

Information Technology Engineering Support For HRSA Data Systems

Ryan White Services Report (RSR) Data Dictionary and XML Schema Implementation Guide Release 3.0

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The logo for HRSA (Health Resources and Services Administration) features a stylized diamond shape on the left containing a circular emblem with a caduceus-like symbol. To the right of this is the acronym "HRSA" in large, bold, outlined letters.
Health Resources and Services Administration
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857

Submitted by:

The Leidos logo consists of a stylized, multi-colored triangle pointing to the right, with shades of purple, blue, and white.
leidos
Leidos Holdings, Inc.
Health Solutions Group
12530 Parklawn Drive, Suite 350
Rockville, MD 20852

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Document Version History

Version	Date	Description
1.1	26-FEB-2009	Removed text "Must be within the reporting period start and end dates" from the Allowed Values column for Item 47, FirstOutpatientAmbulatoryCareDate.
1.2	11-MAR-2009	The following updates were addressed in this version: <ul style="list-style-type: none"> • Changed RiskScreeningProvidedID data type to match XML schema definition and Required Data Elements for Client Data document. • Changed SV1 reporting period end date from 12/30/2009 to 12/31/2009 • Changed 65 2 = Third trimester to 2 = Second trimester
1.3	02-JUL-2009	The following updates were addressed in this version: <ul style="list-style-type: none"> • Corrected the number of occurrences for ID2 – vital enrollment status. Changed the value "1-6" to "1". • Corrected the number of occurrences for ID5 – ethnicity. Changed the value "1-2" to "1".
2.0	01-OCT-2009	The following updates were addressed in this version: <ul style="list-style-type: none"> • Incremented service IDs by 1. • Change "Aids" to "Hiv" in screening values. • Indicated which fields are required based on which services the client received. • Clarified that services that were not delivered do not need to be reported.
2.1	13-OCT-2009	The following updates were addressed in this version: <ul style="list-style-type: none"> • Clarified CD4 and viral load formats. • Changed Items 58 and 59 required type from "Yes" to "OA".
2.3	09-JUN-2010	The following updates were addressed in this version: <ul style="list-style-type: none"> • Added the definition for the XmlVersion element. Non-breaking change. • Modified the definition for undetectable viral load counts. Non-breaking change. • Deprecated the ReportPeriodID. This value shall no longer be required and will be ignored. Non-breaking change. • Added validation text for FirstServiceDate indicating that it should be on or before all other reported service dates. • Added validation text for DeathDate indicating that it should be on or after all other reported service dates. • Added validation text for BirthYear indicating that it should be on or before all other reported service date years. • Added validation text for the GeographicUnitCode indicating that the provider organization's geographic unit code should be used if the client's geographic unit code is not known. • Added validation text for the AidsDiagnosisYear indicating that this value must be on or before the last date of the reporting period. • Added validation text for the FirstAmbulatoryCareDate indicating that this value must be on or before the last date of the reporting period. • Added validation text for ClientReportAmbulatoryService indicating that the ServiceDate values must be within the reporting period start and end dates. • Added validation text for ClientReportCd4Test indicating that the ServiceDate values must be within the reporting period start and end dates.

