



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

HIV/AIDS Bureau

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A project of  CAI in partnership with  and  MISSION ANALYTICS GROUP

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The DISQ Team is one of several groups engaged by HAB to provide training and technical assistance to Ryan White recipients and providers for the RSR

Today's webinar will present different ways that you can get ready for the RSR this year to ensure that you submit high quality data. This webinar will be a review of some of the most important information from our recent webinars this season, so we'll also be including a few quizzes throughout to make sure everyone understands these concepts

Disclaimer

Today's webinar is supported by the following agency and the contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government

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Today's webinar is supported by the DISQ Team, comprised of CAI, Mission Analytics and Abt Associates. The content of today's webinar is that of the presenters and does not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Outline

Tools to Get Started

Including the Right Clients

Reporting Required Data

Reviewing Your Data Before Submission

Questions

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As you know, RSR season is upon us and this presentation is going to help you get ready. Whether you're new to the RSR or an experienced submitter, the topics we'll discuss today are critical in submitting high-quality data in your RSR. The first thing we'll talk about today is the tools available to you to help you submit high-quality data on the 2020 RSR. Then we'll review how to make sure your RSR client-level data file includes the right clients. The next step is making sure that you are reporting all the required data for those clients, including services, demographics and clinical data. Finally, we'll talk about different ways to review your data before submission to make sure your RSR data are complete and reflect your expectations based your program activities.



Grab Your “Tools”

- ⚙️ [RSR Instruction Manual](#)
- ⚙️ [RSR Validations](#)
- ⚙️ [Policy Clarification Notice \(PCN\) 16-02](#)
- ⚙️ [RSR Timeline](#)
- ⚙️ [RSR TA Brochure](#)
- ⚙️ [Roadmap: New to the RSR](#)

Let’s start with all the great tools and resources available to support you during your RSR process.

First, the 2020 Instruction Manual has been posted on TargetHIV and is the #1 resource for all RSR-related questions. Carefully reading through the manual is the best place to start on the RSR.

The 2020 validations are also available on the TargetHIV website. This document lists all the errors, warnings, and alerts you might encounter with your RSR data, so you can plan ahead and avoid having to correct data later on.

Policy clarification notice or PCN 16-02 is where you need to look for the service category definitions to ensure that you are reporting the correct service. You can find it on the HAB website.

The RSR Timeline outlines key due dates for this year. Of course, remember that recipients can set earlier deadlines for their subrecipients if needed.

The RSR TA Brochure is a great resource that lists all of the TA providers like the DISQ Team and includes what each of us does and how to contact us.

Finally, if you’re brand new and this is your first RSR, TargetHIV has a whole collection of resources designed just for you!



Grab Your “Tools” (continued)

Review the reporting requirement changes:

- New data elements
 - Was the client new in 2020?
 - If not, and they received OAHS, medical or non-medical case management, or EHE services did they receive a service in 2019?
- New Ending the HIV Epidemic (EHE) service category
- CARES Act and EHE funding are considered RWHAP funding



[“Understanding Reporting Changes” webinar](#)

Remember it is also important to check to see if reporting requirements have changed. This year there were a few changes.

First, two new client-level data elements were added to indicate whether a client was new in 2020, and if they were not new and received OAHS or case management services, whether they also received a service in the previous calendar year, or 2019.

Secondly, there is a new service category for Ending the HIV Epidemic services. Remember that this service category should only encompass services that do not already fit in a service category outlined in PCN 16-02.

Also, if you received CARES Act or Ending the HIV Epidemic funding in 2020, don't forget that both funding sources are considered Ryan White funding when reporting on the RSR. This means recipients must submit a Recipient Report for each grant, and RWHAP-eligible clients who received services funded by RWHAP A-D, CARES Act, or the Ending the HIV Epidemic Initiative must be included in the RSR

For more information, a great resource to review is our “Understanding Reporting Changes” from Fall 2020.

And Get Your Checklist Ready!

