#### NHME Variables and Values Data Variable Set (DVS)

Agency Level

| Table: A         | General   | Agency Info                           | rmation               |                           |   |
|------------------|---|---------------------------------------|-----------------------|---------------------------|---|
| This table is re | quired to be completed by a tion AND: 1) Provide HIV pr | all directly funded                   | d grantees. It is als |                           | es that indirectly receive CDC funds<br>unds to support the provision of HIV      |
| Num              | Variable Name   |                                       |                       |                           |   |
| A01              | Agency Name   |                                       |                       | XSD (Schema) Name         | : agencyName  |
| Value Option:    | N/A   | Format Type:                          | Alpha-Numeric         | Min Length: 1             | Max Length: 100   |
| Definition:      | The official legal name of                              | the agency or or                      | ganization.           |                           |   |
| Instructions:    |   | ns that upload C<br>substitutes the A | T data, there is cu   | rently no way to enter th | programs.<br>he actual name of the agency via<br>tors can log into EvaluationWeb® |
| Business rule    | HIV Testing: Required<br>Partner Services: Allowed      | , but not reporte                     | d to CDC              |                           |   |
| A01a             | Agency ID   |                                       |                       | XSD (Schema) Name         | agencyld  |
| Value Option:    | N/A   | Format Type:                          | Alpha-Numeric         | Min Length: 1             | Max Length: 32  |
| Definition:      | An alpha-numeric identific                              | ation used to un                      | iquely identify an a  | gency.                    |   |
| Instructions:    | Enter the unique agency I number may be automatic       |                                       |                       | ency. If using Evaluatio  | nWeb for direct key entry, this   |
| Business rule    | HIV Testing: Mandatory<br>Partner Services: Mandato     | orv                                   |                       |                           |   |



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| Num           | Variable Name                                   |   |   |                        |
|---------------|---|---|---|------------------------|
| A02           | Jurisdiction                                    |   | XSD (Schema) Name:                      | populatedAreaValueCode |
| Value Optio   | n: Choose only one                              | Format Type: Number   | Min Length: 2                           | Max Length: 3          |
| Definition:   |   | led state, territory, city area, or regic<br>n activities. Each jurisdiction has a                      |   |                        |
| Instructions: |   | te, city or territory in which your age<br>e for your state or territory, not the v<br>when applicable. | , |                        |
| Business rul  | e HIV Testing: Mandato<br>Partner Services: Req |   |   |                        |

| 01ALAlabama02AKAlaska04AZArizona05ARArkansas06CACalifornia08COColorado09CTConnecticut10DEDelaware11DCDistrict of Columbia12FLFlorida13GAGeorgia15HIHawaii16DItinois17ILIllinois18NIndiana19IAIowa20KSKansas21KYKentucky22IAMaine23MEMaryand | Code | Value Description | Value Definition     |
|---|------|-------------------|----------------------|
| 04AZArizona05ARArkansas06CACalifornia08COColorado09CTConnecticut10DEDelaware11DCDistrict of Columbia12FLFlorida13GAGeorgia16IDIdaho17ILIlinois18INIndiana20KSKansas21KYKentucky22IALuisiana23MEMaine  | 01   | AL                | Alabama              |
| 05ARArkansas06CACalifornia08COColorado09CTConnecticut10DEDelaware11DCDistrict of Columbia12FLFlorida13GAGeorgia16IDIdaho17ILIlinois18NIndiana19IAIowa20KSKentucky21KYKentucky23MEMaine  | 02   | AK                | Alaska               |
| 06CACalifornia08COColorado09CTConnecticut10DEDelaware11DCDistrict of Columbia12FLFlorida13GAGeorgia15HIHawaii16IDIdaho17ILIllinois18NIndiana19IAIowa20KSKansas21KYKentucky23MEMaine   | 04   | AZ                | Arizona              |
| 08COColorado09CTConnecticut10DEDelaware11DCDistrict of Columbia12FLFlorida13GAGeorgia15HIHawaii16IDIdaho17ILIllinois18Nhowa20KSKansas21KYKentucky22LALouisiana23MEMana  | 05   | AR                | Arkansas             |
| 09CTConnecticut10DEDelaware11DCDistrict of Columbia12FLFlorida13GAGeorgia15HIHawaii16IDIdaho17ILIllinois18INIndiana20KSKansas21KYKentucky23MEMaine  | 06   | СА                | California           |
| 10DEDelaware11DCDistrict of Columbia12FLFlorida13GAGeorgia15HIHawaii16IDIdaho17ILIllinois18INIndiana20KSKansas21KYKentucky22LALouisiana23MEMane   | 08   | СО                | Colorado             |
| 11DCDistrict of Columbia12FLFlorida13GAGeorgia15HIHawaii16IDIdaho17ILIllinois18INIndiana19IAIowa20KSKansas21KYKentucky22IALouisiana23MEMaine  | 09   | CT                | Connecticut          |
| 12FLFlorida13GAGeorgia15HIHawaii16IDIdaho17ILIllinois18INIndiana19IAIowa20KSKansas21KYKentucky22LALouisiana23MEMaine  | 10   | DE                | Delaware             |
| 13GAGeorgia15HIHawaii16IDIdaho17ILIllinois18INIndiana19IAIowa20KSKansas21KYKentucky22LALouisiana23MEMaine   | 11   | DC                | District of Columbia |
| 15HIHawaii16IDIdaho17ILIllinois18INIndiana19IAIowa20KSKansas21KYKentucky22LALouisiana23MEMaine  | 12   | FL                | Florida              |
| 16IDIdaho17ILIllinois18INIndiana19IAIowa20KSKansas21KYKentucky22LALouisiana23MEMaine  | 13   | GA                | Georgia              |
| 17ILIllinois18INIndiana19IAIowa20KSKansas21KYKentucky22LALouisiana23MEMaine   | 15   | HI                | Наwаіі               |
| 18INIndiana19IAIowa20KSKansas21KYKentucky22LALouisiana23MEMaine   | 16   | ID                | Idaho                |
| 19IAIowa20KSKansas21KYKentucky22LALouisiana23MEMaine  | 17   | IL                | Illinois             |
| 20KSKansas21KYKentucky22LALouisiana23MEMaine  | 18   | IN                | Indiana              |
| 21KYKentucky22LALouisiana23MEMaine  | 19   | IA                | Iowa                 |
| 22LALouisiana23MEMaine  | 20   | KS                | Kansas               |
| 23 ME Maine   | 21   | КҮ                | Kentucky             |
|   | 22   | LA                | Louisiana            |
| 24 MD Maryland  | 23   | ME                | Maine                |
|   | 24   | MD                | Maryland             |



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| Num | Variable Name |                                |
|-----|---------------|--------------------------------|
| 25  | MA            | Massachusetts                  |
| 26  | МІ            | Michigan                       |
| 27  | MN            | Minnesota                      |
| 28  | MS            | Mississippi                    |
| 29  | МО            | Missouri                       |
| 30  | МТ            | 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  | ОН            | 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                           |



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| Num           | Variable Name  |  |
|---------------|--|--|
| 68            | МН   | 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 direct   | ctly-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<br>upload. The system substitutes the CBO ID for the name. Sy<br>update this field to their actual name. |  |
| Business rule | HIV Testing: Required, see business rule<br>Partner Services: Not applicable   |  |
|               | Business rule for HIV testing:<br>Required for testing events funded by PS10-1003, PS11-11<br>6 or 8 or 9 or 11 or 13 or 14).<br>Not expected otherwise.               | 13 Category A or B, PS13-1310, and PS15-1502 (X137=5 or      |



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



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| um    | Variable Name  |  |
|-------|--|--|
| CA013 | CA Prostitutes Education Project   | CDC directly funded community-based organization, Oakland, CA        |
| CA014 | HIV Prevention Project of Alameda County                                   | CDC directly funded community-based organization, Oakland, CA        |
| CA015 | La Clinica De la Raza, Inc.  | CDC directly funded community-based organization, Oakland, CA        |
| CA016 | Center for AIDS Research Education & Services                              | CDC directly funded community-based organization, Sacramento, CA     |
| CA017 | Family Health Centers of San Diego   | CDC directly funded community-based organization, San Diego, CA      |
| CA018 | Asian and Pacific Islander Wellness Center                                 | CDC directly funded community-based organization, San Francisco, CA  |
| CA019 | Larkin St. Youth Services  | CDC directly funded community-based organization, San Francisco, CA  |
| CA020 | Stop AIDS Project  | CDC directly funded community-based organization, San Francisco, CA  |
| CA021 | Centerforce  | CDC directly funded community-based organization, San Rafael, CA     |
| CA022 | Tarzana Treatment Centers, Inc.  | CDC directly funded community-based organization, Tarzana, CA        |
| CA023 | AIDS Services Foundation Orange County                                     | CDC directly funded community-based organization, Irvine, CA         |
| CA024 | Centro de Salud de San Ysidro dba San Ysidro Health Center                 | CDC directly funded community-based organization, San Diego, CA      |
| CA025 | Black AIDS Institute/African-American AIDS Policy & Training Institute     | CDC directly funded community-based organization, Los Angeles, C     |
| 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, D      |
| DC002 | Deaf-REACH   | CDC directly funded community-based organization, Washington, D      |
| DC003 | Sasha Bruce Youthwork, Inc.  | CDC directly funded community-based organization, Washington, D      |
| DC004 | The Women's Collective   | CDC directly funded community-based organization, Washington, D      |
| DC005 | Us Helping Us, People Into Living, Inc.                                    | CDC directly funded community-based organization, Washington, D      |
| 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, D      |
| DC008 | Family and Medical Counseling Service, Inc.                                | CDC directly funded community-based organization, Washington, D      |
| 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          |
|       |  |  |



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Num Variable Name

|       | Valiable Nallie   |  |
|-------|---|--|
| 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    |



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Num Variable Name I A002 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 NO/AIDS Task Force LA004 CDC directly funded community-based organization, New Orleans, LA MA001 Boston Medical Center CDC directly funded community-based organization, Boston, MA Fenway Community Health Center MA002 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 Whittier Street Health Services MA005 CDC directly funded community-based organization, Roxbury, MA MD001 Women Accepting Responsibility CDC directly funded community-based organization, Baltimore, MD MD002 CDC directly funded community-based organization, Gaithersburg, Identity, Inc. 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, N.I NJ003 Newark Beth Israel Medical Center CDC directly funded community-based organization, Newark, NJ CDC directly funded community-based organization, Newark, NJ NJ004 Newark Community Health Centers NJ005 North Jersev AIDS Alliance (dba North Jersev Community Research CDC directly funded community-based organization. Newark. NJ Initiative) 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



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



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| ım    | 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<br>Management)   | CDC directly funded community-based organization, Philadelphia, Pr      |
| 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,<br>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, T.       |
|       |   |   |



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| ım    | 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, V |
| V1002 | Helping Others in a Positive Environment, Inc. (HOPE)       | CDC directly funded community-based organization, St. Thomas, VI   |
| V1003 | Frederiksted Health Care, Inc.                              | CDC directly funded community-based organization, St. Croix, VI    |
| WA001 | Neighborhood House  | CDC directly funded community-based organization, Seattle, WA      |
| WA002 | People of Color Against AIDS Network                        | CDC directly funded community-based organization, Seattle, WA      |
| WI001 | Diverse and Resilient, Inc.                                 | CDC directly funded community-based organization, Milwaukee, WI    |

#### Table: S

Site Information

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

| Num           | Variable Name   |
|---------------|---|
| S01           | Site ID XSD (Schema) Name: siteId   |
| Value Option: | N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 32   |
| Definition:   | A unique alpha-numeric identification code used to distinguish the locations where an agency delivers the HIV prevention service.   |
|               | A site ID is unique to an agency.   |
|               | For Partner services (PS), the Site ID distinguishes between the agency site locations and should identify the locality where the PS case is assigned (i.e., the county health department).   |
| Instructions: | Indicate the unique alpha-numeric ID that will be used to link prevention services delivered by a particular agency to a specific geographic area and type of setting. If using EvaluationWeb for direct key entry, this ID may be generated for you. |
|               | If a mobile van is used, an agency may assign the same ID to sites that are of the same type AND located within the same zip code (e.g., all churches in 39126).  |
| Business rule | HIV Testing: Mandatory<br>Partner Services: Mandatory   |



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



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| um           | Variable Name   |                              |                      |   |                       |  |                 |
|--------------|---|------------------------------|----------------------|---|-----------------------|--|-----------------|
| 04           | Site Type   |                              |                      | XSD (Schema) N  | ame:                  | siteTypeValueCo  | de              |
| alue Option: | Choose only one   | Format Type:                 | Alpha-Numeric        | Min Length:   | 3                     | Max Length:  | 6               |
| efinition:   | The setting of the location the PS case is assigned   |                              | vention services a   | re provided. For PS   | S, this is            | s the type of local  | agency to which |
| structions:  | 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. |                              |                      |   |                       |  |                 |
| usiness rule | HIV Testing: Required<br>Partner Services: Req  | uired                        |                      |   |                       |  |                 |
| Code         | Value Description   |                              |                      | Value Definition  |                       |  |                 |
| F01.01       | Clinical - Inpatient hos  | pital                        |                      |   |                       | medical care to patien<br>are receiving those ser                                      |                 |
| F02.12       | Clinical - TB clinic  |                              |                      |   |                       | facility that specializes<br>e and prevention servi                                    |                 |
| F02.19       | Clinical - Substance al   | buse treatment facility      |                      | A non-residential hea<br>chemical dependency  |                       | facility that provides an<br>ent services.   | cohol and       |
| F02.51       | Clinical - Community h  | ty health center             |                      | A non-residential health care facility that provides primary and<br>preventative health care services to the members of a community<br>which it is located. |                       |  |                 |
| F03          | Clinical - Emergency c  | lepartment                   |                      | '   | ersons re             | c staffed and equipped<br>equiring immediate me  | ,               |
| F04.05       | Non-clinical - HIV testi  | ng site                      |                      | A facility or non-facilit<br>counseling and testin  |                       | setting where HIV pre<br>es are provided.  | vention         |
| F06.02       | Non-clinical - Commur   | nity setting - School/educa  | ational facility     | A building or place wi<br>learning and instruction  |                       | ividuals receive knowle  | edge through    |
| F06.03       | Non-clinical - Commur   | nity setting - Church/moso   | que/synagogue/temple | A building where a gr<br>gather for prayer.   | oup of p              | eople who adhere to a  | a common faith  |
| F06.04       | Non-clinical - Commu  | nity Setting - Shelter/trans | itional housing      |   | ate the r             | des supportive housin<br>novement of homeles.<br>g.                                    |                 |
| F06.05       | Non-clinical - Commur   | nity setting - Commercial    | facility             |   |                       | ility (e.g., beauty salor<br>prevention services ma                                    |                 |
| F06.07       | Non-clinical - Commur   | nity setting - Bar/club/adu  | lt entertainment     | and alcoholic beverage  | ges, and<br>loor show | cally open at night, us<br>often provides music<br>w which may depict, d<br>xcitement. | and space for   |
| F06.08       | Non-clinical - Commur   | nity setting - Public area   |                      | An area, environment<br>whole such as a park  |                       | ext that is open to the street.  | community as a  |



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| т           | Variable Name  |  |
|-------------|--|--|
| F06.12      | Non-clinical – Community setting – Individual re                                   | dence 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-healthc                                 | e A penal or correctional facility, prison, jail detention center,<br>community-based rehabilitation center, or any similar institution<br>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<br>to a patient as part of regular, ambulatory care, and sometimes<br>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-<br>prescription drugs and/or medical equipment are dispensed. Primar<br>care clinical services may be provided by a practicing nurse or<br>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.<br>The facility may provide various treatments for the teeth, e.g.<br>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<br>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<br>clinician's usual place of business, except for Correctional Institution<br>Inpatient, or Residential Care for adults or children. An example ma<br>be the clients' home or place of employment. |
| F15         | Non-clinical - Community Setting - Syringe excl                                    | nge program A facility or center where clients may exchange used hypodermic<br>needles for sterile needles.  |
| F40         | Mobile Unit  | A specialized vehicle used to provide HIV prevention services beyon<br>the transport of agency staff to the field and/or for client recruitment.   |
| F88         | Non-clinical - Other   | A site where prevention services are conducted other than those specified above.   |
| 8           | Site - County  | XSD (Schema) Name: site/county   |
| ue Option:  | Choose only one Format Type:   | Ipha-Numeric Min Length: 3 Max Length: 3   |
| finition:   | The county, parish, or municipality where the                                      | agency's site of service delivery is physically located.   |
| tructions:  | Indicate the FIPS code of the county where codes are unique within a jurisdiction. | he site of service delivery is physically located. Note: Site County FIPS  |
| siness rule | HIV Testing: Required<br>Partner Services: Allowed, but not reported               |  |



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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. Select the value code (numeric FIPS code, not state/territory abbreviation) for the name of the state, territory or district Instructions: where the site you entered for variable S03: Site Name is located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico. The value codes are numeric FIPS codes and contain leading zeros. Do not submit your state or territory abbrevision. HIV Testing: Required Business rule 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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| 25<br>26<br>27<br>28 | MA<br>MI<br>MN | Massachusetts<br>Michigan      |
|----------------------|----------------|--------------------------------|
| 27                   | MN             | Michigan                       |
|                      |                |                                |
| 28                   |                | Minnesota                      |
|                      | MS             | Mississippi                    |
| 29                   | МО             | Missouri                       |
| 30                   | МТ             | 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                   | ОН             | Ohio                           |
| 40                   | ОК             | 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                           |



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| Num           | Variable Name  |  |
|---------------|--|--|
| 68            | МН   | Marshall Islands   |
| 69            | MP   | Northern Mariana Islands   |
| 70            | PW   | Palau  |
| 72            | PR   | Puerto Rico  |
| 78            | VI   | Virgin Islands of the U.S.                                       |
| 510           | Site - Zip Code  | XSD (Schema) Name: site/zip                                      |
| /alue Option: | N/A Format Type: Alpha-Numeric   | Min Length: 5 Max Length: 10                                     |
| Definition:   | The postal zip code associated with the site where services a Site ID and Site Type. | are provided. The site's postal zip code is linked to the unique |
| nstructions:  | Enter the postal zip code for the site of service delivery.                          |  |
| Business rule | HIV Testing: Required<br>Partner Services: Allowed, but not reported to CDC          |  |
|               |  |  |
| Code          | Value Description  | Value Definition   |
|               | #####-####   | Only the 5 digit zip code is required.                           |



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Num

Variable Name

#### Client Level

| Table: CD         |  | se Variables             |                      |            |                  |     |
|-------------------|--|--------------------------|----------------------|------------|------------------|-----|
| This table is for | r CDC use only. All variab                           | les are defined by the ( | CDC for grantee use. |            |                  |     |
| Num               | Variable Name  |                          |                      |            |                  |     |
| CDC06             | CDC Variable 6                                       |                          | XSD (Sch             | ema) Name: | otherCdcVariable | e6  |
| Value Option:     | TBD  | Format Type: TBD         | Min Lei              | ngth: TBD  | Max Length:      | TBD |
| Definition:       | TBD  |                          |                      |            |                  |     |
| Instructions:     | TBD  |                          |                      |            |                  |     |
| Business rule     | HIV Testing: Allowed, bu<br>Partner Services: Not ap |                          |                      |            |                  |     |
| CDC07             | CDC Variable 7                                       |                          | XSD (Sch             | ema) Name: | otherCdcVariable | e7  |
| Value Option:     | TBD  | Format Type: TBD         | Min Le               | ngth: TBD  | Max Length:      | TBD |
| Definition:       | TBD  |                          |                      |            |                  |     |
| Instructions:     | TBD  |                          |                      |            |                  |     |
| Business rule     | HIV Testing: Allowed, bu<br>Partner Services: Not a  |                          |                      |            |                  |     |
| CDC08             | CDC Variable 8                                       |                          | XSD (Sch             | ema) Name: | otherCdcVariable | e8  |
| Value Option:     | TBD  | Format Type: TBD         | Min Le               | ngth: TBD  | Max Length:      | TBD |
| Definition:       | TBD  |                          |                      |            |                  |     |
| Instructions:     | TBD  |                          |                      |            |                  |     |
| Business rule     | HIV Testing: Allowed, bu<br>Partner Services: Not a  |                          |                      |            |                  |     |
| CDC09             | CDC Variable 9                                       |                          | XSD (Sch             | ema) Name: | CDCVariable9     |     |
| Value Option:     | TBD  | Format Type: Alph        | na-Numeric Min Le    | ngth: 1    | Max Length:      | 100 |
| Definition:       | This field will be dedicate                          | ed for Partner Services  | use. Use is TBD.     |            |                  |     |
| Instructions:     | Dedicated for Partner Se                             | ervices                  |                      |            |                  |     |
|                   |  |                          |                      |            |                  |     |



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| Num                               | Variable Name   |                 |                       |                             |  |
|-----------------------------------|---|-----------------|-----------------------|-----------------------------|--|
| CDC10                             | CDC Variable 10   |                 |                       | XSD (Schema) Name:          | CDCVariable10  |
| Value Option:                     | TBD   | Format Type:    | Alpha-Numeric         | Min Length: 1               | Max Length: 100  |
| Definition:                       | This field will be dedicated                                  | for Partner Ser | vices use. Use is 1   | BD.                         |  |
| Instructions:                     | Dedicated for Partner Servi                                   | ces             |                       |                             |  |
| Business rule                     |   |                 |                       |                             |  |
| Table: G1                         | Client Ch   | aracteristic    | s-Demograph           | ic                          |  |
| This table is re<br>HIV testing). | quired to be completed by all                                 | agencies that   | provide HIV prever    | ntion interventions or serv | ices individually to clients (e.g.,                                    |
| Num                               | Variable Name   |                 |                       |                             |  |
| G101                              | Date Client Demograp  | hic Data Colle  | cted                  | XSD (Schema) Name:          | collectedDateForClient   |
| Value Option:                     | N/A   | Format Type:    | MM/DD/YYYY            | Min Length: 8               | Max Length: 10   |
| Definition:                       | The date on which client de intake date or the date of the    |                 |                       |                             | ting to CDC, this should be the  |
| Instructions:                     | Enter the date that client de<br>before the intervention begi |                 | ta are collected. Th  | s should be the intake da   | te or the date of the first session                                    |
| Business rule                     | HIV Testing: Not applicable<br>Partner Services: Required     |                 |                       |                             |  |
|                                   | Cannot be greater than the                                    | current date a  | t the time of data e  | ntry.                       |  |
| G103                              | Local Client ID   |                 |                       | XSD (Schema) Name:          | localClientId  |
| /alue Option:                     | N/A   | Format Type:    | Alpha-Numeric         | Min Length: 1               | Max Length: 32   |
| Definition:                       | A locally developed alpha-n multiple services within an a     |                 | client identification | code used to distinguish    | an individual client receiving   |
| Instructions:                     |   |                 |                       |                             | y or state. This code should not<br>e.g., birth date, month and year). |
| Business rule                     | HIV Testing: Allowed, but n<br>Partner Services: Mandator     |                 | CDC                   |                             |  |
|                                   | This ID must be unique for                                    | each client. At | a minimum this ID     | needs to be unique withir   | n an agency.   |



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| Num           | Variable Name                                    |                      |                        |                           |                              |
|---------------|--|----------------------|------------------------|---------------------------|------------------------------|
| G112          | Date of Birth - Year                             |                      |                        | XSD (Schema) Name         | birthYear                    |
| /alue Option: | N/A  | Format Type:         | Number                 | Min Length: 4             | Max Length: 4                |
| efinition:    | The calendar year in wh                          | ch the client was    | born.                  |                           |                              |
| nstructions:  | Enter the year in which t                        | he client was borr   | n. If birth year is un | known, enter 1800.        |                              |
| Business rule | HIV Testing: Required<br>Partner Services: Requi | red                  |                        |                           |                              |
|               | Value must be ≥ 1900 o                           | r = 1800 if birth ye | ar is unknown.         |                           |                              |
| 6114          | Ethnicity  |                      |                        | XSD (Schema) Name         | ethnicity                    |
| alue Option:  | Choose only one                                  | Format Type:         | Alpha-Numeric          | Min Length: 2             | Max Length: 2                |
| efinition:    | The client's self-report o                       | f whether they are   | of Hispanic or Lati    | no origin. Standard OME   | ethnicity codes are applied. |
| nstructions:  | Indicate whether the clie                        | nt's self-reported   | ethnicity of Hispani   | c/Latino or not Hispanic/ | Latino.                      |
| Business rule | HIV Testing: Required<br>Partner Services: Requi | red                  |                        |                           |                              |
|               |  |                      |                        |                           |                              |
| Code          | Value Description                                |                      |                        | Value Definition          |                              |

| 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<br>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.  |



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| Num           | Variable Name  |   |  |
|---------------|--|---|--|
| G116          | Race   | XSD (Schema) Name: raceValueCode  |  |
| Value Option: | Choose all that apply                                | Format Type: Alpha-Numeric Min Length: 2 Max Length: 2  |  |
| Definition:   | A client's self-reported cl<br>Standard OMB race cod | ssification or classifications of the biological heritage with which they most closely identify. s are applied.                                 |  |
| Instructions: | Indicate the client's self-<br>reports.              | ported race(s) using standard OMB race codes. Record all race categories that the client  |  |
| Business rule |  | e detailed business rule regarding multiple responses<br>d, see detailed business rule regarding multiple responses                             |  |
|               |  | be selected if value code $\neq$ 55 or 77 or 99. Not specified should only be selected if ethnicity is ty = 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<br>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<br>South America (including Central America), and who maintains tribal<br>affiliation or community attachment.  |
| R2   | Asian                               | A person having origins in any of the original peoples of the Far East,<br>Southeast Asia, or the Indian Subcontinent including, for example,<br>Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the<br>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,<br>Guam, Samoa, or other Pacific Islands.  |
| R5   | White                               | A person having origins in any of the original peoples of Europe, the<br>Middle East, or North Africa.   |



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Num Variable Name G120 State/Territory of Residence XSD (Schema) Name: stateOfResidence Value Option: Choose only one Format Type: Number Min Length: 2 Max Length: 2 Definition: The state, territory or district where the client was residing at the time of service delivery. Instructions: Select the value code for the state, territory or district where the client lives at the time services are delivered. In some cases, where the client lives may not be the same as where the client is receiving HIV prevention services. For example, a person could reside in one state (or jurisdiction) but drive to another state to receive HIV testing out of fear of having their privacy or confidentiality exposed. Leading zeros are retained as the value codes are FIPS codes. HIV Testing: Required Business rule 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   | СА                | California           |
| 08   | CO                | Colorado             |
| 09   | СТ                | 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   | КҮ                | Kentucky             |
| 22   | LA                | Louisiana            |
| 23   | ME                | Maine                |
| 24   | MD                | Maryland             |
| 25   | МА                | Massachusetts        |



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| Num | Variable Name |                                |
|-----|---------------|--------------------------------|
| 26  | МІ            | Michigan                       |
| 27  | MN            | Minnesota                      |
| 28  | MS            | Mississippi                    |
| 29  | МО            | Missouri                       |
| 30  | МТ            | 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  | ОН            | Ohio                           |
| 40  | ОК            | 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  | МН            | Marshall Islands               |



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| 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  | e 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<br>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<br>birth. |



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| Num   | Variable Name   |   |  |  |  |  |
|---|---|---|--|--|--|--|
| G124  | Current Gender le   | dentity   | XSD (Schema) Name:   | currentGenderValueCode   |  |  |
| Value Option: Choose only one Format Type: Number |   | Format Type: Number   | Min Length: 1  | Max Length: 2  |  |  |
| Definition:                                       | The client's current se biology.  | elf-reported gender identity. This ma                               | y include one's social status  | , self-identification, legal status, and   |  |  |
| Instructions:                                     | Select the value that most closely describes the client's current, self-reported gender identity. |   |  |  |  |  |
| Business rule                                     | HIV Testing: Required<br>Partner Services: Rec  |   |  |  |  |  |
| Code  | Value Description   |   | Value Definition   |  |  |  |
| 1   | Male  |   | A person who identifies as a male and whose behavioral, cultural, or<br>psychological traits are typically associated with the male sex. |  |  |  |
| 2   | Female  |   | '  | A person who identifies as a female and whose behavioral, cultural,<br>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<br>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 - Unspe   | cified  |  | or birth sex is male or female but whose<br>render identity differs from that which was  |  |  |
| 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 ider  |  |  |  |
| G124a   | Specify Current G   | Gender Identity   | XSD (Schema) Name:   | otherCurrentGender   |  |  |
| Value Option:                                     | N/A   | Format Type: Alpha-Numer  | ric Min Length: 1  | Max Length: 50   |  |  |
| Definition:                                       | The additional specific   | cation of Current Gender Identity if                                | G124 = 89 "Additional (speci   | fy)".  |  |  |
| Instructions:                                     | Specify the current ge  | ender identity if G124 = 89 "Addition                               | al (specify)".   |  |  |  |
| Business rule                                     |   | d, see detailed business rule<br>quired, see detailed business rule |  |  |  |  |
|   | Detailed business rule<br>Required if current ge  | nder is 'Additional specify' (current                               |  | 60)  |  |  |

Not expected if current gender isn't 'Additional specify' (currentGenderValueCode not 89).