Version	Date	Description
2.4	22-JUN-2010	Updated restricted geographic unit codes for low-density population areas based on the 2010 U.S. Census.
2.5	20-SEP-2012	The following updates were addressed in this version: <ul style="list-style-type: none"> Updated definition for ScreenedTBSinceHivDiagnosisID to be required when ScreenedTBID is also reported as “unknown.” Updated definition for ScreenedHepatitisBSinceHivDiagnosisID to be required when ScreenedHepatitisBID is also reported as “unknown.” Updated definition for ScreenedHepatitisCSinceHivDiagnosisID to be required when ScreenedHepatitisCID is also reported as “unknown.”
2.5	02-OCT-2012	The following updates were addressed in this version: <ul style="list-style-type: none"> Changed TechnicalContactName to TechnicalContactEmail for data element XV5. Changed required value from “All” to “No” for data element SV1. Removed instructions for reporting default values for first service date. The first service date should not be reported if it is not known. Removed instructions for reporting default values for death date. The death date should not be reported if it is not known. Change “2 = Referred to another program or services, or self sufficient” to “2 = Referred to another program or services, or discharged because self-sufficient” in EnrollmentStatusID.
3.0	01-APR-2014	The following updates were addressed in this version: <ul style="list-style-type: none"> ReportYear and AppendMode nodes were deleted from the Root element. ClientReportMedicalInsurance, ClientReportRace, ClientReportHivRiskFactor, ClientReportServiceVisits, ClientReportServiceDelivered, ClientReportAmbulatoryService, ClientReportCd4Test, and ClientReportViralLoadTest were made children of the ClientReport element. ReportPeriodID, FirstServiceDate, DeathDate, GeographicUnitCode, AidsDiagnosisYear, ScreenedTBID, ScreenedHepatitisBID, ScreenedHepatitisCID, PrenatalCareID, PrescribedArvMedicationID, QuarterID inside ClientReportServiceVisit, and QuarterID inside ClientReportServiceDelivered elements were deleted. ClientReportHispanicSubgroup, ClientReportAsianSubgroup, ClientReportNhpiSubgroup, SexAtBirthID, HivDiagnosisYear, HivPosTestDate, and OamcLinkDate elements were added. Changes were made to the following elements: EnrollmentStatusID, EthnicityID, PovertyLevelID, HousingStatusID, HivAidsStatusID, ClientReportHivRiskFactor, MedicalInsuranceID, ClientReportServiceVisit, ClientReportServiceDelivered, RiskScreeningProvidedID, ClientReportCD4Test, ClientReportViralLoadTest, PrescribedPcpProphylaxisID, PrescribedHaartID, ScreenedTBSinceHivDiagnosisID, ScreenedHepatitisBSinceDiagnosis, VaccinatedHepatitisBID, ScreenedHepatitisCSinceHivDiagnosisID, ScreenedSubstanceAbuseID, ScreenedMentalHealthID, ReceivedCervicalPapSmearID, and PregnantID.

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1 Introduction

As a condition of their grant awards, Ryan White HIV/AIDS Program grantees are required to submit the Ryan White HIV/AIDS Program Service Report (RSR) to the Health Resources Services Administration (HRSA) HIV/AIDS Bureau (HAB) annually. The RSR is a client-level data report that provides data on the characteristics of Ryan White HIV/AIDS Program grantees, their providers, and the clients served with program funds.

To submit the RSR successfully, each provider agency that a grantee funds must complete the online section of the provider report and create and upload one or more Extensible Markup Language (XML) files containing client-level data to the RSR Web application. 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: This document does not contain instructions on how to upload the RSR client-level data XML files to the RSR Web application. For instructions on that process, please see the RSR Instruction Manual available on the [TARGET website](#).

1.1 Purpose

The purpose of this document is to provide reference information on the allowable structure, sequence, values, and format of the RSR client-level data XML files to grantees, providers and software vendors. This document includes data definitions that describe the meaning of each element in the RSR client-level XML files. In addition, this document describes the required format of the XML file, provides examples of XML files, and includes references to the XML schema definitions that are used to validate the XML file. Ultimately, the goal of this document is to help grantees reduce any errors that may result when they generate and submit client-level data XML files to the RSR Web application.

1.2 Audience

This document is intended for RSR technical and/or administrative staff that must collect and report RSR client-level data elements in an XML file format to the HRSA's HAB. Such staff may include developers, data quality specialists, RSR Administrators, or whichever individuals are responsible for generating and submitting the RSR.

1.3 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](#) 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
    https://performance.hrsa.gov/hab/rsrExternal/App/XMLSchema/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:CLD	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 simple and complex 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 data definition 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 (CLD) 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 XML Schema Definitions.

