RSR Crosswalk

October 2017

Purpose

This document can help you compare the data you currently collect in your data management system to the data required in the Ryan White Services Report (RSR). The Crosswalk is a table in which you list the variables and values in your data management system that correspond to RSR data elements. Using this Crosswalk will help you to:

- Find the data you need to report
- Understand what you need to do to transform the data you have into the data you need to report
- Identify any missing data that you'll need to start collecting

Audience

This Crosswalk is intended for grantee or provider staff who must report client-level data elements in XML file format to the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB).

Definitions

Variable: Refers to the name of a set of data pertaining to the client. Variables are also referred to as data elements or items.

ID: Identifies the variable. Each variable has been assigned an ID for convenient referencing between this document and the RSR Data Dictionary.

Values: Refers to the allowed values or response options corresponding to each variable.

Notes: This column in the Crosswalk can help you keep a record of the data transformations that you have to perform to provide the required RSR client-level data elements and allowed values. See example:

YOUR DATA		RSR DATA
Client Race		Race ID
White		1
Black		2
Asian		3
Hawaiian / PI		4
Native American (AK native)		5
	Client Race White Black Asian Hawaiian / PI	Client Race White Black Asian Hawaiian / PI

Updates

This document will be revised as variables and value are updated or when other global changes are made. The most up-to-date version of this document will be made available at https://careacttarget.org/library/trax-rsr-application-and-manual.

Ryan White Services Report (RSR) Crosswalk

		RSR		,	Your System	
ID	Variable	Definition	Value	Variable	Value	Notes
			Demographic	s		
2	Enrollment Status	The client's vital enrollment status at the end of the reporting period.	 Active, continuing in program Referred to another program or services, or discharged because self-sufficient Removed from treatment due to violation of rules Incarcerated Relocated Deceased 			
4	BirthYear	Client's year of birth. This value should be on or before all service date years for the client.	уууу			
5	Ethnicity	Client's ethnicity.	 Hispanic/Latino/a, or Spanish origin Non- Hispanic/Latino(a),or Spanish origin 			
68	Hispanic Subgroup	If Ethnicity = Hispanic/Latino(a), Client's Hispanic Sub-group (choose all that apply)	 Mexican, Mexican American, Chicano/a Puerto Rican Cuban Another Hispanic, Latino/a or Spanish origin 			
6	Race	Client's race.	 White Black or African American Asian Native Hawaiian/Pacific Islander American Indian or Alaska Native 			

		RSR			Your System	
ID	Variable	Definition	Value	Variable	Value	Notes
69	Asian Subgroup	If Race = Asian, Client's Asian subgroup. (choose all that apply)	 Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian 			
70	NHPI Subgroup	If Race = Native Hawaiian/Pacific Islander, Client's Native Hawaiian/Pacific Islander subgroup.(choose all that apply)	 Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander 			
7	Gender	Client's current gender identity.	 Male Female Unknown Transgender Male to Female Transgender Female to Male Transgender Other 			
71	Sex at Birth	The biological sex assigned to the client at birth	1. Male 2. Female			
9	Poverty Level	Client's percent of the Federal poverty level at the end of the reporting period.	13. Below 100% of the Federal poverty level 9. 100 -138% of the Federal poverty level 10. 139 - 200% of the Federal poverty level 11. 201 – 250% of the Federal poverty level 12. 251 – 400% of the Federal poverty level 7. 401 – 500% of the Federal poverty level 8. More than 500% of the Federal poverty level			

		RSR			Your System	
ID	Variable	Definition	Value	Variable	Value	Notes
10	Housing Status	Client's housing status at the end of the reporting period.	 Stable/permanent Temporary Unstable 			
12	HIV/AIDS Status	Client's HIV/AIDS status at the end of the reporting period. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank.	 HIV negative HIV +, not AIDS HIV-positive, AIDS status unknown CDC-defined AIDS HIV indeterminate (infants <2 only) 			
72	HIV Diagnosis Year	Year of client's HIV diagnosis, if known. To be completed for a new client when the response is not "HIV-negative" or "HIV indeterminate" in 12. This value must be on or before the last date of the reporting period.	yyyy Must be less than or equal to the reporting period year.			
14	HIV Risk Factor	Client's HIV/AIDS risk factor. Report all that apply.	 Male who has sex with male(s) (MSM) Injecting drug use (IDU) Hemophilia/coagulation disorder Heterosexual contact Receipt of blood transfusion, blood components, or tissue Mother w/at risk for HIV infection (perinatal transmission) Risk factor not reported or not identified 			
15	Medical Insurance	Client's medical insurance. Report all that apply.	10. Private – Employer11. Private - Individual2. Medicare12. Medicaid, CHIP or other			

