ID</b>	<b>workerId</b>
<b>Value Option: N/A</b> <b>Format Type: Alpha-Numeric</b> <b>Min Length: 1</b> <b>Max Length: 32</b>		
<i>Definition:</i> A unique alpha-numeric identification code used to distinguish between persons who are delivering services to clients.		
<i>Instructions:</i> 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.		
<i>Business rule</i> 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**

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**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.



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## NHME Variables and Values

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



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: clientHIVStatus
<b>X138</b>	<b>New or Previous HIV-positive Diagnosis</b>	
<b>Value Option:</b> Choose only one	<b>Format Type:</b> Number	<b>Min Length:</b> 1 <b>Max Length:</b> 2
<i>Definition:</i>	The indication of if the client/patient's HIV infection is a new diagnosis or if their infection was previously diagnosed.	
<i>Instructions:</i>	Indicate whether the current positive HIV test is a new diagnosis for this client/patient or if their infection was previously diagnosed.	
<i>Business rule</i>	HIV Testing: Required, see detailed business rule Partner Services: Required  Business rule: Completed for persons who test positive for HIV. Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)	

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



# NHME Variables and Values

<b>Num</b>	<b>Variable Name</b>	
<b>X150</b>	<b>Has the client/patient ever had a positive HIV test</b>	<b>XSD (Schema) Name: everHadPreviousPositiveTest</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number      Min Length: 1      Max Length: 2</b>
<i>Definition:</i>	The purpose of this variable is to ascertain whether a positive HIV test occurred earlier than the current HIV diagnosis date.	
<i>Instructions:</i>	Indicate if the client/patient has ever had a positive HIV test result	
<i>Business rule</i>	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

<b>X150a</b>	<b>Date of first positive HIV test</b>	<b>XSD (Schema) Name: dateOfPreviousPositiveTest</b>
<b>Value Option:</b>	<b>TBD</b>	<b>Format Type: Date      Min Length: 8      Max Length: 10</b>
<i>Definition:</i>	The calendar date (month, day, year) of the earliest known positive HIV test.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	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

## Table: X-3 Attempt to Locate

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

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.



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>
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<b>X306</b>	<b>Enrollment Status</b>	<b>XSD (Schema) Name: enrollmentStatus</b>
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<b>Value Option: Choose only one</b>	<b>Format Type: Number</b>	<b>Min Length: 2</b>	<b>Max Length: 2</b>
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*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	<i>Accepted</i>	<i>The index client or partner enrolled in PS.</i>
2	<i>Declined</i>	<i>The index client or partner chose not to enroll in PS.</i>
3	<i>Client not located</i>	<i>The index client or partner was not located.</i>



# NHME Variables and Values

*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*

**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).



# 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	XSD (Schema) Name: <b>actualNotificationMethod</b>
<b>X601</b>	<b>Actual Notification Method</b>	
<b>Value Option:</b> Choose only one	<b>Format Type:</b> Number	<b>Min Length:</b> 1 <b>Max Length:</b> 2
<i>Definition:</i>	The actual method used to notify each identified partner that they may have been exposed to HIV.	
<i>Instructions:</i>	Indicate the method used to notify each notifiable partner that they may have been exposed to HIV.	
<i>Business rule</i>	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**

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**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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>X706d</b>	<b>Date of 1st HIV Medical Appointment</b>	<b>firstMedicalCareAppointmentDate</b>
<b>Value Option: TBD</b>	<b>Format Type: Date</b>	<b>Min Length:                      Max Length: TBD</b>
<i>Definition:</i>	Date a client attended his/her HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services.	
<i>Instructions:</i>	Enter the date a client attended his/her HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services.	
<i>Business rule</i>	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	XSD (Schema) Name:
<b>X712</b>	<b>HIV Test Performed</b>	<b>HIVTestPerformed</b>
<b>Value Option: Choose only one</b>	<b>Format Type: Number</b>	<b>Min Length: 1                      Max Length: 1</b>
<i>Definition:</i>	A client received an HIV test while enrolled in partner services.	
<i>Instructions:</i>	Indicate if the client was tested for HIV while enrolled in partner services.	
<i>Business rule</i>	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

<i>Num</i>	<i>Variable Name</i>	
<b>X712a</b>	<b>Coinfection Screen</b>	<b>XSD (Schema) Name: syphilisTest</b>

**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.

<b>X712b</b>	<b>Coinfection Screen Result</b>	<b>XSD (Schema) Name: syphilisTestResult</b>
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**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.



