



GUIDE To The RSR
(Ryan White HIV/AIDS Services Report)
January 12, 2024

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

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INTRODUCTION

Health Resources and Services Administration (HRSA) is responsible for the:

- Administration and allocation of funds,
- Evaluation of programs for the population served, and
- Improvement of the quality of care for all Ryan White HIV/AIDS Program 'Parts' funded under the "Ryan White HIV/AIDS Treatment Modernization Act".

Accurate records of the clients and services rendered continue to be critical to the:

- Implementation of legislation and
- Necessary for HRSA to fulfill its responsibilities.

In order to address the deficiencies associated with aggregate data reporting, RW providers will use a relatively new reporting system for their programs and the clients they serve. The reporting is called **the *Ryan White HIV/AIDS Program Services Report*** or ***RSR*** which began in 2009.

The goal is to build a client-level data reporting system that:

1. Monitors the outcomes achieved on behalf of HIV/AIDS clients and their impacted families receiving care and treatment,
2. Addresses the disproportionate impact of HIV in communities of color by assessing organizational capacity and service utilization in minority communities,
3. Monitors the use of Ryan White HIV/AIDS Program funds for its appropriate use, and
4. Addresses the needs and concerns of U.S. Congress and the Department of Health and Human Services Secretary concerning the HIV/AIDS epidemic and the Ryan White HIV/AIDS Program.

NOTES:

➔ **See the following Appendix for more detail about Services included in the RSR.**

- **Appendix 1 (*How to find the Services that are "Mapped" to the RDR Categories*)**

ABOUT THE RSR

The RSR includes three components. There is the **Grantee** Report, **Provider** Report, and the **Client** Report.

- 1) **Grantee Report**: This report is the responsibility of the Grantee (below) for all Ryan White (RW) Part A, B, C, and D funded Programs. This includes the Adolescent Initiative and MAI.
 - Part A Grantee = NYCDOHMH (City)
 - Part B Grantee = NYSDOH-AIDS Institute (State)
 - Part C Grantee = Individual Provider
 - Part D Grantee = Individual Provider
 - Collects basic information about the grantee organization and the service provider contracts that are RW *funded* during the reporting period.
 - **Agency Responsibility** = NONE unless Part C or D Grantee.
- 2) **Provider Report**: This report will be completed by the individual agencies/providers.
 - Collects basic information about the service provider and the services *delivered* under its RW contracts.
 - **Note: There is only 1 Provider Report per agency.**
 - **Agency Responsibility** =
 - **Enter** the ‘Provider Report ‘on HRSA’s EHB RSR site.
 - NOTE: If you use **AIRS** and have updated the “Agency Information”, “RDR/RSR Information”, and “RDR/RSR Service Information” screens for the **1/1/23 – 12/31/23** report period, you can print the Provider Report and enter this information.
 - If the Provider Report on HRSA’s EHB RSR site has already been entered, you can still can update the information prior to the final submission.

- 3) **Client Report**: Also known as *Client-level Data* or **CLD**. To be completed by the Provider.
- Every agency that provides Services funded by RW must collect and electronically submit client information to their Grantee or HRSA (If Part C or D data are not included in AIRS). The Grantee will review but the **provider must electronically forward** the information to the federal government.
 - **The client report will contain one record ('row' of data in a file) for each Eligible Client reported in the RSR during the RSR Reporting Period.**
 - Each record includes the client's encrypted unique identifier, basic demographic data, and information about the core and/or support services received. A client's record may also include HIV clinical information.
 - **Agency Responsibility**: The basic steps to follow are:
 1. Add a record to the AIRS "**RSR Funded Service Categories**" screen that **identifies ALL the services that Ryan White dollars fund** at your agency for the Reporting Year.
 - **NOTE**: Due to the HRSA-required 2019 RSR Reporting Scope change to '**Eligible Services Reporting**' (from 'Eligible Client Reporting'), agencies must also **include the funded Services from the 'Ryan White Eligible' Programs identified with Funding Type = 'AIDS Institute – RF' and 'MAI'**.
 - **NOTE**: The AIRS V9.0 Upgrade will automatically select the RSR Service Categories associated with the '**AIDS Institute – RF**' and '**MAI-Part B**' Programs (just like the Part B ones).
 - For the '**2023**' Report, non-AIDS Institute Ryan White-funded Service Categories will need to be manually selected (if they are not already selected due to other Ryan White funding.)
 - **NOTE**: In AIRS, the RSR Extract and Reports will not run without having a record identifying at least 1 Service Category.

2. Run the **RSR Client List Report**.

- In order, you will find the following.
 - **Clients who received reportable Services but are Not Eligible for RSR reporting:** These are the clients who potentially could be included in the RSR when their Financial Information or HIV Status is updated.
 - **Clients being included in the RSR:** This will identify the RSR client population who will be reported to HRSA.
- If a client has been identified as being a “Medical Client”, the Clinical Information section (Questions 46-64) will also be reported.

3. The next step is to check the completeness of each of the Client’s information. This can be accomplished by **running the RSR Missing Data Report by Client** or printing the **Client RSR Detail Report** for any (or all) client(s).

