| # | Questions | Answers |
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| 1. | Is this webinar available to listen to in the future? | The webinar recording is usually available within 1 week of the webinar. The webinar slides and Q&A are usually posted within 2 weeks. All completed webinars and related resources can be found in the [webinar archives](https://targethiv.org/dart/webinars). |
| 2. | For ZIP Code data, do we need to upload the data using the template file or can we enter the data manually? | You can enter the data manually in the Clients by ZIP Code section of the Provider Report. However, it is recommended to use the template file if you are uploading more than 10 ZIP codes. You can download the template file in the Provider Report. |
| 3. | My agency only provides non-medical case management services and we are receiving validation message 38, “Missing Core Medical or Support Services.” What can we do to reconcile this issue? | You are receiving this validation message because you are reporting clients in your XML file that did not receive a service. To address this, check your source data to confirm that you entered services for these clients. If services are entered, check with your data system administrator to determine why the services are not being included in the XML file. You can reach out to the [DART Team](mailto:data.ta@caiglobal.org) for additional assistance; CAREWare users can contact the [CAREWare Help Desk](mailto:cwhelp@jprog.com). |
| 4. | Most of our validation messages are related to missing viral load and CD4 counts and dates. These patients are often out of care or out of range. Is there a specific comment we should input in the RSR? | Validation comments should address why the data are missing and what you are able to do to fix this in the future (if applicable). If a client has dropped out of care and that is why there are no lab data, you can include that in the validation comment. Missing data should be less than 10% for data elements if at all possible. Reach out to the [DART Team](mailto:data.ta@caiglobal.org) if you need assistance in addressing data completeness issues. |
| 5. | How should we report treatment adherence services? | Treatment adherence counseling is not a standalone service; therefore, it should be reported as part of the larger service type (e.g., medical case management, OAHS). See [PCN 16-02](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf) for more clarification on this topic. You can contact [Ryan White Data Support](mailto:ryanwhitedatasupport@wrma.com) for additional questions. |
| 6. | How should clients be reported if they have a  false positive HIV test but are later tested negative? | The principal intent of the RWHAP statute is to provide services to people with HIV. Therefore, with the exception of affected individuals, client-level data should not be reported for HIV negative clients.  For more guidance, please review [PCN 16-02](https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf). |