



GUIDE To The 2016 RSR
(Ryan White HIV/AIDS Services Report)
January 11, 2017

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:

- ➔ **Changes & Additions from the "2015 RSR Guide" to the "2016 RSR Guide" are seen in rust-color text.**
- ➔ **If the RSR Question is not found in this Guide, it was dropped from the RSR.**
- ➔ **See the following Appendices for more detail about Services included in the RSR.**
 - **Appendix 1 (How to find the Services that are "Mapped" to the RDR Categories)**
 - **Appendix 2 (Where to find the Services in AIRS for Questions 46 – 63)**

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 **1/1/16 – 12/31/16** 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 "**RSR Funded Service Categories**" screen that **identifies ALL the services that Ryan White dollars fund** at your agency for the Reporting Year.
 - 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** reports.
 - **RSR Client List**: This will identify the RSR client population who will be reported to HRSA.
 - **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.
 3. If they have been identified as being a "Medical Client", the Clinical Information section (Questions 46-64) will also be reported.
 4. 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.

5. When complete, run the **RSR Extract** (Extracts menu).
6. * **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.
7. **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 **2016** 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 the **2016** 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 **2016** Annual Household Income < 435% 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 **2016** 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 Scope** information to comply with HRSA requirements.

ELIGIBLE CLIENTS TO BE INCLUDED IN THE RSR:

To be included in the **2016** RSR, Eligible Clients must a) be HIV-Positive (or be an Infant with an HIV–Indeterminate) Status, b) have a **2016** Annual Household Income < 435% 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 **2016** Financial Information (Household Size and Income).

1. 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	<u>Clients < 2 years old</u> 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)	(7) HIV indeterminate (infants <2 yrs. only)
(11) HIV Negative, At Risk, Not Affected	Not included in RSR
(12) Unknown/Unreported	Not included in RSR

AIRS PEDIATRIC HIV Statuses	<u>Pediatric Clients >= 2 years old (2-12)</u> 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:

The screenshot shows a web-based reporting interface. At the top, there is a 'Last Verified: n/a' field with a 'Verify X' button. Below this is a 'Date of Assessment' field with a date picker. The main section is titled 'Household Data' and contains several fields: 'Household size' (a dropdown menu), 'Total annual household income' (a text input field), and an 'Incarcerated' checkbox. To the right of these fields is a table showing '% of Federal Poverty Level (FPL):' and '(RSR Category:)'. The table lists ACA Categories and their corresponding counts: < 100% (13), 100 - 138% (9), 139 - 200% (10), 201 - 250% (11), 251 - 400% (12), 401 - 500% (7), and More than 500% (8). Below the 'Household Data' section, there are tabs for 'Finance' and 'Life Insurance'.

- 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 (**2016**) **OR** have a record that was **Verified** in **2016**.
- If the client does not have a record with a 'Date of Assessment' in the RSR Reporting Year (**2016**) **OR** if it was not Verified in **2016**, 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 OAMC SERVICES ENTERED IN AIDS INSTITUTE PROGRAMS:

Because the NYSDOH – AIDS Institute does not receive any **Ryan White** funding for Outpatient Ambulatory Medical Care (OAMC) Services, all Services entered in AIRS under any AIDS Institute-related **Part B** Program with RSR mapping = 33A (OAMC generally seen in Primary Care service categories) will **NOT** be reported in the RSR. This is a change from the 2015 RSR where all OAMC Services from AIDS Institute Programs (RW-B, State, Prevention, etc.) were excluded. Now, only the Part B Outpatient Ambulatory Medical Care (OAMC) Services will be excluded in the RSR from AIRS if your agency receives OAMC from Part C, D, MAI-C, or MAI-D.

What this means to you:

It is possible that you will find additional Clinical (OAMC) clients in the 2016 RSR if your agency receives OAMC from Part C, D, MAI-C, or MAI-D. However, if these client-services were funded by RW Part B or another AIDS Institute program, the OAMC services will be ignored.

A) *SYSTEM VARIABLES*

Field Description

SV1 **Reporting Period**

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

- Report Period **16** = **January 1, 2016 - December 31, 2016**
- 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 (UCI)**

The Unique Client ID (UCI) 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.

- **NOTE:**

- Entry of “Case Closure” with *Reason of Closure* of 11 (Unknown / Lost to Follow-up) will be reported as code 5 (Relocated).
- Entry of “Case Closure” with *Reason of Closure* of 99 (Other) will not be reported. The client Enrollment Status will be considered as ‘Missing’.
 - It is suggested that a different Closure Reason be selected.
- **A status of “Pending” (as of the end date of the RSR Reporting Period) will be reported as having an “Active”.**

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.