- For Medical Clients: Updating may entail entering Services or adding information to the history screens (Lab Tests, Diagnoses, TB Status, Pregnancy, Hepatitis Status/Vaccination History, HCV Rapid Testing, etc.).
 - To fill in the ‘missing information’ gaps, access and enter information in the **RSR Completeness Assessment** screens.

4. When complete, run the **RSR Extract** (Extracts menu).

5. **Submit** to the AIDS Institute via the Health Commerce System (**HCS**) using the “**RYAN WHITE ANNUAL SERVICES REPORT (RSR)**” option.

- The AIDS Institute will return a set of ‘RSR Completeness Report’ to you so you can identify and clean up missing data.

6. When final, submit the Client RSR XML received from the AIDS Institute to the **HRSA’s EHB site**.

UNDERSTANDING THE CLIENT REPORT

(Where do I find the RSR Information in AIRS?)

The following will help you find and identify the **Client Population** and **fields** in AIRS which directly relate to the client-level data fields in the **2023** RSR.

* Up through the 2014 RSR, only data from AIRS PROGRAMS that were funded by Ryan White (Part A, B, C, and/or D) at any time during the RSR Reporting Period were included in the RSR. This was considered “Funded” scope reporting.

As of the 2015 RSR, the reporting changed to “Eligible Scope Reporting. Therefore, note that AIRS ‘PROGRAMS’ are NOT considered in determining the information included in the RSR.

The main points for RSR Eligible Scope reporting are:

- A) Reporting is tied to the client’s eligibility for the Ryan White Program and *not whether the client actually received a Service that was funded by Ryan White.*
- B) NYSDOH-AI defines client eligibility as 1) HIV-Positive or HIV-Indeterminate (if less than 2 years old), 2) having a **2023** Annual Household Income **<= 500%** of the Federal Poverty Level (FPL), and 3) be a New York State resident.
- C) Providers are required to *report all visits in ALL the RSR Service Categories for which they are Ryan White funded.* The visits, however, do not have to be funded by Ryan White.

Summary:

- The **2023** RSR *must include all eligible clients who received the “types of services” that the agency is funded for by Ryan White, regardless of who actually funded them.*
- Each agency is responsible for submitting **RSR Eligible Services Reporting Scope** information to comply with HRSA requirements.

ELIGIBLE CLIENTS TO BE INCLUDED IN THE RSR:

To be included in the RSR, Eligible Clients must a) be HIV-Positive (or be an Infant with an HIV–Indeterminate) Status, b) have a **2023** Annual Household Income \leq **500%** of the Federal Poverty Level (FPL), c) be a New York State resident, AND d) have received a Service that is required to be reported due to your agency receiving Ryan White Funding for this type of service.

- We're going to assume that all clients in AIRS are NYS residents, so the key is to focus on the client's HIV Status and **2023** Financial Information (Household Size and Income).

- Only clients with the following AIRS **HIV Statuses** as of the End Date of the RSR 'Reporting Period' will be included.

| | | | |
|----|---|-----------------------------------|--------------------------|
| 01 | = | HIV-Positive, Not AIDS | Adult |
| 02 | = | HIV-Positive, AIDS Status Unknown | Adult |
| 05 | = | HIV-Infected (Pediatric) | Pediatric |
| 06 | = | HIV-Vertical (Perinatal) Exposure | Pediatric and <2 yrs old |
| 09 | = | HIV-Affected (Pediatric) | Pediatric and <2 yrs old |
| 10 | = | HIV-Positive, CDC-Defined AIDS | Adult |

- The table below shows the AIRS PEDIATRIC HIV STATUSES based on Age as of first Service in the RSR Reporting Year and whether the client is reported in the RSR.

AIRS PEDIATRIC HIV Statuses**Clients < 2 years old****What AIRS would report in RSR**

| | |
|--|--|
| (05) HIV-Infected (Pediatric) | (3) HIV-positive, AIDS status unknown |
| (06) HIV Vertical (Perinatal) Exposure | (7) HIV indeterminate (infants <2 yrs. only) |
| (07) HIV-Negative Seroreverter | Not included in RSR |
| (09) HIV Affected (Pediatric) | Not included in RSR |
| (11) HIV Negative, At Risk, Not Affected | Not included in RSR |
| (12) Unknown/Unreported | Not included in RSR |

AIRS PEDIATRIC HIV Statuses**Pediatric Clients \geq 2 years old (2-12)****What AIRS would report in RSR**

| | |
|--|---------------------------------------|
| (05) HIV-Infected (Pediatric) | (3) HIV-positive, AIDS status unknown |
| (06) HIV Vertical (Perinatal) Exposure | Not included in RSR |
| (07) HIV-Negative Seroreverter | Not included in RSR |
| (09) HIV Affected (Pediatric) | Not included in RSR |
| (11) HIV Negative, At Risk, Not Affected | Not included in RSR |
| (12) Unknown/Unreported | Not included in RSR |

