**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. Alive 6. Deceased 7. 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:**  Integer  Report 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. No 2. Yes 3. 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. |  |  |  |