Medi-Cal Waiver Program (MCWP)
ARIES Required Minimum Data Set

Field Name	Tab Location	Sub-tab Location
First Name	Client Search / Demographics	Demographic Detail
Middle Initial	Client Search/ Demographics	Demographic Detail
Last Name	Client Search/ Demographics	Demographic Detail
Mother's Maiden Name	Client Search/ Demographics	Demographic Detail
Date of Birth	Client Search/ Demographics	Demographic Detail
Gender	Client Search/ Demographics	Demographic Detail
Zip Code	Demographics	Contact Info
County	Demographics	Contact Info
Hispanic	Demographics	Demographic Detail
Hispanic National Origin / Ethnicity	Demographics	Demographic Detail
Race 1	Demographics	Demographic Detail
National Origin / Ethnicity 1	Demographics	Demographic Detail
Date of Death	Demographics	Demographic Detail
Current Living Situation Since	Demographics	Living Situation
Current Living Situation (Choose One)	Demographics	Living Situation
Agrees to Share Data	Demographics	Agency Specifics
Agency Status	Demographics	Agency Specifics
Status as of Date	Demographics	Agency Specifics
Agency Enrollment Date	Demographics	Agency Specifics
Eligibility Document Type – ARIES Consent Form	Eligibility	Eligibility Documents
Eligibility Document Type – HIV Letter of Diagnosis	Eligibility	Eligibility Documents
Eligibility Document Dated	Eligibility	
Household Income	Eligibility	Financial
Number of People in Household	Eligibility	Financial
Insurance Source	Eligibility	Insurance
Insurance Type	Eligibility	Insurance
Insurance Start Date	Eligibility	Insurance
Insurance End Date	Eligibility	Insurance
Program	Programs	CMP/MCWP
Status	Programs	CMP/MCWP
Status Date	Programs	CMP/MCWP
Client ID #	Programs	CMP/MCWP
Reason Disenrolled	Programs	CMP/MCWP
MCWP Level of Care	Programs	CMP/MCWP

	Field Name	Tab Location	Sub-tab Location
	CDC Disease Stage	Medical	Basic Medical
	Date First HIV+	Medical	Basic Medical
	AIDS Diagnosis Date	Medical	Basic Medical
	Karnofsky / Cognitive & Functional Ability Scale (CFA)	Medical	Basic Medical
	Karnofsky / CFA Date	Medical	Basic Medical
	Pediatric Scale	Medical	Basic Medical
	Pediatric Scale Date	Medical	Basic Medical
	CD4 Test Date	Medical	Medical History
	T Cell Count	Medical	Medical History
	Viral Load Date	Medical	Medical History
	Viral Load Value	Medical	Medical History
	Date PPD/TST Placed	Medical	Medical History
	Date PPD/TST Read	Medical	Medical History
	IGRA Date	Medical	Medical History
	Chest X-Ray Date	Medical	Medical History
	TB Diagnosis	Medical	Medical History
	Date of TB Diagnosis	Medical	Medical History
	Treatment Start Date	Medical	Medical History
	Treatment End Date	Medical	Medical History
	TB Treatment Type	Medical	Medical History
	TB Treatment Status	Medical	Medical History
	Immunization Type	Medical	Medical History
	Immunization Date	Medical	Medical History
	Pap Smear & Pelvic Exam Date	Medical	OB/GYN & Pregnancy
	Date First Reported Pregnant	Medical	OB/GYN & Pregnancy
	Estimated Delivery Date	Medical	OB/GYN & Pregnancy
	Date Prenatal Care Began	Medical	OB/GYN & Pregnancy
	Date ART was Taken	Medical	OB/GYN & Pregnancy
	Pregnancy Outcome	Medical	OB/GYN & Pregnancy
	Date of Pregnancy Outcome	Medical	OB/GYN & Pregnancy
	Newborn HIV Status	Medical	OB/GYN & Pregnancy
	Reason Not on HAART	Medications	ART
	ART Type	Medications	ART
	Other Medications (Required for PCP Prophylaxis)	Medications	ART
	Used for (Required for PCP Prophylaxis)	Medications	ART
	Type (of other medication) (Required for PCP Prophylaxis)	Medications	ART
	Other Medication Start/End Date (Required for PCP Prophylaxis)	Medications	ART
	Client Risk Factors (Check all that apply: Sex with male; Sex with female; Injected nonprescription drugs; Received clotting factor for hemophilia/coagulation disorder, etc…)	Risk & Assessments	Risk Factors

	Services (Required of all Providers)		
	Client Name / ID	Services	N/A
	Staff	Services	N/A
	Date of Service	Services	N/A
	Contract ID	Services	N/A
	Program	Services	N/A
	Primary Service	Services	N/A
	Secondary Service (if applicable)	Services	N/A
	Unit of Service	Services	N/A