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
<b>X714a</b>	<b>HIV Test Results Provided</b>	<b>XSD (Schema) Name: HIVTestResultsProvided</b>

**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	<i>The result of this HIV test was not provided to the partner.</i>
1	Yes	<i>The result of this HIV test was provided to the partner.</i>



# NHME Variables and Values

**Num**                      **Variable Name**

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**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

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b> housingStatusRevised
<b>X730a</b>	<b>Housing status in past 12 months - revised</b>	
<b>Value Option:</b> Enter one value only	<b>Format Type:</b> Number	<b>Min Length:</b> 1 <b>Max Length:</b> 2
<i>Definition:</i>	The client's self-report of the most unstable housing status in the past 12 months. Collection of these data began in 2013.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	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.



# NHME Variables and Values

**Num**                      **Variable Name**

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**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

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**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.



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: <b>seenMedicalCareProvider</b>
<b>X740</b>	<b>Seen a Medical Care Provider in past 6 months for HIV treatment</b>	
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 2</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	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



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>X741</b>	<b>Attended HIV medical care appointment</b>	<b>attendHIVMedicalCare</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 2</b>
<i>Definition:</i>	Indicate if the client/patient attended a medical care appointment after this positive HIV test.	
<i>Instructions:</i>	Indicate whether the client/patient attended an appointment for HIV medical care after this positive test.	
<i>Business rule</i>	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

Num	Variable Name	XSD (Schema) Name:
<b>X741a</b>	<b>Appointment Date</b>	<b>dateofMedicalCare</b>
<b>Value Option:</b>	<b>N/A</b>	<b>Format Type: Date</b>
		<b>Min Length: 10</b>
		<b>Max Length: 10</b>
<i>Definition:</i>	The calendar month, day, and year on which a client attended his/her HIV medical care appointment after this positive test.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	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**

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**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.

**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.





# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: interviewedForPS
<b>X744</b>	<b>Interviewed for partner services</b>	
<b>Value Option: Choose only one</b>		
<b>Format Type: Number</b>		
<b>Min Length: 1</b>		
<b>Max Length: 2</b>		
<i>Definition:</i>	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.	
<i>Instructions:</i>	Indicate if the client was interviewed for partner services.	
	This variable is only used for HIV testing and for reporting on HIV-positive clients.	
<i>Business rule</i>	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.

Num	Variable Name	XSD (Schema) Name: dateOfPSInterview
<b>X744a</b>	<b>Date of partner services interview</b>	
<b>Value Option: N/A</b>		
<b>Format Type: MM/DD/YYYY</b>		
<b>Min Length: 8</b>		
<b>Max Length: 10</b>		
<i>Definition:</i>	The calendar month, day, and year on which the client/patient was interviewed for partner services.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Required Partner Services: Not applicable	
	Business rule: Completed if the client/patient was interviewed for partner services (X744=1 or 2).	



# NHME Variables and Values

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b> <b>screenedForPerinatalHIVCoordination</b>
<b>X745</b>	<b>Screened for perinatal HIV service coordination needs (Only if pregnant)</b>	
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type:</b> <b>Number</b> <b>Min Length:</b> <b>1</b> <b>Max Length:</b> <b>2</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	If the client/patient is HIV-positive, indicate whether she was screened for perinatal HIV service coordination needs.	
<i>Business rule</i>	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.

