

NHM&E DATA VARIABLES & VALUES



National HIV
Prevention Program
Monitoring and
Evaluation (NHM&E)

July 1, 2022



NHM&E Data Variables and Values

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NHME Variables and Values

Agency Level

Table: A **General Agency Information**

This table is required to be completed by all directly funded grantees. It is also required for all agencies that indirectly receive CDC funds for HIV prevention AND: 1) Provide HIV prevention services and/or 2) Provide contracts using CDC funds to support the provision of HIV prevention services.

<i>Num</i>	<i>Variable Name</i>	
A01	Agency Name	XSD (Schema) Name: agencyName

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 100**

Definition: The official legal name of the agency or organization.

Instructions: Enter the official legal name of the agency funded by CDC to provide HIV prevention programs.
Please note: for jurisdictions that upload HIV testing data, there is currently no way to enter the actual name of the agency. The system substitutes the Agency ID for the name. System administrators can log into EvaluationWeb® and update this field to the actual name of the agency.

Business rules HD HIV Testing: Required
Partner Services: Allowed, but not reported to CDC
CBO HIV Testing: Required

A01a	Agency ID	XSD (Schema) Name: agencyId
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Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 32**

Definition: An alpha-numeric identification used to uniquely identify an agency.

Instructions: Enter the unique agency ID generated by the CDC-funded agency. If using EvaluationWeb for direct key entry, this number may be automatically generated by that system.

Business rules HD HIV Testing: Mandatory
Partner Services: Mandatory
CBO HIV Testing: Not applicable

NHME Variables and Values

Num *Variable Name*

A02 **Jurisdiction** **XSD (Schema) Name: populatedAreaValueCode**

Value Option: Choose only one **Format Type: Number** **Min Length: 2** **Max Length: 3**

Definition: The CDC-directly funded state, territory, city area, or region where a state or city health department receives funding to monitor HIV prevention activities. Each jurisdiction has a corresponding Federal Information Processing Standards (FIPS) code.

Instructions: Select the code of state, city or territory in which your agency is located. If uploading data to EvaluationWeb, submit the two number FIPS code for your state or territory, not the value description or the name of the jurisdiction. FIPS codes contain leading zeros when applicable.

Business rules HD HIV Testing: Mandatory
 Partner Services: Required
 CBO HIV Testing: Mandatory

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
01	AL	Alabama
02	AK	Alaska
04	AZ	Arizona
05	AR	Arkansas
06	CA	California
08	CO	Colorado
09	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland

NHME Variables and Values

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
25	MA	Massachusetts
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina
38	ND	North Dakota
39	OH	Ohio
40	OK	Oklahoma
41	OR	Oregon
42	PA	Pennsylvania
44	RI	Rhode Island
45	SC	South Carolina
46	SD	South Dakota
47	TN	Tennessee
48	TX	Texas
49	UT	Utah
50	VT	Vermont
51	VA	Virginia
53	WA	Washington
54	WV	West Virginia
55	WI	Wisconsin
56	WY	Wyoming
60	AS	American Samoa
64	FM	Federated States of Micronesia
66	GU	Guam
68	MH	Marshall Islands
69	MP	Northern Mariana Islands
70	PW	Palau
72	PR	Puerto Rico
78	VI	Virgin Islands of the U.S.
80	San Francisco, CA	San Francisco Health Department

NHME Variables and Values

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
81	<i>Los Angeles, CA</i>	<i>Los Angeles Health Department</i>
82	<i>New York City, NY</i>	<i>New York City Health Department</i>
83	<i>Houston, TX</i>	<i>Houston Health Department</i>
84	<i>Chicago, IL</i>	<i>City of Chicago Health Department</i>
85	<i>Philadelphia, PA</i>	<i>City of Philadelphia Health Department</i>
87	<i>Baltimore, MD</i>	<i>Baltimore City Health Department</i>

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: CBOAgencyID
A28	CBO Agency ID	

Value Option: N/A **Format Type:** Alpha-Numeric **Min Length:** 5 **Max Length:** 5

Definition: A unique alpha-numeric identifier assigned by CDC to CDC-funded community-based organizations. This requirement was implemented for CDC-funded CBOs January 1, 2012.

Instructions: Enter the CDC assigned CBO Agency ID.

Business rules HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Mandatory

Code	Value Description	Value Definition
AL001	Aletheia House	CDC directly funded community-based organization, Birmingham, AL
AL002	AIDS Alabama, Inc.	CDC directly funded community-based organization, Birmingham, AL
AL003	AIDS Action Coalition	CDC directly funded community-based organization, Huntsville, AL
AL004	Birmingham AIDS Outreach, Inc.	CDC directly funded community-based organization, Birmingham, AL
AL005	Health Services Center, Inc.	CDC directly funded community-based organization, Anniston, AL
AL006	Knights & Orchids Society, Inc.	CDC directly funded community-based organization, Selma, AL
AR001	ARCARE	CDC directly funded community-based organization, Augusta, AR
AZ001	Southern Arizona AIDS Foundation	CDC directly funded community-based organization, Tucson, AZ
AZ002	Ebony House, Inc.	CDC directly funded community-based organization, Phoenix, AZ
AZ003	Native American Community Health Center, Inc.	CDC directly funded community-based organization, Phoenix, AZ
AZ004	Southwest Center for HIV/AIDS	CDC directly funded community-based organization, Phoenix, AZ
CA001	AmASSI Center of South Central Los Angeles	CDC directly funded community-based organization, Inglewood, CA
CA002	AIDS Healthcare Foundation	CDC directly funded community-based organization, Los Angeles, CA
CA003	APLA Health & Wellness	CDC directly funded community-based organization, Los Angeles, CA
CA004	AltaMed Health Services Corporation	CDC directly funded community-based organization, Los Angeles, CA
CA005	Bienestar Human Services	CDC directly funded community-based organization, Los Angeles, CA
CA006	Children's Hospital of Los Angeles	CDC directly funded community-based organization, Los Angeles, CA
CA007	Friends Research Institute, Inc./Friends Community Center	CDC directly funded community-based organization, Los Angeles, CA
CA008	JWCH Institute, Inc.	CDC directly funded community-based organization, Los Angeles, CA
CA009	Los Angeles LGBT Center	CDC directly funded community-based organization, Los Angeles, CA
CA010	Realistic Education in Action Coalition to Foster Health (REACH LA)	CDC directly funded community-based organization, Los Angeles, CA
CA011	Special Service for Groups	CDC directly funded community-based organization, Los Angeles, CA

NHME Variables and Values

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
CA012	<i>AIDS Project of the East Bay</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA013	<i>CA Prostitutes Education Project</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA014	<i>HIV Prevention Project of Alameda County</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA015	<i>La Clinica De la Raza, Inc.</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA016	<i>Center for AIDS Research Education & Services</i>	<i>CDC directly funded community-based organization, Sacramento, CA</i>
CA017	<i>Family Health Centers of San Diego</i>	<i>CDC directly funded community-based organization, San Diego, CA</i>
CA018	<i>Asian and Pacific Islander Wellness Center</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CA019	<i>Larkin St. Youth Services</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CA020	<i>Stop AIDS Project</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CA021	<i>Centerforce</i>	<i>CDC directly funded community-based organization, San Rafael, CA</i>
CA022	<i>Tarzana Treatment Centers, Inc.</i>	<i>CDC directly funded community-based organization, Tarzana, CA</i>
CA023	<i>AIDS Services Foundation Orange County</i>	<i>CDC directly funded community-based organization, Irvine, CA</i>
CA024	<i>Centro De Salud La Comunidad De San Ysidro, Inc</i>	<i>CDC directly funded community-based organization, San Diego, CA</i>
CA025	<i>Black AIDS Institute/African-American AIDS Policy & Training Institute</i>	<i>CDC directly funded community-based organization, Los Angeles, CA</i>
CA026	<i>San Francisco AIDS Foundation</i>	<i>CDC directly funded community-based organization, San Francisco, CA</i>
CA027	<i>Bay Area Community Health dba Tri-City Health Center</i>	<i>CDC directly funded community-based organization, Fremont, CA</i>
CA028	<i>Sutter Bay Hospitals dba Alta Bates Medical Center – East Bay AIDS Center</i>	<i>CDC directly funded community-based organization, Oakland, CA</i>
CA029	<i>Via Care Community Health Center, Inc.</i>	<i>CDC directly funded community-based organization, Los Angeles, CA</i>
CO001	<i>Empowerment Program</i>	<i>CDC directly funded community-based organization, Denver, CO</i>
CO002	<i>Colorado Health Network</i>	<i>CDC directly funded community-based organization, Denver, CO</i>
CT001	<i>Latinos Conta Cida (Latino Community Services, Inc.)</i>	<i>CDC directly funded community-based organization, Hartford, CT</i>
CT002	<i>AIDS Project New Haven, Inc. dba APNH: A Place to Nourish Your Health</i>	<i>CDC directly funded community-based organization, New Haven, CT</i>
CT003	<i>Apex Community Care, Inc.</i>	<i>CDC directly funded community-based organization, Danbury, CT</i>
DC001	<i>Children's National Medical Center</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC002	<i>Deaf-REACH</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC003	<i>Sasha Bruce Youthwork, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC004	<i>The Women's Collective</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC005	<i>Us Helping Us, People Into Living, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC006	<i>Washington Area Consortium on HIV Infection in Youth (dba Metro Teen AIDS)</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC007	<i>La Clinica Del Pueblo, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC008	<i>Family and Medical Counseling Service, Inc.</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
DC009	<i>Whitman-Walker Clinic, Inc dba Whitman-Walker Health</i>	<i>CDC directly funded community-based organization, Washington, DC</i>
FL001	<i>Broward House</i>	<i>CDC directly funded community-based organization, Fort Lauderdale, FL</i>
FL002	<i>River Region Human Services</i>	<i>CDC directly funded community-based organization, Jacksonville, FL</i>
FL003	<i>Jacksonville Area Sexual Minority Youth Network (JASMYN)</i>	<i>CDC directly funded community-based organization, Jacksonville, FL</i>
FL004	<i>EmpowerU</i>	<i>CDC directly funded community-based organization, Miami, FL</i>
FL005	<i>Care Resource Community Health Centers, Inc.</i>	<i>CDC directly funded community-based organization, Miami, FL</i>
FL006	<i>Miracle of Love</i>	<i>CDC directly funded community-based organization, Orlando, FL</i>

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<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
FL007	<i>Comprehensive AIDS Program of Palm Beach County, Inc.</i>	<i>CDC directly funded community-based organization, Palm Springs, FL</i>
FL008	<i>Gay Lesbian Community Center of Greater Fort Lauderdale</i>	<i>CDC directly funded community-based organization, Wilton Manors, FL</i>
FL009	<i>Latinos Salud</i>	<i>CDC directly funded community-based organization, Wilton Manors, FL</i>
FL010	<i>Hope and Help Center of Central FL, Inc.</i>	<i>CDC directly funded community-based organization, Winter Park, FL</i>
FL011	<i>Metropolitan Charities, Inc.</i>	<i>CDC directly funded community-based organization, St. Petersburg, FL</i>
FL012	<i>AIDS Service Association of Pinellas, Inc. dba EPIC (Empath Partners in Care)</i>	<i>CDC directly funded community-based organization, Clearwater, FL</i>
FL013	<i>BASIC NWFL, Inc.</i>	<i>CDC directly funded community-based organization, Panama City, FL</i>
FL014	<i>Borinquen Health Care Center, Inc.</i>	<i>CDC directly funded community-based organization, Miami, FL</i>
FL015	<i>FoundCare, Inc.</i>	<i>CDC directly funded community-based organization, West Palm Beach, FL</i>
FL016	<i>Health Care Center for the Homeless, Inc. dba Orange Blossom Family Health</i>	<i>CDC directly funded community-based organization, Orlando, FL</i>
FL017	<i>Treasure Coast Health Council, Inc. dba Health Council of Southeast Florida</i>	<i>CDC directly funded community-based organization, Palm Beach Gardens, FL</i>
FL018	<i>Village South, Inc.</i>	<i>CDC directly funded community-based organization, Pembroke Pines, FL</i>
GA001	<i>Saint Joseph's Mercy Care Services</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA002	<i>AID Atlanta, Inc.</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA003	<i>Positive Impact, Inc.</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA004	<i>AID Gwinnett</i>	<i>CDC directly funded community-based organization, Duluth, GA</i>
GA005	<i>Empowerment Resource Center</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA006	<i>Recovery Consultants of Atlanta, Inc.</i>	<i>CDC directly funded community-based organization, Decatur, GA</i>
GA007	<i>Positive Impact Health Centers, Inc.</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA008	<i>Atlanta HARM Reduction Coalition</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
GA009	<i>Someone Cares, Inc. of Atlanta</i>	<i>CDC directly funded community-based organization, Marietta, GA</i>
GA010	<i>National AIDS Education & Services for Minorities, Inc. (NASEM)</i>	<i>CDC directly funded community-based organization, Atlanta, GA</i>
HI001	<i>Life Foundation</i>	<i>CDC directly funded community-based organization, Honolulu, HI</i>
IA001	<i>Primary Health Care, Inc.</i>	<i>CDC directly funded community-based organization, Des Moines, IA</i>
IL001	<i>Access Community Health Network</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL002	<i>Center on Halsted</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL003	<i>Chicago House and Social Service Agency</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL004	<i>Christian Community Health Center</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL005	<i>Heartland Human Care Services</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL006	<i>Lester and Rosalie Anixter Center</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL007	<i>McDermott Center (dba Haymarket Center)</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL008	<i>Puerto Rican Cultural Center</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL009	<i>South Side Help Center</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL010	<i>Taskforce Prevention and Community Services</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL011	<i>Association House of Chicago</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL012	<i>Howard Brown Health Center</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IL013	<i>Brothers Health Collective</i>	<i>CDC directly funded community-based organization, Chicago, IL</i>
IN001	<i>Brothers United, Inc. dba BU Wellness Network</i>	<i>CDC directly funded community-based organization, Indianapolis, IN</i>
IN002	<i>Damien Center, Inc.</i>	<i>CDC directly funded community-based organization, Indianapolis, IN</i>

NHME Variables and Values

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
KY001	<i>Volunteers of America of Kentucky, Inc.</i>	<i>CDC directly funded community-based organization, Louisville, KY</i>
KY002	<i>Heartland CARES, Inc.</i>	<i>CDC directly funded community-based organization, Paducah, KY</i>
LA001	<i>HIV/AIDS Alliance for Region Two, Inc.</i>	<i>CDC directly funded community-based organization, Baton Rouge, LA</i>
LA002	<i>Brotherhood, Inc.</i>	<i>CDC directly funded community-based organization, New Orleans, LA</i>
LA003	<i>Institute of Women and Ethnic Studies</i>	<i>CDC directly funded community-based organization, New Orleans, LA</i>
LA004	<i>NO/AIDS Task Force</i>	<i>CDC directly funded community-based organization, New Orleans, LA</i>
LA005	<i>Priority Health Care</i>	<i>CDC directly funded community-based organization, Marrero, LA</i>
MA001	<i>Boston Medical Center</i>	<i>CDC directly funded community-based organization, Boston, MA</i>
MA002	<i>Fenway Community Health Center</i>	<i>CDC directly funded community-based organization, Boston, MA</i>
MA003	<i>Justice Resource Institute, Inc.</i>	<i>CDC directly funded community-based organization, Boston, MA</i>
MA004	<i>Massachusetts Alliance of Portuguese Speakers (MAPS)</i>	<i>CDC directly funded community-based organization, Cambridge, MA</i>
MA005	<i>Whittier Street Health Services</i>	<i>CDC directly funded community-based organization, Roxbury, MA</i>
MA006	<i>Multicultural AIDS Coalition</i>	<i>CDC directly funded community-based organization, Roxbury, MA</i>
MD001	<i>Women Accepting Responsibility</i>	<i>CDC directly funded community-based organization, Baltimore, MD</i>
MD002	<i>Identity, Inc.</i>	<i>CDC directly funded community-based organization, Gaithersburg, MD</i>
MD003	<i>Heart to Hand, Inc.</i>	<i>CDC directly funded community-based organization, Largo, MD</i>
MD004	<i>Pride Center of Maryland</i>	<i>CDC directly funded community-based organization, Baltimore, MD</i>
ME001	<i>Regional Medical Center at Lubec</i>	<i>CDC directly funded community-based organization, Lubec, ME</i>
MI001	<i>Teen Hype Youth Development Program</i>	<i>CDC directly funded community-based organization, Detroit, MI</i>
MI002	<i>Community Health Awareness Group</i>	<i>CDC directly funded community-based organization, Detroit, MI</i>
MI003	<i>Detroit Recovery Project</i>	<i>CDC directly funded community-based organization, Detroit, MI</i>
MI004	<i>Matrix Human Services</i>	<i>CDC directly funded community-based organization, Detroit, MI</i>
MI005	<i>Health Emergency Lifeline</i>	<i>CDC directly funded community-based organization, Detroit, MI</i>
MN001	<i>Indigenous People Task Force</i>	<i>CDC directly funded community-based organization, Minneapolis, MN</i>
MN002	<i>Minnesota AIDS Project</i>	<i>CDC directly funded community-based organization, Minneapolis, MN</i>
MN003	<i>Aliveness Project</i>	<i>CDC directly funded community-based organization, Minneapolis, MN</i>
MO001	<i>Kansas City CARE Clinic</i>	<i>CDC directly funded community-based organization, Kansas City, MO</i>
MO002	<i>The Community Wellness Project</i>	<i>CDC directly funded community-based organization, St. Louis, MO</i>
MO003	<i>AIDS Resource Center of Wisconsin, Inc. dba Vivent Health</i>	<i>CDC directly funded community-based organization, St. Louis, MO</i>
MS001	<i>Building Bridges, Inc.</i>	<i>CDC directly funded community-based organization, Jackson, MS</i>
MS002	<i>My Brother's Keeper, Inc.</i>	<i>CDC directly funded community-based organization, Ridgeland, MS</i>
MS003	<i>Institute for the Advancement of Minority Health</i>	<i>CDC directly funded community-based organization, Flowood, MS</i>
NC001	<i>Carolina Cares Partnership (formerly Regional HIV/AIDS Consortium)</i>	<i>CDC directly funded community-based organization, Charlotte, NC</i>
NC002	<i>Quality Home Care Services</i>	<i>CDC directly funded community-based organization, Charlotte, NC</i>
NC003	<i>Rain, Inc.</i>	<i>CDC directly funded community-based organization, Charlotte, NC</i>
NJ001	<i>PROCEED</i>	<i>CDC directly funded community-based organization, Elizabeth, NJ</i>
NJ002	<i>Hyacinth AIDS Foundation</i>	<i>CDC directly funded community-based organization, New Brunswick, NJ</i>
NJ003	<i>Newark Beth Israel Medical Center</i>	<i>CDC directly funded community-based organization, Newark, NJ</i>
NJ004	<i>Newark Community Health Centers</i>	<i>CDC directly funded community-based organization, Newark, NJ</i>

