

**Ryan White Services Report (RSR)
Data Dictionary
and
XML Schema Implementation Guide
for the
Client-Level Data Report**

**October 16, 2012
Version 2.5**

In support of

Health Resources and Services Administration
GSA ANSWER Task Order: 11L9N752036-01 Task 2

Submitted to:



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
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Release History

Version	Date	Description
1.1	26-FEB-2009	Removed text “Must be within the reporting period start and end dates” from the Allowed Values column for Item 47, FirstOutpatientAmbulatoryCareDate.
1.2	11-MAR-2009	Changed RiskScreeningProvidedID data type to match XML schema definition and Required Data Elements for Client Data document.
1.2	11-MAR-2009	Changed SV1 reporting period end date from 12/30/2009 to 12/31/2009
1.2	11-MAR-2009	Changed 65 2 = Third trimester to 2 = Second trimester
1.3	02-JUL-2009	Corrected the number of occurrences for ID2 – vital enrollment status. Changed the value “1-6” to “1”.
1.3	02-JUL-2009	Corrected the number of occurrences for ID5 – ethnicity. Changed the value “1-2” to “1”.
2.0	01-OCT-2009	Incremented service IDs by 1.
2.0	01-OCT-2009	Change “Aids” to “Hiv” in screening values.
2.0	01-OCT-2009	Indicated which fields are required based on which services the client received.
2.0	01-OCT-2009	Clarified that services that were not delivered do not need to be reported.

Version	Date	Description
2.1	13-OCT-2009	Clarified CD4 and viral load formats.
2.1	13-OCT-2009	Changed Items 58 and 59 required type from "Yes" to "OA".
2.3	09-JUN-2010	Added the definition for the XmlVersion element. Non-breaking change.
2.3	09-JUN-2010	Modified the definition for undetectable viral load counts. Non-breaking change.
2.3	09-JUN-2010	Deprecated the ReportPeriodID. This value shall no longer be required and will be ignored. Non-breaking change.
2.3	09-JUN-2010	Added validation text for FirstServiceDate indicating that it should be on or before all other reported service dates.
2.3	09-JUN-2010	Added validation text for DeathDate indicating that it should be on or after all other reported service dates.
2.3	09-JUN-2010	Added validation text for BirthYear indicating that it should be on or before all other reported service date years.
2.3	09-JUN-2010	Added validation text for the GeographicUnitCode indicating that the provider organization's geographic unit code should be used if the client's geographic unit code is not known.
2.3	09-JUN-2010	Added validation text for the AidsDiagnosisYear indicating that this value must be on or before the last date of the reporting period.
2.3	09-JUN-2010	Added validation text for the FirstAmbulatoryCareDate indicating that this value must be on or before the last date of the reporting period.
2.3	09-JUN-2010	Added validation text for ClientReportAmbulatoryService indicating that the ServiceDate values must be within the reporting period start and end dates.
2.3	09-JUN-2010	Added validation text for ClientReportCd4Test indicating that the ServiceDate values must be within the reporting period start and end dates.
2.4	22-JUN-2010	Updated restricted geographic unit codes for low-density population areas based on the 2010 U.S. Census.
2.5	20-SEP-2012	Updated definition for ScreenedTBSinceHivDiagnosisID to be required when ScreenedTBID is also reported as "unknown."
2.5	20-SEP-2012	Updated definition for ScreenedHepatitisBSinceHivDiagnosisID to be required when ScreenedHepatitisBID is also reported as "unknown."
2.5	20-SEP-2012	Updated definition for ScreenedHepatitisCSinceHivDiagnosisID to be required when ScreenedHepatitisCID is also reported as "unknown."
2.5	02-OCT-2012	Changed TechnicalContactName to TechnicalContactEmail for data element XV5.
2.5	02-OCT-2012	Changed required value from "All" to "No" for data element SV1.