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b> <b>perinatalCoordinationNeedsIdentified</b>
<b>X746</b>	<b>Perinatal HIV service coordination needs identified</b>	
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type:</b> <b>Number</b> <b>Min Length:</b> <b>1</b> <b>Max Length:</b> <b>1</b>
<i>Definition:</i>	An indication of if perinatal HIV service coordination needs were identified for the client/patient.	
<i>Instructions:</i>	If the client/patient is HIV-positive and screened for perinatal HIV service coordination needs, indicate if perinatal HIV service coordination needs were identified.	
<i>Business rule</i>	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**

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**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**

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**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



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
<b>X752b</b>	<b>Navigation services for linkage to HIV medical care - need identified</b>	<b>navOrLinkageHIVMedicalCare/needIdentified</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient was identified as needing navigation services for linkage to HIV medical care.	
<i>Instructions:</i>	Select 'Yes' if the client/patient needed navigation services for linkage to HIV medical care.	
<i>Business rule</i>	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)	

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
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

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
<b>X752c</b>	<b>Navigation services for linkage to HIV medical care - provided or referred for service</b>	<b>navOrLinkageHIVMedicalCare/provideOrReferred</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient was provided or referred to navigation services for linkage to HIV medical care.	
<i>Instructions:</i>	Indicate if the client/patient was provided or referred to navigation services for linkage to HIV medical care.	
<i>Business rule</i>	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)	

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
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



# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
<b>X752e</b>	<b>Linkage services to HIV medical care – screened for need</b>	<b>linkageServicesHIVMedicalCare/screenedFor</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient was screened for the need of linkage services to HIV medical care.	
<i>Instructions:</i>	Indicate if the client/patient was screened for the need of linkage services to HIV medical care.	
<i>Business rule</i>	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

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
<b>X752f</b>	<b>Linkage services to HIV medical care – need identified</b>	<b>linkageServicesHIVMedicalCare/needIdentified</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient was identified as needing linkage services to HIV medical care.	
<i>Instructions:</i>	Select 'Yes' if the client/patient needed linkage services for linkage to HIV medical care.	
<i>Business rule</i>	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

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>
<b>X752g</b>	<b>Linkage services to HIV medical care – provided or referred for service</b>	<b>linkageServicesHIVMedicalCare/providedOrReferred</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient was provided or referred for linkage services to HIV medical care.	
<i>Instructions:</i>	Indicate if the client/patient was provided or referred to linkage services for linkage to HIV medical care.	
<i>Business rule</i>	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

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>
<b>X753a</b>	<b>Health benefits navigation and enrollment - screened for need</b>	<b>healthBenefits/screenedFor</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether client/patients are assessed for health benefits navigation and enrollment needs.	
<i>Instructions:</i>	Indicate whether the client/patient was screened for health benefits navigation and enrollment need.	
<i>Business rule</i>	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	XSD (Schema) Name:
<b>X753b</b>	<b>Health benefits navigation and enrollment - need identified</b>	<b>healthBenefits/needIdentified</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient was identified as needing health benefits navigation and enrollment services.	
<i>Instructions:</i>	Select 'Yes' if the client/patient needed health benefits navigation and enrollment services.	
<i>Business rule</i>	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	XSD (Schema) Name:
<b>X753c</b>	<b>Health benefits navigation and enrollment services - provided or referred for service</b>	<b>healthBenefits/providedOrReferred</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	An indication of whether the client/patient was provided or referred to services for health benefits navigation and enrollment.	
<i>Instructions:</i>	Indicate if the client/patient was provided or referred to services for health benefits navigation and enrollment.	
<i>Business rule</i>	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



# NHME Variables and Values

**Num**                      **Variable Name**

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**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



# NHME Variables and Values

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>
<b>X754c</b>	<b>Medication adherence support - provided or referred to service</b>	<b>medicationAdherence/providedOrReferred</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type:</b> <b>Number</b>
		<b>Min Length:</b> <b>1</b>
		<b>Max Length:</b> <b>1</b>
<i>Definition:</i>	An indication of whether the client/patient was provided or referred to medication adherence support services.	
<i>Instructions:</i>	Indicate if the client/patient was provided or referred to services for medication adherence support.	
<i>Business rule</i>	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

