



Getting Ready for the RSR

Introduction & Overview

Presented by





What is the RSR???

The Ryan White HIV/AIDS Program Services Report

- Required of all Ryan White HIV/AIDS Program Funded Grantees Parts A, B, C, D
- Data Collection *began* January 2011
- Report due to AIDS Institute January 2012!



The Ryan White HIV/AIDS Program Services Report

Why the Change?

Aggregate Data (RDR) → Client Level Data (RSR)

- Reauthorization of Ryan White included requirements for accountability from Congress
- Provides HRSA with more detail on quality of care and use of RW funds
- Allows HRSA more analytic capacity on service type, volume, location
- NOTE: the RDR (aggregate data) is NOT REQUIRED for 2011!



The Ryan White HIV/AIDS Program Services Report

What is Included?

- The Grantee Report: Information regarding the recipient of the funds. This can be New York State (Part B); New York City (Part A); or an individual provider that is directly funded (Part C)
- The Provider Report: Information on each provider receiving a subcontract from the major grantees such as NYS (all of our Part B providers and contractors)
- The Client Level Data (CLD): Information from each provider listed on the clients served in their Ryan White funded programs.



The Ryan White HIV/AIDS Program Services Report

What is Included?

- Grantee Report: Completed for each grant recipient (A,B,C,D)
- Includes detail on grantee, contact, services delivered, any subcontracts
- If subcontracts included, must list services delivered under subcontract



The Ryan White HIV/AIDS Program Services Report

PROVIDER FORM

- Each funded provider (e.g. all AIDS Institute RW Part B Contractors) completes a Provider Form
- Very similar to Section 1 of the RDR, plus CTR data
- Generated from the RDR/RSR setup screens in the AIRS Agency Module



The Ryan White HIV/AIDS Program Services Report

RDR/RSR setup information can be found under the AGENCY menu

BE SURE TO COMPLETE ALL TABS, AND “ADD” NEW INFORMATION FOR 2011!

The screenshot shows the 'Agency Setup' window with the following sections:

- Agency Options:** Agency Information, Program Information, Site Information, Staff Information, Referral Library, Group Setups, Counseling And Testing Setup.
- RDR:** RDR/RSR Information Form..., RDR/RSR Service Information Form...
- MAI:**
- Contract & Grant:**

RDR/RSR Information

Start Date	End Date
01/01/2001	12/31/2007

Enter the reporting period Beginning and End dates Start Date 01/01/2001 End Date 12/31/2007

RDR - 1 | RDR - 2 | RDR - 3 | Part C Only | Services Provided - Q33

Staffing

Total Paid Staff in FTEs, funded by any Title of the CARE Act FTEs exist-number is entered below

Actual Number of Paid Staff in Full-time Equivalents 987.6

Total Volunteers in FTEs, dedicated to HIV care FTEs exist-number is entered below

Actual Number of Volunteers in Full-time Equivalents 123.4

Person Completing this form

Name Dudley DoRight II

Phone (212) 555-1212

E-Mail dd@doright.com



The Ryan White HIV/AIDS Program Services Report

- The CLIENT LEVEL DATA (CLD) is generated from intakes, histories, and services entered into the AIRS database
- It includes demographics, service data and clinical status measures
- Medical Clients require the greatest level of detail and follow up.
- The CLD contains a record for each client served and is formatted in XML for electronic submission (no web entry)
- Each client is assigned a Unique Client Identifier (similar to the URN) by the AIRS system. This is used by HRSA for unduplication.



The Ryan White HIV/AIDS Program Services Report

So ...

How do I prepare for the RSR???



The Ryan White HIV/AIDS Program Services Report

What does my agency need to do???

Agency Information- Make sure everything is up to date!