Version	Date	Description
2.5	02-OCT-2012	Removed instructions for reporting default values for first service date. The first service date should not be reported if it is not known.
2.5	02-OCT-2012	Removed instructions for reporting default values for death date. The death date should not be reported if it is not known.
2.5	16-OCT-2012	Change "2 = Referred to another program or services, or self-sufficient" to "2 = Referred to another program or services, or discharged because self-sufficient" in EnrollmentStatusID.

Purpose

The purpose of the *RSR Client-Level Data Dictionary* is to provide structural and content information to grantees, providers and software vendors regarding the HAB Ryan White HIV/AIDS Services Reporting (RSR) System variables (i.e., data elements). The client-level data set is a de-identified collection of client-level information that does not contain any personally identifying information (PII).

Document Organization

Under major headings, each variable is assigned to a row with several structural components.

Major Heading: Denotes the broad category under which the variable is collected (e.g., Client Demographics).

ID: The value that identifies the variable in the *RSR Client-Level Data Report*. Each variable has been assigned a value for convenient referencing between this document and the *RSR Client-Level Data Fields* and *RSR Instructions* documents.

Variable Name: The descriptive name of the variable used to provide more information about what is being collected. This corresponds to the label for the variable in the *RSR Client-Level XML Schema Definitions*.

Definition: A brief description of the variable and, if applicable, the possible *value* options associated with the variable. Each *value* has an associated code, value description, and value definition. A snippet is included indicating the use of the element within the context of the Client-Level Data XML file.

Required: Required data elements are determined based on the type of service the client received. The required column values and their meanings are:

All – the element is required for all clients

CM – the element is required for clients receiving medical or non-medical case management services

HI – the element is required for clients receiving: oral health care; early intervention services (A and B); home health care; home and community-based health services; hospice services; mental health services; medical nutrition therapy; substance abuse services – outpatient; AIDS pharmaceutical assistance (local); or Health Insurance Program (HIP).

OA – the element is required for clients receiving outpatient/medical ambulatory care services

Occurrence: This column specifies the minimum and maximum number of times the element can appear in a client-level data XML file.

Allowed Values: This column specifies the type or list of values allowed for the data element.

Schema: This column contains a sample XML format for the data element.

Updates

This document will be revised as variables and value options are updated or when other global changes are made. The most up-to-date version of this document will be made available at <http://hab.hrsa.gov/manage/cld.htm> .

Other Resources

- *RSR Client Level Data Elements:* This document should be used in conjunction with the *RSR Client-Level Data Elements* document, which describes the rationale for collecting the client-level data elements. The *RSR Client-Level Data Elements* document is available at <http://hab.hrsa.gov/manage/cld.htm> .
- *RSR Instruction Manual:* The *RSR Instruction Manual* document contains detailed information needed for completing the RSR reports. This document may be cross-referenced with the section, Client-Level Data Fields, in the *RSR Instructions* document. The *RSR Instructions* document is available at <http://hab.hrsa.gov/manage/cld.htm> .
- *RSR XML Schema Definitions:* The RSR XML Schema Definition documents specify the content and structure for the XML client-level data XML file that shall be uploaded. These documents are available at <http://hab.hrsa.gov/manage/cld.htm> .

Additional Notes

- The ID column may be used to cross-reference the items in the data dictionary with the *Client Level Data Fields* and *RSR Instruction Manual (Client-Level Data Fields section)* documents. These documents are available for download at <http://hab.hrsa.gov/manage/cld.htm> .
- The CLD_ID is an internal reference that defines the relationship between client records within the client-level data XML file. Each record for the same client must have the same CLD_ID.

Technical Note: The process that imports the client records into the database, inserts the ClientReport records returning a unique identity (ClientReportID). This unique identity is then associated with CLD_ID attributes from the ClientReport.ClientUci and ClientReport* sub-elements (ClientReportRace, etc.). The CLD_ID must be a positive integer value, enclosed in quotes.

