## Exhibit A – Attachment I MCWP ARIES Data Set Elements

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 (Choose One)	Demographics	Living Situation
Agrees to Share Data	Demographics	Agency Specifics
Agency Enrollment Date	Demographics	Agency Specifics
Eligibility Document Type – ARIES Consent	Eligibility	Eligibility Documents
Form		
Eligibility Document Type – HIV Letter of	Eligibility	Eligibility Documents
Diagnosis		
Eligibility Document Dated	Eligibility	Eligibility Documents
Insurance Type	Eligibility	Insurance
Insurance Start Date	Eligibility	Insurance
Insurance End Date	Eligibility	Insurance
Client ID #	Programs	MCWP
Reason Disenrolled	Programs	MCWP
CD4 Test Date	Medical	Medical History
Viral Load Date	Medical	Medical History
Viral Load Value	Medical	Medical History
Reason Not on HAART	Medications	ART
ART Type	Medications	ART
Other Medications (Required for PCP	Medications	ART
Prophylaxis)		
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
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
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