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>
<b>X755a</b>	<b>Evidence-based risk reduction intervention - screened for need</b>	<b>evidenceBaseRiskReduction/screenedFor</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type:</b> <b>Number</b>
		<b>Min Length:</b> <b>1</b>
		<b>Max Length:</b> <b>1</b>
<i>Definition:</i>	An indication of whether the client/patient was assessed for evidence-based risk reduction intervention needs.	
<i>Instructions:</i>	Indicate whether the client/patient was screened for evidence-based risk reduction intervention need.	
<i>Business rule</i>	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

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>	<b>evidenceBaseRiskReduction/needIdentified</b>
<b>X755b</b>	<b>Evidence-based risk reduction intervention - need identified</b>		
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type:</b>	<b>Number</b>
		<b>Min Length:</b>	<b>1</b>
		<b>Max Length:</b>	<b>1</b>
<i>Definition:</i>	An indication of whether the client/patient was identified as needing evidence-based risk reduction intervention services.		
<i>Instructions:</i>	Select 'Yes' if the client/patient needed evidence-based risk reduction intervention services.		
<i>Business rule</i>	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

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>	<b>evidenceBaseRiskReduction/providedOrReferred</b>
<b>X755c</b>	<b>Evidence-based risk reduction intervention - provided or referred to service</b>		
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type:</b>	<b>Number</b>
		<b>Min Length:</b>	<b>1</b>
		<b>Max Length:</b>	<b>1</b>
<i>Definition:</i>	An indication of whether the client/patient was provided or referred to evidence-based risk reduction intervention services.		
<i>Instructions:</i>	Indicate if the client/patient was provided or referred to evidence-based risk reduction intervention services.		
<i>Business rule</i>	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



# NHME Variables and Values

**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

**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

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

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

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>
<b>X758a</b>	<b>Social services - screened for need</b>	<b>socialServices/screenedFor</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	Indicate whether the client/patient was screened for social services need.	
<i>Business rule</i>	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



# NHME Variables and Values

<b>Num</b>	<b>Variable Name</b>	<b>XSD (Schema) Name:</b>
<b>X758b</b>	<b>Social services - need identified</b>	<b>socialServices/needIdentified</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	Select 'Yes' if the client/patient needed social services.	
<i>Business rule</i>	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

<b>X758c</b>	<b>Social services - provided or referred to service</b>	<b>XSD (Schema) Name:</b>
		<b>socialServices/providedOrReferred</b>
<b>Value Option:</b>	<b>Choose only one</b>	<b>Format Type: Number</b>
		<b>Min Length: 1</b>
		<b>Max Length: 1</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	Indicate if the client/patient was provided or referred to social services.	
<i>Business rule</i>	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

<b>ME201a</b>	<b>Total PS18-1802-funded aggregate test events</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option:</b>	<b>TBD</b>	<b>Format Type:</b>	<b>Number</b>	<b>Min Length: 1      Max Length: 8</b>
<i>Definition:</i>	PS18-1802-funded aggregate test events are test events supported in any way by PS18-1802-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable.			
<i>Instructions:</i>	Enter the total number of PS18-1802-funded aggregate HIV test events conducted during the reporting period.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required			
<b>ME201b</b>	<b>Total reimbursed aggregate test events</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option:</b>	<b>TBD</b>	<b>Format Type:</b>	<b>Number</b>	<b>Min Length: 1      Max Length: 8</b>
<i>Definition:</i>	Reimbursed aggregate test events are done in PS18-1802-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS18-1802 because they would likely not be done in the absence of the PS18-1802-supported program, but they are not directly paid for by PS18-1802 funds.			
<i>Instructions:</i>	Enter the total number of reimbursed aggregate HIV testing events conducted during the reporting period.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required			
<b>ME202a</b>	<b>PS18-1802--funded aggregate newly diagnosed HIV-positive test events</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option:</b>	<b>TBD</b>	<b>Format Type:</b>	<b>Number</b>	<b>Min Length: 1      Max Length: 8</b>
<i>Definition:</i>	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.			
<i>Instructions:</i>	Enter the total number of PS18-1802--funded aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required			





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## NHME Variables and Values