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<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
NJ005	North Jersey AIDS Alliance (dba North Jersey Community Research Initiative)	CDC directly funded community-based organization, Newark, NJ
NV001	Gay & Lesbian Center of Southern Nevada, Inc.	CDC directly funded community-based organization, Las Vegas, NV
NV002	Impact Change	CDC directly funded community-based organization, Las Vegas, NV
NY001	AIDS Council of Northeastern New York	CDC directly funded community-based organization, Albany, NY
NY002	Whitney M Young Jr. Health Services	CDC directly funded community-based organization, Albany, NY
NY003	BOOM!Health	CDC directly funded community-based organization, Bronx, NY
NY004	CitiWide Harm Reduction Program	CDC directly funded community-based organization, Bronx, NY
NY005	Montefiore Medical Center/Women's Center	CDC directly funded community-based organization, Bronx, NY
NY006	Brookdale University Hospital and Medical Center	CDC directly funded community-based organization, Brooklyn, NY
NY007	Bridging Access to Care	CDC directly funded community-based organization, Brooklyn, NY
NY008	Sunset Park Health Council, Inc., (dba Family Health Centers at NYU Langone)	CDC directly funded community-based organization, Brooklyn, NY
NY009	Wyckoff Heights Medical Center	CDC directly funded community-based organization, Brooklyn, NY
NY010	Evergreen Health Services of Western New York	CDC directly funded community-based organization, Buffalo, NY
NY011	Long Island Association for AIDS Care, Inc.	CDC directly funded community-based organization, Hauppauge, NY
NY012	AIDS Service Center of Lower Manhattan, Inc.	CDC directly funded community-based organization, New York, NY
NY013	Asian and Pacific Islander Coalition on HIV/AIDS, Inc. (APICHA)	CDC directly funded community-based organization, New York, NY
NY014	Community Health Project	CDC directly funded community-based organization, New York, NY
NY015	Exponents	CDC directly funded community-based organization, New York, NY
NY016	Foundation for Research on Sexually Transmitted Diseases (FROSTD)	CDC directly funded community-based organization, New York, NY
NY017	Gay Men's Health Crisis	CDC directly funded community-based organization, New York, NY
NY018	Harlem United Community AIDS Center	CDC directly funded community-based organization, New York, NY
NY019	Hispanic AIDS Forum	CDC directly funded community-based organization, New York, NY
NY020	Iris House A Center for Women Living with HIV	CDC directly funded community-based organization, New York, NY
NY021	Latino Commission on AIDS	CDC directly funded community-based organization, New York, NY
NY022	Planned Parenthood of New York City, Inc.	CDC directly funded community-based organization, New York, NY
NY023	Safe Horizon	CDC directly funded community-based organization, New York, NY
NY024	The Door - A Center for Alternatives, Inc.	CDC directly funded community-based organization, New York, NY
NY025	The Hetrick-Martin Institute	CDC directly funded community-based organization, New York, NY
NY026	The Partnership for the Homeless	CDC directly funded community-based organization, New York, NY
NY027	Community Health Action of Staten Island	CDC directly funded community-based organization, Staten Island, NY
NY028	The Sharing Community	CDC directly funded community-based organization, Yonkers, NY
NY029	AIDS Center of Queens County, Inc.	CDC directly funded community-based organization, Jamaica, NY
NY030	Harlem Hospital Center/NYC Health & Hospitals Corporation	CDC directly funded community-based organization, New York, NY
NY031	North Shore University	CDC directly funded community-based organization, Manhasset, NY
NY032	William F. Ryan Community Health Center	CDC directly funded community-based organization, New York, NY
NY033	Women's Prison Association & Home	CDC directly funded community-based organization, New York, NY
NY034	African Services Committee, Inc.	CDC directly funded community-based organization, New York, NY
NY035	BronxCare Health System	CDC directly funded community-based organization, Bronx, NY
NY036	New York Presbyterian Hospital	CDC directly funded community-based organization, New York, NY

NHME Variables and Values

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
NY037	NYC Health + Hospitals: Jacobi Medical Center and North Central Bronx	CDC directly funded community-based organization, Bronx, NY
NY038	Long Island Crisis Center, Inc.	CDC directly funded community-based organization, Bellmore, NY
NY039	Long Island Gay and Lesbian Youth, Inc.	CDC directly funded community-based organization, Astoria, NY
OH001	AIDS Resource Center Ohio	CDC directly funded community-based organization, Columbus, OH
OH002	Recovery Resources	CDC directly funded community-based organization, Cleveland, OH
OK001	Guiding Right, Inc.	CDC directly funded community-based organization, Midwest City, OK
OR001	Cascade AIDS Project	CDC directly funded community-based organization, Portland, OR
OR002	HIV Alliance	CDC directly funded community-based organization, Eugene, OR
PA001	AIDS Care Group	CDC directly funded community-based organization, Chester, PA
PA002	Access Matters	CDC directly funded community-based organization, Philadelphia, PA
PA003	Mazzoni Center	CDC directly funded community-based organization, Philadelphia, PA
PA004	Philadelphia Fight	CDC directly funded community-based organization, Philadelphia, PA
PA005	Public Health Management Corp (dba Philadelphia Health Management)	CDC directly funded community-based organization, Philadelphia, PA
PA006	The Philadelphia AIDS Consortium	CDC directly funded community-based organization, Philadelphia, PA
PA007	Bebashi-Transition to Hope	CDC directly funded community-based organization, Philadelphia, PA
PA008	Congreso de Latinos Unidos, Inc.	CDC directly funded community-based organization, Philadelphia, PA
PA009	Children's Hospital of Philadelphia	CDC directly funded community-based organization, Philadelphia, PA
PR001	Corporacion de Salud Y Medicina Avanzada (COSSMA)	CDC directly funded community-based organization, Cidra, PR
PR002	Estancia Corazon (Program Fondita)	CDC directly funded community-based organization, Mayaguez, PR
PR003	Migrant Health Center, Western Region, Inc.	CDC directly funded community-based organization, Mayaguez, PR
PR004	ASPIRA of Puerto Rico	CDC directly funded community-based organization, San Juan, PR
PR005	COAI, Inc.	CDC directly funded community-based organization, San Juan, PR
PR006	Puerto Rico Community Network for Clinical Research on AIDS (PR CONCRA)	CDC directly funded community-based organization, San Juan, PR
SC001	Palmetto AIDS Life Support Services (PALSS)	CDC directly funded community-based organization, Columbia, SC
SC002	South Carolina HIV/AIDS Council	CDC directly funded community-based organization, Columbia, SC
TN001	Women on Maintaining Education and Nutrition	CDC directly funded community-based organization, Nashville, TN
TN002	Le Bonheur Community Health and Well-Being	CDC directly funded community-based organization, Memphis, TN
TN003	Nashville CARES	CDC directly funded community-based organization, Nashville, TN
TX001	AIDS Services of Austin, Inc.	CDC directly funded community-based organization, Austin, TX
TX002	The Wright House Wellness Center	CDC directly funded community-based organization, Austin, TX
TX003	Coastal Bend Wellness Foundation	CDC directly funded community-based organization, Corpus Christi, TX
TX004	Abounding Prosperity, Inc.	CDC directly funded community-based organization, Dallas, TX
TX005	AIDS Arms, Inc.	CDC directly funded community-based organization, Dallas, TX
TX006	Parkland Health and Hospital System	CDC directly funded community-based organization, Dallas, TX
TX007	Urban League of Greater Dallas, Inc.	CDC directly funded community-based organization, Dallas, TX
TX008	AIDS Foundation Houston, Inc.	CDC directly funded community-based organization, Houston, TX
TX009	Change Happens (formerly Families Under Urban and Social Attack, Inc.)	CDC directly funded community-based organization, Houston, TX
TX010	Houston Area Community Services (HACS) dba Avenue 360 Health & Wellness	CDC directly funded community-based organization, Houston, TX

NHME Variables and Values

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
TX011	<i>Legacy Community Health Services, Inc.</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX012	<i>St. Hope Foundation</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX013	<i>South Texas Council on Alcohol and Drug Abuse</i>	<i>CDC directly funded community-based organization, Laredo, TX</i>
TX014	<i>Beat AIDS Coalition Trust</i>	<i>CDC directly funded community-based organization, San Antonio, TX</i>
TX015	<i>Fundacion Latinoamericana de Accion Social, Inc.</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
TX016	<i>Special Health Resources for Texas, Inc.</i>	<i>CDC directly funded community-based organization, Longview, TX</i>
TX017	<i>Valley AIDS Council</i>	<i>CDC directly funded community-based organization, Harlingen, TX</i>
TX018	<i>Montrose Center</i>	<i>CDC directly funded community-based organization, Houston, TX</i>
VA001	<i>LGBT Life Center</i>	<i>CDC directly funded community-based organization, Norfolk, VA</i>
VA002	<i>Inova Health Care Services</i>	<i>CDC directly funded community-based organization, Fairfax, VA</i>
VI001	<i>Virgin Islands Community AIDS Resource & Education (VICARE)</i>	<i>CDC directly funded community-based organization, Christiansted, VI</i>
VI002	<i>Helping Others in a Positive Environment, Inc. (HOPE)</i>	<i>CDC directly funded community-based organization, St. Thomas, VI</i>
VI003	<i>Frederiksted Health Care, Inc.</i>	<i>CDC directly funded community-based organization, St. Croix, VI</i>
WA001	<i>Neighborhood House</i>	<i>CDC directly funded community-based organization, Seattle, WA</i>
WA002	<i>People of Color Against AIDS Network</i>	<i>CDC directly funded community-based organization, Seattle, WA</i>
WI001	<i>Diverse and Resilient, Inc.</i>	<i>CDC directly funded community-based organization, Milwaukee, WI</i>

NHME Variables and Values

Table: S **Site Information**

A site is a facility or non-facility based setting (e.g. park, street corner), which serves as a point of service delivery. If an agency has multiple sites, this table is completed for each site. However, if an agency has multiple sites with the same zip code that are of the same site type, the agency may use a single site name and ID for the encompassing locations. For example, a mobile van that rotates to several sites within the same zip code.

Num	Variable Name	XSD (Schema) Name: siteld
S01	Site ID	

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 32**

Definition: A unique alpha-numeric identification code used to distinguish the locations where an agency delivers the HIV prevention service.

A site ID is unique to an agency.

For Partner services (PS), the Site ID distinguishes between the agency site locations and should identify the locality where the PS case is assigned (i.e., the county health department).

Instructions: Indicate the unique alpha-numeric ID that will be used to link prevention services delivered by a particular agency to a specific geographic area and type of setting. If using EvaluationWeb for direct key entry, this ID may be generated for you.

If a mobile van is used, an agency may assign the same ID to sites that are of the same type AND located within the same zip code (e.g., all churches in 39126).

Business rules HD HIV Testing: Mandatory
 Partner Services: Mandatory
 CBO HIV Testing: Mandatory

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
S03	Service Delivery Site Name	XSD (Schema) Name: site/name
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	The official name of the agency's HIV prevention site of service delivery.	
<i>Instructions:</i>	Enter the official name of the site where your agency provides HIV prevention services. The Site Name must be unique for each site supported by your agency. If your agency's services are delivered at the same place your administrative office is located, then this site will automatically be entered in EvaluationWeb. Note: Please provide the official name for your agency's HIV prevention site, even though some staff and community residents may refer to it as something other than its official name.	
<i>Business rules</i>	HD HIV Testing: Required Partner Services: Allowed, but not reported to CDC CBO HIV Testing: Required	

NHME Variables and Values

Num	Variable Name
S04	Site Type

XSD (Schema) Name: siteTypeValueCode

Value Option: Choose only one Format Type: Alpha-Numeric Min Length: 3 Max Length: 6

Definition: The setting of the location in which HIV prevention services are provided. For PS, this is the type of local agency to which the PS case is assigned.

Instructions: Select the site type from the list provided that best represents the setting and/or primary type of services offered at this site of service delivery. You can only choose one site type.

Business rules HD HIV Testing: Required
 Partner Services: Required
 CBO HIV Testing: Required

Code	Value Description	Value Definition
F01.01	Clinical - Inpatient hospital	A health facility that provides medical care to patients that reside within that facility while they are receiving those services.
F02.12	Clinical - TB clinic	A non-residential health care facility that specializes in the provision of tuberculosis treatment, care and prevention services.
F02.19	Clinical - Substance abuse treatment facility	A non-residential health care facility that provides alcohol and chemical dependency treatment services.
F02.51	Clinical - Community health center	A non-residential health care facility that provides primary and preventative health care services to the members of a community in which it is located.
F03	Clinical - Emergency department	A section of a hospital or clinic staffed and equipped to provide emergency care to persons requiring immediate medical treatment for sudden illness or trauma.
F04.05	Non-clinical - HIV testing site	A facility or non-facility based setting where HIV prevention counseling and testing services are provided.
F06.02	Non-clinical - Community setting - School/educational facility	A building or place where individuals receive knowledge through learning and instruction.
F06.03	Non-clinical - Community setting - Church/mosque/synagogue/temple	A building where a group of people who adhere to a common faith gather for prayer.
F06.04	Non-clinical - Community Setting - Shelter/transitional housing	A building or facility that provides supportive housing temporarily or may be used to facilitate the movement of homeless individuals and families to permanent housing.
F06.05	Non-clinical - Community setting - Commercial facility	A business or commercial facility (e.g., beauty salon, grocery store, shopping center) where HIV prevention services may also occur.
F06.07	Non-clinical - Community setting - Bar/club/adult entertainment	A place of entertainment, typically open at night, usually serves food and alcoholic beverages, and often provides music and space for dancing or having a floor show which may depict, describe, or relate to sexual conduct or sexual excitement.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
F06.08	Non-clinical - Community setting - Public area	An area, environment or context that is open to the community as a whole such as a park or city street.
F06.12	Non-clinical – Community setting – Individual residence	An individual's home or place of residence.
F06.88	Non-clinical - Community setting - Other	A defined area, environment or context (other than those already specified) in which a group of people live, work or congregate.
F07	Non-clinical - Correctional facility - Non-healthcare	A penal or correctional facility, prison, jail detention center, community-based rehabilitation center, or any similar institution designed for the confinement or rehabilitation of criminal offenders
F08	Clinical - Primary care clinic (other than CHC)	A health care facility in which medical care is provided by a clinician to a patient as part of regular, ambulatory care, and sometimes followed by referral to other medical providers.
F09	Clinical - Pharmacy or other retail-based clinic	A health care facility or business in which prescription and non-prescription drugs and/or medical equipment are dispensed. Primary care clinical services may be provided by a practicing nurse or pharmacist at the facility.
F10	Clinical - STD clinic	A health care facility in which sexual health is specialized in the prevention and treatment of sexually transmitted infections.
F11	Clinical - Dental clinic	A health care facility in which care is provided for dental patients. The facility may provide various treatments for the teeth, e.g. cleaning, X-rays, fillings, extractions, and root canal surgery.
F12	Clinical - Correctional facility clinic	An area within a penal or correctional facility, , including adult or juvenile detention facilities, that provides medical or health services.
F13	Clinical - Other	A health care facility where medical services are provided, other than those specified.
F14	Non-clinical - Health department - field visit	Services are provided in an unspecified location away from the clinician's usual place of business, except for Correctional Institution, Inpatient, or Residential Care for adults or children. An example may be the clients' home or place of employment.
F15	Non-clinical - Community Setting - Syringe exchange program	A facility or center where clients may exchange used hypodermic needles for sterile needles.
F40	Mobile Unit	A specialized vehicle used to provide HIV prevention services beyond the transport of agency staff to the field and/or for client recruitment.
F50	Self-Testing	Refers to HIV tests performed by the client at home or in a private location. Includes both rapid self-tests (e.g., oral fluid tests) and mail-in tests using a specimen collection kit.
F88	Non-clinical - Other	A site where prevention services are conducted other than those specified above.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
S08	Site - County	XSD (Schema) Name: site/county

Value Option: Choose only one **Format Type:** Alpha-Numeric **Min Length:** 3 **Max Length:** 3

Definition: The county, parish, or municipality where the agency's site of service delivery is physically located.

Instructions: Indicate the FIPS code of the county where the site of service delivery is physically located. Note: Site County FIPS codes are unique within a jurisdiction.

Business rules HD HIV Testing: Required
Partner Services: Allowed, but not reported to CDC
CBO HIV Testing: Required

NHME Variables and Values

Num Variable Name

S09

Site - State

XSD (Schema) Name: site/State

Value Option: Choose only one

Format Type: Alpha-Numeric

Min Length: 2

Max Length: 2

Definition: The numeric FIPS code for the state, territory or district in which the official mailing address for the site is physically located.

Instructions: Select the value code (numeric FIPS code, not state/territory abbreviation) for the name of the state, territory or district where the site you entered for variable S03: Site Name is located. This must represent one of the 50 states, the District of Columbia, the U.S. Virgin Islands, or Puerto Rico. The value codes are numeric FIPS codes and contain leading zeros. Do not submit your state or territory abbreviation.

Business rules HIV Testing: Required
Partner Services: Allowed, but not reported to CDC
CBO HIV Testing: Required

Code	Value Description	Value Definition
1	AL	Alabama
2	AK	Alaska
4	AZ	Arizona
5	AR	Arkansas
6	CA	California
8	CO	Colorado
9	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts

NHME Variables and Values

Code	Value Description	Value Definition
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina
38	ND	North Dakota
39	OH	Ohio
40	OK	Oklahoma
41	OR	Oregon
42	PA	Pennsylvania
44	RI	Rhode Island
45	SC	South Carolina
46	SD	South Dakota
47	TN	Tennessee
48	TX	Texas
49	UT	Utah
50	VT	Vermont
51	VA	Virginia
53	WA	Washington
54	WV	West Virginia
55	WI	Wisconsin
56	WY	Wyoming
60	AS	American Samoa
64	FM	Federated States of Micronesia
66	GU	Guam
68	MH	Marshall Islands
69	MP	Northern Mariana Islands
70	PW	Palau
72	PR	Puerto Rico
78	VI	Virgin Islands of the U.S.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: site/zip
S10	Site - Zip Code	
Value Option: N/A		
Format Type: Alpha-Numeric		
Min Length: 5		
Max Length: 10		
<i>Definition:</i>	The postal zip code associated with the site where services are provided. The site's postal zip code is linked to the unique Site ID and Site Type.	
<i>Instructions:</i>	Enter the postal zip code for the site of service delivery.	
<i>Business rules</i>	HD HIV Testing: Required Partner Services: Allowed, but not reported to CDC CBO HIV Testing: Required	

Code	Value Description	Value Definition
	#####	Only the 5-digit zip code is required.