Q8— If "Transgender" in Question 7, what is the client's transgender subgroup, if known?

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 **2016** 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 **2016** Federal Poverty Guidelines (Household Size and Poverty Level amount).

- **NOTE:** The “Unknown” reporting option category was removed in the 2014 RSR.
- **NOTE:** *Financial (Household Size & Income) information is not being used unless it has a ‘Date of Assessment’ in 2016 or has been Verified in 2016.*
 - 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 Federal Poverty Level (FPL) Category code 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 2016 Annual Household Income dollar amount so the client is reported in the <100% of the FPL category. This way they can be included.

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

A record with an ***Effective Date*** or ***Verified Date*** in **2016** 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 **2016** or has been verified in **2016**.
- **NOTE:** The “Housing Status’ question in the [Risk in last 12 Months] tab of the ‘HIV/AIDS Risk History’ form is not considered in the RSR.

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.
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 -
 - 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)

Continues on the next page →

- **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 **2016** 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 is not considered in the RSR.

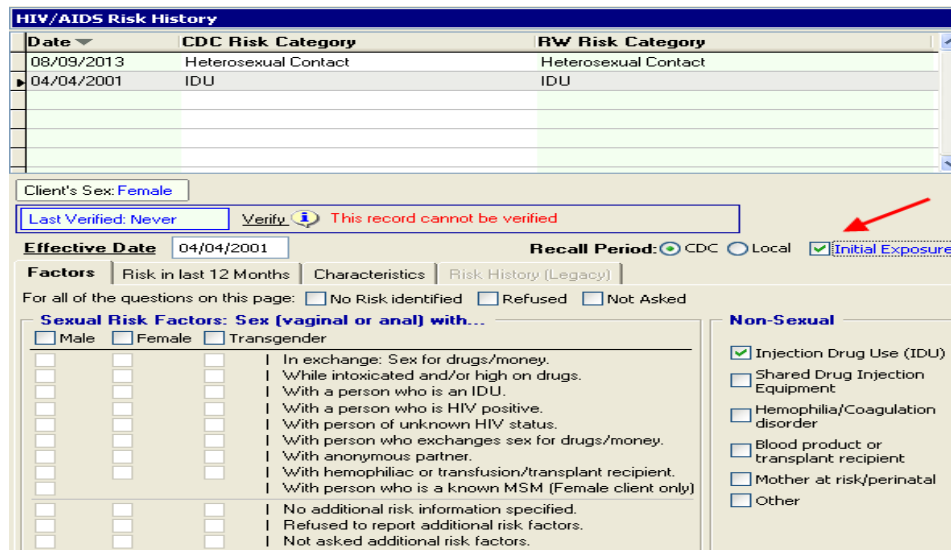
Q74— What is the Date of the client’s 1st Outpatient Ambulatory Care (OAMC) Visit after a Positive HIV Test?

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 Exposure to HIV** that is entered in the **[Factors] tab** of the HIV/AIDS RISK HISTORY screen.

- AIRS will first look for any HIV/AIDS Risk History records that have been identified as **“Initial Exposure”** (see screen shot below). 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”.
- In the 2016 RSR, **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.



Q15— Indicate all sources of the client’s Health *Insurance* 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 **2016** will be used.

- More than one Factor 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) Services if entered under an AI **RW-Part B** 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.

