Ryan White Services Report (RSR)
Web Application

Data Dictionary and XML Schema Implementation Guide
Version 3.6

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Submitted to:

HRSA
Health Resources & Services Administration

Health Resources and Services Administration
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Most Recent Document Version History

Version	Date	Author	Description

3.3	4/17/2017	Leidos	The following updates were addressed in this version:
			• Deleted information for data elements and allowed response categories that were removed for Version 3.0. Also removed other notes and document markups, such as the "New" and "Revised" labels, that were added to previous versions of this document to highlight content changes in the body of the document.
			• Updated service category names for ClientReportServiceVisits to match HAB Policy Change Notice #16-02.
			• For ClientReportServiceDelivered,
			  o Updated service category names to match HAB Policy Change Notice #16-02
			  o Deleted ServiceID 22, Pediatric development assessment/early intervention services
			  o Deleted ServiceID 27, Legal Services
			  o Deleted ServiceID 31, Permanency Planning
			  o Deleted ServiceID 37, Treatment adherence counseling
			  o Added ServiceID 42, Other Professional Services

3.4	8/1/2017	Leidos/REI	The following updates were addressed in this version:
			• Updated the SchemaVersion data element.
			• Deprecated the TransgenderID data element.
			• Revised GenderID data element:
			  o Deleted value 3, Transgender, for the GenderID data element.
			  o Added value 6, Transgender Male to Female
			  o Added value 7, Transgender Female to Male
			  o Added value 8, Transgender Other
			• For ClientReportServiceDelivered,
			  o
			  o Updated service category name from "AIDS Pharmaceutical Assistance" to "AIDS Pharmaceutical Assistance (LPAP, CPAP)"
			  o Deleted ServiceID 22, Developmental assessment/early intervention services
			  o Deleted ServiceID 27, Legal services
			  o Deleted ServiceID 31, Permanency planning
			  o Deleted ServiceID 37, Treatment adherence counseling

3.5	8/18/2017	Leidos/REI	The following updates were addressed in this version:
			• For ClientReportServiceDelivered,
			  o Updated the ReferenceID 75, Other Professional Services
			  o Updated the ServiceID 42, Other Professional Services

3.6	9/19/2017	HRSA	Updated all language in the introduction to include Recipient and sub-recipient and removed reference to "grantee" Fixed the allowed range of values in the RaceID field example: \<ClientReportRace> \<RaceID>1-5\</RaceID>

Table of Contents

1   Introduction

As a condition of their grant awards, Ryan White HIV/AIDS Program (RWHAP) recipients (grantees) and sub-recipients (providers) are required to submit the Ryan White HIV/AIDS Program Service Report (RSR). The RSR is a client-level data report that includes information on the characteristics of recipients, their providers, and the clients served.

Each funded service provider must complete the online section of the provider report and produce and upload their RSR in the proper file format (XML). The structure, sequence, values, and format of the data elements in the XML files must conform to the definitions specified in this document. Once the client-level data XML file is uploaded, it is validated for conformance to the data schema and business rules outlined in this document.

NOTE: Instructions on how to test if your XML schema meets the requirements provided here and how to upload the RSR client-level data XML files are located here: TARGET Center website.

1.1   Purpose

The purpose of this document is to serve as the primary reference on the RSR for recipients, providers, and software vendors. This document provides

- o Data definitions
- o Required format of the XML file
- o Examples of XML files
- o References to the XML schema definitions that are used to validate the XML file.

  Ultimately, the goal of this document is to help recipients reduce any errors that may result when they generate and submit client-level data XML files to the RSR web application.

1.2   Updates

This document will be revised as variables and value options are updated or when other global changes are made. The most up-to-date version of this document will be made available on HRSA's HAB RSR and TARGET Center websites.

2   Main Components of the Client-Level XML File

The RSR client-level data XML file consists of three components: 1) the file header, 2) the root element, and 3) the body elements, which consist of complex and simple data elements.

2.1   File Header

The file header is the first line of text in the XML file. It is static text and does not change, and it contains the XML declaration—the version of XML—and encoding being used. A sample file header is shown below:

<?xml version="1.0" encoding="UTF-8"?>

2.2   Root Element

The root element consists of static text and does not change. A root element is required for every XML file, and it serves as "the parent" of all the other elements. In the case of the RSR client-level data XML file, the root element is <RSR:ROOT>, and it appears as follows:

<RSR:ROOT xsi:schemaLocation="urn:rsrNamespace RsrClientSchema.xsd"
        xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:RSR="urn:rsrNamespace">

The <RSR:ROOT> element contains extra information—called "attributes"—about the file. Each of the attributes has a name and value. The meanings of the attribute names are shown in Table 1.

Table 1: Root Element Attributes

Attribute Name	Definition
xsi:schemaLocation	The location of the XML schema definition file used to validate the client-level XML file.
xmlns:xsi	The location of the XML schema instance used to determine the base XML schema standards.
xmlns:RSR	The XML schema namespace used for custom definitions within the XML file.

2.3   Body: Simple and Complex Elements

The body of the RSR client-level data XML file contains all the elements under the root element. It contains complex and simple elements. Complex elements contain child elements. Simple elements do not contain any child elements. In the RSR client-level data XML file, the complex data elements must appear in a specific order and contain child data elements to pass the validation check.

Likewise, the simple data elements must appear in a specific order, and the data they contain must conform to the specific rules defined in this document to pass the validation check.

For more information about the other validation checks that the file must pass, please see Section 4: RSR Client-level Data XML File Format.

