**Ryan White Services Report (RSR)**

**Web Application**

**Data Dictionary and XML Schema Implementation Guide**

**Version 3.7**

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Submitted to:

HRSA Logo

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**Most Recent Document Version History**

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| Version | Date | Author | Description |
| 3.3 | 4/17/2017 | Leidos | The following updates were addressed in this version:   * Deleted information for data elements and allowed response categories that were removed for Version 3.0. Also removed other notes and document markups, such as the “New” and “Revised” labels, that were added to previous versions of this document to highlight content changes in the body of the document. * Updated service category names for ClientReportServiceVisits to match HAB Policy Change Notice #16-02. * For ClientReportServiceDelivered,   + Updated service category names to match HAB Policy Change Notice #16-02   + Deleted ServiceID 22, Pediatric development assessment/early intervention services   + Deleted ServiceID 27, Legal Services   + Deleted ServiceID 31, Permanency Planning   + Deleted ServiceID 37, Treatment adherence counseling   + Added ServiceID 42, Other Professional Services |
| 3.4 | 8/1/2017 | Leidos/REI | The following updates were addressed in this version:   * Updated the SchemaVersion data element. * Deprecated the TransgenderID data element. * Revised GenderID data element:   + Deleted value 3, Transgender, for the GenderID data element.   + Added value 6, Transgender Male to Female   + Added value 7, Transgender Female to Male   + Added value 8, Transgender Other * For ClientReportServiceDelivered,   + Updated service category name from “AIDS Pharmaceutical Assistance” to “AIDS Pharmaceutical Assistance (LPAP, CPAP)”   + Deleted ServiceID 22, Developmental assessment/early intervention services   + Deleted ServiceID 27, Legal services   + Deleted ServiceID 31, Permanency planning   + Deleted ServiceID 37, Treatment adherence counseling |
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| 3.7 | 1/9/2019 | REI | * Updated the SchemaVersion data element * Revised EnrollmentStatusID data element   + Rename data element from EnrollmentStatusID to VitalStatusID   + Deleted values 1 – 5   + Added values 7 and 8 * Removed PovertyLevelID data element * Added PovertyLevelPercent data element * Added HousingSatusCollectedDate data element * Updated descriptions for value 1, 2, and 6 of ClientReportHivRiskFactor data element * Updated element name from ClientReportMedicalInsurance to ClientReportHealthCoverage * Updated ClientReportServiceVisits data element to include support services * Updated ClientReportServiceVisits data element. All support service IDs are added to the allowable values. * Updated ClientReportServiceDelivered data element. All support service IDs are removed from the allowable values. * Removed RiskScreeningProvidedID data element * Removed PrescribedPcpProphylaxisID data element * Updated PrescribedArtID data element.   + Added value 8   + Removed values 3, 4, 5, 6, and 7 * Removed ScreenedTBSinceHivDiagnosisID data element * Removed ScreenedHepatitisBSinceHivDiagnosisID data element * Removed VaccinatedHepatitisBID data element * Removed ScreenedHepatitisCSinceHivDiagnosisID data element * Removed ScreenedSubstanceAbuseID data element * Removed ScreenedMentalHealthID data element * Removed ReceivedCervicalPapSmearID data element |

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# Introduction

As a condition of their grant awards, Ryan White HIV/AIDS Program (RWHAP) recipients (grantees) and sub-recipients (providers) are required to submit the Ryan White HIV/AIDS Program Service Report (RSR). The RSR is a client-level data report that includes information on the characteristics of recipients, their providers, and the clients served.

Each funded service provider must complete the online section of the provider report and produce and upload their RSR in the proper file format (XML). The structure, sequence, values, and format of the data elements in the XML files must conform to the definitions specified in this document. Once the client-level data XML file is uploaded, it is validated for conformance to the data schema and business rules outlined in this document.

**NOTE**: Instructions on how to test if your XML schema meets the requirements provided here and how to upload the RSR client-level data XML files are located here: [TARGET Center website](https://careacttarget.org/category/topics/ryan-white-services-report-rsr).