Agency Information

Name AIRS Test System
- Round 1

Agency ID 1234567890

Federal ID# 98-7654321

DUNS ID# 122334455

Street 15 East 16th Street
6th Floor

Zip Code 10003- City New York State NY

Phone (212) 727-8342 Fax (212) 727-9639

Contact Information

Name Mary Ford

Title AIRS System Administrator

Phone (212) 727-8342 Fax (212) 727-8639

Email ursinfo@defran.com

RDR Information

Reg. Code 12345 Zip code of Agency's principal service location 10003 Total Number of Sites for the Agency 999

Provider Type 04 Other community-based servik

Ownership Status 05 Private, for-profit

Minority group members > 50% of the board

Minority group members > 50% of the staff members in HIV direct services

Solo or group private health care practice > 50% of the clinicians are minority members

Traditional provider historically served minority patient / clients but not meeting criteria above

Other type of Facility

Information will be used for the Provider Report this year!



The Ryan White HIV/AIDS Program Services Report

What does my agency need to do???

- RDR/RSR Information Form
- RDR/RSR Service Information Form
- ✓ Make sure all information is entered accurately for **2011**

Agency Setup

Agency Options:
Agency Information
Program Information
Site Information
Staff Information
Referral Library
Group Setups
Counseling And Testing Setup

RDR:
RDR/RSR Information Form...
RDR/RSR Service Information Form...

MAI:
Contract & Grant:

RDR/RSR Information

Start Date	End Date
01/01/2001	12/31/2007

Enter the reporting period Beginning and End dates Start Date 01/01/2001 End Date 12/31/2007

RDR - 1 | RDR - 2 | RDR - 3 | Part C Only | Services Provided - Q33

Staffing

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The Ryan White HIV/AIDS Program Services Report

What does my agency need to do???

➤ Programs Setup Screen

✓ Review Program Setup- Make sure Ryan White Programs are correctly indicated! Any Non-RW Programs are also properly identified.

The screenshot shows the 'Agency Setup' application window. The left sidebar contains a tree view of 'Agency Options' including Agency Information, Program Information, Site Information, Staff Information, Referral Library, Group Setups, Counseling And Testing Setup, RDR, MAI, and Contract & Grant. The main area displays the 'Programs Setup' form for a selected program (Code FWAAC, Name 2 Primary Care Program). The form includes fields for Status (Active/Inactive), System Generated Code (FWAAC), Agency Defined Code, Name (2 Primary Care Program), Agency (FWAAB), Type, Eligibility Type (01 Ryan White), Funding Type (03 Part C), PEMS/CTR Information, and Service Categories Operated by this Program (Primary Care).

Code	Program Name
FWAAB	1 COBRA Case Management Prog
FWAAM	10 MAI Title I Program
FWAAN	11 CM Prog - No Enrollment Req
FWAAC	2 Primary Care Program
FWAAD	3 ETO Program
FWAAE	4 Syringe Exchange



The Ryan White HIV/AIDS Program Services Report

- RSR COMPLETENESS REPORTS
- RSR Client List
- Listing of all clients that will be represented in the export to HRSA

Date: 11/07/2011
Time: 04:29
Version: 8.7.575
Version Date: 09/12/2011

AIRS Test System from URS Conv
AIRS - AIDS Institute Reporting System
RSR CLIENT LIST
01/01/2011 to 12/31/2011

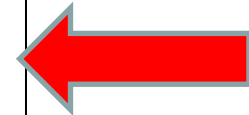
Page: 1

Selection Criteria: All Funding Types

Client Name	Client ID	Case Number	Gender	HIV Status	Medical?
BOND, JAMES	2		Male	HIV-Positive, AIDS Status Unkn	Y
Boy, Tom	709		Male	HIV-Infected (Pediatric)	Y
Risks, Rita	706		Trnsgndr-Id as...	HIV-Positive, AIDS Status Unkn	N
Slipper, Lady	W562562		Trnsgndr-Id as...	HIV-Positive, Not AIDS	Y

Reportable Clients: 4

Note: An underlined "Client Name" indicates that there is a problem with that client's date of birth.





