

# Preparing for 2024 RSR Reporting: Updates and Best Practices

Ryan White HIV/AIDS Program Services Report (RSR)

HIV/AIDS Bureau

October 16, 2024



## Today's Webinar is Presented by:



**Brian McBee**

[RyanWhiteDataSupport@wrma.com](mailto:RyanWhiteDataSupport@wrma.com)



**AJ Jones**

[Data.TA@caiglobal.org](mailto:Data.TA@caiglobal.org)



2

Today, Brian will talk through RSR reporting changes. This webinar assumes some knowledge of the RSR. If you're a beginner and aren't familiar with some of the concepts in today's webinar, don't worry. You can catch up by attending our other webinars or get clarification during the Q/A period.

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 David is going to chat out the link to the presentation slides right now which include 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 the settings bar on the bottom of the screen. All questions will be addressed at the end of the webinar in our live Q&A portion. During that time, you will also be able to ask questions live if you'd like to unmute yourself and chat

with us directly.

Now before we start, I'm going to answer one of the most commonly asked questions about the recording. The recording of today's webinar will be available on the TargetHIV website within one week of the webinar. The slides are already available for you to access on the TargetHIV website using the link that David just chatted out. Please note that these slides are not 508 compliant, but we will follow up with all registrants in about two weeks when the 508 compliant slides and written question and answer are posted.

## 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 over \$4 Million.

DSAS (Ryan White Data Support) is comprised of WRMA, CSR and Mission Analytics and is supported by HRSA of HHS as part of a contract totaling over \$7.2 Million.

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 Brian.



## Webinar Overview

---

2024 RSR Changes

RSR Best Practices

Submission Timeline

Upcoming Webinars and TA Resources

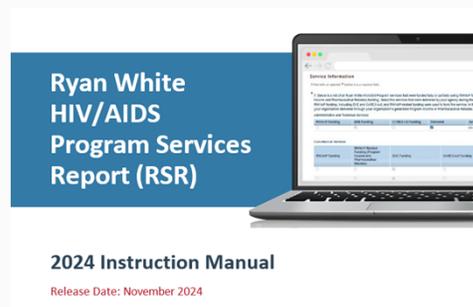
4



Thanks, AJ. For today's presentation, we're going to talk about the RSR changes and some best practices. This presentation is aimed a bit more towards users who have completed the RSR previously. So, if you're brand new you may have a harder time following everything we'll go through today. Don't worry though we have a ton of great resources available for new users but also all the changes we cover today are detailed in the manual. We'll start by reviewing all the changes for the 2024 RSR. We're then going to be talking about a few best practices to be thinking while getting ready for RSR submission this winter. And then we'll close out our presentation by taking a look at the RSR submission timeline as well as the upcoming webinar schedule and additional TA resources.

# 2024 RSR Instruction Manual

- Available soon on the [TargetHIV website](#)
- Sign up for the [DISQ listserv](#) to receive notification when the manual is released



Before we begin, I do want to point out the 2024 RSR Instruction Manual which will be available soon on the TargetHIV website. The manual is the best step-by-step resource for completing the RSR and contains most all of the instructions that we're going to be going over today.

It's not available quite yet but will be shortly. To be notified when the final manual is released, sign up for the DISQ listserv.

# Changes to 2024 RSR Reporting

---



Let's go ahead and kick off our presentation by taking a look at the changes for 2024 RSR reporting.



First, I want to note that there are no schema changes or updates to the client-level data for the 2024 RSR. As usual though, just make sure your data system is up-to-date before you are ready to submit. We know a lot of you have had questions about the updates to the race and ethnicity data elements that are upcoming but those are not going into effect for the 2024 RSR.

## National Provider Identifier (NPI)

- NPI field added to General Information section of the RSR Provider Report
- The NPI is a unique, 10-digit identifier for health care providers issued by the Centers for Medicare and Medicaid Services (CMS)

### General Information

The organization data updated within the RSR Provider Report must also be updated in the Provider Organization Profile to ensure these changes are reflected in the future reports.

#### Organization Details [Update](#)

EIN:	123456789
UEI:	1A23BC4DE56F
NPI:	0987654321
Mailing Address:	123 Sesame Street Washington, DC 12345

All the changes we're going to talk about today are happening within the RSR Provider Report. We'll start off with a small addition to the General Information section of the RSR Provider Report. There is now a field in the Organization Details part of that page for agencies to enter their National Provider Identifier, or NPI. The NPI is a 10-digit ID that's issued by CMS for health care providers. If your agency has an NPI, then enter it in this section of the Provider Report. And if you don't have an NPI, leave it blank. The NPI is publicly available online if you need to look it up for your agency.

