

The logo consists of the letters 'RSR' in a bold, teal, sans-serif font, enclosed within a thin teal rectangular border.

# RSR: THE BASICS

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

September 14, 2022



Welcome to the Ryan White HIV/AIDS Program Services Report (or RSR): The Basics Webinar. Thank you so much for joining us today!

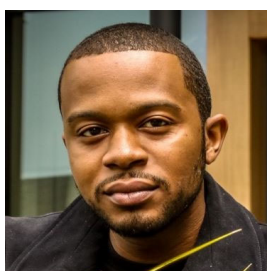
My name is Debbie Isenberg. I'm a member of the DISQ Team, one of several groups engaged by HAB to provide training and technical assistance to recipients and providers for the Ryan White HIV/AIDS Program Services Report or RSR.

## Today's Webinar is Presented by:



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Today's webinar is presented by Asia Downer from RWHAP Data Support. Asia will provide an overview of the RSR submission requirements and process to get you ready for the upcoming RSR. Richard will join us for the Q & A portion of the webinar.

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 Isia 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 "Question" function on your settings on the bottom of the screen. You'll also be able to ask questions directly "live" at the end of the presentation. You can do so by clicking the "raise hand" button (on your settings) and my colleague [Ruchi] will conference you in.

Now before we start, I'm going to answer one of the most asked questions regarding today's presentation. When will this presentation be available? The recording of today's webinar will be available on the TargetHIV website within one week of the webinar; the slides and written question and answer are usually available within two weeks.

# Disclaimer

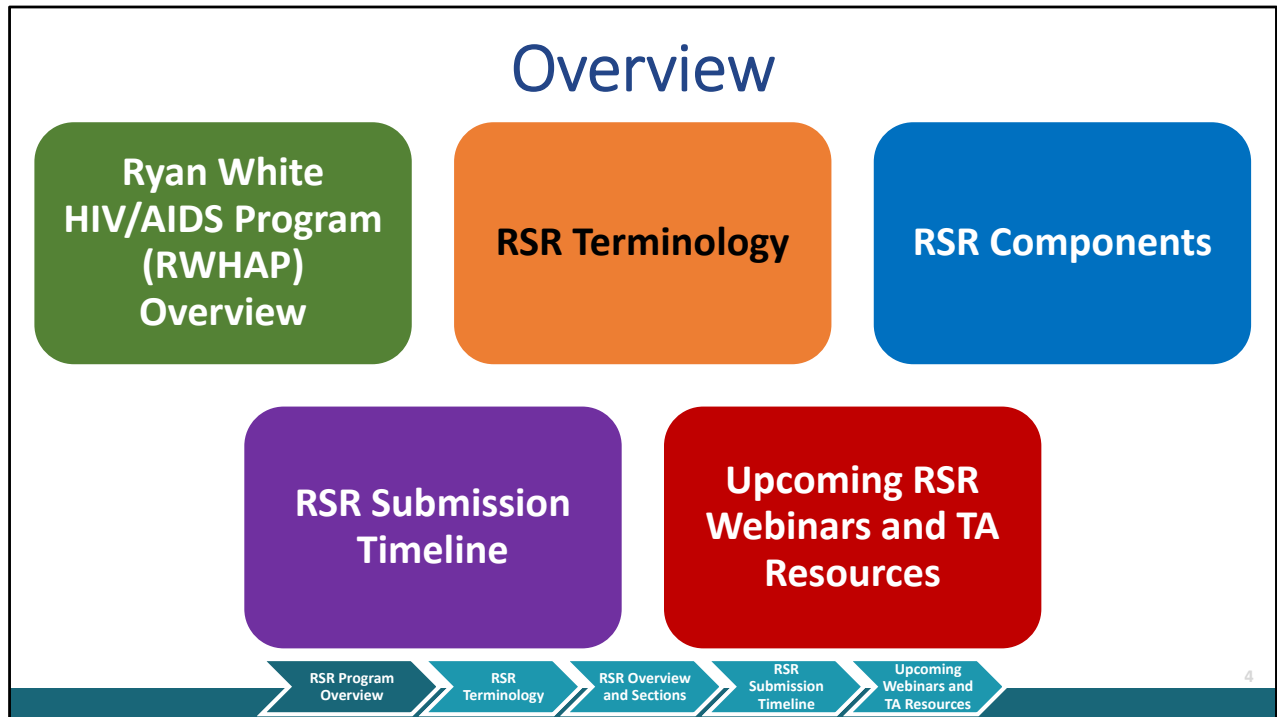
Today's webinar is supported by the following organizations and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the Health Resources and Services Administration (HRSA), the U.S. Department of Health and Human Services (HHS), or the U.S. government.

The DISQ Team is comprised of CAI, Abt Associates, and Mission Analytics and is supported by HRSA of HHS as part of a cooperative agreement totaling \$4,000,000.00.

Ryan White HIV/AIDS Program Data Support is comprised of WRMA and CSR and is supported by HRSA of HHS as part of a contract totaling \$5,092,875.59.

Today's webinar is supported by the organizations shown on the slide, and the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the Health Resources and Services Administration, the U.S. Department of Health and Human Services, or the U.S. Government.

Now I'd like to turn the webinar over to Asia.

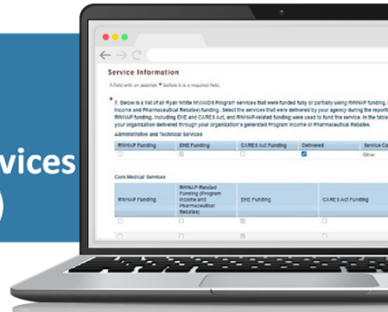


Thank you, Debbie, and everyone who has joined us for today's webinar.

We will start today's webinar with an overview of the Ryan White HIV/AIDS Program as well as discuss Ryan White HIV/AIDS Program Parts. We will then highlight and define some terminology related to the RSR, talk through the components of the RSR, review the 2022 RSR submission timeline and we will end going over upcoming RSR webinars and additional TA resources available to you.

# 2022 RSR Instruction Manual

Ryan White  
HIV/AIDS  
Program Services  
Report (RSR)



Sign up to receive updates about the ADR, RSR, and related topics from the [Data Integration, Systems & Quality TA Team \(DISQ\)](#).

