

Prepping for the Ryan White HIV/AIDS Program Services Report (RSR) Submission: Key Steps for High Quality Data

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

January 17, 2024

Welcome to today's Webinar. Thank you so much for joining us today!

My name is Hunter Robertson. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the Ryan White HIV/AIDS Program Services Report or RSR.

Today's Webinar is Presented by:



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Throughout the presentation, we will reference some resources that we think are important. *To help you keep track of these and make sure you have access to them immediately, my colleague Isia is going to chat out the link to the presentation slides right now which include all the resources mentioned in today's webinar.*

At any time during the presentation, you'll be able to send us questions using the "Q&A" function on the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to unmute yourself and chat with us directly.

Now before we start, I'm going to answer one of the most commonly asked questions about the recording. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar. The slides are already available for you to access on the TargetHIV website using the link that Isia just chatted out. Please note that these slides are not 508 compliant, but we will follow up with all registrants in about two weeks when the 508 compliant slides and written question and answer are posted.

Disclaimer

Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

The DISQ Team is composed of CAI, Abt Associates, and Mission Analytics and is supported by HRSA of HHS as part of a cooperative agreement totaling over \$4 Million.

DSAS (Ryan White Data Support) is composed of WRMA, CSR and Mission Analytics and is supported by HRSA of HHS as part of a contract totaling over \$7.2 Million.

Today's webinar is supported by the organizations shown on the slide, and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration, the U.S. Department of Health and Human Services, or the U.S. Government.

Now I'd like to turn the webinar over to Ellie.

Outline

Tools to Get Started

Including the Right Clients

Reporting Required Data








Reviewing Your Data Before Submission

Questions

Thanks so much for joining today. As you know, RSR season is upon us, and this presentation is going to help you get ready. Whether you're new to the RSR or an experienced submitter, the topics we'll discuss today are critical in submitting high-quality data in your RSR. The first thing we'll talk about today is (1) the tools available to help you check data quality. (2) Then we'll review how to make sure your RSR client-level data file includes the right clients. (3) Then, we'll discuss how to ensure you are reporting all the required data for those clients, including services, demographics and clinical data. Finally, (4) we'll talk about different ways to review your data before submission to make sure your RSR data are complete and reflect your expectations based on your program activities. (5) And, finally, as always, we'll take your questions.



Grab Your “Tools”

-  [RSR Instruction Manual](#)
-  [Required CLD Elements for RWHAP Services](#)
-  [RSR Training Video Series](#)
-  [Roadmap: New to the RSR](#)
-  [Policy Clarification Notice \(PCN\) 16-02](#)
-  [RSR Timeline](#)
-  [RSR TA Brochure](#)

- (1) First, the 2023 Instruction Manual is available on TargetHIV and is the #1 resource for all RSR-related questions. Carefully reading through the manual is the best place to start on the RSR.
- (2) Along with the Instruction Manual, the “Required client level data elements for RWHAP services” chart is a great tool to make sure you know which data elements to include for clients depending on what services they received.
- (3) We also just launched an RSR training video series with three videos: an introduction to the RSR, software options for creating the RSR client-level data file, and improving data quality.
- (4) If you’re brand new and this is your first RSR, TargetHIV has a whole collection of resources designed just for you!
- (5) Policy clarification notice or PCN 16-02 is where you need to look for the service category definitions to ensure that you are reporting the correct service. You can find it on the HAB website.
- (6) The RSR Timeline outlines key due dates for this year. Of course, remember that recipients can set earlier deadlines for their subrecipients if needed.
- (7) The RSR TA Brochure is a great resource that lists all of the TA providers like the DISQ Team and includes what each of us does and how to contact us.



Review Changes (Very Minimal)

- No schema changes
- New Login.gov requirements
- “EHE Initiative Carryover Funding” added to GCMS
- Provider Report General Information (*stay tuned!*)
- Two new validations. Warnings for:
 - Clients who are reportedly not on ART, but virally suppressed
 - Clients with an HIV Diagnosis Year within the reporting period and HIV Linkage Date is not reported or outside the reporting period

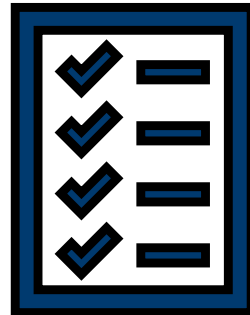


[“RSR Updates and Best Practices” webinar](#)

- The HRSA EHBs now uses Login.gov, a two-factor authentication process for all recipient and service provider user accounts in order to enhance the EHBs security.
- “EHE Initiative Carryover Funding” was added to GCMS as a funding source.
- Provider Report General Information (*stay tuned!*)
- And there are two new validations. You will receive warnings for:
 - Clients who are reportedly not on ART, but virally suppressed
 - Clients with an HIV Diagnosis Year within the reporting period who are missing HIV Linkage Date or have a date outside the reporting period

And Get Your Checklist Ready!

- [RSR Recipient Roles & Responsibilities](#)
- [RSR Provider Roles & Responsibilities](#)



[Recipient Planning Tool - Preparing for the RSR: A Yearlong Activity](#)

We also recommend you develop a plan, checklist or workflow to make for smooth reporting. You want to ensure that you've outlined all of the steps needed to submit your RSR. Our "Roles and Responsibilities" documents review all the steps to consider when submitting your RSR, depending on whether you're a recipient or a provider.

- (1) We also have a best practices tool to help recipients integrate RSR planning into activities all year long.

