

RDR Basics

Workshop I



Washington, DC
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Presenters:

HRSA – HIV/AIDS Bureau

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Training Ground Rules

- ◆ Please turn off cell phones and pagers until the end of the presentation
- ◆ Please hold your questions until a designated Q&A time

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Materials Provided

- ◆ Agenda
- ◆ 2008 RDR Form
- ◆ Presentation Slides

Slides and all other materials may be found at:
<http://datasupport.hab.hrsa.gov/>

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Workshop Overview

- ◆ Overview of Terms
- ◆ Understanding of Web Submission
- ◆ Dates to Remember
- ◆ Section Review

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Ryan White HIV/AIDS Treatment Modernization Act: Programs

- Part A: Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
- Part B: States and U.S. Territories
- Part C: Early Intervention Services (EIS)
- Part D: Services for Women, Infants, Children, Adolescents, Youth and Their Families (includes the Adolescent Initiative)

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ORGANIZATIONAL TERMINOLOGY

- ◆ **Agency**
 - Refers to both grantees and providers
- ◆ **Grantee of Record**
 - Receives Federal funding directly from HRSA
 - May be the provider agency or may contract with another agency for services
- ◆ **Service Provider**
 - Provides direct services to clients
 - May be directly funded by the Ryan White HIV/AIDS Program or through subcontracts with grantees

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CLIENT TERMINOLOGY

- ◆ **Infected client**
 - HIV-positive
 - Receives at least one core or support service
- ◆ **Indeterminate client**
 - Under the age of 2
 - HIV status is not yet determined
 - Born to an HIV-infected mother
- ◆ **Affected client**
 - Family member or partner of an infected client
 - Receives at least one support service
 - HIV-negative, or HIV status unknown or unreported

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DATA REPORT TERMINOLOGY

- ◆ **Ryan White Data Report (RDR)**
 - Documenting the clients served and services provided in 2008.
 - Each agency submits one data report.
- ◆ **Section**
 - A group of related items within the report.
 - There are 7 sections in the data report.
- ◆ **Item**
 - An individual question in the report.
 - There are 82 items in the data report.
- ◆ **Data Quality Check**
 - A required relationship between data elements.
 - The checks ensure that data are internally consistent.

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Reporting Scope

- ◆ Determines which services and clients are included in a Data Report
- ◆ Use Scope “01” to report
 - All clients receiving a service eligible for Ryan White HIV/AIDS Program funding
- ◆ Use Scope “02” to report
 - All clients receiving a service funded by the Ryan White HIV/AIDS Program

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Understanding Web Submission

- ◆ Grantees access the RDR Web system via EHBs
- ◆ Providers access the RDR Web system directly

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Understanding Web Submission: HRSA's Electronic Handbooks (EHBs)

Online grants management system

- ◆ Funding opportunities
- ◆ Notices of Grant Award (NGAs)
- ◆ Administer user access to the grant
- ◆ Non Competing Continuations
- ◆ Monitor post-award activity schedule
- ◆ Access and submit progress reports and other post-award deliverables

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Understanding Web Submission: Ryan White Data Report Web System

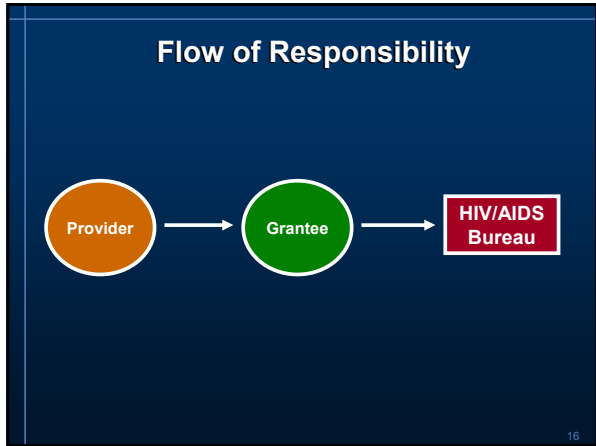
- ◆ Online data entry system
 - Manually enter data into the system; or
 - Upload CAREWare/XML-generated data report into the system
- ◆ Grantees monitor the status of providers' data reports
- ◆ Grantees review & approve providers' data reports