3   RSR Client-Level Data XML Data Elements

This section includes definitions for all the data elements (both complex and simple) in the body of the RSR client-level data XML file. The definitions are presented in tables, and each table includes one or more of the following metadata:

Reference ID: This field has been added for convenient referencing between this document and the RSR Instruction Manual. Each element described in this document and in the RSR Instruction Manual shows the unique item number that is assigned to the element in the RSR Instruction Manual.

Element Name: The descriptive name of the variable used to provide more information about what is being collected. This corresponds to the label for the variable in the RSR Client-Level Data XML Schema Definitions.

Definition: A brief description of the variable.

Required: Required data elements are determined based on the type of service the client received. The required values and their meanings are:

- **All** – The element is required for all clients
- **CM** – The element is required for clients receiving medical or non-medical case management services
- **HI** – The element is required for clients receiving: oral health care; early intervention services (A and B); home health care; home and community-based health services; hospice services; mental health services; medical nutrition therapy; substance abuse services – outpatient; AIDS pharmaceutical assistance (local); or Health Insurance Program (HIP).
- **Housing Services** – The element is required for clients receiving housing services.
- **OA** – The element is required for clients receiving outpatient/ambulatory health care services.
- **No** – The element is not required to be submitted in the client-level data XML file.
- **Yes –** The element is required and must be included in the client-level data XML file

Occurrence: The minimum and maximum number of times the element may appear in a single record within the client-level data XML file.

Allowed Values: The type or list of values allowed for the data element.

Schema: Sample XML code that indicates the use of the element within the context of the client-level data XML file.

Comments: Additional information about the data element.

3.1   XML Schema Version Elements

The XML Schema Version elements are designed to capture data about which version of the RSR XML schema is being used.

3.1.1   *SchemaVersion (Revised)*

Field	Description
ID	XV1
Element Name	SchemaVersion
Parent Element	XmlVersion
Definition	The RSR XML schema version currently supported.
Required	Yes
Occurrence	1 per file
Allowed Values	Must be set to 4 1 0
Schema	<SchemaVersion>4 1 0</SchemaVersion>

3.1.2   *Originator*

Field	Description
ID	XV2
Element Name	Originator
Parent Element	XmlVersion
Definition	The name of the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	Text from 1 to 150 characters excluding special characters.
Schema	<Originator>Application name</Originator>

3.1.3   *VersionNumber*

Field	Description
ID	XV3
Element Name	VersionNumber
Parent Element	XmlVersion
Definition	The version number of the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	Text from 1 to 150 characters excluding special characters.
Schema	<VersionNumber>Application version</VersionNumber>

3.1.4   *TechnicalContactName*

Field	Description
ID	XV4

Field	Description
Element Name	TechnicalContactName
Parent Element	XmlVersion
Definition	The technical contact name for the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	Text from 1 to 150 characters excluding special characters.
Schema	<TechnicalContactName>Contact name</TechnicalContactName>

3.1.5   TechnicalContactEmail

Field	Description
ID	XV5
Element Name	TechnicalContactEmail
Parent Element	XmlVersion
Definition	The technical contact's email address for the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	The value must be a valid email address.
Schema	<TechnicalContactEmail>Contact email</TechnicalContactEmail>

3.1.6   TechnicalContactPhone

Field	Description
ID	XV6
Element Name	TechnicalContactPhone
Parent Element	XmlVersion
Definition	The technical contact's phone number for the application that generates the client-level data XML file.
Required	Yes
Occurrence	1 per file
Allowed Values	The format is 999,999,9999 x99999, where the extension (x99999) is optional, but there must be a space before the "x".
Schema	<TechnicalContactPhone>Contact phone number</TechnicalContactPhone>

3.1.7   ReportYear

Field	Description
ID	SV5
Element Name	ReportYear
Parent Element	XmlVersion
Definition	The reporting period identifier.
Required	Yes
Occurrence	1 per file
Allowed Values	yyyy Must be equal to the reporting period for the submission.
Schema	<ReportYear>yyyy</ReportYear>

3.2   Provider Information Elements

3.2.1   *ProviderID*

Field	Description
ID	SV2
Element Name	ProviderID
Parent Element	ClientReport
Definition	The unique provider organization identifier assigned through the Ryan White HIV/AIDS Program Data Report (RDR) or RSR web application.
Required	No, unless it is a batch submittal
Occurrence	0-1 per file
Allowed Values	A system-assigned numeric value. This variable is not required when uploading the client-level data XML file through the RSR web application since the file is uploaded into the Provider Report and the provider organization identifier is already known. However, this value can be provided in the client-level data XML file and will be cross-referenced with the provider organization identifier associated with the Provider Report. If the values do not match, then the client-level data XML file upload will be rejected.
Schema	\<ProviderID>Integer\</ProviderID>

3.2.2   *RegistrationCode*

Field	Description
ID	SV3
Element Name	RegistrationCode
Parent Element	ClientReport
Definition	The unique provider registration code.
Required	No
Occurrence	0-1 per file
Allowed Values	A system-assigned numeric value. This variable is not required when uploading the client-level data XML file through the RSR web application since the file is uploaded into the Provider Report and the registration code is already known. However, this value can be provided in the XML file and will be cross-referenced with registration code associated with the Provider Report. If the values do not match, then the XML file upload will be rejected.
Schema	\<RegistrationCode>Numeric string\</ RegistrationCode>

