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

- **ID 15)** MedicalInsuranceID Health Coverage –M**odify to** - 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.

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

    ☐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
Demographics					
	VitalStatusID	The client's vital status at the end of the reporting period.	CM, OA, NMCM, EHE	1 per client	VitalStatusID: • Active, • Deceased • Unknown
	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	**BirthYear:** yyyy
					•
	PovertyLevelPercent	Client's percent of the Federal poverty level at the end of the reporting period.	CM, OA, NMCM, EHE	1 per client	**PovertyLevelPercent:** • ####
	HousingStatusID	Client's housing status at the end of the reporting period.	CM, OA or Housing services, NMCM, EHE	1 per client	**HousingStatusID:** • Stable/permanent • Temporary • Unstable
	HivAidsStatusID	Client's HIV/AIDS status	CM, OA, NMCM,	1 per client	**HivAidsStatusID:**

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
		at the end of the reporting period. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank.	EHE		• HIV negative • HIV-positive, not AIDS • HIV-positive, AIDS status unknown • CDC-defined AIDS • HIV indeterminate (infants <2 only)
14	HivRiskFactorID	Client's HIV/AIDS risk factor. *Report **all** that apply*.	CM, OA, NMCM, EHE	1-7 per client	**HivRiskFactorID:** • Male to Male Sexual Contact (MSM) • Injection drug use (IDU) • Hemophilia/coagulation disorder • Heterosexual contact • Receipt of blood transfusion, blood components, or tissue • Perinatal transmission • Risk factor not reported or not identified
15	HealthCoverageID	Client's medical insurance. *Report **all** that apply.*	All core medical services, NMCM, EHE	1-8 per client	**HealthCoverageID:** • Private – Employer • Private - Individual • Medicare • Medicare Advantage - Add • Medicaid, CHIP or other public plan • VA, Tricare and other military health care • IHS • No Insurance/ uninsured • Other plan

Client-Level Data – Core Medical Service Visits

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
Core Medical Service Visits					
16-25*	ClientReportServiceVisits ServiceVisit ServiceID Visits	The number of visits received for each core medical or support service during the reporting period.	All Core Medical except APA and HIPCSA, all Support Services, EHE	1-number of visits per service per client	**ServiceID:** Core Medical Services: ID 16: Outpatient ambulatory health services ID 18: Oral health care ID 19: Early intervention services ID 21: Home health care ID 22: Home and community-based health services ID 23: Hospice ID 24: Mental health services ID 25: Medical nutrition therapy ID 26: Medical case Management (including treatment adherence) ID 27: Substance abuse outpatient care Support Services: ID 28: Non-medical case management services ID 29: Child care services ID 31: Emergency financial assistance ID 32: Food bank/home-delivered meals ID 33: Health education/risk reduction ID 34: Housing ID 36: Linguistic services ID 37: Medical Transportation ID 38: Outreach services 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 75: Other Professional Services

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
					EHE Initiative Services: ID 78: Ending the HIV Epidemic initiative services **Visits:** 1-365 (must be an integer)
26-45*	ClientReportService-Delivered ServiceDelivered ServiceID DeliveredID	Indicator of whether a client received certain core medical services.	APA, HIPCSA	0-1 per service per client	**ServiceID:** ID 17: AIDS Pharmaceutical Assistance (LPAP, CPAP) ID 20: Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals **DeliveredID:** 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**
			Clinical Information		
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	**FirstAmbulatoryCareDate:** 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	**ServiceDate:** 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	**Count:** Integer **ServiceDate:** mm/dd/yyyy Must be within the reporting period start and end dates.
50	ClientReportViralLoadTest Count	All Viral Load counts and their dates for this client during this report period	OA	1-number of days in reporting period	**Count:** Integer Report undetectable values as the lower bound

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
Clinical Information					
	ServiceDate				of the test limit. If the lower bound is not available, report 0. **ServiceDate:** mm/dd/yyyy Must be within the reporting period start and end dates.
52	PrescribedArtID	Value indicating whether the client was prescribed ART at any time during this reporting period.	OA	1 per client	**PrescribedArtID:** • Yes • No
11	HousingStatusDateID	Value indicating date when housing status is collected. The service date must be within the reporting period.	OA, CM, NMCM, Housing, or EHE	1 per client	**HousingStatusDateID:** mm/dd/yyyy Must be within the reporting period start and end dates.
55	ScreenedSyphilisID	Has the client been screened for syphilis during this reporting period?	OA	1-per client	ScreenedSyphilisID • No • Yes • Not medically indicated
64	PregnantID	Value indicating whether the client was pregnant during this reporting period. **This should be completed for HIV+ women only.**	OA if the client is an HIV+ female	0-1 per client	**PregnantID:** • No • Yes • Not applicable

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
New Variables					
Demographics					
68	HispanicSubgroupID	If EthnicityID = Hispanic/Latino(a), Client's Hispanic Sub-group (choose all that apply)	All (included C&T)	0-4 per client	• Mexican, Mexican American, Chicano/a • Puerto Rican • Cuban • Another Hispanic, Latino/a or Spanish origin
69	AsianSubgroupID	If RaceID = Asian, Client's Asian subgroup. (choose all that apply)	All (included C&T)	0-7 per client	• Asian Indian • Chinese • Filipino • Japanese • Korean • Vietnamese • Other Asian
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	• Native Hawaiian • Guamanian or Chamorro • Samoan • Other Pacific Islander
72	HIVDiagnosisYear	Year of client's HIV diagnosis, if known. To be completed for a new client when the response is **not** "HIV-negative" or HIV indeterminate" in 12. This value must be on or before the last date of the reporting period.	CM, OA, NMCM, EHE For a new client, if the response is **not** "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
HIV Counseling and Testing					
73	HIVPosTestDateID	Date of client's confidential	OA (for clients	0-1 per client	HIVPosTestDateID:

		Client Level Data				
ID	Variable Name	Definition	Required		Occurrences	Allowed Values
		New Variables				
		confirmatory HIV test with a positive result within the reporting period.	with new HIV diagnosis in the reporting period)			mm/dd/yyyy Must be within the reporting period.
74	OAHSLinkDateID	Date of client's first OAHS 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.	OA (for clients with new HIV diagnosis in the reporting period)		0-1 per client	OAHSLinkDateID: mm/dd/yyyy Must be within the reporting period and on the same day or later than HIV positive test date.
76	NewClient	Indicate whether the client is new to the service provider. Only required for EHE initiative funded providers.	All Core Medical, all Support Services, EHE		0-1 per client	• Yes • No
77	Received Service Previous Year	Indicate whether the client received one service in the previous year. Only required for EHE initiative funded providers.	OA, CM, NMCM, EHE		0-1 per client	• Yes • No