GUIDE To The 2010 RDR

(Ryan White HIV/AIDS Data Report)

Version 1 (December 2010)

A Question-by-Question Guide to Locate RDR Information in AIRS

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INTRODUCTION

The following will help you find and understand the fields in AIRS which directly relate to the questions found in the 2008 RDR. *Changes* and *Additions* in relation to the "2009 RDR Guide" are identified in **bold red**. So, where do you find the RDR Information in AIRS?

SECTION 1: SERVICE PROVIDER INFORMATION

RDR Question	*Module*	*Option*	*AIRS Screen where found*
Q1—Provider Name	Agency	Agency Options	**Agency Information** (Figure 1)
Q2—Provider Address	Agency	Agency Options	**Agency Information** (Figure 1)
Q3a-e—Contact Information	Agency	Agency Options	**Agency Information** (Figure 1)
Q4—Person Completing Form	Agency	RDR	**RDR – 1 tab of RDR Information** (Figure 2)
Q5—Calendar Year for Reporting	Agency	RDR	**RDR – 1 tab of RDR Information** (Figure 2)
Q6—Reporting Scope	Extracts	Extracts	**RW Data Report (RDR)/Extract** (Figure 5)
Q7a—Provider Type	Agency	Agency Options	**Agency Information** (Figure 1)
Q7b—Section 330 Funding	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)
Q8a-b—Ownership Status	Agency	Agency Options	**Agency Information** (Figure 1)
Q9—Expend MAI Funds	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)

Q10—Source of RW Funding	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)
Q11—Part A Funding	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)
Q12—Part B Funding	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)
Q13—Part C EIS Funding	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)
Q14—Part D Funding	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)
Q15—Expend on Oral Health	Agency	RDR	**RDR – 3 tab of RDR Information** (Figure 4)
Q16—Support	Agency	RDR	**RDR – 2 tab of RDR Information** (Figure3)
Q17—ADAP or APA?	--	--	Not entered. Reported as "No"
Q18—Provide Health Insurance Program (HIP)	--	--	Not entered. Reported as "No"
Q19—Populations Targeted	Agency	RDR	**RDR – 2 tab of RDR Information** (Figure 3)
Q20—Agency Categorization	Agency	Agency Options	**Agency Information** (Figure 1)
Q21—Total Paid Staff	Agency	RDR	**RDR – 1 tab of RDR Information** (Figure 2)
Q22—Total Volunteer Staff	Agency	RDR	**RDR – 1 tab of RDR Information** (Figure 2)

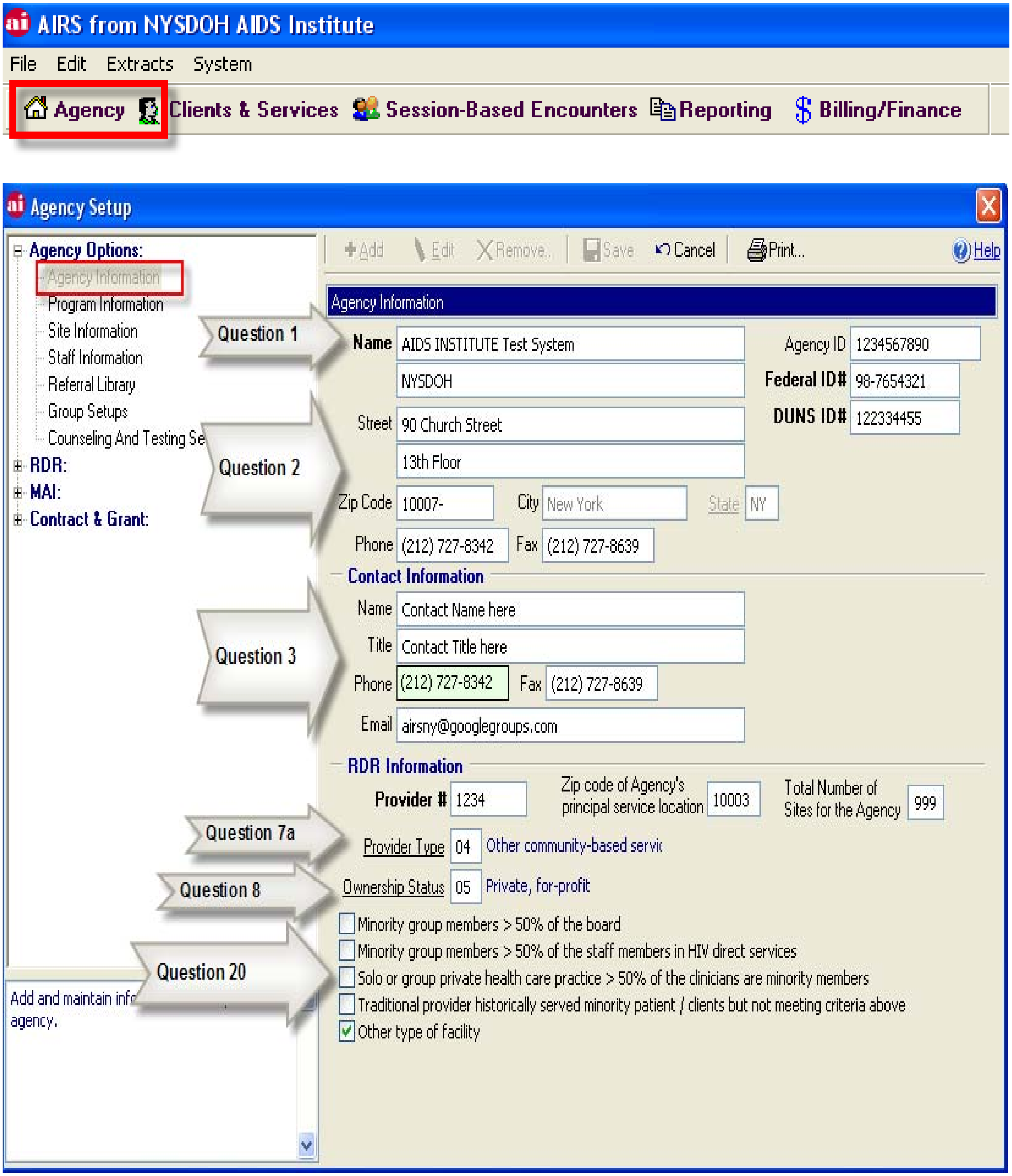


FIGURE 1

Agency Module – Agency Options – Agency Information

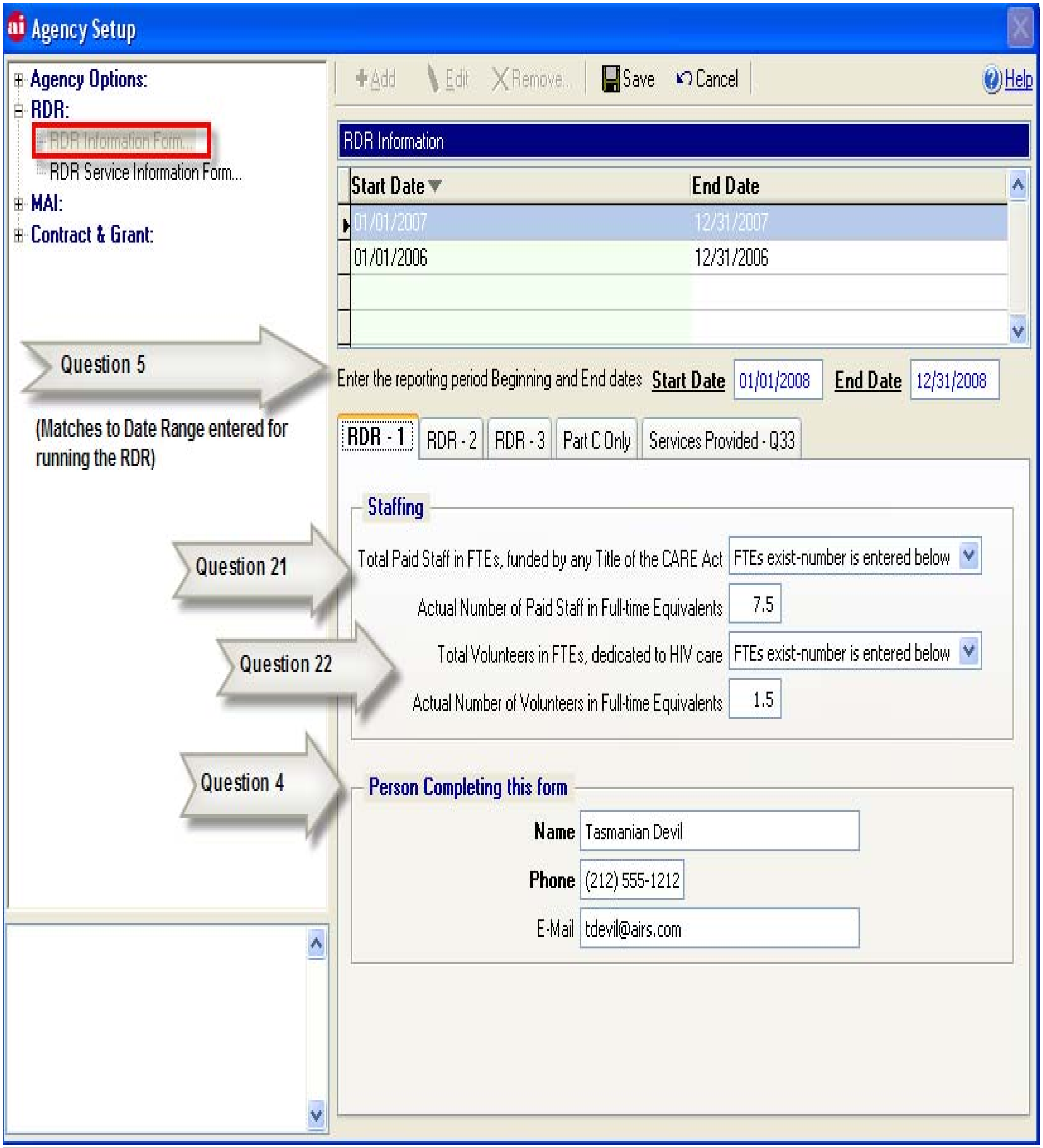


FIGURE 2

Agency module – RDR – RDR/RSR Information Form – *RDR-1* tab

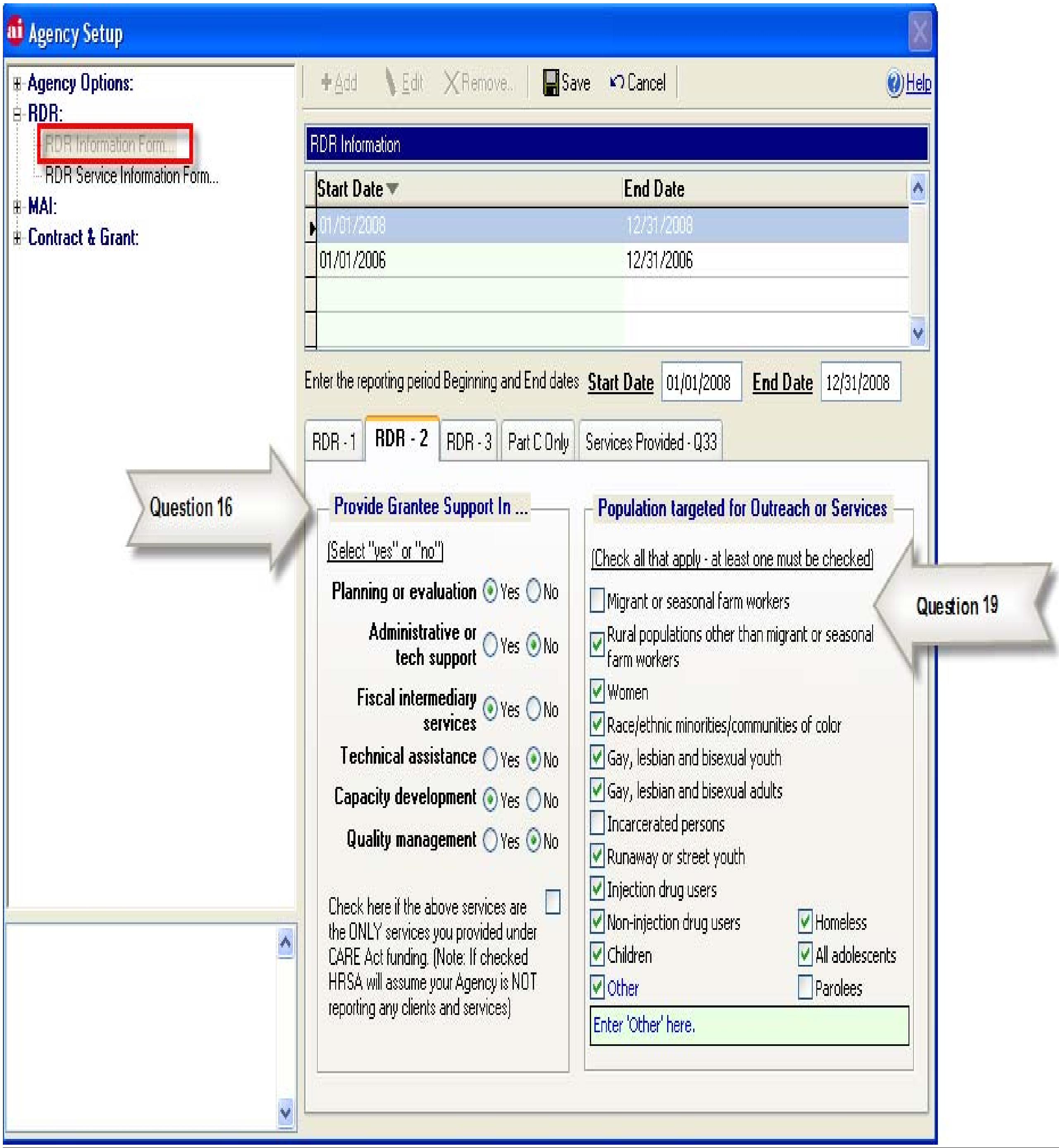


FIGURE 3

Agency module – RDR – RDR/RSR Information Form – *RDR-2* tab

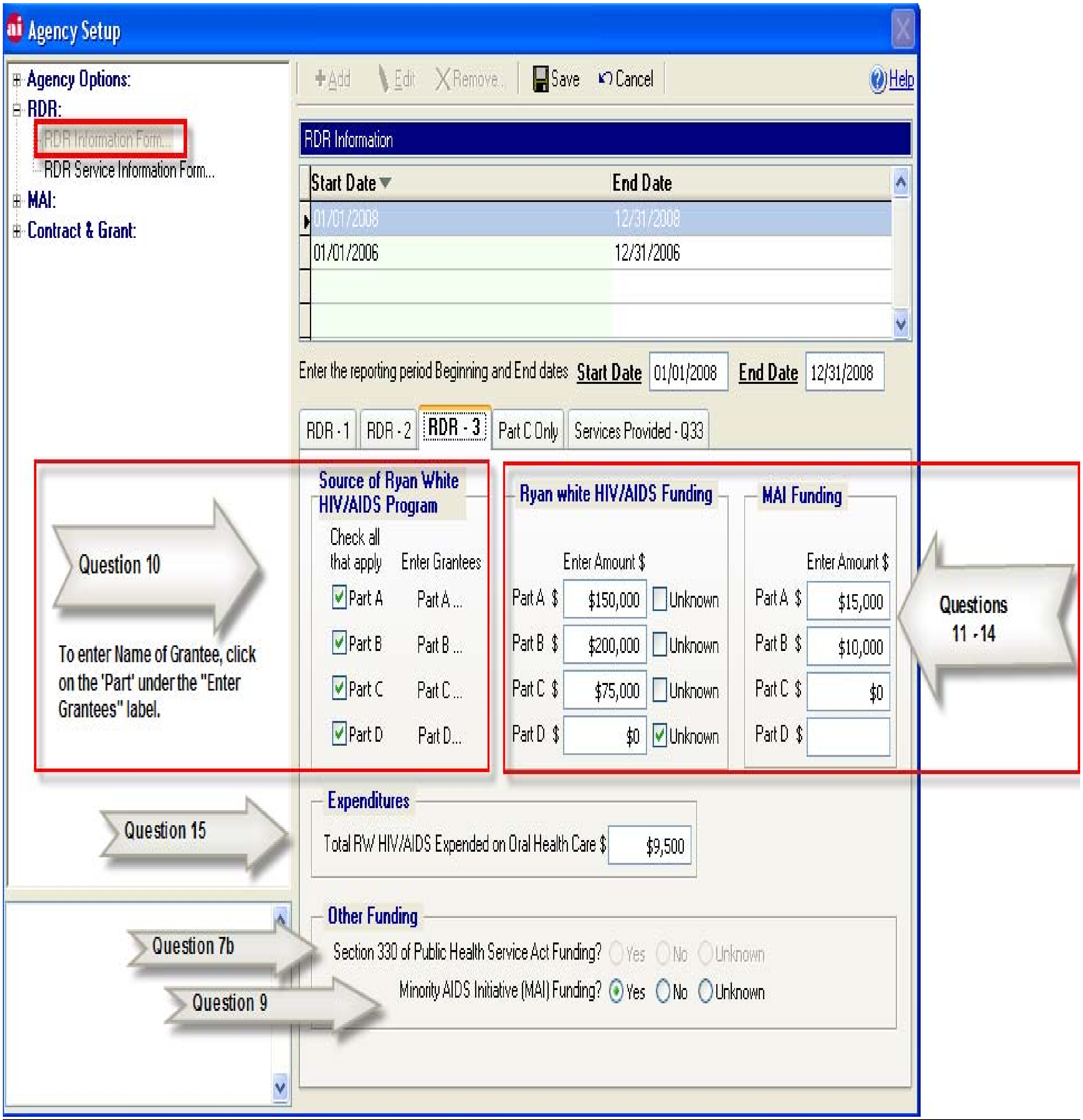


FIGURE 4

Agency module – RDR – RDR/RSR Information Form – *RDR-3* tab

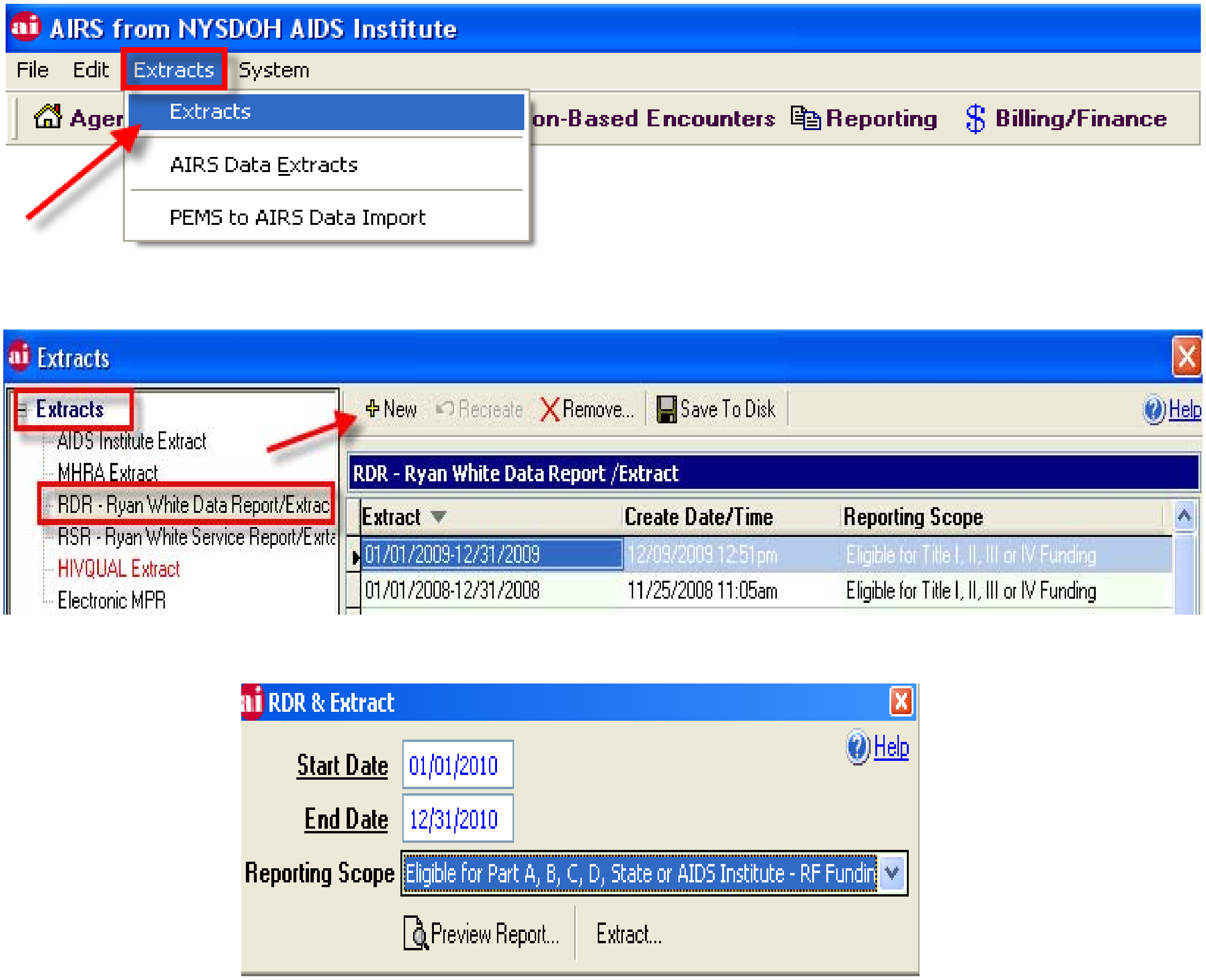


FIGURE 5

Extracts menu – Extracts – Extracts – Ryan White Date Report (RDR/Extract)

SECTION 2: CLIENT INFORMATION

- Clients are counted from all RW *Parts* and categorized by their HIV Status.
- Initially, *HIV Status* is entered as part of the client's **Intake**.

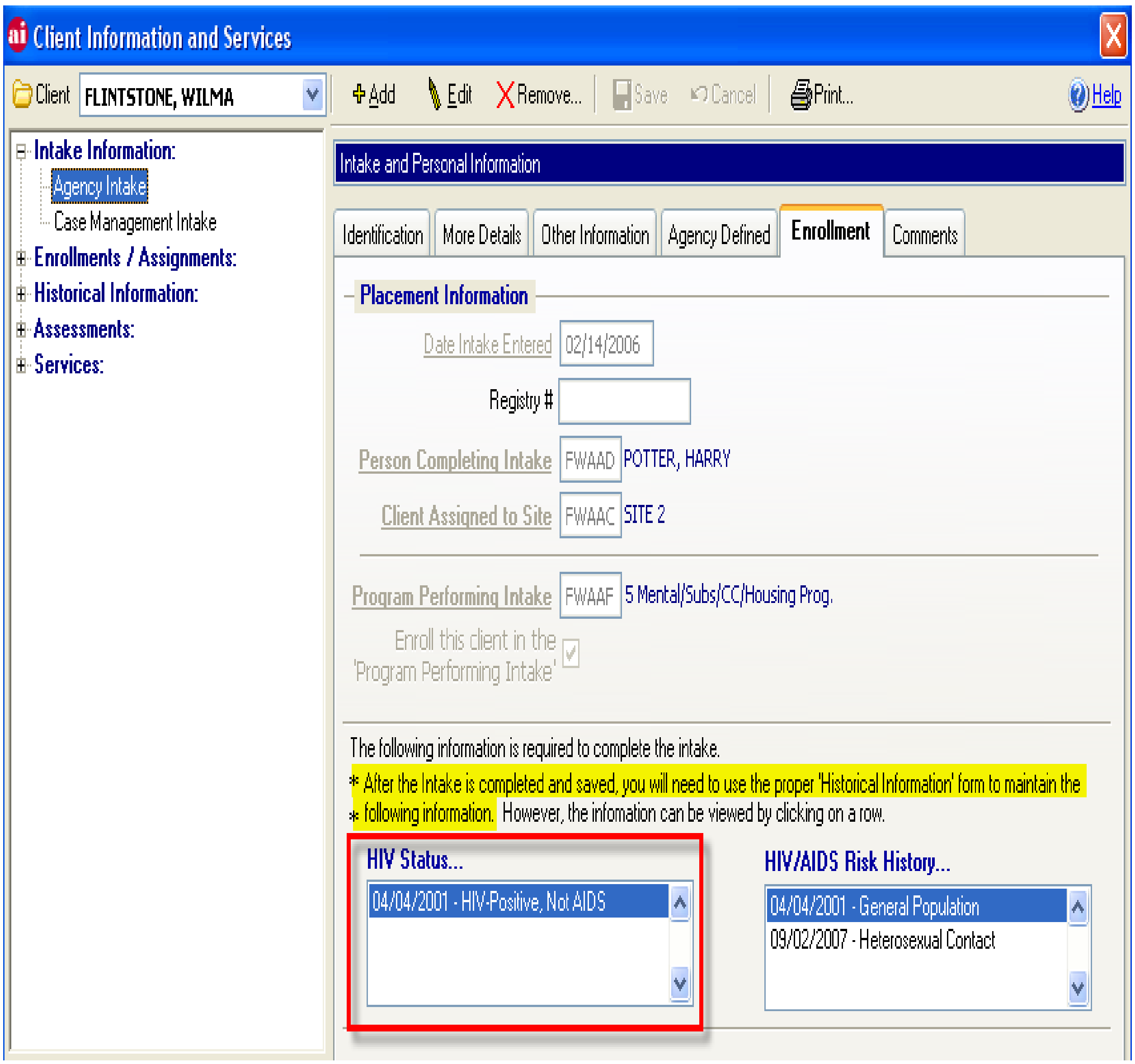


Figure 6

Clients & Services module – Intake Information – Agency Intake – *Enrollment* tab

- The clients' HIV Statuses are updated and maintained in the **HIV Status History** screen found under the "Historical Information" option.

