2021 RSR Validation Report
All System Validation Messages

Revised: October 28, 2021

NOTES:

- Provider Report Validation Messages
  - Validation Check 234 was added.
  - Validation Checks 6 and 34 have been promoted from "warning" to an "error".
- Client Report Validation Messages
  - Validation Checks 146, 235, and 236 were added.
  - Validation Check 223 has an updated language and has been promoted from "warning" to an "error"

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

Recipient Report Validations

Section 1: General Information

Check #	Question #	Message	Level
187	Q#7	At least one provider must be specified.	Error
188	Q#1b	City is required.	Error
191	Q#7	Each provider organization must be funded to provide at least one service.	Error
193	Q#3e	E-mail is required.	Error
194	Q#8	Recipients cannot exempt all of their providers from submitting a Provider Report. At least one provider must be required to submit a Provider Report.	Error
195	Q#4	**Q#4 Minority AIDS Initiative Funds Percentage**. If your organization received a Minority AIDS Initiative designation, you must specify the most recent percentage designation for the reporting period.	Error
196	Q#4	**Q#4 Minority AIDS Initiative Funds**. A response is required for Q#4, organization received a Minority AIDS Initiative designation for the reporting period.	Error
197	Q#3a	Name is required.	Error
198	Q#3c	Phone is required.	Error

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Check #	Question #	Message	Level
199	Q#1c	State is required.	Error
200	Q#1a	Street is required.	Error
201	Q#3b	Title is required.	Error
202	Q#1d	Zip Code is required.	Error
217	Q#2a	EIN is required.	Error
218	Q#2b	DUNS number is required.	Error

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Sub-recipient (Provider) Report Validations

Section 1: General Information

Check #	Question #	Message	Level
2		Provider Profile Information: A response is required for Faith-based Organization.	Error
3		Provider Profile Information: A response is required for Provider Type.	Error
4		Provider Profile Information: A response is required for Section 330 Funding Received.	Error
5		Provider Profile Information: A response is required for Type of Ownership.	Error
215		Provider Profile Information: A response is required for the real time electronic data network question.	Error
6		Service Delivery Sites: At least one service delivery site must be specified if your agency reports that it delivers any Ryan White HIV/AIDS Program funded client service in Q#7.	Error
9		Organization Details: Official Mailing Address is required. Address includes the street, city, state, and Zip Code.	Error
219		Organization Details: A response is required for EIN.	Warning
220		Organization Details: A response is required for DUNS number.	Warning
211		Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site has an incomplete address. Please include the street, city, state and Zip Code.	Warning
212		Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site is missing or has an incomplete phone number. Please correct.	Warning

| 234 | | Service Delivery Sites: The [Service Category Name] service uploaded but not associated with at least one Service Delivery Site.

[Service Category Name] services were reported in the client-level data XML file(s) that was uploaded, but this service is not specified as provided at any site in the General Information page. If you delivered [Service Category Name] services as indicated in the uploaded file, please select this service for at least one of the delivery site. | Warning |

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Section 2: Program Information

Check #	Question #	Message	Level
21	Q#2	A response is required in Q#2, clinical quality management status.	Error
22	Q#1d	E-mail is required.	Error
23	Q#1a	Name is required.	Error
26	Q#1c	Phone is required.	Error
27	Q#3	You must acknowledge that the funding sources shown in Q#3 are correct.	Error
28	Q#1b	Title is required.	Error

Section 3: Service Information

Check #	Question #	Message	Level
29	Q#7	**No Client records were uploaded.** At least one client record must be included in your uploaded file if the provider was funded for any Ryan White HIV/AIDS Program funded client service.	Warning
30	Q#7	You must report that you delivered at least one service during the reporting period.	Warning
32	Q#7	**[Service Category Name] services delivered but not uploaded.** [Service Category Name] services were reported as delivered, your client-level data do NOT include data on this service type. Either you have not uploaded a client-level data file, OR the file you have uploaded DOES NOT include data on this service type. If you have not uploaded your client-level data, please select the "Import Client-level Data" link in the left menu to upload your XML file. If you have uploaded a file that does not include data on this service category, please check your data. If you did not deliver the service, it should not be selected in Q#7. If you did deliver the service, data on this service category should be present in your client-level data file.	Warning
33	Q#7	**[Service Category Name] services funded but not delivered.** [Service Category Name] services were reported as funded by a recipient, but that service is not specified as delivered in Q#7.	Warning
34	Q#7	**[Service Category Name] service uploaded but not delivered.** [Service Category Name] services were reported in the client-level data XML file(s) that was uploaded, but this service is not specified as delivered in Q#7. If you delivered [Service Category Name] services as indicated in the uploaded file, please select this service in Q#7.	Error

