RSR: THE BASICS

Ryan White HIV/AIDS Program Services Report (RSR)
HIV/AIDS Bureau
September 13, 2023

Welcome to the Ryan White HIV/AIDS Program Services Report (or RSR): The Basics 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 HRSA 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:

Denise Absher
RyanWhiteDataSupport@wrma.com

Hunter Robertson
Data.TA@caiglobal.org

Today's webinar is presented by Denise Absher from RWHAP Data Support. Denise will provide an overview of the RSR submission requirements and process to get you ready for the upcoming RSR.

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 a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague [Ruchi] will conference you in.

Now before we start, I'm going to answer one of the most asked questions regarding today's presentation. When will this presentation be available? The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

Disclaimer

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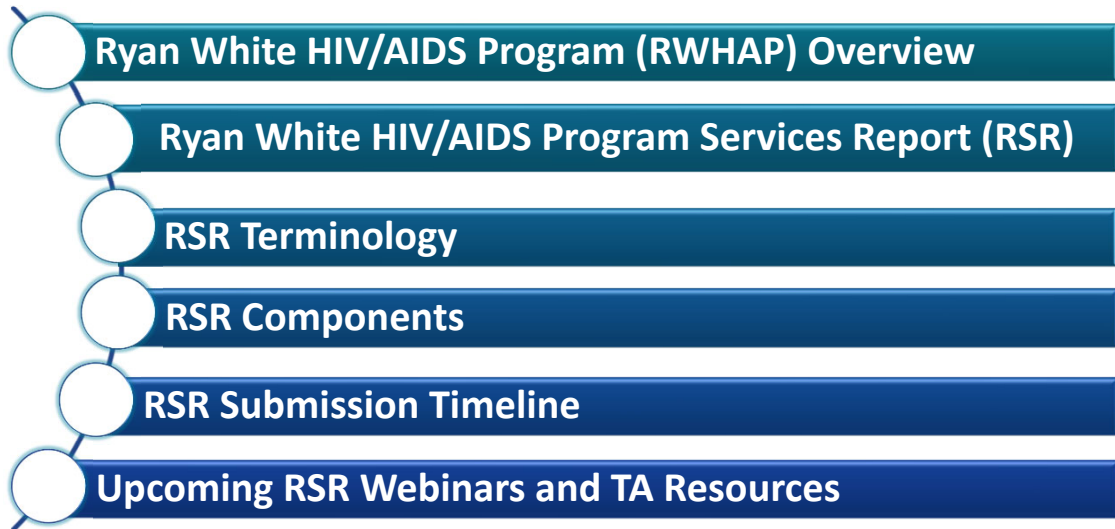Now I'd like to turn the webinar over to Denise.

Agenda

- **Ryan White HIV/AIDS Program (RWHAP) Overview**
- **Ryan White HIV/AIDS Program Services Report (RSR)**
- **RSR Terminology**
- **RSR Components**
- **RSR Submission Timeline**
- **Upcoming RSR Webinars and TA Resources**

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Thank you, Hunter, and thank you to everyone who has taken the time out to join us for today's webinar.

We will start today's webinar with an overview of the Ryan White HIV/AIDS Program which will include a brief discussion of the Ryan White HIV/AIDS Program Parts. We will then go over the definition and purpose of the Ryan White HIV/AIDS Program Services Report or RSR, define some terminology related to the RSR, talk through the sections of the RSR, review the 2023 RSR submission timeline and, finally, we'll discuss the upcoming RSR webinars and the TA resources available to you.

As Hunter mentioned, we'll have a question-and-answer session at the end of the presentation.

Resources

2023 RSR Instruction Manual

Ryan White HIV/AIDS Program Services Report (RSR)
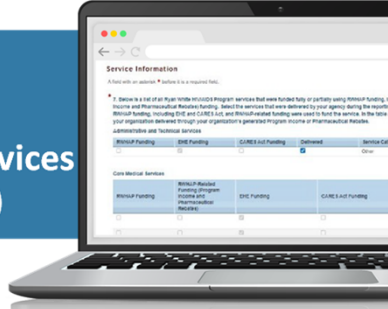
- Available soon on TargetHIV

Email Updates

Sign up to receive updates about the ADR, RSR, and related topics from the Data Integration, Systems & Quality TA Team (DISQ).

To update your subscription, complete the required fields (with an *) and click Submit. Then you'll be shown a link to update your record.

Subscribe

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- Subscribe to the DISQ listserv for email updates

Before we begin the webinar, please note that the 2023 RSR Instruction Manual will soon be available on the TargetHIV website.

The RSR Instruction Manual is an essential resource to utilize while completing your RSR. It includes the information being shared with you on today's webinar in much more detail. I recommend downloading it as soon as it becomes available.

To receive updates about the RSR including when the 2023 RSR Instruction Manual is available on the TargetHIV website and other related topics from DISQ, subscribe to their listserv for email updates.

The links for both the TargetHIV website and the DISQ listserv are provided in this slide.

I encourage you to review all the available resources on the TargetHIV website before you begin your 2023 RSR.

Before we start with the RWHAP overview, we'd like to know a little bit more about your experience with the RSR. I'm now going to pass the presentation to Isia from the DISQ team to launch the first poll question.

Is this your first time working on the RSR?
- Yes, this will be my first time working the RSR.
- No, I have submitted the RSR once or twice before.
- No, I have submitted the RSR three times or more.

For all the newcomers, today's presentation is the perfect place to start! For everyone that has submitted the RSR before, this webinar will be a great refresher!

Ryan White HIV/AIDS Program Overview

Let's start with an overview of the Ryan White HIV/AIDS Program and its Program Parts.

Overview of the Ryan White HIV/AIDS Program

❖The Ryan White HIV/AIDS Program (RWHAP) funds HIV care and treatment services for low-income people with HIV many of whom are uninsured or underserved.

❖HRSA awards RWHAP grants to cities, states, counties, and community-based groups to provide a variety of services including HIV medical care and support services.

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More than half of the people diagnosed with HIV in the U.S. receive services through the Ryan White HIV/AIDS Program. The Ryan White HIV/AIDS Program (RWHAP) is the largest federal program focused on HIV.