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|   | Variable Name  |   |   |   |
|---|--|---|---|---|
| 6132  | Client - County  |   | XSD (Schema) Name:  | clientCounty  |
| alue Option:  | N/A  | Format Type: Alpha-Numeric  | Min Length: 3   | Max Length: 3   |
| Definition:   | The county, parish, or n   | nunicipality of the client's locating add   | Iress.  |   |
| nstructions:  | Enter the three-digit FIF  | PS code of the county where the clien   | t's address is located.   |   |
| Business rule   | HIV Testing: Required<br>Partner Services: Allow                                   | ed, but not reported to CDC   |   |   |
| 6134  | Client - Zip Code  |   | XSD (Schema) Name:  | clientZipCode   |
| alue Option:  | N/A  | Format Type: Alpha-Numeric  | Min Length: 5   | Max Length: 10  |
| efinition:  | The postal zip code for  | the client's locating address.  |   |   |
| nstructions:  | Enter the postal zip cod   | e of the client's locating address.   |   |   |
|   | These data are collecte  | d from clients but not reported to CD0  | C.  |   |
| Business rule   | HIV Testing: Allowed, b<br>Partner Services: Allow                                 | ut not reported to CDC<br>ed, but not reported to CDC   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
| Code  | Value Description  |   | Value Definition  |   |
| Code  | Value Description ####################################                             |   | Value Definition<br>Only the 5 digit zip code is n  | nandatory.  |
|   | #####-#####  | Characteristics-Risk Profile  |   | nandatory.  |
| <b>Fable:</b> G2  | #########<br>Client (<br>equired to be completed b                                 | Characteristics-Risk Profile<br>y all agencies when data are collecte   | Only the 5 digit zip code is n  |   |
| <b>Fable:</b> G2  | ##### ####<br>Client (   | y all agencies when data are collecte   | Only the 5 digit zip code is n  |   |
| <b>Fable:</b> G2<br>his table is re<br>ervices delive   | #########<br>Client (<br>equired to be completed b                                 | y all agencies when data are collecte   | Only the 5 digit zip code is n  |   |
| Table: G2<br>his table is re<br>ervices delive  | #########<br>Client (<br>equired to be completed b<br>ered individually (e.g., HIV | y all agencies when data are collecte<br>( testing).  | Only the 5 digit zip code is n<br>d on individual clients. Th   | -   |
| Table: G2   | ######################################   | y all agencies when data are collecte<br>( testing).  | Only the 5 digit zip code is n<br>d on individual clients. Th   | is could be part of interventions or  |
| Table: G2<br>This table is re<br>ervices delive<br>Ium  | ######################################   | y all agencies when data are collecte<br>' testing).<br>Dilected<br>Format Type: MM/DD/YYYY<br>ile data are collected. For reporting to   | Only the 5 digit zip code is n<br>d on individual clients. Th<br>XSD (Schema) Name:<br>Min Length: 8                              | is could be part of interventions or<br>dateCollectedForRiskProfile<br>Max Length: 10   |
| <b>Fable:</b> G2         his table is received address delived         lum         3200         dalue Option:         Definition: | ######################################   | y all agencies when data are collected<br>f testing).<br>Dilected<br>Format Type: MM/DD/YYYY<br>ile data are collected. For reporting to<br>vention begins.<br>these risk profile data are collected. | Only the 5 digit zip code is n<br>d on individual clients. Th<br>XSD (Schema) Name:<br>Min Length: 8<br>o CDC, this should be the | is could be part of interventions or<br>dateCollectedForRiskProfile<br>Max Length: 10<br>intake date or the date of the first |
| Table: G2<br>his table is re<br>ervices delive<br>lum<br>2200<br>Value Option:  | ######################################   | y all agencies when data are collected<br><b>Format Type: MM/DD/YYYY</b><br>ile data are collected. For reporting to<br>vention begins.<br>these risk profile data are collected.<br>begins.<br>able  | Only the 5 digit zip code is n<br>d on individual clients. Th<br>XSD (Schema) Name:<br>Min Length: 8<br>o CDC, this should be the | is could be part of interventions or<br>dateCollectedForRiskProfile<br>Max Length: 10<br>intake date or the date of the first |



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| Num           | Variable Name   |   |  |  |  |
|---------------|---|---|--|--|--|
| G200_1        | Client Behavioral Risk Profile  |   | XSD (Schema) Name: noClientRiskFactors |  |  |
| Value Option  | n: Choose only one  | Format Type: Number   | Min Length: 1                          | Max Length: 2  |  |
| Definition:   | An indication of whether the client was asked about behavioral risk factors and why behavioral risk data may not be available. A risk may have been identified during the 12 month recall period; a risk may not have been identified during the 12 month recall period; the provider may not have asked the client about his or her risks; or, the client was asked but declined to provide behavioral risk information. |   |  |  |  |
|               |   | on of variable G221 (XSD schema<br>12 HIV test template. Variable G22 |  | ). The value codes have changed to<br>schema name has remained the |  |
| Instructions: | Indicate outcome of at  | empt to complete a behavioral risk                                    | profile.                               |  |  |
| Business rule | HIV Testing: Required Partner Services: Required  | uired   |  |  |  |
|               |   |   |  |  |  |

| Value Option: Choose only one Format Type: Number |                         |                                     | Min Length: 1  | Max Length: 2                                   |
|---|-------------------------|-------------------------------------|--|---|
| G204  | Previous HIV Test       |                                     | XSD (Schema) Name  | : previousHivTestValueCode                      |
| 77  | Client declined to disc | cuss behavioral risk factors        | The client declined or was u   | unwilling to discuss his or her risk factors.   |
| 66  | Client was not asked    | about behavioral risk factors       | The provider did not ask the   | e client about his or her risk factors.         |
| 5   | Client was asked but    | no behavioral risks were identified | The client reports that none of the listed risk factors may have pla<br>the client at potential risk for HIV exposure and/or transmission. |   |
| 1   | Client completed a be   | havioral risk profile               | The client completed a beh   | avioral risk profile and risks were identified. |
| Code  | Value Description       |                                     | Value Definition   |   |

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.

HIV Testing: Required Business rule 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. |



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Num Variable Name G205 Self-Reported HIV Test Result XSD (Schema) Name: hivStatusValueCode Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2 Definition: The client's self-reported result from his/her most recent HIV test. Instructions: If the client reports having had a previous HIV test (i.e. G204: Previous HIV Test = "Yes"), then indicate the client's selfreported HIV test result. When asking about the "Self-Reported Test Result" it is very important to ask about the test result from the most recent HIV test because that will reflect the client's current HIV serostatus. Ensure that the client understands that he or she is being asked to report his or her test results and not what he or she believes their status to be. Business rule HIV Testing: Required, see detailed business rule Partner Services: Not applicable Detailed business rule: Required if previous HIV test was done (previousHivTestValueCode = 1). Not expected if previous HIV test wasn't done (previousHivTestValueCode=0) or client doesn't know (=99), wasn't asked (=66) or declined to answer (=77).

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



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| Num           | Variable Name   |                    |                     |  |                        |  |
|---------------|---|--------------------|---------------------|--|------------------------|--|
| 3205a         | Previous HIV Test   | Result             |                     | XSD (Schema)                                   | Name:                  | previousHIVTestResult  |
| alue Option:  | Choose only one   | Format Type:       | Alpha-Numeric       | Min Length:                                    | 1                      | Max Length: 2  |
| Definition:   | The client's result from  | his/her most recen | t HIV test confirme | d through record re                            | eview o                | r surveillance.  |
| nstructions:  | If the client reports having had a previous HIV test (i.e., G204: Previous HIV Test = "Yes"), then indicate the client's HIV test result as found using a record review or surveillance report. If no report found, may use self-report as alternative. |                    |                     |  |                        |  |
| Business rule | HIV Testing: Not applic<br>Partner Services: Requ   |                    |                     |  |                        |  |
| Code          | Value Description   |                    |                     | Value Definition                               |                        |  |
| 1             | Record Found- Positive  | 9                  |                     |  | w, other               | as reported by a medical care provider,<br>record review, other database (e.g.,<br>boratory report.  |
| 2             | Record Found-Negativ  | e                  |                     |  | w, other               | e as reported by a medical care provider,<br>record review, other database (e.g.,<br>boratory report.  |
| 3             | Record Found- Prelimi   | nary Positive      |                     | conventional confirm                           | natory tes<br>w, other | <sup>7</sup> rapid test but has not received a<br>st as reported by a medical care provider,<br>record review, other database (e.g.,<br>boratory report. |
| 4             | Record Found-Indetern   | ninate             |                     | HIV-positive or HIV-                           | negative<br>w, other   | nclusively indicate whether he or she is<br>as reported by a medical care provider,<br>record review, other database (e.g.,<br>boratory report.          |
| 5             | No Record Found-Self  | Report Negative    |                     | The client reports th                          | at his or              | her HIV status is negative.  |
| 6             | No Record Found-Self  | Report Positive    |                     | The client reports th<br>confirmatory test res |                        | her HIV status is positive based on a  |
| 7             | No Record Found- No   | Self Report        |                     | record review, other                           | record r               | a medical care provider, medical<br>eview, other database (e.g., CareWare),<br>ort and the client did not provide an HIV                                 |



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| Num   | Variable Name   |  |  |   |  |
|---|---|--|--|---|--|
| G209  | Pregnant (Only If Female)   |  | XSD (Schema) Name: pregnantStatusValueCode |   |  |
| Value Option:   | Choose only one   | Format Type: Number  | Min Length: 1                              | Max Length: 2                           |  |
| Definition:   | The self-reported pregnancy status of a client with a preliminary or confirmed positive HIV test.   |  |  |   |  |
|   | -   | ata were collected for only confirmed al, RNA, NAAT or other test) or prelir | •  |   |  |
| 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<br>Partner Services: Not  | , see detailed business rule<br>applicable                                   |  |   |  |
| Detailed business rule:<br>Required for birth gender fema |   | :<br>der females (birthGenderValueCode=                                      | 2) with any positive HIV te                | st (X125 = 1 or 2 or 6 or 7 or 8 or 9). |  |
|   |   |  |  |   |  |
| Code  | Value Description   |  | Value Definition                           |   |  |

| 0000 | 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.        |



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| Num           | Variable Name   |                                   |  |
|---------------|---|-----------------------------------|--|
| G210          | In Prenatal Care (Only if Pregnant)   |                                   | XSD (Schema) Name: prenatalCareStatusValueCode   |
| Value Option: | Choose only one   | Format Type: Numbe                | Min Length: 1 Max Length: 2  |
| Definition:   | The self-reported stat  | us of the HIV-positive pregna     | nt client's receipt of regular health care during pregnancy.   |
|               |   | ,                                 | nfirmed positive pregnant female clients. Currently, they are collected her 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 | usiness rule HIV Testing: Required<br>Partner Services: Not applicable  |                                   |  |
|               | Detailed business rule<br>Required for pregnant   | e:<br>females (pregnantStatusVali | ueCode=1).   |
|               |   |                                   |  |
| Code          | Value Description   |                                   | Value Definition   |

| 1 | 100 | Ó. | 1       | 6   |
|---|-----|----|---------|-----|
|   | 1 . |    | DI      | 102 |
| 6 | 1   |    |         |     |
| ļ | ん   |    | 1.11200 |     |

0

1

66

77

99

No

Yes

Not asked

Don't know

Declined to answer

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The client reports she is not currently receiving prenatal care.

The provider did not ask the client if she was currently receiving

The client declines or is unwilling to report if she is currently receiving

The client reports that she is unaware if she is currently receiving

The client reports she is currently receiving prenatal care.

prenatal care.

prenatal care.

prenatal care.

| Num           | Variable Name  |                                    |   |  |
|---------------|--|------------------------------------|---|--|
| G211_01       | Injection Drug Use                                   |                                    | XSD (Schema) Name:  | injectionDrugUse                                   |
| Value Option: | Choose only one                                      | Format Type: Number                | Min Length: 1   | Max Length: 2                                      |
| Definition:   | The client self-reported u silicon, etc.).           | se in the past 12 months of any in | njection drugs/substances (                                 | including narcotics, hormones,                     |
| Instructions: | Indicate if the client repo                          | rted having used injection drugs v | vithin the last 12 months.                                  |  |
| Business rule | HIV Testing: Not applica<br>Partner Services: Requir |                                    |   |  |
| Code          | Value Description                                    |                                    | Value Definition  |  |
| 0             | No   |                                    | Client indicates that he/she past 12 months.                | did not engage in injection drug use in the        |
| 1             | Yes  |                                    | Client indicates that he/she 12 months.                     | engaged in injection drug use in the past          |
| 66            | Not Asked  |                                    | The provider did not ask the<br>drug use in the past 12 mor | e client that he/she engaged in injection<br>hths. |



77

Declined to Answer

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The client declines or is unwilling to report if he/she engaged in injection drug use in the past 12 months.

| Num           | Variable Name  |  |   |   |                                      |
|---------------|--|--|---|---|--------------------------------------|
| G211_08       | Share Drug Injec   | tion Equipment   |   | XSD (Schema) Name:  | shareDrugInjectionEquipment          |
| Value Option: | Choose only one  | Format Type:   | Number                                  | Min Length: 1   | Max Length: 2                        |
| Definition:   | inition: The client self-reported whether or not he/she shared hypodermic needles the last 12-months. This variable should only be completed if client has re Injection Drug Use = "Yes"). |  |   |   |                                      |
| Instructions: | Indicate if the client reported sharing hypodermic needles, syringes, or other injection drug equipment within the last 12 months.   |  |   |   |                                      |
| Business rule | HIV Testing: Required<br>Partner Services: Red   |  |   |   |                                      |
|               | (injectionDrugUse=1)<br>Not expected if a clien<br>Not expected if client  | I risks were reported<br>nt reported no injecti<br>reported no behavio<br>ehavioral risk factors | on drug use (inj<br>oral risk factors ( | actors=1) and client reported<br>ectionDrugUse=blank, 0, 99)<br>(noClientRiskFactors=5), was<br>actors=77), or status of beha | sn't asked (noClientRiskFactors=66), |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client indicates injection drug equipment wasn't shared in the past 12 months.  |
| 1    | Yes               | Client indicates injection drug equipment was shared in the past 12 months.   |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if injection drug equipment was shared in the last 12 months. Do not<br>select 'don't know' if the client was not asked. |



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| Num           | Variable Name  |   |                                    |   |
|---------------|--|---|------------------------------------|---|
| G212          | Additional Client Ri   | sk Factors  | XSD (Schema) Name:                 | additionalClientRiskFactors   |
| Value Option: | Choose all that apply  | Format Type: Number   | Min Length: 1                      | Max Length: 2   |
| Definition:   |  | in the past 12 months involve an<br>t's sexual risk for HIV exposure a  | 0                                  | these are additional factors that                                     |
| Instructions: | Complete this variable if the client reported anal or vagi variables G216a, G216b or G216c: Vaginal or Anal Ses gender of the client's partner. Multiple addional risks ca |   | n the past 12 months. Note, t      | 5   |
| Business rule | 0  | ee detailed business rule<br>ed, but not reported to CDC  |                                    |   |
|               | (withMale=1), with a fem   | vioral risk profile was collected (n<br>ale (withFemale=1) or with a tran<br>ot report any additional risk factor | isgender person (withŤransg<br>rs. | vaginal or anal sex with a male<br>ender=1) was reported, however can |

Not expected if a client reported no behavioral risk factors (noClientRiskFactors=5), client wasn't asked about risk factors (noClientRiskFactors=66), client declined to discuss risk factors (noClientRiskFactors=77).

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



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| Num           | Variable Name  |                     |  |               |
|---------------|--|---------------------|--|---------------|
| 6             | With person who exchanges sex for drugs/money  |                     | The client has had a sex with a person who he or she knows exchanges sex for drugs/money.  |               |
| 8             | With anonymous partner   |                     | The client has had sex with a person whose identity was unknown to<br>the client. A person's identity is a set of behavioral or personal<br>characteristics by which that person is known. This can include<br>information about a person's name, address, and habits that allow the<br>client to identify the person. |               |
| G216a         | Vaginal or Anal Sex with a Male  |                     | XSD (Schema) Name: withMale  |               |
| Value Option: | Choose only one  | Format Type: Number | Min Length: 1  | Max Length: 2 |
| Definition:   | The client self-reported having vaginal or anal sex with a male in the past 12 months. |                     |  |               |
| Instructions: | Indicate if the client reported vaginal or anal sex in the past 12 months with a male. |                     |  |               |
| Business rule | HIV Testing: Not applicable<br>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. |



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| Num           | Variable Name  |                                      |  |  |
|---------------|--|--------------------------------------|--|--|
| G216b         | Vaginal or Anal S  | ex with a Female                     | XSD (Schema) Name:   | withFemale   |
| Value Option: | Choose only one  | Format Type: Number                  | Min Length: 1  | Max Length: 2  |
| Definition:   | The client self-reporte  | d having vaginal or anal sex with a  | female in the past 12 months                                   | S.   |
| Instructions: | Indicate if the client reported vaginal or anal sex in the past 12 months with a female. |                                      |  |  |
| Business rule | HIV Testing: Not appli<br>Partner Services: Req  |                                      |  |  |
| Code          | Volue Description  |                                      | Value Definition   |  |
| Code<br>0     | Value Description  |                                      | Client indicates that he or sh                                 | ne did not have vaginal or anal sex with a                         |
|               |  |                                      | female in the past 12 month                                    | S.   |
| 1             | Yes  |                                      | Client indicates that he or sh<br>in the past 12 months.       | ne had vaginal or anal sex with a female                           |
| 66            | Not Asked  |                                      | The provider did not ask the<br>sex with a female in the pas   | client that he or she had vaginal or anal<br>t 12 months.          |
| 77            | Declined to Answer   |                                      | The client declines or is unw<br>anal sex with a female in the | villing to report if he or she had vaginal or<br>e past 12 months. |
| G216c         | Vaginal or Anal S  | ex with a Transgender Person         | XSD (Schema) Name:   | withTransgender  |
| Value Option: | Choose only one  | Format Type: Number                  | Min Length: 1  | Max Length: 2  |
| Definition:   | The client self-reporte  | d having vaginal or anal sex with a  | transgender person in the pa                                   | st 12 months.  |
| Instructions: | Indicate if the client re  | ported vaginal or anal sex in the pa | st 12 months with a transger                                   | nder person.   |
| Business rule | HIV Testing: Not appli   | cable                                |  |  |

| 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. |  |



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| Variable Name   |   |   |  |
|---|---|---|--|
| Vaginal or Anal S   | Sex without a Condom with a Male  | tith a Male XSD (Schema) Name: withMaleWithoutCondom  |  |
| Choose only one   | Format Type: Number   | Min Length: 1   | Max Length: 2  |
| The client self-reported  | ed having unprotected vaginal or anal s   | ex with a male in the pas   | t 12 months.   |
| Indicate if the client reported unprotected (without a condom) vaginal or anal sex in the past 12 months with a male. |   |   | e past 12 months with a male.  |
| <b>3</b> 1  | -   |   |  |
| Required if a client be<br>(withMale=1).<br>Not expected if sex w<br>Not expected if client<br>behavioral risks (noC  | with male was not reported (moc<br>with male was not reported (withMale = l<br>was asked and no behavioral risk facto<br>lientRiskFactors= 5, 66 or 77).  | blank, 0 or 99).<br>ors were reported, wasn't   | asked or declined to discuss   |
|   | Vaginal or Anal S<br>Choose only one<br>The client self-reporte<br>Indicate if the client re<br>HIV Testing: Require<br>Partner Services: Allo<br>Detailed business rul<br>Required if a client be<br>(withMale=1).<br>Not expected if sex w<br>Not expected if client<br>behavioral risks (noC | Vaginal or Anal Sex without a Condom with a Male         Choose only one       Format Type: Number         The client self-reported having unprotected vaginal or anal s       Indicate if the client reported unprotected (without a condom         HIV Testing: Required, see detailed business rule       Partner Services: Allowed, but not reported to CDC         Detailed business rule:       Required if a client behavioral risk profile was collected (noC (withMale=1).         Not expected if sex with male was not reported (withMale = I)       Not expected if client was asked and no behavioral risk factor behavioral risks (noClientRiskFactors= 5, 66 or 77). | Vaginal or Anal Sex without a Condom with a Male       XSD (Schema) Name         Choose only one       Format Type: Number       Min Length: 1         The client self-reported having unprotected vaginal or anal sex with a male in the pas       Indicate if the client reported unprotected (without a condom) vaginal or anal sex in th         HIV Testing: Required, see detailed business rule       Partner Services: Allowed, but not reported to CDC         Detailed business rule:       Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and (withMale=1).         Not expected if sex with male was not reported (withMale = blank, 0 or 99).       Not expected if client was asked and no behavioral risk factors were reported, wasn't |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a male without a condom in the past 12 months.  |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a male without a condom in the past 12 months.   |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a male without a condom in<br>the past 12 months. Do not select 'don't know' if the client was not<br>asked. |



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| Num           | Variable Name   |   |   |                              |
|---------------|---|---|---|------------------------------|
| G217b         | Vaginal or Anal Sex without a Condom with a<br>Female   |   | XSD (Schema) Name: withFemaleWithoutCor |                              |
| Value Option: | Choose only one   | Format Type: Number   | Min Length: 1                           | Max Length: 2                |
| Definition:   | The client self-reporte   | d having unprotected vaginal or ana                           | I sex with a female in the pa           | ast 12 months.               |
| Instructions: | Indicate if the client reported unprotected (without a condom) vaginal or anal sex in the past 12 months with a female. |   |   |                              |
| Business rule | <b>0</b> ,  | d, see detailed business rule<br>wed, but not reported to CDC |   |                              |
|               | Detailed business rule<br>Required if a client be   | e:<br>havioral risk profile was collected (n                  | oClientRiskFactors=1) and s             | sex with female was reported |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a female without a condom in the past 12 months   |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a female without a condom in the past 12 months  |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a female without a condom in<br>the past 12 months. Do not select 'don't know' if the client was not<br>asked. |



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| Num   | Variable Name   |  |   |   |
|---|---|--|---|---|
| G217c   | Vaginal or Anal Sex without a Condom with a<br>Transgender Person   |  | XSD (Schema) Name: withTrangenderWithoutCond              |   |
| Value Option:   | Choose only one F   | Format Type: Number  | Min Length: 1   | Max Length: 2                             |
| Definition:   | The client self-reported having unprotected vaginal or anal sex with a transgender person in the past 12 months.                    |  | on in the past 12 months.                                 |   |
| Instructions:   | Indicate if the client reported unprotected (without a condom) vaginal or anal sex in the past 12 months with a transgender person. |  |   |   |
| Business rule   | HIV Testing: Required, see detailed business rule<br>Partner Services: Allowed, but not reported to CDC                             |  |   |   |
| Detailed business rule:<br>Required if a client behavioral risk profile was collected<br>reported (withTransgender=1).<br>Not expected if sex with transgender person was not re<br>Not expected if client was asked and no behavioral risl<br>behavioral risks (noClientRiskFactors= 5, 66 or 77).<br>Not expected if status of behavioral risk profile collection |   | 1).<br>hsgender person was not reported<br>sked and no behavioral risk facto<br>skFactors= 5, 66 or 77). | d (withTransgender = blank<br>rs were reported, wasn't as | , 0 or 99).<br>ked or declined to discuss |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a transgender person without a condom in the past 12 months   |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a transgender person without a condom in the past 12 months  |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a transgender person without<br>a condom in the past 12 months. Do not select 'don't know' if the<br>client was not asked. |



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| Variable Name   |  |   |   |
|---|--|---|---|
| Vaginal or Anal S   | Sex with a Male IDU  | XSD (Schema) Name   | withMaleIDU   |
| : Choose only one   | Format Type: Number  | Min Length: 1   | Max Length: 2   |
| The client self-reporte   | ed having vaginal or anal sex with an  | identified IDU male partner   | in the past 12 months.  |
| Indicate if the client re   | eported vaginal or anal sex with an ic   | dentified or known male IDU   | partner in the past 12 months.  |
| <b>o</b> ,  | -  |   |   |
| Required if a client be<br>(withMale=1).<br>Not expected if sex w | ehavioral risk profile was collected (n<br>rith male was not reported (withMale  | = blank, 0 or 99).  |   |
|   | Vaginal or Anal S<br>Choose only one<br>The client self-reporte<br>Indicate if the client re<br>HIV Testing: Require<br>Partner Services: Allo<br>Detailed business rul<br>Required if a client be<br>(withMale=1).<br>Not expected if sex w | Vaginal or Anal Sex with a Male IDU           : Choose only one         Format Type: Number           The client self-reported having vaginal or anal sex with an Indicate if the client reported vaginal or anal sex with an id           Indicate if the client reported vaginal or anal sex with an id           HIV Testing: Required, see detailed business rule           Partner Services: Allowed, but not reported to CDC           Detailed business rule:           Required if a client behavioral risk profile was collected (no (withMale=1)).           Not expected if sex with male was not reported (withMale | Vaginal or Anal Sex with a Male IDU       XSD (Schema) Name:         : Choose only one       Format Type: Number       Min Length: 1         The client self-reported having vaginal or anal sex with an identified IDU male partner       Indicate if the client reported vaginal or anal sex with an identified or known male IDU         HIV Testing: Required, see detailed business rule       Partner Services: Allowed, but not reported to CDC         Detailed business rule:       Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and set its profile was collected (noClientRiskFactors=1) |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a male IDU in the past 12 months  |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a male IDU in the past 12 months   |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a male IDU in the past 12<br>months. Do not select 'don't know' if the client was not asked. |



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| Variable Name   |  |   |   |
|---|--|---|---|
| Vaginal or Anal Sex with a Female IDU   |  | XSD (Schema) Name:  | withFemaleIDU   |
| : Choose only one   | Format Type: Number  | Min Length: 1   | Max Length: 2   |
| The client self-reported  | ed having vaginal or anal sex with an  | identified IDU female partne  | er in the past 12 months.   |
| Indicate if the client reported vaginal or anal sex with an identified or known female IDU partner in the past 12 months. |  |   |   |
| <b>0</b>  | -  |   |   |
| Required if a client be<br>(withFemale=1).<br>Not expected if sex w   | ehavioral risk profile was collected (n<br>vith female was not reported (withFer   | male = blank, 0 or 99).   |   |
|   | Vaginal or Anal S<br>Choose only one<br>The client self-reported<br>Indicate if the client ref<br>HIV Testing: Require<br>Partner Services: Allo<br>Detailed business rul<br>Required if a client bo<br>(withFemale=1).<br>Not expected if sex w | Vaginal or Anal Sex with a Female IDU           : Choose only one         Format Type: Number           The client self-reported having vaginal or anal sex with an Indicate if the client reported vaginal or anal sex with an id           HIV Testing: Required, see detailed business rule           Partner Services: Allowed, but not reported to CDC           Detailed business rule:           Required if a client behavioral risk profile was collected (n (withFemale=1).           Not expected if sex with female was not reported (withFer | Vaginal or Anal Sex with a Female IDU       XSD (Schema) Name:         : Choose only one       Format Type: Number       Min Length: 1         The client self-reported having vaginal or anal sex with an identified IDU female partner       Indicate if the client reported vaginal or anal sex with an identified or known female ID         HIV Testing: Required, see detailed business rule       Partner Services: Allowed, but not reported to CDC         Detailed business rule:       Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and set and set allowed) |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a female IDU in the past 12 months  |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a female IDU in the past 12 months   |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a female IDU in the past 12<br>months. Do not select 'don't know' if the client was not asked. |



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| G218c       Vaginal or Anal Sex with a Transgender IDU       XSD (Schema) Name: withTransgenderIDU         Value Option: Choose only one       Format Type: Number       Min Length: 1       Max Length: 2         Definition:       The client self-reported having vaginal or anal sex with an identified transgender IDU partner in the past 12 months.         Instructions:       Indicate if the client reported vaginal or anal sex with an identified transgender IDU partner in the past 12 months.         Business rule       HIV Testing: Required, see detailed business rule<br>Partner Services: Allowed, but not reported to CDC         Detailed business rule:       Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person ware reported (withTransgender=1).         Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).         Not expected if sex with transgender person set or 77).         Not expected if status of behavioral risk profile collection is missing (noClientRiskFactors = blank). | Num           | Variable Name   |                     |   |               |
|--|---------------|---|---------------------|---|---------------|
| Definition:       The client self-reported having vaginal or anal sex with an identified transgender IDU partner in the past 12 months.         Instructions:       Indicate if the client reported vaginal or anal sex with an identified transgender IDU partner in the past 12 months.         Business rule       HIV Testing: Required, see detailed business rule<br>Partner Services: Allowed, but not reported to CDC         Detailed business rule:       Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person was reported (withTransgender=1).<br>Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).<br>Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).  | G218c         | Bc         Vaginal or Anal Sex with a Transgender IDU         XSD (Schema) Name: with Transgender IDU   |                     | withTransgenderIDU                            |               |
| Instructions: Indicate if the client reported vaginal or anal sex with an identified transgender IDU partner in the past 12 months.<br>Business rule HIV Testing: Required, see detailed business rule Partner Services: Allowed, but not reported to CDC<br>Detailed business rule:<br>Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person was reported (withTransgender=1).<br>Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).<br>Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).  | Value Option: | Choose only one   | Format Type: Number | Min Length: 1                                 | Max Length: 2 |
| Business rule       HIV Testing: Required, see detailed business rule         Partner Services: Allowed, but not reported to CDC         Detailed business rule:         Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person was reported (withTransgender=1).         Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).         Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss behavioral risks (noClientRiskFactors= 5, 66 or 77).   | Definition:   | The client self-reported having vaginal or anal sex with an identified transgender IDU partner in the past 12 months.   |                     |   |               |
| Partner Services: Allowed, but not reported to CDC<br>Detailed business rule:<br>Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person we<br>reported (withTransgender=1).<br>Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).<br>Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss<br>behavioral risks (noClientRiskFactors= 5, 66 or 77).  | Instructions: | Indicate if the client reported vaginal or anal sex with an identified transgender IDU partner in the past 12 months.   |                     |   |               |
| Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person wa<br>reported (withTransgender=1).<br>Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).<br>Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss<br>behavioral risks (noClientRiskFactors= 5, 66 or 77).   | Business rule | <b>6 1 1</b>  |                     |   |               |
|  |               | Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and sex with transgender person w<br>reported (withTransgender=1).<br>Not expected if sex with transgender person was not reported (withTransgender = blank, 0 or 99).<br>Not expected if client was asked and no behavioral risk factors were reported, wasn't asked or declined to discuss<br>behavioral risks (noClientRiskFactors= 5, 66 or 77). |                     | nk, 0 or 99).<br>asked or declined to discuss |               |
| Code Value Description Value Definition  |               |   |                     |   |               |

| Code | Value Description | Value Definition   |
|------|-------------------|--|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a transgender IDU in the past 12 months  |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a transgender IDU in the past 12 months   |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a transgender IDU in the<br>past 12 months. Do not select 'don't know' if the client was not asked. |



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| Num           | Variable Name   |   |   |   |                            |    |
|---------------|---|---|---|---|----------------------------|----|
| G219a         | Vaginal or Anal Sex with HIV-Positive Male  |   | XSD (Schema) Name:                            | XSD (Schema) Name: withMaleHIVPositive  |                            |    |
| Value Option: | Choose only one   | Format Type:  | Number  | Min Length: 1   | Max Length: 2              |    |
| Definition:   | The client self-reported  | d having vaginal or a   | anal sex with                                 | an HIV-positive male partner ir   | the past 12 months.        |    |
| Instructions: | Indicate if the client reported having vaginal or anal sex with a known or identified months.           |   |   | with a known or identified HIV  | -positive male in the past | 12 |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Allowed, but not reported to CDC |   |   |   |                            |    |
|               | (withMale=1).<br>Not expected if sex wi<br>Not expected if client v<br>behavioral risks (noCli          | havioral risk profile was not rep<br>was asked and no b<br>entRiskFactors= 5, | orted (withMa<br>ehavioral risk<br>66 or 77). | (noClientRiskFactors=1) and s<br>le = blank, 0 or 99).<br>factors were reported, wasn't<br>n is missing (noClientRiskFact | asked or declined to discu |    |

| Code | Value Description | Value Definition   |
|------|-------------------|--|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a HIV positive male in the past 12 months  |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a HIV positive male in the past 12 months   |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a HIV positive male in the<br>past 12 months. Do not select 'don't know' if the client was not asked. |



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| Num           | Variable Name   |  |
|---------------|---|--|
| G219b         | Vaginal or Anal Sex with HIV-Positive Female  | XSD (Schema) Name: withFemaleHIVPositive                         |
| Value Option: | Choose only one Format Type: Number   | Min Length: 1 Max Length: 2                                      |
| Definition:   | The client self-reported having vaginal or anal sex with  | n an HIV-positive female partner in the past 12 months.          |
| Instructions: | Indicate if the client reported having vaginal or anal semonths.  | ex with a known or identified HIV-positive female in the past 12 |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Allowed, but not reported to CDC |  |
|               | (withFemale=1).<br>Not expected if sex with female was not reported (with                               | sk factors were reported, wasn't asked or declined to discuss    |

| Code | Value Description | Value Definition   |
|------|-------------------|--|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a HIV positive female in the past 12 months  |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a HIV positive female in the past 12 months   |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a HIV positive female in the<br>past 12 months. Do not select 'don't know' if the client was not asked. |



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| Num           | Variable Name  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|
| G219c         | Vaginal or Anal Sex with HIV-Positive Transgender XSD (Schema) Name: withTransgenderHIVPositive<br>Person  |  |  |  |  |  |
| Value Option: | : Choose only one Format Type: Number Min  | Length: 1 Max Length: 2  |  |  |  |  |
| Definition:   | The client self-reported having vaginal or anal sex with an HIV-positiv  | e transgender partner in the past 12 months.                                   |  |  |  |  |
| Instructions: | Indicate if the client reported having vaginal or anal sex with a known or identified HIV-positive transgender partner in the past 12 months.  |  |  |  |  |  |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Allowed, but not reported to CDC  |  |  |  |  |  |
|               | Detailed business rule:<br>Required if a client behavioral risk profile was collected (noClientRisk<br>reported (withTransgender=1).<br>Not expected if sex with transgender person was not reported (withTr<br>Not expected if client was asked and no behavioral risk factors were n<br>behavioral risks (noClientRiskFactors= 5, 66 or 77).<br>Not expected if status of behavioral risk profile collection is missing (r | ransgender = blank, 0 or 99).<br>reported, wasn't asked or declined to discuss |  |  |  |  |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client indicates that he or she did not have vaginal or anal sex with a<br>HIV positive transgender person in the past 12 months  |
| 1    | Yes               | Client indicates that he or she had vaginal or anal sex with a HIV positive transgender person in the past 12 months  |
| 99   | Don't know        | Only select 'don't know' if the client states that he or she doesn't know<br>if he or she had vaginal or anal sex with a HIV positive transgender<br>person in the past 12 months. Do not select 'don't know' if the client<br>was not asked. |



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| Num           | Variable Name   |                                       |   |   |  |  |
|---------------|---|---------------------------------------|---|---|--|--|
| G220          | Vaginal or Anal Sex with MSM (female only)  |                                       | XSD (Schema) Name: vaginalOrAnalSexWithMSM                |   |  |  |
| /alue Option: | Choose only one   | Format Type: Number                   | Min Length: 1   | Max Length: 2                           |  |  |
| Definition:   | The client self-reporte   | d having vaginal or anal sex with ide | ntified MSM partner in the pa                             | ast 12 months.                          |  |  |
| nstructions:  | Indicate if the client reported vaginal or anal sex with a MSM in the past 12 months. The question should only be asked of and reported for female (current gender) clients.                        |                                       |   |   |  |  |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Allowed, but not reported to CDC   |                                       |   |   |  |  |
|               | Detailed business rule:<br>Required if a client behavioral risk profile was collected (noClientRiskFactors=1) and current gender is female or<br>transgender M2F (currentGenderValueCode = 2 or 3). |                                       |   |   |  |  |
|               |   |                                       |   |   |  |  |
| Code          | Value Description   |                                       | Value Definition  |   |  |  |
| 0             | No  |                                       | Client indicates that they hav MSM in the past 12 months. | e not had vaginal or anal sex with a    |  |  |
| 1             | Yes   |                                       | Client indicates that they hav the past 12 months.        | e had vaginal or anal sex with a MSM in |  |  |

Only select 'don't know' if the client states that he or she doesn't know if he or she had vaginal or anal sex with a MSM in the past 12 months. Do not select 'don't know' if the client was not asked.



