

**City of Austin Health & Human Services Department
Austin, Texas TGA**

Data Entry Training Manual For ARIES Required Data Elements



Version 1.1 dated Dec. 30, 2010

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Technical Assistance Website

<http://austinaries.tech.officelive.com/default.aspx>

*Special thanks to the following Texas Part B Administrative Agency
Data Managers*

*Clay Allison, Houston EMA , Kellie Norcott, Tarrant County EMA
& Betsy Goodnight, Brazos Valley Council of Governments*

*For providing documentation and support that contributed to the development of this
document*

Introduction

REVISION HISTORY	
Version 1.1 dated 12/30/10 Updates and clarifications to the Insurance section based on information received from BVCOG; miscellaneous clarifications, wording and formatting changes to other sections	2
Version 1.0 is dated 11/5/10.	2

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PURPOSE

This document was developed as a stand-alone reference for entering ARIES required data elements. It constitutes Part 1 of what will be a series of required data element technical assistance documents. Part 1 focuses in data elements required of ALL providers. Parts 2 and thereafter will include information on entering medical data elements required of OAMC providers, service deliveries, case notes, referrals, care plans, etc.

Other companion documents will also be available, including a list format of ARIES required data elements, an insurance primer to assist with entering insurance data into ARIES, a data inventory/dictionary of ARIES required data elements, an ARIES ad hoc reports reference, a reports primer, etc.

These documents will be placed on the Austin TGA technical assistance site at <http://austinaries.tech.officelive.com/default.aspx>.

If you would like hard-copies of any of these documents, please contact Cynthia.

ARIES Required Data Elements

The following data elements are required of all providers. They are roughly in the order they appear on the ARIES client record tabs.

Data required only of OAMC providers, as well as other required data, will be in separate technical assistance documents.

Data elements that appear on the information on the Ryan White Services Report (RSR) are bulleted and in red. Please note that other, non-RSR data elements may affect the numbers on this report and that ARIES categories for these data elements may not exactly match RSR categories.

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Finding Existing Clients

You will be conducting searches not only for clients who are already entered into ARIES, but you will also be required to conduct client searches prior to entering new clients.

To find a client, go to the black toolbar at the top of the screen and select "find" and then "client". The client search screen will come up. You can search by any of the following parameters **but you do NOT have to enter values for ALL of these fields on this search screen**: last name, first name, middle initial, agency client ID, SSN, date of birth.

The search function is **not** case sensitive. Entering the last name "JONES" will yield the same search results as "jones" or "Jones".

The best way to search is to **use as few of the fields as possible**. For example, if you fill out all the fields, the client is already in the system but doesn't have a middle initial, the client will not come up in your search.

To set the maximum number of records to display, enter the value in the **Display Results** field. Check **Search Related/Affected Individuals** to include them in your search results. By default, they are not included in the results.

Find	New	Reports	Shortcuts	Help	Logout
Client Search					
To find a client, or to check if a client is new to your agency, enter in some or all of the following information. You may use the wildcard *.					
Last Name	<input type="text"/>				
First Name	<input type="text"/>				
Middle Initial	<input type="text"/>				
Client ID	<input type="text"/>				
SSN	<input type="text"/>				123-45-6789
Date of Birth	<input type="text"/>				mm/dd/yyyy
Display	<input type="text" value="20"/>	results			
<input type="checkbox"/> Search Related/Affected Individuals					
<input type="button" value="Search >"/>					

Finding Existing Clients (cont'd)

You can use **wildcards** (* or %) for filtering options in ARIES.

If you aren't sure how a client's name is spelled or how they are entered in the system, you can do a "wildcard" search. A wildcard is a special filtering character that can take the place of one or more characters in a search string.

The Client Search module uses the "*" as a wildcard character.

For example, to search for Cynthia Manor you could put C* in the First Name and *manor* in the last name field. This would pull up all the clients whose last name contains the letters "Manor", regardless of what characters are before the "M" or after the "r" AND whose first name begins with a "C":

Please note that you cannot use wildcards in the **SSN** and **Date of Birth** fields.

Client Search

To find a client, or to check if a client is new to your agency, enter in some or all of the following information. You may use the wildcard *.

Last Name	<input type="text" value="*manor*"/>
First Name	<input type="text" value="c*"/>
Middle Initial	<input type="text"/>
Client ID	<input type="text"/>
SSN	<input type="text"/>
Date of Birth	<input type="text"/>
Display	<input type="text" value="20"/> results
	<input type="checkbox"/> Search Related/Affected Individuals
<input type="button" value="Search >"/>	

Finding Existing Clients (cont'd)

If your search results in only one client, you will be taken directly to that client's record. Otherwise, a list of clients will appear on the screen.

Click on the client's name to access the desired record.

Client Search Result						
Name	ID	SSN	DOB	Gender	Status	
Manor, Cora	10000631		9/14/1964	Female	Active	
Manor, Cynthia	10004146		9/14/1964	Female	Active	

Cynthia N Manor

Contact Information

Phones:
701-777-8888 -- do not contact; be confidential; no messages

Contact by mail: No
Be confidential

Residence:
as of 2/1/2010
701 Montopolis Drive
Houston, TX 77001
County: Del Norte
Geog Area/HSDA: 4805 South-Houston

Mailing Address:

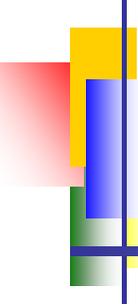
County:
Geog Area/HSDA:

Previous Address:

Emergency:

County:
Geog Area/HSDA:

Phone 1:
Phone 2:
be confidential; no messages



Finding Existing Clients (cont'd)

IMPORTANT NOTATIONS ON FINDING CLIENTS

Conduct thorough, accurate searches for clients, especially if it's prior to creating new client records. Creating new clients in ARIES is covered in the next section.

Using wildcard searches are not only helpful in searching for clients who may have last name suffixes, such as Jr. or Sr., hyphenated names, or names that follow non-"traditional" naming conventions, such as some Hispanic names, but also prevent the creation of duplicate clients.

If you find that you have created a duplicate client or get an error message when trying to create a new client (i.e., "duplicate URN"), please contact Betsy Goodnight, BVCOG Data Manager, at 979-595-2801 ext. 2227 or bgoodnight@bvcog.org.

If you send an email, DO NOT include any client identifying information in the email (i.e., client's name, social security number, etc)!!

You may use the ClientID field to search for clients based on their associated Client ID1, Client ID2, and ARIES ID fields.

Creating a New Client

Prior to creating a new client, be sure to have some sort of legal document, such as a State issued ID, birth certificate, or other documentation which has the client's full, legal name. You will need to know the client's share status, based on the information provided on the ARIES consent form, AND the client's mother's maiden name (MMN). If all available avenues to determine the client's MMN have been unsuccessful, you may then use the client's Last Name in place of the MMN.

Do not enter the client until you have or can verify this information.

To create a new client, click on *New* in the black menubar and select Client.

You will be taken to the *Client Search* screen so that you can do an *initial* search for the client to make sure that his/her record is not already entered under your agency.

On this search screen, **you do not have to enter data for all the fields on the screen. Use as few fields as is feasibly possible and/or use wildcards to improve your chances of finding the client if s/he is already entered.**

 **Reminder:** You cannot use wildcards in the SSN and Date of Birth fields.

Client Search

To find a client, or to check if a client is new to your agency, enter in some or all of the following information. You may use the wildcard *.

Last Name	<input style="width: 90%;" type="text"/>
First Name	<input style="width: 90%;" type="text" value="*test*"/>
Middle Initial	<input style="width: 90%;" type="text"/>
Client ID	<input style="width: 90%;" type="text"/>
SSN	<input style="width: 90%;" type="text" value="777-77-7777"/>
Date of Birth	<input style="width: 90%;" type="text"/>
Display	<input style="width: 50px;" type="text" value="20"/> results
	<input type="checkbox"/> Search Related/Affected Individuals
<input type="button" value="Search >"/>	

Creating a New Client (cont'd)

If after you have conducted a THOROUGH *initial* search you cannot find the client, click on the **Create New Client** control button.

• No records found. Try broadening your search.

Client Search

To find a client, or to check if a client is new to your agency, enter in some or all of the following information. You may use the wildcard *.

Last Name	<input type="text"/>
First Name	<input type="text" value="*test*"/>
Middle Initial	<input type="text"/>
Client ID	<input type="text"/>
SSN	<input type="text" value="777-77-7777"/>
Date of Birth	<input type="text"/>
Display	<input type="text" value="20"/> results
	<input type="checkbox"/> Search Related/Affected Individuals
	<input type="button" value="Search >"/> <input type="button" value="Create New Client"/>

You will then be taken to the **Client URN** screen on the **next page**.

Creating a New Client (cont'd)

The *Client URN* screen allows you to search for the client against all other clients in the system, including those at other agencies and EMA/TGA's. This search screen is not case-sensitive.

On this screen you must enter data for **ALL** of the fields, **EXCEPT for Middle Initial**. The *Middle Initial* field is optional, even though it has a red star next to it. **Do not put an "X" or "U" for "unknown" if the client does not have a Middle Initial - leave the field blank.**

You cannot use wildcards on this screen. Therefore, you may have to search for the client multiple times to ensure that s/he is not already in the system, especially for clients who have last name suffixes, hyphenated names, or whose names follow non-"traditional" naming conventions (i.e., some Hispanic names).