## Purpose

The purpose of this document is to serve as the primary reference on the RSR for recipients, providers, and software vendors. This document provides

* + Data definitions
  + Required format of the XML file
  + Examples of XML files
  + References to the XML schema definitions that are used to validate the XML file.   
      
    Ultimately, the goal of this document is to help recipients reduce any errors that may result when they generate and submit client-level data XML files to the RSR web application.

## Updates

This document will be revised as variables and value options are updated or when other global changes are made. The most up-to-date version of this document will be made available on [HRSA's HAB RSR](http://hab.hrsa.gov/manageyourgrant/clientleveldata.html) and [TARGET Center](https://careacttarget.org/category/topics/ryan-white-services-report-rsr) websites.

# Main Components of the Client-Level XML File

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

## File Header

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

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

## Root Element

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

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

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

Table 1: Root Element Attributes

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

## Body: Simple and Complex Elements

The body of the RSR client-level data XML file contains all the elements under the root element. It contains complex and simple elements. Complex elements contain child elements. Simple elements do not contain any child elements. In the RSR client-level data XML file, the complex data elements must appear in a specific order and contain child data elements to pass the validation check.

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

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

# RSR Client-Level Data XML Data Elements

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

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

**Element Name**: The descriptive name of the variable used to provide more information about what is being collected. This corresponds to the label for the variable in the RSR Client-Level Data XML Schema Definitions.

**Definition**: A brief description of the variable.

**Required**: Required data elements are determined based on the type of service the client received. The required values and their meanings are:

* **All** – The element is required for all clients
* **CM** – The element is required for clients receiving medical or non-medical case management services
* **HI** – The element is required for clients receiving: oral health care; early intervention services (A and B); home health care; home and community-based health services; hospice services; mental health services; medical nutrition therapy; substance abuse services – outpatient; AIDS pharmaceutical assistance (local); or Health Insurance Program (HIP).
* **Housing Services** – The element is required for clients receiving housing services.
* **OA** – The element is required for clients receiving outpatient/ambulatory health care services.
* **No** – The element is not required to be submitted in the client-level data XML file.
* **Yes – The element is required and must be included in the** client-level data XML file

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

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

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

**Comments**: Additional information about the data element.

## XML Schema Version Elements

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

### SchemaVersion (Revised)

|  |  |
| --- | --- |
| Field | Description |
| ID | XV1 |
| Element Name | SchemaVersion |
| Parent Element | XmlVersion |
| Definition | The RSR XML schema version currently supported. |
| Required | Yes |
| Occurrence | 1 per file |
| Allowed Values | Must be set to 5 0 0 |
| Schema | <SchemaVersion>5 0 0</SchemaVersion> |

### Originator

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

### VersionNumber

|  |  |
| --- | --- |
| Field | Description |
| ID | XV3 |
| Element Name | VersionNumber |
| Parent Element | XmlVersion |
| Definition | The version number of the application that generates the client-level data XML file. |
| Required | Yes |
| Occurrence | 1 per file |
| Allowed Values | Text from 1 to 150 characters excluding special characters. |
| Schema | <VersionNumber>Application version</VersionNumber> |

### TechnicalContactName

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

### TechnicalContactEmail

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

### TechnicalContactPhone

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

### ReportYear

|  |  |
| --- | --- |
| Field | Description |
| ID | SV5 |
| Element Name | ReportYear |
| Parent Element | XmlVersion |
| Definition | The reporting period identifier. |
| Required | Yes |
| Occurrence | 1 per file |
| Allowed Values | yyyy  Must be equal to the reporting period for the submission. |
| Schema | <ReportYear>yyyy</ReportYear> |

## Provider Information Elements

### ProviderID

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

### RegistrationCode

|  |  |
| --- | --- |
| Field | Description |
| ID | SV3 |
| Element Name | RegistrationCode |
| Parent Element | ClientReport |
| Definition | The unique provider registration code. |
| Required | No |
| Occurrence | 0-1 per file |
| Allowed Values | A system-assigned numeric value.  This variable is not required when uploading the client-level data XML file through the RSR web application since the file is uploaded into the Provider Report and the registration code is already known.  However, this value can be provided in the XML file and will be cross-referenced with registration code associated with the Provider Report. If the values do not match, then the XML file upload will be rejected. |
| Schema | <RegistrationCode>Numeric string</ RegistrationCode> |