- The clients in the RDR are counted based on their **HIV Status code** entered in AIRS effective at the end of the reporting period.

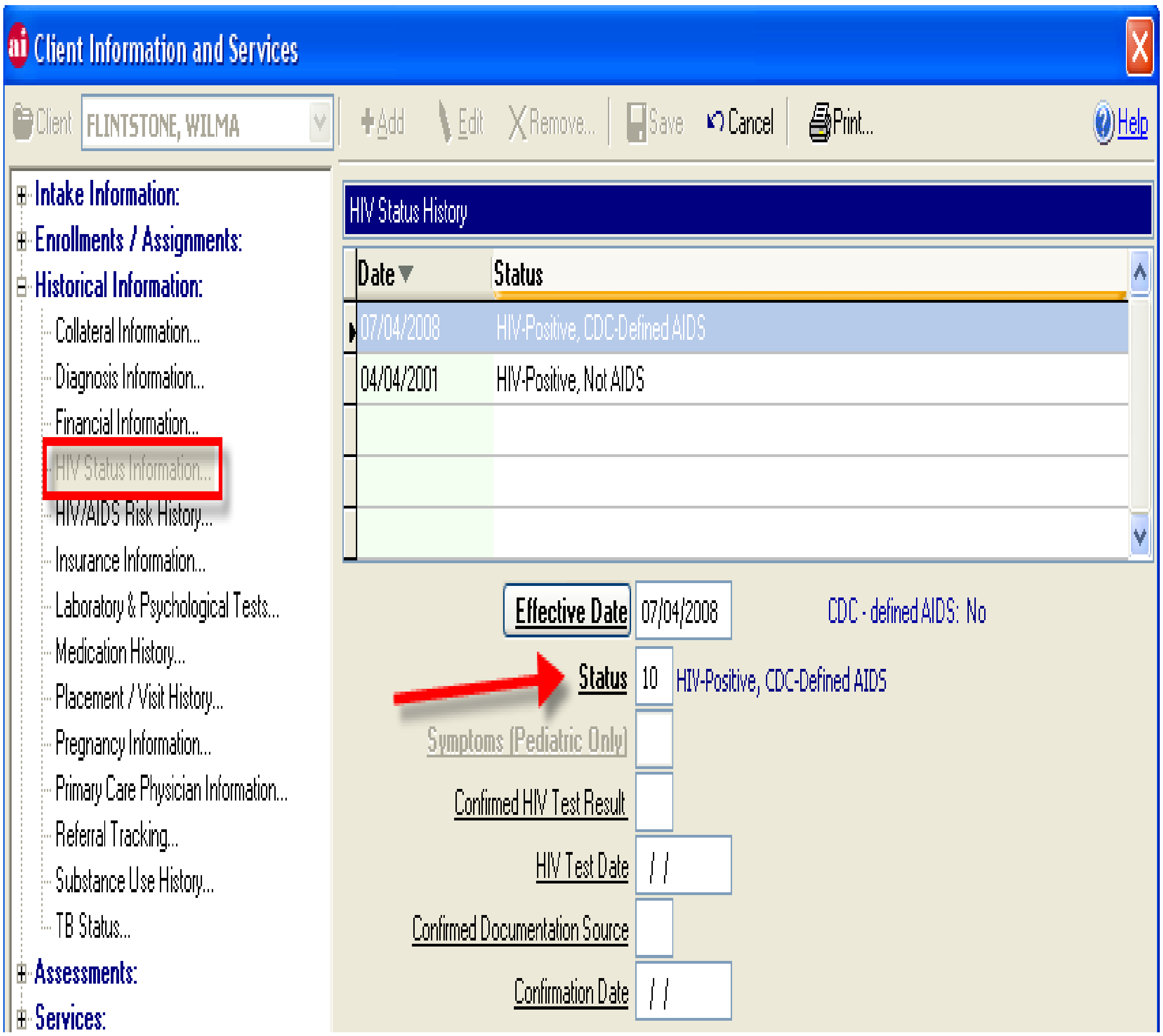


Figure 7

Clients & Services module – Historical Information – HIV Status Information

- The available choices and their corresponding RDR Category for **HIV Status** entries in AIRS are found below. These categories are used in Questions 23, 24, 31, 66, and 67.

HIV STATUS

Code	*Description*	*Adult?*	→	RDR Category
01	HIV-Positive, Not AIDS	Y		**HIV-positive**
02	HIV-Positive, AIDS Status Unknown	Y		**HIV-positive**
03	HIV-Negative, At Risk, Not Affected	Y		---
04	Unknown/Unreported	Y		**Unknown/unreported (affected)**
05	HIV-Infected (Pediatric)	N		**HIV-positive**
06	HIV-Vertical (Perinatal) Exposure	N		a) **HIV-indeterminate** if under 2 b) **HIV-negative (affected)** if >=2
07	HIV-Negative Seroreverter	N		a) **HIV-indeterminate** if under 2 b) **HIV-negative (affected)** if >=2
08	HIV-Negative, Affected	Y		**HIV-negative (affected)**
09	HIV-Affected (Pediatric)	N		**HIV-negative (affected)**
10	HIV-Positive, CDC-Defined AIDS	Y		**HIV-positive**
11	HIV-Negative, At Risk, Not Affected	N		---
12	Unknown/Unreported	N		**Unknown/unreported (affected)**

- The other RDR Questions report the HIV Status by the HIV-positive/indeterminate and HIV-affected categories. Where the:

  - **HIV-positive/indeterminate** category includes:

    01 HIV-positive, not AIDS
    02 HIV-positive, AIDS status unknown
    05 HIV-Infected (Pediatric)
    06 HIV-Vertical (Perinatal) Exposure if pediatric client is under 2 yrs. old
    07 HIV-Negative Seroreverter if pediatric client is under 2 yrs. old
    10 CDC-Defined AIDS

  - **HIV-affected** category includes:

    04 Unknown/Unreported
    06 HIV-Vertical (Perinatal) Exposure if pediatric client is 2 yrs. old or older
    07 HIV-Negative Seroreverter if pediatric client is 2 yrs. old or older
    08 HIV-Negative, Affected
    09 HIV-Affected (Pediatric)
    12 Unknown/Unreported

- **NOTE**: Clients with an HIV Status of ***HIV-Negative, At Risk, Not Affected*** (03 and 11) are excluded from the RDR.

Q23—Total Unduplicated Clients

These are the clients who have had a Ryan White (RW)-Eligible Encounter/Service within the reporting period. In other words, HIV-infected, HIV-indeterminate, or HIV-affected clients who received at least 1 Encounter/Service that is “mapped” to an RDR Category in a RW Eligible or Funded Program during the reporting period.

- Programs include those having an:
  - *Eligibility Type* equal to “Ryan White”
  - *Eligibility Type* equal to “HIV Counseling & Testing” AND a *Funding Type* equal to “Ryan White Funded”

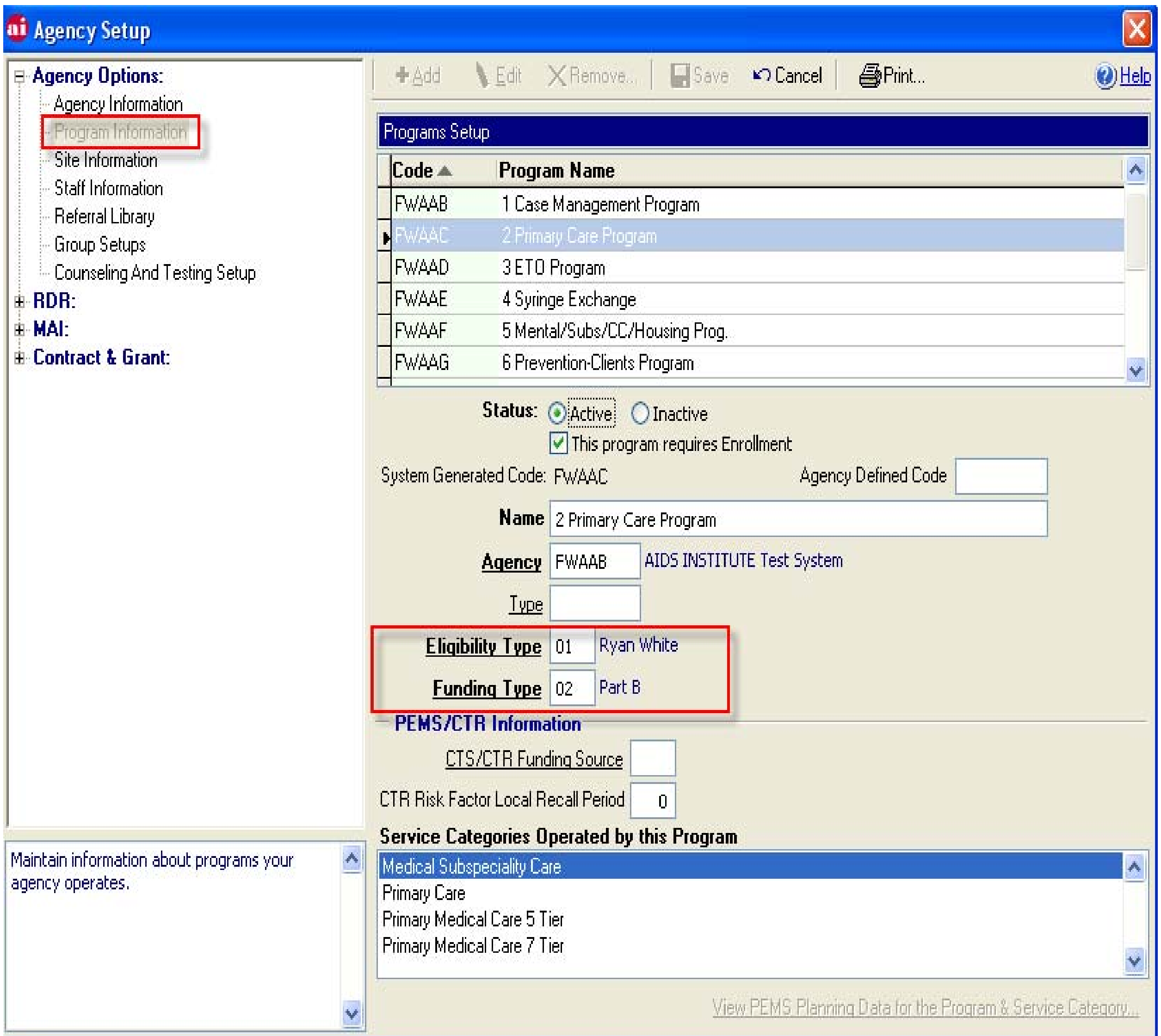


Figure 8

Agency module – Agency Options – Program Information

➢ Encounters/Services 'mapped" to a RDR Category are seen in the *AIRS Encounters and Services Listing* report. This is found under the *Activities & Services* option of the *Reporting* Module.

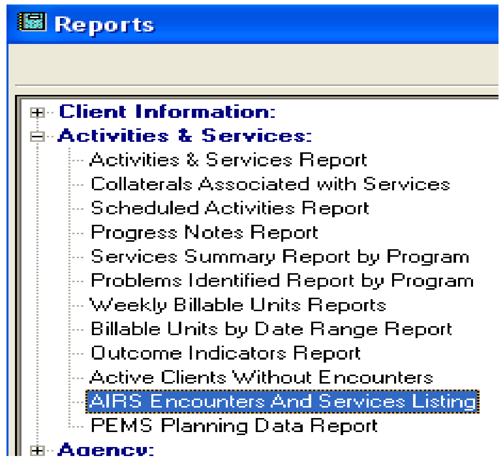
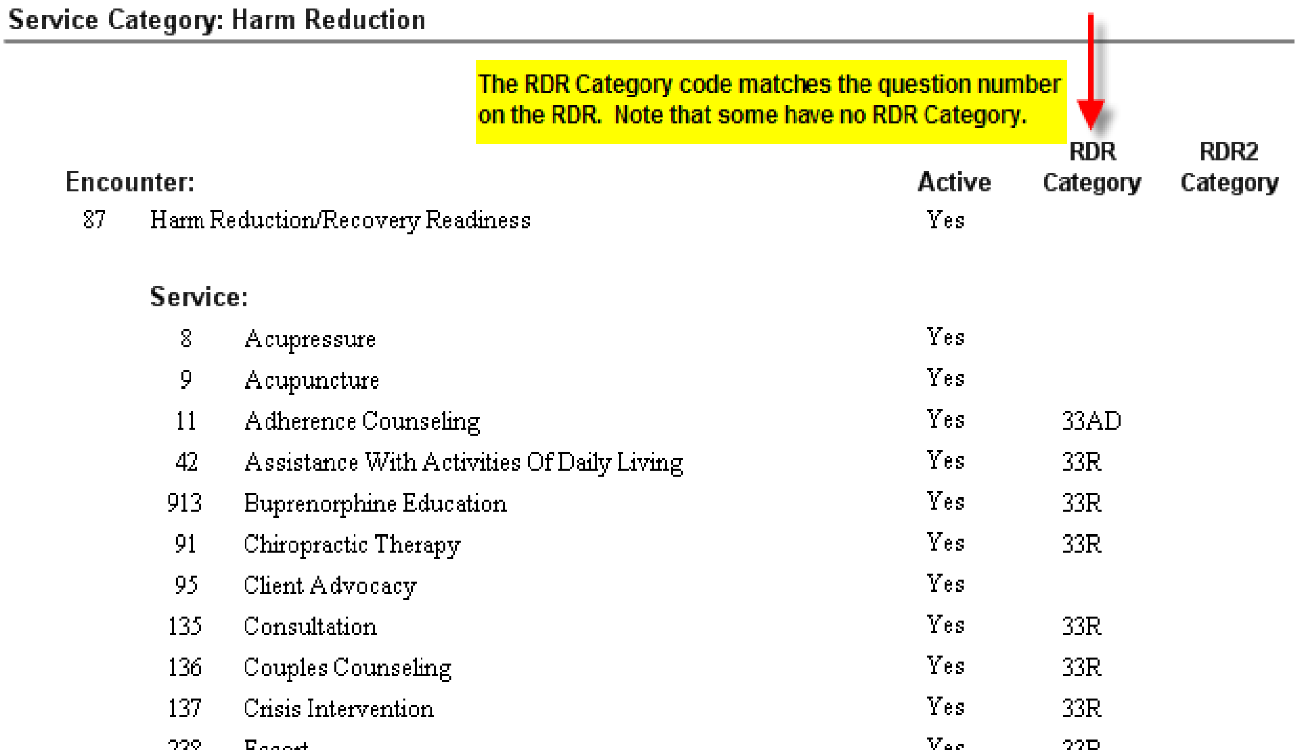


Figure 9
Reporting Module – Activities & Services – AIRS Encounters And Services Listing



Encounter:		Active	RDR Category	RDR2 Category
87	Harm Reduction/Recovery Readiness	Yes		
Service:				
8	Acupressure	Yes		
9	Acupuncture	Yes		
11	Adherence Counseling	Yes	33AD	
42	Assistance With Activities Of Daily Living	Yes	33R	
913	Buprenorphine Education	Yes	33R	
91	Chiropractic Therapy	Yes	33R	
95	Client Advocacy	Yes		
135	Consultation	Yes	33R	
136	Couples Counseling	Yes	33R	
137	Crisis Intervention	Yes	33R	

Figure 10
Example 1 of "AIRS Encounters And Services Listing"

Q24—Total New Clients

Clients are considered "new" by using date fields based on whether or not the Program requires Enrollment.

A) For Programs that Do NOT REQUIRE Enrollment:

i. Uses the client's *Intake Date* to determine if the client is a "New" or "Returning" client.

1. "New" when the *Intake Date* is within the RDR reporting period
2. "Returning" when *Intake Date* is prior to the start date of the RDR reporting period

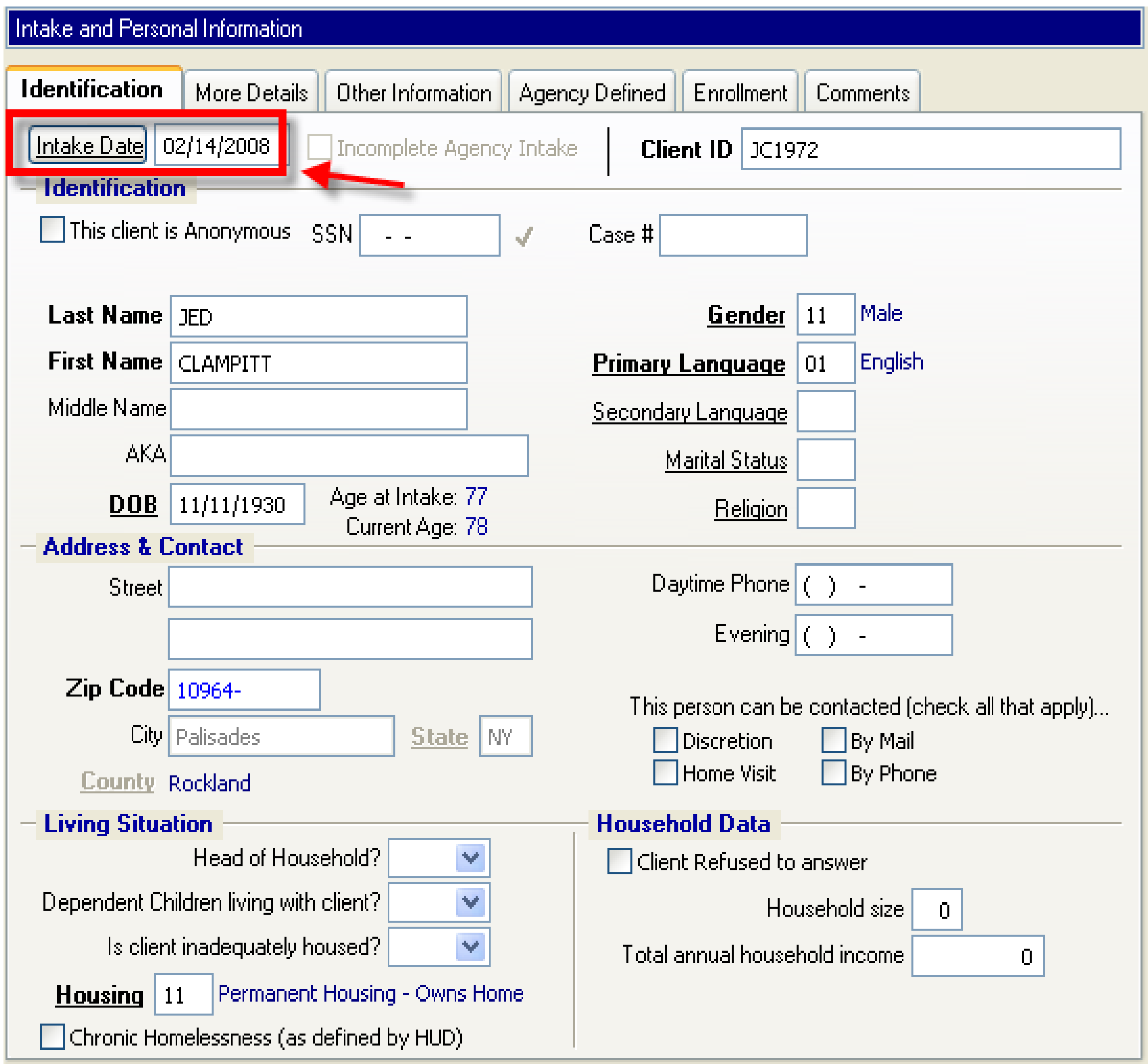


Figure 11

Clients & Services module – Intake Information – Agency Intake - *Identification* tab

B) For Programs that REQUIRE Enrollment:

ii. Must consider Program Enrollment record(s). Note that there can be more than 1 enrollment.

iii. If all the RW-Eligible Program Enrollment *Start Dates* are within the RDR reporting period, the client is considered a "new "client.

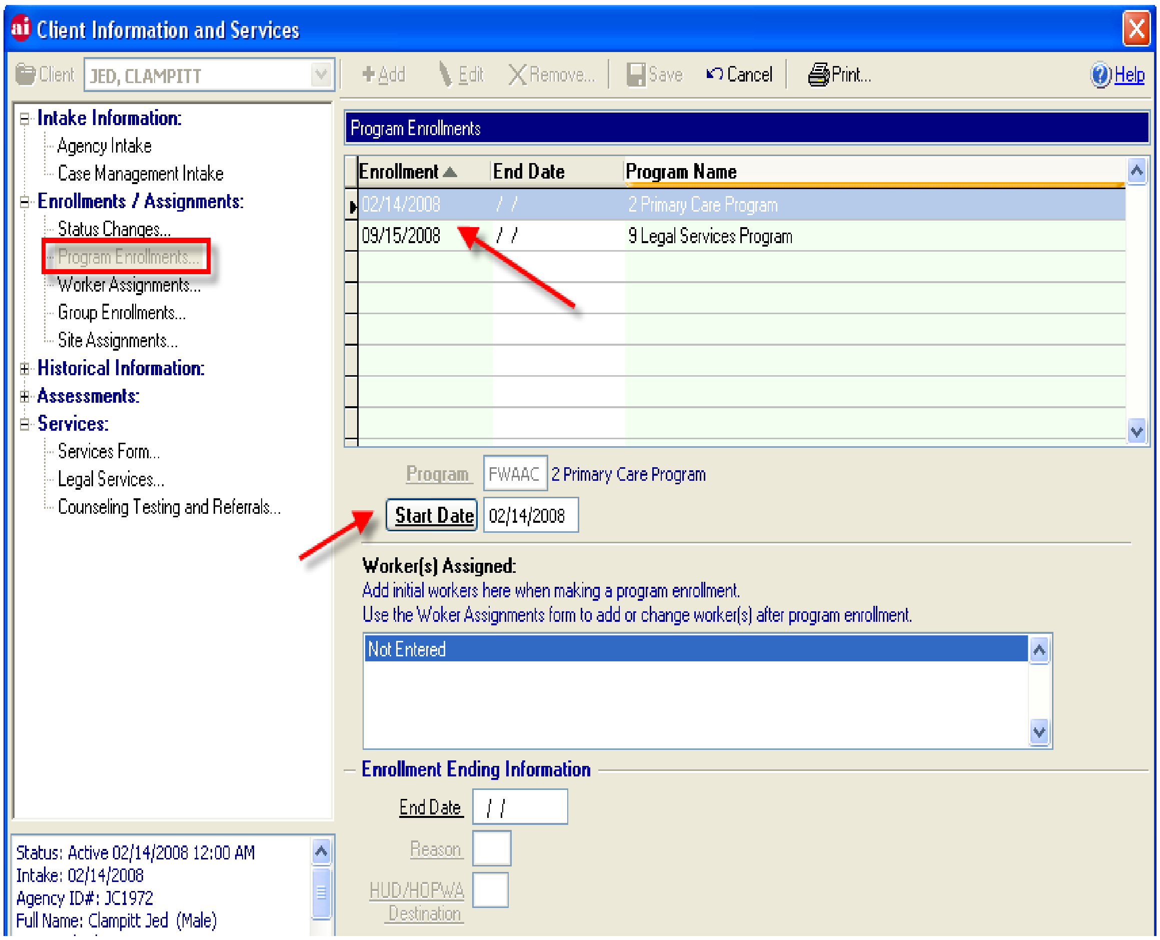


Figure 12

Clients & Services module – Enrollments/Assignments – Program Enrollments

- A client will be considered "Returning" if there is at least 1 active RW Program Enrollment record that starts before the Start Date of the RDR reporting period. For example, the following client would be considered "returning".

