

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

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

January 12, 2022



My name is Debbie Isenberg. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the Ryan White HIV/AIDS Program Services Report or RSR.

Today's Webinar is Presented by:



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Throughout the presentation, we will reference some resources that we think are important. To help you keep track of these and make sure you have access to them immediately, my colleague Audrey is going to chat out the link to a document right now that includes the locations of all the resources mentioned in today's webinar.

At any time during the presentation, you'll be able to send us questions using the "Q&A" function on your settings on the bottom of the screen. We'll address all of your questions in the Q&A at the end of the webinar, and you'll also be able to ask questions directly "live" during that time.

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Outline

Tools to Get Started

Including the Right Clients

Reporting Required Data

Reviewing Your Data Before Submission

Questions

Thanks so much for joining today. 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 (1) the tools available to you to help you submit high-quality data on the 2021 RSR. (2) Then we'll review how to make sure your RSR client-level data file includes the right clients. (3) The next step is making sure that you are reporting all the required data for those clients, including services, demographics and clinical data. Finally, (4) 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.

(5) And, finally, as always, we'll take your questions.

Before we get started, I want to let you all know that there is a lot of content in today's webinar and this might feel a little overwhelming if you're new to the RSR. Try to stick with us and if you have questions, like Debbie mentioned, feel free to chat them in using the Q&A function. We'll also do a poll at the end of the webinar where you can let us know if you want us to reach out to you to help you with any of the content we'll cover today. With that said, let's get started.



Grab Your “Tools”

- ⚙ [RSR Instruction Manual & Errata](#)
- ⚙ [Required CLD Elements for RWHAP Services](#)
- ⚙ [RSR Validations](#)
- ⚙ [Policy Clarification Notice \(PCN\) 16-02](#)
- ⚙ [RSR Timeline](#)
- ⚙ [RSR TA Brochure](#)
- ⚙ [Roadmap: New to the RSR](#)

(1) First, the 2021 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.

(2) Along with the Instruction Manual, the “Required client level data elements for RWHAP services” chart is a great tool to make sure you know which data elements to include for clients depending on what services they received.

(3) The 2021 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.

(4) 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.

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

(6) 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.

(7) 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”

Review the reporting requirement changes:

- [Eligible Services Reporting](#)
 - Regardless of payor, services (1) funded with RWHAP or RWHAP-related funding and (2) provided to RWHAP-eligible clients must be reported in CLD
 - RWHAP-related funding: [Pharmaceutical rebates](#) and [program income](#)
- CARES Act and EHE Initiative funding are considered RWHAP funding
 - Recipient Reports required for EHE Initiative funding
 - Recipient Reports *not* required for CARES Act funding



[“Understanding Reporting Changes” webinar](#)

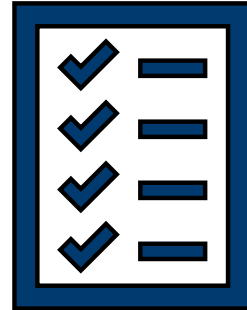
Remember it is also important to check to see if reporting requirements have changed. This year there is one major change that we have been talking about for the past few years. Eligible Services Reporting was introduced as an option during the 2019 RSR, but it is now required for all recipients and providers. This means that all providers must include services provided to Ryan White-eligible clients and funded via Ryan White-related funding in their client-level data file, regardless of payor. Ryan White-related funding includes pharmaceutical rebates and program income.

Another change that was introduced last year was the inclusion of Ending the HIV Epidemic funding and CARES Act funding data in the RSR. In your client-level data, CARES Act and EHE funding should still be treated as Ryan White funding, meaning Ryan White-eligible clients who received services funded by RWHAP A-D, CARES Act, or the Ending the HIV Epidemic Initiative must be included. However, due to changes in reporting requirements, Recipient Reports for CARES Act funding are not required for the 2021 RSR even though CARES Act funding is considered Ryan White funding.

(1) For more information, a great resource to review is our “Understanding Reporting Changes” from Fall 2021.

And Get Your Checklist Ready!

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



[Recipient Planning Tool: Preparing for the RSR: A Yearlong Activity](#)

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.

- (1) We've also recently released a new resource, a best practices tool for recipients to integrate RSR planning into a yearlong activity

I'm going to walk through some of the key steps to RSR reporting now.

Outline

Getting Ready To Get Started

Including the Right Clients

Reporting Required Data

Reviewing Your Data Before Submission

Questions

(1) First, let's look at how to include the right clients

Including the Right Clients

Your program may serve a lot of people.

