**RSR CROSSWALK**

JANUARY 2021

**Purpose**

This document can help you compare the data you currently collect in your data management system to the data required in the Ryan White Services Report (RSR). The Crosswalk is a table in which you list the variables and values in your data management system that correspond to RSR data elements. Using this Crosswalk will help you to:

* Find the data you need to report
* Understand what you need to do to transform the data you have into the data you need to report
* Identify any missing data that you’ll need to start collecting

**Audience**

This Crosswalk is intended for grantee or provider staff who must report client-level data elements in XML file format to the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB).

**Definitions**

Variable: Refers to the name of a set of data pertaining to the client. Variables are also referred to as data elements or items.

ID: Identifies the variable. Each variable has been assigned an ID for convenient reference between this document and the RSR Data Dictionary.

Values: Refers to the allowed values or response options corresponding to each variable.

Notes: This column in the Crosswalk can help you keep a record of the data transformations that you have to perform to provide the required RSR client-level data elements and allowed values.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YOUR DATA** |  | **RSR DATA** |
| **Variables** | **Client Race** |  | **Race ID** |
| Values | White |  | 1 |
|  | Black |  | 2 |
|  | Asian |  | 3 |
|  | Hawaiian/Pacific Islander |  | 4 |
|  | Native American/Alaska Native |  | 5 |

**Updates**

This document will be revised as variables and values are updated or when other overall changes are made. The most up-to-date version of this document will be made available [here](https://targethiv.org/library/ryan-white-services-report-rsr-crosswalk).

