

Ryan White Services Report (RSR) Web Application

Data Dictionary and XML Schema Implementation Guide Version 3.5

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Submitted to:



Health Resources and Services Administration
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Document Version History

Version	Date	Author	Description
1.1	2/26/2009	Leidos	Removed text "Must be within the reporting period start and end dates" from the Allowed Values column for Item 47, FirstOutpatientAmbulatoryCareDate.
1.2	3/11/2009	Leidos	The following updates were addressed in this version: <ul style="list-style-type: none"> • Changed RiskScreeningProvidedID data type to match XML schema definition and Required Data Elements for Client Data document. • Changed SV1 reporting period end date from 12/30/2009 to 12/31/2009 • Changed 65 2 = Third trimester to 2 = Second trimester
1.3	7/2/2009	Leidos	The following updates were addressed in this version: <ul style="list-style-type: none"> • Corrected the number of occurrences for ID2 – vital enrollment status. Changed the value "1-6" to "1". • Corrected the number of occurrences for ID5 – ethnicity. Changed the value "1-2" to "1".
2.0	10/01/2009	Leidos	The following updates were addressed in this version: <ul style="list-style-type: none"> • Incremented service IDs by 1. • Change "Aids" to "Hiv" in screening values. • Indicated which fields are required based on which services the client received. • Clarified that services that were not delivered do not need to be reported.
2.1	10/13/2009	Leidos	The following updates were addressed in this version: <ul style="list-style-type: none"> • Clarified CD4 and viral load formats. • Changed Items 58 and 59 required type from "Yes" to "OA".
2.3	6/9/2010	Leidos	The following updates were addressed in this version: <ul style="list-style-type: none"> • Added the definition for the XmlVersion element. Non-breaking change. • Modified the definition for undetectable viral load counts. Non-breaking change. • Deprecated the ReportPeriodID. This value shall no longer be required and will be ignored. Non-breaking change. • Added validation text for FirstServiceDate indicating that it should be on or before all other reported service dates. • Added validation text for DeathDate indicating that it should be on or after all other reported service dates. • Added validation text for BirthYear indicating that it should be on or before all other reported service date years. • 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.

Version	Date	Author	Description
			<ul style="list-style-type: none"> Added validation text for the AidsDiagnosisYear indicating that this value must be on or before the last date of the reporting period. Added validation text for the FirstAmbulatoryCareDate indicating that this value must be on or before the last date of the reporting period. Added validation text for ClientReportAmbulatoryService indicating that the ServiceDate values must be within the reporting period start and end dates. Added validation text for ClientReportCd4Test indicating that the ServiceDate values must be within the reporting period start and end dates.
2.4	6/22/2010	Leidos	Updated restricted geographic unit codes for low-density population areas based on the 2010 U.S. Census.
2.5	9/20/2012	Leidos	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> Updated definition for ScreenedTBSinceHivDiagnosisID to be required when ScreenedTBID is also reported as "unknown." Updated definition for ScreenedHepatitisBSinceHivDiagnosisID to be required when ScreenedHepatitisBID is also reported as "unknown." Updated definition for ScreenedHepatitisCSinceHivDiagnosisID to be required when ScreenedHepatitisCID is also reported as "unknown."
2.5	10/2/2012	Leidos	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> Changed TechnicalContactName to TechnicalContactEmail for data element XV5. Changed required value from "All" to "No" for data element SV1. Removed instructions for reporting default values for first service date. The first service date should not be reported if it is not known. Removed instructions for reporting default values for death date. The death date should not be reported if it is not known. 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.
3.0	4/1/2014	Leidos	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> ReportYear and AppendMode nodes were deleted from the Root element. ClientReportMedicalInsurance, ClientReportRace, ClientReportHivRiskFactor, ClientReportServiceVisits, ClientReportServiceDelivered, ClientReportAmbulatoryService,

Version	Date	Author	Description
			<p>ClientReportCd4Test, and ClientReportViralLoadTest were made children of the ClientReport element.</p> <ul style="list-style-type: none"> • ReportPeriodID, FirstServiceDate, DeathDate, GeographicUnitCode, AidsDiagnosisYear, ScreenedTBID, ScreenedHepatitisBID, ScreenedHepatitisCID, PrenatalCareID, PrescribedArvMedicationID, QuarterID inside ClientReportServiceVisit, and QuarterID inside ClientReportServiceDelivered elements were deleted. • ClientReportHispanicSubgroup, ClientReportAsianSubgroup, ClientReportNhpiSubgroup, SexAtBirthID, HivDiagnosisYear, HivPosTestDate, and OamcLinkDate elements were added. • Changes were made to the following elements: EnrollmentStatusID, EthnicityID, PovertyLevelID, HousingStatusID, HivAidsStatusID, ClientReportHivRiskFactor, MedicalInsuranceID, ClientReportServiceVisit, ClientReportServiceDelivered, RiskScreeningProvidedID, ClientReportCD4Test, ClientReportViralLoadTest, PrescribedPcpProphylaxisID, PrescribedHaartID, ScreenedTBSinceHivDiagnosisID, ScreenedHepatitisBSinceDiagnosis, VaccinatedHepatitisBID, ScreenedHepatitisCSinceHivDiagnosisID, ScreenedSubstanceAbuseID, ScreenedMentalHealthID, ReceivedCervicalPapSmearID, and PregnantID.
3.1	7/15/2014	Leidos	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> • Revised PovertyLevelID data element: <ul style="list-style-type: none"> ○ Deleted value 1, Equal to or below 100% of the Federal poverty level. ○ Added value 13, Below 100% of the Federal poverty level • Revised the HivRiskFactorID data element: <ul style="list-style-type: none"> ○ Deleted value 8, Unknown ○ Added value 9, Risk factor not reported or not identified. • Revised MedicalInsuranceID data element: <ul style="list-style-type: none"> ○ Deleted value 5, No Insurance ○ Deleted value 6, Other ○ Added value 15, Other plan ○ Added value 16, No insurance/uninsured • Revised the HivStatusID data element: <ul style="list-style-type: none"> ○ Deleted value 5, HIV indeterminate (infants only) ○ Added value 7, HIV indeterminate (infants less than 2 years only) • The data element "PrescribedHaartID" has been renamed "PrescribedArtID".