You'll only have to do this once and moving forward each year the system will automatically pull in the NPI with the rest of the General Information section when you start your report.



## Medication Assisted Treatment Questions

Prior Reporting	New Reporting
4. Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications [medication-assisted treatment (MAT), e.g., buprenorphine, naltrexone] specifically approved by the U.S. Food and Drug Administration (FDA).	<b>Question removed</b>
5. How many of the above physicians, nurse practitioners, or physician assistants prescribed MAT (e.g., buprenorphine, vivitrol) for opioid use disorders in the reporting period?	<b>4.</b> How many physicians, nurse practitioners, or physician assistants in your organization prescribed medication assisted treatment (e.g., buprenorphine, <b>naltrexone</b> ) for opioid use disorders in the reporting period?
6. How many RWHAP clients were treated with MAT during the reporting period?	<b>5.</b> How many RWHAP <b>eligible</b> clients were treated with medication assisted therapy during the reporting period?



We're moving next to the Program Information section of the Provider Report which has those questions at the bottom of the page about medication assisted treatment for opioid use disorder. The DATA waiver is no longer required for providers to prescribe medication assisted treatment and because of that question 4, which was asking how many providers had received the waiver at your agency, has been removed.

The other questions remain with updated numbering and updates to the wording for clarification. In the new question 4, formally question 5, you'll enter the number of providers at your agency that prescribed medication assisted treatment for opioid use disorder and in the new question 5, previously question 6, you'll enter the number of RWHAP-eligible clients that were treated with medication assisted therapy.

**Prior Reporting**

Core Medical Services

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	EHE Funding	EHE Carryover Funding	CARES Act Funding	Delivered	Service Category
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mental Health Services

**New Reporting**

Core Medical Services

RWHAP Funding	RWHAP-Related Funding (Program Income and Pharmaceutical Rebates)	EHE Funding	EHE Carryover Funding	Delivered	Service Category
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services

**CARES Act Language Removal**

- All mentions of the CARES Act funding source have been removed from the RSR Provider Report

10 

Next up we have an update that appears in a few sections but most notably in the Service Information section of the Provider Report. All CARES Act language has been removed from the Provider Report including from the instructions on the pages as well as in these tables in the Service Information section. CARES Act funding was a temporary funding source, and you would have seen this column in your Provider Report for a couple years now just completely blank. Now it has been removed which has simplified this table slightly, going from 7 columns down to 6.

## Clients by ZIP Code Clear Clients

- Providers can now delete an uploaded ZIP code data file by selecting the “Clear Clients” button on the Clients by ZIP Code page
- Uploading an additional file will still overwrite any previously uploaded or entered data

### Upload Summary

ID	User	# of Records	# of Failed Records	File Name	Upload Date and Time	Status	Action
12345	user@exampleorganization.org	18	0	ClientsbyZIPCode.csv	9/27/2024 11:32:49 AM	Processed with no errors	View Validation Report

Clear Clients

If you completed the report the last couple years you should recall that last year we did a redesign of the Clients by ZIP Code section of the Provider Report to make it a bit more intuitive and provide some helpful feedback on the ZIP Code data files that you all upload as part of your submission. We heard from you all that there could be some confusion with the file upload part since there was no way to remove a file in this upload summary table without uploading an additional file to overwrite it. Because of that we’ve added an option to clear an uploaded file using this “Clear Clients” button that you’ll now see in the Clients by ZIP Code section of the report.

The rest of the functionality of this section does remain the same. You can still only have the one file uploaded at a time. So, if you upload your data, realize you made a mistake, and need to upload a new file, you can still just upload the new file to overwrite the old one. You do not need to delete the old file using the “Clear Clients” button first. This is just an additional option should you need it.



## Validation Updates: Alert to Warning

---

- The following validation messages have been updated from alerts to warnings:
  - ❖ Check No. 34: [Service Category Name] service uploaded but not delivered
  - ❖ Check No. 70: [Count of Clients] Clients with HIV Diagnosis Year after the reporting period
  - ❖ Check No. 85: [Count of Clients] Clients whose year of birth is after the year of HIV Diagnosis
- Warnings require users to correct their report or add a comment explaining their agency's situation as it relates to the warning

12



Let's move away from Clients by ZIP Code and next talk about some updates to system validation messages. These are updates to the validation messages when you validate your whole Provider Report. First, we have three different validation messages that are being upgraded from alerts to warnings. This means that you now must either correct your report or enter a comment to be able to submit your report if you get any of these validation messages.