99

Don't know

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| 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-reporte   | d having unprotected vaginal or anal | sex with a partner during th | e 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 appl<br>Partner Services: Rec  |                                      |                              |                                 |
| Code          | Value Description   |                                      | Value Definition             |                                 |

| Code | value Description  | value Delinition  |
|------|--------------------|---|
| 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<br>anal sex without a condom in the past 12 months. |



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| Num           | Variable Name  |   |   |  |  |
|---------------|--|---|---|--|--|
| 3223          | Vaginal or Anal Sex with an IDU (PS only)  |   | XSD (Schema) Name: vaginalOrAnalSexWithIDUPS    |  |  |
| alue Option:  | Choose only one  | Format Type: Number   | Min Length: 1                                   | Max Length: 2                            |  |
| efinition:    | The client self-reporte  | d having vaginal or anal sex with an  | identified IDU partner in the p                 | past 12 months.                          |  |
| structions:   | Indicate if the client reported vaginal or anal sex in the past 12 months with a partner(s) who is an identified IDU |   |   |  |  |
| lusiness rule | HIV Testing: Not applicable<br>Partner Services: Required, see detailed business rule                                |   |   |  |  |
|               | (withMale=1), with a fe  | e:<br>It behavioral risk profile was collecte<br>emale (withFemale=1) or with a tran<br>I not respond to this specific risk que | sgender person (withTransge                     | 0  |  |
| Code          | Value Description  |   | Value Definition                                |  |  |
| 0             | No   |   | Client has not had vaginal or a past 12 months. | anal sex with an identified IDU in the   |  |
| 1             | Yes  |   | Client has had vaginal or anal<br>12 months.    | I sex with an identified IDU in the past |  |



99

Don't know

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Only select 'don't know' if the client states that he or she doesn't know if he or she had vaginal or anal sex without an identified IDU in the past 12 months. Do not select 'don't know' if the client wasn't asked.

Num Variable Name Table: G4 **Client Characteristics – Priority Populations** This table is required to be completed by all agencies when data are collected on individual clients as part of HIV testing service delivery. Variable Name Num 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. Indicate if the client/patient reported having sex in the past 5 years with a male. Instructions: **HIV Testing: Required** Business rule Partner Services: Not applicable Value Description Value Definition Code 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. **HIV Testing: Required** Business rule 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

 1
 Yes
 The client/patient reported he or she h ad sex with a female in the past 5 years.



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| Num           | Variable Name                                     |  |                  |  |  |
|---------------|---|--|------------------|--|--|
| G402          | Injection drug use                                |  |                  | XSD (Schema) Name:   | injectionDrugUse   |
| Value Option: | Choose only one                                   | Format Type:                                     | Number           | Min Length: 1  | Max Length: 1  |
| Definition:   | The client/patient reported                       | ed having injected                               | l drugs/substan  | ces in the past 5 years.                                     |  |
| Instructions: | Indicate if the client/patie                      | ent reported havin                               | g injected drug  | s/substances in the past 5 y                                 | ears.  |
| Business rule | HIV Testing: Required<br>Partner Services: Not ap | oplicable  |                  |  |  |
| Code          | Value Description                                 |  |                  | Value Definition   |  |
| 0             | No  |  |                  |  | ne or she did not inject drugs in the past 5<br>ed to them by a medical care provider. |
| 1             | Yes   |  |                  |  | ne or she had injected drugs in the past 5<br>ed to them by a medical care provider.   |
| G403          | Sex with a transger                               | Sex with a transgender person XSD (Schema) Name: |                  |  |  |
| Value Option: | Choose only one                                   | Format Type:                                     | Number           | Min Length: 1  | Max Length: 1  |
| Definition:   | The client/patient self-re                        | ported having sex                                | with a transge   | nder person iin the past 5 yea                               | ars.   |
| Instructions: | Indicate if the client/patie                      | ent reported havin                               | ig sex in the pa | st 5 years with a transgender                                | person.  |
| Business rule | HIV Testing: Required<br>Partner Services: Not ap | pplicable  |                  |  |  |
|               |   |  |                  |  |  |
| Code          | Value Description                                 |  |                  | Value Definition   | an an alial mat have a security of   |
| 0             | No  |  |                  | The client/patient reported f<br>transgender person in the p | ne or she did not have sex with a<br>ast 5 years.                                      |
| 1             | Yes   |  |                  | The client/patient indicates person in the past 5 years      | he or she had sex with a transgender   |



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| Num           | Variable Name   |                            |                                    |  |  |
|---------------|---|----------------------------|------------------------------------|--|--|
| Table: H      | Client Intervention Characteristics   |                            |                                    |  |  |
|               | equired to be completed for all interventions in which client level<br>elivered individually to clients (e.g. HIV testing or Partner Servic   |                            |                                    |  |  |
| 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 for a given intervention.  | identify and connect dat   | a collected on a standardized form |  |  |
| Instructions: | If you use a standardized form to collect data for HIV testing c<br>used to uniquely identify data collected on the form. Form ID i<br>used for data collected on the EvaluationWeb HIV Test Form | s unique at the agency le  | evel.This variable is most often   |  |  |
| Business rule | HIV Testing: Mandatory<br>Partner Services: Required  |                            |                                    |  |  |
|               | 'FORM ID' must be unique within an agency and will be assoc   | iated with only one client | t.                                 |  |  |
| 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 th state/jurisdiction in which they are reported.   | e course of HIV infectior  | assigned by the separately funded  |  |  |
| Instructions: | Enter the assigned state number associated with this diagnos  | ed HIV infection.          |                                    |  |  |
| Business rule | HIV Testing: Required<br>Partner Services: Required   |                            |                                    |  |  |
|               | Completed for persons who test positive for HIV.<br>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 through<br>funded city in which they are reported.   | nout the course of HIV inf | ection assigned by the separately  |  |  |
| Instructions: | Enter the city/county number associated with diagnosed HIV infection.   |                            |                                    |  |  |
| Business rule | HIV Testing: Required<br>Partner Services: Required   |                            |                                    |  |  |
|               | Completed for persons who test positive for HIV.  |                            |                                    |  |  |



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| Num           | Variable Name                                     |   |                             |                                      |
|---------------|---|---|-----------------------------|--------------------------------------|
| H06           | Session Date                                      |   | XSD (Schema) Name:          | sessionDate                          |
| Value Option: | N/A   | Format Type: MM/DD/YYYY   | Min Length: 8               | Max Length: 10                       |
| Definition:   | The calendar date (mo                             | nth, day, and year) on which the ses  | sion was delivered to the c | lient.                               |
| Instructions: | Enter the month, day, a                           | and year during which this session w  | as delivered.               |                                      |
| Business rule | HIV Testing: Mandator<br>Partner Services: Requ   | y<br>uired, see detailed business rule  |                             |                                      |
|               |   | e greater than the current date at the<br>ne date falls within a valid case perio | ,                           |                                      |
| H800          | Ever heard of PrE                                 | p   | XSD (Schema) Name:          | everHeardOfPrEP                      |
| alue Option:  | Choose only one                                   | Format Type: Number   | Min Length: 1               | Max Length: 1                        |
| Definition:   | The client/patient's awa acquiring HIV infection. | areness of HIV Pre-exposure prophyl   | axis (PrEP), the medicatio  | n taken daily to reduce the risk for |
| nstructions:  | Indicate if the client/pat                        | tient has ever heard of PrEP.   |                             |                                      |
|               |   |   |                             |                                      |

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



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| Num           | Variable Name   |  |
|---------------|---|--|
| 1802          | Used PrEP anytime in the last 12 months                       | XSD (Schema) Name: usedPrEPInLast12Months  |
| /alue Option: | TBD Format Type: Number                                       | Min Length: 1 Max Length: 1  |
| Definition:   | An indication of whether the client/patient has used PrEP a   | anytime in the last 12 months.   |
| nstructions:  | Indicate if the client/patient used PrEP in the last 12 month | hs.  |
|               |   |  |
| Business rule | HIV Testing: Required<br>Partner Services: Not applicable     |  |
| Business rule | 0 1   |  |
| Business rule | 0 1   | Value Definition   |
|               | Partner Services: Not applicable                              | Value Definition<br>The client/patient reported he or she had not used PrEP anytime in<br>the last 12 months |

| Num           | Variable Name                                   |   |  |  |  |
|---------------|---|---|--|--|--|
| PCR101        | Case Number                                     |   |  | XSD (Schema) Name:                               | partnerServiceCaseNumber   |
| Value Option: | N/A   | Format Type:                            | Alpha-Numeric                            | Min Length: 1                                    | Max Length: 32   |
| Definition:   | case. It can also be an a                       | assigned number t<br>ed with an index c | hat is key-entered lient and links the i | by the provider.<br>ndex client to his/her partr | erated when establishing a PS<br>ner or partners. Only one PS case |
| Instructions: | Select the system-gene                          | rated PS case nur                       | nber or enter the lo                     | cally-defined case numbe                         | r.   |
| Business rule | HIV Testing: Required<br>Partner Services: Mand | atory                                   |  |  |  |
|               | A case number uniquely                          | videntifies a PS ca                     | ase within an agend                      | cy.  |  |



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| Variable Name                                    |   |  |   |   |  |
|--|---|--|---|---|--|
| Case Open Date                                   |   |  | XSD (Schema) Name:  | caseOpenDate  |  |
| N/A  | Format Type:  | MM/DD/YYYY   | Min Length: 8   | Max Length: 10  |  |
| The calendar date on w                           | hich the PS case  | was opened at the  | agency.   |   |  |
| Enter the date on which                          | the PS case was   | opened at the age  | ncy.  |   |  |
| <b>o</b> 11                                      |   | ousiness rule  |   |   |  |
| Detailed business rule:<br>The case open date mu | ist be less than the  | e date of file subm  | ission to CDC.  |   |  |
| Case Close Date                                  |   |  | XSD (Schema) Name:  | caseCloseDate   |  |
| N/A  | Format Type:  | MM/DD/YYYY   | Min Length: 8   | Max Length: 10  |  |
| The calendar date on w                           | hich the PS case  | was closed at the a  | agency.   |   |  |
| Enter the date on which                          | the PS case was   | closed at the ager   | ncy.  |   |  |
| <b>o</b> 11                                      |   | ousiness rule  |   |   |  |
|  | must be between   | the caseOpenDate   | and the date of file subm   | ission to CDC. This date ca   | ın be  |
|  | Case Open Date N/A The calendar date on w Enter the date on which HIV Testing: Not applica Partner Services: Requ Detailed business rule: The case open date mu Case Close Date N/A The calendar date on w Enter the date on which HIV Testing: Not applica Partner Services: Requ Detailed business rule: The Case Closed Date | Case Open Date         N/A       Format Type:         The calendar date on which the PS case was         Enter the date on which the PS case was         HIV Testing: Not applicable         Partner Services: Required, see detailed I         Detailed business rule:         The case open date must be less than the         Case Close Date         N/A         Format Type:         The calendar date on which the PS case was         HIV Testing: Not applicable         Partner the date on which the PS case was         HIV Testing: Not applicable         Partner Services: Required, see detailed I         Detailed business rule:         The Case Closed Date must be between the format the format format the format for | Case Open Date         N/A       Format Type:       MM/DD/YYYY         The calendar date on which the PS case was opened at the age       Enter the date on which the PS case was opened at the age         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 submit         Case Close Date         N/A       Format Type:       MM/DD/YYYY         The calendar date on which the PS case was closed at the age       Enter the date on which the PS case was closed at the age         HIV Testing: Not applicable       Partner Services: Required, see detailed business rule         Detailed business rule:       The calendar date on which the PS case was closed at the age         HIV Testing: Not applicable       Partner Services: Required, see detailed business rule         Detailed business rule:       The Case Closed Date must be between the caseOpenDate | Case Open Date       XSD (Schema) Name:         N/A       Format Type:       MM/DD/YYYY       Min Length:       8         The calendar date on which the PS case was opened at the agency.       Enter the date on which the PS case was opened at the agency.         Enter the date on which the PS case was opened at the agency.       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.       Case Close Date         N/A       Format Type:       MM/DD/YYYY       Min Length:       8         N/A       Format Type:       MM/DD/YYYY       Min Length:       8         The calendar date on which the PS case was closed at the agency.       Enter the date on which the PS case was closed at the agency.         HIV Testing: Not applicable       Partner Services: Required, see detailed business rule       Detailed business rule         Detailed business rule:       The case Closed Date must be between the caseOpenDate and the date of file submised business rule       Detailed business rule: | Case Open Date       XSD (Schema) Name: caseOpenDate         N/A       Format Type: MM/DD/YYYY       Min Length: 8       Max Length: 10         The calendar date on which the PS case was opened at the agency.       Enter the date on which the PS case was opened at the agency.       Image: Case Cose Cose Cose Cose Cose Cose Cose Co |



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Variable Name Num PCR104a Care Status at Case Close Date XSD (Schema) Name: careStatusAtCaseClose Value Option: Choose only one Max Length: 2 Format Type: Alpha-Numeric Min Length: 1 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. HIV Testing: Not applicable Business rule 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<br>diagnoses as well as those who were previously in HIV medical care,<br>but are currently out-of-care. |
| 3          | Pending                 |                                      | There is an HIV medical appointment scheduled but the agency has<br>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.   |
| CR108      | Date of Report          |                                      | XSD (Schema) Name: dateOfReport   |
| alue Optio | n: N/A                  | Format Type: MM/DD/YYYY              | Min Length: 8 Max Length: 10  |
| efinition: | The date on which an in | dex client was newly reported to sur | veillance as being infected with HIV. Persons reported to   |

surveillance have not previously been reported to the same health department surveillance unit.

Instructions: Enter the date on which an index client was newly reported to surveillance as being infected with HIV. This would be the date linked to the HARS or eHARS ID.

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

The Date of Report must be less than the date of file submission to CDC.



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| CR109                | Variable Name<br>Reported to Surve              | eillance                             | XSD (Schema) Name:                                      | reportedToSurveillance                       |
|----------------------|---|--------------------------------------|---|--|
|                      |   |                                      |   |  |
| alue Option:         | Choose only one                                 | Format Type: Number                  | Min Length: 1   | Max Length: 2                                |
| efinition:           | An indication of wheth                          | er or not the index client's HIV cas | e was reported to surveillance                          | е.   |
| structions:          | Indicate whether or no                          | t the index client's HIV case was re | eported to surveillance.                                |  |
|                      |   |                                      |   |  |
| usiness rule         | HIV Testing: Not appli<br>Partner Services: Req |                                      |   |  |
| usiness rule         | <b>a</b> 11                                     |                                      |   |  |
| usiness rule         | <b>a</b> 11                                     |                                      |   |  |
| usiness rule<br>Code | <b>a</b> 11                                     |                                      | Value Definition  |  |
|                      | Partner Services: Req                           |                                      | 14140 2 01111001  | was not reported to the health<br>epartment. |
| Code                 | Partner Services: Req<br>Value Description      |                                      | The index client's HIV case department's surveillance d |  |

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

| Num           | Variable Name                                     |  |                              |                                    |
|---------------|---|--|------------------------------|------------------------------------|
| PCR200        | Date Collected                                    |  | XSD (Schema) Name            | : partnerDateCollected             |
| Value Option: | N/A   | Format Type: MM/DD/YYYY                  | Min Length: 8                | Max Length: 10                     |
| Definition:   | The date on which infor risk behaviors of the pa  | 1 2                                      | collected. Information inclu | ides partner type, demographic and |
| Instructions: | Indicate the initial date                         | (mm/dd/yyyy) that information was        | provided about the partner.  |                                    |
| Business rule | HIV Testing: Not applic<br>Partner Services: Requ | able<br>ired, see detailed business rule |                              |                                    |
|               | Detailed business rule:                           |  |                              |                                    |

The Date Collected (partnerDateCollected) must be less than the date of file submission to CDC.



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| Num           | Variable Name   |                          |                     |  |                      |                 |
|---------------|---|--------------------------|---------------------|--|----------------------|-----------------|
| PCR202a       | Local PS ID   |                          |                     | XSD (Schema) Name:                                       | localPartnerServ     | riceld          |
| Value Option: | N/A   | Format Type:             | Alpha-Numeric       | Min Length: 1  | Max Length:          | 32              |
| Definition:   | An alpha-numeric ide<br>number (PCR101).                              | ntification that is unic | que to each partner | . Each local PS ID is ass                                | ociated with a spec  | ific PS case    |
| nstructions:  | If you have a local ide could be entered here                         |                          | r PS partners, ente | r the local ID here. For e                               | xample, a partner II | D from STD*MIS  |
| Business rule | HIV Testing: Not appl<br>Partner Services: Mar<br>Local PS ID must be | ndatory (Not applicat    |                     | ma)<br>sociated with only one cli                        | ent.                 |                 |
| PCR207        | Partner Type  |                          |                     | XSD (Schema) Name:                                       | partnerType          |                 |
| alue Option:  | Choose only one   | Format Type:             | Number              | Min Length: 1  | Max Length:          | 2               |
| Definition:   | •   | 0                        |                     | lex client. This relations<br>he client and partner or b |                      |                 |
| nstructions:  | For each partner iden and needle-sharing particular                   |                          | er the partner and  | client are sex partners, n                               | eedle-sharing partn  | ers or both sex |
| Business rule | HIV Testing: Not appl<br>Partner Services: Rec                        |                          |                     |  |                      |                 |
|               |   |                          |                     |  |                      |                 |
| Code          | Value Description   |                          |                     | Value Definition   |                      |                 |

| Code | value Description                   | value Demition   |
|------|-------------------------------------|--|
| 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-<br>sharing activity (e.g., shares needles to inject drug intravenously),<br>with the index client. |



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| Num           | Variable Name                                      |                    |                  |   |   |
|---------------|--|--------------------|------------------|---|---|
| PCR209        | Notification Plan                                  |                    |                  | XSD (Schema) Na   | me: notificationPlan  |
| alue Option:  | Choose only one                                    | Format Type:       | Number           | Min Length: 1   | Max Length: 2   |
| Definition:   | The method that will be                            | used to inform the | e partner that h | e or she has been potent  | ially exposed to HIV.   |
| nstructions:  | Indicate the planned me<br>potential exposure to H |                    | by the index c   | lient and PS provider for   | notifying this partner of his or her  |
| Business rule | HIV Testing: Not applic<br>Partner Services: Requ  |                    | e to PS V2.1 s   | chema)  |   |
| Code          | Value Description                                  |                    |                  | Value Definition  |   |
| 1             | Client notification                                |                    |                  |   | t informs his or her partners of their possible<br>efers them to HIV counseling, testing, and other   |
| 2             | Provider notification                              |                    |                  | responsibility for inform   | the consent of the HIV-infected client, takes the<br>ning the partner of his or her possible exposure<br>em to HIV counseling, testing, and other   |
| 3             | Dual notification                                  |                    |                  | exposure to HIV and re  | t informs his or her partners of their possible<br>efers them to HIV counseling, testing, and other<br>presence of the PS provider.   |
| 4             | Contract   |                    |                  | the client to inform his<br>HIV. If the client is una<br>time, the provider has t | IIV-infected client negotiate a time frame for<br>or her partners of their possible exposure to<br>able to inform a partner within an agreed-upon<br>the permission to notify and refer partners to<br>g, and other support services. |
| 5             | Third-party notification                           |                    |                  |   | whereby the partner would be notified by a the health department provider (e.g., a private  |



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Num Variable Name Table: X-1 **HIV Test** This table is completed for each HIV antibody test conducted for a client. Num Variable Name X103 **Test Technology** XSD (Schema) Name: testTechnology Max Length: 2 Value Option: Choose only one Format Type: Number Min Length: 1 Definition: A description of the type of test or test methods used to screen for HIV antibodies. Instructions: Indicate the type of HIV test technology used for this test. HIV Testing: Required, see detailed business rule Business rule Partner Services: Not applicable Detailed business rule: Required when testing event is reported (sampleDate isn't missing and testElection = 0 or 1). Not expected if a testing event isn't reported or didn't occur (sampleDate is missing or testElection=66 or 77).

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



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Num Variable Name X104 **HIV Test Election** XSD (Schema) Name: testElection Value Option: Choose only one Min Length: 1 Max Length: 2 Format Type: Number 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. HIV Testing: Required, see detailed business rule Business rule Partner Services: Not applicable Detailed business rule: Required when testing event is reported (sampleDate isn't missing). Not expected if a testing event isn't reported (sampleDate is missing). Code Value Description Value Definition Tested anonymously The HIV test was not linked to the client's name. 0 Tested confidentially The HIV test was confidential. 1 66 Test not offered The HIV test was not offered to the client. 77 Declined testing The client declined or is unwilling to take an HIV test. X104a **HIV Test Election** XSD (Schema) Name: testElection Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2 Definition: An indication of whether the test is linked to a name or is anonymous. Instructions: Indicate if the written test record is linked to the client's name. Business rule **HIV Testing: Required** Partner Services: Not applicable Business rule: Required when testing event is reported (sampleDate is not missing).

| Code | Value Description | Value Definition                                  |
|------|-------------------|---|
| 1    | Anonymous         | The HIV test was not linked to the client's name. |
| 2    | Confidential      | The HIV test was confidential.                    |
| 3    | Test Not Done     | An HIV test was not done.                         |



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Num Variable Name X105 **Specimen Collection Date** XSD (Schema) Name: sampleDate Value Option: N/A Max Length: 10 Format Type: MM/DD/YYYY Min Length: 8 Definition: The calendar date (month, day, year) that the specimen for the HIV test was collected. Instructions: Indicate the month, day, and year that the specimen for the HIV test was collected. **HIV Testing: Required** Business rule Partner Services: Required The specimen collection date cannot be greater than date of submission of XML file or data entry date. X110 **Test Result** XSD (Schema) Name: testResultValueCode Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1 Definition: The outcome of the current HIV test. Instructions: Indicate the result of this HIV test. Business rule HIV Testing: Required, see detailed business rule Partner Services: Not applicable Detailed business rule: Required when a testing event is reported (sampleDate is not missing OR testElection= 0 or 1 OR testTechnology is not missing). Not expected if a testing event isn't reported or didn't occur (sampleDate is missing or testElection=66 or 77).

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



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| Variable Name   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>Result Provided</b>  |   | XSD (Schema) Name:  | provisionOfResultValueCode   |  |  |
| Choose only one   | Format Type: Number   | Min Length: 1   | Max Length: 1  |  |  |
| The act of informing the  | client of the HIV test result.  |   |  |  |  |
| Indicate whether the res  | ult of this HIV test was provided.  |   |  |  |  |
| <b>0</b>  | HIV Testing: Required, see detailed business rule<br>Partner Services: Required   |   |  |  |  |
| Detailed business rule:<br>Required when at least<br>(X125 is not missing). | one testing event occurred (X104  | a = 1 or 2) and test result fina  | l determination is not missing   |  |  |
|   | Choose only one<br>The act of informing the<br>Indicate whether the res<br>HIV Testing: Required, s<br>Partner Services: Requi<br>Detailed business rule:<br>Required when at least | Choose only one         Format Type: Number           The act of informing the client of the HIV test result.         Indicate whether the result of this HIV test was provided.           HIV Testing: Required, see detailed business rule         Partner Services: Required           Detailed business rule:         Required when at least one testing event occurred (X104a) | Choose only one       Format Type:       Number       Min Length:       1         The act of informing the client of the HIV test result.       Indicate whether the result of this HIV test was provided.       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 |  |  |

| 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. |



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Num Variable Name X115 If Result Not Provided, Why XSD (Schema) Name: reasonResultNotProvidedValueCode Value Option: Choose only one Min Length: 1 Max Length: 2 Format Type: Number Definition: An explanation for why the HIV test result was not provided to the client. Instructions: Select the reason why the HIV test result was not provided to the client. HIV Testing: Required, see detailed business rule Business rule Partner Services: Not applicable HD Risk Reduction Activities: Not applicable CBO Risk Reduction Activities: Not applicable HD Aggregate: Not applicable CBO Aggregate: Not applicable Detailed business rule: Required when at least one testing event occurred, a result is available and the results were not communicated to the client (provisionOfResultValueCode = 0). Not expected if a testing event isn't reported or didn't occur (sampleDate is missing or testElection=66 or 77). Not expected if a testing event occurred and results were provided to the client (provisionOfResultValueCode=1 or 2).

