

# Office of AIDS HIV Care Program Minimum Dataset

Updated December 2021

Data Element	ARIES Tab	ARIES Subtab	Required for the Ryan White Services Report (RSR)	Required for the HIV Care Program (RWHAP Part B)
Street Address (Residence)	Demographics	Contact Info	Not Required	All Clients
City (Residence)	Demographics	Contact Info	Not Required	All Clients
State (Residence)	Demographics	Contact Info	Not Required	All Clients
Zip Code (Residence)	Demographics	Contact Info	Used for Provider Report	All Clients
County (Residence)	Demographics	Contact Info	Not Required	All Clients
Last Name	Demographics	Demographic Detail > Identifiers	All Clients	All Clients
First Name	Demographics	Demographic Detail > Identifiers	All Clients	All Clients
Middle Initial	Demographics	Demographic Detail > Identifiers	Not Required	All Clients
Date of Birth	Demographics	Demographic Detail > Identifiers	All Clients	All Clients
Mother's Maiden Name	Demographics	Demographic Detail > Identifiers	Not Required	All Clients
Current Gender	Demographics	Demographic Detail > Identifiers	All Clients	All Clients
Sex at Birth	Demographics	Demographic Detail > Demographics	All Clients	All Clients
Hispanic	Demographics	Demographic Detail > Demographics	All Clients	All Clients
Hispanic National Origin/Ethnicity (If Hispanic is Yes)	Demographics	Demographic Detail > Demographics	All Clients	All Clients
Race (1)	Demographics	Demographic Detail > Demographics	All Clients	All Clients
Race National Origin/Ethnicity (if Race is Asian or Pacific Islander)	Demographics	Demographic Detail > Demographics	All Clients	All Clients
Date of Death (if applicable)	Demographics	Demographic Detail > Demographics	All Clients	All Clients
Veteran	Demographics	Demographic Detail > Demographics	Not Required	All Clients
Living Situation	Demographics	Living Situation	Not Required	All Clients
Stability Scale	Demographics	Living Situation	All Clients	All Clients
(Living Situation) As Of Date	Demographics	Living Situation	All Clients	All Clients
Agrees to Share Data	Demographics	Agency Specifics	Not Required	All Clients
Agency Status	Demographics	Agency Specifics	All Clients	All Clients
Status as of Date	Demographics	Agency Specifics	All Clients	All Clients
Agency Enrollment Date	Demographics	Agency Specifics	Not Required	All Clients
Reason for Status Change (if applicable)	Demographics	Agency Specifics	Not Required	All Clients
Eligibility Document Type	Eligibility	Eligibility Documents	Not Required	All Clients
– ARIES Consent Form	Eligibility	Eligibility Documents	Not Required	All Clients
– HIV Letter of Diagnosis or Proof of Diagnosis	Eligibility	Eligibility Documents	Not Required	All Clients
– Agency Consent Form	Eligibility	Eligibility Documents	Not Required	All Clients
Eligibility Document Dated	Eligibility	Eligibility Documents	Not Required	All Clients
Monthly Household Income	Eligibility	Financial	All Clients	All Clients
Number of People in Household	Eligibility	Financial	All Clients	All Clients
(Insurance) Source	Eligibility	Insurance	All Clients	All Clients
(Insurance) Type	Eligibility	Insurance	Not Required	All Clients
(Policy) Start Date	Eligibility	Insurance	All Clients	All Clients
(Policy) End Date	Eligibility	Insurance	All Clients	All Clients
(Insurance) Payer (required only if the Source is Private 1, 2, 3, CoveredCA/ACA, or Veterans)	Eligibility	Insurance	All Clients	All Clients
CDC Disease Stage	Medical	Basic Medical	All Clients	All Clients
Date First HIV (required for all new clients)	Medical	Basic Medical	All Clients	All Clients
Year First HIV+	Medical	Basic Medical	All Clients	All Clients
AIDS Diagnosis Date	Medical	Basic Medical	All Clients	All Clients
HIV Test Date (for clients w/ new HIV diagnosis)	Medical	Basic Medical	OAHS Clients	OAHS Clients
HIV Test Result (for clients w/ new HIV diagnosis)	Medical	Basic Medical	OAHS Clients	OAHS Clients
CD4 Test Date	Medical	Medical History	OAHS Clients	OAHS Clients
T Cell Count	Medical	Medical History	OAHS Clients	OAHS Clients
Viral Load Date	Medical	Medical History	OAHS Clients	OAHS Clients