The affected validations are:

- Check number 34, for services uploaded but not delivered meaning you have data for a service category in your client-level data but haven't selected it as a funded and delivered service in the Service Information section of your Provider Report.
- Check number 70, for clients where their reported HIV diagnosis year is after the reporting period.
- Check number 85, for clients where their reported birth year is after their HIV diagnosis year.



## Additional Validation Update

---

### CHECK NO. 84

- [Count of Clients] Clients aged 110 years or more
- Age increased from 90 to 110 years
- Alert

We have one additional update to the validation messages in the Provider Report. We heard from you the last couple years about a lot of confusion you had with check number 84. This validation is an alert that would show up for any clients aged 90 or older. The purpose of this validation is just to have you all double check the reported birth year in these instances for accuracy, not to say you cannot serve clients who are 90 or older. Because of this we've upped the age that will cause this validation message to appear from 90 years old to 110 years old.

## Upload Completeness Report (UCR) Out of Range

- Missing and out of range values in UCR separated into two rows
- Can now view all eUCIs out of range for a data element by selecting the link in the row

### OAHS Linkage Date (Item 74)

2024 Denominator: Newly diagnosed OAHS clients only (N = 10)

Response Category	2024		2023		% Change
	N	%	N	%	
Jan-March	8	80.0%	N/A	N/A	N/A
Apr-June	0	%	N/A	N/A	N/A
Jul-Sept	0	%	N/A	N/A	N/A
Oct-Dec	0	%	N/A	N/A	N/A
Missing	0	%	N/A	N/A	N/A
<a href="#">Out of range</a>	2	20.0%	N/A	N/A	N/A

Percentages may not sum to 100 percent due to rounding.

N/A: Not Applicable. Comparison to the prior year is not provided due to changes in the data between years

14

Let's talk about a couple updates regarding the Upload Completeness Report, or UCR. The UCR is the best tool to check your data quality and is available within the Provider Report. The UCR has undergone a few revisions to make sure all the logic is correct and provide some additional helpful footnotes where applicable. But the most notable change for the UCR is that any combined missing/out of range row has now been split into two separate rows, one for clients where the data element is missing and another for clients where their reported value is out of range.

You can see in the example here we have OAHS linkage date which now has separate rows for missing and out of range. Additionally, you can now view the eUCIs with an out-of-range value reported directly in the UCR by selecting the blue out of range link in that row.

RSR Provider Report - Submit Report Your session will expire in: 29:47

**Error: Your form has errors and cannot be submitted.**  
Failed to submit the Provider report - Please review the Upload Completeness Report (UCR) for data completeness and accuracy prior to submitting your report.

▼ Example Organization

Report ID: 123456	Status: Working	Due Date: 3/31/2025 6:00:00 PM
Report Period: RSR 2024 Annual	Last Modified Date: 9/26/2024 11:54:52 AM	Last Modified By: user@exampleorganization.org
Access Mode: ReadWrite	Client Count (unique combination of provider and eUCI): 33	Locked By: user@exampleorganization.org

A field with an asterisk \* before it is a required field.

Please enter comments regarding your submission.

\* Comments



**New UCR Validation**

- Page-level error on Submit Report page if the UCR is not viewed prior to submitting

15 

Our very last change for the 2024 RSR also concerns the UCR. There is a new page-level error that has been added to the submit report page of the Provider Report. This error will pop up when a provider attempts to submit their Provider Report without having looked at their agency's UCR. So, make sure to review your UCR and check your data quality before trying to submit your Provider Report.



Does your agency regularly use the Upload Completeness Report to analyze your RSR data?

- Yes, we use it every year.
- No, we have not regularly reviewed it.
- This will be my first RSR.

# RSR Best Practices

---



17

Let's move on to the next part of our presentation and we're going to be discussing some best practices to be thinking now in anticipation of the RSR opening later this year.



But first, let's launch a quick poll question to see what your experience was like last year submitting the RSR.

How was your experience in submitting the RSR last year?

- We did not have any issues.
- We ran into a few problems.
- We had a lot of difficulty.
- This year will be my first RSR.