Conduct additional searches by re-entering your information and clicking the Search control button.

Client URN

To check if this client may already be registered in ARIES, please accurately enter the following data:

Last Name *	<input type="text" value="Reccrd"/>
First Name *	<input type="text" value="Test"/>
Middle Initial *	<input type="text"/>
Mother's Maiden Name *	<input type="text" value="Jones"/>
Date of Birth *	<input type="text" value="07/21/1960"/> 
Gender *	<input type="text" value="Female"/> 

Creating a New Client (cont'd)

If the client is not already in ARIES based on your **THOROUGH** searching, you can proceed to create a new client by **tabbing through each of the fields on the screen** to verify the values.

Check the *Client Agrees to Share Data* checkbox field if the client signed an ARIES consent form agreeing to share their data. If the signed the form and indicated that s/he does not want to share their data, leave the field unchecked.

If you don't know or cannot verify the client's share status, do not continue until you have this information. DO NOT proceed and enter the client as not shared UNLESS s/he indicates such on the ARIES consent form.

Client URN

To check if this client may already be registered in ARIES, please accurately enter the following data:

No match was found. Please check your entries and search again. To create a new client record, verify the value in each field by tabbing through it and then click on the Create button.

Last Name *

First Name *

Disable ARIES capitalization, save name as entered

Middle Initial *

Mother's Maiden Name *

Date of Birth *

Gender *

Client agrees to share data

After you have tabbed through all of the values, the **Search** control button will turn into a **Create** control button (see next page).

Creating a New Client (cont'd)

Click on **Create** to create the new record.

Again, if you get an error message, contact Betsy Goodnight, BVCOG Data Manager, 979-595-2801, ext. 2227. If contacting her by email, at bgoodnight@bvcog.org, do not include any client identifying information in the email, such as the client's name or SSN.

Client URN

To check if this client may already be registered in ARIES, please accurately enter the following data:

No match was found. Please check your entries and search again. To create a new client record, verify the value in each field by tabbing through it and then click on the Create button.

Last Name *	<input type="text" value="Record"/>
First Name *	<input type="text" value="Test"/>
	<input type="checkbox"/> Disable ARIES capitalization, save name as entered
Middle Initial *	<input type="text"/>
Mother's Maiden Name *	<input type="text" value="Jones"/>
Date of Birth *	<input type="text" value="07/21/1960"/> 
Gender *	<input type="text" value="Female"/> 
	<input checked="" type="checkbox"/> Client agrees to share data
	

Creating a New Client (cont'd)

IMPORTANT NOTATIONS ON CREATING NEW CLIENTS

Take your time entering your new client information!!!

It can be **VERY** easy to make a mistake but a lot of trouble and time to have it corrected.

Make sure that you do not enter the client's First name in the Last Name field and visa versa.

Double-check the spelling of the names.

If the client's last name has a suffix, such as Jr. or III, enter it **WITHOUT** any comma's between the last name and the suffix or periods after the suffix.

For example: Client name is James John, Jr.

John, Jr. << **INCORRECT** ☹️

John Jr. << **INCORRECT** ☹️

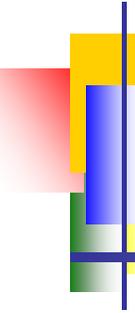
John Jr << **CORRECT** 😊

It is important to get an accurate value for the **Mother's Maiden Name** (MMN). If you were unable to get the client's Mother's Maiden Name (MMN), enter the client's last name for this field; however, using the client's last name for the **MMN** information should be used only as a last resort. **DO NOT enter "Unknown" for the MMN.**

If the client does not have a middle name leave the Middle Name field **BLANK**. **Do NOT put an "X", "U", or other character.**

If you get an error message stating that the client is already in the system ("duplicate URN"), or if you realize that you have accidentally entered incorrect information in creating the client, contact Betsy Goodnight, BVCOG Data Manager, at 979-595-2801 ext. 2227 or bgoodnight@bvcog.org.

If you send an email, **DO NOT** include any client identifying information in the email (i.e., client's name, social security number, etc).



Creating a New Client (cont'd)

You will be taken to the client's **Contact Information** details screen so you can begin entering the contact information.

To cancel out of the **Contact Information** details screen without entering any information at this time, you may click on the *Cancel* control button at the bottom of the screen. This will take you to the *home view* (see next page) of the client's records.

Whenever you pull up a client record from a search, you will be taken to this *home view*. From this screen, you can click on the various tabs and sub-tabs to access the client's information.

To view the details of each tab/sub-tab, click on the *Edit* control button on each tab. Some information you can update directly after clicking on the Edit button, such as Race or Ethnicity on the Demographics tab.

In other cases, to enter new information or edit existing information, you may need to click on an Edit or New control button, depending on the data element, then click on the New control button.

For example, if you need to create a new **Insurance** entry, you will need to click on the Edit control button on the Insurance tab then click on New. To delete an insurance entry, you would click on the Edit control button to access the entries and then click on the Deactivate button of the entry you wish to remove.

USER PERMISSIONS

The information you are able to view, edit, or delete depends on the permissions you were given when your ARIES profile was created. If you are unable to see certain tabs on a client's screen or cannot edit certain fields, you may need to have your permissions updated.

For permissions updates, contact Betsy Goodnight at 979-595-2801 ext. 2227 or bgoodnight@bvcog.org. You or your agency data manager may need to complete some paperwork to have your permissions adjusted.

Note that no provider users have access to edit **Client Identifiers**, which is located on the **Demographics** detail page. Only AA Data Managers (i.e., Cynthia and Betsy) can edit this information.

Creating a New Client (cont'd)

The *home view* of the client's information is below.

To access a tab, click on it and click the *Edit* control button to view the details.

The **Check the Client's CDC Disease Stage** message will always appear on the client's record until his/her HIV status information is completed, on the Medical tab.

The reason for this message is that client who do not have this field completed or it is entered as Unknown will NOT be included on Ryan White data reports.

The screenshot shows a web application interface for client management. At the top, there is a browser window with a tab titled "Contact Information". Below the browser window is a navigation bar with buttons for "< Back", "Home", "Find", "New", "Reports", "Shortcuts", and "Help". Underneath the navigation bar is a series of tabs: "DEMO-GRAPHICS", "ELIGIBILITY", "PROGRAMS", "MEDICAL", "MEDICATIONS", "RISK & ASSESSMENTS", "CARE PLAN", "CASE NOTES", and "SERVICES". Below these tabs is a sub-navigation bar with buttons for "CONTACT INFO", "DEMOGRAPHIC DETAIL", "LIVING SITUATION", and "AGENCY SPECIFICS". The main content area displays a red warning message: "Test Record (check the client's CDC Disease Stage)". Below the warning, there is a section for "Contact Information" with an "Edit" button. The contact information is organized into two columns. The left column includes fields for "Phones:", "Residence:", "County:", "Geog Area/HSDA:", "Previous Address:", and "County: Geog Area/HSDA:". The right column includes fields for "Contact by mail:", "Mailing Address:", "County: Geog Area/HSDA:", "Emergency:", "Phone 1:", and "Phone 2:".

Agency Specifics/Enrollment

The following fields, indicated on the screen print below, are required for the client's agency specifics/enrollment information: **Agrees to Share Data**, **Agency Enrollment Status** (Agency Status below), **Status As Of Date**, **Agency Enrollment Date**, **Agency Client ID 1**, **Agency Client ID2** (for the **Mother's Maiden Name**), **Reason for Status Change**, if applicable, **If Other**, if applicable.

Data elements required for Ryan White data reporting (RSR) are indicated with solid, red arrows. However, data elements indicated by the solid, light green arrows, (**Agency Enrollment Date**, **Reason for Status Change**, If Other) affect how this data is pulled into the reports. Refer to the Importation Notations section on the following page for details.

Agency Specifics for Test Record (check the client's CDC Disease

Agrees to Share Data Yes No

Agency Status * Active

Status as of Date * 10/1/2010

Agency Enrollment Date * 10/1/2010

Agency Client ID 1: 10050

Agency Client ID 2: Jones

Agency User Field 1:

Agency User Field 2:

Client Alert:

Reason for Status Change: Other

if Other: New Enrollment

Referral Date:

Referral Source:

if Other:

Buttons: Save + Next, Save + Done, Cancel

REQUIRED for RW data reporting: Agency Enrollment Status & Enrollment Date

Agency Specifics/Enrollment

IMPORTANT NOTATION ON AGENCY SPECIFICS/ENROLLMENT INFORMATION

Agency Enrollment and Status As Of Date

If you have created a new client, the **Agency Status As Of Date** and **Agency Enrollment Date** will default to the date you created the client's record. If you created the client's record on 6/15/2010, both of these dates will be set to 6/15/2010. So, if the client actually enrolled at your agency on 6/1/2010, you would need to change these dates to 6/1/2010.

Example: If you created the client record on 6/15/2010 and then tried to enter some services the client received on 6/2/2010, you would get an error message if you did not update the client's enrollment date to 6/1/2010. ARIES will not permit you to enter any services that are dated prior to the client's enrollment date in the system. If this happens, you will need to update the client's enrollment date.