RSR Funded Service Categories			
Report Period:	2016 - 01/01/2016 to 12/31/2016	Filter By:	<input checked="" type="radio"/> None <input type="radio"/> Core <input type="radio"/> Supportive
Funded	Service Category	HRSA-ID	AIRS-ID
<input type="checkbox"/>	Outpatient/ambulatory medical care	8	33A
<input type="checkbox"/>	Oral health care	10	33C
<input type="checkbox"/>	Early intervention services (Parts A and B)	11	33D
<input type="checkbox"/>	Home health care	13	33F
<input type="checkbox"/>	Home and community-based health services	14	33G
<input type="checkbox"/>	Hospice services	15	33H
<input type="checkbox"/>	Mental health services	16	33I
<input type="checkbox"/>	Medical nutrition therapy	17	33J
<input type="checkbox"/>	Medical case management (including treatment adherence)	18	33K
<input type="checkbox"/>	Substance abuse services-outpatient	19	33L
<input checked="" type="checkbox"/>	Case management (non-medical)	20	33M
<input type="checkbox"/>	Child care services	21	33N
<input type="checkbox"/>	Pediatric development assessment/early intervention services	22	33O
<input checked="" type="checkbox"/>	Emergency financial assistance	23	33P
<input type="checkbox"/>	Food bank/home-delivered meals	24	33Q
<input type="checkbox"/>	Health education/risk reduction	25	33R
<input type="checkbox"/>	Housing services	26	33S
<input type="checkbox"/>	Legal services	27	33T
<input type="checkbox"/>	Linguistics services	28	33U
<input type="checkbox"/>	Medical transportation services	29	33V
<input type="checkbox"/>	Outreach services	30	33W
<input type="checkbox"/>	Permanency planning	31	33X
<input checked="" type="checkbox"/>	Psychosocial support services	32	33Y
<input type="checkbox"/>	Referral for health care/supportive services	33	33Z
<input type="checkbox"/>	Rehabilitation services	34	33AA
<input type="checkbox"/>	Respite care	35	33AB
<input type="checkbox"/>	Substance abuse services-residential	36	33AC
<input type="checkbox"/>	Treatment adherence counseling	37	33AD
<input type="checkbox"/>	Local AIDS Pharmaceutical Assistance	9	33B
<input type="checkbox"/>	Health Insurance Program (HIP)	12	33E

- **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 12).
 - 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

AIDS INSTITUTE Test System
AIRS - AIDS Institute Reporting System
AIRS ENCOUNTERS AND SERVICES LISTING

Version: 8.1.204
Version Date: 07/01/2008

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 SERVICE VISITS

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 (Parts A and B)	33D
Q19 — Home health care	33F
Q20 — Home and community-based health services	33G
Q21 — Hospice services	33H
Q22 — Mental health services	33I
Q23 —Medical nutrition therapy	33J
Q24 —Medical case management (including treatment adherence)	33K
Q25 —Substance abuse services—outpatient	33L

D) CORE MEDICAL & SUPPORT 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 —Local AIDS Pharmaceutical Assistance (APA, not ADAP)	33B
Q27 —Health Insurance Program (HIP)	33E
Q28 — Case management (non-medical) services	33M
Q29 — Child care services	33N
Q30 — Developmental assessment/early intervention services	33O
Q31 — Emergency financial assistance	33P
Q32 — Food bank/home delivered meals	33Q
Q33 — Health education/risk reduction	33R
Q34 — Housing services	33S
Q35 — Legal services	33T
Q36 — Linguistic services	33U
Q37 — Transportation services	33V
Q38 — Outreach services	33W
Q39 — Permanency planning	33X
Q40 — Psychosocial support services	33Y
Q41 — Referral for health care/supportive services	33Z
Q42 — Rehabilitation services	33AA
Q43 — Respite care	33AB
Q44 — Substance abuse services—residential	33AC
Q45 — Treatment adherence counseling	33AD

E) CLINICAL INFORMATION

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

- ➔ An **Outpatient/Ambulatory Care Visit** 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.

IMPORTANT REMINDER: “Unknown” was removed as a valid reporting option from a number of questions in the 2014 RSR.

- 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.

Q46— Was HIV Risk Reduction Screening/Counseling provided to this client during this reporting period?

- **Yes** will be included in the RSR if there is a SERVICE entered in the report period for **Service ID = 334 (HIV Transmission Prevention Education/Counseling), 330 (HIV Risk Reduction/Education), 331(HIV Risk Reduction/Education Group), or 629 (Risk Reduction Services)**.
 - See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.
- **No** will *only* be included in the RSR if there is no ‘Service’ 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 that meets the criteria 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.

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.
 - **'Viral Load Tests' entered with a COUNT of '1' will be reported in the RSR as '0'.**
 - **'Viral Load Tests' entered without a COUNT ('0' or 'No Count') and TEST RESULT is entered as**
 - **Undetectable**: The COUNT reported in the RSR is '0'.
 - **Something other than 'Undetectable'**: Nothing is reported in the RSR.
 - **NOTE:** The **VQ** (Qualitative HIV Diagnostic Tests) will not be reported in the RSR. Only **VL** (Quantitative) tests are reported.

Q51— Was the client prescribed *PCP Prophylaxis* at any time during this reporting period?