  - ➢ Client has RW-Eligible encounters/services in each of three RW-Eligible Programs and
  - ➢ Two Programs Require Enrollment while the 3rd does not Require Enrollment &
  - ➢ Both Program Enrollment *Start Dates* are within the RDR reporting period and
  - ➢ The client's *Intake Date* is prior to RDR Start Date.

The remaining Section 2 questions consider the client's **HIV Status.**

Q25—Gender

Based on the entry in the client's Agency Intake - Identification tab. See Figure 13.

Q26—Age

Based on the client's *DOB* entered in the Agency Intake - Identification tab). See Figure 13.

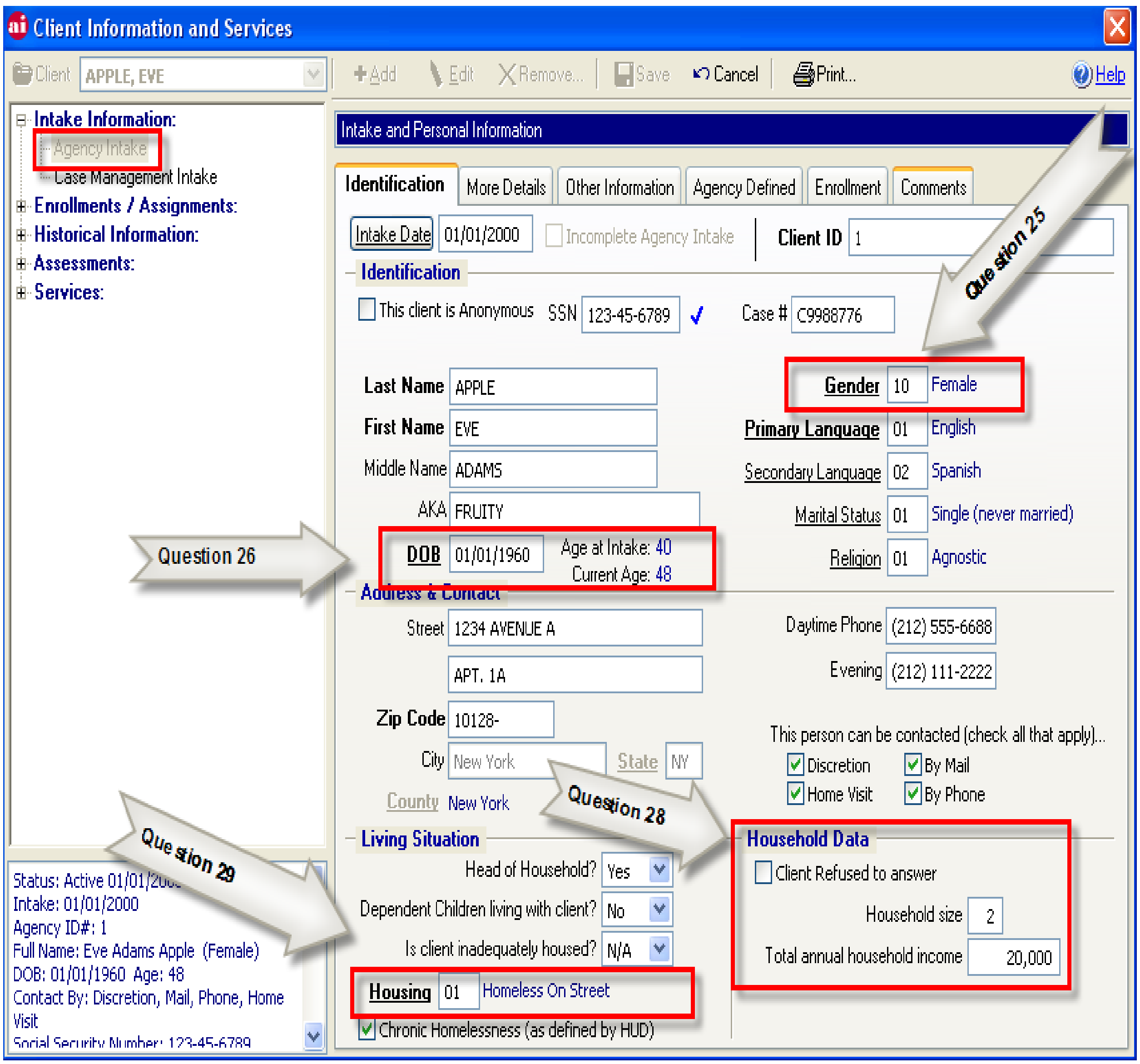


Figure 13

Clients & Services module – Intake Information – Agency Intake - *Identification* tab

Q27—Race and Ethnicity (a: HIV-positive/indeterminate; b: HIV-affected)

Unless the client is identified as *Anonymous* (See Figure 13), each intake must select an *Ethnicity* (either Non-Hispanic or Hispanic) AND at least 1 *Race*. See Figure 14.

- It is okay to have more than 1 Race selected.

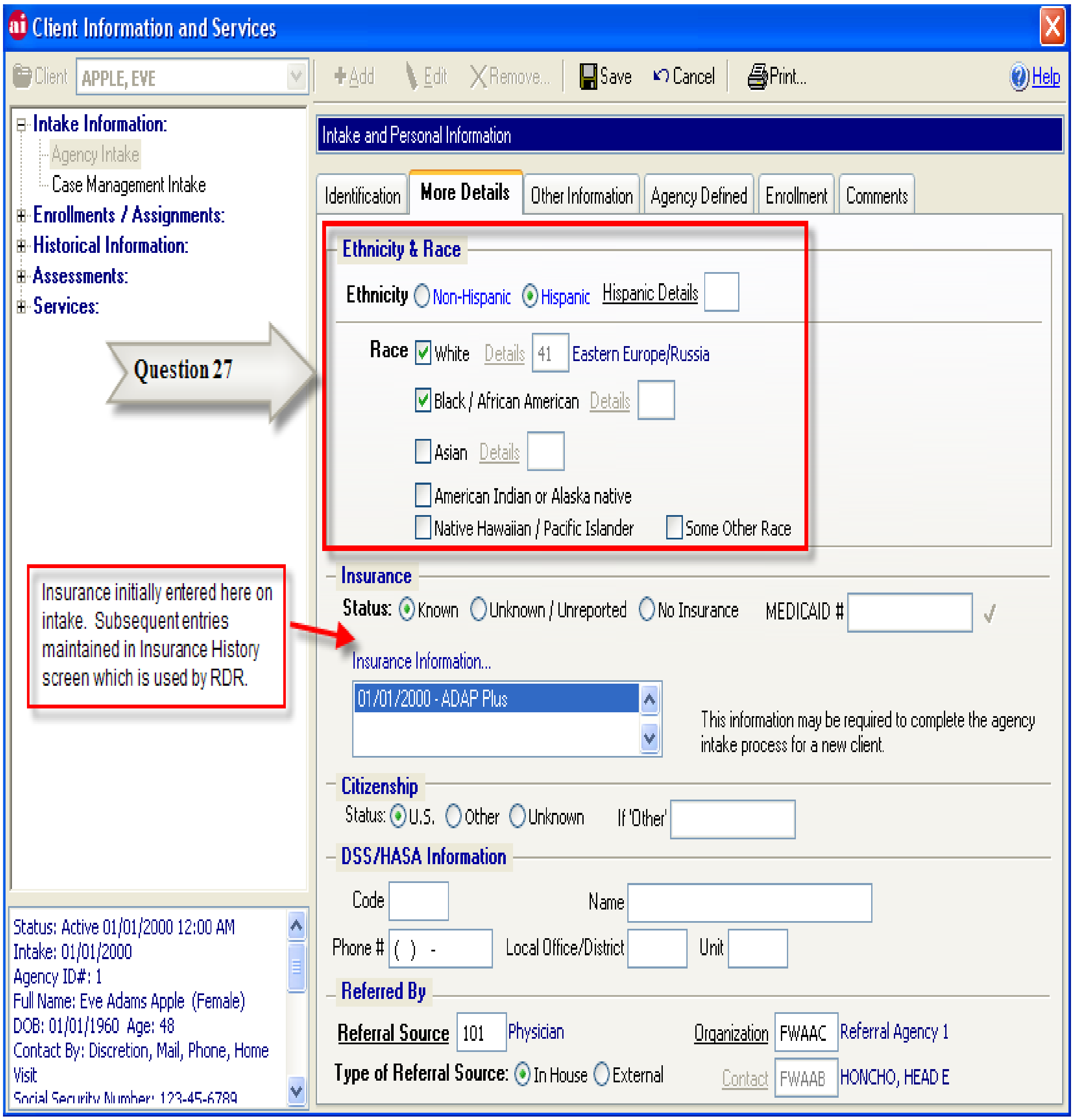


Figure 14

Clients & Services module – Intake Information – Agency Intake – *More Details* tab

Q28—Household Income

The *Household Size* and *Total Annual Household Income* information entered in the “Household Data” section of the Agency Intake – Identification tab (Figure 13) is compared to the Federal Poverty Guidelines (Household Size and Poverty Level). The Federal Guideline data is maintained in AIRS and found in the Poverty table (Figure 15). Based on the entries in the Intake, the client is counted in one of the RDR categories.

- If *Client Refused to Answer* is selected, the client will be counted in the RDR “Unknown/unreported” category.

- POVERTY Table in AIRS:

    - The dollar amounts for the Poverty Level (Pov_level field) are updated each year by the Federal Government.
    - Figure 15 is only a sample of the 2008 United States “Household Size” (Hshld_size field) and Poverty Level amounts.
    - For the US, the Household Size contains records from 1 to 30 in AIRS.
    - Besides the US, there are separate Household Size – Poverty Level amounts for Alaska and Hawaii.

Pov_year	St	Hshld_size	Pov_level
2010	US	1	10830
2010	US	2	14570
2010	US	3	18310
2010	US	4	22050
2010	US	5	25790
2010	US	6	29530
2010	US	7	33270
2010	US	8	37010
2010	US	9	40750
2010	US	10	44490
2010	US	11	48230
2010	US	12	51970
2010	US	13	55710
2010	US	14	59450
2010	US	15	63190
2010	US	16	66930

Figure 15
Sample of the Poverty table in AIRS

Q29—Housing/Living Arrangements

The *Housing* information entered in the "Living Situation" section of the Agency Intake – Identification tab (Figure 13) 'rolls up' and is counted in the corresponding RDR category according to the following.

HOUSING

Code	Description		RDR Category
01	Homeless On Street	→	**Non-permanently Housed**
02	Homeless In Shelter	→	**Non-permanently Housed**
03	Transitional Housing	→	**Non-permanently Housed**
04	Residential – Psychiatric Facility	→	**Institution**
05	Residential – Group Home	→	**Institution**
06	Residential Drug Treatment	→	**Institution**
07	Skilled Nursing Facility or Hospice	→	**Institution**
08	Hospital	→	**Institution**
09	Correctional Facility (Jail/Prison)	→	**Institution**
10	Permanent Housing – Rental	→	**Permanently Housed**
11	Permanent Housing – Owns Home	→	**Permanently Housed**
12	With Relations / Friends	→	**Non-permanently Housed**
13	Domestic Violence Situation	→	**Unknown/Unreported**
0		→	**Unknown/Unreported**
	No code = blank	→	**Unknown/Unreported**

- NOTE: There is no roll-up to **"Other".**

Q30—Medical Insurance

Insurance information is initially entered in the "Insurance" section of the Agency Intake – More Details tab (Figure 14). Insurance, however, is updated and maintained in the **Insurance Information** screen (Figure 16) found under the "Historical Information" option.

To gather the client counts for the RDR, AIRS will first look to see if there are any Insurance History records. If there are none, AIRS will look at what was selected for the Insurance *Status* in the *Intake*.

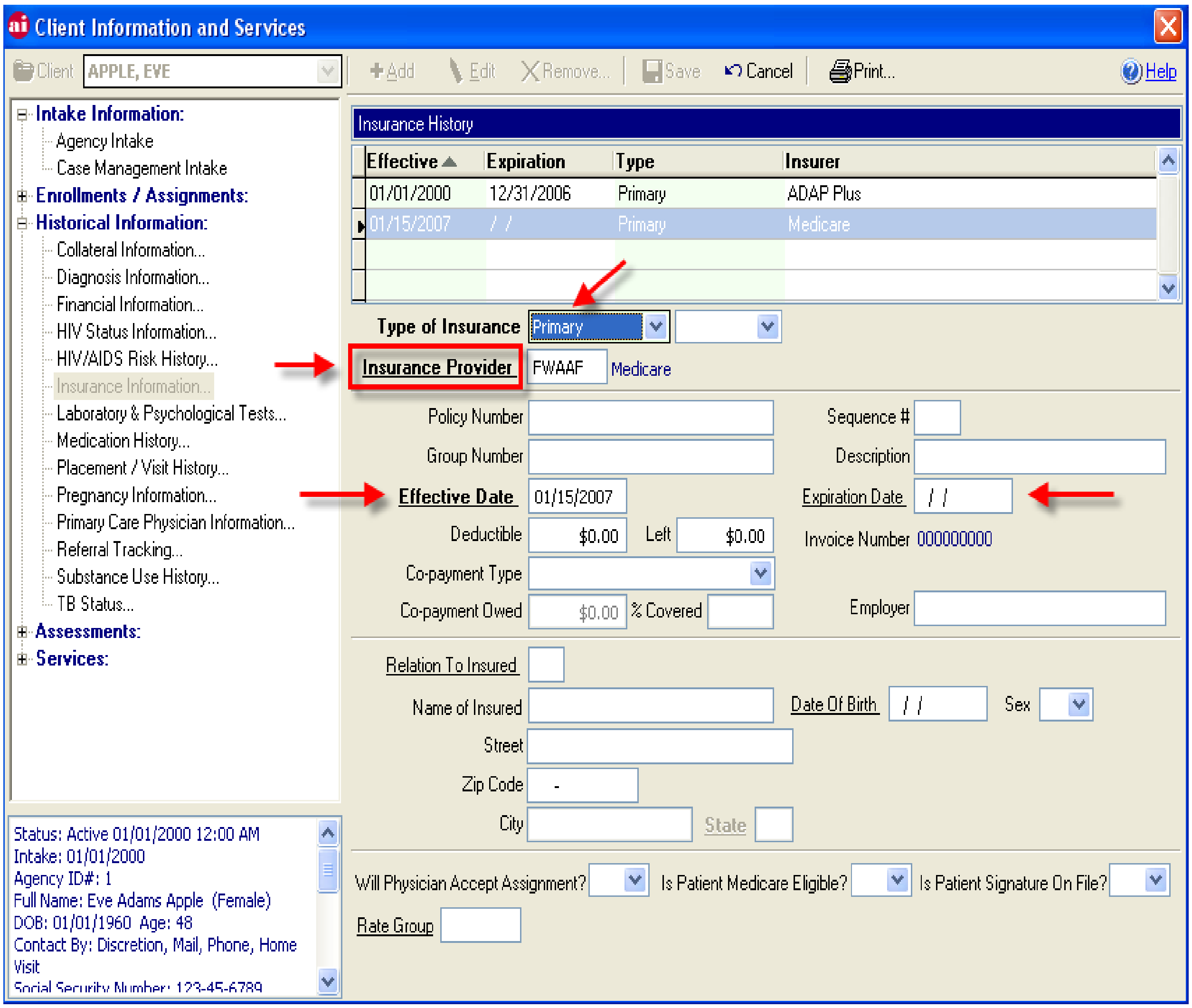


Figure 16

Clients & Services module – Historical Information – Insurance Information

A) INSURANCE HISTORY:

- The client counts in the RDR are based on the client's Primary **Insurance** entered in AIRS that are effective at the end of the reporting period.
- The *Insurance Provider* that was entered 'rolls up' and is counted in the corresponding RDR category according to the following.

INSURANCE PROVIDER

Code	Description		RDR Category
01	Medicaid	→	**Medicaid**
02	Medicaid Managed Care	→	**Medicaid**
03	Medicare	→	**Medicare**
04	Private Insurance	→	**Private**
05	HMO/Managed Care (Private)	→	**Private**
06	Self Pay	→	**No Insurance**
07	ADAP Plus	→	**Other Public**
08	Military / VA	→	**Other Public**
09	Medicaid Pending	→	**No Insurance**
10	Workers Compensation	→	**Other Public**
11	Blue Shield	→	**Private**
12	Blue Cross	→	**Private**
13	**HepCAP**	→	**Other Public**
99	Other	→	**Other**

B) INTAKE:

- If there are no Insurance records, AIRS looks at the *Status* of the Insurance in the client's *Intake*.

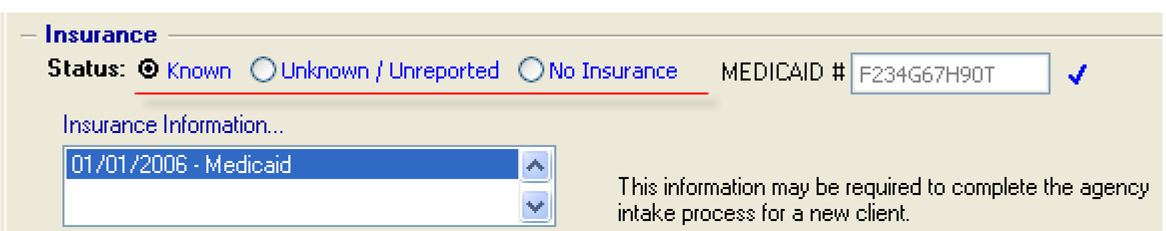


Figure 17

Client & Services module – Intake Information - Agency Intake (Insurance section)

Insurance Status		RDR Category
If "Unknown / Unreported" is selected	→	**Unknown/unreported**
If No response to Insurance question on Intake	→	**Unknown/unreported**
If "No Insurance" is selected	→	**No Insurance**

Q31—HIV/AIDS Status

See the *HIV Status* discussion on Pages 11 -13. Most important are the RDR 'roll-ups" for the HIV Statuses seen on Page 13.

Q32—Clients Vital/Enrollment Status

Clients are counted based on whether they are Active or Closed in the agency (Status Changes), Enrolled in Programs (considering Start Date and End Dates), and Intake Date.

- The "Status" codes used in AIRS to determine if they are active in the agency are:

STATUS

Code	Description	Client Active?
A	Active	Y
C	Case Closed	N
P	Pending	Y
RO	Case Reopened	Y

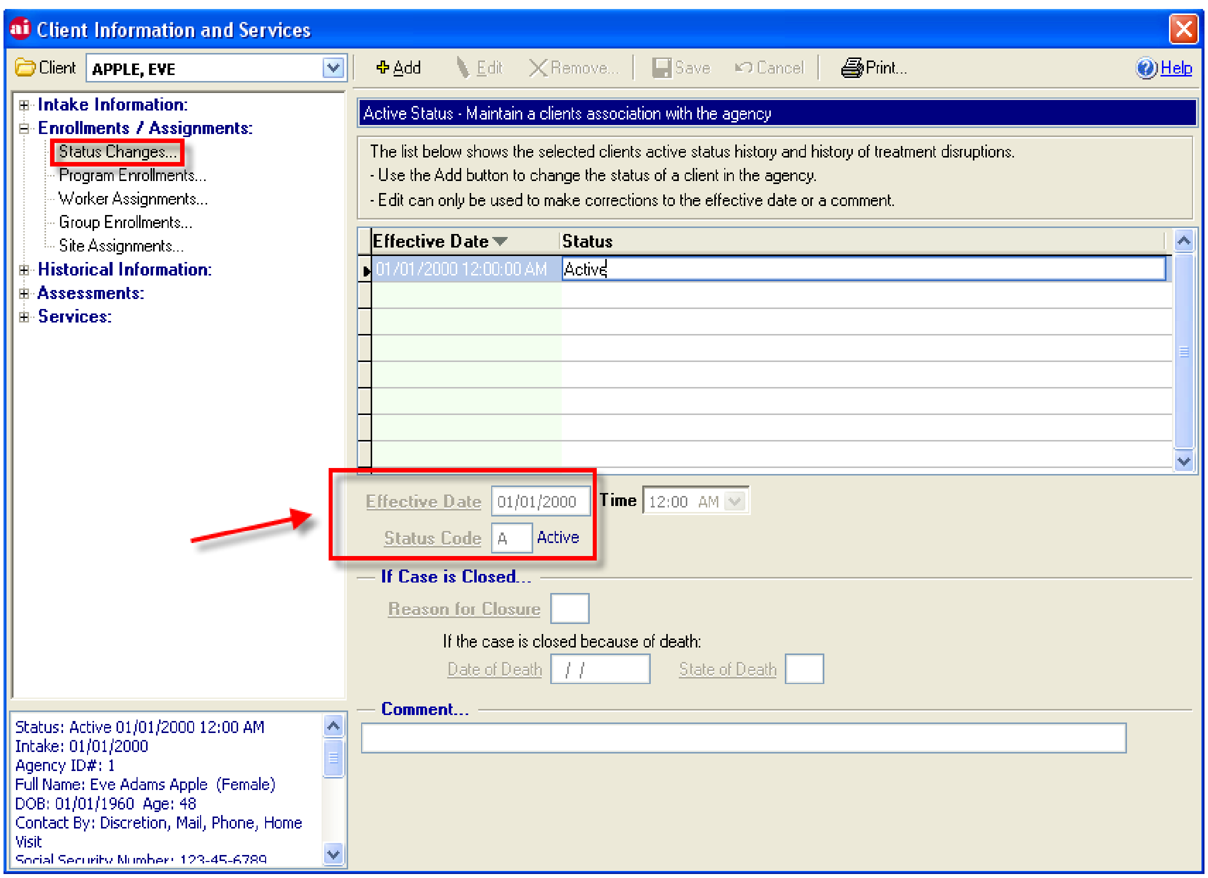


Figure 18

Client & Services module – Enrollments/Assignments – Status Changes

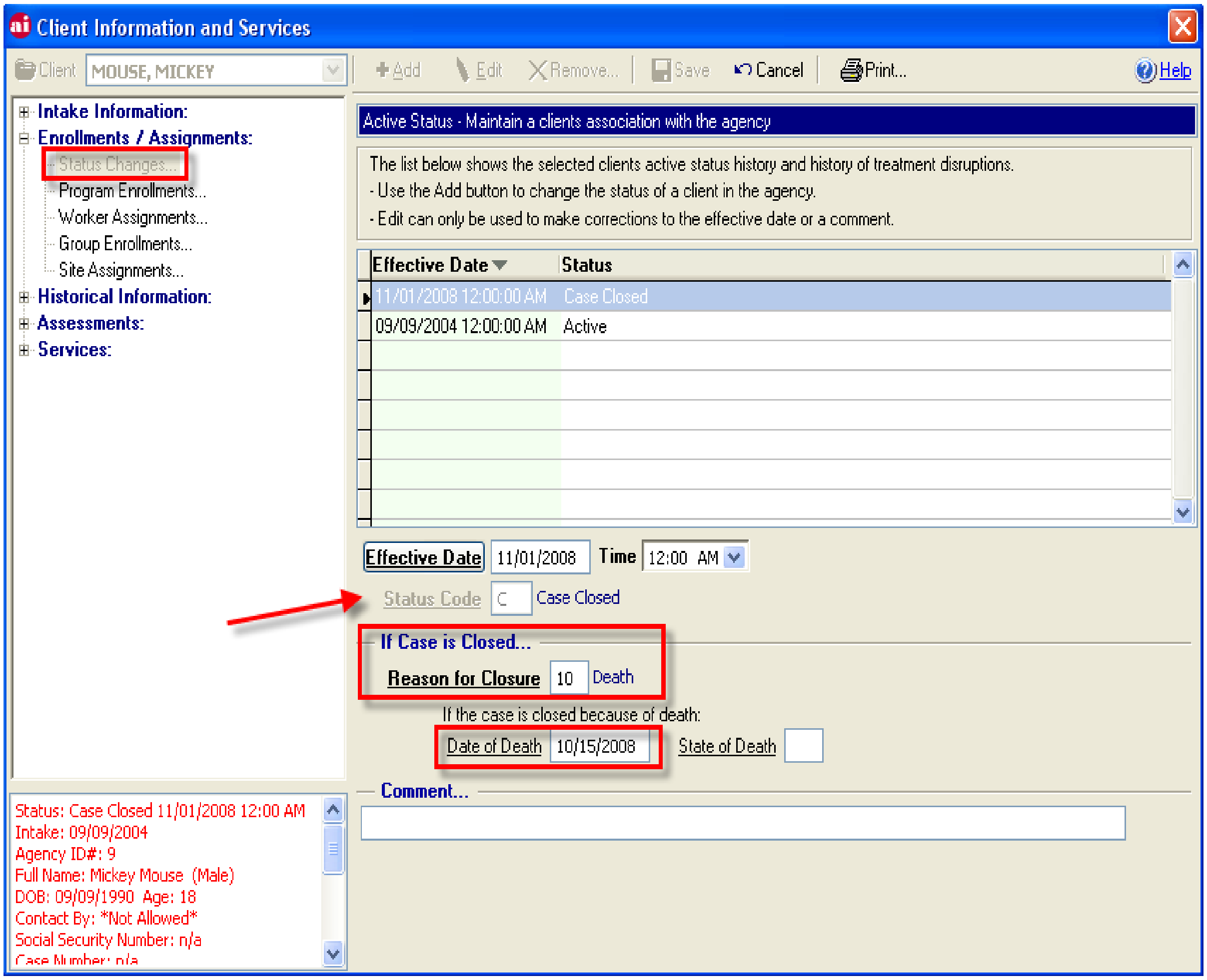


Figure 19

Client & Services module – Enrollments/Assignments – Status Changes

- The definitions of the RDR Categories are:

RDR Category		**Defined in AIRS as:**
Active Client, New to Program	→	"New" clients
Active Client, Continuing in Program	→	"Returning" clients
Deceased	→	Case Closed, Reason = Death (considers *Date of Death*)
Inactive:	→	Case Closed OR all RDR-included Program Enrollments have ended
Unknown/Unreported:	→	Should be zero

- NOTE: If client is in more than 1 Program, AIRS creates hierarchy with Active in any Program being the top. This is where the client will be counted based on *Intake Date* and Program Enrollment *Date(s).*

- Here is a detailed explanation of the programming hierarchy. In other words, this is the order of the query.