## Encrypted Unique Client Identifier

### ClientUci

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

## Client Demographics

### VitalStatusID (Revised)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 2 |
| Element Name | VitalStatusID |
| Parent Element | ClientReport |
| Definition | The client’s vital enrollment status at the end of the reporting period. |
| Required | CM, OA |
| Occurrence | 0-1 per required client |
| Allowed Values | VitalStatusID:  12 = Alive 6 = Deceased  7 = Unknown  The allowed value below has been removed:  1 = Active, continuing in program *(Removed)* 2 = Referred to another program or services, or self-sufficient *(Removed)* 3 = Removed from treatment due to violation of rules *(Removed)* 4 = Incarcerated *(Removed)* 5 = Relocated *(Removed)* |
| Schema | <VitalStatusID>12</VitalStatusID> |

### BirthYear

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

### EthnicityID

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

### ClientReportHispanicSubgroup

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

### ClientReportRace

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 6 |
| Element Name | ClientReportRace  RaceID |
| Parent Element | ClientReport |
| Definition | Client’s race. |
| Required | All |
| Occurrence | 0-5 per client |
| Allowed Values | RaceID:  1 = White  2 = Black or African American  3 = Asian  4 = Native Hawaiian/Pacific Islander  5 = American Indian or Alaska Native |
| Schema | Within the following schema section, multiple RaceIDs may be reported.  <ClientReportRace>  <RaceID>1-5</RaceID>   …   <RaceID>1-5</RaceID>  </ClientReportRace> |

### ClientReportAsianSubgroup

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 69 |
| Element Name | ClientReportAsianSubgroup  SubgroupID |
| Parent Element | ClientReport |
| Definition | Client’s Asian subgroup. Report all that apply. |
| Required | All clients whose race is “Asian” (RaceID = 3) |
| Occurrence | 0-7 per required client |
| Allowed Values | SubgroupID:  1 = Asian Indian  2 = Chinese  3 = Filipino  4 = Japanese  5 = Korean  6 = Vietnamese  7 = Other Asian |
| Schema | Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID)  <ClientReportAsianSubgroup>  <SubgroupID>1-7</SubgroupID>  …  <SubgroupID>1-7</SubgroupID>  </ClientReportAsianSubgroup> |

### ClientReportNhpiSubgroup

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 70 |
| Element Name | ClientReportNhpiSubgroup  SubgroupID |
| Parent Element | ClientReport |
| Definition | Client’s Native Hawaiian/Pacific Islander subgroup. Report all that apply. |
| Required | All clients whose race is “Native Hawaiian/Pacific Islander” (RaceID = 4) |
| Occurrence | 0-4 per required client |
| Allowed Values | SubgroupID:  1 = Native Hawaiian  2 = Guamanian or Chamorro  3 = Samoan  4 = Other Pacific Islander |
| Schema | Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID)  <ClientReportNhpiSubgroup>  <SubgroupID>1-4</SubgroupID>  …  <SubgroupID>1-4</SubgroupID>  </ClientReportNhpiSubgroup> |

### SexAtBirthID

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

### GenderID

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 7 |
| Element Name | GenderID |
| Parent Element | ClientReport |
| Definition | Client’s current gender.  This is the variable that is used for the encrypted unique client identifier (eUCI).  Note: Although value 3 (Transgender) is no longer an acceptable value, the eUCI encryption algorithm remains unchanged and only accepts value 3 for Transgender. The eUCI generator will map value 6 (Transgender Male to Female), 7 (Transgender Female to Male), and 8 (Transgender Other) to 3 (Transgender) when generating eUCI. Refer to page 3 of the [eUCI Application User Guide](https://careacttarget.org/sites/default/files/supporting-files/eUCI_Application_User_Guide_Dec_2014_0.pdf) for additional details. |
| Required | All |
| Occurrence | 1 per client |
| Allowed Values | GenderID:  1 = Male  2 = Female  4 = Unknown  6 = Transgender Male to Female  7 = Transgender Female to Male  8 = Transgender Other  The allowed value below has been removed:  3 = Transgender *(Removed)* |
| Schema | <GenderID>1, 2, 4-7</GenderID> |

