

## RSR 2023 Provider forms

**Public Burden Statement:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0039, and the expiration date is 12/31/2024. Public reporting burden for this collection of information is estimated to average 51 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland 20857.

### General Information

The organization data updated within the RSR Provider Report must also be updated in the Provider Organization Profile to ensure these changes are reflected in future reports.

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**Organization Details**

EIN: [REDACTED]  
UEI: [REDACTED]  
Mailing Address: [REDACTED]

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**Organization Contacts**

| Name       | Title                      | Phone Number | Email      | FAX        | Is Primary POC |
|------------|----------------------------|--------------|------------|------------|----------------|
| [REDACTED] | Clinical Study Coordinator | [REDACTED]   | [REDACTED] | [REDACTED] | No             |
| [REDACTED] | Program Manager            | [REDACTED]   | [REDACTED] | [REDACTED] | No             |
| [REDACTED] | Ryan White Grant Manager   | [REDACTED]   | [REDACTED] | [REDACTED] | Yes            |

### Organization Contacts

| Name       | Title                      | Phone Number | Email      | FAX        | Is Primary POC |
|------------|----------------------------|--------------|------------|------------|----------------|
| [REDACTED] | Clinical Study Coordinator | [REDACTED]   | [REDACTED] | [REDACTED] | No             |
| [REDACTED] | Program Manager            | [REDACTED]   | [REDACTED] | [REDACTED] | No             |
| [REDACTED] | Ryan White Grant Manager   | [REDACTED]   | [REDACTED] | [REDACTED] | Yes            |

### Provider Profile Information

Provider Type: Hospital or university-based clinic  
Section 330 Funding Received: No  
Type of ownership: Private, nonprofit  
Faith-based Organization: No  
Part of a real time electronic data network: Yes

### Service Delivery Sites

Note: You can use organization address for a service delivery site if this address is used to deliver client services. If not, select the Add a Site button to add a service delivery site.

| Name       | Address Type | Address Line 1 | Address Line 2 | City          | State | Zip   | Country | Postal Code | Phone Number | Actions |
|------------|--------------|----------------|----------------|---------------|-------|-------|---------|-------------|--------------|---------|
| [REDACTED] | Domestic     | [REDACTED]     |                | Detroit       | MI    | 48202 | N/A     | N/A         | [REDACTED]   |         |
| [REDACTED] | Domestic     | [REDACTED]     |                | Highland Park | MI    | 48203 | N/A     | N/A         | [REDACTED]   |         |
| [REDACTED] | Domestic     | [REDACTED]     |                | Detroit       | MI    | 48202 | N/A     | N/A         | [REDACTED]   |         |

Add Service Delivery Sites

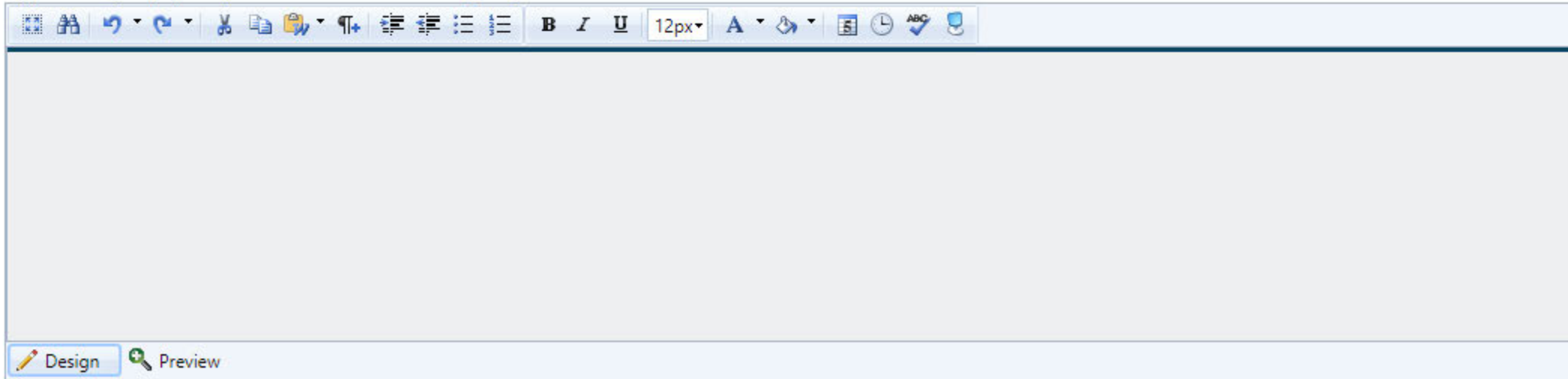
## HAB Admin Tool - Add Service Delivery Sites