1. ***DECEASED*** Clients: Determine the number of clients with a *Status* in the agency equal to "Case Closed" with an *Effective Date* that is within the RDR reporting period and the *Reason* is Death (code 10).

2. ***INACTIVE*** Clients:

    a. Determine the number of client's with a *Status* in the agency equal to "Case Closed" with an *Effective Date* that is within the RDR reporting period.

    b. Next consider Program Enrollment records. Only include Programs that Require Enrollment.

        1. Include all the clients who have <u>no</u> open RW-Eligible/Funded Programs as of the End Date of the reporting period.
        2. NOTE: If the client is active in any RW-Eligible/Funded Program that requires enrollment, they will be excluded from this category and ultimately counted in one of the Active client categories.

3. ***ACTIVE Client, NEW to Program*** vs***. ACTIVE Client, CONTINUING in Program***

    a. For RW-Eligible/Funded Programs that <u>do NOT REQUIRE enrollment</u>: Use the client's *Intake Date* to determine if the client is a "New" or "Continuing (Returning)" client.

        1. "New" when the *Intake Date* is within the RDR reporting period
        2. "Continuing" when *Intake Date* is prior to the start date of the RDR reporting period.

    b. For Ryan White-Eligible/Funded Programs that do <u>REQUIRE enrollment</u>:

        1. Must consider Program Enrollment record(s). Note that there can be more than 1.
        2. A client will be considered "New" if all the RW-Eligible/Funded Program Enrollment *Start Dates* are within the RDR reporting period.
        3. A client will be considered "Returning" if there is at least 1 active RW-Eligible/Funded Program Enrollment record that starts before the Start Date of the RDR reporting period.

4. ***UNKNOWN/UNREPORTED*** Clients – This should be zero.

SECTION 3: SERVICE INFORMATION

Q33—Services offered, number of clients served, and total number of visits

Clients and their Service counts are included in the RDR if they receive an "RDR-Service" (one that is associated with an RDR Question 33 Service Category) in a Ryan White Eligible or Funded AIRS Program during the reporting period.

- NOTE: Unlike prior versions of the CADR/RDR, the RDR column "Check if service was offered" will automatically be checked if there are any client/visits to report in RDR.

The RDR "Service Categories" are not an exact match to the AIRS Service Categories. Therefore, AIRS Service Category-Encounter Type-Service combinations are "mapped" to the RDR Service Categories. Another term for this is the "cross-walk".

- "Mapping" means that if the Service Category-Encounter Type-Service combination is entered, there is something in AIRS that will count it in the proper RDR Category.
- **To see which Encounter and Services are "mapped" to which RDR Category:**

  Choices include the following.

  1. Refer to the **RDR-2010-ServiceMappings.PDF** document that you can download from www.airsny.org web site. Unlike the *AIRS Encounters and Services Listing* (see below), the **RDR-2010-ServiceMappings.PDF** document identifies and groups the AIRS Service Category-Encounter Type-Services by each RDR Service Category.

     - **The information is from AIRS V8.6.**
     - Each RDR Category is listed by the question number (33A, 33AB, …33B…33Z).
     - Only the "Active" AIRS Services are included.
     - Note: RDR Category mappings for Questions 36-38 and 40-41 in Section 4 (HIV Counseling & Testing) are included here.
     - The "RDR2 Category" is a mapping for questions in Section 5 (Medical Information) where the RDR Category is 33A. **(Also see the RDRSetion5-2010-SerciceMappings.pdf document.)**
     - If there is no RDR Category mapping, the Service Category-Encounter-Service will *not* be seen in this report.

2. In AIRS, go to the *AIRS Encounters and Services Listing* report. This is found under the *Activities & Services* option of the *Reporting* Module. See Figure 20 on the next page.

    - NOTE: It is suggested that you choose "Active Only" for the *Report Selection* on the "Selection" tab.

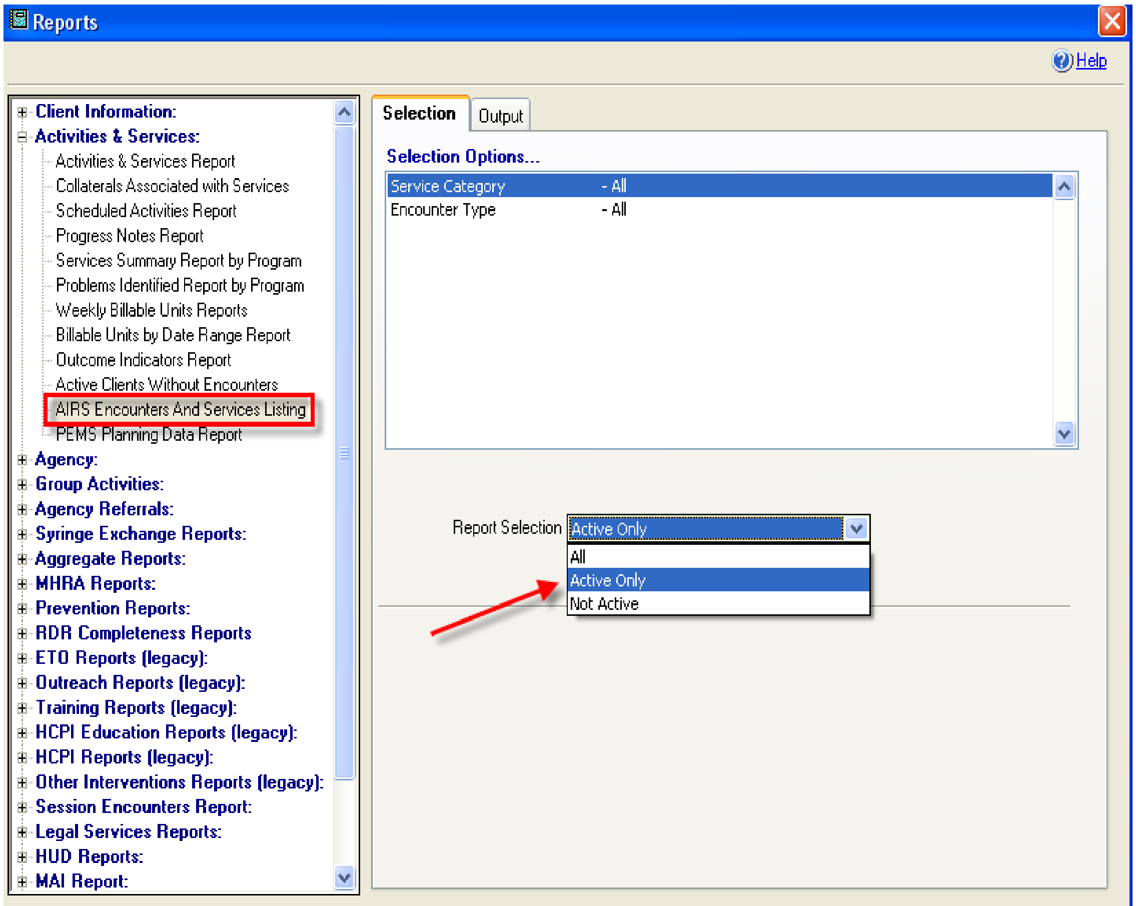


Figure 20

Reporting Module – Activities & Services – AIRS Encounters And Services Listing

- On the report, note the *RDR Category* will list the associated Question 33 Service Category (33A -33AD, 33B - 33Z). See Figures 10 or 21 (next page).

- If there is a blank in the *RDR Category* column, the Service Category-Encounter Type-Service combination is not reported on the RDR.

Date: 12/05/2008
Time: 12:17:55

Version: 8.1.204
Version Date: 07/01/2008

AIDS INSTITUTE Test System

AIRS - AIDS Institute Reporting System

AIRS ENCOUNTERS AND SERVICES LISTING

Selection Criteria: Active Only

Service Category: Supportive Services

Encounter:		Active	RDR Category	RDR2 Category
45	Direct Emergency Assistance	Yes		
Service:				
85	Child Care/Safety Items Distribution	Yes		
115	Clothing Distribution	Yes		
135	Consultation	Yes	33P	
224	Emergency Cash Grant Denied	Yes	33P	
225	Emergency Cash Grant Given	Yes	33P	
226	Emergency Clinical Response	Yes	33Y	
227	Emergency Food Package	Yes	33Q	
228	Emergency Grant Application	Yes	33P	
230	Emergency Transportation	Yes	33V	
261	Financial Assessment	Yes	33P	
264	Financial Reassessment	Yes	33P	
439	Intake/Assessment	Yes	33P	
630	Petty Cash	Yes	33P	
631	Petty Cash Denied	Yes	33P	
722	Renovations (or Renovations/Weatherization)	Yes	33S	
723	Rental Arrears	Yes	33S	
724	Rental Assistance	Yes	33S	
853	Utility Assistance	Yes	33S	

Figure 21

Example 2 of “AIRS Encounters And Services Listing”

SECTION 4: HIV COUNSELING AND TESTING

This section counts all individuals who received HIV counseling and testing at the agency during the reporting period, whether or not they were reported as clients in Section 2. **This includes the "Integrated HIV Testing" Service Category even when it is a Prevention Program funded by the CDC.**

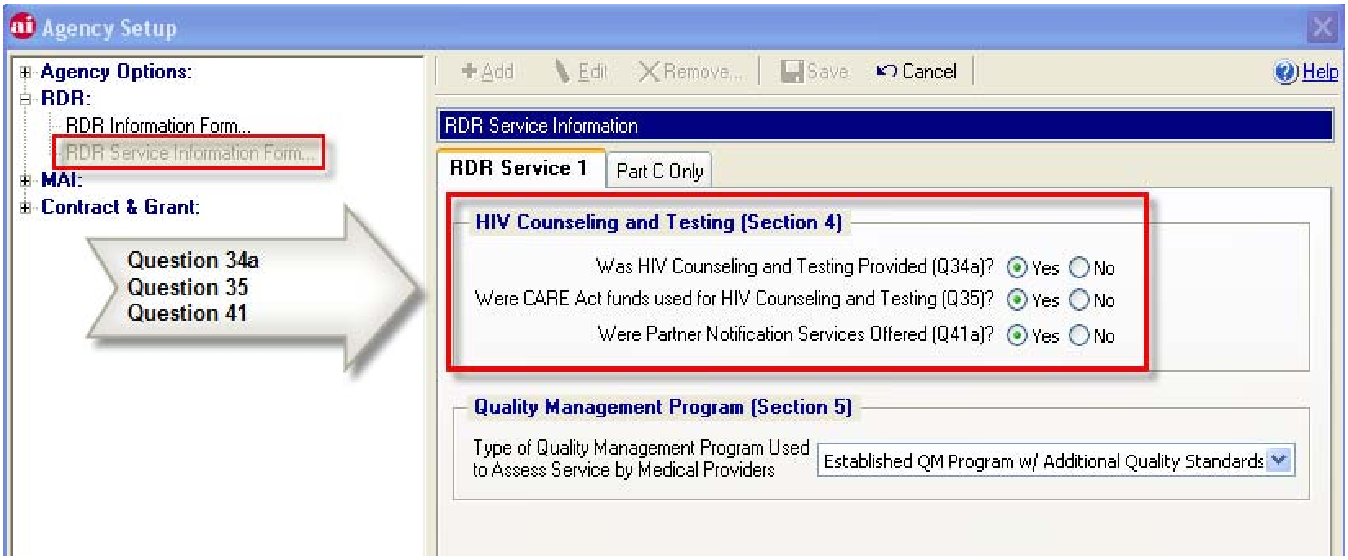


Figure 22

Agency module - RDR – RDR Service Information Form – *RDR Service 1 tab*

Q34a – Was HIV Counseling Provided?

Entered in the Agency Module - RDR – RDR/RSR Service Information Form – *RDR Service 1 tab*. See Figure 22.

Q34b -Total Number of Infants Tested:

Clients age 24 months or younger with an Encounter mapped to RDR Category = 37. See Section 3 discussion on Encounter/Service mappings.

Q35 - Were RW HIV/AIDS Program Funds Used?

Agency Module - RDR – Entered in the RDR/RSR Service Information Form – *RDR Service 1 tab*. See Figure 22.

Q36 - How Many Received HIV Pretest Counseling?

Clients with an Encounter mapped to RDR Category = 36 or 37. Refer to the **RDR-2010-ServiceMappings.PDF** document that you can download from www.airsny.org web site. Also, see Section 3 discussion on Encounter/Service mappings.

Q37 - How Many Tested?

Clients with an Encounter mapped to RDR Category = 37. Refer to the **RDR-2010-ServiceMappings.PDF** document that you can download from www.airsny.org web site. Also, see Section 3 discussion on Encounter/Service mappings.

Q38 - How Many Had A Positive Test Result?

Clients with an Encounter or Service mapped to RDR Category = 38 or 40. Refer to the **RDR-2010-ServiceMappings.PDF** document that you can download from www.airsny.org web site. Also, see Section 3 discussion on Encounter/Service mappings.

Q39 - How Many Received HIV Posttest Counseling?

Clients with an Encounter mapped to RDR Category = 38 or 39. Refer to the **RDR-2010-ServiceMappings.PDF** document that you can download from www.airsny.org web site. Also, see Section 3 discussion on Encounter/Service mappings.

Q40 - How Many Positive Clients did NOT Return for HIV Posttest Counseling?

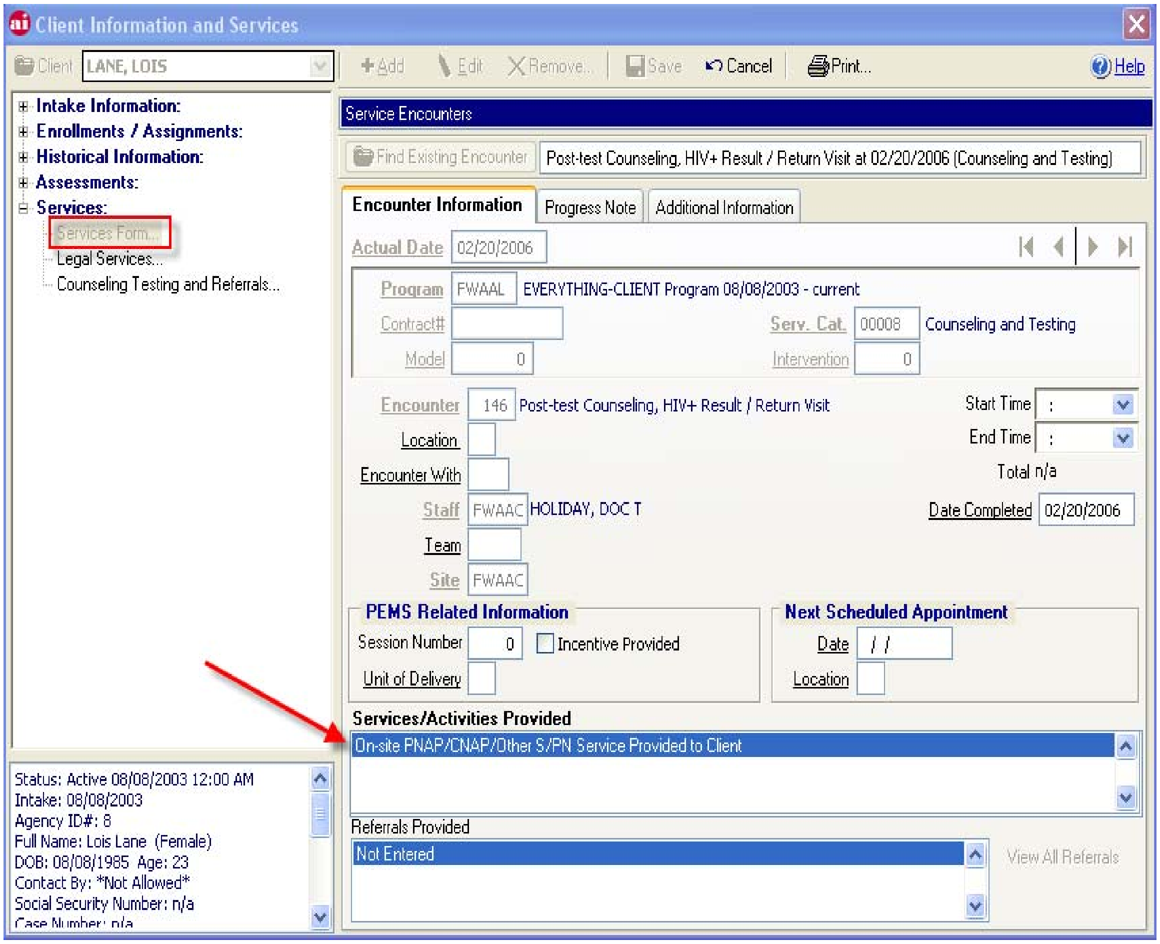
Clients with an Encounter or Service mapped to RDR Category = 40. Refer to the **RDR-2010-ServiceMappings.PDF** document that you can download from www.airsny.org web site. Also, see Section 3 discussion on Encounter/Service mappings.

Q41a - Did Program Offer Partner Notification?

Agency Module - RDR – Entered in the RDR Service Information Form – *RDR Service 1 tab*. See Figure 22.

Q41b - If Yes, How Many At-Risk Partners Were Notified?

Total count of the "# of People" notified in those Encounter mapped to RDR Category = 41. See Figure 23. Refer to the **RDR-2010-ServiceMappings.PDF** document that you can download from www.airsny.org web site. Also, see Section 3 discussion on Encounter/Service mappings.



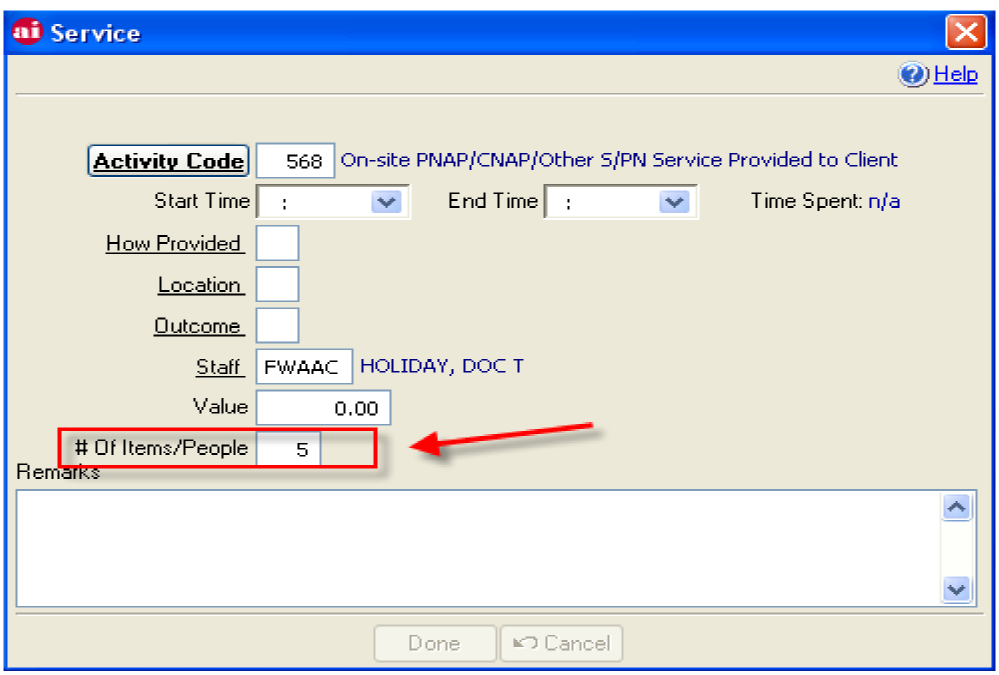


Figure 23

Clients & Services module - Services – Services Form – *Services Provided*

SECTION 5: MEDICAL INFORMATION

Q42—Gender of Clients who have received medical services

Gender is taken from the client Intake. Make sure that every client has a *Gender* entered on the intake. AIRS will compute the appropriate breakdowns when it calculates the RDR.

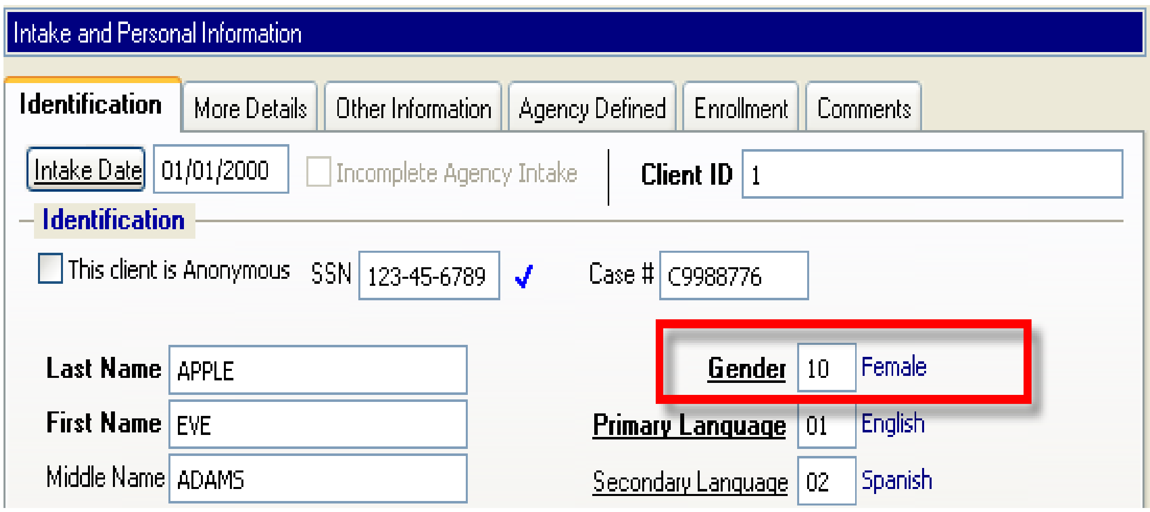


Figure 24

Clients & Services module – Intake Information – Agency Intake

Q43—Number of clients with 1 to 5 or more medical visits

Clients counted in Q42, are placed in the appropriate visit category based on the number of encounters/services which are entered and maintained in the Services Form.

- AIRS will count how many Encounters/Services the client has had during the reporting period.
- There should be no clients where the number of visits is unknown. Every client will have at least one medical visit entered.

