

ARIES – HIV Health Services (HHS)–Required Data Set Location Level I All Agencies

ARIES Field Name	RSR Required Field	ARIES Tab Location	ARIES Sub-tab Location
First Name	Yes	Client Search/Demographics	Demographic Detail
Middle Initial	Yes	Client Search/Demographics	Demographic Detail
Last Name	Yes	Client Search/Demographics	Demographic Detail
Mother's Maiden Name	Yes	Client Search/Demographics	Demographic Detail
Date of Birth	Yes	Client Search/Demographics	Demographic Detail
Current Gender	Yes	Client Search/Demographics	Demographic Detail
Residence since date	No	Demographics	Contact Info
Street 1	No	Demographics	Contact Info
City	No	Demographics	Contact Info
State	No	Demographics	Contact Info
Zip Code	No	Demographics	Contact Info
County	No	Demographics	Contact Info
Emergency contact name	No	Demographics	Contact Info
Emergency contact telephone 1	No	Demographics	Contact Info
Confidential	No	Demographics	Contact Info
Messages ok	No	Demographics	Contact Info
Hispanic	Yes	Demographics	Demographic Detail
Sex at Birth	Yes	Demographics	Demographic Detail
Hispanic National Origin/Ethnicity	Yes	Demographics	Demographic Detail
Race 1	Yes	Demographics	Demographic Detail
National Origin/Ethnicity 1	Yes	Demographics	Demographic Detail
Sexual Orientation	No	Demographics	Demographic Detail
Current Living Situation Since	Yes	Demographics	Living Situation
Current Living Situation (choose one)	Yes	Demographics	Living Situation
Current Living Situation Stability Scale	Yes	Demographics	Living Situation
Agrees to Share Data	No	Demographics	Agency Specifics
Agency Status	Yes	Demographics	Agency Specifics
Status as of Date	Yes	Demographics	Agency Specifics
Agency Enrollment Date	Yes	Demographics	Agency Specifics
Eligibility Doc's-Statement of Income	No	Eligibility	Eligibility Documents
Doc's-Proof of Local	No	Eligibility	Eligibility Documents

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Residency			
Doc's-HIV Letter of Diagnosis	No	Eligibility	Eligibility Documents
Doc's ARIES Share Consent form	No	Eligibility	Eligibility Documents
Doc's-Health Care Coverage Form	No	Eligibility	Eligibility Documents
Source of Income	No	Eligibility	Financial
Household Income	Yes	Eligibility	Financial
Number of People in Household	Yes	Eligibility	Financial
Insurance Source	Yes	Eligibility	Insurance
Insurance Type	No	Eligibility	Insurance
Insurance Payer	Yes	Eligibility	Insurance
Insurance Start Date	Yes	Eligibility	Insurance
Insurance End Date	Yes	Eligibility	Insurance
Primary Medical Care	No	Medical	Basic Medical
Primary HIV Care	No	Medical	Basic Medical
CDC Disease Stage	Yes	Medical	Basic Medical
Diagnosis Date	Yes	Medical	Basic Medical
Diagnosis Source	No	Medical	Basic Medical

Client Level Service Information ALL AGENCIES

ARIES Field Name	RSR required Field	ARIES Tab Location	ARIES Sub-tab Location
Staff	No	Services	n/a
Date of Service	Yes	Services	n/a
Contract ID, i.e. Ryan White	Yes	Services	n/a
Program, i.e., Care Services Program	No	Services	n/a
Primary Service	Yes	Services	n/a
Secondary Service (if applicable)	Yes	Services	n/a
Agency Subservice (if applicable)	No	Services	n/a
Unit of Service	No	Services	n/a

Level II Agencies (In Addition to Level I requirements)

ARIES Field Name	RSR required Field	ARIES Tab Location	ARIES Sub-tab Location
Client Risk Factors	Yes	Risk & Assessments	Risk Factors
Primary HIV Exposure	No	Risk & Assessments	Risk Factors
Substance Abuse Treatment Status	No	Risk & Assessments	Substance Abuse
Substance Abuse	Yes	Risk & Assessments	Substance Abuse