XML Version

XML Version Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
XML Version Variables							
XV1	schemaVersion	The RSR XML schema version currently supported.	All	1 per file	schemaVersion: Must be set to 3.0.0	<pre><XmlVersion> <schemaVersion> RSR schema version </schemaVersion> ... </XmlVersion></pre>	
XV2	originator	The name of your application that generates the RSR client-level data XML file.	All	1 per file	originator: This is the name of your application that generates the RSR client-level data XML file.	<pre><XmlVersion> ... <originator> Your application name </originator> ... </XmlVersion></pre>	
XV3	versionNumber	The version number of your application that generates the RSR client-level data file.	All	1 per file	versionNumber: This is the version number of your application that generates the RSR client-level data XML file.	<pre><XmlVersion> ... <versionNumber> Your application version </versionNumber> ... </XmlVersion></pre>	
XV4	TechnicalContactName	The technical contact name for your application that generates the RSR client-level data file.	All	1 per file	technicalContactName: This is the technical contact name for your application that generates the RSR client-level data XML file.	<pre><XmlVersion> ... <technicalContactName> Your name </technicalContactName> ... </XmlVersion></pre>	

XML Version Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
XML Version Variables							
XV5	technicalContactEmail	The technical contact's email address for your application that generates the RSR client-level data file.	All	1 per file	technicalContactEmail: This is the technical contact name for your application that generates the RSR client-level data XML file. The value must be a valid email address.	<XmlVersion> ... <technicalContactEmail> Your email </technicalContactEmail> ... </XmlVersion>	
XV6	technicalContactPhone	The technical contact's phone number for your application that generates the RSR client-level data file.	All	1 per file	technicalContactPhone: This is the technical contact's telephone number for your application that generates the RSR client-level data XML file. The format is 999,999,9999 [x999999], where the extension is optional, but there must be a space before the "x".	<XmlVersion> ... <technicalContactPhone> Your phone number </technicalContactPhone> </XmlVersion>	

Client-Level Data – System Variables

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
System Variables							
SV1	ReportPeriodID	The reporting period identifier.	No	0 per file	ReportPeriodID: 1 = 01/01/2009 – 06/30/2009 2009 Interim Report 2 = 01/01/2009 – 12/31/2009 2009 Annual Report 3 = 01/01/2010 – 12/31/2010 2010 Annual Report 4 = 01/01/2011 – 12/31/2011 2011 Annual Report This value has been deprecated and should not be included in the XML file. However, if it is	<ClientReport CLD_ID="1"/> <ReportPeriodID> 1-2 </ReportPeriodID> </ClientReport>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
System Variables							
					included, it will be ignored. Future releases may cause the XML file upload to fail if this value is included in the XML file.		
SV2	ProviderID	The unique provider organization identifier assigned through the RDR or RSR Web Application.	No unless it is a batch submittal	0-1 per file	<p>ProviderID: A system-assigned numeric value.</p> <p>This variable is not required when uploading the client-level data XML file through the RSR Web Application since the file is uploaded into the Provider Report and the provider ID is already known.</p> <p>However, this value can be provided in the XML file and will be cross-referenced with the provider ID associated with the Provider Report. If the values do not match, then the XML file upload will be rejected.</p>	<pre><ClientReport CLD_ID="1"/> <ProviderID>Integer</ProviderID> </ClientReport></pre>	
SV3	RegistrationCode	The unique provider registration code.	No	0-1 per file	<p>RegistrationCode: A system-assigned value.</p> <p>This variable is not required when uploading the client-level data XML file through the RSR Web Application since the file is uploaded into the Provider Report and registration code is already known.</p> <p>However, this value can be provided in the XML file and will be cross-referenced with registration code associated with the Provider Report. If the values do not match, then the XML file upload will be rejected.</p>	<pre><ClientReport CLD_ID="1"/> <RegistrationCode> Numeric string </RegistrationCode > </ClientReport></pre>	
SV4	ClientUci	The encrypted, unique client identifier generated	All	1 per client	<p>ClientUci: 40-character upper-case, hexadecimal string plus</p>	<pre><ClientReport CLD_ID="1"/> <ClientUci></pre>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
System Variables							
		by the HAB UCI generation utilities.			a single character in the range A-Z.	(0-9 A-F)*40 + (A-Z)*1, length 41 </ClientUci > </ClientReport>	