### PovertyLevelID (Removed)

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

### PovertyLevelPercent (New)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 9 |
| Element Name | PovertyLevelPercent |
| Parent Element | ClientReport |
| Definition | Client’s percent of the Federal poverty level at the end of the reporting period. |
| Required | CM, OA |
| Occurrence | 0-1 per required client |
| Allowed Values | Integer up to 3 digits |
| Schema | <PovertyLevelPercent>231</PovertyLevelPercent>  When there is no data to report:  <PovertyLevelPercent xsi:nil=”true” /> |

### HousingStatusID

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

### HousingStatusCollectedDate (New)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 11 |
| Element Name | HousingStatusCollectedDate |
| Parent Element | ClientReport |
| Definition | The collection date of the client’s housing status at the end of the reporting period. |
| Required | CM, OA, or Housing services |
| Occurrence | 0-1 per required client |
| Allowed Values | HousingStatusCollectedDate: mm,dd,yyyy |
| Schema | <HousingStatusCollectedDate>mm,dd,yyyy</HousingStatusCollectedDate> |

### HivAidsStatusID

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 12 |
| Element Name | HivAidsStatusID |
| Parent Element | ClientReport |
| Definition | Client’s HIV/AIDS status at the end of the reporting period. Leave this data element blank for HIV affected clients if the client’s HIV/AIDS status is not known. |
| Required | CM, OA |
| Occurrence | 0-1 per required client |
| Allowed Values | HivAidsStatusID:  1 = HIV negative  2 = HIV-positive, not AIDS  3 = HIV-positive, AIDS status unknown  4 = CDC-defined AIDS  7 = HIV indeterminate (infants less than 2 years only) |
| Schema | <HivAidsStatusID>1-4, 7</HivAidsStatusID> |

### ClientReportHivRiskFactor (Revised)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 14 |
| Element Name | ClientReportHivRiskFactor  HivRiskFactorID |
| Parent Element | ClientReport |
| Definition | Client’s HIV/AIDS risk factor. Report all that apply.  For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank. |
| Required | CM, OA |
| Occurrence | 0-7 per client |
| Allowed Values | HivRiskFactorID:  1 = Male to Male sexual contact (MSM)  2 = Injection drug use (IDU)  3 = Hemophilia/coagulation disorder  4 = Heterosexual contact  5 = Receipt of blood transfusion, blood components, or tissue  6 = Perinatal transmission  9 = Risk factor not reported or not identified |
| Schema | Within the following schema section, multiple HivRiskFactorIDs may be reported.  <ClientReportHivRiskFactor>  <HivRiskFactorID>1-6, 9</HivRiskFactorID>  …   <HivRiskFactorID>1-6, 9</HivRiskFactorID>  </ClientReportHivRiskFactor> |

### ClientReportHealthCoverage (Revised)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 15 |
| Element Name | ClientReportHealthCoverage  MedicalInsuranceID |
| Parent Element | ClientReport |
| Definition | Client’s health coverage. Report all that apply. |
| Required | OA, CM, HI |
| Occurrence | 0-8 per required client |
| Allowed Values | 10 = Private – Employer  11 = Private – Individual  2 = Medicare  12 = Medicaid, CHIP or other public plan  13 = VA, Tricare and other military health care  14 = IHS  15 = Other plan  16 = No insurance/uninsured  The allowed values below are not used for the RSR:  8 = Medicare Part A/B (Value not used for RSR)  9 = Medicare Part D (Value not used for RSR) |
| Schema | Within the following schema section, multiple MedicalInsuranceIDs may be reported. Where multiple MedicalInsuranceIDs are reported, multiple sets of corresponding tags should appear (one for each ID)  <ClientReportHealthCoverage>   <MedicalInsuranceID>2, 10-16</MedicalInsuranceID>   …  <MedicalInsuranceID>2, 10-16</MedicalInsuranceID>  </ClientReportHealthCoverage> |