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Treatment Status Date			
Substance Abuse Screen Date	Yes	Risk & Assessments	Substance Abuse
Mental Health Treatment Status	No	Risk & Assessments	Mental Health
Mental Health Treatment Status Date	Yes	Risk & Assessments	Mental Health
Mental Health Screen Date	Yes	Risk & Assessments	Mental Health
Date First HIV positive	Yes	Medical	Basic Medical
Year First HIV positive	Yes	Medical	Basic Medical
AIDS Diagnosis Date	No	Medical	Basic Medical
County	No	Medical	Basic Medical
State	No	Medical	Basic Medical
Source	No	Medical	Basic Medical
ART Medications Type Start/End date	Yes	Medications	ART
Reason not on ART	Yes	Medications	ART
Anti-retroviral Drugs	No	Medications	ART
Anti-retroviral Drugs Start date/End date	No	Medications	ART
Adherence last 3 days	No	Medications	ART
Adherence to HIV Treatment	Yes	Medications	ART
Other Medications Name	Yes	Medications	Other Medications
Other Medications Used for	Yes	Medications	Other Medications
Other Medications Type	Yes	Medications	Other Medications
Other Meds Start/End date	Yes	Medications	Other Medications

Level III Agencies (In Addition to Level I & II requirements)

ARIES Field Name	RSR Required Fields	ARIES Tab Location	ARIES Sub-tab Location
AIDS Defining Conditions	Yes	Medical	Basic Medical
Diagnosis Date	Yes	Medical	Basic Medical
Treatment Date	Yes	Medical	Basic Medical
CD4 Date	Yes	Medical	Medical History
TCell Count	Yes	Medical	Medical History
Viral Load Date	Yes	Medical	Medical History
Value	Yes	Medical	Medical History
STI/Hepatitis	Yes	Medical	Medical History
Test Date/Diagnosis	Yes	Medical	Medical History
Treatment Start Date/Treatment End Date	Yes	Medical	Medical History

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Tuberculosis Test Medically Indicated	Yes	Medical	Medical History
TB Test Medically Indicated Date	Yes	Medical	Medical History
Date PPD/TST Placed	Yes	Medical	Medical History
Date PPD/TST Read	Yes	Medical	Medical History
Chest X-ray Date	No	Medical	Medical History
TB Test Type	Yes	Medical	Medical History
Test Date	Yes	Medical	Medical History
Outcome	Yes	Medical	Medical History
Outcome Date	No	Medical	Medical History
Immunization Type	Yes	Medical	Medical History
Immunization Date	Yes	Medical	Medical History
Pap Smear and Pelvic Exam Dates	Yes	Medical	OB/GYN & Pregnancy
Pregnancy History	Yes	Medical	OB/GYN & Pregnancy
Date First Reported Pregnant	No	Medical	OB/GYN & Pregnancy
Estimated Date of Conception	Yes	Medical	OB/GYN & Pregnancy
HIV Status During Pregnancy	No	Medical	OB/GYN & Pregnancy
Date Prenatal Care Began	Yes	Medical	OB/GYN & Pregnancy
Number of Prenatal Visits in Reporting Month	No	Medical	OB/GYN & Pregnancy
ART Counseling offered to reduce HIV transmission to infant	No	Medical	OB/GYN & Pregnancy
Date Received ART Counseling	No	Medical	OB/GYN & Pregnancy

ART was offered to reduce vertical transmission to infant	Yes	Medical	OB/GYN & Pregnancy
Date ART was taken	Yes	Medical	OB/GYN & Pregnancy
Pregnancy Outcome	Yes	Medical	OB/GYN & Pregnancy
Date of Pregnancy Outcome	Yes	Medical	OB/GYN & Pregnancy
Newborn HIV Status	No	Medical	OB/GYN & Pregnancy