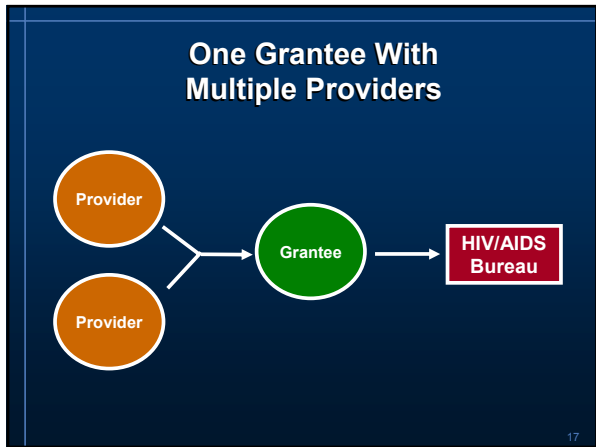
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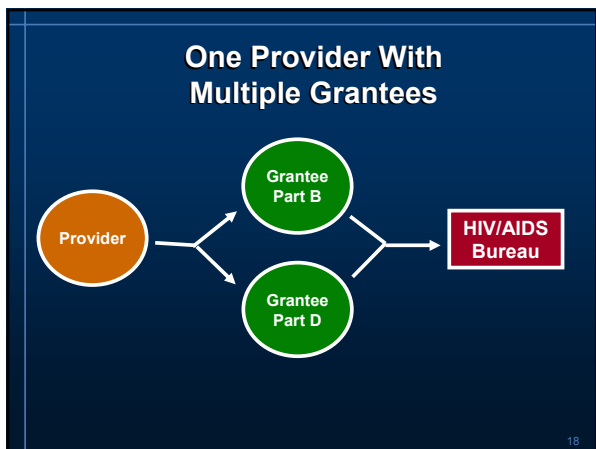
Funding Stream

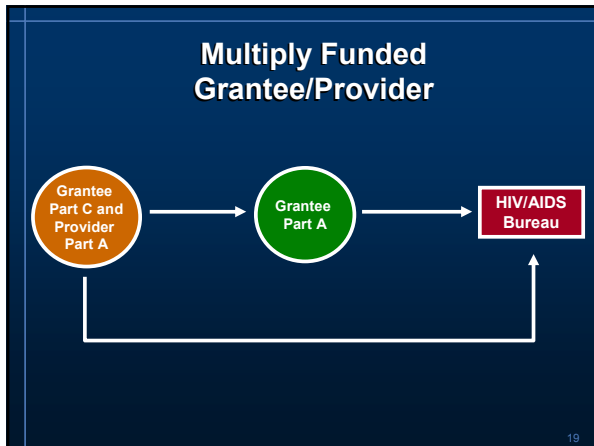


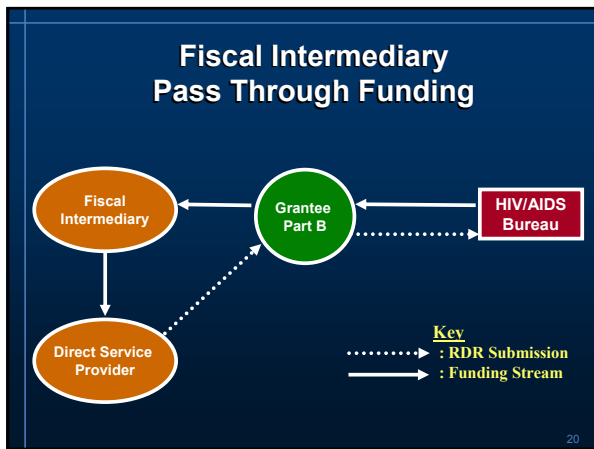
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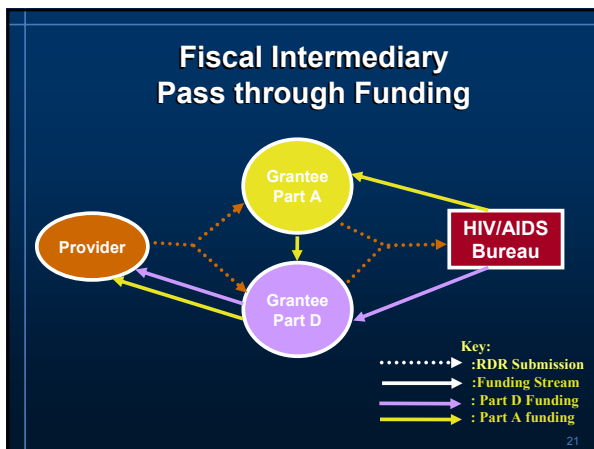












How to Prepare for the Web System Opening

Upon receiving the annual mailing:

1. Grantees review their provider lists;
 - Mail/fax Provider Verification Forms to Data Support
 - Make changes to the lists in the Web system;
2. Certify provider lists in EHBs;
3. Distribute registration codes to providers; and
4. Begin training providers.

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Sequence of Activities

Annual training	Nov - Dec 2008
Annual mailing	Nov 2008
Provider list verification	Dec 2008
Prepare and submit data	Jan – Mar 2009
Review data reports	Mar 2009
Data report verification	April 2009

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Who Completes Each Section?