Definition: A brief description of the variable.

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

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).
- **OA** – the element is required for clients receiving outpatient/medical ambulatory care services

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

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

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

Field	Description
ID	XV1
Element Name	SchemaVersion
Parent Element	XmlVersion
Definition	The RSR XML schema version currently supported.
Required	All
Occurrence	1 per file
Allowed Values	Must be set to 3.0.0
Schema	<SchemaVersion>3.0.0</SchemaVersion>

3.1.2 Originator

Field	Description
ID	XV2
Element Name	Originator

Field	Description
Parent Element	XmlVersion
Definition	The name of the application that generates the client-level data XML file.
Required	All
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	All
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
Element Name	TechnicalContactName
Parent Element	XmlVersion
Definition	The technical contact name for the application that generates the client-level data XML file.
Required	All
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	All
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

Field	Description
Parent Element	XmlVersion
Element Name	TechnicalContactPhone
Definition	The technical contact's phone number for the application that generates the client-level data XML file.
Required	All
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 ReportPeriodID (Deprecated)

Field	Description
ID	SV1
Element Name	ReportPeriodID
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file. Instead, please use the ReportYear data element.

3.1.8 ReportYear (New)

Field	Description
ID	SV5
Element Name	ReportYear
Parent Element	XmlVersion
Definition	The reporting period identifier.
Required	All
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

Field	Description
Allowed Values	<p>A system-assigned numeric value.</p> <p>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.</p> <p>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.</p>
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	<p>A system-assigned numeric value.</p> <p>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 registration code is already known.</p> <p>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.</p>
Schema	<RegistrationCode>Numeric string</ RegistrationCode >

3.3 Encrypted Unique Client Identifier

3.3.1 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 >

3.4 Client Demographics

3.4.1 FirstServiceDate (Deprecated)

Field	Description
Reference ID	1
Element Name	FirstServiceDate
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.4.2 EnrollmentStatusID (Revised)

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	1 per 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 7 = Unknown (Deprecated)
Schema	<EnrollmentStatusID>1-6</EnrollmentStatusID>

3.4.3 DeathDate (Deprecated)

Field	Description
Reference ID	3
Element Name	DeathDate
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.4.4 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	1 per client
Allowed Values	yyyy Must be less than the end of the reporting period.

Field	Description
Schema	<BirthYear>yyyy</BirthYear>

3.4.5 EthnicityID (Revised)

Field	Description
Reference ID	5
Element Name	EthnicityID
Parent Element	ClientReport
Definition	Client's ethnicity.
Required	All
Occurrence	1 per client
Allowed Values	1 = Hispanic/Latino 2 = Non-Hispanic/Latino 3 = Unknown (<i>Deprecated</i>)
Schema	<EthnicityID>1-2</EthnicityID>

3.4.6 ClientReportRace

Field	Description
Reference ID	6
Element Name	ClientReportRace RaceID
Parent Element	ClientReport
Definition	Client's race.
Required	All
Occurrence	1-5 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 6 = Unknown
Schema	Within the following schema section, multiple RaceIDs may be reported. <pre><ClientReportRace> <RaceID>1-6</RaceID> ... <RaceID>1-6</RaceID> </ClientReportRace></pre>

3.4.7 GenderID

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).