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<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
<b>ME202b</b>	<b>Reimbursed aggregate newly diagnosed HIV-positive testing events</b>	
<b>Value Option: TBD</b>	<b>Format Type: Number</b>	<b>Min Length: 1      Max Length: 8</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	Enter the total number of reimbursed aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required	

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# 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



# NHME Variables and Values

Num	Variable Name			
<b>BASTRAT11a1S</b>	<b>Percent Allocated - Capacity Building and TA - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT11a2P</b>	<b>Percent Allocated - Geocoding - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT11a2S</b>	<b>Percent Allocated - Geocoding - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT11a1S</b>	<b>Percent Allocated - HIV Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 1: Percent of PS18-1802 funding allocated for HIV Surveillance data collection, analysis, and dissemination activities.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Surveillance data collection, analysis, and dissemination activities.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			



# NHME Variables and Values

Num	Variable Name			
<b>BASTRAT1a2P</b>	<b>Percent Allocated - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 1: Percent of PS18-1802 funding allocated for HIV Prevention data collection, analysis, and dissemination activities.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention data collection, analysis, and dissemination activities.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT2a1P</b>	<b>Percent Allocated - Routine HIV Testing, Healthcare - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding allocated for HIV Prevention routine opt-out HIV testing in healthcare settings.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention routine opt-out HIV testing in healthcare settings.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT2a2P</b>	<b>Percent Allocated - Targeted HIV Testing, non-Healthcare - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding allocated for HIV Prevention targeted HIV testing in non-healthcare settings.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention targeted HIV testing in non-healthcare settings.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT2a4P</b>	<b>Percent Allocated - D2C - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding allocated for HIV Prevention Data-to-Care (D2C) Activities.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention Data-to-Care (D2C) Activities.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BASTRAT2a4S</b>	<b>Percent Allocated - D2C - Surveillance</b>	<b>XSD (Schema) Name:</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance Data-to-Care (D2C) Activities.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Surveillance Data-to-Care (D2C) Activities.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT3a1P</b>	<b>Percent Allocated - HIV Transmission Clusters and Outbreaks - Prevention</b>	<b>XSD (Schema) Name:</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT3a1S</b>	<b>Percent Allocated - HIV Transmission Clusters and Outbreaks - Surveillance</b>	<b>XSD (Schema) Name:</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT4a1P</b>	<b>Percent Allocated - CPP, Continuum of Care - Prevention</b>	<b>XSD (Schema) Name:</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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).	
<i>Instructions:</i>	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).	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BASTRAT4a2P</b>	<b>Percent Allocated - CPP, Risk Reduction Interventions - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding allocated for risk-reduction interventions for HIV-positive persons.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for risk-reduction interventions for HIV-positive persons.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT4a3P</b>	<b>Percent Allocated - Other CPP - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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).	
<i>Instructions:</i>	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).	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT5a1P</b>	<b>Percent Allocated - Prevention with HIV-negative persons - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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	
<i>Instructions:</i>	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	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT5a2P</b>	<b>Percent Allocated - PrEP Access and Support - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PrEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention PrEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BASTRAT5a3P</b>	<b>Percent Allocated - PEP Access and Support - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention PEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT6a1P</b>	<b>Percent Allocated - Perinatal HIV Exposure Reporting - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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	
<i>Instructions:</i>	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	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT6a1S</b>	<b>Percent Allocated - Perinatal HIV Exposure Reporting - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PrEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention PrEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT6a2P</b>	<b>Percent Allocated - Perinatal HIV Surveillance Coordination - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding allocated for HIV Prevention PEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention PEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name			
<b>BASTRAT6a2S</b>	<b>Percent Allocated - Perinatal HIV Surveillance Coordination - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 funding allocated for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT7a1P</b>	<b>Percent Allocated - Community-level Prevention Activities - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 funding allocated for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT7a2P</b>	<b>Percent Allocated - SSP - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 funding allocated for HIV Prevention syringe services program (if conducted).			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention syringe services program (if conducted).			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT7a3P</b>	<b>Percent Allocated - Condom Distribution - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 funding allocated for HIV Prevention condom distribution.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention condom distribution.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			