Encrypted Unique Client Identifier

3.2.3   ClientUci

Field	Description
ID	SV4
Element Name	ClientUci
Parent Element	ClientReport
Definition	The encrypted, unique client identifier generated by the HAB Unique Client Identifier (UCI) generation utilities.
Required	All
Occurrence	1 per client
Allowed Values	40-character upper-case, hexadecimal string plus a single character in the range A-Z.
Schema	<ClientUci>(0-9|A-F)*40 + (A-Z)*1, length 41</ClientUci>

3.3   Client Demographics

3.3.1   EnrollmentStatusID

Field	Description
Reference ID	2
Element Name	EnrollmentStatusID
Parent Element	ClientReport
Definition	The client's vital enrollment status at the end of the reporting period.
Required	CM, OA
Occurrence	0-1 per required client
Allowed Values	EnrollmentStatusID: 1 = Active, continuing in program 2 = Referred to another program or services, or self-sufficient 3 = Removed from treatment due to violation of rules 4 = Incarcerated 5 = Relocated 6 = Deceased
Schema	<EnrollmentStatusID>1-6</EnrollmentStatusID>

3.3.2   BirthYear

Field	Description
Reference ID	4
Element Name	BirthYear
Parent Element	ClientReport
Definition	Client's year of birth. This value should be on or before all service date years for the client.
Required	All
Occurrence	0-1 per client
Allowed Values	yyyy Must be less than the end of the reporting period.
Schema	<BirthYear>yyyy</BirthYear>

3.3.3 EthnicityID

Field	Description
Reference ID	5
Element Name	EthnicityID
Parent Element	ClientReport
Definition	Client's ethnicity.
Required	All
Occurrence	0-1 per client
Allowed Values	1 = Hispanic/Latino 2 = Non-Hispanic/Latino
Schema	<EthnicityID>1-2</EthnicityID>

3.3.4 ClientReportHispanicSubgroup

Field	Description
Reference ID	68
Element Name	ClientReportHispanicSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Hispanic Subgroup. Report all that apply.
Required	All clients whose ethnicity is "Hispanic" (EthnicityID = 1)
Occurrence	0-4 per required client
Allowed Values	SubgroupID: 1= Mexican, Mexican American, Chicano/a 2= Puerto Rican 3= Cuban 4= Another Hispanic, Latino/a or Spanish origin
Schema	Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID) <ClientReportHispanicSubgroup> <SubgroupID>1-4</SubgroupID> … <SubgroupID>1-4</SubgroupID> </ClientReportHispanicSubgroup>

3.3.5 ClientReportRace

Field	Description
Reference ID	6
Element Name	ClientReportRace RaceID
Parent Element	ClientReport
Definition	Client's race.
Required	All
Occurrence	0-5 per client
Allowed Values	RaceID: 1 = White 2 = Black or African American 3 = Asian 4 = Native Hawaiian/Pacific Islander 5 = American Indian or Alaska Native

Field	Description

Schema	Within the following schema section, multiple RaceIDs may be reported.
	
	\<ClientReportRace\>
	    \<RaceID\>1-5\</RaceID\>
	
	    …
	    \<RaceID\>1-5\</RaceID\>
	\</ClientReportRace\>

3.3.6   *ClientReportAsianSubgroup*

Field	Description
Reference ID	69
Element Name	ClientReportAsianSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Asian subgroup. Report all that apply.
Required	All clients whose race is "Asian" (RaceID = 3)
Occurrence	0-7 per required client
Allowed Values	SubgroupID: 1 = Asian Indian 2 = Chinese 3 = Filipino 4 = Japanese 5 = Korean 6 = Vietnamese 7 = Other Asian

Schema	Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID)
	
	\<ClientReportAsianSubgroup\>
	    \<SubgroupID\>1-7\</SubgroupID\>
	
	    …
	    \<SubgroupID\>1-7\</SubgroupID\>
	\</ClientReportAsianSubgroup\>

3.3.7   *ClientReportNhpiSubgroup*

Field	Description
Reference ID	70
Element Name	ClientReportNhpiSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Native Hawaiian/Pacific Islander subgroup. Report all that apply.
Required	All clients whose race is "Native Hawaiian/Pacific Islander" (RaceID = 4)
Occurrence	0-4 per required client
Allowed Values	SubgroupID: 1 = Native Hawaiian 2 = Guamanian or Chamorro 3 = Samoan 4 = Other Pacific Islander

Field	Description
Schema	Within the following schema section, multiple SubgroupIDs may be reported. Where multiple SubgroupIDs are reported, multiple sets of corresponding tags should appear (one for each ID) <ClientReportNhpiSubgroup> 　　　<SubgroupID>1-4</SubgroupID> 　　　… 　　　<SubgroupID>1-4</SubgroupID> </ClientReportNhpiSubgroup>

3.3.8   SexAtBirthID

Field	Description
Reference ID	71
Element Name	SexAtBirthID
Parent Element	ClientReport
Definition	The biological sex assigned to the client at birth
Required	All
Occurrence	0-1 per client
Allowed Values	1 = Male 2 = Female
Schema	<SexAtBirthID>1-2</SexAtBirthID>

3.3.9   GenderID *(Revised)*

Field	Description
Reference ID	7
Element Name	GenderID
Parent Element	ClientReport
Definition	Client's current gender. This is the variable that is used for the encrypted unique client identifier (eUCI). Note: Although value 3 (Transgender) is no longer an acceptable value, the eUCI encryption algorithm remains unchanged and only accepts value 3 for Transgender. The eUCI generator will map value 6 (Transgender Male to Female), 7 (Transgender Female to Male), and 8 (Transgender Other) to 3 (Transgender) when generating eUCI. Refer to page 3 of the eUCI Application User Guide for additional details.
Required	All
Occurrence	1 per client
Allowed Values	GenderID: 1 = Male 2 = Female 4 = Unknown 6 = Transgender Male to Female 7 = Transgender Female to Male 8 = Transgender Other The allowed value below has been removed: 3 = Transgender *(Removed)*
Schema	<GenderID>1, 2, 4-7</GenderID>

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3.3.10 TransgenderID *(Removed)*

Field	Description
Reference ID	8
Element Name	TransgenderID
Comments	This data element has been removed and should not be included in the client-level data XML file.