Outline

Tools to Get Started

Including the Right Clients

Reporting Required Data

Reviewing Your Data Before Submission

Questions

(1) First, let's look at how to include the right clients

Including the Right Clients

Your program may serve a lot of people.

How can you know who should be included in the RSR?



Your program may serve a lot of people. Maybe you are a large Federally Qualified Health Center (FQHC) or health department and you serve lots of clients with different funding streams. How can you know who to include in the RSR?

The Client Must Meet Two Cr

**RSR in Focus on
Eligible Scope**

1

Be eligible to receive a RWHAP-funded service

- Eligibility requirements are recipient-defined in conjunction with HAB
- Based on HIV status and income, residency, etc.
- Includes Ending the HIV Epidemic (EHE) Initiative eligibility

2

Have received a service for which the provider received RWHAP or RWHAP-related funding during the reporting period, regardless of the payor

- RWHAP Parts A-D
- EHE Initiative
- RWHAP-related funding: [Pharmaceutical rebates](#) and [program income](#)

To be included in the RSR, the client must meet two criteria: (1) First, the client must meet the recipient's Ryan White eligibility requirements. Eligibility requirements are decided between your recipient and HAB, and are based on HIV status and other criteria such as income and residency. Note that if you received Ending the HIV Epidemic Initiative funding, EHE-eligible clients should also be included in your client-level data file. This is important to note because EHE has different eligibility requirements than the Ryan White program.

(2) The second of the criteria is that the client must also have received a service that the provider funds with RWHAP funds or Parts A-D, Ending the HIV Epidemic Initiative or EHE funds, or RWHAP-related funding. RWHAP-related funding means services funded with pharmaceutical rebates and program income. If you're not sure what qualifies as RWHAP-related fundings, please check out the links on this slide with HAB's policy clarification notices.

(3) There is a nice RSR in Focus on eligible scope.

(3) There is a nice RSR in Focus on eligible scope.

Which Clients Should Be Included in the RSR?

Step #1 - Which clients meet the eligibility requirements?

Example of possible eligibility requirements:

- HIV positive
- Income – up to 500% FPL
- Lives in Mason County

Let's start with reviewing clients to determine if they meet eligibility requirements. In this example, the eligibility requirements are that the client is HIV positive, has a federal poverty level of up to 500% and lives in the geographic/service area for which they were funded. In this case, Mason County.

As a reminder, your recipient requirements may be different than what I just presented because they are determined between recipients and HAB.

Quiz #1

Provider eligibility requirements:

- HIV positive
- Income – up to 500% FPL
- Lives in Mason County

- Martin is HIV positive, lives in Mason County, and is insured through his employer
- Does Martin meet eligibility requirements?
 - Yes, he is HIV positive
 - No, he is insured through his employer
 - Not sure

Martin is HIV positive, lives in Mason County, and is insured through his employer

Is Martin eligible for RSR reporting?

Yes, he is HIV positive

No, he is insured through his employer

Not sure: **The correct answer is not sure. This recipient has an income requirement, and we don't know what Martin's income is. Insurance status does not affect his eligibility for RWHAP.**

Which Clients Should Be Included in the RSR?

Step #2 - Receives a service for which the provider received RWHAP, EHE, or RWHAP-related funding

Provider receives RWHAP funding for:

- Outpatient ambulatory health services (OAHS)
- Food bank/home delivered meals

The second step in determining which clients should be included in the RSR is ensuring that the client has received a service for which the provider received RWHAP or RWHAP-related funding during the reporting period, regardless of the payor.

In this example, let's say the provider agency receives RWHAP funding for outpatient ambulatory health services, or OAHS, and food bank/home delivered meals.

Quiz #2

Provider receives RWHAP funding for:

- Outpatient ambulatory health services (OAHS)
- Food bank/home delivered meals

- Marlena:
 - Is HIV positive
 - Lives in Mason County
 - Is insured through her employer
 - Received mental health services
- Is Marlena eligible for RSR reporting?
 - Yes, she meets RWHAP eligibility requirements
 - No, she didn't receive a service within a category funded by RWHAP or RWHAP-related funding
 - Not sure

Marlena is eligible for RWHAP and received mental health services.

Is Marlena eligible for RSR reporting?

Yes, she meets RWHAP eligibility requirements

No, she didn't receive a service within a category funded by RWHAP or RWHAP-related funding: **This is the correct answer. Marlena should not be reported because she did not receive a service funded by RWHAP or related funding.**

Not sure

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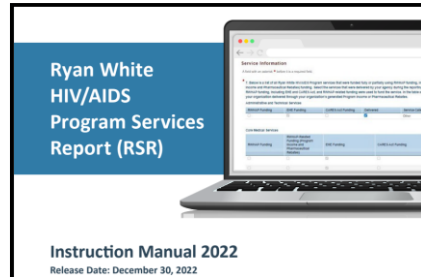
Reviewing Your Data Before Submission

Questions

(1) Now let's review reporting the required data.

What Data to Report

- Services, demographics, and clinical information
- Report only the service categories you are funded to provide by RWHAP, EHE, or RWHAP-related
 - It doesn't matter who actually paid for the service (e.g., Medicaid, RWHAP)
- [RSR Manual](#)



There are three types of data in the RSR: Services, Demographics and Clinical Information. You report services in categories funded with RWHAP or RWHAP-related funds. If a client is eligible, it doesn't matter who paid for the service, just that your agency uses RWHAP or RWHAP-related funding for the overall service category.