Enter the service site contact information. A field with an asterisk \* before it is a required field.

|   |   |
|---|---|
| * Name:   | <input type="text" value="Enter a Site Name"/>  |
| * Address Type:   | <input checked="" type="radio"/> Domestic Address <input type="radio"/> International Address |
| * Address Line 1:   | <input type="text"/>  |
| Address Line 2 :  | <input type="text"/>  |
| * City:   | <input type="text"/>  |
| * State:  | <input type="text" value="-Select State-"/>   |
| * Zip Code:   | <input type="text"/> - <input type="text"/>   |
| Congressional Dist: (Example: 01)                                   | <input type="text"/>  |
| * Main/Appointment Phone Number:                                    | <input type="text" value="( ) - -"/>  |
| Extension:  | <input type="text"/>  |
| Website URL:  | <input type="text"/>  |
| * Hours of Operation: Please enter the Hours of operation manually. |   |

Hours of Operation. Please enter the hours of operation manually.

Approximately 1/4 page (Max 500 Characters without spaces): 500 Characters left.



Select all of the services that you deliver at this service delivery site.

Core Medical Services

Outpatient/Ambulatory Health Services

AIDS Pharmaceutical Assistance

Oral Health Care

Early Intervention Services (EIS)

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals

Home Health Care

Home and Community-Based Health Services

Hospice

Tuesday, July 2, 2024

Mental Health Services  
Medical Nutrition Therapy  
Medical Case Management, including Treatment Adherence Services  
Substance Abuse Outpatient Care  
Support Services  
Non-Medical Case Management Services  
Child Care Services  
Emergency Financial Assistance  
Food Bank/Home Delivered Meals  
Health Education/Risk Reduction  
Housing  
Linguistic Services  
Medical Transportation  
Outreach Services  
Psychosocial Support Services  
Referral for Health Care and Support Services  
Rehabilitation Services  
Respite Care  
Substance Abuse Services (residential)  
Other Professional Services

## EHE Initiative Services

### Ending the HIV Epidemic Initiative Services

\* Select all of the services that you deliver at this service delivery site.

#### Core Medical Services

- Outpatient/Ambulatory Health Services
- AIDS Pharmaceutical Assistance
- Oral Health Care
- Early Intervention Services (EIS)
- Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
- Home Health Care
- Home and Community-Based Health Services
- Hospice
- Mental Health Services
- Medical Nutrition Therapy
- Medical Case Management, including Treatment Adherence Services
- Substance Abuse Outpatient Care

#### Support Services

- Non-Medical Case Management Services
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Linguistic Services
- Medical Transportation
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)
- Other Professional Services

#### EHE Initiative Services

- Ending the HIV Epidemic Initiative Services

Cancel

Create

### Program Information

## Program Information

A field with an asterisk \* before it is a required field.

### 1. Contact information of person responsible for this submission:

\* a. Name:

\* b. Title:

\* c. Phone:

Extension:

d. Fax:

\* e. Email:

### \* 2. Select the status of your agency's clinical quality management program.

- Clinical quality management program initiated this reporting period
- Previously established clinical quality management program
- Previously established program with new quality standards added this reporting period
- Do not have a clinical quality management program

### 3. Funding Source Certification:

This item lists all of your agency's sources of Ryan White HIV/AIDS Program (RWHAP) funding, including EHE and CARES Act, and RWHAP-related (Program Income and Pharmaceutical Rebates) funding. Please verify that this list is accurate. If a funding source is missing, contact your recipient and ask them to add your agency to their list of contractors. If a recipient that did not fund your organization is listed, contact Ryan White HIV/AIDS Program Data Support for assistance.

| Funding Source        | Recipient Name | Funded Through | Grant Number | Exempt |
|-----------------------|----------------|----------------|--------------|--------|
| + Part B Supplemental |                |                |              | No     |
| + Part B              |                |                |              | No     |
| + Part A              |                |                |              | No     |
| + EHE                 |                |                |              | No     |

I have reviewed my agency's list of Ryan White HIV/AIDS Program funding sources and certify that the list is accurate.