3.3.11 PovertyLevelID

Field	Description
Reference ID	9
Element Name	PovertyLevelID
Parent Element	ClientReport
Definition	Client's percent of the Federal poverty level at the end of the reporting period.
Required	CM, OA
Occurrence	0-1 per required client
Allowed Values	13 = Below 100% of the Federal poverty level 9 = 100 -138% of the Federal poverty level 10 = 139 - 200% of the Federal poverty level 11 = 201 – 250% of the Federal poverty level 12 = 251 – 400% of the Federal poverty level 7= 401 – 500% of the Federal poverty level 8 = More than 500% of the Federal poverty level
Schema	\<PovertyLevelID\>7-13\</PovertyLevelID\>

3.3.12 HousingStatusID

Field	Description
Reference ID	10
Element Name	HousingStatusID
Parent Element	ClientReport
Definition	Client's housing status at the end of the reporting period.
Required	CM, OA, or Housing services
Occurrence	0-1 per required client
Allowed Values	1 = Stable/permanent 2 = Temporary 3 = Unstable
Schema	\<HousingStatusID\>1-3\</HousingStatusID\>

3.3.13 HivAidsStatusID

Field	Description
Reference ID	12
Element Name	HivAidsStatusID
Parent Element	ClientReport
Definition	Client's HIV/AIDS status at the end of the reporting period. Leave this data element blank for HIV affected clients if the client's HIV/AIDS status is not known.
Required	CM, OA
Occurrence	0-1 per required client

Field	Description
Allowed Values	HivAidsStatusID: 1 = HIV negative 2 = HIV-positive, not AIDS 3 = HIV-positive, AIDS status unknown 4 = CDC-defined AIDS 7 = HIV indeterminate (infants less than 2 years only)
Schema	<HivAidsStatusID>1-4, 7</HivAidsStatusID>

3.3.14 ClientReportHivRiskFactor

Field	Description
Reference ID	14
Element Name	ClientReportHivRiskFactor HivRiskFactorID
Parent Element	ClientReport
Definition	Client's HIV/AIDS risk factor. Report **all** that apply. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank.
Required	CM, OA
Occurrence	0-7 per client
Allowed Values	HivRiskFactorID: 1 = Male who has sex with male(s) (MSM) 2 = Injecting drug use (IDU) 3 = Hemophilia/coagulation disorder 4 = Heterosexual contact 5 = Receipt of blood transfusion, blood components, or tissue 6 = Mother w/at risk for HIV infection (perinatal transmission) 9 = Risk factor not reported or not identified
Schema	Within the following schema section, multiple HivRiskFactorIDs may be reported. <ClientReportHivRiskFactor> <HivRiskFactorID>1-6, 9</HivRiskFactorID> … <HivRiskFactorID>1-6, 9</HivRiskFactorID> </ClientReportHivRiskFactor>

3.3.15 ClientReportMedicalInsurance

Field	Description
Reference ID	15
Element Name	ClientReportMedicalInsurance MedicalInsuranceID
Parent Element	ClientReport
Definition	Client's medical insurance. Report all that apply.
Required	OA, CM, HI
Occurrence	0-8 per required client

Field	Description
Allowed Values	10 = Private – Employer 11 = Private – Individual 2 = Medicare 12 = Medicaid, CHIP or other public plan 13 = VA, Tricare and other military health care 14 = IHS 15 = Other plan 16 = No insurance/uninsured The allowed values below are not used for the RSR: 8 = Medicare Part A/B (*Value not used for RSR*) 9 = Medicare Part D (*Value not used for RSR*)
Schema	Within the following schema section, multiple MedicalInsuranceIDs may be reported. Where multiple MedicalInsuranceIDs are reported, multiple sets of corresponding tags should appear (one for each ID) <ClientReportMedicalInsurance> <MedicalInsuranceID>2, 10-16</MedicalInsuranceID> … <MedicalInsuranceID>2, 10-16</MedicalInsuranceID> </ClientReportMedicalInsurance>

3.3.16 HIVDiagnosisYear

Field	Description
Reference ID	72
Element Name	HIVDiagnosisYear
Parent Element	ClientReport
Definition	Year of client's HIV diagnosis, if known. To be completed for a new client when the response is not "HIV-negative" or "HIV indeterminate" for HivAidsStatusID. This value must be on or before the last date of the reporting period.
Required	CM, OA For a new client, if the response for HivAidsStatusID is not "HIV-negative" or "HIV indeterminate" (i.e., HivAidsStatusID ≠ 1 or HivAidsStatusID ≠ 7).
Occurrence	1 per required client
Allowed Values	yyyy Must be less than or equal to the reporting period year.
Schema	<HivDiagnosisYear>yyyy</HivDiagnosisYear>