### HIVDiagnosisYear

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

## Core Medical and Support Service Visits Delivered *(Revised)*

|  |  |
| --- | --- |
| Field | Description |
| Reference IDs | 16, 18–19, 21–27, 28–44, 75 |
| Element Name | ClientReportServiceVisits   ServiceVisit  ServiceID   Visits |
| Parent Element | ClientReport |
| Definition | The number of visits received for each core medical or support service during the reporting period. |
| Required | All |
| Occurrence | 0-1 for each core medical service delivered |
| Allowed Values | Core Medical Services: ServiceIDs:  8 = Outpatient/Ambulatory Health Services  10 = Oral Health Care  11 = Early Intervention Services (EIS)  13 = Home Health Care  14 = Home and Community-Based Health Services  15 = Hospice  16 = Mental Health Services  17 = Medical Nutrition Therapy  18 = Medical Case Management, including Treatment Adherence Services  19 = Substance Abuse Outpatient Care  Support Services: ServiceID:  20 = Non-Medical Case Management Services  21 = Child Care Services  23 = Emergency Financial Assistance  24 = Food Bank/Home Delivered Meals  25 = Health Education/Risk Reduction  26 = Housing  28 = Linguistic Services 29 = Medical Transportation  30 = Outreach Services  32 = Psychosocial Support Services  33 = Referral for Health Care and Support Services  34 = Rehabilitation Services  35 = Respite Care  36 = Substance Abuse Services (residential)  42 = Other Professional Services  Visits:  1–365 (must be an integer) |
| Schema | Only one ClientReportServiceVisits element may be reported per client record. Multiple ServiceVisit elements may be reported in one ClientReportServiceVisits element. When reporting multiple services, repeat the entire ServiceVisit element. Only one ServiceID and Visits element may appear within a single occurrence of the ServiceVisit element.  <ClientReportServiceVisits>  <ServiceVisit>  <ServiceID>8,10,11,13-19</ServiceID>  <Visits>1-365</Visits>  </ServiceVisit>  …  <ServiceVisit>  <ServiceID>8,10,11,13-19</ServiceID>  <Visits>1-365</Visits>  </ServiceVisit>  </ClientReportServiceVisits>  Only report services with actual visits. Do not report services without visits. |

## Core Medical Services Delivered *(Revised)*

|  |  |
| --- | --- |
| Field | Description |
| Reference IDs | 17, 20 |
| Element Name | ClientReportServiceDelivered  ServiceDelivered   ServiceID   DeliveredID |
| Parent Element | ClientReport |
| Definition | The service and service delivered indicator for each core medical service received by the client during the reporting period. |
| Required | All |
| Occurrence | 0-1 for each service delivered |
| Allowed Values | Core Medical Services: ServiceID:  9 = AIDS Pharmaceutical Assistance (LPAP, CPAP)  12 = Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals  DeliveredID:  2 = Yes  The allowed values below for ServiceID have been removed:  20 = Non-Medical Case Management Services  21 = Child Care Services  22 = Developmental assessment/early intervention services  23 = Emergency Financial Assistance  24 = Food Bank/Home Delivered Meals  25 = Health Education/Risk Reduction  26 = Housing  27 = Legal services  28 = Linguistic Services 29 = Medical Transportation  30 = Outreach Services  31 = Permanency planning  32 = Psychosocial Support Services  33 = Referral for Health Care and Support Services  34 = Rehabilitation Services  35 = Respite Care  36 = Substance Abuse Services (residential)  37 = Treatment adherence counseling 42 = Other Professional Services |
| Schema | Only one ClientReportServiceDelivered element may be reported per client record. Multiple ServiceDelivered elements may be reported in one ClientReportServiceDelivered element. When reporting multiple services, repeat the entire ServiceDelivered element. Only one ServiceID and DeliveredID element may appear within a single occurrence of the ServiceDelivered element.  <ClientReportServiceDelivered>  <ServiceDelivered>  <ServiceID>9</ServiceID>  <DeliveredID>2</DeliveredID>  </ServiceDelivered>  …  <ServiceDelivered>  <ServiceID>12</ServiceID>  <DeliveredID>2</DeliveredID>  </ServiceDelivered>  </ClientReportServiceDelivered>  Only report services that were actually delivered. Do not report services that were not delivered. |