## RSR Best Practices Overview

HRSA EHBs Accounts

Interorganizational Communication

RSR Services Data

19

These are all the things we're going to be covering in terms of best practices today, starting with HRSA EHBs accounts, specifically signing up for a new account and making sure you have the correct account type. This is one place where if you're a new user and haven't set up your EHBs account yet, you'll want to pay extra attention to. Next, we'll discuss interorganizational communication or how you all as RWHAP recipients and providers talk to each other and plan regarding reports that you share. And then last, we'll review some pointers for the RSR services data and making sure that the services that you all report in your data matches up with what the services in the EHBs.

# HRSA EHBs Accounts

---



20

So, let's start by talking about EHBs accounts specifically how you select the correct account type.

This is aimed at all of you new users out there, when you're creating a new account for the EHBs you really need to be certain that you're using the correct login portal. There are two different ones to talk about, there's the applicant/grantee portal and the service provider portal. Applicant/grantee accounts are for users of organizations who are recipients, agencies that receive a RWHAP or EHE award directly from HRSA HAB. You'll create an account here in the applicant/grantee portal and then link your account to your agency's grant.

For everyone else, you'll use the service provider portal. This is for provider only organizations. You provide services using RWHAP, EHE, or RWHAP-related funding but you are not the direct recipient of a RWHAP or EHE award directly from HRSA HAB. For you all, you'll create your account and link it to your organization using the GUID code which is a system generated ID that you can get by contacting us at Data Support.

We see this issue each year where users sign up for the wrong account type and it needs to be detangled.

## All Users Need Only One Account

---

- Applicant/grantee accounts can access:
  - ❖ RSR Recipient Reports for all linked grants
  - ❖ RSR Provider Reports for all agencies funded through linked grants
- Service provider accounts can access all RSR Provider Reports for linked providers



When it comes to working on RWHAP related reports, all users will only need one account. If your agency is a recipient and you have an applicant/grantee account, you can tie that account to any number of grants that your agency has. With the one account, you can access all RSR Recipient Reports for the grants linked to your account and any RSR Provider Reports for all agencies funded through those grants. You do not need a separate service provider account to access the Provider Report.

If your agency doesn't have its own grant and you're a provider only, you just need a service provider account. You can link the one account to multiple provider only agencies and access all of their RSR Provider Reports.

## Additional Account Notes

---

- Recipients should never give their providers access to their grant in the HRSA EHBs
- Providers must contact RWHAP Data Support to obtain their GUID code
- GUID codes can only be shared with users from the specified agency



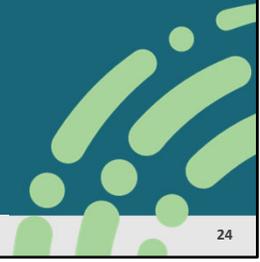
23

I want to make a couple of other notes about HRSA EHBs accounts. Recipients, you should never give your providers access to your grant in the HRSA EHBs. Access to your grant is reserved for employees of your own agency. They do not need access to your grant to be able to work on their own Provider Report.

Additionally, if you are signing up for a new service provider account, you'll recall you need the GUID code in order to link your account to your agency. You can contact us at Data Support via email to get the GUID code. But the GUID code can only be shared with users from the specified agency. So, recipients we understand that you may want to compile all the GUID codes for your providers to help them register user accounts but unfortunately, we cannot share those and can only send the codes to the providers themselves.

# Interorganizational Communication

---



24

Let's move on to the next best practice, which is communicating with other agencies.



## RSR Communication Tips for Recipients

---

- Stay in contact with providers funded with your grant (including subrecipients and second-level providers)
- Align providers' service categories in your contracts with the services they actually provided
- Set clear expectations for providers on due dates
- Be aware of other recipients on multiply-funded providers' reports

25



Over many years of providing technical assistance, we have found that a lot of problems can be mitigated by better or more frequent communication between the various agencies working through the RSR. Because of that, we have a few tips for how to better communicate in regard to the RSR so that you are better prepared to get your reports done accurately and on time. We'll start off with recipients.

Recipients, you should be in contact with the providers that are funded with your grant. This includes subrecipients and even second-level providers. It's important that you understand where they are at in the process of their submission and that they know what your expectations are for their reporting.

Make sure you and your providers are on the same page in regard to the services that they are providing. Remember as the recipient, you enter in your contracts all the services that they are providing with your grant funding and as such are creating the data reporting requirement for those services in their RSR Provider Report. Because of that it's important that the services you believe they provided and have listed in their contracts match up with the services each provider actually provided and the data that they collected. We'll talk about this a little bit more in the upcoming slides.