Client-Level Data - Demographics

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Client Demographics							
1	FirstServiceDate	Date of client's first service visit at this provider's agency organization. This value should be on or before all other reported services for this client.	CM, OA	1 per client	FirstServiceDate: mm,dd,yyyy Must be less than or equal to the current date.	<ClientReport CLD_ID="1"/> <FirstServiceDate> mm,dd,yyyy </FirstServiceDate> </ClientReport>	
2	EnrollmentStatusID	The client's vital enrollment status at the end of the reporting period.	CM, OA	1 per client	EnrollmentStatusID: 1 = Active, continuing in program 2 = Referred to another program or services, or discharged because self-sufficient 3 = Removed from treatment due to violation of rules 4 = Incarcerated 5 = Relocated 6 = Deceased 7 = Unknown	<ClientReport CLD_ID="1"/> <EnrollmentStatusID> 1-7 </EnrollmentStatusID> </ClientReport>	
3	DeathDate	Date of client's death; should be completed if response is	CM, OA	0-1 per	DeathDate:	<ClientReport CLD_ID="1"/>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Client Demographics							
		<p>"Deceased" in ID 2.</p> <p>This date should be on or after all services reported for this client.</p>		client	mm,dd,yyyy Must be less than or equal to the current date.	<DeathDate>mm,dd,yyyy</DeathDate> </ClientReport>	
4	BirthYear	<p>Client's year of birth.</p> <p>This value should be on or before all service date years for the client.</p>	All	1 per client	BirthYear: yyyy Must be less than the current date.	<ClientReport CLD_ID="1"/> <BirthYear>yyyy</BirthYear> </ClientReport>	
5	EthnicityID	Client's ethnicity.	All	1 per client	EthnicityID: 1 = Hispanic/Latino 2 = Non-Hispanic/Latino 3 = Unknown	<ClientReport CLD_ID="1"/> <EthnicityID>1-3</EthnicityID> </ClientReport>	
6	RaceID	Client's race.	All	1-5 per client	RaceID: 1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian/Pacific Islander 5 = American Indian or Alaska Native 6 = Unknown	<p>Within the following schema section, multiple RaceIDs may be reported</p> <p><ClientReportRace CLD_ID="1"> <RaceID>1-6</RaceID> ... <RaceID>1-6</RaceID> </ClientReportRace></p>	
7	GenderID	Client's current gender.	All	1 per client	GenderID: 1 = Male 2 = Female 3 = Transgender 4 = Unknown	<ClientReport CLD_ID="1"/> <GenderID>1-4</GenderID> </ClientReport>	
8	TransgenderID	Client's current transgender. To be completed only if the response is "Transgender" in Q7.	All if GenderID is "Transgender"	0-1 per client	TransgenderID: 1 = Male to Female 2 = Female to Male 3 = Unknown	<ClientReport CLD_ID="1"/> <TransgenderID>1-3</TransgenderID> </ClientReport>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Client Demographics							
9	PovertyLevelID	Client's percent of the Federal poverty level at the end of the reporting period.	CM, OA	1 per client	PovertyLevelID: 1 = Equal to or below the Federal poverty level 2 = 101-200% of the Federal poverty level 3 = 201-300% of the Federal poverty level 4 = More than 300% of the Federal poverty level 5 = Unknown	<ClientReport CLD_ID="1"/> <PovertyLevelID>1-5</PovertyLevelID> </ClientReport>	
10	HousingStatusID	Client's housing status at the end of the reporting period.	CM, OA or Housing services	1 per client	HousingStatusID: 1 = Stable/permanent 2 = Temporary 3 = Unstable 4 = Unknown	<ClientReport CLD_ID="1"/> <HousingStatusID>1-4</HousingStatusID> </ClientReport>	