**Ryan White Services Report (RSR) Crosswalk**

| **RSR** | **Your System** |
| --- | --- |
| **ID** | **Variable** | **Definition** | **Value** | **Variable** | **Value** | **Notes** |
| **Demographics** |
| 2 | Vital Status  | The client’s vital enrollment status at the end of the reporting period.  | 12. Alive6. Deceased7. Unknown |  |  |  |
| 4 | Birth Year  | Client’s year of birth. This value should be on or before all service date years for the client. | yyyy  |  |  |  |
| 5 | Ethnicity  | Client’s ethnicity.  | 1. Hispanic/Latino/a, or Spanish origin
2. Non-Hispanic/Latino(a),or Spanish origin
 |  |  |  |
| 68 | Hispanic Subgroup | If Ethnicity = Hispanic/Latino(a), Client’s Hispanic Sub-group (choose all that apply) | 1. Mexican, Mexican American, Chicano/a
2. Puerto Rican
3. Cuban
4. Another Hispanic, Latino/a or Spanish origin
 |  |  |  |
| 6 | Race  | Client’s race.  | 1. White
2. Black or African American
3. Asian
4. Native Hawaiian/Pacific Islander
5. American Indian or Alaska Native
 |  |  |  |
| 69 | Asian Subgroup | If Race = Asian, Client’s Asian subgroup. (choose all that apply) | 1. Asian Indian
2. Chinese
3. Filipino
4. Japanese
5. Korean
6. Vietnamese
7. Other Asian
 |  |  |  |
| 70 | NHPI Subgroup  | If Race = Native Hawaiian/Pacific Islander, Client’s Native Hawaiian/Pacific Islander subgroup (choose all that apply) | 1. Native Hawaiian
2. Guamanian or Chamorro
3. Samoan
4. Other Pacific Islander
 |  |  |  |
| 71 | Sex at Birth | The biological sex assigned to the client at birth | 1. Male
2. Female
 |  |  |  |
| 7 | Gender | Client’s current gender identity.This is the variable that is used for the encrypted unique client identifier (eUCI). | 1. Male
2. Female
3. Unknown
4. Transgender Male to Female
5. Transgender Female to Male
6. Transgender Other
 |  |  |  |
| 9 | Poverty Level Percent  | Client’s percent of the Federal poverty level at the end of the reporting period.  | Integer up to 4 digits |  |  |  |
| 10 | Housing Status  | Client’s housing status at the end of the reporting period.  | 1. Stable/permanent
2. Temporary
3. Unstable
 |  |  |  |
| 11 | Housing Status Collected Date | The collection date of the client’s housing status at the end of the reporting period. | HousingStatusCollectedDate: MM/DD/YYYY |  |  |  |
| 12 | HIV/AIDS Status  | Client’s HIV/AIDS status at the end of the reporting period. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank. | 1. HIV negative
2. HIV +, not AIDS
3. HIV-positive, AIDS status unknown
4. CDC-defined AIDS
5. HIV indeterminate (infants <2 only)
 |  |  |  |
| 14 | HIV Risk Factor | 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. | 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)
7. Risk factor not reported or not identified
 |  |  |  |
| 15 | Health Coverage | Client’s medical insurance. *Report* ***all*** *that apply.* | 1. Private – Employer
2. Private - Individual
3. Medicare
4. Medicaid, CHIP or other public plan
5. VA, Tricare and other military health care
6. IHS
7. Other plan
8. No Insurance/ uninsured
 |  |  |  |
| 72 | HIV Diagnosis Year | 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” in 12 (HivAidsStatusId). This value must be on or before the last date of the reporting period. | yyyy Must be less than or equal to the reporting period year.  |  |  |  |
| 76 | New Client | Whether the client is new to care at the provider of HIV services. | 1. No
2. Yes
 |  |  |  |
| 77 | Received Services Previous Year | Whether the client received at least one service in the previous year. | 1. No
2. Yes
 |  |  |  |
| **Service Visits** |
| 16,18-19,21-27,28-44,75, 78 |  Service Visits    | The number of visits received for each core medical service during the reporting period.  | **Item ID:**Core Medical Services: ID 8: Outpatient ambulatory health services ID 10: Oral health care ID 11: Early intervention services ID 13: Home health care ID 14: Home and community-based health services ID 15: Hospice services ID 16: Mental health services ID 17: Medical nutrition therapy ID 18: Medical case Management (including treatment adherence)ID 19: Substance Abuse Outpatient Care**Item ID:** Support Services: ID 20: Case management (non-medical) services ID 21: Child care services ID 23: Emergency financial assistance ID 24: Food bank/home-delivered meals ID 25: Health education/risk reduction ID 26: Housing services ID 28: Linguistic services ID 29: Medical transportation ID 30: Outreach services ID 32: Psychosocial support services ID 33: Referral for health care/supportive services ID 34: Rehabilitation services ID 35: Respite care ID 36: Substance abuse services-residential ID 42: Other professional services **Item ID:** EHE Initiative Services:ID 46: EHE Initiative Services **Visits:** 1-365 (must be an integer) |  |  |  |
| 17, 20 | Service Delivered   | The service and service delivered indicator (yes) for each core medical or support service received by the client during the reporting period.  | Core Medical Services: **Item ID:**ID 9: Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 12: Health Insurance Program(HIP)  **DeliveredID:** 2 =Yes  |  |  |  |
| **Clinical Data** |
| 47  | First Ambulatory Care Date  | Date of client’s first HIV ambulatory care date at this provider agency. This value must be on or before the last date of the reporting period. | MM/DD/YYYY   |  |  |  |
| 48  | Ambulatory- Service Dates | 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. | MM/DD/YYYY Must be within the reporting period start and end dates.  |  |  |  |
| 49  | CD4 Test Count Service Date  | Values indicating all CD4 counts and their dates for this client during this report period. The service dates must be within the reporting period. | **Count:** Integer**ServiceDate:** MM/DD/YYY Must be within the reporting period start and end dates.  |  |  |  |
| 50  | Viral Load Test Count Service Date  | All Viral Load counts and their dates for this client during this report period  | **Count:** IntegerReport undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0.**ServiceDate:** MM/DD/YYYY Must be within the reporting period start and end dates.  |  |  |  |
| 52  | Prescribed ART  | Value indicating whether the client prescribed ART at any time during this reporting period.  | 1. Yes
2. No
 |  |  |  |
| 55 | Screened Syphilis | 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) | 1. No2. Yes3. Not Medically indicated |  |  |  |
| 64  | Pregnant  | Value indicating whether the client was pregnant during this reporting period.This should be completed for HIV+ women only.  | 1. No
2. Yes
3. Not applicable
 |  |  |  |
| **Linkage to Care** |
| 73 | HIV Positive Test Date | Date of client’s confidential confirmatory HIV test with a positive result within the reporting period. | HIV Positive Test Date: MM/DD/YYYY Must be within the reporting period. |  |  |  |
| 74 | OAMC Link Date | Date of client’s first OAMC medical care 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. | HIV OAMC linkage date: MM/DD/YYYY Must be within the reporting period and on the same day or later than HIV positive test date. |  |  |  |