

RYAN WHITE HIV/AIDS PROGRAM SERVICES REPORT REQUIRED CLIENT-LEVEL DATA ELEMENTS FOR RWHAP ELIGIBLE SERVICES

| Client-level Data Elements | Outpatient/ambulatory medical care | Medical case management | Oral health care | Early intervention services | Home health care | Home and comm-based hth serv | Hospice services | Mental health services | Medical nutrition services | Substance abuse services | AIDS Pharmaceuical Assistance | Health Insurance Program (HIP) | Case management | Child care services | Ped develop assess/leary Interv serv | Emergency financial assistance | Food bank/home-delivered meals | Health education/risk reduction | Housing services | Linguistics services | Medical transportation services | Outreach services | Permanency planning | Referral hth care/support services | Rehabilitation services | Respite care | Substance abuse services | Treatment adherence counseling | Rationale |
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| Client Demographics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year of birth | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2, 10 |
| Ethnicity | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2, 4, 10 |
| Race | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 4, 10 |
| Gender | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2, 3, 4, 5, 10 |
| Transgender subgroup | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2, 3, 4, 5, 10 |
| Health insurance | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | 2, 10 |
| Housing status | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 2, 10 |
| 3 Digit ZIP code | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 11, 12 |
| Federal poverty level | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 2, 10 |
| Date of first service visit | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 2, 3, 4, 5, 10 |
| HIV/AIDS status | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 2, 4, 5 |
| Year of AIDS diagnosis | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 2, 4, 5 |
| Client risk factor | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| Vital enrollment status | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 8, 9 |
| Date of death | • | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 8, 9 |

Rational Codes:

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| <ol style="list-style-type: none"> 1. Necessary for identifying new clients 2. 2006 Ryan White Legislation requirement 3. Necessary to assess RWHAP performance as required for GPRA 4. Necessary to assess RWHAP performance as required for PART 5. Necessary to assess RWHAP performance as required for HAB Core Clinical Performance Measures Group 1 6. Necessary to assess RWHAP performance as required for HAB Core Clinical Performance Measures Group 2 7. Necessary to assess RWHAP performance as required for HAB Core Clinical Performance Measures Group 3 | <ol style="list-style-type: none"> 8. Necessary to track enrollment or vital status over the course of the reporting period 9. Informs the denominator of other items 10. Used to identify important population subgroups 11. Used to measure and assess the extent of out-of-service area utilization 12. Used to determine areas of eligibility 13. Accountability, use of funds |
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| Core Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient/ambulatory health services | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,4,5,13 | |
| Medical case management | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Oral health care | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Early intervention services (Parts A and B) | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Home health care | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Home and comm-based hlth services | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Hospice services | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Mental health services | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Medical nutrition therapy | | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Substance abuse outpatient care | | | | | | | | | | • | | | | | | | | | | | | | | | | | | | | 2,13 | |
| Local AIDS Pharm Assistance | | | | | | | | | | | • | | | | | | | | | | | | | | | | | | | 2,13 | |
| Health Insurance Program (HIP) | | | | | | | | | | | | • | | | | | | | | | | | | | | | | | | 2,13 | |
| Support Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Case management (non-medical) | | | | | | | | | | | | | • | | | | | | | | | | | | | | | | | 2,13 | |
| Child care | | | | | | | | | | | | | | • | | | | | | | | | | | | | | | | 2,13 | |
| Ped developmental assessment/ EIS | | | | | | | | | | | | | | | • | | | | | | | | | | | | | | | 2,13 | |
| Emergency financial assistance | | | | | | | | | | | | | | | | • | | | | | | | | | | | | | | 2,13 | |
| Food bank | | | | | | | | | | | | | | | | | • | | | | | | | | | | | | | 2,13 | |
| Health education/risk education | | | | | | | | | | | | | | | | | | • | | | | | | | | | | | | 2,13 | |
| Housing services | | | | | | | | | | | | | | | | | | | • | | | | | | | | | | | 2,13 | |
| Legal services | | | | | | | | | | | | | | | | | | | | • | | | | | | | | | | 2,13 | |
| Linguistic services | | | | | | | | | | | | | | | | | | | | | • | | | | | | | | | 2,13 | |
| Transportation services | | | | | | | | | | | | | | | | | | | | | | • | | | | | | | | 2,13 | |
| Outreach services | | | | | | | | | | | | | | | | | | | | | | | • | | | | | | | 2,13 | |
| Permanency planning | | | | | | | | | | | | | | | | | | | | | | | | • | | | | | | 2,13 | |
| Psychosocial support | | | | | | | | | | | | | | | | | | | | | | | | | • | | | | | 2,13 | |
| Referral hlth care/supp services | | | | | | | | | | | | | | | | | | | | | | | | | | • | | | | 2,13 | |
| Rehabilitation services | | | | | | | | | | | | | | | | | | | | | | | | | | | • | | | 2,13 | |
| Respite care | | | | | | | | | | | | | | | | | | | | | | | | | | | | • | | 2,13 | |
| Subst abuse services— residential | | | | | | | | | | | | | | | | | | | | | | | | | | | | | • | 2,13 | |
| Treatment adherence counseling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | • | 2,13 |

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| Clinical Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIV risk reduc screen/counseling | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,5 | |
| First outpatient /ambulatory care visit | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,4,5 | |
| Outpatient ambulatory care visits | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4,5 | |
| CD4 counts and dates | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4,5 | |
| Viral Load counts and dates | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4,5 | |
| Prescribed PCP prophylaxis | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,5 | |
| Prescribed HAART | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,4,5 | |
| Screened for TB | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,6 | |
| Screened for TB since diagnosis | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,6 | |
| Screened for syphilis | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,6 | |
| Screened for Hepatitis B | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,7 | |
| Screened for Hep B since diagnosis | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,7 | |
| Completed Hep B vaccine series | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,6 | |
| Screened for Hep C | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,6 | |
| Screened for Hep C since diagnosis | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,6 | |
| Screened for substance use | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,7 | |
| Screened for mental health | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,7 | |
| Pap smear | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3,6 | |
| Pregnant | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,4,5 | |
| Entry into prenatal care | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2,3,5 | |
| ARV therapy for pregnant women | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 | |