## Clinical Information

### RiskScreeningProvidedID (Removed)

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

### FirstAmbulatoryCareDate

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

### ClientReportAmbulatoryService

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 48 |
| Element Name | ClientReportAmbulatoryService   ServiceDate |
| Parent Element | ClientReport |
| Definition | All the dates of the client’s outpatient ambulatory care visits in this provider’s HIV care setting with a clinical care provider during this reporting period.  The service dates must be within the reporting period. |
| Required | OA |
| Occurrence | 0-number of days in reporting period per required client |
| Allowed Values | ServiceDate: mm,dd,yyyy  Must be within the reporting period start and end dates. |
| Schema | Multiple ServiceDate elements may appear [one for each date] in the ClientReportAmbulatoryService element.  < ClientReportAmbulatoryService>  <ServiceDate>mm,dd,yyyy</ServiceDate>   …  <ServiceDate>mm,dd,yyyy</ServiceDate>  </ClientReportAmbulatoryService> |

### ClientReportCd4Test

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

### ClientReportViralLoadTest

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 50 |
| Element Name | ClientReportViralLoadTest  ViralLoadTest  Count   ServiceDate |
| Parent Element | ClientReport |
| Definition | All Viral Load counts and their dates for this client during this report period |
| Required | OA |
| Occurrence | 0-number of days in reporting period |
| Allowed Values | Count: Integer  Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0.  Convert logarithmic values to integers (whole numbers). For example, a log Viral load value of 3.15 should be reported as 1,412.0 (103.15 ); a value of 0.1234 x 104 should be reported as 1234.0  ServiceDate: mm,dd,yyyy  Must be within the reporting period start and end dates. |
| Schema | When reporting multiple viral load tests, repeat the entire ViralLoadTest element. Only one Count and ServiceDate element may appear within a single occurrence of the ClientReportViralLoadTest element.  <ClientReportViralLoadTest>  <ViralLoadTest>  <Count>Integer</Count>  <ServiceDate>mm,dd,yyyy</ServiceDate>   </ViralLoadTest>  ...  <ViralLoadTest>  <Count>Integer</Count>  <ServiceDate>mm,dd,yyyy</ServiceDate>  </ClientReportViralLoadTest> |

### PrescribedPcpProphylaxisID (Removed)

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

### PrescribedArtID (Revised)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 52 |
| Element Name | PrescribedArtID |
| Parent Element | ClientReport |
| Definition | Value indicating whether the client was prescribed ART at any time during this reporting period. |
| Required | OA |
| Occurrence | 0-1 per required client |
| Allowed Values | 1 = Yes  8 = No  The allowed values below for PrescribedArtID have been removed:  3 = No, not ready (as determined by clinician)  4 = No, client refused  5 = No, intolerance, side-effect, toxicity  6 = No, ART payment assistance unavailable  7 = No, other reason |
| Schema | <PrescribedArtID>1</ PrescribedArtID> |

### ScreenedTBSinceHivDiagnosisID (Removed)

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

### ScreenedSyphilisID

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 55 |
| Element Name | ScreenedSyphilisID |
| Parent Element | ClientReport |
| Definition | Value indicating whether the client was screened for syphilis during this reporting period (exclude all clients under the age of 18 who are not sexually active) |
| Required | OA if client is 18 years of age, or older |
| Occurrence | 0-1 per required client |
| Allowed Values | 1 = No  2 = Yes  3 = Not medically indicated |
| Schema | <ScreenedSyphilisID>1-3</ScreenedSyphilisID> |