If the client's enrollment status at your agency changes, be sure to update this information in ARIES. If a previously enrolled client returns to your agency, update the client's enrollment status. However, **DO NOT CHANGE the client's original Agency Enrollment Date**. Instead, update the **Agency Status As Of Date**. Conversely, if the client becomes lost-to-follow-up, is discharged, or is otherwise no longer active, update the record accordingly.

When you update a client's **Agency Enrollment Status**, you will be required to enter a reason for the status change in the applicable drop-down field. If the reason for the status change is not in the drop-down field list, select Other and write a brief description for why the client's status changed.

FYI - With the exception of the client being statused as Active, Reported or Confirmed Deceased, if the client's **Reason for Status Change** is Other, the client will be counted under Unknown enrollment status on the RSR. So if you see unknowns on your RSR for Enrollment Status, this is why – not because it was entered into ARIES that way.

Agency Client ID 2 for Mother's Maiden Name (MMN)

Enter the client's **MMN** information in the **Agency Client ID 2 field**. If this field is being used, you may enter this information in the Agency User Field 1 (or 2).

Address/Contact Information

The following fields, indicated on the screen print below, are required for the client's address/contact information: **Residence address As of/Since date**, **Street 1** (and Street 2 if applicable), **City**, **State**, **ZIP**, **County**, **HSDA**, **Emergency Contact information**, **Mail preference** (may we contact you by mail/should mail be confidential), **phone number** and **phone preference** information, if applicable.

Data elements required for Ryan White data reporting (RSR) are indicated with solid, red arrows.

Test Record Contact Information (check the client's CDC Disease Stage)

ADDRESSES

Residence	Mailing	Previous	Emergency Contact												
Since: <input type="text" value="10/1/2010"/>	<input type="checkbox"/> Same as Residence	<input type="text"/>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #000080; color: white;">Name</td><td><input type="text" value="Fred Barney"/></td></tr> <tr><td><input type="text" value="701 Montopolis"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td><input type="text"/></td></tr> <tr><td>TX <input type="text" value="77001"/></td></tr> <tr><td>Tel1 <input type="text" value="701-555-LIVE"/></td></tr> <tr><td>Tel2 <input type="text"/></td></tr> <tr><td style="background-color: #000080; color: white;">Confid</td><td><input type="text" value="Yes"/></td></tr> <tr><td style="background-color: #000080; color: white;">Msgs OK</td><td><input type="text" value="Yes"/></td></tr> </table>	Name	<input type="text" value="Fred Barney"/>	<input type="text" value="701 Montopolis"/>	<input type="text"/>	<input type="text"/>	TX <input type="text" value="77001"/>	Tel1 <input type="text" value="701-555-LIVE"/>	Tel2 <input type="text"/>	Confid	<input type="text" value="Yes"/>	Msgs OK	<input type="text" value="Yes"/>
Name	<input type="text" value="Fred Barney"/>														
<input type="text" value="701 Montopolis"/>															
<input type="text"/>															
<input type="text"/>															
TX <input type="text" value="77001"/>															
Tel1 <input type="text" value="701-555-LIVE"/>															
Tel2 <input type="text"/>															
Confid	<input type="text" value="Yes"/>														
Msgs OK	<input type="text" value="Yes"/>														
Street 1: <input type="text" value="701 Montopolis"/>	<input type="text"/>	<input type="text"/>													
Street 2: <input type="text"/>	<input type="text"/>	<input type="text"/>													
City: <input type="text" value="Houston"/>	<input type="text"/>	<input type="text"/>													
State & Zip: TX <input type="text" value="77001"/> *	<input type="text"/>	<input type="text"/>													
County: <input type="text" value="Trinity"/>	<input type="text"/>	<input type="text"/>													
HSDA Area: <input type="text" value="4806-Houston"/>	<input type="text"/>	<input type="text"/>													
May we contact you by mail? <input type="text" value="Yes"/>															
Should mail be confidential? <input type="text" value="Yes"/>															
Note: <input type="text"/>															

PHONE AND EMAIL

Phone Type	Allow Contact	Confid	Msgs OK
Phone 1: <input type="text" value="701-777-7777"/>	Home <input type="text"/>	No <input type="text"/>	Yes <input type="text"/>
Phone 2: <input type="text"/>	<input type="text"/>	No <input type="text"/>	Yes <input type="text"/>
Email 1: <input type="text"/>	<input type="text"/>	No <input type="text"/>	Yes <input type="text"/>

REQUIRED for RW data reporting: ZIP code

Address/Contact Information (cont'd)

IMPORTANT NOTATIONS ON ADDRESS/CONTACT INFORMATION

Residence Address

If the client's address changes, also check to make sure the client's **Current Living Situation** (which is also on the **Demographics tab**) corresponds to this information.

For example, if the client's address change involved a move from rental housing to living with friends, you would update the **Current Living Situation** information accordingly.

Residence As Of/Since Date

Please note that on the Contact Information summary screen, the wording for this field is "As Of", but on the Contact Information detail screen it is "Since". This date should be thought of as the "As Of" date, i.e., "**as of**" **the last time it was verified, whether the information changed or not, not when the client began living there.**

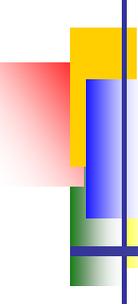
Example: If the client enrolled at your agency on 6/2/2010 but began living at the residence in 2/14/2009, you would enter **6/2/2010**, since you would have received this information at enrollment. In addition, if you do a client record update on 3/1/2011, you would change this date to **3/1/2011**, **even if the client didn't move.**

Make sure that the **Residence As Of/Since Date** corresponds with the **Living Situation As of/Since Date** on the **Demographics tab**.

Entering the date this way demonstrates to that the information is being updated.

City

Make sure that you spell the name of the city correctly so that if you need to report on clients by city, all of the applicable clients will appear in the report. ARIES does not have a spell checker. Only enter the name of the city, **not**, for example, "Austin, Texas".



Address/Contact Information (cont'd)

IMPORTANT NOTATIONS ON ADDRESS/CONTACT INFORMATION (cont'd)

Zip Codes

The last three digits of the client's **ZIP code**, or Geographic Unit, are required for Ryan White data reporting (RSR). If you need to find a client's **ZIP code**, you can use the following website: <http://zip4.usps.com/zip4/welcome.jsp>

Homeless Clients

If the client is homeless, enter Homeless or the name of the shelter the client may reside at in the **Street 1** field. Make sure you enter the City (Austin), **County** (Travis), **State** (Texas), and **HSDA** (4812-Austin). In addition, update the **Current Living Situation** information accordingly.

If the client stays at a shelter, enter the **ZIP code** of the shelter, i.e., 78701 for the Salvation Army downtown location.

Otherwise, you may enter the **ZIP code** of the place he or she considers his or her residence or "home base." This is the place where that person returns regularly and presently intends to remain, including an emergency shelter or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings, including a vehicle, abandoned building, bus/train/subway station/airport, or anywhere outside. It also can be a place the person returns to regularly where he or she can receive messages and be contacted, **including your agency**. (*Excerpted/adapted from HRSA 2009 RSR Manual, Version 2.0*).

Demographics

The following fields, indicated on the screen below, are required for the client's demographic information: **Hispanic** (ethnicity), **Race**, **Social Security Number** (if available), **Sexual Orientation**, **Primary Language**, **Date of Death** (if applicable).

Ryan White data report required fields are indicated with solid, red arrows.

Test Record Demographics (check the client's CDC I

AKA

Hispanic * No

Nat'l Orig/Ethnic.

Race

1 * American Indian or Native Alaskan

2

3

SSN 777-77-7777

Marital Status

Sexual Orientation Heterosexual

Primary Language English

Secondary Language

Place of Death

Other:

Date of Death *

Education Level

Veteran

Special Needs

Notes

REQUIRED for RW data reporting: Hispanic (ethnicity), Race, Date of Death

Demographics (cont'd)

IMPORTANT NOTATIONS ON DEMOGRAPHIC INFORMATION

Race/Hispanic Ethnicity

Although **Race** and **Hispanic** ethnicity information is based on client self-report, HRSA's distinction between the two may be confusing to clients, as well as staff, because many consider Hispanic to be a race. **Race** and ethnicity aren't typically thought of as two separate data points. Asking the client first whether or not they identify as being **Hispanic**, and then asking for the client's racial identity based on the ARIES race categories, may help collecting this information easier.

FYI - The federal government's Office of Management and Budget (OMB) definitions/information on Race and Ethnicity, from RSR instruction manual, v2.1., are indicated below (excerpted, in italics).

Note that although there is an "Other" option for Race in ARIES, this is not an OMB-defined race category. Consequently, any clients indicating a race of Other in ARIES will be counted under the Unknown race category in Ryan White data reports. Keep this in mind when reviewing your Ryan White data reports for missing/unknown data.

The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino."

