

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

## Ryan White Services Report

### Provider Form - General Information

#### Modification

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

### Client Level Variables

#### **Add**

1 Final July 1, 2024

- **ID 15 )** MedicalInsuranceID Health Coverage – modify) - HRSA HAB proposes adding Medicare Advantage as a response option to the client's healthcare coverage data element.

**Combine and Modify**

- EthnicityID & RaceID – Proposed modification to race and ethnicity data element per OMB guideline [Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#) announced on March 29, 2024.

- What is your race and/or ethnicity?  
Select all that apply and enter additional details in the space below.

American Indian or Alaska Native

For example enter, Navajo Nation, Blackfeet Tribe Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

Asian

For example enter, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

Black or African American

For Example enter, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

*Hispanic or Latino*

*For example enter, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.*

*Middle Eastern or North African*

*For example enter, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.*

Native Hawaiian or Pacific Islander

For example enter, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

White

For example enter, English, German, Irish, Italian, Polish, Scottish, etc.

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

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0039, 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.

**RSR Client-Level Data – Demographics**

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
<b>Demographics</b>					
	EnrollmentStatusID	The client’s vital enrollment status at the end of the reporting period.	CM, OA	1 per client	<b>EnrollmentStatusID:</b> <ul style="list-style-type: none"> <li>• Active,</li> <li>• Deceased</li> <li>• Unknown</li> </ul>
	BirthYear	Client’s year of birth.  This value should be on or before all service date years for the client.	All (including C&T)	1 per client	<b>BirthYear:</b> yyyy
	<del>EthnicityID</del>	<del>Client’s ethnicity.</del>	<del>All (including C&amp;T)</del>	<del>1 per client</del>	<del><b>EthnicityID: - Combined with RaceID</b>  <ul style="list-style-type: none"> <li>• Hispanic/Latino/a, or Spanish origin</li> <li>• Non-Hispanic/Latino(a), or Spanish origin</li> </ul> </del>
	RaceID/ <del>EthnicityID</del>	Client’s race <u>and/or</u> <del>Ethnicity</del> .	All (including C&T)	1-5 per client	<b>RaceID:</b> <ul style="list-style-type: none"> <li>• White</li> <li>• Black or African American</li> <li>• Hispanic or Latino - Add</li> <li>• Middle Eastern or North Africa - Add</li> <li>• Asian</li> <li>• Native Hawaiian/Pacific Islander</li> <li>• American Indian or Alaska Native</li> </ul>
	GenderID	Client’s current gender identity. This is the variable	All (including C&T)	1 per client	<b>GenderID:</b> <ul style="list-style-type: none"> <li>• Male</li> </ul>

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
		that is used for the eUCI.			<ul style="list-style-type: none"> <li>Female</li> <li>Transgender</li> <li>Unknown</li> </ul>
	Transgender	Client's current transgender status.	All (including C&T)	To be completed only if the response is "Transgender" in Item #6	<ul style="list-style-type: none"> <li>Male-to-Female</li> <li>Female-to-Male</li> <li>Unknown</li> </ul>
	PovertyLevelID	Client's percent of the Federal poverty level at the end of the reporting period.	CM, OA	1 per client	<b>PovertyLevelID:</b> <ul style="list-style-type: none"> <li>Below 100% of the Federal poverty level</li> <li>100 -138% of the Federal poverty level</li> <li>139 - 200% of the Federal poverty level</li> <li>201 – 250% of the Federal poverty level</li> <li>250 – 400% of the Federal poverty level</li> <li>401 – 500% of the Federal poverty level</li> <li>More than 500% of the Federal poverty level</li> </ul>
	HousingStatusID	Client's housing status at the end of the reporting period.	CM, OA or Housing services	1 per client	<b>HousingStatusID:</b> <ul style="list-style-type: none"> <li>Stable/permanent</li> <li>Temporary</li> <li>Unstable</li> </ul>
	HivAidsStatusID	Client's HIV/AIDS status at the end of the reporting period. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank.	CM, OA	1 per client	<b>HivAidsStatusID:</b> <ul style="list-style-type: none"> <li>HIV negative</li> <li>HIV +, not AIDS</li> <li>HIV-positive, AIDS status unknown</li> <li>CDC-defined AIDS</li> <li>HIV indeterminate (infants &lt;2 only)</li> </ul>
14	HivRiskFactorID	Client's HIV/AIDS risk factor. <i>Report all that apply.</i>	CM, OA (including C&T)	1-7 per client	<b>HivRiskFactorID:</b> <ul style="list-style-type: none"> <li>Male to Male Sexual Contact (MSM)</li> <li>Injection drug use (IDU)</li> <li>Hemophilia/coagulation disorder</li> <li>Heterosexual contact</li> <li>Receipt of blood transfusion, blood components, or tissue</li> <li>Perinatal transmission</li> </ul>