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



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: Parts A-D, EHE Initiative, FY2020 CARES Act
 - RWHAP-related funding: [Pharmaceutical rebates](#) and [program income](#)

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

1. (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. (2) 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. To reiterate, for the purposes of RSR reporting, funding from the CARES Act or the Ending the HIV Epidemic Initiative is considered RWHAP funding. RWHAP-related funding means services funded with pharmaceutical rebates and program income.

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

Which Clients Should Be Included in the RSR?

Step #1 - Which Clients Meet the Eligibility Requirements?

Example of possible eligibility requirements:

- HIV positive
- Income – up to 500% FPL
- Lives in the geographic/service area

Client X
Eligible

Client Y
Eligible

Client Z
Not Eligible
(not in service area)

So let's start with reviewing clients to determine if they meet eligibility requirements. In this example, there are (1) three clients. For the recipient, the eligibility requirements are that the client is HIV positive, has a federal poverty level of up to 500% 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 (2) clients X and Y meet all three eligibility requirements, but (3) Client Z does not because they do not reside in the service area. Therefore, (4) Client C should not be included in the RSR.

Which Clients Should Be Included in the RSR?

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



Client X
Eligible
OAHS



Client Y
Not Eligible
Transportation

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. In this example, let's say the provider agency receives RWHAP funding for outpatient ambulatory health services, or OAHS, and food bank/home delivered meals. (1) And as we remember from the previous slide, 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. (2) Clients A received only an OAHS service, which the provider was funded for with RWHAP funding. However, Client B (3) received only medical transportation assistance which was not funded with RW or RW-related funding. So, (4) Client A should be included in the RSR and (5) Client B should not

Outline

Getting Ready To Get Started

Including the Right Clients

Reporting Required Data

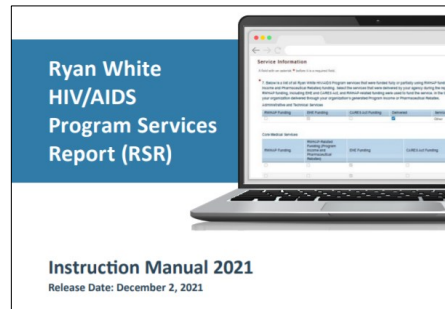
Reviewing Your Data Before Submission

Questions

(1) Now let's review reporting the required data.

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)
- [RSR Manual](#)



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.

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 #16-02

Scope of Coverage: Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (RWAP) 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 16-02: 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 RWAP 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 75, *Subpart E—Administrative Requirements, Cost Principles, and Audit Requirements for HHS*. **Repeal:** HRSA RWAP grant and cooperative agreement recipients and subrecipients should be thoroughly familiar with 45 CFR Part 75. Recipients are required to monitor the activities of its subrecipients 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 85.75.351-352).

45 CFR Part 75, Subpart E—Cost Principles must be used in determining allowable costs that may be charged to a HRSA RWAP 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 RWAP 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

1

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. Beginning last year, Ending the HIV Epidemic or EHE services are also included in the RSR. 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.

What Services to Report?

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

	Client M	Client N
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

Let's walk through another example to see how well you understand what services to report. The provider receives Ryan White Part A 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 M and Client N have been determined to be eligible to receive RWHAP and RWHAP-related funded services. Client M receives OAHS, emergency financial assistance and transportation assistance, while Client N receives food bank/home delivered meals, oral health and other professional services. Based on this information, what services should be reported?

(1) For Client M, 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. (2) For Client N, 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

Wellness Agency Funding

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

- Part D funding for medical case management (MCM), mental health services, and OAHS
- SAMHSA funding for mental health and housing services
- They also use funds from pharmaceutical rebates for medical transportation and outreach

Quiz #1

Wellness Agency Funding

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

Client P

1. Mental health
2. Outreach

Client Q

1. Housing

Client T

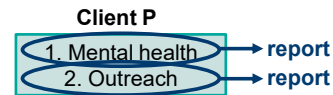
1. OAHS
2. Housing

Now that we know how our sample agency funds their services, let's take a look at three sample clients to see which services should be included in the RSR. Assuming Clients P, Q, and T all meet the agency's eligibility requirements, please select which of the following services should be reported for each client. Audrey, can you please launch the poll?

Quiz #1

Wellness Agency Funding

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



Client P received mental health and outreach services. Which should be reported?

- Mental health only
- Outreach only
- Both mental health and outreach (1) mental health is funded with Part C, and outreach with pharmaceutical rebates which are RWHAP-related funding**
- No services should be reported for Client A

Client Q received housing services. Which should be reported?

- Housing only
- No services should be reported for Client B (2) – since the client did not receive any services that were funded with Ryan White or Ryan White-related funding, they should be excluded from the RSR entirely**

Client T received OAHS and housing. Which should be reported?