NHME Variables and Values

Client Level

Table: G1 Client Characteristics-Demographic

This table is required to be completed by all agencies that provide HIV prevention interventions or services individually to clients (e.g., HIV testing).

Num	Variable Name	XSD (Schema) Name:
G101	Date Client Demographic Data Collected	collectedDateForClient
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8 Max Length: 10
<i>Definition:</i>	The date on which client demographic data or other information is collected. For reporting to CDC, this should be the intake date or the date of the first session before the intervention begins.	
<i>Instructions:</i>	Enter the date that client demographic data are collected. This date cannot be greater than the current date at the time of data entry.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable	
G103	Local Client ID	localClientId
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 32
<i>Definition:</i>	A locally developed alpha-numeric unique client identification code used to distinguish an individual client receiving multiple services within an agency.	
<i>Instructions:</i>	This code can be shared and used by more than one agency throughout a city, territory or state. This code should not contain personal information that is organized in a way that can be easily deciphered (e.g., birth date, month and year).	
<i>Business rules</i>	HD HIV Testing: Allowed, but not reported to CDC Partner Services: Mandatory CBO HIV Testing: Allowed, but not reported to CDC	
	This ID must be unique for each client. At a minimum this ID needs to be unique within an agency.	
G112	Date of Birth - Year	birthYear
Value Option: N/A	Format Type: Number	Min Length: 4 Max Length: 4
<i>Definition:</i>	The calendar year in which the client was born.	
<i>Instructions:</i>	Enter the year in which the client was born. If birth year is unknown, enter 1800.	
<i>Business rules</i>	HD HIV Testing: Required Partner Services: Required CBO HIV Testing: Required	
	Value must be ≥ 1900 or = 1800 if birth year is unknown.	

NHME Variables and Values

Num *Variable Name*

G114 **Ethnicity** **XSD (Schema) Name: ethnicity**

Value Option: Choose only one **Format Type: Alpha-Numeric** **Min Length: 2** **Max Length: 2**

Definition: The client's self-report of whether they are of Hispanic or Latino origin. Standard OMB ethnicity codes are applied.

Instructions: Indicate whether the client's self-reported ethnicity of Hispanic/Latino or not Hispanic/Latino.

Business rules HD HIV Testing: Required
 Partner Services: Required
 CBO HIV Testing: Required

Code	Value Description	Value Definition
E1	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
E2	Not Hispanic or Latino	A person not identified by the definition of Hispanic or Latino.
77	Declined to answer	The client declines or is unwilling to report his or her ethnicity.
99	Don't know	The client reports that he or she is unaware of his or her ethnicity.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: raceValueCode
G116	Race	

Value Option: Choose all that apply **Format Type:** Alpha-Numeric **Min Length:** 2 **Max Length:** 2

Definition: A client's self-reported classification or classifications of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Instructions: Indicate the client's self-reported race(s) using standard OMB race codes. Record all race categories that the client reports.

Business rules HD HIV Testing: Required, see detailed business rule
 Partner Services: Required, see detailed business rule
 CBO HIV Testing: Required, see detailed business rule

Detailed business rule:
 Multiple value codes may be selected if value code ≠ 55 or 77 or 99. Not specified should only be selected if ethnicity is Hispanic or Latino (G114 = E1) and no other race is indicated.

Code	Value Description	Value Definition
R1	American Indian or Alaska Native	A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.
R2	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
R3	Black or African American	A person having origins in any of the black racial groups of Africa.
R4	Native Hawaiian or Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
R5	White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
55	Not specified	The client reported that he or she is of Hispanic or Latino descent, but did not specify their race.
77	Declined to answer	The client declines or is unwilling to report his or her race.
99	Don't know	The client reports that he or she is unaware of their race.

NHME Variables and Values

Num *Variable Name*

G120 **State/Territory of Residence** **XSD (Schema) Name: stateOfResidence**

Value Option: Choose only one **Format Type: Number** **Min Length: 2** **Max Length: 2**

Definition: The state, territory or district where the client was residing at the time of service delivery.

Instructions: Select the value code for the state, territory or district where the client lives at the time services are delivered. In some cases, where the client lives may not be the same as where the client is receiving HIV prevention services. For example, a person could reside in one state (or jurisdiction) but drive to another state to receive HIV testing out of fear of having their privacy or confidentiality exposed. Leading zeros are retained as the value codes are FIPS codes.

Business rules HD HIV Testing: Required
 Partner Services: Allowed, but not reported to CDC
 CBO HIV Testing: Required

Code	Value Description	Value Definition
1	AL	Alabama
2	AK	Alaska
4	AZ	Arizona
5	AR	Arkansas
6	CA	California
8	CO	Colorado
9	CT	Connecticut
10	DE	Delaware
11	DC	District of Columbia
12	FL	Florida
13	GA	Georgia
15	HI	Hawaii
16	ID	Idaho
17	IL	Illinois
18	IN	Indiana
19	IA	Iowa
20	KS	Kansas
21	KY	Kentucky
22	LA	Louisiana
23	ME	Maine
24	MD	Maryland
25	MA	Massachusetts

NHME Variables and Values

Code	Value Description	Value Definition
26	MI	Michigan
27	MN	Minnesota
28	MS	Mississippi
29	MO	Missouri
30	MT	Montana
31	NE	Nebraska
32	NV	Nevada
33	NH	New Hampshire
34	NJ	New Jersey
35	NM	New Mexico
36	NY	New York
37	NC	North Carolina
38	ND	North Dakota
39	OH	Ohio
40	OK	Oklahoma
41	OR	Oregon
42	PA	Pennsylvania
44	RI	Rhode Island
45	SC	South Carolina
46	SD	South Dakota
47	TN	Tennessee
48	TX	Texas
49	UT	Utah
50	VT	Vermont
51	VA	Virginia
53	WA	Washington
54	WV	West Virginia
55	WI	Wisconsin
56	WY	Wyoming
60	AS	American Samoa
64	FM	Federated States of Micronesia
66	GU	Guam
68	MH	Marshall Islands
69	MP	Northern Mariana Islands
70	PW	Palau
72	PR	Puerto Rico
78	VI	Virgin Islands of the U.S.
88	Other	Client does not currently reside in a US state, territory, or district.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name
G123	Assigned Sex at Birth	birthGenderValueCode

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 2

Definition: The biological sex assigned to the client at birth, (i.e., the sex noted on the client's birth certificate).

Instructions: Indicate whether the client reports being born a male or female (i.e., born with male or female genitalia).

Business rules HD HIV Testing: Required
 Partner Services: Required
 CBO HIV Testing: Required

Code	Value Description	Value Definition
1	Male	The sex that produces spermatozoa by which female ova are fertilized.
2	Female	The sex that produces ova, can conceive and bear offspring/children.
77	Declined to answer	The client declines or is unwilling to report his or her assigned sex at birth.

NHME Variables and Values

Num **Variable Name**

G124 **Current Gender Identity** **XSD (Schema) Name: currentGenderValueCode**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The client's current self-reported gender identity. This may include one's social status, self-identification, legal status, and biology.

Instructions: Select the value that most closely describes the client's current, self-reported gender identity.

Business rules HD HIV Testing: Required
 Partner Services: Required
 CBO HIV Testing: Required

Code	Value Description	Value Definition
1	Male	A person who identifies as a male and whose behavioral, cultural, or psychological traits are typically associated with the male sex.
2	Female	A person who identifies as a female and whose behavioral, cultural, or psychological traits are typically associated with the female sex.
3	Transgender - Male to Female	Individuals whose physical or birth sex is male but whose gender expression and/or gender identity is female. MTF = male to female.
4	Transgender - Female to Male	Individuals whose physical or birth sex is female but whose gender expression and/or gender identity is male. FTM = female to male.
5	Transgender - Unspecified	Individuals whose physical or birth sex is male or female but whose gender expression and/or gender identity differs from that which was documented at birth.
6	Another Gender	Individuals whose physical or birth sex is male or female but whose gender expression or gender identity is other than male or female.
77	Declined to Answer	The individual declines to self-report his or her current gender identity.

Num **Variable Name**

G132 **Client - County** **XSD (Schema) Name: clientCounty**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 3** **Max Length: 3**

Definition: The county, parish, or municipality of the client's locating address.

Instructions: Enter the three-digit FIPS code of the county where the client's address is located.

Business rules HD HIV Testing: Required
 Partner Services: Allowed, but not reported to CDC
 CBO HIV Testing: Required

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: clientZipCode
G134	Client - Zip Code	
Value Option: N/A Format Type: Alpha-Numeric Min Length: 5 Max Length: 10		
<i>Definition:</i> The postal zip code for the client's locating address.		
<i>Instructions:</i> Enter the postal zip code of the client's locating address.		
<p style="margin-left: 40px;">These data are collected from clients but not reported to CDC.</p>		
<i>Business rules</i> HD HIV Testing: Allowed, but not reported to CDC		
<p style="margin-left: 40px;">Partner Services: Allowed, but not reported to CDC</p>		
<p style="margin-left: 40px;">CBO HIV Testing: Allowed, but not reported to CDC</p>		

Code	Value Description	Value Definition
	#####	Only the 5-digit zip code is mandatory.

Table: G2 **Client Characteristics-Risk Profile**

This table is required to be completed by all agencies when data are collected on individual clients. This could be part of interventions or services delivered individually (e.g., HIV testing).

Num	Variable Name	XSD (Schema) Name: dateCollectedForRiskProfile
G200	Date Client Risk Collected	
Value Option: N/A Format Type: MM/DD/YYYY Min Length: 8 Max Length: 10		
<i>Definition:</i> The date client risk profile data are collected. For reporting to CDC, this should be the intake date or the date of the first session before the intervention begins.		
<i>Instructions:</i> Enter the date on which these risk profile data are collected.		
<i>Business rules</i> HD HIV Testing: Not applicable		
<p style="margin-left: 40px;">Partner Services: Required</p>		
<p style="margin-left: 40px;">CBO HIV Testing: Not applicable</p>		
<p style="margin-left: 40px;">The client risk profile date collected must be equal or greater than case open date. Date collected cannot be greater than the date of file submission to CDC.</p>		

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
G204	Previous HIV Test	XSD (Schema) Name: previousHivTestValueCode

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The client's self-report of having had at least one prior HIV test.

Instructions: Indicate if the client reports having at least one prior HIV test.

Business rules HD HIV Testing: Required
 Partner Services: Required
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client reports that he or she has never had an HIV test.
1	Yes	The client reports that he or she has had at least one previous HIV test.
99	Don't know	The client reports that he or she is unaware if he or she has had a previous HIV test.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: previousHIVTestResult
G205a	Previous HIV Test Result	

Value Option: Choose only one Format Type: Alpha-Numeric Min Length: 1 Max Length: 2

Definition: The client's result from his/her most recent HIV test confirmed through record review or surveillance.

Instructions: If the client reports having had a previous HIV test (i.e., G204: Previous HIV Test = "Yes"), then indicate the client's HIV test result as found using a record review or surveillance report. If no report found, may use self-report as alternative.

Business rules HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Required

Code	Value Description	Value Definition
1	Record Found- Positive	Client's HIV status is positive as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
2	Record Found-Negative	Client's HIV status is negative as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
3	Record Found- Preliminary Positive	The client had a reactive HIV rapid test but has not received a conventional confirmatory test as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
4	Record Found-Indeterminate	The client's results did not conclusively indicate whether he or she is HIV-positive or HIV-negative as reported by a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report.
5	No Record Found-Self Report Negative	The client reports that his or her HIV status is negative.
6	No Record Found-Self Report Positive	The client reports that his or her HIV status is positive based on a confirmatory test result.
7	No Record Found- No Self Report	No HIV test result found from a medical care provider, medical record review, other record review, other database (e.g., CareWare), or HIV-related laboratory report and the client did not provide an HIV test result.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
G209	Pregnant (Only If Female)	XSD (Schema) Name: <code>pregnantStatusValueCode</code>

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The self-reported pregnancy status of a client with a preliminary or confirmed positive HIV test.

Prior to 2012, these data were collected for only confirmed positive female clients. Currently, they are collected for both confirmed (conventional, RNA, NAAT or other test) or preliminary (rapid test) positive female clients.

Instructions: If the client is female and HIV-positive, indicate whether she is pregnant.

Business rules HD HIV Testing: Required, see detailed business rule
 Partner Services: Not applicable
 CBO HIV Testing: Required, see detailed business rule

Detailed business rule:
 Required for birth gender females (birthGenderValueCode=2) with any positive HIV test (X125 = 1 or 2 or 6 or 7 or 8 or 9).

Code	Value Description	Value Definition
0	No	The client reports she is not pregnant.
1	Yes	The client reports she is pregnant.
77	Declined to answer	The client declines or is unwilling to report if she is currently pregnant.
99	Don't know	The client reports that she is unaware if she is currently pregnant.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
G210	In Prenatal Care (Only if Pregnant)	XSD (Schema) Name: prenatalCareStatusValueCode

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: The self-reported status of the HIV-positive pregnant client's receipt of regular health care during pregnancy.

Prior to 2012, these data were collected for only confirmed positive pregnant female clients. Currently, they are collected for both confirmed or preliminary positive pregnant clients.

Instructions: If the client is HIV-positive and pregnant (G209: Pregnant = "Yes"), indicate whether she is receiving prenatal care.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Required for pregnant females (pregnantStatusValueCode=1).

Code	Value Description	Value Definition
0	No	The client reports she is not currently receiving prenatal care.
1	Yes	The client reports she is currently receiving prenatal care.
66	Not asked	The provider did not ask the client if she was currently receiving prenatal care.
77	Declined to answer	The client declines or is unwilling to report if she is currently receiving prenatal care.
99	Don't know	The client reports that she is unaware if she is currently receiving prenatal care.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
G211_01	Injection Drug Use	XSD (Schema) Name: injectionDrugUse

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: The client self-reported use in the past 12 months of any injection drugs/substances (including narcotics, hormones, silicon, etc.).

Instructions: Indicate if the client reported having used injection drugs within the last 12 months.

Business rules HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Not applicable

Code	Value Description	Value Definition
0	No	Client indicates that he/she did not engage in injection drug use in the past 12 months.
1	Yes	Client indicates that he/she engaged in injection drug use in the past 12 months.
66	Not Asked	The provider did not ask the client that he/she engaged in injection drug use in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he/she engaged in injection drug use in the past 12 months.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: withMale
G216a	Vaginal or Anal Sex with a Male	
Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2		
<i>Definition:</i>	The client self-reported having vaginal or anal sex with a male in the past 12 months.	
<i>Instructions:</i>	Indicate if the client reported vaginal or anal sex in the past 12 months with a male.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable	
Code	Value Description	Value Definition
0	No	Client indicates that he or she did not have vaginal or anal sex with a male in the past 12 months.
1	Yes	Client indicates that he or she had vaginal or anal sex with a male in the past 12 months.
66	Not Asked	The provider did not ask the client if he or she had vaginal or anal sex with a male in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he or she had vaginal or anal sex with a male in the past 12 months.

Num	Variable Name	XSD (Schema) Name: withFemale
G216b	Vaginal or Anal Sex with a Female	
Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2		
<i>Definition:</i>	The client self-reported having vaginal or anal sex with a female in the past 12 months.	
<i>Instructions:</i>	Indicate if the client reported vaginal or anal sex in the past 12 months with a female.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable	
Code	Value Description	Value Definition
0	No	Client indicates that he or she did not have vaginal or anal sex with a female in the past 12 months.
1	Yes	Client indicates that he or she had vaginal or anal sex with a female in the past 12 months.
66	Not Asked	The provider did not ask the client if he or she had vaginal or anal sex with a female in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he or she had vaginal or anal sex with a female in the past 12 months.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
G216c	Vaginal or Anal Sex with a Transgender Person	withTransgender
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 2		
<i>Definition:</i> The client self-reported having vaginal or anal sex with a transgender person in the past 12 months.		
<i>Instructions:</i> Indicate if the client reported vaginal or anal sex in the past 12 months with a transgender person.		
<i>Business rules</i> HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable		

Code	Value Description	Value Definition
0	No	Client indicates that he or she did not have vaginal or anal sex with a transgender person in the past 12 months.
1	Yes	Client indicates that he or she had vaginal or anal sex with a transgender person in the past 12 months.
66	Not Asked	The provider did not ask the client if he or she had vaginal or anal sex with a transgender person in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if he or she had vaginal or anal sex with a transgender person in the past 12 months.

Num	Variable Name	XSD (Schema) Name:
G222	Vaginal or Anal Sex without a Condom (PS only)	vaginalOrAnalSexWithoutCondomPS
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 2		
<i>Definition:</i> The client self-reported having unprotected vaginal or anal sex with a partner during the past 12 months.		
<i>Instructions:</i> Indicate if the client reported unprotected (without a condom) vaginal or anal sex in the past 12 months.		
<i>Business rules</i> HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable		

Code	Value Description	Value Definition
0	No	The client indicates they have not had vaginal or anal sex without a condom in the past 12 months.
1	Yes	The client indicates they have had vaginal or anal sex without a condom in the past 12 months.
66	Not Asked	The provider did not ask the client that they have had vaginal or anal sex without a condom in the past 12 months.
77	Declined to Answer	The client declines or is unwilling to report if they have had vaginal or anal sex without a condom in the past 12 months.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
G224	At risk for HIV infection	XSD (Schema) Name: atRiskForHIVInfection

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: An indication of whether the client/patient is at risk for HIV infection based on an agency's local risk assessment.

Instructions: Indicate if the client/patient is at risk for HIV infection.

This variable is optional for HDs. Required for CDC-directly funded CBOs.

Business rules HD HIV Testing: Allowed, but not required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test negative for HIV.
 Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient is not at risk for HIV infection
1	Yes	The client/patient is at risk for HIV infection
2	Risk Not Known	It is not known if the client/patient is at risk for HIV infection
3	Not Assessed	No risk assessment was done

NHME Variables and Values

Table: G4 Client Characteristics – Priority Populations

This table is required to be completed by all agencies when data are collected on individual clients as part of HIV testing service delivery.