Version	Date	Author	Description
			<ul style="list-style-type: none"> • Deleted value 6, Unknown, for the ClientReportRace data element. • Replaced the word “Deprecated” with the word “Removed” throughout the document for clarity. • Clarified the Required field for the data elements HivPosTestDate and OamcLinkDate. • Expanded the description of empty or "null" data element tags to include <tag />. • Added “No” and “Yes” to the list of possible values displayed in the Required field of each data element table. • Updated the Required field of each data element table in the XML Schema Version Elements and Provider Information Elements sections. • Added Reference ID numbers to the data element tables for the following data elements: ClientReportHispanicSubgroup; ClientReportAsianSubgroup, ClientReportNhpiSubgroup, SexAtBirthID, HIVDiagnosisYear, HivPosTestDate, and OamcLinkDate. • Reordered the document to group new data elements with similar existing data elements, for example ClientReportHispanicSubgroup is now listed immediately following EthnicityID. • Revised the occurrence field throughout the document for greater accuracy. For example, the data element PregnantID is only reported for HIV-positive women who receive an outpatient/ambulatory medical care service. The value in the occurrence field for this data element was changed from “1 per client” to “1 per required client.” Other data elements that were changed include ClientReportHispanicSubgroup, ClientReportNhpiSubgroup, ClientReportServiceDelivered, ClientReportAmbulatoryService, and ClientReportCd4Test. • Updated the schema sample displayed in the table for data element HivAidsStatus for accuracy. • Added a note to the Required field for the data elements ScreenedTBSinceHivDiagnosisID, ScreenedHepatitisBSinceHivDiagnosisID, and ScreenedHepatitisCSinceHivDiagnosisID. These data elements are now required for all clients for whom Clinical Information is reported. • Changed the value of the DeliveredID tag for the data element ClientReportServiceDelivered shown in the Sample Client-Level Data XML Format section for accuracy. • Updated the link to the RSR Schema Definition files.

Version	Date	Author	Description
3.2	11/1/2014	Leidos	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> • Updated schema version number to 4 0 0. • Fixed typographical errors in the schema sample displayed in the table for data element ClientReportHivRiskFactor. • Fixed typographical and formatting errors in the description for data element HivAidsStatusID. • Fixed typographical errors in the schema sample displayed in the table for data element ClientReportMedicalInsurance. • Fixed typographical errors in the schema sample displayed in the table for data element ClientReportServiceDelivered. • Fixed typographical errors in the schema sample displayed in the table for data element HIVDiagnosisYear. • Revised the occurrences field throughout the document to clarify the data elements that may be "NULL".
3.3	4/17/2017	Leidos	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> • Deleted information for data elements and allowed response categories that were removed for Version 3.0. Also removed other notes and document markups, such as the "New" and "Revised" labels, that were added to previous versions of this document to highlight content changes in the body of the document. • Updated service category names for ClientReportServiceVisits to match HAB Policy Change Notice #16-02. • For ClientReportServiceDelivered, <ul style="list-style-type: none"> ○ Updated service category names to match HAB Policy Change Notice #16-02 ○ Deleted ServiceID 22, Pediatric development assessment/early intervention services ○ Deleted ServiceID 27, Legal Services ○ Deleted ServiceID 31, Permanency Planning ○ Deleted ServiceID 37, Treatment adherence counseling ○ Added ServiceID 42, Other Professional Services
3.4	8/1/2017	Leidos/REI	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> • Updated the SchemaVersion data element. • Deprecated the TransgenderID data element. • Revised GenderID data element: <ul style="list-style-type: none"> ○ Deleted value 3, Transgender, for the GenderID data element. ○ Added value 5, Transgender Male to Female ○ Added value 6, Transgender Female to Male ○ Added value 7, Transgender Other

Version	Date	Author	Description
			<ul style="list-style-type: none"> • For ClientReportServiceDelivered, <ul style="list-style-type: none"> ○ Updated service category name from “AIDS Pharmaceutical Assistance” to “AIDS Pharmaceutical Assistance (LPAP, CPAP)” ○ Deleted ServiceID 22, Developmental assessment/early intervention services ○ Deleted ServiceID 27, Legal services ○ Deleted ServiceID 31, Permanency planning ○ Deleted ServiceID 37, Treatment adherence counseling
3.5	8/18/2017	Leidos/REI	<p>The following updates were addressed in this version:</p> <ul style="list-style-type: none"> • For ClientReportServiceDelivered, <ul style="list-style-type: none"> ○ Updated the ReferenceID 75, Other Professional Services ○ Updated the ServiceID 42, Other Professional Services

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1 Introduction

As a condition of their grant awards, Ryan White Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) Program grantees are required to submit the Ryan White HIV/AIDS Program Service Report (RSR) to the Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) annually. The RSR is a client-level data report that provides data on the characteristics of Ryan White HIV/AIDS Program grantees, their providers, and the clients served with program funds.

To submit the RSR successfully, each provider agency that a grantee funds must complete the online section of the provider report and create and upload one or more Extensible Markup Language (XML) files containing client-level data to the RSR web application. The structure, sequence, values, and format of the data elements in the XML files must conform to the definitions specified in this document. Once the client-level data XML file is uploaded, it is validated for conformance to the data schema and business rules outlined in this document.

NOTE: This document does not contain instructions on how to upload the RSR client-level data XML files to the RSR web application. For instructions on the upload process, please see the RSR Instruction Manual available on the [TARGET Center website](#).

1.1 Purpose

The purpose of this document is to provide reference information on the allowable structure, sequence, values, and format of the RSR client-level data XML files to grantees, providers, and software vendors. This document includes data definitions that describe the meaning of each element in the RSR client-level XML files. In addition, this document describes the required format of the XML file, provides examples of XML files, and includes references to the XML schema definitions that are used to validate the XML file. Ultimately, the goal of this document is to help grantees reduce any errors that may result when they generate and submit client-level data XML files to the RSR web application.

1.2 Audience

This document is intended for RSR technical and/or administrative staff that must collect and report RSR client-level data elements in an XML file format to the HRSA's HAB. Such staff may include developers, data quality specialists, RSR Administrators, or other individuals who are responsible for generating and submitting the RSR.

1.3 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 on [HRSA's HAB RSR](#) and [TARGET Center](#) websites.

2 Main Components of the Client-Level XML File

The RSR client-level data XML file consists of three components: 1) the file header, 2) the root element, and 3) the body elements, which consist of complex and simple data elements.