The program provides a comprehensive system of care and treatment that plays a key role in ending the HIV epidemic in the U.S.

It funds care and treatment services for low-income people diagnosed with HIV. Many people who receive services through the RWHAP are uninsured or underserved.

HRSA awards RWHAP grants to cities, states, counties, and community-based groups to provide HIV medical care, treatment, and support services for people with HIV, and improve health outcomes and reduce the transmission of HIV.

Ryan White HIV/AIDS Program Parts

Part A

Funds Eligible Metropolitan Areas and Transitional Grant Areas to provide medical and support services to cities and counties most severely affected by HIV

Part B

Funds states and U.S. territories to improve quality of and access to HIV health care, and provides medication through AIDS Drug Assistance Program

Part C

Funds local community-based groups to provide outpatient ambulatory health services and support for people with HIV

Part D

Funds local community-based organizations to provide medical care for low-income women, infants, children and youth, and support services for their families

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The Ryan White HIV/AIDS Treatment Extension Act of 2009 authorizes HRSA, to allocate funding to recipients under Program Parts: A, B, C, and D. Each has a different funding purpose.

Part A grants are awarded to Eligible Metropolitan Areas, and Transitional Grant Areas, to provide medical and support services to cities and counties most severely affected by HIV.

Part B grants are awarded to all 50 States, District of Columbia, Puerto Rico, U.S. Virgin Islands, and six U.S. territories to improve quality of and access to HIV health care and support in the U.S. Additionally, Part B funding is also used to provide medications to low-income people with HIV through the AIDS Drug Assistance Program, also known as, ADAP.

Part C grants are awarded to local community-based groups to provide outpatient ambulatory health services and support for people with HIV.

Part D grants are awarded to local community-based organizations to provide medical care for low-income women, infants, children and youth with HIV. Additionally, Part D

funding is also used to provide support services to people with HIV and their family members.

RSR Defined

Now that we know more about the RWHAP, let's look at the definition of the RSR and how the RSR supports the RWHAP.

What is the RSR?

❖ The RSR is a client-level data reporting requirement that monitors RWHAP recipients, providers, and clients served.

❖ All RWHAP-funded recipients (Parts A-D) and their contracted service providers are required to report client-level data annually to the HRSA HIV/AIDS Bureau (HAB).

What is the RSR? The RSR is a client-level data reporting requirement that monitors the characteristics of Ryan White recipients, providers, and clients served.

All RW-funded recipients (Parts A-D) and their contracted service providers are required to report client-level data annually to the HIV/AIDS Bureau (HAB) through the RSR.

Use of RSR Data

The client-level data reported by recipients and providers are used to:

- ❖ Monitor health outcomes of clients living with HIV who are receiving care and treatment services

- ❖ Address the impact of HIV in communities disproportionately affected, by assessing organizational capacity and service utilization

Why do we collect these data annually? What do we do with the data?

The client-level data reported by recipients and providers are used to:

Monitor health outcomes of clients living with HIV who are receiving care and treatment services.

Address the impact of HIV in communities disproportionately affected, by assessing organizational capacity and service utilization.
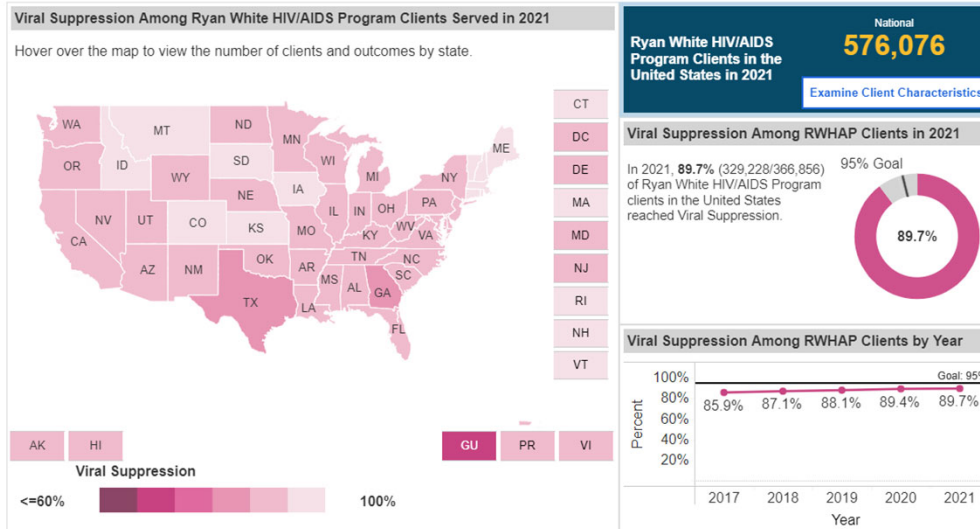
Data Use (cont'd)

❖ Monitor the use of the RWHAP to appropriately address HIV in the United States. The data collected through the RSR are reported to Congress to demonstrate the effectiveness of the RWHAP.

❖ Track progress towards achieving the goals outlined in the HIV National Strategic Plan

The data reported by recipients and providers are also used to monitor the use of the RWHAP to appropriately address HIV in the U.S. The data collected through the RSR are reported to Congress to demonstrate the effectiveness of the RWHAP. It's also used to demonstrate the need for continued program funding.

The data are also used to track progress towards achieving the goals outlined in the HIV National Strategic Plan.

RSR Data

Viral Suppression Among Ryan White HIV/AIDS Program Clients Served in 2021

Hover over the map to view the number of clients and outcomes by state.

Ryan White HIV/AIDS Program Clients in the United States in 2021 — National **576,076** — Examine Client Characteristics

Viral Suppression Among RWHAP Clients in 2021

In 2021, **89.7%** (329,228/366,856) of Ryan White HIV/AIDS Program clients in the United States reached Viral Suppression. — 95% Goal — **89.7%**

Viral Suppression Among RWHAP Clients by Year — 85.9% 87.1% 88.1% 89.4% 89.7% — Goal: 95%

Viral Suppression <=60% — 100%

Ryan White HIV/AIDS Program Compass Dashboard (hrsa.gov)

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If you're wondering if you can easily access the data you submit on broader level, the answer is yes!