- MCM only (3) OAHS is funded with Part C, but housing is only funded with SAMHSA, so it should not be included**
- Housing only
- Both MCM and housing
- No services should be reported for Client C

What Else Should Be Reported?

Demographics

Clinical Information

Table 5. Required Client-Level Data Elements for RWHAP Services

report the data element		Service Category																							
		Outpatient/Ambulatory Health Services	Medical Case Management	Behavioral Health Services	Early Intervention Services	Home Health Care	Homeless Emergency-Based Health Services	Intensive Services	Long-Term Care	Medical Nutrition Therapy	Substance Abuse Outpatient	Substance Abuse Residential	ADHS Pharmaceutical Assistance	Health Insurance Premium Assistance	Non-Medical Case Management	Child Care Services	Case Management Assistance	Food Bank/Home-Delivered Meals							
		Language Services	Logistics Services	Transportation	Other Professional Services	Psychosocial Support Services	Support Services (Food and Clothing)	Health Care Services	Substance Abuse Services	CHC	Rationale														
Client-Level Data Elements																									
Client Demographics																									
Year of birth		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Ethnicity		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Hispanic subgroup		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Race		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Asian subgroup		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
NHPI subgroup		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Gender		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Sex at birth		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Health coverage		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Housing status		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Housing status collection date		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Federal poverty level percent		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Medicaid status		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Client risk factor		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Uplift status		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
HIV diagnosis year (for new clients)		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
New Client		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Received services previous year		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x							
Client Clinical Data																									
First outpatient/ambulatory health service visit date		x																2.3.4							
Outpatient ambulatory health service visits and dates		x																3.4							
CD4 counts and dates		x																3.4							
Viral load counts and dates		x																3.4							
Prescribed ART		x																3.4							
Screened for syphilis		x																3							
Pregnant		x																2.3.4							
Date of first positive HIV test (for clients with new HIV diagnosis)		x																1.3.4.5.6							
Date of CD4s test after first positive HIV test		x																1.3.4.5							

[Required Client-Level Data Elements for RWHAP Services](#)

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, which we sometimes call the "meatball 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • HIV Diagnosis Year • Client HIV Risk Factor

Let's start with demographics. (1) 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 was a new reporting variable last year for the 2020 RSR.

(2) 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 2021 – this was another new data element last year.

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

(4) 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

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.

Services	Demographics to be reported	
All services	<ul style="list-style-type: none"> • Year of Birth • Ethnicity • Race & racial subgroups 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • HIV Diagnosis Year • Client HIV Risk Factor
OAHS	Clinical Information	

Client P

1. Mental health
2. Outreach

Client T

1. OAHS

We're going to come back to the two 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 "Ethnicity" variable be reported?

- a. Client P only
- b. Client T only
- c. Both Client P and Client T
- d. Neither client

For which clients should clinical information be reported?

- a. Client P only
- b. Client T only
- c. Both Client P and Client T
- d. Neither client

For which clients should federal poverty level be reported?

- a. Client P only
- b. Client T only
- c. Both Client P and Client T
- d. Neither client

Services	Demographics to be reported	
All services	<ul style="list-style-type: none"> • Year of Birth • Ethnicity • Race & racial subgroups 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • HIV Diagnosis Year • Client HIV Risk Factor
OAHS	Clinical Information	

Client P

1. Mental health
2. Outreach

Client T

1. OAHS

For which clients should the (1) "Ethnicity" variable be reported?

- a. Client P only
- b. Client T only
- c. **Both Client P and Client T (2) Ethnicity is one of the variables that should be reported for clients who receive any service**
- d. Neither client

Services	Demographics to be reported	
All services	<ul style="list-style-type: none"> • Year of Birth • Ethnicity • Race & racial subgroups 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • HIV Diagnosis Year • Client HIV Risk Factor
OAHS	Clinical Information	

Client P

1. Mental health
2. Outreach

Client T

1. OAHS

For which clients should (1) clinical information be reported?

- a. Client P only
- b. Client T only (2) Clinical information should only be reported for clients who received OAHS services**
- c. Both Client P and Client T
- d. Neither client

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 P

1. Mental health
2. Outreach

Client T

1. OAHS

For which clients should (1) federal poverty level be reported?

- Client P only
- Client T only (2) Federal poverty level should only be reported for clients with OAHS, medical or non-medical case management, or EHE services. Client P did not receive any of those services.**
- Both Client P and Client T
- Neither client

Outline

Getting Ready To Get Started

Including the Right Clients

Reporting Required Data

Reviewing Your Data Before Submission

Questions

Now let's move on to (1) reviewing your data before submission

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](#)

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. I'd like to take a moment to review some of these. First, many RSR-ready systems have created reports to help you review your data quality. (1) 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. (2) 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.

