Demographics

- Required of all clients who received any core medical, support service, or EHE Initiative funded service if they are ELIGIBLE for RWHAB services.
- Eligibility recorded in CAREWare in Eligibility History accessed from the Demographics tab in the client record.

Field ID	Field Name	Coding	Location in CAREWare
SV4	Unique client ID (eUCI)-Encrypted	Encrypted using hash function	Auto-calculated by CAREWare from first and last name, date of birth, and sex at birth of each client
2	What was the client's vital status at the end of this reporting period?	● Alive ● Deceased ● Unknown	**Demographics>Vital Enrollment Status - Vital Status field** Required if the following services are delivered: OAHS/MCM/CM/EHE
4	Client's year of birth	YYYY	**Demographics>Personal Info - Date of Birth field**
5	What is the client's self-reported ethnicity?	● Hispanic/Latino ● Non-Hispanic/Latino	**Demographics>Race/Ethnicity - Hispanic or Latino field**
68	Hispanic Subgroups *(Select one or more)*	● Mexican, Mexican American, Chicano/a ● Puerto Rican ● Cuban ● Other Hispanic, Latino/a or Spanish origin	**Demographics>Race/Ethnicity** Check each Hispanic ethnicity that is true. (The Hispanic or Latino field value must be set to Yes to see these options.)

6	What is the client's race? *(Select one or more)*	● White ● Black or African American ● Asian ● Native Hawaiian/ Pacific Islander ● American Indian or Alaska Native	**Demographics>Race/Ethnicity** More than one race can be selected
69	If Asian, what subgroup? *(Select one or more)*	● Asian Indian ● Chinese ● Filipino ● Japanese ● Korean ● Vietnamese ● Other Asian	**Demographics>Race/Ethnicity** Check each Asian race that is true. (The Asian field value must be checked to see these options.)
70	If Native Hawaiian/Pacific Islander, what subgroup? *(Select one or more)*	● Native Hawaiian ● Guamanian or Chamorro ● Samoan ● Other Pacific Islander	**Demographics>Race/Ethnicity** Check each NHPI race that is true. (The Native Hawaiian or Other Pacific Islander field value must be checked to see these options.)
71	Sex at Birth	● Male ● Female ● Unknown	**Demographics>Personal Info – Sex at Birth field**
71	Client sex at birth	● Male ● Female	**Demographics>Personal Info – Sex At Birth field**
9	Client's percent of the Federal poverty level	Continuous variable-actual poverty level percentage reported	**Annual Review>Poverty Level** **Assessments** Household size must be 1 or higher Poverty Level Assessment date must be during the reporting period to be included in the RSR Client Export.

			Required if the following services are delivered: OAHS/MCM/CM/EHE
10	Client's housing status	● Stable/Permanent ● Temporary ● Unstable	**Annual Review>Annual Screenings>** Housing Status date must be during the reporting period to be included in the RSR Client Export. Required if the following services are delivered: OAHS/MCM/CM/Housing/EHE
11	Client's housing status collection date	MM/DD/YYYY	**Annual Review>Annual Screenings>** Housing Status date must be during the reporting period to be included in the RSR Client Export. Required if the following services are delivered: OAHS/MCM/CM/Housing/EHE
12	What was the client's HIV/AIDS status?	● HIV-negative ● (affected) ● HIV-positive, not AIDS ● HIV-positive (AIDS status unknown) ● CDC defined AIDS ● HIV indeterminate (infants < 2 years ● only)	**Demographics>HIV Status- HIV Status field** HIV/AIDS dates must be prior to the end of the report year. Required if the following services are delivered:OAHS/MCM/CM/EHE
14	Client's HIV Risk Factor	● Male to Male sexual contact (MSM) ● Injection drug use (IDU) ● Heterosexual Contact ● Perinatal transmission ● Hemophilia/coagulation disorder	**Demographics>HIV Risk Factors** More than one risk can be selected Required if the following services are delivered: OAHS/MCM/CM/EHE