In addition to congressional reporting, the RSR data you submit each year are used to create some helpful tools available on HRSA's RWHAP website including the 2021 Report of Clients Served by the RWHAP and the RWHAP Compass Dashboard which provided the data displayed on this slide.

Let's quickly look at an example of the data that are available on the Compass Dashboard.

In 2021, the Ryan White Program served over 576,000 people. Of the Ryan White Program clients who received HIV care, 89.7% reached viral suppression. Viral suppression among RWHAP clients has continued to rise since 2017.

In case you are not familiar with the Compass Dashboard, the dashboard is a user-friendly, interactive data tool that allows users to visualize the reach, impact, and outcomes of the RWHAP. It includes national, state, and metropolitan area level data.

You can even look at client characteristics and outcomes including age, housing status, transmission category, and viral suppression. The link to access the Compass Dashboard is included on this slide.

Please note that the 2022 data will be available soon on the Compass Dashboard.

RSR Terminology

Now that we know more about the Ryan White Program and the RSR, let's talk about some terminology related to the RSR that will be helpful to understand before getting into the reporting requirements. We'll start by looking at the relationship between the HRSA HAB recipients, providers, and subrecipients. These sound like very simple terms, but they have very specific meanings in the RSR.

Recipient

Receives RWHAP funding directly from the HRSA HIV/AIDS Bureau (HAB)

❖ May provide RWHAP-funded services

❖ May allocate funding to another agency to provide RWHAP-funded services

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The first term we will review is "recipient."

A recipient is an organization that receives Ryan White funding directly from the HRSA HAB. The recipient can either use the Ryan White funding to provide direct services themselves or they can allocate the funding to other organizations to provide direct services.

Provider

Provides direct services to clients or administrative services to the recipient

❖ Core medical and support services

❖ Administrative and technical services

❖ HIV counseling and testing (HC&T) services

A provider is an organization that uses Ryan White Program funding to provide direct services to Ryan White Program clients or to provide administrative and technical services.

A service provider can either receive funding directly from HRSA HAB in which case they are a recipient provider or receive funding from a HRSA HAB recipient.

Agencies can provide services that range from core medical services, support services, administrative and technical services, to HIV counseling and testing (HC&T) services.

Recipient Funding Relationships

Subrecipient

Second-Level Provider

To provide services, a funding relationship needs to be established between the recipient and a subrecipient or a second-level provider. The funding relationship is established with a formal contract, memorandum of understanding, or other agreement.

We'll discuss the difference between these entities in the next few slides.

Subrecipient

❖ Receives RWHAP funding from a recipient and is accountable to the recipient for the use of the funds provided

❖ May provide direct client services or administrative services directly to a recipient

HIV/AIDS Bureau

Health Department

Health Clinic
Subrecipient
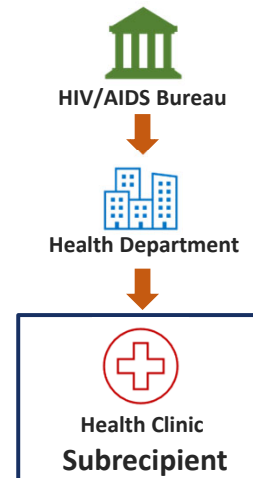
A subrecipient is an agency or organization that receives Ryan White Program funding from a recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient.

Let's look at this illustration to further understand the term, subrecipient.

Here we have a recipient, the health department, which means that they receive a grant directly from HRSA HAB. Let's say this recipient, funds a nearby health clinic with $50,000 to provide direct client services. Because this clinic receives its funding directly from the recipient, the clinic would be considered a subrecipient.

Second-Level Provider

Receives RWHAP funding from a recipient through a fiscal intermediary service provider

Types of fiscal intermediary providers:

- ❖ Fiscal Intermediary
- ❖ Consortia
- ❖ Administrative Agent
- ❖ Lead Agency

HIV/AIDS Bureau

Health Department

Fiscal Intermediary

Health Clinic
Second-Level Provider

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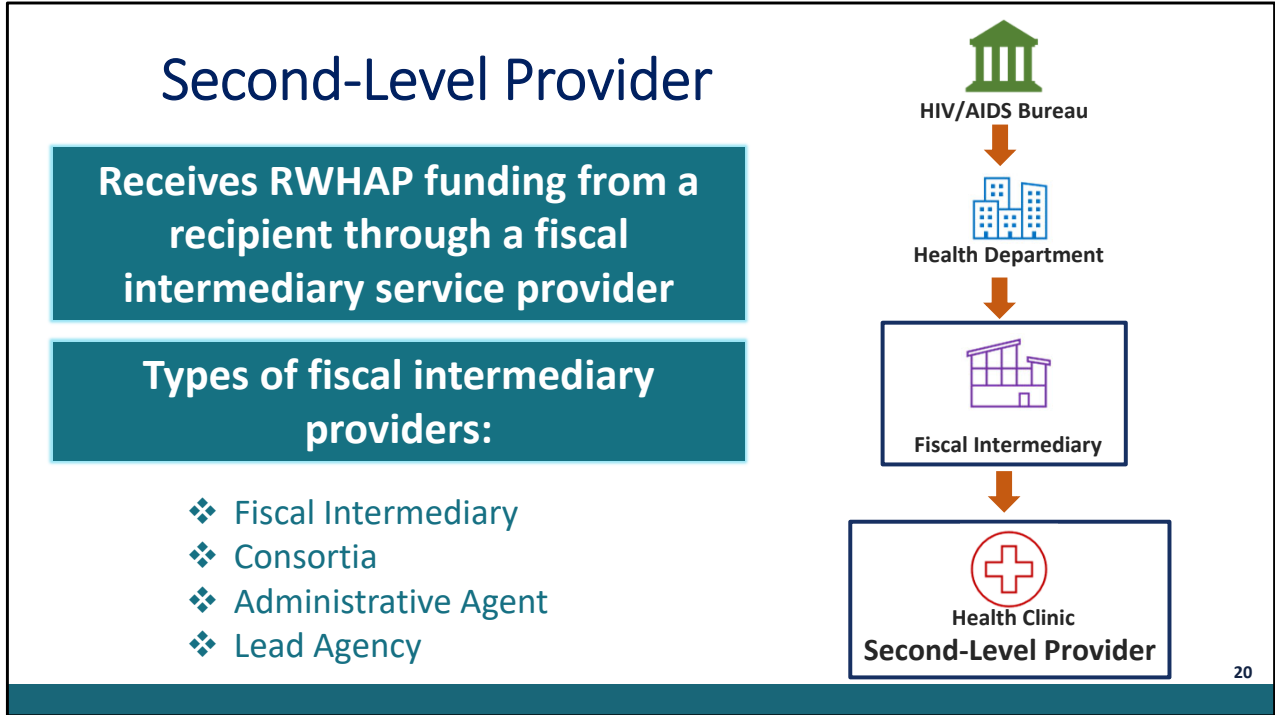
A Second-Level provider is an organization that receives Ryan White Program funding from a recipient through a fiscal intermediary.