3.4 Core Medical Service Visits Delivered *(Revised)*

Field	Description
Reference IDs	16, 18–19, 21–27

Element Name	ClientReportServiceVisits
	    ServiceVisit
	    ServiceID
	    Visits

Parent Element	ClientReport
Definition	The number of visits received for each core medical service during the reporting period.
Required	All

Field	Description
Occurrence	0-1 for each core medical service delivered
Allowed Values	Core Medical Services: ServiceIDs: 8 = Outpatient/Ambulatory Health Services 10 = Oral Health Care 11 = Early Intervention Services (EIS) 13 = Home Health Care 14 = Home and Community-Based Health Services 15 = Hospice 16 = Mental Health Services 17 = Medical Nutrition Therapy 18 = Medical Case Management, including Treatment Adherence Services 19 = Substance Abuse Outpatient Care Visits: 1–365 (must be an integer)

Schema	Only one ClientReportServiceVisits element may be reported per client record. Multiple ServiceVisit elements may be reported in one ClientReportServiceVisits element. When reporting multiple services, repeat the entire ServiceVisit element. Only one ServiceID and Visits element may appear within a single occurrence of the ServiceVisit element.
	
	`<ClientReportServiceVisits>`
	`        <ServiceVisit>`
	`                <ServiceID>8,10,11,13-19</ServiceID>`
	`                <Visits>1-365</Visits>`
	`        </ServiceVisit>`
	`        …`
	`        <ServiceVisit>`
	`                <ServiceID>8,10,11,13-19</ServiceID>`
	`                <Visits>1-365</Visits>`
	`        </ServiceVisit>`
	`</ClientReportServiceVisits>`
	
	Only report services with actual visits. Do not report services without visits.

3.5 Core Medical and Support Services Delivered *(Revised)*

Field	Description
Reference IDs	17, 20, 28–44, 75

Element Name	ClientReportServiceDelivered
	        ServiceDelivered
	        ServiceID
	        DeliveredID

Parent Element	ClientReport
Definition	The service and service delivered indicator for each core medical or support service received by the client during the reporting period.
Required	All
Occurrence	0-1 for each service delivered

Field	Description
Allowed Values	Core Medical Services: ServiceID: 9 = AIDS Pharmaceutical Assistance (LPAP, CPAP) 12 = Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals Support Services: ServiceID: 20 = Non-Medical Case Management Services 21 = Child Care Services 23 = Emergency Financial Assistance 24 = Food Bank/Home Delivered Meals 25 = Health Education/Risk Reduction 26 = Housing 28 = Linguistic Services 29 = Medical Transportation 30 = Outreach Services 32 = Psychosocial Support Services 33 = Referral for Health Care and Support Services 34 = Rehabilitation Services 35 = Respite Care 36 = Substance Abuse Services (residential) 42 = Other Professional Services DeliveredID: 2 = Yes The allowed values below for ServiceID have been removed: 22 = Developmental assessment/early intervention services 27 = Legal services 31 = Permanency planning 37 = Treatment adherence counseling

Schema	Only one ClientReportServiceDelivered element may be reported per client record. Multiple ServiceDelivered elements may be reported in one ClientReportServiceDelivered element. When reporting multiple services, repeat the entire ServiceDelivered element. Only one ServiceID and DeliveredID element may appear within a single occurrence of the ServiceDelivered element.
	
	`<ClientReportServiceDelivered>`
	    `<ServiceDelivered>`
	        `<ServiceID>9</ServiceID>`
	        `<DeliveredID>2</DeliveredID>`
	    `</ServiceDelivered>`
	    …
	    `<ServiceDelivered>`
	        `<ServiceID>42</ServiceID>`
	        `<DeliveredID>2</DeliveredID>`
	    `</ServiceDelivered>`
	`</ClientReportServiceDelivered>`
	
	Only report services that were actually delivered. Do not report services that were not delivered.

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3.6 Clinical Information

3.6.1 *RiskScreeningProvidedID*

Field	Description
Reference ID	46
Element Name	RiskScreeningProvidedID
Parent Element	ClientReport
Definition	Value indicating whether the client received risk reduction screening/counseling during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	RiskScreeningProvidedID: 1 = No 2 = Yes
Schema	<RiskScreeningProvidedID>1-2</RiskScreeningProvidedID>

3.6.2 *FirstAmbulatoryCareDate*

Field	Description
Reference ID	47
Element Name	FirstAmbulatoryCareDate
Parent Element	ClientReport
Definition	Date of client's first ambulatory care at this provider agency. This value must be on or before the last date of the reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	FirstAmbulatoryCareDate: mm,dd,yyyy
Schema	<FirstAmbulatoryCareDate>mm,dd,yyyy</FirstAmbulatoryCareDate>

3.6.3 *ClientReportAmbulatoryService*

Field	Description
Reference ID	48
Element Name	ClientReportAmbulatoryService ServiceDate
Parent Element	ClientReport
Definition	All the dates of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider during this reporting period. The service dates must be within the reporting period.
Required	OA
Occurrence	0-number of days in reporting period per required client
Allowed Values	ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.