What Services to Report

- EHE service category: only for EHE-funded services that don't fit any service category defined in PCN 16-02
- Core medical, support services, and EHE services: # of visits in the reporting period
- AIDS Pharmaceutical Assistance and Health Insurance Premium and Cost Sharing Assistance: Yes, client received the service



Policy Clarification Notice 16-02

Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds

Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18)
Replaces Policy #10-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWAP) Parts A, B, C, and D, and Part F where funding supports direct care and treatment services.

Purpose of PCN

The policy clarification notice (PCN) replaces the HRSA HIV/AIDS Bureau (HAB) PCN 10-02: Eligible Individuals & Allowable Uses of Funds. This PCN defines and provides program guidance for each of the Core Medical and Support Services named in statute and defines individuals who are eligible to receive these HRSA RWAP services.

Background

The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving Federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of Federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in [45 CFR Part 75, Subpart E, Administrative Requirements, Cost Principles, and Audit Requirements for HHS](#). **Note:** HRSA Federal Grant and Cooperative Agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipients to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see [45 CFR 92.75.351-352](#)).

[45 CFR Part 75, Subpart E—Cost Principles](#) must be used in determining allowable costs that may be charged to a HRSA RWAP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWAP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

HIV/AIDS BUREAU POLICY 16-02

1

There were two types of services included in the RSR: core medical and support services. PCN 16-02 describes each service in detail.

Services funded through EHE are also included in the RSR. The EHE initiative service category should only be used if a service does not fit in to a previously-defined service category in PCN 16-02.

For most services, you will report the number of visits that the clients received in the reporting period, which cannot be more than one per service category per day. For AIDS Pharmaceutical Assistance and Health Insurance Premium and Cost Sharing Assistance, you report yes if the client received the service.

How do you know what services you are funded to provide?

- Check out this [RSR in Focus](#)
- Tips for:
 - Identifying which services your RWHAP and RWHAP-related funding cover
 - Coordinating across program and IT staff
 - Ensuring you are collecting and reporting correct services



Reporting Services Correctly in the RSR

The Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) provides grants to state, tribal, territorial and community-based agencies to provide care, medication and essential support services to people with HIV. [HRSA HAB provides guidance](#) regarding eligible individuals and allowable use of Ryan White HIV/AIDS Program (RWHAP) funds. Service category descriptions and program guidance include both core medical and support services, ranging from outpatient/ambulatory health services (OAH) to medical transportation.

Annually, RWHAP-funded recipients and providers are required to submit the RWHAP Services Report (RSR). The RSR includes three reports: the Recipient Report, the Provider Report and the Client-Level Data (CLD) Report (i.e. client-level data XML file). This document provides guidance regarding how to ensure that CLD accurately reflects the services for which providers were funded. It was primarily developed to support service providers that are direct recipients of RWHAP funding from HRSA HAB. Providers that are subrecipients (e.g., receive RWHAP funding from a state or local health department) should consult their recipient for additional guidance.

Client-Level Data Report Requirements Overview

Guidance related to reporting services in the CLD include:

- Client-level data should include all clients who were RWHAP eligible and received a service within a category funded by RWHAP or RWHAP-related funding in the reporting period.

- All service visits within those categories, regardless of who paid for the service (e.g., RWHAP, Medicaid) should be reported. For more information on this requirement, see the [RSR in Focus on Eligible Services Reporting](#).

- The specific data that needs to be reported for each client depends on the services that the client received. For example, providers only report clinical data for HIV-positive clients who received OAH. Appendix A of the [RSR Instructions Manual \(the Reporting XML Schema for RWHAP Services Table\)](#) outlines the required data elements in more detail.

In the **Provider Report**, you should check off all the RWHAP service categories that were delivered in the reporting period. The service tables in the Provider Report are pre-populated by the **Recipient Report**, which indicates which RWHAP service categories you are funded to provide. For example, if your agency is funded directly by HRSA HAB for Part C and by the state through Part B, your agency and the state will each complete a Recipient Report, which will pre-populate the service table in the Provider Report.

[https://www.hrsa.gov/hiv-aids/hab/whap/whap-reporting/recipient-02/04/2022](#)

This resource was prepared by CAI and their partners: All Assistance and Planning Activities under Cooperative Agreement #5U49CE000454 from the Health Resources and Services Administration (HRSA) Bureau. It is provided as a service to the responsibility of the states and the local community-based organizations (CBOs) of the HRSA HAB.

A project of CAI in partnership with HRSA and HAB

DISQ created an [RSR in Focus](#) with tips for:

Identifying which services your RWHAP and RWHAP-related funding cover

And coordinating across program and IT staff to ensure you are collecting and reporting correct services

What Services to Report?

Provider receives Part A funding for OAHS and oral health, and EHE funding for transportation assistance.

	Tiana	Michael
Services Received	<ul style="list-style-type: none"> • OAHS • Emergency Financial Assistance • Other Professional Services 	<ul style="list-style-type: none"> • Food Bank/Home Delivered Meals • Oral Health • Transportation Assistance

Let's walk through another example to see how well you understand what services to report. The provider receives Ryan White Part A funding to provide OAHS and oral health services. They also receive EHE funding to support transportation assistance. Both Tiana and Michael have been determined to be eligible for Ryan White. Tiana receives OAHS, emergency financial assistance and other professional services, while Michael receives food bank/home delivered meals, oral health and transportation assistance. Based on this information, what services should be reported?