- **Yes** will be included in the RSR if there is a SERVICE in the report period for **Service ID = 1037 (PCP Prophylaxis)**.
 - See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.
- **No** will *only* be included in the RSR if there is no 'Service' with a Date in the RSR Reporting Period AND your agency has selected *No* in the "RSR Completeness Assessment" form.
- **Not Medically Indicated** will *only* be included in the RSR if there is no 'Service' with a Date in the RSR Reporting Period AND your agency has selected *Not Medically Indicated* in the "RSR Completeness Assessment" form.
- **No, Client Refused** will *only* be included in the RSR if there is no 'Service' with a Date in the RSR Reporting Period AND your agency has selected *Client Refused* in the "RSR Completeness Assessment" form.
- **NOTE:** The "**Unknown**" reporting option has been removed.
 - If nothing is entered that meets the criteria AND your agency has not selected *No*, *Not Medically Indicated*, or *No, Client Refused* in the "RSR Completeness Assessment" form, nothing will be reported in the RSR. The question will be considered as having "**Missing**" information.

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 **2016**.
 - Note that the ‘ARV Medications’ (entries are optional) are not considered in the RSR.

Date Asked ▲	Regimen Type	Status	Adherence Information
06/27/2014	ARV	Yes	Drugs on record

Regimen Type: ARV

Last Verified: Never Verify ⓘ Not eligible for verification

Date Asked: 06/27/2014

Is the client on ARV?

Yes (Optional) The ARV Medications are

Intelence
Lexiva

No Reason:

Adherence

Unknown for the past 7 days

Percent Adherence over the past 7 days:

[View Legacy ARV/Medication History...](#)

- **No** will be included in the RSR if the client was not on ARV at any time during the RSR Reporting Year or has a:
 - **DRUG THERAPY HISTORY** record indicating a **No** with a *Date Asked* or a *Verified Date* in 2015.
 - The answer entered in the “Reason” field will be used to report the appropriate “**No response**” RSR code. *See next page.*

'Reasons' for NO ARV Therapy Reported in the RSR

01	Asymptomatic	Missing: "Not medically indicated" removed.
02	Change in insurance	(7) No, other reason
03	Denial of diagnosis/illness	(4) Client refused
04	Distrust regarding treatment	(4) Client refused
05	Homeless	(3) Clinical determination that client not ready
06	Not recommended by PCP	(3) Clinical determination that client not ready
07	Other	(7) No, other reason
08	Psychosocial barriers	(3) Clinical determination that client not ready
09	Side Effects/resistance to medication	(5) Intolerance, side effects or toxicity noted
10	Unable to keep medical monitor appts	(3) Clinical determination that client not ready
11	Uninformed about ARV	(3) Clinical determination that client not ready
12	Uninsured/Underinsured	(7) No, other reason

- **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) the Legacy "Is client currently on ARV Therapy question = No" and there is no "Reason", OR c) 'Asymptomatic' was entered for the 'No' Reason, and your agency has not selected one of the "*No*" options in the "RSR Completeness Assessment" form, nothing will be reported in the RSR. The question will be considered as having "**Missing**" information.

Q54— Has the client been *Screened for TB since his/her HIV Diagnosis?*

Based on the actual Date of the client's HIV+ Diagnosis found in AIRS, AIRS will determine if the client was screened for TB since their diagnosis.

- **Screenings are not limited to the RSR Reporting Year.**
- Note: Although only the Year is reported in Q72, Q54 compares the actual Date.
- **Yes** will be included in the RSR if there is an **applicable:**
 - SERVICE: When the **Date** of **Service ID = 452 (TB Screen (PPD/Anergy)), 815 (TB Test Indicated), and 1205 (TB Screen (QuantiFeron))** is after the clients HIV+ Diagnosis Date.
 - *See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.*
 - Or -
 - TB STATUS HISTORY record: When the record having an **Effective Date of Status** is after the clients HIV+ Diagnosis Date.
 - Or -
 - LABORATORY & PSYCHOLOGICAL TESTS record: When the **Date** indicating a **QuantiFeron TB (QF)** screening occurred (but was not identified as "Not Medically Indicated") after the clients HIV+ Diagnosis.

- **Not Medically Indicated** will be included in the RSR if the **Date** of the client's 'Laboratory & Psychological Test' record for QuantiFeron (QF) is flagged as "Not Medically Indicated" and is after the client's HIV+ Diagnosis Date.
 - This assumes there is 1) no Service, 2) no 'TB Status History' record and 3) no other 'Lab Test' record without a flag for "Not Medically Indicated" after the client's HV Diagnosis Date.
 - "Not Medically Indicated" can also be manually selected from the "RSR Completeness Assessment" when no applicable Service, TB Lab Test, or PPD record is seen in AIRS during the reporting period.
- **No** will *only* be included in the RSR if there is no 'Service', 'TB Status History', or 'QF' Lab Test with a Date after the client's HIV+ Diagnosis Date AND your agency has selected *No* in the "RSR Completeness Assessment" form.
- **Unknown** will be included in the RSR if there is no Service, TB Status History, or QF Lab Test with a Date after the client's HIV+ Diagnosis Date AND your agency has not selected *No* or *Not Medically Indicated* in the "RSR Completeness Assessment" form.