To update your subscription, complete the required fields (with an \*) and click Submit. Then you'll be shown a link to update your record.

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Before we begin the webinar, please note that the 2022 RSR Instruction Manual will be available on the TargetHIV website this Fall.

The RSR Instruction Manual is an essential reference to consider while completing your RSR. It includes the information being shared with you on today's webinar in much more detail. I recommend downloading it as soon as it becomes available on the TargetHIV website. It is strongly encouraged that you review all of the available resources on the TargetHIV website before you begin your 2022 RSR.

To receive updates about the RSR including when the 2022 RSR Instruction Manual is available on the TargetHIV website and other related topics from DISQ, subscribe to their listserv for email updates.

# DISQ New RSR Resources



- [RSR Intro Video](#)
- [RSR New Staff Module](#)
- [RSR Orientation Calls](#)

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The DISQ team has recently created three resources that will be helpful to all staff new to completing the RSR. The first is a short RSR Introductory Video that emphasizes much of what you will learn today, but also shows you how to get started with completing the RSR. The second is an RSR New Staff Module that will walk you through a step-by-step of how to complete the RSR for your agency or organization. And the third is RSR Orientation Calls that will allow participants new to the Ryan White Services Report (RSR) to learn more about the RSR, client-level data reporting and to get connected to individual TA. All calls will take place for one hour on Thursdays from 12PM to 1PM eastern standard time starting next Thursday, September 22.

You can find all these resources on the TargetHIV website today and by following the link Isia chatted out at the beginning of this webinar. As a reminder, we will share additional TA resources at the end of this presentation.



First things first, tell me a little bit more about your experience with the RSR. I am now going to pass the presentation to Isia from the DISQ team to launch the first poll question.

Is this your first time working on the RSR?

- Yes, this will be my first time working the RSR.
- No, I have submitted the RSR once or twice before.
- No, I have submitted the RSR three times or more.

For all the newcomers, today's presentation is the perfect place to start! For everyone that has submitted the RSR before, this webinar will be a great refresher!

# Ryan White HIV/AIDS Program Overview



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We'll begin today's webinar with an overview of the Ryan White HIV/AIDS Program and Program Parts.



# Ryan White HIV/AIDS Program Overview

**The RWHAP provides services to people with HIV who are uninsured or underserved and their families**

**The RWHAP is a payor of last resort that provides:**

- Primary medical care, essential support services, and medications
- Technical assistance, clinical training, and the development of innovative models of care

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The Ryan White Program is a payor of last resort that provides grants to cities, states, counties, and community-based groups to help low-income uninsured and underserved people with HIV receive medical care, medications, and essential support services. Ryan White Program funds are also used to fund technical assistance, clinical training, and the development of innovative models of HIV care.

# RWHAP Supports Four National Goals

**Prevent new HIV infections**

**Improve HIV-related health outcomes of people with HIV**

**Reduce HIV-related disparities and health inequities**

**Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders**

## HIV National Strategic Plan

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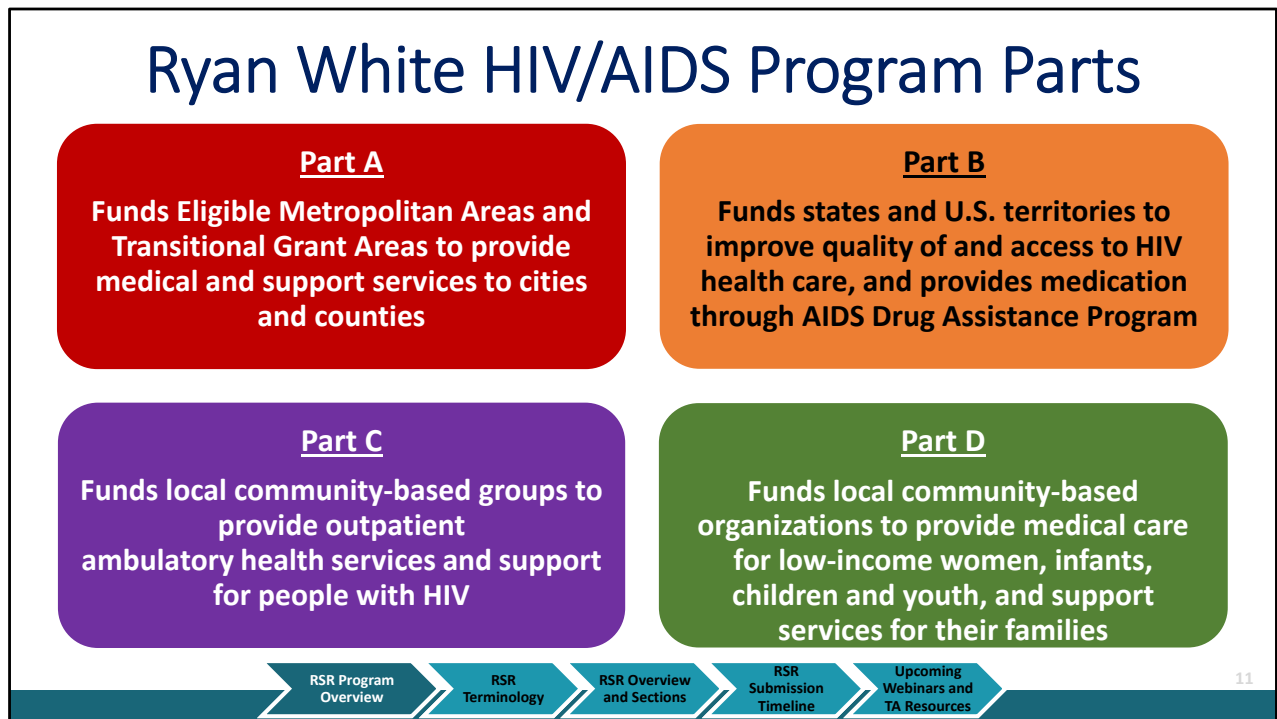
The Ryan White Program works to support the four national goals outlined in the HIV National Strategic Plan.

These goals are to:

- Prevent new HIV infections
- Improve HIV-related health outcomes of people with HIV
- Reduce HIV-related disparities and health inequities
- And, achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders

In 2020, the Ryan White Program served more than 561,000 people. Of the Ryan White Program clients who received HIV care, 89.4% reached viral suppression. This rate exceeds the national viral suppression average of 65.5%.

