DATA REPORTING INSTRUCTIONS

Last Updated 01-20-2011

Below is a description of the required data reporting forms, data elements, reporting timetable, and submission procedures for the evaluation of supplemental grant awards for the integration of HIV/AIDS testing and prevention services in Title X Family Planning Projects.

All data reporting forms and instructions are downloadable from the following website: http://www.cicatelli.org/opa

The following information is addressed in this document:

Section I: Required Data Elements and Reporting Forms (p. 1)
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SECTION I: REQUIRED DATA ELEMENTS AND REPORTING FORMS

All reporting templates are supplied via electronic format in a MS Excel workbook. Each Project receiving funding through the *Supplemental Grant Awards for Integration of HIV/AIDS Prevention Services* must collect and report all requested data, as indicated in the request for applications (RFA) for this Project. These forms are provided to assist in concise reporting of the appropriate data elements. Projects with multiple sites should **compile data for all sites in one workbook**.

Beginning in Cycle 4, Projects may choose to submit Client Level Data in place of Aggregate Data to report HIV testing as described below. The submission of Client Level Data is optional but strongly encouraged. We hope this option will streamline data submission and enhance program monitoring and evaluation efforts. For more information or if you plan to submit Client Level Data, please contact Melissa Nelson (mnelson@cicatelli.org).

The data workbook is comprised of 9* worksheets, each described in more detail below.

1. Project Profile
2. HIV Staffing Report Grid
3. HIV Training Report Grid
4. Overall HIV Testing*
5. Standard HIV Testing*
6. Rapid HIV Testing*
7. Confidential Testing*
8. Anonymous Testing*
9. Notes

*Note: Worksheets 4, 5, 6, 7 and 8 from the Aggregate Data Reporting Form are combined into one worksheet for Projects that choose to submit the Client Level Data Reporting Form. All other worksheets (1, 2, 3 and "Notes") are the same for both Aggregate and Client Level Data Reporting.

All worksheets are password protected to prevent modification to the worksheet structure or embedded formulas. All cells where data are required to be entered are unlocked. Therefore, Projects should not require the password to unlock the worksheet except in special circumstances.

1. Project Profile

The completed Project Profile must be included in each data submission for identification purposes. Data required for this section is described below.

If there is a change in Grantee/Delegate/Site information, or other contact information, please notify Melissa Nelson (mnelson@cicatelli.org) as soon as possible and make note when a change has been made on the NOTES worksheet.

Date of Completion and Reporting Period

Specify the date the forms were completed, and the reporting period reflected in the data set. For the data submission schedule, please see Section II of this document, or go to www.cicatelli.org/opa.

Project ID

Cicatelli Associates Inc. will assign a unique Project identifier to each funded Project for administrative purposes, to facilitate data collection and reporting. *If you do not know your Project ID, you may leave this field blank.*

Grantee, Delegate and Service Delivery Site Information

Please fill out the grantee, delegate, and service delivery site information, as applicable for your Project. If your agency has more service delivery sites than for which space is provided, continue to list each site in the cells to the right.

Grantee and Delegate names and the time period being reported will be pulled automatically from the Project Profile on each subsequent form.

Contact Information

Please fill out contact information for your Project. Those who are specified will receive all Project-related e-mails and correspondence related to data reporting. Please identify the following contact persons:

- **Project Director**
- **Data Manager** who is responsible for data reporting for this Project (i.e., the person completing these forms)
- **Other Contact Person(s)** for this Project.

HIV/AIDS Services Offered ON-SITE
The On-Site Service Delivery Profile **only needs to be completed for the first and last periods of data collection**. Please complete the following:

- Mark all HIV/AIDS-related services provided ON-SITE by the agency.
- Specify any social services and other HIV/AIDS-related services available ON-SITE.

2. Staffing

The Staffing grid **only needs to be completed for the FIRST and LAST periods of data collection**.

Total # of FTEs (Full Time Employees) supported by this Project

- Please enter the total number of FTEs funded by this grant **since the start of the Project.**

- Please select the applicable service delivery model used (only mark one category):
  - Fully integrated HIV/AIDS and family planning services provided by all staff
  - Internal referral to dedicated HIV staff
  - A combination of both
  - Other (please describe in space provided)

3. Training

Please provide the following information for each **HIV training program offered during the reporting period:**

- **Date of Training**

- **Topic of Training**
  Mark all topic categories covered in this training. Describe “other” topics in space provided.