HRSA HAB recognizes that recipients may use different types of fiscal intermediary providers such as, fiscal intermediaries, consortia, administrative agents, or lead agencies.

These organizations may assist in a variety of tasks including determining the eligibility of providers, deciding how funds are allocated and awarded, monitoring the providers' performance for compliance with Ryan White requirements, and assisting in the completion of required reports.

If you would like more information on the types of fiscal intermediaries, please refer to the RSR Instruction Manual available on TargetHIV.

Let's go through another example but this time to demonstrate a Second-Level provider. We'll start with our basic example from the previous slide. Let's say that the recipient, the health department, doesn't give their funding directly to this local

clinic. Instead, the health department works with another organization to help manage their funds, such as a fiscal intermediary, and this organization then gives the funding to the local health clinic to provide services. In this case, because the local clinic receives its funding through this fiscal intermediary, this local clinic would be considered a second-level provider.

Types of RWHAP Services

Core Medical Services	A set of essential, direct health care services provided to people with HIV
Support Services	Services needed to help those with HIV meet their medical outcomes
Administrative and Technical Services	Grant administration and monitoring activities

For further information regarding core medical and support service categories, consult PCN #16-02

Now that you have a better understanding of the different types of funding relationships, let's talk about the kinds of services providers can offer to Ryan White Program clients and recipients.

Services are divided into three categories: core medical services, support services, and administrative and technical services. Let's review the different types of services funded with Ryan White Program and Ryan White Program-related funds (which include program income and pharmaceutical rebates) that might be required for your RSR submission.

Core medical services provide essential, direct, health care services to people with HIV. Some examples of core medical services include Outpatient/Ambulatory Health Services (or OAHS), Oral Health Care and Medical Case Management.

Support services are those needed to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV. Examples of support services include Non-Medical Case Management, Emergency Financial Assistance, Housing, and Medical Transportation.

Administrative and technical services include funds utilized for routine grant administration and monitoring activities including clinical quality management.

I recommend reviewing the Policy Clarification Notice, or PCN #16-02 available on the HRSA website for complete definitions and descriptions of all core medical services and support services. This is a great resource containing information on service category definitions, eligible individuals, and allowable uses of funds. The definitions for administrative and technical services can be found in the RSR Instruction Manual.

Knowledge Check

After going over the different service providers recognized by HRSA HAB it's time for poll question. I will now turn it back over to Isia to launch our next poll which is a knowledge check.

If your agency receives Ryan White Program funding from a recipient and is accountable to the recipient for the use of the funds provided, what type of organization are you?
a. Subrecipient
b. Second-level Provider
c. I'm not sure.

If you answered Subrecipient, you're correct! A subrecipient receives Ryan White Program funding from a HRSA HAB recipient and is accountable to the recipient for the use of those funds. Thanks everyone for participating!

It's important to be able to identify the term that best describes your own agency. If you aren't sure of your organization type, please contact Data Support.

Now that we have a better understanding of the different provider types recognized

by HRSA HAB, let's get back to our presentation.

RSR Components

Let's go through the different required sections of the RSR.

Required Components

RSR

HRSA EHBs

Recipient Report

Provider Report

Client-Level Data Import
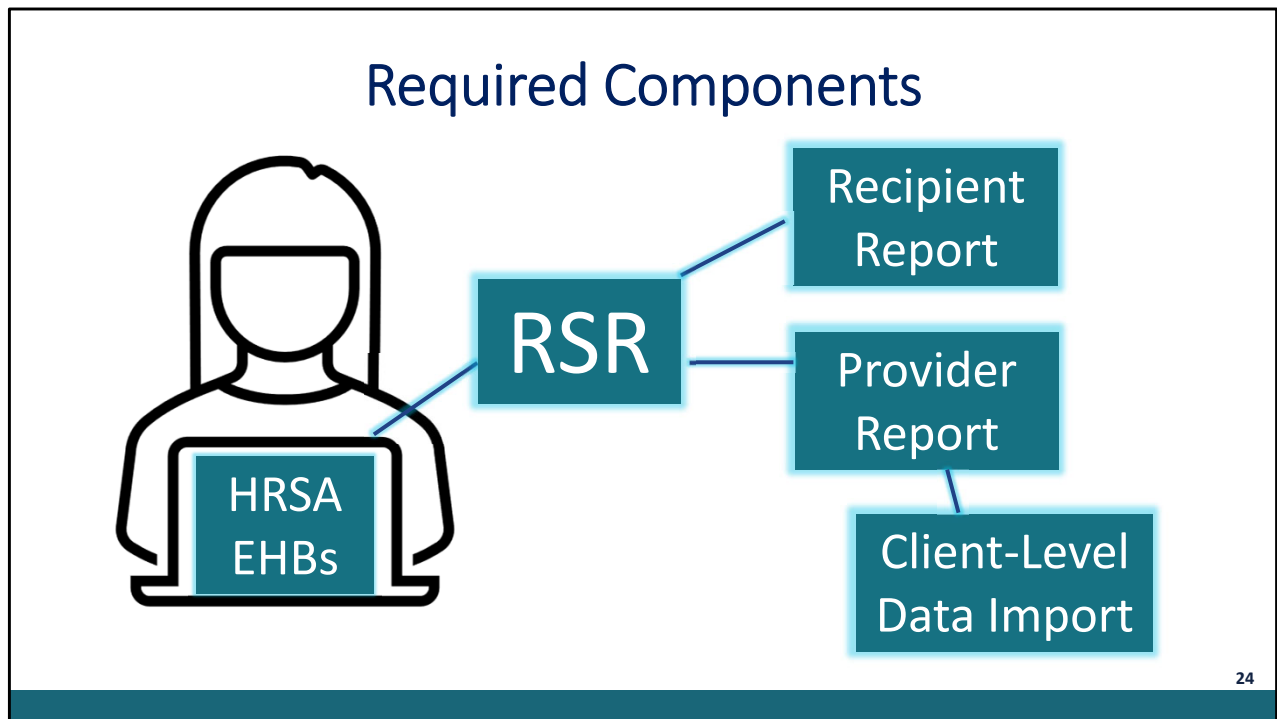
As previously mentioned, the RSR is a client-level data report that provides information on the characteristics of the funded recipients, their funded providers, the clients served, and the services delivered.