# Ryan White HIV/AIDS Program Parts



The Ryan White HIV/AIDS Treatment Extension Act of 2009 authorizes the Health Resources Services Administration, also known as HRSA, to allocate funding to recipients under Program Parts: A, B, C, and D. Each has a different funding purpose.

**Part A** grants are awarded to Eligible Metropolitan Areas, also known as EMAs, and Transitional Grant Areas, also known as TGAs, to provide medical and support services to cities and counties most severely affected by HIV.

**Part B** grants are awarded to all 50 States, District of Columbia, Puerto Rico, U.S. Virgin Islands, and six U.S. territories to improve quality of and access to HIV health care and support in the U.S. Additionally, Part B funding is also used to provide medications to low-income people with HIV through the AIDS Drug Assistance Program, also known as, ADAP.

**Part C** grants are awarded to local community-based groups to provide outpatient ambulatory health services and support for people with HIV.

**Part D** grants are awarded to local community-based organizations to provide medical care for low-income women, infants, children and youth with HIV. Additionally, Part D funding is also used to provide support services to people with HIV and their family members.

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Now that we know a little bit more about the Ryan White Program and Program Parts, let's talk about some terminology related to the RSR that will be helpful to understand before getting into the reporting requirements. We'll start by looking at the relationship between HAB, recipients, subrecipients and providers.

# Recipient

**Receives RWHAP funding directly from the HIV/AIDS Bureau (HAB)**

- May provide RWHAP-funded services
- May allocate funding to another agency to provide RWHAP-funded services

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The first term we will review is “recipient.”

A recipient is an organization that receives Ryan White Program funding directly from the HRSA HIV/AIDS Bureau, also known as HAB. The recipient can either use the Ryan White Program funding to provide direct services themselves or they can allocate the funding to other organizations to provide direct services.

# Provider

**Provides direct services to clients or administrative services to the recipient**

## Services:

- Core medical or support services
- Administrative and technical services
- HIV counseling and testing services

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The next term we will review is “Provider.”

A provider is an organization that uses Ryan White Program funding to provide direct services to Ryan White Program clients or administrative services to the recipient. A service provider can either receive funding directly from HAB or receive funding from a HAB recipient. Providers can provide services that range from core medical services, support services, administrative, and technical services, to HIV counseling and testing services.

# Recipient Funding Relationships

**Subrecipient**

**Second-Level Provider**

**Multilevel Provider**

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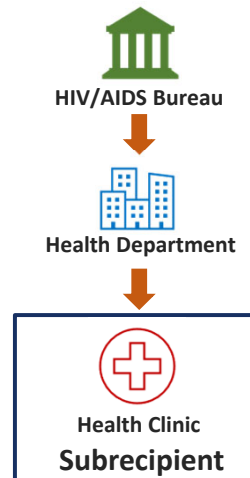
A funding relationship is established with a formal contract, memorandum of understanding, or other agreement to provide services to the recipient or to Ryan White Program clients.

We will discuss the distinction between a subrecipient, a second-level provider and a multilevel provider in the following slides.

# Subrecipient

**Receives RWHAP funding from a recipient and is accountable to the recipient for the use of the funds provided**

**May provide direct client services or administrative services directly to a recipient**



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A subrecipient is an agency or organization that receives Ryan White Program funding from a recipient and is accountable to the recipient for the use of the funds provided. Subrecipients may provide direct client services or administrative services directly to a recipient.

Subrecipients are service providers that have a direct funding relationship with a HAB recipient. Look at this illustration to further understand a subrecipient.

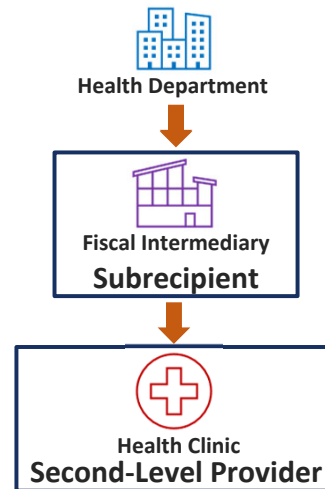
Here we have a recipient, the health department, which means that they receive a grant directly from HAB. Let's say this recipient, funds a nearby health clinic with \$10,000 to provide direct client services. Because this clinic receives its funding directly from the recipient, the clinic would be considered a subrecipient.



# Second-Level Provider

Receives RWHAP funding from a recipient through a fiscal intermediary service provider

- Consortia
- Administrative Agent
- Lead Agency



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Let's move onto a more complex type of provider which is a Second-Level provider. A Second-Level provider is an organization that receives Ryan White Program funding from a subrecipient through a fiscal intermediary.

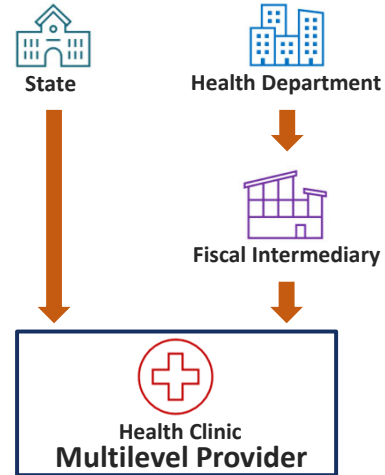
Look at this illustration to further understand a Second-Level provider. We'll start with our basic example from the previous slide. Let's say that the recipient, the health department, doesn't give their funding directly to this local clinic. Instead, the health department works with another organization to help manage their funds, such as a fiscal intermediary, and this organization then gives the funding to the local health clinic to provide services. In this case, because the local clinic receives its funding through this fiscal intermediary, a subrecipient, this local clinic would be considered a second-level provider.

HAB recognizes that recipients may use a fiscal intermediary provider such as a consortia, administrative agent, or lead agency. These agencies may assist in a variety of tasks including determining the eligibility of providers, deciding how funds are allocated and awarding them to providers, monitoring the providers' performance for compliance with Ryan White requirements, and assisting in the completion of required reports.

For RSR reporting purposes, a fiscal intermediary provider cannot also be a Second-Level provider. Recipients will receive an error and be unable to submit their RSR if they mark their own organization or a second-level provider as a fiscal intermediary.