Field	Description
Required	All
Occurrence	1 per client
Allowed Values	GenderID: 1 = Male 2 = Female 3 = Transgender 4 = Unknown
Schema	<GenderID>1-4</GenderID>

3.4.8 TransgenderID

Field	Description
Reference ID	8
Element Name	TransgenderID
Parent Element	ClientReport
Definition	Client's current transgender status.
Required	All, if GenderID is "Transgender" (GenderID = 3)
Occurrence	0-1 per client
Allowed Values	1 = Male to Female 2 = Female to Male 3 = Unknown
Schema	<TransgenderID>1-3</TransgenderID>

3.4.9 PovertyLevelID (Revised)

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	1 per client
Allowed Values	1 = Below 100% of the Federal poverty level 2 = 101-200% of the Federal poverty level <i>(Deprecated)</i> 3 = 201-300% of the Federal poverty level <i>(Deprecated)</i> 4 = More than 300% of the Federal poverty level <i>(Deprecated)</i> 5 = Unknown <i>(Deprecated)</i> 6 = <i>(Value not used)</i> 7= 401 – 500% of the Federal poverty level 8 = More than 500% of the Federal poverty level 9 = 100 -138% of the Federal poverty level <i>(New)</i> 10 = 139 - 200% of the Federal poverty level <i>(New)</i> 11 = 201 – 250% of the Federal poverty level <i>(New)</i> 12 = 251 – 400% of the Federal poverty level <i>(New)</i>
Schema	<PovertyLevelID>1, 7-12</PovertyLevelID>

3.4.10 HousingStatusID (Revised)

Field	Description
Reference ID	10

Field	Description
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	1 per client
Allowed Values	1 = Stable/permanent 2 = Temporary 3 = Unstable 4 = Unknown (<i>Deprecated</i>)
Schema	<HousingStatusID>1-4</HousingStatusID>

3.4.11 GeographicUnitCode (*Deprecated*)

Field	Description
Reference ID	11
Element Name	GeographicUnitCode
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.4.12 HivAidsStatusID (*Revised*)

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 value blank for HIV affected clients if the client's HIV/AIDS status is not known.
Required	CM, OA
Occurrence	1 per client
Allowed Values	HivAidsStatusID: 1 = HIV negative 2 = HIV-positive , not AIDS 3 = HIV-positive, AIDS status unknown 4 = CDC-defined AIDS 5 = HIV indeterminate (infants less than 2 years only) 6 = Unknown (<i>Deprecated</i>)
Schema	<HivAidsStatusID>1-6</HivAidsStatusID>

3.4.13 AidsDiagnosisYear (*Deprecated*)

Field	Description
Reference ID	13
Element Name	AidsDiagnosisYear
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.4.14 ClientReportHivRiskFactor (*Revised*)

Field	Description
Reference ID	14

Field	Description
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	1-7 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) 7 = Other (<i>Deprecated</i>) 8 = Risk factor not reported or not identified (<i>Revised</i>)
Schema	Within the following schema section, multiple HivRiskFactorIDs may be reported. <ClientReportHivRiskFactor> <HivRiskFactorID>1-6, 8</HivRiskFactorID> ... <HivRiskFactorID>1-6, 8</HivRiskFactorID> </ClientReportHivRiskFactor>

3.4.15 MedicalInsuranceID (*Revised*)

Field	Description
Reference ID	15
Element Name	MedicalInsuranceID
Parent Element	ClientReport
Definition	Client's medical insurance. Report all that apply.
Required	OA, CM, HI, including C&T
Occurrence	1-8 per client
Allowed Values	1 = Private (<i>Deprecated</i>) 2 = Medicare 3 = Medicaid (<i>Deprecated</i>) 4 = Other Public (<i>Deprecated</i>) 5 = No Insurance/Uninsured 6 = Other plan 7 = Unknown (<i>Deprecated</i>) 10 = Private – Employer (<i>New</i>) 11 = Private – Individual (<i>New</i>) 12= Medicaid, CHIP or other public plan (<i>New</i>) 13= VA, Tricare and other military health care (<i>New</i>) 14= IHS (<i>New</i>)

Field	Description
Schema	<p>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)</p> <pre> <ClientReportMedicalInsurance> <MedicalInsuranceID>2, 5-6,10-14</MedicalInsuranceID> ... <MedicalInsuranceID>2, 5-6,10-14</MedicalInsuranceID> </ClientReportMedicalInsurance> </pre>