The RSR can be accessed through HRSA's Electronic Handbooks or EHBs. The EHBs is the web-based data entry system or portal for RW grant recipients and providers to report on the deliverables identified in their grant award. This includes the submission of the RSR.

The RSR is comprised of three different components:

- the Recipient Report
- the Provider Report, and
- the Client-Level Data or CLD Import

The CLD file is submitted with the Provider Report. We will talk more about the CLD file in a few minutes.

Now for today's presentation we won't be going in depth on how to complete each of

these sections. I recommend reviewing the RSR Manual and attending the upcoming RSR webinars, which will be reviewed at the end of the presentation.

RWHAP Services Report (RSR)

Any agency receiving any of the following types of RW funding are required to complete one or more of the RSR components:

❖ Parts A
❖ B and/or B Supplemental
❖ Part C
❖ Part D
❖ RWHAP-related funding and/or
❖ Ending the HIV Epidemic (EHE) initiative funding including EHE initiative carryover.

All agencies that receive RW Parts A, B, B Supplemental, C, and D funding; RW-related funding; and/or Ending the HIV Epidemic (EHE) initiative funding including EHE initiative carryover are required to complete one or more of these report components.

Recipient Report Overview

Recipients will complete a separate Recipient Report for each grant they receive from HRSA HAB

Section completed by RWHAP recipients ONLY

HIV/AIDS Bureau

RWHAP Part D Grant

RWHAP Part C Grant

Recipient

Part D Recipient Report

Part C Recipient Report
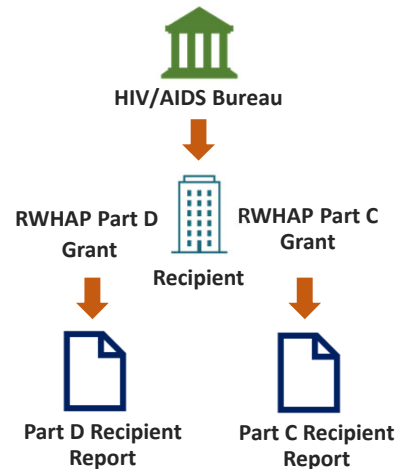
The first component we'll discuss is the Recipient Report.

Each RW recipient will complete a separate Recipient Report **for each grant** they received from HRSA HAB during the reporting period.

This section is completed by Ryan White Program **recipients only**.

So, an agency that receives one HRSA HAB grant will complete one RSR Recipient Report.

If this same agency received two HRSA HAB grants, like Part C and Part D, for example, they would complete two RSR Recipient Reports – one for Part D and one for Part C.

Two Recipient Report Sections

❖ General Information

- Official mailing address
- Tax ID
- Unique Entity Identifier or the UEI number
- Contact information

❖ Program Information (populated from the Grantee Contract Management System or GCMS)

- List of agency's contracted organizations
- List is populated from the GCMS

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There are two sections in the Recipient Report:

The first section, General Information, contains basic recipient information such as the official mailing address, Tax ID, Unique Entity Identifier or the UEI number, and the contact information of the person responsible for submitting the report.

The second section, Program Information, lists all the organizations that had a contract with the agency during the reporting period. This list is populated from the contracts entered in the Grantee Contract Management System or GCMS.

A great thing about the Recipient Report is that most of the information is prepopulated from the contracts created in the GCMS making the report easier to complete. In the next slide, I will present a brief overview of the GCMS.

GCMS Overview

Contains provider contract and service information including:

- ❖ Contract dates
- ❖ Provider relationship information
- ❖ Funded service categories
- ❖ Funded contract amounts

The GCMS is a data storage system that collects a recipient's provider contract information and is accessible year-round. The contracts created in the GCMS include contract and service information such as the contract dates, provider relationship information, funded service categories, and funded contract amounts.

Recipients, you have most likely already added your contracts in the GCMS for the submission of the Program Terms Report and/or the Allocations Report. Even if you have already added your current contracts in the GCMS, I strongly recommended that you review and/or update your contracts in the GCMS **before** beginning your 2023 Recipient Report.

GCMS Resources

Grantee
Contract
Management
System (GCMS)

Instruction Manual 2023
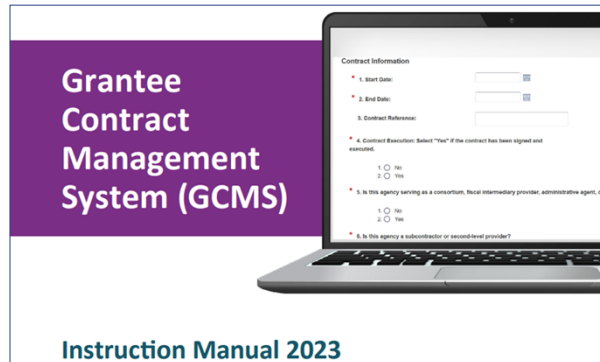
❖ **Grantee Contract Management System Instruction Manual**
❖ **Completing the Grantee Contract Management System**

The 2023 GCMS Instruction Manual, and the webinar, Completing the Grantee Contract Management System, are available on the TargetHIV website now. The links for both these resources are included on the slide.