# Multilevel Provider

**Receives funding from a RWHAP grant recipient and through a subrecipient known as a fiscal intermediary**



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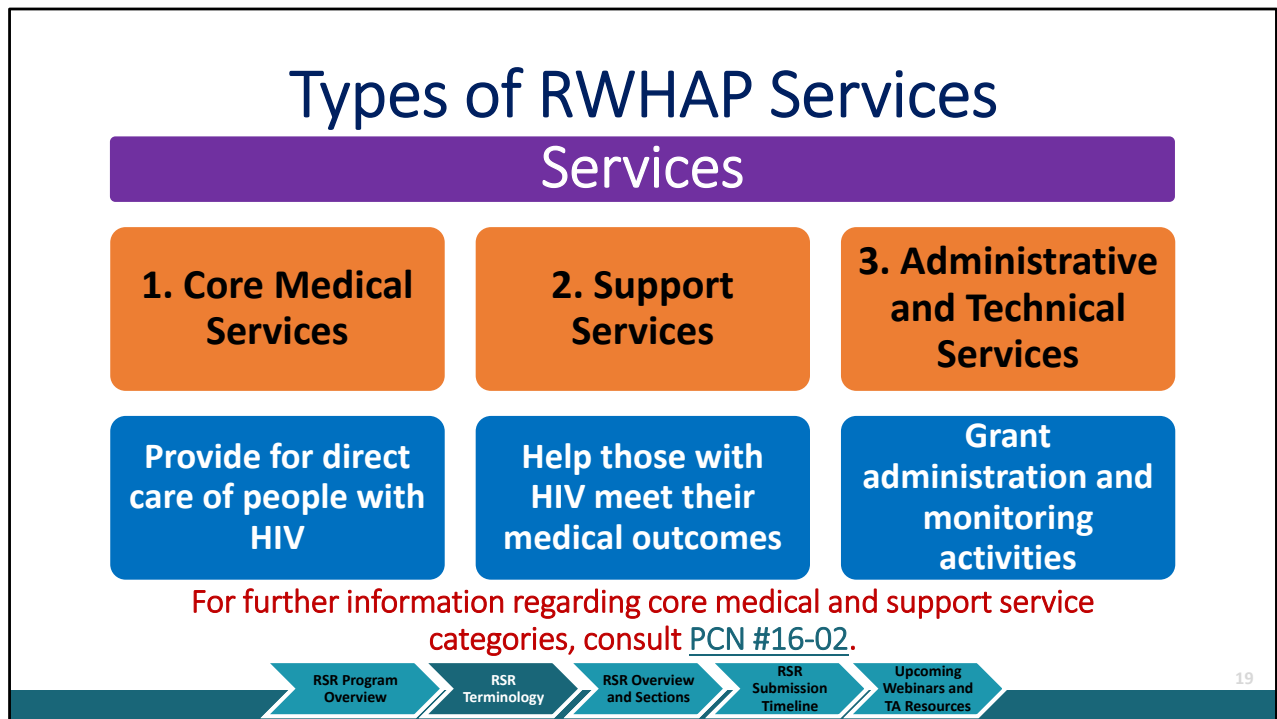
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Lastly, service providers that are both a subrecipient and a second-level provider are called multilevel providers. This type of organization receives funding from a Ryan White HIV/AIDS Program grant recipient and through a subrecipient known as a fiscal intermediary.

Let's start with our previous example again. Our same local clinic shown here as receiving funds through a fiscal intermediary, also receives funding directly from another recipient, the state. In this case, our local clinic is a subrecipient through the state and a second-level provider through the county health department. Therefore, we would consider them a multilevel provider.



Now that you have a better understanding of providers based on their funding relationship with HAB or one another, let’s talk about the kinds of services providers can offer to Ryan White Program clients and recipients.

Services are divided into three categories: core medical services, support services, and administrative and technical services. Let’s review the different types of Ryan White Program and Ryan White Program-related funded services you will report in the RSR.

Core medical services provide essential, direct, health care services for people with HIV. Some examples of core medical services include Outpatient/Ambulatory Health Services (or OAHS), Oral Health and Medical Case Management.

Support services are those needed to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV. Examples of support services include Non-Medical Case Management, Emergency Financial Assistance, Housing, and Medical Transportation.

Administrative and technical services include funds utilized for routine grant administration and monitoring activities including clinical quality management’.

I recommend reviewing the Policy Clarification Notice, or PCN #16-02 available on the HRSA website for complete definitions and descriptions of all core medical services, support services and administrative and technical services. This is a great resource containing information on service category definitions, eligible individuals, and allowable uses of funds.



After going over the different service providers recognized by HAB it's time for a knowledge check. I will now turn it back over to Isia to launch our next poll question.

If your agency receives Ryan White Program funding from a recipient and is accountable to the recipient for the use of the funds provided, what type of provider are you?

- a. Recipient
- b. Subrecipient
- c. Second-level Provider
- d. Multi-level Provider
- e. I'm not sure.

If you answered Subrecipient, you're correct! A subrecipient receives Ryan White Program funding from a HAB recipient and is accountable to the recipient for the use of those funds. Thanks everyone for participating!

Now that we have a better understanding of the different provider types recognized by HRSA HAB, let's get back to our presentation.

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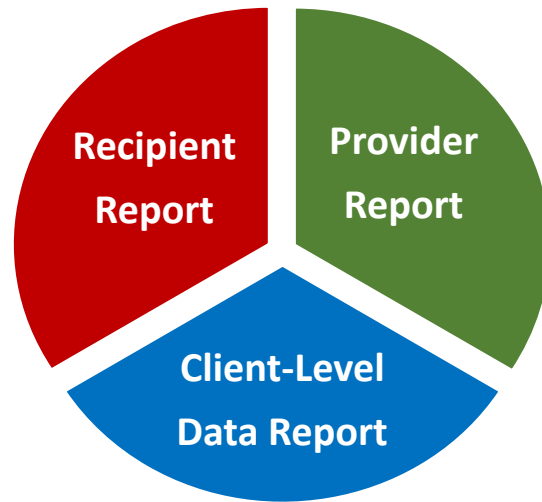
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It's time to discuss the RSR and the different sections it comprises.