Field	Description
Schema	Multiple ServiceDate elements may appear [one for each date] in the ClientReportAmbulatoryService element. < ClientReportAmbulatoryService> <ServiceDate>mm,dd,yyyy</ServiceDate> … <ServiceDate>mm,dd,yyyy</ServiceDate> </ClientReportAmbulatoryService>

3.6.4 ClientReportCd4Test

Field	Description
Reference ID	49

Element Name	ClientReportCd4Test
	    Cd4Test
	    Count
	    ServiceDate

Parent Element	ClientReport
Definition	Values indicating all CD4 counts and their dates for this client during this report period. The service dates must be within the reporting period.
Required	OA
Occurrence	0-number of days in reporting period per required client
Allowed Values	Count: Integer ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.
Schema	When reporting multiple CD4 tests, repeat the entire Cd4Test element. Only one Count and ServiceDate element may appear within a single occurrence of the ClientReportCd4Test element. <ClientReportCd4Test> <Cd4Test> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </Cd4Test> … <Cd4Test> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </Cd4Test> </ClientReportCd4Test>

3.6.5 ClientReportViralLoadTest

Field	Description
Reference ID	50

Element Name	ClientReportViralLoadTest
	    ViralLoadTest
	    Count
	    ServiceDate

Parent Element	ClientReport

Field	Description
Definition	All Viral Load counts and their dates for this client during this report period
Required	OA
Occurrence	0-number of days in reporting period
Allowed Values	Count: Integer Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0. Convert logarithmic values to integers (whole numbers). For example, a log Viral load value of 3.15 should be reported as 1,412.0 ($10^{3.15}$); a value of 0.1234 x 10^4 should be reported as 1234.0 ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.

Schema	When reporting multiple viral load tests, repeat the entire ViralLoadTest element. Only one Count and ServiceDate element may appear within a single occurrence of the ClientReportViralLoadTest element.
	
	`<ClientReportViralLoadTest>`
	    `<ViralLoadTest>`
	        `<Count>Integer</Count>`
	        `<ServiceDate>mm,dd,yyyy</ServiceDate>`
	    `</ViralLoadTest>`
	    ...
	    `<ViralLoadTest>`
	        `<Count>Integer</Count>`
	        `<ServiceDate>mm,dd,yyyy</ServiceDate>`
	`</ClientReportViralLoadTest>`

3.6.6   *PrescribedPcpProphylaxisID*

Field	Description
Reference ID	51
Element Name	PrescribedPcpProphylaxisID
Parent Element	ClientReport
Definition	Value indicating whether the client was prescribed PCP Prophylaxis anytime during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = No, client refused
Schema	`<PrescribedPcpProphylaxisID>1-4</ PrescribedPcpProphylaxisID>`

3.6.7   *PrescribedArtID*

Field	Description
Reference ID	52
Element Name	PrescribedArtID
Parent Element	ClientReport

Field	Description
Definition	Value indicating whether the client was prescribed ART at any time during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = Yes 3 = No, not ready (as determined by clinician) 4 = No, client refused 5 = No, intolerance, side-effect, toxicity 6 = No, ART payment assistance unavailable 7 = No, other reason
Schema	\<PrescribedArtID>1,3-7\</ PrescribedArtID>

3.6.8 ScreenedTBSinceHivDiagnosisID

Field	Description
Reference ID	54
Element Name	ScreenedTBSinceHivDiagnosisID
Parent Element	ClientReport
Definition	Value indicating whether the client has been screened for TB since his/her HIV diagnosis.
Required	OA
Occurrence	0-1 per required client
Allowed Values	ScreenedTBSinceHivDiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	\<ScreenedTBSinceHivDiagnosisID>1–4\</ScreenedTBSinceHivDiagnosisID>

3.6.9 ScreenedSyphilisID

Field	Description
Reference ID	55
Element Name	ScreenedSyphilisID
Parent Element	ClientReport
Definition	Value indicating whether the client was screened for syphilis during this reporting period (exclude all clients under the age of 18 who are not sexually active)
Required	OA if client is 18 years of age, or older
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	\<ScreenedSyphilisID>1-3\</ScreenedSyphilisID>

3.6.10 ScreenedHepatitisBSinceHivDiagnosisID

Field	Description
Reference ID	57
Element Name	ScreenedHepatitisBSinceHivDiagnosisID
Parent Element	ClientReport

Field	Description
Definition	Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	</ScreenedHepatitisBSinceHivDiagnosisID> 1-4 </ScreenedHepatitisBSinceHivDiagnosisID>

3.6.11 VaccinatedHepatitisBID

Field	Description
Reference ID	58
Element Name	VaccinatedHepatitisBID
Parent Element	ClientReport
Definition	Value indicating whether the client has completed the vaccine series for Hepatitis B.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	<VaccinatedHepatitisBID>1-3</VaccinatedHepatitisBID>

3.6.12 ScreenedHepatitisCSinceHivDiagnosisID

Field	Description
Reference ID	60
Element Name	ScreenedHepatitisCSinceHivDiagnosisID
Parent Element	ClientReport
Definition	Value indicating whether the client has been screened for Hepatitis C since his/her HIV diagnosis.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	<ScreenedHepatitisCSinceHivDiagnosisID> 1-4 </ScreenedHepatitisCSinceHivDiagnosisID>

3.6.13 ScreenedSubstanceAbuseID

Field	Description
Reference ID	61
Element Name	ScreenedSubstanceAbuseID
Parent Element	ClientReport
Definition	Value indicating whether the client was screened for substance use (alcohol and drugs) during this reporting period.

