

Location of RSR Client-level Data Elements in CAREWare and Instructions for Generating RSR export

Note: For the first two RSR reporting periods (January–June 2009 and January–December 2009), only service providers receiving RWHAP funds to provide outpatient/ambulatory medical care and/or case management services (medical or non-medical) will be required to submit a Client Report.

Field #	Variable Description	Coding	CAREWare location and RSR recode (if necessary)
SV1	Reporting Period	Jan 1 – Jun 30, 20XX Jan 1 – Dec 31, 20XX	
SV2	Unique Provider ID	unique provider number	
Client Demographics			
SV3	Unique client ID (UCI)-Encrypted	Encrypted using hash function	Auto-calculated by CAREWare
1.	Date of client's first service visit at this provider's agency or organization	_/_/_/____ MM/DD/YYYY	Service tab: <ul style="list-style-type: none"> • First service date ever of any type.
2.	What was the client's vital enrollment status <u>at the end of this reporting period?</u>	<ul style="list-style-type: none"> • Active, continuing in program • Referred to another program or services, or became self-sufficient • Removed from treatment due to violation of rules • Incarcerated • Relocated • Deceased • Unknown 	Service tab: <ul style="list-style-type: none"> • Client active until date closed, if exists. • If Inactive in CWare, then enrollment status set to Unknown
3.	If response is “deceased” in Q2, then answer: What was the client's date of death, if known?	_/_/_/____ MM/DD/YYYY	
4.	Client's year of birth	_____ YYYY	Demographic tab
5.	What is the client's ethnicity?	Hispanic/Latino Non-Hispanic/Latino Unknown	Demographic tab

Field #	Variable Description	Coding	CAREWare location and RSR recode (if necessary)
6.	What is the client's race? <i>(Select one or more)</i>	<ul style="list-style-type: none"> • White • Black or African American • Asian • Native Hawaiian/ Pacific Islander • American Indian or Alaska Native • Unknown 	Demographic tab
7.	What is the client's current gender?	<ul style="list-style-type: none"> • Male • Female • Transgender • Unknown 	Demographic tab For gender field, any transgender response mapped to Transgendered.
8.	If response is "Transgender" in Q7, then answer: What is the client's transgender subgroup, if known?	<ul style="list-style-type: none"> • Male to female • Female to male • Unknown 	
9.	Client's percent of the Federal poverty level <u>at the end of the reporting period</u>	<ul style="list-style-type: none"> • Equal to or below the Federal poverty level • 101-200% of the Federal poverty level • 201-300% of the Federal poverty level • More than 300% of the Federal poverty level • Unknown 	Annual Review tab: Auto-calculated from HH size and income
10.	Client's housing status <u>at the end of the reporting period</u>	<ul style="list-style-type: none"> • Stable/permanent • Temporary • Unstable • Unknown 	Annual Review tab <ul style="list-style-type: none"> • Values of Non-permanent and Institutional mapped to Temporary in RSR • Other and Unknown set to Unknown
11.	What was the geographic unit code of the client's residence <u>at the end of this reporting period</u> ? If the client's housing is "unstable," enter the geographic unit code of the place the client considered his/her residence or "home base" <u>at the end of this reporting period</u> .	— — — —	Demographic tab

Field #	Variable Description	Coding	CAREWare location and RSR recode (if necessary)
12.	What was the client's HIV/AIDS status <u>at the end of the reporting period</u> ?	<ul style="list-style-type: none"> • HIV negative • HIV +, not AIDS • HIV-positive, AIDS status unknown • CDC-defined AIDS • HIV indeterminate (infants only) • Unknown 	<p>Demographic tab: HIV Status by Date: The client's HV status is determined using the HIV and AIDS diagnosis dates, if they exist, relative to the end date of the RSR export.</p>
13	<p>If response is "CDC-defined AIDS" in Q12, then answer: What is the year of the client's AIDS diagnosis, if known?</p>	<p>_____ YYYY</p>	<ol style="list-style-type: none"> 1. If no HIV or AIDS diagnosis date, then current HIV status reported. (All statuses) 2. If HIV diagnosis date prior to the report end date (and no AIDS diag date), then HIV status is reported. (All statuses) 3. If HIV status=AIDS, no AIDS Dx date, and HIV Dx date is after end date, then HIV negative (adolescents/adults only)(**) 4. If HIV status= AIDS and AIDS diag date is before end date, then HIV Status= AIDS. 5. If HIV status= AIDS and no AIDS date, then HIV Status=AIDS 6. If HIV status= AIDS and AIDS dxdate is after end date of report, then HIV Status=HIV pos (not AIDS) 7. If client is >=24 months, and HIV Status= Positive and HIV date is after report end date, then HIV status= HIV negative/affected. (Only HIV + (not Aids) and HIV+ (Aids status unknown)) 8. If client is < 24 months old, and has an HIV diagnosis date either -/+ after report end date, then HIV status = Indeterminate. (Any statuses)