11	GeographicUnitCode	Client's geographic unit code at the end of the reporting period. Provide the first three digits of the client's ZIP code. If the client's ZIP code begins with the following three digits: 036, 059, 102, 202, 203, 204, 205, 369, 556, 692, 753, 772, 821, 823, 878, 879, 884, or 893; then report "000". If the client's geographic unit code is not known, please enter the geographic unit code of the provider organization.	CM, OA	1 per client	GeographicUnitCode: 3 numeric characters – must be a valid geographic unit code or "000". The import process will replace any low-density geographic unit codes with "000". If the geographic unit code is unknown, enter the geographic unit code of	<ClientReport CLD_ID="1"/> <GeographicUnitCode>### or 000</GeographicUnitCode> </ClientReport> Where ### is a valid geographic unit code as listed in GeographicUnitCodeLkup definition found in the RsrGenericSchemaLookup.xsd XML schema definition file.	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Client Demographics							
					the provider site.		
12	HivAidsStatusID	Client's HIV/AIDS status at the end of the reporting period.	CM, OA	1 per client	HivAidsStatusID: 1 = HIV negative 2 = HIV +, not AIDS 3 = HIV-positive, AIDS status unknown 4 = CDC-defined AIDS 5 = HIV indeterminate (infants only) 6 = Unknown	<ClientReport CLD_ID="1"/> <HivAidsStatusID>1-6</HivAidsStatusID> </ClientReport>	
13	AidsDiagnosisYear	Year of clients AIDS diagnosis, if known. To be completed when the response is "CDC-defined AIDS" in 12. This value must be on or before the last date of the reporting period.	CM, OA if the response is "CDC-defined AIDS" for ID 12	0-1 per client	AidsDiagnosisYear: yyyy Must be less than or equal to the reporting period year.	<ClientReport CLD_ID="1"/> <AidsDiagnosisYear> yyyy </AidsDiagnosisYear> </ClientReport>	
14	HivRiskFactorID	Client's HIV/AIDS risk factor. <i>Report all that apply.</i>	CM, OA	1-7 per client	HivRiskFactorID: 1 = Male who has sex with male(s) (MSM) 2 = Injecting drug use (IDU) 3 = Hemophilia/coagulation disorder 4 = Heterosexual contact 5 = Receipt of blood transfusion, blood components, or tissue 6 = Mother w/at risk for HIV infection	Within the following schema section, multiple HivRiskFactorIDs may be reported <ClientReportHivRiskFactor CLD_ID="1"> <HivRiskFactorID>1-8</HivRiskFactorID> ... <HivRiskFactorID>1-8</HivRiskFactorID> </ClientReportHivRiskFactor>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Client Demographics							
					(perinatal transmission) 7 = Other 8 = Unknown		
15	MedicalInsuranceID	Client's medical insurance. <i>Report all that apply.</i>	CM, OA, HI	1-6 per client	MedicalInsuranceID: 1 = Private 2 = Medicare 3 = Medicaid 4 = Other Public 5 = No Insurance 6 = Other 7 = Unknown	Within the following schema section, multiple MedicalInsuranceIDs may be reported. Where multiple MedicalInsuranceIDs are reported, multiple sets of corresponding tags should appear (one for each ID) <ClientReportMedicalInsurance CLD_ID="1"> <MedicalInsuranceID> 1-7 </MedicalInsuranceID> ... <MedicalInsuranceID> 1-7 </MedicalInsuranceID> </ClientReportMedicalInsurance CLD_ID="1">	