Field	Description
Required	OA
Occurrence	1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	<ScreenedSubstanceAbuseID>1-3</ScreenedSubstanceAbuseID>

3.6.14 ScreenedMentalHealthID

Field	Description
Reference ID	62
Element Name	ScreenedMentalHealthID
Parent Element	ClientReport
Definition	Value indicating whether the client was screened for mental health during this reporting period.
Required	OA
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated
Schema	<ScreenedMentalHealthID>1-3</ScreenedMentalHealthID>

3.6.15 ReceivedCervicalPapSmearID

Field	Description
Reference ID	63
Element Name	ReceivedCervicalPapSmearID
Parent Element	ClientReport
Definition	Value indicating whether the client received a Pap smear during the reporting period.
Required	OA This should be completed for HIV-positive women only.
Occurrence	0-1 per required client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Not applicable
Schema	<ReceivedCervicalPapSmearID>1-4</ReceivedCervicalPapSmearID>

3.6.16 PregnantID

Field	Description
Reference ID	64
Element Name	PregnantID
Parent Element	ClientReport
Definition	Value indicating whether the client was pregnant during this reporting period.
Required	OA This should be completed for HIV-positive women only.
Occurrence	0-1 per required client

Field	Description
Allowed Values	1 = No 2 = Yes 3 = Not applicable
Schema	<PregnantID>1-3</PregnantID>

3.7 HIV Counseling and Testing Elements

3.7.1 *HivPosTestDate*

Field	Description
Reference ID	73
Element Name	HivPosTestDate
Parent Element	ClientReport
Definition	Date of client's confidential confirmatory HIV test with a positive result within the reporting period.
Required	All newly diagnosed OAHS clients with a confidential positive HIV confirmatory test during the reporting period.
Occurrence	0-1 per required client
Allowed Values	mm,dd,yyyy Must be within the reporting period.
Schema	<HivPosTestDate>mm,dd,yyyy</HivPosTestDate>

3.7.2 *OamcLinkDate*

Field	Description
Reference ID	74
Element Name	OamcLinkDate
Parent Element	ClientReport
Definition	Date of client's first OAHS visit after positive HIV test. Date must be the same day or after the date of client's confidential confirmatory HIV test with a positive result.
Required	All newly diagnosed OAHS clients with a confidential positive HIV confirmatory test during the reporting period.
Occurrence	0-1 per required client
Allowed Values	mm,dd,yyyy Must be within the reporting period.
Schema	<OamcLinkDate>mm,dd,yyyy</OamcLinkDate>

4   RSR Client-level Data XML File Format

The RSR client-level data XML file structure and content is defined through a set of XML Schema Definition (XSD) files. The XSD files are used to validate the RSR client-level data XML files before they can be loaded into the RSR web application. Once loaded, further checks are performed by the RSR web application.

4.1   RSR Web Application Validation Checks

The following validation checks must be satisfied before an RSR client-level data XML file will be accepted by the RSR web application:

- The XML file must have the .xml extension.
- The XML file must conform to the XML Schema Definition files.
- One and only one set of records per client is allowed in a single client-level data XML file.
- An encrypted unique client identifier (i.e., ClientUci) may not be repeated within the same XML file. A client is uniquely identified by their encrypted unique client Identifier (eUCI). This value is represented in the RSR client-level data XML file by the ClientUci data element within the RsrClientReport complex element. The ClientUci value is an upper-cased, 40 character, hexadecimal value (0-9, A-F) followed by a single suffix from A through Z used to further identify clients that may share the same base, 40 character encrypted UCI within the same Provider.
- The XML data elements must appear in the specified order. See Section 4.2: Sample Client-Level Data XML Format for an example of the sequencing required.
- The XML simple data elements must conform to the definitions appearing in this document. Required fields must be reported and values must be valid and match the documented format, if defined.

Empty or "NULL" data element tags are not permitted in the XML file. For example, data elements of the form <tag></tag> or <tag /> are not allowed. **NOTE**: If data are not be provided for an element for a particular client, ***then remove that element entirely from the client's record*** (i.e., remove the data element's start tag, value, and end tag).

4.2   Sample Client-Level Data XML Format

This example shows a sample client-level data XML file with the required sequence of data elements that are included in the file. Please note that this data are solely used as an example and represent the structure, sequence, values, and format of the data elements.