Recipients, please make sure to review your contracts in the GCMS **before** you certify your Recipient Report. Please be sure the proper provider names and their assigned registration codes are listed correctly in the GCMS. If you need assistance or are unsure if you are using the correct provider registration codes, please reach out to Data Support.

Provider Report Overview

Collects basic information about the provider and the services delivered

Organizations that receive RWHAP, RWHAP-related, or EHE initiative (including EHE initiative carryover) funding to provide services must submit a Provider Report

Now that we've reviewed the Recipient Report, let's move on to the Provider Report.

The RSR Provider Report collects basic information about the agency and the Ryan White Program funded services delivered. Organizations that provide services with Ryan White Program funds, Ryan White Program-related funds, EHE Initiative and EHE Carryover funds must submit a Provider Report using the EHBs.

This includes agencies that provide:
- Direct client services,
- Administrative and technical services to the recipient, and
- HC&T services with Ryan White funds.

Provider Report Example

RWHAP Part A Grant → Oral Health Care, Housing, Emergency Financial Assistance

Provider

RWHAP Part C Grant → Medical Case Management, OAHS, Medical Transportation

One Provider Report
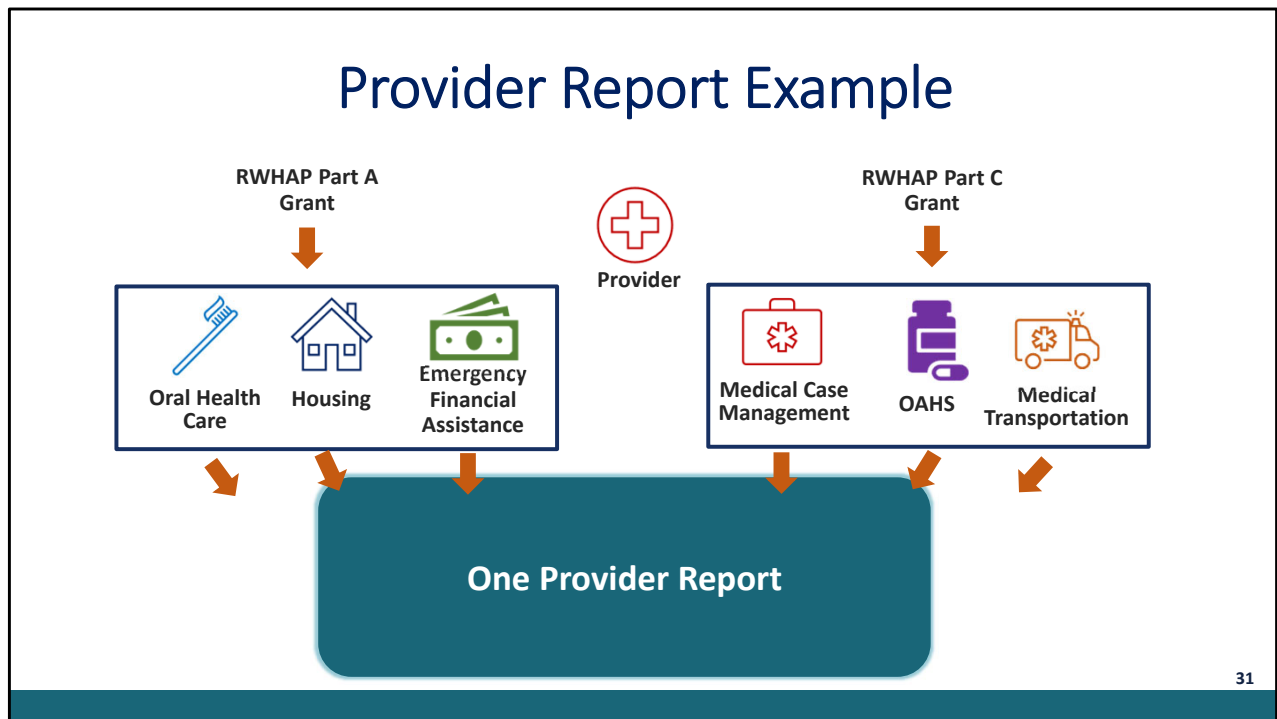
Each provider agency will complete a single Provider Report even if the provider is funded by multiple parts. In other words, providers who are funded by multiple parts must include information from all program parts in one Provider Report.

Let's look at this illustration to better understand this requirement. Here we have a provider, and they receive Part A funds from the River Front Health Department and Part C funds from a local community health center, in this case, the Ocean Community Health Center. They use their Part A funds to provide Oral Health Care, Housing, and Emergency Financial Assistance. And they use their Part C funds to provide Medical Case Management, Outpatient/Ambulatory Health Services, and Medical Transportation.

This provider will take all the data for all these services from both funding streams and enter them into a single Provider Report.

Please be aware that HRSA HAB expects providers to complete their own report because providers know their data, their clients, and the services they provide best. The only exception is if the provider qualifies for an exemption. Providers that do not meet these criteria must submit their own reports. For more information on provider

exemptions, please consult the RSR Instruction Manual or reach out to us at Data Support.