Section 4: HIV Counseling and Testing Information

Check #	Question #	Validation Message	Level
11	Q#12, Q#9	The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#9 (Total Tests).	Error
12	Q#10, Q#9	The value entered in Q#10 (Negative Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#9 (Total Tests).	Error
17	Q#11, Q#9	The value entered in Q#11 (Positive Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#9 (Total Tests).	Error
18	Q#8	A response must be entered for Q#8, HIV Counseling and Testing services were provided during the reporting period.	Error
20	Q#10, Q#11, Q#9	The sum of the values entered in Q#11 (Positive Tests) and Q#10 (Negative Tests) must be less than or equal to the value entered in Q#9 (Total Tests).	Error
35	Q#8, Q#9	If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#9, Number of clients tested for HIV (Total Tests).	Error
36	Q#8, Q#10	If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#10, Number of clients who tested Negative for HIV (Negative Tests).	Error
204	Q#8, Q#11	If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#11, Number of clients tested Positive for HIV (Positive Tests).	Error
206	Q#8, Q#12	If "yes" is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#12, Number of clients tested Positive for HIV and were referred to HIV medical care (HIV Positive and referred to HIV medical care).	Error
207	Q#11, Q#12	The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#11 (Positive Tests).	Error

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Section 5: Clients by ZIP Code

Check #	Validation Message	Level
213	The count of clients receiving eligible services in each ZIP Code must be greater than zero.	Warning
214	The total number of clients reported in your CLD ([Count of Clients]) differs from the sum of clients reported by ZIP Code ([Count of Clients]).	Alert

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Client Report Validations

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

Demographics

Check #	Variable	Data Element(s)	Message	Level
39	Birth Year	4	[Count of Clients] Clients whose year of birth is after the report year.	Error
40	Birth Year	4 and 47	[Count of Clients] Clients whose year of birth is after the year of first HIV Outpatient/Ambulatory Service	Error
41	Sex at Birth	71	[Count of Clients] Clients with an "Incongruent" response for Sex at Birth in multiple client-level data XML files.	Alert
42	Gender	7	[Count of Clients] Clients with an "Incongruent" response for Gender in multiple client-level data XML files.	Alert
66	HIV/AIDS Status	12 and 14	[Count of Clients] Clients with HIV/AIDS Status of Indeterminate missing Risk Factor of Perinatal transmission.	Warning
235	HIV/AIDS Status	12 and 14	[Count of Clients] Clients identified as HIV/AIDS Negative and HIV Risk Factor reported.	Warning
236	HIV/AIDS Status	4, 12, 16 – 18, 20 – 28, 31, 33 – 37, 41, 42, 44	[Count of Clients] Clients with no HIV/AIDS Status where client(s) is at least 13 years old and received qualifying services.	Warning
70	HIV Diagnosis Year	72	[Count of Clients] Clients with HIV Diagnosis Year after the reporting period.	Alert
72	Gender	7 and 64	[Count of Clients] Male clients or clients with unknown gender with pregnancy status equal to YES	Warning