- **Length of the Training in Hours**

- **# of Staff Trained**

*Note: Worksheets 4, 5, 6, 7 and 8 from the Aggregate Data Reporting Form are combined into one worksheet for Projects using the Client Level Data Reporting form. If you plan to submit Client Level Data, please skip to ***“4. Client Level Data (Optional)”*** on page 9 below.

4. Overall HIV Testing

Provide overall totals for the following variables ***only*** for the current reporting period:

- **(A) Total # of HIV Tests Provided through this Project**
  This includes the total number of HIV tests (confidential and anonymous) provided through this supplemental grant. It will be *calculated automatically* based on the sum of the number of tests reported on the Standard HIV Testing and Rapid HIV Testing worksheets.

- **(B) UNDUPLICATED Total # of Clients Receiving HIV Tests**
  This includes the *unduplicated* total number of clients who received HIV tests through this supplemental grant. Enter for confidential testing only. Check to see that the number of unduplicated clients is less than or equal to the total number of tests provided (see data "CHECKS" at bottom of worksheet; please check that your data is "OKAY").

The next two forms separate data by testing method – standard versus rapid HIV testing.

5. Standard HIV Testing

Provide totals for the following variables related to **standard HIV testing** that has been provided through this supplemental grant. Totals are to be presented by test mode – confidential vs. anonymous testing services. Do NOT include confirmatory standard tests for preliminary positive rapid test results. Variables new in Cycle 4 are noted.[1]

- **(A) Total # of Standard HIV Tests**
  This includes the total number of standard HIV tests provided through this grant.

- **(B) # of Positive Standard HIV Tests**
  This includes the total number of standard HIV tests with a positive result.

- **(C) # of Negative Standard HIV Tests**
  This includes the total number of standard HIV tests with a negative result.

- **(D) # of Indeterminate Standard HIV Tests**
  This includes the total number of standard HIV tests with an unclear result.

  The total # of standard HIV tests (A) should be equal to or slightly greater than the totals reported by test result [positive (B) + negative (C) + indeterminate (D)]. See data "CHECKS" at bottom of worksheet; please check that your data is "OKAY". They may not be equal if

[1] Several new variables were added in response to a Congressional Mandate effective January 1, 2011, with the passing of the Ryan White Extension Act of 2009, Section 2688. Public Law 111-87.
www.cdc.gov/niosh/docket/archive/pdfs/.../0219-103009-ryanWhite.pdf

all test results have not been received for tests provided during the reporting period (please note this on the NOTES worksheet).

- **(E) # of Clients who Received Standard HIV Test Results**
  This includes the total number of clients who received standard HIV test results. Again, if all test results have not been received for tests provided during the reporting period, please specify this on the NOTES worksheet.

  Projects must also report on the number of clients that received results stratified by test result *(New in Cycle 4)*:

- **(F) # of Clients with <u>Positive Standard</u> HIV Test who received results**

- **(G) # of Clients with <u>Negative Standard</u> HIV Test who received results**

- **(H) # of Clients with <u>Indeterminate Standard</u> HIV Test who received results**

  The total # of clients that received standard HIV test results (E) should be equal to the total number reported by test result [positive (F) + negative (G) + indeterminate (H)]. See data "CHECKS" at bottom of worksheet; please check that your data is "OKAY". Please note any discrepancies on the NOTES worksheet.

- **(I) # of Clients receiving a Standard HIV Test that had not previously been tested (First Time Testers)** *(New in Cycle 4)*
  Meant to identify persons having their first HIV test (not just the first test at your agency). Note that HIV testing conducted as part of newborn screening programs should <u>not</u> be included when identifying first time testers.

- **(J) # of Clients with Positive Standard HIV Test who were previously unaware of infection (New Positives)** *(New in Cycle 4)*
  Meant to identify clients that test positive who were not previously aware of their HIV infection.