# RWHAP Services Report (RSR)

**A client-level data report documenting the clients served and RWHAP services provided**



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All Ryan White Program Parts A-D-funded, specify HAB's responsibilities in the administration of the Ryan White HIV/AIDS Program. As administrators, HAB is responsible for reporting to Congress on the allocation and use of program funding. HAB uses the data collected in the RSR to help fulfill its congressional reporting obligations. The RSR is a report that provides data on the characteristics of the funded recipients, their funded providers, the services delivered, and the clients served. It consists of the Recipient Report, the Provider Report, and the Client-level Data Report , or CLD Report.

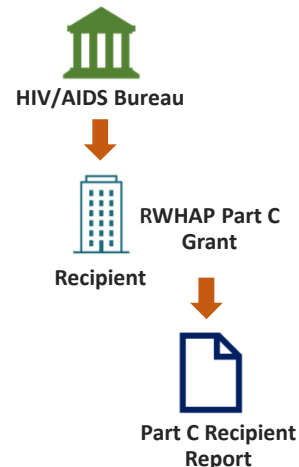
All agencies that receive Ryan White Program funds through Parts A, B, C, and D including Part B Supplemental, EHE Initiative and EHE Carryover, and Ryan White Program-related are required to complete one or more of these report components.

Now for today's presentation we won't be going in depth on how to complete each of these sections but for further instructions on that I recommend reviewing the RSR Manual and attending the upcoming RSR webinars, which will be reviewed at the end of the presentation.

# Recipient Report Overview

Recipients will complete a separate Recipient Report for each grant they receive

Section completed by RWHAP recipient ONLY



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Let's review the different sections of the RSR, beginning with the Recipient Report.

This report collects basic information about the recipient organization and displays service provider contract information. This section is only completed by Ryan White Program recipients. They complete one Recipient Report for every grant they received during the reporting period.

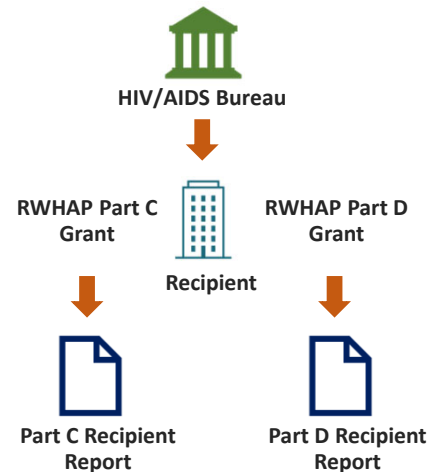
So, an agency that receives one HAB grant will complete one RSR Recipient Report.

# Recipient Report Overview

Recipients will complete a separate Recipient Report for each grant they receive

## Two Sections:

1. General Information
2. Program Information (populated from the GCMS)



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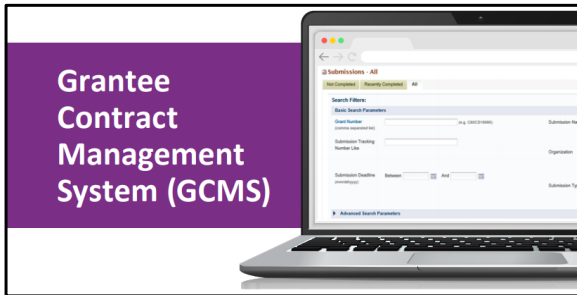
And an agency that receives two grants, will complete two RSR Recipient Reports (one for each HAB grant) and so on.

There are two sections in the Recipient Report:

- The first section, General Information, contains basic recipient information such as the official mailing address, Tax ID, Unique Entity Identifier or the UEI number, and the contact information of the person responsible for submitting the report.
- The second section, Program Information, lists all of the organizations that had a contract with the agency during the reporting period. This list is populated from the contracts entered in the Grantee Contract Management System or GCMS.

A great thing about the Recipient Report is that most of the information is prepopulated from the contracts created in the GCMS making the report easier to complete. Therefore, before beginning the Recipient Report, we recommend reviewing and/or updating your contract information to make sure all funded organizations are listed correctly and with the appropriate service categories. In the next slide, I will be a brief overview of the GCMS.





## Grantee Contract Management System (GCMS) Overview

Contains provider contract and service information including:

- [2022 Grantee Contract Management System Instruction Manual](#)
- [Completing the Grantee Contract Management System](#)
- Contract dates
- Provider relationship information
- Funded service categories
- Funded contract amounts

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The GCMS is a data storage system that collects a recipient's provider contract information and is accessible year-round. The contracts created in the GCMS include contract and service information such as the contract dates, provider relationship information, funded service categories, and funded contract amounts.

It is most likely that you added your contracts in the GCMS for the Program Terms Report or Allocations Report submission already. I strongly recommended that you review and/or update your contracts in the GCMS before beginning your 2022 Recipient Report. The 2022 GCMS Instruction Manual, and the webinar, Completing the Grantee Contract Management System, are available on the TargetHIV website now.

# Provider Report Overview

Collects basic information about the provider and the RWHAP-funded services delivered

Organizations that receive RWHAP, RWHAP-related, or EHE Initiative (including EHE Carryover) funding to provide services must submit a Provider Report

