

RSR 2023 Provider forms

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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]

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

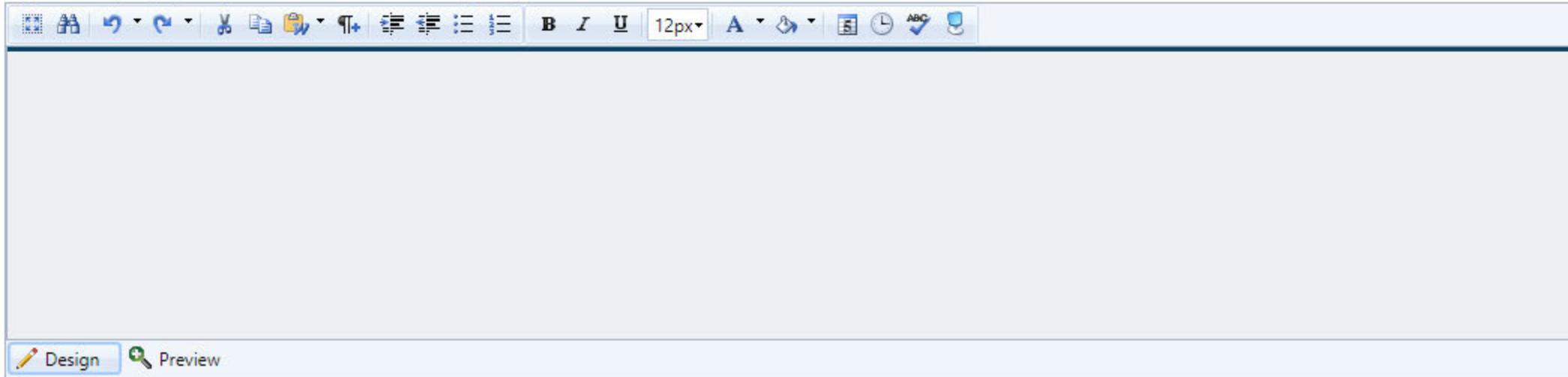
HAB Admin Tool - Add Service Delivery Sites

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

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

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	Final 2023 Clients by zip code (RSR), HFHS and HFHS CC (run on 03.04.24).csv	3/4/2024 10:46:35 AM	Processed with no errors	View Validation Report

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.

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- 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
+		Upload RSR_Export - 2024-03-04T110041.734.xml	3/4/2024 11:03:48 AM	3/4/2024 11:04:35 AM	71	Processed
+		Upload RSR_Export - 2024-03-04T105348.011.xml	3/4/2024 11:02:53 AM	3/4/2024 11:03:34 AM	1250	Processed

2 items in 1 pages