2018 RSR Validation Report
All System Validation Messages

Revised: October 9, 2018

NOTES:

- Recipient Report Validation Messages
    - Validation Check 194 has an updated language.
- Provider Report Validation Messages
    - Validation Checks 211 and 212 were added
    - The conditions that trigger Validation Check 32 has been revised.
- Client Report Validation Messages
    - Validation Checks 208, 209, and 210 were added.
    - Validation Checks 127, 171, 172, 173, 174, 175, 176, and 177 have been promoted from an "alert" to a "warning".

Validations are highlighted in yellow if they were added, been promoted from "alert" to a "warning", or the conditions that trigger the validation were revised.

Recipient Report Validations

Section 1: General Information

Check #	Question #	Message	Level
187	Q#7	At least one provider must be specified.	Error
188	Q#1b	City is required.	Error
189	Q#5	A response is required in Q#4, clinical quality management status.	Error
191	Q#7	Each provider organization must be funded to provide at least one service.	Error
193	Q#4e	E-mail is required.	Error
194	Q#8	Recipients cannot exempt all of their providers from submitting a Provider Report. At least one provider must be required to submit a Provider Report.	Error

195	Q6#	**Q#6 Minority AIDS Initiative Funds Percentage**. If your organization received a Minority AIDS Initiative designation, you must specify the most recent percentage designation for the reporting period.	Error
196	Q6#	**Q#6 Minority AIDS Initiative Funds**. A response is required for Q#5, organization received a Minority AIDS Initiative designation for the reporting period.	Error
197	Q#4a	Name is required.	Error
198	Q#4c	Phone is required.	Error
199	Q#1c	State is required.	Error
200	Q#1a	Street is required.	Error
201	Q#4b	Title is required.	Error
202	Q#1d	Zip Code is required.	Error

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Sub-recipient (Provider) Report Validations

Section 1: General Information

Check #	Question #	Message	Level
1		Provider Profile Information: A response is required for Agency's Racial/Ethnic Characteristics.	Error
2		Provider Profile Information: A response is required for Faith-based Organization.	Error
3		Provider Profile Information: A response is required for Provider Type.	Error
4		Provider Profile Information: A response is required for Section 330 Funding Received.	Error
5		Provider Profile Information: A response is required for Type of Ownership.	Error
6		Service Delivery Sites: At least one service delivery site must be specified if your agency reports that it delivers any Ryan White HIV/AIDS Program funded client service in Q#8.	Warning
9		Organization Details: Official Mailing Address is required. Address includes the street, city, state, and Zip Code.	Error
211		Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site has an incomplete address. Please include the street, city, state and Zip Code.	Warning
212		Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site is missing or has an incomplete phone number. Please correct.	Warning

Section 2: Program Information

Check #	Question #	Message	Level
21	Q#3	A response is required in Q#3, clinical quality management status.	Error
22	Q#1d	E-mail is required.	Error
23	Q#1a	Name is required.	Error
24	Q#2	Number of paid staff must be greater than or equal to zero.	Error

25	Q#2	You reported a number of paid staff (FTEs) greater than 1,000. Please check your data to ensure that this is correct.	Warning
26	Q#1c	Phone is required.	Error
27	Q#4	You must acknowledge that the funding sources shown in Q#4 are correct.	Error
28	Q#1b	Title is required.	Error

Section 3: Service Information

Check #	Question #	Message	Level
29	Q#8	**No Client records were uploaded.** At least one client record must be included in your uploaded file if the provider was funded for any Ryan White HIV/AIDS Program funded client service.	Warning
30	Q#8	You must report that you delivered at least one service during the reporting period.	Warning
31	Q#8	**[Service Category Name] services delivered but not funded.** In Q#8 you indicated that you delivered [Service Category Name] services, but that service category is not specified as funded by a recipient.	Error
32	Q#8	**[Service Category Name] services delivered but not uploaded.** [Service Category Name] services were reported as delivered, your client-level data do NOT include data on this service type. Either you have not uploaded a client-level data file, OR the file you have uploaded DOES NOT include data on this service type. If you have not uploaded your client-level data, please select the "Import Client-level Data" link in the left menu to upload your XML file. If you have uploaded a file that does not include data on this service category, please check your data. If you did not deliver the service, it should not be selected in Q#8. If you did deliver the service, data on this service category should be present in your client-level data file.	Warning
33	Q#8	**[Service Category Name] services funded but not delivered.** [Service Category Name] services were reported as funded by a recipient, but that service is not specified as delivered in Q#8.	Warning
34	Q#8	**[Service Category Name] service uploaded but not delivered.** [Service Category Name] services were reported in the client-level data XML file(s) that was uploaded, but this service is not specified as delivered in Q#8. If you delivered [Service Category Name] services as indicated in the uploaded file, please select this service in Q#8.	Warning