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)**.
 - *See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.*
 - **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.

Q57— Was the client **Screened for Hepatitis B since his/her HIV Diagnosis?**

Based on the actual Date of the client's HIV+ Diagnosis found in AIRS, AIRS will determine if the client was screened for Hepatitis B since their diagnosis.

- **Screenings are not limited to the RSR Reporting Year.**
- Note: Although only the Year is reported in Q72, Q57 compares the actual Date.
- **Yes** will be included in the RSR if there is an applicable:
 - SERVICE: When the **Date** of **Service ID = 358 (Hepatitis Panel)** or **757 (Screening/Testing for Hepatitis B)** is after the clients HIV+ Diagnosis Date.
 - *See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.*
 - Or -
 - LABORATORY & PSYCHOLOGICAL TESTS record: When the **Date** indicating a **Hepatitis B Screening (HB)** screening occurred (but was not identified as "Not Medically Indicated") after the clients HIV+ Diagnosis.
- **Not Medically Indicated** will be included in the RSR if one of the following occurs.
 - a. LABORATORY & PSYCHOLOGICAL TESTS record indicating **Hepatitis B Screening (HB)** flagged as "Not Medically Indicated" has a **Date** after the client's HIV+ Diagnosis Date.
 - b. One of the following "**End-of-the-Line**" Hepatitis B Status record entries occurred in the HEPATITIS STATUS / VACCINATION HISTORY screen with a **Date** after the client's HIV+ Diagnosis Date.

5	Immune due to natural infection
6	Infected (acute)
7	Infected (chronic)
11	Immune due to previous vaccination

- c. User manually selects it in the “RSR Completeness Assessment”.
 - “Not Medically Indicated” is only available for selection when no applicable a) Service, b) HB Lab Test, or c) Hepatitis B Status record indicating an “End of Line” status is entered in the “Hepatitis Status/Vaccination History” screen -- is found after the client’s HIV+ Diagnosis Date.
- **No** will *only* be included in the RSR if there is no ‘Service’, ‘HB’ Lab Test, or Hepatitis Status/Vaccination History record indicating an “End of Line” status for ‘Hepatitis B’ --- with a Date after the client’s HIV+ Diagnosis Date AND your agency has selected *No* in the “RSR Completeness Assessment” form.
- **Unknown** will be included in the RSR if there is no ‘Service’, ‘HB’ Lab Test, or Hepatitis Status/Vaccination History record indicating an “End of Line” status for ‘Hepatitis B’ --- with a Date after the client’s HIV+ Diagnosis Date AND your agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q58— Has the client **Completed the Vaccine Series for Hepatitis B?**

AIRS will look for HEPATITIS STATUS / VACCINATION HISTORY information before considering the Service. A record with an **Effective Date** or **Verified Date** in **2016** will be used.

- **Yes** will be included in the RSR if there is a:
 - HEPATITIS STATUS / VACCINATION HISTORY record where *Type* = Hepatitis B and:
 - *Status* = 4 (Vaccination completed)
(This is No longer an active option)
- Or -
 - *Status* = 8 (Vaccination completed, non-responder)
- Or -
 - ***Status* = 16 (Vaccination completed – serology not indicated)**
- Or -
 - There are no HEPATITIS STATUS / VACCINATION HISTORY records for Hepatitis B within the report period but there is a SERVICE in the report period for **Service ID = 356 (Hepatitis B Vaccine Administered) or Service ID = 1349 (Hepatitis A & B Vaccine Administered)**.
 - See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.

- **No** will be included in the RSR if there is a HEPATITIS STATUS / VACCINATION HISTORY record where *Type* = Hepatitis B and:
 - *Status* = 1 (Susceptible, vaccination initiated)
- Or -
 - *Status* = 2 (Susceptible, vaccination refused).
- **Not medically indicated** will be included in the RSR if there is a HEPATITIS STATUS / VACCINATION HISTORY record where *Type* = Hepatitis B and:
 - *Status* = 3 (Susceptible, vaccination contraindicated)
- Or -
 - *Status* = 5 (Immune due to natural infection)
- Or -
 - *Status* = 6 (Infected (acute))
- Or -
 - *Status* = 7 (Infected (chronic))
- Or -
 - *Status* = 11 (Immune due to previous vaccination)
- **NOTE:** The “**Unknown**” reporting option has been removed.
 - If nothing is entered, verified, or applicable (like (13) ‘Unknown’ in the HEPATITIS STATUS / VACCINATION HISTORY screen for Hepatitis B) 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.

