



**GUIDE To The 2018 RSR**  
**(Ryan White HIV/AIDS Services Report)**  
**December 27, 2018**

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

## Table of Contents

	PAGE
<b><u>INTRODUCTION</u></b>	<b>3</b>
<b><u>ABOUT THE RSR</u></b>	<b>4</b>
Grantee Report.....	4
Provider Report.....	4
Client Report.....	5
<b><u>UNDERSTANDING THE CLIENT REPORT</u></b>	<b>7</b>
Eligible Clients to be included in the RSR.....	8
Important Note about OAHS Services entered in AIDS Institute Programs.....	9
A) System Variables.....	10
B) Client Demographics (Questions 2 - 15 and 68 - 74).....	11
Background Information for Core & Support Services .....	17
C) Core Service Visits (Questions 16 - 25).....	19
D) Core & Support Services Delivered (Questions 26 - 45).....	20
E) Clinical Information (Questions 46 - 64).....	21
<b><u>APPENDIX 1:</u></b>	<b>35</b>
How to find the Services that are “Mapped” to the RDR Categories	
<b><u>APPENDIX 2:</u></b>	<b>36</b>
Where to find the Services in AIRS for Questions 46 - 63	

## 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 "2017 RSR Guide" to the "2018 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 **1/1/18 – 12/31/18** 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 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 **2018** 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 **2018** 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 **2018** 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 **2018** 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 **2018** RSR, Eligible Clients must a) be HIV-Positive (or be an Infant with an HIV–Indeterminate) Status, b) have a **2018** 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 **2018** 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.**

<b>AIRS PEDIATRIC HIV Statuses</b>	<b><u>Clients &lt; 2 years old</u></b> <b>What AIRS would report in RSR</b>
(05) HIV-Infected (Pediatric)	(3) HIV-positive, AIDS status unknown
(06) HIV Vertical (Perinatal) Exposure	<b>(7) HIV indeterminate (infants &lt;2 yrs. only)</b>
(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

<b>AIRS PEDIATRIC HIV Statuses</b>	<b><u>Pediatric Clients &gt;= 2 years old (2-12)</u></b> <b>What AIRS would report in RSR</b>
(05) HIV-Infected (Pediatric)	(3) HIV-positive, AIDS status unknown
(06) HIV Vertical (Perinatal) Exposure	<b>Not included in RSR</b>
(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' button and a red 'X' icon. Below this is a 'Date of Assessment' field with a date selection tool. The main section is titled 'Household Data' and contains several input fields: 'Household size', 'Total annual household income', and 'Incarcerated' (with a checkbox). To the right of these fields is a table for '% of Federal Poverty Level (FPL): (RSR Category: )'. The table lists ACA categories and their counts: < 100% (13), 100 - 138% (9), 139 - 200% (10), 201 - 250% (11), 251 - 400% (12), 401 - 500% (7), and More than 500% (8). There is also a 'View...' button next to the table. Below the household data are sections for 'Finance' and 'Life Insurance'.

- a. 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 (2018) OR have a record that was Verified in 2018.
- b. If the client does not have a record with a ‘Date of Assessment’ in the RSR Reporting Year (2018) OR if it was not Verified in 2018, 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 SERVICES ENTERED IN AIDS INSTITUTE PROGRAMS:**

Because the NYSDOH – AIDS Institute does not receive any Ryan White funding for **Outpatient Ambulatory Health Services (OAHS)**, all Services entered in AIRS under any AIDS Institute-related **Part B** Program with RSR mapping = 33A (OAHS is generally seen in Primary Care service categories) will NOT be reported in the RSR.

**What this means to you:**

If these client-services were funded by RW Part B, the **OAHS** 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 **20 = January 1, 2018 - December 31, 2018**
- 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.

- **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 being “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.

**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 **2018** 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 **2018** 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 2018 or has been Verified in 2018.*
  - 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 **2018** 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 **2018** 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 **2018** or has been verified in **2018**.
- **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 **2017** 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.

