2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

NOTES:

- Provider Report Validation Messages
  - New Validation Checks 241 and 242 have been added

- Client Report Validation Messages
  - Validation Checks 41 and 42 have been disabled
  - Validation 72 has updated logic. Sex at birth is the data element used rather than gender.

Validations are highlighted in yellow if they were added, were downgraded from an “Alert” to “Warning” or if the conditions that trigger the validation were revised.

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Recipient Report Validations

Section 1: General Information

Check #	Question #	Message	Level
187	Q#7	At least one provider must be specified.	Error
188	Q#1b	City is required.	Error
191	Q#7	Each provider organization must be funded to provide at least one service.	Error
193	Q#3e	E-mail is required.	Error
194	Q#8	Recipients 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	Q#4	**Q#4 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	Q#4	**Q#4 Minority AIDS Initiative Funds**. A response is required for Q#4, organization received a Minority AIDS Initiative designation for the reporting period.	Error
197	Q#3a	Name is required.	Error
198	Q#3c	Phone is required.	Error
199	Q#1c	State is required.	Error
200	Q#1a	Street is required.	Error
201	Q#3b	Title is required.	Error
202	Q#1d	Zip Code is required.	Error
217	Q#2a	EIN is required.	Error
218	Q#2b	DUNS number is required.	Error

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Sub-recipient (Provider) Report Validations

Section 1: General Information

Check #	Question #	Message	Level
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
215		Provider Profile Information: A response is required for the real time electronic data network question.	Error
6		Service Delivery Sites: At least one service delivery site must be specified if your agency reports that it delivers any Ryan White HIV/AIDS Program funded client service in Q#7.	Error
9		Organization Details: Official Mailing Address is required. Address includes the street, city, state, and Zip Code.	Error
219		Organization Details: A response is required for EIN.	Warning
220		Organization Details: A response is required for DUNS number.	Warning
211		Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site has an incomplete address. Please include the street, city, state and Zip Code.	Warning
212		Service Delivery Sites: The [Service Delivery Site Name] Service Delivery Site is missing or has an incomplete phone number. Please correct.	Warning
234		Service Delivery Sites: The [Service Category Name] service uploaded but not associated with at least one Service Delivery Site. [Service Category Name] services were reported in the client-level data XML file(s) that was uploaded, but this service is not specified as provided at any site in the General Information page. If you delivered [Service Category Name] services as indicated in the uploaded file, please select this service for at least one of the delivery sites.	Alert
237		Service Delivery Sites: The [Service Site Name] Service Delivery Site is missing a website URL.	Alert
241		The [Service Delivery Site Name] has an invalid Website URL. Please correct.	Alert
242		Organization Contacts: At least one contact must be specified.	Error

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Section 2: Program Information

Check #	Question #	Message	Level
21	Q#2	A response is required in Q#2, clinical quality management status.	Error
22	Q#1d	E-mail is required.	Error
23	Q#1a	Name is required.	Error
26	Q#1c	Phone is required.	Error
27	Q#3	You must acknowledge that the funding sources shown in Q#3 are correct.	Error
28	Q#1b	Title is required.	Error
29	Q#7	**No Client records were uploaded.** At least one client record must be included in your uploaded file if the provider was funded for any Ryan White HIV/AIDS Program funded client service.	Warning

2025 RSR Validation Report

All System Validation Messages

Revised: October, 2025

Section 3: Service Information

Check #	Question #	Message	Level
30	Q#7	You must report that you delivered at least one service during the reporting period.	Warning
32	Q#7	**[Service Category Name] services delivered but not uploaded**. [Service Category Name] services were reported as delivered in Q#7 of the Service Information section the Provider Report, but your client-level data do NOT include data for this service category. Either you have not uploaded a client-level data file, OR the file you have uploaded DOES NOT include data on this service category. If you have not uploaded your client-level data, please select the “Import Client-level Data” link in the lef 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#7. If you did deliver the service, data on this service category should be present in your client-level data file.	Warning
33	Q#7	**[Service Category Name] services funded but not delivered.** [Service Category Name] services were reported as funded by a recipient in the RSR Recipient Report, but that service is not specified as delivered in Q#7.	Warning
34	Q#7	**[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#7 of the Service Information section of the Provider Report. If you delivered [Service Category Name] services as indicated in the uploaded file, please select this service in Q#7.	Warning
238	Q#7a	**[Service Category Name] services in the Additional Services Delivered section were reported as delivered but not uploaded.** [Service Category Name] services specified as delivered in the Additional Services table in Q#7a but not reported in the client-level data XML file(s) that was uploaded. If this service was not provided using your organization’s own program income and/or pharmaceutical rebates, please de-select this service in Q#7a.	Warning