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



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| Test Type                                 |   | XSD (Schema) Name:   | testType   |
|---|---|--|--|
| hoose only one                            | Format Type: Number   | Min Length: 1  | Max Length: 1  |
| Refers to the type of te                  | est and technology used for determine   | ning the outcome of the cur  | rent HIV test.   |
| ndicate the type of tes                   | st used for determining the outcome   | of the current HIV test.   |  |
| 0 1                                       |   |  |  |
| Business rule:<br>Required if at least on | e HIV test was conducted (X104a =   | 1 or 2)  |  |
| R r                                       | hoose only one<br>Refers to the type of te<br>ndicate the type of tes<br>HIV Testing: Required<br>Partner Services: Not<br>Business rule: | hoose only one Format Type: Number<br>Refers to the type of test and technology used for determin<br>indicate the type of test used for determining the outcome<br>HIV Testing: Required<br>Partner Services: Not applicable<br>Business rule: | hoose only one       Format Type: Number       Min Length: 1         Refers to the type of test and technology used for determining the outcome of the current determining the type of test used for determining the outcome of the current HIV test.         HIV Testing: Required         Partner Services: Not applicable |

| 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<br>a rapid and reliable result. |
| 2    | Laboratory-based Test (s)                     | Testing done by a laboratory for the diagnosis of HIV infection.                                      |



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| Num           | Variable Name   |                                   |                                  |                                     |
|---------------|---|-----------------------------------|----------------------------------|-------------------------------------|
| X125          | HIV Test Result - Final Determination                     |                                   | XSD (Schema) Name: hivTestResult |                                     |
| Value Option: | Choose only one   | Format Type: Alpha-Numeric        | Min Length: 1                    | Max Length: 2                       |
| Definition:   | The outcome of the curre                                  | ent HIV test.                     |                                  |                                     |
| Instructions: | Indicate the result of this                               | HIV test.                         |                                  |                                     |
| Business rule | HIV Testing: Required, s<br>Partner Services: Requir      | ee detailed business rule<br>ed   |                                  |                                     |
|               | Business rule:<br>Required if at least one H<br>missing). | HIV test was conducted (X104a = 1 | or 2) or specimen collectior     | n is not missing (sampleDate is not |

| Code | Value Description                    | Value Definition  |
|------|--------------------------------------|---|
| 1    | Preliminary positive                 | One or more of the same point-of-care rapid tests were reactive and<br>none are non-reactive and no supplemental testing was done at your<br>agency             |
| 2    | Positive                             | Two or more different (orthogonal) point-of-care rapid tests are<br>reactive and none are non-reactive and no laboratory-based<br>supplemental testing was done |
| 3    | Negative                             | One or more point-of-care rapid tests are non-reactive and none are<br>reactive and no supplemental testing was done  |
| 4    | Discordant                           | One or more point-of-care rapid tests are reactive and one or more<br>are non-reactive and no laboratory-based supplemental testing was<br>done                 |
| 5    | Invalid                              | A CLIA-waved POC rapid test result cannot be confirmed due to<br>conditions related to errors in the testing technology, specimen<br>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<br>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  |



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|   | Variable Name  |  |                               |   |  |
|---|--|--|-------------------------------|---|--|
| X126  | Preliminary Posit  | ive point-of-care ra   | ipid test                     | XSD (Schema) Name   | :  |
| Value Option:                                   | Choose only one  | Format Type:   | Number                        | Min Length: 1   | Max Length: 1  |
| Definition:                                     | An indication that the based HIV test.   | client/patient had a   | oreliminary pos               | itive point-of-care rapid test i  | result prior to the current laboratory-  |
| Instructions:                                   | Indicate if a laboratory   | -based test was pre  | ceded by a rea                | ctive (preliminary positive) p  | oint-of-care-rapid test.   |
| Business rule                                   | HIV Testing: Required<br>Partner Services: Not   |  |                               |   |  |
|   | Business rule:<br>Required if an HIV tes<br>testing (X124 = 2)   | t was conducted (X   | 104a = 1 or 2) a              | and basis for final test result   | determination is laboratory-based  |
|   |  |  |                               |   |  |
| Code  | Value Description  |  |                               | Value Definition  |  |
| Code<br>0                                       | Value Description<br>No  |  |                               |   | ave a preliminary positive point-of-care<br>tory-based test.   |
|   | 1  |  |                               | The client/patient did not ha<br>rapid test prior to the labora   | ntory-based test.<br>Iny-based test was preceded by a  |
| 0   | No<br>Yes  | ion Date of Prelim   | inary Positive                | The client/patient did not ha<br>rapid test prior to the labora<br>The client/patient's laborato  | ntory-based test.<br>The forward test was preceded by a forward test.  |
| 0   | No<br>Yes<br>Specimen Collect<br>point-of-care rapi  |  | -                             | The client/patient did not ha<br>rapid test prior to the labora<br>The client/patient's laborato<br>preliminary positive point-or   | ntory-based test.<br>The forward test was preceded by a forward test.  |
| 0<br>1<br>(126a<br>/alue Option:                | No<br>Yes<br>Specimen Collect<br>point-of-care rapi  | d test<br>Format Type:<br>d test was preceded  | Date<br>by a preliminar       | The client/patient did not har apid test prior to the laborate previous test prior to the laborate preliminary positive point-of <b>XSD (Schema) Name</b> Min Length: 8                                   | ntory-based test.<br>nry-based test was preceded by a<br>f-care rapid test.<br>Max Length: 10  |
| 0<br>1<br>(126a<br>/alue Option:<br>Definition: | No<br>Yes<br>Specimen Collect<br>point-of-care rapid   | d test<br>Format Type:<br>d test was preceded<br>test was conducted  | Date<br>by a preliminar<br>I. | The client/patient did not har apid test prior to the laborate previous test prior to the laborate preliminary positive point-of <b>XSD (Schema) Name</b> Min Length: 8                                   | <ul> <li>http://based test.</li> <li>http://based test was preceded by a filterative for the section of the sec</li></ul> |
| 0<br>1<br>(126a<br>/alue Option:<br>Definition: | No<br>Yes<br>Specimen Collect<br>point-of-care rapid   | d test<br>Format Type:<br>d test was preceded<br>test was conducted<br>onth, day, and year of                  | Date<br>by a preliminar<br>I. | The client/patient did not ha<br>rapid test prior to the labora<br>The client/patient's laborato<br>preliminary positive point-of<br>XSD (Schema) Name<br>Min Length: 8<br>y positive point-of-care rapic | <ul> <li>http://based test.</li> <li>http://based test was preceded by a fecare rapid test.</li> <li>Max Length: 10</li> <li>I test, this variable refers to the date</li> </ul>   |
| 0<br>1<br><b>X126a</b>                          | No<br>Yes<br>Specimen Collect<br>point-of-care rapid<br>TBD<br>If the laboratory-based<br>the point-of-care rapid<br>Enter the calendar mo | d test<br>Format Type:<br>d test was preceded<br>test was conducted<br>onth, day, and year of<br>te is unknown | Date<br>by a preliminar<br>I. | The client/patient did not ha<br>rapid test prior to the labora<br>The client/patient's laborato<br>preliminary positive point-of<br>XSD (Schema) Name<br>Min Length: 8<br>y positive point-of-care rapic | <ul> <li>http://based test.</li> <li>http://based test was preceded by a fecare rapid test.</li> <li>Max Length: 10</li> <li>I test, this variable refers to the date</li> </ul>   |



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| Num           | Variable Name   |                                       |   |  |
|---------------|---|---------------------------------------|---|--|
| X127          | Tests for co-infect   | lions                                 | XSD (Schema) Name:  | otherTestingPerformed  |
| Value Option: | Choose only one   | Format Type: Number                   | Min Length: 1   | Max Length: 1  |
| Definition:   | The client/patient was  | tested for syphilis, gonorrhea, chla  | amydial infection, or Hepatitis                               | C in conjunction with this HIV test                                      |
| Instructions: | Indicate whether tests for syphilis, gonorrhea, chlamydial infection, or Hepatitis C were done in conjunction with this H test. |                                       |   |  |
| Business rule | HIV Testing: Required<br>Partner Services: Not a  | applicable                            |   |  |
|               | Business rule: Require  | ed if an HIV test was conducted (X    | 104a = 1 or 2).   |  |
|               |   |                                       |   |  |
|               |   |                                       |   |  |
| Code          | Value Description   |                                       | Value Definition  |  |
| 0             | No  |                                       |   | ested for syphilis, gonorrhea, chlamydial onjunction with this HIV test. |
| 1             | Yes   |                                       | The client/patient was tested infection, or Hepatitis C in co | d for syphilis, gonorrhea, chlamydial<br>onjunction with this HIV test.  |
| X127a         | Syphilis Test   |                                       | XSD (Schema) Name:  | syphilis/testPerformed   |
| Value Option: | Choose only one   | Format Type: Number                   | Min Length: 1   | Max Length: 1  |
| Definition:   | An indication of whethe   | er the client/patient was tested for  | syphilis in conjunction with th                               | is HIV test.   |
| Instructions: | Indicate if the client/pa   | tient received a syphilis test in cor | junction with this HIV test.                                  |  |
| Business rule | HIV Testing: Required<br>Partner Services: Not a  | applicable                            |   |  |
|               | Business rule:<br>Required if X127 = 1  |                                       |   |  |
|               |   |                                       |   |  |
| Code          | Value Description   |                                       | Value Definition  |  |
| 0             | No  |                                       | The client/patient was not te<br>her HIV test.                | ested for syphilis in conjunction with his or                            |

Yes The client/patient was tested for syphilis in conjunction with his or her HIV test.



1

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| Num           | Variable Name  |                        |                                |  |   |
|---------------|--|------------------------|--------------------------------|--|---|
| X127b         | Gonorrhea  |                        |                                | XSD (Schema) Name:   | gonorrhea/testPerformed                     |
| Value Option: | Choose only one  | Format Type:           | Number                         | Min Length: 1  | Max Length: 1                               |
| Definition:   | An indication of wheth   | her the client/patient | was tested for                 | gonorrhea in conjunction with                                  | this HIV test.                              |
| Instructions: | Indicate if the client/patient received a test for Gonorrhea i |                        | in conjunction with this HIV t | est.   |   |
| Business rule | HIV Testing: Required<br>Partner Services: Not                 |                        |                                |  |   |
|               | Business rule:<br>Required if X127 = 1                         |                        |                                |  |   |
| Code          | Value Description  |                        |                                | Value Definition   |   |
| 0             | No   |                        |                                |  | ested for gonorrhea in conjunction with his |
| 1             | Yes  |                        |                                | The client/patient was tested her HIV test.                    | d for gonorrhea in conjunction with his or  |
| X127c         | Chlamydial infect  | tion                   |                                | XSD (Schema) Name:   | chlamydia/testPerformed                     |
| Value Option: | Choose only one  | Format Type:           | Number                         | Min Length: 1  | Max Length: 1                               |
| Definition:   | An indication of wheth   | er the client/patient  | was tested for                 | chlamydial infection in conjur                                 | action with this HIV test.                  |
| Instructions: | Indicate if the client/pa                                      | atient was tested for  | Chlamydial infe                | ection in conjunction with this                                | HIV test.                                   |
| Business rule | HIV Testing: Required<br>Partner Services: Not                 |                        |                                |  |   |
|               | Business rule:<br>Required if X127 = 1                         |                        |                                |  |   |
| Code          | Value Description  |                        |                                | Value Definition   |   |
| 0             | No   |                        |                                | The client/patient was not te<br>conjunction with this HIV tes | ested for chlamydial infection in           |

 1
 Yes
 The client/patient was tested for chlamydial infection in conjunction with this HIV test



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| Num           | Variable Name  |                         |  |  |  |  |  |  |
|---------------|--|-------------------------|--|--|--|--|--|--|
| X127d         | Hepatitis C  |                         |  | XSD (Schema) Name: hepC/testPerformed      |  |  |  |  |
| Value Option: | Choose only one  | Format Type:            | Number   | Min Length: 1                              | Max Length: 1                              |  |  |  |
| Definition:   | An indication of wheth   | er the client/patient v | e client/patient was tested for Hepatitis C in conjunction with this HIV test.       |  |  |  |  |  |
| Instructions: | Indicate if the client/pa  | atient received a Hep   | nt received a Hepatitis C test in conjunction with this HIV test.                    |  |  |  |  |  |
| Business rule | HIV Testing: Required<br>Partner Services: Not   |                         |  |  |  |  |  |  |
|               | Business rule:<br>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<br>HIV test. | d for Hepatitis C in conjunction with this |  |  |  |
| X135          | Worker ID  |                         |  | XSD (Schema) Name: workerld                |  |  |  |  |
| Value Option: | N/A  | Format Type:            | Alpha-Numeric  | Min Length: 1                              | Max Length: 32                             |  |  |  |
| Definition:   | A unique alpha-numer   | ic identification code  | used to distinguis   | sh between persons who                     | are delivering services to clients.        |  |  |  |
| nstructions:  | Enter the unique ID of the worker delivering the HIV prevention service. Worker ID is unique at the jurisdiction level. If a state does not tie tests to a worker, no ID should be reported. |                         |  |  |  |  |  |  |
| Business rule | HIV Testing: Allowed but not reported to CDC<br>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.  |                         |  |  |  |  |  |  |



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| Num           | Variable Name  |              |  |                  |        |                    |                 |
|---------------|--|--------------|--|------------------|--------|--------------------|-----------------|
| X136          | In Surveillance System or Records                                      |              | XSD (Schema) Name: inSurveillanceSystemRecords |                  |        |                    |                 |
| Value Option: | Choose only one  | Format Type: | Number   | Min Length:      | 1      | Max Length:        | 2               |
| Definition:   | Information obtained v<br>a conventional, RNA, I<br>as a new HIV case. | ,            |  |                  |        |                    |                 |
| Instructions: | Indicate if the client wa<br>is only used for HIV te                   |              |  |                  | tem as | being HIV-positive | . This variable |
| Business rule | HIV Testing: Required<br>Partner Services: Not :                       |              |  |                  |        |                    |                 |
|               |  |              |  |                  |        |                    |                 |
| Code          | Value Description  |              |  | Value Definition |        |                    |                 |

| Code | value Description | value Demition   |
|------|-------------------|--|
| 0    | No                | Client cannot be located in the jurisdiction surveillance system or records    |
| 1    | Yes               | Client has been located in the jurisdiction surveillance system or records     |
| 88   | Not checked       | The jurisdiction's surveillance system or records has not or cannot be checked |



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| um           | Variable Name                                   |                    |                   |   |   |
|--------------|---|--------------------|-------------------|---|---|
| 137          | Program Announc                                 | ement              |                   | XSD (Schema) Name:  | progAnnouncementProgStrateg   |
| alue Option: | Choose only one                                 | Format Type:       | Number            | Min Length: 1   | Max Length: 2   |
| efinition:   | The CDC program ann                             | ouncement and ca   | tegory, if applic | able, from which the HIV prev   | vention service was funded.   |
| structions:  | Indicate the CDC fundi<br>Choose only one.      | ng source from whi | ich this HIV pre  | vention service is funded.  |   |
| usiness rule | HIV Testing: Mandator<br>Partner Services: Requ |                    |                   |   |   |
| Codo         | Volue Description                               |                    |                   | Value Definition  |   |
| Code<br>13   | Value Description<br>PS 15-1502 – Categor       | νΔ                 |                   |   | services for members of racial/ethnic   |
| 10           | 10101002 Outogor                                | y / 1              |                   | minority communities.   |   |
| 14           | PS 15-1502 – Categor                            | у В                |                   |   | services for members of groups at<br>d transmitting HIV infection, regardless of  |
| 15           | PS 15-1506 PrIDE                                |                    |                   | HIV Infections and Improve I<br>Men Who Have Sex with Me<br>(PrIDE) Demonstration Proje<br>applicable only to 12 funded | ent Demonstration Projects to Reduce<br>Engagement in HIV Medical Care among<br>on (MSM) and Transgender Persons<br>ect. This program announcement is<br>jurisdictions: Baltimore, California,<br>I, Los Angeles, Louisiana, Michigan, New<br>ennessee, and Virginia. |
| 16           | PS 15-1509 THRIVE                               |                    |                   | Comprehensive Prevention<br>Men (MSM) of Color at Risk<br>program announcement is a                                     | ent Demonstration Projects for<br>and Care for Men Who Have Sex with<br>for and Living with HIV Infection. This<br>pplicable only to seven funded<br>nore, District of Columbia, Louisiana,<br>and Virginia.  |
| 17           | PS 17-1704 Category                             | A - YMSM           |                   |   | rovides funding to Community-Based<br>ntion Programs for Young Men of Color<br>d their partners.  |
| 18           | PS 17-1704 Category                             | B - YTG            |                   |   | rovides funding to Community-Based<br>ntion Programs for Young Transgender<br>artners.  |
| 19           | PS17-1711                                       |                    |                   |   | llance to identify active HIV transmission<br>/ interventions for Hispanic/Latino men   |
| 20           | PS 18-1802                                      |                    |                   | PS18-1802: Integrated HIV<br>Health Departments.  | Surveillance and Prevention Programs for  |
| 21           | PS 18-1802 Demonstr                             | ation Projects     |                   |   | Projects: Funding to expand high-impact nce interventions and strategies.   |



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| Num           | Variable Name  |   |  |       |  |
|---------------|--|---|--|-------|--|
| 22            | PS 19-1901 CDC STD   | PS 19-1901: STD prevention funding for Health Departments.  |  |       |  |
| 98            | 1 0  |   | ncement other than those listed and an<br>lucted using a CDC-funded mechanism. |       |  |
| 99            | Other Non-CDC funded   | A program announcement other than those listed and an<br>HIV test was conducted using a non-CDC funded mechanism. |  |       |  |
| X137-1        | Specify Program Announcement/Strategy  | XSD (Schema) Name:  | spfyProgAnnouncementProgStra   | itegy |  |
| Value Option  | N/A Format Type: Alpha-Numeric   | Min Length: 1   | Max Length: 50   |       |  |
| Definition:   | A specification of the funding source for the HIV preention se<br>funded' was selected in X137 Program Announcement. | ervice if '98- Other, CDC-fu  | inded' or '99 - Other, non-CDC   |       |  |
| Instructions: | For local use only. Collection and reporting of these data are not required by CDC.                                  |   |  |       |  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable  |   |  |       |  |



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| Num           | Variable Name   |                       |                   |   |  |
|---------------|---|-----------------------|-------------------|---|--|
| (138          | New or Previous   | HIV-positive Diagn    | osis              | XSD (Schema) Nam  | e: clientHIVStatus   |
| alue Option/  | Choose only one   | Format Type:          | Number            | Min Length: 1   | Max Length: 2  |
| Definition:   | The indication of if the  | client/patient's HIV  | infection is a ne | ew diagnosis or if their infe   | ction was previously diagnosed.  |
| nstructions:  | Indicate whether the c diagnosed.                               | urrent positive HIV t | est is a new dia  | gnosis for this client/patie  | nt or if their infection was previously  |
| Business rule | HIV Testing: Required<br>Partner Services: Req                  |                       | ess rule          |   |  |
|               | Business rule:<br>Completed for person<br>Required if (X104a is |                       |                   | or 8 or 9)  |  |
| Code          | Value Description   |                       |                   | Value Definition  |  |
| 1             | New diagnosis, verifie  | ed                    |                   | The HIV surveillance sys found and there is no ind                                    | tem was checked and no prior report was<br>ication of a previous diagnosis by either<br>ent was asked) or review of other data<br>ırces were checked).                             |
| 2             | New diagnosis, not ve   | rified                |                   |   |  |
|               | New diagnosis, not ve   | ennea                 |                   | of new diagnosis is base  | tem was not checked and the classification<br>d only on no indication of a previous positive<br>ort or review of other data sources.   |
| 3             | Previous diagnosis  | 9/IIIeU               |                   | of new diagnosis is base<br>HIV test by client self-rep<br>Previously reported to the | d only on no indication of a previous positive<br>ort or review of other data sources.<br>e HIV surveillance system or the client<br>e HIV test or evidence of a previous positive |



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| Num           | Variable Name                                  |   |   |   |
|---------------|--|---|---|---|
| X150          | Has the client/pat                             | ient ever had a positive HIV test                             | XSD (Schema) Name:  | everHadPreviousPositiveTest                     |
| Value Option: | Choose only one                                | Format Type: Number   | Min Length: 1   | Max Length: 2                                   |
| Definition:   | The purpose of this vadate.                    | ariable is to ascertain whether a positi                      | ve HIV test occurred earlie                                   | er than the current HIV diagnosis               |
| Instructions: | Indicate if the client/pa                      | atient has ever had a positive HIV test                       | t result  |   |
| Business rule | HIV Testing: Required<br>Partner Services: Not |   |   |   |
|               |  | sons who test positive for HIV.<br>or 2 or 6 or 7 or 8 or 9). |   |   |
| Code          | Value Description                              |   | Value Definition  |   |
| 0             | No   |   | The client/patient has never                                  | r had a positive HIV test                       |
| 1             | Yes  |   | The client/patient had a pos                                  | itive HIV test prior to this positive HIV test  |
| 99            | Don't Know                                     |   | It is unknown whether the c<br>prior to this positive HIV tes | lient/patient ever had a positive HIV test<br>t |
| X150a         | Date of first posit                            | ive HIV test  | XSD (Schema) Name:  | dateOfPreviousPositiveTest                      |
| Value Option: | TBD  | Format Type: Date   | Min Length: 8   | Max Length: 10                                  |
| Definition:   | The calendar date (me                          | onth, day, year) of the earliest known                        | positive HIV test.  |   |
| Instructions: | Record the date of the                         | e earliest known positive HIV test.                           |   |   |
|               | Enter 01/01/1800 if th                         | e complete date is not known.                                 |   |   |
|               | If the month and year                          | are known, but the day is not known,                          | enter the 15th of the mont                                    | h as the day.                                   |
| Business rule | HIV Testing: Required<br>Partner Services: Not |   |   |   |
|               |  |   |   |   |



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Num Variable Name Table: X-2 **HIV Test History** This table collects HIV test history. Variable Name Num X224 **HIV Stage** XSD (Schema) Name: hivStage Max Length: 2 Value Option: Choose only one Format Type: Number Min 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+ Tlymphocyte 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. HIV Testing: Not applicable Business rule Partner Services: Required Value Description Value Definition Code 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%

|    | In oldgo I  |   |
|----|-------------|---|
| 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 |



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| Num           | Variable Name                                     |   |                                      |  |
|---------------|---|---|--------------------------------------|--|
| Table: X-3    | Attem   | ot to Locate  |                                      |  |
|               | be completed for each i ny intervention.          | ndex client or partner to be located                                      | d. While this table is intended      | I to be for PS, it may be used             |
| 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 prov                           | ider's attempt to locate the index of                                     | client or the index client's par     | tner(s).                                   |
| Instructions: | Indicate the result of th                         | e attempt to locate.  |                                      |  |
| Business rule | HIV Testing: Not applic<br>Partner Services: Requ |   |                                      |  |
| Code          | Value Description                                 |   | Value Definition                     |  |
| 1             | Unable to locate                                  |   | The provider did not locate attempt. | the index client or partner during this    |
| 2             | Located   |   | The provider located the inc         | lex client or partner during this attempt. |
| X303          | Reason for Unsuc                                  | cessful Attempt   | XSD (Schema) Name:                   | reasonForUnsuccessfulAttemp                |
| Value Option: | Choose only one                                   | Format Type: Number   | Min Length: 2                        | Max Length: 2                              |
| Definition:   | The explanation for wh                            | y the location attempt was not ach  | ieved.                               |  |
| Instructions: |   | the index client or index client's paticate why the client or partner was |                                      | 2: Attempt to Locate Outcome =             |
| Business rule | HIV Testing: Not applie<br>Partner Services: Requ | able<br>lired, see detailed business rule                                 |                                      |  |
|               | Detailed business rule:                           | not be located (attemptToLocated  |                                      |  |

| 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.  |



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| Num           | Variable Name                                     |   |                                |                               |
|---------------|---|---|--------------------------------|-------------------------------|
| X303a         | Specify Reason for                                | or Unsuccessful Attempt   | XSD (Schema) Name:             | specifyReasonUnsuccessAttempt |
| Value Option: | N/A   | Format Type: Alpha-Numer  | ic Min Length: 1               | Max Length: 50                |
| Definition:   | A specification for why                           | / the client was not located if X303-   | 89 Other (specify) is selected | d.                            |
| Instructions: | Specify the reason wh                             | y the client was unable to be locate  | d.                             |                               |
| Business rule | HIV Testing: Not appli<br>Partner Services: Rec   | icable<br>juired, see detailed business rule (N                               | lot applicable to PS V2.1 sch  | ema)                          |
|               | •   | e:<br>unsuccessful attempt to locate was<br>se (reasonForUnsuccessfulAttempt= | <b>`</b>                       | sfulAttempt = 89).            |
| X306          | Enrollment Status                                 | 5   | XSD (Schema) Name:             | enrollmentStatus              |
| Value Option: | Choose only one                                   | Format Type: Number   | Min Length: 2                  | Max Length: 2                 |
| Definition:   | The decision made by                              | the index client or the index client's  | partner to enroll in PS.       |                               |
| Instructions: | Indicate if the index cl                          | ient or index client's partner accepte  | ed or declined enrollment into | PS.                           |
| Business rule | HIV Testing: Not appli<br>Partner Services: Rec   | cable<br>juired, see detailed business rule                                   |                                |                               |
|               | Detailed business rule<br>Required if a client wa | e:<br>as located (attemptToLocateOutcom                                       | ie = 2).                       |                               |
|               |   |   |                                |                               |
| Code          | Value Description                                 |   | Value Definition               |                               |
| 1             | Accepted  |   | The index client or partner e  | nrolled in PS.                |
| 2             | Declined  |   | The index client or partner cl | hose not to enroll in PS.     |

The index client or partner was not located.



3

Client not located

| Num              | Variable Name  |   |                                       |
|------------------|--|---|---------------------------------------|
| Table: X-5       | Elicit partners  |   |                                       |
| This table is to | be completed for each enrolled PS index client t   | o capture partner information (e.g. num   | nber of partners).                    |
| Num              | Variable Name  |   |                                       |
| X502             | Time Period for Recall (in months)   | XSD (Schema) Name:                        | timePeriodForRecallInMonths           |
| Value Option:    | N/A Format Type: Nun   | nber Min Length: 1                        | Max Length: 2                         |
| Definition:      | The period of time between 1 and 12 months for sex and/or needle-sharing partners.                         | r which the client is asked to remembe    | er and report his or her number of    |
| Instructions:    | Indicate the period of time as defined in months sex and/or needle-sharing partners.                       | s for which the client is asked to remem  | nber and report his or her number of  |
| Business rule    | HIV Testing: Not applicable<br>Partner Services: Required  |   |                                       |
| X503             | Total Number of Partners Claimed   | XSD (Schema) Name:                        | totalNumberOfPartnersClaimed          |
| Value Option:    | N/A Format Type: Nun   | nber Min Length: 1                        | Max Length: 5                         |
| Definition:      | The total number of sex or needle-sharing partr<br>anonymous partners and partners for which the           |   |                                       |
| Instructions:    | Enter the total number of partners identified by transgender partners.                                     | the index client. This includes all anony | ymous, male, female, and              |
| Business rule    | HIV Testing: Not applicable<br>Partner Services: Required, see detailed busine                             | ess rule.                                 |                                       |
|                  | Detailed business rule:<br>"Total Number of Partners Claimed" must be gr<br>(totalNumberOfNamedPartners).  | reater than or equal to the number of na  | amed partners                         |
| X511             | Total Number of Named Partners   | XSD (Schema) Name:                        | totalNumberOfNamedPartners            |
| Value Option:    | N/A Format Type: Nun   | nber Min Length: 1                        | Max Length: 3                         |
| Definition:      | The total number of sex or needle-sharing partr<br>sufficient identifying and locating information.        | ners reported by the client over the last | 12 months for which there is          |
| Instructions:    | Indicate the total number of sex or needle-shari locate the partner.                                       | ng partners named for which there is s    | ufficient information to identify and |
| Business rule    | HIV Testing: Not applicable<br>Partner Services: Required, see detailed busine                             | ess rule                                  |                                       |
|                  | Detailed business rule:<br>"Total Number of Named Partners" must be les<br>(totalNumberOfPartnersClaimed). | s than or equal to the Total Number of    | Partners Claimed                      |



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| Num           | Variable Name  |                       |                           |          |                                       |
|---------------|--|-----------------------|---------------------------|----------|---------------------------------------|
| X511a         | Total Number of Named Male Pa  | artners               | XSD (Schema) N            | lame:    | totalNumberOfNamedMalePartners        |
| Value Option: | N/A Format Ty  | vpe: Number           | Min Length:               | 1        | Max Length: 3                         |
| Definition:   | The total number of sex or needle-sha  | aring male partners   | for which there is suffic | cient id | entifying and locating information.   |
| Instructions: | Indicate the total number of sex or ne information.  | edle-sharing male p   | partners for which there  | is suff  | icient identifying and locating       |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Required, see detai                           | iled business rule    |                           |          |                                       |
|               | Detailed business rule:<br>"Total Number of Named Male Partne<br>(totalNumberOfNamedPartners). | ers" must be less the | an or equal to the Total  | Numb     | er of Named Partners                  |
| X511b         | Total Number of Named Female   | Partners              | XSD (Schema) N            | lame:    | totalNumberOfNamedFemalePartners      |
| Value Option: | N/A Format Ty  | pe: Number            | Min Length:               | 1        | Max Length: 3                         |
| Definition:   | The total number of sex or needle-sha  | aring female partne   | rs for which there is suf | ficient  | identifying and locating information. |
| Instructions: | Indicate the total number of sex or ne information.  | edle-sharing female   | e partners for which the  | re is sı | ufficient identifying and locating    |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Required, see detai                           | led business rule     |                           |          |                                       |
|               | Detailed business rule:<br>"Total Number of Named Female Par<br>(totalNumberOfNamedPartners).  | tners" must be less   | than or equal to the To   | otal Nu  | mber of Named Partners                |
| X511c         | Total Number of Named Transge  | ender Partners        | XSD (Schema) N            | lame:    | totalNumberOfTransgenderPartners      |
| Value Option: | N/A Format Ty  | pe: Number            | Min Length:               | 1        | Max Length: 3                         |
| Definition:   | The total number of sex or needle-sha information.   | aring transgender p   | artners for which there   | is suffi | cient identifying and locating        |
| Instructions: | Indicate the total number of sex or ne locating information.                                   | edle-sharing transg   | ender partners for whic   | h there  | e is sufficient identifying and       |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Required,, see deta                           | iled business rule    |                           |          |                                       |
|               | Detailed business rule:<br>"Total Number of Named Transgende<br>(totalNumberOfNamedPartners).  | er Partners" must be  | e less than or equal to t | he Tota  | al Number of Named Partners           |



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Num Variable Name Notification of Exposure Table: X-6 This table is completed for each partner located to determine their knowledge of HIV exposure and HIV status. Num Variable Name X600 XSD (Schema) Name: partnerNotifiability **Partner Notifiability** Value Option: Choose only one Max Length: 2 Format Type: Number Min Length: 1 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. HIV Testing: Not applicable Business rule 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.  |



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| Num           | Variable Name                                    |  |                            |                          |  |
|---------------|--|--|----------------------------|--------------------------|--|
| X601          | Actual Notificatio                               | n Method                                       | XSD (Schema) Name          | actualNotificationMethod |  |
| Value Option: | Choose only one                                  | Format Type: Number                            | Min Length: 1              | Max Length: 2            |  |
| Definition:   | The actual method us                             | ed to notify each identified partner th        | nat they may have been exp | oosed to HIV.            |  |
| Instructions: | Indicate the method u                            | sed to notify each notifiable partner          | that they may have been ex | posed to HIV.            |  |
| Business rule | HIV Testing: Not appli<br>Partner Services: Rec  | cable<br>uired, see detailed business rule     |                            |                          |  |
|               | Detailed business rule<br>Required if the partne | e:<br>r is able to be notified (partnerNotifia | ability =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<br>professional other than the health department provider (e.g., a private<br>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<br>exposure to HIV.   |



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| Num           | Variable Name                                     |  |   |   |
|---------------|---|--|---|---|
| (602          | Previous HIV Test                                 |  | XSD (Schema) Name:  | previousHIVTest                               |
| /alue Option: | Choose only one                                   | Format Type: Number                    | Min Length: 1   | Max Length: 2                                 |
| Definition:   | The partner's self-repor                          | t of having at least one prior HIV tes | t before these data were c                                    | ollected.                                     |
| nstructions:  | Indicate if the partner re                        | ports having a previous HIV test.      |   |   |
| Business rule | HIV Testing: Not applic<br>Partner Services: Requ |  |   |   |
|               |   |  |   |   |
| Code          | Value Description                                 |  | Value Definition  |   |
| 0             | No  |  |   | ports that he or she has never had an         |
| 1             | Yes   |  | The index client's partner re                                 | ports that they had a previous HIV test.      |
| 66            | Not asked   |  | The provider did not ask the prior HIV test.                  | index client's partner about having a         |
| 77            | Declined to answer                                |  | The index client's partner de<br>had a previous HIV test.     | clines or is unwilling to report if he or she |
| 99            | Don't know  |  | The index client's partner re<br>she had a previous HIV test. | ports that he or she is unaware if he or      |



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| lum           | Variable Name  |   |  |   |
|---------------|--|---|--|---|
| (603          | Self-Reported HIV Test Result  |   | XSD (Schema) Name:   | selfReportedHIVTestResult   |
| alue Option   | Choose only one  | Format Type: Number                           | Min Length: 1  | Max Length: 2   |
| Definition:   | The client's self-reported test result from his/her most recent HIV test prior to notification.  |   |  | ۱.  |
| nstructions:  | If the partner reports having had a previous HIV test (i.e. X602: Previous HIV Test = "Yes"), then indicate the partner's self-reported HIV test result at the time of notification. When asking about the "Self-Reported Test Result" it is very important that the provider ask about the test result from the most recent HIV test because this is the result that will reflect the partner's current HIV serostatus. Ensure that the partner understands that he/she is being asked to report his/her test results and not what he/she believes their status is. |   |  | ported Test Result" it is very use this is the result that will   |
| Business rule | HIV Testing: Not app<br>Partner Services: Re   | licable<br>quired, see detailed business rule |  |   |
|               | Detailed business rul<br>Required when Previ<br>Not expected otherwi   | ous HIV Test was done (previousF              | HVTest = 1).   |   |
| Code          | Value Description  |   | Value Definition   |   |
| 1             | Positive   |   | The index client's partner repo<br>based on a confirmatory test re   | rts that his or her HIV status is positive<br>esult.  |
| 2             | Negative   |   | The index client's partner repo  | rts that their HIV status is negative.  |
| 3             | Preliminary positive   |   | The index client's partner repo<br>"Preliminary positive" test resu<br>reactive HIV rapid test but did<br>associated conventional confir | It (i.e., the index client's partner had a not receive the results of the                                     |
| 4             | Indeterminate  |   | result (i.e., the client received  | ne received an "Indeterminate" test<br>results but those results did not<br>he or she is HIV-positive or HIV- |

negative).

HIV status.

her HIV status.

The provider did not ask the client about his or her HIV status.