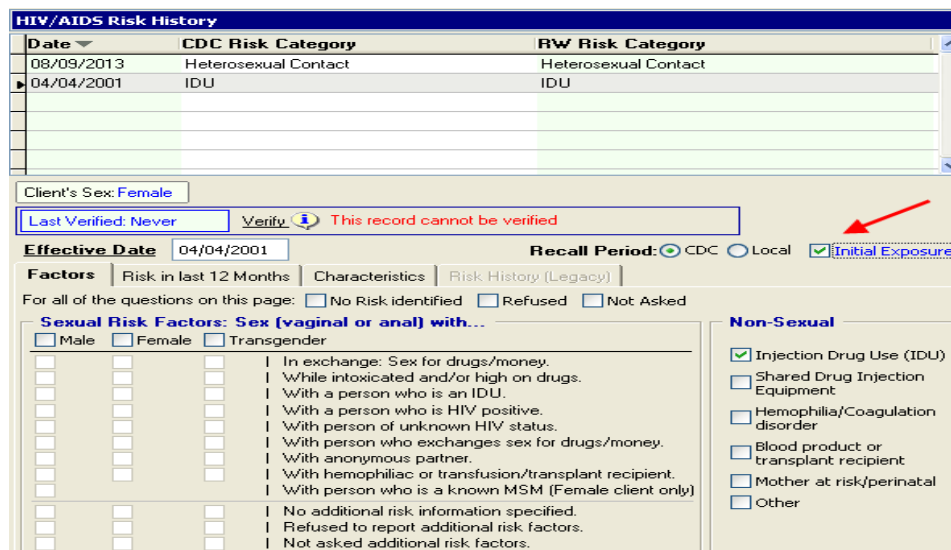
### **Q74— What is the Date of the client’s 1<sup>st</sup> Outpatient Ambulatory Care (OAMC) Visit after a Positive HIV Test?**

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”.
- **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 **2018** will be used.

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



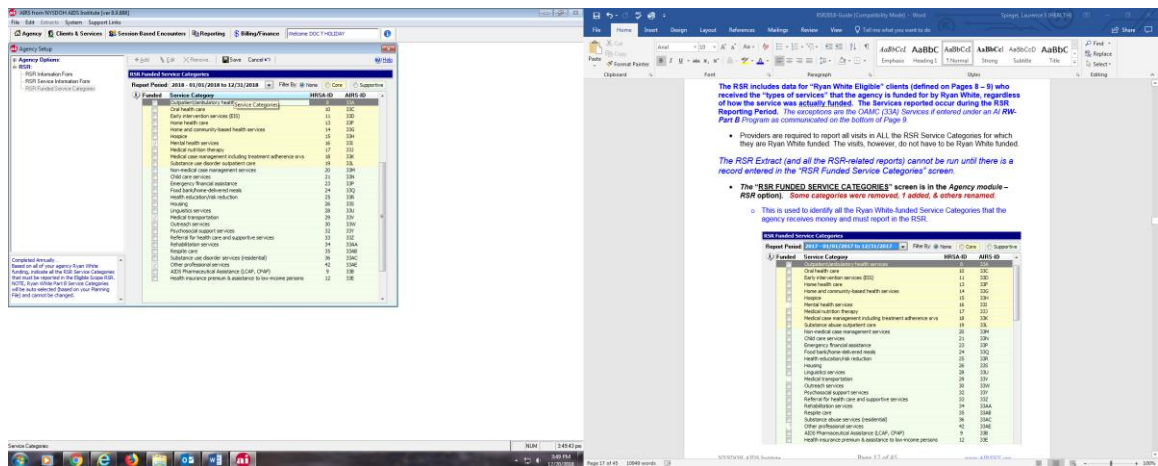
## **BACKGROUND INFORMATION FOR CORE & SUPPORT SERVICES**

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.