- (1) Tiana, OAHS should be reported. Even though the client also received emergency financial assistance and other professional services, the agency did not receive RWHAP or RWHAP-related funding for those services. (2) Michael, oral health and transportation assistance would be reported.

Remember that service categories funded by EHE should be included in the RSR.

Quiz #3

Wellness Agency Funding

Funder	Funded Services
RWHAP Part C	<ul style="list-style-type: none">• Medical case management (MCM)• Mental health services• OAHS
SAMHSA	<ul style="list-style-type: none">• Mental health services• Housing
Pharmaceutical rebates	<ul style="list-style-type: none">• Medical transportation• Outreach

Let's try a quiz. Wellness Agency receives:

- Part C funding for medical case management (MCM), mental health services, and OAHS
- SAMHSA funding for mental health and housing services
- They also use funds from pharmaceutical rebates for medical transportation and outreach

Quiz #3

Wellness Agency Funding

Funder	Funded Services
RWHAP Part C	<ul style="list-style-type: none">• MCM• Mental health services• OAHS
SAMHSA	<ul style="list-style-type: none">• Mental health services• Housing
Pharmaceutical rebates	<ul style="list-style-type: none">• Medical transportation• Outreach

Isabel

1. Mental health
2. Outreach

Sean

1. Housing

Romaisa

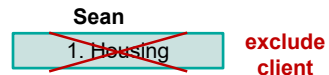
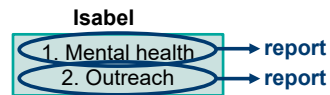
1. OAHS
2. Housing

Now that we know how our sample agency funds their services, let's take a look at three sample clients to see which services should be included in the RSR. Assuming clients Isabel, Sean, and Romaisa all meet the agency's eligibility requirements, please select which of the following services should be reported for each client. Isia, can you please launch the poll?

Quiz #3

Wellness Agency Funding

Funder	Funded Services
RWHAP Part C	<ul style="list-style-type: none"> MCM Mental health services OAHS
SAMHSA	<ul style="list-style-type: none"> Mental health services Housing
Pharmaceutical rebates	<ul style="list-style-type: none"> Medical transportation Outreach



Isabel received mental health and outreach services. Which should be reported?

- Mental health only
- Outreach only
- Both mental health and outreach (1) mental health is funded with Part C, and outreach with pharmaceutical rebates which are RWHAP-related funding**
- Not reported

I want to note here that it doesn't matter if SAMHSA funding paid for Isabel's mental health care. Because the service category overall is also funded by Ryan White Part C, the service should be reported.

Sean received housing services. Which should be reported?

- Housing only
- No services should be reported; exclude client from the RSR**

Romaisa received OAHS and housing. Which should be reported?

- OAHS only (3) OAHS is funded with Part C, but housing is only funded with SAMHSA, so it should not be included**
- Housing only
- Both OAHS and housing
- Not reported

What Else Should Be Reported?

Service Category

Table 6. Required Client-Level Data Elements for RWHAP Services

Client-Level Data Elements	Report the data element																2018								
	Outpatient/Ambulatory Health Services	Case Management	Oral Health Care	Early Intervention Services	Home and Community-Based Health Services	Mental Health Services	Medical Nutrition Therapy	Case Management/Outpatient Care	ADP/Pharmaceutical Assistance and Cost-Sharing Assistance	Case Management	Case Management	Emergency Financial Assistance	Meals	Home/Delinquent	Health Education/Risk Reduction	Language Services		Medical Transportation	Outreach Services	Psychosocial Support Services	Support for Health Care and Rehabilitation Services	Supportive Case Management Services	Substance Abuse Services (residential)	Other Supportive Services	
Client Demographics																									
Age of birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.8
Ethnicity	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.6
Ethnic subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.6
Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.8
Race subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.8
HAPI subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.8
Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.6
Sex at birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.6
Health coverage	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.6
Housing status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.6
Housing intake collection date	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.6
Federal poverty level percent	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.6
HIV/AIDS status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.9
Client risk factor	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	4.5
Vital status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	6
1st HIV diagnosis year (for new clients)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3
New client (for EHR initiative-funded providers)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	1.6
Revised services previous year (for EHR initiative-funded providers)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4.6
Client Clinical Care																									
First outpatient/ambulatory health service visit date	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.4
Outpatient/ambulatory health service visits and dates	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4
CHA counts and dates	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4
Vital test counts and dates	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4
Screened AET	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3
Screened for syphilis	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3
Pregnant	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.4.4
Date of first positive HIV test (for clients with new HIV diagnoses)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	1.3.4.5.6
Date of OASIS visit after first positive HIV test (for clients with new HIV diagnoses)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	1.3.4.5

Required Client-Level Data Elements for RWHAP Services

Now that you know which clients to include and the services that you are reporting, you can determine what other data you have to report for each of those clients. In other words, you don't have to report the same information for each client. A great resource to help you out is this chart, which we sometimes call the "meatball chart" in Appendix A in the RSR Instruction Manual.

This chart lists all the RWHAP service categories across the top and then all of the demographic and clinical variables down the side. If there is a dot in the middle of the box, that means that data element should be reported for a client receiving that service.