Section 4: HIV Counseling and Testing Information

Check #	Question #	Validation Message	Level
10	Q#15, Q#14	The value reported in Q#15 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#14 (Positive Test & Posttest Counseling).	Error
11	Q#15, Q#10	The value reported in Q#15 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#10 (Total Tests).	Error
12	Q#11, Q#10	The value entered in Q#11 (Negative Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#10 (Total Tests).	Error
13	Q#12, Q#11	The value entered in Q#12 (Negative Tests & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#11 (Negative Tests).	Error
14	Q#12, Q#10	The value entered in Q#12 (Negative Tests & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#10 (Total Tests).	Error
15	Q#14, Q#13	The value entered in Q#14 (Positive Test & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#13 (Positive Tests).	Error
16	Q#14, Q#10	The value reported in Q#14 (Positive Test & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#10 (Total Tests).	Error
17	Q#13, Q#10	The value entered in Q#13 (Positive Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#10 (Total Tests).	Error
18	Q#9	A response must be entered for Q#9, HIV Counseling and Testing services were provided during the reporting period.	Error
19	Q#12, Q#14, Q#10	The sum of the values entered in Q#12 (Negative Tests & Posttest Counseling) and Q#14 (Positive Test & Posttest Counseling) must be less than or equal to the value entered in Q#10 (Total Tests).	Error
20	Q#11, Q#13, Q#10	The sum of the values entered in Q#13 (Positive Tests) and Q#11 (Negative Tests) must be less than or equal to the value entered in Q#10 (Total Tests).	Error
35	Q#9, Q#10	If "yes" is reported for Q#9 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#10, Number of clients tested for HIV (Total Tests).	Error

Check #	Question #	Validation Message	Level
36	Q#9, Q#11	If "yes" is reported for Q#9 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#11, Number of clients who tested Negative for HIV (Negative Tests).	Error
203	Q#9, Q#12	If "yes" is reported for Q#9 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#12, Number of clients tested Negative for HIV and received posttest counseling (Negative Tests & Posttest Counseling).	Error
204	Q#9, Q#13	If "yes" is reported for Q#9 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#13, Number of clients tested Positive for HIV (Positive Tests).	Error
205	Q#9, Q#14	If "yes" is reported for Q#9 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#14, Number of clients tested Positive for HIV and received posttest counseling (Positive Test & Posttest Counseling).	Error
206	Q#9, Q#15	If "yes" is reported for Q#9 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#15, Number of clients tested Positive for HIV and were referred to HIV medical care (HIV Positive and referred to HIV medical care).	Error

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Client Report Validations

Note: Data Element numbers have been added for convenient referencing between this document and the RSR Instruction Manual.

Demographics

Check #	Variable	Data Element(s)	Message	Level
39	Birth Year	4	[Count of Clients] Clients whose year of birth is after the report year.	Error
40	Birth Year	4 and 47	[Count of Clients] Clients whose year of birth is after the year of first HIV Outpatient/Ambulatory Service	Error
41	Sex at Birth	71	[Count of Clients] Clients with an "Incongruent" response for Sex at Birth in multiple client-level data XML files.	Alert
42	Gender	7	[Count of Clients] Clients with an "Incongruent" response for Gender in multiple client-level data XML files.	Alert
66	HIV/AIDS Status	12 and 14	[Count of Clients] Clients with HIV/AIDS Status of Indeterminate missing Risk Factor of Mother with/at risk for HIV infection.	Warning
69	Gender	7 and 63	[Count of Clients] Male clients or clients with unknown gender with a cervical Pap smear equal to 'Yes'	Warning
70	HIV Diagnosis Year	72	[Count of Clients] Clients with HIV Diagnosis Year after the reporting period.	Alert
72	Gender	7 and 64	[Count of Clients] Male clients or clients with unknown gender with pregnancy status equal to YES	Warning
84	Birth Year	4	[Count of Clients] Clients age 89 years or older.	Alert
85	Birth Year	4 and 72	[Count of Clients] Clients whose year of birth is after the year of HIV Diagnosis	Alert

| 86 | Birth Year | 4 and 49 | [Count of Clients] Clients whose year of birth is after the year of CD4 Tests | Alert |