2.1 File Header

The file header is the first line of text in the XML file. It is static text and does not change, and it contains the XML declaration—the version of XML—and encoding being used. A sample file header is shown below:

```
<?xml version="1.0" encoding="UTF-8"?>
```

2.2 Root Element

The root element consists of static text and does not change. A root element is required for every XML file, and it serves as “the parent” of all the other elements. In the case of the RSR client-level data XML file, the root element is <RSR:ROOT>, and it appears as follows:

```
<RSR:ROOT xsi:schemaLocation="urn:rsrNamespace RsrClientSchema.xsd"
  xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:RSR="urn:rsrNamespace">
```

The <RSR:ROOT> element contains extra information—called “attributes”—about the file. Each of the attributes has a name and value. The meanings of the attribute names are shown in Table 1.

Table 1: Root Element Attributes

Attribute Name	Definition
xsi:schemaLocation	The location of the XML schema definition file used to validate the client-level XML file.
xmlns:xsi	The location of the XML schema instance used to determine the base XML schema standards.
xmlns:RSR	The XML schema namespace used for custom definitions within the XML file.

2.3 Body: Simple and Complex Elements

The body of the RSR client-level data XML file contains all the elements under the root element. It contains complex and simple elements. Complex elements contain child

elements. Simple elements do not contain any child elements. In the RSR client-level data XML file, the complex data elements must appear in a specific order and contain child data elements to pass the validation check.

Likewise, the simple data elements must appear in a specific order, and the data they contain must conform to the specific rules defined in this document to pass the validation check.

For more information about the other validation checks that the file must pass, please see [Section 4: RSR Client-level Data XML File Format](#).

3 RSR Client-Level Data XML Data Elements

This section includes definitions for all the data elements (both complex and simple) in the body of the RSR client-level data XML file. The definitions are presented in tables, and each table includes one or more of the following metadata:

Reference ID: This field has been added for convenient referencing between this document and the RSR Instruction Manual. Each element described in this document and in the RSR Instruction Manual shows the unique item number that is assigned to the element in the RSR Instruction Manual.

Element 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 Data XML Schema Definitions.

Definition: A brief description of the variable.

Required: Required data elements are determined based on the type of service the client received. The required 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).
- **Housing Services** – The element is required for clients receiving housing services.
- **OA** – The element is required for clients receiving outpatient/ambulatory health care services.
- **No** – The element is not required to be submitted in the client-level data XML file.

- **Yes** – The element is required and must be included in the client-level data XML file

Occurrence: The minimum and maximum number of times the element may appear in a single record within the client-level data XML file.

Allowed Values: The type or list of values allowed for the data element.

Schema: Sample XML code that indicates the use of the element within the context of the client-level data XML file.

Comments: Additional information about the data element.

3.1 XML Schema Version Elements

The XML Schema Version elements are designed to capture data about which version of the RSR XML schema is being used.

3.1.1 *SchemaVersion (Revised)*

Field	Description
ID	XV1
Element Name	SchemaVersion
Parent Element	XmlVersion
Definition	The RSR XML schema version currently supported.
Required	Yes
Occurrence	1 per file
Allowed Values	Must be set to 4 1 0
Schema	<SchemaVersion>4 1 0</SchemaVersion>

3.1.2 *Originator*

Field	Description
ID	XV2
Element Name	Originator
Parent Element	XmlVersion
Definition	The name of the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	Text from 1 to 150 characters excluding special characters.
Schema	<Originator>Application name</Originator>

3.1.3 *VersionNumber*

Field	Description
ID	XV3
Element Name	VersionNumber
Parent Element	XmlVersion
Definition	The version number of the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file

Field	Description
Allowed Values	Text from 1 to 150 characters excluding special characters.
Schema	<VersionNumber>Application version</VersionNumber>

3.1.4 *TechnicalContactName*

Field	Description
ID	XV4
Element Name	TechnicalContactName
Parent Element	XmlVersion
Definition	The technical contact name for the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	Text from 1 to 150 characters excluding special characters.
Schema	<TechnicalContactName>Contact name</TechnicalContactName>

3.1.5 *TechnicalContactEmail*

Field	Description
ID	XV5
Element Name	TechnicalContactEmail
Parent Element	XmlVersion
Definition	The technical contact's email address for the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	The value must be a valid email address.
Schema	<TechnicalContactEmail>Contact email</TechnicalContactEmail>

3.1.6 *TechnicalContactPhone*

Field	Description
ID	XV6
Element Name	TechnicalContactPhone
Parent Element	XmlVersion
Definition	The technical contact's phone number for the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	The format is 999,999,9999 x99999, where the extension (x99999) is optional, but there must be a space before the "x".
Schema	<TechnicalContactPhone>Contact phone number</TechnicalContactPhone>

3.1.7 *ReportYear*

Field	Description
ID	SV5
Element Name	ReportYear
Parent Element	XmlVersion
Definition	The reporting period identifier.
Required	Yes
Occurrence	1 per file

Field	Description
Allowed Values	yyyy Must be equal to the reporting period for the submission.
Schema	<ReportYear>yyyy</ReportYear>

3.2 Provider Information Elements

3.2.1 ProviderID

Field	Description
ID	SV2
Element Name	ProviderID
Parent Element	ClientReport
Definition	The unique provider organization identifier assigned through the Ryan White HIV/AIDS Program Data Report (RDR) or RSR web application.
Required	No, unless it is a batch submittal
Occurrence	0-1 per file
Allowed Values	A system-assigned numeric value. 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 organization identifier is already known. However, this value can be provided in the client-level data XML file and will be cross-referenced with the provider organization identifier associated with the Provider Report. If the values do not match, then the client-level data XML file upload will be rejected.
Schema	<ProviderID>Integer</ProviderID>

3.2.2 RegistrationCode

Field	Description
ID	SV3
Element Name	RegistrationCode
Parent Element	ClientReport
Definition	The unique provider registration code.
Required	No
Occurrence	0-1 per file
Allowed Values	A system-assigned numeric value. 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 registration code is already known. 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.
Schema	<RegistrationCode>Numeric string</RegistrationCode>