3.4.16 ClientReportHispanicSubgroup (New)

Field	Description
Reference ID	To Be Determined
Element Name	ClientReportHispanicSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Hispanic Sub-group. Report all that apply.
Required	All (including C&T), if client's ethnicity is "Hispanic" (EthnicityID = 1)
Occurrence	0-4 per client
Allowed Values	SubgroupID: 1= Mexican, Mexican American, Chicano/a 2= Puerto Rican 3= Cuban 4=Another Hispanic, Latino/a or Spanish origin
Schema	<p>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)</p> <pre> <ClientReportHispanicSubgroup> <SubgroupID>1-4</SubgroupID> ... <SubgroupID>1-4</SubgroupID> </ClientReportHispanicSubgroup> </pre>

3.4.17 ClientReportAsianSubgroup (New)

Field	Description
Reference ID	To Be Determined
Element Name	ClientReportAsianSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Asian subgroup. Report all that apply.
Required	All (including C&T), if client's race is "Asian" (RaceID = 3)
Occurrence	0-7 per client

Field	Description
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) <pre><ClientReportAsianSubgroup> <SubgroupID>1-7</SubgroupID> ... <SubgroupID>1-7</SubgroupID> </ClientReportAsianSubgroup></pre>

3.4.18 ClientReportNhipSubgroup (New)

Field	Description
Reference ID	To Be Determined
Element Name	ClientReportNhipSubgroup SubgroupID
Parent Element	ClientReport
Definition	Client's Native Hawaiian/Pacific Islander subgroup. Report all that apply.
Required	All (including C&T), if client's race is "Native Hawaiian/Pacific Islander" (RaceID = 4)
Occurrence	0-4 per client
Allowed Values	SubgroupID: 1 = Native Hawaiian 2 = Guamanian or Chamorro 3 = Samoan 4 = Other Pacific Islander
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) <pre><ClientReportNhpiSubgroup> <SubgroupID>1-4</SubgroupID> ... <SubgroupID>1-4</SubgroupID> </ClientReportNhpiSubgroup></pre>

3.4.19 SexAtBirthID (New)

Field	Description
Reference ID	To Be Determined
Element Name	SexAtBirthID
Parent Element	ClientReport
Definition	The biological sex assigned to the client at birth
Required	All (including C&T)
Occurrence	1 per client

Field	Description
Allowed Values	1 = Male 2 = Female
Schema	<SexAtBirthID>1-2</SexAtBirthID>

3.4.20 HIVDiagnosisYear (New)

Field	Description
Reference ID	To Be Determined
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 is not "HIV-negative" or "HIV indeterminate" for HivAidsStatusID (i.e., HivAidsStatusID <> 1 or HivAidsStatusID <> 5).
Occurrence	1 per client
Allowed Values	yyyy Must be less than or equal to the reporting period year.
Schema	<HivDiagnosisYear>yyyy</HivDiagnosisYear>

3.5 Core Medical Service Visits Delivered (Revised)

Field	Description
Reference IDs	16, 18–19, 21–27
Element Name	ClientReportServiceVisits ServiceVisit (New) QuarterID (Deprecated) ServiceID Visits
Parent Element	ClientReport
Definition	The number of visits received for each core medical service during the reporting period.
Required	All At least one core or support entry per client
Occurrence	1 for each core medical service delivered

Field	Description
Allowed Values	<p>QuarterID (<i>Deprecated</i>)</p> <p>Core Medical Services: ServiceIDs: 8 = Outpatient ambulatory health services 10 = Oral health care 11 = Early intervention services (Parts A and B) 13 = Home health care 14 = Home and community-based health services 15 = Hospice services 16 = Mental health services 17 = Medical nutrition therapy 18 = Medical case Management (including treatment adherence) 19 = Substance abuse services-outpatient</p> <p>Visits: 1–365 (must be an integer)</p>
Schema	<p>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.</p> <pre> <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> </pre> <p>Only report services with actual visits. Do not report services without visits.</p>