Demographics

Services	Demographics to be reported
All services	<ul style="list-style-type: none"> • Year of Birth • Ethnicity • Hispanic Subgroup • Race • Asian Subgroup • NHPI Subgroup • Gender • Sex at Birth • New Client*
All core medical, Non-Medical Case Management (NMCM), EHE	<ul style="list-style-type: none"> • Health Coverage • Received Service in Previous Year (if not new)*
Outpatient Ambulatory Health Services (OAHS), Medical Case Management (MCM), NMCM, Housing, EHE	<ul style="list-style-type: none"> • Housing Status • Housing Status Collection Date
OAHS, MCM, NMCM, EHE	<ul style="list-style-type: none"> • Federal Poverty Level Percent • HIV/AIDS Status • Vital Status • HIV Diagnosis Year** • Client HIV Risk Factor

*only for providers who receive EHE funding.

** only for new clients

- (1) There are nine data elements required regardless of which services the client receives: Year of birth, race, ethnicity, race and ethnicity subgroups, gender and sex at birth, and whether the client was new in the reporting year.
- (2) Health coverage is required for all core medical services as well as non-medical case management and EHE services.
- (3) Housing status and housing status collection date should be reported for five services: OAHS, medical case management, non-medical case management, housing, and EHE.
- (4) The remaining demographic variables should be reported for four services: OAHS, medical case management, non-medical case management, and EHE.

There are a couple of asterisks in the table. I want to highlight that the New Client and Received Services in Previous Year data elements are only required for EHE funded providers. Also, HIV Diagnosis Year is only reported for clients who are new to your agency, either because they transferred care or were newly diagnosed with HIV.

Clinical Information

Services	Clinical Information
Outpatient ambulatory health services (OAHS)	<ul style="list-style-type: none">• First Outpatient/Ambulatory Care Visit Date• Outpatient/Ambulatory Care Visits• CD4 Counts and Dates• Viral Load Counts and Dates• Prescribed ART• Pregnant• Date of First Positive HIV Test*• Date of OAHS visit after first positive HIV Test*

*only for newly-diagnosed clients

Now let's move to clinical information. Clinical information is only required to be reported for clients that receive OAHS services (and who are HIV positive). All of the listed data elements should be reported for all clients except for the last two: date of first positive HIV test and date of OAHS visit after first positive HIV test. These two data elements are only reported for clients who were newly diagnosed in the reporting period.

If you're using an RSR-ready system, your system will know which data elements to report depending on the services provided so you should be all set as long as the required data are entered.

One other important note-your recipient may ask you to collect more information for local use. What I've reviewed is what is reported in the RSR.

Quiz #4

Services	Data to be reported
All services	<ul style="list-style-type: none"> Year of Birth Ethnicity Race & racial subgroups Gender Sex at Birth New Client
All core medical, NMCM, EHE	<ul style="list-style-type: none"> Health Coverage Received Service in Previous Year (if not new)
OAHS, MCM, NMCM, Housing, EHE	<ul style="list-style-type: none"> Housing status Housing status collection date
OAHS, MCM, NMCM, EHE	<ul style="list-style-type: none"> Federal Poverty Level Percent HIV/AIDS Status Vital Status HIV Diagnosis Year Client HIV Risk Factor
OAHS	Clinical Information

Now we're going to move into our fourth quiz for today. I have an abbreviated version of the required data elements by service type in the table on this slide.

Services	Demographics to be reported
All services	<ul style="list-style-type: none"> Year of Birth Ethnicity Race & racial subgroups Gender Sex at Birth New Client
All core medical, NMCM, EHE	<ul style="list-style-type: none"> Health Coverage Received Service in Previous Year (if not new)*
OAHS, MCM, NMCM, Housing, EHE	<ul style="list-style-type: none"> Housing status Housing status collection date
OAHS, MCM, NMCM, EHE	<ul style="list-style-type: none"> Federal Poverty Level Percent HIV/AIDS Status Vital Status HIV Diagnosis Year Client HIV Risk Factor
OAHS	Clinical Information

Isabel

1. Mental health
2. Outreach

Romaisa

1. OAHS

We're going to come back to the two clients from our last quiz who you determined should be included in the RSR – Isabel and Romaisa. We're wondering data to report for these clients. Specifically, ethnicity, clinical data, and federal poverty level. For which clients should these data be included in your RSR?

Services	Demographics to be reported
All services	<ul style="list-style-type: none"> • Year of Birth • Ethnicity • Race & racial subgroups • Gender • Sex at Birth • New Client
All core medical, NMCM, EHE	<ul style="list-style-type: none"> • Health Coverage • Received service in previous year (if not new)
OAHS, MCM, NMCM, Housing, EHE	<ul style="list-style-type: none"> • Housing status • Housing status collection date
OAHS, MCM, NMCM, EHE	<ul style="list-style-type: none"> • Federal Poverty Level Percent • HIV/AIDS Status • Vital Status • HIV Diagnosis Year • Client HIV Risk Factor
OAHS	Clinical Information

Isabel

1. Mental health
2. Outreach

Romaisa

1. OAHS

For which clients should the "Ethnicity" variable be reported?

- a. Isabel only
- b. Romaisa only
- c. Both Isabel and Romaisa **(2) Ethnicity is one of the variables that should be reported for clients who receive any service**
- d. Neither client

Quiz #5

Services	Demographics to be reported
All services	<ul style="list-style-type: none"> Year of Birth Ethnicity Race & racial subgroups Gender Sex at Birth New Client
All core medical, NMCM, EHE	<ul style="list-style-type: none"> Health Coverage Received service in previous year (if not new)
OAHS, MCM, NMCM, Housing, EHE	<ul style="list-style-type: none"> Housing status Housing status collection date
OAHS, MCM, NMCM, EHE	<ul style="list-style-type: none"> Federal Poverty Level Percent HIV/AIDS Status Vital Status HIV Diagnosis Year Client HIV Risk Factor
OAHS	Clinical Information

Isabel

1. Mental health
2. Outreach

Romaisa

1. OAHS

For which clients should clinical information be reported?