3.3 Encrypted Unique Client Identifier

3.3.1 *ClientUci*

Field	Description
ID	SV4
Element Name	ClientUci
Parent Element	ClientReport
Definition	The encrypted, unique client identifier generated by the HAB Unique Client Identifier (UCI) generation utilities.
Required	All
Occurrence	1 per client
Allowed Values	40-character upper-case, hexadecimal string plus a single character in the range A-Z.
Schema	<ClientUci>(0-9 A-F)*40 + (A-Z)*1, length 41</ClientUci>

3.4 Client Demographics

3.4.1 *EnrollmentStatusID*

Field	Description
Reference ID	2
Element Name	EnrollmentStatusID
Parent Element	ClientReport
Definition	The client's vital enrollment status at the end of the reporting period.
Required	CM, OA
Occurrence	0-1 per required client
Allowed Values	EnrollmentStatusID: 1 = Active, continuing in program 2 = Referred to another program or services, or self-sufficient 3 = Removed from treatment due to violation of rules 4 = Incarcerated 5 = Relocated 6 = Deceased
Schema	<EnrollmentStatusID>1-6</EnrollmentStatusID>

3.4.2 *BirthYear*

Field	Description
Reference ID	4
Element Name	BirthYear
Parent Element	ClientReport
Definition	Client's year of birth. This value should be on or before all service date years for the client.
Required	All
Occurrence	0-1 per client
Allowed Values	yyyy Must be less than the end of the reporting period.
Schema	<BirthYear>yyyy</BirthYear>

3.4.3 *EthnicityID*

Field	Description
Reference ID	5
Element Name	EthnicityID
Parent Element	ClientReport
Definition	Client's ethnicity.
Required	All
Occurrence	0-1 per client
Allowed Values	1 = Hispanic/Latino 2 = Non-Hispanic/Latino
Schema	<EthnicityID>1-2</EthnicityID>

3.4.4 *ClientReportHispanicSubgroup*

Field	Description
Reference ID	68
Element Name	ClientReportHispanicSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Hispanic Subgroup. Report all that apply.
Required	All clients whose ethnicity is "Hispanic" (EthnicityID = 1)
Occurrence	0-4 per required client
Allowed Values	SubgroupID: 1= Mexican, Mexican American, Chicano/a 2= Puerto Rican 3= Cuban 4= Another Hispanic, Latino/a or Spanish origin
Schema	Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID) <pre><ClientReportHispanicSubgroup> <SubgroupID>1-4</SubgroupID> ... <SubgroupID>1-4</SubgroupID> </ClientReportHispanicSubgroup></pre>

3.4.5 *ClientReportRace*

Field	Description
Reference ID	6
Element Name	ClientReportRace RaceID
Parent Element	ClientReport
Definition	Client's race.
Required	All
Occurrence	0-5 per client
Allowed Values	RaceID: 1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian/Pacific Islander 5 = American Indian or Alaska Native

Field	Description
Schema	<p>Within the following schema section, multiple RaceIDs may be reported.</p> <pre><ClientReportRace> <RaceID>1-6</RaceID> ... <RaceID>1-6</RaceID> </ClientReportRace></pre>

3.4.6 ClientReportAsianSubgroup

Field	Description
Reference ID	69
Element Name	ClientReportAsianSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Asian subgroup. Report all that apply.
Required	All clients whose race is "Asian" (RaceID = 3)
Occurrence	0-7 per required client
Allowed Values	<p>SubgroupID:</p> <ul style="list-style-type: none"> 1 = Asian Indian 2 = Chinese 3 = Filipino 4 = Japanese 5 = Korean 6 = Vietnamese 7 = Other Asian
Schema	<p>Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID)</p> <pre><ClientReportAsianSubgroup> <SubgroupID>1-7</SubgroupID> ... <SubgroupID>1-7</SubgroupID> </ClientReportAsianSubgroup></pre>

3.4.7 ClientReportNhpiSubgroup

Field	Description
Reference ID	70
Element Name	ClientReportNhpiSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Native Hawaiian/Pacific Islander subgroup. Report all that apply.
Required	All clients whose race is "Native Hawaiian/Pacific Islander" (RaceID = 4)
Occurrence	0-4 per required client
Allowed Values	<p>SubgroupID:</p> <ul style="list-style-type: none"> 1 = Native Hawaiian 2 = Guamanian or Chamorro 3 = Samoan 4 = Other Pacific Islander

Field	Description
Schema	<p>Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID)</p> <pre><ClientReportNhpiSubgroup> <SubgroupID>1-4</SubgroupID> ... <SubgroupID>1-4</SubgroupID> </ClientReportNhpiSubgroup></pre>

3.4.8 SexAtBirthID

Field	Description
Reference ID	71
Element Name	SexAtBirthID
Parent Element	ClientReport
Definition	The biological sex assigned to the client at birth
Required	All
Occurrence	0-1 per client
Allowed Values	1 = Male 2 = Female
Schema	<SexAtBirthID>1-2</SexAtBirthID>

3.4.9 GenderID (Revised)

Field	Description
Reference ID	7
Element Name	GenderID
Parent Element	ClientReport
Definition	<p>Client's current gender.</p> <p>This is the variable that is used for the encrypted unique client identifier (eUCI).</p> <p>Note: Although value 3 (Transgender) is no longer an acceptable value, the eUCI encryption algorithm remains unchanged and only accepts value 3 for Transgender. The eUCI generator will map value 5 (Transgender Male to Female), 6 (Transgender Female to Male), and 7 (Transgender Other) to 3 (Transgender) when generating eUCI. Refer to page 3 of the eUCI Application User Guide for additional details.</p>
Required	All
Occurrence	1 per client
Allowed Values	<p>GenderID:</p> <p>1 = Male 2 = Female 4 = Unknown 5 = Transgender Male to Female 6 = Transgender Female to Male 7 = Transgender Other</p> <p>The allowed value below has been removed: 3 = Transgender (<i>Removed</i>)</p>

Field	Description
Schema	<GenderID>1, 2, 4-7</GenderID>

3.4.10 TransgenderID (Removed)

Field	Description
Reference ID	8
Element Name	TransgenderID
Comments	This data element has been removed and should not be included in the client-level data XML file.