You also want to make sure you set clear expectations for your providers on the due date

for their report. A lot of recipients will set earlier deadlines for their providers' reports so that they have plenty of time to review them. Just make sure that your providers are clear on any deviations from the standard RSR submission timeline and what they need to have submitted or uploaded at what date.

And the last point we have is to be aware of other recipients when working with Provider Reports of agencies that are multiply-funded. This includes what we talked about in the last bullet, due dates. Maybe you have a certain due date for your providers and the other recipient has a separate one. Talk to other recipients and the providers again so that there are clear expectations for what they need to do by when.

Plan with any other recipients on a submission strategy so that one of you is not submitting a Provider Report before the other has had a chance to add any required data.



## RSR Communication Tips for Providers

---

- Stay in contact with your recipient(s) about data/reporting issues and due dates
- Make sure you and your recipient(s) are on the same page regarding the funded services your agency provides



For providers we also have a couple tips that go hand in hand with what we talked about on the last slide. Make sure you are in contact with your recipients throughout the submission period. Let them know when you are having any issues with your report that could affect or delay your submission or your ability to meet any due dates that they have set for you.

You also again want to make sure that you and your recipients are in agreement on the services that you are providing. If you go to work on your report and see a service and think to yourself, that doesn't make sense. We didn't provide that service. Then let your recipient know. This is something that they can fix so that you are reporting as accurately as possible. Or if you provided a service and it's missing from your report. Let your recipient know.

## RSR Services Data

---



27

I want to take a little more time to talk about the services data that are submitted as part of the RSR and why it's so important to make sure that the services provided in your data align with the services listed in the Provider Report.

## Reporting Service Categories



- Some providers received validation messages for missing service data
- These providers responded stating:
  - ❖ The services were reported under a different service category
  - ❖ Funding was reallocated to a different service category
- All funded services must be listed in the Service Information section of the Provider Report
- Services should be reported under the service category whose definition they match

28

Previously, we've notice providers that responded to validation messages for missing service data by stating that the data were actually reported under a different service category (for instance, a provider stating they reported data for Housing services under Medical Case Management) or that data were missing because the funding was reallocated to a different service category.

All of your agency's funded services need to be listed in the Service Information section of the Provider Report. Whether that means adding them to your own contracts if you're a recipient and the services are provided with your own grant or having your recipient add them to their contracts for funding that they give to you. And services need to be reported under the service category whose definition they match. So, that example I gave of housing and case management, if they were providing Housing and just didn't have it set up to record the services under Housing in their data system, they are not reporting correctly. Housing services need to be reported under the Housing service category. That goes for every service category.



The services I provide best match the PCN#16-02 definition of:

**Medical Case Management**



My recipient listed my agency as funded for:

**Medical Case Management**



I will report the services as:

**Medical Case Management**



**We are reporting correctly**

## Services Reporting Example, Part 1

29



Let's take a look at an example. We've got three different places to note here. What service category definition do our services match up? The definitions for the RWHAP core medical and support service categories live in Policy Clarification Notice 16-02 available on the HRSA HAB website. So what we're saying here is what definition do our services match up?

Next, we have what services does my recipient say they fund me for, or what's in the HRSA EHBs? And then which service category are we using in our data? What are the services in our client-level data file? All of these three need to match up in order to be reporting correctly.

So, let's say we're providing services that match up with the definition of Medical Case Management. Our recipient says they fund us for it as well and we are collecting and will be reporting the data under the same category as well. This all matches up so we can confidently say in this instance that we are reporting correctly.



The services I provide best match the PCN#16-02 definition of:

**Medical Case Management  
Psychosocial Support**



My recipient listed my agency as funded for:

**Medical Case Management  
Psychosocial Support**



I will report the services as:

**Medical Case Management**



**We are misrepresenting our services**

## Services Reporting Example, Part 2

30

Refreshing and looking at a different example, let's say that we are providing two different services: Medical Case Management and then we're also running a support group which would match with Psychosocial Support. Our recipient is on the same page as us and lists us as funded for both of those services. But there's something wrong with our data system and we don't have it set up to record data for our support group under Psychosocial Support. Instead, we're just reporting all of those clients under Medical Case Management.

In this case, our recipient is correct and listing us for the right services but what we are reporting isn't matching up. Therefore, we are not reporting correctly and are misrepresenting the services that we provide. We'll receive a validation warning in our report in this instance saying we're missing data for Psychosocial Support, and we'll have to deal with that. This is an instance where it would be a great idea to contact the DISQ Team for assistance getting your data system set up to be collecting data on all of your funded services so that moving forward you're collecting your data under the correct service category and reporting correctly.