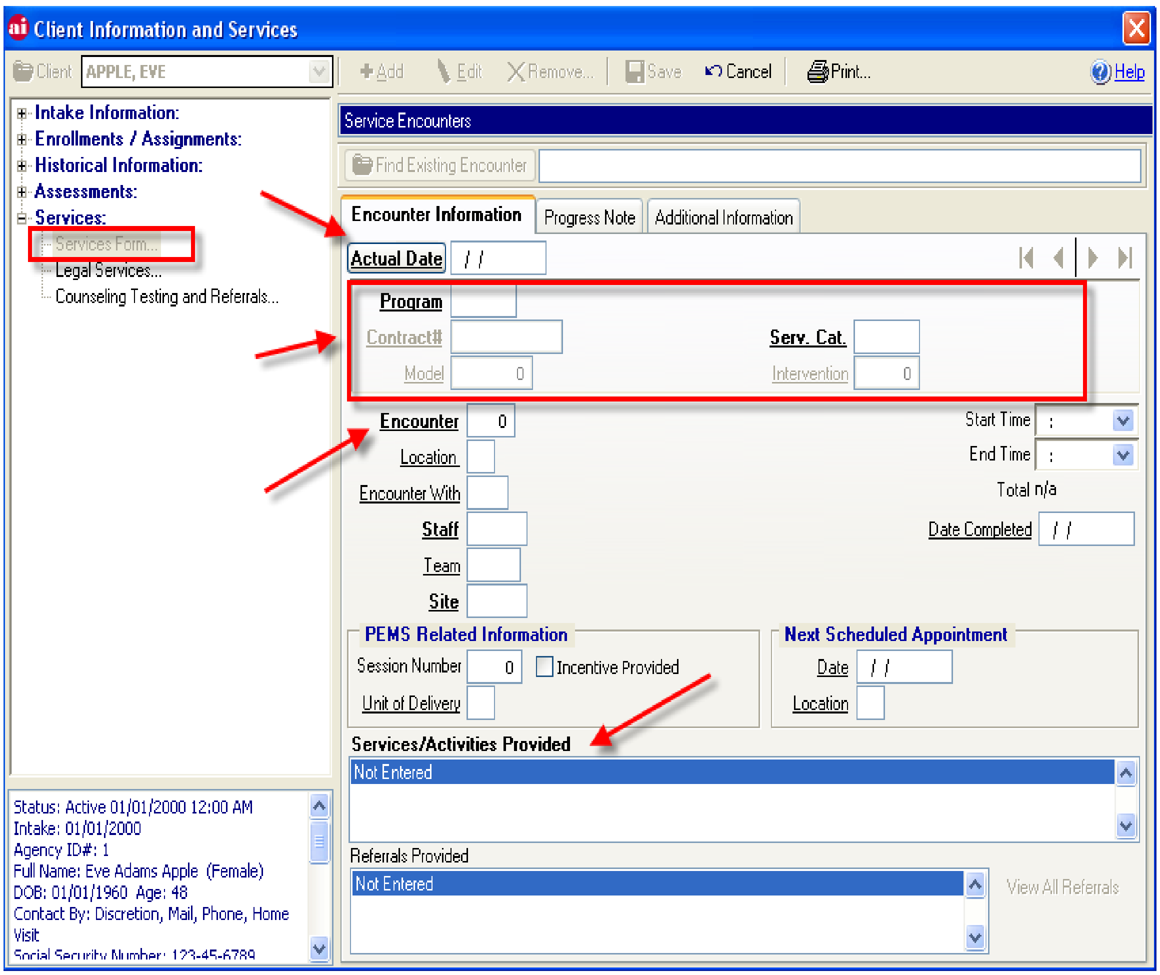


Figure 25

Clients & Services module - Services – Services Form

Q44—Risk Factors for HIV+/Indeterminate clients receiving medical care

Each client receiving medical services (33A) during the RDR year should have at least 1 risk history record during the reporting year that reflects his/her current risk status.

- If the client's risk profile has changed during the course of the year, **the client's risk history should be updated as needed.** Unless you have made a data entry error, Do NOT edit the current risk history record to reflect the client's current risk. Instead, update the risk history by entering a NEW record.
- It is not advisable for your RDR to reflect a high proportion of clients with unknown/unreported risk histories.
- *Note: Risks are hierarchy based.* (The first risk on RDR list is highest while the last is the lowest.) If there are multiple HIV/AIDS Risk records for a client up through the End Date of the RDR, the Risk record with the most risk is reported.

Risks are entered in the **HIV/AIDS Risks History** form. Click on [Add] to start and enter information on the 3 tabs (Factors, Risk in last 12 Months, and Characteristics).

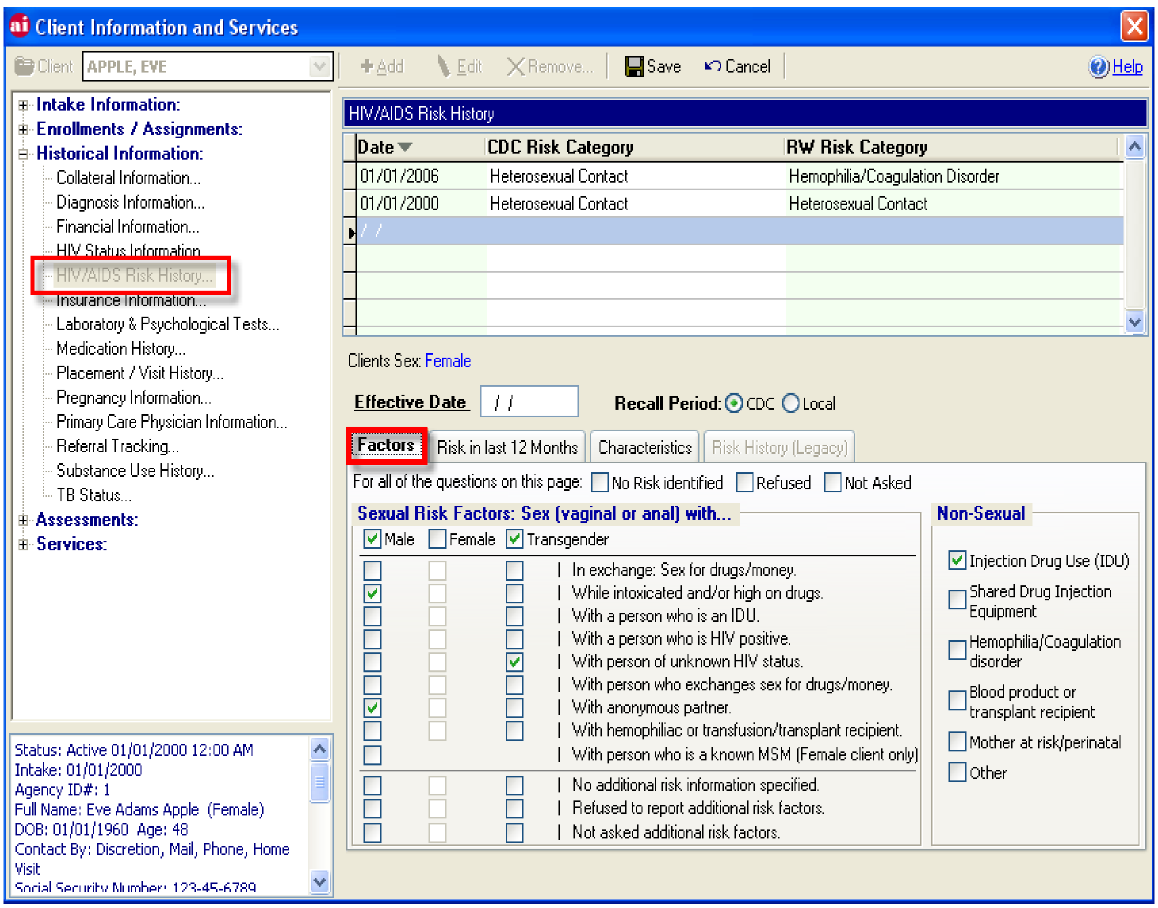


Figure 26

Clients & Services module – Historical Information – HIV/AIDS Risk History – *Factors tab*

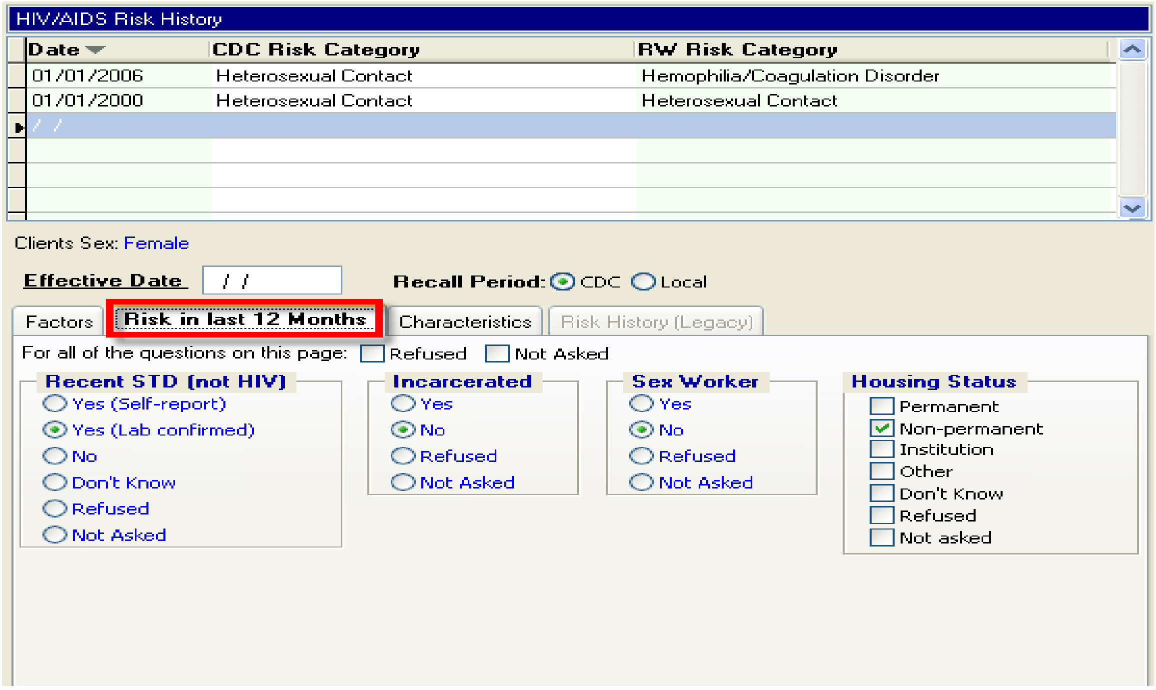


Figure 27

Clients & Services module – Historical Information – HIV/AIDS Risk History – *Risk in last 12 Months*

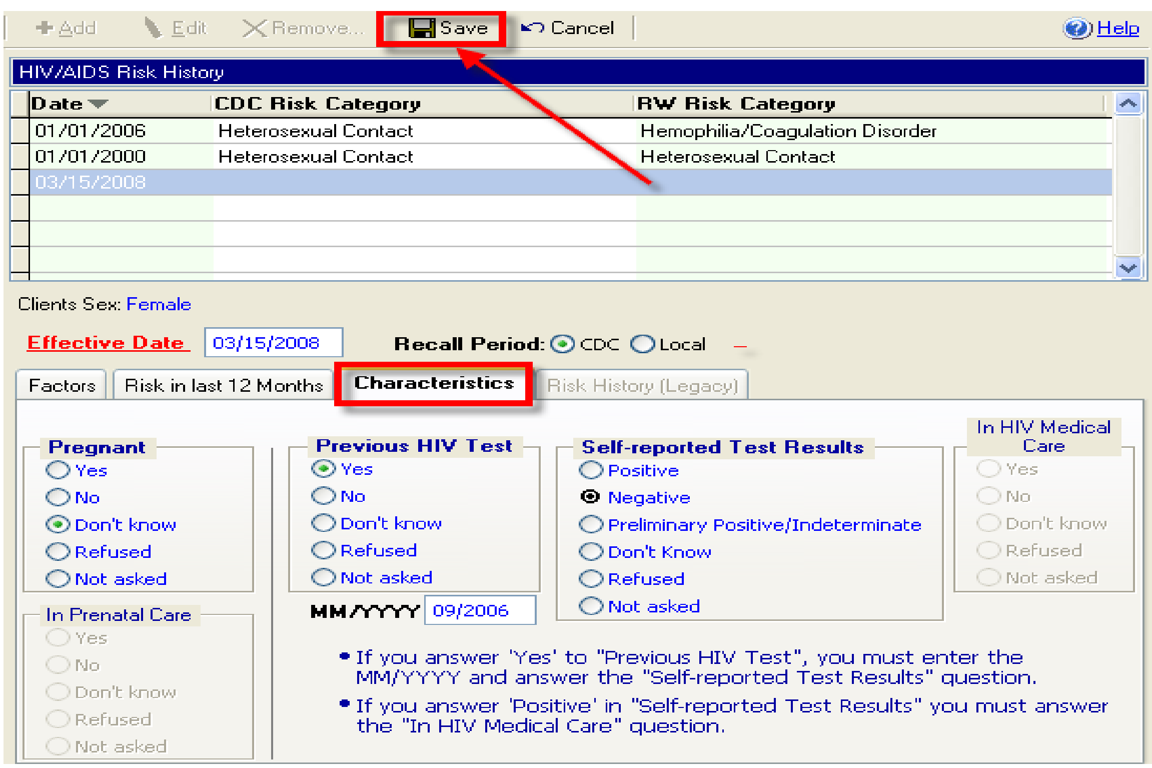


Figure 28

Clients & Services module – Historical Information – HIV/AIDS Risk History – *Characteristics tab*

Click on [Save]. AIRS will identify the client's *RW Risk Category*.

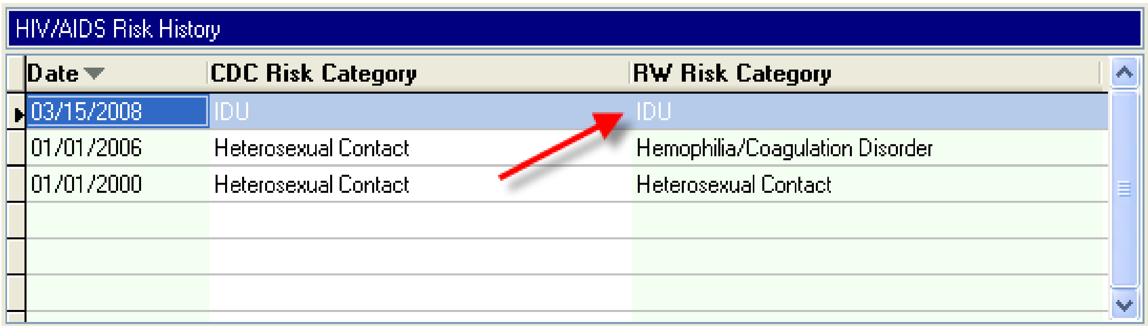


Figure 29

Clients & Services module – Historical Information – HIV/AIDS Risk History

Q45—Number of clients who have received medical services for the first time

In addition to the basic inclusion criteria, clients must have had their first medical encounter during the current reporting year to be included in this question.

- For each client reported in Question 42, AIRS will determine if they have or do not have any Encounters/Services associated with RDR Category equal to 33A prior to the start of the reporting period. If they do not, they are counted here.

- Clients whose cases are reopened during the current reporting year but have had prior medical encounters will NOT be counted.

Q46—Clients who are new to medical services and who either have had a CD4 count or Viral Load test during the RDR year

This is a subset of clients counted in Q45 who either had a CD4 or Viral Load test. The counts are drawn from either the data entered in the **Services Form** or the results found in the **Laboratory & Psychological Tests** form.

- **CD4 COUNT:**
  - *SERVICE Method*:
    Although the specific encounter codes will vary depending on your program, choosing the ***Lab Test: CD4*** service (code **453**) will add the client to this question.
    - If you look at the "AIRS Encounters and Services Listing" report you can see all the Services associated with the RDR2 category of 46A that correspond to each Encounter/Service combo.
    - Also see the **RDRSetion5-2010-SerciceMappings.pdf** from www.airsny.org where the Services mapped to the RDR2 Category 46A are grouped.
  - *LAB TEST Method*:
    Enter the ***CD4 (T-Helper Tests)*** into the **Laboratory & Psychological Tests** form.

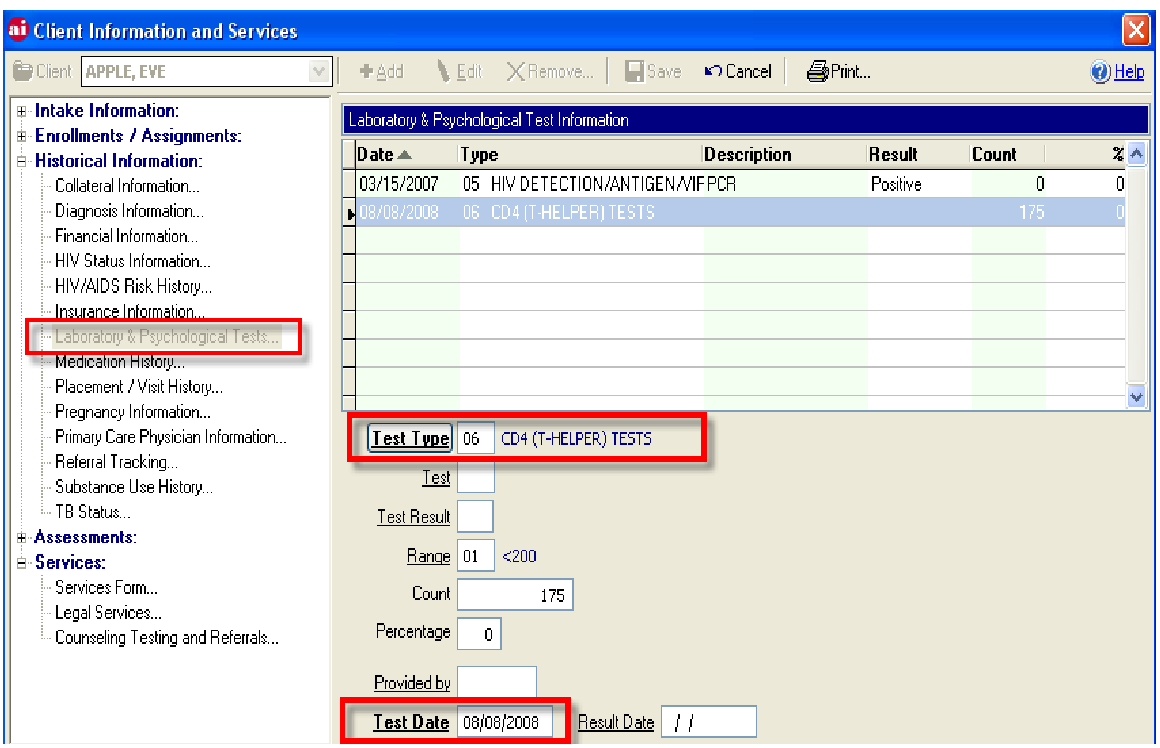


Figure 30

Clients & Services module – Historical Information – Laboratory & Psychological Tests

- **VIRAL LOAD:**

  - *SERVICE Method*:
    Although the specific encounter codes will vary depending on your program, choosing the ***Lab Test: Viral Load*** **(454)** service will add the client to this question

    - If you look at the "AIRS Encounters and Services Listing" report you can see all the Services associated with the RDR2 category of 46B that correspond to each Encounter/Service combo.

    - Also see the **RDRSetion5-2010-SerciceMappings.pdf** from www.airsny.org where the Services mapped to the RDR2 Category 46B are grouped.

  - *LAB TEST Method*:
    Enter the ***HIV Detection/Antigen/Viral/Load Test*** into the **Laboratory & Psychological Tests** form.

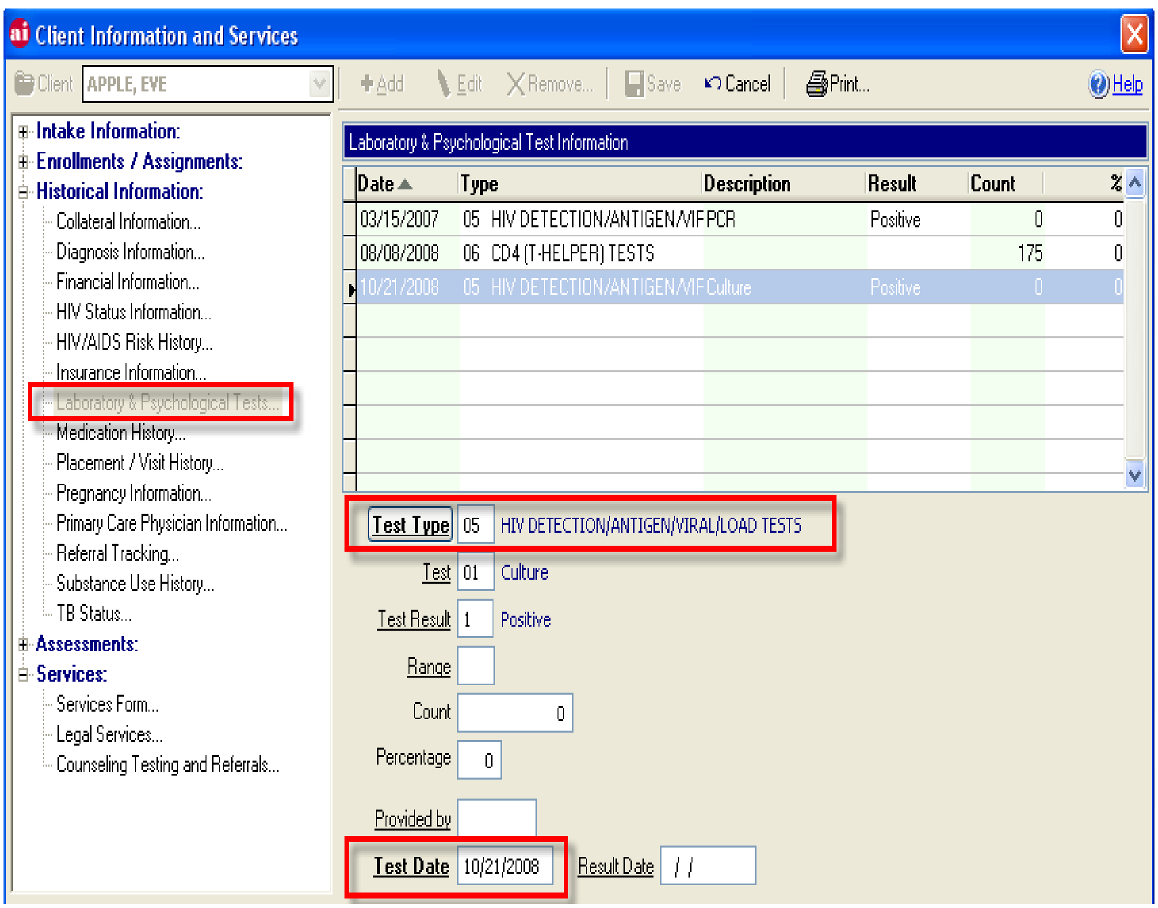


Figure 31

Clients & Services module – Historical Information – Laboratory & Psychological Tests

Q47A → 47E—Latent TB testing

The data for items in Q47 are drawn **from the most recently dated information** (that is not after the End Date of the RDR) entered among the **Services Form, Laboratory & Psychological Tests form**, and the **TB Status History** screen.

- For the purposes of the RDR, the **TB Status History** should be updated at least annually for each patient for whom a TB screening is clinically indicated. Exceptions are identified below. (Please note that these requirements may differ from HIVQUAL standards.)
  - Patients with positive PPD results from a previous reporting year
  - Patients that have been treated for active or latent TB infection in a previous reporting year
  - Patients who are anergic do not need subsequent annual updates if their TB Status History records have already indicated their anergic status.

.

- **Q47a – *Latent TB Test was Indicated*:**

  The total unduplicated client count will include clients with Services mapped to RDR Question 47A *or* 47B *or* have a **TB Status History** record indicating a *PPD* was performed ***or* have a *QuantiFeron TB* test entered in the "Laboratory & Psychological Tests" form** during the reporting period.

  - *SERVICE Method:*
    Although the specific encounter codes will vary depending on your program, choosing the ***TB Skin Test (PPD) Indicated*** (**815**), ***Lab Test: TB Screen/PPD/Anergy*** Screen (**452**), or ***PPD*** **(602)** service will add the client to this question.
    - If you look at the "AIRS Encounters and Services Listing" report you can see all the Services associated with the RDR2 category of 47A and 47B that correspond to each Encounter/Service combo.
    - Also see the **RDRSetion5-2010-SerciceMappings.pdf** from www.airsny.org where the Services mapped to the RDR2 Categories are grouped.
  - *TB STATUS HISTORY Method*:
    Enter a record into the **TB Status History** screen indicating a *PPD* was performed during reporting period. (See Figure 32 on next page.)