<?xml version="1.0" encoding="UTF-8"?>

```xml
<RSR:ROOT xsi:schemaLocation="urn:rsrNamespace RsrClientSchema.xsd"
    xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:RSR="urn:rsrNamespace">
<XmlVersion>
    <SchemaVersion>4 1 0</SchemaVersion>
    <Originator>Application Name</Originator>
    <VersionNumber>Application Version Number</VersionNumber>
    <TechnicalContactName>Jonathan Doe</TechnicalContactName>
    <TechnicalContactEmail>sample@company.ext</TechnicalContactEmail>
    <TechnicalContactPhone>555,555,1234</TechnicalContactPhone>
    <ReportYear>2014</ReportYear>
</XmlVersion>
<ClientReport>
    <ProviderID>100</ProviderID>
    <RegistrationCode>10001</RegistrationCode>
    <ClientUci>0123456789ABCDEF0123456789ABCDEF01234567U</ClientUci>
    <EnrollmentStatusID>5</EnrollmentStatusID>
    <BirthYear>1985</BirthYear>
    <EthnicityID>2</EthnicityID>
    <ClientReportRace>
        <RaceID>6</RaceID>
    </ClientReportRace>
    <GenderID>2</GenderID>
    <PovertyLevelID>12</PovertyLevelID>
    <HousingStatusID>2</HousingStatusID>
    <HivAidsStatusID>1</HivAidsStatusID>
    <ClientReportHivRiskFactor>
        <HivRiskFactorID>8</HivRiskFactorID>
    </ClientReportHivRiskFactor>
    <ClientReportMedicalInsurance>
        <MedicalInsuranceID>6</MedicalInsuranceID>
    </ClientReportMedicalInsurance>
    <ClientReportServiceVisits>
        <ServiceVisit>
            <ServiceID>8</ServiceID>
            <Visits>5</Visits>
        </ServiceVisit>
        <ServiceVisit>
            <ServiceID>14</ServiceID>
            <Visits>5</Visits>
        </ServiceVisit>
    </ClientReportServiceVisits>
    <ClientReportServiceDelivered>
        <ServiceDelivered>
            <ServiceID>20</ServiceID>
            <DeliveredID>2</DeliveredID>
        </ServiceDelivered>
        <ServiceDelivered>
            <ServiceID>33</ServiceID>
            <DeliveredID>2</DeliveredID>
        </ServiceDelivered>
    </ClientReportServiceDelivered>
    <RiskScreeningProvidedID>2</RiskScreeningProvidedID>
    <FirstAmbulatoryCareDate>1,1,2011</FirstAmbulatoryCareDate>
    <ClientReportAmbulatoryService>
        <ServiceDate>1,1,2013</ServiceDate>
        <ServiceDate>4,1,2013</ServiceDate>
```

```xml
            <ServiceDate>7,1,2013</ServiceDate>
            <ServiceDate>10,1,2013</ServiceDate>
        </ClientReportAmbulatoryService>
        <ClientReportCd4Test>
            <Cd4Test>
                <Count>830</Count>
                <ServiceDate>1,1,2013</ServiceDate>
            </Cd4Test>
            <Cd4Test>
                <Count>875</Count>
                <ServiceDate>8,1,2013</ServiceDate>
            </Cd4Test>
        </ClientReportCd4Test>
        <ClientReportViralLoadTest>
            <ViralLoadTest>
                <Count>210</Count>
                <ServiceDate>1,1,2013</ServiceDate>
            </ViralLoadTest>
            <ViralLoadTest>
                <Count>175</Count>
                <ServiceDate>8,1,2013</ServiceDate>
            </ViralLoadTest>
        </ClientReportViralLoadTest>
        <PrescribedPcpProphylaxisID>1</PrescribedPcpProphylaxisID>
        <PrescribedArtID>6</PrescribedArtID>
        <ScreenedTBSinceHivDiagnosisID>2</ScreenedTBSinceHivDiagnosisID>
        <ScreenedSyphilisID>3</ScreenedSyphilisID>
        <ScreenedHepatitisBSinceHivDiagnosisID>3</ScreenedHepatitisBSinceHivDiagnosisID>
        <VaccinatedHepatitisBID>1</VaccinatedHepatitisBID>
        <ScreenedHepatitisCSinceHivDiagnosisID>1</ScreenedHepatitisCSinceHivDiagnosisID>
        <ScreenedSubstanceAbuseID>1</ScreenedSubstanceAbuseID>
        <ScreenedMentalHealthID>2</ScreenedMentalHealthID>
        <ReceivedCervicalPapSmearID>1</ReceivedCervicalPapSmearID>
        <PregnantID>1</PregnantID>
        <ClientReportHispanicSubgroup>
            <SubgroupID>2</SubgroupID>
        </ClientReportHispanicSubgroup>
        <ClientReportAsianSubgroup>
            <SubgroupID>3</SubgroupID>
        </ClientReportAsianSubgroup>
        <ClientReportNhpiSubgroup>
            <SubgroupID>1</SubgroupID>
        </ClientReportNhpiSubgroup>
        <SexAtBirthID>1</SexAtBirthID>
        <HivDiagnosisYear>2003</HivDiagnosisYear>
        <HivPosTestDate>12,1,2011</HivPosTestDate>
        <OamcLinkDate>12,6,2011</OamcLinkDate>
    </ClientReport>
</RSR:ROOT>
```

Appendix A: List of Acronyms

ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
APA	AIDS Pharmaceutical Assistance
ART	AntiRetroviral Therapy
CHIP	Children's Health Insurance Program
CM	Case Management Services (Medical and Non-medical)
CPAP	Community Pharmaceutical Assistance Program
eUCI	Encrypted Unique Client Identifier
HAB	HIV/AIDS Bureau
HIP	Health Insurance Program
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
LPAP	Local Pharmaceutical Assistance Program
OA	Outpatient/ambulatory Medical Care Services
RDR	Ryan White HIV/AIDS Program Data Report
RSR	Ryan White HIV/AIDS Program Services Report
UCI	Unique Client Identifier
XML	eXtensible Markup Language
XMLNS	XML Namespace
XSD	XML Schema Definition
XSI	XML Schema Instance
VA	Veterans Affairs

Appendix B: Resources

RSR XML Schema Definitions

The RSR XML schema definitions and sample XML files can be downloaded from the Ryan White Services Report Download Package page on the TARGET Center website.

RSR Instruction Manual

The RSR Instruction Manual contains detailed information needed for completing the RSR. This document may be cross-referenced with the RSR Instructions document.

TRAX (XML generator)

The Tool for RSR and ADR XML Generation (TRAX) is a HAB tool that can be used to generate the RSR client-level data XML files. This tool is available on the TARGET Center website.

HRSA/HAB RSR Website

The HRSA/HAB RSR website contains a comprehensive collection of information related to RSR.

TARGET Center Website

The TARGET Center website contains a vast array of technical assistance resources including the TRAX application, webcasts, training materials, and reference documents, such as the RSR Instruction Manual.