Ethnicity

■ *Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be synonymous with "Hispanic or Latino."*

Race

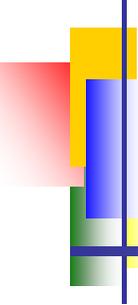
■ *American Indian or Alaska Native—A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

■ *Asian—A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*

■ *Black or African American—A person having origins in any of the black racial groups of Africa.*

■ *Native Hawaiian or Other Pacific Islander—A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

■ *White—A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*



Demographics (cont'd)

IMPORTANT NOTATIONS ON DEMOGRAPHIC INFORMATION

Multi-Racial Clients – Race 1, 2 & 3 fields

Use the **Race 1, 2, and 3** fields to enter information on multi-racial clients. If the client is Black and Asian, enter this information in the **Race 1 and 2** fields.

If a client is not multi-racial, **do not enter the same race in all three fields**. This will cause the client to be counted under More Than One Race on the Ryan White data reports instead of in the appropriate single-race category.

Date of Death

If a client dies, **do not** immediately enter a **Date of Death** (DOD) on the Demographics tab. Contact Cynthia with the client's ARIES ID or agency client ID so that she can coordinate the entry of this information with any other, affected agencies. Once a **DOD** is entered into ARIES, only DSHS can remove or correct it, and they will need documentation that the client is still living. She will contact you when you can enter the **DOD**.

In the meanwhile, you can enter the DOD by adding it to the **Agency Status As Of Date** field and updating the client's **Agency Enrollment Status** to Reported Deceased. Both of these fields are on the Agency Specifics tab.

Once you enter a DOD on to the Demographics tab, the client's **Agency Enrollment Status** will automatically update to **Confirmed Deceased**.

Living Situation

The following fields, indicated on the screen below, are required for the client's living situation information: **Current Living Situation**, **Living Situation As Of/Since** date, **Living Situation in the Last 12 Months**.

Ryan White data report required fields are indicated with solid, red arrows. However, please note that the **Living Situation As Of/Since** date field, indicated with a solid, blue arrow, may affect how the Current Living Situation data is pulled in to these reports. Refer to the Important Notations section on the following page.

For **Living Situation in the Last 12 Months**, be sure to check all that apply and update this information as applicable when you update the **Current Living Situation** and **Living Situation As Of/Since** Date. **If items that are checked no longer apply for the last 12-month period, un-check them.**

Test Record Living Situation (check the client's

Current Living Situation * Rental housing Housing Assistance

Living Situation since * 10/6/2010 HUD Application Date

If rent or own, do you have a signed lease, title or tax receipt? Yes

Living Situation in last 12 months (check all that a

- Homeless from the streets
- Living with relatives/friends
- Homeless from emergency shelter
- Rental Housing
- Transitional housing
- Participant-owned housing
- Psychiatric facility
- Board care or assisted living
- Substance abuse treatment facility
- Rented room
- Hospital or other medical facility
- Refused to answer
- Jail/Prison
- Other
- Unknown

REQUIRED for RW data reporting: Current Living Situation

Save + Next Save + Done Cancel

Living Situation (cont'd)

IMPORTANT NOTATIONS ON LIVING SITUATION INFORMATION

Current Living Situation

If the client's **Residence Address** changes, also check to make sure the client's **Current Living Situation** information, as well as **Living Situation in the Last 12 Months**, is updated accordingly.

For example, if the client's **Residence Address** change involved a move from rental housing to living with friends, you would update the **Current Living Situation**.

Living Situation As Of/Since Date

Please note that on the Living Situation summary screen, the wording for this field is "As Of", but on the Living Situation detail screen it is "Since". This date should be thought of as the "As Of" date, "as of" the last time it was **verified, whether the information changed or not, not when the client moved to this location.**

Example:

If the client enrolled at your agency on 6/2/2010 but began living at the residence in 2/14/2009, you would enter **6/2/2010**. In addition, if you do a client record update on 3/1/2011, you would update this date to **3/1/2011**, **even if the client didn't move.**

Make sure that the **Current Living Situation** and **Living Situation As Of/Since** date correspond with the client's **Residence Address** and **Residence As Of/Since** information.

Entering the date this way demonstrates that the information is being updated.

Living Situation (cont'd)

Ryan White Data Reporting Living Situation Categories and the Related RSR Categories

The following table shows the ARIES Living Situation Categories and the RSR categories each falls into on this report.

Please be aware that the **Living Situation As Of/Since** date may also play a role in your RSR calculations for this data element.

Current Living Situation....	Mapped to the Following RSR Category....
	
Board care or assisted living	<i>Stable/Permanent</i>
Homeless from emergency shelter	<i>Unstable</i>
Homeless from the streets	<i>Unstable</i>
Hospital or other medical facility	<i>Temporary</i>
Jail/prison	<i>Temporary</i>
Living with relatives/friends	<i>Temporary</i>
Other	<i>Unknown</i>
Participant-owned housing	<i>Stable/Permanent</i>
Psychiatric facility	<i>Temporary</i>
Refused to answer	<i>Unknown</i>
Rental housing	<i>Stable/Permanent</i>
Rented room	<i>Stable/Permanent</i>
Substance abuse treatment facility	<i>Temporary</i>
Transitional housing	<i>Temporary</i>
Unknown	<i>Unknown</i>

Eligibility Documents

The following **Eligibility Documents** are required to be entered into ARIES: **HIV Letter of Diagnosis, Proof of Residency, Proof of Income** (as needed by your program), **Release of Information, ARIES consent form, Agency Consent Form, Picture ID** (if available). These documents, along with others, are in the *Type* drop-down field.

Note that there is **not** an "Other" option in this drop-down field for you to enter documents that are not in the selection list.

If the client has not submitted an eligibility document, enter it as a **Pending** document by checking the *Pending* field. Once the client has actually submitted the document, un-check the field.

The location field is automatically populated. If the client is shared, you will be able to see the eligibility document entries of other sharing agencies, whose abbreviated names will be shown in this field.

Although none of this data is required on Ryan White data reports, it is **VERY IMPORTANT** for eligibility information it to be entered into the system and should be entered when the client's ARIES record is created or soon thereafter. Changes to the Ryan White program, including modifications to Ryan White grantee monitoring standards, have increased the emphasis on eligibility screening and documentation of these screenings and associated information in ARIES (i.e., current/previous insurance coverage or lack thereof, financial information, etc).

Type	Pending	Doc Dated	Obtained	Expires	Source	Location	Note
ARIES Consent Form	No	10/1/2010	10/1/2010			B Test	Client agrees to SHARE
HIV Letter of Diagnosis	No	1/1/2010	10/7/2010		Dr No	B Test	
Picture ID	No	1/1/2008	10/1/2010	1/1/2013	State of Texas DPS	B Test	Texas ID (not drivers license)
Proof of Income	Yes					B Test	Edit
Proof of Residency	Yes					B Test	Edit
							New

[Save + Next ▶](#)
[Save + Done](#)
[Cancel](#)

Eligibility Documents (cont'd)

IMPORTANT NOTATIONS ON ELIGIBILITY DOCUMENT INFORMATION

When entering ARIES Consent Form data, enter the share status the client selected in the **Note** field. This may or may not match the client's "current" share status – just the status as of the signing of the form.

Please note that, unless the document is Pending ("Yes"), once an eligibility document is entered and saved, it cannot be edited. In the screen shot below, the only eligibility document that has an adjacent Edit control button is the Pending entry. Non-pending entries do not have Edit control buttons.

If you make an error entering the document, you will have to re-enter it. If this occurs, be sure to enter an explanatory notation on the corrected entry.

Test Record Eligibility Documents

Type	Pend-ing	Doc Dated	Obtained	Expires	Source	Location	Note	
ARIES Consent Form	No	10/1/2010	10/1/2010			B Test	Client agrees to SHARE	
HIV Letter of Diagnosis	No	1/1/2010	10/7/2010		Dr No	B Test		
Picture ID	No	1/1/2008	10/1/2010	1/1/2013	State of Texas DPS	B Test	Texas ID (not drivers license)	
Proof of Income	Yes					B Test		Edit
Proof of Residency	Yes					B Test		Edit
								New

Financial Information

The following fields, indicated on the screen below, are required for the client's financial information: **Employment Status, Client (Individual) Income, Household Income, Family Income, Income History** (next page).

Ryan White data report required fields, **Percent Federal Poverty Levels for Family and Household**, are indicated with solid, red arrows.

Please note that the **Number of People in Household and Monthly Household Income** are **BOTH** required for **Household Percent Federal Poverty Level calculation**. If one of these data points is missing, the **Household Poverty Level** will NOT calculate and as a result the client will be counted under Unknown poverty level on the Ryan White data reports.

The same scenario applies to **Percent Federal Poverty Level for Family**.

These fields are indicated by solid, light green arrows.