2025 RSR Validation Report

All System Validation Messages

Revised: October, 2025

Section 4: HIV Counseling and Testing Information

Check #	Question #	Validation Message	Level
11	Q#12, Q#9	The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#9 (Total Tests).	Error
12	Q#10, Q#9	The value entered in Q#10 (Negative Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#9 (Total Tests).	Error
17	Q#11, Q#9	The value entered in Q#11 (Positive Tests) must be greater than or equal to zero AND must be less than or equal to the value entered in Q#9 (Total Tests).	Error
18	Q#8	A response must be entered for Q#8, HIV Counseling and Testing services were provided during the reporting period.	Error
20	Q#10, Q#11, Q#9	The sum of the values entered in Q#11 (Positive Tests) and Q#10 (Negative Tests) must be less than or equal to the value entered in Q#9 (Total Tests).	Error
35	Q#8, Q#9	If “yes” is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#9, Number of clients tested for HIV (Total Tests).	Error
36	Q#8, Q#10	If “yes” is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#10, Number of clients who tested Negative for HIV (Negative Tests).	Error
204	Q#8, Q#11	If “yes” is reported for Q#8 (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 (Positive Tests).	Error
206	Q#8, Q#12	If “yes” is reported for Q#8 (HIV Counseling and Testing services were provided during the reporting period), a response must be entered for Q#12, Number of clients tested Positive for HIV and were referred to HIV medical care (HIV Positive and referred to HIV medical care).	Error
207	Q#11, Q#12	The value reported in Q#12 (HIV Positive and referred to HIV medical care) must be greater than or equal to zero, and less than or equal to the value entered in Q#11 (Positive Tests).	Error

2025 RSR Validation Report

All System Validation Messages

Revised: October, 2025

Section 5: Clients by ZIP Code

Check #	Validation Message	Level
213	The count of clients receiving eligible services in each ZIP Code must be greater than zero.	Warning
214	The total number of clients reported in your CLD ([Count of Clients]) differs from the sum of clients reported by ZIP Code ([Count of Clients]).	Alert

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Client Report Validations

Note: Data Element numbers have been added for convenient referencing between this document and the RSR Instruction Manual.

Demographics

Check #	Variable	Data Element(s)	Message	Level
39	Birth Year	4	[Count of Clients] Clients whose year of birth is after the report year.	Error
40	Birth Year	4 and 47	[Count of Clients] Clients whose year of birth is after the year of first HIV Outpatient/Ambulatory Service.	Error
66	HIV/AIDS Status	12 and 14	[Count of Clients] Clients with HIV/AIDS Status of Indeterminate missing Risk Factor of Perinatal transmission.	Warning
235	HIV/AIDS Status	12 and 14	[Count of Clients] Clients identified as HIV/AIDS Negative and HIV Risk Factor reported.	Warning
70	HIV Diagnosis Year	72	[Count of Clients] Clients with HIV Diagnosis Year after the reporting period.	Warning
72	Sex at Birth	71 and 64	[Count of Clients] Male clients or clients with unknown sex at birth with pregnancy status equal to YES.	Warning
221	Birth Year	4	[Count of Clients] Clients are missing Birth Year.	Error
84	Birth Year	4	[Count of Clients] Clients aged 110 years or more.	Alert
85	Birth Year	4 and 72	[Count of Clients] Clients whose year of birth is after the year of HIV Diagnosis.	Warning
86	Birth Year	4 and 49	[Count of Clients] Clients whose year of birth is after the year of CD4 Tests	Alert
88	Birth Year	4 and 48	[Count of Clients] Clients whose year of birth is after the year of Outpatient/Ambulatory Health Service Dates.	Alert
89	Birth Year	4 and 50	[Count of Clients] Clients whose year of birth is after Viral Load Test Dates.	Alert
96	Poverty Level	9	[Count of Clients] Clients missing Poverty Level.	Warning

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Check #	Variable	Data Element(s)	Message	Level
97	Housing Status	10	[Count of Clients] Clients missing Housing Status.	Warning
216	Housing Status Collected Date	11	[Count of Clients] Clients missing Housing Status Collected Date.	Warning
99	Medical Insurance	15	[Count of Clients] Clients missing Health coverage.	Warning
100	HIV/AIDS Status	12 and 4	[Count of Clients] Clients whose HIV/AIDS status is Indeterminate and are over 2 years of age.	Warning
232	New Client	76	[Count of Clients] Clients are missing a response to capture if they are new to the service provider.	Warning
233	Client Received Service Previous Year	77	[Count of Clients] Clients are missing the response to capture if the client received at least one service in the previous year.	Warning