- **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  
 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		
<b>Service:</b>				
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 (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 <b>disorder</b> outpatient care	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>
<b>Q26</b> —AIDS Pharmaceutical Assistance (LCAP, CPAP)	33B
<b>Q27</b> —Health Insurance premium & assistance to low-income persons	33E
<b>Q28</b> — Non-medical case management services	33M
<b>Q29</b> — Child care services	33N
<b>Q31</b> — Emergency financial assistance	33P
<b>Q32</b> — Food bank/home delivered meals	33Q
<b>Q33</b> — Health education/risk reduction	33R
<b>Q34</b> — Housing	33S
<b>Q36</b> — Linguistic services	33U
<b>Q37</b> — Medical Transportation	33V
<b>Q38</b> — Outreach services	33W
<b>Q40</b> — Psychosocial support services	33Y
<b>Q41</b> — Referral for health care <b>and</b> supportive services	33Z
<b>Q42</b> — Rehabilitation services	33AA
<b>Q43</b> — Respite care	33AB
<b>Q44</b> — Substance abuse <b>disorder</b> services (residential)	33AC
<b>Q46</b> — Other professional care	33AE

## 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.

**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.
- **Not Medically Indicated** will be reported in the RSR if one of the following occurs.
  1. There is **no 'PCP Prophylaxis'** Service with a Date in the RSR Reporting Period **AND** the following holds **true**.
    - a) The client's most recent CD4+ count in the RSR Reporting Year is  $\geq 300$ ,  
AND
    - b) The client is on ARV Therapy as of December 31 of the RSR Reporting Year. Therefore, the most recent 'Drug Regimen History' record for ARV in the RSR Reporting Year must either:
      - Indicate '**YES**' to the "Is the client on ARV?" question with a **Date Asked** in the RSR Reporting Year
      - OR
      - Indicate '**YES**' to the "Is the client on ARV?" question with a **Date Asked** prior to the RSR Reporting Year but having a Last **Verified Date** in the RSR Reporting Year
  2. There is no '**PCP Prophylaxis**' Service with a Date in the RSR Reporting Period **AND** your agency has selected *Not Medically Indicated* in the "RSR Completeness Assessment" form.
- **No** will *only* be included in the RSR if there is no 'Service' with a Date in the RSR Reporting Period, 'Not Medically Indicated' is not reported, **AND** your agency has selected *No* 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 'Not Medically Indicated' is not reported, **AND** your agency has selected *Client Refused* in the "RSR Completeness Assessment" form.
- 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 **2018**.
  - 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 **2018**.
    - 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	<b>Missing:</b> "Not medically indicated" <b>removed.</b>
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.*

- **HIV+ Diagnosis Date** is the earliest HIV-Positive dated record in the client's 'HIV Status Information' screen.
- **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 on or after the client's 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 client’s 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 on or 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 on or 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.*

- **HIV+ Diagnosis Date** is the earliest HIV-Positive dated record in the client’s ‘HIV Status Information’ screen.
- **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 on or after the client’s 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”) on or after the client’s HIV+ Diagnosis.
- **Not Medically Indicated** will be included in the RSR if YES is not reported and one of the following occurs.
  - a. LABORATORY & PSYCHOLOGICAL TESTS record indicating **Hepatitis B Screening (HB)** flagged as “Not Medically Indicated” has a **Date** on or after the client’s HIV+ Diagnosis Date.

- b. One of the following **Hepatitis B Status** record entries occurred in the HEPATITIS STATUS / VACCINATION HISTORY screen with a **Date** on or 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             |
| 14 | Immune, reason unknown/not specified           |
| 16 | Vaccination Completed – serology not 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) HB Lab Test, or c) Hepatitis B Status/Vaccination History record that reports ‘Not Medically Indicated’ 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 that reports ‘Not Medically Indicated --- with a Date on or 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 that reports ‘Not Medically Indicated --- with a Date on or after the client's HIV+ Diagnosis Date AND your agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form. This includes Hepatitis Status = 1,2,3,8,13.