3.4.11 PovertyLevelID

Field	Description
Reference ID	9
Element Name	PovertyLevelID
Parent Element	ClientReport
Definition	Client's percent of the Federal poverty level at the end of the reporting period.
Required	CM, OA
Occurrence	0-1 per required client
Allowed Values	13 = Below 100% of the Federal poverty level 9 = 100 -138% of the Federal poverty level 10 = 139 - 200% of the Federal poverty level 11 = 201 – 250% of the Federal poverty level 12 = 251 – 400% of the Federal poverty level 7= 401 – 500% of the Federal poverty level 8 = More than 500% of the Federal poverty level
Schema	<PovertyLevelID>7-13</PovertyLevelID>

3.4.12 HousingStatusID

Field	Description
Reference ID	10
Element Name	HousingStatusID
Parent Element	ClientReport
Definition	Client's housing status at the end of the reporting period.
Required	CM, OA, or Housing services
Occurrence	0-1 per required client
Allowed Values	1 = Stable/permanent 2 = Temporary 3 = Unstable
Schema	<HousingStatusID>1-3</HousingStatusID>

3.4.13 HivAidsStatusID

Field	Description
Reference ID	12
Element Name	HivAidsStatusID
Parent Element	ClientReport
Definition	Client's HIV/AIDS status at the end of the reporting period. Leave this data element blank for HIV affected clients if the client's HIV/AIDS status is not known.
Required	CM, OA
Occurrence	0-1 per required client

Field	Description
Allowed Values	HivAidsStatusID: 1 = HIV negative 2 = HIV-positive, not AIDS 3 = HIV-positive, AIDS status unknown 4 = CDC-defined AIDS 7 = HIV indeterminate (infants less than 2 years only)
Schema	<HivAidsStatusID>1-4, 7</HivAidsStatusID>

3.4.14 ClientReportHivRiskFactor

Field	Description
Reference ID	14
Element Name	ClientReportHivRiskFactor HivRiskFactorID
Parent Element	ClientReport
Definition	Client's HIV/AIDS risk factor. Report <i>all</i> that apply. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank.
Required	CM, OA
Occurrence	0-7 per client
Allowed Values	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 (perinatal transmission) 9 = Risk factor not reported or not identified
Schema	Within the following schema section, multiple HivRiskFactorIDs may be reported. <ClientReportHivRiskFactor> <HivRiskFactorID>1-6, 9</HivRiskFactorID> ... <HivRiskFactorID>1-6, 9</HivRiskFactorID> </ClientReportHivRiskFactor>

3.4.15 ClientReportMedicalInsurance

Field	Description
Reference ID	15
Element Name	ClientReportMedicalInsurance MedicalInsuranceID
Parent Element	ClientReport
Definition	Client's medical insurance. Report all that apply.
Required	OA, CM, HI
Occurrence	0-8 per required client

Field	Description
Allowed Values	10 = Private – Employer 11 = Private – Individual 2 = Medicare 12 = Medicaid, CHIP or other public plan 13 = VA, Tricare and other military health care 14 = IHS 15 = Other plan 16 = No insurance/uninsured The allowed values below are not used for the RSR: 8 = Medicare Part A/B (<i>Value not used for RSR</i>) 9 = Medicare Part D (<i>Value not used for RSR</i>)
Schema	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) <pre> <ClientReportMedicalInsurance> <MedicalInsuranceID>2, 10-16</MedicalInsuranceID> ... <MedicalInsuranceID>2, 10-16</MedicalInsuranceID> </ClientReportMedicalInsurance> </pre>

3.4.16 HIVDiagnosisYear

Field	Description
Reference ID	72
Element Name	HIVDiagnosisYear
Parent Element	ClientReport
Definition	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” for HivAidsStatusID. This value must be on or before the last date of the reporting period.
Required	CM, OA For a new client, if the response for HivAidsStatusID is not “HIV-negative” or “HIV indeterminate” (i.e., HivAidsStatusID ≠ 1 or HivAidsStatusID ≠ 7).
Occurrence	1 per required client
Allowed Values	yyyy Must be less than or equal to the reporting period year.
Schema	<HivDiagnosisYear>yyyy</HivDiagnosisYear>

3.5 Core Medical Service Visits Delivered (*Revised*)

Field	Description
Reference IDs	16, 18–19, 21–27
Element Name	ClientReportServiceVisits ServiceVisit ServiceID Visits
Parent Element	ClientReport
Definition	The number of visits received for each core medical service during the reporting period.
Required	All

Field	Description
Occurrence	0-1 for each core medical service delivered
Allowed Values	<p>Core Medical Services: ServiceIDs: 8 = Outpatient/Ambulatory Health Services 10 = Oral Health Care 11 = Early Intervention Services (EIS) 13 = Home Health Care 14 = Home and Community-Based Health Services 15 = Hospice 16 = Mental Health Services 17 = Medical Nutrition Therapy 18 = Medical Case Management, including Treatment Adherence Services 19 = Substance Abuse Outpatient Care</p> <p>Visits: 1–365 (must be an integer)</p>
Schema	<p>Only one ClientReportServiceVisits element may be reported per client record. Multiple ServiceVisit elements may be reported in one ClientReportServiceVisits element. When reporting multiple services, repeat the entire ServiceVisit element. Only one ServiceID and Visits element may appear within a single occurrence of the ServiceVisit element.</p> <pre><ClientReportServiceVisits> <ServiceVisit> <ServiceID>8,10,11,13-19</ServiceID> <Visits>1-365</Visits> </ServiceVisit> ... <ServiceVisit> <ServiceID>8,10,11,13-19</ServiceID> <Visits>1-365</Visits> </ServiceVisit> </ClientReportServiceVisits></pre> <p>Only report services with actual visits. Do not report services without visits.</p>

3.6 Core Medical and Support Services Delivered *(Revised)*

Field	Description
Reference IDs	17, 20, 28–44, 75
Element Name	ClientReportServiceDelivered ServiceDelivered ServiceID DeliveredID
Parent Element	ClientReport
Definition	The service and service delivered indicator for each core medical or support service received by the client during the reporting period.
Required	All
Occurrence	0-1 for each service delivered