### ScreenedHepatitisBSinceHivDiagnosisID (Removed)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 57 |
| Element Name | ScreenedHepatitisBSinceHivDiagnosisID |
| Parent Element | ClientReport |
| Definition | Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis. |
| Required | OA |
| Occurrence | 0-1 per required client |
| Allowed Values | 1 = No  2 = Yes  3 = Not medically indicated  4 = Unknown |
| Schema | </ScreenedHepatitisBSinceHivDiagnosisID>  1-4  </ScreenedHepatitisBSinceHivDiagnosisID> |

### VaccinatedHepatitisBID (Removed)

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

### ScreenedHepatitisCSinceHivDiagnosisID (Removed)

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

### ScreenedSubstanceAbuseID (Removed)

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 61 |
| Element Name | ScreenedSubstanceAbuseID |
| Parent Element | ClientReport |
| Definition | Value indicating whether the client was screened for substance use (alcohol and drugs) during this reporting period. |
| Required | OA |
| Occurrence | 1 per required client |
| Allowed Values | 1 = No  2 = Yes  3 = Not medically indicated |
| Schema | <ScreenedSubstanceAbuseID>1-3</ScreenedSubstanceAbuseID> |

### ScreenedMentalHealthID (Removed)

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

### ReceivedCervicalPapSmearID (Removed)

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

### PregnantID

|  |  |
| --- | --- |
| Field | Description |
| Reference ID | 64 |
| Element Name | PregnantID |
| Parent Element | ClientReport |
| Definition | Value indicating whether the client was pregnant during this reporting period. |
| Required | OA  This should be completed for HIV-positive women only. |
| Occurrence | 0-1 per required client |
| Allowed Values | 1 = No  2 = Yes  3 = Not applicable |
| Schema | <PregnantID>1-3</PregnantID> |