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Data Reporting Responsibility

Program Parts	A	B	C	D
Section 1. Service Provider Information	✓	✓	✓	✓
Section 2. Client Information	✓	✓	✓	✓
Section 3. Service Information	✓	✓	✓	✓
Section 4. HIV Counseling and Testing	✓	✓	✓	✓
Section 5. Medical Information	✓	✓	✓	✓
Section 6.1. Part C Information			✓	
Section 6.2. Part D Information				✓
Section 7. Health Insurance Program (HIP) Information	✓	✓	✓	

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Section Review

- ◆ Review selected items
- ◆ Discuss how to accurately complete items
- ◆ Explain data relationships

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Section 1

Service Provider Information

- ◆ 1.1 Provider and Agency Contact Information (Items 1–4)
- ◆ 1.2 Reporting, Funding, and Program Information (Items 5–22)

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OMB No. 0915-0011 Rev. Date: 02-29-2011

Section 1 (Items 1-22) should be completed by all service providers funded through Title XXIV of the Public Health Service Act as approved by the State Health Department Administration and/or 2008 Ryan White HIV/AIDS Program Parts A, B, C, and D. For additional information, please refer to the instructions for completing this form.

SECTION 1: SERVICE PROVIDER INFORMATION

Section 1A: Provider and Agency Contact Information

1. Provider name: _____

2. Provider address:
 a. Street: _____
 b. City: _____ State: _____
 c. ZIP Code: _____
 d. Telephone # (_____) _____

3. Contact information:
 a. Name: _____
 b. Title: _____
 c. Phone # (_____) _____
 d. Fax # (_____) _____
 e. E-mail: _____

4. Person completing this form:
 a. Name: _____
 b. Phone # (_____) _____
 c. E-mail: _____

Section 1B: Reporting and Program Information

5. Calendar year for reporting: (mmddyyyy)
 Start date: ____/____/____
 End date: ____/____/____

6. Reporting scope: (check only one)
 01 - ALL clients receiving a service ELIGIBLE for Part A, B, C, or D funding.
 02 - ONLY clients receiving a Part A, B, C, or D FUNDED service.
 Remember: All agencies and providers must use reporting scope 01 unless they have permission from their FTEES project officer to use reporting scope 02. The scope should be selected relative to the reporting scope you select here.

7. Provider type:
 a. (check only one)
 Hospital or university-based clinic
 Publicly funded community health center
 Publicly funded community mental health center
 Other community-based service organization (CSO)
 Health department
 Substance abuse treatment center
 Behavioral health medical practice
 Agency reporting for multiple fee-for-service providers
 FTEES location
 VA facility
 Other facility (Specify _____)
 b. Do you receive funding under Section 330 of the Public Health Service Act (funds community health centers, migrant health centers, and health care for the homeless) during this reporting period?
 Yes No Don't know/unsure

8. Ownership status:
 a. (check only one)
 Public/State
 Public/federal
 Privately nonprofit (501(c)(3))
 Private, for-profit
 Unincorporated
 Other
 b. If "private, nonprofit" was selected in item 8a, is your organization faith-based?
 Yes No

9. Did your organization expend Minority AIDS Initiative (MAI) funds during this reporting period?
 Yes No Don't know/unsure

Section 1: Service Provider Information 1 2008 Ryan White HIV/AIDS Program Data Report 28

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Section 1: Service Provider Information 2 2008 Ryan White HIV/AIDS Program Data Report 29

10. Source of Ryan White HIV/AIDS Program funding: (Check all that apply)
 Part A (Name of grantee):
 1. _____
 2. _____
 3. _____
 Part B (Name of grantee):
 1. _____
 2. _____
 3. _____
 Part C (EIS) (Name of grantee):
 1. _____
 2. _____
 3. _____
 Part D (including the Adolescent Initiative) (Name of grantee):
 1. _____
 2. _____
 3. _____

11. Part A funding:
 a. Total amount of Part A funding expended during this reporting period (rounded to the nearest dollar): \$ _____
 b. Of the amount in item 11a, how much is from the Minority AIDS Initiative (rounded to the nearest dollar): \$ _____

12. Part B funding:
 a. Total amount of Part B funding expended during this reporting period (rounded to the nearest dollar): \$ _____
 b. Of the amount in item 12a, how much is from the Minority AIDS Initiative (rounded to the nearest dollar): \$ _____

13. Part C EIS funding:
 a. Total amount of Part C EIS funding expended during this reporting period (rounded to the nearest dollar): \$ _____
 b. Of the amount in item 13a, how much is from the Minority AIDS Initiative (rounded to the nearest dollar): \$ _____

14. Part D (including the Adolescent Initiative) funding:
 a. Total amount of Part D funding expended during this reporting period (rounded to the nearest dollar): \$ _____
 b. Of the amount in item 14a, how much is from the Minority AIDS Initiative (rounded to the nearest dollar): \$ _____

15. Amount of Part A, B, C, or D Ryan White HIV/AIDS Program funds EXPENDED on oral health care during this reporting period (rounded to the nearest dollar): \$ _____

16. During this reporting period, did you provide the grantee with support for the following activities? (Check "Yes" or "No" for each service.)
 a. Planning or consultation Yes No
 b. Administrative or technical support Yes No
 c. Fiscal management services Yes No
 d. Technical assistance Yes No
 e. Capacity development Yes No
 f. Quality management Yes No
 Check this box if the services listed in item 16 were the only activities you provided to the Ryan White HIV/AIDS Program grantees. If so, STOP HERE and do not complete the remainder of this form.