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Check #	Variable	Data Element(s)	Message	Level
221	Birth Year	4	[Count of Clients] Clients are missing Birth Year.	Error
84	Birth Year	4	[Count of Clients] Clients age 89 years or older.	Alert
85	Birth Year	4 and 72	[Count of Clients] Clients whose year of birth is after the year of HIV Diagnosis	Alert
86	Birth Year	4 and 49	[Count of Clients] Clients whose year of birth is after the year of CD4 Tests	Alert
88	Birth Year	4 and 48	[Count of Clients] Clients whose year of birth is after the year of Outpatient/Ambulatory Health Service Dates.	Alert
89	Birth Year	4 and 50	[Count of Clients] Clients whose year of birth is after Viral Load Test Dates.	Alert
96	Poverty Level	9	[Count of Clients] Clients missing Poverty Level.	Warning
97	Housing Status	10	[Count of Clients] Clients missing Housing Status.	Warning
216	Housing Status Collected Date	11	[Count of Clients] Clients missing Housing Status Collected Date.	Warning
99	Medical Insurance	15	[Count of Clients] Clients missing Medical Insurance.	Warning
100	HIV/AIDS Status	12 and 4	[Count of Clients] Clients whose HIV/AIDS status is Indeterminate and are over 2 years of age.	Warning
232	New Client	76	[Count of Clients] Clients are missing a response to capture if they are new to the service provider.	Warning
233	Client Received Service Previous Year	77	[Count of Clients] Clients are missing the response to capture if the client received at least one service in the previous year.	Warning

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Services

Check #	Variable	Data Element(s)	Message	Level
38	Services	16 – 45, 75 and 78	Clients missing Core Medical, Support or EHE Initiative Services.	Warning
170	OAHS Service Visits	16 and 48	[Count of Clients] Clients have more Outpatient/Ambulatory Health Services **visits** reported than Outpatient/Ambulatory Health Service Visit **dates**.	Alert
184	Service visits	16 – 45, 75 and 78	"[Count of Clients] Clients have greater than 365 [Service Category] visits.	Alert
185	Service Visits	16, 18–19, 21–27 and 78	[Count of Clients] Clients with [Core Medical or EHE Initiative Service Category Name] who are HIV negative.	Warning

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Clinical Information

Check #	Variable	Data Element(s)	Message	Level
37	OAHS Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates before the reporting period.	Error
44	First HIV OAHS Visit Date	47	[Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health service visit is after the reporting period.	Error
45	First HIV OAHS Visit Date	47	[Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health Service Visit is after Outpatient/Ambulatory Health Service Dates.	Error
48	OAHS Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates after the Reporting Period.	Error
49	CD4 Test Dates	49	[Count of Clients] Clients with CD4 Test Dates after the reporting period.	Error
50	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates after the reporting period.	Error
67	CD4 Test Dates	49	[Count of Clients] Clients reported with CD4 Test Dates before the reporting period.	Error
68	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates before the reporting period.	Error

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Check #	Variable	Data Element(s)	Message	Level
209	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients have a viral load test that is out of range (over 10,000,000).	Warning
210	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients with a Viral Load Test result who are HIV Negative.	Warning
110	OAHS Service Dates	48 and 12	[Count of Clients] HIV negative clients with Outpatient/Ambulatory Health Service Dates.	Warning
118	First HIV OAHS Visit Date	47 and 48	[Count of Clients] Clients with a First HIV Outpatient/Ambulatory Health Service Visit Date and no Outpatient/Ambulatory Health Service Visits.	Warning
127	OAHS Service Dates	48, 12, and 16	[Count of Clients] Clients have Outpatient/Ambulatory Health Service **dates** and no Outpatient/Ambulatory Health Service **visits**.	Warning
147	OAHS Service Dates	48, 12, and 16	[Count of Clients] Clients missing Outpatient/Ambulatory Health Service Dates.	Warning
151	Prescribed ART	52, 12, and 16	[Count of Clients] Clients missing a response to Prescribed ART.	Warning
161	CD4 count test results	49, 12, and 16	[Count of Clients] Clients missing CD4 count test results	Warning

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Check #	Variable	Data Element(s)	Message	Level
168	Viral Load Test results	50, 12, and 16	[Count of Clients] Clients missing viral load test results	Warning
208	CD4 count test results	49, 12, and 16	[Count of Clients] Clients have a CD4 count that is out of range (over 3,000).	Warning
222	CD4 count test results	49, 12, and 16	[Count of Clients] Clients have two or more CD4 counts on the same date with a discrepancy in the values.	Warning
223	Viral Load Test results	50, 12, and 16	[Count of Clients] Clients with viral load counts both over and under viral suppression threshold reported on the same test date.	Error
146	Viral Load Test results	50 and 16	[Count of Clients] Clients with Viral Load Test record, but no Outpatient/Ambulatory Health Service record(s).	Warning

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HIV Counseling and Testing

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