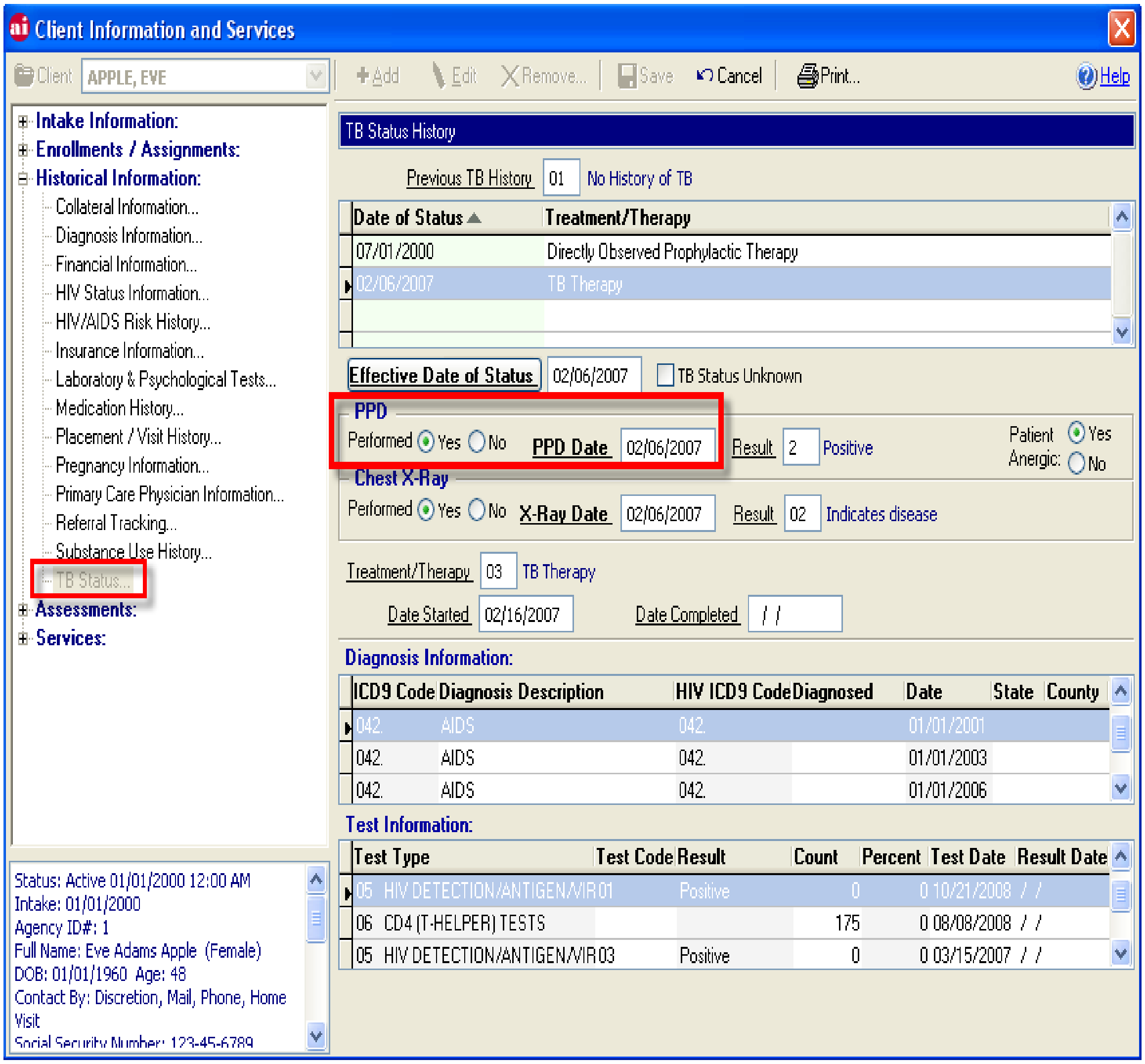


Figure 32

Clients & Services module – Historical Information – TB Status

- o ***LAB TEST Method*:**
  Enter the *QuantiFeron TB* screening test (code = QF) into the "Laboratory & Psychological Tests" form. **(See Figure 33 on next page.)**

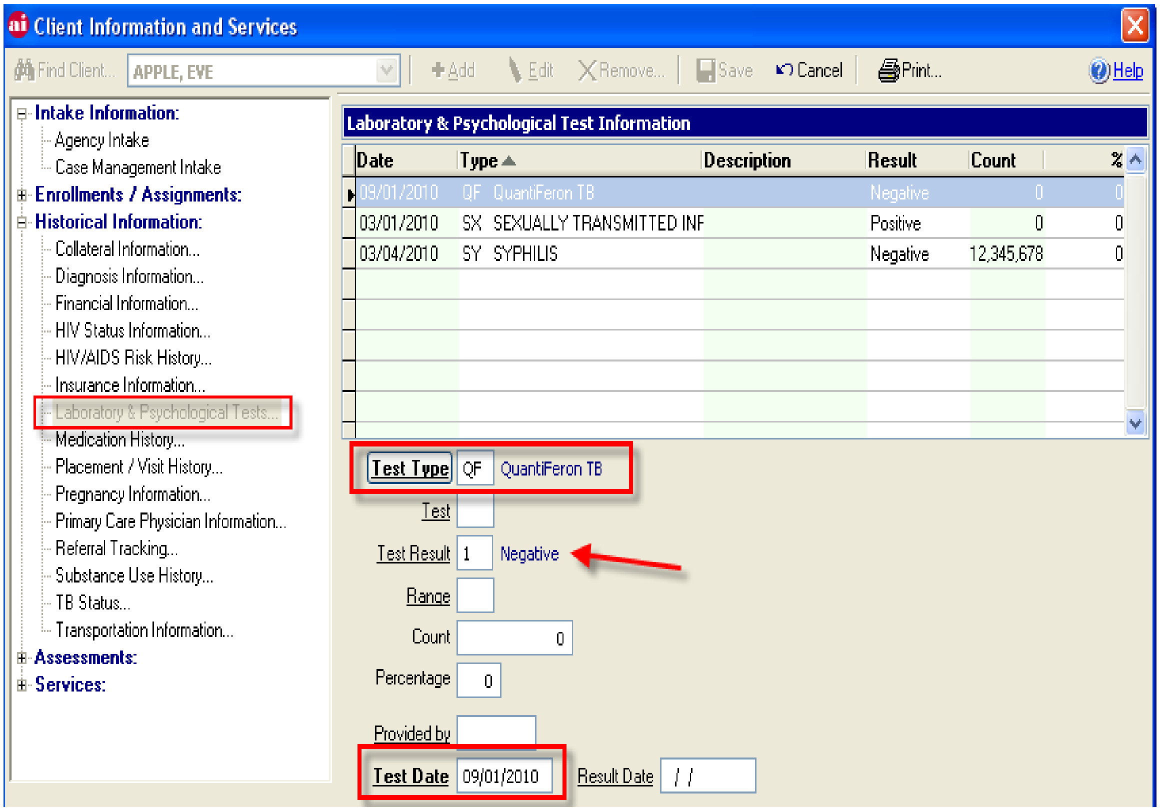


Figure 33

Clients & Services module – Historical Information – Laboratory & Psychological Tests

- **Q47b – *Received TB Test*:**

The total unduplicated client count will include clients with Services mapped to RDR Question 47B *or* have a **TB Status History** record indicating a *PPD* was performed during the reporting period ***or* have a *QuantiFeron TB* test entered in the "Laboratory & Psychological Tests" form.**

- *SERVICE Method:*
  Although the specific encounter codes will vary depending on your program, choosing the ***Lab Test: TB Screen/PPD/Anergy Screen* (452)** or ***PPD* (602)** service will add the client to this question.

  - If you look at the "AIRS Encounters and Services Listing" report you can see all the Services associated with the RDR2 category of 47A and 47B that correspond to each Encounter/Service combo.

  - Also see the **RDRSetion5-2010-SerciceMappings.pdf** from www.airsny.org where the Services mapped to the RDR2 Categories are grouped.

- *TB STATUS HISTORY Method*:
  Enter a record into the **TB Status History** screen indicating a *PPD* was performed during reporting period. See Figure 32 (above).

- ***LAB TEST Method*:**
  Enter the *QuantiFeron TB* screening test (code = QF) into the "Laboratory & Psychological Tests" form. (See Figure 33 on Page 41.)

- **Q47c – *TB Test Results*:**

Of the clients reported in Question 47b, the following are used to determine the reported results.

- ***LAB TEST Method*:**
  The RDR Will use the Lab Test *Test Result* field from the *QuantiFeron TB* screening test. (See Figure 33 on prior page.)

-- OR --

- *TB STATUS HISTORY Method*:
  PPD *Result* field from the **TB Status History** screen. (See Figure 34 on next page.)

Note: If a Result is not entered in the **TB Status History** record nor the **Lab Test History screen**, the client will be counted in the "Unknown" category.

Note: If a client is included in 47b due only to the Service being entered, the client will be counted in the "Unknown" category.

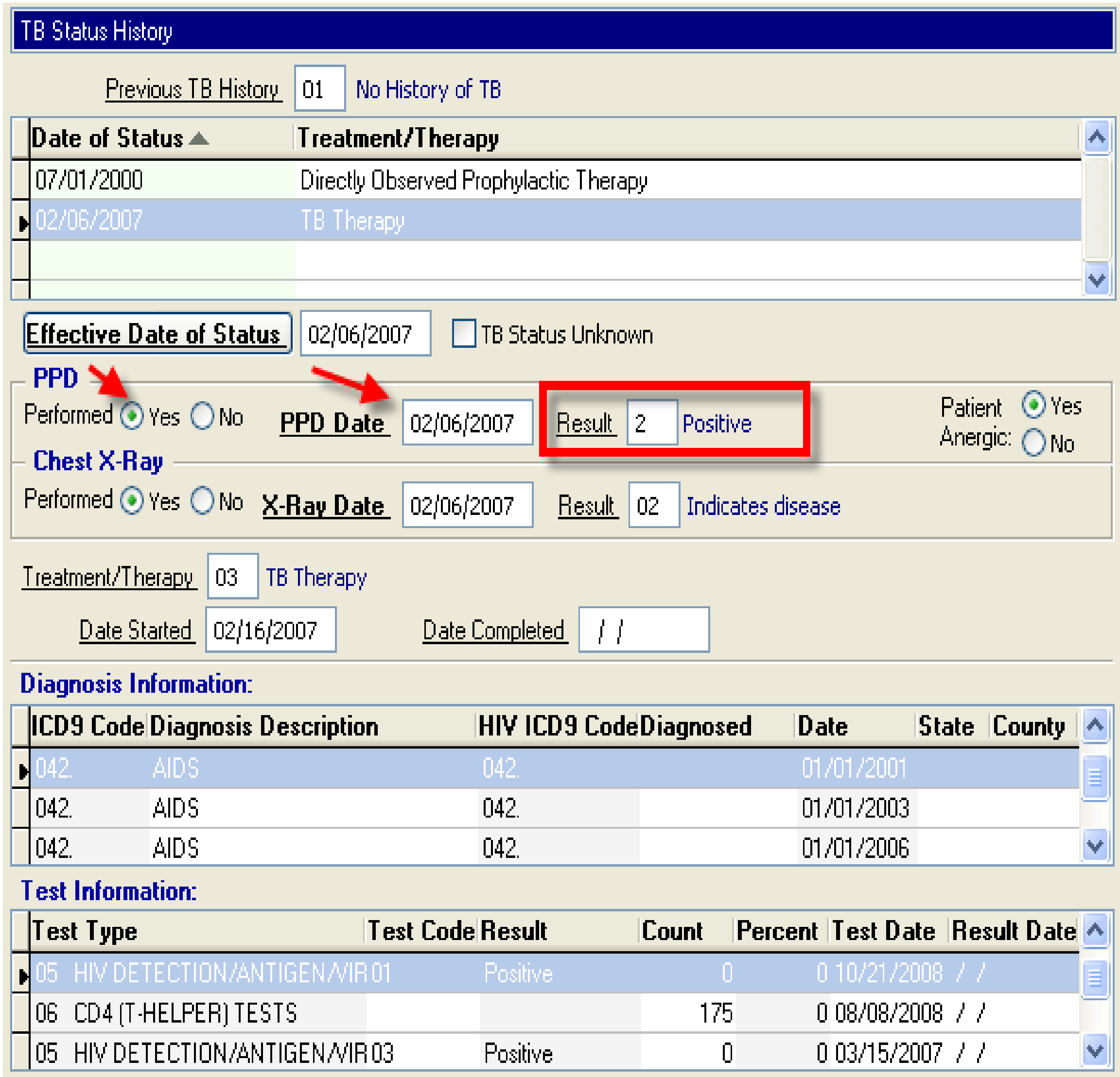


Figure 34

Clients & Services module – Historical Information – TB Status

- **Q47d – *Treatment:***

  Of the clients who tested Positive in Question 47c, the *Treatment/Therapy* field from the **TB Status History** screen is used.

  - *Note*: If a *Treatment/Therapy* is not entered in the **TB Status History** record, the client will be counted into the "Unknown/lost to follow-up" category unless Service 816 has been entered. (See next bullet.)

  - *SERVICE Method:* Although the specific encounter codes will vary depending on your program, choosing the ***TB Treatment*** ***(816)*** service will (also) add the client to the "Completed treatment for active TB disease" category.

    - Also see the **RDRSetion5-2010-SerciceMappings.pdf** from www.airsny.org where the Services mapped to the RDR2 Category 47D2 are grouped.

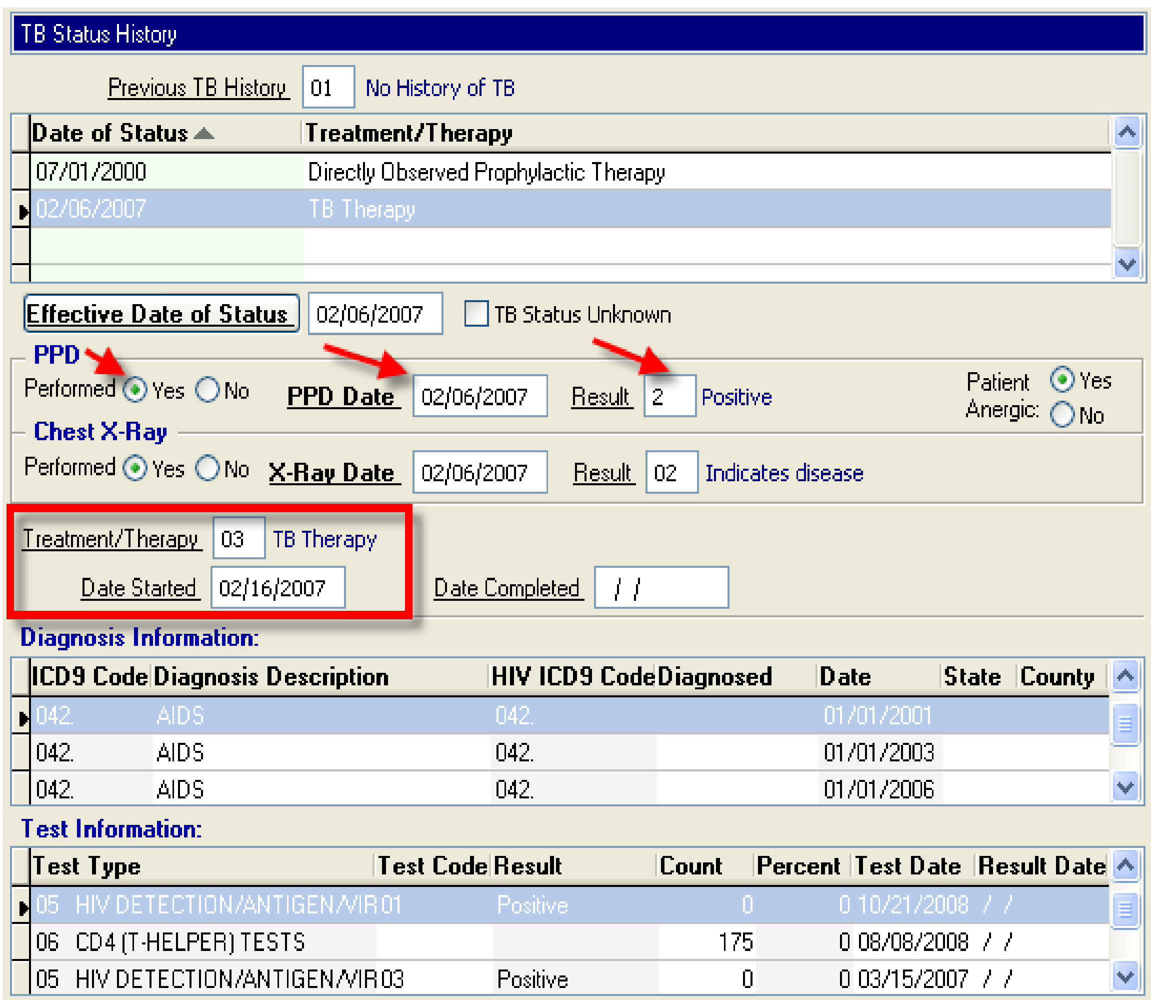


Figure 35

Clients & Services module – Historical Information – TB Status

- **Q47e – *Treatment:***

  Of the clients who started Treatment in Question 47d, clients are counted if a date has been entered in the Treatment/Therapy *Date Completed* field from the **TB Status History** screen.

  - *Note*: If the *Date Started* has been entered but the *Date Completed* is empty, the client will be counted in the "Are currently undergoing treatment for either LTBI or active TB disease" category.

  - *Note*: If the *Date Started* AND the *Date Completed* are both empty, the client will be counted in the "Are unknown, lost to follow-up, or did not complete treatment" category.

  - *Note*: If the client was counted in Question 47d as "Unknown/lost to follow-up", the client will be counted in the "Are unknown, lost to follow-up, or did not complete treatment" category.

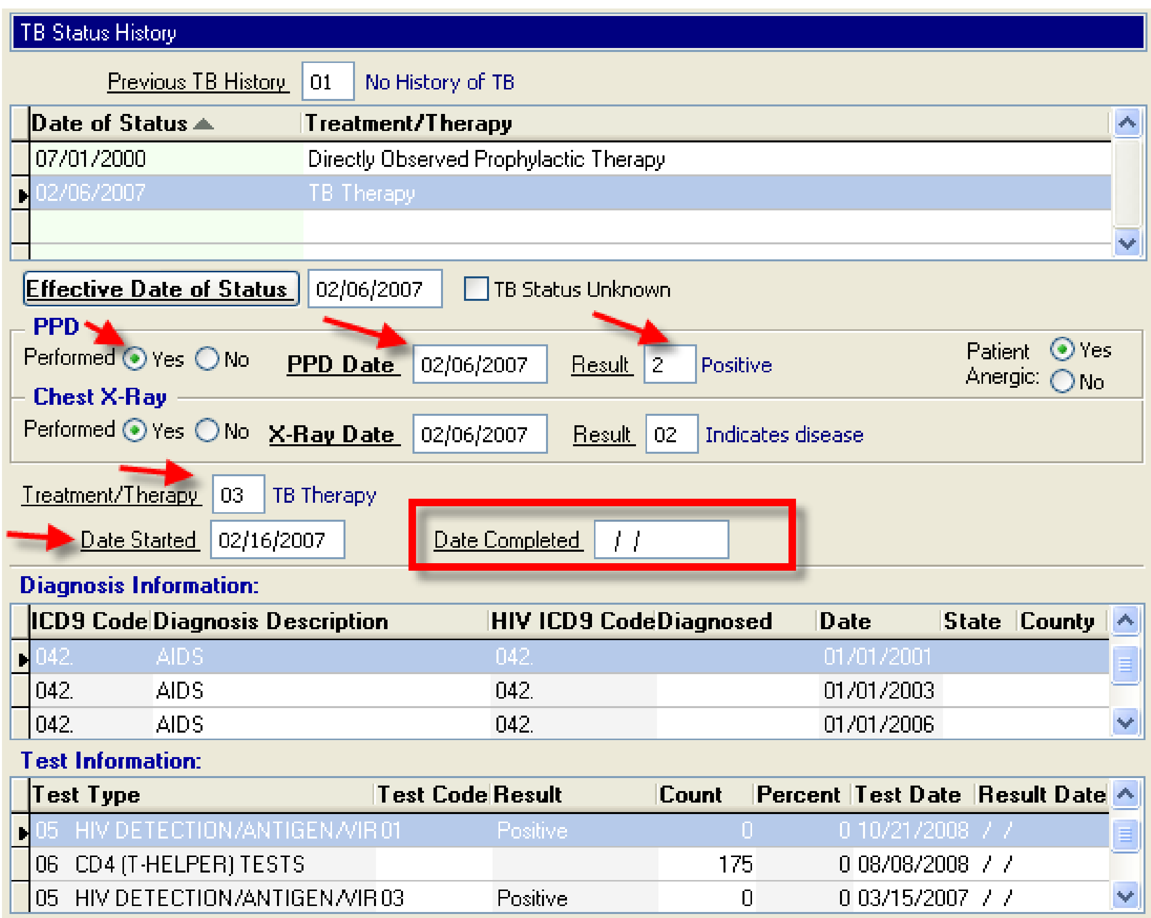


Figure 36

Clients & Services module – Historical Information – TB Status

Q48—Number of clients who received screening and/or treatments for Hepatitis C, Syphilis, and STI infections other than Syphilis

The data for items in Q48 are drawn from the data entered for the clients in the **Services Form** ***or*** **Laboratory & Psychological Tests form.**

If you look at question 48 on the RDR report form, you will see that it is really divided into 6 sub-parts. The first one should be considered 48A and the last 48F. These codes correspond to the RDR2 Category seen in the "AIRS Encounters and Services Listing" report.

- The specific encounter codes will vary depending on your program. However, choosing the appropriate Service Code (see the services below) will count the client in the correct reporting categories.
    - If you look at the "AIRS Encounters and Services Listing" report you can see all the Services associated with the RDR2 category of 48A, 48B, 48C, 48D, 48E, and 48F that correspond to each Encounter/Service combo.
    - Also see the **RDRSetion5-2010-SerciceMappings.pdf** from www.airsny.org where the Services mapped to the RDR2 Categories are grouped.

- **Q48A –** ***Screening/Testing for Syphilis:***

  The total unduplicated client count will include clients with Services mapped to RDR Question 48A ***or*** **have a** ***Syphilis screening*** **test entered in the "Laboratory & Psychological Tests" form** during the reporting period.

    - *SERVICE Method*:
      Although the specific encounter codes will vary depending on your program, providing any one of the following Services (with the **code**) will add the client to this count.
        - ***Lab Test: RPR/Syph Serology*** **(451)**
        - ***Screening/Testing for Syphilis Blood Test*** **(761)**
    - ***LAB TEST Method*:**
      Enter the ***Syphilis*** **screening (code =SY) into the "Laboratory & Psychological Tests" form.** **(See Figure 37 on next page.)**

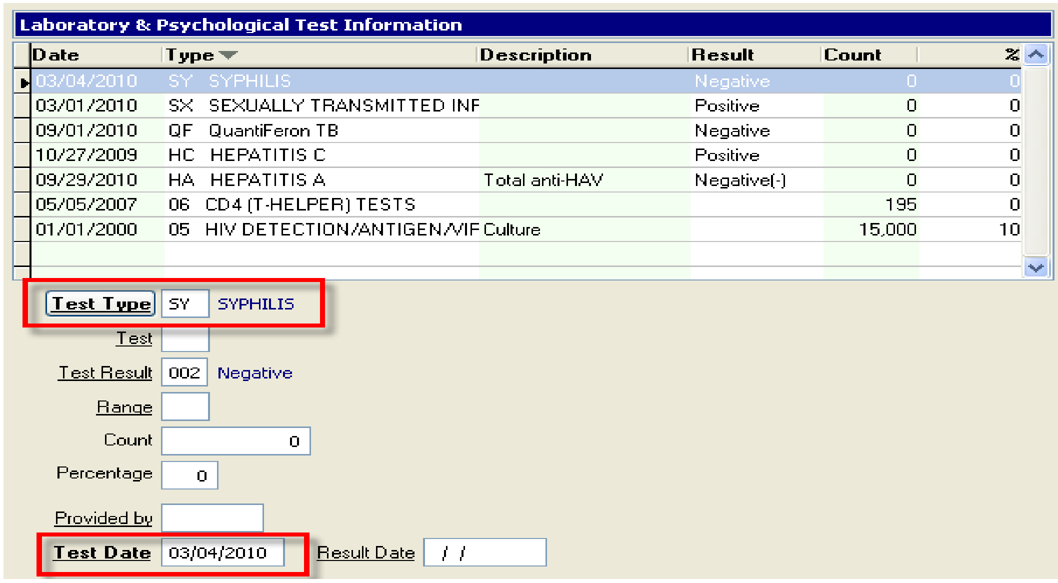


Figure 37

Clients & Services module – Historical Information – Laboratory & Psychological Tests

- **Q48B –** ***Treatment for Syphilis:***
  - Providing the ***Treatment for Syphilis*** service **(846)** will add the client to this count.