# NHME Variables and Values

Num	Variable Name			
<b>BASTRAT8a1P</b>	<b>Percent Allocated - HIV Planning - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT8a1S</b>	<b>Percent Allocated - HIV Planning - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT9a1P</b>	<b>Percent Allocated - Health Information Infrastructure - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding allocated for HIV Prevention health information infrastructure.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention health information infrastructure.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BASTRAT9a1S</b>	<b>Percent Allocated - Health Information Infrastructure - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding allocated for HIV Surveillance health information infrastructure.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Surveillance health information infrastructure.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BASTRAT9a2P</b>	<b>Percent Allocated - Data Security and Confidentiality - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding allocated for HIV Prevention data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention data security and confidentiality.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT9a2S</b>	<b>Percent Allocated - Data Security and Confidentiality - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding allocated for HIV Surveillance data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Surveillance data security and confidentiality.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT9a3P</b>	<b>Percent Allocated - Policies and Protocols - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BASTRAT9a3S</b>	<b>Percent Allocated - Policies and Protocols - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name			
<b>BESTRAT10a1P</b>	<b>Percent Expended - Monitoring and Evaluation - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT10a1S</b>	<b>Percent Expended - Monitoring and Evaluation - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT11a1P</b>	<b>Percent Expended - Capacity Building and TA - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT11a1S</b>	<b>Percent Expended - Capacity Building and TA - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable			



# NHME Variables and Values

Num	Variable Name			
<b>BESTRAT11a2P</b>	<b>Percent Expended - Geocoding - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT11a2S</b>	<b>Percent Expended - Geocoding - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	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.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT1a1S</b>	<b>Percent Expended - HIV Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 1: Percent of PS18-1802 funding expended HIV Surveillance data collection, analysis, and dissemination activities.			
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Surveillance data collection, analysis, and dissemination activities.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT1a2P</b>	<b>Percent Expended - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 1: Percent of PS18-1802 funding expended HIV Prevention data collection, analysis, and dissemination activities.			
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention data collection, analysis, and dissemination activities.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BESTRAT2a1P</b>	<b>Percent Expended - Routine HIV Testing, Healthcare - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention routine opt-out HIV testing in healthcare settings.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention routine opt-out HIV testing in healthcare settings.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT2a2P</b>	<b>Percent Expended - Targeted HIV Testing, non-Healthcare - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention targeted HIV testing in non-healthcare settings.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention targeted HIV testing in non-healthcare settings.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT2a3P</b>	<b>Percent Expended - HIV Partner Services - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention HIV Partner Services.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention HIV Partner Services.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT2a4P</b>	<b>Percent Expended - D2C - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention Data-to-Care (D2C) Activities.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention Data-to-Care (D2C) Activities.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BESTRAT2a4S</b>	<b>Percent Expended - D2C - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance Data-to-Care (D2C) Activities.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Surveillance Data-to-Care (D2C) Activities.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT3a1P</b>	<b>Percent Expended - HIV Transmission Clusters and Outbreaks - Prevention</b>	<b>XSD (Schema) Name:</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT3a1S</b>	<b>Percent Expended - HIV Transmission Clusters and Outbreaks - Surveillance</b>	<b>XSD (Schema) Name:</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT4a1P</b>	<b>Percent Expended - CPP, Continuum of Care - Prevention</b>	<b>XSD (Schema) Name:</b>
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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).	
<i>Instructions:</i>	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).	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BESTRAT4a2P</b>	<b>Percent Expended - CPP, Risk Reduction Interventions - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding expended for risk-reduction interventions for HIV-positive persons.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for risk-reduction interventions for HIV-positive persons.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT4a3P</b>	<b>Percent Expended - Other CPP - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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).	
<i>Instructions:</i>	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).	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT5a1P</b>	<b>Percent Expended - Prevention with HIV-negative persons - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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	
<i>Instructions:</i>	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	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT5a2P</b>	<b>Percent Expended - PrEP Access and Support - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PrEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention PrEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BESTRAT5a3P</b>	<b>Percent Expended - PEP Access and Support - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention PEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT6a1P</b>	<b>Percent Expended - Perinatal HIV Exposure Reporting - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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	
<i>Instructions:</i>	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	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT6a1S</b>	<b>Percent Expended - Perinatal HIV Exposure Reporting - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PrEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention PrEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT6a2P</b>	<b>Percent Expended - Perinatal HIV Surveillance Coordination - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention PEP access and support.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	





# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BESTRAT6a2S</b>	<b>Percent Expended - Perinatal HIV Surveillance Coordination - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 funding expended for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT7a1P</b>	<b>Percent Expended - Community-level Prevention Activities - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 funding expended for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention social marketing campaigns, social media strategies, and community mobilization (if conducted).	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT7a2P</b>	<b>Percent Expended - SSP - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 funding expended for HIV Prevention syringe services program (if conducted).	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention syringe services program (if conducted).	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT7a3P</b>	<b>Percent Expended - Condom Distribution - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 funding expended for HIV Prevention condom distribution.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention condom distribution.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name			
<b>BESTRAT8a1P</b>	<b>Percent Expended - HIV Planning - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT8a1S</b>	<b>Percent Expended - HIV Planning - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT9a1P</b>	<b>Percent Expended - Health Information Infrastructure - Prevention</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding expended for HIV Prevention health information infrastructure.			
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention health information infrastructure.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			
<b>BESTRAT9a1S</b>	<b>Percent Expended - Health Information Infrastructure - Surveillance</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding expended for HIV Surveillance health information infrastructure.			
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Surveillance health information infrastructure.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required			



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>BESTRAT9a2P</b>	<b>Percent Expended - Data Security and Confidentiality - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding expended for HIV Prevention data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention data security and confidentiality.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT9a2S</b>	<b>Percent Expended - Data Security and Confidentiality - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 funding expended for HIV Surveillance data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Surveillance data security and confidentiality.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT9a3P</b>	<b>Percent Expended - Policies and Protocols - Prevention</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	
<b>BESTRAT9a3S</b>	<b>Percent Expended - Policies and Protocols - Surveillance</b>	
<b>Value Option: N/A</b>	<b>Format Type: Number</b>	<b>Min Length: 3      Max Length: 1</b>
<i>Definition:</i>	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.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Required	



# NHME Variables and Values

Num	Variable Name			
<b>CSTRATEGY1</b>	<b>Comments - Strategy 1</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>	
<i>Definition:</i>	Jurisdiction comments for Strategy 1, Data collection, analysis, and dissemination of HIV data.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			
<b>CSTRATEGY10</b>	<b>Comments - Strategy 10</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 100</b>	<b>Max Length: 1</b>	
<i>Definition:</i>	Jurisdiction comments for Strategy 10, Monitoring and Evaluation to improve HIV surveillance, prevention, and care activities			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			
<b>CSTRATEGY11</b>	<b>Comments - Strategy 11</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>	
<i>Definition:</i>	Jurisdiction comments for Strategy 11, Capacity Building and Technical Assistance.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			
<b>CSTRATEGY2</b>	<b>Comments - Strategy 2</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>	
<i>Definition:</i>	Jurisdiction comments for Strategy 2, Identify persons with HIV infection and uninfected persons at risk for HIV infection, HIV testing in non-healthcare settings.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			



# NHME Variables and Values

Num	Variable Name			
<b>CSTRATEGY3</b>	<b>Comments - Strategy 3</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>		<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>
<i>Definition:</i>	Jurisdiction comments for Strategy 3, Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			
<b>CSTRATEGY4</b>	<b>Comments - Strategy 4</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>		<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>
<i>Definition:</i>	Jurisdiction comments for Strategy 4, Comprehensive prevention with positives (CPP).			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			
<b>CSTRATEGY5</b>	<b>Comments - Strategy 5</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>		<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>
<i>Definition:</i>	Jurisdiction comments for Strategy 5, Comprehensive prevention with HIV-negative persons at risk for HIV infection.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			
<b>CSTRATEGY6</b>	<b>Comments - Strategy 6</b>	<b>XSD (Schema) Name:</b>		
<b>Value Option: N/A</b>		<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1</b>	<b>Max Length: 100</b>
<i>Definition:</i>	Jurisdiction comments for Strategy 6, Perinatal HIV Prevention and Surveillance.			
<i>Instructions:</i>	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.			
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required			



# NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
<b>CSTRATEGY7</b>	<b>Comments - Strategy 7</b>	
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1      Max Length: 100</b>
<i>Definition:</i>	Jurisdiction comments for Strategy 7, Community-level HIV prevention activities.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required	
<b>CSTRATEGY8</b>	<b>Comments - Strategy 8</b>	
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1      Max Length: 100</b>
<i>Definition:</i>	Jurisdiction comments for Strategy 8, Integrated HIV Prevention and Care Planning.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required	
<b>CSTRATEGY9</b>	<b>Comments - Strategy 9</b>	
<b>Value Option: N/A</b>	<b>Format Type: Alpha-Numeric</b>	<b>Min Length: 1      Max Length: 100</b>
<i>Definition:</i>	Jurisdiction comments for Strategy 9, Strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Instructions:</i>	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.	
<i>Business rule</i>	HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required	









# NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
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<b>CBOTEST003</b>	<b>HIV Medical Care at the time of this positive test</b>	<b>XSD (Schema) Name:</b>
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<b>Value Option:</b> Enter one value only	<b>Format Type:</b> Number	<b>Min Length:</b> 1	<b>Max Length:</b> 1
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*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	XSD (Schema) Name:
<b>CBOTEST004</b>	<b>Navigation and prevention and essential support services, HIV Testing</b>	
<b>Value Option:</b>	<b>Choose all that apply</b>	<b>Format Type:</b> Alpha-Numeric <b>Min Length:</b> 1 <b>Max Length:</b> 4
<i>Definition:</i>	The navigation, prevention, and essential support services that a client was referred to or provided as part of the CBO's HIV testing program	
<i>Instructions:</i>	Indicate all navigation, prevention, and essential support services the client was referred to or provided as part of the CBO's HIV testing program	
<i>Business rule</i>	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



# NHME Variables and Values

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, gonorrhea, and chlamydia), HIV-positive	Client was referred to screening for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive only
RF4	Referred to screening for viral hepatitis, HIV-positive	Client was referred to screening for viral hepatitis, HIV-positive only
RF5	Referred to screening for TB/TB infection, HIV-positive	Client was referred to screening for latent or active strains of tuberculosis, HIV-positive only
RF6	Referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive	Client was referred to treatment for STDs (syphilis, gonorrhea, and chlamydia), HIV-positive only
RF7	Referred to treatment or vaccination for viral hepatitis, HIV-positive	Client was referred to treatment or vaccination for viral hepatitis, HIV-positive only
RF8	Referred to treatment for TB/TB infection, HIV-positive	Client was referred to treatment for latent or active strains of tuberculosis, HIV-positive only
RF9	Referred to a High Impact Prevention (HIP) behavioral intervention, HIV-negative	Client was referred to a CDC-supported High Impact Prevention (HIP) behavioral intervention for high-risk HIV-negative persons

**CBOTEST004SP Other recommended support services, HIV testing XSD (Schema) Name:**

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

*Definition:* Description of other navigation and prevention and essential support services a client was referred to or provided

*Instructions:* Enter the type of service the client was referred to or provided

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

Detailed business rule:

Text must be entered if other prevention and essential support services (value option RF26) is selected for CBOTEST004.



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## NHME Variables and Values

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*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)

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# NHME Variables and Values

*Num*                      *Variable Name*

## *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 distinguish an individual client receiving one or more services within an agency

*Instructions:*                      Enter the unique client record number assigned by the CBO to an individual client. Client Record Number must not contain any personally identifiable information (PII).

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

Detailed business rule:  
 Must be reported by directly funded CBOs funded by PS15-1502 and PS17-1704 (X137=13 or 14 or 17 or 18).

Not expected otherwise.



# NHME Variables and Values

Num Variable Name

## 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