Field	Description
Allowed Values	<p>Core Medical Services: ServiceID: 9 = AIDS Pharmaceutical Assistance (LPAP, CPAP) 12 = Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals</p> <p>Support Services: ServiceID: 20 = Non-Medical Case Management Services 21 = Child Care Services 23 = Emergency Financial Assistance 24 = Food Bank/Home Delivered Meals 25 = Health Education/Risk Reduction 26 = Housing 28 = Linguistic Services 29 = Medical Transportation 30 = Outreach Services 32 = Psychosocial Support Services 33 = Referral for Health Care and Support Services 34 = Rehabilitation Services 35 = Respite Care 36 = Substance Abuse Services (residential) 42 = Other Professional Services</p> <p>DeliveredID: 2 = Yes</p> <p>The allowed values below for ServiceID have been removed: 22 = Developmental assessment/early intervention services 27 = Legal services 31 = Permanency planning 37 = Treatment adherence counseling</p>
Schema	<p>Only one ClientReportServiceDelivered element may be reported per client record. Multiple ServiceDelivered elements may be reported in one ClientReportServiceDelivered element. When reporting multiple services, repeat the entire ServiceDelivered element. Only one ServiceID and DeliveredID element may appear within a single occurrence of the ServiceDelivered element.</p> <pre> <ClientReportServiceDelivered> <ServiceDelivered> <ServiceID>9</ServiceID> <DeliveredID>2</DeliveredID> </ServiceDelivered> ... <ServiceDelivered> <ServiceID>42</ServiceID> <DeliveredID>2</DeliveredID> </ServiceDelivered> </ClientReportServiceDelivered> </pre> <p>Only report services that were actually delivered. Do not report services that were not delivered.</p>

3.7 Clinical Information

3.7.1 *RiskScreeningProvidedID*

Field	Description
Reference ID	46
Element Name	RiskScreeningProvidedID
Parent Element	ClientReport
Definition	Value indicating whether the client received risk reduction screening/counseling during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	RiskScreeningProvidedID: 1 = No 2 = Yes
Schema	<RiskScreeningProvidedID>1-2</RiskScreeningProvidedID>

3.7.2 *FirstAmbulatoryCareDate*

Field	Description
Reference ID	47
Element Name	FirstAmbulatoryCareDate
Parent Element	ClientReport
Definition	Date of client's first ambulatory care at this provider agency. This value must be on or before the last date of the reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	FirstAmbulatoryCareDate: mm,dd,yyyy
Schema	<FirstAmbulatoryCareDate>mm,dd,yyyy</FirstAmbulatoryCareDate>

3.7.3 *ClientReportAmbulatoryService*

Field	Description
Reference ID	48
Element Name	ClientReportAmbulatoryService ServiceDate
Parent Element	ClientReport
Definition	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.
Required	OA
Occurrence	0-number of days in reporting period per required client
Allowed Values	ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.

Field	Description
Schema	<p>Multiple ServiceDate elements may appear [one for each date] in the ClientReportAmbulatoryService element.</p> <pre>< ClientReportAmbulatoryService> <ServiceDate>mm,dd,yyyy</ServiceDate> ... <ServiceDate>mm,dd,yyyy</ServiceDate> </ClientReportAmbulatoryService></pre>

3.7.4 ClientReportCd4Test

Field	Description
Reference ID	49
Element Name	ClientReportCd4Test Cd4Test Count ServiceDate
Parent Element	ClientReport
Definition	<p>Values indicating all CD4 counts and their dates for this client during this report period.</p> <p>The service dates must be within the reporting period.</p>
Required	OA
Occurrence	0-number of days in reporting period per required client
Allowed Values	<p>Count: Integer</p> <p>ServiceDate: mm,dd,yyyy</p> <p>Must be within the reporting period start and end dates.</p>
Schema	<p>When reporting multiple CD4 tests, repeat the entire Cd4Test element. Only one Count and ServiceDate element may appear within a single occurrence of the ClientReportCd4Test element.</p> <pre><ClientReportCd4Test> <Cd4Test> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </Cd4Test> ... <Cd4Test> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </Cd4Test> </ClientReportCd4Test></pre>

3.7.5 ClientReportViralLoadTest

Field	Description
Reference ID	50
Element Name	ClientReportViralLoadTest ViralLoadTest Count ServiceDate

Field	Description
Parent Element	ClientReport
Definition	All Viral Load counts and their dates for this client during this report period
Required	OA
Occurrence	0-number of days in reporting period
Allowed Values	<p>Count: Integer</p> <p>Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0. Convert values, such as, 0.12345 x 1000 to 1234.</p> <p>ServiceDate: mm,dd,yyyy</p> <p>Must be within the reporting period start and end dates.</p>
Schema	<p>When reporting multiple viral load tests, repeat the entire ViralLoadTest element. Only one Count and ServiceDate element may appear within a single occurrence of the ClientReportViralLoadTest element.</p> <pre> <ClientReportViralLoadTest> <ViralLoadTest> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </ViralLoadTest> ... <ViralLoadTest> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </ClientReportViralLoadTest> </pre>

3.7.6 PrescribedPcpProphylaxisID

Field	Description
Reference ID	51
Element Name	PrescribedPcpProphylaxisID
Parent Element	ClientReport
Definition	Value indicating whether the client was prescribed PCP Prophylaxis anytime during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	<p>1 = No</p> <p>2 = Yes</p> <p>3 = Not medically indicated</p> <p>4 = No, client refused</p>
Schema	<PrescribedPcpProphylaxisID>1-4</ PrescribedPcpProphylaxisID>

3.7.7 PrescribedArtID

Field	Description
Reference ID	52
Element Name	PrescribedArtID
Parent Element	ClientReport
Definition	Value indicating whether the client was prescribed ART at any time during this reporting period.
Required	OA
Occurrence	0-1 per required client

Field	Description
Allowed Values	1 = Yes 3 = No, not ready (as determined by clinician) 4 = No, client refused 5 = No, intolerance, side-effect, toxicity 6 = No, ART payment assistance unavailable 7 = No, other reason
Schema	<PrescribedArtID>1,3-7</ PrescribedArtID>

3.7.8 ScreenedTBSinceHivDiagnosisID

Field	Description
Reference ID	54
Element Name	ScreenedTBSinceHivDiagnosisID
Parent Element	ClientReport
Definition	Value indicating whether the client has been screened for TB since his/her HIV diagnosis.
Required	OA
Occurrence	0-1 per required client
Allowed Values	ScreenedTBSinceHivDiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	<ScreenedTBSinceHivDiagnosisID>1-4</ScreenedTBSinceHivDiagnosisID>

3.7.9 ScreenedSyphilisID

Field	Description
Reference ID	55
Element Name	ScreenedSyphilisID
Parent Element	ClientReport
Definition	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)
Required	OA if client is 18 years of age, or older
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	<ScreenedSyphilisID>1-3</ScreenedSyphilisID>