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



Now that you've gotten all of your resources and know about any reporting changes, we also recommend you develop a plan, checklist or workflow. You want to ensure that you've outlined all of the steps needed to submit your RSR. Some really useful resources that DISQ developed to help you with this process are our "Roles and Responsibilities" documents. Depending on whether you're a recipient or a provider, these documents review all the steps to consider when submitting your RSR.

I'm going to walk through some key steps now.

Including the Right Clients

Your program may serve a lot of people.

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



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

The Client Must Meet Two Criteria

- 1 Be eligible to receive a RWHAP-funded service
 - Eligibility requirements are recipient-defined in conjunction with HAB
 - Based on HIV status and income, residency, etc.
 - Includes CARES Act and Ending the HIV Epidemic (EHE) eligibility
- 2 Have received a service for which the provider received RWHAP or RWHAP-related funding during the reporting period, regardless of the payor
 - RWHAP funding includes CARES Act and EHE funding

Well, to be included in the RSR, the client must meet two criteria:

1. First, the client must meet the recipient's Ryan White HIV/AIDS Program eligibility requirements. Eligibility requirements are decided between your recipient and HAB, and are based on HIV status and other criteria such as income and residency. This year, please note that if you received Ending the HIV Epidemic Initiative funding, EHE-eligible clients should also be included in your client-level data file. This is important to note because EHE has different eligibility requirements than the Ryan White program.
1. The second of the criteria is that the client must also have received a service that the provider funds with RWHAP or RWHAP-related funding. RWHAP-related funding means services funded with pharmaceutical rebates and program income. This is called eligible services reporting. Eligible services reporting is optional in the 2020 RSR but will be required next year, so HAB strongly encourages everyone to start early. Importantly, please also note that for the purposes of RSR reporting, funding from the CARES Act or the Ending the HIV Epidemic Initiative is considered RWHAP funding.

Let's walk through an example of how to include the right clients.

Which Clients Should Be Included in the RSR? (part 1)

Step #1 - Which Clients Meet the Eligibility Requirements?

Example of possible eligibility requirements:

- HIV positive
- Income – up to 300% FPL
- Lives in the geographic/service area

Client A

Client B

Client C

So let's start with reviewing clients to determine if they meet eligibility requirements. In this example, there are three clients. For the recipient, the eligibility requirements are that the client is HIV positive, has a federal poverty level of up to 300% and lives in the geographic/service area for which they were funded. As a reminder, recipients determine the eligibility requirements in conjunction with HAB, so your recipient requirements may be different than what I just presented.

So for these three clients, the three requirements were reviewed and it was determined that clients A and B meet all three eligibility requirements, but Client C does not because he does not reside in the service area. Therefore, Client C should not be included in the RSR.

Which Clients Should Be Included in the RSR? (part 2)

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

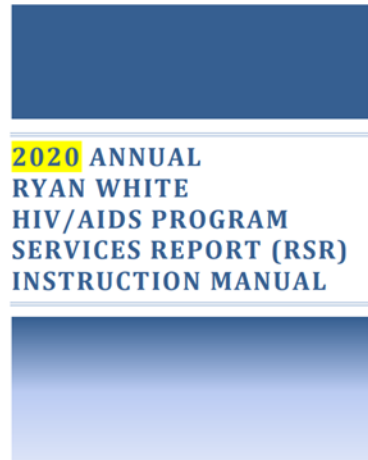
Provider receives RWHAP funding for:

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

The second step in determining which clients should be included in the RSR is ensuring that the client has received a service for which the provider received RWHAP or RWHAP-related funding during the reporting period, regardless of the payor. Let's return to our previous example. Two clients were determined to be eligible for RWHAP services. Now let's look at services they received to determine if the client should be included in the RSR. Client A received only an OAHS service, which the provider was funded for with RWHAP funding. However, Client B received only medical transportation assistance which was not funded with RW or RW-related funding. So, Client A should be included in the RSR and Client B should not

What Data to Report

- Services, demographics, and clinical information
- Report only the service categories you are RWHAP or RWHAP-related funded to provide
 - It doesn't matter who actually paid for the service (e.g., Medicaid, RWHAP)
- CARES Act and EHE funds are considered RWHAP funds for RSR Reporting



2020 ANNUAL
RYAN WHITE
HIV/AIDS PROGRAM
SERVICES REPORT (RSR)
INSTRUCTION MANUAL

Now let's review reporting the required data.

