

Summary of 2014 Changes Ryan White Services Report

The following changes to the Ryan White Services Report (RSR) will apply to 2014 RSR reporting due Monday March 30th, **2015**. These changes do **not** apply to the 2013 RSR, due Monday March 31st, 2014.

Client demographics

Deletions/Modifications

- ID #1: First Service Date – Deleted
- ID #2: Enrollment status - Unknown deleted as a response option
- ID #3: Death Date – Deleted
- ID #5: Ethnicity - Unknown deleted as a response option
- ID #9: Poverty level – Response options were changed; unknown deleted as a response option
- ID #10: Housing status - Unknown deleted as a response option
- ID #11: Geographic Unit Code – Deleted
- ID #12: HIV/AIDS Status - Unknown deleted as a response option
- ID #13: AIDS Diagnosis Year – Deleted
- ID #14: HIV Risk Factor – Other deleted as a response option; Unknown changed to risk factor not reported or not identified
- ID #15: Health insurance coverage – Response options were changed; unknown deleted as a response option

Additions

- Hispanic/Latino(a) breakdown – If a client is reported as Hispanic/Latino, this additional information will now be required
- Asian breakdown – If a client is reported as Asian, this additional information will now be required
- Native Hawaiian/Pacific Islander breakdown – If a client is reported as Native Hawaiian/Pacific Islander, this additional information will now be required
- Sex at Birth - The biological sex assigned to the client at birth has been added

Note – Where Unknown is deleted, clients with no information will show as missing.

Services

Deletions/Modifications

- Field #16-25*: Core Medical Services – Quarter ID variable is being removed
 - Field #26-45*: Support Services – Quarter ID variable is being removed; Delivered ID response options of no and unknown deleted
- *Element ID#s are listed consecutively according to the RSR Data Dictionary; the 2014 RSR Instruction Manual is pending update.

Clinical Information

Deletions/Modifications

- ID #46: Risk Screening - Unknown deleted as a response option
- ID #50 Viral load test – The rules for reporting undetectable values have been changed. The undetectable flag and Id. for < have been removed. For an undetectable viral load, the lower bound of the test (if known) will be reported; otherwise 0 will be reported.
- Item #51 Prescribed PCP Prophylaxis - Unknown deleted as a response option
- Item #52 Prescribed HAART – No, not medically indicated and unknown deleted as response options
- Item #53 Screened TB during reporting period - deleted
- Item #54 Screened for TB since HIV diagnosis - now required for all clients for whom Clinical information is reported
- Item #55 Syphilis screening - Unknown deleted as a response option
- Item #56 Hepatitis B screening during reporting period – deleted
- Item #57 Screened for Hepatitis B since HIV diagnosis - now required for all clients for whom Clinical information is reported
- Item #58 Hepatitis B Vaccination - Unknown deleted as a response option
- Item #59 Hepatitis C screening during reporting period– deleted
- Item #60 Screened for Hepatitis C since HIV diagnosis - now required for all clients for whom Clinical information is reported
- Item #61 Substance Abuse Screening - Unknown deleted as a response option
- Item #62 Mental Health Screening - Unknown deleted as a response option
- Item #63 Cervical Pap Screening - Unknown deleted as a response option
- Item #64 Pregnancy Status - Unknown deleted as a response option
- Item #65 Prenatal Care – deleted
- Item #66 Prescribed ARV – deleted

HIV Counseling and Testing Section - To be reported for clients testing positive during the reporting period

Additions

- Date of first positive HIV test
- Date of OAMC visit after first positive HIV test

Note: HAB is not including primary language or disability status in 2014 RSR reporting