- **(K) # of Clients with a Positive Standard HIV Test Referred for Care/Treatment**
  This should include the total number of clients with a positive standard HIV test result who were "referred for care/treatment", meaning they were provided with information to facilitate initial contact with appropriate service providers.

- **(L) # of Clients with Positive Standard HIV test who were linked to care** *(New in Cycle 4)*
  "Linked with care" means the client was seen in a health-care setting by a physician, nurse practitioner, or physician assistant within 3 months of positive test. Projects will be asked to submit a follow-up report for positive clients that were not linked with care at the time the data report was submitted to account for time lags.

6. Rapid HIV Testing

Provide totals for the following variables related to **rapid HIV testing** that has been **provided through this supplemental grant**. Totals are to be presented by test mode – confidential vs. anonymous testing services. Variables new in Cycle 4 are noted, and mirror those added under Standard HIV Testing.

- **(A) Total # of Rapid HIV Tests provided through this Project**
  This should include the total number of rapid HIV tests provided through this grant.

- **(B) # of Preliminary Positive Rapid HIV Tests**
  This should include the total number of rapid HIV tests with a preliminary positive result.

- **(C) # of Positive Rapid HIV Tests with a Positive Confirmation**
  This should include the total number of positive rapid HIV tests that are confirmed to be positive (i.e., the number of positive confirmatory tests). This number should be reported according to the test mode of the rapid test. For example, if anonymous rapid testing is performed but confirmed with a confidential test, that result should be reported in the anonymous testing row.

  If clients are referred out or choose to go elsewhere for a confirmatory test, it is expected that the Project will follow-up regarding outcome of the referral.

  The # of confirmed positive tests (C) should be less than or equal to the # of preliminary positive tests (B) reported. See data "CHECKS" at bottom of worksheet; please check to see that your data is "OKAY".

- **(D) # of Negative Rapid HIV Tests**
  This should include the total number of rapid HIV tests with a negative result.

- **(E) # of Indeterminate Rapid HIV Tests**
  This should include the total number of rapid HIV tests with an unclear result.

  The total # of rapid HIV tests (A) should be equal to the totals reported by test result [preliminary positive (B) + negative (D) + indeterminate (E)]. See data "CHECKS" at bottom of worksheet; please check to see that your data is "OKAY".

- **(F) # of Clients Receiving Rapid HIV Test Results**
  This should include the total number of clients who were given their rapid test result *(preliminary* positive, negative, or invalid results).

Projects must also report on the number of clients that received results stratified by test result *(New in Cycle 4)*:

- **(G) # of Clients with <u>Confirmed Positive</u> Rapid HIV Test who received results**

- **(H) # of Clients with <u>Negative</u> Rapid HIV Test who received results**

- **(I) # of Clients with <u>Indeterminate</u> Rapid HIV Test who received results**

  The total # of clients that received rapid HIV test results (F) should be equal to the total number reported by test result [positive (G) + negative (H) + indeterminate (I)]. See data "CHECKS" at bottom of worksheet; please check that your data is "OKAY". Please note any discrepancies on the NOTES worksheet.

- **(J) # of Clients receiving a Rapid HIV Test that had not previously been tested (First Time Testers)** *(New in Cycle 4)*
  Meant to identify persons having their first HIV test (not just the first test at your agency). Note that HIV testing conducted as part of newborn screening programs should <u>not</u> be included when identifying first time testers.

- **(K) # of Clients with Confirmed Positive Rapid HIV Test who were previously unaware of infection (New Positives)** *(New in Cycle 4)*
  Meant to identify clients that test positive who were not previously aware of their HIV infection.

- **(L) # of Clients with Confirmed Positive Rapid HIV Test Referred for Care/Treatment**
  This should include the total number of clients with a positive rapid and confirmatory HIV test result who were "referred for care/treatment", meaning they were provided with information to facilitate initial contact with appropriate service providers.

- **(M) # of Clients with Confirmed Positive Rapid HIV Test who were linked to care** *(New in Cycle 4)*
  "Linked with care" means the client was seen in a health-care setting by a physician, nurse practitioner, or physician assistant within 3 months of positive test. Projects will be asked to submit a follow-up report for positive clients that were not linked with care at the time the data report was submitted to account for time lags.