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Services

Check #	Variable	Data Element(s)	Message	Level
38	Services	16 – 45, 75 and 78	Clients missing Core Medical, Support or EHE Initiative Services.	Warning
170	OAHS Service Visits	16 and 48	[Count of Clients] Clients have more Outpatient/Ambulatory Health Services visits reported than Outpatient/Ambulatory Health Service Visit dates.	Alert
184	Service visits	16 – 45, 75 and 78	[Count of Clients] Clients have greater than 365 [Service Category] visits.	Alert

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Clinical Information

Check #	Variable	Data Element(s)	Message	Level
37	OAHS Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates before the reporting period.	Error
44	First HIV OAHS Visit Date	47	[Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health service visit is after the reporting period.	Error
45	First HIV OAHS Visit Date	47	[Count of Clients] Clients whose First HIV Outpatient/Ambulatory Health Service Visit is after Outpatient/Ambulatory Health Service Dates.	Error
48	OAHS Service Dates	48	[Count of Clients] Clients with Outpatient/Ambulatory Health Service Dates after the Reporting Period.	Error
49	CD4 Test Dates	49	[Count of Clients] Clients with CD4 Test Dates after the reporting period.	Error
50	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates after the reporting period.	Error
67	CD4 Test Dates	49	[Count of Clients] Clients reported with CD4 Test Dates before the reporting period.	Error
68	Viral Load Test Dates	50	[Count of Clients] Clients with Viral Load Test Dates before the reporting period.	Error
209	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients have a viral load test that is out of range (over 10,000,000).	Warning
210	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients with a Viral Load Test result who are HIV Negative.	Warning
110	OAHS Service Dates	48 and 12	[Count of Clients] HIV negative clients with Outpatient/Ambulatory Health Service Dates.	Warning
118	First HIV OAHS Visit Date	47 and 48	[Count of Clients] Clients with a First HIV Outpatient/Ambulatory Health Service Visit Date and no Outpatient/Ambulatory Health Service Visits.	Warning

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

Check #	Variable	Data Element(s)	Message	Level
127	OAHS Service Dates	48, 12, and 16	[Count of Clients] Clients have Outpatient/Ambulatory Health Service dates and no Outpatient/Ambulatory Health Service visits.	Warning
147	OAHS Service Dates	48, 12, and 16	[Count of Clients] Clients missing Outpatient/Ambulatory Health Service Dates.	Warning
151	Prescribed ART	52, 12, and 16	[Count of Clients] Clients missing a response to Prescribed ART.	Warning
161	CD4 Count Test Results	49, 12, and 16	[Count of Clients] Clients missing CD4 count test results.	Warning
168	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients missing viral load test results	Warning
208	CD4 Count Test Results	49, 12, and 16	[Count of Clients] Clients have a CD4 count that is out of range (over 3,000).	Warning
222	CD4 Count Test Results	49, 12, and 16	[Count of Clients] Clients have two or more CD4 counts on the same date with a discrepancy in the values.	Warning
223	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients with viral load counts both over and under viral suppression threshold reported on the same test date.	Warning
146	Viral Load Test Results	50 and 16	[Count of Clients] Clients with Viral Load Test record, but no Outpatient/Ambulatory Health Service record(s).	Warning
239	Viral Load Test Results	50, 12, and 16	[Count of Clients] Clients with last viral load count under the viral suppression threshold (viral load count <200) and a missing value or "no" reported for prescribed ART.	Warning

2025 RSR Validation Report

All System Validation Messages

Revised: October 2025

HIV Counseling and Testing

Check #	Variable	Data Element(s)	Message	Level
171	HIV Positive Test Date	73	[Count of Clients] Clients with an HIV Positive Test Date after the reporting period.	Warning
172	Birth Year	4 and 73	[Count of Clients] Clients whose year of birth is after their HIV Positive Test Date.	Warning
173	HIV Positive Test Date	73 and 12	[Count of Clients] Clients with an HIV Positive Test Date who are HIV Negative	Warning
174	Birth Year	4 and 74	[Count of Clients] Clients whose year of birth is after the Outpatient/Ambulatory Health Service Linkage Date.	Warning
175	OAHS Linkage Date	74	[Count of Clients] Clients whose Outpatient/Ambulatory Health Service Linkage Date is after the reporting period.	Warning
176	OAHS Linkage Date	74 and 12	[Count of Clients] Clients with an Outpatient/Ambulatory Health Service Linkage Date who are HIV Negative.	Warning
177	OAHS Linkage Date	74 and 73	[Count of Clients] Clients whose Outpatient/Ambulatory Health Service Linkage Date is before their HIV Positive Test Date.	Warning
240	OAHS Linkage Date	72 and 74	[Count of Clients] Newly diagnosed clients with an HIV Diagnosis Year within the reporting period and OAHS Linkage date is not reported or outside the reporting period.	Warning