TABLE 3
Ryan White Services Report (RSR) Variables

RSR Client-Level Data – Demographics

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
Demographics					
	EnrollmentStatusID	The client's vital enrollment status at the end of the reporting period.	CM, OA	1 per client	EnrollmentStatusID: <ul style="list-style-type: none"> • Active, continuing in program • Referred to another program or services, or discharged because self-sufficient • Removed from treatment due to violation of rules • Incarcerated • Relocated • Deceased
	BirthYear	Client's year of birth. This value should be on or before all service date years for the client.	All (including #73 & #74)	1 per client	BirthYear: yyyy
	EthnicityID	Client's ethnicity.	All (including #73 & #74)	1 per client	EthnicityID: <ul style="list-style-type: none"> • Hispanic/Latino/a, or Spanish origin • Non-Hispanic/Latino(a), or Spanish origin
	RaceID	Client's race.	All (including #73 & #74)	1-5 per client	RaceID: <ul style="list-style-type: none"> • White • Black or African American • Asian • Native Hawaiian/Pacific Islander • American Indian or Alaska Native
	GenderID	Client's current gender identity. This is the variable that is used for the eUCI.	All (including #73 & #74)	1 per client	GenderID: <ul style="list-style-type: none"> • Male • Female • Transgender • Unknown

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
	Transgender	Client's current transgender status.	All (including #73 & #74)	To be completed only if the response is "Transgender" in Item #6	<ul style="list-style-type: none"> Male-to-Female Female-to-Male Unknown
	PovertyLevelID	Client's percent of the Federal poverty level at the end of the reporting period.	CM, OA	1 per client	PovertyLevelID: <ul style="list-style-type: none"> Below 100% of the Federal poverty level 100 -138% of the Federal poverty level 139 - 200% of the Federal poverty level 201 – 250% of the Federal poverty level 250 – 400% of the Federal poverty level 401 – 500% of the Federal poverty level More than 500% of the Federal poverty level
	HousingStatusID	Client's housing status at the end of the reporting period.	CM, OA or Housing services	1 per client	HousingStatusID: <ul style="list-style-type: none"> Stable/permanent Temporary Unstable
	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	HivAidsStatusID: <ul style="list-style-type: none"> HIV negative HIV +, 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 (including #73 & #74)	1-7 per client	HivRiskFactorID: <ul style="list-style-type: none"> Male who has sex with male(s) (MSM) Injecting drug use (IDU) Hemophilia/coagulation disorder Heterosexual contact Receipt of blood transfusion, blood components, or tissue

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
					<ul style="list-style-type: none"> • Mother w/at risk for HIV infection (perinatal transmission) • Risk factor not reported or not identified
15	MedicalInsuranceID	Client's medical insurance. Report all that apply.	CM, OA, HI – ALL Core Services including #73 & #74)	1-8 per client	MedicalInsuranceID: <ul style="list-style-type: none"> • Private – Employer • Private - Individual • Medicare • 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 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	<p>Item ID: 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</p> <p>Visits: 1-365 (must be an integer)</p>
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	<p>Core Medical Services: Item ID: ID 26: Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 27: Health Insurance Program(HIP)</p> <p>Support Services: Item ID: ID 28: Case management (non-medical) services ID 29: Child care services ID 30: Developmental assessment/early intervention services ID 31: Emergency financial assistance</p>

ID	Variable Name	Definition	Required	Occurrence	Allowed Values
					ID 32: Food bank/home-delivered meals ID 33: Health education/risk reduction ID 34: Housing services 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 DeliveredID: Yes

*Element ID#s are listed consecutively according to the RSR Data Dictionary; the 2014 RSR Instruction Manual is pending update. This will not change any coding for the creation of the XML file.

Client-Level Data – Clinical Information

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
Clinical Information					
46	RiskScreeningProvidedID	Value indicating whether the client received risk reduction screening/counseling during this reporting period.	OA	1 per client	RiskScreeningProvidedID: No Yes
47	FirstAmbulatoryCareDate	Date of client's first HIV ambulatory care 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 care 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.