- Isabel only
- Romaisa only **(2) Clinical information should only be reported for clients who received OAHS services**
- Both Isabel and Romaisa
- Neither client

Quiz #6

Services	Demographics to be reported
All services	<ul style="list-style-type: none"> Year of Birth Ethnicity Race & racial subgroups Gender Sex at Birth New Client
All core medical, NMCM, EHE	<ul style="list-style-type: none"> Health Coverage Received service in previous year (if not new)
OAHS, MCM, NMCM, Housing, EHE	<ul style="list-style-type: none"> Housing status Housing status collection date
OAHS, MCM, NMCM, EHE	<ul style="list-style-type: none"> Federal Poverty Level Percent HIV/AIDS Status Vital Status HIV Diagnosis Year Client HIV Risk Factor
OAHS	Clinical Information

Isabel

1. Mental health
2. Outreach

Romaisa

1. OAHS

Launch poll

For which clients should federal poverty level be reported?

- Isabel only
- Romaisa only **(2) Federal poverty level should only be reported for clients with OAHS, medical or non-medical case management, or EHE services. Dorothea did not receive any of those services.**
- Both Isabel and Romaisa
- Neither client

Outline

Tools to Get Started

Including the Right Clients




Reporting Required Data

Reviewing Your Data Before Submission

Questions

Now let's move on to (1) reviewing your data before submission

Review Your Data Before Upload

System Used to Create the RSR Client-Level Data File	Tools
CAREWare 	CAREWare RSR Report Viewer
Other RSR-Ready System 	Check with system vendors
TRAX 	CHEX tool included in TRAX Download Package Demo on recent TRAX Webinar

There are a lot of tools available to help you review your data submission both before upload and after you upload in the RSR Web System. I'd like to take a moment to review some of these. First, many RSR-ready systems have created reports to help you review your data quality. (1) A great example for CAREWare users is the RSR Report Viewer that mimics the Upload Completeness Report in the Web System. You can identify clients with specific data issues just by clicking on the results in the report and then make any needed corrections. (2) Besides CAREWare, other RSR-ready systems have also developed reports to review your data. Contact the DISQ Team or check with your system vendor to learn more about what is available. (3) For those of you using TRAX, remember that CHEX is in the download package. CHEX is an excel table that has the validations built in so, once you populate your data, you can identify any data quality issues. If you want to see a demo of this process, check out our recent TRAX webinar.

Review Your Data After Upload

- Validation Report
 - Compares data against [full list of validation checks](#)
 - [RSR In Focus: Validations for Client-Level Data](#)
- Upload Completeness Report
 - Shows breakdown of responses/ missing data for each element
 - In Focus on [UCR](#)
 - [UCR Training Module](#)
 - [Upcoming webinar \(2/21\)](#)

Once you upload your file into the RSR Web System, you can access two important data quality reports: the validation report and the upload completeness report. (1) The validation report compares your data against the list of validation checks. There is a nice RSR in Focus that summarizes these validations.

(2) The upload completeness report, or UCR, is an aggregate report, summarizing your RSR data. It shows a breakdown of each response option by RSR data element, including any missing data.

(3) You can check out the RSR in Focus.

(4) An interactive training module can help you learn how to use the UCR, interpret what the report shows you, and resolve data issues if you find them.

4) Also, be sure to attend the February 21th UCR Bootcamp to get more help on the UCR.

Are All of the Clients Included?

Summary Data

How many clients did you expect to see?

Population	N	%
Total clients submitted	78	100.0%
Clients with at least one service of any kind	78	100.0%
Clients with at least one Core Medical Service	72	92.3%
Clients with at least one OAHS, MCM, CM, or Housing Service	52	66.7%
HIV-positive clients with at least one OAHS Service	51	65.4%

Does the number reflect your eligible clients who received a service for which your agency received RWHAP funding?

The very first table in the report tells you the number of clients submitted within different service category groupings. These may look familiar because they are the groupings that we discussed earlier when we talked about required data. (1) What does that first number tell you about your program? Maybe it looks too low or too high. For example, if you were expecting to see close to 500 eligible clients in your file, (2) the fact that there are 78 total clients submitted should stick out to you!

Are the Correct Services Included?

Core Medical and Support Services
Denominator: Clients with any services 27, 28-42, 46

CLD ID#	Response Category	N	%	Visits
16	Outpatient/Ambulatory Health Services	58	66.7%	69
18	Oral Health Care	25	32.1%	38
19	Early Intervention Services (EIS)	0	0.0%	0
21	Home Health Care	0	0.0%	0
22	Home Health Services	0	0.0%	0
23	Home Care Services	0	0.0%	0
24	Home Care Services	0	0.0%	0
25	Home Care Services	0	0.0%	0
26	Home Care Services	39	50.0%	100
27	Substance Abuse Outpatient Care	0	0.0%	0
28	Non-Medical Case Management Services	23	29.5%	0
29	Child Care Services	0	0.0%	0
31	Emergency Financial Assistance	0	0.0%	0

Looks right! About two thirds of my clients have OAHS

Looks wrong! We provide substance abuse outpatient care. What happened to those services?