Q60— Has the client been **Screened for Hepatitis C since his/her HIV Diagnosis?**

Based on the actual Date of the client’s HIV+ Diagnosis found in AIRS, AIRS will determine if the client was screened for Hepatitis C since their diagnosis.

- **Screenings are not limited to the RSR Reporting Year.**
 - Note: Although only the Year is reported in Q72, Q60 compares the actual Date.
 - **Yes** will be included in the RSR if there is an applicable:
 - SERVICE: When the **Date of Service ID = 358 (Hepatitis Panel) 759 (Screening/Testing for Hepatitis C), 1161 (HCV Genotype), or 1199 (HCV Viral Load (Diagnostic))** is after the clients HIV+ Diagnosis Date.
 - *See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.*
- Or -

- LABORATORY & PSYCHOLOGICAL TESTS record: When the **Date** indicating a **Hepatitis C Screening (HC)** screening occurred (but was not identified as “Not Medically Indicated”) after the clients HIV+ Diagnosis.
- Or -
- HCV RAPID TESTING record: When the **Date** of the **HCV Rapid Test** occurred after the clients HIV+ Diagnosis.
- **Not Medically Indicated** will be included in the RSR if one of the following occurs.
 - a. LABORATORY & PSYCHOLOGICAL TESTS record indicating **Hepatitis C Screening (HC)** flagged as “Not Medically Indicated” has a **Date** after the client’s HIV+ Diagnosis Date.
 - b. With code 7 (Infected (chronic)) changed from an “End-of-the-Line” Hepatitis C Status in the HEPATITIS STATUS / VACCINATION HISTORY screen, there are no Statuses that would report ‘Not Medically Indicated’.
 - c. User manually selects it in the “RSR Completeness Assessment”.
 - “Not Medically Indicated” is only available for selection when no applicable a) Service, b) HC Lab Test, c) Hepatitis C Status record indicating an “End of Line” status in the “Hepatitis Status/Vaccination History” screen, or d) HCV Rapid Test record -- is found after the client’s HIV+ Diagnosis Date.
- **No** will *only* be included in the RSR if there is no ‘Service’, ‘HC’ Lab Test, Hepatitis Status/Vaccination History record indicating an “End of Line” status for ‘Hepatitis C’, or d) HCV Rapid Test record with a Date after the client’s HIV+ Diagnosis Date AND your agency has selected *No* in the “RSR Completeness Assessment” form.
- **Unknown** will be included in the RSR if there is no ‘Service’, ‘HC’ Lab Test, Hepatitis Status/Vaccination History record indicating an “End of Line” status for ‘Hepatitis C’, or HCV Rapid Test record with a Date after the client’s HIV+ Diagnosis Date AND your agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q61— Was the client Screened for Substance Use (alcohol and drugs) during this reporting period?

- **Yes** will be included in the RSR if there is a:
 - SERVICE in the report period for **Service ID = 798 (Substance Use Assessment)**.

- See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.
- Or -
- SUBSTANCE USE HISTORY record having an Effective Date **or Verified Date** within the RSR Report period.
 - “Abstaining” and “None” are considered “screened” since the question was asked and answered.
- **No** must be entered via the “RSR Completeness Assessment” when screening did not occur.
 - *Note:* “Abstaining” and “None” are reported as “Yes” in the RSR because the screening occurred. The question does not ask if the client is using substances, just whether they were screened for substances.
- **Not Medically Indicated** will *only* be included in the RSR if the user manually selects it in the “RSR Completeness Assessment”.
- **NOTE:** The “**Unknown**” reporting option has been removed.
 - If nothing is entered or verified 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.

Q62— Was the client **Screened for Mental Health** during this reporting period?

- **Yes** will be included in the RSR if there is a SERVICE in the report period for **Service ID = 36 (Assessment of Mental Health & Social Needs), 693 (Psychological Assessment), 694 (Psychological Assessment/Testing), 698 (Psychosocial Assessment), or 1189 (Depression Screening)**.
 - See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.
- **No** must be entered via the “RSR Completeness Assessment” when screening did not occur.
- **Not Medically Indicated** will *only* be included in the RSR if the user manually selects it in the “RSR Completeness Assessment”.
- **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.