<u>7. Confidential Testing</u>

This form provides test result data for **confidential (unduplicated) clients** by age, gender, race, and ethnicity. Please complete the following information:

- **# of Positive and Negative Test Results by Age Group and Gender**
  This only includes test results for confidential unduplicated clients. Positive test results should equal the number of positive standard HIV tests and the number of ***confirmed*** positive rapid HIV tests. Use the specified age groups. Totals across age groups will be calculated automatically.

- **# of Positive and Negative Test Results by Race, Ethnicity, and Gender**
  The provided categories align with federal and FPAR categories for reporting race/ethnicity. Use the specified race/ethnicity groups. Subtotals by race/ethnicity and totals across race/ethnicity groups will be calculated automatically.

  Totals across age groups should be equal to totals across race and ethnicity groups (i.e., yellow and blue cells are all equal). See data "CHECKS" at bottom of worksheet; please check to see that your data is "OKAY".

- The OVERALL TOTAL (positive + negative) should be equal to (or as close as possible to) the unduplicated total # of clients who received HIV tests, reported on the Overall HIV Testing worksheet. See data "CHECKS" at bottom of worksheet; please check to see that your data is "OKAY".

- The # of OVERALL TOTAL positive tests should be equal to the total # of confidential positive tests reported on the Standard HIV Testing and Rapid HIV Testing worksheets. See data "CHECKS" at bottom of worksheet; please check that your data is "OKAY". It is possible that the # of OVERALL TOTAL positive tests is slightly less if client test results were not received by the close of the reporting period or a repeat client tested positive (if so, explain "ERROR" on NOTES worksheet).

8. Anonymous Testing

This form provides test result data for **anonymous clients** by age, race/ethnicity, and gender. In the provided box, mark with an "X" whether reported test results include duplicated clients, are unduplicated, or if this cannot be determined. Then complete the following information:

- **# of Positive and Negative Test Results by Age Group and Gender**
  This only includes test results for anonymous clients. Positive test results should equal the number of positive standard HIV tests and the number of ***confirmed*** positive rapid HIV tests. Use the specified age groups. Totals across age groups will be calculated automatically.

  # of Positive and Negative Test Results by Race, Ethnicity, and Gender
  Use the specified race/ethnicity groups. Subtotals by race/ethnicity and totals across race/ethnicity groups will be calculated automatically.

  Totals across age groups should be equal to totals across race and ethnicity groups (i.e., yellow and blue cells are equal). See data "CHECKS" at bottom of worksheet; please check to see that your data is "OKAY".

- The # of OVERALL TOTAL positive tests should be equal to the total # of anonymous positive tests reported on the Standard HIV Testing and Rapid HIV Testing worksheets. See data "CHECKS" at bottom of worksheet; please check that your data is "OKAY". It is possible that the # of OVERALL TOTAL positive tests is slightly less if client test results were not received by the close of the reporting period or a repeat client tested positive (if so, explain "ERROR" on NOTES worksheet).

*Note: Worksheets 4, 5, 6, 7 and 8 from the Aggregate Data Reporting Form are combined into one worksheet for Projects using the Client Level Data Reporting form. If you plan to submit Client Level Data, please skip to ***"4. Client Level Data"*** below, from page 4 above.

4. Client Level Data (Optional)

To meet evolving needs for the collection and use of Project data, reporting forms for Cycle 4 have been modified to combine what were previously five aggregate data worksheets (Overall HIV Testing, Standard HIV Testing, Rapid HIV Testing, Confidential Testing, and Anonymous Testing) into a single worksheet with 20 client level data elements. Submission of Client Level Data is optional but strongly encouraged. Projects unable to submit Client Level Data may submit aggregate data using the Aggregate Data Reporting Forms.

A description of required variables is provided below. Please refer to the *Client Level Data Codebook* on our Project website for variable names and valid values.

Project ID

Cicatelli Associates Inc. will assign a unique Project identifier to each funded Project for administrative purposes, to facilitate data collection and reporting. If you do not know your Project ID, you may leave this field blank.