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(Viral Load) Value	Medical	Medical History	OAHS Clients	OAHS Clients
(STI/Hepatitis) Condition (for syphilis screening)	Medical	Medical History	OAHS Clients	OAHS Clients
(STI/Hepatitis) Test Date (for syphilis screening)	Medical	Medical History	OAHS Clients	OAHS Clients
(STI/Hepatitis) Diagnosis (for syphilis screening)	Medical	Medical History	OAHS Clients	OAHS Clients
Estimated Date of Conception	Medical	OB/GYN & Pregnancy	OAHS Clients	OAHS Clients
Estimated Delivery Date	Medical	OB/GYN & Pregnancy	OAHS Clients	OAHS Clients
Date of Pregnancy Outcome	Medical	OB/GYN & Pregnancy	OAHS Clients	OAHS Clients
ART Type	Medications	ART	OAHS Clients	OAHS Clients
Reason not on HAART	Medications	ART	OAHS Clients	OAHS Clients
(ART) Start Date	Medications	ART	OAHS Clients	OAHS Clients
(ART) End Date	Medications	ART	OAHS Clients	OAHS Clients
Other Medications (Optional for medication-assisted treatment [MAT])	Medications	Other Medications	Used for Provider Report	Not Required
(Other Medication) Start/End Date (Optional for MAT)	Medications	Other Medications	Used for Provider Report	Not Required
Client Risk Factors (Check all that apply)	Risk & Assessments	Risk Factors	All Clients	All Clients
– Sex with Male	Risk & Assessments	Risk Factors	All Clients	All Clients
– Sex with Female	Risk & Assessments	Risk Factors	All Clients	All Clients
– Injected Nonprescription Drugs	Risk & Assessments	Risk Factors	All Clients	All Clients
– Received Clotting Factor for Hemophilia / Coagulation Disorder	Risk & Assessments	Risk Factors	All Clients	All Clients
– Received transfusion of blood/blood components (other than clotting factor), transplant of tissue/organs or artificial insemination	Risk & Assessments	Risk Factors	All Clients	All Clients
– Worked in healthcare or clinical lab setting	Risk & Assessments	Risk Factors	All Clients	All Clients
– Mother HIV infected/Perinatal transmission	Risk & Assessments	Risk Factors	All Clients	All Clients
– Sexual abuse (pediatric only)	Risk & Assessments	Risk Factors	All Clients	All Clients
– Other Risk Factor	Risk & Assessments	Risk Factors	All Clients	All Clients
– Unknown	Risk & Assessments	Risk Factors	All Clients	All Clients
Sex Partner Risk Factors, Heterosexual Contact Only (Check all that apply)	Risk & Assessments	Risk Factors	All Clients	All Clients
– Intravenous/injection drug user	Risk & Assessments	Risk Factors	All Clients	All Clients
– Bisexual Male	Risk & Assessments	Risk Factors	All Clients	All Clients
– Person with AIDS or documented HIV	Risk & Assessments	Risk Factors	All Clients	All Clients
– Other (person with hemophilia/coagulation disorder, transfusion/transplant recipient with documented HIV infection)	Risk & Assessments	Risk Factors	All Clients	All Clients
– Unknown	Risk & Assessments	Risk Factors	All Clients	All Clients
Staff	Services	N/A	Not Required	All Clients
Site (if applicable)	Services	N/A	Not Required	All Clients
Date of Service	Services	N/A	All Clients	All Clients
Contract Name	Services	N/A	All Clients	All Clients
Primary Service	Services	N/A	All Clients	All Clients
Secondary Service (if applicable)	Services	N/A	Not Required	All Clients
Agency Subservice (if applicable)	Services	N/A	Not Required	All Clients
Unit of Service	Services	N/A	Not Required	All Clients