\* 4. Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications (medication assisted treatment [MAT], e.g. buprenorphine, naltrexone) specifically approved by the U.S. Food and Drug Administration (FDA):

0

\* 5. How many of the above physicians, nurse practitioners, or physician assistants prescribed MAT (e.g. buprenorphine, naltrexone) for opioid use disorders in the reporting period?

0

\* 6. How many RWHAP eligible clients were treated with MAT during the reporting period?

0

Cancel

Save

**Items 4 & 5:** Combine the two questions and Revise the question to How many physicians, nurse practitioners, or physician assistants in your organization prescribed medications for opioid use disorder (MOUD) [e.g., buprenorphine, naltrexone] for opioid use disorders during the reporting period?

#### Service Information

A field with an asterisk before it is a required field.

7. Below is a list of all Ryan White HIV/AIDS Program services that were funded fully or partially using RWHAP funding, including EHE and CARES Act, and RWHAP-related (Program Income and Pharmaceutical Rebates) funding. Select the services that were delivered by your agency during the reporting period even if other funding streams in addition to the RWHAP funding, including EHE and CARES Act, and RWHAP-related funding were used to fund the service.



**Service Information**

A field with an asterisk \* before it is a required field.

\* 7. Below is a list of all Ryan White HIV/AIDS Program services that were funded fully or partially using RWHAP funding, including EHE and CARES Act, and RWHAP-related (Program Income and Pharmaceutical Rebates) funding. Select the services that were delivered by your agency during the reporting period even if other funding streams in addition to the RWHAP funding, including EHE and CARES Act, and RWHAP-related funding were used to fund the service.

**Administrative and Technical Services**

| RWHAP Funding                       | EHE Funding                         | CARES Act Funding        | Delivered                           | Service Category                    |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Administrative or technical support |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Planning or evaluation              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Quality management                  |

Administrative and Technical Services

| RWHAP Funding | EHE Funding | CARES Act Funding | Delivered | Service Category                    |
|---------------|-------------|-------------------|-----------|-------------------------------------|
| RWHAP Funding | EHE Funding | CARES Act Funding | Delivered | Other                               |
| RWHAP Funding | EHE Funding | CARES Act Funding | Delivered | Administrative or technical support |
| RWHAP Funding | EHE Funding | CARES Act Funding | Delivered | Planning or evaluation              |
| RWHAP Funding | EHE Funding | CARES Act Funding | Delivered | Quality management                  |

**Administrative and Technical Services**

| RWHAP Funding                       | EHE Funding                         | CARES Act Funding        | Delivered                           | Service Category                    |
|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Administrative or technical support |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Planning or evaluation              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Quality management                  |

**Core Medical Services**

|   |   |             |                       |                   |           |
|---|---|-------------|-----------------------|-------------------|-----------|
| RWHAP Funding   | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered |
| Service Category  |   |             |                       |                   |           |
| RWHAP Funding   | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered |
| Outpatient/Ambulatory Health Services                           |   |             |                       |                   |           |
| RWHAP Funding   | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered |
| Early Intervention Services (EIS)                               |   |             |                       |                   |           |
| RWHAP Funding   | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered |
| Medical Case Management, including Treatment Adherence Services |   |             |                       |                   |           |
| RWHAP Funding   | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered |
| Mental Health Services  |   |             |                       |                   |           |

Core Medical Services

| RWHAP Funding                       | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding              | EHE Carryover Funding    | CARES Act Funding        | Delivered                           | Service Category                       |
|-------------------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Outpatient Health Services             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Emergency (ER)                         |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medical, Maternity, Treatment Services |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medical Services                       |

Support Services

|               |   |             |                       |                   |           |                                |
|---------------|---|-------------|-----------------------|-------------------|-----------|--------------------------------|
| RWHAP Funding | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered | Service Category               |
|               |   |             |                       |                   |           | Emergency Financial Assistance |
| RWHAP Funding | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered | Food Bank/Home Delivered Meals |
| RWHAP Funding | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding | EHE Carryover Funding | CARES Act Funding | Delivered | Medical Transportation         |

Support Services

| RWHAP Funding                       | RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | EHE Funding              | EHE Carryover Funding    | CARES Act Funding        | Delivered                           | Service Category               |
|-------------------------------------|---|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Emergency Financial Assistance |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Food Bank/Home Delivered Meals |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Medical Transportation         |

EHE Initiative Services

| EHE Funding              | EHE Carryover Funding    | Delivered                           | Service Category                            |
|--------------------------|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ending the HIV Epidemic Initiative Services |

EHE Initiative Services

| EHE Funding                         | EHE Carryover Funding    | Delivered                           | Service Category                            |
|-------------------------------------|--------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ending the HIV Epidemic Initiative Services |

7a. In the table below, select any additional services delivered by your organization that were funded by your organization’s generated Program Income or Pharmaceutical Rebates.