The services I provide best match the PCN#16-02 definition of:

**Housing**



My recipient listed my agency as funded for:

**Food Bank/Home Delivered Meals**



I will report the services as:

**Housing**



**Our data will be filtered out**

### Services Reporting Example, Part 3

And one last example here, let's say we're providing Housing. Now our recipient was originally funding us for Food Bank and that's what they put in their Recipient Report but maybe we reallocated the funding to Housing. We're collecting the data and marking it down under Housing as well.

In this case, we're reporting our data correctly, matching it with the actual service we're providing but our recipient doesn't have our services down correctly in their contracts in the GCMS. Because of that, this service looks like it is not a RWHAP-funded service and our data for this service are going to be filtered out of HAB's larger RWHAP data analysis.

We want you all to get the credit you deserve for the great work you do. Part of that is making sure that all of your funded services are in your Provider Report. It's okay to have extra data for services that are not RWHAP-funded, and you can respond to any validation messages as necessary. What you don't want is for your actual RWHAP-funded services to look like they're extraneous data which is what would be happening in this situation.

# Submission Timeline and TA Resources

---



32

We're going to close out our presentation now with a look at the submission timeline as well as additional TA resources available to assist you.

## RSR Submission Timeline

Date	Recipients	Providers
TBD	Check Your XML and TRAX Open	
Monday, December 2, 2024	Recipient Report Start Date	--
Monday, February 3, 2025	Recipient Report Due Date	Provider Report Start Date
Monday, March 3, 2025	--	Provider Report Target Date
Monday, March 24, 2025	Return for Changes Deadline	--
Monday, March 31, 2025	All RSRs must be in "Submitted" status by 6pm ET	

33

Here is the RSR submission timeline. The Recipient Report opens on December 2, 2024, and is due February 3, 2025. The Provider Report opens the same day as the Recipient Report due date, February 3, 2025, and is due on March 31, 2025.



## RSR Webinar Series

Date	Webinar Title
November 6, 2024	<a href="#">RSR Check Your XML Feature</a>
November 12, 2024	<a href="#">Overview of HRSA's Electronic Handbooks for Grant Recipients</a>
November 13, 2024	<a href="#">How to Complete the RSR Recipient Report Using the GCMS</a>
December 4, 2024	<a href="#">RSR TRAX</a>
December 18, 2024	<a href="#">Moving Beyond Data Completeness: Ensuring RSR Data Reflect Services Provided</a>

Here's a look at the upcoming RSR webinar series. You can register for any of these presentations using the links here. Also, to note, there will be a few additional RSR webinars in the spring such as our usual Completing the Provider Report presentation so be on the lookout for those webinar dates as well when they are officially scheduled.

## Additional TA Resources



### [TargetHIV Website](#)

- [2024 RSR Instruction Manual](#)
- [RSR Data Dictionary and XML Schema Implementation Guide](#)
- [DISQ ListServ](#)



### [HRSA HAB Website](#)

- Policy notices, instructions, and HAB information
- [PCN #16-02](#)

The TargetHIV website is the best place to find all of our TA materials such as the 2023 RSR Instruction Manual and the RSR data dictionary. You can also join the DISQ listserv to be informed about all things RSR. And then the HRSA HAB website is the place to go for policy notices and HAB information. PCN #16-02 can be found on that website which is the list of definitions for all core medical and support services.





## Connect with HRSA

To learn more about our agency,  
visit

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

 Sign up for the HRSA eNews

FOLLOW US:    

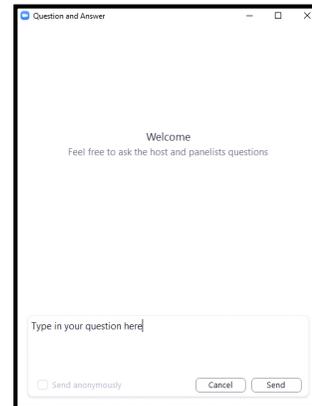
Finally, to connect with and find out more about HRSA, check out HRSA.gov.

## 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.



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 really appreciate your feedback, and use this information to plan future webinars. My colleague Isia 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 “Q&A” button on your control panel on the bottom of your screen. You can also ask questions directly “live.” You can do this by clicking the “raise hand” button, which is also on your control panel. If you raise your hand, we'll be able to allow you to unmute and ask your question. 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 via email to follow up. Sometimes we need to do some follow-up before providing you with a final answer, so stay tuned for the written Q&A as well for answers to all of your questions.