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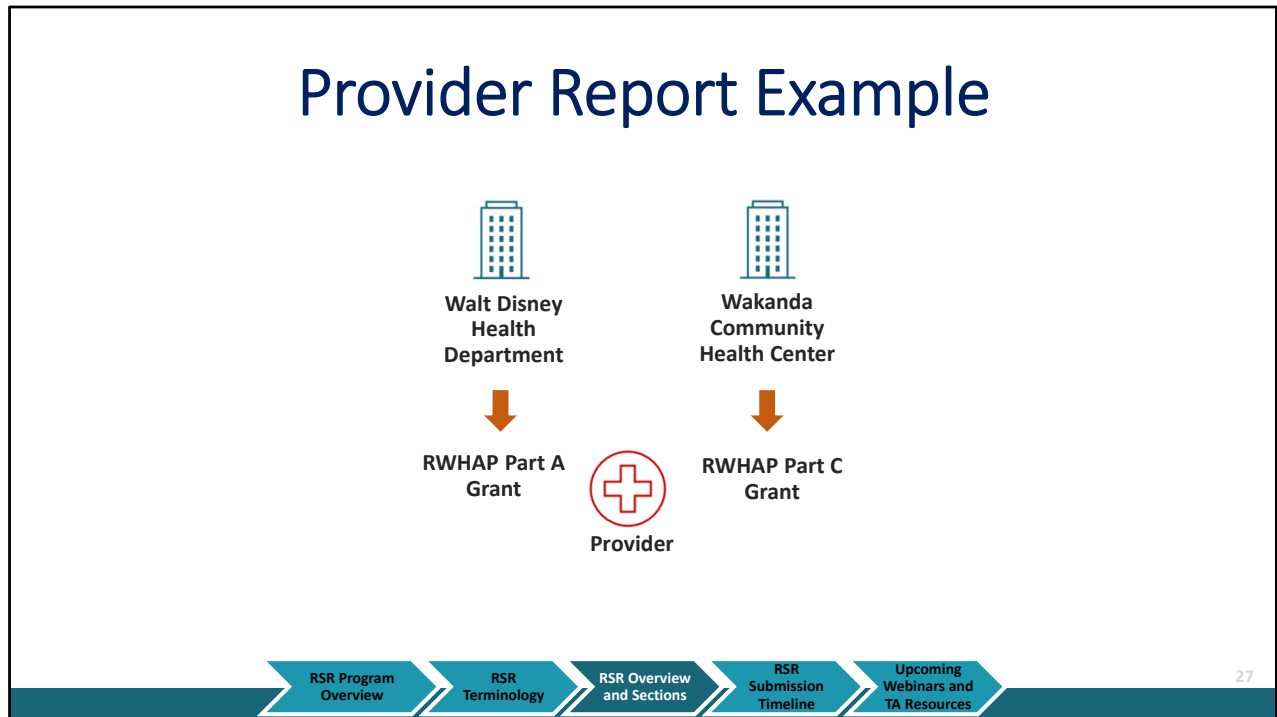
Now that we've reviewed the Recipient Report, let's look at the Provider Report. The RSR Provider Report collects basic information about the provider and the Ryan White Program funded services delivered. Organizations that provide services with Ryan White Program funds, Ryan White Program-related funds (including program income and pharmaceutical rebates), EHE Initiative and EHE Carryover funds must submit a Provider Report.

This includes:

- Agencies that provide direct client services,
- Agencies that provide administrative and technical services to the recipient, and
- Agencies that provide HIV counseling & testing services with Ryan White funds.

While we will not go in depth about each section of the provider report on this webinar, we would like to mention that the RSR Provider Report includes six sections: General Information, Program Information, Service Information, HIV Counseling & Testing (HC&T) Information, Clients by ZIP Code, and the section where you import client-level data.

# Provider Report Example

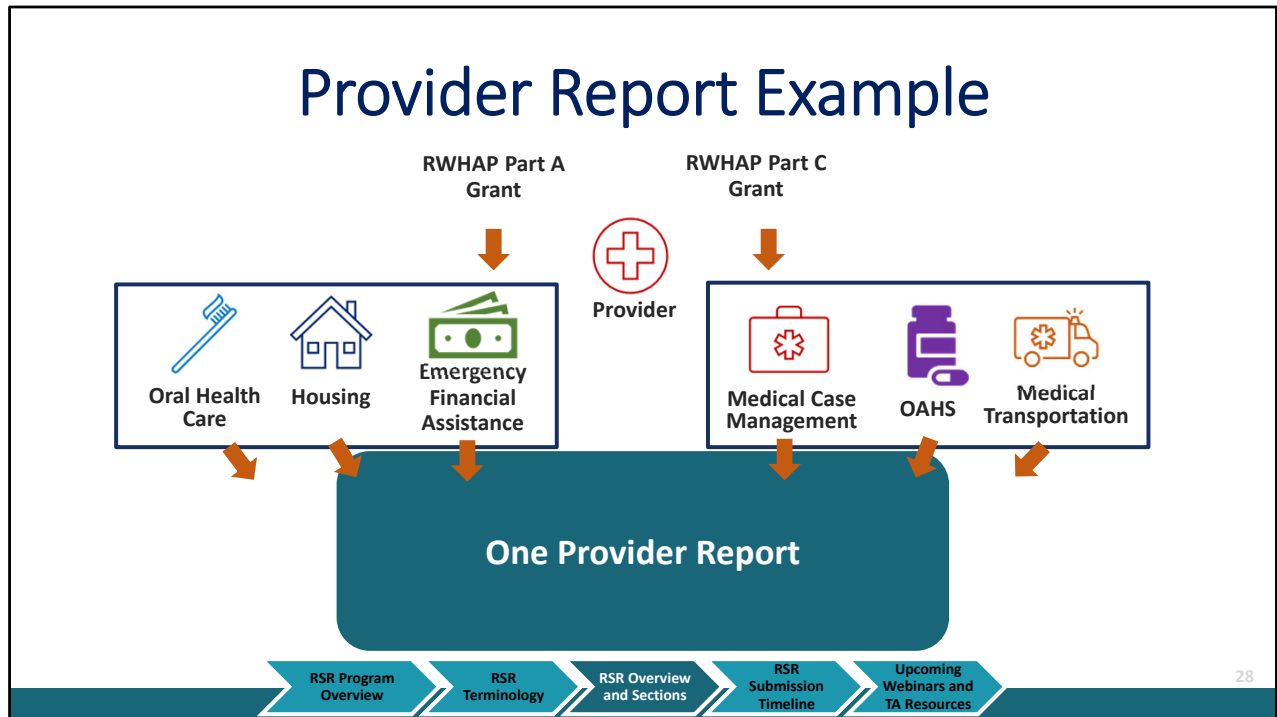


Each provider agency will complete a single Provider Report even if the provider is multiply funded. A multiply funded provider should submit one RSR Provider Report that includes all the information from all its Program Parts.

Let's look at this illustration to better understand this requirement. Here we have a provider and they receive Part A funds from the Walt Disney Health Department and Part C funds from a local community health center, in this case, the Wakanda Community Health Center. They use their Part A funds to provide Oral Health Care, Housing, and Emergency Financial Assistance. And they use their Part C funds to provide Medical Case Management, Outpatient/Ambulatory Health Services, and Medical Transportation.

This provider will take all the data for all these services from both funding streams and enter them into a single Provider Report.