Additional Services Delivered Through Your Organization’s Generated Program Income and/or Pharmaceutical Rebates

| Delivered                           | Service Category                |
|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | AIDS Pharmaceutical Assistance  |
| <input checked="" type="checkbox"/> | Child Care Services             |
| <input checked="" type="checkbox"/> | Health Education/Risk Reduction |

|   |   |
|---|---|
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Home and Community-Based Health Services  |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Home Health Care  |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Hospice   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Housing   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Linguistic Services   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Medical Nutrition Therapy   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Non-Medical Case Management Services  |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Oral Health Care  |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Other Professional Services   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Outreach Services   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Psychosocial Support Services   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Referral for Health Care and Support Services                                   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Rehabilitation Services   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Respite Care  |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Substance Abuse Outpatient Care   |
| Delivered Through RWHAP-Related Funding (Program Income and Pharmaceutical Rebates) | Substance Abuse Services (residential)  |

7a. In the table below, select any additional services delivered by your organization that were funded by your organization's generated Program Income or Pharmaceutical Rebates.

Additional Services Delivered Through Your Organization's Generated Program Income and/or Pharmaceutical Rebates

| Delivered                           | Service Category  |
|-------------------------------------|---|
| <input type="checkbox"/>            | AIDS Pharmaceutical Assistance  |
| <input type="checkbox"/>            | Child Care Services   |
| <input type="checkbox"/>            | Health Education/Risk Reduction   |
| <input type="checkbox"/>            | Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals |
| <input type="checkbox"/>            | Home and Community-Based Health Services  |
| <input type="checkbox"/>            | Home Health Care  |
| <input type="checkbox"/>            | Hospice   |
| <input type="checkbox"/>            | Housing   |
| <input type="checkbox"/>            | Linguistic Services   |
| <input type="checkbox"/>            | Medical Nutrition Therapy   |
| <input type="checkbox"/>            | Non-Medical Case Management Services  |
| <input type="checkbox"/>            | Oral Health Care  |
| <input type="checkbox"/>            | Other Professional Services   |
| <input type="checkbox"/>            | Outreach Services   |
| <input checked="" type="checkbox"/> | Psychosocial Support Services   |
| <input type="checkbox"/>            | Referral for Health Care and Support Services                                   |
| <input type="checkbox"/>            | Rehabilitation Services   |
| <input type="checkbox"/>            | Respite Care  |
| <input type="checkbox"/>            | Substance Abuse Outpatient Care   |
| <input type="checkbox"/>            | Substance Abuse Services (residential)  |

### HIV Counseling and Testing Service Information

Report the number of individuals who received counseling and testing during the reporting period. A field with an asterisk before it is a required field.

## HIV Counseling and Testing Service Information

Report the number of individuals who received counseling and testing during the reporting period. A field with an asterisk \* before it is a required field.

\* 8. Did your organization use Ryan White HIV/AIDS Program funds to provide HIV Counseling and Testing services during the reporting period?

- Yes  
 No

9. Number of individuals tested for HIV:

13809

10. Of those tested (#9 above), number who tested NEGATIVE:

13777

11. Of those tested (#9 above), number who tested POSITIVE:

32

12. Of those who tested POSITIVE (#11 above), number referred to HIV medical care:

32

### Clients by ZIP code

Manually enter or upload a file (see Clients by ZIP code template file ) that contains two fields: the ZIP code of residence and the number of clients residing in that ZIP code who received RWHAP, RWHAP-related (Program Income and Pharmaceutical Rebates), and/or EHE initiative funded services in the reporting period. You can re-upload a file if there are any issues with the previous submission; the values will be over-written. You can also manually 'add', 'edit' and 'delete' multiple records using the appropriate button below the table.

### Clients by ZIP code

Manually enter or upload a file (see [Clients by ZIP code template file](#)) that contains two fields: the ZIP code of residence and the number of clients residing in that ZIP code who received RWHAP, RWHAP-related (Program Income and Pharmaceutical Rebates), and/or EHE initiative funded services in the reporting period. You can re-upload a file if there are any issues with the previous submission; the values will be over-written. You can also manually 'add', 'edit' and 'delete' multiple records using the appropriate button below the table.