Check #	Variable	Data Element(s)	Message	Level
88	Birth Year	4 and 48	[Count of Clients] Clients whose year of birth is after the year of Outpatient/Ambulatory Health Service Dates.	Alert
89	Birth Year	4 and 50	[Count of Clients] Clients whose year of birth is after Viral Load Test Dates.	Alert
96	Poverty Level	9	[Count of Clients] Clients missing Poverty Level.	Warning
97	Housing Status	10	[Count of Clients] Clients missing Housing Status.	Warning
99	Medical Insurance	15	[Count of Clients] Clients missing Medical Insurance.	Warning
100	HIV/AIDS Status	12 and 4	[Count of Clients] Clients whose HIV/AIDS status is Indeterminate and are over 2 years of age.	Warning

Services

Check #	Variable	Data Element(s)	Message	Level
38	Services	16 - 45	Clients missing Core Medical or Support Services.	Warning
170	OAHS Service Visits	16 and 48	[Count of Clients] Clients with Outpatient/Ambulatory Health Services Visit **counts** greater than the number of Outpatient/Ambulatory Health Service Visit **Dates**.	Alert
184	Service visits	16 - 45	[Service Category Name] Service Visits Exceed Yearly Limit.	Alert
185	Service Visits	16, 18–19, 21–27	[Count of Clients] Clients with [Core MedicalServiceCategory Name] who are HIV negative.	Warning

2018 RSR Validation Report
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Clinical Information

Check #	Variable	Data Element(s)	Message	Level
37	OAHS Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates before the reporting period.	Error
44	First HIV OAHS Visit Date	47	[Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health service visit is after the reporting period.	Error
45	First HIV OAHS Visit Date	47	[Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health Service Visit is after Outpatient/Ambulatory Health Service Dates.	Error
48	OAHS Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates after the Reporting Period.	Error

2018 RSR Validation Report
All System Validation Messages

Revised: October 9, 2018

Check #	Variable	Data Element(s)	Message	Level
49	CD4 Test Dates	49	[Count of Clients] Clients with CD4 Test Dates after the reporting period.	Error
50	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates after the reporting period.	Error
67	CD4 Test Dates	49	[Count of Clients] Clients reported with CD4 Test Dates before the reporting period.	Error
68	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates before the reporting period.	Error
209	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients have a Viral Load Test result that is out of range.	Warning
210	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients with a Viral Load Test result are HIV Negative.	Warning
110	OAHS Service Dates	48 and 12	[Count of Clients] HIV negative clients with Outpatient/Ambulatory Health Service Dates.	Warning
118	First HIV OAHS Visit Date	47 and 48	[Count of Clients] Clients with a First HIV Outpatient/Ambulatory Health Service Visit Date and no Outpatient/Ambulatory Health Service Visits.	Warning
127	OAHS Service Dates	48, 12, and 16	[Count of Clients] Clients with Outpatient/Ambulatory Health Service **dates** and no Outpatient/Ambulatory Health Service **visits**.	Warning
147	OAHS Service Dates	48, 12, and 16	[Count of Clients] Clients missing Outpatient/Ambulatory Health Service Dates.	Warning
151	Prescribed ART	52, 12, and 16	[Count of Clients] Clients missing a response to Prescribed ART.	Warning
161	CD4 count test results	49, 12, and 16	[Count of Clients] Clients missing CD4 count test results	Warning
168	Viral Load Test results	50, 12, and 16	[Count of Clients] Clients missing viral load test results	Warning

208	CD4 count test results	49, 12, and 16	[Count of Clients] Clients have a CD4 count that is out of range (over 3,000).	Warning

HIV Counseling and Testing

Check #	Variable	Data Element(s)	Message	Level
171	HIV Positive Test Date	73	[Count of Clients] Clients with an HIV Positive Test Date after the reporting period.	Warning
172	Birth Year	4 and 73	[Count of Clients] Clients whose year of birth is after their HIV Positive Test Date.	Warning
173	HIV Positive Test Date	73 and 12	[Count of Clients] Clients with an HIV Positive Test Date who are HIV Negative	Warning
174	Birth Year	4 and 74	[Count of Clients] Clients whose year of birth is after the Outpatient/Ambulatory Health Service Linkage Date.	Warning
175	OAHS Linkage Date	74	[Count of Clients] Clients whose Outpatient/Ambulatory Health Service I inkage Date is after the reporting period.	Warning
176	OAHS Linkage Date	74 and 12	[Count of Clients] Clients with an Outpatient/Ambulatory Health Service Linkage Date who are HIV Negative	Warning
177	OAHS Linkage Date	74 and 73	[Count of Clients] Clients reported whose Outpatient/Ambulatory Health Service Linkage Date is before their HIV Positive Test Date.	Warning