Q63— (For HIV+ females only) Did the client receive a *Pap Smear* during this reporting period?

- **Yes** will be included in the RSR if there is a:
 - SERVICE in the report period for **Service ID = 289 (GYN: Pelvic Exam and Pap Smear), 290 (GYN: Pelvic Exam with Pap Smear), or 622 (Pelvic Exam With Pap Smear)**.
 - *See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.*
 - Or -
 - LABORATORY & PSYCHOLOGICAL TESTS record indicating a Cervical Pap Smear (PS) occurred in 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 Cervical Pap Smear (PS) during the Report Period is flagged as “Not Medically Indicated”.
 - This assumes there is 1) no Service and 2) no other ‘PS’ Lab Test records without the flag for “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** must be entered via the “RSR Completeness Assessment” when screening did not occur.
- **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.
 - ***Be sure to change the “Report Selection” from “All” to “Active Only”.***
 - 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 17 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 **2016-AIRS-Services-Grouped-by-RDR-Mapping.PDF** document from the RSR section of the www.airsny.org web site.
 - Unlike the *AIRS Encounters and Services Listing* (Item 1), the **2016-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, 3AB,...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.

APPENDIX 2

Where to find the Services in AIRS for Questions 46 - 63

Q46 Service ID = 334 (HIV Transmission Prevention Education/Counseling)

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) (190) Therapeutic Visit (7 Tier)

Service ID = 330 (HIV Risk Reduction/Education)

Service Category	Encounter (with code in parenthesis)
Adult Day Health Care	(14) Attendance
Care Coordination	(56) Education/Risk Reduction
Mental Health	(56) Education/Risk Reduction
Medical Case Management	(69) Face To Face (130) Other

Service ID = 331 (HIV Risk Reduction/Education Group)

Service Category	Encounter (with code in parenthesis)
Adult Day Health Care	(14) Attendance
Care Coordination	(56) Education/Risk Reduction
Mental Health	(56) Education/Risk Reduction

Continues on the next page →

Service ID = 629 (Risk Reduction Services)

Service Category	Encounter (with code in parenthesis)
Compr. Risk Counseling & Refer Svcs (CRCS)	(143) Plan Development
	(144) Plan Implementation
	(161) Reassessment
	(168) Screening/Intake
Counseling and Testing	(211) HIV Counseling (Positive)
	(212) HIV Counseling without Testing
	(214) HIV Testing
Interventions Delivered to Individuals (IDI)	(140) Peer Training Services
	(208) Curriculum Based Prevention Education
	(215) HIV/STD Risk Reduction Counseling and Referral
	(223) Peer Education Services
	(227) Single Session Curriculum Based Harm Reduction
	(228) Single Session Curriculum Based Prevention Education
	(230) Substance Use Harm Reduction
	(245) Multiple Session Curriculum Based Harm Reduction
	(246) Multiple Session Curriculum Based Prevention Educat.
Interventions Delivered to Groups (IDG)	(140) Peer Training Services
	(215) HIV/STD Risk Reduction Counseling and Referral
	(223) Peer Education Services
	(227) Single Session Curriculum Based Harm Reduction
	(228) Single Session Curriculum Based Prevention Education
	(230) Substance Use Harm Reduction
	(245) Multiple Session Curriculum Based Harm Reduction
	(246) Multiple Session Curriculum Based Prevention Educat.
Partner Counseling & Referral Srv (PCRS)	(175) Spouse/Partner Notification (S/PN)
	(222) Partner Counseling and Referral
	(242) Initial Partner Counseling and Referral contact
	(247) Partner Counseling and Referral Follow-up

Q51 Service ID = 1037 (PCP Prophylaxis)

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)

Q53 Service ID = 452 (TB Screen (PPD/Anergy))

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 = 1205 (TB Screen (QuantiFeron))

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)

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Service ID = 815 (TB Test Indicated)

(NOTE: Users can no longer enter this. It is not an “active” Service in AIRS.)