The index client's partner declines or is unwilling to report his or her

The index client's partner reports that he or she is unaware of his or



66

77

99

Not asked

Don't know

Declined to answer

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| Num   | Variable Name   |   |                                     |                                       |
|---|---|---|-------------------------------------|---------------------------------------|
| X604  | Date of Last HIV Te   | st  | XSD (Schema) Name:                  | dateOfLastHIVTest                     |
| Value Option:   | N/A   | Format Type: MM/DD/YYYY   | Min Length: 8                       | Max Length: 10                        |
| Definition:   | The date of the partner's last HIV test.  |   |                                     |                                       |
| Instructions:   | If the partner reports having a previous HIV test (X602: Previous HIV test = "Yes"), indicate the date of the partner HIV test. |   |                                     | dicate the date of the partner's last |
| Business rule   | HIV Testing: Not applica<br>Partner Services: Requi   | able<br>red, see detailed business rule   |                                     |                                       |
|   | Detailed business rule:<br>Required if a previous H<br>Not expected otherwise   | IIV test was reported (previousHIV  | test=1).                            |                                       |
|   |   |   |                                     |                                       |
| Table: X-7  | Z Referra   | al  |                                     |                                       |
| <b>Table:</b> X-7<br>This table is co                           | Referration   |   |                                     |                                       |
|   |   |   |                                     |                                       |
| This table is co  | ompleted for all clients rec  |   | XSD (Schema) Name:                  | referralDate                          |
| This table is co<br><i>Num</i><br>X702                          | ompleted for all clients rec<br>Variable Name<br>Referral Date  |   | XSD (Schema) Name:<br>Min Length: 8 | referralDate<br>Max Length: 10        |
| This table is co  | ompleted for all clients rec<br>Variable Name<br>Referral Date<br>N/A   | eiving a referral.  | . ,                                 |                                       |
| This table is co<br>Num<br>X702<br>Value Option:<br>Definition: | Variable Name<br>Referral Date<br>N/A<br>The date that the referra  | eiving a referral.<br><b>Format Type: MM/DD/YYYY</b><br>Il was made for the client.<br>ch the referral was made. This var   | Min Length: 8                       | Max Length: 10                        |
| This table is co<br><i>Num</i><br>X702<br>Value Option:         | Variable Name<br>Referral Date<br>N/A<br>The date that the referra<br>Indicate the date on whi                                  | Format Type: MM/DD/YYYY<br>Il was made for the client.<br>ch the referral was made. This var<br>ade for the client.<br>able | Min Length: 8                       | Max Length: 10                        |



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|                                   | Variable Name  |  |   |  |
|-----------------------------------|--|--|---|--|
| X702a                             | Reason Client Not  | Referred to HIV Medical Care   | XSD (Schema) Name:  | reasonForNoMedicalCareReferra  |
| Value Option                      | Choose only one  | Format Type: Number  | Min Length: 1   | Max Length: 2  |
| Definition:                       | The reason why a refe  | rral to HIV medical care for an HIV-   | positive client was not made.   |  |
|                                   |  | ta were collected for only confirmed<br>al, RNA, NAAT or other test) or preli                                |   |  |
| Instructions:                     | 5: Complete if a client tests positive for HIV, on any HIV test, conventional, RNA/NAAT, rapid or other, during a test event but is not referred to HIV medical care.                                      |  |   | apid or other, during a testing  |
| Business rule                     | HIV Testing: Required<br>Partner Services: Not a   | , see detailed business rule<br>applicable   |   |  |
|                                   | •  | :<br>th a positive HIV test (testResultVal   | ueCode=1) who were not ref  | erred to HIV medical care  |
|                                   |  | re=0).<br>s without a positive HIV test (testRe<br>al care (referredToMedicalCare=1).                        | esultValueCode not 1) or clie   | nts with a positive HIV test were  |
| Code                              | Not expected for client  | s without a positive HIV test (testRe  | esultValueCode not 1) or clies  | nts with a positive HIV test were  |
| Code<br>1                         | Not expected for client<br>referred to HIV medica  | s without a positive HIV test (testRe  | Value Definition  | nts with a positive HIV test were<br>V medical care because he or she is   |
|                                   | Not expected for client<br>referred to HIV medica<br>Value Description   | s without a positive HIV test (testRe  | Value Definition<br>Client was not referred to HIV<br>already receiving care.   |  |
| 1                                 | Not expected for client<br>referred to HIV medica<br>Value Description<br>Client already in care   | s without a positive HIV test (testRe<br>Il care (referredToMedicalCare=1).                                  | Value Definition<br>Client was not referred to HIV<br>already receiving care.<br>Client was offered a referral t  | V medical care because he or she is  |
| 1<br>2<br><b>X703_01</b>          | Not expected for client<br>referred to HIV medica<br>Value Description<br>Client already in care<br>Client declined care   | s without a positive HIV test (testRe<br>Il care (referredToMedicalCare=1).                                  | Value Definition<br>Client was not referred to HIV<br>already receiving care.<br>Client was offered a referral t  | V medical care because he or she is<br>to HIV medical care but client declined.  |
| 1<br>2<br>X703_01<br>Value Option | Not expected for client<br>referred to HIV medica<br>Value Description<br>Client already in care<br>Client declined care<br>Referred To HIV T<br>Choose only one   | s without a positive HIV test (testRe<br>Il care (referredToMedicalCare=1).                                  | Value Definition         Client was not referred to HIV         already receiving care.         Client was offered a referral to         XSD (Schema) Name:         Min Length: 1 | V medical care because he or she is<br>to HIV medical care but client declined.<br>referredToHIVTesting<br>Max Length: 2 |
| 1<br>2<br>X703_01                 | Not expected for client<br>referred to HIV medica<br>Value Description<br>Client already in care<br>Client declined care<br>Referred To HIV T<br>Choose only one<br>The client was referred<br>antibodies. | s without a positive HIV test (testRe<br>Il care (referredToMedicalCare=1).<br>esting<br>Format Type: Number | Value Definition         Client was not referred to HIV         already receiving care.         Client was offered a referral to         XSD (Schema) Name:         Min Length: 1 | V medical care because he or she is<br>to HIV medical care but client declined.<br>referredToHIVTesting<br>Max Length: 2 |

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



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| Num           | Variable Name  |   |  |  |
|---------------|--|---|--|--|
| X703_10       | Referred To Medical Care   | XSD (Schema) Name: referredToMedicalCare  |  |  |
| Value Option: | Choose only one Format Type: Number  | Min Length: 1 Max Length: 2   |  |  |
| Definition:   | The client was referred to medical services for (or due t of immune system function and screening, treatment, a  | to their HIV-positive diagnosis) HIV infection including: evaluation and prevention of opportunistic infection. |  |  |
|               | Prior to 2012, these data were collected for only confirmed positive clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive clients. |   |  |  |
| Instructions: | Indicate if the client was referred to HIV medical care.   |   |  |  |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Required, see detailed business rule  |   |  |  |
|               | Detailed business rule for HIV testing:<br>Required for clients with a positive HIV test (testResult\<br>Not expected for clients without a positive HIV test (test  |   |  |  |
|               | Detailed business rule for Partner Services:<br>Required if HIV test result was positive/reactive (HIVTe<br>Not expected otherwise.  | stResult=1).  |  |  |

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



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| Num           | Variable Name   |   |                    |                           |
|---------------|---|---|--------------------|---------------------------|
| X703_14       | Referred To Partn   | er Services   | XSD (Schema) Name: | referredToPartnerServices |
| Value Option: | Choose only one   | Format Type: Number   | Min Length: 1      | Max Length: 2             |
| Definition:   | The client was referred to Partner Services. Partner Services include a range of available services for newly and previously diagnosed HIV-infected persons, their partners and affected communities. Services may include: informing current and past sex partners that a person who is HIV-infected has identified them as a sex or injection-drug-paraphernalia-sharing partner and advising them to have HIV counseling and testing. Additionally, it can include notifying partners, who may not have suspected that they were at increased risk for HIV that they can be tested for HIV. This enables those who test HIV-positive to receive early medical evaluation, treatment, and prevention services, including risk-reduction counseling. |   |                    |                           |
|               |   | ata were collected for only confirm al, RNA, NAAT or other test) or pr            |                    |                           |
| Instructions: | Indicate if the client wa   | as referred to Partner Services.  |                    |                           |
| Business rule | HIV Testing: Required<br>Partner Services: Not  | l, see detailed business rule<br>applicable                                       |                    |                           |
|               |   | :<br>th a positive HIV test (testResultV<br>ts without a positive HIV test (testF |                    |                           |
| Code          | Value Description   |   | Value Definition   |                           |

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



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| Num           | Variable Name  |   |  |               |
|---------------|--|---|--|---------------|
| X703_17       | Referred To HIV Prevention Services  |   | XSD (Schema) Name: referredToHIVPrevention |               |
| Value Option: | Choose only one  | Format Type: Number   | Min Length: 1                              | Max Length: 2 |
| Definition:   | The client was referred to HIV prevention services. Prevention services are defined as generally any service or<br>intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, DEBIs,<br>risk-reduction counseling). It excludes indirect services such as mental health services or housing. |   |  |               |
|               | Prior to 2012, these data were collected for only confirmed positive clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive clients.   |   |  |               |
| Instructions: | Indicate if the client was referred to HIV Prevention services.  |   |  |               |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Not applicable  |   |  |               |
|               |  | a positive HIV test(testResultVa<br>without a positive HIV test (testRe |  |               |
|               |  |   |  |               |

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



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| Num           | Variable Name   |  |                                 |                             |
|---------------|---|--|---------------------------------|-----------------------------|
| X706          | Referral Outcome  |  | XSD (Schema) Name:              | firstMedicalCareAppointment |
| Value Option: | Choose only one   | Format Type: Number  | Min Length: 2                   | Max Length: 2               |
| Definition:   | The current status of the   | he referral based on activities to ver                                       | rify that the service was acces | ssed.                       |
|               | -   | ata were collected for only confirmed<br>al, RNA, NAAT or other test) or pre |                                 |                             |
| Instructions: | Select the value that re  | eflects the current status of this refe                                      | erral follow-up.                |                             |
| Business rule | <b>3</b> 1  | , see detailed business rule<br>uired, see detailed business rule            |                                 |                             |
|               | (referredToMedicalCan<br>Not expected for HIV t                             | th a positive HIV test (testResultVa   | ,                               |                             |
|               | Detailed business rule<br>Required if clients with<br>(referredToMedicalCar | a positive HIV Test Result (HIVTest  | stResult=1) who were referred   | d to medical care           |

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



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| Num           | Variable Name   |
|---------------|---|
| X706b         | First HIV Medical Care Appointment within 90 Days XSD (Schema) Name: apptWithin90DaysOfHIVTest of HIV Test  |
| Value Option: | : Choose only one Format Type: Number Min Length: 1 Max Length: 2   |
| Definition:   | Confirmation that a client attended his/her HIV medical care appointment within 90 days of the HIV test date.   |
|               | Prior to 2012, these data were collected for only confirmed positive clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) and preliminary (rapid test) positive clients.   |
| Instructions: | Indicate if the client attended his/her HIV medical appointment within 90 days of the HIV test date. This question would be asked if client had a "yes" response to "Did client attend the first appointment". This variable is only used for HIV testing and for reporting on HIV-positive clients.  |
|               | Please see business rule for specific data elements incorporated into this instruction.   |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Not applicable   |
|               | Detailed business rule:<br>Required for clients with a positive HIV test (testResultValueCode=1) who were referred to medical care<br>(referredToMedicalCare = 1) and attended first appointment (firstMedicalCareAppointment=2).<br>Not expected for clients without a positive HIV test (testResultValueCode not 1) or those with a positive HIV test who did<br>not attend the first medical care appointment (firstMedicalCareAppointment = 3 or 4 or 5 or 99). |

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



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| ım          | Variable Name  |                         |  |  |   |
|-------------|--|-------------------------|--|--|---|
| '06c        | HIV Medical Care Linkage   |                         | XSD (Schema) Name: currentHIVMedicalCareStatus |  |   |
| lue Option: | Choose only one  | Format Type:            | Number   | Min Length: 1  | Max Length: 2   |
| finition:   | The current status of th   | ne client's HIV medi    | cal care after HIV c                           | liagnosis, current HIV te                                | est, or report to Partner Services.   |
| structions: | 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. |                         |  |  |   |
| siness rule | HIV Testing: Not applie<br>Partner Services: Requ  |                         |  |  |   |
|             |  | esults for CLIA-Wa      |  | apid Tests are Positive<br>hivTestResult=2, 6, 7 o       | e, or Laboratory-Based Tests HIV-1<br>r 8).   |
| Code        | Value Description  |                         |  | Value Definition   |   |
| 1           | Appointment Pending  |                         |  | There is an HIV medical an not confirmed that the client | ppointment scheduled but the agency has<br>nt attended.   |
| 2           | Confirmed—Partner A<br>Test  | ccessed Service Within  | 14 Days of Positive                            | positive test as confirmed<br>medical record review, oth | edical appointment within 14 days of their<br>by a report from a medical care provider,<br>eer record reviews, other databases (e.g.,<br>boratory reports, or an ART prescription |
| 3           | Confirmed—Partner A<br>Test  | ccessed Service Within  | 30 Days of Positive                            | positive test as confirmed<br>medical record review, oth | edical appointment within 30 days of their<br>by a report from a medical care provider,<br>ner record reviews, other databases (e.g.,<br>boratory reports, or an ART prescription |
| 4           | Confirmed—Partner A  | ccessed Service After 3 | 0 Days of Positive Test                        | positive test as confirmed medical record review, oth    | edical appointment after 30 days of their<br>by a report from a medical care provider,<br>eer record reviews, other databases (e.g.,<br>boratory reports, or an ART prescription  |
| 5           | Confirmed—Partner D  | id Not Access Service   |  | report from a medical care                               | IV medical appointment as confirmed by a<br>provider, medical record review, other<br>bases (e.g., CareWare), or HIV-related  |
| 6           | Partner Lost to Follow   | -Up                     |  | After 90 days of the positiv<br>medical care appointment | ve test, the client's attendance at an HIV can't be confirmed.  |
| 7           | No Appointment Nece  | ssary- Negative Test Re | esult  | Client was not referred to negative.                     | HIV medical care because he or she tested   |
| 8           | No Appointment Nece<br>in Medical Care   | ssary-Partner Previous  | Positive and Engaged                           |  | HIV medical care because he or she is<br>itive and already receiving care.  |



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| Num  | Variable Name   |   |                  |   |                      |                  |
|--|---|---|------------------|---|----------------------|------------------|
| X706d  | Date of 1st HIV Medical Appointment XSD (Schema) Name: firstMedicalCareAppointmentD |   |                  |   | AppointmentDate      |                  |
| Value Option:  | TBD   | Format Type:  | Date             | Min Length:   | Max Length:          | TBD              |
| Definition:  | Date a client attended his Services.  | Date a client attended his/her HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services. |                  |   |                      |                  |
| Instructions:  | Enter the date a client att Partner Services.                                       | ended his/her HI  | V medical care a | ppointment after HIV diagno                                   | osis, current HIV te | st, or report to |
| Business rule HIV Testing: Not applicable Partner Services: Required |   |   |                  |   |                      |                  |
|  |   |   |                  | e Rapid Tests are Positive, o<br>( hivTestResult=2, 6, 7 or 8 |                      | ed Tests HIV-1   |
| X712   | HIV Test Performed  |   |                  | XSD (Schema) Name:  | HIVTestPerforme      | d                |
| Value Option:  | Choose only one   | Format Type:  | Number           | Min Length: 1   | Max Length:          | 1                |
| Definition:  | A client received an HIV test while enrolled in partner services.                   |   |                  |   |                      |                  |
| Instructions:  | Indicate if the client was tested for HIV while enrolled in partner services.       |   |                  |   |                      |                  |
| Business rule  | HIV Testing: Not applicable<br>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;<br>client is known to be HIV-positive. |



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| Num           | Variable Name   |                     |                   |   |   |
|---------------|---|---------------------|-------------------|---|---|
| X712a         | Coinfection Screen  |                     |                   | XSD (Schema) Name:                                    | syphilisTest                                  |
| alue Option:  | Choose only one   | Format Type:        | Number            | Min Length: 1   | Max Length: 2                                 |
| Definition:   | A client received a syphil  | is test in conjunc  | ction with an H   | IV test during PS activities.                         |   |
| nstructions:  | Indicate if a client received a syphilis test in conjunction with an HIV test during PS activities. |                     |                   |   |   |
| Business rule | HIV Testing: Not applicat<br>Partner Services: Require  |                     |                   |   |   |
| Code          | Value Description   |                     |                   | Value Definition                                      |   |
| 0             | No  |                     |                   | The client did not receive a<br>HIV test.             | syphilis test in conjunction with the current |
| 1             | Yes   |                     |                   | The client received a syphilite test.                 | s test in conjunction with the current HIV    |
| X712b         | Coinfection Screen  | Result              |                   | XSD (Schema) Name:                                    | syphilisTestResult                            |
| Value Option: | Choose only one   | Format Type:        | Number            | Min Length: 1   | Max Length: 1                                 |
| Definition:   | The outcome of the curre  | nt syphilis test in | n conjunction v   | with an HIV test while enrolled                       | in partner services.                          |
| Instructions: | Indicate the outcome of t   | he current syphil   | lis test in conju | unction with an HIV test while e                      | enrolled in partner services.                 |
| Business rule | HIV Testing: Not applicat<br>Partner Services: Require  |                     |                   |   |   |
| Code          | Value Description   |                     |                   | Value Definition                                      |   |
| 1             | Newly Identified Infection  |                     |                   | The syphilis screening resul                          | ted in identifying a new infection.           |
| 2             | Not infected  |                     |                   | Client has either never beer<br>successfully treated. | n infected or was previously infected and     |

3 Not Known



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The results of the current syphilis test are unknown.

| Num           | Variable Name   |                     |                 |                                  |                                 |    |
|---------------|---|---------------------|-----------------|----------------------------------|---------------------------------|----|
| X713          | HIV Test Result   |                     |                 | XSD (Schema) Name:               | HIVTestResult                   |    |
| Value Option: | Choose only one   | Format Type:        | Number          | Min Length: 1                    | Max Length: 2                   |    |
| Definition:   | The confirmed outcome<br>Services (PS).This vari                            |                     |                 | partner as a result of a referra | al to HIV testing through Partn | er |
| Instructions: | If the client received an indicate the result of the                        | ``                  | IV Test Perform | ed = "Yes"), as a result of re   | erral from PS to HIV testing,   |    |
| Business rule | HIV Testing: Not applic<br>Partner Services: Requ                           |                     | ousiness rule   |                                  |                                 |    |
|               | Detailed business rule:<br>Required if an HIV Tes<br>Not expected otherwise | t is performed (HIV | TestPerformed   | = 1).                            |                                 |    |

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



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| Num           | Variable Name  |  |  |  |
|---------------|--|--|--|--|
| X714a         | HIV Test Results Provided  | XSD (Schema) Name: HIVTestResultsProvided                            |  |  |
| Value Option: | Choose only one Format Type: Nur   | nber 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<br>Partner Services: Required, see detailed busine<br>HD Risk Reduction Activities: Not applicable<br>CBO Risk Reduction Activities: Not applicable<br>HD Aggregate: Not applicable<br>CBO Aggregate: Not applicable | ess rule   |  |  |
|               | Detailed business rule:<br>Required if HIV Test Performed =Yes (HIVTest<br>Not expected otherwise.   | Performed = 1) and HIV Test Result was Positive (HIVTestResult = 1). |  |  |

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



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| Num           | Variable Name  |   |  |
|---------------|--|---|--|
| X724          | Client Received Prevention Services  | XSD (Schema) Name: clientReceivedPreventionServices |  |
| Value Option: | Choose only one Format Type: Number  | Min Length: 1 Max Length: 2                         |  |
| Definition:   | RNA/NAAT, rapid or other test. Prevention services is de<br>reducing risk for transmitting or acquiring HIV infection (e<br>excludes indirect services such as mental health services  | ů –   |  |
|               | Prior to 2012, these data were collected for only confirmed confirmed (conventional, RNA, NAAT or other test) or pre-  |   |  |
| Instructions: | Indicate if the client received prevention services following an HIV test and referral to prevention services. This variable<br>is only used for HIV testing and for reporting on HIV-positive clients who have any positive test, either confirmed or<br>preliminary. |   |  |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Not applicable  |   |  |
|               | Detailed business rule:<br>Required for clients with a positive HIV test (testResultVa<br>(referredToHIVPrevention=1).<br>Not expected for clients without a positive HIV test (testR  | , ,   |  |

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



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| Num           | Variable Name                                    |   |                                      |                                     |
|---------------|--|---|--------------------------------------|-------------------------------------|
| X725          | Partner Service In                               | terview   | XSD (Schema) Name: clientPSInterview |                                     |
| Value Option  | : Choose only one                                | Format Type: Number   | Min Length: 1                        | Max Length: 2                       |
| Definition:   | The indication that a c                          | lient was interviewed for Partner S                                       | ervices.                             |                                     |
|               | -  | ata were collected for only confirm<br>al, RNA, NAAT or other test) or pr |                                      |                                     |
| Instructions: |  | as interviewed for Partner Services ith either a confirmed or preliminar  |                                      | or HIV testing and for reporting on |
| Business rule | HIV Testing: Required<br>Partner Services: Not   | , see detailed business rule<br>applicable                                |                                      |                                     |
|               | (referredToPartnerSer<br>Not expected for client | th a positive HIV test (testResultV                                       | ُ<br>ResultValueCode not 1) or clie  |                                     |

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



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| Num           | Variable Name   |
|---------------|---|
| X725a         | Was the PS Interview within 30 Days of Receiving a XSD (Schema) Name: clientInterviewPS30DaysHIVResult Positive HIV Test Result   |
| Value Option: | Choose only one Format Type: Number Min Length: 1 Max Length: 2   |
| Definition:   | If a client was interviewed for Partner Services, this is an indication of whether or not he/she was interviewed within 30 days of receiving their HIV-positive test result.  |
|               | Prior to 2012, these data were collected for only confirmed positive clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive clients.  |
| Instructions: | Indicate whether or not the interview for Partner Services occurred within 30 days of the client receiving his or her positive HIV test result, from either a conventional, RNA/NAAT, rapid or other test.  |
| Business rule | HIV Testing: Required, see detailed business rule<br>Partner Services: Not applicable   |
|               | Detailed business rule:<br>Required for clients with a positive HIV test (testResultValueCode=1) who was referred to Partner Services<br>(referredToPartnerServices=1) and interviewed (partnerServiceInterview=1).<br>Not expected for clients without a positive HIV test (testResultValueCode not 1) or those with a positive HIV test who were<br>not interviewed for Partner Services (partnerServiceInterview = 0 or 99). |

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



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|                | Variable Name   |  |   |   |
|----------------|---|--|---|---|
| 725b           | Care Status at Time of the PS Interview                 |  | XSD (Schema) Name: careStatusAtInterview  |   |
| alue Option    | Choose only one   | Format Type: Number                                    | Min Length: 1   | Max Length: 2   |
| Definition:    | If a client was interviev<br>time of the Partner Se     | wed for Partner Services, this is an rvices interview. | indication of whether or not  | he/she was in medical care at the   |
| nstructions:   | Indicate whether or no                                  | t the client was in medical care at t                  | he time of the Partner Servio   | ces interview.  |
| Business rule  | HIV Testing: Not appli<br>Partner Services: Req         |  |   |   |
|                | Detailed business rule<br>Required if a client wa       | e:<br>ls enrolled (enrollmentStatus = 1).              |   |   |
|                |   | it wasn't enrolled (enrollmentStatus                   | = 2 or blank).  |   |
| Code           |   |  | = 2 or blank).<br>Value Definition  |   |
| Code<br>1      | Not expected if a clien                                 |  | Value Definition  | are provider at least once in the past 6  |
| Code<br>1<br>2 | Not expected if a clien                                 |  | Value Definition<br>Client has seen a medical o<br>months for HIV treatment<br>Includes HIV-positive perso  | ns who were never-in-care for their HIV<br>who were previously in HIV medical care.   |
| 1              | Not expected if a clien<br>Value Description<br>In Care |  | Value Definition<br>Client has seen a medical o<br>months for HIV treatment<br>Includes HIV-positive perso<br>diagnoses as well as those<br>but are currently out-of-care | ns who were never-in-care for their HIV<br>who were previously in HIV medical care,<br>a.<br>pointment scheduled but the agency has |

The client declines or is unwilling to report his or her HIV care status. The client reports that he or she is unaware of his or her HIV care status.



99

Don't Know

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| Num           | Variable Name   |  |   |                                   |
|---------------|---|--|---|-----------------------------------|
| X730a         | Housing status in past 12 months - revised  |  | XSD (Schema) Name: housingStatusRevised |                                   |
| Value Option: | Enter one value only  | Format Type: Number  | Min Length: 1                           | Max Length: 2                     |
| Definition:   | The client's self-report of the most unstable housing status in the past 12 months. Collection of these data began in 2013. |  |   |                                   |
| Instructions: | For clients with a positive HIV test (confirmatory or prel status in the past 12 months.                                    |  | inary), indicate the client's se        | If-reported most unstable housing |
| Business rule | HIV Testing: Required<br>Partner Services: Allowe   | ed, but not reported to CDC                                      |   |                                   |
|               |   | who test positive for HIV.<br>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<br>sleeping accommodation for human beings, including a car, park,<br>abandoned building, bus/train station or camping ground; or in a<br>shelter or emergency shelter that provides temporary living<br>arrangements.  |
| 3    | Unstably housed and/or at-risk of losing housing | Client has not been homeless, however, client has experienced<br>housing instability as evidenced by frequent moves due to economic<br>reasons, living with others due to economic hardship; eviction from a<br>private dwelling unit (but having another place to go); living in<br>overcrowded housing; or being at risk of having no housing options.<br>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<br>housing status in the past 12 months. Do not select 'don't know' if the<br>client was not asked.   |



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| Currently taking d  | aily PrEP medicine  |   |  |
|---|---|---|--|
| Currently taking daily PrEP medicine XSD (Schema) Name: currentlyOnPrEP |   | currentlyOnPrEP   |  |
| Choose only one   | Format Type: Number   | Min Length: 1   | Max Length: 1  |
| An indication if the clie   | nt is currently on Pre-exposure pro   | phylaxis (PrEP) medicine.   |  |
| Indicate if the client is   | currently on Pre-exposure prophyla  | axis (PrEP) medicine.   |  |
|   |   |   |  |
| Value Description   |   | Value Definition  |  |
| No  |   | The client/patient is not curre   | ently taking daily PrEP medicine   |
| Yes   |   | The client/patient is currently   | v taking daily PrEP medicine   |
| Referred to PrEP  | Provider  | XSD (Schema) Name:  | referredToPrEP   |
| Choose only one   | Format Type: Number   | Min Length: 1   | Max Length: 2  |
| An indication if the clie   | nt was referred to a provider for Pro   | e-exposure prophylaxis (PrEF  | <sup>&gt;</sup> ).   |
| Indicate if the client wa   | is referred to a provider for Pre-exp   | osure prophylaxis (PrEP).   |  |
|   |   |   |  |
|   | An indication if the clie<br>Indicate if the client is<br>HIV Testing: Required<br>Partner Services: Required<br>Value Description<br>No<br>Yes<br>Referred to PrEP I<br>Choose only one<br>An indication if the clie<br>Indicate if the client wa<br>HIV Testing: Not applie | An indication if the client is currently on Pre-exposure pro<br>Indicate if the client is currently on Pre-exposure prophyla<br>HIV Testing: Required<br>Partner Services: Required<br>Value Description<br>No<br>Yes<br>Referred to PrEP Provider<br>Choose only one Format Type: Number<br>An indication if the client was referred to a provider for Pre | An indication if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.<br>Indicate if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.<br>HIV Testing: Required<br>Partner Services: Required<br>Value Description Value Definition<br>No The client/patient is not currently<br>Yes The client/patient is currently<br>Referred to PrEP Provider XSD (Schema) Name:<br>Choose only one Format Type: Number Min Length: 1<br>An indication if the client was referred to a provider for Pre-exposure prophylaxis (PrEP).<br>HIV Testing: Not applicable |

| 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.      |



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| Num           | Variable Name  |  |  |  |
|---------------|--|--|--|--|
| X740          | Seen a Medical Care Provider in past 6 months for<br>HIV treatment   |  | XSD (Schema) Name: seenMedicalCareProvider |  |
| Value Option: | Choose only one  | Format Type: Number  | Min Length: 1                              | Max Length: 2                          |
| Definition:   |  | V infection is a previous diagnosis or<br>ient has seen a medical care provide           |  |  |
| Instructions: | Indicate whether the cli treatment.                                  | ient/patient has seen a medical care p   | provider at least once in th               | he past six months for HIV             |
|               | •  | e asked if the client/patient's HIV infenent in the new diagnosis or previous diagnosis. | , , ,                                      | nosed or if unable to determine if the |
| Business rule | HIV Testing: Required<br>Partner Services: Not a                     | applicable   |  |  |
|               | Business rule:<br>Completed if the client<br>Required if (X138 = 3 c | s HIV infection is not a new diagnosis<br>or 4)  | 5.   |  |

| 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<br>provider in the past 6 months for HIV treatment        |



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| Num           | Variable Name                                  |  |                                 |                      |
|---------------|--|--|---------------------------------|----------------------|
| X741          | Attended HIV mee                               | dical care appointment   | XSD (Schema) Name:              | attendHIVMedicalCare |
| Value Option: | Choose only one                                | Format Type: Number  | Min Length: 1                   | Max Length: 2        |
| Definition:   | Indicate if the client/pa                      | atient attended a medical care appo                                  | pintment after this positive HI | ′ test.              |
| Instructions: | Indicate whether the c                         | lient/patient attended an appointme                                  | ent for HIV medical care after  | this positive test.  |
| Business rule | HIV Testing: Required<br>Partner Services: Not |  |                                 |                      |
|               |  | s who test positive for HIV.<br>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         The client/patient's self-report of attending his or her HIV medical care appointment after this positive test         Client did not attend his or her HIV medical appointment after this positive test |  |  |  |  |  |
| 2             | Yes, client/patient self-report   |  |  |  |  |  |  |
| 3             | No  |  |  |  |  |  |  |
| 99            | Don't Know  | The provider is unaware if the client/patient attended his/her HIV medical appointment after this positive test  |  |  |  |  |  |
| X741a         | Appointment Date  | XSD (Schema) Name: dateofMedicalCare   |  |  |  |  |  |
| Value Option  | : N/A Format Type: Date   | Min Length: 10 Max Length: 10  |  |  |  |  |  |
| Definition:   | The calendar month, day, and year on which a client attended his/her HIV medical care appointment after this positive test. |  |  |  |  |  |  |
| Instructions: | Indicate the date the client/patient attended his/her appointment for HIV medical care after this positive test.            |  |  |  |  |  |  |
|               | Enter 01/01/1800 if date is unknown.  |  |  |  |  |  |  |
|               | If the month and year are known, but the day is unknown, enter the 15th of the month as the day.                            |  |  |  |  |  |  |
| Business rule | HIV Testing: Required<br>Partner Services: Not applicable   |  |  |  |  |  |  |
|               | Business rule:<br>Completed if HIV-positive client attended an HIV medic<br>Required if (X741 = 1 or 2)                     | al care appointment.   |  |  |  |  |  |
|               |   |  |  |  |  |  |  |