2. Financial Information:

| % of Federal Poverty Level (FPL): | | (RSR Category:) |
|-----------------------------------|--|--------------------|
| ACA Categories are: < 100% (13) | | 251 - 400% (12) |
| 100 - 138% (9) | | 401 - 500% (7) |
| 139 - 200% (10) | | More than 500% (8) |
| 201 - 250% (11) | | |

- To be included in the RSR, a client must either have a Financial Information record with a '**Date of Assessment**' in the RSR Reporting Year (**2023**) **OR** have a record that was **Verified** in **2023**.
- If the client does not have a record with a 'Date of Assessment' in the RSR Reporting Year (**2023**) **OR** if it was not Verified in **2023**, the calculation of the client's Annual Household Income in relation to the Federal Poverty Level (FPL) *cannot* be determined.
 - In this scenario, the client will be considered ineligible and therefore, be **excluded** from the RSR. Once the information is properly updated, the client would then be included.

IMPORTANT NOTE ABOUT OAHS & MH SERVICES ENTERED IN AIDS INSTITUTE PROGRAMS:

Because the NYSDOH – AIDS Institute does not receive any Ryan White funding for **Outpatient Ambulatory Health Services (OAHS) or Mental Health Services (MH)**, all Services entered in AIRS under **any** AIDS Institute-related Program with RSR mapping = 33A (OAHS) or 33I (MH) will be remapped and reported as **Medical Case Management (including Treatment Adherence services)** (33K) in the RSR, **when applicable**.

What this means to you:

If these client-services were funded by RW from the AIDS Institute, they will be reported as Medical Case Management (MCM) in the RSR. **If not funded by RW from AI**, they only get reported when your agency is funded by Ryan White for 'Medical Care Management'.

A) **SYSTEM VARIABLES**

Field **Description**

SV1 Reporting Period

New York State agencies are responsible for the *Annual* (12 month) report.

- Report Period = **January 1, 2023 - December 31, 2023**
- Note: This is no longer used by HRSA. Internally used by the AIDS Institute.

SV2 Unique Provider ID

This the unique provider organization identifier automatically assigned by HRSA when each provider was entered into the Ryan White Data Report (RDR) system or RSR Web application.

SV3 Provider Registration Code

This is the unique Provider registration code.

SV4 Encrypted Unique Client ID (eUCI)

The Unique Client ID (eUCI) is a unique encrypted 40-character alphanumeric code that distinguishes one Ryan White client from all others and is the same for the client across all provider settings. This effectively “de-identifies” the client.

- This will be automatically created by AIRS using a routine provided by HRSA.
- The UCI is derived using the first and third letters of a client’s first and last name, their date of birth (MM/DD/YY), and a code for gender (1=male 2=female 3=Transgender 9=Unknown). The last character, “A” to “Z”, is added if a provider needs to distinguish between two clients with the same basic UCI. The UCI is then converted and encrypted to a 40-character string.

SV5 RSR Report Year

- This is the RSR reporting period identifier.
- It is the 4-digit Year.

B) CLIENT DEMOGRAPHICS

IMPORTANT: “Unknown” was removed as a valid reporting option from a number of questions in the 2014 RSR. When there is nothing to report, the question will be considered as having “Missing” information.

RSR Question

Q2— What was the client’s vital/*Enrollment Status* at the end of the reporting period?

AIRS will automatically report the client in one of the Enrollment categories based on their status in the agency using the information entered in the STATUS CHANGES screen.

In AIRS ‘Status Changes screen:

| | | |
|-----------|--|--------------|
| A | Active | (12) Alive |
| RO | Reopened | (12) Alive |
| P | Pending | (12) Alive |
| C | Closed (in agency) and Reason is: | |
| 10 | Death | (6) Deceased |
| 11 | Unknown/Lost to Follow-up | (7) Unknown |
| 12 | Transfer To Other Provider | (12) Alive |
| 13 | Voluntary Withdrawal | (12) Alive |
| 14 | Completed Therapy/Service | (12) Alive |
| 15 | Non Compliant With TB Requirements | (12) Alive |
| 16 | Non Compliant With Program/Agency Requirements | (12) Alive |
| 17 | Client Refused Treatment/Placement | (12) Alive |
| 19 | Client Suspended Permanently From Agency | (12) Alive |
| 20 | Non-Compliant with HIV/AIDS Documentation | (12) Alive |
| 21 | Client Completed Course of Treatment | (12) Alive |
| 24 | Incarceration | (12) Alive |
| 41 | Client relocated/moved out of area | (12) Alive |
| 99 | Other | (12) Alive |
| | Else | (7) Unknown |

Q76— Is the client new to the service provider?

NO: If the client’s ‘Intake Date’ is NOT in the RSR Reporting Year.

YES: If the client’s ‘Intake Date’ is in the RSR Reporting Year.

Q77— If the client is not new, did they receive at least 1 RSR service in the previous year?

Reported when Q76 = No. If reported in prior year RSR, YES. Otherwise, NO.

Q4— Client's *Year of Birth*

The Year is reported using the *DOB* entered in the client's AGENCY INTAKE screen.

Q5— What is the client's *Ethnicity*?