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

Field	Description
Reference IDs	17, 20, 28–45
Element Name	ClientReportServiceDelivered ServiceDelivered (<i>New</i>) QuarterID (<i>Deprecated</i>) 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 At least one core or support entry per client
Occurrence	0-1 per service per client

Field	Description
Allowed Values	<p>QuarterID (<i>Deprecated</i>):</p> <p>Core Medical Services: ServiceID: ID 26: 9 = Local AIDS Pharmaceutical Assistance (APA, not ADAP) ID 27: 12 = Health Insurance Program(HIP)</p> <p>Support Services: ServiceID: 20 = Case management (non-medical) services 21 = Child care services 22 = Developmental assessment/early intervention services 23 = Emergency financial assistance 24 = Food bank/home-delivered meals 25 = Health education/risk reduction 26 = Housing services 27 = Legal services 28 = Linguistic services 29 = Transportation services 30 = Outreach services 31 = Permanency planning 32 = Psychosocial support services 33 = Referral for health care/supportive services 34 = Rehabilitation services 35 = Respite care 36 = Substance abuse services-residential 37 = Treatment adherence counseling</p> <p>DeliveredID: 1 = No (<i>Deprecated</i>) 2 = Yes 3 = Unknown (<i>Deprecated</i>)</p>
Schema	<p>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.</p> <pre> <ClientReportServiceDelivered> <ServiceDelivered> <ServiceID>9,12,20-45</ServiceID> <DeliveredID>2</DeliveredID> </ServiceDelivered> ... <ServiceDelivered> <ServiceID>9,12,20-45</ServiceID> <DeliveredID>2</DeliveredID> </ServiceDelivered> </ClientReportServiceDelivered> </pre> <p>Only report services that were actually delivered. Do not report services that were not delivered.</p>

3.7 Clinical Information

3.7.1 RiskScreeningProvidedID (Revised)

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	1 per client
Allowed Values	RiskScreeningProvidedID: 1 = No 2 = Yes 3 = Unknown (<i>Deprecated</i>)
Schema	<RiskScreeningProvidedID>1-2</RiskScreeningProvidedID>

3.7.2 FirstAmbulatoryCareDate

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

3.7.3 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 client
Allowed Values	ServiceDate: mm,dd,yyyy Must be within the reporting period start and end dates.

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

3.7.4 ClientReportCd4Test (Revised)

Field	Description
Reference ID	49
Element Name	ClientReportCd4Test Cd4Test (<i>New</i>) Count ServiceDate
Parent Element	ClientReport
Definition	<p>Values indicating all CD4 counts and their dates for this client during this report period.</p> <p>The service dates must be within the reporting period.</p>
Required	OA
Occurrence	0-number of days in reporting period per client
Allowed Values	<p>Count: Integer</p> <p>ServiceDate: mm,dd,yyyy</p> <p>Must be within the reporting period start and end dates.</p>
Schema	<p>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.</p> <pre> <ClientReportCd4Test> <Cd4Test> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </Cd4Test> ... <Cd4Test> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </Cd4Test> </ClientReportCd4Test> </pre>

3.7.5 ClientReportViralLoadTest (Revised)

Field	Description
Reference ID	50

Field	Description
Element Name	ClientReportViralLoadTest ViralLoadTest (<i>New</i>) Count ServiceDate
Parent Element	ClientReport
Definition	All Viral Load counts and their dates for this client during this report period
Required	OA
Occurrence	1-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 values, such as, 0.12345 x 1000 to 1234. 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 ClientReporViralLoadTest element. <pre> <ClientReportViralLoadTest> <ViralLoadTest> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </ViralLoadTest> ... <ViralLoadTest> <Count>Integer</Count> <ServiceDate>mm,dd,yyyy</ServiceDate> </ViralLoadTest> </pre>