(3) 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. If you want to see a demo of this process, check out our recent TRAX webinar.

Review Your Data Before Submission

After Upload

- Validation Report
 - Compares data against [full list of validation checks](#)
 - In Focus on [RSR CLD Validations](#)
- Upload Completeness Report
 - Shows breakdown of responses/ missing data for each element
 - [Upcoming webinar](#) on 2/9/22
 - In Focus on [UCR](#)
 - **New** [UCR Training Module](#)

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. (1) The validation report compares your data against the list of validation checks.

(2) 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.

(3) If you want to learn more about the UCR, be sure to register to attend the February 9th webinar on reviewing your data at upload: Tools within the RSR web system, and (4) 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.

(5) This year, we also created a new interactive training module designed to help you learn how to use the UCR, interpret what the report shows you, and resolve data issues if you find them.

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.

Are All of the Clients Included?

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?

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. (1) 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, (2) the fact that there are 78 total clients submitted should stick out to you!

Are the Correct Services Included?

Core Medical and Support Services
Denominator: Clients with any

27, 28-42, 46

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	Home Health Aide Services	0	0.0%	0
24	Home Health Therapy Services	0	0.0%	0
25	Home Health Case Management Services	0	0.0%	0
26	Home Health Support Services	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?

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. (1) 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 (2) they have about 1 to 2 visits year.

(3) But, we might notice service categories that are blank where there should be data. For example, if we are funded to provide substance abuse outpatient care, but we have no clients receiving that service in our Upload Completeness Report, we know something is off. 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. You can look in the bottom row of your UCR tables to see how much missing data you have. (1) We strive for less than 10% missing, so if you're missing a lot of data, like 33% in this case, 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%

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. (1) For prescribed ART, the data are technically complete but based on what was submitted, this shows that 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. (2) Here, the report says 50% of clients are virally suppressed.

Why Don't My Data Reflect My Program?



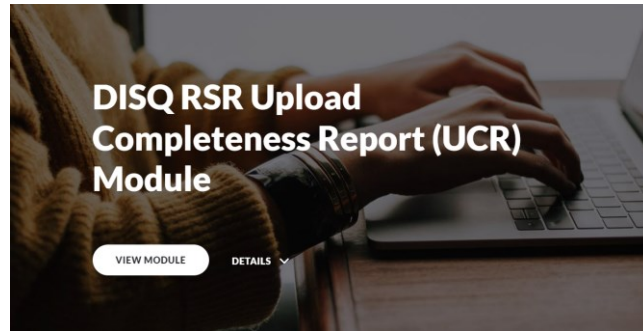
How can half of the clients be virally suppressed if they aren't prescribed ARVs?



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, (1) contact the DISQ Team and we can help you through it!

RSR UCR Training Module



Access the module [here](#)

Now, I really want to plug again our new interactive RSR UCR Training Module, which basically walks you through the entire UCR in the same way that I did with those few tables. If you do use the module and have any questions or feedback for us, please don't hesitate to reach out.

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 what we talked about today as I know it was a lot of information. Essentially, 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.



Now, like I mentioned at the beginning of today's webinar, we're going to launch a poll to see how comfortable you're feeling with the material we just covered. Audrey, can you launch the poll?

Would you like a DISQ Team member to reach out to you to help you plan for your RSR?

- a. Yes
- b. No

(we don't need to share results for this poll)

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. (1) 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.

(2) 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.

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

(4) 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!

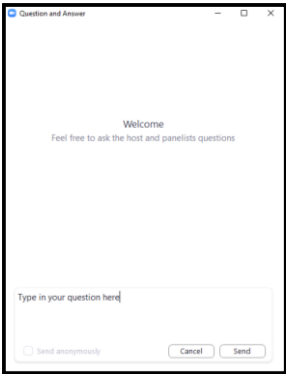
Thank you all for joining us today to learn more about preparing for RSR submission. Now I will pass things off to Debbie for the Q&A portion of the webinar.

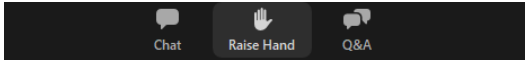
Let's Hear From You!


- Please use the “raise hand” function to speak. We will unmute you in the order that you appear.


OR

- Type your question in the question box by clicking the Q&A icon on the bottom toolbar.









Now let's move on to the Q & A. As a reminder, you can send us questions using the “Question” function on your settings the bottom of the screen. You can also ask questions directly “live.”

We do want to get all of your questions answered, and we do not usually run over an hour. If you have submitted your question in the question box and we cannot respond to your question today, we will contact you to follow up. We often need to explore your question in order to give you the most appropriate answer.

[After the Q&A]: As a reminder, please be sure to complete the evaluation for today's webinar.