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
					<ul style="list-style-type: none"> <li>• Risk factor not reported or not identified</li> </ul>
15	MedicalInsuranceID Health Coverage – modify	Client’s medical insurance. <i>Report all that apply.</i>	CM, OA, HI – ALL Core Services including C&T)	1-8 per client	<b>MedicalInsuranceID:</b> <ul style="list-style-type: none"> <li>• Private – Employer</li> <li>• Private - Individual</li> <li>• Medicare</li> <li>• <u>Medicare Advantage - Add</u></li> <li>• Medicaid, CHIP or other public plan</li> <li>• VA, Tricare and other military health care</li> <li>• IHS</li> <li>• No Insurance/ uninsured</li> <li>• Other plan</li> </ul>

## Client-Level Data – Core Medical Service Visits

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
<b>Core Medical Service Visits</b>					
16-25*	ClientReportServiceVisits ServiceID Visits	The number of visits received for each core medical service during the reporting period.	All At least one core or support entry per client	1-number of visits per service per client	<b>Item ID:</b> Core Medical Services: ID 16: Outpatient ambulatory health services ID 17: Oral health care ID 18: Early intervention services (Parts A and B) ID 19: Home health care ID 20: Home and community-based health services ID 21: Hospice services ID 22: Mental health services ID 23: Medical nutrition therapy ID 24: Medical case Management (including treatment adherence) ID 25: Substance abuse services-outpatient  <b>Visits:</b> 1-365 (must be an integer)
26-45*	ClientReportService-Delivered ServiceID DeliveredID	The service and service delivered indicator (yes) for each core medical or support service received by the client during the reporting period.	All At least one core or support entry per client	0-1 per service per client	Core Medical Services: <b>Item ID:</b> ID 26: Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 27: Health Insurance Program(HIP)  Support Services: <b>Item ID:</b> ID 28: Case management (non-medical) services ID 29: Child care services ID 30: Developmental assessment/early intervention services ID 31: Emergency financial assistance ID 32: Food bank/home-delivered meals ID 33: Health education/risk reduction ID 34: Housing services

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
					ID 35: Legal services ID 36: Linguistic services ID 37: Transportation services ID 38: Outreach services ID 39: Permanency planning ID 40: Psychosocial support services ID 41: Referral for health care/supportive services ID 42: Rehabilitation services ID 43: Respite care ID 44: Substance abuse services-residential ID 45: Treatment adherence counseling  <b>DeliveredID:</b> Yes/No - # of services delivered

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



## Client-Level Data – Clinical Information

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
<b>Clinical Information</b>					
47	FirstAmbulatoryCareDate	Date of client’s first HIV ambulatory health services date at this provider agency.  This value must be on or before the last date of the reporting period.	OA	0-1 per client	<b>FirstAmbulatoryServicesVisitDate:</b> mm,dd,yyyy
48	ClientReportAmbulatory-Service ServiceDate	All the dates of the client’s outpatient ambulatory health services visits in this provider’s HIV care setting with a clinical care provider during this reporting period.  The service dates must be within the reporting period.	OA	0-number of days in reporting period per client	<b>ServiceDate:</b> mm,dd,yyyy Must be within the reporting period start and end dates.
49	ClientReportCd4Test Count ServiceDate	Values indicating all CD4 counts and their dates for this client during this report period.  The service dates must be within the reporting period.	OA	0-number of days in reporting period per client	<b>Count:</b> Integer  <b>ServiceDate:</b> mm,dd,yyyy Must be within the reporting period start and end dates.
50	ClientReportViralLoadTest Count ServiceDate	All Viral Load counts and their dates for this client during this report period	OA	1-number of days in reporting period	<b>Count:</b> Integer Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0.

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

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

**Client Level Data**

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