The Ryan White HIV/AIDS Program Services Report

- RSR COMPLETENESS REPORTS
- RSR Client Detail Report
- How each client's information will be reported

Date: 11/07/2011 Time: 04:40	AIRS Test System from URS Conv AIRS - AIDS Institute Reporting System RSR CLIENT DEMOGRAPHICS (Questions 1-15)	Page: 1
Version: 8.7.575 Version Date: 09/12/2011		
Selection Criteria: All		
Client: BOND, JAMES		Reporting Period: 01/01/2011 to 12/31/2011
<hr/>		
1. Date of client's first service visit at this provider's agency.	02/02/2000	
2. The client's vital enrollment status at the end of this reporting period.	Active, continuing in program	
3. If "Deceased" in Q2, client's Date of Death.		
4. Client's year of birth.	1955	
5. Client's ethnicity.	Non-Hispanic/Latino	
6. Client's race.	Black or African American	
7. Client's current gender.	Male	
8. If "Transgender" in Q7, client's current transgender.		



The Ryan White HIV/AIDS Program Services Report

Check Intake & Services data for RW Clients for completeness

Ethnicity and Race (Some Other Race = Unknown)

Intake and Personal Information

Identification **More Details** | Other Information | Agency Defined | Enrollment | Comments

Ethnicity & Race

Ethnicity Non-Hispanic Hispanic [Hispanic Details](#)

Race White [Details](#) Eastern Europe/Russia

Black / African American [Details](#)

Asian [Details](#)

American Indian or Alaska native

Native Hawaiian / Pacific Islander Some Other Race

Insurance

Status: Known Unknown / Unreported No Insurance MEDICAID # ✓

Insurance Information...

This information may be required to complete the agency intake process for a new client.

Citizenship

Status: U.S. Other Unknown If 'Other'

DSS/HASA Information

Code Name

Phone # () - Local Office/District Unit

Referred By

Referral Source [Community Health Center](#) [Organization](#)

Type of Referral Source: In House External [Contact](#)



The Ryan White HIV/AIDS Program Services Report

➤ Check Agency Intake, Historical Information, & Services data for RW Clients for completeness

✓ Household Data/ Household Size and household income

Intake and Personal Information

Identification | More Details | Other Information | Agency Defined | Enrollment | Comments

Intake Date: 04/04/2010 Incomplete Agency Intake Client ID: W562562

Identification

This client is Anonymous SSN: -- Case #:

Last Name: Slipper Gender: 12 Trnsgrndr-Id as Female
First Name: Lady Primary Language: 01 English
Middle Name: Secondary Language:
AKA: Marital Status:
DOB: 11/12/1966 Age at Intake: 43 Religion:
Current Age: 44

Address & Contact

Street: Daytime Phone: () -
 Evening: () -
Zip Code: 11976-
City: Water Mill State: NY
County: Suffolk

This person can be contacted (check all that apply)...
 Discretion By Mail
 Home Visit By Phone

Living Situation

Head of Household?
Dependent Children living with client?
Is client inadequately housed?

Housing: 12 With Relations / Friends
 Chronic Homelessness (as defined by HUD)

Household Data

Client Refused to answer
Household size: 3
Total annual household income: 23,760



The Ryan White HIV/AIDS Program Services Report

➤ Check Agency Intake, Historical Information, & Services data for RW Clients for completeness

✓ Household Data/ Household Size and household income

In v8.8
Household Data will
updated in
Financial Information

Financial Information			
Date	Refused	Household size	Annual household income
01/06/2011	No	1	15,000
01/01/2010	No	0	0

Last Verified: Never Verify Add new or Verify by: 07/06/2011

Date of Assessment		Household Data	
01/06/2011		Client Refused to answer <input type="checkbox"/>	% of Federal Poverty Level (FPL) - 138 Category - 2
		Household size 1	Categories are... (1) 0 - 100% of FPL (4) > 300% of FPL
		Total annual household income 15,000	(2) 101 - 200% of FPL (5) Unknown
			(3) 201 - 300% of FPL