Please be aware that HAB expects providers to complete their own report because providers know their data, their clients, and the services they provide best. The only exception is if the provider qualifies for an exemption. Providers that do not meet these criteria must submit their own reports.



Each provider agency will complete a single Provider Report even if the provider is multiply funded. A multiply funded provider should submit one RSR Provider Report that includes all the information from all its Program Parts.

Let’s look at this illustration to better understand this requirement. Here we have a provider and they receive Part A funds from the Walt Disney Health Department and Part C funds from a local community health center, in this case, the Wakanda Community Health Center. They use their Part A funds to provide Oral Health Care, Housing, and Emergency Financial Assistance. And they use their Part C funds to provide Medical Case Management, Outpatient/Ambulatory Health Services, and Medical Transportation.

This provider will take all the data for all these services from both funding streams and enter them into a single Provider Report.

Please be aware that HAB expects providers to complete their own report because providers know their data, their clients, and the services they provide best. The only exception is if the provider qualifies for an exemption. Providers that do not meet these criteria must submit their own reports.

# Provider Report Example

Each provider completes **one** Provider Report including **all** the information from **all** its Program Parts

One Provider Report

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Each provider agency will complete a single Provider Report even if the provider is multiply funded. A multiply funded provider should submit one RSR Provider Report that includes all the information from all its Program Parts.

Let's look at this illustration to better understand this requirement. Here we have a provider and they receive Part A funds from the Walt Disney Health Department and Part C funds from a local community health center, in this case, the Wakanda Community Health Center. They use their Part A funds to provide Oral Health Care, Housing, and Emergency Financial Assistance. And they use their Part C funds to provide Medical Case Management, Outpatient/Ambulatory Health Services, and Medical Transportation.

This provider will take all the data for all these services from both funding streams and enter them into a single Provider Report.

Please be aware that HAB expects providers to complete their own report because providers know their data, their clients, and the services they provide best. The only exception is if the provider qualifies for an exemption. Providers that do not meet these criteria must submit their own reports.

# Client-Level Data Report Overview

**The client-level data file contains one record for every eligible client**

**Providers who use RWHAP, RWHAP-related or EHE Initiative funds to provide core medical or support services must upload client-level data in an extensible markup language (XML) file**

**Properly formatted client-level data XML file including up to 56 data elements**

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Now let's look at the last component of the RSR which is the Client-Level Data Report. The Client-Level Data Report is a collection of eligible client records and is uploaded through the RSR Provider Report.

The Client-Level Data XML file should be properly formatted and include 1 record for every eligible client who received at least 1 core medical or support service that your agency was funded to provide with Ryan White Program funds, Ryan White Program-related funds, or EHE Initiative funds. Each client's record can have up to 56 data elements, including:

- The client's eUCI, or encrypted unique client identifier;
- The client's demographic information;
- Any core medical and support services the client received; and
- The client's clinical information, if applicable.



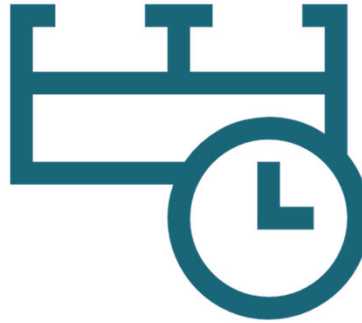
This completes the RSR content portion of webinar, and I will pass the presentation to Isia for our final poll question.

How confident do you feel in identifying your agency's role and reporting requirements for the 2022 RSR submission?

- I am confident.
- I am somewhat confident.
- I am not confident.

Great, thank you Isia! For everyone who would like assistance, the Data support team and DISQ team are gladly here to help. We can reach out to you after the webinar, or you can reach out to us anytime. I will review our contact information in the upcoming slides.

# RSR Submission Timeline



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Let's take a moment to review the upcoming RSR Submission Timeline.



# 2022 RSR Submission Timeline

Date	Recipients	Subrecipients/Providers
TBA	Check Your XML and TRAX Open	
Monday, February 6, 2023	Recipient Report Due Date	Provider Report Start Date
Monday, March 6, 2023	---	Provider Report Target Date
Monday, March 20, 2023	Return for Changes Deadline	--
Monday, March 27, 2023	All RSRs must be in "Submitted" status by 6pm ET	



Here are some important dates to remember in the upcoming months.

The Check Your XML feature and the updated version of TRAX will be available soon, but we’re still awaiting the exact date. TRAX is a tool available to use to create the client-level data XML but your agency may use an RSR-ready system instead. These tools allow providers plenty of time to start checking their client level data files in the Web system to know which validation issues they will need to address.

The 2022 RSR Web System opens on Monday, December 5. On this day, recipients can begin working on their Recipient Reports. While we encourage you to start early on your report you can begin making updates or changes in the GCMS now.

Monday, February 6, 2023 is the Recipient Report deadline and marks the opening of the 2022 RSR Provider report. As a reminder, providers cannot submit their Provider Reports until the Recipient Report is in “Certified” status.

Monday March 6, 2023 is the target deadline for the RSR Provider Report. Completing this report early allows the recipient more time to check for completeness and return the report for changes if necessary.

Monday March 20, 2023 is the final day for recipients to return their provider’s reports for changes.

The final deliverable is due on March 27th at 6 p.m. eastern standard time. Any report not in “Submitted” status by that time will be marked as late in the EHBs. No extensions will be granted.

This timeline can be viewed and downloaded at any time on the TargetHIV website.

# Upcoming RSR Webinars and TA Resources



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We'll close out the presentation with a look at the upcoming RSR webinars and additional TA resources available to assist you.

## Upcoming RSR Webinars

Date	Title
Wednesday, October 12, 2022	<a href="#"><u>Preparing for the 2022 RSR Submission: Understanding Reporting Changes</u></a>
Wednesday, October 19, 2022	<a href="#"><u>Overview of HRSA's Electronic Handbooks for Grant Recipients</u></a>
Wednesday, November 2, 2022	<a href="#"><u>RSR Check Your XML Feature</u></a>
Wednesday, November 9, 2022	<a href="#"><u>How to Complete the RSR Grant Recipient Report Using the GCMS</u></a>
Wednesday, November 30, 2022	<a href="#"><u>RSR TRAX</u></a>
Wednesday, December 7, 2022	<a href="#"><u>Moving Beyond Data Completeness: Ensuring RSR Clinical Data Reflect Services Being Provided</u></a>



Here is a list of upcoming webinars that you should consider attending for more information on how to complete the RSR.