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
Clinical Information					
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	<p>Count: Integer Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0.</p> <p>ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.</p>
51	PrescribedPcp-ProphylaxisID	Value indicating whether the client was prescribed PCP Prophylaxis anytime during this reporting period.	OA	1 per client	<p>PrescribedPcpProphylaxisID:</p> <ul style="list-style-type: none"> • No • Yes • Not medically indicated • No, client refused
52	PrescribedHaartID	Value indicating whether the client prescribed HAART at any time during this reporting period.	OA	1 per client	<p>PrescribedHaartID:</p> <ul style="list-style-type: none"> • Yes • No, not ready (as determined by clinician) • No, client refused • No, intolerance, side-effect, toxicity • No, HAART payment assistance unavailable • No, other reason
54	ScreenedTBSinceHiv-DiagnosisID	Value indicating whether the client has been screened for TB since his/her HIV diagnosis.	OA	0-1 per client	<p>ScreenedTBSinceHivDiagnosisID:</p> <ul style="list-style-type: none"> • No • Yes • Not medically indicated • Unknown
55	ScreenedSyphilisID	Value indicating whether the client was screened for syphilis during this reporting period (exclude all clients under the age of	OA if client is 18 years of age, or older	0-1 per client	<p>ScreenedSyphilisID:</p> <ul style="list-style-type: none"> • No • Yes • Not medically indicated

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
Clinical Information					
		18 who are not sexually active)			
57	ScreenedHepatitisBSinceHivDiagnosisID	Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis.	OA	0-1 per client	ScreenedHepatitisBSinceHiv-DiagnosisID: <ul style="list-style-type: none"> • No • Yes • Not medically indicated • Unknown
58	VaccinatedHepatitisBID	Value indicating whether the client has completed the vaccine series for Hepatitis B.	OA	1 per client	VaccinatedHepatitisBID: <ul style="list-style-type: none"> • No • Yes • Not medically indicated
60	ScreenedHepatitisCSinceHivDiagnosisID	Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis.	OA	0-1 per client	ScreenedHepatitisCSinceHiv-DiagnosisID: <ul style="list-style-type: none"> • No • Yes • Not medically indicated • Unknown
61	ScreenedSubstance-AbuseID	Value indicating whether the client was screened for substance use (alcohol and drugs) during this reporting period.	OA	1 per client	ScreenedSubstanceAbuseID: <ul style="list-style-type: none"> • No • Yes • Not medically indicated
62	ScreenedMentalHealthID	Value indicating whether the client was screened for mental health during this reporting period.	OA	1 per client	ScreenedMentalHealthID: <ul style="list-style-type: none"> • No • Yes • Not medically indicated
63	ReceivedCervical-PapSmearID	Value indicating whether the client received a Pap smear during the reporting period. This should be completed for HIV+ women only.	OA if the client is an HIV+ female	0-1 per client	ReceivedCervicalPapSmearID: <ul style="list-style-type: none"> • No • Yes • Not medically indicated • Not applicable
64	PregnantID	Value indicating whether the client was pregnant during this reporting period. This should be completed for HIV+ women	OA if the client is an HIV+ female	0-1 per client	PregnantID: <ul style="list-style-type: none"> • No • Yes

Client Level Data					
ID	Variable Name	Definition	Required	Occurrences	Allowed Values
Clinical Information					
		only.			<ul style="list-style-type: none"> 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 #73 & #74)	0-4 per client	<ul style="list-style-type: none"> • 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 #73 & #74)	0-7 per client	<ul style="list-style-type: none"> • 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 #73 & #74)	0-4 per client	<ul style="list-style-type: none"> • 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 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 #73 & #74)	1 per client	1 = Male 2 = Female
HIV Counseling and Testing (Part of Clinical Data at the client level)					

Client Level Data

ID	Variable Name	Definition	Required	Occurrences	Allowed Values
New Variables					
73	HIVPosTestDate	Date of client's confidential confirmatory HIV test with a positive result within the reporting period.	All #73 & #74 clients with confidential positive HIV confirmatory test during the reporting period	0-1 per client	HIV Positive Test Date: mm,dd,yyyy Must be within the reporting period.
74	OAMClinkDate	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.