Field #	Variable Description	Coding	CAREWare location and RSR recode (if necessary)
14.	What is the client's risk factor for HIV infection (select one or more)	<ul style="list-style-type: none"> • Male who has sex with male(s) (MSM) • Injecting drug use (IDU) • Hemophilia/ coagulation disorder • Heterosexual contact • Receipt of blood transfusion, blood components, or tissue • Mother w/at risk for HIV infection (perinatal transmission) • Other • Unknown 	Demographic tab
15.	Indicate <u>all sources</u> of the client's health insurance <u>during this reporting period</u> :	<ul style="list-style-type: none"> • Private • Medicare • Medicaid • Other Public • No Insurance • Other • Unknown 	Annual Review tab

Field #	Variable Description	Coding	CAREWare location and RSR recode (if necessary)
16-25 Core Services	<ul style="list-style-type: none"> • Outpatient ambulatory health services • Oral health care • Early intervention services (Parts A and B) • Home health care • Home and community-based health services • Hospice services • Mental health services • Medical nutrition therapy • Medical case management (including treatment adherence) • Substance abuse services--outpatient • Did the client receive Local AIDS Pharmaceutical Assistance (APA, not ADAP) • Was Health Insurance Program (HIP) funding provided 	Number of visits <u>in each quarter of reporting period</u> Service tab for all: Only visits that are in a contract that has some RW-funding are included.	
26-45 Support services	<ul style="list-style-type: none"> • Case management (non-medical) services • Child care services • Developmental assessment/ early intervention services • Emergency financial assistance • Food bank/home-delivered meals • Health education/risk reduction • Housing services • Legal services • Linguistic services • Transportation services • Outreach services • Permanency planning • Psychosocial support services • Referral for health care/supportive services • rehabilitation services • Respite care • Substance abuse services—residential • Treatment adherence counseling 		

Clinical information:

Outpatient/ambulatory medical care providers should report clinical data for HIV-positive and indeterminate clients only.

Field #	Variable Description	Coding	CAREWare location
46.	Was HIV risk reduction screening/counseling provided to this client <u>during this reporting period</u> ?	Yes No Unknown	Annual review tab
47.	Date of the client's <u>first outpatient /ambulatory care visit</u> at this provider agency	__/__/____ MM/DD/YYYY (If only month and year are known, enter "01" as the day.) Unknown	Service tab
48.	List <u>all the dates</u> of the client's outpatient ambulatory care visits in this provider's HIV care setting with a clinical care provider <u>during this reporting period.</u>	__/__/____ MM/DD/YYYY	Service tab
49.	Report all CD4 counts and their dates for this client <u>during this report period.</u>	Value ____ Date __/__/____ MM/DD/YYYY	Clinical encounter: Lab tab
50.	Report all Viral Load counts and their dates for this client <u>during this report period</u>	Value ____ Date __/__/____ MM/DD/YYYY	Clinical encounter: Lab tab
51.	Was the client prescribed PCP prophylaxis at any time <u>during this reporting period</u> ?	<ul style="list-style-type: none"> • Yes • No • Not medically indicated • No, client refused • Unknown 	Clinical encounter: Medications (where indication = OI prophylaxis and OI= PCP) Client is assumed on PCP prophylaxis if no Stop date for that indication
52.	Was the client prescribed HAART at any time <u>during this reporting period</u> ?	<ul style="list-style-type: none"> • Yes • No, not medically indicated • No, not ready (as determined by clinician) • No, client refused • No, intolerance, side-effect, toxicity • No, HAART payment assistance unavailable • No, other reason • Unknown 	Clinical encounter: medications tab. HAART is 3 or more ARVs If No ARVs: Enter in Pre-ART Reason field on Medications tab

Clinical information:

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53.	Was the client screened for TB <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Clinical encounters, Screenings tab: TST, IGRA/QuantiFeron, or Chest Radiograph If no, CWare looks for HIV diagnosis date if it exists. If no diagnosis date, but test exists, then Yes.
54.	If response is “no” or “not medically indicated” in Q53, then answer: Has the client been screened for TB <u>since his/her HIV diagnosis</u> ?	Yes No Not medically indicated Unknown	
55.	Was the client screened for syphilis <u>during this reporting period</u> ? (exclude all clients under the age of 18 who are not sexually active)	Yes No Not medically indicated Unknown	<ul style="list-style-type: none"> • Clinical encounters, Screening Labs tab
56.	Was the client screened for Hepatitis B <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Clinical encounters, Screening labs tab Any of the following: <ul style="list-style-type: none"> • HBsAb • HBsAg • HBeAb • HBeAg • HBV(DNA)
57.	If response is “no” or “not medically indicated” in Q56, then answer: Was the client screened for Hepatitis B <u>since his/her HIV diagnosis</u> ?	Yes No Not medically indicated Unknown	
58.	Has the client completed the vaccine series for Hepatitis B?	Yes No Not medically indicated Unknown	Clinical encounters, Immunization tab Either Hep B third dose or Twinrix 3 rd dose
59.	Was the client screened for Hepatitis C <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Clinical encounters, Screening labs tab <i>Either</i> <ul style="list-style-type: none"> • Hep C Antibody test or • HCV RNA
60.	If response is no” or “not medically indicated” in Q59, then answer: Has the client been screened for Hepatitis C <u>since his/her HIV diagnosis</u> ?	Yes No Not medically indicated Unknown	
61.	Was the client screened for substance use (alcohol and drugs) <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Annual review tab or Enter with date in Screenings