On October 12th, you can learn about any system changes as well as any planned changes for 2022 Data collections.

On October 19th, an introduction of the HRSA Electronic Handbooks will be presented for recipients.

On November 2nd, the Check Your XML Feature tool will be reviewed. This tool helps to check the quality of client-level data prior to submission.

On November 9th, a walk through of how to complete the RSR Recipient Report using the GCMS will be presented.

On November 30th, you can join in for an introduction to TRAX, a helpful tool used for creating the RSR client-level XML data file.

And on December 7<sup>th</sup>, you can learn more about how to ensure your data are not only complete but reported accurately to reflect the care you provide.

You can access this schedule at any time on the TargetHIV website as well as through the link Isia shared in the chat.

# TA Contact Information

TA Resource	Type of TA
<a href="#">Ryan White Data Support</a> 888-640-9356   <a href="mailto:RyanWhiteDataSupport@wrma.com">RyanWhiteDataSupport@wrma.com</a>	<ul style="list-style-type: none"> <li>• RSR-related content and submission questions;</li> <li>• Interpretation of the RSR Instruction Manual and HAB’s reporting requirements;</li> <li>• Instructions for completing the RSR Recipient and Provider Reports; and</li> <li>• Data validation questions.</li> </ul>
<a href="#">The Data Integration, Systems, &amp; Quality (DISQ) Team</a> <a href="mailto:Data.TA@caiglobal.org">Data.TA@caiglobal.org</a> <a href="#">Sign up for the DISQ listserv</a> <a href="#">Submit a DISQ TA Request</a>	<ul style="list-style-type: none"> <li>• Data reporting requirements;</li> <li>• Extracting data from systems and reporting it using the required XML schema;</li> <li>• TRAX and the encrypted Unique Client Identifier (eUCI) Application; and</li> <li>• Data quality issues.</li> </ul>
<a href="#">EHBs Customer Support Center</a> 877-464-4772   <a href="#">Submit an EHBs TA Request</a>	<ul style="list-style-type: none"> <li>• RSR software-related questions;</li> <li>• Electronic Handbooks (EHBs) navigation;</li> <li>• EHBs registration;</li> <li>• EHBs access and permissions;</li> <li>• EHB’s Navigation.</li> </ul>
<a href="#">CAREWare Help Desk</a> 877-294-3571   <a href="mailto:cwhelp@jprog.com">cwhelp@jprog.com</a> <a href="#">Join the CAREWare listserv</a>	<ul style="list-style-type: none"> <li>• How to generate the XML file from CAREWare correctly;</li> <li>• How to view a sample client summary file; and</li> <li>• Creating custom reports.</li> </ul>



Let’s review technical assistance resources available to assist you during the RSR Submission.

The Ryan White Data Support team addresses RSR-related content, submission questions, interpretation of the RSR Instruction Manual and HAB’s Reporting Requirements. They can also assist with instructions for completing the RSR Recipient and Provider Reports, and data validation questions.

The DISQ Team addresses questions for those needing assistance in extracting data from their systems and reporting the data using the required XML schema; they also offer TA on the TRAX Application, data reporting requirements, and data quality issues. Subscribe to the DISQ listserv to be one of the first to know when the 2022 RSR Instruction Manual is available on the TargetHIV website.

The EHBs Customer Support Center provides assistance with the EHBs, including registration, access and permissions, RSR software-related questions, and EHBs navigation.

For our CAREWare users, the CAREWare Help Desk will be your best resource. The CAREWare help desk can assist you with generating XML files from CAREWare and also help create custom reports. I would encourage all CAREWare users to sign up for the listserv.

If you are unsure of who to call, feel free to contact any one of the resources provided and they will be able to direct you to the appropriate place. You can find the contact information for each of the technical assistance resources on the TargetHIV website.

# Additional TA Resources

## HAB Website

- Policy notices, instructions, and HAB information
- PCN #16-02



## TargetHIV

- Training materials, manuals, and submission timeline
- 2022 RSR Instruction Manual

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Here are some great additional resources to use while working on your 2022 RSR. The HAB website is the best place to find policy notices, including PCN #16-02, as well as other general information concerning the Ryan White program. And again, you can find the 2022 submission timeline, listservs, past and upcoming webinars, the GCMS Instruction Manual, technical assistance resources and a lot more information related to the RSR on the TargetHIV website now. The 2022 RSR Instruction manual will be posted to the TargetHIV website in the Fall.



## Connect with HRSA

To learn more about our agency,  
visit:

[www.HRSA.gov](http://www.HRSA.gov)

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Finally, to connect with and find out more about HRSA, check out HRSA.gov.

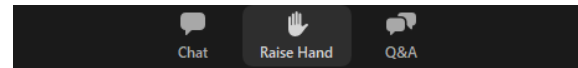
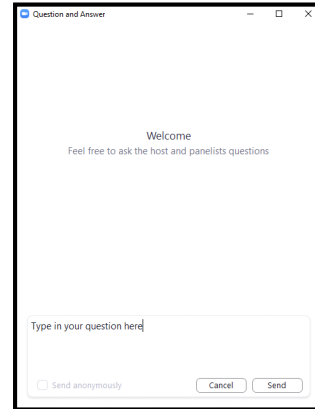
I'd like to take a moment thank everyone for joining us on today's presentation and I will now turn it over to Debbie and Richard for the Q&A portion of the webinar.

# 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.



Thank you, Asia. And now to your questions – but first, I would like to remind you that a brief evaluation will appear on your screen as you exit, to help us understand how we did and what other information you would have liked included on this webinar. We appreciate your feedback very much, and use this information to plan future webinars. My DISQ colleague [insert name of DISQ team member] is going to put a link out in the chat feature if you would prefer to access the evaluation right now. We'll also send a final reminder via email shortly after the webinar

As a reminder, you can send us questions using the “Question” function on your control panel on the right hand side of the screen. You can also ask questions directly “live.” You can do this by clicking the raise hand button (on your control panel). If you are using a headset with a microphone, Audrey will conference you in; or, you can click the telephone button and you will see a dial in number and code. We hope you consider asking questions “live” because we really like hearing voices other than our own.

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.