# NOTES:

* Provider Report Validation Messages
  + Validation Check 234 is updated from “warning” to an ‘alert’.
  + Validation Checks 6 is updated from “warning” to an “error”.
  + Validation Checks 34 is updated from “error” to an “alert”.
* Client Report Validation Messages
  + Validation Checks 146, 235 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

# 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 these services were provided using RWHAP FY 2020 CARES Act funding, please ignore this alert. Otherwise, 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. | Alert |

**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 |

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**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 these services were provided using RWHAP FY 2020 CARES Act funding, please ignore this alert. Otherwise, if you delivered [Service Category Name] services as indicated in the uploaded file, please select this service in Q#7. | Alert |

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**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 |

**Section 5: Clients by ZIP Code**

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|  |  |  |
| --- | --- | --- |
| **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 |

# 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 |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

**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 |

**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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

**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 |