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)
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation
Primary Medical Care 5 Tier	(288) Hepatitis C Treatment Monitoring
	(213) HIV Monitoring (5 Tier)
Primary Medical Care 7 Tier	(219) Initial/Annual Comprehensive HIV Medical Evaluation
	(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)

Q55 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)
	(213) HIV Monitoring (5 Tier)
Primary Medical Care 5 Tier	(219) Initial/Annual Comprehensive HIV Medical Evaluation
	(103) Initial Visit (7 Tier)
Primary Medical Care 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)

Q56 Service ID = 358 (Hepatitis Panel)

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 = 757 (Screening/Testing for Hepatitis B)

Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(89) Hepatitis Screening, Testing, Treatment
	(164) Routine GYN Visit
	(188) TB Services
	(243) Initial Visit (General)
	(244) Interim Visit (General)
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation
(288) Hepatitis C Treatment Monitoring	
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier)
	(219) Initial/Annual Comprehensive HIV Medical Eval
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)

Q58 Service ID = 356 (Hepatitis B Vaccine Administered)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up (35) Clinical Visit (General Clinic Rate) (89) Hepatitis Screening, Testing, Treatment (164) Routine GYN Visit (188) TB Services (243) Initial Visit (General) (244) Interim Visit (General) (287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation (288) Hepatitis C Treatment Monitoring (296) Hepatitis C Pre-Treatment Evaluation
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier) (219) Initial/Annual Comprehensive HIV Medical Eval
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)
Harm Reduction	(319) Harm Reduction/Medical Care

Service ID = 1349 (Hepatitis A & B Vaccine Administered)

Service Category	Encounter (with code in parenthesis)
Harm Reduction	(319) Harm Reduction/Medical Care

Q59 Service ID = 358 (Hepatitis Panel)

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) (220) 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 = 759 (Screening/Testing for Hepatitis C)

Primary Care	(34) Clinical Trial Follow-Up
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	(35) Clinical Visit (General Clinic Rate)
	(89) Hepatitis Screening, Testing, Treatment
	(164) Routine GYN Visit
	(188) TB Services
	(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 = 1161 (HCV Genotype)

Service Category	Encounter (with code in parenthesis)
Primary Care	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation

Service ID = 1199 (HCV Viral Load (Diagnostic))

Service Category	Encounter (with code in parenthesis)
Primary Care	(89) Hepatitis Screening, Testing, Treatment
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation

Q61 Service ID = 798 (Substance Use Assessment).

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)
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation
	(288) Hepatitis C Treatment Monitoring
	(296) Hepatitis C Pre-Treatment Evaluation
	(297) Hepatitis C Post-Treatment Evaluation
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)
	(190) Therapeutic Visit (7 Tier)

Q62 Service ID = 36 (Assessment of Mental Health & Social Needs)

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) (287) Initial Hepatitis C Medical Evaluation and Treatment Education (288) Hepatitis C Treatment Monitoring (296) Hepatitis C Pre-Treatment Evaluation
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) (190) Therapeutic Visit (7 Tier)

Service ID = 693 (Psychological Assessment)

Service Category	Encounter (with code in parenthesis)
Psychological Counseling	(40) Counseling (Psychological)

Service ID = 694 (Psychological Assessment/Testing)

Service Category	Encounter (with code in parenthesis)
Mental Health	(157) Psychiatric Services (158) Psychological Services

Service ID = 698 (Psychosocial Assessment)

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) (288) Hepatitis C Treatment Monitoring (296) Hepatitis C Pre-Treatment Evaluation
Mental Health	(157) Psychiatric Services (158) Psychological Services

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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) (190) Therapeutic Visit (7 Tier)

Service ID = 1189 (Depression Screening)

Service Category	Encounter (with code in parenthesis)
Primary Care	(287) Initial Hepatitis C Medical Evaluation & Treatment Evaluation (288) Hepatitis C Treatment Monitoring (296) Hepatitis C Pre-Treatment Evaluation (297) Hepatitis C Post-Treatment Evaluation
Mental Health	(157) Psychiatric Services (158) Psychological Services
Hepatitis C Care and Treatment Services	(287) Initial Hepatitis C Medical Evaluation & Treatment Evaluation (288) Hepatitis C Treatment Monitoring (296) Hepatitis C Pre-Treatment Evaluation (297) Hepatitis C Post-Treatment Evaluation (300) HCV Care Services

Q63 Service ID = 289 (GYN: Pelvic Exam and Pap Smear)

Service Category	Encounter (with code in parenthesis)
Medical Subspecialty Care	(114) Medical Subspecialty Services

Service ID = 290 (GYN: Pelvic Exam with Pap Smear)

Service Category	Encounter (with code in parenthesis)
Medical Subspecialty Care	(115) Medical Subspecialty Services - Follow-up

Service ID = 622 (Pelvic Exam With Pap Smear)

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)

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Service ID = 622 (Pelvic Exam With Pap Smear)

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)
Primary Medical Care 7 Tier	(219) Initial/Annual Comprehensive HIV Medical Evaluation
	(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)