		● Receipt of blood transfusion, blood components, or tissue ● Not Reported or not identified	
15	Client's health coverage (includes all health coverage reported during the reporting period)	● Private – Employer ● Private--Individual Medicare ● Medicaid, CHIP ● or other public plan ● VA, TRICARE, or other military health care ● Indian Health Insurance ● Other Plan ● No insurance/uninsured	**Annual Review >Insurance Assessments** Select the Primary Insurance from the drop down list and check all insurance coverage that apply. Insurance Assessment date must be during the reporting period to be included in the RSR Client Export. Required if the following services are delivered: OAHS/MCM/CM/HI/EHE
72	Year of HIV Diagnosis	YYYY	**Demographics>HIV Status- HIV+ Date or AIDS Date** Required for new clients with OAHS, MCM, non mcm, and EHE services that are not HIV-negative or HIV-indeterminate (infants <2 years old)
76	New Clients	Yes/No	**Demographics>Vital** **Enrollment Status Services** Clients are considered new if their enrollment date is in the current reporting period and they received a service or If enrollment status is missing, if the client's first service ever is in the current reporting period.
77	Received a	Yes/No	**Services**

	service in the previous year		Clients are considered if they are currently eligible for RWHAB funded OAHS, MCM, or Non-MCM services and had at least one OAHS, MCM, Non-MCM, or EHE service in the previous year.
			Note: OAHS, MCM, or Non-MCM services are included regardless of the contract funding if any contract in the provider has EHE Initiative funding for his reporting period or the prior reporting period.

Note: Clients are counted for Q76 and Q77, if the provider had EHE Initiative funding in any active contract during the reporting period

Services

- Only services that are set up in a contract that has some RWHAP-RWHAP related CARES Act or EHE funding are included in the RSR.
- RSR includes number of visits in the current reporting year for each core medical and EHE initiative service (except for LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance) if the client was eligible and provider was funded to deliver the service, even if the service was not paid for with RWHAP or RWHAP-related funding. LPAP/CPAP and Health Insurance Premium and Cost Sharing Assistance are reported as delivered for clients receiving the service.
- Only one visit per day per service category is reported.

Field ID	Field Name	Coding	Location in CAREWare
16,18, 19, 21–27	Core Medical Services	- Outpatient/Ambulatory Health Services - Oral Health Care - Early Intervention Services - Home Health Care - Home and Community Based Health Services - Hospice - Mental Health Services - Medical Nutrition Therapy - Medical Case Management, including Treatment Adherence Services - Substance Abuse Outpatient Care	**Services** Service funding sources are established in contracts Core medical services only reported for HIV-positive or indeterminate clients
28, 29, 31-34, 36-44, 75	Support Services	- Non-Medical Case Management Services - Child Care Services - Emergency Financial Assistance - Food Bank/Home-Delivered Meals - Health Education/Risk Reduction - Housing - Linguistic Services - Medical Transportation - Outreach Services - Psychosocial Support Services - Referral for Health Care and Supportive Services - Rehabilitation Services - Respite Care	**Services** Service funding sources are established in contracts

		● Substance Abuse Services (residential) ● Other Professional Services	
78	Ending the Epidemic Initiative Services	● EHE Initiative Services	**Services** Service funding sources are established in contracts
17, 20	Core Medical Services	● AIDS Pharmaceutical Assistance (LPAP, CPAP) ● Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals	**Services** Service funding sources are established in contracts Core medical services only reported for HIV positive or indeterminate clients