No file chosen

### Upload Summary

| ID   | User       | # of Records | # of Failed Records | File Name  | Upload Date and Time | Status                   | Action                                 |
|------|------------|--------------|---------------------|--|----------------------|--------------------------|--|
| ████ | ██████████ | 158          | 0                   | <a href="#">Final 2023 Clients by zip code (RSR), HFHS and HFHS CC (run on 03.04.24).csv</a> | 3/4/2024 10:46:35 AM | Processed with no errors | <a href="#">View Validation Report</a> |

### Clients By ZIP code

| Select All               | ZIP code | Count of Clients |
|--------------------------|----------|------------------|
| <input type="checkbox"/> |          |                  |
| <input type="checkbox"/> | 29033    | 1                |
| <input type="checkbox"/> | 41937    | 1                |
| <input type="checkbox"/> | 48006    | 1                |
| <input type="checkbox"/> | 48021    | 17               |
| <input type="checkbox"/> | 48025    | 2                |
| <input type="checkbox"/> | 48026    | 3                |
| <input type="checkbox"/> | 48027    | 1                |
| <input type="checkbox"/> | 48030    | 7                |
| <input type="checkbox"/> | 48033    | 7                |
| <input type="checkbox"/> | 48034    | 2                |
| <input type="checkbox"/> | 48035    | 3                |
| <input type="checkbox"/> | 48036    | 9                |
| <input type="checkbox"/> | 48038    | 10               |
| <input type="checkbox"/> | 48040    | 1                |
| <input type="checkbox"/> | 48042    | 1                |

Client Level Data Upload



If your agency provided core medical or support services during the reporting period, upload client-level data to complete your Provider Report. When your XML file is successfully processed, you can view any alerts, warnings, or errors that are in the data. You can also view the Upload Completeness Report. Select the arrow to the left of the ID number to see the Validation Report and Upload Completeness Report for each individual file that was successfully processed. To see the Validation Report and Upload Completeness Report for the merged client-level data, select the links in the left navigation menu.

Please note:

This feature only works with RSR client-level data XML files that conform to the RSR Client-Level Data XML Schema Definitions. The most recent RSR XML Schema Definitions are available on the TargetHIV website.

You will be unable to upload files larger than 29MB. If your client-level data XML file is larger than 29MB, please zip your file before upload. [Create Compressed Zip File](#) [Create Compressed Zip File](#)

Changes to the file status in the Upload History Table are not automatically displayed. To view real-time updates to the Upload History Table, you must manually refresh this browser window.

### Client Level Data Upload

If your agency provided core medical or support services during the reporting period, upload client-level data to complete your Provider Report. When your XML file is successfully processed, you can view any alerts, warnings, or errors that are in the data. You can also view the Upload Completeness Report. Select the arrow to the left of the ID number to see the Validation Report and Upload Completeness Report for each individual file that was successfully processed. To see the Validation Report and Upload Completeness Report for the merged client-level data, select the links in the left navigation menu.

Please note:

- This feature only works with RSR client-level data XML files that conform to the RSR Client-Level Data XML Schema Definitions. The most recent RSR XML Schema Definitions are available on the [TargetHIV website](#).
- You will be unable to upload files larger than 29MB. If your client-level data XML file is larger than 29MB, please zip your file before upload. [Create Compressed Zip File](#)
- Changes to the file status in the Upload History Table are not automatically displayed. To view real-time updates to the Upload History Table, you must manually refresh this browser window.

### Client Upload

Select the client records that you would like to upload. You will receive an email confirmation after your records are successfully processed.

No file chosen

Upload records for:

CITY OF DETROIT-HEALTH DEPARTMENT ▾

### Upload History

| ID                | User | Description   | Request Date         | Processed Date       | Clients in File | Status    |
|-------------------|------|---|----------------------|----------------------|-----------------|-----------|
| <a href="#">+</a> |      | Upload <a href="#">RSR_Export - 2024-03-04T110041.734.xml</a> | 3/4/2024 11:03:48 AM | 3/4/2024 11:04:35 AM | 71              | Processed |
| <a href="#">+</a> |      | Upload <a href="#">RSR_Export - 2024-03-04T105348.011.xml</a> | 3/4/2024 11:02:53 AM | 3/4/2024 11:03:34 AM | 1250            | Processed |

2 items in 1 pages