Hispanic or *Non-Hispanic* Ethnicity is reported from the client's AGENCY INTAKE screen.

Q68— If the client's *Ethnicity* is *Hispanic*, what is the client's *Subgroup*?

The *Hispanic Details* field is reported from the client's AGENCY INTAKE Screen. It is required when the client's Ethnicity is reported as Hispanic in AIRS and the RSR.

Q6—What is the client's *Race*?

Race is reported from the client's AGENCY INTAKE screen.

- More than one race will be reported if multiple races are identified.

Q69— If the client's *Race* is *Asian*, what is the client's *Subgroup*?

The *Asian Details* field is reported from the client's AGENCY INTAKE Screen.

- This is required when the client's Race is reported as 'Asian' in the RSR.

Q70— If the client's *Race* is *Native Hawaiian/Pacific Islander*, what is the client's *Subgroup*?

The *Native Hawaiian/Pacific Islander Details* field is reported from the client's AGENCY INTAKE Screen.

- This is required when the client's Race is reported as 'Native Hawaiian/Pacific Islander' in the RSR.

Q7— What is the client's current *Gender*?

Gender is reported from the client's AGENCY INTAKE screen.

Q71— What is the *Biological Sex Assigned* to the client at birth?

Biological Sex is reported based on the client's '**Sex Assigned at Birth**' field entered in the **AGENCY INTAKE** screen. Staff are encouraged to enter this field.

- If the '**Sex at Birth**' field is empty, AIRS will use the *Current Gender Identity* field in the **AGENCY INTAKE** screen to determine the client's Biological Sex Assigned at Birth.

Q9— Client's percent of the *Federal Poverty Level* at the end of the reporting period

A record with a ***Date of Assessment* or *Verified Date*** in **2023** for the *Household Size* and *Total Annual Household Income* fields seen in the historical **FINANCIAL INFORMATION** screen will be used. This information is compared to the **2023** Federal Poverty Level Guidelines (based on Household Size and Poverty Level amount).

- **NOTE:** *Financial (Household Size & Income) information is not being used unless it has a 'Date of Assessment' in 2023 or has been Verified in 2023.*
 - If the client's *Household Size* = 0 or they have a *Household Size* equal to or greater than 1 & *Total Annual Household Income* = 0, the client's Percent of the FPL will be excluded from being reported. This will be considered "Missing" information and the client will NOT be included in the Eligible Scope RSR Reporting.
 - **Incarcerated persons**: The U.S. Census indicates that the client is identified as having a "poverty status which cannot be determined". Although "Not Applicable" is not an RSR option, HRSA has stated that some level of Unknown data is acceptable. This would be an example of such.
 - Unfortunately, since there is no information to compare to the Federal Poverty Level, the client will not be considered as a RW-Eligible client and will not be included in the RSR.
 - In the **RSR Submission Comments**, you should state that this client population is not being reported in the RSR.
 - Note: Consider entering a low **2023** Annual Household Income dollar amount so the client is reported.

Q10— Client's *Housing Status* at the end of the reporting period

A record with an ***Effective Date* or *Verified Date*** in **2023** in the historical **HOUSING INFORMATION** screen will be used.

- **NOTE:** The *Housing* information entered in AGENCY INTAKE is not being used unless it has an Effective Date in **2023** or has been verified in **2023**.
- **NOTE:** The “Housing Status” question in the [Risk in last 12 Months] tab of the *former* ‘HIV/AIDS Risk History’ form is **not** considered in the RSR.

Q11— Date of the Client’s *Housing Status* at the end of the reporting period (new)

This is the “**Effective Date** or **Verified Date** of the Housing Status reported in Q10.

Q12— What was the client’s *HIV/AIDS Status* at the end of the reporting period?

This is the client’s *Status* that was effective at the end of the reporting period. It is based on the most recent **Effective Date** in relation to the End Date of the RSR Reporting period.

- **HIV negative:**

This is not being reported from AIRS in the RSR. It can include Pediatric clients who are ages 2 -12 years old (as of the end of the RSR Reporting Period) with an HIV Status = (06) "HIV Vertical (Perinatal) Exposure".

- **HIV-positive, not AIDS (RSR Code 2):**

- When there is **no** CD4 Lab Test with Count < 200 (or < 14% or Range < 200) or AIDS Diagnosis (code 67)

- **HIV-positive, AIDS status unknown (RSR Code 3):**

- When there is **no** CD4 Lab Test with Count < 200 (or < 14% or Range < 200) or AIDS Diagnosis (code 67)

- **CDC-defined AIDS (RSR Code 4):**

- HIV Status record equal to **HIV-Positive, CDC-Defined AIDS** (code 10)

--- Or ---

- Any AIRS HIV Status record (not limited to “Positive” Statuses) with any of the following 4 entries within the reporting year.