Num	Variable Name	XSD (Schema) Name: sexWithMale
G400	Sex with a male	
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 1		
<i>Definition:</i> The client/patient self-reported having sex with a male in the past 5 years.		
Sex includes oral, anal, or vaginal sex.		
<i>Instructions:</i> Indicate if the client/patient reported having sex in the past 5 years with a male.		
<i>Business rules</i> HD HIV Testing: Required Partner Services: Not applicable CBO HIV Testing: Required		
Code	Value Description	Value Definition
0	No	The client/patient indicates he or she did not have sex with a male in the past 5 years.
1	Yes	The client/patient reported he or she had sex with a male in the past 5 years.

Num	Variable Name	XSD (Schema) Name: sexWithFemale
G401	Sex with a female	
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 1		
<i>Definition:</i> The client/patient self-reported having sex with a female in the past 5 years.		
Sex includes oral, anal, or vaginal sex.		
<i>Instructions:</i> Indicate if the client/patient reported having sex in the past 5 years with a female.		
<i>Business rules</i> HD HIV Testing: Required Partner Services: Not applicable CBO HIV Testing: Required		
Code	Value Description	Value Definition
0	No	The client/patient reported he or she did not have sex with a female in the past 5 years.
1	Yes	The client/patient reported he or she had sex with a female in the past 5 years.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
G402	Injection drug use	XSD (Schema) Name: injectionDrugUse

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: The client/patient reported having injected drugs/substances in the past 5 years.

Instructions: Indicate if the client/patient reported having injected drugs/substances in the past 5 years.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
0	No	<i>The client/patient reported he or she did not inject drugs in the past 5 years that were not prescribed to them by a medical care provider.</i>
1	Yes	<i>The client/patient reported he or she had injected drugs in the past 5 years that were not prescribed to them by a medical care provider.</i>

<i>Num</i>	<i>Variable Name</i>	
G403	Sex with a transgender person	XSD (Schema) Name: sexWithTransgender

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: The client/patient self-reported having sex with a transgender person in the past 5 years.

Sex includes oral, anal, or vaginal sex.

Instructions: Indicate if the client/patient reported having sex in the past 5 years with a transgender person.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

<i>Code</i>	<i>Value Description</i>	<i>Value Definition</i>
0	No	<i>The client/patient reported he or she did not have sex with a transgender person in the past 5 years.</i>
1	Yes	<i>The client/patient indicates he or she had sex with a transgender person in the past 5 years</i>

NHME Variables and Values

Table: H Client Intervention Characteristics

This table is required to be completed for all interventions in which client level data are collected. This includes HIV prevention interventions delivered individually to clients (e.g. HIV testing or Partner Services). These data are captured for each provider/client interaction.

Num	Variable Name	XSD (Schema) Name:
H04a	Form ID	formId

Value Option: N/A **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 32

Definition: A unique alpha-numeric code or identification number used to identify and connect data collected on a standardized form for a given intervention.

Instructions: If you use a standardized form to collect data for HIV testing or other interventions enter the Form ID. The Form ID is used to uniquely identify data collected on the form. Form ID is unique at the agency level. This variable is most often used for data collected on the EvaluationWeb HIV Test Form template or locally developed HIV testing forms.

Business rules HD HIV Testing: Mandatory
 Partner Services: Required
 CBO HIV Testing: Mandatory

'FORM ID' must be unique within an agency and will be associated with only one client.

Num	Variable Name	XSD (Schema) Name:
H04c	eHARS State Number	eHarsStateNumber

Value Option: N/A **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 32

Definition: A unique state number assigned to each patient throughout the course of HIV infection assigned by the separately funded state/jurisdiction in which they are reported.

Instructions: Enter the assigned state number associated with this diagnosed HIV infection.

Business rules HD HIV Testing: Required
 Partner Services: Allowed, but not required
 CBO HIV Testing: Not applicable

Completed for persons who test positive for HIV.
 HIV Testing: Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

PS: Allowed if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
H04d	eHARS City/County Number	XSD (Schema) Name: eHarsCityCountyNumber
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 32
<i>Definition:</i>	A unique city/county number assigned to each patient throughout the course of HIV infection assigned by the separately funded city in which they are reported.	
<i>Instructions:</i>	Enter the city/county number associated with diagnosed HIV infection.	
<i>Business rules</i>	HD HIV Testing: Required Partner Services: Allowed, but not required CBO HIV Testing: Not Applicable Completed for persons who test positive for HIV. HIV Testing: Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9) PS: Allowed if (X125 = 1 or 2 or 6 or 7 or 8 or 9)	

<i>Num</i>	<i>Variable Name</i>	
H06	Session Date	XSD (Schema) Name: sessionDate
Value Option: N/A	Format Type: MM/DD/YYYY	Min Length: 8 Max Length: 10
<i>Definition:</i>	The calendar date (month, day, and year) on which the session was delivered to the client.	
<i>Instructions:</i>	Enter the month, day, and year during which this session was delivered.	
<i>Business rules</i>	HD HIV Testing: Mandatory Partner Services: Required, see detailed business rule CBO HIV Testing: Mandatory Detailed business rule: Session date cannot be greater than the current date at the time of data entry. For PS session data, the date falls within a valid case period.	

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>			
H08	Program ID	XSD (Schema) Name: program@id		
Value Option: N/A		Format Type: Alpha-Numeric	Min Length: 1	Max Length: 32
<i>Definition:</i>	A unique alpha-numeric identification number used to identify a program.			
<i>Instructions:</i>	Enter the ID used by your agency to identify this program. Program ID is unique for each agency. The Program ID can be associated with a group of one or more interventions. Agencies may choose to have EvaluationWeb generate this ID.			
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable			

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: everHeardOfPrEP
H800	Ever heard of PrEP	

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: The client/patient's awareness of HIV Pre-exposure prophylaxis (PrEP), the medication taken daily to reduce the risk for acquiring HIV infection.

Instructions: Indicate if the client/patient has ever heard of PrEP.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient reported he or she had never heard of Pre-exposure prophylaxis (PrEP)
1	Yes	The client/patient reported he or she had heard of Pre-exposure prophylaxis (PrEP)

Num	Variable Name	XSD (Schema) Name: usedPrEPInLast12Months
H802	Used PrEP anytime in the last 12 months	

Value Option: TBD **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient has used PrEP anytime in the last 12 months.

Instructions: Indicate if the client/patient used PrEP in the last 12 months.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient reported he or she had not used PrEP anytime in the last 12 months
1	Yes	The client/patient reported he or she had used PrEP in the last 12 months

NHME Variables and Values

Table: PCRS-1 Partner Services Case

This table provides details for a Partner Services (PS) case. A PS case will indirectly associate an HIV+ index case to his/her partners and the intervention through which services are provided.

Num	Variable Name	XSD (Schema) Name:
PCR101	Case Number	partnerServiceCaseNumber
<p>Value Option: N/A Format Type: Alpha-Numeric Min Length: 1 Max Length: 32</p> <p><i>Definition:</i> A number to uniquely identify a PS case within an agency. This number is system-generated when establishing a PS case. It can also be an assigned number that is key-entered by the provider. This number is associated with an index patient and links the index patient to his/her partner or partners. Only one PS case may have a status of open for any given index patient at any given time.</p> <p><i>Instructions:</i> Select the system-generated PS case number or enter the locally-defined case number.</p> <p><i>Business rules</i> HD HIV Testing: Required Partner Services: Mandatory CBO HIV Testing: Not applicable</p> <p style="padding-left: 40px;">A case number uniquely identifies a PS case within an agency.</p>		
PCR103	Case Open Date	caseOpenDate
<p>Value Option: N/A Format Type: MM/DD/YYYY Min Length: 8 Max Length: 10</p> <p><i>Definition:</i> The calendar date on which the PS case was opened at the agency.</p> <p><i>Instructions:</i> Enter the date on which the PS case was opened at the agency.</p> <p><i>Business rules</i> HD HIV Testing: Not applicable Partner Services: Required, see detailed business rule CBO HIV Testing: Not applicable</p> <p style="padding-left: 40px;">Detailed business rule: The case open date must be less than the date of file submission to CDC.</p>		
PCR104	Case Close Date	caseCloseDate
<p>Value Option: N/A Format Type: MM/DD/YYYY Min Length: 8 Max Length: 10</p> <p><i>Definition:</i> The calendar date on which the PS case was closed at the agency.</p> <p><i>Instructions:</i> Enter the date on which the PS case was closed at the agency.</p> <p><i>Business rules</i> HD HIV Testing: Not applicable Partner Services: Required, see detailed business rule CBO HIV Testing: Not applicable</p> <p style="padding-left: 40px;">Detailed business rule: The Case Closed Date must be between the caseOpenDate and the date of file submission to CDC. This date can be blank.</p>		

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
PCR104a	Care Status at Case Close Date	XSD (Schema) Name: careStatusAtCaseClose

Value Option: Choose only one Format Type: Alpha-Numeric Min Length: 1 Max Length: 2

Definition: This is an indication of whether or not the client was in medical care at the time of the case close date.

Instructions: Indicate whether or not the client was in medical care at the time of the case close date.

Business rules HD HIV Testing: Not applicable
 Partner Services: Required, see detailed business rule
 CBO HIV Testing: Not applicable

Detailed business rule:
 Required if Case Close Date is valid date.

Code	Value Description	Value Definition
1	In Care	Client has seen a medical care provider at least once in the past 6 months for HIV treatment.
2	Not In Care	Includes HIV-positive persons who were never-in-care for their HIV diagnoses as well as those who were previously in HIV medical care, but are currently out-of-care.
3	Pending	There is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.
77	Declined to Answer	The client declines or is unwilling to report his or her HIV care status.
99	Don't Know	The client reports that he or she is unaware of his or her HIV care status.

NHME Variables and Values

Table: PCRS-2 Partner Services Partner

This table provides details about partners for a PS case and will include partner identifying and locating information as well as services received by the partner.

Num	Variable Name	XSD (Schema) Name: partnerType
PCR207	Partner Type	
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 2		
<i>Definition:</i>	The partner's sex and needle-sharing relationship with the index patient. This relationship could involve sexual relations between the client and the partner, needle-sharing between the client and partner or both sex and needle-sharing	
<i>Instructions:</i>	For each partner identified, indicate whether the partner and client are sex partners, needle-sharing partners or both sex and needle-sharing partners.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable	

Code	Value Description	Value Definition
1	Sex partner	A person who engages in any type of sexual activity with the index patient.
2	Needle-sharing partner	A person who engages in any type of needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index patient.
3	Both sex and needle sharing partner	A person who engages in any type of sexual activity and needle-sharing activity (e.g., shares needles to inject drug intravenously), with the index patient.

NHME Variables and Values

Num *Variable Name*

Table: X-1 HIV Test

This table is completed for each HIV antibody test conducted for a client.

Num *Variable Name*

X104a HIV Test Election XSD (Schema) Name: testElection

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: An indication of whether the test is linked to a name or is anonymous.

Instructions: Indicate if the written test record is linked to the client's name.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Required when a testing event is reported.

Code	Value Description	Value Definition
1	Anonymous	The HIV test was not linked to the client's name.
2	Confidential	The HIV test was confidential.
3	Test Not Done	An HIV test was not done.

Num *Variable Name*

X105 Specimen Collection Date XSD (Schema) Name: sampleDate

Value Option: N/A Format Type: MM/DD/YYYY Min Length: 8 Max Length: 10

Definition: The calendar date (month, day, year) that the specimen for the HIV test was collected.

Instructions: Indicate the month, day, and year that the specimen for the HIV test was collected.

Business rules HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Not applicable

The specimen collection date cannot be greater than the file upload date or data entry date.

NHME Variables and Values

Num	Variable Name			
X111	Result Provided	XSD (Schema) Name: provisionOfResultValueCode		
Value Option: Choose only one		Format Type: Number	Min Length: 1	Max Length: 1
<i>Definition:</i>	The act of informing the client of the HIV test result.			
<i>Instructions:</i>	Indicate whether the result of this HIV test was provided.			
<i>Business rules</i>	HD HIV Testing: Required, see detailed business rule Partner Services: Required, see detailed business rule CBO HIV Testing: Required, see detailed business rule			

Detailed business rule:
 Required when at least one testing event occurred (X104a = 1 or 2) and test result final determination (X125) is not missing.

PS: Required when at least one testing event occurred (X712 = 1) and test result final determination (X125) is not missing.

Code	Value Description	Value Definition
0	No	The result of this HIV test was not provided to the client.
1	Yes	The result of this HIV test was provided to the client.
2	Yes, client obtained the result from another agency	The result of this HIV test was provided to the client from a provider at another agency.

Num	Variable Name			
X124	Test Type	XSD (Schema) Name: testType		
Value Option: Choose only one		Format Type: Number	Min Length: 1	Max Length: 1
<i>Definition:</i>	Refers to the type of test and technology used for determining the outcome of the current HIV test.			
<i>Instructions:</i>	Indicate the type of test used for determining the outcome of the current HIV test.			
<i>Business rules</i>	HD HIV Testing: Required Partner Services: Not applicable CBO HIV Testing: Required			
Business rule: Required if at least one HIV test was conducted (X104a = 1 or 2)				

Code	Value Description	Value Definition
1	CLIA-waived point-of-care (POC) Rapid Test (s)	A diagnostic HIV test performed outside of a laboratory that produces a rapid and reliable result.
2	Laboratory-based Test (s)	Testing done by a laboratory for the diagnosis of HIV infection.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: hivTestResult
X125	HIV Test Result - Final Determination	

Value Option: Choose only one **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 2

Definition: The outcome of the current HIV test.

Instructions: Indicate the result of this HIV test.

Business rules HD HIV Testing: Required, see detailed business rule
 Partner Services: Required, see detailed business rule
 CBO HIV Testing: Required, see detailed business rule

Detailed Business rule:
 Required when at least one HIV test event occurred (X104a = 1 or 2).

PS: Required when at least one testing event occurred (X712 = 1).

Code	Value Description	Value Definition
1	Preliminary positive	One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency
2	Positive	Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done
3	Negative	One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done
4	Discordant	One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done
5	Invalid	A CLIA-waived POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport.
6	HIV-1 Positive	Positive for HIV type 1 infection
7	HIV-1 Positive, possible acute	Positive for HIV type 1 infection and is a possible acute HIV infection
8	HIV-2 Positive	Positive for HIV type 2 infection
9	HIV Positive, undifferentiated	Positive for HIV infection. HIV antibodies could not be differentiated
10	HIV-1 Negative, HIV-2 inconclusive	Negative for HIV type 1 infection and HIV type 2 antibodies were not confirmed
11	HIV-1 Negative	Negative for HIV type 1 infection
12	HIV Negative	Negative for HIV infection
13	Inconclusive, further testing needed	HIV antibodies were not confirmed; further testing is needed

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X127	Tests for co-infections	otherTestingPerformed

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: The client/patient was tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.

Instructions: Indicate whether tests for syphilis, gonorrhea, chlamydial infection, or Hepatitis C were done in conjunction with this HIV test.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule: Required if an HIV test was conducted (X104a = 1 or 2).

Code	Value Description	Value Definition
0	No	The client/patient was not tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.
1	Yes	The client/patient was tested for syphilis, gonorrhea, chlamydial infection, or Hepatitis C in conjunction with this HIV test.

Num	Variable Name	XSD (Schema) Name:
X127a	Syphilis Test	syphilis/testPerformed

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was tested for syphilis in conjunction with this HIV test.

Instructions: Indicate if the client/patient received a syphilis test in conjunction with this HIV test.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for syphilis in conjunction with this HIV test.
1	Yes	The client/patient was tested for syphilis in conjunction with this HIV test.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: gonorrhea/testPerformed
X127b	Gonorrhea	

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was tested for gonorrhea in conjunction with this HIV test.

Instructions: Indicate if the client/patient received a test for Gonorrhea in conjunction with this HIV test.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for gonorrhea in conjunction with this HIV test.
1	Yes	The client/patient was tested for gonorrhea in conjunction with this HIV test.

Num	Variable Name	XSD (Schema) Name: chlamydia/testPerformed
X127c	Chlamydial infection	

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was tested for chlamydial infection in conjunction with this HIV test.

Instructions: Indicate if the client/patient was tested for Chlamydial infection in conjunction with this HIV test.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for chlamydial infection in conjunction with this HIV test.
1	Yes	The client/patient was tested for chlamydial infection in conjunction with this HIV test.

NHME Variables and Values

Num *Variable Name*

X127d **Hepatitis C** **XSD (Schema) Name: hepC/testPerformed**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was tested for Hepatitis C in conjunction with this HIV test.

Instructions: Indicate if the client/patient received a Hepatitis C test in conjunction with this HIV test.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Required if X127 = 1

Code	Value Description	Value Definition
0	No	The client/patient was not tested for hepatitis C in conjunction with this HIV test.
1	Yes	The client/patient was tested for hepatitis C in conjunction with this HIV test.

Num *Variable Name*

X128a **Result of Syphilis Test (Optional as of June 14, 2018)** **XSD (Schema) Name: syphilis/testResult**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: The outcome of the current syphilis test done in conjunction with this HIV test.

Instructions: Indicate the result of the current syphilis test done in conjunction with this HIV test.

This variable is Optional for data collection and reporting as of June 14, 2018

Business rules HD HIV Testing: Allowed, but not required
 Partner Services: Not applicable
 CBO HIV Testing: Allowed, but not required

Code	Value Description	Value Definition
1	Newly identified infection	The syphilis screening resulted in identifying a new infection.
2	Not infected	The client has either never been infected or was previously infected and successfully treated.
3	Not Known	The result of the current syphilis test is unknown.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
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X128b	Result of Gonorrhea Test (Optional as of June 14, 2018)	gonorrhea/testResult
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Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: The outcome of the current gonorrhea test done in conjunction with this HIV test.

Instructions: Indicate the result of the current gonorrhea test done in conjunction with this HIV test.

This variable is Optional for data collection and reporting as of June 14, 2018

Business rules HD HIV Testing: Allowed, but not required
 Partner Services: Not applicable
 CBO HIV Testing: Allowed, but not required

Code	Value Description	Value Definition
1	Positive	The client/patient tested positive for gonorrhea.
2	Negative	The client/patient tested positive for gonorrhea.
3	Not Known	The result of the current gonorrhea test is unknown.

Num	Variable Name	XSD (Schema) Name:
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X128c	Chlamydial infection test result (Optional as of June 14, 2018)	chlamydia/testResult
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Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 2

Definition: The outcome of the current test for chlamydial infection done in conjunction with this HIV test.

Instructions: Indicate the result of the current test for chlamydial infection done in conjunction with this HIV test.