CLIENT INCOME

(Amounts are monthly) Employed Public Assistance

Employment/Wages	<input type="text" value="500"/>	State Disability Ins/SDI	<input type="text"/>	Retirement	<input type="text"/>
Supp Security Income/SSI	<input type="text"/>	Long-term Disability/LTD	<input type="text"/>	Investment	<input type="text"/>
Soc Sec Disability Ins/SSDI	<input type="text"/>	Worker's Compensation	<input type="text"/>	Gift	<input type="text"/>
Social Security Retirement	<input type="text"/>	TANF CalWORKS	<input type="text"/>	other 1	<input type="text"/>
Gen Assis Gen Relief GA/GR	<input type="text"/>	Veterans Benefits/VA	<input type="text"/>	other 2	<input type="text"/>
Employment/UI	<input type="text"/>	Alimony/Child Support	<input type="text" value="100"/>	other 3	<input type="text"/>
Total	<input type="text" value="600.00"/>	<input type="checkbox"/> No source of income		Food Stamps	<input type="text"/>

HOUSEHOLD INCOME

Monthly Household Income *	<input type="text" value="600"/>	Percent Federal Poverty Level	<input type="text" value="calculated"/>
# People in Household *	<input type="text" value="2"/>	# HIV+ People in Household	<input type="text" value="1"/>
# Children in Household	<input type="text" value="1"/>		

FAMILY INCOME

Monthly Family Income	<input type="text" value="600"/>	Percent Federal Poverty Level	<input type="text" value="calculated"/>
# People in Family	<input type="text" value="2"/>		

Callout Box: The Total is calculated based on the figures entered in the adjacent income type fields.

Financial Information (cont'd)

The client's **Income History** should be entered/updated accordingly, with the Date being the date the income was reported or earned.

Make sure that the **Income History** information corresponds to the **Client**, **Family**, and **Household** financial data.

Date	Monthly Client Income	Monthly Household Income	Monthly Family Income
10/1/2010	800.00	800.00	800.00

The screen print below shows the **Poverty Level** calculations. If the **Household** or **Family** information is updated, the **Poverty Levels** are automatically calculated when the record is saved.

Financial Edit

Employment: Part-time
 Public Assistance:
 # Children in Household: 1
 # HIV+ People in Household:
 Current Income (Monthly)

Type	Amount	Shared by	Poverty Index
Client	\$800		
Household	\$800	2	66%
Family	\$800	2	66%

Income History (Monthly)

Date	Client	Household	Family
10/1/2010	\$800	\$800	\$800

Financial Information (cont'd)

IMPORTANT NOTATIONS ON FINANCIAL INFORMATION

Monthly Income

Client income is per **MONTH**, **not** by year. If the client reports his/her income based on weekly, every other week, or any other frequency, you will need to convert this to a monthly amount. If the client's income varies greatly, i.e., the client works for a temporary agency, establish a written, internal policy for entering this information into ARIES, such as averaging the client's income over a specific period of time, etc.

Income Sections

When entering or updating the client's income, make sure that you update ALL of the income sections: **client/individual, household, family, income history**, as applicable. It is important that there is consistency in the data among these various sections.

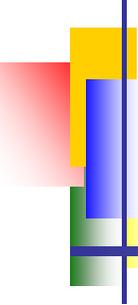
HRSA Definitions Of Family Size And Income

Family size is the number of family members who live together. An individual living alone (or with only non-relatives) counts as a family of one.

Family income is the sum of income of all family members who live together.

- It includes pre-tax money (or "cash") income (earnings; unemployment compensation; Social Security; public assistance; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; rents; royalties; income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources)
- It excludes non-cash benefits (e.g., food stamps, housing subsidies) and capital gains (or losses)

All family members have the same poverty status; thus all family members have the same income percentage of the Federal poverty measure.



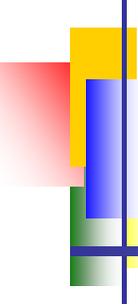
Financial Information (cont'd)

IMPORTANT NOTATIONS ON FINANCIAL INFORMATION (cont'd)

HRSA Definitions Of Household Size And Income

Household includes all people who occupy a house, an apartment, a mobile home, a group of rooms, or a single room. A household consists of a single family, one individual living alone, two or more families living together, or any other group of related or unrelated people who share living arrangements.

Household income is the sum of money received in the previous calendar year by all household members, ages 15 years and older, including household members not related to the householder and people living alone.



Insurance

BACKGROUND

The following information is adapted from an ARIES insurance “primer” developed by Tarrant County/Fort Worth (Texas) Data Manager Kellie Norcott.

Additional clarifications were included by Betsy Goodnight, Data Manager, BVCOG/Part B/State Services, and BVCOG provider staff.

This insurance section is also in a stand alone T.A. document named *Primer for Entering Client Insurance Information into ARIES.*

An additional Quick Reference Table of insurance categories (source, type) is also available as a stand-alone document.

Both of these documents can be accessed on the Austin TGA TA site at: <http://austinaries.tech.officelive.com/default.aspx>

Increasing scrutiny is going to be placed on client eligibility documentation, such as insurance and financial information. So it is important that this information is entered as completely and correctly as possible.

If you have any questions regarding insurance and entering the information into ARIES do not hesitate to contact Cynthia or Betsy for assistance.

Insurance “Source” and “Type”

The insurance categories in ARIES consist of a **Source** and a **Type**. The **Source** is the main category the insurance information is entered under. It is also the primary data field ARIES uses in calculating insurance data on the Ryan White data reports.

Type can be thought of as a *sub-category* of **Source**. See the diagram below, which uses **Medicare** as an example.

Insurance

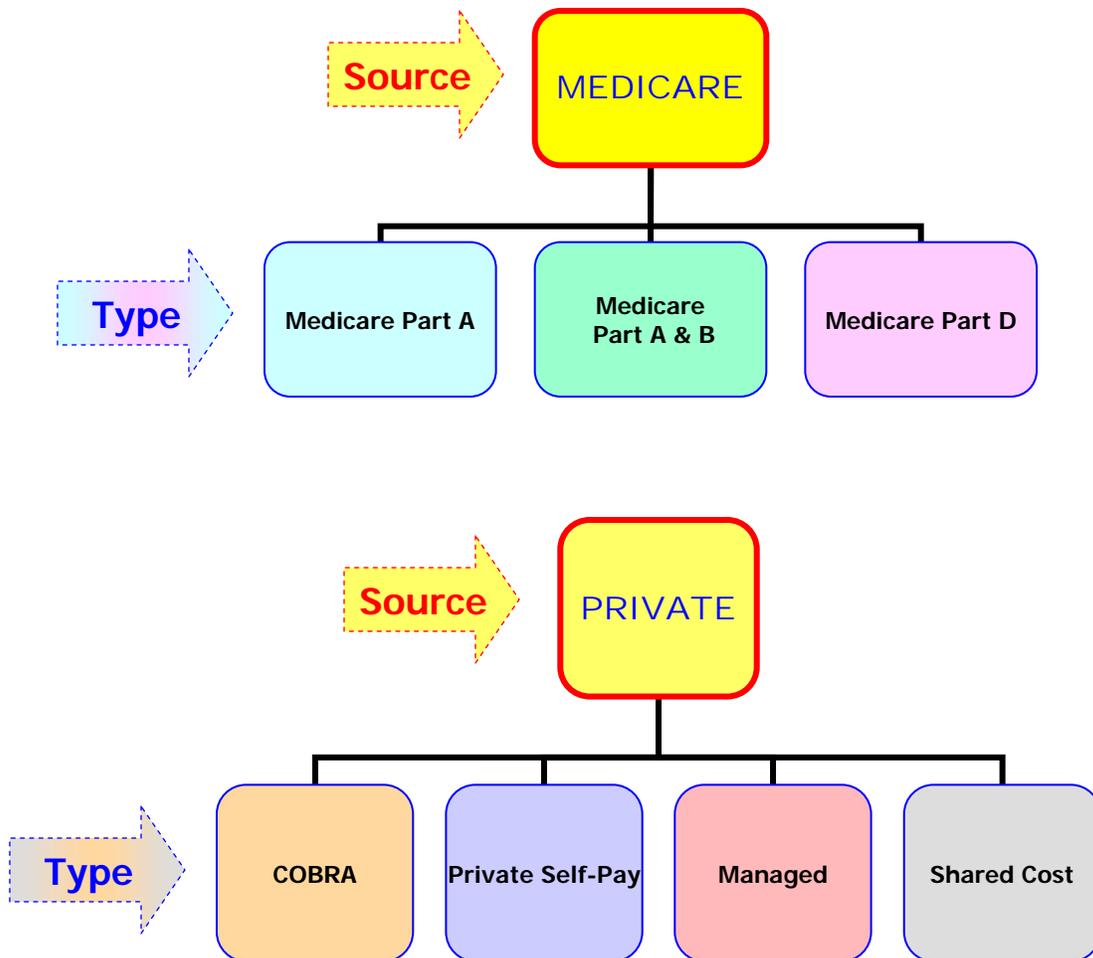
BACKGROUND

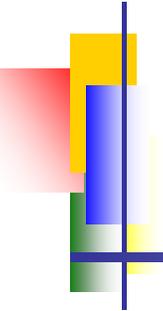
Insurance "Source" and "Type"

The insurance categories in ARIES consist of a **Source** and a **Type**. The **Source** is the main category the insurance information is entered under. It is also the primary data field ARIES uses in calculating insurance data on the Ryan White data reports.

Type can be thought of as a *sub-category* of **Source**.

See the diagrams below:





Insurance

Primary Insurance (Prim Ins)

Generally the client's **Primary Insurance or Prim Ins** is the one that has been in force the longest. For example, if a client being served in the EMA/TGA has Medicare, it will most likely be their Primary Insurance.

If the client has additional coverage, the client has to file a claim with the Primary Insurance before filing claims with any other secondary insurance, etc.

