

2016 RSR Validation Report

All System Validation Messages

Revision Date: October 18, 2016

Grantee Report Validation Messages

Check #	Question #	Message	Level
187	Q#7	At least one provider must be specified.	Error
188	Q#1b	City is required.	Error
189	Q#5	A response is required in Q#4, clinical quality management status.	Error
191	Q#7	Each provider organization must be funded to provide at least one service.	Error
193	Q#4e	E-mail is required.	Error
194	Q#8	Grantees cannot exempt all of their providers from submitting a Provider Report. At least one provider must be required to submit a Provider Report.	Error
195	Q6#	Q#6 Minority AIDS Initiative Funds Percentage. If your organization received a Minority AIDS Initiative designation, you must specify the most recent percentage designation for the reporting period.	Error
196	Q6#	Q#6 Minority AIDS Initiative Funds. A response is required for Q#5, organization received a Minority AIDS Initiative designation for the reporting period.	Error
197	Q#4a	Name is required.	Error
198	Q#4c	Phone is required.	Error
199	Q#1c	State is required.	Error
200	Q#1a	Street is required.	Error
201	Q#4b	Title is required.	Error
202	Q#1d	Zip Code is required.	Error

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Provider Report Validation Messages

Section 1: General Information

Check #	Question #	Message	Level
1		Provider Profile Information: A response is required for Agency's Racial/Ethnic Characteristics.	Error
2		Provider Profile Information: A response is required for Faith-based Organization.	Error
3		Provider Profile Information: A response is required for Provider Type.	Error
4		Provider Profile Information: A response is required for Section 330 Funding Received.	Error
5		Provider Profile Information: A response is required for Type of Ownership.	Error
6		Service Delivery Sites: At least one service delivery site must be specified if your agency reports that it delivers core medical or support services in Q#5.	Alert
9		Organization Details: Official Mailing Address is required. Address includes the street, city, state, and Zip Code.	Error

Section 2: Program Information

Check #	Question #	Message	Level
21	Q#3	A response is required in Q#3, clinical quality management status.	Error
22	Q#1d	E-mail is required.	Error
23	Q#1a	Name is required.	Error
24	Q#2	Number of paid staff must be greater than or equal to zero.	Error
25	Q#2	You reported a number of paid staff (FTEs) greater than 1,000. Please check your data to ensure that this is correct.	Warning
26	Q#1c	Phone is required.	Error
27	Q#4	You must acknowledge that the funding sources shown in Q#4 are correct.	Error
28	Q#1b	Title is required.	Error

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Section 3: Service Information

Check #	Question #	Message	Level
29	Q#5	Client records were not uploaded. At least one client record must be uploaded if the provider was funded for core medical or support services.	Warning
30	Q#5	You must report that you delivered at least one service during the reporting period.	Warning
31	Q#5	[Service Category Name] services delivered but not funded. In Q#5 you indicated that you delivered [Service Category Name] services, but that service category is not specified as funded by a grantee.	Error
32	Q#5	[Service Category Name] services delivered but not uploaded. [Service Category Name] services were reported as delivered, your client-level data do NOT include data on this service type. Either you have not uploaded a client-level data file, OR the file you have uploaded DOES NOT include data on this service type. If you have not uploaded your client-level data, please select the "Import Client-level Data" link in the left menu to upload your XML file. If you have uploaded a file that does not include data on this service category, please check your data. If you did not deliver the service, it should not be selected in Q#5. If you did deliver the service, data on this service category should be present in your client-level data file.	Warning
33	Q#5	[Service Category Name] services funded but not delivered. [Service Category Name] services are reported as funded by a grantee, but that service is not specified as delivered in Q#5.	Warning
34	Q#5	[Service Category Name] service uploaded but not delivered. [Service Category Name] services were reported in the client-level data XML file(s) that was uploaded, but this service is not specified as delivered in Q#5. If you delivered [Service Category Name] services as indicated in the uploaded file, please select this service in Q#5.	Warning

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Section 4: HIV Counseling and Testing Information