Clinical information: Outpatient/ambulatory medical care providers should report clinical data for HIV-positive and indeterminate clients only.			
62.	Was the client screened for mental health <u>during this reporting period</u> ?	Yes No Not medically indicated Unknown	Annual review tab or enter with date in Screenings
63.	(For HIV+ women only) Did the client receive a Pap smear <u>during this reporting period</u> ?	Yes No Not medically indicated Not applicable Unknown	Clinical encounters: Screenings tab
64.	(For HIV+ women only) Was the client pregnant <u>during this reporting period</u> ?	Yes No Not applicable Unknown	Pregnancy tab
65.	(For HIV+ women only) If response is “yes” in Q64, then answer: When did the client enter prenatal care?	<ul style="list-style-type: none"> • First trimester • Second trimester • Third trimester • At time of delivery • Not applicable • Unknown 	Pregnancy tab: Date of pregnancy determined from Est. Date of Conception If multiple pregnancies, then prenatal care information taken from latest.
66.	(For HIV+ women only) If response is “yes” in Q64, then answer: Was the client prescribed antiretroviral therapy to prevent maternal to child (vertical) transmission of HIV?	Yes No Not applicable Unknown	ART prescribed determined from either a) ART prescribed (pregnancy tab) OR b) ART medications prescribed for mother (medications tab)

For the RSR, the following custom fields have been added to CAREWare. These fields return the values required for the RSR.

- Enrolment Status-CLD
- Housing Arr – CLD
- Prescribed HAART – CLD
- Received Test – CLD
- Received Service – CLD
- Received Test since HIV Diagnosis – CLD
- Annual Substance Abuse Screening
- Annual Mental Health Screening
- Completed Vaccine series for Hep B -CLD

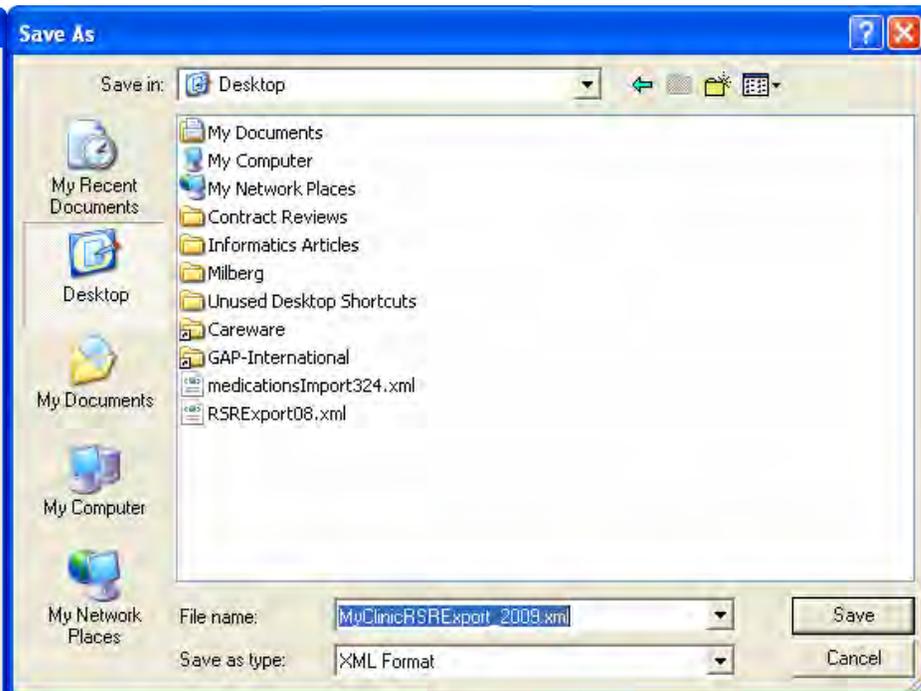
How to generate RSR Export

1. Go to Administrative Options
2. Select Export Menu on bottom left
3. Select RSR export
4. Fill in RSR main screen, including dates of export, type of Quality Management program, as in Fig 1.
5. Click “Create RSR Client Level Data Export”. Select “Create RSR Provider Data Export” for provider report.
6. Change export file name to include your Provider Name and the year/date; save to a location on your computer that is easy to find, and leave the file type as XML, as in screenshot #2.

Fig. 1



Fig. 2



While there is currently no viewer of this XML file, users can exam clients in the RSR export at least two ways:

1. Run an RDR but use **Funded Scope**.
2. Run a custom demographic report and apply a filter that selects for clients that have had at least one RW-funded visit in the date range. Use the field “Subservice count by Funding” and in the subfilter select all the funding sources that apply. For the clinical data add the additional filters of HIV Positive=Yes and at least one Outpatient/ambulatory care visit in the reporting period.
3. After upload, examine figures produced on the web.