This variable is Optional for data collection and reporting as of June 14, 2018

Business rules HD HIV Testing: Allowed, but not required
 Partner Services: Not applicable
 CBO HIV Testing: Allowed, but not required

Code	Value Description	Value Definition
1	Positive	The client/patient tested positive for chlamydial infection.
2	Negative	The client/patient tested negative for chlamydial infection.
3	Not Known	The result of the current test for chlamydial infection is unknown.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X128d	Hepatitis C test result (Optional as of June 14, 2018)	hepC/testResult

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: The outcome of the current test for Hepatitis C done in conjunction with this HIV test.

Instructions: Indicate the result of the current test for Hepatitis C done in conjunction with this HIV test.

This variable is Optional for data collection and reporting as of June 14, 2018

Business rules HD HIV Testing: Allowed, but not required
 Partner Services: Not applicable
 CBO HIV Testing: Allowed, but not required

Code	Value Description	Value Definition
1	Positive	The client/patient tested positive for hepatitis C.
2	Negative	The client/patient tested negative for hepatitis C.
3	Not Known	The result of the current hepatitis C test is unknown.

Num	Variable Name	XSD (Schema) Name:
X135	Worker ID	workerId

Value Option: N/A **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 32

Definition: A unique alpha-numeric identification code used to distinguish between persons who are delivering services to clients.

Instructions: Enter the unique ID of the worker delivering the HIV prevention service. Worker ID is unique at the jurisdiction level. If a state does not tie tests to a worker, no ID should be reported.

Business rules HD HIV Testing: Allowed, but not reported to CDC
 Partner Services: Not applicable
 CBO HIV Testing: Allowed, but not reported to CDC

Allowed when at least one testing event occurred. Can be missing if a state does not tie tests to a worker.

NHME Variables and Values

Num Variable Name

X137 Program Announcement

XSD (Schema) Name: progAnnouncementProgStrategy

Value Option: Choose only one

Format Type: Number

Min Length: 1

Max Length: 2

Definition: The CDC program announcement and category, if applicable, from which the HIV prevention service was funded.

Instructions: Indicate the CDC funding source from which this HIV prevention service is funded. Choose only one.

Business rules HD HIV Testing: Mandatory
Partner Services: Allowed, but not required
CBO HIV Testing: Mandatory

Code	Value Description	Value Definition
19	PS 17-1711	Use of molecular HIV surveillance to identify active HIV transmission networks and implement HIV interventions for Hispanic/Latino men who have sex with men.
20	PS 18-1802	PS 18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments.
21	PS 18-1802 Demonstration Projects	PS 18-1802 Demonstration Projects: Funding to expand high-impact HIV prevention and surveillance interventions and strategies.
22	PS 19-1901 CDC STD	PS 19-1901: STD prevention funding for Health Departments.
23	PS 20-2010 - Component A	PS 20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States.
24	PS 21-2102	PS 21-2102: Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations.
25	PS 22-2203 Category A	PS 22-2203: HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.
26	PS 22-2203 Category B	PS 22-2203: HIV prevention services for Young Transgender Persons of Color (YTG persons of color) and their partners regardless of age, gender, and race/ethnicity.
89	Other (specify)	A Program Announcement or Program Strategy other than those listed. This value option should also be used if the test being reported to CDC has been funded by another agency or organization.
98	Other CDC-funded	A program announcement other than those listed and an HIV test was conducted using a CDC-funded mechanism.
99	Other Non-CDC funded	A program announcement other than those listed and an HIV test was conducted using a non-CDC funded mechanism.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: <code>spfyProgAnnouncementProgStrategy</code>
X137-1	Specify Program Announcement/Strategy	
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 50
<i>Definition:</i>	A specification of the funding source for the HIV prevention service if '98- Other, CDC-funded' or '99 - Other, non-CDC funded' was selected in X137 Program Announcement.	
<i>Instructions:</i>	For local use only. Collection and reporting of these data are not required by CDC.	
<i>Business rules</i>	HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable	

Num	Variable Name	XSD (Schema) Name: <code>clientHIVStatus</code>
X138	New or Previous HIV-positive Diagnosis	
Value Option: Choose only one	Format Type: Number	Min Length: 1 Max Length: 2
<i>Definition:</i>	The indication of if the client/patient's HIV infection is a new diagnosis or if their infection was previously diagnosed.	
<i>Instructions:</i>	Indicate whether the current positive HIV test is a new diagnosis for this client/patient or if their infection was previously diagnosed.	
<i>Business rules</i>	HD HIV Testing: Required, see detailed business rule Partner Services: Required, see detailed business rule CBO HIV Testing: Required, see detailed business rule	
	<p>Detailed Business rule: Completed for persons who test positive for HIV. Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)</p> <p>PS: Completed when an index patient is identified for partner services.</p>	

Code	Value Description	Value Definition
1	New diagnosis, verified	The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).
2	New diagnosis, not verified	The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.
3	Previous diagnosis	Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.
4	Unable to determine	The HIV surveillance system not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X150	Has the client/patient ever had a positive HIV test	everHadPreviousPositiveTest

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 2

Definition: The purpose of this variable is to ascertain whether a positive HIV test occurred earlier than the current HIV diagnosis date.

Instructions: Indicate if the client/patient has ever had a positive HIV test result

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Completed for all persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9).

Code	Value Description	Value Definition
0	No	The client/patient has never had a positive HIV test.
1	Yes	The client/patient had a positive HIV test prior to this positive test.

Num	Variable Name	XSD (Schema) Name:
X150a	Date of first positive HIV test	dateOfPreviousPositiveTest

Value Option: N/A **Format Type:** Date **Min Length:** 8 **Max Length:** 10

Definition: The calendar date (month, day, year) of the earliest known positive HIV test.

Instructions: Record the date of the earliest known positive HIV test.

Enter 01/01/1800 if the complete date is not known.

If the month and year are known, but the day is not known, enter the 15th of the month as the day.

Business rules HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Required if X150 = 1

NHME Variables and Values

Table: X-2 **HIV Test History**

This table collects HIV test history.

Num	Variable Name	XSD (Schema) Name: hivStage
X224	HIV Stage	

Value Option: Choose only one **Format Type: Number** **Min Length: 2** **Max Length: 2**

Definition: The stage of the HIV infection of the client. The stage for individuals 6years and older is based primarily on the CD4+ T-lymphocyte count; the CD4+ T-lymphocyte count takes precedence over the CD4 T-lymphocyte percentage, and the percentage is considered only if the count is missing.

If the client has ever been diagnosed with AIDS, they should be classified as Stage 3.

Instructions: Enter the HIV stage of the client. This should be noted at intake or before the intervention begins.

Business rules HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Not applicable

Code	Value Description	Value Definition
10	HIV Stage 0	If there was a negative HIV test within 6 months of the first HIV infection diagnosis, the stage is 0, and remains 0 until 6 months after diagnosis.
11	HIV Stage 1	≥500 Cells/μL or ≥26%
12	HIV Stage 2	200-499 Cells/μL or 14-25%
13	HIV Stage 3	<200 Cells/μL or <14%
99	HIV Unknown	If CD4 test result is missing, the stage is Unknown

NHME Variables and Values

Table: X-3 **Attempt to Locate**

This table is to be completed for each index patient or partner to be located. While this table is intended to be for PS, it may be used optionally for any intervention.

Num	Variable Name	XSD (Schema) Name: attemptToLocateOutcome
X302	Attempt to Locate Outcome	

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: The result of a PS provider's attempt to locate the index patient or the index patient's partner(s).

Instructions: Indicate the result of the attempt to locate.

Business rules HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Not applicable

Code	Value Description	Value Definition
1	Unable to locate	The provider did not locate the index patient or partner during this attempt.
2	Located	The provider located the index patient or partner during this attempt.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: reasonForUnsuccessfulAttempt
X303	Reason for Unsuccessful Attempt	
Value Option: Choose only one Format Type: Number Min Length: 2 Max Length: 2		
<i>Definition:</i>	The explanation for why the location attempt was not achieved.	
<i>Instructions:</i>	If the attempt to locate the index patient or index patient's partner was unsuccessful (X302: Attempt to Locate Outcome = "Unable to locate"), indicate why the client was unable to be located.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required, see detailed business rule CBO HIV Testing: Not applicable Detailed business rule: Required if client could not be located (attemptToLocateOutcome = 1). Not expected if a client was located (attemptToLocateOutcome = 2).	

Code	Value Description	Value Definition
1	Deceased	The index patient or partner is no longer alive.
2	Out of Jurisdiction	The index patient or partner resides outside of the jurisdiction in which the provider is authorized to provide services.
89	Other	The index patient or partner was not located due to another reason not listed.

Num	Variable Name	XSD (Schema) Name: enrollmentStatus
X306	Enrollment Status	
Value Option: Choose only one Format Type: Number Min Length: 2 Max Length: 2		
<i>Definition:</i>	The decision made by the index patient or the index patient's partner to enroll in PS.	
<i>Instructions:</i>	Indicate if the index patient or index patient's partner accepted or declined enrollment into PS.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required, see detailed business rule CBO HIV Testing: Not applicable Detailed business rule: Required if a client was located (attemptToLocateOutcome = 2).	

Code	Value Description	Value Definition
1	Accepted	The index patient or partner enrolled in PS.
2	Declined	The index patient or partner chose not to enroll in PS.
3	Client not located	The index patient or partner was not located.

NHME Variables and Values

Table: X-5 **Elicit partners**

This table is to be completed for each enrolled PS index patient to capture partner information (e.g. number of partners).

Num	Variable Name	XSD (Schema) Name:
X503	Total Number of Partners Claimed	totalNumberOfPartnersClaimed
Value Option:	N/A	Format Type: Number Min Length: 1 Max Length: 5
<i>Definition:</i>	The total number of sex or needle-sharing partners reported by the client over the last 12 months. This would include anonymous partners and partners for which there is not sufficient information to locate and notify.	
<i>Instructions:</i>	Enter the total number of partners identified by the index patient. This includes all anonymous, male, female, and transgender partners.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required, see detailed business rule CBO HIV Testing: Not applicable Detailed business rule: "Total Number of Partners Claimed" must be greater than or equal to the number of named partners (totalNumberOfNamedPartners).	

Num	Variable Name	XSD (Schema) Name:
X511	Total Number of Named Partners	totalNumberOfNamedPartners
Value Option:	N/A	Format Type: Number Min Length: 1 Max Length: 3
<i>Definition:</i>	The total number of sex or needle-sharing partners reported by the client over the last 12 months for which there is sufficient identifying and locating information.	
<i>Instructions:</i>	Indicate the total number of sex or needle-sharing partners named for which there is sufficient information to identify and locate the partner.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required, see detailed business rule CBO HIV Testing: Required Detailed business rule: "Total Number of Named Partners" must be less than or equal to the Total Number of Partners Claimed (totalNumberOfPartnersClaimed).	

NHME Variables and Values

Table: X-6 **Notification of Exposure**

This table is completed for each partner located to determine their knowledge of HIV exposure and HIV status.

Num	Variable Name
X600	Partner Notifiability
XSD (Schema) Name: partnerNotifiability	
Value Option: Choose only one	Format Type: Number
	Min Length: 1 Max Length: 2
<i>Definition:</i>	An indication of whether or not a named partner is determined to be eligible for notification of exposure. Partners that are found to be deceased or for which there is a risk of domestic violence are not considered to be notifiable.
<i>Instructions:</i>	For each partner named, indicate whether or not he or she is able to be notified of his or her exposure to HIV.
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable

Code	Value Description	Value Definition
1	No - Partner is deceased	The partner is no longer alive.
2	No - Partner is out of jurisdiction	The partner resides outside of the jurisdiction in which the provider is authorized to provide services.
3	No - Partner has a risk of domestic violence	The provider has assessed that notifying the partner of his or her exposure to HIV could pose a risk of domestic violence to the partner.
5	No - Partner is known to be previously positive	The partner was not notified because he/she is known to be previously positive for HIV.
6	Yes - Partner is notifiable	The partner is able to be notified of his/her exposure to HIV.
7	Yes - Partner is notifiable and known to be previously positive	The partner was notified; he/she is known to be previously positive for HIV.
88	No - Other	The partner was not notified due to another reason not listed.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: actualNotificationMethod
X601	Actual Notification Method	

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: The actual method used to notify each identified partner that they may have been exposed to HIV.

Instructions: Indicate the method used to notify each notifiable partner that they may have been exposed to HIV.

Business rules HD HIV Testing: Not applicable
 Partner Services: Required, see detailed business rule
 CBO HIV Testing: Not applicable

Detailed business rule:
 Required if the partner is able to be notified (partnerNotifiability =6 or 7).

Code	Value Description	Value Definition
1	Client notification	The index patient informed his or her partner of their possible exposure to HIV and referred them to counseling, testing, and other support services.
2	Provider notification	The PS provider informed the partner of his or her possible exposure to HIV and referred them to counseling, testing, and other support services.
3	Dual notification	The index patient informed the partner of his or her serostatus in the presence of the PS provider.
5	Third-party notification	A notification strategy whereby the partner was notified by a professional other than the health department provider (e.g., a private physician) of his or her possible exposure to HIV.
6	Refused notification	The index patient's partner refused to be informed of his or her possible exposure to HIV.
7	Partner Not Notified	The index patient's partner was not informed of his or her possible exposure to HIV.

NHME Variables and Values

Table: X-7 Referral

This table is completed for all clients receiving a referral.

Num	Variable Name	XSD (Schema) Name: currentHIVMedicalCareStatus
X706c	HIV Medical Care Linkage	

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: The current status of the client's HIV medical care after HIV diagnosis, current HIV test, or report to Partner Services.

Instructions: Select the value that reflects the current status of the client's HIV medical care after HIV diagnosis, current HIV test, or report to Partner Services.

Business rule HD HIV Testing: Not applicable
 Partner Services: Required, see detailed business rule
 CBO HIV Testing: Not applicable

Detailed business rule:
 Required if HIV Test Results for CLIA-waived Point of Care Rapid Tests are Positive, or Laboratory-Based Tests HIV-1 Positive, HIV-1 Positive (Possible acute), or HIV-2 Positive (hivTestResult=2, 6, 7 or 8).

Code	Value Description	Value Definition
1	Appointment Pending	There is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.
2	Confirmed—Partner Accessed Service Within 14 Days of Positive Test	Client attended an HIV medical appointment within 14 days of their positive test as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), HIV-related laboratory reports, or an ART prescription filled.
3	Confirmed—Partner Accessed Service Within 30 Days of Positive Test	Client attended an HIV medical appointment within 30 days of their positive test as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), HIV-related laboratory reports, or an ART prescription filled.
4	Confirmed—Partner Accessed Service After 30 Days of Positive Test	Client attended an HIV medical appointment after 30 days of their positive test as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), HIV-related laboratory reports, or an ART prescription filled.
5	Confirmed—Partner Did Not Access Service	Client did not attend an HIV medical appointment as confirmed by a report from a medical care provider, medical record review, other record reviews, other databases (e.g., CareWare), or HIV-related laboratory reports.
6	Partner Lost to Follow-Up	After 90 days of the positive test, the client's attendance at an HIV medical care appointment can't be confirmed.
7	No Appointment Necessary- Negative Test Result	Client was not referred to HIV medical care because he or she tested negative.
8	No Appointment Necessary-Partner Previous Positive and Engaged in Medical Care	Client was not referred to HIV medical care because he or she is known to be previous positive and already receiving care.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name</i>
X706d	Date of 1st HIV Medical Appointment	firstMedicalCareAppointmentDate

Value Option: N/A **Format Type:** MM/DD/YYYY **Min Length:** 8 **Max Length:** 10

Definition: Date a client attended his/her HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services.

Instructions: Enter the date a client attended his/her HIV medical care appointment after HIV diagnosis, current HIV test, or report to Partner Services.

Business rule HD HIV Testing: Not applicable
 Partner Services: Required, see detailed business rule
 CBO HIV Testing: Not applicable

Detailed business rule:
 Required if HIV Test Results for CLIA-waived Point of Care Rapid Tests are Positive, or Laboratory-Based Tests HIV-1 Positive, HIV-1 Positive (Possible acute), or HIV-2 Positive (hivTestResult=2, 6, 7 or 8).

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name</i>
X712	HIV Test Performed	HIVTestPerformed

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: A client received an HIV test while enrolled in partner services.

Instructions: Indicate if the client was tested for HIV while enrolled in partner services.

Business rule HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Not applicable

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: syphilisTest
X712a	Coinfection Screen	
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 2		
<i>Definition:</i>	A client received a syphilis test in conjunction with an HIV test during PS activities.	
<i>Instructions:</i>	Indicate if a client received a syphilis test in conjunction with an HIV test during PS activities.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable	
Code	Value Description	Value Definition
0	No	The client did not receive a syphilis test in conjunction with the current HIV test.
1	Yes	The client received a syphilis test in conjunction with the current HIV test.

Num	Variable Name	XSD (Schema) Name: syphilisTestResult
X712b	Coinfection Screen Result	
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 1		
<i>Definition:</i>	The outcome of the current syphilis test in conjunction with an HIV test while enrolled in partner services.	
<i>Instructions:</i>	Indicate the outcome of the current syphilis test in conjunction with an HIV test while enrolled in partner services.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Required CBO HIV Testing: Not applicable	
Code	Value Description	Value Definition
1	Newly Identified Infection	The syphilis screening resulted in identifying a new infection.
2	Not infected	Client has either never been infected or was previously infected and successfully treated.
3	Not Known	The results of the current syphilis test are unknown.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: careStatusAtInterview
X725b	Care Status at Time of the PS Interview	

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: If a client was interviewed for Partner Services, this is an indication of whether or not he/she was in medical care at the time of the Partner Services interview.

Instructions: Indicate whether or not the client was in medical care at the time of the Partner Services interview.

Business rule HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Not applicable

Detailed business rule:
 Required if a client was enrolled (enrollmentStatus = 1).
 Not expected if a client wasn't enrolled (enrollmentStatus = 2 or blank).

Code	Value Description	Value Definition
1	<i>In Care</i>	<i>Client has seen a medical care provider at least once in the past 6 months for HIV treatment</i>
2	<i>Not In Care</i>	<i>Includes HIV-positive persons who were never-in-care for their HIV diagnoses as well as those who were previously in HIV medical care, but are currently out-of-care.</i>
3	<i>Pending</i>	<i>There is an HIV medical appointment scheduled but the agency has not confirmed that the client attended.</i>
77	<i>Declined to Answer</i>	<i>The client declines or is unwilling to report his or her HIV care status.</i>
99	<i>Don't Know</i>	<i>The client reports that he or she is unaware of his or her HIV care status.</i>

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: housingStatusRevised
X730a	Housing status in past 12 months - revised	

Value Option: Enter one value only **Format Type:** Number **Min Length:** 1 **Max Length:** 2

Definition: The client's self-report of the most unstable housing status in the past 12 months. Collection of these data began in 2013.