There are additional data entry requirements for insurance entries designated as Primary Insurance. These are discussed later in this chapter.

The table on the following page is a summary of the insurance **Source** data selections in ARIES along with the corresponding **Types**. The caveats for Primary Insurance are also noted on this table.

The top three insurance Source categories utilized by Austin TGA clients, as indicated by ARIES data, **No Insurance**, **Medicaid**, and **Medicare**, are highlighted on the table in yellow.

Insurance (cont'd)

Table of Insurance Sources and Corresponding Types

Items in Blue/Bold are "valid" selections for entries indicated as Primary Insurance (Prim Ins)

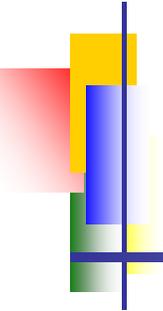
Source	Type	Notations for Entries Indicated as Primary Insurance (Prim Ins)
No Insurance	No Insurance	If a client has no kind of insurance, it is very important that you make "No Insurance" entries for BOTH Source and Type. A missing entry DOES NOT indicate to ARIES that the client has "No Insurance"!!
Medicaid Under Medi- CAL/Medicaid in ARIES	Full Scope Managed Other	The most likely/applicable Type selections for Prim Insurance entries are: Full Scope Managed
Medicare	Medicare A Medicare A & B Medicare D	Medicare A or Medicare A & B should be used for Source for Prim Ins entries. <i>For most clients, if they are covered, Medicare will be their Primary Insurance.</i>
Public 1 Public 2	CHIPPS County Sponsored – enter <u>MAP Cards</u> under this category Other	Public 1 should be used for Source for Prim Ins entries.
Private 1 Private 2 Private 3	COBRA Full Scope Managed Private Self-pay Shared Cost Restricted OBRA Conversion (Rx) North Star Other	Private 1 should be used for Source for Prim Ins entries. The most likely/applicable Type selections for Prim Ins entries are: COBRA Full Scope Managed Private Self-Pay Shared Cost
Vision	Other	Vision is not a valid Source selection for Prim Ins entries
Dental	Other	Dental is not a valid Source selection for Prim Ins entries
Veteran	Veteran	CHAMPUS is no longer a valid entry for any Veteran insurance entries.

Insurance (cont'd)

Table of Insurance Sources and Corresponding Types (cont'd)

Items in Blue/Bold are "valid" selections for entries indicated as Primary Insurance (Prim Ins)

Source	Type	Notations for Entries Indicated as Primary Insurance (Prim Ins)
ADAP (AIDS Drug Assistance Program), known in Texas as the Texas HIV Medication Program or THMP	SPAP (State Pharmacy Assistance Program) Other	ADAP is not a valid Source selection for Prim Ins entries
Other Public Insurance	Other Baby	
<i>The following Types apply only to California. <u>Do not use them.</u> → →</i>	HIPIC Denti-CAL Cal-COBRA CMSP	<i>PLEASE NOTE, however, that Medical/Medicaid is a "joint" category used by both Texas and California.</i>
<i>The following Types are no longer valid for <u>any</u> insurance entries. <u>Do not use them.</u> → →</i>	CHAMPUS	



Insurance (cont'd)

Private 1, 2 & 3 Source Categories:

The most common are **Private** carriers, which most everyone has heard of (e.g., Blue Cross/Blue Shield, Prudential, etc.) Clients may have more than one insurer, such as a primary and secondary insurer. One may pay 80% of the bill. This would be referred to as the client's **Primary Insurance (Prim Ins)**. Another may pay all or some of the portion for which the client is responsible. This is often referred to as "supplemental" insurance. A common supplemental insurance carrier is "AFLAC", whose spokes-duck commercials you may have seen on television.

Blue Cross/Blue Shield, for instance, offers "**Full Scope**" coverage, or "limited/**Restricted**" coverage. Full Scope covers a client's medical, dental, vision and other needs.

"Limited scope/**Restricted**" coverage means there are conditions on the payments or the amount of payments, i.e., the client's primary insurance may need to be billed prior to the limited/restricted coverage paying for anything.

In addition to these "**Types**", clients may also belong to a "**Managed**" care program, or Health Maintenance Organization (HMO), such as HMO Blue.

Clients who are employed may have what is known as "**Shared Cost**" insurance, another insurance "**type**" where their employer pays a portion of the premium for the insurance as part of the employee's compensation package.

Insurance (cont'd)

If a client presents at an organization with primary health insurance from Blue Cross through his/her employer, and ADAP, the client's insurance information would be entered as shown below.

Blue Cross is the client's **Primary Insurance**, or **Prim Ins**, because it provides the most coverage.

As indicated in the Source/Type table on the previous pages, **ADAP** is not checked off as a **Primary Insurance**.

The Note field shows where the agency who entered the data added their agency name (Acme Medical Center).

Call Tyrone Insurance										
Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note
Private 1	Managed	No	Yes	Yes	Blue Cross	9986686	1/1/2008	12/31/2010	\$500.00	Acme Medical Center
ADAP	Other	No	No	No	DSHS	8700	3/1/2010	6/30/2011		Acme Medical Center

[Edit](#)
[Edit](#)
[New](#)

[Save + Next >](#)
[Save + Done](#)
[Cancel](#)

Insurance (cont'd)

Public 1 and 2:

Insurance paid for through tax funds is considered “**public**” insurance, but is separate from Medicare and Medicaid coverage.

There are very few public health insurance options other than **Medicare/Medicaid** open to HIV positive individuals.

However, clients can apply for the **Medical Assistance Program** and receive a **MAP card**. This program is administered by Travis County.

A MAP card would be entered as indicated below, with Source = “Public” (1 or 2) and Type = “County Sponsored.”

Note that although the **County Sponsored** entry is not the Primary Insurance, when it was entered, Public 1 instead of Public 2 was used, since it was not being used in any other entry.

Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
Private 1	Full Scope	No	Yes	Yes	United Health Care	A6768	8/18/2009	12/31/2010		MHMR	Edit
Public 1	County Sponsored	No	No	No	Travis County		1/1/2009	8/17/2009		MAP CARD DPC	Edit
											New

Save + Next ▶
Save + Done
Cancel

Insurance (cont'd)

Medicare:

Medicare is a federal health insurance program for seniors over the age of 65 or for disabled persons under the age of 65 who also receive Social Security Disability Income (SSDI). Individuals who have **Medicare**, like those who have **Private Insurance**, may also have supplemental insurance, such as PacifiCare or Secure Horizons, which pays out-of-pocket expenses incurred by Medicare Co-Payments.

There are several different “types” of **Medicare** coverage. **Medicare Part A** coverage is for hospitalizations, **Medicare Part B** coverage is for outpatient and other doctor services that Part A doesn't cover. A client may have either Part A or B OR both Part A and B at the same time, depending on their qualifications.

Medicare Part D, which began in 2006, is a prescription drug insurance program. It pays for medications for eligible clients who purchase an offered **Medicare Part D** plan.

In the example below, **Medicare Part A and B** is entered as the **Primary Insurance**, with an additional entry for **Medicare Part D**. As noted in the Source/Type table, Medicare Part D should not be indicated as a **Primary Insurance**.

Susy Q Client Insurance											
Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
Medicare	Medicare A & B	No	Yes	Yes		9007-1	1/1/2009	12/31/2010		ACM	Edit
Medicare	Medicare D	No	No	No		77090	2/1/2010	12/31/2010		ACM	Edit
											New

Save + Next ▶ Save + Done Cancel

Insurance (cont'd)

Medicaid:

Medicaid, represented in ARIES is **“Medi-Cal/Medicaid”**, is a State administered program and each state sets its own guidelines regarding eligibility and services. It is available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law.

Children may also be eligible for Medicaid. If you serve related/affected youth clients who are on Medicaid, be sure to enter this information into ARIES.

Sunny I Daze Insurance

Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
No insurance	No Insurance	No	No	No			7/21/2009	8/31/2009		DPC	Edit
Medi-Cal/Medicaid	Full Scope	No	Yes	Yes			9/1/2009	12/31/2010		DPC	Edit

New

Save + Next >
Save + Done
Cancel

Vision/Dental:

Clients who have vision and dental plans separate from their **Primary Insurance** should have that information entered under these “sources.”

However, Vision and Dental insurance should NOT be indicated as a client’s Primary Insurance.

Cora C Manor Insurance

Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
Private 1	Full Scope	No	Yes	Yes	CTMF	78771-A	1/1/2001	3/1/2011	\$445.00	CA	Edit
Dental	Private Self-pay	No	No	No	I Can't See Vision Care	77891	7/1/2006	12/31/2010	\$21.00	CDU	Edit

New

Save + Next >
Save + Done
Cancel

Insurance (cont'd)

Veteran:

Current or retired military personnel covered by VA or veterans benefits should all be listed under the **Veteran** Source and **Veterans** Type.

CHAMPUS is no longer a valid entry for Type. (This program was replaced by TRICARE).