- CD4 Lab Test with a *Count* less than 200 (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)

- Or -

- CD4 Lab Test with a *Percentage* less than 14 (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)

- Or -

Continues on the next page →

- *CD4 Lab Test* with a *Range* equal to “< 200” (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)
- Or -
- *Diagnosis* (entered in the DIAGNOSES INFORMATION screen) that is AIDS (code 67)
- **HIV Indeterminate (Infants less than 2 years only)** (RSR Code 7):
 - Pediatric clients who are less than 2 years old (as of their first reportable service received in the RSR Reporting Period) having an **HIV Status = 06 (HIV-Vertical (Perinatal) Exposure or 09 (HIV-Affected (Pediatric))** will be included.
 - **NOTE:** The “Unknown” category (RSR Code 6) was removed from the 2014 RSR. Because the information is considered “Missing”, the client will NOT be reported in the RSR.
 - This includes Clients greater than 12 years of age (as of the end of the RSR Reporting Period) with a Pediatric HIV Status who have not been updated to an Adolescent/Adult HIV Status.

Q72— What is the Year of the client’s *HIV diagnosis*?

AIRS will report the earliest date found for an HIV-Positive Status when looking at the HIV STATUS INFORMATION.

- HIV-Positive Statuses in AIRS are (01) HIV-Positive, Not AIDS, (02) HIV-Positive, AIDS Status Unknown, (05) HIV-Infected (Pediatric), and (10) HIV-Positive, CDC- Defined AIDS.
- The RSR will only look at the “HIV Status” records and **not** ‘CD4 Lab Tests’ nor ‘Diagnoses’.

Q73— What is the client’s HIV Positive Test Date?

For those clients who are clinical clients (received at least 1 Outpatient Ambulatory Care (OAMC) Visit) during the RSR Reporting Year, this is the date of their **2023** Counseling, Testing & Referral (CTR) Part B Confirmed Positive HIV Test entered in AIRS, if applicable.

- **NOTE:** The “Previous HIV Test” and “Self-reported Test Results” questions in the [Characteristics] tab of the ‘HIV/AIDS Risk History’ form are **not** considered in the RSR.

Q74— What is the Date of the client's 1st Outpatient Ambulatory Care (OAMC) Visit after a Positive HIV Test?

For clients who report a date in Q73, this is their Primary Medical Care visit entered in AIRS that occurred on or after their CTR Part B Confirmed HIV Positive Test date.

Q14— What is the client's *Risk* factor for HIV infection?

This is based on the **client's Initial** or **Earliest found Exposure to HIV** that **was either:**

- a)** Entered in the [Factors] tab of the **former** HIV/AIDS RISK HISTORY screen
- Or -
- b) Entered from the RISK HISTORY screen as of AIRS V9.04.**

-
- AIRS will first look for any of the **prior** 'HIV/AIDS Risk History' records that have been identified as **"Initial Exposure"**. If more than 1 record is found, AIRS will use the earliest Risk record in the RSR.
 - If there are no records identified as "Initial Exposure" (or the identified risk is 'Undetermined/Unreportable'), AIRS will report the earliest (or next earliest) dated Risk record in the RSR.
 - A record for "MSM" and a separate record for "IDU" will be included for clients who have their HIV/AIDS Risk identified as "MSM & IDU".
 - **All** the clients' initial HIV/AIDS Risks will be reported. In addition to the top-level Risk Category, this means that any additional risks associated with the client's initial risk record will also be included.
 - For example, for a Male client who has Sex with a Male and a Female, the RSR will report "MSM" and "Heterosexual Contact".
 - **'Perinatal Transmission' will be reported based on finding an 'HIV-Vertical (Perinatal) Exposure' entry followed by an 'HIV-infected (Pediatric)' HIV Status entry.**

Q15— Indicate all sources of the client's Health Coverage during this reporting period.

This is based on what is entered in the INSURANCE HISTORY screen. A record with an **Effective Date, Verified Date, or Expiration Date** in **2023** will be used.

- More than one will be reported if the client has multiple insurance records in the reporting period.

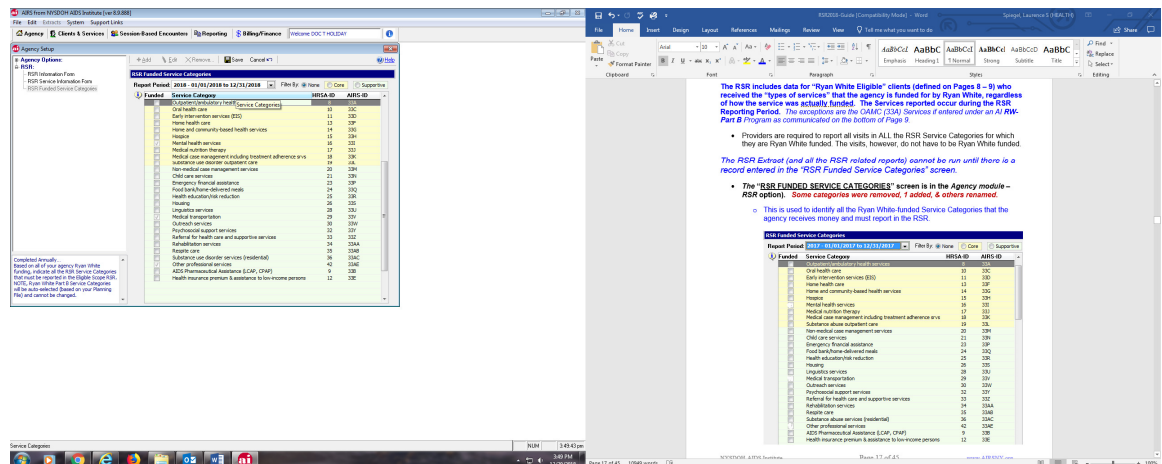
BACKGROUND INFORMATION FOR CORE & SUPPORT SERVICES