3.7.10 ScreenedHepatitisBSinceHivDiagnosisID

Field	Description
Reference ID	57
Element Name	ScreenedHepatitisBSinceHivDiagnosisID
Parent Element	ClientReport
Definition	Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis.
Required	OA
Occurrence	0-1 per required client

Field	Description
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	</ScreenedHepatitisBSinceHivDiagnosisID> 1-4 </ScreenedHepatitisBSinceHivDiagnosisID>

3.7.11 VaccinatedHepatitisBID

Field	Description
Reference ID	58
Element Name	VaccinatedHepatitisBID
Parent Element	ClientReport
Definition	Value indicating whether the client has completed the vaccine series for Hepatitis B.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	<VaccinatedHepatitisBID>1-3</VaccinatedHepatitisBID>

3.7.12 ScreenedHepatitisCSinceHivDiagnosisID

Field	Description
Reference ID	60
Element Name	ScreenedHepatitisCSinceHivDiagnosisID
Parent Element	ClientReport
Definition	Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	<ScreenedHepatitisCSinceHivDiagnosisID> 1-4 </ScreenedHepatitisCSinceHivDiagnosisID>

3.7.13 ScreenedSubstanceAbuseID

Field	Description
Reference ID	61
Element Name	ScreenedSubstanceAbuseID
Parent Element	ClientReport
Definition	Value indicating whether the client was screened for substance use (alcohol and drugs) during this reporting period.
Required	OA
Occurrence	1 per required client

Field	Description
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	<ScreenedSubstanceAbuseID>1-3</ScreenedSubstanceAbuseID>

3.7.14 ScreenedMentalHealthID

Field	Description
Reference ID	62
Element Name	ScreenedMentalHealthID
Parent Element	ClientReport
Definition	Value indicating whether the client was screened for mental health during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	<ScreenedMentalHealthID>1-3</ScreenedMentalHealthID>

3.7.15 ReceivedCervicalPapSmearID

Field	Description
Reference ID	63
Element Name	ReceivedCervicalPapSmearID
Parent Element	ClientReport
Definition	Value indicating whether the client received a Pap smear during the reporting period.
Required	OA This should be completed for HIV-positive women only.
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Not applicable
Schema	<ReceivedCervicalPapSmearID>1-4</ReceivedCervicalPapSmearID>

3.7.16 PregnantID

Field	Description
Reference ID	64
Element Name	PregnantID
Parent Element	ClientReport
Definition	Value indicating whether the client was pregnant during this reporting period.
Required	OA This should be completed for HIV-positive women only.
Occurrence	0-1 per required client

Field	Description
Allowed Values	1 = No 2 = Yes 3 = Not applicable
Schema	<PregnantID>1-3</PregnantID>

3.8 HIV Counseling and Testing Elements

3.8.1 *HivPosTestDate*

Field	Description
Reference ID	73
Element Name	HivPosTestDate
Parent Element	ClientReport
Definition	Date of client's confidential confirmatory HIV test with a positive result within the reporting period.
Required	All newly diagnosed OAMC clients with a confidential positive HIV confirmatory test during the reporting period.
Occurrence	0-1 per required client
Allowed Values	mm,dd,yyyy Must be within the reporting period.
Schema	<HivPosTestDate>mm,dd,yyyy</HivPosTestDate>

3.8.2 *OamcLinkDate*

Field	Description
Reference ID	74
Element Name	OamcLinkDate
Parent Element	ClientReport
Definition	Date of client's first OAMC 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.
Required	All newly diagnosed OAMC clients with a confidential positive HIV confirmatory test during the reporting period.
Occurrence	0-1 per required client
Allowed Values	mm,dd,yyyy Must be within the reporting period.
Schema	<OamcLinkDate>mm,dd,yyyy</OamcLinkDate>

4 RSR Client-level Data XML File Format

The RSR client-level data XML file structure and content is defined through a set of XML Schema Definition (XSD) files. The XSD files are used to validate the RSR client-level data XML files before they can be loaded into the RSR web application. Once loaded, further checks are performed by the RSR web application.

4.1 RSR Web Application Validation Checks

The following validation checks must be satisfied before an RSR client-level data XML file will be accepted by the RSR web application:

- The XML file must have the .xml extension.
- The XML file must conform to the XML Schema Definition files.
- One and only one set of records per client is allowed in a single client-level data XML file.
- An encrypted unique client identifier (i.e., ClientUci) may not be repeated within the same XML file. A client is uniquely identified by their encrypted unique client Identifier (eUCI). This value is represented in the RSR client-level data XML file by the ClientUci data element within the RsrClientReport complex element. The ClientUci value is an upper-cased, 40 character, hexadecimal value (0-9, A-F) followed by a single suffix from A through Z used to further identify clients that may share the same base, 40 character encrypted UCI.
- The XML data elements must appear in the specified order. See [Section 4.2: Sample Client-Level Data XML Format](#) for an example of the sequencing required.
- The XML simple data elements must conform to the definitions appearing in this document. Required fields must be reported and values must be valid and match the documented format, if defined.

Empty or “NULL” data element tags are not permitted in the XML file. For example, data elements of the form <tag></tag> or <tag /> are not allowed. **NOTE:** If data will not be provided for an element for a particular client, then remove that element entirely from the client’s record (i.e., remove the data element’s start tag, value, and end tag).