Client-Level Data – Core Medical Service Visits

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Core Medical Service Visits							
16-25	ClientReportServiceVisits QuarterID ServiceID	The quarter and number of visits received in the	All At least one core or	1-number of days in quarter per service per client	QuarterID: 1 = Quarter 1 2 = Quarter 2	When reporting multiple services or quarters, repeat the entire ClientReportService element. In other	

Client Level Data

ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Core Medical Service Visits							
	Visits	quarter for each core medical service.	support entry per client		3 = Quarter 3 4 = Quarter 4 Item ID: ServiceID: Core Medical Services: ID 16: 8 = Outpatient ambulatory health services ID 17: 10 = Oral health care ID 18: 11 = Early intervention services (Parts A and B) ID 19: 13 = Home health care ID 20: 14 = Home and community-based health services ID 21: 15 = Hospice services ID 22: 16 = Mental health services ID 23: 17 = Medical nutrition therapy ID 24: 18 = Medical case Management (including treatment adherence) ID 25: 19 = Substance abuse services-outpatient Visits: 1-99 (must be an integer)	words, only one QuarterID, ServiceID, and Visits element may appear within a single occurrence of the ClientReportService element. <ClientReportServiceVisits CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>8,10,11,13-19</ServiceID> <Visits> 1-number of days in quarter </Visits> </ClientReportServiceVisits> ... <ClientReportServiceVisits CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>1,3,4,6-11</ServiceID> <Visits> 0-number of days in quarter </Visits> </ClientReportServiceVisits> <i>You only need to report services with actual visits. Do not report services without visits.</i>	

Client-Level Data – Core Medical and Support Services Delivered

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Core Medical and Support Services Delivered							
26-45	ClientReportService-Delivered QuarterID ServiceID DeliveredID	The service, quarter, and service delivered indicator (yes/no/unknown) for each core medical or support service received by the client during each quarter of the reporting period.	All At least one core or support entry per client	0-1 per service per client	QuarterID: 1 = Quarter 1 2 = Quarter 2 3 = Quarter 3 4 = Quarter 4 Core Medical Services: Item ID: ServiceID: ID 26: 9 = Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 27: 12 = Health Insurance Program(HIP) Support Services: Item ID: ServiceID: ID 28: 20 = Case management (non-medical) services ID 29: 21 = Child care services ID 30: 22 = Developmental assessment/early intervention services ID 31: 23 = Emergency financial assistance ID 32: 24 = Food bank/home-delivered meals ID 33: 25 = Health education/risk reduction ID 34: 26 = Housing services	When reporting multiple services or quarters, repeat the entire ClientReportService element. In other words, only one QuarterID, ServiceID, and YesNoLkup element may appear within a single occurrence of the ClientReportService element. <pre><ClientReportServiceDelivered CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>9,12,20-7</ServiceID> <DeliveredID>1-3</DeliveredID> </ClientReportServiceDelivered> ... <ClientReportServiceDelivered CLD_ID="1"> <QuarterID>1-4</QuarterID> <ServiceID>9,12,20-7</ServiceID> <DeliveredID>1-3</DeliveredID> </ClientReportServiceDelivered></pre>	<i>You only need to report services that were actually delivered. Do not report services that were not delivered or that you don't know if they were delivered.</i>

Client Level Data							
ID	Variable Name	Definition	Required	Occurrence	Allowed Values	Schema	Notes
Core Medical and Support Services Delivered							
					ID 35: 27 = Legal services ID 36: 28 = Linguistic services ID 37: 29 = Transportation services ID 38: 30 = Outreach services ID 39: 31 = Permanency planning ID 40: 32 = Psychosocial support services ID 41: 33 = Referral for health care/supportive services ID 42: 34 = Rehabilitation services ID 43: 35 = Respite care ID 44: 36 = Substance abuse services-residential ID 45: 37 = Treatment adherence counseling DeliveredID: 1 = No 2 = Yes 3 = Unknown		