NOTE: Third party administrators who processed performance contracts to providers of eligible services should continue with item 17.

Section 1: Service Provider Information 2 2008 Ryan White HIV/AIDS Program Data Report 29

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Section 1: Service Provider Information 3 2008 Ryan White HIV/AIDS Program Data Report 30

17. a. Did you administer an AIDS Drug Assistance Program (ADAP) to local AIDS pharmacists to provide HIV/AIDS medications to clients during this reporting period?
 Yes
 No (Skip to item 18.)
 b. If "Yes" to item 17a, type of program administered:
 State ADAP
 Local ADAP program or dispense pharmaceuticals to clients
 If the ONLY type of program you administered was a State ADAP, and you did not administer under the Ryan White HIV/AIDS Program during this reporting period, STOP HERE. You are finished with this form. If you offered a Local ADAP or other ADAP, then you must continue to complete this form.

18. Did you provide a Health Insurance Program (HIP) during this reporting period? (Do not include health insurance funded under ADAP as a part of HIP.)
 Yes, and this was the only service you or agency provided with Ryan White HIV/AIDS Program funding during this reporting period. (Skip to Section 7.)
 Yes, and your agency provided other services with Ryan White HIV/AIDS Program funding during this reporting period.
 No

19. Indicate which of the following populations were reportedly targeted for outreach or services during this reporting period. (Check box for each group reported.)
 Migrant or seasonal workers
 Homeless
 Children
 Racial/ethnic minorities/communities of color
 Homeless
 Gay, lesbian, and bisexual youth
 Gay, lesbian, and bisexual adults
 Incarcerated individuals
 All adolescents
 Runaway or street youth
 Injection drug users
 Non-injection drug users
 Homeless
 Other (specify _____)

20. Which of the following categories describes your agency? (Check all that apply.)
 An agency in which racial/ethnic minority group members make up more than 50% of the agency's board members.
 Racial/ethnic minority group members make up more than 50% of the agency's professional staff members in HIV-related services.
 Site or group provide health care practice in which more than 50% of the clinicians are racial/ethnic minority group members.
 Other "traditional" provider that has historically served racial/ethnic minority clients but does not meet any of the criteria above.
 Other type of agency or facility

21. Total paid staff, in FTEs, funded by any part of the Ryan White HIV/AIDS Program:
 Paid staff FTEs: _____

22. Total volunteer staff, in FTEs, dedicated to HIV care:
 Volunteer staff FTEs: _____

Section 1: Service Provider Information 3 2008 Ryan White HIV/AIDS Program Data Report 30

Points to Remember: Section 1

- ◆ Grantees report the amount of funding expended by their agency, not the money paid to providers.
- ◆ Providers report the amount of funding expended providing services during the reporting period.
- ◆ Report the amount expended during the reporting year and NOT your fiscal year, if it's different.

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Vignette: Section 1

Heritage Health Center is a Part C grantee and Part A provider.

- ◆ It spent \$100,000 of Part C funds during CY 2008.
- ◆ Its Part A contract indicates:
 - \$50,000 was available for 2008 services;
 - client records show \$40,000 worth of services were provided in CY 2008; and
 - financial records show \$35,000 was received in 2008

What funding does Heritage Health Center report in Items 11a and 13a?

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Vignette 1 Answer

Items	Response
11a	\$40,000
13a	\$100,000

Remember:

Providers report funds spent providing services in 2008.

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Points to Remember: Section 2

- ◆ Report the status of clients at the end of the reporting period.
- ◆ Report infected and indeterminate clients together (HIV+/indeterminate).
- ◆ Report negative and unknown/unreported clients together (HIV-affected)
- ◆ Totals for all items (except Item 24) must equal total unduplicated clients in Item 23.