3.7.6 PrescribedPcpProphylaxisID (*Revised*)

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	1 per client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = No, client refused 5 = Unknown (<i>Deprecated</i>)
Schema	<PrescribedPcpProphylaxisID>1-4 </ PrescribedPcpProphylaxisID>

3.7.7 PrescribedHaartID (*Revised*)

Field	Description
Reference ID	52

Field	Description
Element Name	PrescribedHaartID
Parent Element	ClientReport
Definition	Value indicating whether the client prescribed HAART at any time during this reporting period.
Required	OA
Occurrence	1 per client
Allowed Values	1 = Yes 2 = No, not medically indicated (<i>Deprecated</i>) 3 = No, not ready (as determined by clinician) 4 = No, client refused 5 = No, intolerance, side-effect, toxicity 6 = No, HAART payment assistance unavailable 7 = No, other reason 8 = Unknown (<i>Deprecated</i>)
Schema	<PrescribedHaartID> 1-7</ PrescribedHaartID>

3.7.8 ScreenedTBID (*Deprecated*)

Field	Description
Reference ID	53
Element Name	ScreenedTBID
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.7.9 ScreenedTBSinceHivDiagnosisID (*Revised*)

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 Note: This data element is now required for all clients for whom Clinical Information is reported.
Occurrence	0-1 per client
Allowed Values	ScreenedTBSinceHivDiagnosisID: 1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	<ScreenedTBSinceHivDiagnosisID>1–3</ScreenedTBSinceHivDiagnosisID>

3.7.10 ScreenedSyphilisID (*Revised*)

Field	Description
Reference ID	55
Element Name	ScreenedSyphilisID
Parent Element	ClientReport

Field	Description
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 client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown (<i>Deprecated</i>)
Schema	<ScreenedSyphilisID>1-3</ScreenedSyphilisID>

3.7.11 ScreenedHepatitisBID (*Deprecated*)

Field	Description
Reference ID	56
Element Name	ScreenedHepatitisBID
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.7.12 ScreenedHepatitisBSinceHivDiagnosisID (*Revised*)

Field	Description
Reference ID	57
Element Name	ScreenedHepatitisBSinceHivDiagnosisID
Parent Element	ClientReport
Definition	Value indicating whether the client has been screened for Hepatitis B since his/her HIV diagnosis.
Required	OA Note: This data element is now required for all clients for whom Clinical Information is reported.
Occurrence	0-1 per client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	ScreenedHepatitisBSinceHivDiagnosisID> 1-4 </ScreenedHepatitisBSinceHivDiagnosisID>

3.7.13 VaccinatedHepatitisBID (*Revised*)

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	1 per client

Field	Description
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown (<i>Deprecated</i>)
Schema	<VaccinatedHepatitisBID>1-3</VaccinatedHepatitisBID>

3.7.14 ScreenedHepatitisCID (*Deprecated*)

Field	Description
Reference ID	59
Element Name	ScreenedHepatitisCID
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.7.15 ScreenedHepatitisCSinceHivDiagnosisID (*Revised*)

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 Note: This data element is now required for all clients for whom Clinical Information is reported.
Occurrence	0-1 per client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown
Schema	<ScreenedHepatitisCSinceHivDiagnosisID> 1-4 </ScreenedHepatitisCSinceHivDiagnosisID>

3.7.16 ScreenedSubstanceAbuseID (*Revised*)

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.
Required	OA
Occurrence	1 per client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown (<i>Deprecated</i>)
Schema	<ScreenedSubstanceAbuseID>1-3</ScreenedSubstanceAbuseID>

3.7.17 ScreenedMentalHealthID (Revised)

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	1 per client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Unknown (<i>Deprecated</i>)
Schema	<ScreenedMentalHealthID>1-3 </ScreenedMentalHealthID>