The RSR includes data for “Ryan White Eligible” clients (defined on Pages 8 – 9) who received the “types of services” that the agency is funded for by Ryan White, regardless of how the service was actually funded. The Services reported occur during the RSR Reporting Period. The exceptions are the OAMC (33A) and MH (33I) Services if entered under any AI Program as communicated on the bottom of Page 9.

- Providers are required to report all visits in ALL the RSR Service Categories for which they are Ryan White funded. The visits, however, do not have to be Ryan White funded.

The RSR Extract (and all the RSR-related reports) cannot be run until there is a record entered in the “RSR Funded Service Categories” screen.

- The “**RSR FUNDED SERVICE CATEGORIES**” screen is in the **Agency module – RSR option**).
 - This is used to identify all the Ryan White-funded Service Categories that the agency receives money and must report in the RSR.



- NOTE: ‘Ryan White Eligible Services’ are identified in AIRS based on the RDR “Mapping” Categories.**
 - “Mapping” means that if the AIRS *Service Category--Encounter Type--Service* combination is entered, AIRS will report it in the proper RDR/RSR Category.
 - For an example, see the RDR Category column in **Figure 1** on the next page. Service 225 (Emergency Cash Grant Given) is “mapped” to RDR Category 33P. Question 33P in the RDR is the “Emergency Financial Assistance” Service Category. This, in turn, is mapped to Question 31 (Emergency Financial Assistance) in the RSR (see Page 18).

- Note: If the *Service Category--Encounter Type--Service* combination does not have an RDR Category associated, it is not considered RW-eligible and is not reported in the RDR or RSR.
- **Because the RSR “Categories of Service” are an exact match to the old RDR Service Categories, the RSR will use the same “mappings”.**
- See **Appendix 1** for information on how to identify the 1) RDR Category for each Service Category—Encounter Type—Service or 2) Service Category—Encounter Type—Service for each RDR Category.

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 1

Example of the “AIRS Encounters and Services Listing”

Supportive Services Service Category – Direct Emergency Assistance Encounter

C) CORE MEDICAL & SUPPORT SERVICE VISITS DELIVERED

For each client, the RSR includes the Number of Visits in each of the following Service Categories during the Reporting Period that your agency has been funded to provide.

The following are the mappings for the RSR using the RDR Categories.

| | <u>RDR Category</u> |
|---|---------------------|
| Q16 —Outpatient ambulatory health services | 33A |
| Q17 —Oral health care | 33C |
| Q18 — Early intervention services (EIS) | 33D |
| Q19 — Home health care | 33F |
| Q20 — Home and community-based health services | 33G |
| Q21 — Hospice | 33H |
| Q22 — Mental health services | 33I |
| Q23 —Medical nutrition therapy | 33J |
| Q24 —Medical case management including treatment adherence srvs. | 33K |
| Q25 —Substance abuse disorder outpatient care | 33L |
| Q28 — Non-medical case management services | 33M |
| Q29 — Child care services | 33N |
| Q31 — Emergency financial assistance | 33P |
| Q32 — Food bank/home delivered meals | 33Q |
| Q33 — Health education/risk reduction | 33R |
| Q34 — Housing | 33S |

| | |
|--|------|
| Q36 —Linguistic services | 33U |
| Q37 —Medical Transportation | 33V |
| Q38 —Outreach services | 33W |
| Q40 —Psychosocial support services | 33Y |
| Q41 —Referral for health care and supportive services | 33Z |
| Q42 —Rehabilitation services | 33AA |
| Q43 —Respite care | 33AB |
| Q44 —Substance abuse disorder services (residential) | 33AC |
| Q46 —Other professional care | 33AE |

D) CORE MEDICAL SERVICES DELIVERED

The Service data your agency has been funded to provide is reported. The following questions report whether the client received the service during the “RSR Reporting Period”.

| | <u>RDR Category</u> |
|---|---------------------|
| Q26 —AIDS Pharmaceutical Assistance (LCAP, CPAP) | 33B |
| Q27 —Health Insurance premium & assistance to low-income persons | 33E |

E) CLINICAL INFORMATION

Outpatient/ambulatory Health Service providers must report clinical data for their HIV-Positive clients who received any Ryan White-funded Outpatient/Ambulatory Health Services in the RSR Reporting Period.