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Vignette: Section 2

23. Total number of unduplicated clients:

315	HIV-positive
60	HIV-indeterminate (under 2 years)
10	HIV-negative (affected)
_____	Unknown/unreported (affected)
385	Total

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Race and ethnicity

27. a. HIV- positive/indeterminate:

Number of clients:	Hispanic	Non-Hispanic
White	35	145
Black/ African American	30	115
Asian	_____	30
Native Hawaiian or Other Pacific Islander	_____	_____
American Indian or Alaska Native	_____	_____
More than one race	10	_____
Unknown/ unreported	5	15
Total	80	305

b. HIV-affected

Number of clients:

White	5	_____
Black/ African American	_____	4
Asian	_____	_____
Native Hawaiian or Other Pacific Islander	_____	_____
American Indian or Alaska Native	_____	_____
More than one race	1	_____
Unknown/ unreported	_____	_____
Total	6	4

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Item 23

315	HIV-Positive
60	HIV-indeterminate (under 2 years)
10	HIV-negative (affected)
0	Unknown/unreported (affected)
385	Total

Vignette 2 Answer

Item 27a

Number of clients:	Hispanic	Non-Hispanic
White	35	145
Black/ African American	30	115
Asian		30
Native Hawaiian or Other Pacific Islander		
American Indian or Alaskan native		
More than one race	10	9
Unknown/Unreported	5	15
Total	80	305

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Section 3
Service Information

- ◆ Services eligible for funding (columns 1–2)
- ◆ Clients receiving services (column 3)
- ◆ Number of service visits (column 4)

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OMB No. 0911-0041
Date: 09-26-2011

SECTION 3 - SERVICE INFORMATION

Services provided should include all. Items should complete this section. If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits within each service category. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV+ indeterminate clients in the HIV+ column. Core services for affected clients are not eligible for Ryan White HIV/AIDS Program funding.

33. Services offered, number of clients served, and total number of visits during this reporting period:

Service Category	1		2		3		4	
	Check if service was offered	HIV+ Affected	Total # of unduplicated clients	Check if # of clients unknown	Total # of visits during reporting period	Check if # of visits unknown	HIV+ Affected	
CORE SERVICES								
a. Outpatient/inpatient/out-of-home								
b. Local AIDS Pharmaceutical Assistance/Dispense								
c. Oral health care								
d. Early intervention services (Parts A and B)								
e. Health Insurance Premium & Cost Sharing Assistance								
f. Home health care								
g. Home and community-based health services								
h. Hospice services								
i. Mental health services								
j. Medical nutrition therapy								
k. Medical case management (including treatment adherence)								
l. Substance abuse services-outpatient								
SUPPORT SERVICES								
m. Case management (non-medical)								
n. Case care services								
o. Diagnostic development/assessment/early intervention services								
p. Emergency financial assistance								
q. Food and/or home-delivered meals								
r. Health education/counselor reduction								
s. Housing services								
t. Legal services								
u. Lymphatic services								
v. Medical transportation services								
w. Outreach services								
x. Pharmacy planning								
y. Psychological support services								
z. Referral for health contraindication services								
aa. Rehabilitation services								
ab. Respite care								
ac. Substance abuse services-residential								
ad. Treatment adherence counseling								

Section 3: Service Information 6 2008 Ryan White HIV/AIDS Program Data Report 42

Points to Remember: Section 3

- ◆ All services eligible for Ryan White funding are listed.
- ◆ The services you report depend on:
 - Program Guidance
 - Notice of Grant Award (NGA)
 - Reporting Scope

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Vignette: Section 3

Heritage House (Part C) had a very busy day!

- ◆ 15 HIV-positive clients had their weekly visits with staff psychiatrists
 - 10 of these 15 clients returned to attend group therapy in the late afternoon
- ◆ 8 new clients had CD4 counts taken
 - 4 of these new clients were also screened for TB
- ◆ 10 clients met with their case managers to follow-up on new drug regimens
 - 5 of these clients were referred for outside health care

How are these services reported in Item 33?

44

Vignette 3 Answer

Service Categories	Clients HIV+	Visits HIV+
a. Outpatient/ambulatory medical care	8	8
i. Mental health services	15	15
k. Medical case management	10	10
z. Referral for health care/supportive services	5	

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Section 4

HIV Counseling & Testing Information

- ◆ Provision & Funding (Items 34–35)
- ◆ Confidential & Anonymous Services (Items 36–40)
- ◆ Partner Notification (Item 41)

SECTION 4. HIV COUNSELING AND TESTING

OMB No. 0930-0047
Exp. 06/30/2011

Parts A, B, C, and D grantee service providers that selected the eligible reporting scope "01" in Item 6, and provided HIV counseling and testing during this reporting period, must report on all items in Section 4. Those who selected the broadest reporting scope "02" in Item 6, and provided HIV counseling and testing, but did not use Ryan White HIV/AIDS Program funds for testing during this reporting period, should respond "Yes" to Item 34, "No" to Item 35, and then skip to Section 5. Report the number of individuals who received HIV counseling and testing during the reporting period. This number should include individuals who received HIV counseling and testing in your program, whether or not they were reported as clients in Section 2. This is the only section of the Ryan White HIV/AIDS Program Data Report where individuals who are not considered clients may be reported.