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

AIRS will look for a Service before considering the HEPATITIS STATUS / VACCINATION HISTORY information. This is **NOT** limited to the RSR Reporting year. Any date prior to the end of the RSR Reporting Period will be considered.

- **Yes** will be included in the RSR if there is a:
  - HEPATITIS STATUS / VACCINATION HISTORY record where *Type* = Hepatitis B and:
    - *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 YES is not reported and there is a HEPATITIS STATUS / VACCINATION HISTORY record where *Type* = Hepatitis B and:
  - Status = 1 (Susceptible, vaccination initiated)  
- Or -
  - Status = 2 (Susceptible, vaccination refused).  
- Or -
  - Status = 3 (Susceptible, vaccination contraindicated)
- **Not medically indicated** will be included in the RSR if YES is not reported and there is a HEPATITIS STATUS / VACCINATION HISTORY record where *Type* = Hepatitis B and:
  - 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)
  - Status = 14 (Immune, reason unknown/not specified)
  - Status = 17 (Susceptible, vaccination not indicated)
  - 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.*

- **HIV+ Diagnosis Date** is the earliest HIV-Positive dated record in the client's 'HIV Status Information' screen.
  - **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 on or after the client's 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") on or after the client's HIV+ Diagnosis.
      - Or -
    - HCV RAPID TESTING record: When the **Date** of the **HCV Rapid Test** occurred on or after the client's HIV+ Diagnosis.
  - **Not Medically Indicated** will be included in the RSR if YES is not reported and one of the following occurs.
    - a. LABORATORY & PSYCHOLOGICAL TESTS record indicating **Hepatitis C Screening (HC)** flagged as "Not Medically Indicated" has a **Date** on or 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 **on or** 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 on or 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 on or 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 **2018-AIRS-Services-Grouped-by-RDR-Mapping.PDF** document from the RSR section of the [www.airsny.org](http://www.airsny.org) web site.
  - Unlike the *AIRS Encounters and Services Listing* (Item 1), the **2018-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.
  - Note: **All the Services** associated with **Encounter 156 (Promoting Access)** and **256 (Assistance with Access to Benefits)** under the **00045 (Promoting Access to Care) Service Category** have their mappings **changed** from **33Z (Referral for health care and supportive services)** to **33R (Health Education/Risk Reduction)**.
    - **If this adversely affects you, please contact us via the 2018 RSR email thread or directly via email.**

## 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

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**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)
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)

**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)**

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
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)
Primary Medical Care 7 Tier	(219) Initial/Annual Comprehensive HIV Medical Eval
	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
Harm Reduction	(180) Subsequent Annual Comprehensive (7 Tier)
	(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)
Primary Medical Care 7 Tier	(220) 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)

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**Service ID = 759 (Screening/Testing for Hepatitis C)**

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)
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

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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)
Medical Case Management	(69) Face To Face (130) Other
Hepatitis C Care and Treatment Services	(297) Hepatitis C Post-Treatment Evaluation (288) Hepatitis C Treatment Monitoring (287) Initial Hepatitis C Medical Evaluation and Pre-Treatment Evaluation
Linkage, Retention, & Adherence Services	(310) Retention/Engagement and Adherence

## 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)
Hepatitis C Care and Treatment Services	(287) Initial Hepatitis C Medical Evaluation and Pre-Treatment Evaluation

**Service ID = 693 (Psychological Assessment)**

Service Category	Encounter (with code in parenthesis)
Psychological Counseling	(40) Counseling (Psychological)
LGBT Health & Human Services	(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
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)
Hepatitis C Care and Treatment Services	(288) Hepatitis C Treatment Monitoring

**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

**Continues on the next page →**

Mental Health (157) Psychiatric Services  
(158) Psychological Services

Hepatitis C Care and Treatment Services  
(287) Initial Hepatitis C Medical Evaluation & Pre-Treatment Evaluation  
(288) Hepatitis C Treatment Monitoring  
(297) Hepatitis C Post-Treatment Evaluation

### **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)

### **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)