Check #	Question #	Validation Message	Level
10	Q#12, Q#11	The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and is less than or equal to the value entered in Q#11 (Positive Test & Posttest Counseling).	Error
11	Q#12, Q#7	The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and is less than or equal to the value entered in Q#7 (Total Tests).	Error
12	Q#8, Q#7	The value entered in Q#8 (Negative Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#7 (Total Tests).	Error
13	Q#9, Q#8	The value entered in Q#9 (Negative Tests & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#8 (Negative Tests).	Error
14	Q#9, Q#7	The value entered in Q#9 (Negative Tests & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#7 (Total Tests).	Error
15	Q#11, Q#10	The value entered in Q#11 (Positive Test & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#10 (Positive Tests).	Error
16	Q#11, Q#7	The value reported in Q#11 (Positive Test & Posttest Counseling) must be greater than or equal to zero, and less than or equal to the value entered in Q#7 (Total Tests).	Error
17	Q#10, Q#7	The value entered in Q#10 (Positive Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#7 (Total Tests).	Error
18	Q#6	A response must be entered for Q#6, HIV Counseling and Testing services were provided during the reporting period.	Error
19	Q#9, Q#11, Q#7	The sum of the values entered in Q#9 (Negative Tests & Posttest Counseling) and Q#11 (Positive Test & Posttest Counseling) must be less than or equal to the value entered in Q#7 (Total Tests).	Error
20	Q#8, Q#10, Q#7	The sum of the values entered in Q#10 (Positive Tests) and Q#8 (Negative Tests) must be less than or equal to the value entered in Q#7 (Total Tests).	Error
35	Q#6, Q#7	If "yes" is reported for Q#6 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#7, Number of clients tested for HIV (Total Tests).	Error

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Check #	Question #	Validation Message	Level
36	Q#6, Q#8	If “yes” is reported for Q#6 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#8, Number of clients who tested Negative for HIV (Negative Tests).	Error
203	Q#6, Q#9	If “yes” is reported for Q#6 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#9, Number of clients tested Negative for HIV and received posttest counseling (Negative Tests & Posttest Counseling).	Error
204	Q#6, Q#10	If “yes” is reported for Q#6 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#10, Number of clients tested Positive for HIV (Positive Tests).	Error
205	Q#6, Q#11	If “yes” is reported for Q#6 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#11, Number of clients tested Positive for HIV and received posttest counseling (Positive Test & Posttest Counseling).	Error
206	Q#6, Q#12	A response must be entered for Q#12, Number of clients tested for Positive for HIV and were referred to HIV medical care (HIV Positive and referred to HIV medical care).	Error

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Client Report Validation Messages

Note: Data Element numbers have been added for convenient referencing between this document and the RSR Instruction Manual. All validation messages that will be implemented for the 2016 Annual RSR Submission have been revised for clarity.

Demographics

Check #	Variable	Data Element(s)	Message	Level
39	Birth Year	4	[Count of Clients] Clients with Birth Year after Reporting Period Year.	Error
40	Birth Year	4 and 47	[Count of Clients] Clients with Birth Year after First HIV Outpatient/Ambulatory Medical Care Visit Date Year.	Error
41	Sex at Birth	71	[Count of Clients] Clients with an "Incongruent" response for Sex at Birth in multiple client-level data XML files.	Alert
42	Gender	7	[Count of Clients] Clients with an "Incongruent" response for Gender in multiple client-level data XML files.	Alert
43	Transgender	8	[Count of Clients] Clients with an "Incongruent" response for Transgender Status in multiple client-level data XML files.	Alert
66	HIV/AIDS Status	12 and 14	[Count of Clients] Clients with HIV/AIDS Status of Indeterminate missing Risk Factor of Mother with/at risk for HIV infection.	Warning
69	Gender	7 and 63	[Count of Clients] Clients with Male or Unknown Gender with a Cervical Pap Smear.	Warning
70	HIV Diagnosis Year	72	[Count of Clients] Clients with HIV Diagnosis Year after Reporting Period.	Alert
72	Gender	7 and 64	[Count of Clients] Clients with Male or Unknown Gender with Pregnancy Status.	Warning
84	Birth Year	4	[Count of Clients] Clients age 90 or older.	Alert
85	Birth Year	4 and 72	[Count of Clients] Clients with Birth Year after HIV Diagnosis Year.	Alert
86	Birth Year	4 and 49	[Count of Clients] Clients with Birth Year after CD4 Test Dates.	Alert
88	Birth Year	4 and 48	[Count of Clients] Clients with Birth Year after Outpatient/Ambulatory Medical Care Service Dates.	Alert
89	Birth Year	4 and 50	[Count of Clients] Clients with Birth Year after Viral Load Test Dates.	Alert

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Check #	Variable	Data Element(s)	Message	Level
96	Poverty Level	9	[Count of Clients] Clients missing Poverty Level.	Warning
97	Housing Status	10	[Count of Clients] Clients missing Housing Status.	Warning
99	Medical Insurance	15	[Count of Clients] Clients missing Medical Insurance.	Warning
100	HIV/AIDS Status	12 and 4	[Count of Clients] Clients with HIV/AIDS status of Indeterminate Over Age 2.	Warning

Services

Check #	Variable	Data Element(s)	Message	Level
38	Services	16 - 45	Clients missing Core Medical or Support Services.	Warning
170	OAMC Service Visits	16 and 48	[Count of Clients] Clients with Outpatient/Ambulatory Medical Care Service Visits greater than the number of Outpatient/Ambulatory Medical Care Service Visit Dates.	Alert
184	Service visits	16 - 45	[Service Category Name] Service Visits Exceed Yearly Limit.	Alert
185	Service Visits	16, 18–19, 21–27	[Count of Clients] Clients with [Core Medical Service Category Name] with HIV Negative HIV/AIDS Status.	Warning