NOTE: HIV counseling and testing are funded as components of Early Intervention Services for Parts A and B. HIV counseling and testing are required components of a Part C program. Part D funds may be used to support these services.

34. a. Were HIV counseling and testing provided as part of your program during this reporting period?
 Yes (Continue.)
 No (Skip to Section 5.)

NOTE: If HIV counseling and testing were the ONLY services your program provided, complete only 34b and 35.

b. Indicate the total number of infants tested during this reporting period.
 Number of infants tested: _____

35. Were Ryan White HIV/AIDS Program funds used to support HIV counseling and testing services during this reporting period?
 Yes (Continue.)
 No (Skip to Section 5 if you selected scope "02.")

36. How many individuals received HIV pretest counseling during this reporting period?
 Number of: _____
 Confidential _____
 Anonymous _____
 (If answer to both categories is "0," skip to Item 41a.)

37. How many individuals were tested for HIV during this reporting period?
 Number of: _____
 Confidential _____
 Anonymous _____

38. Of the individuals who were tested for HIV (Item 37) during this reporting period, how many received HIV posttest counseling results?
 Number of: _____
 Confidential _____
 Anonymous _____

39. Of the individuals who were tested for HIV (Item 37) during this reporting period, how many did NOT return for HIV posttest counseling during this reporting period?
 Number of: _____
 Confidential _____
 Anonymous _____

40. Of the individuals who tested POSITIVE (Item 39) above, how many did NOT return for HIV posttest counseling during this reporting period?
 Number of: _____
 Confidential _____
 Anonymous _____

41. a. Did your program offer partner notification services during this reporting period?
 Yes
 No (Skip to Section 5.)

b. If "Yes" to Item 41a, how many at-risk partners were notified during this reporting period?
 Number of: _____

Section 4: HIV Counseling and Testing 7 2008 Ryan White HIV/AIDS Program Data Report

Points to Remember: Section 4

- ◆ Include **ALL** individuals who received HIV counseling and/or testing;
- ◆ Individuals reported here are **not clients** unless they received another core or support service; therefore,
- ◆ Section 4 has no data relationship with Section 2

Vignette: Section 4

Heritage Health Center (Part C) uses reporting scope 01 and provided counseling and testing to 10 individuals with non-Ryan White funds:

- ◆ 6 individuals received anonymous pretest counseling; 4 individuals received anonymous testing
- ◆ 4 individuals received confidential pretest counseling and testing; they all tested positive and were referred for medical care.

How would Heritage House complete Items 34–37?

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Vignette 4 Answer

Items	Response
34a	Yes
34b	0
35	No
36 Confidential	4
36 Anonymous	6
37 Confidential	4
37 Anonymous	4

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Section 5

Medical Information

- ◆ Outpatient/ambulatory Clients and Visits (Items 42–45)
- ◆ Medical Testing and Treatment (Items 46–48)
- ◆ Client Status (Items 49–51)
- ◆ Females and Births (Items 52–53)
- ◆ Quality Management (Item 54)

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OMB No. 0933-0041
Exp. Date: 02/28/2011

SECTION 5 - MEDICAL INFORMATION

This section should be completed by all medical service providers providing the Ryan White HIV/AIDS Program (RWAP) Part A, B, C, or D. This section should include only clients who were HIV-positive at the time of the report. Do not include clients who were HIV-negative at the time of the report. Do not include clients who were HIV-positive at the time of the report but who were not reported as HIV-positive at the time of the report. Do not include clients who were HIV-positive at the time of the report but who were not reported as HIV-positive at the time of the report.

42. Total number of unduplicated clients with visits for outpatient/inpatient medical care by gender:

Male	
Female	
Transgender	
Unknown/unreported	
Total	

43. For all clients with visits for outpatient/inpatient medical care, indicate the number of visits:

1 outpatient/inpatient medical care visit _____

2 visits _____

3 visits _____

4 or more visits _____

Number for whom visit count is unknown _____

Total _____

44. Total number of clients who were HIV-positive/undetectable with each of the listed risk factors for HIV infection:

Clients with more than one reported risk factor are counted on the separate category listed below in the instructions, except for males with a history of both sex and injection drug use. They are counted in the separate category, MSM and IDU.

