RSR Crosswalk

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# Purpose

This document can help you compare the data you currently collect in your data management system to the data required in the Ryan White Services Report (RSR). The Crosswalk is a table in which you list the variables and values in your data management system that correspond to RSR data elements. Using this Crosswalk will help you to:

* Find the data you need to report
* Understand what you need to do to transform the data you have into the data you need to report
* Identify any missing data that you’ll need to start collecting

# Audience

This Crosswalk is intended for grantee or provider staff who must report client-level data elements in XML file format to the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB).

# Definitions

**Variable**: Refers to the name of a set of data pertaining to the client. Variables are also referred to as data elements or items.

**ID:** Identifies the variable.Each variable has been assigned an ID for convenient referencing between this document and the RSR Data Dictionary.

**Values**: Refers to the allowed values or response options corresponding to each variable*.*

**Notes:** This column in the Crosswalk can help you keep a record of the data transformations that you have to perform to provide the required RSR client-level data elements and allowed values. See example:

|  |  |  |
| --- | --- | --- |
|  | **YOUR DATA** | **RSR DATA** |
| **Variable** | **Client Race** | **Race ID** |
| *Values* | *White* | *1* |
| *Black* | *2* |
| *Asian* | *3* |
| *Hawaiian / PI* | *4* |
| *Native American (AK native)* | *5* |

# Updates

This document will be revised as variables and value are updated or when other global changes are made. The most up-to-date version of this document will be made available at <https://careacttarget.org/library/trax-rsr-application-and-manual>.