Client ID

Projects must provide a client identifier to identify tests performed on the same individual during a given reporting period. The format for the client ID should be determined by each Project. Ideally, Projects will use a number that can track the same individual over time. Do not report any personally identifiable information (such as name or social security number).

Client Demographic Data

For each test, report the client's year of birth, sex, race and ethnicity. As per Federal OMB standards, self-reported race and Hispanic/Latino(a) ethnicity should be captured separately, and multiracial clients should be permitted to indicate all races that apply. Each category for race (Asian, American Indian/Alaska Native, African American/Black, Native Hawaiian/Pacific Islander, White, and Other) is therefore listed as a separate variable; select all that apply.

Client HIV Testing Data
For each test, report the date the test was performed, the test mode (confidential v. anonymous), the test type (standard v. rapid), and the test result. For rapid tests only, report the confirmation test result for all preliminary positives. For each test, report whether this was the client's first HIV test, and if the client received his/her results. For clients testing positive, you must indicate whether the client was referred for care (i.e. clients are provided with information to facilitate initial contact with appropriate service providers). In addition, as of January 1, 2011, with the passing of the Ryan White Extension Act of 2009, Section 2688,[2] Congress now requires all federally-funded HIV testing programs to report the total number of individuals who prior to the 12 month period were unaware of their HIV infection, and whether each client was linked with care (i.e. when a client is seen in a health-care setting by a physician, nurse practitioner, or physician assistant within a specified time period).

Notes Worksheet

- Please include any notes/comments regarding data from the other worksheets. You may insert as many notes as needed. Be sure to reference specific data elements.

SECTION II: DATA SUBMISSION TIMETABLE AND PROCEDURES

Reporting Periods and Data Submission Deadlines			
Cycle 4	**For Reporting Period**	**Dates to be submitted to Regional Office**	**Length of Period (months)**
All Forms to be completed by each Funded Project	Period 1: 10/1/10 - 12/31/10 Period 2: 1/1/11 - 6/30/11 Period 3: 7/1/11 - 12/31/11 Period 4: 1/1/12 - 6/30/12 Period 5: 7/1/12 - 12/31/12 Period 6: 1/1/13 - 6/30/13 Period 7: 7/1/13 – 9/30/13	January 31, 2011 July 31, 2011 January 31, 2012 July 31, 2012 January 31, 2013 July 31, 2013 October 31, 2013	3 6 6 6 6 6 3

Note: The first and last reporting periods span 3 months. The remaining are 6-month time periods. This is a change from previous Cycles and was implemented in order to facilitate analysis of data by calendar year.

[2] Ryan White HIV/AIDS Treatment Extension Act of 2009. Public Law 111-87.
www.cdc.gov/niosh/docket/archive/pdfs/.../0219-103009-ryanWhite.pdf

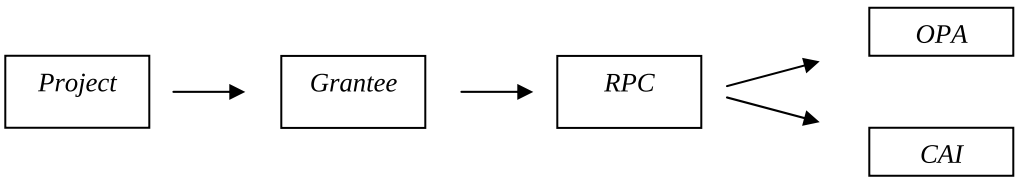
Data Submission Procedures

1) Each **Project** should compile data and send it to the Grantee (if applicable).

2) After review, each **Grantee** should send data to the RPC at their Regional Office.

3) After review, each **RPC** should forward data to:

    1. **OPA** (see contact persons by Region on next page)
    2. **Melissa Nelson** at CAI (mnelson@cicatelli.org).



SECTION III: CONTACT INFORMATION

Please contact the appropriate party for more information about data reporting requirements:

Projects	Contact your Title X Grantee Agency
Grantees	Contact your Regional Program Consultant (RPC) or Project Officer

For technical problems with the website or forms, including questions about the submission of Client Level Data, please contact Melissa Nelson, Program Evaluation Associate, via email (mnelson@cicatelli.org) or telephone (212-594-7741 x 269).