Provider Report Sections

1	**General Information**
2	**Program Information**
3	**Service Information**
4	**HC&T Information**
5	**Clients by Zip Code**
6	**CLD Import**
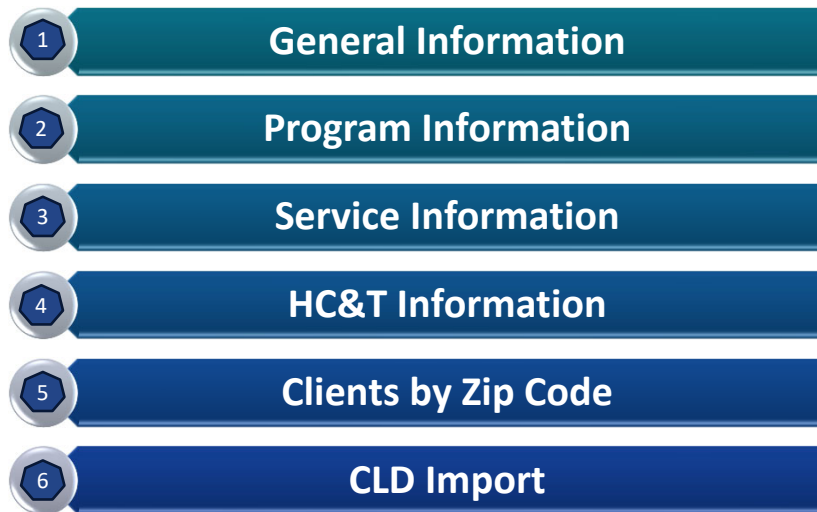
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While I won't go in depth about each section of the provider report on this webinar, I would like to mention that the RSR Provider Report includes six sections:

The General Information section asks for basic information about the provider organization such as the mailing address, organization contacts, and service delivery sites.

The Program Information section collects additional information about the provider as well as information regarding medication assisted treatment (MAT) for opioid use disorder.

The Service Information section collects details on the provider's funded services.

The HC&T section contains aggregate data on HIV counseling and testing activities.

The Clients by ZIP Code section collects aggregate data on the number of clients residing in each ZIP code.

Finally, the CLD (Client-Level Data) Import section is where you will upload your CLD

file.

Client-Level Data Report Overview

❖ Providers will create/export a properly formatted extensible markup language (XML) file that is uploaded within their Provider Report.

❖ Each upload file contains one record per client that received core medical or support services funded by RWHAP, RWHAP-related or EHE initiative funds.

❖ The file will include up to 56 data elements for each client. The number of data elements required depends on the types of services the client receives.

Now let's look at the last required component of the RSR - the CLD Report.

The CLD Report is a collection of eligible client records and is uploaded through the RSR Provider Report.

The Client-Level Data extensible markup language (XML) file should be properly formatted and include 1 record for every eligible client who received at least 1 core medical or support service that your agency was funded to provide with Ryan White Program funds, Ryan White Program-related funds, or EHE Initiative funds.

Each client's record can have up to 56 data elements, including:
• The client's eUCI, or encrypted unique client identifier;
• The client's demographic information;
• Any core medical and support services the client received; and
• The client's clinical information, if applicable.

The number of data elements required depends on the types of services the client receives.

For those agencies who are not using an RSR ready system (a system that has already been approved to create a valid client-level data file in the required XML format), the XML schema is available on TargetHIV.

It's important to note that HRSA HAB has taken every measure possible to ensure the security and confidentiality of the data collected (including the use of the eUCI), and to limit data collection to only the information that is "reasonably necessary to accomplish" the purpose of the RSR.

Required CLD Elements by RWHAP Service Category

I know this may be difficult to read, but I'd like to point out a helpful reference chart that you can find in the 2022 RSR Instruction Manual. This will be included in the 2023 manual as well.

Appendix A (Table 6) of the manual includes a very handy chart listing the client demographic and clinical data elements that are required for each of the RW service categories.

As I just mentioned, the number of data elements required in the CLD file depends on the types of services the client receives. This chart will be extremely helpful in determining that number.

This completes the RSR content portion of webinar, and I will pass the presentation to Isia for our final poll question.

How confident do you feel in identifying your agency's role and reporting requirements for the 2023 RSR submission?

- I am confident.
- I am somewhat confident.
- I am not confident.

Great, thank you Isia! For everyone who would like assistance, the Data Support team and DISQ team are gladly here to help. We can reach out to you after the webinar, or you can reach out to us anytime. I will review our contact information in the upcoming slides.

RSR Timeline

Let's take a moment to review the upcoming RSR Submission Timeline.

2023 RSR Submission Timeline

Date	Recipients	Subrecipients/Providers
TBD	Check Your XML and TRAX Open	
Monday, December 4, 2023	Recipient Report Start Date	---
Monday, February 5, 2024	Recipient Report Due Date	Provider Report Start Date

Here are some important dates to remember in the upcoming months.

The Check Your XML feature and the updated version of TRAX will be available soon, but we're still awaiting the exact date. Check Your XML usually opens before the Recipient Report sometime in November.

TRAX is a tool available to use to create the client-level data XML file but your agency may use an RSR-ready system instead. These tools allow providers plenty of time to start checking their client-level data files in the Web system to know which validation issues they will need to address.

The 2023 RSR Web System opens on Monday, December 4. On this day, recipients can begin working on their Recipient Reports. While we encourage you to start early on your report you can begin making updates or changes in the GCMS now.

Monday, February 5, 2024 is the Recipient Report deadline and marks the opening of the 2023 RSR Provider report. As a reminder, providers cannot submit their Provider Reports until the Recipient Report is in "Certified" status.

There are additional timeline dates that will be confirmed as soon as possible.

Providers, please check with your recipient or recipients (if you are funded through multiple grants) to see if they have a different RSR deadline. Recipients may request an earlier deadline to ensure they have adequate time to review your reports before the final submission deadline.

This timeline will be available soon on the TargetHIV website.

RSR Webinars and TA Resources

We'll close out the presentation with a look at the upcoming RSR webinars and additional TA resources available to assist you.

2023 RSR Webinars

Date	Title
Wednesday, October 4, 2023	Using CAREWare for RSR Reporting *NEW*
Wednesday, October 11, 2023	Preparing for the 2023 RSR Reporting: Updates and Best Practices
Wednesday, October 18, 2023	Overview of HRSA's Electronic Handbooks (EHBs) for Grant Recipients
Wednesday, November 1, 2023	RSR Check Your XML Feature
Wednesday, November 8, 2023	How to Complete the RSR Recipient Report Using the GCMS
Wednesday, November 29, 2023	RSR TRAX
Wednesday, December 6, 2023	Moving Beyond Data Completeness: Ensuring RSR Data Reflect Services Provided

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Here is a list of upcoming webinars that we highly recommend you attend as they will provide valuable information necessary for completing the RSR.