Clinical Information

Check #	Variable	Data Element(s)	Message	Level
37	OAMC Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Medical Care Service Dates before Reporting Period.	Error
44	First HIV OAMC Visit Date	47	[Count of Clients] Clients with First HIV Outpatient/Ambulatory Medical Care Visit Date after Reporting Period.	Error
45	First HIV OAMC Visit Date	47	[Count of Clients] Clients with First HIV Outpatient/Ambulatory Medical Care Visit Date after Outpatient/Ambulatory Service Dates.	Error
48	OAMC Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Service Dates after Reporting Period.	Error

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Check #	Variable	Data Element(s)	Message	Level
49	CD4 Test Dates	49	[Count of Clients] Clients with CD4 Test Dates after Reporting Period.	Error
50	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates after Reporting Period.	Error
67	CD4 Test Dates	49	[Count of Clients] Clients reported with CD4 Test Dates before Reporting Period.	Error
68	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates before Reporting Period.	Error
110	OAMC Service Dates	48 and 12	[Count of Clients] Clients with Outpatient/Ambulatory Service Dates and an HIV Negative HIV/AIDS Status.	Warning
118	First HIV OAMC Visit Date	47 and 48	[Count of Clients] Clients with First HIV Outpatient/Ambulatory Medical Care Visit Date and no Outpatient/Ambulatory Medical Care Service Visits.	Warning
127	OAMC Service Dates	48, 12, and 16	[Count of Clients] Clients with Outpatient/Ambulatory Service Dates and no Outpatient/Ambulatory Medical Care Service Visits.	Alert
147	OAMC Service Dates	48, 12, and 16	[Count of Clients] Clients missing Outpatient/Ambulatory Service Dates.	Warning
151	Prescribed ART	52, 12, and 16	[Count of Clients] Clients missing a response to Prescribed ART.	Warning
167	Viral Load Test Dates	50, 12, and 16	[Count of Clients] Clients missing Viral Load Test Dates.	Warning

HIV Counseling and Testing

Check #	Variable	Data Element(s)	Message	Level
171	HIV Positive Test Date	73	[Count of Clients] Clients with HIV Positive Test Date after the Reporting Period.	Alert
172	Birth Year	4 and 73	[Count of Clients] Clients with Birth Year after HIV Positive Test Date.	Alert
173	HIV Positive Test Date	73 and 12	[Count of Clients] Clients with HIV Positive Test Date and an HIV Negative HIV/AIDS Status.	Alert

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Check #	Variable	Data Element(s)	Message	Level
174	Birth Year	4 and 74	[Count of Clients] Clients with Birth Year after Outpatient/Ambulatory Medical Care Linkage Date.	Alert
175	OAMC Linkage Date	74	[Count of Clients] Clients with Outpatient/Ambulatory Medical Care Linkage Date after the Reporting Period.	Alert
176	OAMC Linkage Date	74 and 12	[Count of Clients] Clients with Outpatient/Ambulatory Medical Care Linkage Date and an HIV Negative HIV/AIDS Status.	Alert
177	OAMC Linkage Date	74 and 73	[Count of Clients] Clients reported with Outpatient/Ambulatory Medical Care Linkage Date before HIV Positive Test Date.	Alert

NOTES:

- Grantee Report Validation Messages
 - Validation check 194 was introduced for 2015 RSR submission.
 - Validation Check 192 and 193 were removed for the 2015 RSR submission.
- Provider Report Validation Messages
 - Validation Check 7 and 8 were removed for the 2015 RSR submission
- Client Report Validation Messages
 - Validation Check 149 were removed for the 2015 RSR submission.
 - The conditions that trigger Validation Check 110 have been revised for the 2016 RSR submission.
 - For Validation Checks 41, 42, and 43: When multiple client-level data XML files are uploaded into one Provider Report and the value reported in the new file does not match the value that was previously saved for the client, the RSR system will automatically save a value of “Incongruent” for the client. To clear the incongruent value, all of the client-level data must be cleared from the Provider Report and new XML files must be uploaded.
 - The following Validation Checks have been promoted from an “Alert” to a “Warning”: 100, 110, 118, and 185.
 - The following Validation Checks have been removed for the 2016 RSR submission: 51, 52, 54-61, 93, 95, 98, 105, 106, 108, 109, 111-113, 116, 117, 119-122, 124, 126, 128, 129, 132-136, 138, 140-143, 145, 146, 150, 152-154, 156-160, 162, 163, 165, 180-183, and 186.