- ➔ **Outpatient/Ambulatory Health Services** is defined as a Service that is mapped (associated) with the RDR Service Category equal to “33A”.
- ➔ **HIV-Positive Clients** included in the RSR are defined as having the following HIV Statuses.
 - **ADULT:** **HIV-Positive or CDC-defined AIDS Status**
 - **PEDIATRIC:** **HIV-Infected (Pediatric) Status**
 - NOTE: An HIV-indeterminate client is a child less than 2 yrs of age who has an AIRS HIV Status of (06) HIV-Vertical (Perinatal) Exposure or (09) HIV Affected (Pediatric) and do not report clinical information.
- When 1) there is no data entered in AIRS that meets the criteria AND 2) your agency has not made a selection in the “RSR Completeness Assessment” form, nothing will be reported in the RSR. The question will be considered as having “**Missing**” information.

Q47— Date of the client’s *First Outpatient /Ambulatory Care Visit at this provider*

- Earliest Date of any Service associated with an RDR Category equal to “33A”. This can be from any Program.

Q48— List all the *Dates of the client’s Outpatient/Ambulatory Care Visits* in this provider’s HIV clinical care provider during this reporting period

- All the Services with dates in the reporting period that are mapped to “33A”.

Q49— Report all *CD4 Counts* and their *Dates* for this client during this report period

- **Counts** are reported for **all** data entered for the **CD4 (T-Helper Tests)** in the LABORATORY & PSYCHOLOGICAL TESTS screen when the *Test Date* is within the reporting period.
 - **If the ‘CD4 Test’ is entered without a *Count*, it will not be included in the RSR.**

Q50— Report all *Viral Load Counts* and their *Dates* for this client during this report period

- Counts** are reported for **all** data entered for the **VL (Quantitative HIV Viral Load Tests)** and **HIV Detection/Antigen/Viral/Load Test** in the LABORATORY & PSYCHOLOGICAL TESTS screen when the *Test Date* is within the reporting period.

Based on HRSA guidance and to be consistent with Surveillance, what is reported in the **2023** RSR is based on VL '**Count**' entered in AIRS. Therefore,

- **If COUNT >= 20:** The Count as entered in AIRS is reported. (*No change*)
- **If COUNT < 20:** The Count is reported in the RSR as '0'.
 - Therefore, 'Viral Load Tests' entered with a *COUNT* of '1' will be reported in the RSR as '0'.

-
- **NOTE 1:** 'Test Result' (Detectable, Undetectable) is not considered.
 - **NOTE 2:** The **VQ** (Qualitative HIV Diagnostic Tests) is reported in the RSR. Only **VL** (Quantitative) tests are reported.

Q52— Was the client prescribed **ART** at any time during this reporting period?

- Yes** will be included in the RSR if there is a **DRUG THERAPY HISTORY** record indicating a YES with a *Date Asked* or a *Verified Date* in **2023**.
 - Note that the 'ARV Medications' are optional and not considered in the RSR.

Drug Regimen History

| Date Asked | Regimen Type | Status | Adherence | Information |
|------------|--------------|--------|-----------|-------------|
| / / | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Regimen Type: **ARV**

Last Verified: n/a Verify X

Date Asked: **12/01/2020** Date ARV First Prescribed: **/ /**

Is the client on ARV?

☒ **Yes** (Optional) The ARV Medications are **Not Entered**

☐ **No** Reason:

Adherence

☐ Unknown for the past 7 days

☐ Percent Adherence over the past 7 days:

☒ **N/A: New Prescription**

- **No** will be included in the RSR if the client was not on ARV at any time during the RSR Reporting Year by having a:
 - **DRUG THERAPY HISTORY** record indicating a **No** with a *Date Asked* or a *Verified Date* in **2023**.
- **NOTE:** There is no “**Unknown**” reporting option
 - If a) nothing is entered or verified in the RSR Reporting Period that meets the criteria OR b) your agency has not selected the “*No*” option in the “RSR Completeness Assessment” form, nothing will be reported in the RSR. The question will be considered as having “**Missing**” information.

Q55— Was the client *Screened for Syphilis* during this reporting period? (exclude all clients under the age of 18 who are not sexually active)

- **Yes** will be included in the RSR if there is a:
 - SERVICE in the report period for **Service ID = 451 (Lab Test: RPR/Syph Serology)** or **761 (Screening/Testing for Syphilis Blood Test)**.
 - *The Service Categories & Encounters for these Services in AIRS are:*

Service ID = 451 (Lab Test: RPR/Syph Serology)

| Service Category | Encounter (with code in parenthesis) |
|-----------------------------|---|
| Primary Care | (34) Clinical Trial Follow-Up |
| | (35) Clinical Visit (General Clinic Rate) |
| | (243) Initial Visit (General) |
| | (244) Interim Visit (General) |
| Primary Medical Care 5 Tier | (213) HIV Monitoring (5 Tier) |
| | (219) Initial/Annual Comprehensive HIV Medical Evaluation |
| Primary Medical Care 7 Tier | (103) Initial Visit (7 Tier) |
| | (106) Intermediate Visit (7 Tier) incl Focus Hx and Exam |
| | (165) Routine Visit (7 Tier) |
| | (180) Subsequent Annual Comprehensive (7 Tier) |