Instructions: For clients with a positive HIV test (confirmatory or preliminary), indicate the client's self-reported most unstable housing status in the past 12 months.

Business rule HD HIV Testing: Required
 Partner Services: Allowed, but not required*
 CBO HIV Testing: Required

*Not reported to CDC

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
1	Literally Homeless	Client has lived in places not designed nor typically used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus/train station or camping ground; or in a shelter or emergency shelter that provides temporary living arrangements.
3	Unstably housed and/or at-risk of losing housing	Client has not been homeless, however, client has experienced housing instability as evidenced by frequent moves due to economic reasons, living with others due to economic hardship; eviction from a private dwelling unit (but having another place to go); living in overcrowded housing; or being at risk of having no housing options. This value code includes persons imminently losing housing.
4	Stably housed	Persons living in a consistent housing facility that is meant for human habitation and are not at risk of losing housing.
66	Not asked	Client was not asked about housing status in the past 12 months.
77	Declined to answer	Client declined to report housing status in the past 12 months.
99	Don't know	Only select 'don't know' if the client states that he or she doesn't know housing status in the past 12 months. Do not select 'don't know' if the client was not asked.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X731	Currently taking daily PrEP medicine	currentlyOnPrEP

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.

Instructions: Indicate if the client is currently on Pre-exposure prophylaxis (PrEP) medicine.

Business rule HD HIV Testing: Required
 Partner Services: Required
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient is not currently taking daily PrEP medicine.
1	Yes	The client/patient is currently taking daily PrEP medicine.

Num	Variable Name	XSD (Schema) Name:
X731a	Referred to PrEP Provider	referredToPrEP

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 2

Definition: An indication if the client was referred to a provider for Pre-exposure prophylaxis (PrEP).

Instructions: Indicate if the client was referred to a provider for Pre-exposure prophylaxis (PrEP).

Business rule HD HIV Testing: Not applicable
 Partner Services: Required
 CBO HIV Testing: Not applicable

Code	Value Description	Value Definition
0	No	Client not offered referral for PrEP.
1	Yes	Client offered referral for PrEP.
2	Partner Declined	Client offered referral for PrEP but client declined.
3	Partner on PrEP	No referral necessary; Client currently on PrEP.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name: seenMedicalCareProvider</i>
X740	Seen a Medical Care Provider in past 6 months for HIV treatment	

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: If the client/patient's HIV infection is a previous diagnosis or it is unknown if the diagnosis is a new or previous diagnosis, indicate if the client/patient has seen a medical care provider in the past six months for HIV treatment.

Instructions: Indicate whether the client/patient has seen a medical care provider at least once in the past six months for HIV treatment.

This question should be asked if the client/patient's HIV infection was previously diagnosed or if unable to determine if the client's infection was a new diagnosis or previous diagnosis.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed if the client's HIV infection is not a new diagnosis.
 Required if (X138 = 3 or 4)

Code	Value Description	Value Definition
0	No	The client/patient has not seen a medical care provider in the past 6 months for HIV treatment.
1	Yes	The client/patient has seen a medical care provider in the past 6 months for HIV treatment.
77	Declined	The client/patient declined to answer whether he or she had seen a medical care provider in the past 6 months for HIV treatment.
99	Don't Know	The client/patient does not know if he or she has seen a medical care provider in the past 6 months for HIV treatment.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: attendHIVMedicalCare
X741	Attended HIV medical care appointment	
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 2		
<i>Definition:</i>	Indicate if the client/patient attended a medical care appointment after this positive HIV test.	
<i>Instructions:</i>	Indicate whether the client/patient attended an appointment for HIV medical care after this positive test.	
<i>Business rule</i>	HD HIV Testing: Required Partner Services: Not applicable CBO HIV Testing: Required Business rule: Completed for persons who test positive for HIV. Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)	

Code	Value Description	Value Definition
1	Yes, confirmed	Confirmation that the client/patient did attend his or her HIV medical appointment after this positive test.
2	Yes, client/patient self-report	The client/patient's self-report of attending his or her HIV medical care appointment after this positive test.
3	No	The client/patient did not attend his or her HIV medical care appointment after this positive test.
99	Don't Know	The provider is unaware if the client/patient attended his/her HIV medical care appointment after this positive test.

Num	Variable Name	XSD (Schema) Name: dateofMedicalCare
X741a	Appointment Date	
Value Option: N/A		
Format Type: Date		
Min Length: 10		
Max Length: 10		
<i>Definition:</i>	The calendar month, day, and year on which a client attended his/her HIV medical care appointment after this positive test.	
<i>Instructions:</i>	Indicate the date the client/patient attended his/her appointment for HIV medical care after this positive test. Enter 01/01/1800 if date is unknown. If the month and year are known, but the day is unknown, enter the 15th of the month as the day.	
<i>Business rule</i>	HD HIV Testing: Required Partner Services: Not applicable CBO HIV Testing: Required Business rule: Completed if HIV-positive client attended an HIV medical care appointment. Required if (X741 = 1 or 2)	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X742	Individualized behavioral risk-reduction counseling	behavioralRiskReductionCounseling

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: Refers to an HIV prevention service directly aimed at reducing risk for transmitting or acquiring HIV infection.

Instructions: Indicate whether individualized behavioral risk-reduction counseling was provided to the client/patient.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not provided individualized behavioral risk-reduction counseling.
1	Yes	The client/patient was provided individualized behavioral risk-reduction counseling.

Num	Variable Name	XSD (Schema) Name:
X743	Contact information provided for partner services	providedToHDForPS

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 2

Definition: This is an indication of if the client/patient's contact information was provided to the health department for partner services.

Instructions: Indicate whether the client/patient's name and contact information were provided to the health department for partner services.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient's information was not provided to the health department for partner services
1	Yes	The client/patient's information was provided to the health department for partner services.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
X744	Interviewed for partner services	XSD (Schema) Name: interviewedForPS

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: This is an indication of if the client/patient was interviewed for partner services by health department staff or staff trained by the health department to conduct partner services interviews.

Instructions: Indicate if the client was interviewed for partner services.

This variable is only used for HIV testing and for reporting on HIV-positive clients.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X104a is 1 or 2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
1	Yes, by health department staff	The client was interviewed for partner services by health department staff.
2	Yes, by a non-health department person trained by the health department to conduct partner services	The client was interviewed for partner services by a non-health department person who was trained by the health department to conduct partner services.
3	No	The client was not interviewed for partner services.
99	Don't Know	It is unknown if he client was interviewed for partner services.

<i>Num</i>	<i>Variable Name</i>	
X744a	Date of partner services interview	XSD (Schema) Name: dateOfPSInterview

Value Option: N/A Format Type: MM/DD/YYYY Min Length: 8 Max Length: 10

Definition: The calendar month, day, and year on which the client/patient was interviewed for partner services.

Instructions: Enter the calendar month, day, and year the client/patient was interviewed for partner services.

Enter 01/01/1800 if date is unknown.

If the month and year are known, but the day is unknown, enter the 15th of the month as the day.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable

Business rule:
 Completed if the client/patient was interviewed for partner services (X744=1 or 2).

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: screenedForPerinatalHIVCoordination
X745	Screened for perinatal HIV service coordination needs (Only if pregnant)	

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 2

Definition: An indication of if the client/patient was screened for perinatal HIV service coordination needs.

This variable is used for reporting of perinatal HIV service coordination needs among women living with diagnosed HIV infection.

Instructions: If the client/patient is HIV-positive, indicate whether the client was screened for perinatal HIV service coordination needs.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for birth gender females who test positive for HIV.
 Required if (birthGenderValueCode=2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9) and (pregnantStatusValueCode=1)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for perinatal HIV service coordination needs
1	Yes	The client/patient was screened for perinatal HIV service coordination needs.

NHME Variables and Values

Num **Variable Name**

X746 **Perinatal HIV service coordination needs identified** **XSD (Schema) Name: perinatalCoordinationNeedsIdentified**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of if perinatal HIV service coordination needs were identified for the client/patient.

Instructions: If the client/patient is HIV-positive and screened for perinatal HIV service coordination needs, indicate if perinatal HIV service coordination needs were identified.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for birth gender females who test positive for HIV.
 Required if (birthGenderValueCode=2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9) and (pregnantStatusValueCode=1)

Code	Value Description	Value Definition
0	No	The client/patient was screened, and no perinatal HIV service coordination needs were identified.
1	Yes	The client/patient was screened, and perinatal HIV service coordination needs were identified.

Num **Variable Name**

X747 **Referred for HIV perinatal service coordination** **XSD (Schema) Name: referredForHIVPerinatalServiceCoordination**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 2**

Definition: An indication of whether the client/patient was referred for HIV perinatal service coordination.

Instructions: If the client/patient is HIV-positive and HIV perinatal service coordination needs were identified, indicate if the client/patient was given a referral to HIV perinatal service coordination needs.

Business rule HD HIV Testing: Required
 Partner Services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for birth gender females who test positive for HIV.
 Required if (birthGenderValueCode=2) and (X125 = 1 or 2 or 6 or 7 or 8 or 9) and (pregnantStatusValueCode=1)

Code	Value Description	Value Definition
0	No	The client/patient was not referred to perinatal HIV service coordination.
1	Yes	The client/patient was referred to perinatal HIV service coordination.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: screenedForPrEPeligibility
X748	Screened for PrEP eligibility	

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: Refers to whether an assessment was conducted to determine if the client/patient met the appropriate criteria for using pre-exposure prophylaxis (PrEP).

Instructions: Indicate whether the client/patient was screened for PrEP eligibility.

This variable is used for reporting on clients who test negative for HIV infection.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test negative for HIV.
 Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for PrEP eligibility
1	Yes	The client/patient was screened for PrEP eligibility

NHME Variables and Values

Num **Variable Name**

X749 **Eligible for PrEP referral** **XSD (Schema) Name: eligibleForPrEPReferral**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient met the appropriate criteria for receiving a referral for using PrEP.

Instructions: Indicate whether the client/patient was eligible to receive a referral for PrEP.

This variable is used for reporting on clients who test negative for HIV infection.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test negative for HIV.
 Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient was not eligible for PrEP referral.
1	Yes, CDC criteria	The client/patient was eligible for PrEP referral based on CDC criteria.
2	Yes, local criteria or protocol	The client/patient was eligible for PrEP referral based on local criteria or protocol.

Num **Variable Name**

X750 **Referred to a PrEP Provider** **XSD (Schema) Name: referredToPrEPProvider**

Value Option: Choose only one **Format Type: Number** **Min Length: 1** **Max Length: 1**

Definition: An indication of whether the client/patient was given a referral to a PrEP provider. PrEP providers are peers, volunteers, and staff members of clinics, health departments, and community-based organizations.

Instructions: Indicate whether the client/patient was given a referral to a PrEP provider.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test negative for HIV.
 Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient was not referred to a PrEP provider
1	Yes	The client/patient was referred to a PrEP provider

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
X751	Assistance with linkage to a PrEP provider	providedAssistanceToPrEPProvider

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was provided navigation or linkage services to assist with linkage to a PrEP provider.

Instructions: Indicate whether the client/patient was provided navigation or linkage services to assist them with linkage to a PrEP provider.

Business rule HD HIV Testing: Required
Partner Services: Not applicable
CBO HIV Testing: Required

Business rule:
Completed for persons who test negative for HIV.
Required if (X125 = 3 or 10 or 11 or 12)

Code	Value Description	Value Definition
0	No	The client/patient was not provided navigation or linkage services to assist with linkage to a PrEP provider
1	Yes	The client/patient was provided navigation or linkage services to assist with linkage to a PrEP provider

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
X752a	Navigation services for linkage to HIV medical care - screened for need	navOrLinkageHIVMedicalCare/screenedFor

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was screened for the need of navigation for linkage to HIV medical care.

Instructions: Indicate whether the client/patient was screened for the need of navigation services for linkage to HIV medical care.

Business rule HD HIV Testing: Required
Partner services: Not applicable
CBO HIV Testing: Required

Business rule:
Completed for persons who test positive for HIV.
Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for navigation services needs for linkage to HIV medical care.
1	Yes	The client/patient was screened for navigation services needs for linkage to HIV medical care.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X752b	Navigation services for linkage to HIV medical care - need identified	navOrLinkageHIVMedicalCare/needIdentified

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was identified as needing navigation services for linkage to HIV medical care.

Instructions: Select 'Yes' if the client/patient needed navigation services for linkage to HIV medical care.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	No service need was identified for navigation services for linkage to HIV medical care.
1	Yes	Need for navigation services for linkage to HIV medical care was identified.

Num	Variable Name	XSD (Schema) Name:
X752c	Navigation services for linkage to HIV medical care - provided or referred for service	navOrLinkageHIVMedicalCare/provideOrReferred

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was provided or referred to navigation services for linkage to HIV medical care.

Instructions: Indicate if the client/patient was provided or referred to navigation services for linkage to HIV medical care.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to navigation services for linkage to HIV medical care.
1	Yes	The client/patient was provided or was given a referral to navigation services for linkage to HIV medical care.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X752e	Linkage services to HIV medical care – screened for need	linkageServicesHIVMedicalCare/screenedFor

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was screened for the need of linkage services to HIV medical care.

Instructions: Indicate if the client/patient was screened for the need of linkage services to HIV medical care.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for linkage to HIV medical care service needs.
1	Yes	The client/patient was screened for linkage to HIV medical care service needs.

Num	Variable Name	XSD (Schema) Name:
X752f	Linkage services to HIV medical care – need identified	linkageServicesHIVMedicalCare/needidentified

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was identified as needing linkage services to HIV medical care.

Instructions: Select 'Yes' if the client/patient needed linkage services for linkage to HIV medical care.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	No need for linkage to HIV medical care services was identified
1	Yes	A need was identified for linkage to HIV medical care services

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: linkageServicesHIVMedicalCare/providedOrReferred
X752g	Linkage services to HIV medical care – provided or referred for service	

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was provided or referred for linkage services to HIV medical care.

Instructions: Indicate if the client/patient was provided or referred to linkage services for linkage to HIV medical care.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to linkage to HIV medical care services.
1	Yes	The client/patient was provided or referred to linkage to HIV medical care services.

X753a	Health benefits navigation and enrollment - screened for need	XSD (Schema) Name: healthBenefits/screenedFor
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Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether client/patients are screened for health benefits navigation and enrollment needs.

Instructions: Indicate whether the client/patient was screened for health benefits navigation and enrollment need.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient was not screened for health benefits navigation and enrollment service needs.
1	Yes	The client/patient was screened for health benefits navigation and enrollment service needs.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name: healthBenefits/needIdentified
X753b	Health benefits navigation and enrollment - need identified	
Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1		
<i>Definition:</i> An indication of whether the client/patient was identified as needing health benefits navigation and enrollment services.		
<i>Instructions:</i> Select 'Yes' if the client/patient needed health benefits navigation and enrollment services.		
<i>Business rule</i> HD HIV Testing: Required Partner services: Not applicable CBO HIV Testing: Required		
Code	Value Description	Value Definition
0	No	No need was identified for health benefits navigation and enrollment services.
1	Yes	A need for health benefits navigation and enrollment services was identified.

Num	Variable Name	XSD (Schema) Name: healthBenefits/providedOrReferred
X753c	Health benefits navigation and enrollment services - provided or referred for service	
Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1		
<i>Definition:</i> An indication of whether the client/patient was provided or referred to services for health benefits navigation and enrollment.		
<i>Instructions:</i> Indicate if the client/patient was provided or referred to services for health benefits navigation and enrollment.		
<i>Business rule</i> HD HIV Testing: Required Partner services: Not applicable CBO HIV Testing: Required		
Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to health benefits navigation and enrollment services
1	Yes	The client/patient was provided or referred to health benefits navigation and enrollment services

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
X754a	Medication adherence support services - screened for need	XSD (Schema) Name: medicationAdherence/screenedFor

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: An indication of whether an assessment was done to determine if the client/patient needed medication adherence support services.

Instructions: Indicate whether the client/patient was screened for as needing medication adherence support service.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	The client/patient was not screened for medication adherence support service needs.
1	Yes	The client/patient was screened for medication adherence support service needs.

<i>Num</i>	<i>Variable Name</i>	
X754b	Medication adherence support - need identified	XSD (Schema) Name: medicationAdherence/needIdentified

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: An indication of whether the client/patient was identified as needing medication adherence support services.

Instructions: Select 'Yes' if the client/patient was identified as needing medication adherence support services.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Business rule:
 Completed for persons who test positive for HIV.
 Required if (X125 = 1 or 2 or 6 or 7 or 8 or 9)

Code	Value Description	Value Definition
0	No	No need was identified for medication adherence support services
1	Yes	A need was identified for medication adherence support services

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X754c	Medication adherence support - provided or referred to service	medicationAdherence/providedOrReferred
Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1		
<i>Definition:</i> An indication of whether the client/patient was provided or referred to medication adherence support services.		
<i>Instructions:</i> Indicate if the client/patient was provided or referred to services for medication adherence support.		
<i>Business rule</i> HD HIV Testing: Required Partner services: Not applicable CBO HIV Testing: Required		

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to medication adherence support services.
1	Yes	The client/patient was provided or referred to medication adherence support services.

Num	Variable Name	XSD (Schema) Name:
X755a	Evidence-based risk reduction intervention - screened for need	evidenceBaseRiskReduction/screenedFor
Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1		
<i>Definition:</i> An indication of whether the client/patient was screened for evidence-based risk reduction intervention needs.		
<i>Instructions:</i> Indicate whether the client/patient was screened for evidence-based risk reduction intervention need.		
<i>Business rule</i> HD HIV Testing: Required Partner services: Not applicable CBO HIV Testing: Required		

Code	Value Description	Value Definition
0	No	The client/patient was not screened for evidence-based risk reduction intervention needs.
1	Yes	The client/patient was screened for evidence-based risk reduction intervention needs.

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
X755b	Evidence-based risk reduction intervention - need identified	evidenceBaseRiskReduction/needIdentified
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 1		
<i>Definition:</i> An indication of whether the client/patient was identified as needing evidence-based risk reduction intervention services.		
<i>Instructions:</i> Select 'Yes' if the client/patient needed evidence-based risk reduction intervention services.		
<i>Business rule</i> HD HIV Testing: Required Partner services: Not applicable CBO HIV Testing: Required		

Code	Value Description	Value Definition
0	No	No need was identified for evidence-based risk reduction intervention services.
1	Yes	A need for evidence-based risk reduction intervention services was identified.