Finance		Life Insurance	
Checking Account Balance \$	\$0.00	Life Insurance <input type="checkbox"/>	
Saving Account Balance \$	\$0.00	Amount \$	\$0.00
CD's \$	\$0.00	Rent	
IRA \$	\$0.00	Monthly Rent \$	\$0.00
Other Assets \$	\$0.00	Rent Arrears \$	\$0.00
Monthly Income \$	\$0.00	Name On Lease	

Status		Other	
<input type="checkbox"/> Working	Date Last Worked //	VA Benefits <input type="checkbox"/>	
<input type="checkbox"/> Monitor	Date Last Monitored //	Means Of Support <input type="checkbox"/>	

Remarks...



The Ryan White HIV/AIDS Program Services Report

➤ Check Agency Intake, Historical Information, & Services data for RW Clients for completeness

✓ Living Situation/Housing

Intake and Personal Information	
Identification More Details Other Information Agency Defined Enrollment Comments	
Intake Date: 04/04/2010	<input type="checkbox"/> Incomplete Agency Intake
Client ID: W562562	
Identification	
<input type="checkbox"/> This client is Anonymous	SSN: - - ✓
Case #: <input type="text"/>	
Last Name: Slipper	Gender: 12 Trnsgndr-Id as Female
First Name: Lady	Primary Language: 01 English
Middle Name: <input type="text"/>	Secondary Language: <input type="text"/>
AKA: <input type="text"/>	Marital Status: <input type="text"/>
DOB: 11/12/1966	Religion: <input type="text"/>
Age at Intake: 43 Current Age: 45	
Address & Contact	
Street: 1507 W 30th Street	Daytime Phone: (212) 727-8342
Apt 2E	Evening: () -
Zip Code: 10017-	This person can be contacted (check all that apply)... <input type="checkbox"/> Discretion <input type="checkbox"/> By Mail <input type="checkbox"/> Home Visit <input type="checkbox"/> By Phone
City: New York	
State: NY	
County: New York	
Living Situation	
Head of Household?	Yes
Dependent Children living with client?	No
Is client inadequately housed?	Yes
Housing: 10	Permanent Housing - Rental
<input type="checkbox"/> Chronic Homelessness (as defined by HUD)	
Household Data	
<input type="checkbox"/> Client Refused to answer	
Household size:	1
Total annual household income:	15,000



The Ryan White HIV/AIDS Program Services Report

- Check Agency Intake, Historical Information, & Services data for RW Clients for completeness
- ✓ Living Situation/Housing – v8.8 Housing Information Screen!

Housing Information	
Effective Date ▼	Housing
01/06/2011	Permanent Housing - Rental
04/04/2010	Transitional Housing

Verify that the information below is correct...

Last Verified: Never Verify ⓘ Add new or Verify by: 01/06/2012

Effective Date: 01/06/2011

Head of Household? Yes ▼

Dependent Children living with client? No ▼

Is client inadequately housed? No ▼

Housing: 10 Permanent Housing - Rental

Chronic Homelessness (as defined by HUD)

Comment...



The Ryan White HIV/AIDS Program Services Report

RSR Client Assessment Analysis Outpatient Ambulatory Service Providers

RSR Client Assessment/Analysis
Client: Slipper, Lady ...

Reporting Period: 01/01/2011 to 12/31/2011

Core Services provided during this reporting period...
Yes, 1 visits provided. View...

