

ARIES MINIMUM DATA REQUIREMENTS - by Report									
<small>Updated: February 22, 2012 for March 1, 2012 re-release</small>									
MAIN TAB	Demographics	Demographics	Demographics	Demographics	Demographics	Demographics	Eligibility	Eligibility	Eligibility
SECOND TAB	Contact Info	Demographic Detail	Demographic Detail	Living Situation	Living Situation	Agency Specifics	Eligibility Documents	Eligibility Documents	Eligibility Documents
EDIT BUTTON	Contact Information	Identifiers	Demographics	Living Situation	Related Affected Individuals	Agency Specifics	Eligibility Documents	Eligibility Documents	Eligibility Documents
SECTION	Addresses						Agency Consent Form	ARIES Consent Form	HIPAA
RSR	Zip (Residence)	Last Name	Hispanic (yes/no/unk)	Current Living Situation	Last Name	Agency Status			
		First Name	Race1	Living Situation Since	First Name	Reason for Status Change			
		Middle Initial	Date of Death		Date of Birth	Agency Enrollment Date			
		Mother's Maiden Name			Mother's Maiden Name				
		Date of Birth			Gender				
		Gender			Relationship				
					Enrollment Date				
					Enrollment Status				
					Status As Of				
					Hispanic				
					Race 1				
					County				
					Living Situation				
					Annual Household Income				
				Medical Insurance					
Program Monitoring			Hispanic (yes/no/unk)			Agrees to Share - Yes	Doc Dated	Doc Dated	Doc Dated
<i>(including Cultural and Linguistic Appropriateness)</i>			Race1			Agency Client ID (chart)		Source (new share form)	
			Primary Language				<i>(Location must be your agency)</i>	<i>(Location must be your agency)</i>	<i>(Location must be your agency)</i>
Client Demos	Zip (Residence)	Date of Birth	Hispanic (yes/no/unk)						
Service Utilization		Gender	Race1						
Outcomes	Zip (Residence)	Date of Birth	Hispanic (yes/no/unk)						
	City (Residence)	Gender	Race1						
Unmet Need	Zip (Residence)	Date of Birth	Hispanic (yes/no/unk)						
	City (Residence)	Gender	Race1						
			SSN						
WICY		Date of Birth							
		Gender							

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EDIT BUTTON	Contact Information	Identifiers	Demographics	Living Situation	Related Affected Individuals	Agency Specifics	Eligibility Documents	Eligibility Documents	Eligibility Documents
SECTION	Addresses						Agency Consent Form	ARIES Consent Form	HIPAA
Performance Indicators	Zip (Residence)	Date of Birth	Hispanic (yes/no/unk)			Agency Status			
		Gender	Race1			Agency Enrollment Date			
MAI Report	Zip (Residence)	Date of Birth	Hispanic (yes/no/unk)						
		Gender	Race1						
Application	Zip (Residence)	Date of Birth	Hispanic (yes/no/unk)	Current Living Situation		Agency Status			
	County (Residenc)	Gender	Race1	Living Situation Since		Status As of Date			
			Primary Language			Agency Enrollment Date			
			Date of Death						
Client Satisfaction	Mailing Street1								
	Mailing City								
	Mailing Zip								
	May we contact by mail?								
Pharmacy Report									
EIS Service Provider Data									

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MAIN TAB	Eligibility	Eligibility	Eligibility	Eligibility	Eligibility	Eligibility	Medical	Medical	Medical
SECOND TAB	Eligibility Documents	Eligibility Documents	Eligibility Documents	Financial	Financial	Insurance	Basic Medical	Basic Medical	Basic Medical
EDIT BUTTON	Eligibility Documents	Eligibility Documents	Eligibility Documents	Financial	Financial	Insurance	Basic Medical	Basic Medical	Basic Medical
SECTION	Proof of Diagnosis	Proof of Income	Proof of Residency	Household Income	Family Income			HIV Tests	AIDS Defining Conditions
Performance Indicators				Monthly Household Income			CDC Disease Stage	HIV Test Date	AIDS Defining Condition (M
				# People in Household				Result	Diagnosis Date
								Post-test Counseling (date)	
MAI Report									
Application					Monthly Family Income	Source	CDC Disease Stage		
					# People in Family		AIDS Diag Date (if applicable)		
							Year First HIV+		
							AIDS Diag County		
							AIDS Diag State		
Client Satisfaction									
Pharmacy Report									
EIS Service Provider Da								HIV Test Date	
								Result	