Clinical Information

Note: Only reported for HIV-positive clients that have at least one Outpatient/Ambulatory Health Service visit.
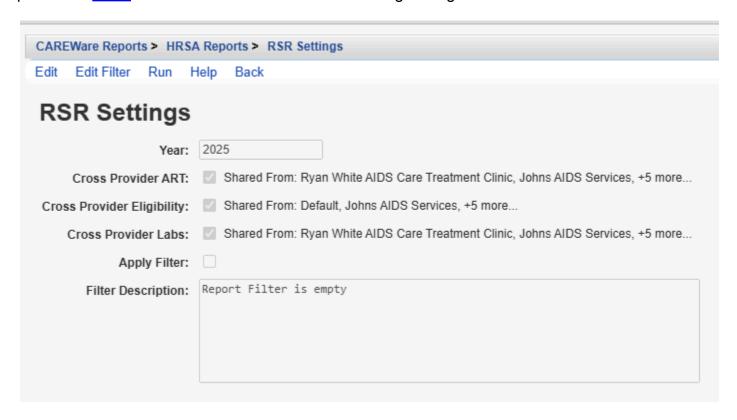
Field ID	Field Name	Coding	Location in CAREWare
47	Date of the client's first Outpatient/Ambulatory Health Service visit at this provider agency	MM/DD/YYYY	**Services** The first service date may be in a different year. This service may or may not have been paid for by RWHAP
48	All dates of the client's Outpatient/Ambulatory Health Service visits during this reporting period.	MM/DD/YYYY	**Services**
49	All **CD4 counts** and their dates for this client during the report period.	Test Values and Dates	**Labs** Enter date and result for CD4 tests throughout the year
50	All **Viral Load** counts and their dates for this client during this report period	Test Values and Dates	**Labs** Enter date and result for Viral Load tests throughout the year
52	Client prescribed ART	● Yes ● No	**Medications** At least one ART medication (indication=ART)
55	Was the client screened for syphilis during this reporting period? (excludes all clients age of 17 or younger who are not sexually active)	● Yes ● No ● Not medically indicated	**Screening Labs** The test is labeled Syphilis (not RPR) and the date is during the reporting period. New and custom screenings can be set as the equivalent Test Name for HRSA

			Reporting under Screening Lab Setup to be included in the RSR
64	**(For HIV+ women only)** Was the client pregnant during this reporting period?	● Yes ● No ● Not applicable	**Demographics>Personal Info** Clients with a sex at birth of female **Pregnancy History** CAREWare uses the estimated date of last menstrual period (LMP) and the pregnancy outcome date to populate this field
73	**Positive HIV Test Date** Required of clients newly diagnosed in the reporting year	MM/DD/YYYY	**Demographics>HIV Status** HIV+ Date or AIDS Date **Counseling and Testing** First Test Date with positive result.
74	**OAHS Linkage Date**	MM/DD/YYYY	**Demographics>HIV Status- HIV+ Date or AIDS Date** HIV diagnosis date is during the current reporting period **Service** Date of first Outpatient/Ambulatory Health Service

NOTES: OAHS = Outpatient Ambulatory Health Services

CAREWare networks

If the provider is connected to other providers on a centralized CAREWare network and has enabled data sharing with other providers, **Cross Provider ART, Cross Provider Eligibility, and Cross Provider Labs** are included from those providers. Here is more information about data sharing settings.

CAREWare Reports > HRSA Reports > RSR Settings

Edit   Edit Filter   Run   Help   Back

RSR Settings

Year: 2025

Cross Provider ART: ☑ Shared From: Ryan White AIDS Care Treatment Clinic, Johns AIDS Services, +5 more...

Cross Provider Eligibility: ☑ Shared From: Default, Johns AIDS Services, +5 more...

Cross Provider Labs: ☑ Shared From: Ryan White AIDS Care Treatment Clinic, Johns AIDS Services, +5 more...

Apply Filter: ☐

Filter Description: Report Filter is empty

Assigning custom screenings/screening labs to ensure complete RSR reporting

If a custom screening lab for Hepatitis C called "My Hep C Test." needs to be reported in the RSR, do the following:

1. Click *Administrative Options.*
2. Clinical *Setup.*
3. Click *Screening Lab Setup.*
4. Click the test.
5. Click *Edit.*
6. Type the *Test Name for HRSA Reporting* (ex. Hepatitis C Antibody).
7. Click *Save.*

In the field "Test Name for HRSA Reporting" select the equivalent RSR field associated with the custom test.

For example, here we've selected "Hepatitis C Antibody." This ensures that the customized Hep C test is reported in the RSR in the Hep C screening field.

Administrative Options > Clinical Setup > Kevin s Clinic > Screening Lab Setup > Add

Save   Cancel

Add

Test Name:	My Hep C Test
Titer:	☐
Treatment:	☐
Test Name For HRSA Reporting:	Hepatitis C antibody