**Ryan White Services Report (RSR) Crosswalk**

| **RSR** | | | | **Your System** | | |
| --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Variable** | **Definition** | **Value** | **Variable** | **Value** | **Notes** |
| **Demographics** | | | | | | |
| 2 | Vital Status | The client’s vital enrollment status at the end of the reporting period. | 12. Alive 6. Deceased 7. Unknown |  |  |  |
| 4 | Birth Year | Client’s year of birth.  This value should be on or before all service date years for the client. | yyyy |  |  |  |
| 5 | Ethnicity | Client’s ethnicity. | 1. Hispanic/Latino/a, or Spanish origin 2. Non-Hispanic/Latino(a),or Spanish origin |  |  |  |
| 68 | Hispanic Subgroup | If Ethnicity = Hispanic/Latino(a), Client’s Hispanic Sub-group (choose all that apply) | 1. Mexican, Mexican American, Chicano/a 2. Puerto Rican 3. Cuban 4. Another Hispanic, Latino/a or Spanish origin |  |  |  |
| 6 | Race | Client’s race. | 1. White 2. Black or African American 3. Asian 4. Native Hawaiian/Pacific Islander 5. American Indian or Alaska Native |  |  |  |
| 69 | Asian Subgroup | If Race = Asian, Client’s Asian subgroup. (choose all that apply) | 1. Asian Indian 2. Chinese 3. Filipino 4. Japanese 5. Korean 6. Vietnamese 7. Other Asian |  |  |  |
| 70 | NHPI Subgroup | If Race = Native Hawaiian/Pacific Islander, Client’s Native Hawaiian/Pacific Islander subgroup (choose all that apply) | 1. Native Hawaiian 2. Guamanian or Chamorro 3. Samoan 4. Other Pacific Islander |  |  |  |
| 71 | Sex at Birth | The biological sex assigned to the client at birth | 1. Male 2. Female 3. Unknown |  |  |  |
| 9 | Poverty Level Percent | Client’s percent of the Federal poverty level at the end of the reporting period. | Integer up to 4 digits |  |  |  |
| 10 | Housing Status | Client’s housing status at the end of the reporting period. | 1. Stable/permanent 2. Temporary 3. Unstable |  |  |  |
| 11 | Housing Status Collected Date | The collection date of the client’s housing status at the end of the reporting period. | HousingStatusCollectedDate: MM/DD/YYYY |  |  |  |
| 12 | HIV/AIDS Status | Client’s HIV/AIDS status at the end of the reporting period. For HIV affected clients for whom HIV/AIDS status is not known, leave this value blank. | 1. HIV negative 2. HIV +, not AIDS 3. HIV-positive, AIDS status unknown 4. CDC-defined AIDS 5. HIV indeterminate (infants <2 only) |  |  |  |
| 14 | HIV Risk Factor | 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. | 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. Risk factor not reported or not identified |  |  |  |
| 15 | Health Coverage | Client’s medical insurance. *Report* ***all*** *that apply.* | 1. Private – Employer 2. Private - Individual 3. Medicare 4. Medicaid, CHIP or other public plan 5. VA, Tricare and other military health care 6. IHS 7. Other plan 8. No Insurance/ uninsured |  |  |  |
| 72 | HIV Diagnosis Year | 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” in 12 (HivAidsStatusId).  This value must be on or before the last date of the reporting period. | yyyy  Must be less than or equal to the reporting period year. |  |  |  |
| 76 | New Client | Whether the client is new to care at the provider of HIV services. | 1. No 2. Yes |  |  |  |
| 77 | Received Services Previous Year | Whether the client received at least one service in the previous year. | 1. No 2. Yes |  |  |  |
| **Service Visits** | | | | | | |
| 16, 18-19, 21-27, 28-44, 75, 78 | Service Visits | The number of visits received for each core medical service during the reporting period. | **Item ID:**  Core Medical Services:  ID 8: Outpatient ambulatory health services  ID 10: Oral health care  ID 11: Early intervention services  ID 13: Home health care  ID 14: Home and community-based health services  ID 15: Hospice services  ID 16: Mental health services  ID 17: Medical nutrition therapy  ID 18: Medical case Management (including treatment adherence) ID 19: Substance Abuse Outpatient Care  **Item ID:**  Support Services:  ID 20: Case management (non-medical) services  ID 21: Child care services  ID 23: Emergency financial assistance  ID 24: Food bank/home-delivered meals  ID 25: Health education/risk reduction  ID 26: Housing services  ID 28: Linguistic services  ID 29: Medical transportation  ID 30: Outreach services  ID 32: Psychosocial support services  ID 33: Referral for health care/supportive services  ID 34: Rehabilitation services  ID 35: Respite care  ID 36: Substance abuse services-residential  ID 42: Other professional services  **Item ID:**  EHE Initiative Services:  ID 46: EHE Initiative Services  **Visits:**  1-365 (must be an integer) |  |  |  |
| 17, 20 | Service Delivered | The service and service delivered indicator (yes) for each core medical or support service received by the client during the reporting period. | Core Medical Services:  **Item ID:**  ID 9: Local AIDS Pharmaceutical Assistance (APA, not ADAP)  ID 12: Health Insurance Program(HIP)    **DeliveredID:** 2 =Yes |  |  |  |
| **Clinical Data** | | | | | | |
| 47 | First Ambulatory Care Date | Date of client’s first HIV ambulatory care date at this provider agency.  This value must be on or before the last date of the reporting period. | MM/DD/YYYY |  |  |  |
| 48 | Ambulatory-  Service  Dates | 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. | MM/DD/YYYY  Must be within the reporting period start and end dates. |  |  |  |
| 49 | CD4 Test Count Service Date | Values indicating all CD4 counts and their dates for this client during this report period.  The service dates must be within the reporting period. | **Count:**  Integer  **ServiceDate:**  MM/DD/YYY  Must be within the reporting period start and end dates. |  |  |  |
| 50 | Viral Load Test Count Service Date | All Viral Load counts and their dates for this client during this report period | **Count:**  Integer  Report undetectable values as the lower bound of the test limit. If the lower bound is not available, report 0.  **ServiceDate:**  MM/DD/YYYY  Must be within the reporting period start and end dates. |  |  |  |
| 55 | Screened Syphilis | 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) | 1. No 2. Yes 3. Not Medically indicated |  |  |  |
| 64 | Pregnant | Value indicating whether the client was pregnant during this reporting period.This should be completed for HIV+ women only. | 1. No 2. Yes 3. Not applicable |  |  |  |
| **Linkage to Care** | | | | | | |
| 73 | HIV Positive Test Date | Date of client’s confidential confirmatory HIV test with a positive result within the reporting period. | HIV Positive Test Date:  MM/DD/YYYY  Must be within the reporting period. |  |  |  |
| 74 | OAMC Link Date | 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. | HIV OAMC linkage date:  MM/DD/YYYY  Must be within the reporting period and on the same day or later than HIV positive test date. |  |  |  |