Client-Level Data – Clinical Information

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							
46	RiskScreeningProvidedID	Value indicating whether the client received risk reduction screening/counseling during this reporting period.	OA	1 per client	RiskScreeningProvidedID: 1 = No 2 = Yes 3 = Unknown	<ClientReport CLD_ID="1"/> <RiskScreeningProvidedID> 0-2 </RiskScreeningProvidedID> </ClientReport>	
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	<ClientReport CLD_ID="1"/> <FirstAmbulatoryCareDate> mm,dd,yyyy </FirstAmbulatoryCareDate> </ClientReport>	
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.	Within the schema section below, multiple subsections for Service Date may appear [one for each date] <ClientReportAmbulatoryService CLD_ID="1"> <ServiceDate>mm,dd,yyyy</ServiceDate> > <ServiceDate>mm,dd,yyyy</ServiceDate> > </ClientReportAmbulatoryService>	
49	ClientReportCd4Test	Values indicating	OA	0-number of days in	Count:	When reporting multiple CD4 tests, repeat	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							
	Count ServiceDate	all CD4 counts and their dates for this client during this report period. The service dates must be within the reporting period.		reporting period per client	Integer ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.	the entire ClientReportCd4Test element. In other words, only one Count and ServiceDate element may appear within a single occurrence of the ClientReportCd4Test element. . <ClientReportCd4Test CLD_ID="1"> <Count>Integer</Count> <ServiceDate> mm,dd,yyyy </ServiceDate> </ClientReportCd4Test> ... <ClientReportCd4Test CLD_ID="1"> <Count>Integer</Count> <ServiceDate> mm,dd,yyyy </ServiceDate> </ClientReportCd4Test>	
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	Count: Integer Report undetectable values as "<test limit". Please note that the less than symbol "<" must be specified in the XML file as "<" or, alternatively add an optional "IsDetectable" attribute to the Count element and set the value to "0" or "false". The default value for "IsDetectable" is "true". Examples: <Count	When reporting multiple viral load tests, repeat the entire ClientReportViralLoadTest element. In other words, only one Count and ServiceDate element may appear within a single occurrence of the ClientReportViralLoadTest element. <ClientReportViralLoadTest CLD_ID="1"> <Count>Integer</Count> <ServiceDate> mm,dd,yyyy </ServiceDate> </ClientReportViralLoadTest>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							
					IsDetectable="0">320</Count> <Count><320</Count> <Count>50000</Count> Convert values, such as, 0.12345 x 1000 to 1234. ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.		
51	PrescribedPcp-ProphylaxisID	Value indicating whether the client was prescribed PCP Prophylaxis anytime during this reporting period.	OA	1 per client	PrescribedPcpProphylaxisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = No, client refused 5 = Unknown	<ClientReport CLD_ID="1"/> <PrescribedPcpProphylaxisID 1-5 </ PrescribedPcpProphylaxisID > </ClientReport>	
52	PrescribedHaartID	Value indicating whether the client prescribed HAART at any time during this reporting period.	OA	1 per client	PrescribedHaartID: 1 = Yes 2 = No, not medically indicated 3 = No, not ready (as determined by clinician) 4 = No, client refused 5 = No, intolerance, side-effect, toxicity 6 = No, HAART payment assistance unavailable 7 = No, other reason 8 = Unknown	<ClientReport CLD_ID="1"/> <PrescribedHaartID> 1-8</ PrescribedHaartID > </ClientReport>	
53	ScreenedTBID	Value indicating whether the client	OA	1 per client	ScreenedTBID: 1 = No	<ClientReport CLD_ID="1"/> <ScreenedTBID>1-4</ScreenedTBID>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							
		was screened for TB during this reporting period.			2 = Yes 3 = Not medically indicated 4 = Unknown	</ClientReport>	
54	ScreenedTBSinceHiv-DiagnosisID	Value indicating whether the client has been screened for TB since his/her HIV diagnosis. This is to be completed only if response is “no”, “not medically indicated”, or “unknown” in Q53.	OA if response is “no”, “not medically indicated”, or “unknown” in ID 53	0-1 per client	ScreenedTBSinceHivDiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedTBSinceHivDiagnosisID> 1-4 </ScreenedTBSinceHivDiagnosisID> </ClientReport>	