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|  | Format Type:  | •   | XSD (Schema) Name:<br>Min Length: 1  | behavioralRiskReductionCounseling  |
|--|---|---|--|--|
| fers to an HIV prevention                      | ,   | Number  | Min Length: 1  | Mary Law with 1  |
|  |   |   |  | Max Length: 1  |
| line to suboth on individua-                   | on service direct   | ly aimed at reducir   | ng risk for transmitting or a  | cquiring HIV infection.  |
| licate whether individua                       | lized behavioral  | risk-reduction cou  | nseling was provided to th   | e client/patient.  |
| / Testing: Required<br>rtner Services: Not app | licable   |   |  |  |
|  |   |   | 3 or 9)  |  |
| Value Description                              |   |   | Value Definition   |  |
| No   |   |   | The client/patient was not provide the client of the reduction counseling.   | ovided individualized behavioral risk-   |
| Yes  |   |   | The client/patient was provid reduction counseling.  | ed individualized behavioral risk-   |
| Contact information                            | provided for pa   | rtner services  | XSD (Schema) Name:   | providedToHDForPS  |
| oose only one                                  | Format Type:  | Number  | Min Length: 1  | Max Length: 2  |
| is is an indication of if th<br>vices.         | ne client/patient's   | s contact information   | on was provided to the he  | alth department for partner  |
| licate whether the client                      | /patient's name   | and contact inform  | nation were provided to the  | e health department for partner  |
| V Testing: Required<br>rtner Services: Not app | licable   |   |  |  |
|  |   |   | 3 or 9)  |  |
|  | siness rule:<br>mpleted for persons where<br>inquired if (X104a is 1 or<br>Value Description<br>No<br>Yes<br>Contact information provides<br>is is an indication of if the<br>rvices.<br>Vices.<br>Vices.<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices:<br>Vices: | siness rule:<br>mpleted for persons who test positive for<br>quired if (X104a is 1 or 2) and (X125 =<br>Value Description<br>No<br>Yes<br>Contact information provided for pa<br>pose only one Format Type:<br>is is an indication of if the client/patient's<br>rvices.<br>licate whether the client/patient's name<br>rvices.<br>V Testing: Required<br>rtner Services: Not applicable<br>siness rule:<br>mpleted for persons who test positive for | siness rule:<br>mpleted for persons who test positive for HIV.<br>quired if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8<br>Value Description<br>No<br>Yes<br>Contact information provided for partner services<br>pose only one Format Type: Number<br>is is an indication of if the client/patient's contact information<br>vices.<br>licate whether the client/patient's name and contact information<br>vices.<br>V Testing: Required<br>rtner Services: Not applicable<br>siness rule:<br>mpleted for persons who test positive for HIV. | siness rule:<br>mpleted for persons who test positive for HIV.<br>quired if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)<br>Value Description Value Definition<br>No The client/patient was not pro-<br>reduction counseling.<br>Yes The client/patient was provided for partner services XSD (Schema) Name:<br>Dose only one Format Type: Number Min Length: 1<br>is is an indication of if the client/patient's contact information was provided to the heavives.<br>licate whether the client/patient's name and contact information were provided to the heavives.<br>V Testing: Required<br>rtner Services: Not applicable<br>siness rule: |

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



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| Num           | Variable Name  |  |                                     |   |  |
|---------------|--|--|-------------------------------------|---|--|
| (744          | Interviewed for pa   | rtner services   | XSD (Schema) Name: interviewedForPS |   |  |
| /alue Option: | Choose only one  | Format Type: Number  | Min Length: 1                       | Max Length: 2   |  |
| Definition:   | This is an indication of if the client/patient was interviewed fo<br>by the health department to conduct partner services intervie |  |                                     | alth department staff or staff trained  |  |
| nstructions:  | Indicate if the client wa  | s interviewed for partner services.                                |                                     |   |  |
|               | This variable is only us   | ed for HIV testing and for reporting                               | on HIV-positive clients.            |   |  |
| Business rule | HIV Testing: Required<br>Partner Services: Not   | applicable   |                                     |   |  |
|               |  | who test positive for HIV.<br>or 2) and (X125 = 1 or 2 or 6 or 7 o | or 8 or 9)                          |   |  |
| Code          | Value Description  |  | Value Definition                    |   |  |
| 1             | Yes, by health departr   | nent staff   | The client was interviewed t staff. | for partner services by health department                                     |  |
| 2             | Yes, by a non-health o<br>department to conduc   | lepartment person trained by the health<br>t partner services      |                                     | for partner services by a non-health<br>s trained by the health department to |  |
| 3             | No   |  | The client was not interview        | red for partner services.   |  |
| 99            | Don't Know   |  | It is unknown if the client wa      | as interviewed for partner services.  |  |
| K744a         | Date of partner se   | rvices interview   | XSD (Schema) Name:                  | dateOfPSInterview   |  |
| Value Option: | N/A  | Format Type: MM/DD/YYYY  | Min Length: 8                       | Max Length: 10  |  |
| Definition:   | The calendar month, d  | ay, and year on which the client/pat                               | tient was interviewed for par       | tner services.  |  |
| nstructions:  | Enter the calendar mo  | nth, day, and year the client/patient                              | was interviewed for partner         | services.   |  |
|               | Enter 01/01/1800 if da   | e is unknown.  |                                     |   |  |
|               | If the month and year are known, but the day is unknown, enter the 15th of the month as the day.                                   |  |                                     |   |  |
| Business rule | HIV Testing: Required Partner Services: Not  | applicable   |                                     |   |  |
|               | Business rule:<br>Completed if the client  | /patient was interviewed for partner                               | services (X744-1 or 2)              |   |  |



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| Num           | Variable Name  |                                |                  |  |          |                         |                       |
|---------------|--|--------------------------------|------------------|--|----------|-------------------------|-----------------------|
| X745          | Screened for peri<br>needs (Only if pre  | natal HIV service c<br>egnant) | oordination      | XSD (Schema) Na                                | me: s    | screenedForPer          | inatalHIVCoordinatio  |
| Value Option: | Choose only one  | Format Type:                   | Number           | Min Length: 1                                  |          | Max Length:             | 2                     |
| Definition:   | An indication of if the  | client/patient was so          | reened for perir | natal HIV service coordina                     | ation r  | needs.                  |                       |
|               | This variable is used f infection.   | or reporting of perin          | atal HIV service | e coordination needs amo                       | ong w    | omen living with        | diagnosed HIV         |
| Instructions: | If the client/patient is I   | HV-positive, indicate          | e whether she w  | as screened for perinata                       | I HIV    | service coordinat       | ion needs.            |
| Business rule | HIV Testing: Required<br>Partner Services: Not   |                                |                  |  |          |                         |                       |
|               | Business rule:<br>Completed for birth ge<br>Required if (birthGend   |                                |                  | HIV.<br>2 or 6 or 7 or 8 or 9) and             | d (preç  | gnantStatusValue        | Code=1)               |
| Code          | Value Description  |                                |                  | Value Definition                               |          |                         |                       |
| 0             | No   |                                |                  | The client/patient was n<br>coordination needs | not scre | ened for perinatal HI   | V service             |
| 1             | Yes  |                                |                  | The client/patient was s needs.                | creene   | ed for perinatal HIV se | ervice coordination   |
| X746          | Perinatal HIV serv   | vice coordination n            | eeds identified  | XSD (Schema) Na                                | me: p    | perinatalCoordin        | nationNeedsIdentified |
| Value Option: | Choose only one  | Format Type:                   | Number           | Min Length: 1                                  |          | Max Length:             | 1                     |
| Definition:   | An indication of if peri   | natal HIV service co           | ordination need  | s were identified for the c                    | client/p | patient.                |                       |
| Instructions: | If the client/patient is HIV-positive and screened for perinatal HIV service coordination needs, indicate if perinatal HIV service coordination needs were identified. |                                |                  |  |          |                         |                       |
| Business rule | HIV Testing: Required<br>Partner Services: Not applicable  |                                |                  |  |          |                         |                       |
|               | Business rule:<br>Completed for birth ge<br>Required if (birthGend   |                                |                  | HIV.<br>2 or 6 or 7 or 8 or 9) and             | (preç    | gnantStatusValue        | code=1)               |
| Code          | Value Description  |                                |                  | Value Definition                               |          |                         |                       |
| 0             | No   |                                |                  | The client/patient was s                       | creene   | d and no HIV service    | e coordination        |

| 0 | No  | The client/patient was screened and no HIV service coordination<br>needs were identified |
|---|-----|--|
| 1 | Yes | The client/patient was screened and HIV perinatal service                                |
|   |     | coordination needs were identified   |



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| Num           | Variable Name   |                       |                 |                                       |  |
|---------------|---|-----------------------|-----------------|---------------------------------------|--|
| X747          | Referred for HIV p  | erinatal service co   | ordination      | XSD (Schema) Nar                      | ne: referredForHIVPerinatalServiceCoor<br>nation |
| Value Option: | Choose only one   | Format Type:          | Number          | Min Length: 1                         | Max Length: 2                                    |
| Definition:   | An indication of whethe   | er the client/patient | was referred fo | r HIV perinatal service co            | ordination.                                      |
| Instructions: | If the client/patient is H client/patient was given                 |                       |                 |                                       | ere identified, indicate if the                  |
| Business rule | HIV Testing: Required<br>Partner Services: Not a                    | applicable            |                 |                                       |  |
|               | Business rule:<br>Completed for birth ge<br>Required if (birthGende |                       |                 |                                       | l (pregnantStatusValueCode=1)                    |
| Code          | Value Description   |                       |                 | Value Definition                      |  |
| 0             | No  |                       |                 | The client/patient was n coordination | ot referred to HIV perinatal service             |
| 1             | Yes   |                       |                 | The client/patient was re             | eferred to HIV perinatal service coordination    |
| X748          | Screened for PrEF   | P eligibility         |                 | XSD (Schema) Nar                      | ne: screenedForPrEPEligibility                   |
| Value Option: | Choose only one   | Format Type:          | Number          | Min Length: 1                         | Max Length: 1                                    |
| Definition:   | Refers to whether an a exposure prophylaxis (                       |                       | nducted to dete | rmine if he or she meets              | the appropriate criteria for using pre-          |
| Instructions: | Indicate whether the cl   | ient/patient was scr  | eened for PrEF  | <sup>o</sup> eligibility.             |  |
|               | This variable is used for   | or reporting on clien | ts who test neg | ative for HIV infection.              |  |
| Business rule | HIV Testing: Required<br>Partner services: Not a                    | applicable            |                 |                                       |  |
|               | Business rule:<br>Completed for persons<br>Required if (X125 = 3 o  | 0                     | for HIV.        |                                       |  |
| Code          | Value Description   |                       |                 | Value Definition                      |  |
| 0             | No  |                       |                 | The client/patient was n              | ot screened for PrEP eligibility                 |

| 0 | No  | The client/patient was not screened for PrEP eligibility |
|---|-----|--|
| 1 | Yes | The client/patient was screened for PrEP eligibility     |



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Num Variable Name X749 **Eligible for PrEP referral** XSD (Schema) Name: eligibleForPrEPReferral Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1 Definition: An indication of whether the client/patient met the appropriate criteria for receiving a referral for using PrEP. Instructions: Indicate whether the client/patient was eligible to receive a referral for PrEP. This variable is used for reporting on clients who test negative for HIV infection. Business rule **HIV Testing: Required** Partner services: Not applicable Business rule: Completed for persons who test negative for HIV. Required if (X125 = 3 or 10 or 11 or 12) Value Description Code Value Definition 0 No The client/patient was not eligible for PrEP referral 1 Yes, CDC criteria The client/patient was eligible for PrEP referral based on CDC criteria 2 Yes, by local criteria or protocol The client/patient was eligible for PrEP referral based on local criteria or protocol X750 **Referred to a PrEP Provider** XSD (Schema) Name: referredToPrEPProvider Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1 Definition: An indication of whether the client/patient was given a referral to a PrEP provider. PrEP providers are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Instructions: Indicate whether the client/patient was given a referral to a PrEP provider. **HIV Testing: Required** Business rule 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 Definition Value Description 0 No The client/patient was not referred to a PrEP provider

 1
 Yes
 The client/patient was referred to a PrEP provider



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| Num           | Variable Name  |                      |               |                                  |          |          |   |
|---------------|--|----------------------|---------------|----------------------------------|----------|----------|---|
| K751          | Assistance with lin  | kage to a PrEP p     | rovider       | XSD (Sch                         | ema) I   | Name:    | providedAssistanceToPrEPProvider                  |
| /alue Option: | Choose only one  | Format Type:         | Number        | Min Ler                          | ngth:    | 1        | Max Length: 1                                     |
| Definition:   | An indication of whethe provider.                                  | r the client/patient | was provideo  | d navigation or linka            | age se   | rvices   | to assist with linkage to a PrEP                  |
| nstructions:  | Indicate whether the cli provider.                                 | ent/patient was pro  | vided naviga  | tion or linkage ser              | vices to | o assis  | t them with linkage to a PrEP                     |
| Business rule | HIV Testing: Required<br>Partner Services: Not a                   | pplicable            |               |                                  |          |          |   |
| Code          | Value Description  |                      |               | Value Defini                     | ition    |          |   |
| 0             | No   |                      |               | The client/pa<br>assist with lir |          |          | ovided navigation or linkage services to provider |
| 1             | Yes  |                      |               | The client/pa<br>assist with lir |          |          | led navigation or linkage services to provider    |
| X752a         | Navigation service<br>care - screened for                          |                      | IV medical    | XSD (Sch                         | ema) N   | Name:    | navOrLinkageHIVMedicalCare/screendFor             |
| Value Option: | Choose only one  | Format Type:         | Number        | Min Ler                          | ngth:    | 1        | Max Length: 1                                     |
| Definition:   | An indication of whethe  | r the client/patient | was screene   | d for the need of n              | avigati  | on for l | inkage to HIV medical care.                       |
| nstructions:  | Indicate whether the cli   | ent/patient was scr  | eened for the | e need of navigatio              | n serv   | ices foi | r linkage to HIV medical care.                    |
| Business rule | HIV Testing: Required<br>Partner services: Not a                   | pplicable            |               |                                  |          |          |   |
|               | Business rule:<br>Completed for persons<br>Required if (X125 = 1 c |                      |               |                                  |          |          |   |
|               |  |                      |               |                                  |          |          |   |
| Code<br>0     | Value Description  |                      |               | Value Defini                     |          | not on   | reened for navigation services needs for          |
| U             | INU  |                      |               | linkage to HI                    |          |          | ieeneu ioi naviyalion services neeus 101          |
| 1             | Yes  |                      |               | The client/pa<br>linkage to HI   |          |          | ned for navigation services needs for             |



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| Num           | Variable Name  |   |  |  |
|---------------|--|---|--|--|
| X752b         | Navigation services for linkage to HIV medical<br>care - need identified   | XSD (Schema) Name: navOrLinkageHIVMedicalCare/needlo<br>ntified |  |  |
| Value Option: | Choose only one Format Type: Number  | Min Length: 1 Max Length: 1                                     |  |  |
| Definition:   | An indication of whether the client/patient was identified as needing navigation services for linkage to HIV medical care. |   |  |  |
| Instructions: | Select 'Yes' if the client/patient needed navigation services for linkage to HIV medical care.                             |   |  |  |
| Business rule | HIV Testing: Required<br>Partner services: Not applicable  |   |  |  |
|               | Business rule:<br>Completed for persons who test positive for HIV.<br>Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)      |   |  |  |

| Code        | Value Description  |   | Value Definition  |
|-------------|--------------------|---|---|
| 0           | No                 |   | No service need was identified for navigation services for linkage to<br>HIV medical care |
| 1           | Yes                |   | Navigation services need was identified for linkage to HIV medical care was               |
| X752c       | •                  | es for linkage to HIV medical<br>r referred for service | XSD (Schema) Name: navOrLinkageHIVMedicalCare/provide<br>dOrReferred                      |
| Value Optio | n: Choose only one | Format Type: Number                                     | Min Length: 1 Max Length: 1   |

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

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

Business rule HIV Testing: Required Partner services: Not applicable

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

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



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| Num           | Variable Name   |  |  |
|---------------|---|--|--|
| X752e         | Linkage services to HIV medical care – screened for ASD (Schema) Name: linkageServicesHIVMedicalCare/screen edFor     |  |  |
| Value Option: | Choose only one Format Type: Number Min Length: 1 Max Length: 1   |  |  |
| Definition:   | An indication of whether the client/patient was screened for the need of linkage services to HIV medical care.        |  |  |
| Instructions: | Indicate if the client/patient was screened for the need of linkage services to HIV medical care.                     |  |  |
| Business rule | HIV Testing: Required<br>Partner services: Not applicable   |  |  |
|               | Business rule:<br>Completed for persons who test positive for HIV.<br>Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9) |  |  |

| Value Optic | on: Choose only one Format Type: Number                   | Min Length: 1 Max Length: 1  |
|-------------|---|--|
| X752f       | Linkage services to HIV medical care – need<br>identified | XSD (Schema) Name: linkageServicesHIVMedicalCare/needl<br>dentified                  |
| 1           | Yes   | The client/patient was screened for linkage to HIV medical care<br>service needs     |
| 0           | No  | The client/patient was not screened for linkage to HIV medical care<br>service needs |
| Code        | Value Description   | Value Definition   |

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

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

Business rule HIV Testing: Required Partner services: Not applicable

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

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



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| Num           | Variable Name   |                    |  |  |
|---------------|---|--------------------|--|--|
| X752g         | Linkage services to HIV medical care – provided or<br>referred for service  | XSD (Schema) Name: | linkageServicesHIVMedicalCare/provid<br>edOrReferred |  |
| Value Option: | Choose only one Format Type: Number   | Min Length: 1      | Max Length: 1  |  |
| Definition:   | An indication of whether the client/patient was provided or referred for linkage services to HIV medical care.        |                    |  |  |
| Instructions: | Indicate if the client/patient was provided or referred to linkage services for linkage to HIV medical care.          |                    |  |  |
| Business rule | HIV Testing: Required<br>Partner services: Not applicable   |                    |  |  |
|               | Business rule:<br>Completed for persons who test positive for HIV.<br>Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9) |                    |  |  |

| Value Option | n: Choose only one  | Format Type: Number   | Min Length: 1 Max Length: 1  |  |  |
|--------------|---|---|--|--|--|
| X753a        | Health benefits navigation and enrollment - screened for need |   | XSD (Schema) Name: healthBenefits/screenedFor  |  |  |
| 1            | Yes   |   | The client/patient was provided or referred to linkage to HIV media<br>care services |  |  |
| 0            | No  | No The client/patient was not provided or referred to linkage to<br>medical care services |  |  |  |
| Code         | Value Description   |   | Value Definition   |  |  |

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

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

Business rule HIV Testing: Required Partner Services: Not applicable

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



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| Num           | Variable Name   |   |  |
|---------------|---|---|--|
| X753b         | Health benefits navigation and enrollment - need identified                                   | XSD (Schema) Name: healthBenefits/needIdentified                              |  |
| Value Option: | Choose only one Format Type: Number   | Min Length: 1 Max Length: 1   |  |
| Definition:   | An indication of whether the client/patient was identified as n                               | eeding health benefits navigation and enrollment services.                    |  |
| Instructions: | Select 'Yes' if the client/patient needed health benefits navigation and enrollment services. |   |  |
| Business rule | HIV Testing: Required<br>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  |  |
| K753c         | Health benefits navigation and enrollment services -<br>provided or referred for service      | XSD (Schema) Name: healthBenefits/providedOrReferre                           |  |
| Value Option: | Choose only one Format Type: Number   | Min Length: 1 Max Length: 1   |  |
| Definition:   | An indication of whether the client/patient was provided or re<br>enrollment.                 | eferred to services for health benefits navigation and                        |  |
| nstructions:  | Indicate if the client/patient was provided or referred to servi                              | ces for health benefits navigation and enrollment.                            |  |
| Business rule | HIV Testing: Required<br>Partner Services: Not applicable                                     |   |  |
| Codo          | Value Description   | Value Definition  |  |
| Code<br>0     | Value Description No  | The client/patient was not provided or referred to health benefits            |  |
| U             | NO  | The chempatient was not provided of referred to health benefits               |  |

navigation and enrollment services

navigation and enrollment services

The client/patient was provided or referred to health benefits



1

Yes

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| Num           | Variable Name  |   |                   |   |         |                                   |  |
|---------------|--|---|-------------------|---|---------|-----------------------------------|--|
| X754a         | Medication adhere  | ence support servi                            | ices - screened   | XSD (Schema) N  | Name:   | medicationAdherence/screenedFo    |  |
| Value Option: | Choose only one  | Format Type:                                  | Number            | Min Length:   | 1       | Max Length: 1                     |  |
| Definition:   | An indication of whether services.                                 | er an assessment w                            | as done to deterr | nine if the client/pation   | ent nee | eded medication adherence support |  |
| nstructions:  | Indicate whether the cl  | ient/patient was scr                          | eened for as need | ding medication adhe  | erence  | support service.                  |  |
| Business rule | HIV Testing: Required<br>Partner services: Not a                   | applicable                                    |                   |   |         |                                   |  |
|               | Business rule:<br>Completed for persons<br>Required if (X125 = 1 o |   |                   |   |         |                                   |  |
| Code          | Value Description  |   |                   | Value Definition  |         |                                   |  |
| 0             | No   |   |                   | The client/patient was not screened for medication adherence<br>support service needs |         |                                   |  |
| 1             | Yes  |   |                   | The client/patient was screened for medication adherence support<br>service needs     |         |                                   |  |
| X754b         | Medication adhere  | ence support - ne                             | ed identified     | XSD (Schema) N  | Name:   | medicationAdherence/needIdentif   |  |
| Value Option: | Choose only one  | Format Type:                                  | Number            | Min Length:   | 1       | Max Length: 1                     |  |
| Definition:   | An indication of whethe  | er the client/patient                         | was identified as | needing medication  | adhere  | nce support services.             |  |
| Instructions: | Select 'Yes' if the clien  | t/patient was identif                         | ied as needing m  | edication adherence   | suppo   | rt services.                      |  |
| Business rule | HIV Testing: Required Partner services: Not a                      |   |                   |   |         |                                   |  |
|               | Business rule:<br>Completed for persons                            | who test positive f<br>or 2 or 6 or 7 or 8 or |                   |   |         |                                   |  |

| 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  |



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| Num           | Variable Name   |                    |                  |  |                         |                      |
|---------------|---|--------------------|------------------|--|-------------------------|----------------------|
| X754c         | Medication adheren<br>referred to service   | nce support - prov | vided or         | XSD (Schema) Name:   | medicationAdhe<br>red   | rence/providedOrRefe |
| Value Option: | Choose only one   | Format Type:       | Number           | Min Length: 1  | Max Length:             | 1                    |
| Definition:   | An indication of whether  | the client/patient | was provided o   | r referred to medication adhe                                | rence support serv      | ices.                |
| Instructions: | Indicate if the client/pati   | ent was provided c | r referred to se | ervices for medication adherer                               | nce support.            |                      |
| Business rule | HIV Testing: Required<br>Partner Services: Not a  | oplicable          |                  |  |                         |                      |
| Code          | Value Description   |                    |                  | Value Definition   |                         |                      |
| 0             | No  |                    |                  | The client/patient was not pro<br>adherence support services | ovided or referred to m | edication            |
| 1             | Yes   |                    |                  | The client/patient was provid<br>support services            | ed or referred to medic | ation adherence      |
| X755a         | Evidence-based ris<br>screened for need   | k reduction interv | vention -        | XSD (Schema) Name:   | evidenceBaseRis<br>For  | skReduction/screened |
| Value Option: | Choose only one   | Format Type:       | Number           | Min Length: 1  | Max Length:             | 1                    |
| Definition:   | An indication of whether  | the client/patient | was assessed     | for evidence-based risk reduc                                | tion intervention ne    | eeds.                |
| Instructions: | Indicate whether the client/patient was screened for evidence-based risk reduction intervention need. |                    |                  |  |                         |                      |
| Business rule | HIV Testing: Required<br>Partner Services: Not a  |                    |                  |  |                         |                      |

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



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| Num           | Variable Name   |  |   |                                 |                   |
|---------------|---|--|---|---------------------------------|-------------------|
| X755b         | Evidence-based ri<br>identified   | sk reduction intervention - nee              | d XSD (Schema) Name:                      | evidenceBaseRiskR<br>ified      | eduction/needIden |
| Value Option: | Choose only one   | Format Type: Number                          | Min Length: 1                             | Max Length: 1                   |                   |
| Definition:   | An indication of whethe   | er the client/patient was identified         | as needing evidence-based ri              | sk reduction interventio        | n services.       |
| Instructions: | Select 'Yes' if the client  | /patient needed evidence-based               | risk reduction intervention servention    | vices.                          |                   |
| Business rule | HIV Testing: Required Partner Services: Not a   | pplicable                                    |   |                                 |                   |
| Code          | Value Description   |  | Value Definition                          |                                 |                   |
| 0             | No No need was identified for evidence-based ris<br>services  |  | vidence-based risk reduction              | n intervention                  |                   |
| 1             | Yes   |  | A need for evidence-based r<br>identified | isk reduction intervention se   | ervices was       |
| X755c         | Evidence-based ri<br>provided or referre  | sk reduction intervention -<br>ed to service | XSD (Schema) Name:                        | evidenceBaseRiskR<br>OrReferred | eduction/provided |
| Value Option: | Choose only one   | Format Type: Number                          | Min Length: 1                             | Max Length: 1                   |                   |
| Definition:   | An indication of whethe   | r the client/patient was provided            | or referred to evidence-based             | risk reduction interven         | tion services.    |
| Instructions: | Indicate if the client/patient was provided or referred to evidence-based risk reduction intervention services. |  |   |                                 |                   |
| Business rule | HIV Testing: Required<br>Partner Services: Not a  | naliaabla                                    |   |                                 |                   |

| 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<br>reduction intervention services  |



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| 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 wheth                         | er the client/patient was assessed  | for behavioral health services | s need.                              |
|               | Examples of behaviora                          | al health services include mental h | ealth treatment, and substanc  | ce use treatment.                    |
| Instructions: | Indicate whether the c                         | lient/patient was screened for beha | avioral health services need.  |                                      |
| Business rule | HIV Testing: Required<br>Partner Services: Not |                                     |                                |                                      |
|               |  |                                     |                                |                                      |
|               |  |                                     |                                |                                      |

| 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/needIdentifie<br>d          |  |
| 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 h                             | nealth treatment, and substance use treatment.                          |  |
| Instructions: | Select 'Yes' if the client/patient needed behavioral health services.               |   |  |
| Business rule | <ul> <li>HIV Testing: Required</li> <li>Partner Services: Not applicable</li> </ul> |   |  |

| 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  |



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

| Value Description  | Value Definition   |  |
|--|--|--|
| No   | The client/patient was not provided or referred to behavioral health services  |  |
| Yes  | The client/patient was provided or referred to behavioral health services  |  |
| Social services - screened for need  | XSD (Schema) Name: socialServices/screenedFor  |  |
| : Choose only one Format Type: Nu  | umber Min Length: 1 Max Length: 1  |  |
| An indication of whether the client/patient was                            | s assessed for social services needs.  |  |
| Examples of social services include housing,                               | transportation, domestic violence intervention, and employment.  |  |
| Indicate whether the client/patient was screened for social services need. |  |  |
| HIV Testing: Required<br>Partner Services: Not applicable                  |  |  |
|  | No         Yes         Social services - screened for need         Choose only one       Format Type: Nu         An indication of whether the client/patient was         Examples of social services include housing,         Indicate whether the client/patient was screen |  |

| 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     |



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| lum           | Variable Name                               |  |                               |                               |
|---------------|---|--|-------------------------------|-------------------------------|
| 758b          | Social services - r                         | need identified                        | XSD (Schema) Name:            | socialServices/needIdentified |
| alue Option:  | Choose only one                             | Format Type: Number                    | Min Length: 1                 | Max Length: 1                 |
| Definition:   | An indication of whether                    | er the client/patient was identified a | s needing social services.    |                               |
|               | Examples of social ser                      | vices include housing, transportation  | on, domestic violence interve | ntion, and employment.        |
| nstructions:  | Select 'Yes' if the clien                   | t/patient needed social services.      |                               |                               |
| Business rule | HIV Testing: Required Partner Services: Not |  |                               |                               |
| Business rule |   |  |                               |                               |

| Code          | Value Description   |  | Value Definition             |                                   |  |  |  |
|---------------|---|--|------------------------------|-----------------------------------|--|--|--|
| 0             | No  |  | No need was identified for s | ocial services                    |  |  |  |
| 1             | Yes   |  | A need for social services w | as identified                     |  |  |  |
| X758c         | Social services -   | provided or referred to service  | XSD (Schema) Name:           | socialServices/providedOrReferred |  |  |  |
| Value Optio   | n: Choose only one  | Format Type: Number  | Min Length: 1                | Max Length: 1                     |  |  |  |
| Definition:   | An indication of wheth  | An indication of whether the client/patient was provided or referred to social services. |                              |                                   |  |  |  |
|               | Examples of social se   | rvices include housing, transportatio  | n, domestic violence interve | ntion, and employment.            |  |  |  |
| Instructions: | Indicate if the client/pa   | atient was provided or referred to so  | cial services.               |                                   |  |  |  |
| Business rul  | <ul> <li>HIV Testing: Required<br/>Partner Services: Not</li> </ul> |  |                              |                                   |  |  |  |
|               |   |  |                              |                                   |  |  |  |

| 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     |



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Num Variable Name

#### Aggregate Level Requirements

| This lable shou   | Id he reported at inviadiati  |   |   | rom oppour com opt  |   |
|---|---|---|---|---|---|
|   | Ild be reported at jurisdicti   | on level and broke  | en out by the prog  | ram announcement.   |   |
| Num   | Variable Name   |   |   |   |   |
| ME201a  | Total PS18-1802-fun   | ded aggregate te  | est events  | XSD (Schema) Name:  |   |
| Value Option:   | TBD   | Format Type:  | Number  | Min Length: 1   | Max Length: 8   |
| Definition:   |   |   |   |   | 8-1802-funded resources (e.g., for which test-level data are not  |
| Instructions:   | Enter the total number of   | FPS18-1802-funde  | ed aggregate HIV  | test events conducted dur   | ing the reporting period.   |
| Business rule   | HIV Testing: Not applica<br>Partner Services: Not ap<br>HD Aggregate: Required  | plicable  |   |   |   |
| ME201b  | Total reimbursed ag   | gregate test eve  | nts   | XSD (Schema) Name:  |   |
| Value Option:   | TBD   | Format Type:  | Number  | Min Length: 1   | Max Length: 8   |
| Definitions   |   |   |   |   |   |
| Definition:   | payer (e.g., Medicaid, Me   | edicare, private ins  | surance). They a  | e attributable to PS18-180  | e actually paid for by a third-party<br>2 because they would likely not be<br>id for by PS18-1802 funds.  |
| Definition:<br>Instructions:                              | payer (e.g., Medicaid, Me<br>done in the absence of the   | edicare, private ins<br>ne PS18-1802-sup  | surance). They an oported program,  | e attributable to PS18-180  | 2 because they would likely not be<br>id for by PS18-1802 funds.  |
|   | payer (e.g., Medicaid, Me<br>done in the absence of the   | edicare, private ins<br>ne PS18-1802-sup<br>f reimbursed aggre<br>ble<br>plicable   | surance). They an oported program,  | e attributable to PS18-180<br>out they are not directly pa  | 2 because they would likely not be<br>id for by PS18-1802 funds.  |
| Instructions:   | payer (e.g., Medicaid, Me<br>done in the absence of the<br>Enter the total number of<br>HIV Testing: Not applica<br>Partner Services: Not applica   | edicare, private ins<br>ne PS18-1802-sup<br>f reimbursed aggre<br>ble<br>plicable   | surance). They a<br>ported program,<br>egate HIV testing  | e attributable to PS18-180<br>out they are not directly pa  | 2 because they would likely not be<br>id for by PS18-1802 funds.  |
| Instructions:<br>Business rule                            | payer (e.g., Medicaid, Me<br>done in the absence of th<br>Enter the total number of<br>HIV Testing: Not applica<br>Partner Services: Not ap<br>HD Aggregate: Required<br>PS18-1802funded<br>positive test events  | edicare, private ins<br>ne PS18-1802-sup<br>f reimbursed aggre<br>ble<br>plicable   | surance). They a<br>ported program,<br>egate HIV testing<br>diagnosed HIV-  | e attributable to PS18-180<br>out they are not directly pa<br>events conducted during th  | 2 because they would likely not be<br>id for by PS18-1802 funds.  |
| Instructions:<br>Business rule<br>ME202a                  | payer (e.g., Medicaid, Me<br>done in the absence of the<br>Enter the total number of<br>HIV Testing: Not applica<br>Partner Services: Not ap<br>HD Aggregate: Required<br><b>PS18-1802funded</b><br><b>PS18-1802funded</b><br><b>PS18-1802-1-funded</b><br><b>PS18-1802-1-funded</b><br><b>RED</b>  | edicare, private ins<br>ne PS18-1802-sup<br>f reimbursed aggre<br>ble<br>plicable<br><b>aggregate newly</b><br>Format Type:<br>gregate test events<br>nel, training and te                              | surance). They as<br>ported program,<br>egate HIV testing<br>diagnosed HIV-<br>Number<br>s are test events s<br>echnical assistance                       | e attributable to PS18-180<br>out they are not directly pa<br>events conducted during the<br>XSD (Schema) Name:<br>Min Length: 1<br>supported in any way by Pa<br>e, laboratory support), but                             | 2 because they would likely not be<br>id for by PS18-1802 funds.<br>ne reporting period.  |
| Instructions:<br>Business rule<br>ME202a<br>Value Option: | payer (e.g., Medicaid, Me<br>done in the absence of the<br>Enter the total number of<br>HIV Testing: Not applica<br>Partner Services: Not ap<br>HD Aggregate: Required<br><b>PS18-1802funded</b><br><b>positive test events</b><br><b>TBD</b><br>PS18-1802-1-funded agg<br>funding, test kits, person<br>obtainable. Newly diagno<br>test events. | edicare, private ins<br>ne PS18-1802-sup<br>f reimbursed aggre<br>ble<br>plicable<br><b>aggregate newly</b><br><b>Format Type:</b><br>gregate test events<br>nel, training and te<br>sed HIV-positive f | surance). They as<br>ported program,<br>egate HIV testing<br>diagnosed HIV-<br>Number<br>s are test events s<br>echnical assistance<br>test events includ | e attributable to PS18-180<br>out they are not directly pa<br>events conducted during th<br>XSD (Schema) Name:<br>Min Length: 1<br>supported in any way by Pt<br>e, laboratory support), but<br>e unconfirmed preliminary | <ul> <li><sup>12</sup> because they would likely not be id for by PS18-1802 funds.</li> <li>he reporting period.</li> <li>Max Length: 8</li> <li>S18-1802funded resources (e.g., for which test-level data are not</li> </ul> |