- **Q48C –** ***Screening/Testing for any STI other than Syphilis:***

  The total unduplicated client count will include clients with Services mapped to RDR Question 48C ***or*** **have a** ***Sexually Transmitted Infection screening*** **test entered in the "Laboratory & Psychological Tests" form** during the reporting period.

  - *SERVICE Method*:
    Although the specific encounter codes will vary depending on your program, providing any one of the following Services (with the **code**) will add the client to this count.
    - ***Chlamydia Screen*** **(92)**
    - ***GYN: STD Screen*** **(294)**
    - ***Gonococcal Culture*** **(309)**
    - ***Pelvic Exam With Gonococcal Culture*** **(620)**
    - ***STI/STD Screen*** **(739)**
    - ***Screening for STI other than HIV or Syphilis - Blood Test*** **(751)**
    - ***Screening for STI other than HIV or Syphilis – Urine*** **(1098)**
    - **Screening for STIs (1172 - though not currently being used in AIRS)**

  - ***LAB TEST Method*:**
    Enter the ***Sexually Transmitted Infection (STI)*** **screening (code =SX) into the "Laboratory & Psychological Tests" form.**

- **Q48D – *Treatment for any STI (other than Syphilis):***

  - Providing any one of the following Services (with the **code**) will add the client to this count.

    - ***GYN: STD Treatment*** **(295)**
    - ***STD Treatment*** **(740)**
    - ***Treatment of STI other than HIV or Syphilis*** **(847)**

- **Q48E – *Screening/Testing for Hepatitis C:***

  The total unduplicated client count will include clients with Services mapped to RDR Question 48E ***or*** **have a *Hepatitis C screening* test entered in the "Laboratory & Psychological Tests" form** during the reporting period.

  - *SERVICE Method:*
    Although the specific encounter codes will vary depending on your program, providing any one of the following Services (with the **code**) will add the client to this count.

    - ***Hepatitis Panel*** **(358)**
    - ***Screening/Testing for Hepatitis C*** **(759)**
    - **HCV Viral Load (Diagnostic) - new Service (1199)**
    - **HCV Genotype (1161)**

    - *Note*: You will see a service called "Hepatitis Screening Offered but Refused." While you should select this service if it truly reflects what transpired with the patient, this service will not be counted for the Hepatitis Screenings in the RDR because the RDR makes no provisions for this. Note that this may differ from HIVQUAL standards.

  - ***LAB TEST Method*:**
    Enter the *Hepatitis C* screening (code =HC) into the "Laboratory & Psychological Tests" form.

- **Q48F – *Treatment for Hepatitis C:***

  - Providing any one of the following Services (with the **code**) will add the client to this count.

    - ***Treatment for Hepatitis C*** **(844)**
    - **HCV Viral Load (1160)**
    - **Medication administration (i.e., weekly injections of pegylated interferon) (1176)**
    - **Side-effect monitoring (1177)**

Q49—Clients who were newly diagnosed with AIDS during the RDR reporting period

One of the following is required for the client to be included in this question. The client must have an:

- *HIV Status* equal to ***HIV-Positive, CDC- Defined AIDS*** (code **10**) with an Effective Date within the reporting period

Or

- "HIV-Positive" Status with a ***CD4 Test*** (entered in the **Laboratory & Psychological Tests** screen) that has a value less than 200 and was performed within the reporting period.

Or

- Any "HIV-Positive" Status with a *Diagnosis* (entered in the **Diagnoses Information** screen) that has an associated ***HIV ICD9 Code*** (indicating it is an AIDS-defining condition) within the reporting period.

For each client who is newly diagnosed with AIDS:

1. Enter the client's current HIV Status in the **HIV Status Information** screen. See Figure 38 on the next page.

    a. For patients with a previous HIV Status record entered, update the client's information with the new status by adding a NEW record.

        i. Do NOT edit the existing record to change the client's existing **HIV Status Information** record.

    b. *Note*: When entering an *HIV Status* equal to ***HIV-Positive, CDC- Defined AIDS*** (code 10), AIRS automatically adds a record with the AIDS Diagnosis to the **Diagnosis Information** form in AIRS.

        i. The *Date Diagnosed* will be equal to the *Effective Date* on the **HIV Status Information** record.

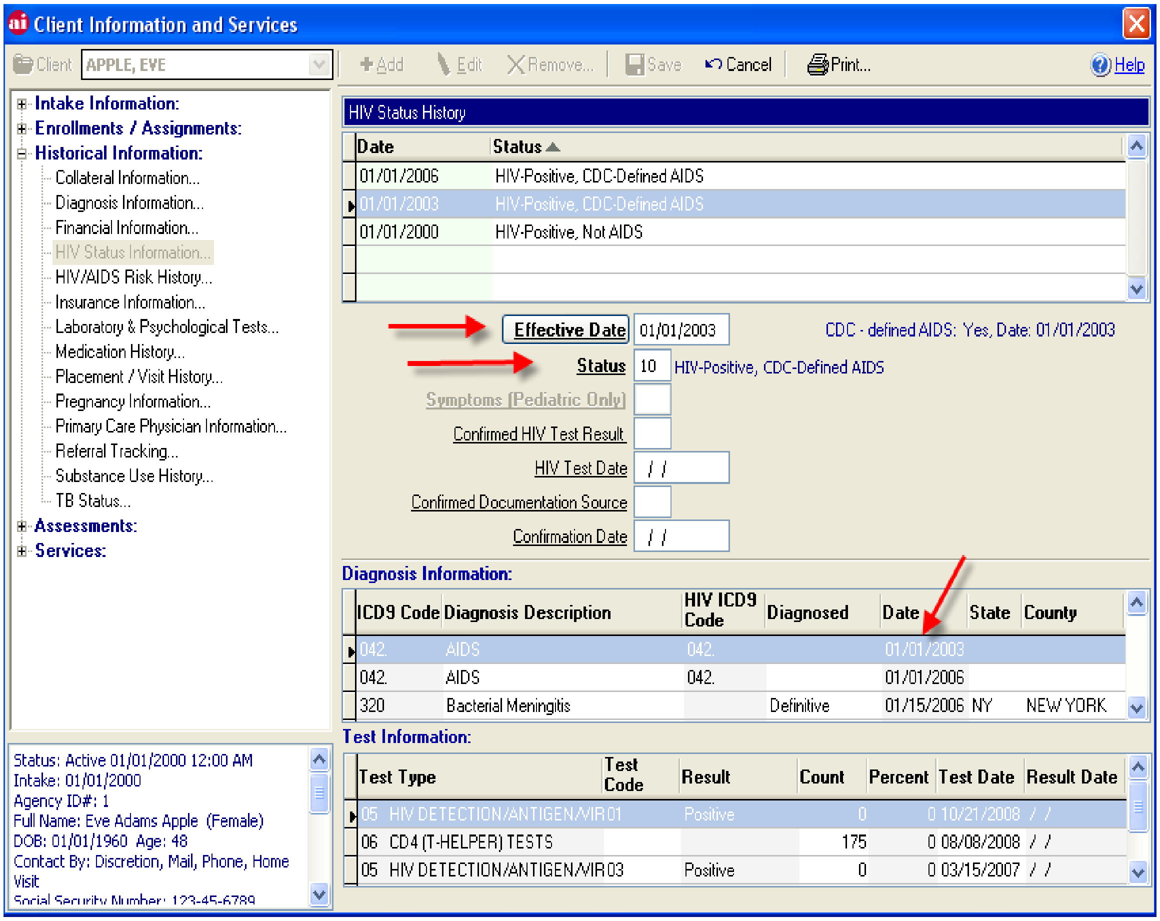


Figure 38

Clients & Services module – Historical Information – HIV Status

2. Update the client's **Diagnosis Information** and/or their **Laboratory & Psychological Tests** information.

    a. Diagnosis: Enter new record(s) to include the specific AIDS-defining condition(s). AIDS-defining conditions have an HIV ICD9 code associated. See Figure 39 on the next page.

        i. *Note*: If an AIDS Diagnosis has already been added after entering the HIV Status, you may not need to add anything here.

        ii. Once an AIDS-defining condition has been entered, the user should enter the ***HIV-Positive, CDC- Defined AIDS*** (code **10**) status in the client's **HIV Status Information** screen.

            - Remember: An AIDS Diagnosis will be added when this HIV Status is entered.

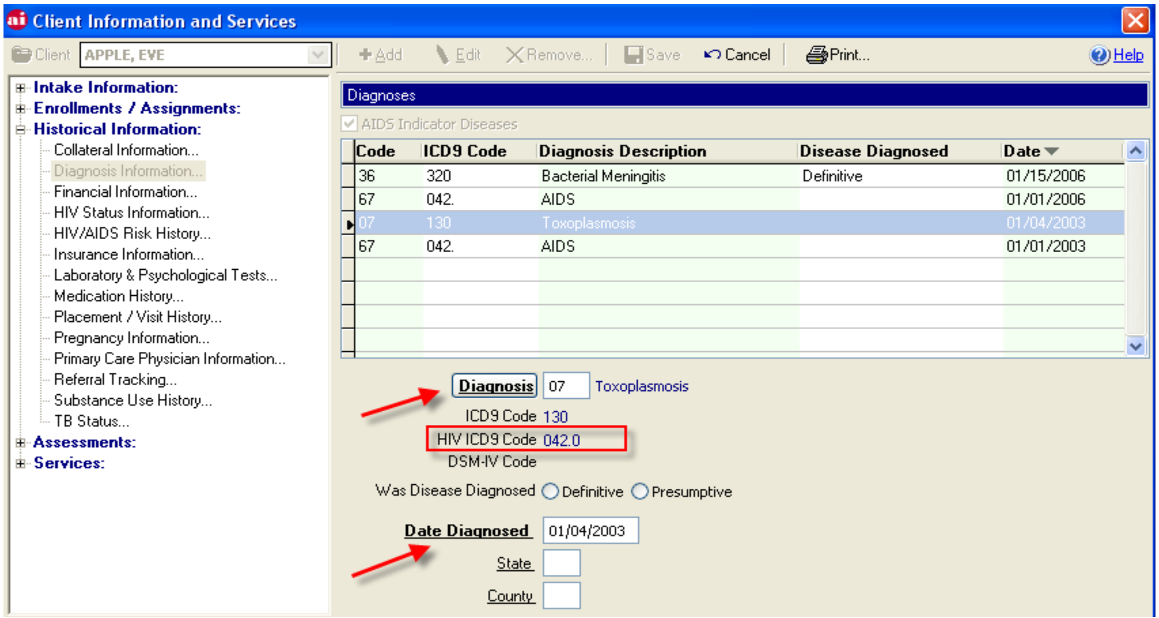


Figure 39

Clients & Services module – Historical Information – Diagnosis Information

b. CD4 Test: Enter the CD4 Test and Result.

i. If the value is less than 200, enter the ***HIV-Positive, CDC- Defined AIDS*** (code **10**) status in the client's **HIV Status Information** screen.

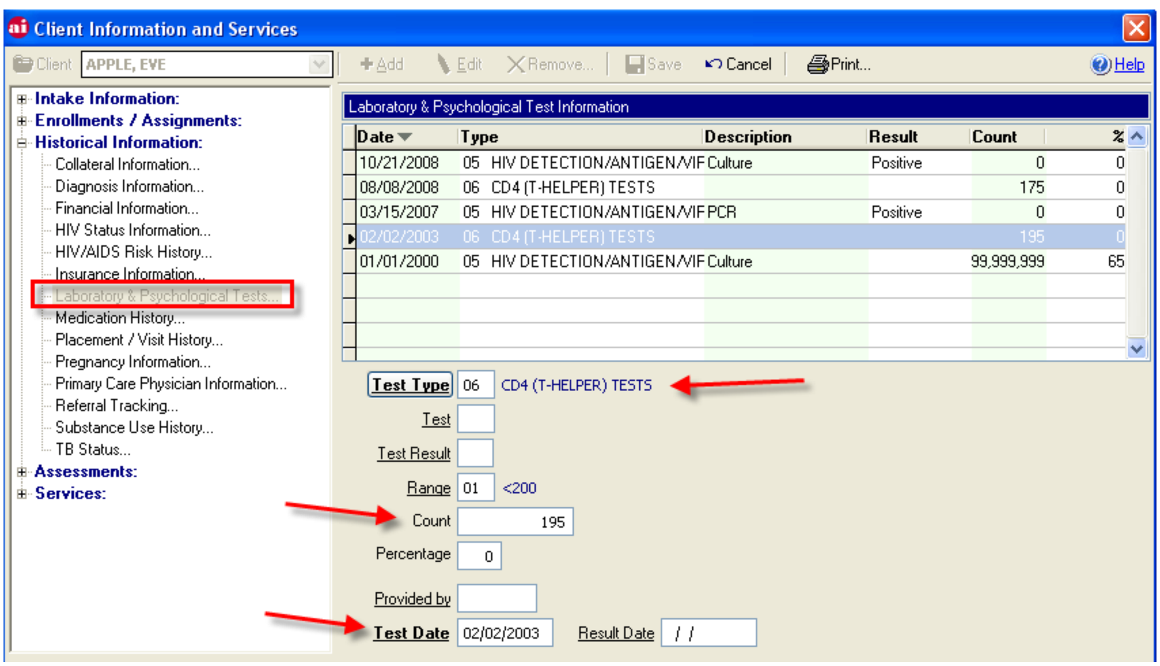


Figure 40

Clients & Services module – Historical Information – Laboratory & Psychological Tests

Q50—Number of HIV+ clients who have died during the reporting year

The RDR retrieves this information from the client status records. In order to have this information tabulated correctly by the RDR, be sure to close the client at the agency level by updating the client's agency status in the **Status Changes** screen.

- The *Reason for Closure* is "Death".

- The *Date of Death* also needs to be entered.

    - If your agency does not know the client's *Date of Death*, you should enter an approximate date of death. This would be preferable to leaving the date blank.

    - Although clients can be closed at the program level due to death, unless the client is also closed at the agency level, he/she will be excluded from the RDR tabulation for this question.

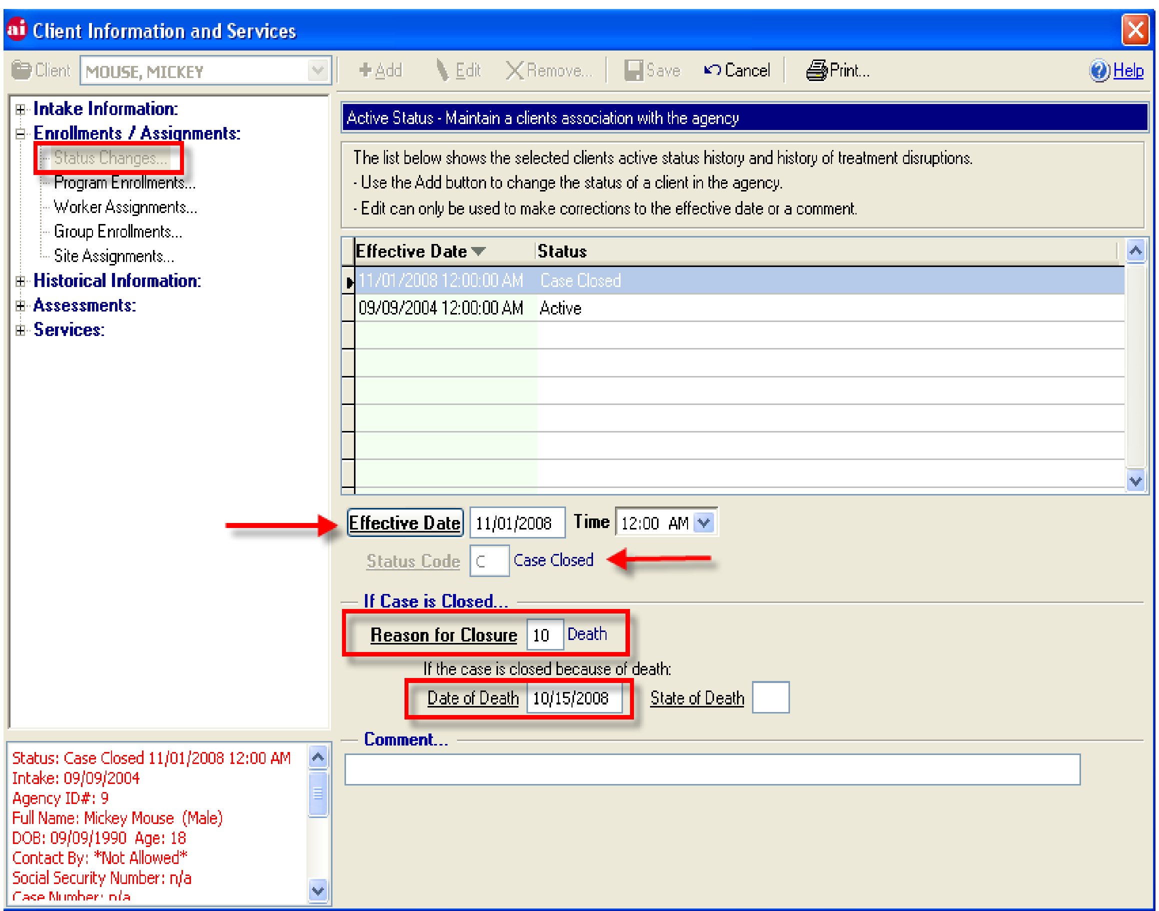


Figure 41

Clients & Services module – Enrollments/Assignments – Status Changes

Q51—Number of clients on different types of ARV therapy

The RDR uses clients' **Medication History** to tabulate the count for this question. In order to accurately reflect the client's ARV therapy status, every client who receives medical services during the year MUST have at least one medication history record with the ARV therapy information completed and the date the client began and ended ARV therapy (if applicable).

- At a minimum, the client **Medications History** in the AIRS should be reviewed annually and updated to reflect current ARV therapy status for each client.

- If the client's ARV therapy status changes during the course of the year, you will need to 1) enter the *ARV End Date* for the current ARV therapy and then 2) add a new record to reflect the client's new ARV therapy.
  - For example, let's say a client changes from "NOT on ARV therapy" to "HAART." In this case**,** enter the last known date that the client was not on any ARV therapy in the current record and add a new record with the date the client started on HAART.

- **NOTE: The *ARV Start Date* and *ARV End Date* are considered in the RDR. The *Continuation of a prior ARV Therapy* flag is not being considered in the RDR although it is being considered in the RSR with a 2-Year "look-back" from the *Date Verified*. Therefore, your agency should use it to track the client's therapy.**

- Clients who have no **Medications History** records entered or have no **active** *ARV Therapy* information entered are counted in the "Unknown/unreported" category.

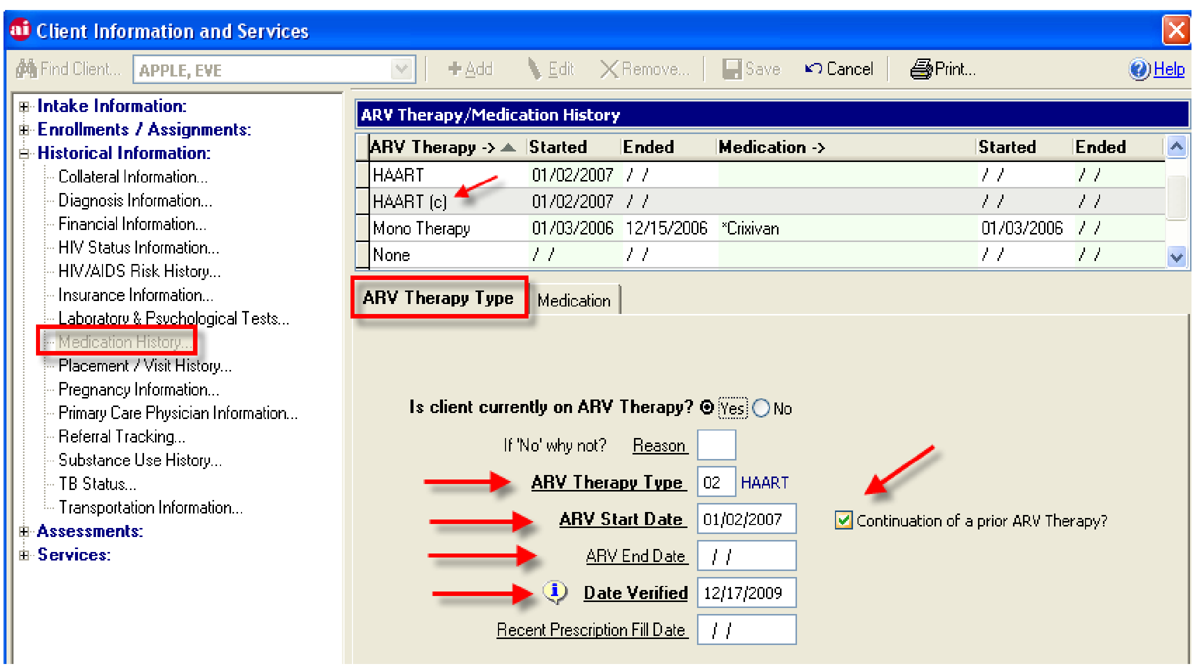


Figure 42

Clients & Services module – Historical Information – Medication History

Q52—Number of women who received a pelvic examination and cervical pap test during the reporting period

To be compliant with the current clinical guidelines, all females ages 18 or older, regardless of sexual activity, should have an annual pelvic exam with a **cervical** pap test**.** Annual pelvic exams with cervical pap tests are also clinically indicated for female clients younger than 18 who are sexually active**.** Screenings may be more frequent, if clinically indicated. The correct encounters as well as their underlying services need to be selected and entered for each instance where a pelvic with cervical pap test is provided to a client.

The data for items in Q52 are drawn from the data entered for the clients in the **Services Form.**

The total unduplicated client count will include clients with Services mapped to RDR Question 52 ***or*** **have a *Pap Smear* test entered in the "Laboratory & Psychological Tests" form** during the reporting period.

- *SERVICE Method:*
  Although the specific encounter codes will vary depending on your program, providing any one of the following Services (with the **code**) will add the client to this count.

  - ***GYN: Pelvic Exam and Pap Smear*** **(289)**
  - ***GYN: Pelvic Exam with Pap Smear*** **(290)**
  - ***Pap Smear*** (**606** converted from URS but is not active in AIRS)
  - ***Pelvic Exam With Pap Smear*** **(622)** - *Note:* Currently, the Primary Care Encounter 343 (Initial Visit (General)) and Encounter 244 (Interim Visit (General) are not mapped to Q52 and therefore will not be included in the RDR. This will be reviewed and probably changed to be included.

  - If you look at the "AIRS Encounters and Services Listing" report you can see all the Services associated with the RDR2 category of 52 that correspond to each Encounter/Service combo.

  - Also see the **RDRSetion5-2010-SerciceMappings.pdf** from www.airsny.org where the Services mapped to the RDR2 Category 52 are grouped.

- ***LAB TEST Method*:**
  Enter the *Pap Smear* (code =PS) into the "Laboratory & Psychological Tests" form.

Q53A--53E—Pregnancy

A current **Pregnancy Information** record must be entered into AIRS for All HIV+ female clients who:

- Received at least one medical service during the year even if it precedes the start of the pregnancy, and who are pregnant at ANY time during the reporting year (regardless of outcome).
- Received pre-natal services in your program.
- Were referred to another program within your agency for pre-natal services.
- Were referred to a program outside of your agency for pre-natal services.
- Will be terminating her care with your program, but has indicated she is pregnant.

Remember: A new **Pregnancy Information** record must be entered for EACH pregnancy.