Service ID = 761 (Screening/Testing for Syphilis Blood Test)

| Service Category | Encounter (with code in parenthesis) |
|------------------|---|
| Primary Care | (34) Clinical Trial Follow-Up |
| | (35) Clinical Visit (General Clinic Rate) |
| | (164) Routine GYN Visit |

| | |
|-----------------------------|---|
| | (243) Initial Visit (General) |
| | (244) Interim Visit (General) |
| Primary Medical Care 5 Tier | (213) HIV Monitoring (5 Tier) |
| | (219) Initial/Annual Comprehensive HIV Medical Evaluation |
| Primary Medical Care 7 Tier | (103) Initial Visit (7 Tier) |
| | (106) Intermediate Visit (7 Tier) incl Focus Hx and Exam |
| | (165) Routine Visit (7 Tier) |
| | (180) Subsequent Annual Comprehensive (7 Tier) |

- **Or** -

- LABORATORY & PSYCHOLOGICAL TESTS record indicating a **Syphilis Test (SY)** occurred during the reporting period but was not identified as “Not Medically Indicated”.
- **Not Medically Indicated** will be included in the RSR if the client’s ‘Laboratory & Psychological Test’ record for the Syphilis Test (SY) during the Report Period is flagged as “Not Medically Indicated”.
 - This assumes there is 1) no Service and 2) no other ‘Lab Test’ record not flagged as “Not Medically Indicated” within the reporting period.
 - “Not Medically Indicated” can also be manually selected from the “RSR Completeness Assessment” when no applicable Service or ‘Lab Test’ record is seen during the reporting period.
- **No** will *only* be included in the RSR if there is no ‘Service’ or ‘SY’ Lab Test with a Date in the RSR Reporting Period AND your agency has selected *No* in the “RSR Completeness Assessment” form.
- **NOTE:** The “**Unknown**” reporting option has been removed.
 - If nothing is entered and your agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form, nothing will be reported in the RSR. The question will be considered as having “**Missing**” information.

Q64— (For HIV+ females only) Was the client *Pregnant* during this reporting period?
NOTE: The reporting hierarchy is **Yes** and then **No**.

- **Yes** will be included in the RSR when:
 - The **Actual Delivery Date** (found in the PREGNANCY HISTORY screen) is within the reporting period

- Or -

- The **Actual Delivery Date** (found in the PREGNANCY HISTORY screen) is after the reporting period but indicates that the client was pregnant at any time during the reporting period
- Or -
- If the **Actual Delivery Date is not entered**, AIRS will subtract 9 months from the **Estimated Date of Confinement** (found in the PREGNANCY HISTORY screen) to determine if the client was pregnant at any time during the reporting period.
- Or -
- The client has a **POSITIVE Test Result for a “Pregnancy Test”** (Test Type = 20 in the Laboratory & Psychological Test Information screen) with a Date in the RSR Reporting Period.
- **No** will be included in the RSR when:
 - The “Not Pregnant” box is checked and the “Information Confirmed Date” is within the reporting period in the PREGNANCY HISTORY screen
 - This assumes there are no other PREGNANCY HISTORY records that indicate the client was pregnant at any time within the reporting period.
 - Or -
 - The client has a **NEGATIVE Test Result for a “Pregnancy Test”** (Test Type = 20 in the Laboratory & Psychological Test Information screen) with a Date in the RSR Reporting Period.
- Or -
 - The user checks the box in the “RSR Completeness Assessment” when no records are found.
- **Not Applicable** will be automatically included if the client’s age is not between 11 and 50.
- **NOTE:** The “Unknown” reporting option has been removed.
 - If nothing is entered and your agency has not selected **No** in the “RSR Completeness Assessment” form, nothing will be reported in the RSR. The question will be considered as having “Missing” information.
- **NOTE:** The “Pregnant” question in the [Characteristics] tab of the ‘HIV/AIDS Risk History’ form is not considered in the RSR.

APPENDIX 1

How to find the Services that are “Mapped” to the RDR Categories

To see how the AIRS Encounters and Services “translate” to which RDR (RSR) Category, the following choices differ by how the information is grouped.

1. In AIRS, go to the ***AIRS Encounters and Services Listing*** report. This is found under the *Activities & Services* option of the *Reporting* Module.
 - This report will provide you with the RDR Category for all the Encounters and Services grouped by each AIRS Service Category.
 - See Figure 1 on Page 18 for an example.
 - Note: If the *Service Category--Encounter Type--Service* combination does not have an RDR Category associated, it is not considered RW-eligible and is not reported in the RSR.
2. Download the **2023-AIRS-Services-Grouped-by-RDR-Mapping.PDF** document from the RSR section of the www.airсны.org web site.
 - Unlike the *AIRS Encounters and Services Listing* (Item 1), the **2023-AIRS-Services-Grouped-by-RDR-Mapping.PDF** document **groups** the active AIRS Service Category-Encounter Type-Services **by each RDR Category**.
 - Each RDR Category is listed by a question number (33A, 33AB ...33B, 33C, ...33Z) which is then “mapped” to (or reported in) the RSR Service Category.
 - Note: If the *Service Category--Encounter Type--Service* combination does not have an RDR Category associated, it will not be included in the RSR from AIRS.