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| Num           | Variable Name  |                    |               |  |  |  |
|---------------|--|--------------------|---------------|--|--|--|
| ME202b        | Reimbursed aggregate newly diagnosed HIV-<br>positive testing events   | XSD (Schema) Name: |               |  |  |  |
| Value Option: | TBD Format Type: Number  | Min Length: 1      | Max Length: 8 |  |  |  |
| Definition:   | Reimbursed aggregate test events are test events that are done in PS18-1802-supported programs, but are actually pai<br>for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS18-1802 because the<br>would likely not be done in the absence of the PS18-1802supported program, but they are not directly paid for by PS1<br>1802- funds. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive<br>test events. |                    |               |  |  |  |
| Instructions: | Enter the total number of reimbursed aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.  |                    |               |  |  |  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>HD Aggregate: Required  |                    |               |  |  |  |



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Num Variable Name

#### **Budget Information**

| Table: BT      | F Budget Allocation and Expenditure Variables   |   |  |  |  |  |  |
|----------------|---|---|--|--|--|--|--|
| Prevention and | completed annually by grantees. It is used to provide their budget allocation and budget expenditure informati<br>nd Surveillance to the CDC. Budget information is required for grantees receiving PS18-1802 funds which sup<br>rategies and activities. |   |  |  |  |  |  |
| Num            | Variable Name   |   |  |  |  |  |  |
| BASTRAT10a     | a1P Percent Allocated - Monitoring and Evaluation - XSD (Schema) Name:<br>Prevention  |   |  |  |  |  |  |
| Value Option:  | n: 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 da<br>monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.   | ta quality,   |  |  |  |  |  |
| 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  | <ul> <li>HIV Testing: Not applicable</li> <li>Partner Services: Not applicable</li> <li>Budget: Required</li> </ul>   |   |  |  |  |  |  |
| BASTRAT10a     | a1S Percent Allocated - Monitoring and Evaluation - XSD (Schema) Name:<br>Surveillance  |   |  |  |  |  |  |
| Value Option:  | n: 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 of<br>monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.   | lata quality,   |  |  |  |  |  |
| Instructions:  | Enter the percent of total funding that your agency allocated for HIV Surveillance developing work plans, e<br>quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.                                      | nsure data  |  |  |  |  |  |
| Business rule  | <ul> <li>HIV Testing: Not applicable</li> <li>Partner Services: Not applicable</li> <li>Budget: Required</li> </ul>   |   |  |  |  |  |  |
| BASTRAT11a     | a1P Percent Allocated - Capacity Building and TA - XSD (Schema) Name:<br>Prevention   |   |  |  |  |  |  |
| Value Option:  | n: 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 da<br>monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.   | ta quality,   |  |  |  |  |  |
| Instructions:  | Enter the percent of total funding that your agency allocated for HIV Prevention developing work plans, en<br>quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.                                       | 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  | <ul> <li>HIV Testing: Not applicable</li> <li>Partner Services: Not applicable</li> <li>Budget: Required</li> </ul>   |   |  |  |  |  |  |



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| Num           | Variable Name  |                      |                 |  |                               |
|---------------|--|----------------------|-----------------|--|-------------------------------|
| BASTRAT11a    | S Percent Allocated<br>Surveillance                                | d - Capacity Buildin | g and TA -      | XSD (Schema) Name:   |                               |
| Value Option: | N/A  | Format Type:         | Number          | Min Length: 3  | Max Length: 1                 |
| Definition:   |  |                      |                 | HIV Surveillance developing w<br>risdictional Epidemiological Pro  |                               |
| Instructions: |  |                      |                 | ated for HIV Surveillance develon and Jurisdictional Epidemiolo    |                               |
| Business rule | HIV Testing: Not appl<br>Partner Services: Not<br>Budget: Required |                      |                 |  |                               |
| BASTRAT11a    | P Percent Allocated  | d - Geocoding - Pre  | vention         | XSD (Schema) Name:   |                               |
| Value Option: | N/A  | Format Type:         | Number          | Min Length: 3  | Max Length: 1                 |
| Definition:   |  |                      |                 | HIV Prevention developing wo<br>risdictional Epidemiological Pro   |                               |
| Instructions: |  |                      |                 | ated for HIV Prevention develop<br>n and Jurisdictional Epidemiolo |                               |
| Business rule | HIV Testing: Not appl<br>Partner Services: Not<br>Budget: Required |                      |                 |  |                               |
| BASTRAT11a    | S Percent Allocated  | d - Geocoding - Sur  | veillance       | XSD (Schema) Name:   |                               |
| Value Option: | N/A  | Format Type:         | Number          | Min Length: 3  | Max Length: 1                 |
| Definition:   |  |                      |                 | HIV Surveillance developing w<br>irisdictional Epidemiological Pro |                               |
| Instructions: |  |                      |                 | ated for HIV Surveillance develon and Jurisdictional Epidemiolo    |                               |
| Business rule | HIV Testing: Not appl<br>Partner Services: Not<br>Budget: Required |                      |                 |  |                               |
| BASTRAT1a1    | S Percent Allocated  | d - HIV Surveillance |                 | XSD (Schema) Name:   |                               |
| Value Option: | N/A  | Format Type:         | Number          | Min Length: 3  | Max Length: 1                 |
| Definition:   | Strategy 1: Percent of activities.                                 | PS18-1802 funding    | allocated for H | HV Surveillance data collection                                    | , analysis, and dissemination |
| Instructions: | Enter the percent of to<br>dissemination activitie                 | • •                  | agency alloca   | ated for HIV Surveillance data o                                   | ollection, analysis, and      |
| Business rule | HIV Testing: Not appl<br>Partner Services: Not<br>Budget: Required |                      |                 |  |                               |
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|               |  |                      |                 |  |                               |

| Num           | Variable Name  |                  |              |                                 |  |
|---------------|--|------------------|--------------|---------------------------------|--|
| BASTRAT1a2F   | Percent Allocated - P  | revention        |              | XSD (Schema) Name               | :                                      |
| Value Option: | N/A  | Format Type:     | Number       | Min Length: 3                   | Max Length: 1                          |
| Definition:   | Strategy 1: Percent of PS activities.                                      | 18-1802 funding  | allocated fo | r HIV Prevention data collectio | n, analysis, and dissemination         |
| Instructions: | Enter the percent of total f dissemination activities.                     | unding that your | agency allo  | cated for HIV Prevention data   | collection, analysis, and              |
| Business rule | HIV Testing: Not applicab<br>Partner Services: Not app<br>Budget: Required |                  |              |                                 |  |
| BASTRAT2a1F   | Percent Allocated - R<br>Healthcare - Preventi                             |                  | ing,         | XSD (Schema) Name               | :                                      |
| Value Option: | N/A  | Format Type:     | Number       | Min Length: 3                   | Max Length: 1                          |
| Definition:   | Strategy 2: Percent of PS  | 18-1802 funding  | allocated fo | r HIV Prevention routine opt-ou | ut HIV testing in healthcare settings. |
| Instructions: | Enter the percent of total f settings.                                     | unding that your | agency allo  | cated for HIV Prevention routir | ne opt-out HIV testing in healthcare   |
| Business rule | HIV Testing: Not applicab<br>Partner Services: Not app<br>Budget: Required |                  |              |                                 |  |
| BASTRAT2a2F   | Percent Allocated - Ta<br>Healthcare - Preventi                            | •                | sting, non-  | XSD (Schema) Name               | :                                      |
| Value Option: | N/A  | Format Type:     | Number       | Min Length: 3                   | Max Length: 1                          |
| Definition:   | Strategy 2: Percent of PS  | 18-1802 funding  | allocated fo | r HIV Prevention targeted HIV   | testing in non-healthcare settings.    |
| Instructions: | Enter the percent of total f settings.                                     | unding that your | agency allo  | cated for HIV Prevention targe  | ted HIV testing in non-healthcare      |
| Business rule | HIV Testing: Not applicab<br>Partner Services: Not app<br>Budget: Required |                  |              |                                 |  |
| BASTRAT2a4F   | Percent Allocated - D  | 2C - Preventior  | 1            | XSD (Schema) Name               | :                                      |
| Value Option: | N/A  | Format Type:     | Number       | Min Length: 3                   | Max Length: 1                          |
| Definition:   | Strategy 3: Percent of PS  | 18-1802 funding  | allocated fo | r HIV Prevention Data-to-Care   | (D2C) Activities.                      |
| Instructions: | Enter the percent of total f   | unding that your | agency allo  | cated for HIV Prevention Data   | -to-Care (D2C) Activities.             |
| Business rule | HIV Testing: Not applicab<br>Partner Services: Not app<br>Budget: Required |                  |              |                                 |  |



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Num Variable Name BASTRAT2a4S Percent Allocated - D2C - Surveillance XSD (Schema) Name: Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Definition: Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance Data-to-Care (D2C) Activities. Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance Data-to-Care (D2C) Activities. HIV Testing: Not applicable Business rule Partner Services: Not applicable **Budget: Required** Percent Allocated - HIV Transmission Clusters and XSD (Schema) Name: BASTRAT3a1P **Outbreaks - Prevention** Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Definition: Strategy 3: Percent of PS18-1802 funding allocated for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks. Enter the percent of total funding that your agency allocated for HIV Prevention rapidly respond to and intervene in HIV Instructions: transmission clusters and outbreaks. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Required BASTRAT3a1S Percent Allocated - HIV Transmission Clusters and XSD (Schema) Name: **Outbreaks - Surveillance** Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Strategy 3: Percent of PS18-1802 funding allocated for HIV Surveillance rapidly respond to and intervene in HIV Definition: transmission clusters and outbreaks. Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks. Business rule HIV Testing: Not applicable Partner Services: Not applicable **Budget: Required** BASTRAT4a1P Percent Allocated - CPP, Continuum of Care -XSD (Schema) Name: Prevention Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Definition: Strategy 4: Percent of PS18-1802 funding allocated for HIV Prevention Continuum of care - (linkage to HIV medical care, re-engagement, and retention in care). Enter the percent of total funding that your agency allocated for HIV Prevention Continuum of care - (linkage to HIV Instructions: medical care, re-engagement, and retention in care). HIV Testing: Not applicable Business rule Partner Services: Not applicable **Budget: Required** 



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| Num           | Variable Name   |  |  |  |  |  |  |
|---------------|---|--|--|--|--|--|--|
| BASTRAT4a2F   | P Percent Allocated - CPP, Risk Reduction<br>Interventions - Prevention   | XSD (Schema) Name:   |  |  |  |  |  |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |  |  |  |  |  |
| Definition:   | Strategy 4: Percent of PS18-1802 funding allocated  | for risk-reduction interventions for HIV-positive persons.   |  |  |  |  |  |
| Instructions: | Enter the percent of total funding that your agency a   | allocated for risk-reduction interventions for HIV-positive persons.   |  |  |  |  |  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                             |  |  |  |  |  |  |
| BASTRAT4a3F   | P Percent Allocated - Other CPP - Prevention  | XSD (Schema) Name:   |  |  |  |  |  |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |  |  |  |  |  |
| Definition:   | Strategy 4: Percent of PS18-1802 funding allocated referrals to behavioral health services, and social set      | for other CPP activities (health benefits navigation and enrollment, ervices).   |  |  |  |  |  |
| Instructions: | Enter the percent of total funding that your agency a<br>enrollment, referrals to behavioral health services, a | allocated for other CPP activities (health benefits navigation and and social services).   |  |  |  |  |  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                             |  |  |  |  |  |  |
| BASTRAT5a1    | P Percent Allocated - Prevention with HIV-nega<br>persons - Prevention  | tive XSD (Schema) Name:  |  |  |  |  |  |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |  |  |  |  |  |
| Definition:   |   | for HIV Prevention HIV testing and risk screenings, conduct risk<br>ealth benefits navigation and enrollment, referrals to behavioral healt    |  |  |  |  |  |
| Instructions: |   | allocated for HIV Prevention HIV testing and risk screenings, conduct<br>s, health benefits navigation and enrollment, referrals to behavioral |  |  |  |  |  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                             |  |  |  |  |  |  |
| BASTRAT5a2    | P Percent Allocated - PrEP Access and Suppor<br>Prevention  | t - XSD (Schema) Name:   |  |  |  |  |  |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |  |  |  |  |  |
| Definition:   | Strategy 5: Percent of PS18-1802 funding allocated  | for HIV Prevention PrEP access and support.  |  |  |  |  |  |
| Instructions: | Enter the percent of total funding that your agency a   | Enter the percent of total funding that your agency allocated for HIV Prevention PrEP access and support.                                      |  |  |  |  |  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                             |  |  |  |  |  |  |



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| Num           | Variable Name   |                 |                            |                     |
|---------------|---|-----------------|----------------------------|---------------------|
| BASTRAT5a3F   | Percent Allocated - PEP Access and S<br>Prevention  | upport -        | XSD (Schema) Name:         |                     |
| Value Option: | N/A Format Type: N  | Number          | Min Length: 3              | Max Length: 1       |
| Definition:   | Strategy 5: Percent of PS18-1802 funding al   | llocated for HI | / Prevention PEP access a  | nd support.         |
| Instructions: | Enter the percent of total funding that your a  | igency allocate | d for HIV Prevention PEP a | access and support. |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                       |                 |                            |                     |
| BASTRAT6a1F   | Percent Allocated - Perinatal HIV Expo<br>Reporting - Prevention  | osure           | XSD (Schema) Name:         |                     |
| Value Option: | N/A Format Type: N  | Number          | Min Length: 3              | Max Length: 1       |
| Definition:   | Strategy 5: Percent of PS18-1802 funding al reduction interventions for HIV-negative pers services, and s |                 |                            |                     |
| Instructions: | Enter the percent of total funding that your a risk reduction interventions for HIV-negative health serv  |                 |                            |                     |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                       |                 |                            |                     |
| BASTRAT6a1    | Percent Allocated - Perinatal HIV Expo<br>Reporting - Surveillance  | osure           | XSD (Schema) Name:         |                     |
| Value Option: | N/A Format Type: N  | Number          | Min Length: 3              | Max Length: 1       |
| Definition:   | Strategy 5: Percent of PS18-1802 funding al   | llocated for HI | / Prevention PrEP access a | and support.        |
| Instructions: | Enter the percent of total funding that your a  | igency allocate | d for HIV Prevention PrEP  | access and support. |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                       |                 |                            |                     |
| BASTRAT6a2I   | Percent Allocated - Perinatal HIV Surve<br>Coordination - Prevention                                      | eillance        | XSD (Schema) Name:         |                     |
| Value Option: | N/A Format Type: N  | Number          | Min Length: 3              | Max Length: 1       |
| Definition:   | Strategy 5: Percent of PS18-1802 funding al   | llocated for HI | / Prevention PEP access a  | nd support.         |
| Instructions: | Enter the percent of total funding that your a  | igency allocate | d for HIV Prevention PEP a | iccess and support. |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                       |                 |                            |                     |



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|---------------|---|----------------|---------------|------------------------------------|--------------------------------------|
| BASTRAT6a2S   | Percent Allocated - Per<br>Coordination - Surveill                              |                | rveillance    | XSD (Schema) Name:                 |                                      |
| Value Option: | N/A F   | Format Type:   | Number        | Min Length: 3                      | Max Length: 1                        |
| Definition:   | Strategy 6: Percent of PS18 infant mortality review).                           | -1802 funding  | allocated for | r HIV Surveillance perinatal HIV s | ervice coordination (i.e., fetal and |
| Instructions: | Enter the percent of total fur fetal and infant mortality rev                   |                | agency allo   | cated for HIV Surveillance perina  | tal HIV service coordination (i.e.,  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applic<br>Budget: Required | able           |               |                                    |                                      |
| BASTRAT7a1F   | Percent Allocated - Con<br>Activities - Prevention                              | mmunity-leve   | I Prevention  | XSD (Schema) Name:                 |                                      |
| Value Option: | N/A F   | Format Type:   | Number        | Min Length: 3                      | Max Length: 1                        |
| Definition:   | Strategy 7: Percent of PS18 strategies, and community r                         |                |               | r HIV Prevention social marketing  | campaigns, social media              |
| Instructions: | Enter the percent of total fur strategies, and community r                      |                |               | cated for HIV Prevention social m  | narketing campaigns, social media    |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applic<br>Budget: Required |                |               |                                    |                                      |
| BASTRAT7a2F   | Percent Allocated - SS  | P - Preventior | ו             | XSD (Schema) Name:                 |                                      |
| Value Option: | N/A F   | Format Type:   | Number        | Min Length: 3                      | Max Length: 1                        |
| Definition:   | Strategy 7: Percent of PS18   | -1802 funding  | allocated for | r HIV Prevention syringe services  | program (if conducted).              |
| Instructions: | Enter the percent of total fur  | nding that you | agency allo   | cated for HIV Prevention syringe   | services program (if conducted).     |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applic<br>Budget: Required | able           |               |                                    |                                      |
| BASTRAT7a3F   | Percent Allocated - Con<br>Prevention   | ndom Distribu  | ution -       | XSD (Schema) Name:                 |                                      |
| Value Option: | N/A F   | Format Type:   | Number        | Min Length: 3                      | Max Length: 1                        |
| Definition:   | Strategy 7: Percent of PS18   | -1802 funding  | allocated for | HIV Prevention condom distribut    | tion.                                |
| Instructions: | Enter the percent of total fur  | nding that you | agency allo   | cated for HIV Prevention condom    | distribution.                        |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applic<br>Budget: Required | able           |               |                                    |                                      |



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| Num           | Variable Name  |                   |              |                                  |                                   |
|---------------|--|-------------------|--------------|----------------------------------|-----------------------------------|
| BASTRAT8a1    | Percent Allocated -  | HIV Planning - P  | revention    | XSD (Schema) Name:               |                                   |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                    | Max Length: 1                     |
| Definition:   | Strategy 3: Percent of Ps<br>transmission clusters and                   |                   | allocated fo | r HIV Prevention rapidly respon- | d to and intervene in HIV         |
| Instructions: | Enter the percent of total transmission clusters and                     |                   | agency allo  | cated for HIV Prevention rapidly | v respond to and intervene in HIV |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                  |                                   |
| BASTRAT8a1    | Percent Allocated -  | HIV Planning - S  | urveillance  | XSD (Schema) Name:               |                                   |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                    | Max Length: 1                     |
| Definition:   | Strategy 3: Percent of Ps<br>transmission clusters and                   |                   | expended for | or HIV Prevention rapidly respor | nd to and intervene in HIV        |
| Instructions: | Enter the percent of total transmission clusters and                     |                   | agency exp   | ended for HIV Prevention rapid   | y respond to and intervene in HIV |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                  |                                   |
| BASTRAT9a1    | Percent Allocated -<br>Infrastructure - Prev                             |                   | on           | XSD (Schema) Name:               |                                   |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                    | Max Length: 1                     |
| Definition:   | Strategy 9: Percent of PS  | S18-1802 funding  | allocated fo | r HIV Prevention health informa  | tion infrastructure.              |
| Instructions: | Enter the percent of total   | funding that your | agency allo  | cated for HIV Prevention health  | information infrastructure.       |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                  |                                   |
| BASTRAT9a1    | Percent Allocated -<br>Infrastructure -Surv                              |                   | on           | XSD (Schema) Name:               |                                   |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                    | Max Length: 1                     |
| Definition:   | Strategy 9: Percent of PS  | S18-1802 funding  | allocated fo | r HIV Surveillance health inform | ation infrastructure.             |
| Instructions: | Enter the percent of total   | funding that your | agency allo  | cated for HIV Surveillance heal  | th information infrastructure.    |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                  |                                   |



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| Num           | Variable Name  |                     |              |                                |                                       |
|---------------|--|---------------------|--------------|--------------------------------|---------------------------------------|
| BASTRAT9a2P   | Percent Allocated -<br>Confidentiality - Pre                             |                     | d            | XSD (Schema) Name              | e:                                    |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                  | Max Length: 1                         |
| Definition:   | Strategy 9: Percent of P   | S18-1802 funding    | allocated fo | r HIV Prevention data security | and confidentiality.                  |
| Instructions: | Enter the percent of tota  | I funding that your | agency allo  | cated for HIV Prevention data  | security and confidentiality.         |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                |                                       |
| BASTRAT9a2S   | Percent Allocated -<br>Confidentiality - Su                              |                     | d            | XSD (Schema) Name              | e:                                    |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                  | Max Length: 1                         |
| Definition:   | Strategy 9: Percent of P   | S18-1802 funding    | allocated fo | r HIV Surveillance data securi | ty and confidentiality.               |
| Instructions: | Enter the percent of tota  | I funding that your | agency allo  | cated for HIV Surveillance dat | ta security and confidentiality.      |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                |                                       |
| BASTRAT9a3F   | Percent Allocated -<br>Prevention  | Policies and Pro    | tocols -     | XSD (Schema) Name              | e:                                    |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                  | Max Length: 1                         |
| Definition:   | Strategy 9: Percent of P surveillance and prevent                        |                     |              |                                | olicies and protocols to support HIV  |
| Instructions: | Enter the percent of tota support HIV surveillance                       |                     |              |                                | ngthen policies and protocols to      |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                |                                       |
| BASTRAT9a3S   | Percent Allocated -<br>Surveillance                                      | Policies and Pro    | tocols -     | XSD (Schema) Name              | e:                                    |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                  | Max Length: 1                         |
| Definition:   | Strategy 9: Percent of P<br>surveillance and prevent                     |                     |              |                                | policies and protocols to support HIV |
| Instructions: | Enter the percent of tota support HIV surveillance                       |                     |              |                                | engthen policies and protocols to     |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                |                                       |



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| Num           | Variable Name  |   |
|---------------|--|---|
| BESTRAT10a1   | P Percent Expended - Monitoring and Evaluation -<br>Prevention   | XSD (Schema) Name:  |
| Value Option: | N/A Format Type: Number  | Min Length: 3 Max Length: 1   |
| Definition:   | Strategy 10: Percent of PS18-1802 funding expended for H monitor Integrated HIV Prevention and Care Plan and Juris       | HV Prevention developing work plans, ensure data quality, sdictional Epidemiological Profiles.          |
| Instructions: | Enter the percent of total funding that your agency expend quality, monitor Integrated HIV Prevention and Care Plan a    |   |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                                      |   |
| BESTRAT10a1   | S Percent Expended - Monitoring and Evaluation -<br>Surveillance   | XSD (Schema) Name:  |
| Value Option: | N/A Format Type: Number  | Min Length: 3 Max Length: 1   |
| Definition:   | Strategy 10: Percent of PS18-1802 funding expended for H monitor Integrated HIV Prevention and Care Plan and Juris       | HV Surveillance developing work plans, ensure data quality, sdictional Epidemiological Profiles.        |
| Instructions: | Enter the percent of total funding that your agency expend quality, monitor Integrated HIV Prevention and Care Plan a    | ed for HIV Surveillance developing work plans, ensure data and Jurisdictional Epidemiological Profiles. |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                                      |   |
| BESTRAT11a1   | P Percent Expended - Capacity Building and TA -<br>Prevention  | XSD (Schema) Name:  |
| Value Option: | N/A Format Type: Number  | Min Length: 3 Max Length: 1   |
| Definition:   | Strategy 10: Percent of PS18-1802 funding expended for H monitor Integrated HIV Prevention and Care Plan and Juris       | HV Prevention developing work plans, ensure data quality, sdictional Epidemiological Profiles.          |
| Instructions: | Enter the percent of total funding that your agency expend<br>quality, monitor Integrated HIV Prevention and Care Plan a |   |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required                                      |   |
| BESTRAT11a1   | S Percent Expended - Capacity Building and TA -<br>Surveillance  | XSD (Schema) Name:  |
| Value Option: | N/A Format Type: Number  | Min Length: 3 Max Length: 1   |
| Definition:   | Strategy 10: Percent of PS18-1802 funding expended for H<br>monitor Integrated HIV Prevention and Care Plan and Juris    | HV Surveillance developing work plans, ensure data quality, sdictional Epidemiological Profiles.        |
| Instructions: | Enter the percent of total funding that your agency expend<br>quality, monitor Integrated HIV Prevention and Care Plan a | ed for HIV Surveillance developing work plans, ensure data and Jurisdictional Epidemiological Profiles. |
| Business rule | HIV Testing: Not applicable  |   |



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| BESTRAT11a2   | P Percent Expende  | ed - Geocoding - Pre  | vention     | XSD (Schema) Name:  |   |
| Value Option: | N/A  | Format Type:          | Number      | Min Length: 3   | Max Length: 1                                       |
| Definition:   |  |                       |             | or HIV Prevention developing w<br>Jurisdictional Epidemiological Pr |   |
| Instructions: |  |                       |             | ended for HIV Prevention develo<br>an and Jurisdictional Epidemiolo |   |
| Business rule | HIV Testing: Not app<br>Partner Services: No<br>Budget: Required |                       |             |   |   |
| BESTRAT11a2   | S Percent Expende  | ed - Geocoding - Su   | veillance   | XSD (Schema) Name:  |   |
| Value Option: | N/A  | Format Type:          | Number      | Min Length: 3   | Max Length: 1                                       |
| Definition:   |  |                       |             | or HIV Surveillance developing<br>Iurisdictional Epidemiological Pi | work plans, ensure data quality,<br>rofiles.        |
| Instructions: |  |                       |             | ended for HIV Surveillance deve<br>an and Jurisdictional Epidemiolo | eloping work plans, ensure data<br>ogical Profiles. |
| Business rule | HIV Testing: Not app<br>Partner Services: No<br>Budget: Required |                       |             |   |   |
| BESTRAT1a1S   | Percent Expende  | ed - HIV Surveillance | •           | XSD (Schema) Name:  |   |
| Value Option: | N/A  | Format Type:          | Number      | Min Length: 3   | Max Length: 1                                       |
| Definition:   | Strategy 1: Percent o<br>activities.                             | f PS18-1802 funding   | expended HI | V Surveillance data collection, a                                   | analysis, and dissemination                         |
| Instructions: | Enter the percent of t dissemination activities                  |                       | agency expe | ended for HIV Surveillance data                                     | collection, analysis, and                           |
| Business rule | HIV Testing: Not app<br>Partner Services: No<br>Budget: Required |                       |             |   |   |
| BESTRAT1a2F   | Percent Expende  | ed - Prevention       |             | XSD (Schema) Name:  |   |
| Value Option: | N/A  | Format Type:          | Number      | Min Length: 3   | Max Length: 1                                       |
| Definition:   | Strategy 1: Percent of   | f PS18-1802 funding   | expended HI | V Prevention data collection, ar                                    | nalysis, and dissemination activities.              |
| Instructions: | Enter the percent of t dissemination activities                  |                       | agency expe | ended for HIV Prevention data c                                     | ollection, analysis, and                            |
| Business rule | HIV Testing: Not app<br>Partner Services: No<br>Budget: Required |                       |             |   |   |