55	ScreenedSyphilisID	Value indicating whether the client was screened for syphilis during this reporting period (exclude all clients under the age of 18 who are not sexually active)	OA if client is 18 years of age, or older	0-1 per client	ScreenedSyphilisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedSyphilisID> 1-4 </ScreenedSyphilisID> </ClientReport>	
56	ScreenedHepatitisBID	Value indicating whether the client was screened for Hepatitis B during this reporting period.	OA	1 per client	ScreenedHepatitisBID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedHepatitisBID> 1-4 </ScreenedHepatitisBID> </ClientReport>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							
57	ScreenedHepatitisBSinceHivDiagnosisID	Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis. To be completed only if the response is “no”, “not medically indicated”, or “unknown” in Q56.	OA if the response is “no”, “not medically indicated”, or “unknown” in ID 56	0-1 per client	ScreenedHepatitisBSinceHiv-DiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedHepatitisBSinceHivDiagnosisID> 1-4 </ScreenedHepatitisBSinceHivDiagnosisID> </ClientReport>	
58	VaccinatedHepatitisBID	Value indicating whether the client has completed the vaccine series for Hepatitis B.	OA	1 per client	VaccinatedHepatitisBID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <VaccinatedHepatitisBID> 1-4 </VaccinatedHepatitisBID> </ClientReport>	
59	ScreenedHepatitisCID	Value indicating whether the client was screened for Hepatitis C during this reporting period.	OA	1 per client	ScreenedHepatitisCID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedHepatitisCID> 1-4 </ScreenedHepatitisCID> </ClientReport>	
60	ScreenedHepatitisCSinceHivDiagnosisID	Value indicating whether the client has been screened for Hepatitis C since his/her HIV	OA if the response is “no”, “not medically indicated”, or “unknown” in	0-1 per client	ScreenedHepatitisCSinceHiv-DiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedHepatitisCSinceHivDiagnosisID> 1-4 </ScreenedHepatitisCSinceHivDiagnosisID>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							
		diagnosis. To be completed only if the response is "no", "not medically indicated", or "unknown" in Q59.	ID 59			</ClientReport>	
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: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedSubstanceAbuseID> 1-4 </ScreenedSubstanceAbuseID> </ClientReport>	
62	ScreenedMentalHealthID	Value indicating whether the client was screened for mental health during this reporting period.	OA	1 per client	ScreenedMentalHealthID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown	<ClientReport CLD_ID="1"/> <ScreenedMentalHealthID> 1-4 </ScreenedMentalHealthID> </ClientReport>	
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: 1 = No 2 = Yes 3 = Not medically indicated 4 = Not applicable 5 = Unknown	<ClientReport CLD_ID="1"/> <ReceivedCervicalPapSmearID> 1-5 </ReceivedCervicalPapSmearID> </ClientReport>	
64	PregnantID	Value indicating whether the client was pregnant	OA if the client is an HIV+	0-1 per client	PregnantID: 1 = No 2 = Yes	<ClientReport CLD_ID="1"/> <PregnantID>1-4</PregnantID> </ClientReport>	

Client Level Data							
ID	Variable Name	Definition	Required	Occurrences	Allowed Values	Schema	Notes
Clinical Information							
		during this reporting period. This should be completed for HIV+ women only.	female		3 = Not applicable 4 = Unknown		
65	PrenatalCareID	Value indicating when the client entered prenatal care. This is to be completed for HIV + women only, and only when the response is "yes" in Q64,	OA if the client is an HIV+ woman and the response is "yes" in ID 64	0-1 per client	PrenatalCareID: 1 = First trimester 2 = Second trimester 3 = Third trimester 4 = At time of delivery 5 = Not applicable 6 = Unknown	<ClientReport CLD_ID="1"/> <PrenatalCareID>1-6</PrenatalCareID> </ClientReport>	
66	PrescribedArvMedicationID	Value indicating whether the client was prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV. To be completed for HIV+ women only, and only when the response is "yes" to Q64.	OA if the client is an HIV+ female and the response is "yes" in Q64	0-1 per client	PrescribedArvMedicationID: 1 = No 2 = Yes 3 = Not applicable 4 = Unknown	<ClientReport CLD_ID="1"/> <PrescribedArvMedicationID> 1-4 </ PrescribedArvMedicationID > </ClientReport>	