Fanny K Arama Insurance											
Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
No insurance	No Insurance	No	No	No			1/1/2009	5/31/2009		DPCHC	Edit
Private 1	COBRA	No	No	No	City of Austin		6/1/2009	6/1/2010	\$850.00	DPCHC	Edit
Veteran	Veterans	No	No	No	TriCare		6/2/2010	7/31/2010		MHMR	Edit
No insurance	No Insurance	No	Yes	Yes			8/1/2010	12/31/2010		MHMR	Edit
											New
						Save + Next >	Save + Done	Cancel			

Insurance (cont'd)

(ADAP) AIDS Drug Assistance Program:

In Texas, **ADAP** is also known as the **Texas HIV Medication Program** or **THMP**. This program assists clients with getting access to HIV medications.

The **Texas State Pharmaceutical Assistance Program**, or **SPAP**, is a “**type**” under **ADAP**. It’s a new program developed to help HIV-positive individuals with their out-of-pocket costs associated with Medicare Part D prescription drug plans, including co-payments, deductibles, coinsurance, and during the coverage gap. Not all clients who are on **ADAP** will necessarily have **SPAP** coverage, although many may transition over to this program. These clients would be entered with a **Source = ADAP** and **Type = Other**.

As noted on the Source/Type table, **ADAP** cannot be entered as a **Primary Insurance**.

Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
ADAP	Other	No	No	No			1/8/2010	9/30/2010		CDU	Edit
No insurance	No Insurance	No	No	No			7/21/2008	1/7/2010		PT	Edit
Medicare	Medicare A & B	No	Yes	Yes			10/1/2010			DPC	Edit
Medicare	Medicare D	No	No	No			10/1/2010			DPC	Edit
											New
											Save + Next >
											Save + Done
											Cancel

If the client is in the **SPAP** program, you would enter **ADAP** as the **Source** and **SPAP** as the **Type**.

Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
Public 1	County Sponsored	No	Yes	Yes	Travis County		10/27/2009	1/31/2011		MAP Card DPCHC	Edit
ADAP	SPAP	No	No	No	State of TX	8898	1/1/2010	12/31/2010		CA	Edit
											New
											Save + Next >
											Save + Done
											Cancel

Insurance (cont'd)

No Insurance:

If a client has no insurance coverage, enter **No Insurance** for BOTH the **Source** AND the **Type**. **Don't leave the Type field empty!!**

If you do not enter any **Source** or **Type** of insurance for a client, the system automatically counts the Source or Type as Unknown.

ARIES will NOT interpret the absence an insurance entry as "No Insurance. So it is very important that when a client has **NO** insurance, that a corresponding insurance entry be created.

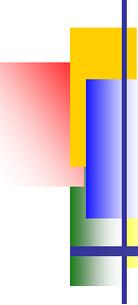
Since most of the clients in the TGA do not have insurance it is critical to document this.

The **Start Date** for **No Insurance** entries should be the date the client lost coverage. If the client never had insurance or does not have insurance when he enrolls for services at your agency, enter the client's enrollment date with your agency as the **Start Date**.

If the client has **No Insurance** entries in ARIES for previous periods of no coverage and subsequently loses coverage, **do not update those existing entries**. Create new entries for the subsequent periods the client has no insurance.

See example below.

Source *	Type	Pending	Prim Ins	Prim HIV Ins	Carrier	Policy #	Start Date *	End Date *	Mo. Premium	Note	
No insurance	No Insurance	No	No	No			1/1/2009	5/31/2009		DPCHC	Edit
Private 1	COBRA	No	No	No	City of Austin		6/1/2009	6/1/2010	\$850.00	DPCHC	Edit
Veteran	Veterans	No	No	No	TriCare		6/2/2010	7/31/2010		MHMR	Edit
No insurance	No Insurance	No	Yes	Yes			8/1/2010	12/31/2010		MHMR	Edit
											New



Insurance (cont'd)

Recap/Additional Information

Every client must have exactly one **Primary Insurance** or **Prim Ins** entry. For the great majority of clients, the **Primary Insurance** will also be the **Primary HIV Insurance** or **Prim HIV Ins**.

Clients with no insurance coverage must have **No Insurance** entered as **BOTH** their **Primary Insurance AND Primary HIV Insurance**.

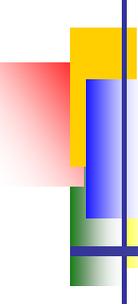
For all **Primary Insurance** entries, including **No Insurance** entries, enter **"2010 Update"** when you enter or verify the information.

All available insurance information, including **Start Dates**, **End Dates**, and **Policy Numbers**, must be entered in ARIES. Since **Start** and **End Date** information will be more critical for Ryan White data reporting, it is important that the client provides this information. If exact dates cannot be determined, use "ballpark figures" such as the first of the month, first of the quarter, year, etc.

Each in-force insurance policy must show an End Date. This will verify that insurance information was updated during the calendar year and will represent the last day of the insurance plan year, i.e., the date when deductible calculations restart. **Use 12/31/2010 for calendar year 2010 for No Insurance entries; accordingly, use 12/31/2011 for calendar year 2011 entries.**

If you are not sure or cannot determine that an insurance **Type** falls under one of the existing categories, select Other.

When creating new insurance entries, continue entering the name or initials for your agency in the Notes field. Currently ARIES does not display the name of the agency which created any given insurance entry.



Insurance (cont'd)

Insurance, ARIES, and Ryan White Data Reporting

The Ryan White Data Report (RDR) and the Ryan White Services Report (RSR) are two federal reports Ryan White providers and grantees are required to submit annually. The RSR requires the submission of client level data. The reports provide demographic, clinical, and service utilization data on clients served. Insurance is one of the data elements that is reported on.

The insurance **Source** field, appears on both the RDR and the RSR. However, the **Start Date**, **End Date**, and **Prim Ins** fields also play an important role in the way ARIES pulls insurance data for both of these reports. In addition, the data are not required to be reported the same and consequently ARIES does not calculate these data elements the same:

RDR Instruction Manual, dated October 15, 2009, Page 18:

*Report the number of clients receiving each type of medical insurance **at the end of the reporting period, or the most recent data available for the reporting period.** Select only one form of insurance for each client. Report the medical insurance that provides the most reimbursement if a client has more than one source of insurance at the end of the reporting period. If a client's only means of covering the costs of services is Ryan White HIV/AIDS Program funds, report the client in the "no insurance" category.*

RSR Instruction Manual, V2.1, Page 41:

Report all sources of health insurance the client had for any part of the reporting period. If the client did not have any health insurance of any kind throughout the entire reporting period, report "No insurance" (select one or more).

Therefore, it is important to have the most accurate and complete insurance information entered into ARIES.

Please note that for calendar year 2011, providers and grantees will not be required to submit an RDR.

Staff Assignment

Staff assignments that can be entered into ARIES include a client's case manager, advocate, health care professional, etc. This information is not only important for your agency, but also expedites the process of AA data managers needing to follow-up with case managers on data issues.

ARIES has 4 staff drop-down fields, **Staff 1** through **Staff 4**, which contain ARIES users as well as **non-user profiles** that were set up in the system as service providers. These may include doctors, nurses, or other staff who don't use or don't have access to ARIES but whose information is needed to assign services, case notes, or other information to. If you need non-user profiles set up in ARIES, contact Betsy Goodnight at 979-595-2801 ext. 2227.

In addition, Up to three additional staff members not in the system can be entered. These can be entered in the **Other Staff 1** through **Other Staff 3** fields.

Staff Assignment for Test Record

Staff 1	<input type="text" value="Manor, Cynthia"/>			
Staff 2	<input type="text" value="WHW1, User"/>			
Staff 3	<input type="text"/>			
Staff 4	<input type="text"/>			
	Name	Title	Phone	Agency
Other Staff 1	<input type="text" value="Dr. Pepper"/>	<input type="text" value="MD"/>	<input type="text" value="555-555-5555"/>	<input type="text" value="Acme Medical Services"/>
Other Staff 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Staff 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Basic Medical

Although most of the medical information in ARIES is required only of the outpatient/ambulatory medical care providers, the following medical information is required of ALL providers.

Below is a screen shot of a completed basic medical profile summary screen. Detailed information, including fields not displayed on this screen, may be accessed by clicking on the *Edit* button.

If you cannot view a client's medical information and need access to it, contact Betsy Goodnight, 979-595-2801 ext 2227, or bgoodnight@bvcog.org, so that she can update your permissions.

The pages that follow illustrate each of the required data elements on this screen.

Test Record

Basic Medical Edit

Primary Medical Care: Private MD
Provider and Last Visit Date: Dr. No; 512-555-5555; last visited 7/1/2010
Primary HIV Care: Federally qualified health center/hospital
Provider and Last Visit Date: DPC; 512-DPC-CALL; last visited 10/1/2010
CDC Disease Stage: HIV positive, asymptomatic
Acuity: 3 (Other), dated 10/7/2010
Medically unable to work:
Current Weight:
Usual weight:
AIDS Diagnosis: (per)
Year First Tested HIV+: 2007
Partner Notification Offered: Yes on 10/1/2010
Partners to be notified by client: 1
Partners to be notified by health dept.: 1
Date health dept. notified: 10/8/2010
Other Chronic Medical Conditions:

AIDS Condition		Diagnosed			Treated	
HIV Test Date	Result	County	State	Source	Pre-test Counseling	Post-test Course
1/1/2007	Positive	Travis	TX	Doctor office	Offered 1/1/2007	Offered 1/15/2007

Basic Medical (cont'd)

The following fields, indicated on the screen below, are required for the client's basic medical information:

Primary Medical Care Source, Primary Medical Care Provider Name, Date of Last Primary Medical Care Visit, Primary HIV Care Source, Primary HIV Care Provider Name, Date of Last Primary HIV Care Visit

CDC Disease Stage (or HIV Status), Date/Year First HIV+, AIDS Diagnosis Date.