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| Num           | Variable Name  |                     |              |                                 |                                       |
|---------------|--|---------------------|--------------|---------------------------------|---------------------------------------|
| BESTRAT2a1F   | Percent Expended<br>Healthcare - Preven                                  |                     | ting,        | XSD (Schema) Name:              |                                       |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                   | Max Length: 1                         |
| Definition:   | Strategy 2: Percent of P   | S18-1802 funding    | expended for | HIV Prevention routine opt-out  | t HIV testing in healthcare settings. |
| Instructions: | Enter the percent of tota settings.                                      | I funding that your | agency exper | nded for HIV Prevention routine | e opt-out HIV testing in healthcare   |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                 |                                       |
| BESTRAT2a2F   | Percent Expended<br>Healthcare - Preven                                  |                     | sting, non-  | XSD (Schema) Name:              |                                       |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                   | Max Length: 1                         |
| Definition:   | Strategy 2: Percent of P   | S18-1802 funding    | expended for | HIV Prevention targeted HIV to  | esting in non-healthcare settings.    |
| Instructions: | Enter the percent of tota settings.                                      | I funding that your | agency exper | nded for HIV Prevention target  | ed HIV testing in non-healthcare      |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                 |                                       |
| BESTRAT2a3F   | Percent Expended<br>Prevention   | HIV Partner Serv    | vices -      | XSD (Schema) Name:              |                                       |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                   | Max Length: 1                         |
| Definition:   | Strategy 3: Percent of P   | S18-1802 funding    | expended for | HIV Prevention HIV Partner Se   | ervices.                              |
| Instructions: | Enter the percent of tota  | I funding that your | agency exper | nded for HIV Prevention HIV P   | artner Services.                      |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                 |                                       |
| BESTRAT2a4F   | Percent Expended   | D2C - Preventio     | n            | XSD (Schema) Name:              |                                       |
| Value Option: | N/A  | Format Type:        | Number       | Min Length: 3                   | Max Length: 1                         |
| Definition:   | Strategy 3: Percent of P   | S18-1802 funding    | expended for | HIV Prevention Data-to-Care (   | (D2C) Activities.                     |
| Instructions: | Enter the percent of tota  | I funding that your | agency exper | nded for HIV Prevention Data-t  | to-Care (D2C) Activities.             |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                     |              |                                 |                                       |



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Variable Name Num BESTRAT2a4S Percent Expended - D2C - Surveillance XSD (Schema) Name: Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance Data-to-Care (D2C) Activities. Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance Data-to-Care (D2C) Activities. HIV Testing: Not applicable Business rule Partner Services: Not applicable **Budget: Required** Percent Expended - HIV Transmission Clusters and XSD (Schema) Name: BESTRAT3a1P **Outbreaks - Prevention** Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Definition: Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention rapidly respond to and intervene in HIV transmission clusters and outbreaks. Enter the percent of total funding that your agency expended for HIV Prevention rapidly respond to and intervene in HIV Instructions: transmission clusters and outbreaks. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Required BESTRAT3a1S Percent Expended - HIV Transmission Clusters and XSD (Schema) Name: **Outbreaks - Surveillance** Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Strategy 3: Percent of PS18-1802 funding expended for HIV Surveillance rapidly respond to and intervene in HIV Definition: transmission clusters and outbreaks. Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance rapidly respond to and intervene in HIV transmission clusters and outbreaks. Business rule HIV Testing: Not applicable Partner Services: Not applicable **Budget: Required** BESTRAT4a1P Percent Expended - CPP, Continuum of Care -XSD (Schema) Name: Prevention Value Option: N/A Format Type: Number Min Length: 3 Max Length: 1 Definition: Strategy 4: Percent of PS18-1802 funding expended for HIV Prevention Continuum of care - (linkage to HIV medical care, re-engagement, and retention in care). Instructions: Enter the percent of total funding that your agency expended for HIV Prevention Continuum of care - (linkage to HIV medical care, re-engagement, and retention in care). HIV Testing: Not applicable Business rule Partner Services: Not applicable **Budget: Required** 



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| Num           | Variable Name  |                                  |                                    |
|---------------|--|----------------------------------|------------------------------------|
| BESTRAT4a2F   | P Percent Expended - CPP, Risk Reduction<br>Interventions - Prevention   | XSD (Schema) Name:               |                                    |
| Value Option: | N/A Format Type: Number  | Min Length: 3                    | Max Length: 1                      |
| Definition:   | Strategy 4: Percent of PS18-1802 funding expended for  | risk-reduction interventions for | r HIV-positive persons.            |
| Instructions: | Enter the percent of total funding that your agency expe   | nded for risk-reduction interver | ntions for HIV-positive persons.   |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required  |                                  |                                    |
| BESTRAT4a3F   | P Percent Expended - Other CPP - Prevention  | XSD (Schema) Name:               |                                    |
| Value Option: | N/A Format Type: Number  | Min Length: 3                    | Max Length: 1                      |
| Definition:   | Strategy 4: Percent of PS18-1802 funding expended for referrals to behavioral health services, and social service                                  |                                  | enefits navigation and enrollment, |
| Instructions: | Enter the percent of total funding that your agency experience enrollment, referrals to behavioral health services, and s                          |                                  | nealth benefits navigation and     |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required  |                                  |                                    |
| BESTRAT5a1F   | P Percent Expended - Prevention with HIV-negative<br>persons - Prevention  | XSD (Schema) Name:               |                                    |
| Value Option: | N/A Format Type: Number  | Min Length: 3                    | Max Length: 1                      |
| Definition:   | Strategy 5: Percent of PS18-1802 funding expended for reduction interventions for HIV-negative persons, health services, an                        |                                  |                                    |
| Instructions: | Enter the percent of total funding that your agency experience<br>conduct risk reduction interventions for HIV-negative per<br>behavioral health s |                                  |                                    |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required  |                                  |                                    |
| BESTRAT5a2F   | P Percent Expended - PrEP Access and Support -<br>Prevention   | XSD (Schema) Name:               |                                    |
| Value Option: | N/A Format Type: Number  | Min Length: 3                    | Max Length: 1                      |
| Definition:   | Strategy 5: Percent of PS18-1802 funding expended for  | HIV Prevention PrEP access       | and support.                       |
| Instructions: | Enter the percent of total funding that your agency expe   | nded for HIV Prevention PrEP     | access and support.                |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable  |                                  |                                    |



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| Num           | Variable Name   |  |
|---------------|---|--|
| BESTRAT5a3I   | P Percent Expended - PEP Access and Support -<br>Prevention                         | XSD (Schema) Name:   |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |
| Definition:   | Strategy 5: Percent of PS18-1802 funding expended f                                 | or HIV Prevention PEP access and support.  |
| Instructions: | Enter the percent of total funding that your agency exp                             | ended for HIV Prevention PEP access and support.   |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required |  |
| BESTRAT6a1I   | P Percent Expended - Perinatal HIV Exposure<br>Reporting - Prevention               | XSD (Schema) Name:   |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |
| Definition:   |   | or HIV Prevention for HIV testing and risk screenings, conduct risk the benefits navigation and enrollment, referrals to behavioral health |
| Instructions: |   | ended for HIV Prevention for HIV testing and risk screenings, ersons, health benefits navigation and enrollment, referrals to              |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required |  |
| BESTRAT6a1    | S Percent Expended - Perinatal HIV Exposure<br>Reporting - Surveillance             | XSD (Schema) Name:   |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |
| Definition:   | Strategy 5: Percent of PS18-1802 funding expended f                                 | or HIV Prevention PrEP access and support.   |
| Instructions: | Enter the percent of total funding that your agency exp                             | ended for HIV Prevention PrEP access and support.  |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required |  |
| BESTRAT6a2I   | P Percent Expended - Perinatal HIV Surveillance<br>Coordination - Prevention        | XSD (Schema) Name:   |
| Value Option: | N/A Format Type: Number   | Min Length: 3 Max Length: 1  |
| Definition:   | Strategy 5: Percent of PS18-1802 funding expended f                                 | or HIV Prevention PEP access and support.  |
| Instructions: | Enter the percent of total funding that your agency exp                             | ended for HIV Prevention PEP access and support.   |
| Business rule | HIV Testing: Not applicable<br>Partner Services: Not applicable<br>Budget: Required |  |



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| Num           | Variable Name   |                   |               |                                       |                                      |
|---------------|---|-------------------|---------------|---------------------------------------|--------------------------------------|
| BESTRAT6a2    | Percent Expended -<br>Coordination - Surve                                  |                   | irveillance   | XSD (Schema) Name:                    |                                      |
| Value Option: | N/A   | Format Type:      | Number        | Min Length: 3                         | Max Length: 1                        |
| Definition:   | Strategy 6: Percent of PS and infant mortality review                       |                   | expended for  | HIV Surveillance perinatal HIV        | service coordination (i.e., fetal    |
| Instructions: | Enter the percent of total fetal and infant mortality r                     |                   | agency expe   | nded for HIV Surveillance perin       | atal HIV service coordination (i.e., |
| Business rule | HIV Testing: Not applicat<br>Partner Services: Not app<br>Budget: Required  |                   |               |                                       |                                      |
| BESTRAT7a1F   | Percent Expended -<br>Activities - Prevention                               |                   | el Prevention | XSD (Schema) Name:                    |                                      |
| Value Option: | N/A   | Format Type:      | Number        | Min Length: 3                         | Max Length: 1                        |
| Definition:   | Strategy 7: Percent of PS strategies, and communit                          |                   |               | HIV Prevention social marketin        | g campaigns, social media            |
| Instructions: | Enter the percent of total media strategies, and cor                        |                   |               | nded for HIV Prevention social cted). | marketing campaigns, social          |
| Business rule | HIV Testing: Not applicate<br>Partner Services: Not app<br>Budget: Required |                   |               |                                       |                                      |
| BESTRAT7a2F   | Percent Expended -  | SSP - Preventio   | n             | XSD (Schema) Name:                    |                                      |
| Value Option: | N/A   | Format Type:      | Number        | Min Length: 3                         | Max Length: 1                        |
| Definition:   | Strategy 7: Percent of PS   | 18-1802 funding   | expended for  | HIV Prevention syringe service        | s program (if conducted).            |
| Instructions: | Enter the percent of total  | funding that your | agency expe   | nded for HIV Prevention syringe       | e services program (if conducted).   |
| Business rule | HIV Testing: Not applicat<br>Partner Services: Not app<br>Budget: Required  |                   |               |                                       |                                      |
| BESTRAT7a3F   | Percent Expended -<br>Prevention  | Condom Distrib    | ution -       | XSD (Schema) Name:                    |                                      |
| Value Option: | N/A   | Format Type:      | Number        | Min Length: 3                         | Max Length: 1                        |
| Definition:   | Strategy 7: Percent of PS   | 18-1802 funding   | expended for  | HIV Prevention condom distrib         | ution.                               |
| Instructions: | Enter the percent of total  | funding that your | agency expe   | nded for HIV Prevention condor        | n distribution.                      |
| Business rule | HIV Testing: Not applicat<br>Partner Services: Not app<br>Budget: Required  |                   |               |                                       |                                      |



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| Num           | Variable Name  |                   |              |                                   |                                     |
|---------------|--|-------------------|--------------|-----------------------------------|-------------------------------------|
| BESTRAT8a1    | Percent Expended -   | HIV Planning - F  | Prevention   | XSD (Schema) Name:                |                                     |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                     | Max Length: 1                       |
| Definition:   | Strategy 3: Percent of PS transmission clusters and                      |                   | allocated fo | r HIV Surveillance rapidly respor | nd to and intervene in HIV          |
| Instructions: | Enter the percent of total transmission clusters and                     |                   | agency allo  | cated for HIV Surveillance rapid  | y respond to and intervene in HIV   |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                   |                                     |
| BESTRAT8a1    | Percent Expended -   | HIV Planning - S  | Surveillance | XSD (Schema) Name:                |                                     |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                     | Max Length: 1                       |
| Definition:   | Strategy 3: Percent of PS transmission clusters and                      |                   | expended for | or HIV Surveillance rapidly respo | nd to and intervene in HIV          |
| Instructions: | Enter the percent of total transmission clusters and                     |                   | agency exp   | ended for HIV Surveillance rapio  | lly respond to and intervene in HIV |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                   |                                     |
| BESTRAT9a1    | Percent Expended<br>Infrastructure - Prev                                |                   | ion          | XSD (Schema) Name:                |                                     |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                     | Max Length: 1                       |
| Definition:   | Strategy 9: Percent of PS  | S18-1802 funding  | expended for | or HIV Prevention health informa  | tion infrastructure.                |
| Instructions: | Enter the percent of total   | funding that your | agency exp   | ended for HIV Prevention health   | information infrastructure.         |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                   |                                     |
| BESTRAT9a1    | S Percent Expended Infrastructure - Surv                                 |                   | ion          | XSD (Schema) Name:                |                                     |
| Value Option: | N/A  | Format Type:      | Number       | Min Length: 3                     | Max Length: 1                       |
| Definition:   | Strategy 9: Percent of PS  | S18-1802 funding  | expended for | or HIV Surveillance health inform | ation infrastructure.               |
| Instructions: | Enter the percent of total   | funding that your | agency exp   | ended for HIV Surveillance heal   | th information infrastructure.      |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                   |              |                                   |                                     |



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| Num           | Variable Name  |                    |              |   |                                     |
|---------------|--|--------------------|--------------|---|-------------------------------------|
| BESTRAT9a2P   | Percent Expended<br>Confidentiality - Pre                                |                    | nd           | XSD (Schema) Name:                                    |                                     |
| Value Option: | N/A  | Format Type:       | Number       | Min Length: 3   | Max Length: 1                       |
| Definition:   | Strategy 9: Percent of P   | S18-1802 funding   | expended for | or HIV Prevention data security a                     | and confidentiality.                |
| Instructions: | Enter the percent of tota  | I funding that you | agency exp   | pended for HIV Prevention data s                      | security and confidentiality.       |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                    |              |   |                                     |
| BESTRAT9a2S   | Percent Expended<br>Confidentiality - Su                                 |                    | nd           | XSD (Schema) Name:                                    |                                     |
| Value Option: | N/A  | Format Type:       | Number       | Min Length: 3   | Max Length: 1                       |
| Definition:   | Strategy 9: Percent of P   | S18-1802 funding   | expended for | or HIV Surveillance data security                     | and confidentiality.                |
| Instructions: | Enter the percent of tota  | I funding that you | agency exp   | pended for HIV Surveillance data                      | security and confidentiality.       |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                    |              |   |                                     |
| BESTRAT9a3P   | Percent Expended<br>Prevention   | Policies and Pro   | otocols -    | XSD (Schema) Name:                                    |                                     |
| Value Option: | N/A  | Format Type:       | Number       | Min Length: 3   | Max Length: 1                       |
| Definition:   | Strategy 9: Percent of P surveillance and prevent                        |                    |              |   | licies and protocols to support HIV |
| Instructions: | Enter the percent of tota support HIV surveillance                       |                    |              | pended for HIV Prevention streng<br>nd local level.   | then policies and protocols to      |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                    |              |   |                                     |
| BESTRAT9a3S   | Percent Expended Surveillance  | Policies and Pro   | otocols -    | XSD (Schema) Name:                                    |                                     |
| Value Option: | N/A  | Format Type:       | Number       | Min Length: 3   | Max Length: 1                       |
| Definition:   | Strategy 9: Percent of P<br>HIV surveillance and pre                     |                    |              | or HIV Surveillance strengthen p<br>level.            | olicies and protocols to support    |
| Instructions: | Enter the percent of tota support HIV surveillance                       |                    |              | pended for HIV Surveillance strein<br>nd local level. | ngthen policies and protocols to    |
| Business rule | HIV Testing: Not applica<br>Partner Services: Not ap<br>Budget: Required |                    |              |   |                                     |



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Variable Name Num CSTRATEGY1 **Comments - Strategy 1** XSD (Schema) Name: Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Jurisdiction comments for Strategy 1, Data collection, analysis, and dissemination of HIV data. Definition: Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 1, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY10 **Comments - Strategy 10** XSD (Schema) Name: Format Type: Alpha-Numeric Value Option: N/A Min Length: 100 Max Length: 1 Jurisdiction comments for Strategy 10, Monitoring and Evaluation to improve HIV surveillance, prevention, and care Definition<sup>-</sup> activities Please provide any additional information to explain limitations or caveats associated with funds allocated or expended Instructions for operational and foundational activities related to Strategy 10, if applicable. Business rule HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY11 **Comments - Strategy 11** XSD (Schema) Name: Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Definition Jurisdiction comments for Strategy 11, Capacity Building and Technical Assistance. Please provide any additional information to explain limitations or caveats associated with funds allocated or expended Instructions for operational and foundational activities related to Strategy 11, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY2 **Comments - Strategy 2** XSD (Schema) Name: Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Jurisdiction comments for Strategy 2, Identify persons with HIV infection and uninfected persons at risk for HIV infection, Definition<sup>-</sup> HIV testing in non-healthcare settings. Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 2, if applicable. Business rule HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required



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Variable Name Num CSTRATEGY3 **Comments - Strategy 3** XSD (Schema) Name: Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Definition: Jurisdiction comments for Strategy 3, Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks. Please provide any additional information to explain limitations or caveats associated with funds allocated or expended Instructions: for core activities related to Strategy 3, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY4 **Comments - Strategy 4** XSD (Schema) Name: Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Definition: Jurisdiction comments for Strategy 4, Comprehensive prevention with positives (CPP). Instructions Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 4, if applicable. Business rule HIV Testing: Not applicable Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY5 **Comments - Strategy 5** XSD (Schema) Name: Value Option: N/A Min Length: 1 Format Type: Alpha-Numeric Max Length: 100 Definition Jurisdiction comments for Strategy 5, Comprehensive prevention with HIV-negative persons at risk for HIV infection. Please provide any additional information to explain limitations or caveats associated with funds allocated or expended Instructions for core activities related to Strategy 5, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY6 XSD (Schema) Name: **Comments - Strategy 6** Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Jurisdiction comments for Strategy 6, Perinatal HIV Prevention and Surveillance. Definition<sup>-</sup> Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 6, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required



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Num Variable Name CSTRATEGY7 **Comments - Strategy 7** XSD (Schema) Name: Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Definition: Jurisdiction comments for Strategy 7, Community-level HIV prevention activities. Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 7, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY8 **Comments - Strategy 8** XSD (Schema) Name: Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Definition: Jurisdction comments for Strategy 8, Integrated HIV Prevention and Care Planning. Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 8, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required CSTRATEGY9 XSD (Schema) Name: **Comments - Strategy 9** Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 100 Definition: Jurisdiction comments for Strategy 9, Strengthen policies and protocols to support HIV surveillance and prevention at the state and local level. Please provide any additional information to explain limitations or caveats associated with funds allocated or expended Instructions for operational and foundational activities related to Strategy 9, if applicable. HIV Testing: Not applicable Business rule Partner Services: Not applicable Budget: Allowed, but not required



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Num Variable Name

#### Additional HIV Testing Requirements: CDC-directly funded CBOs only

| Table: CB        | BOTEST Additional HIV Testing Variables, CDC-directly funded (  | CBOs only                 |
|------------------|---|---------------------------|
| This table is co | completed by all CDC directly funded community-based organizations.   |                           |
| Num              | Variable Name   |                           |
| CBOTEST001       | 1 Target Population(s) XSD (Schema) Name:   |                           |
| Value Option:    | n: Choose only one Format Type: Alpha-Numeric Min Length: 1   | Max Length: 3             |
| Definition:      | The client belongs to the population(s) targeted by the CBO's targeted HIV testing program                      |                           |
| Instructions:    | Indicate whether the client belongs to the primary or secondary population(s) targeted by ye testing program.   | our agency's targeted HIV |
| Business rule    | <ul> <li>HIV Testing: Required, see detailed business rule</li> <li>Partner Services: Not applicable</li> </ul> |                           |
|                  | Detailed business rule:<br>Should be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18).          |                           |
|                  | Value option TP9 should only be selected if TP1, TP2, or TP3 is not selected.                                   |                           |
|                  |   |                           |
|                  |   |                           |

| Code | Value Description                        | Value Definition  |
|------|--|---|
| TP1  | Primary target population                | Client is a member of the primary population targeted by the CBO's PS15-1502-funded targeted HIV testing program                        |
| TP2  | Secondary target population              | Client is a member of the secondary population targeted by the CBO's PS15-1502-funded targeted HIV testing program                      |
| TP3  | Both target populations                  | Client is a member of the primary and secondary target populations  |
| TP9  | Not a member of either target population | Client is not a member of the primary or secondary population<br>targeted by the CBO's PS15-1502-funded targeted HIV testing<br>program |



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| CBOTEST002       High-Risk Client       XSD (Schema) Name:         Value Option:       Enter one value only       Format Type: Number       Min Length: 1       Max Length: 1         Definition:       Assessment of a client's risk level is determined on the basis of his/her responses provided on the CBO's risk assessment tool.         Instructions:       Indicate whether the client is at high-risk for HIV-infection.         Business rule       HIV Testing: Required, see detailed business rule Partner Services: Not applicable         Detailed business rule:       Should only be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18).         Not expected otherwise.       Not expected otherwise. | Num           | Variable Name             |                                       |                               |                         |
|--|---------------|---------------------------|---------------------------------------|-------------------------------|-------------------------|
| Definition:       Assessment of a client's risk level is determined on the basis of his/her responses provided on the CBO's risk assessment tool.         Instructions:       Indicate whether the client is at high-risk for HIV-infection.         Business rule       HIV Testing: Required, see detailed business rule Partner Services: Not applicable         Detailed business rule:       Should only be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18).   | CBOTEST002    | High-Risk Client          |                                       | XSD (Schema) Name:            |                         |
| assessment tool.<br>Instructions: Indicate whether the client is at high-risk for HIV-infection.<br>Business rule HIV Testing: Required, see detailed business rule Partner Services: Not applicable<br>Detailed business rule:<br>Should only be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18).  | Value Option: | Enter one value only      | Format Type: Number                   | Min Length: 1                 | Max Length: 1           |
| 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).  | Definition:   |                           | s risk level is determined on the b   | asis of his/her responses pro | vided on the CBO's risk |
| Partner Services: Not applicable<br>Detailed business rule:<br>Should only be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18).  | Instructions: | Indicate whether the clie | ent is at high-risk for HIV-infection | I.                            |                         |
| Should only be reported by CDC-directly funded CBOs (X137=13 or 14 or 17 or 18).   | Business rule | <b>0</b>                  |                                       |                               |                         |
| Not expected otherwise.  |               |                           | ا by CDC-directly funded CBOs (ک      | (137=13 or 14 or 17 or 18).   |                         |
|  |               | Not expected otherwise    |                                       |                               |                         |
|  |               |                           |                                       |                               |                         |
| Code Value Description Value Definition  |               |                           |                                       |                               |                         |

| Code | Value Description | Value Definition  |
|------|-------------------|---|
| 0    | No                | Client is not at high-risk for HIV infection as defined by the CBO's<br>PS15-1502-tunded targeted HIV testing program |
| 1    | Yes               | Client is at high-risk for HIV-infection as defined by the CBO's PS15-<br>1502-funded targeted HIV testing program    |
| 2    | Not assessed      | No risk assessment was done for this client   |



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| Num           | Variable Name  |  |                           |               |
|---------------|--|--|---------------------------|---------------|
| CBOTEST003    | HIV Medical Care at  | the time of this positive test         | XSD (Schema) Name:        |               |
| Value Option: | Enter one value only   | Format Type: Number                    | Min Length: 1             | Max Length: 1 |
| Definition:   | At the time of this positive   | e test, is the client already in HIV r | 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, se<br>Partner Services: Not app                                   |  |                           |               |
|               | Detailed business rule:<br>Should only be reported b                                     | by CDC-directly funded CBOs (X1        | 37=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<br>time of this positive test      |
| 77   | Declined to answer | Client declined to answer if he/she was already in HIV medical care<br>at the time of this positive test |



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| Num           | Variable Name   |                               |                                 |
|---------------|---|-------------------------------|---------------------------------|
| CBOTEST004    | Navigation and prevention and essential support services, HIV Testing                     | XSD (Schema) Name:            |                                 |
| Value Option: | Choose all that apply Format Type: Alpha-Numeric  | Min Length: 1                 | Max Length: 4                   |
| Definition:   | The navigation, prevention, and essential support services the HIV testing program        | at a client was referred to o | r provided as part of the CBO's |
| Instructions: | Indicate all navigation, prevention, and essential support serv CBO's HIV testing program | vices the client was referred | to or provided as part of the   |
| Business rule | HIV Testing: Required, see detailed business rule Partner Services: Not applicable        |                               |                                 |
|               | Detailed business rule:<br>Should only be reported by CDC-directly funded CBOs (X13)      | 7=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-<br>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<br>intervention that improves medication adherence and/or viral load<br>among HIV patients who have been prescribed antiretroviral<br>treatment (ART), HIV-positive only |  |
| P3   | Provided screening for STDs (syphilis, gonorrhea, and chlamydia),<br>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<br>tuberculosis, HIV-positive only  |  |
| P6   | Provided a High Impact Prevention (HIP) behavioral intervention, HIV-<br>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),<br>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<br>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-<br>negative   | Client was referred to non-occupational post-exposure prophylaxis<br>(nPEP), HIV-negative only  |  |



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| т    | Variable Name  |  |  |
|------|--|--|--|
| RF11 | Referred to pre-exposure prophylaxis (PrEP), HIV-negative                            | Client was referred to pre-exposure prophylaxis (PrEP), HIV-negativonly  |  |
| RF12 | Referred to screening for STDs (syphilis, gonorrhea, and chlamydia),<br>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<br>tuberculosis, HIV-negative only  |  |
| RF15 | Referred to treatment for STDs (syphilis, gonorrhea, and chlamydia),<br>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,<br>math, spelling, and language skills (such as GED preparation, or<br>English as a Second Language (ESL) classes)  |  |
| RF19 | Referred to employment services  | Programs that provide employment assistance including vocationa<br>trainings, employment referrals, job placement, skills assessment,<br>resume building support, etc.   |  |
| RF2  | Referred to medication adherence support services, HIV-positive                      | Client was referred to a CDC-supported medication adherence<br>intervention that improves medication adherence and/or viral load<br>among HIV patients who have been prescribed antiretroviral<br>treatment (ART), HIV-positive only                       |  |
| RF20 | Referred to housing services   | Programs that help clients find adequate housing by providing<br>services such as assistance with homelessness, rental housing, or<br>home-buying, access/eligibility assessment to HUD/HOPWA housi<br>programs  |  |
| RF21 | Referred to insurance navigation and enrollment services                             | Programs that help uninsured clients enroll in public or private<br>healthcare insurance. Services may include outreach and education<br>on available insurance options, eligibility assessment, enrollment, e   |  |
| RF22 | Referred to mental mental health counseling and services                             | Programs that are provided by a mental health professional. Service<br>may include psychiatric assessment, consultation, treatment,<br>psychotherapy, crisis intervention, etc.  |  |
| RF23 | Referred to sex education, including HIV education                                   | Client was referred to sex education, including HIV education (e.g.<br>risk education programs, school-based HIV prevention providers) a<br>HIV/AIDS prevention education  |  |
| RF24 | Referred to substance abuse treatment and services                                   | Client was referred to drug and alcohol abuse treatment and suppor<br>programs/services  |  |
| RF25 | Referred to transportation services  | Client received a referral to agencies providing transportation<br>assistance (to and from HIV prevention and medical care<br>appointments, including HIV medical care appointments), e.g.,<br>through direct transportation services, vouchers, or tokens |  |



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| Num           | Variable Name  |   |  |
|---------------|--|---|--|
| RF26          | Referred to other prevention and essential support services  | Other navigation, prevention, and essential support services, e.g., social services, peer support, child care assistance, food, services for youth and/or seniors, etc. |  |
| RF27          | Referred to primary medical care   | Client was referred to primary medical care (PS17-1704 only)  |  |
| RF28          | Referred to violence prevention services   | Client was referred to violence prevention services (PS17-1704 only)  |  |
| RF29          | Referred to education services for hormone replacement therapy (HRT) and sex reassignment procedures | Client was referred to educational services for HRT and sex reassignment procedures (PS17-1704 only)  |  |
| RF3           | Referred to screening for STDs (syphilis, gonorhea, and chlamydia),<br>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<br>tuberculosis, HIV-positive only   |  |
| RF6           | Referred to treatment for STDs (syphilis, gonorrhea, and chlamydia),<br>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-<br>positive only  |  |
| RF8           | Referred to treatment for TB/TB infection, HIV-positive  | Client was referred to treatment for latent or active strains of<br>tuberculosis, HIV-positive only   |  |
| RF9           | Referred to a High Impact Prevention (HIP) behavioral intervention,<br>HIV-negative                  | Client was referred to a CDC-supported High Impact Prevention (HIP) behavioral intervention for high-risk HIV-negative persons  |  |
| CBOTEST004    | SP 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<br>Partner Services: Not applicable                |   |  |
|               | Detailed business rule:<br>Text must be entered if other prevention and essential suppo              | rt services (value option RF26) is selected for CBOTEST004  |  |



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| Num           | Variable Name   |
|---------------|---|
| CBOTEST005    | Date client attended first medical care appointment XSD (Schema) Name:<br>(PS17-1704 only)  |
| 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<br>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 $\neq$ 17 or 18)  |



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Num Variable Name

#### CBO Client Summary Requirements

| Table: CB        | OCL CBO Client Summary Variables  |                               |                                  |
|------------------|---|-------------------------------|----------------------------------|
| This table is co | ompleted by all CDC directly funded community-based organiza  | tions funded by PS15-150      | 2.                               |
| Num              | Variable Name   |                               |                                  |
| CBOCL003         | Client Record Number  | XSD (Schema) Name:            |                                  |
| Value Option:    | N/A Format Type: Number   | Min Length: 1                 | Max Length: 32                   |
| Definition:      | A locally developed, unique-client number used to distnguish agency   | an individual client receivir | g one or more services within an |
| Instructions:    | Enter the unique client record number assigned by the CBO to contain any personally identifiable information (PII). | o an individual client. Clien | t Record Number must not         |
| Business rule    | HIV Testing: Mandatory, see detailed business rule<br>Partner Services: Not applicable                              |                               |                                  |
|                  | Detailed business rule:<br>Must be reported by directly funded CBOs funded by PS15-1                                | 502 and PS17-1704 (X137       | =13 or 14 or 17 or 18).          |
|                  | Not expected otherwise.   |                               |                                  |



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Num Variable Name

#### XML Specific Fields

| Table: Z1        |                                    | pecific Fields  | rde to identify undeted and my                 | dified records. This table is only  |
|------------------|------------------------------------|---|--|---|
| required for jur | isdictions that upload XMI         | L files to EvaluationWeb. These                             | fields apply to all XML formats                | odified records. This table is only<br>s, with the exception of the now<br>. See the individual variables for |
| Num              | Variable Name                      |   |  |   |
| Z03c             | Schema Version Nu                  | ımber   | 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:    |                                    | oded within the schema.<br>ctly match the version number sp | pecified in the appropriate XSI                | D.  |
| 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-Nume                                     | ric Min Length: 1                              | Max Length: 5   |
| Definition:      | Specifies the type of dat          | a being sent.   |  |   |
| Instructions:    | Enter the date type of da          | ata sent.   |  |   |
| Business rule    | Applicable only for XML            | uploads.  |  |   |
|                  |                                    |   |  |   |
|                  |                                    |   |  |   |
| Code<br>CBOAG    | Value Description<br>CBO aggregate |   | Value Definition Aggregate level directly fund | led CBO data  |
| CBOCL            | CBO diggregate                     |   | Client level directly funded C                 |   |
| CT               | Counseling and testing             |   | Client level counseling and 1                  |   |
| HDAG             |                                    | ogato   |  |   |
|                  | Health department aggr             | <b>.</b>  | Aggregate level health depa                    |   |
| HDCL             | Health department clien            | t ievei   | Client level health department                 |   |
| PS               | Partner services                   |   | Client level partner services                  | data  |



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