Client Clinical Data and Assessment

<p>46. HIV Risk Reduction Screening/Counseling provided? No information found...</p> <p><input type="radio"/> No <input checked="" type="radio"/> Unknown</p>	<p>52. Client prescribed HAART during this report period... No information found...</p> <p><input type="radio"/> No <input type="radio"/> Not medically indicated <input type="radio"/> Clinical determination that client not ready <input type="radio"/> Client refused <input type="radio"/> Intolerance, side effects or toxicity noted <input type="radio"/> HAART Payment Assistance unavailable <input type="radio"/> Not prescribed, reason not listed <input checked="" type="radio"/> Unknown</p>
<p>47. Date of first Outpatient Ambulatory Care Visit at this provider: Earliest service date:05/02/2010</p>	<p>53. Client screened for TB during this report period... No information found...</p> <p><input type="radio"/> No <input checked="" type="radio"/> Not medically indicated <input type="radio"/> Unknown</p>
<p>48. Dates of all Outpatient Ambulatory Care Visits during report period... Yes, 1 visits provided.</p>	<p>54. If response to Q.53 is 'No' or 'Not medically indicated' Has Client been screened for TB since date of HIV diagnosis? <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Not medically indicated <input type="radio"/> Unknown</p>
<p>49. CD4 Counts with Date for this report period... No information found...</p>	<p>55. Client screened for Syphilis during this report period... No information found...</p> <p><input type="radio"/> No <input type="radio"/> Not medically indicated <input checked="" type="radio"/> Unknown</p>
<p>50. Viral Load Counts with Date for this report period... No information found...</p>	
<p>51. Client prescribed PCP Prophylaxis during this report period... No information found...</p> <p><input checked="" type="radio"/> No <input type="radio"/> Not medically indicated <input type="radio"/> Client refused <input type="radio"/> Unknown</p>	

[Next](#)

Check number of visits for accuracy!



The Ryan White HIV/AIDS Program Services Report

RSR Client Assessment Analysis Outpatient Ambulatory Service Providers

RSR Client Assessment/Analysis

Client: Slipper, Lady ...

Reporting Period: 01/01/2011 to 12/31/2011

Supportive Services provided during this reporting period...
No information found...

52. Client prescribed HAART during this report period...
No information found...
 No Not medically indicated
 Clinical determination that client not ready
 Client refused
 Intolerance, side effects or toxicity noted
 HAART Payment Assistance unavailable
 Not prescribed, reason not listed
 Unknown

53. Client screened for TB during this report period...
No information found...
 No Not medically indicated Unknown

54. If response to Q.53 is "No" or "Not medically indicated"
Has Client been screened for TB since date of HIV diagnosis?
 No Yes Not medically indicated Unknown

55. Client screened for Syphilis during this report period...
No information found...
 No Not medically indicated Unknown

47. Date of first Outpatient Ambulatory Care visit at this provider:
Earliest service date: 05/02/2011

48. Dates of all Outpatient Ambulatory Care visits during this report period...
Yes, 1 visits provided.

49. CD4 Counts with Date for this report period...
No information found...

50. Viral Load Counts with Date for this report period...
No information found...

51. Client prescribed PCP Prophylaxis during this report period...
No information found...
 No Not medically indicated Client refused
 Unknown

Next

Check "Not Medically Indicated" or "No" when applicable



The Ryan White HIV/AIDS Program Services Report

RSR Client Assessment Analysis Outpatient Ambulatory Service Providers

RSR Client Assessment/Analysis

Client: Slipper, Lady ...

Reporting Period: 01/01/2011 to 12/31/2011

Supportive Services provided during this reporting period...
No information found...