There are three types of data required to be reported for the clients included in the RSR: Services, Demographics and Clinical Information. For services, you report only the service categories for the services your agency funded with RWHAP or RWHAP-related funds. If a client is eligible, it doesn't matter who paid for the service, just that your agency uses RWHAP or RWHAP-related funding for the service.

As I mentioned earlier, for the purposes of RSR reporting, CARES Act and Ending the HIV Epidemic, or EHE, funds are considered Ryan White funds. Therefore any services funded with these dollars should be included in the RSR.

If you're not familiar with reporting requirements, your first step should be to review the RSR Instruction Manual

What Services to Report

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



Policy Clarification Notice 16-02

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

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

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

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

Background
The Office of Management and Budget (OMB) has consolidated, in 2 CFR Part 200, the uniform grants administrative requirements, cost principles, and audit requirements for all organization types (state and local governments, non-profit and educational institutions, and hospitals) receiving federal awards. These requirements, known as the "Uniform Guidance," are applicable to recipients and subrecipients of federal funds. The OMB Uniform Guidance has been codified by the Department of Health and Human Services (HHS) in 45 CFR Part 200-Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS (45 CFR Part 200). HRSA RWHP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 200. Recipients are required to monitor the activities of its subrecipient to ensure the subaward is used for authorized purposes in compliance with applicable statute, regulations, policies, program requirements and the terms and conditions of the award (see 45 CFR 45.200-202).

45 CFR Part 200, Subpart F--Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWHP award. Costs must be necessary and reasonable to carry out approved project activities, allocable to the funded project, and allowable under the Cost Principles, or otherwise authorized by the RWHP statute. The treatment of costs must be consistent with recipient or subrecipient policies and procedures that apply uniformly to both federally-financed and other non-federally funded activities.

HRSA HAB has developed program policies that incorporate both HHS regulations

HIV/AIDS BUREAU POLICY 16-02

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Traditionally, there were two types of services included in the RSR: core medical and support services. If you're not familiar with core and support services, you should review policy clarification notice or PCN 16-02. This year, Ending the HIV Epidemic or EHE services are also included in the RSR. Again, the EHE service category should only be used if a service does not fit in to a previously-defined service category in PCN 16-02.

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

Example of which services to report

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

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

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

For Client A, OAHS should be reported. Even though the client also received emergency financial assistance and other professional services, the agency did not receive RWHAP or RWHAP-related funding for those services so they wouldn't be reported. For client B, oral health and transportation assistance would be reported. Remember that CARES Act funding and EHE funding are both considered RWHAP funding for RSR reporting.

Quiz #1 (part 1)

Wellness Agency Funding

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

So, let's see how well you understand how to determine which clients should be included in the RSR with our first quiz. Wellness Agency receives the following funding:

- Part C funding for medical case management (MCM), mental health services, and OAHS
- CARES Act funding for medical transportation and housing services
- SAMHSA funding for mental health and outreach services

Quiz #1 (part 2)

Wellness Agency Funding

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

Client A

- Mental health
- Outreach

Client B

- Outreach

Client C

- MCM
- Medical transportation

Client D

- MCM
- OAHS

Client E

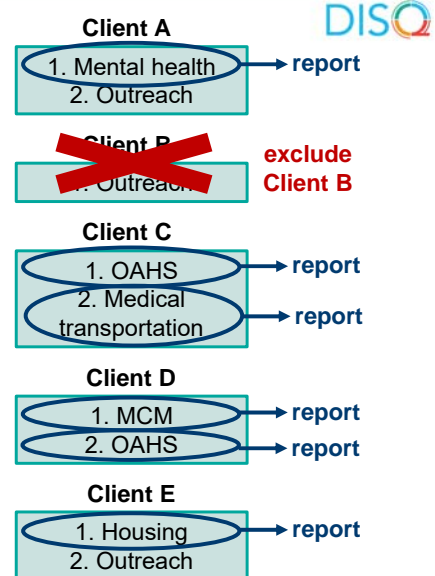
- Housing
- Outreach

Now that we know how our sample agency funds their services, let's take a look at five sample clients to see which services should be included in the RSR. Assuming Clients A-E all meet the agency's eligibility requirements, please select which of the following services should be reported for each client.