I won't go through them all, but I'd like to highlight a couple of the webinars.

If you are a CAREWare user, on October 4th, we have a brand-new webinar for 2023 where you can learn tips and best practices for the use of CAREWare for the purpose of RSR reporting.

On November 8th, a walk through of how to complete the RSR Recipient Report using the GCMS will be presented.

And on December 6th, you can learn more about how to ensure your data are not only complete but reported accurately to reflect the care you provide.

The registration links to each of these webinars are included in the slide.

Providers, we will have a webinar on How to Complete the RSR Provider Report in early 2024. You can sign up for the DISQ Listserv (which I will go over again on the

next slide) to get email updates on upcoming trainings. You can also access the webinar schedule at any time on the TargetHIV website as well as through the link Isia shared in the chat.

TA Contact Information

TA Resource	Type of TA
Ryan White Data Support **888-640-9356 |** **RyanWhiteDataSupport@wrma.com**	• **RSR-related content and submission questions;** • **Interpretation of the RSR Instruction Manual and HRSA HAB's reporting requirements;** • **Instructions for completing the RSR Recipient and Provider Reports; and** • **Data validation questions.**
The Data Integration, Systems, & Quality (DISQ) Team **Data.TA@caiglobal.org** **Sign up for the DISQ listserv** **Submit a DISQ TA Request**	• **Data reporting requirements;** • **Extracting data from systems and reporting it using the required XML schema;** • **TRAX and the encrypted Unique Client Identifier (eUCI) Application; and** • **Data quality issues.**
EHBs Customer Support Center **877-464-4772 | Submit an EHBs TA Request**	• **RSR software-related questions;** • **Electronic Handbooks (EHBs) navigation;** • **EHBs registration;** • **EHBs access and permissions;** • **EHB's Navigation.**
CAREWare Help Desk **877-294-3571 | cwhelp@jprog.com** **Join the CAREWare listserv**	• **How to generate the XML file from CAREWare correctly;** • **How to view a sample client summary file; and** • **Creating custom reports.**

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Let's review technical assistance resources available to assist you during the RSR Submission.

The Ryan White Data Support team addresses RSR-related content, submission questions, interpretation of the RSR Instruction Manual and HRSA HAB's Reporting Requirements. They can also assist with instructions for completing the RSR Recipient and Provider Reports, and data validation questions.

The DISQ Team addresses questions for those needing assistance in extracting data from their systems and reporting the data using the required XML schema; they also offer TA on the TRAX Application, data reporting requirements, and data quality issues. As previously mentioned, if you have not done so already, please sign up for the DISQ listserv (the link to subscribe to the DISQ listserv is on this slide and was included earlier in the presentation).

The EHBs Customer Support Center provides assistance with the EHBs, including registration, access and permissions, RSR software-related questions, and EHBs navigation.

For our CAREWare users, the CAREWare Help Desk will be your best resource. The CAREWare help desk can assist you with generating XML files from CAREWare and also help create custom reports. I would encourage all CAREWare users to sign up for the listserv.

If you are unsure of who to call, feel free to contact any one of the resources provided and they will be able to direct you to the appropriate place. You can find the contact information for each of the technical assistance resources on the TargetHIV website.

DISQ RSR Resources

- **RSR Intro Video**
- **RSR New Staff Module**
- **RSR Orientation Calls**

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The DISQ team has created three resources that will be helpful to all staff new to completing the RSR. The first is a short RSR Introductory Video that emphasizes much of what you learned today, but also shows you how to get started with completing the RSR.

The second is an RSR New Staff Module that will walk you through a step-by-step process of how to complete the RSR for your agency or organization.

And the third is a series of RSR Orientation Calls that will allow participants new to the RSR to learn more about the RSR, client-level data reporting and to get connected to individual TA. All calls will take place for one hour on Thursdays from 12PM to 1PM eastern standard time starting next Thursday, September 21st.

You can find all these resources on the TargetHIV website today and by following the links provided on the slide or by clicking on the links Isia chatted out at the beginning of this webinar.

Additional TA Resources

HRSA HAB Website

- **Policy notices, instructions, and HRSA HAB information**
- **PCN #16-02**

TargetHIV

- **Training materials, manuals, and submission timeline**
- **2023 RSR Instruction Manual (coming soon)**

Here are some great additional resources to use while working on your 2023 RSR.

The HRSA HAB website is the best place to find policy notices, including PCN #16-02, as well as other general information concerning the Ryan White program. And again, you can find, listservs, past and upcoming webinars, the GCMS Instruction Manual, technical assistance resources and a lot more information related to the RSR on the TargetHIV website now.

The 2023 RSR submission timeline will be posted soon, and the 2023 RSR Instruction manual will be also be posted soon to TargetHIV at the link provided on the slide.

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

I'd like to take a moment thank everyone for joining us on today's presentation and I will now turn it over to Hunter for the Q&A portion of the webinar.
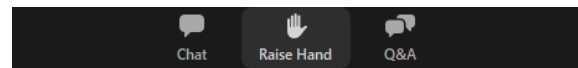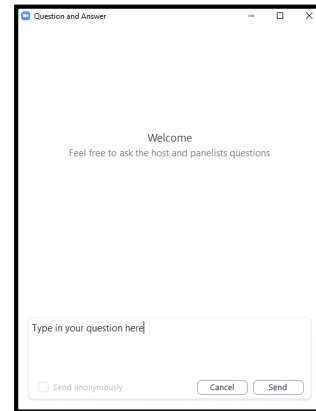
Thank you, Denise. And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webinar. We appreciate your feedback very much and use this information to plan future webinars. My DISQ colleague [insert name of DISQ team member] 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 "Question" function on your control panel on the right-hand side of the screen. You can also ask questions directly "live." You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Audrey will conference you in; or, you can click the telephone button and you will see a dial in number and code. 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 to follow up. We often need to explore

your question in order to give you the most appropriate answer.

[After the Q&A]: As a reminder, please be sure to complete the evaluation for today's webinar.