52. Client prescribed HAART during this report period...
No information found...
 No Not medically indicated
 Clinical determination that client not ready
 Client refused
 Intolerance, side effects or toxicity noted
 HAART Payment Assistance unavailable
 Not prescribed, reason not listed
 Unknown

53. Client screened for TB during this report period...
No information found...
 No Not medically indicated Unknown

54. If response to Q.53 is 'No' or 'Not medically indicated'
Has Client been screened for TB since date of HIV diagnosis?
 No Yes Not medically indicated Unknown

55. Client screened for Syphilis during this report period...
No information found...
 No Not medically indicated Unknown

47. Date of first Outpatient Ambulatory Care Visit... provider:
Earliest service date: 05/02/2010

48. Dates of all Outpatient Ambulatory Care Visits during report period...
Yes, 1 visits provided.

49. CD4 Counts with Date for this report period...
No information found...

50. Viral Load Counts with Date for this report period...
No information found...

51. Client prescribed PCP Prophylaxis during this report period...
No information found...
 No Not medically indicated Client refused
 Unknown

Pay close attention to "Unknowns"

Next



The Ryan White HIV/AIDS Program Services Report

History Verification Tickler Coming in v8.8!

Client Information and Services
Find Client... **Slipper, Lady** + Add Edit Remove... Save Cancel Print... Help

Intake and Personal Information
Identification | More Details | Other Information | Agency Defined | Enrollment | Comments
Intake Date: 04/04/2010 Incomplete Agency Intake Client ID: W562562

History Verification Tickler

History	Update Frequency	History Record Entered	Last Verified On	Add or Verify By	Note
ARV Therapy	6 mos.	//	//	//	: are on
Financial Information	6 mos.	//	//	//	: are on
HCV Risk History	12 mos.	//	//	//	: are on
HCV Treatment History	12 mo.	//	//	//	: are on
HIV Status History	12 mos.	04/02/2010	//	04/02/2011	⚠
HIV/AIDS Risk History	12 mos.	06/03/2011	//	06/03/2012	✓
Hepatitis Status History	12 mos.	//	//	//	: are on
Housing	12 mos.	04/04/2010	//	04/04/2011	⚠
Insurance History	6 mos.	04/04/2011	//	10/04/2011	⚠
Primary Care Physician Information	6 mos.	04/14/2011	11/04/2011	05/04/2012	✓
Substance Use History	12 mos.	//	//	//	: are on

Status: No history records are on file for this history topic. Print...

Client Status: Active 04/04/2010 12:00 AM
Intake: 04/04/2010
Agency ID#: W562562
Full Name: Lady Slipper (Male)
DOB: 11/12/1966 Current Age: 44
Contact By: *Not Allowed*
Social Security Number: n/a
Case Number: n/a

Head of Household?
Dependent Children living with client?
Is client inadequately housed?
Housing: 03 Transitional Housing
 Chronic Homelessness (as defined by HUD)

Client Refused to answer
Household size: 0
Total annual household income: 0



The Ryan White HIV/AIDS Program Services Report

Data Completeness and Quality Checks

- Did you receive feedback on your interim RSR?
Use report to identify “holes” in Data.
- Clients who receive Medical Care should be reviewed to ensure that information on screenings (TB, STD, Hep etc) are up to date. Use the reports and RSR Completeness Assessment to review data.
- All clients should have complete demographic, risk, income/poverty status, insurance and other intake data



The Ryan White HIV/AIDS Program Services Report

Generating the RSR

Step ONE: The Provider Report

-Make sure the 2012 setup information is correct

-AIDS Institute will be creating off AI Extract data

-Look to www.airсны.org for Announcements



The Ryan White HIV/AIDS Program Services Report

Generating the RSR (Client Level Component)

- In the Extracts section, select RSR export.
- Ensure that file is named correctly
- Upload to www.airsny.org
- Confirm that the AIDS Institute has received reports
- Feedback will be available for reports received timely!
- Timelines forthcoming!



The Ryan White HIV/AIDS Program Services Report

What resources/support do I have available to me?

<http://www.airsny.org/RSR.html>

AIDS Institute Website with RSR Information/Downloads

<http://careacttarget.org/rsr.asp>

The RSR website from HRSA

<http://www.ds2kplus.org/Sites/RWTTA/Default.aspx?pid=858>

The RSR Discussion Board



The Ryan White HIV/AIDS Program Services Report

Questions?