Men who have sex with men (MSM) _____

Injection drug use (IDU) _____

Men who have sex with men and injection drug use (MSM and IDU) _____

Hemophilia/coagulation disorder _____

Unknown/unreported _____

Receipt of transfusion of blood, blood components, or tissue _____

Mother without risk for HIV infection (perinatal transmission) _____

Other _____

Unknown/unreported/unknown/not reported or identified _____

Total _____

45. Number of clients reported in Item 42 who received HIV-related/inpatient medical care from your agency for the first time during this reporting period:

None clients _____

46. Of the clients who were new to HIV-related/inpatient medical care, how many were tested for HIV during the reporting period:

CD4 Count _____

Viral Load _____

47. Latent tuberculosis (LT) testing:

a. Number of clients for whom a latent TB test (skin or blood) was indicated during the reporting period: _____

b. Of those clients reported in Item 47a above, list the number of clients who received a TB test (skin or blood) during the reporting period: _____

c. Of those clients reported in Item 47b above, how many were:

Negative _____

Positive _____

Indeterminate _____

Unknown (did not return for reading, lost to follow-up) _____

d. Of those clients who tested positive in Item 47b above, how many received:

Treatment of Latent Tuberculosis Infection (LTBI) _____

Treatment for active TB disease _____

Unknown/not to follow-up _____

e. Of those clients who started treatment in Item 47b, how many:

Completed treatment of LTBI _____

Completed treatment for active TB _____

Are currently undergoing treatment for either LTBI or active TB disease _____

Are unknown, lost to follow-up, or did not complete treatment _____

Section 5: Medical Information 8 2008 Ryan White HIV/AIDS Program Data Report

OMB No. 0933-0041
Exp. Date: 02/28/2011

SECTION 5 - MEDICAL INFORMATION

48. Number of clients who received each of the following at any time during this reporting period:

Screening/testing for syphilis _____

Treatment for syphilis _____

Screening/testing for any sexually transmitted infection (STI) other than syphilis _____

Treatment for an STI (other than syphilis) _____

Screening/testing for hepatitis C _____

Treatment for hepatitis C _____

49. Number of clients who were newly diagnosed with AIDS during this reporting period (One medication for HIV infection for an AIDS diagnosis):

50. Number of HIV-positive clients known to have died during this reporting period:

51. Number of clients on the following types of antiretroviral therapies at the end of the reporting period:

None _____

HAART _____

Other (mono or dual therapy) _____

Unknown/unreported _____

Total _____

52. Number of women who received a pelvic exam and cervical Pap testing during this reporting period:

53. Pregnancy:

a. Number of women who were HIV-positive and were pregnant during this reporting period: _____

b. Number of pregnant women (Item 53a above), who entered prenatal care in the:

First trimester _____

Second trimester _____

Third trimester _____

At time of delivery _____

Unknown _____

Total _____

c. Number of pregnant women (Item 53a above), who received antiretroviral medications to prevent the transmission of HIV to their infants: _____

d. Number of infants delivered to pregnant women (Item 53a above):

Report the HIV status at the end of the reporting period of the infants delivered (Item 53d above):

HIV-positive, confirmed _____

HIV-indeterminate _____

HIV-negative, confirmed _____

54. What type of quality management program did your agency use to access services by medical providers during this reporting period? (Check only one.)

None

Quality management program introduced this reporting period

Established quality management program

Established program with new quality standards added this reporting period

Section 5: Medical Information 9 2008 Ryan White HIV/AIDS Program Data Report

Points to Remember: Section 5

- ◆ Section 5 is completed by medical service providers.
- ◆ Grantees that reimburse medical providers that do not submit data reports need to provide data for this section.

Vignette: Section 5

Heritage Clinic reimbursed Dr. Huxtable on a fee-for-service basis for services provided in 2008. Is Dr. Huxtable required to submit a data report? Why or why not?

55

Vignette 5 Answer

In this scenario, the doctor is not required to complete a data report. Instead, the grantee that reimbursed the doctor completes a data report with the funding information in Section 1 and includes the client data in Section 5.

56

Section 6

Part-Specific Data for Parts C and D

- ◆ 6.1 Part C Information (Items 55–65)
- ◆ 6.2 Part D Information (Items 66 – 73)

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SECTION 6: DEMOGRAPHIC DATA REPORT FOR PART C AND D

Section 6.1 should be completed by Part C grant/service providers. Section 6.2 should be completed by Part D providers. Including: 148-01000
Primary, grant/service providers. Part D and Part B grantees should skip to Section 7.

Section 6.1: Part C Information

Section 6.1 should be completed only by Part C grant/service providers that provide primary health care services with Part C funds. Exclude all other clients who are HIV-positive or HIV-indefinite and have received at least one primary health care service during the reporting period, regardless of the funding source for that service. Primary health care services include medical, specialty care, dental, nutrition, mental health and substance abuse treatment, medical case management, and pharmacy services, as well as pathology, laboratory and case management services; HIV counseling and testing, and the use of testing and counseling for HIV medical care. An individual client is a child under the age of 5, born to a mother who is HIV-infected, and whose status is not yet defined.

The number of clients reported in Section 6.1 should be less than or equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 3.

If the number of clients reported in Section 6.1 is equal to the number of unduplicated HIV-positive/indeterminate clients reported in Section 3, check here. (Skip to Item 59.)