Quiz #1 (part 3)

Wellness Agency Funding

RWHAP Part C	<ul style="list-style-type: none">• MCM• Mental health services• OAHS
CARES Act	<ul style="list-style-type: none">• Medical transportation• Housing
SAMHSA	<ul style="list-style-type: none">• Mental health services• Outreach



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Question: Client A received mental health and outreach services. Which should be reported?

Answer: Mental health only

Question: Client B received outreach services. Which should be reported?

Answer: No services should be reported for Client B since the client did not receive any services that were funded with RWHAP funding, they should be excluded from the RSR entirely

Question: Client C received OAHS and medical transportation. Which should be reported?

Answer: Both OAHS and medical transportation. Remember that CARES Act funding is considered Ryan White funding for the purposes of RSR reporting

Question: Client D received MCM and OAHS. Which should be reported?

Answer: Both MCM and OAHS

Question: Client E received housing and outreach. Which should be reported?

Answer: Housing only (5)

What Else Should Be Reported?

Service Category

Table 4. Required Client-Level Data Elements for RWHAP Services

* report the data element		Outpatient/Ambulatory Health Services	Behavioral Case Management	CR Health Care	Early Intervention Services	Home Health Care	Community-Based Health Services	Prevention Services	Mental Health Services	Residential Therapy	Case Management (Outpatient)	Case Management (Inpatient)	Case Management (Home Care)	Case Management (Mental Health)	Case Management (Substance Abuse)	Case Management (Medical Case Management)	Case Management (Financial)	Case Management (Housing)	Case Management (Medical Transportation)	Case Management (Outreach Services)	Other Professional Services	Psychosocial Support Services	Supportive Health Care and Rehabilitation Services	Respite Care	Substance Abuse Services	Other	Rationale	
Client-Level Data Elements																												
Demographics	Year of birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
	Ethnicity	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
	Race	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
	Hispanic subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
	Asian subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
	NPH subgroup	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
	Gender	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
	Sex at birth	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
	Health coverage	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
	Housing status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
	Housing status collection date	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
	Federal poverty level percent	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
	HIV/AIDS status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5
Client risk factor	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
Vital status	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
HIV diagnosis year (for new clients)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
New Client	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
Referred Services Previous Year	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.5	
Clinical Information	First outpatient/ambulatory health service visit date	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.4	
	Outpatient/ambulatory health service visits and dates	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4	
	CD4 counts and dates	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4	
	Viral load counts and dates	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4	
	Prescribed ART	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3.4	
Screened for hepatitis	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	3	
Pregnant	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	2.3.4	
Date of first positive HIV test (for clients with new HIV diagnosis)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	1.3.4.5.6	
Date of CD4 count after first positive HIV test	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	1.3.4.5	

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

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

Let's review this in more detail.

Demographics

Services	Demographics to be reported
All services	<ul style="list-style-type: none"> Year of Birth Ethnicity Hispanic Subgroup Race Asian Subgroup NHPI Subgroup Gender Sex at Birth New Client
All core medical, non-medical case management (NMCM), Ending the HIV Epidemic (EHE)	<ul style="list-style-type: none"> Health Coverage Received service in previous year (if not new)
Outpatient ambulatory health services (OAHS), medical case management (MCM), NMCM, Housing, EHE	<ul style="list-style-type: none"> Housing status Housing status collection date
OAHS, MCM, NMCM, EHE	<ul style="list-style-type: none"> Federal Poverty Level Percent HIV/AIDS Status Vital Status HIV Diagnosis Year Client HIV Risk Factor

Let's start with demographics. There are nine data elements required regardless of which services the client receives: Year of birth, race, ethnicity, race and ethnicity subgroups, gender and sex at birth, and whether the client was new in the reporting year, which is a new reporting variable for 2020.