Clients have 1-2 visits per year

Next, you want to see if you have reported all the required data for those clients. Here is a table showing the number and percent of clients with a service reported and the total number of visits for each service category. (1) I'm happy to see that about two third of my clients receive OAHS. However, (2) they have about 1 to 2 visits year ,which seems low to me, so I want to check to see why I am not reporting all services.(3) I also notice service categories that are blank where there should be data. We are funded to provide substance abuse outpatient care, but we have no clients receiving that service, so we know something is off. After noticing this issue, we can go back and check our source data to determine why these data aren't here.

Other Required Data in the UCR

- The last row of each table indicates the # and % of required clients with missing data
 - Less than 10% missing data is the goal
- Pay special attention to key data elements:
 - Viral load
 - Prescribed ART
 - Health coverage
 - Poverty level percentage
 - Housing status

Now, let's move on to the other required data: demographics and clinical data. Each table in the UCR has the number and percentage of clients with missing data in the bottom row. The goal for all data elements is less than 10% missing data.

If your data quality resources are limited and you're not sure what to prioritize, focus on the following key data elements: viral load, prescribed ART, health coverage, poverty level percent and housing status.

Are Data Missing?

Housing Status (Item 10)

Denominator: Clients with OAHS, MCM, CM or Housing services (N = 52)

Response Category	N	%
Stable	20	38.5%
Temporary	15	28.8%
Unstable	0	0.0%
<i>Missing/Out of range</i>	17	32.7%

Let's take a look at housing status as an example. You can look in the bottom row of your UCR tables to see how much missing data you have. (1) We strive for less than 10% missing, so if you're missing a lot of data, like 33% in this case, you'll want to correct that as best you can before the final submission.

Ensure Your Data Reflect Your Program

A new validation will alert you of this issue

Prescribed Antiretroviral Medications (Item 52)

Response Category	N	%
Yes	0	0.0%
No	50	100.0%
Missing/Out of range	0	0.0%

Last Viral load test result (Item 50)

Response Category	N	%
<200 copies	25	50.0%
≥200 copies	25	50.0%
Missing/Out of range	0	0.0%

Sometimes, your data can be complete but this doesn't mean they are accurate. Clinical data elements are a good place to look to see if the data reflect your program. On this slide, I'm using prescribed antiretrovirals and last viral load test result as examples. (1) For prescribed ART, the data are technically complete but based on what was submitted, this shows that no clients are prescribed ARVs. In this case you should review your data to check to see if this is right. You can also look at your viral load results to see if the two elements make sense together. (2) Here, the report says 50% of clients are virally suppressed.

Why Don't My Data Reflect My Program?



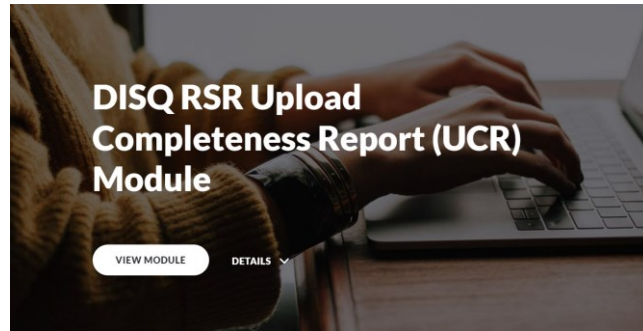
How can half of the clients be virally suppressed if they aren't prescribed ART?



Contact the DISQ Team at Data.TA@caiglobal.org

But how can half of the clients be virally suppressed if they aren't prescribed ARVs? It looks like the prescribed ARV data don't reflect your program. In a case like this, you should go back and look at your source data to attempt to determine why the ART data are not being pulled correctly into your XML. If you run into issues determining the source of your data quality issues, (1) contact the DISQ Team and we can help you through it!

RSR UCR Training Module



Access the module [here](#)

Now, I really want to plug again our new interactive RSR UCR Training Module, which basically walks you through the entire UCR in the same way that I did with those few tables. If you do use the module and have any questions or feedback for us, please don't hesitate to reach out.

Recap

- Data quality is crucial to show the benefits of the RWHAP
- What to consider
 - Include the right clients
 - Include the required data for those clients
 - Ensure your data reflect your program activities
- Review data before you submit your RSR
 - There are lots of tools available to help you do this
 - The DISQ Team can review your UCR with you

To wrap up, I want to recap what we talked about today as I know it was a lot of information. Essentially, data quality is crucial for showing Ryan White stakeholders the good work you're doing.

When assessing data quality consider three aspects:

Including the right clients

Including the required data for those clients

Ensuring your data reflect your program activities

Also, be sure to review your data before you submit your RSR. Tools like the Upload Completeness Report can help! Feel free to contact the DISQ Team if you want to review your UCR or have other questions about your data submission.



Now, like I mentioned at the beginning of today's webinar, we're going to launch a poll to see how comfortable you're feeling with the material we just covered. Isia, can you launch the poll?

Would you like a DISQ Team member to reach out to you to help you plan for your RSR?