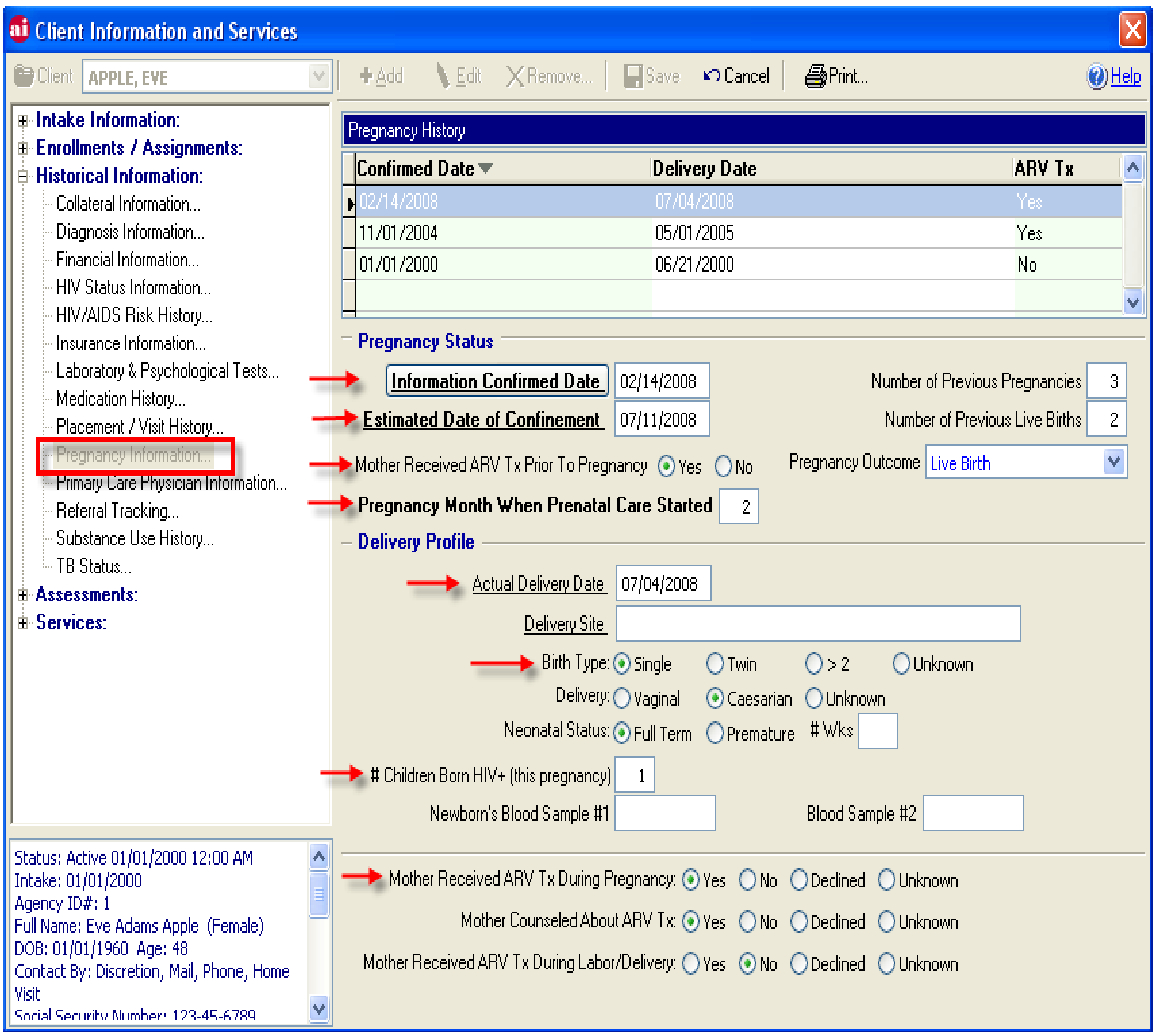


Figure 43

Clients & Services module – Historical Information – Pregnancy Information

- **Q53a – *HIV+ Pregnant Women:***
  - AIRS determines whether the client was pregnant at any time during the reporting period using the available entered dates (*Actual Delivery Date*, *Estimated Date of Confinement,* and/or *Information Confirmed Date*).

- **Q53b – *Trimester of Prenatal Care:***
  - If there is a number entered in the *Pregnancy Month When Prenatal Care Started* field, it will be used.
  - If the *Pregnancy Month When Prenatal Care Started* field is not entered, AIRS will look for the *Actual Delivery Date* and subtract 9 months to determine the category.
    - If the *Actual Delivery Date* is not entered, URS will subtract 9 months from the *Estimated Date of Confinement* to determine the category.

- **Q53c – *Those who Received ARV Medications:***
  - Client will be counted if they have entered "Yes" for either:
    - *Mother Received ARV Tx Prior to Pregnancy* OR
    - *Mother Received ARV Tx during Pregnancy*

- **Q53d – *Number of Infants Delivered:***
  - Uses the "*Birth Type*" field where AIRS will count 3 for the "*>2*" entry and 1 for "*Unknown*".

- **Q53e – *HIV Status of Infants Delivered:***
  - Uses the *"# Children Born HIV+ (this pregnancy)*" field.

Q54—Quality Management Program

Go to the Agency Module, select the RDR option, and click on the **RDR Service Information Form**.

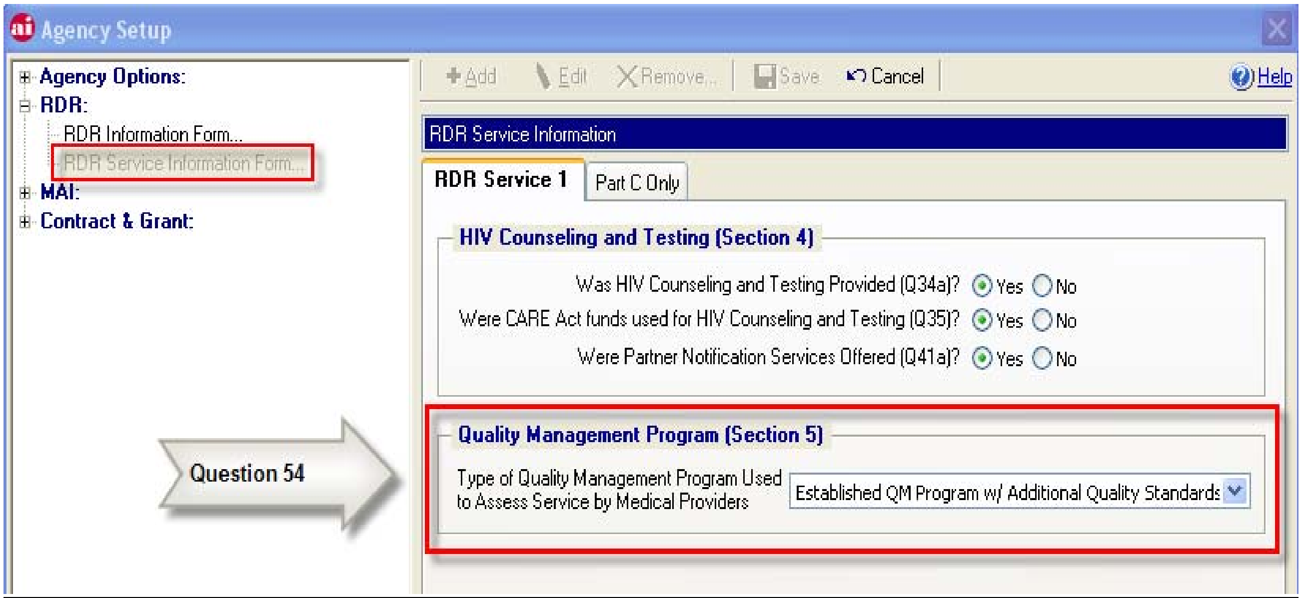


Figure 44

Agency module – RDR – RDR Service Information Form – *RDR Service 1 tab*

***SECTION 6*: DEMOGRAPHIC DATA FOR PARTS C & D**

Section 6.1 (Part C Information)

The client counts are based on services rendered within the reporting period in Programs that are identified as being Ryan White Eligible with Funding by Part C.

Q55a—Total Unduplicated Clients

HIV+ or indeterminate clients (See pages 11 -13) in a Part C Program(s) that received at least 1 RDR-mapped Encounter/Service in the period. See Section 3 discussion on Encounter/Service mappings.

Q55b—Total New Clients

Of the clients reported in Question 55a, AIRS is counting those with Program Enrollment *Start Dates* within the reporting period. See discussion of Programs in Question 23.

Q56—Gender

Genders (from Intake) of HIV+ or indeterminate clients in Part C Program(s) that receive Encounter/Services in the period.

Q57—Age

Ages (from *DOB* of Intake) of HIV+ or indeterminate clients in Part C Program(s) that receive Encounters/Services in the period.

Q58—Race and Ethnicity

Race/Ethnicity of HIV+ or indeterminate clients in Part C Program(s) that receive Encounter/Services in the period.

Q59a—Race, Gender, and Age of Hispanic Clients

Demographics of HIV+ or indeterminate clients in Part C Program(s) that receive Encounter/Services in the period.

Q59b—Race, Gender, and Age of Non-Hispanic Clients

Demographics of HIV+ or indeterminate clients in Part C Program(s) that receive Encounter/Services in the period.

Q60a—HIV Exposure (Risk) Category, Gender, and Race of Hispanic Clients

Ryan White HIV/AIDS Risk Category and client demographics of HIV+ or HIV-indeterminate clients in Part C Program(s) that receive Encounter/Services in the period.

Q60b—HIV Exposure (Risk) Category, Gender, and Race of Non-Hispanic Clients

Ryan White HIV/AIDS Risk Category and client demographics of HIV+ or HIV-indeterminate clients in Part C Program(s) that receive Encounter/Services in the period.

Q61—HIV Exposure (Risk) Category, Gender, and Age

Ryan White HIV/AIDS Risk Category and client demographics of HIV+ or HIV-indeterminate clients in Part C Program(s) that receive Encounter/Services in the period.

Q62—Cost and Revenue

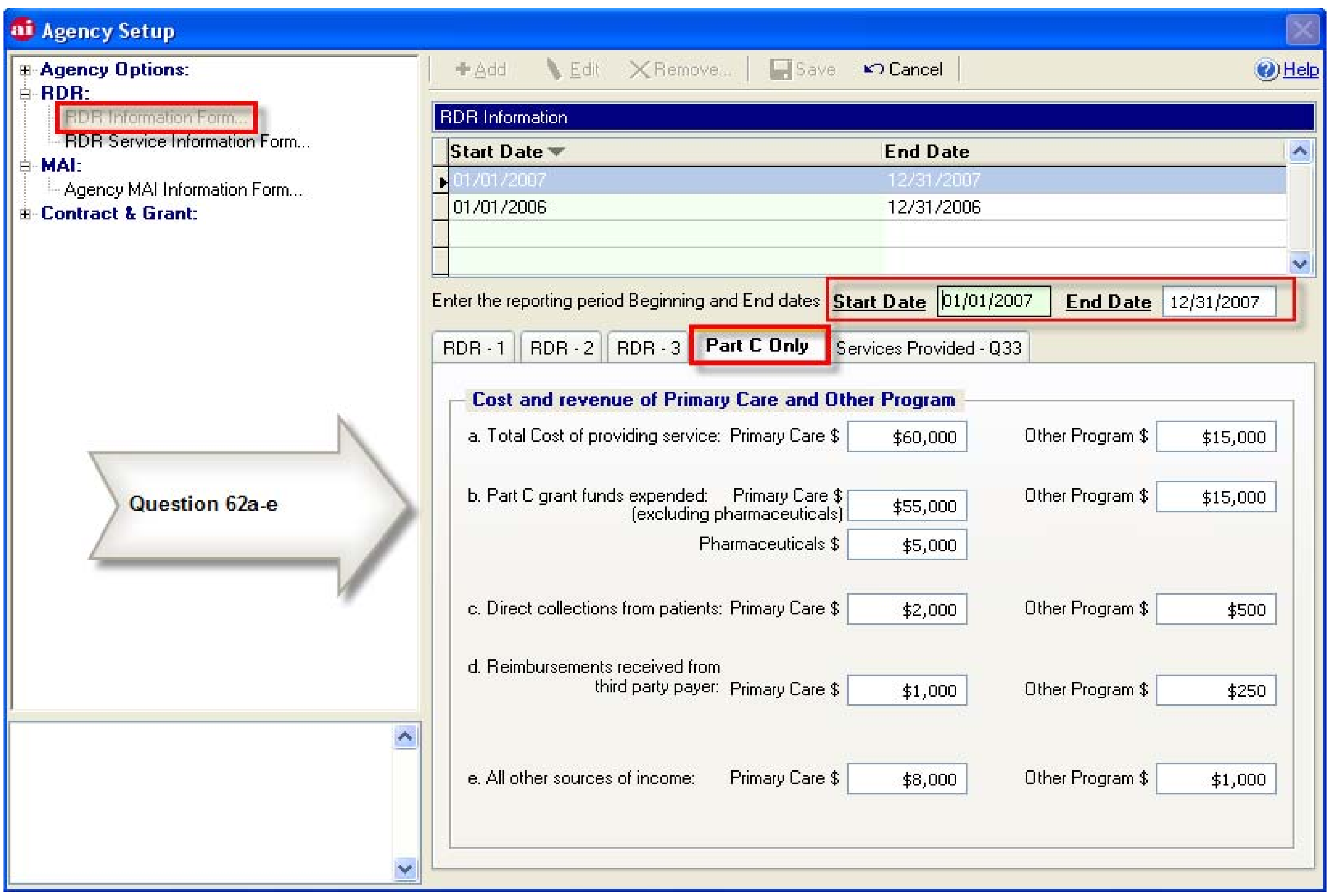


Figure 45

Agency module – RDR – RDR Information Form – *Part C Only tab*

Q63—EIIS Services Provided At More Than 1 Site?

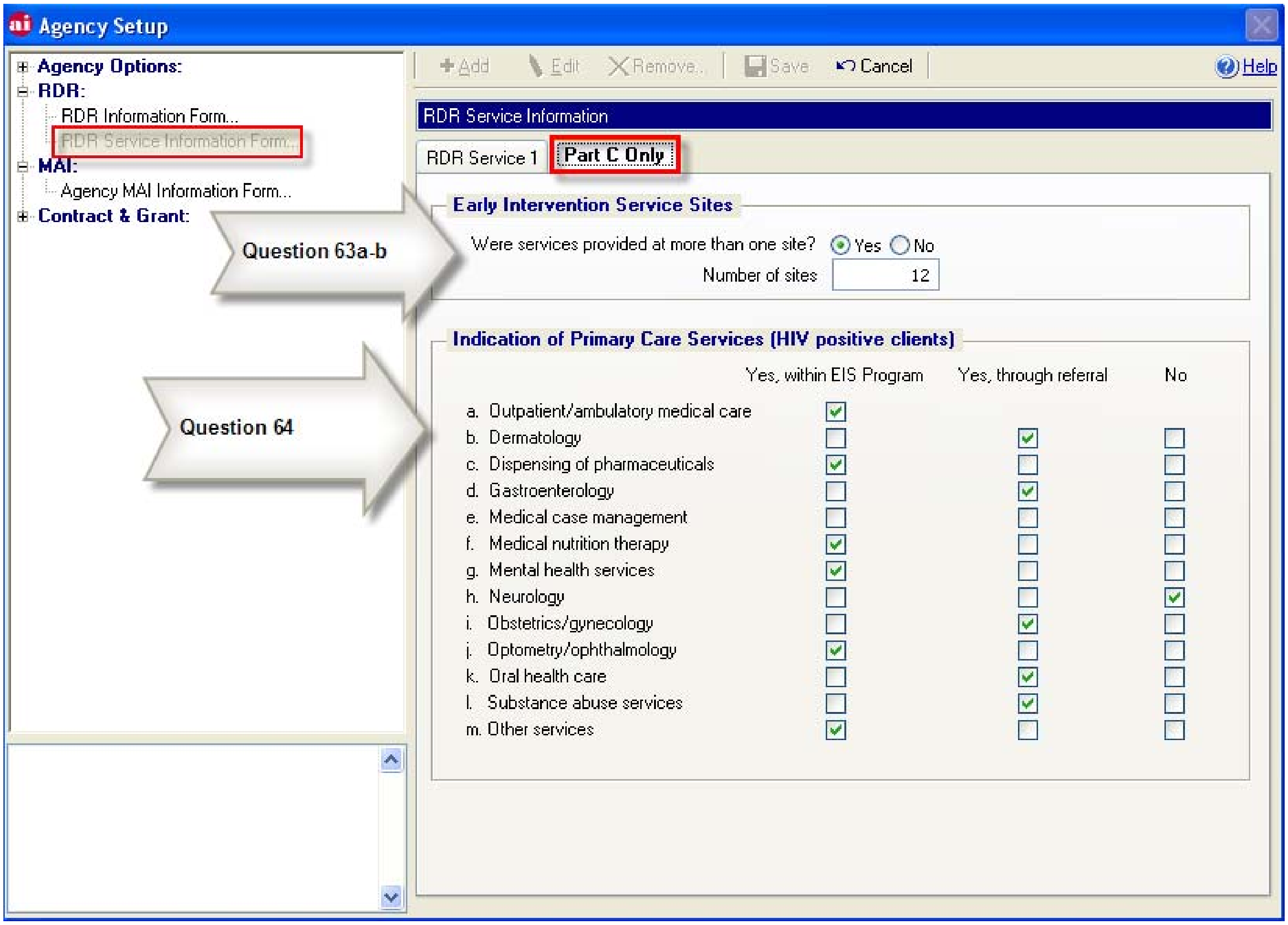


Figure 46

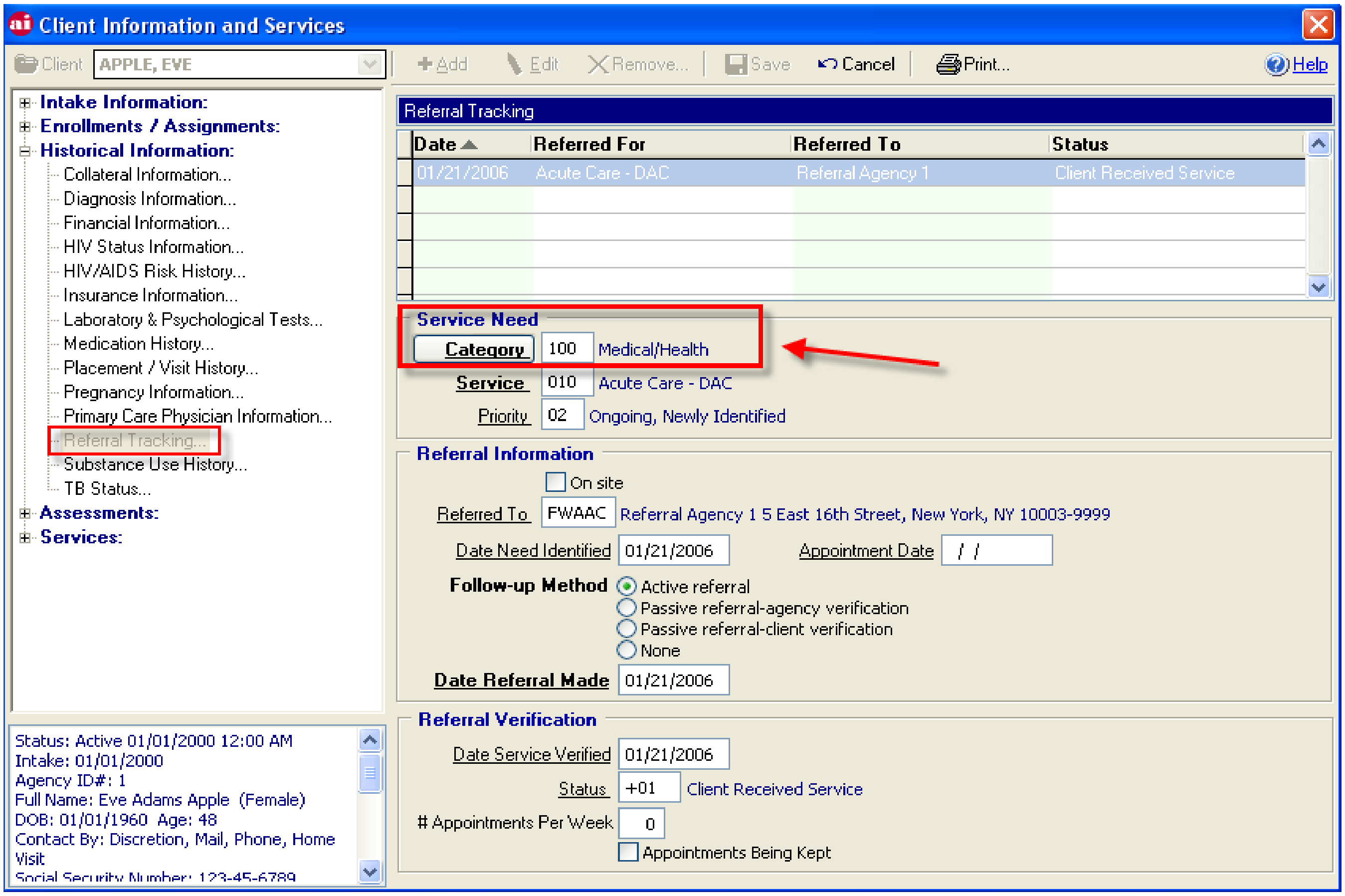
Agency module – RDR – RDR Service Information Form – *Part C Only tab*

Q64—Services That Were Made Available

See Figure 46.

Q65—How Many Clients Were Referred Outside The EIS Program

HIV+ clients in a Part C Program(s) that receive Encounter/Services in the period who have been referred out to the Referral “Service Needs Category” with codes that equal 100 or 110.



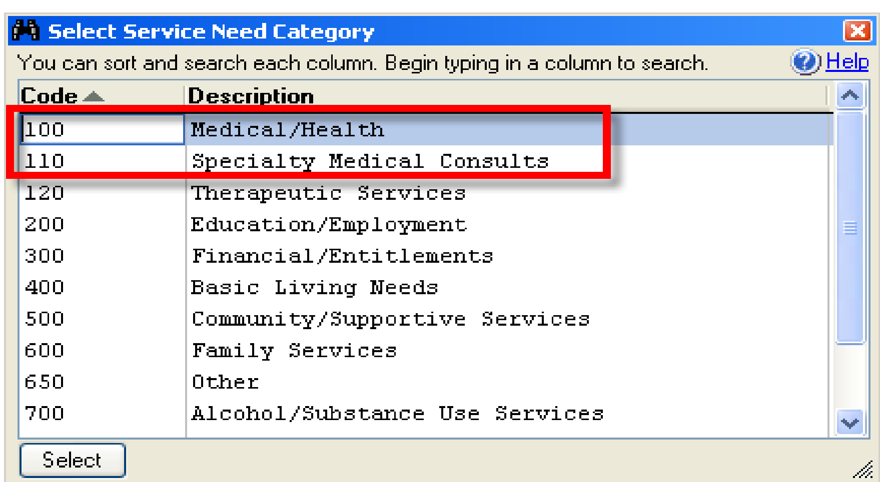


Figure 47

Clients & Services module – Historical Information – Referral Tracking

Section 6.2 (Part D Information)

The client counts are based on services rendered in Programs that are identified as being Ryan White Eligible with Funding by Part D.

Q66—Total Unduplicated Clients

HIV-Positive, HIV-Indeterminate, and HIV-Negative/Unknown clients in Part D Program(s) that receive Encounter/Services in the period.

Q67—Total New Clients

New HIV-Positive, HIV-Indeterminate, and HIV-Negative/Unknown clients in Part D Program(s) that receive Encounter/Services in the period.

Q68—Gender

Genders of HIV-Positive/Indeterminate and HIV-affected clients in Part D Program(s) that receive Encounter/Services in the period.

Q69—Age

Ages of HIV-Positive/Indeterminate and HIV-affected clients in Part D Program(s) that receive Encounter/Services in the period.

Q70a—Race and Ethnicity for HIV-positive/indeterminate clients

Race and Ethnicity of HIV-Positive/Indeterminate clients in Part D Program(s) that receive Encounter/Services in the period.

Q70b—Race and Ethnicity for HIV-affected clients

Race and Ethnicity of HIV-affected clients in Part D Program(s) that receive Encounter/Services in the period.

Q71—Gender, HIV Status, and Age

Gender and *Age* demographics of HIV-Positive/Indeterminate, and HIV-Negative/Unknown clients in Part D Program(s) that receive Encounter/Services in the period.

Q72a—Race, HIV Status, and Age for Hispanic clients

Race and *Age* demographics of HIV-Positive/Indeterminate and HIV-Negative/Unknown clients in Part D Program(s) that receive Encounter/Services in the period.

Q72b—Race, HIV Status, and Age for Non-Hispanic clients

Race and *Age* demographics of HIV-Positive/Indeterminate and HIV-Negative/Unknown clients in Part D Program(s) that receive Encounter/Services in the period.

Q73—HIV Exposure (Risk) Category and Age for HIV-Positive or Indeterminate clients

Ryan White HIV/AIDS Risk Category and *Age* demographics of the HIV-Positive or Indeterminate clients in Part D Program(s) that receive Encounter/Services in the period.