Ryan White data report required fields are indicated with solid, red arrows.

HIV Test Information, Partners to be Notified by the Health Department, and **Client Risk Factors** are in subsequent sections of this document.

Test Record Basic Medical

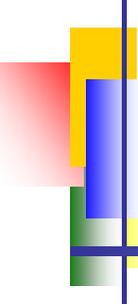
		Name	Phone	Last Visit
	Primary Med Care	Private MD <input type="text" value="Dr. Noj"/>	512-555-5555	7/01/2010 <input type="text"/>
	Primary HIV Care	Federally qualified health center/ <input type="text" value="DPC"/>	512-DPC-CALL	10/01/2010 <input type="text"/>
	CDC Disease Stage *	HIV positive, asymptomatic <input type="text" value="Source"/>		
	Date First HIV+	<input type="text"/> <input type="text" value="Year First HIV+ 2007"/>		
	AIDS Diag Date *	<input type="text"/> <input type="text" value="County"/> <input type="text" value="State"/> <input type="text" value="Source"/>		

Basic Medical (cont'd)

DPC is no longer entering data for the **Date of Last Primary HIV Care Visit** field. If the client is shared and you can see the client's DPC services, you can scroll through the services, copy, and then paste this date into the field as follows:

- Highlight the last Outpatient/Ambulatory Medical Care (OAMC) service date using your mouse cursor. **This date should NOT be a lab service**, i.e., viral load, CD-4, etc. It must be a doctor visit.
- Look for OAMC service dates which have **Outpatient/Ambulatory Medical Care** as the **subservice** name. You may see AOMC visit or OAMC visit for the subservice name on some entries. **See screen print below.**
- Right click and select Copy
- Right click in the Last Medical Visit field and select Paste

10/14/2010	Cynthia Manor	Ryan White > Outpatient/Ambulatory Medical Care > Outpatient/Ambulatory Medical Care > OAMC Visit	1.00 15 Minutes @ \$50.00	\$50.00
10/6/2010	Cynthia Manor	Ryan White > Outpatient/Ambulatory Medical Care > Outpatient/Ambulatory Medical Care > Outpatient/Ambulatory Medical Care	1.00 15 Minutes @ \$250.00	\$250.00
10/1/2010	Cynthia Manor	Ryan White > Outpatient/Ambulatory Medical Care > CD-4 T-Cell Count > CD-4 T-Cell Count	1.00 Test @ \$75.00	\$75.00
10/1/2010	Cynthia Manor	Ryan White > Outpatient/Ambulatory Medical Care > Laboratory Service > Laboratory Service	1.00 Test @ \$350.00	\$350.00



Basic Medical (cont'd)

IMPORTANT NOTATIONS ON BASIC MEDICAL INFORMATION

In most cases, the client's **Primary Medical Care** and **Primary HIV Care** information will be the same, i.e., David Powell (DPC) clients.

If the client receives medical care at DPC, be sure to select "Federally Qualified Health Center" (FQHC) from the provider type drop-down list(s).

The client's **CDC Disease Stage** or **HIV Status** is a critical data element, including for Ryan White data reporting. If this information has not been entered, a red "check the client's CDC Disease Stage" warning will appear on the client's profile until the information is entered.

Not only is it important to have data for the client's HIV Status, it is equally vital enter the most accurate **HIV Status**, i.e., HIV positive, Not AIDS, HIV positive Asymptomatic, etc. If you are entering a new client and you don't have the exact **HIV Status**, you may leave this field blank or enter "Unknown" until you get the client's **HIV Status**.

Use the "HIV positive, Disease Stage Unknown" category **only if you were unable to get documentation on the client's exact disease stage**.

Clients with missing/unknown HIV Status information will not be included on Ryan White data reports.

Be sure to check for any clients who have missing/unknown HIV Status prior to submitting your Ryan White Services Report (RSR).

You have the option of entering either a year or date that the client was first diagnosed with HIV. If you enter a date, the year automatically populates the Year First HIV+ field.

Make sure that the data for the **AIDS Diagnosis Date** and the **CDC Disease Stage (or HIV status)** are **consistent**. A client with an AIDS an AIDS disease stage should have an **AIDS Diagnosis Date**. Conversely, for any client who has an **AIDS Diagnosis Date**, a corresponding AIDS disease stage is necessary.

Client Risk Factors

Select all of the options that apply, as shown below, for **Client Risk Factors**. This data element is required for Ryan White data reporting.

When selecting a heterosexual contact risk factor, for example, a man who had sex with a women, a message will appear on the screen prompting you to select the applicable **Sex Partner Risk Factors Heterosexual Contact Only** options. If this information is not known, select Unknown.

If you have a client who has **Unknown Client Risk Factor** selected as well as other **known** risk factors, be sure to **UN-check** the **Unknown option**. Otherwise the client may be counted incorrectly on Ryan White data reports.

Test Record Risk Factor

Pediatric

*** What behaviors did the client engage in prior to his/her first HIV positive test result? Check all that apply:**

Client Risk Factors	Sex Partner Risk Factors, Heterosexual Contact ONLY
<input checked="" type="checkbox"/> Sex with Male	<input checked="" type="checkbox"/> Intravenous/injection drug user
<input type="checkbox"/> Sex with Female	<input type="checkbox"/> Bisexual Male
<input checked="" type="checkbox"/> Injected nonprescription drugs	<input type="checkbox"/> Person with AIDS or documented HIV
<input type="checkbox"/> Received clotting factor for hemophilia/coagulation disorder	<input type="checkbox"/> Other (person with hemophilia/coagulation disorder, transfusion recipient with documented HIV infection, Transplant recipient with documented HIV infection)
<input type="checkbox"/> Received transfusion of blood/blood components (other than clotting factor), transplant of tissue/organs or artificial insemination	<input type="checkbox"/> Unknown
<input type="checkbox"/> Worked in healthcare or clinical lab setting	
<input type="checkbox"/> Mother HIV infected/Perinatal transmission	
<input type="checkbox"/> Sexual abuse (pediatric only)	
<input type="checkbox"/> Other	
<input type="checkbox"/> Unknown	

HIV Tests

The following fields, indicated on the screen below, are required if you have testing information available on the client: **HIV Test Date**, **Result**, **County**, **State**, **Source** of the results, whether or not **Pre-Test Counseling** was offered and the **Date**, whether or not **Post-Test counseling** was offered and the **Date**.

HIV testing information is required for Ryan White data reporting. **HOWEVER**, most testing is confidential and/or anonymous and tracked in systems other than ARIES. **Therefore, the testing data in ARIES will not be used to complete the Ryan White data reports. This data will be reported out of the other tracking systems.**

HIV Test Date	Result	County	State	Source	Pre-test Counseling	Post-test Counseling
1/1/2007	Positive	Travis	TX	Doctor office	Offered 1/1/2007	Offered 1/15/2007

Buttons: Save, Cancel, Deactivate

Partner Notification

The following fields, indicated on the screen below, are required for counseling and testing-related Partner Notification information if you have it: **Partner Notification Offered to the client, Date offered to the client, Number of Partners to be Notified by Client, Number of Partners to be Notified by Health Department, Date Health Department Notified.**

Note: Partner notification information is required on the Ryan White Data Report (RDR); however, this report will no longer be required after the calendar year 2010 reporting period. Additionally, ARIES data is not used in submitting Ryan White report data. This data element is not required for the Ryan White Services Report (RSR).

The screenshot shows a data entry form with the following fields and values:

Partner Notification Offered	Yes	Dated	10/1/2010
# Partners to be Notified by Client	1		
# Partners to be Notified by Health Department *	1	Date Health Dept Notified *	10/8/2010

Green arrows point to the 'Partner Notification Offered' dropdown, the 'Dated' field, and the '# Partners to be Notified by Client' field. A red arrow points to the '# Partners to be Notified by Health Department' field. A red arrow points to the 'Date Health Dept Notified' field.

Acuity

The following fields, indicated on the screen below, are required for client Acuity information: **Acuity Scale**, **Acuity Score**, **Date** the client's acuity was administered. This data element is not required for Ryan White data reporting.

If the scale you are using is not in the Acuity Scale drop-down list, select Other. Austin TGA providers using the TGA tool should select Other at this time.

For more information on client acuity, including the Austin TGA acuity tool and modifications to the Austin TGA case management model, please contact Dave Watts, RN, CPHQ, Quality Management/Risk Management Program Coordinator, at 512-972-5062 or david.watts@ci.austin.tx.us.

Acuity Scale	Acuity Score	Date	
Other	3	10/7/2010	<input type="button" value="Save"/> <input type="button" value="Cancel"/>





If you need any additional assistance, please contact...

Cynthia Gail Manor, B.A.
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Part A/Part C/MAI/HOPWA
City of Austin Health and Human Services Department
Austin Transitional Grant Area
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Technical Assistance Site for Austin TGA Providers
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