		RSR			Your System	
ID	Variable	Definition	Value	Variable	Value	Notes
16 - 25 *	Service Visits	The number of visits received for each core medical service during the reporting period.	public plan 13. VA, Tricare and other military health care 14. IHS 15. Other plan 16. No Insurance/ uninsured Service Visits Item ID: Core Medical Services: ID 8: Outpatient ambulatory health services ID 10: Oral health care ID 11: Early intervention services ID 13: Home health care ID 14: Home and community-based health services ID 15: Hospice services ID 16: Mental health services ID 17: Medical nutrition therapy ID 18: Medical case Management (including treatment adherence) ID19: Substance abuse		Value	Notes
26 - 45 *	Service Delivered	The service and service delivered indicator (yes) for each core medical or support service received by the client during the reporting period.	services-outpatient Visits: 1-365 (must be an integer) Core Medical Services: Item ID: ID 9: Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 12: Health Insurance			

	RSR				Your System		
ID	Variable	Definition	Value	Variable	Value	Notes	
	Valiable	Definition	Program(HIP) Support Services: Item ID: ID 20: Case management (non-medical) services ID 21: Child care services ID 23: Emergency financial assistance ID 24: Food bank/home- delivered meals ID 25: Health education/risk reduction ID 26: Housing services ID 28: Linguistic services ID 29: Medical transportation ID 30: Outreach services ID 32: Psychosocial support services ID 33: Referral for health care/supportive services ID 34: Rehabilitation services ID 35: Respite care ID 36: Substance abuse services-residential ID 42: Other professional services	Valiable	Value	Notes	
			DeliveredID: 2 = Yes				
40	Dist	Lyabata Parka at a sa	Clinical Data				
46	Screening Provided	Value indicating whether the client received risk reduction screening/counseling during this reporting period.	1. No 2. Yes				
47	First Ambulatory Care Date	Date of client's first HIV ambulatory care date at this provider agency.	mm,dd,yyyy				

		RSR			Your System	
ID	Variable	Definition	Value	Variable	Value	Notes
		This value must be on or before the last date of the reporting period.				
48	Ambulatory- Service Dates	All the dates of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider during this reporting period. The service dates must be within the reporting period.	mm,dd,yyyy Must be within the reporting period start and end dates.			
49	CD4 Test Count Service Date	Values indicating all CD4 counts and their dates for this client during this report period. The service dates must be within the reporting period.	Count: Integer ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.			
50	Viral Load Test Count Service Date	All Viral Load counts and their dates for this client during this report period	Count: Integer Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0. ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.			
51	Prescribed PCP- Prophylaxis	Value indicating whether the client was prescribed PCP Prophylaxis anytime during this reporting period.	 No Yes Not medically indicated No, client refused 			

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ID	Variable	Definition	Value	Variable	Value	Notes
52	Prescribed ART	Value indicating whether the client prescribed ART at any time during this reporting period.	 Yes No, not ready (as determined by clinician) No, client refused No, intolerance, sideeffect, toxicity No, HAART payment assistance unavailable No, other reason 			
54	Screened TB Since HIV- Diagnosis	Value indicating whether the client has been screened for TB since his/her HIV diagnosis.	 No Yes Not medically indicated Unknown 			
55	Screened Syphilis	Value indicating whether the client was screened for syphilis during this reporting period (exclude all clients under the age of 18 who are not sexually active)	 No Yes Not medically indicated 			
57	Screened Hepatitis B Since-HIV Diagnosis	Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis.	 No Yes Not medically indicated Unknown 			
58	Vaccinated Hepatitis B	Value indicating whether the client has completed the vaccine series for Hepatitis B.	No Yes Not medically indicated			
60	Screened Hepatitis C Since-HIV Diagnosis	Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis.	 No Yes Not medically indicated Unknown 			
61	Screened Substance-	Value indicating whether the client was screened for	1. No 2. Yes			_

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ID	Variable	Definition	Value	Variable	Value	Notes
	Abuse	substance use (alcohol and drugs) during this reporting period.	Not medically indicated			
62	Screened Mental Health	Value indicating whether the client was screened for mental health during this reporting period.	 No Yes Not medically indicated 			
63	Received Cervical-Pap Smear	Value indicating whether the client received a Pap smear during the reporting period. This should be completed for HIV+ women only.	 No Yes Not medically indicated Not applicable 			
64	Pregnant	Value indicating whether the client was pregnant during this reporting period. This should be completed for HIV+ women only.	 No Yes Not applicable 			
Lin	kage to Care					
73	HIV Positive Test Date	Date of client's confidential confirmatory HIV test with a positive result within the reporting period.	HIV Positive Test Date: mm,dd,yyyy Must be within the reporting period.			
74	OAMC Link Date	Date of client's first OAMC medical care visit after positive HIV test. Date must be the same day or after the date of client's confidential confirmatory HIV test with a positive result.	HIV OAMC linkage date: mm,dd,yyyy Must be within the reporting period and on the same day or later than HIV positive test date.			