## HIV Counseling and Testing Elements

### HivPosTestDate

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

### OamcLinkDate

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

# RSR Client-level Data XML File Format

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

## RSR Web Application Validation Checks

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

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

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

## Sample Client-Level Data XML Format

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

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

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

<XmlVersion>

<SchemaVersion>5 0 0</SchemaVersion>

<Originator>Application Name</Originator>

<VersionNumber>Application Version Number</VersionNumber>

<TechnicalContactName>Jonathan Doe</TechnicalContactName>

<TechnicalContactEmail>sample@company.ext</TechnicalContactEmail>

<TechnicalContactPhone>555,555,1234</TechnicalContactPhone>

<ReportYear>2019</ReportYear>

</XmlVersion>

<ClientReport>

<ProviderID>100</ProviderID>

<RegistrationCode>10001</RegistrationCode>

<ClientUci>0123456789ABCDEF0123456789ABCDEF01234567U</ClientUci>

<VitalStatusID>7</VitalStatusID>

<BirthYear>1985</BirthYear>

<EthnicityID>2</EthnicityID>

<ClientReportRace>

<RaceID>6</RaceID>

</ClientReportRace>

<GenderID>2</GenderID>

<PovertyLevelPercent>125</PovertyLevelPercent>

<HousingStatusID>2</HousingStatusID>

<HousingStatusCollectedDate>1,1,2019</HousingStatusCollectedDate>

<HivAidsStatusID>1</HivAidsStatusID>

<ClientReportHivRiskFactor>

<HivRiskFactorID>9</HivRiskFactorID>

</ClientReportHivRiskFactor>

<ClientReportHealthCoverage>

<MedicalInsuranceID>6</MedicalInsuranceID>

</ClientReportHealthCoverage>

<ClientReportServiceVisits>

<ServiceVisit>

<ServiceID>8</ServiceID>

<Visits>5</Visits>

</ServiceVisit>

<ServiceVisit>

<ServiceID>14</ServiceID>

<Visits>5</Visits>

</ServiceVisit>

</ClientReportServiceVisits>

<ClientReportServiceDelivered>

<ServiceDelivered>

<ServiceID>9</ServiceID>

<DeliveredID>2</DeliveredID>

</ServiceDelivered>

<ServiceDelivered>

<ServiceID>12</ServiceID>

<DeliveredID>2</DeliveredID>

</ServiceDelivered>

</ClientReportServiceDelivered>

<FirstAmbulatoryCareDate>1,1,2011</FirstAmbulatoryCareDate>

<ClientReportAmbulatoryService>

<ServiceDate>1,1,2013</ServiceDate>

<ServiceDate>4,1,2013</ServiceDate>

<ServiceDate>7,1,2013</ServiceDate>

<ServiceDate>10,1,2013</ServiceDate>

</ClientReportAmbulatoryService>

<ClientReportCd4Test>

<Cd4Test>

<Count>830</Count>

<ServiceDate>1,1,2013</ServiceDate>

</Cd4Test>

<Cd4Test>

<Count>875</Count>

<ServiceDate>8,1,2013</ServiceDate>

</Cd4Test>

</ClientReportCd4Test>

<ClientReportViralLoadTest>

<ViralLoadTest>

<Count>210</Count>

<ServiceDate>1,1,2013</ServiceDate>

</ViralLoadTest>

<ViralLoadTest>

<Count>175</Count>

<ServiceDate>8,1,2013</ServiceDate>

</ViralLoadTest>

</ClientReportViralLoadTest>

<PrescribedArtID>1</PrescribedArtID>

<ScreenedSyphilisID>3</ScreenedSyphilisID>

<PregnantID>1</PregnantID>

<ClientReportHispanicSubgroup>

<SubgroupID>2</SubgroupID>

</ClientReportHispanicSubgroup>

<ClientReportAsianSubgroup>

<SubgroupID>3</SubgroupID>

</ClientReportAsianSubgroup>

<ClientReportNhpiSubgroup>

<SubgroupID>1</SubgroupID>

</ClientReportNhpiSubgroup>

<SexAtBirthID>1</SexAtBirthID>

<HivDiagnosisYear>2003</HivDiagnosisYear>

<HivPosTestDate>12,1,2011</HivPosTestDate>

<OamcLinkDate>12,6,2011</OamcLinkDate>

</ClientReport>

</RSR:ROOT>

# Appendix A: List of Acronyms

ADAP AIDS Drug Assistance Program

AIDS Acquired Immunodeficiency Syndrome

APA AIDS Pharmaceutical Assistance

ART AntiRetroviral Therapy

CHIP Children's Health Insurance Program

CM Case Management Services (Medical and Non-medical)

CPAP Community Pharmaceutical Assistance Program

eUCI Encrypted Unique Client Identifier

HAB HIV/AIDS Bureau

HIP Health Insurance Program

HIV Human Immunodeficiency Virus

HRSA Health Resources and Services Administration

IHS Indian Health Service

LPAP Local Pharmaceutical Assistance Program

OA Outpatient/ambulatory Medical Care Services

RDR Ryan White HIV/AIDS Program Data Report

RSR Ryan White HIV/AIDS Program Services Report

UCI Unique Client Identifier

XML eXtensible Markup Language

XMLNS XML Namespace

XSD XML Schema Definition

XSI XML Schema Instance

VA Veterans Affairs

# Appendix B: Resources

**RSR XML Schema Definitions**

The RSR XML schema definitions and sample XML files can be downloaded from the [Ryan White Services Report Download Package](https://careacttarget.org/library/ryan-white-services-report-rsr-download-package) page on the TARGET Center website.

**RSR Instruction Manual**

The RSR Instruction Manual contains detailed information needed for completing the RSR. This document may be cross-referenced with the [RSR Instructions document](https://careacttarget.org/library/ryan-white-hivaids-program-services-report-rsr-instruction-manual).

**TRAX (XML generator)**

The [Tool for RSR and ADR XML Generation (TRAX)](https://careacttarget.org/library/trax-application-and-manual) is a HAB tool that can be used to generate the RSR client-level data XML files. This tool is available on the TARGET Center website.

**HRSA/HAB RSR Website**

The [HRSA/HAB RSR website](http://hab.hrsa.gov/manageyourgrant/clientleveldata.html) contains a comprehensive collection of information related to RSR.

**TARGET Center Website**

The [TARGET Center website](https://careacttarget.org/category/topics/ryan-white-services-report-rsr) contains a vast array of technical assistance resources including the TRAX application, webcasts, training materials, and reference documents, such as the RSR Instruction Manual.