Health coverage is required for all core medical services as well as non-medical case management and EHE services. For these service categories, you must also include whether a client received a service in the previous year if they are not a new client in 2020 – this is the other new client-level data element for 2020.

Housing status and housing status collection date should be reported for five services: OAHS, medical case management, non-medical case management, housing, and EHE.

The remaining demographic variables should be reported for four services: OAHS, medical case management, non-medical case management, and EHE.

Clinical Information

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

*only for newly-diagnosed clients

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

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

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

Quiz #2 (part 1)

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

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

Quiz #2 (part 2)

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

Client A

1. Mental health

Client C

1. OAHS
2. Medical transportation

Client D

1. MCM
2. OAHS

Client E

1. Housing

We're going to come back to the four clients from our last quiz who you determined should be included in the RSR – Clients A, C, D, and E. We're wondering which clients we'll need to report certain data for. Specifically, the "new client" variable, clinical data, housing status, and federal poverty level. For which clients should these data be included in your RSR?

For which clients should the "New client" variable be reported?

For which clients should clinical information be reported?

For which clients should housing status be reported?

For which clients should federal poverty level be reported?

Quiz #2 (part 3)

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

Client A

1. Mental health

Client C

1. OAHS
2. Medical transportation

Client D

1. MCM
2. OAHS

Client E

1. Housing

First -

For which clients should the “New client” variable be reported?

Answer: All clients

This new variable for 2020 is required for all clients in your client-level data file. You only need to include the follow up variable about receiving services in the previous year if the client received a core medical service, non-medical case management, or EHE.

Quiz #2 (part 4)

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

<p>Client A</p> <p>1. Mental health</p>	<p>Client C</p> <p>1. OAHS 2. Medical transportation</p>	<p>Client D</p> <p>1. MCM 2. OAHS</p>	<p>Client E</p> <p>1. Housing</p>
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For which clients should clinical information be reported?

Answer: Clients C and D only

Clinical data is only required to be reported for clients who receive outpatient ambulatory health services, or OAHS.

Quiz #2 (part 5)

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

Client A
1. Mental health

Client C
1. OAHS
2. Medical transportation

Client D
1. MCM
2. OAHS

Client E
1. Housing

For which clients should housing status be reported?

Answer: Clients C, D, and E only

Quiz #2 (part 6)

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

Client A
1. Mental health

Client C
1. OAHS
2. Medical transportation

Client D
1. MCM
2. OAHS

Client E
1. Housing

For which clients should federal poverty level be reported?

Answer: Clients C and D only

Review Your Data Before Submission

Before Upload

- CAREWare RSR Report Viewer
 - [Quick Start Guide #6: Prebuilt Reports](#)
- Other RSR-Ready Systems
 - Check with [system vendors](#)
- TRAX
 - CHEX tool included in [TRAX Download Package](#)
 - Demo on recent [TRAX Webinar](#)

After Upload

- Validation Report
 - Compares data against [full list of validation checks](#)
 - In Focus on [RSR CLD Validations](#)
- Upload Completeness Report
 - Shows breakdown of response options and missing data for each data element
 - [Upcoming webinar](#) on 2/17/21
 - In Focus on [UCR](#)

There are a lot of tools available to help you review your data submission both before upload and after you upload in the RSR Web System. First, many RSR-ready systems have created reports to help you review your data quality. A great example for CAREWare users is the RSR Report Viewer that mimics the Upload Completeness Report in the Web System. You can identify clients with specific data issues just by clicking on the results in the report and then make any needed corrections. For more information on this, check out Quick start guide #6 on prebuilt reports. Besides CAREWare, other RSR-ready systems have also developed reports to review your data. Contact the DISQ Team or check with your system vendor to learn more about what is available.

For those of you using TRAX, remember that CHEX is in the download package. CHEX is an excel table that has the validations built in so, once you populate your data, you can identify any data quality issues. DISQ demonstrated this process on the recent TRAX. The recording is posted on the TargetHIV website.