4.2 Sample Client-Level Data XML Format

This example shows a sample client-level data XML file with the required sequence of data elements that are included in the file. Please note that this data are solely used as an example and represent the structure, sequence, values, and format of the data elements.

```
<?xml version="1.0" encoding="UTF-8"?>  
<RSR:ROOT xsi:schemaLocation="urn:rsrNamespace RsrClientSchema.xsd"  
  xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:RSR="urn:rsrNamespace">
```



```

<XmlVersion>
  <SchemaVersion>4 1 0</SchemaVersion>
  <Originator>Application Name</Originator>
  <VersionNumber>Application Version Number</VersionNumber>
  <TechnicalContactName>Jonathan Doe</TechnicalContactName>
  <TechnicalContactEmail>sample@company.ext</TechnicalContactEmail>
  <TechnicalContactPhone>555,555,1234</TechnicalContactPhone>
  <ReportYear>2014</ReportYear>
</XmlVersion>
<ClientReport>
  <ProviderID>100</ProviderID>
  <RegistrationCode>10001</RegistrationCode>
  <ClientUci>0123456789ABCDEF0123456789ABCDEF01234567U</ClientUci>
  <EnrollmentStatusID>5</EnrollmentStatusID>
  <BirthYear>1985</BirthYear>
  <EthnicityID>2</EthnicityID>
  <ClientReportRace>
    <RaceID>6</RaceID>
  </ClientReportRace>
  <GenderID>2</GenderID>
  <PovertyLevelID>12</PovertyLevelID>
  <HousingStatusID>2</HousingStatusID>
  <HivAidsStatusID>1</HivAidsStatusID>
  <ClientReportHivRiskFactor>
    <HivRiskFactorID>8</HivRiskFactorID>
  </ClientReportHivRiskFactor>
  <ClientReportMedicalInsurance>
    <MedicalInsuranceID>6</MedicalInsuranceID>
  </ClientReportMedicalInsurance>
  <ClientReportServiceVisits>
    <ServiceVisit>
      <ServiceID>8</ServiceID>
      <Visits>5</Visits>
    </ServiceVisit>
    <ServiceVisit>
      <ServiceID>14</ServiceID>
      <Visits>5</Visits>
    </ServiceVisit>
  </ClientReportServiceVisits>
  <ClientReportServiceDelivered>
    <ServiceDelivered>
      <ServiceID>20</ServiceID>
      <DeliveredID>2</DeliveredID>
    </ServiceDelivered>
    <ServiceDelivered>
      <ServiceID>33</ServiceID>
      <DeliveredID>2</DeliveredID>
    </ServiceDelivered>
  </ClientReportServiceDelivered>
  <RiskScreeningProvidedID>2</RiskScreeningProvidedID>
  <FirstAmbulatoryCareDate>1,1,2011</FirstAmbulatoryCareDate>
  <ClientReportAmbulatoryService>
    <ServiceDate>1,1,2013</ServiceDate>
    <ServiceDate>4,1,2013</ServiceDate>
    <ServiceDate>7,1,2013</ServiceDate>
    <ServiceDate>10,1,2013</ServiceDate>
  </ClientReportAmbulatoryService>

```

```

</ClientReportAmbulatoryService>
<ClientReportCd4Test>
  <Cd4Test>
    <Count>830</Count>
    <ServiceDate>1,1,2013</ServiceDate>
  </Cd4Test>
  <Cd4Test>
    <Count>875</Count>
    <ServiceDate>8,1,2013</ServiceDate>
  </Cd4Test>
</ClientReportCd4Test>
<ClientReportViralLoadTest>
  <ViralLoadTest>
    <Count>210</Count>
    <ServiceDate>1,1,2013</ServiceDate>
  </ViralLoadTest>
  <ViralLoadTest>
    <Count>175</Count>
    <ServiceDate>8,1,2013</ServiceDate>
  </ViralLoadTest>
</ClientReportViralLoadTest>
<PrescribedPcpProphylaxisID>1</PrescribedPcpProphylaxisID>
<PrescribedArtID>6</PrescribedArtID>
<ScreenedTBSinceHivDiagnosisID>2</ScreenedTBSinceHivDiagnosisID>
<ScreenedSyphilisID>3</ScreenedSyphilisID>
<ScreenedHepatitisBSinceHivDiagnosisID>3</ScreenedHepatitisBSinceHivDiagnosisID>
<VaccinatedHepatitisBID>1</VaccinatedHepatitisBID>
<ScreenedHepatitisCSinceHivDiagnosisID>1</ScreenedHepatitisCSinceHivDiagnosisID>
<ScreenedSubstanceAbuseID>1</ScreenedSubstanceAbuseID>
<ScreenedMentalHealthID>2</ScreenedMentalHealthID>
<ReceivedCervicalPapSmearID>1</ReceivedCervicalPapSmearID>
<PregnantID>1</PregnantID>
<ClientReportHispanicSubgroup>
  <SubgroupID>2</SubgroupID>
</ClientReportHispanicSubgroup>
<ClientReportAsianSubgroup>
  <SubgroupID>3</SubgroupID>
</ClientReportAsianSubgroup>
<ClientReportNhpiSubgroup>
  <SubgroupID>1</SubgroupID>
</ClientReportNhpiSubgroup>
<SexAtBirthID>1</SexAtBirthID>
<HivDiagnosisYear>2003</HivDiagnosisYear>
<HivPosTestDate>12,1,2011</HivPosTestDate>
<OamcLinkDate>12,6,2011</OamcLinkDate>
</ClientReport>
</RSR:ROOT>

```

Appendix A: List of Acronyms

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
APA	AIDS Pharmaceutical Assistance
ART	AntiRetroviral Therapy
CHIP	Children's Health Insurance Program
CM	Case Management Services (Medical and Non-medical)
CPAP	Community Pharmaceutical Assistance Program
eUCI	Encrypted Unique Client Identifier
HAB	HIV/AIDS Bureau
HIP	Health Insurance Program
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
LPAP	Local Pharmaceutical Assistance Program
OA	Outpatient/ambulatory Medical Care Services
RDR	Ryan White HIV/AIDS Program Data Report
RSR	Ryan White HIV/AIDS Program Services Report
UCI	Unique Client Identifier
XML	eXtensible Markup Language
XMLNS	XML Namespace
XSD	XML Schema Definition
XSI	XML Schema Instance
VA	Veterans Affairs

Appendix B: Resources

RSR XML Schema Definitions

The RSR XML schema definitions and sample XML files can be downloaded from the [Ryan White Services Report Download Package](#) page on the TARGET Center website.

RSR Instruction Manual

The RSR Instruction Manual contains detailed information needed for completing the RSR. This document may be cross-referenced with the [RSR Instructions document](#).

TRAX (XML generator)

The [Tool for RSR and ADR XML Generation \(TRAX\)](#) is a HAB tool that can be used to generate the RSR client-level data XML files. This tool is available on the TARGET Center website.

HRSA/HAB RSR Website

The [HRSA/HAB RSR website](#) contains a comprehensive collection of information related to RSR.

TARGET Center Website

The [TARGET Center website](#) contains a vast array of technical assistance resources including the TRAX application, webcasts, training materials, and reference documents, such as the RSR Instruction Manual.