3.7.18 ReceivedCervicalPapSmearID (Revised)

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 client
Allowed Values	1 = No 2 = Yes 3 = Not medically indicated 4 = Not applicable 5 = Unknown (<i>Deprecated</i>)
Schema	<ReceivedCervicalPapSmearID>1-4</ReceivedCervicalPapSmearID>

3.7.19 PregnantID (Revised)

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 client
Allowed Values	1 = No 2 = Yes 3 = Not applicable 4 = Unknown (<i>Deprecated</i>)
Schema	<PregnantID>1-3</PregnantID>

3.7.20 PrenatalCareID (Deprecated)

Field	Description
Reference ID	65
Element Name	PrenatalCareID
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.7.21 PrescribedArvMedicationID (Deprecated)

Field	Description
Reference ID	66
Element Name	PrescribedArvMedicationID
Allowed Values	This value has been deprecated and should not be included in the client-level data XML file.

3.8 HIV Counseling and Testing Elements

3.8.1 HivPosTestDate (New)

Field	Description
Reference ID	To Be Determined
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 Counseling and Testing clients with a confidential positive HIV confirmatory test during the reporting period
Occurrence	0-1 per client
Allowed Values	mm,dd,yyyy Must be within the reporting period.
Schema	<HivPosTestDate>mm,dd,yyyy</HivPosTestDate>

3.8.2 OamcLinkDate (New)

Field	Description
Reference ID	To Be Determined
Element Name	OamcLinkDate
Parent Element	ClientReport
Definition	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.
Required	All Counseling and Testing clients with a confidential positive HIV confirmatory test during the reporting period
Occurrence	0-1 per client
Allowed Values	mm,dd,yyyy Must be within the reporting period.

Field	Description
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 (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.
- The XML data elements must appear in the specified order. See Section 4.2: Sample XML File 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> are not allowed.

While browsing the data elements, please note that some are not required. If data will not be provided for these elements 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"?>
<RSR:ROOT xsi:schemaLocation="urn:rsrNamespace
https://performance.hrsa.gov/hab/rsrExternal/App/XMLSchema/RsrClientSchema.xsd
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xmlns:RSR="urn:rsrNamespace">
  <XmlVersion>
    <SchemaVersion>3 0 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>3</GenderID>
  <TransgenderID>1</TransgenderID>
  <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>6</DeliveredID>
    </ServiceDelivered>
    <ServiceDelivered>
      <ServiceID>33</ServiceID>
      <DeliveredID>4</DeliveredID>
    </ServiceDelivered>
  </ClientReportServiceDelivered>
  <RiskScreeningProvidedID>2</RiskScreeningProvidedID>
  <FirstAmbulatoryCareDate>1,1,2011</FirstAmbulatoryCareDate>
  <ClientReportAmbulatoryService>
    <ServiceDate>1,1,2013</ServiceDate>
    <ServiceDate>4,1,2013</ServiceDate>
    <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>
<PrescribedHaartID>6</PrescribedHaartID>
<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
C&T	(HIV) Counseling and Testing
CHIP	Children's Health Insurance Program
CM	Case Management Services (Medical and Non-medical)
eUCI	Encrypted Unique Client Identifier
HAART	Highly Active AntiRetroviral Therapy
HAB	HIV/AIDS Bureau
HIP	Health Insurance Program
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
IHS	Indian Health Service
OA	Outpatient/ambulatory Medical Care Services
RDR	Ryan White HIV/AIDS Program Data Report
RSR	Ryan White HIV/AIDS Program Services Report
RWHAP	Ryan White HIV/AIDS Program
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 <https://performance.hrsa.gov/HAB/RSRFiles/FileDownload.aspx>.

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](#).

T-REX (XML generator)

The RSR XML Generator is a HAB tool that can be used to generate the RSR client-level data XML files. This tool will be available on or before November 1, 2014 from 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 an vast array of technical assistance resources including the T-REX and X-ERT applications, webcasts, training materials, and reference documents, such as the RSR Instruction Manual.