Num	Variable Name	XSD (Schema) Name:
X755c	Evidence-based risk reduction intervention - provided or referred to service	evidenceBaseRiskReduction/providedOrReferred
Value Option: Choose only one		
Format Type: Number		
Min Length: 1		
Max Length: 1		
<i>Definition:</i> An indication of whether the client/patient was provided or referred to evidence-based risk reduction intervention services.		
<i>Instructions:</i> Indicate if the client/patient was provided or referred to evidence-based risk reduction intervention services.		
<i>Business rule</i> HD HIV Testing: Required Partner services: Not applicable CBO HIV Testing: Required		

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to evidence-based risk reduction intervention services.
1	Yes	The client/patient was provided or referred to evidence-based risk reduction intervention services.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
X756a	Behavioral health services - screened for need	behavioralHealthServices/screenedFor

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was screened for behavioral health services need.
 Examples of behavioral health services include mental health treatment, and substance use treatment.

Instructions: Indicate whether the client/patient was screened for behavioral health services need.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient was not screened for behavioral health services need.
1	Yes	The client/patient was screened for behavioral health services need.

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
X756b	Behavioral health services - need identified	behavioralHealthServices/needIdentified

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 2

Definition: An indication of whether the client/patient was identified as needing behavioral health services.
 Examples of behavioral health services include mental health treatment, and substance use treatment.

Instructions: Select 'Yes' if the client/patient needed behavioral health services.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	No need was identified for behavioral health services.
1	Yes	A need for behavioral health services was identified.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
X756c	Behavioral health services - provided or referred to service	behavioralHealthServices/providedOrReferred

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was provided or referred to behavioral health services.
 Examples of behavioral health services include mental health treatment, and substance use treatment.

Instructions: Indicate if the client/patient was provided or referred to behavioral health services.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to behavioral health services.
1	Yes	The client/patient was provided or referred to behavioral health services.

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
X758a	Social services - screened for need	socialServices/screenedFor

Value Option: Choose only one **Format Type:** Number **Min Length:** 1 **Max Length:** 1

Definition: An indication of whether the client/patient was screened for social services need.
 Examples of social services include housing, transportation, domestic violence intervention, and employment.

Instructions: Indicate whether the client/patient was screened for social services need.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient was not screened for social services need.
1	Yes	The client/patient was screened for social services need.

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	
X758b	Social services - need identified	XSD (Schema) Name: socialServices/needIdentified

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: An indication of whether the client/patient was identified as needing social services.
 Examples of social services include housing, transportation, domestic violence intervention, and employment.

Instructions: Select 'Yes' if the client/patient needed social services.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	No need was identified for social services.
1	Yes	A need for social services was identified.

<i>Num</i>	<i>Variable Name</i>	
X758c	Social services - provided or referred to service	XSD (Schema) Name: socialServices/providedOrReferred

Value Option: Choose only one Format Type: Number Min Length: 1 Max Length: 1

Definition: An indication of whether the client/patient was provided or referred to social services.
 Examples of social services include housing, transportation, domestic violence intervention, and employment.

Instructions: Indicate if the client/patient was provided or referred to social services.

Business rule HD HIV Testing: Required
 Partner services: Not applicable
 CBO HIV Testing: Required

Code	Value Description	Value Definition
0	No	The client/patient was not provided or referred to social services.
1	Yes	The client/patient was provided or referred to social services.

NHME Variables and Values

Aggregate Level Requirements

Table: ME Aggregate level Variables

This table should be reported at the jurisdiction level and broken out by the program announcement.

Num	Variable Name	XSD (Schema) Name:
ME201a	Total PS18-1802-funded aggregate test events	XSD (Schema) Name:
Value Option: N/A	Format Type: Number	Min Length: 1 Max Length: 8
<i>Definition:</i>	PS18-1802-funded aggregate test events are test events supported in any way by PS18-1802-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable.	
<i>Instructions:</i>	Enter the total number of PS18-1802-funded aggregate HIV test events conducted during the reporting period.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required CBO HIV Testing: Not applicable	
ME201b	Total reimbursed aggregate test events	XSD (Schema) Name:
Value Option: N/A	Format Type: Number	Min Length: 1 Max Length: 8
<i>Definition:</i>	Reimbursed aggregate test events are done in PS18-1802-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS18-1802 because they would likely not be done in the absence of the PS18-1802-supported program, but they are not directly paid for by PS18-1802 funds.	
<i>Instructions:</i>	Enter the total number of reimbursed aggregate HIV testing events conducted during the reporting period.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required CBO HIV Testing: Not applicable	
ME202a	PS18-1802--funded aggregate newly diagnosed HIV-positive test events	XSD (Schema) Name:
Value Option: N/A	Format Type: Number	Min Length: 1 Max Length: 8
<i>Definition:</i>	PS18-1802-1-funded aggregate test events are test events supported in any way by PS18-1802--funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support), but for which test-level data are not obtainable. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.	
<i>Instructions:</i>	Enter the total number of PS18-1802--funded aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required CBO HIV Testing: Not applicable	

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>	<i>XSD (Schema) Name:</i>
ME202b	Reimbursed aggregate newly diagnosed HIV-positive testing events	
Value Option: N/A	Format Type: Number	Min Length: 1 Max Length: 8
<i>Definition:</i>	Reimbursed aggregate test events are test events that are done in PS18-1802-supported programs, but are actually paid for by a third-party payer (e.g., Medicaid, Medicare, private insurance). They are attributable to PS18-1802 because they would likely not be done in the absence of the PS18-1802--supported program, but they are not directly paid for by PS18-1802- funds. Newly diagnosed HIV-positive test events include unconfirmed preliminary positive plus confirmed positive test events.	
<i>Instructions:</i>	Enter the total number of reimbursed aggregate newly diagnosed HIV-positive testing events conducted during the reporting period.	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Not applicable HD Aggregate: Required CBO HIV Testing: Not applicable	

NHME Variables and Values

Budget Information

Table: BT Budget Allocation and Expenditure Variables (PS18-1802 Health Departments only)

This table is completed annually by health department recipients. It is used to provide their budget allocation and budget expenditure information for Prevention and Surveillance to the CDC. Budget information is required for health department recipients receiving PS18-1802 funds which support HIV prevention and surveillance strategies and activities.

Num *Variable Name*

BASTRAT1A1S **Percent Allocated - HIV Surveillance** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 1: Percent of PS18-1802 funding allocated for HIV Surveillance data collection, analysis, and dissemination activities.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance data collection, analysis, and dissemination activities.

Business rules HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BESTRAT1A1S **Percent Expended - HIV Surveillance** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 1: Percent of PS18-1802 funding expended for HIV Surveillance data collection, analysis, and dissemination activities.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance data collection, analysis, and dissemination activities.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

NHME Variables and Values

Num *Variable Name*

BASTRAT1A2P **Percent Allocated - Prevention** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 1: Percent of PS18-1802 funding allocated for HIV Prevention program monitoring and evaluation data collection, analysis, and dissemination activities.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention program monitoring and evaluation data collection, analysis, and dissemination activities.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BESTRAT1A2P **Percent Expended - Prevention** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 1: Percent of PS18-1802 funding expended HIV prevention program monitoring and evaluation data collection, analysis, and dissemination activities.

Instructions: Enter the percent of total funding that your agency expended for HIV prevention program monitoring and evaluation data collection, analysis, and dissemination activities.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

CSTRATEGY1 **Comments - Strategy 1** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 100**

Definition: Jurisdiction comments for Strategy 1, Data collection, analysis, and dissemination of HIV data.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 1, if applicable.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT2A1P	Percent Allocated - Routine HIV Testing, Healthcare - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding allocated for HIV Prevention routine opt-out HIV testing in healthcare settings.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention routine opt-out HIV testing in healthcare settings.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT2A1P	Percent Expended - Routine HIV Testing, Healthcare - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention routine opt-out HIV testing in healthcare settings.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention routine opt-out HIV testing in healthcare settings.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT2A2P	Percent Allocated - Targeted HIV Testing, non-Healthcare - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding allocated for HIV Prevention targeted HIV testing in non-healthcare settings.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention targeted HIV testing in non-healthcare settings.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BESTRAT2A2P	Percent Expended - Targeted HIV Testing, non-Healthcare - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention targeted HIV testing in non-healthcare settings.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention targeted HIV testing in non-healthcare settings.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT2A3P	Percent Allocated - HIV Partner Services - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 HIV Prevention funding allocated for Partner Services.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for Partner	
<i>Business rules</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT2A3P	Percent Expended - HIV Partner Services - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention HIV Partner Services.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention HIV Partner Services.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num *Variable Name*

BASTRAT2A4P Percent Allocated - D2C-Prevention

XSD (Schema) Name:

Value Option: N/A

Format Type: Percent

Min Length: 1

Max Length: 4

Definition: Strategy 2: Percent of PS18-1802 funding allocated for HIV Prevention Data-to-Care (D2C) Activities.

Instructions: Enter the percent of total funding that your agency allocated for HIV Prevention Data-to-Care (D2C) Activities.

Business rules HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

BESTRAT2A4P Percent Expended - D2C- Prevention

XSD (Schema) Name:

Value Option: N/A

Format Type: Percent

Min Length: 1

Max Length: 4

Definition: Strategy 2: Percent of PS18-1802 funding expended for HIV Prevention Data-to-Care (D2C) Activities.

Instructions: Enter the percent of total funding that your agency expended for HIV Prevention Data-to-Care (D2C) Activities.

Business rules HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

NHME Variables and Values

Num *Variable Name*

BASTRAT2A4S **Percent Allocated - D2C - Surveillance** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 2: Percent of PS18-1802 funding allocated for HIV Surveillance Data-to-Care (D2C) Activities.

Instructions: Enter the percent of total funding that your agency allocated for HIV Surveillance Data-to-Care (D2C) Activities.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BESTRAT2A4S **Percent Expended - D2C - Surveillance** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 2: Percent of PS18-1802 funding expended for HIV Surveillance Data-to-Care (D2C) Activities.

Instructions: Enter the percent of total funding that your agency expended for HIV Surveillance Data-to-Care (D2C) Activities.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
CSTRATEGY2	Comments - Strategy 2	
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	Jurisdiction comments for Strategy 2, Identify persons with HIV infection and uninfected persons at risk for HIV infection.	
<i>Instructions:</i>	Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 2, if applicable.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT3A1P	Percent Allocated - HIV Transmission Clusters and Outbreaks - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 HIV Prevention funding allocated to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT3A1P	Percent Expended - HIV Transmission Clusters and Outbreaks - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 funding expended for HIV Prevention to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT3A1S	Percent Allocated - HIV Transmission Clusters and Outbreaks - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 HIV Surveillance funding allocated to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency allocated to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT3A1S	Percent Expended - HIV Transmission Clusters and Outbreaks - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 3: Percent of PS18-1802 HIV Surveillance funding expended to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency expended to rapidly respond to and intervene in HIV transmission clusters and outbreaks.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
CSTRATEGY3	Comments - Strategy 3	
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	Jurisdiction comments for Strategy 3, Develop, maintain, and implement plan to respond to HIV transmission clusters and outbreaks.	
<i>Instructions:</i>	Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 3, if applicable.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT4A1P	Percent Allocated - CPP, Continuum of Care - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding allocated for HIV Prevention Continuum of care activities - (linkage to HIV medical care, re-engagement, and retention in care).	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for HIV Prevention Continuum of care activities - (linkage to HIV medical care, re-engagement, and retention in care).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT4A1P	Percent Expended - CPP, Continuum of Care - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding expended for HIV Prevention Continuum of care activities - (linkage to HIV medical care, re-engagement, and retention in care).	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention Continuum of care activities - (linkage to HIV medical care, re-engagement, and retention in care).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT4A2P	Percent Allocated - CPP, Risk-Reduction Interventions - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding allocated for risk-reduction interventions for HIV-positive persons.	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for risk-reduction interventions for HIV-positive persons.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BESTRAT4A2P	Percent Expended - CPP, Risk Reduction Interventions - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding expended for risk-reduction interventions for HIV-positive persons.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for risk-reduction interventions for HIV-positive persons.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT4A3P	Percent Allocated - Other CPP - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding allocated for other CPP activities (e.g., health benefits navigation and enrollment, referrals to behavioral health services, and social services).	
<i>Instructions:</i>	Enter the percent of total funding that your agency allocated for other CPP activities (e.g., health benefits navigation and enrollment, referrals to behavioral health services, and social services).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT4A3P	Percent Expended - Other CPP - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 4: Percent of PS18-1802 funding expended for other CPP activities (health benefits navigation and enrollment, referrals to behavioral health services, and social services).	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for other CPP activities (e.g., health benefits navigation and enrollment, referrals to behavioral health services, and social services).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
CSTRATEGY4	Comments - Strategy 4	
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	Jurisdiction comments for Strategy 4, Comprehensive prevention with HIV-positive persons (CPP).	
<i>Instructions:</i>	Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 4, if applicable.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT5A1P	Percent Allocated - Prevention with HIV-negative persons - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 HIV Prevention funding allocated for HIV prevention activities with HIV-negative persons, including HIV testing and risk screenings, conducting risk- reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, and social services.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for HIV prevention activities with HIV-negative persons, including HIV testing and risk screenings, conducting risk-reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, and social services.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT5A1P	Percent Expended - Prevention with HIV-negative persons - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 HIV Prevention funding expended for HIV prevention activities with HIV-negative persons, including HIV testing and risk screenings, conducting risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, and social services.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency expended for HIV prevention activities with HIV-negative persons, including HIV testing and risk screenings, conducting risk reduction interventions for HIV-negative persons, health benefits navigation and enrollment, referrals to behavioral health services, and social services.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT5A2P	Percent Allocated - PrEP Access and Support - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 HIV Prevention funding allocated for PrEP access and support.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for PrEP access and support.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT5A2P	Percent Expended - PrEP Access and Support - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 funding expended for HIV Prevention PrEP access and support.	
<i>Instructions:</i>	Enter the percent of total funding that your agency expended for HIV Prevention PrEP access and support.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

<i>Num</i>	<i>Variable Name</i>			
BASTRAT5A3P	Percent Allocated - PEP Access and Support - Prevention	XSD (Schema) Name:		
Value Option: N/A	Format Type: Percent	Min Length: 1	Max Length: 4	
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 HIV Prevention funding allocated for PEP access and support.			
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for PEP access and support.			
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required			

BESTRAT5A3P	Percent Expended - PEP Access and Support - Prevention	XSD (Schema) Name:		
Value Option: N/A	Format Type: Percent	Min Length: 1	Max Length: 4	
<i>Definition:</i>	Strategy 5: Percent of PS18-1802 HIV Prevention funding expended for PEP access and support.			
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency expended for PEP access and support.			
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required			

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
CSTRATEGY5	Comments - Strategy 5	
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i> Jurisdiction comments for Strategy 5, Comprehensive prevention with HIV-negative persons at risk for HIV infection.		
<i>Instructions:</i> Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 5, if applicable.		
<i>Business rule</i> HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required		
BASTRAT6A1P	Percent Allocated - Perinatal HIV Exposure Reporting (PHER) - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i> Strategy 6: Percent of PS18-1802 funds allocated under HIV Prevention for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants.		
<i>Instructions:</i> Enter the percent of total HIV Prevention funds allocated for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants (if conducted).		
<i>Business rule</i> HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required		
BESTRAT6A1P	Percent Expended - Perinatal HIV Exposure Reporting (PHER) - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i> Strategy 6: Percent of PS18-1802 funds expended under HIV Prevention for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants.		
<i>Instructions:</i> Enter the percent of total HIV Prevention funds expended for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants (if conducted).		
<i>Business rule</i> HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required		

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT6A1S	Percent Allocated - Perinatal HIV Exposure Reporting (PHER) - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 funds allocated under HIV Surveillance for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funds allocated for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants (if conducted).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT6A1S	Percent Expended - Perinatal HIV Exposure Reporting (PHER) - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 funds expended under HIV Surveillance for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funds expended for developing and implementing standard operating procedures to identify and conduct follow-up of perinatally HIV-exposed infants (if conducted).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT6A2P	Percent Allocated - Perinatal HIV Service Coordination - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 HIV Prevention funds allocated for perinatal HIV service coordination (i.e., fetal and infant mortality review).	
<i>Instructions:</i>	Enter the percent of the total HIV Prevention funds that your agency allocated for perinatal HIV service coordination.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BESTRAT6A2P	Percent Expended - Perinatal HIV Service Coordination - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 HIV Prevention funds expended for perinatal HIV service coordination (i.e., fetal and infant mortality review).	
<i>Instructions:</i>	Enter the percent of the total HIV Prevention funds that your agency expended for perinatal HIV service coordination.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT6A2S	Percent Allocated - Perinatal HIV Service Coordination - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 funding allocated for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).	
<i>Instructions:</i>	Enter the percent of the total HIV Surveillance funds that your agency allocated for perinatal HIV service coordination (i.e., fetal and infant mortality review).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT6A2S	Percent Expended - Perinatal HIV Service Coordination - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 6: Percent of PS18-1802 funds expended for HIV Surveillance perinatal HIV service coordination (i.e., fetal and infant mortality review).	
<i>Instructions:</i>	Enter the percent of the total HIV Surveillance funds that your agency expended for perinatal HIV service coordination.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
CSTRATEGY6	Comments - Strategy 6	XSD (Schema) Name:
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	Jurisdiction comments for Strategy 6, Perinatal HIV Prevention and Surveillance.	
<i>Instructions:</i>	Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 6, if applicable.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT7A1P	Percent Allocated - Community-level Prevention Activities - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 HIV Prevention funding allocated for community-level HIV prevention activities, including social marketing campaigns, social media strategies, and community mobilization.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for community-level HIV prevention activities, including social marketing campaigns, social media strategies, and community mobilization (if conducted).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT7A1P	Percent Expended - Community-level Prevention Activities - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 7: Percent of PS18-1802 HIV Prevention funding expended for community-level HIV prevention activities, including social marketing campaigns, social media strategies, and community mobilization.	
<i>Instructions:</i>	Enter the percent of total HIV prevention funding that your agency expended for community-level HIV prevention activities, including social marketing campaigns, social media strategies, and community mobilization (if conducted).	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num *Variable Name*

BASTRAT7A2P **Percent Allocated - SSP - Prevention** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 7: Percent of PS18-1802 HIV Prevention funding allocated for syringe services program.