- a. Yes
- b. No

(we don't need to share results for this poll)

RWHAP Technical Assistance Resources

The [RWHAP TA Resources Brochure](#) features information on each RWHAP technical assistance provider, including:

- RWHAP reports they support
- Questions they frequently respond to
- Contact information

Ryan White HIV/AIDS Program TA Resources

<p>RWHAP Data Support</p> <p>Reports: RWR, AQR, AETC, EHE, HIVCAL, PIR/Acculturation Report, Expenditure Report, GCAS, and CDR</p> <p>The Ryan White Data Support team provides support for questions related to data report content and submission date validation, and interpretation of the instruction manuals and HRSA HIV reporting requirements. They can address such issues as:</p>	<ul style="list-style-type: none"> • I don't understand something in the instruction manual. • I can't understand a reporting requirement. • What is the allowable response for a given data element? • I received a validation message (and I'm not sure why) and I don't know how to fix it. • What is my organization's relationship with our required (sub-reporting) provider? • How do I manage contacts in the GCAS? • What is my provider's registration code? • What is my GUID code? • How do I change my report's submission value? • I need the report returned to me for changes. • I don't understand a certain RWHAP service category and what activities are included in that category. 	<p>RWHAP DATA SUPPORT</p> <p>1-888-640-9356 Hours: 10am-6:30pm ET, M-F</p> <p>RyanWhiteDataSupport@rwma.com</p> <p>Target HIV - Data Support</p>
<p>Data Integration, Systems and Quality (DISQ) Team</p> <p>Reports: RWR, AQR, AETC, EHE, HIVCAL</p> <p>The DISQ Team aims to enhance the completeness, accuracy and consistency of RWHAP client-level data through capacity building, training and technical assistance (TA) to recipients and providers. They can address such issues as:</p>	<ul style="list-style-type: none"> • I'm a new user and I don't know where to start. • I need help with my client-level data. • What is the data reporting schema and how do I use it to report my source data? • How do I create an ABC list? • How do I use TRACT? • How do I integrate data from multiple sources? • How do I use the upload completeness report? • I need help addressing a data issue identified in my system-generated report. • How do I check the quality of our data? • I would like to improve my organization's process for collecting/managing/consigning our data. • Is there another organization that uses the same data system that I can talk to? 	<p>DISQ</p> <p>Data Integration, Systems & Quality TECHNICAL ASSISTANCE</p> <p>Data.TA@arglobal.org</p> <p>Target HIV - DISQ</p>
<p>EHBs Customer Support Center</p> <p>Reports: RWR, AQR, AETC, EHE, HIVCAL, PIR/Acculturation Report, Expenditure Report, GCAS</p> <p>The EHBs Customer Support Center assists with registering, accessing, and managing the EHBs. They can address such issues as:</p>	<ul style="list-style-type: none"> • I can't log into the EHBs. • I need help registering in the EHBs. • I need to add/change who is allowed to complete the report. • I need help finding my report in the EHBs. • I have a web system error. 	<p>HRSA Electronic Handbooks</p> <p>1-888-464-4772 Hours: 10am-6pm ET M-F</p> <p>EHBs.TA.Fam</p>
<p>CAREWare Help Desk</p> <p>Reports: RWR, AQR, EHE, HIVCAL</p> <p>The CAREWare help desk can assist with generating ABC lists from CAREWare. They can address such issues as:</p>	<ul style="list-style-type: none"> • I need help with CAREWare. • How do I generate my complete ABC list using CAREWare? • How do I create a custom report in CAREWare? • How do I import data from another system into CAREWare? 	<p>jProgr[®]</p> <p>1-877-394-2871 Hours: 12:00pm ET (Mon-Fri) and 10:30am-3:00pm ET (Tue-Thu)</p> <p>info@jprogr.com</p>
<p>Contact Your Project Officer</p> <p>They can address such issues as:</p>	<ul style="list-style-type: none"> • I have questions about my organization's RWHAP program. • I need help with my progress report. • I have a question about my grant funding. • I can't find the report deadline. • My organization is a recipient, and my provider is not submitting their data on time. • My organization did not collect all the required data. What do I do? 	<p>HRSA</p> <p>Health Resources & Services Administration</p> <p>HRSA Employment Directory</p>

This may feel like a lot to do. There are several resources available to help you. Check out the [RWHAP TA Resources Brochure](#), which features information on each RWHAP technical assistance provider, including:

- RWHAP reports they support
- Questions they frequently respond to
- Contact information

You can find this resource on the TargetHIV website.

Most importantly, please don't forget that there is no wrong door for TA – if we can't assist you, we're happy to refer you to someone who can!



Connect with HRSA

To learn more about our agency,
visit

www.HRSA.gov



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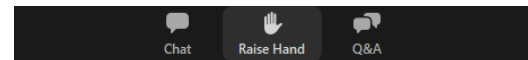
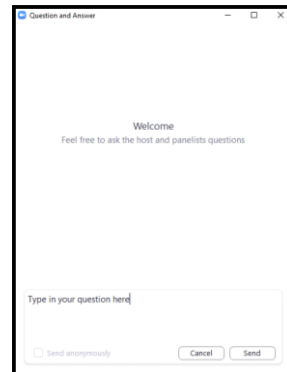
Finally, to connect with and find out more about HRSA, check out HRSA.gov.

Let's Hear From You!

- Please use the “raise hand” function to speak. We will unmute you in the order that you appear.

OR

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.



And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webinar. We really appreciate your feedback, and use this information to plan future webinars. My colleague Isia is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar.

As a reminder, you can send us questions using the “Q&A” button on your control panel on the bottom of your screen. You can also ask questions directly “live.” You can do this by clicking the “raise hand” button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. We hope you consider asking questions “live” because we really like hearing voices other than our own.

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for the written Q&A as well for answers to all of your questions.