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MAIN TAB	Medical	Medical	Medical	Medical	Medical	Medical	Medical	Medical
SECOND TAB	Basic Medical	Medical History	Medical History	Medical History	Medical History	Medical History	OB/GYN & Pregnancy	OB/GYN & Pregnancy
EDIT BUTTON	Basic Medical	Medical History	Medical History	Medical History	Medical History	Medical History	Ob/Gyn & Pregnancy	Ob/Gyn & Pregnancy
SECTION	Acuity Scale	Tests / CD4 and Viral	Tests / STI Hepatitis	Tests / TB	Immunizations	ER / Hospital Visits	Pap Smear/Pelvic Exam	Pregnancy History
Performance Indicators	C, Toxo.)	CD4 Date	STI/Hepatitis	TB Test Medically Indicated	Immunization Type (<i>Flu, Pneum.</i>)		Pap Smear & Pelvic Exam Dates	Estimated Date Of Conception
		T Cell Count	Test Date	TB Test Medically Indicated Date	Is not medically indicated			Estimated Delivery Date
			Diagnosis	TB Diagnosis	Date			ART to reduce vertical trans?
			Tx Ind	Date of TB Diagnosis				Date ART was Taken
			Outcome					Pregnancy Outcome
								Date Of Pregnancy Outcome
								Newborn HIV Status
MAI Report		CD4 Date						
		T Cell Count						
		Viral Load Date						
		Viral Load Value						
Application		CD4 Date	STI/Hepatitis (all applicable)	TB Diagnosis		Date		
		T Cell Count	Test Date	Date of TB Diagnosis		ER Visit		
		Viral Load Date	Diagnosis			Hospitalized		
		Viral Load Value						
						(if applicable)		
Client Satisfaction								
Pharmacy Report								
EIS Service Provider Da								

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MAIN TAB	Medications	Medications	Medications	Risk & Assessments	Risk & Assessments	Risk & Assessments	Care Plan	Case Notes	Services
SECOND TAB	ART	ART	Other Medications	Risk Factors	Assessments	Assessments	Referrals		
EDIT BUTTON	ART Medications	ART Medications	Other Medications	Risk Factors	SAMISS	Risk Reduction Screening	Referrals	Case Notes	Services
SECTION	ART Type	Anti-Retroviral Drugs	Other Medications						
Performance Indicators	ART Type	Adh to HIV Tx % of doses	Other Medications (name)			Screen Date			Client Name / ID
	ART Start Date	Adh to HIV Tx Date	Type (prophylaxis)						Staff
	ART End Date		Start/End Date						Date of Service
									Contract Name
									Primary Service
									Secondary Service
									Agency Subservice
MAI Report									Client Name / ID
									Site
									Date of Service
									Contract Name
									Primary Service
									Secondary Service
									Agency Subservice
									Units of Service
Application				Client Risk Factors	SAMISS Part 1 (all)		Referral Date		Client Name / ID
				Primary HIV Exposure	SAMISS Part 2 (all)		Program		Date of Service
							Primary Srv (referring TO)		Contract Name
							Refer To		Secondary Service
							Target / Appt. Date		Agency Subservice
							Outcome Date		Units of Service
							Outcome		Site
Client Satisfaction									
Pharmacy Report		Anti-Retroviral Drugs	Other Medications (name)						
		Start Date	Type (prophylaxis)						
		End Date	Start/End Date						
EIS Service Provider Da							Referral Date		
							Program		
							Primary Srv (referring TO)		
							Refer To		
							Target / Appt. Date		
							Outcome Date		
							Outcome		