Instructions: Enter the percent of total HIV Prevention funding that your agency allocated for syringe services program (if conducted).

Business rule HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

BESTRAT7A2P **Percent Expended - SSP - Prevention** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 7: Percent of PS18-1802 HIV Prevention funding expended for syringe services program.

Instructions: Enter the percent of total HIV Prevention funding that your agency expended for syringe services program (if conducted).

Business rule HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

NHME Variables and Values

Num *Variable Name*

BASTRAT7A3P **Percent Allocated - Condom Distribution - Prevention** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 7: Percent of PS18-1802 HIV Prevention funding allocated for condom distribution.

Instructions: Enter the percent of total HIV Prevention funding that your agency allocated for condom distribution.

Business rule HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

BESTRAT7A3P **Percent Expended - Condom Distribution - Prevention** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 7: Percent of PS18-1802 HIV Prevention funding expended for condom distribution.

Instructions: Enter the percent of total HIV Prevention funding your agency expended for condom distribution.

Business rule HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
CSTRATEGY7	Comments - Strategy 7	
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	Jurisdiction comments for Strategy 7, Community-level HIV prevention activities.	
<i>Instructions:</i>	Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for core activities related to Strategy 7, if applicable.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT8A1P	Percent Allocated - HIV Planning - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 8: Percent of PS18-1802 funds allocated under HIV Prevention to develop partnerships to conduct integrated HIV prevention and care planning.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funds that your agency allocated to develop partnerships to conduct integrated HIV prevention and care planning.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT8A1P	Percent Expended - HIV Planning - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 8: Percent of PS18-1802 funds expended under HIV Prevention to develop partnerships to conduct integrated HIV prevention and care planning.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funds that your agency expended to develop partnerships to conduct integrated HIV prevention and care planning.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num *Variable Name*

BASTRAT8A1S **Percent Allocated - HIV Planning - Surveillance** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 8: Percent of PS18-1802 funds allocated under HIV Surveillance to develop partnerships to conduct integrated HIV prevention and care planning.

Instructions: Enter the percent of total HIV Surveillance funds that your agency allocated to develop partnerships to conduct integrated HIV prevention and care planning.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BESTRAT8A1S **Percent Expended - HIV Planning - Surveillance** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 8: Percent of PS18-1802 funds expended under HIV Surveillance to develop partnerships to conduct integrated HIV prevention and care planning.

Instructions: Enter the percent of total HIV Surveillance funds that your agency expended to develop partnerships to conduct integrated HIV prevention and care planning.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

CSTRATEGY8 **Comments - Strategy 8** **XSD (Schema) Name:**

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 100**

Definition: Jurisdiction comments for Strategy 8, Integrated HIV Prevention and Care Planning.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 8, if applicable.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT9A1P	Percent Allocated - Health Information Infrastructure - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Prevention funding allocated for health information infrastructure.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for HIV Prevention health information infrastructure.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT9A1P	Percent Expended - Health Information Infrastructure - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Prevention funding expended for health information infrastructure.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency expended for health information infrastructure.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT9A1S	Percent Allocated - Health Information Infrastructure -Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Surveillance funding allocated for health information infrastructure.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency allocated for health information infrastructure.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BESTRAT9A1S	Percent Expended - Health Information Infrastructure - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Surveillance funding expended for health information infrastructure.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency expended for health information infrastructure.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT9A2P	Percent Allocated - Data Security and Confidentiality - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Prevention funding allocated for data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for data security and confidentiality.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT9A2P	Percent Expended - Data Security and Confidentiality - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Prevention funding expended for data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency expended for data security and confidentiality.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT9A2S	Percent Allocated - Data Security and Confidentiality - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Surveillance funding allocated for data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency allocated for data security and confidentiality.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT9A2S	Percent Expended - Data Security and Confidentiality - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Surveillance funding expended for data security and confidentiality.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency expended for data security and confidentiality.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BASTRAT9A3P	Percent Allocated - Policies and Protocols - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Surveillance funding allocated for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT9A3P	Percent Expended - Policies and Protocols - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Prevention funding expended for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency expended for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT9A3S	Percent Allocated - Policies and Protocols - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Surveillance funding allocated for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency allocated for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BESTRAT9A3S	Percent Expended - Policies and Protocols - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 9: Percent of PS18-1802 HIV Surveillance funding expended for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency expended for strengthening policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
CSTRATEGY9	Comments - Strategy 9	XSD (Schema) Name:
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 1 Max Length: 100
<i>Definition:</i>	Jurisdiction comments for Strategy 9, Strengthen policies and protocols to support HIV surveillance and prevention at the state and local level.	
<i>Instructions:</i>	Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 9, if applicable.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT10A1P	Percent Allocated - Monitoring and Evaluation - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 10: Percent of PS18-1802 HIV Prevention funding allocated for developing work plans, ensuring data quality, monitoring Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding that your agency allocated for developing work plans, ensuring data quality, monitoring Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
BESTRAT10A1P	Percent Expended - Monitoring and Evaluation - Prevention	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 10: Percent of PS18-1802 HIV Prevention funding expended for developing work plans, ensuring data quality, monitoring Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Instructions:</i>	Enter the percent of total HIV Preventing funding that your agency expended for developing work plans, ensuring data quality, monitoring Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT10A1S	Percent Allocated - Monitoring and Evaluation - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 10: Percent of PS18-1802 HIV Surveillance funding allocated for developing work plans, ensure data quality, monitor Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency allocated for developing work plans, ensuring data quality, monitoring Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT10A1S	Percent Expended - Monitoring and Evaluation - Surveillance	
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 10: Percent of PS18-1802 HIV Surveillance funding expended for developing work plans, ensuring data quality, monitoring Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Instructions:</i>	Enter the percent of total HIV Surveillance funding that your agency expended for developing work plans, ensuring data quality, monitoring Integrated HIV Prevention and Care Plan and Jurisdictional Epidemiological Profiles.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num	Variable Name	XSD (Schema) Name:
CSTRATEGY10	Comments - Strategy 10	
Value Option: N/A	Format Type: Alpha-Numeric	Min Length: 100 Max Length: 1
<i>Definition:</i>	Jurisdiction comments for Strategy 10, Monitoring and Evaluation to improve HIV surveillance, prevention, and care activities	
<i>Instructions:</i>	Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 10, if applicable.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BASTRAT11A1P	Percent Allocated - Capacity Building and TA - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 11: Percent of PS18-1802 HIV Prevention funding allocated for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding allocated for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	
BESTRAT11A1P	Percent Expended - Capacity Building and TA - Prevention	XSD (Schema) Name:
Value Option: N/A	Format Type: Percent	Min Length: 1 Max Length: 4
<i>Definition:</i>	Strategy 11: Percent of PS18-1802 HIV Prevention funding expended for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.	
<i>Instructions:</i>	Enter the percent of total HIV Prevention funding expended for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.	
<i>Business rule</i>	HD HIV Testing: Not applicable Partner Services: Not applicable CBO HIV Testing: Not applicable Budget: Required	

NHME Variables and Values

Num *Variable Name*

BASTRAT11A1S **Percent Allocated - Capacity Building and TA - Surveillance** **XSD (Schema) Name:**

Value Option: *N/A* **Format Type:** **Percent** **Min Length:** **1** **Max Length:** **4**

Definition: Strategy 11: Percent of PS18-1802 HIV Surveillance funding allocated for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.

Instructions: Enter the percent of total HIV Surveillance funding allocated for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BESTRAT11A1S **Percent Expended - Capacity Building and TA - Surveillance** **XSD (Schema) Name:**

Value Option: *N/A* **Format Type:** **Percent** **Min Length:** **1** **Max Length:** **4**

Definition: Strategy 11: Percent of PS18-1802 HIV Surveillance funding expended for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.

Instructions: Enter the percent of total HIV Surveillance funding expended for supporting capacity building and TA, implementing capacity building assistance plans, building capacity of CBOs and community partners, and analytic capacity to support epidemiological science for HIV Prevention program activities.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BASTRAT11A2P **Percent Allocated - Geocoding - Prevention** **XSD (Schema) Name:**

Value Option: *N/A* **Format Type:** **Percent** **Min Length:** **1** **Max Length:** **4**

Definition: Strategy 11: Percent of PS18-1802 HIV Prevention funding allocated for Geocoding.

Instructions: Enter the percent of total HIV Prevention funding that your agency allocated for Geocoding.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

NHME Variables and Values

Num *Variable Name*

BESTRAT11A2P Percent Expended – Geocoding -Prevention **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 11: Percent of PS18-1802 HIV Prevention funding expended for Geocoding.

Instructions: Enter the percent of total HIV Prevention funding that your agency expended for Geocoding.

Business rule HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

BASTRAT11A2S Percent Allocated - Geocoding - Surveillance **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 11: Percent of PS18-1802 HIV Prevention funding allocated for Geocoding.

Instructions: Enter the percent of total HIV Prevention funding that your agency expended for Geocoding.

Business rule HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

BESTRAT11A2S Percent Expended - Geocoding - Surveillance **XSD (Schema) Name:**

Value Option: N/A **Format Type: Percent** **Min Length: 1** **Max Length: 4**

Definition: Strategy 11: Percent of PS18-1802 HIV Surveillance funding expended for Geocoding.

Instructions: Enter the percent of total HIV Surveillance funding that your agency expended for Geocoding.

Business rule HD HIV Testing: Not applicable
Partner Services: Not applicable
CBO HIV Testing: Not applicable
Budget: Required

NHME Variables and Values

Num *Variable Name*

CSTRATEGY11 **Comments - Strategy 11**

XSD (Schema) Name:

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 100**

Definition: Jurisdiction comments for Strategy 11, Capacity Building and Technical Assistance.

Instructions: Please provide any additional information to explain limitations or caveats associated with funds allocated or expended for operational and foundational activities related to Strategy 11, if applicable.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BCAPPROACH **Approach**

XSD (Schema) Name:

Value Option: N/A **Format Type: Alpha-Numeric** **Min Length: 1** **Max Length: 200**

Definition: The approach used to calculate the distribution of estimated percentages within the strategy by each activity.

Instructions: Describe the approach used to calculate the distribution of estimated percentages within the strategy by each activity (e.g., estimated percentages of cost for continuum of care activities)

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

BYEAR **Budget Expenditure Reporting Year**

XSD (Schema) Name:

Value Option: N/A **Format Type: Number** **Min Length: 4** **Max Length: 4**

Definition: Budget expenditure reporting year refers to the 12-month calendar year (January-December) for which the budget expenditure is being reported.

Instructions: Indicate the year for which the budget expenditure data are being provided.

Business rule HD HIV Testing: Not applicable
 Partner Services: Not applicable
 CBO HIV Testing: Not applicable
 Budget: Required

NHME Variables and Values

XML Specific Fields

Table: Z1 XML Specific Fields

This table contains the variables and the XML values to be used for records to identify updated and modified records. This table is only required for jurisdictions that upload XML files to EvaluationWeb. These fields apply to all XML formats, with the exception of the now obsolete CTV1 format. (Some variables may have had different XSD (Schema) Names in older formats. See the individual variables for details.

Num	Variable Name	XSD (Schema) Name: SchemaVersionNumber
Z03c	Schema Version Number	XSD (Schema) Name: SchemaVersionNumber

Value Option: Enter one value only **Format Type:** Number **Min Length:** 1 **Max Length:** 10

Definition: Specifies the version of the XSD which has been used to validate the XML file.

Instructions: This value will be hard coded within the schema.
The number should exactly match the version number specified in the appropriate XSD.

Business rules Applicable only for XML uploads after January 2013.

Num	Data Type in File	XSD (Schema) Name: dataType
Z06	Data Type in File	XSD (Schema) Name: dataType

Value Option: Enter one value only **Format Type:** Alpha-Numeric **Min Length:** 1 **Max Length:** 5

Definition: Specifies the type of data being sent.

Instructions: Enter the date type of data sent.

Business rules Applicable only for XML uploads.

Code	Value Description	Value Definition
CBOAG	CBO aggregate	Aggregate level directly funded CBO data
CBOCL	CBO client level	Client level directly funded CBO data
CT	Counseling and testing	Client level counseling and Testing Data
HDAG	Health department aggregate	Aggregate level health department data
HDCL	Health department client level	Client level health department non-CT non-PS data
PS	Partner services	Client level partner services data

NHME Variables and Values

Appendix A

Table: Program Announcement

This table contains the complete listing of the value options for variable X137 Program Announcement.

Code	Value Description	Value Definition	Start - End Date
1	PS 12-1201 – Category A	PS12-1201: The category within the health department flagship FOA that relates to overall HIV prevention program activities.	January 1, 2012 - December 31, 2016 extension: January 1, 2017 - December 31, 2017
2	PS 12-1201 – Category B	PS12-1201: The category within the health department flagship FOA that specifically addresses the Expanded HIV Testing Initiative.	January 1, 2012 - December 31, 2016 extension: January 1, 2017 - December 31, 2017
3	PS 12-1201 – Category C	PS12-1201: The category within the health department flagship FOA that funds demonstration projects.	January 1, 2012 - December 31, 2012 January 1, 2014 - December 31, 2015
4	PS 11-1113	PS11-1113: HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color for Community Based Organizations.	Value Option 4 - PS11-1113 available March 2012 - July 2013.
5	PS 10-1003	PS10-1003: HIV Prevention Projects for Community-Based Organizations.	July 1, 2010 - June 30, 2015
6	PS 08-803	PS08-803: HIV Prevention Projects in Puerto Rico and US Virgin Islands.	July 1, 2008 - June 30, 2013
7	MSM Testing Initiative	Scaling-up HIV Testing among African American & Hispanic MSM: The MSM Testing Initiative (MTI)	2012 through 2015
8	PS 11-1113 Category A - YMSM	PS11-1113: This category provides funding to Community-Based Organizations for HIV Prevention Programs for Young Men of Color Who Have Sex with Men and their partners.	September 30, 2011 - September 29, 2016 extension: September 30, 2016 - March 31, 2017
9	PS 11-1113 Category A - YTG	PS11-1113: This category provides funding to Community-Based Organizations for HIV Prevention Programs for Young Transgender Persons of Color and their partners.	September 30, 2011 - September 29, 2016 extension: September 30, 2016 - March 31, 2017
10	PS 12-1210 CAPUS	PS12-1210 CAPUS: This is the Secretary's Minority AIDS Initiative Fund for Care and Prevention in the United States (CAPUS) Demonstration Project. This program announcement is applicable only to eight funded health departments: Georgia, Illinois, Louisiana, Mississippi, Missouri, North Carolina, Tennessee, and Virginia.	September 30, 2012 - September 29, 2015 extension: September 30, 2015 – September 29, 2016
11	PS 13-1310	PS13-1310: HIV Prevention Projects for the Commonwealth of Puerto Rico and the United States Virgin Islands.	July 1, 2013 - June 30, 2015
12	PS 14-1410	PS14-1410: This is the Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Services Delivery among Health Centers Serving High HIV Prevalence Jurisdictions (Partnerships for Care (P4C)) Demonstration Project. This program announcement is applicable only to four funded health departments: Florida, Maryland, Massachusetts, and New York.	June 3, 2014 - June 2, 2017
13	PS 15-1502 - Category A	PS15-1502: HIV prevention services for members of racial/ethnic minority communities.	July 1, 2015 - June 30, 2020 extension: July 1, 2020 - June 30, 2021
14	PS 15-1502 - Category B	PS15-1502: HIV prevention services for members of groups at greatest risk for acquiring and transmitting HIV infection, regardless of race/ethnicity.	July 1, 2015 - June 30, 2020 extension: July 1, 2020 - June 30, 2021
15	PS 15-1506 - PrIDE	PS15-1506: Health Department Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among Men Who Have Sex with Men (MSM) and Transgender Persons (PrIDE) Demonstration Project. This program announcement is applicable only to 12 funded jurisdictions: Baltimore, California, Chicago, Colorado, Houston, Los Angeles, Louisiana, Michigan, New York City, San Francisco, Tennessee, and Virginia.	August 1, 2015 - July 31, 2018 extension: August 1, 2018 – July 31, 2019

NHME Variables and Values

Code	Value Description	Value Definition	Start - End Date
16	PS 15-1509 THRIVE	PS15-1509: Health Department Demonstration Projects for Comprehensive Prevention and Care for Men Who Have Sex with Men (MSM) of Color at Risk for and Living with HIV Infection. This program announcement is applicable only to seven funded jurisdictions: Alabama, Baltimore, District of Columbia, Louisiana, New York City, Philadelphia, and Virginia.	September 30, 2015 - September 29, 2019
17	PS 17-1704 Category A - YMSM	PS17-1704: This category provides funding to Community-Based Organizations for HIV Prevention Programs for Young Men of Color Who Have Sex with Men and their partners.	April 1, 2017 - March 31, 2022
18	PS 17-1704 Category B - YTG	PS17-1704: This category provides funding to Community-Based Organizations for HIV Prevention Programs for Young Transgender Persons of Color and their partners.	April 1, 2017 - March 31, 2022
19	PS 17-1711	Use of molecular HIV surveillance to identify active HIV transmission networks and implement HIV interventions for Hispanic/Latino men who have sex with men.	August 31, 2017 - August 30, 2020
20	PS 18-1802	PS 18-1802: Integrated HIV Surveillance and Prevention Programs for Health Departments.	January 1, 2018 - December 31, 2022
21	PS 18-1802 Demonstration Projects	PS 18-1802 Demonstration Projects: Funding to expand high-impact HIV prevention and surveillance interventions and strategies.	March 1, 2018 - February 28, 2022
22	PS 19-1901 CDC STD	PS 19-1901: STD prevention funding for Health Departments.	January 1, 2019 - December 31, 2023
23	PS 20-2010 - Component A	PS 20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States.	August 1, 2020 - July 31, 2025
24	PS 21-2102	PS 21-2102: Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations.	July 1, 2021 - June 30, 2026
25	PS 22-2203 Category A	PS 22-2203: HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity	April 1, 2022 - March 31, 2027
26	PS 22-2203 Category B	PS 22-2203: HIV prevention services for Young Transgender Persons of Color (YTG persons of color) and their partners regardless of age, gender, and race/ethnicity	April 1, 2022 - March 31, 2027
89	Other (specify)	A Program Announcement or Program Strategy other than those listed. This value option should also be used if the test being reported to CDC has been funded by another agency or organization.	Value option made optional in 2018
98	Other CDC-funded	A program announcement other than those listed and an HIV test was conducted using a CDC-funded mechanism.	Value option added in 2018
99	Other Non-CDC funded	A program announcement other than those listed and an HIV test was conducted using a non-CDC funded mechanism.	Value option added in 2018