55. a. Total number of unduplicated clients during this reporting period who were:

<input type="checkbox"/>	HIV-positive
<input type="checkbox"/>	HIV-indefinite (under 2 years)

b. Number of unduplicated HIV-positive/indeterminate clients who were **BIPOC clients during this reporting period:**

56. Race and ethnicity of HIV-positive/indeterminate clients reported in Item 55a:

Number of clients:	Hispanic	Non-Hispanic
<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>
<input type="checkbox"/>	Asian	<input type="checkbox"/>
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
<input type="checkbox"/>	More than one race	<input type="checkbox"/>
<input type="checkbox"/>	Not reported	<input type="checkbox"/>
<input type="checkbox"/>	Total	<input type="checkbox"/>

56. Gender of HIV-positive/indeterminate clients reported in Item 55a:

Male
 Female
 Transgender
 Unknown/unreported
 Total

57. Age (of HIV-positive/indeterminate clients) reported in Item 55a:

Under 2 years
 2-12 years
 13-24 years
 25-44 years
 45-64 years
 65 years or older
 Unknown/unreported
 Total

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59. Number of clients who were HIV-positive/indeterminate who received at least one primary health care service during this reporting period by ethnicity, race, gender, and age.

a. Number of **BIPOC clients:**

Race	Gender	Under 2 years	2-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
American Indian or Alaska Native	Male								
	Female								
	Transgender								
	Unknown/unreported								
Asian	Male								
	Female								
	Transgender								
	Unknown/unreported								
Black or African American	Male								
	Female								
	Transgender								
	Unknown/unreported								
Native Hawaiian or Other Pacific Islander	Male								
	Female								
	Transgender								
	Unknown/unreported								
White	Male								
	Female								
	Transgender								
	Unknown/unreported								
More than one race	Male								
	Female								
	Transgender								
	Unknown/unreported								
Not reported	Male								
	Female								
	Transgender								
	Unknown/unreported								
Total	Male								
	Female								
	Transgender								
	Unknown/unreported								

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b. Number of **NON-HISPANIC clients:**

Race	Gender	Under 2 years	2-12 years	13-24 years	25-44 years	45-64 years	65 years and older	Age unknown	Total
American Indian or Alaska Native	Male								
	Female								
	Transgender								
	Unknown/unreported								
Asian	Male								
	Female								
	Transgender								
	Unknown/unreported								
Black or African American	Male								
	Female								
	Transgender								
	Unknown/unreported								
Native Hawaiian or Other Pacific Islander	Male								
	Female								
	Transgender								
	Unknown/unreported								
White	Male								
	Female								
	Transgender								
	Unknown/unreported								
More than one race	Male								
	Female								
	Transgender								
	Unknown/unreported								
Not reported	Male								
	Female								
	Transgender								
	Unknown/unreported								
Total	Male								
	Female								
	Transgender								
	Unknown/unreported								

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B1. Annual HHP Funding by Ryan White HIV/AIDS Program
Insurers:

Funding source	Funding expended
Total Part A Funds	\$
EMAT/GA #1	\$
EMAT/GA #2	\$
EMAT/GA #3	\$
EMAT/GA #4	\$
EMAT/GA #5	\$
EMAT/GA #6	\$
EMAT/GA #7	\$
EMAT/GA #8	\$
EMAT/GA #9	\$
EMAT/GA #10	\$
Total Part B Funds	\$
Total Part C Funds	\$
Other Ryan White HIV/AIDS Program Insurers	\$

B2. Annual HHP Funding by other sources:

Funding source	Funding received
Federal Source 530	\$
Other Federal funding	\$
State/Local	\$
Client payments	\$
All other sources not included above	\$

END OF REPORT

Section 7. Health Insurance Program Information 21 2008 Ryan White HIV/AIDS Program Data Report

Points to Remember: Section 7

- ◆ Completed by the state agency and other entities that used Ryan White HIV/AIDS Program funds to pay for or supplement a client's health insurance.
- ◆ **NOT** completed by:
 - Agencies only using ADAP to pay for health insurance
 - Agencies only providing vouchers for health insurance

Technical Support & Resources

Data Support: (888) 640-9356
ryanwhitedatasupport.wrma@csrincorporated.com

HRSA Call Center: (877) 464-4772
CallCenter@HRSA.gov

CAREWare Help Desk: (877) 294-3571
cwhelp@jprog.com

Resources

- ◆ From the HAB Web site, you may download:
 - Instructions, Forms, and HAB Information E-mails/Policy Notices
- ◆ <http://hab.hrsa.gov/tools.htm>
- ◆ Contact your HAB Project Officer for Program Guidance
- ◆ TA Web site:
<https://datasupport.hab.hrsa.gov>

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