Once you upload your file into the RSR Web System, you can access two important data quality reports: the validation report and the upload completeness report. The validation report compares your data against the list of validation checks. The upload completeness report, or UCR, is an aggregate report of all the data elements for required clients. It shows a breakdown of each response option by RSR data element, including any missing data. The UCR only includes required clients and is geared primarily towards providers as it can only show data from a single agency. If you want to learn more about the UCR, be sure to register to attend the February 17th webinar on reviewing your data at upload: Tools within the RSR web system, and you can also check out our In Focus document on the UCR which reviews all the report sections and important questions to consider in your review.

Are All of the Clients Included? (part 1)

Summary Data

How many clients did you expect to see?

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

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

Now I'm going to provide some quick examples of how to review your UCR to see if you included the right clients and the right services. I'll also show an example of how to review to make sure that your data reflect the services that you are providing. First, let's talk about how to use the report to address each of the data quality topics we just discussed. First, we want to make sure you are including the right clients. The very first table in the report, the summary data table, tells you the number of clients submitted within different service category groupings-these may look familiar because they are the groupings that we discussed earlier when we talked about required data. What does that first number tell you about your program? Maybe it looks too low or too high. For example, if you were expecting to see close to 500 eligible clients in your file, the fact that there are 78 total clients submitted should stick out to you!

Are the Correct Services Included? (part 2)

Core Medical and Support Services (CLD ID# 21-27, 28-42, 46, 75)
 Denominator: Clients with any of these services

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

Looks right! About two thirds of my clients have OAHS

Clients have 1-2 visits per year

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

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But assuming the total client data look correct, next, you want to see if you have reported all the required data for those clients. Here is a table showing the number of visits for each service category. In this example, we're happy with the data in first row – it matches our expectations about our program. More than half of our clients have OAHS and they have about 1 to 2 visits year.

But, substance abuse outpatient care is off. We are funded to provided substance abuse outpatient care, but we have no clients receiving that service in our Upload Completeness Report. After noticing this issue, we can go back and check our source data to determine why these data aren't here.

Other Required Data in the UCR

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

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

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

Are Data Missing?

Housing Status (Item 10)

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

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

Let's take a look at housing status as an example. We strive for less than 10% missing, so if you're missing a lot of data, you'll want to correct that as best you can before the final submission.

Ensure Your Data Reflect Your Program

Prescribed Antiretroviral Medications (Item 52)

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

Last Viral load test result (Item 50)

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

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

Why Don't My Data Reflect My Program?



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



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

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

Recap

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

To wrap up, I want to recap our presentation as it was a lot of information. Data quality is crucial for showing Ryan White stakeholders the good work you're doing. When assessing data quality consider three aspects:

Including the right clients

Including the required data for those clients

Ensuring your data reflect your program activities

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

TA Resources

- The DISQ Team:
 - Data.TA@caiglobal.org
 - [Sign up for the DISQ listserv](#)
 - [Submit a DISQ TA request](#)
- EHBs Customer Support Center:
 - 877-464-4772
 - [Submit an EHBs TA Request](#)
- Ryan White HIV/AIDS Program Data Support:
 - RyanWhiteDataSupport@wrma.com
 - 888-640-9356
- CAREWare Help Desk:
 - cwhelp@jprog.com
 - 877-294-3571
 - [Join the CAREWare listserv](#)

This may feel like a lot to do. There are several resources available to help you. The DISQ Team addresses questions for those needing significant assistance to meet data reporting requirements. DISQ also deals with data quality issues, as well as providing TA on TRAX and support in creating documentation.

Data Support addresses RSR-related content and submission questions. Topics include: Interpretation of the Instruction Manual and HAB's reporting requirements; Allowable responses to data elements; Policy questions related to the data reporting requirements; and Data-related validation questions.

The EHBs Customer Support Center addresses software-related questions. Topics include: Electronic Handbook (EHB) navigation, registration, access and permissions and Performance Report submission statuses.

Finally, the CAREWare help desk is your best resource for any TA requests related to CAREWare. We encourage you to register for the listserv to join the conversation with other CAREWare users across the country.

Most importantly, there is no wrong door for TA – if we can't assist you we're happy to refer you to someone who can! Thank you all for joining us today to learn more about preparing for RSR submission. Now I will pass things off to Ellie for the Q&A portion of the webinar.