OMB No. XXXX-XXXX Expiration Date: XX/XX/XXXX

Tab 9 RETENTION SPECIALIST/PATIENT NAVIGATOR ENCOUNTER FORM (Phase 2 Study)

Participant Study ID #		
Date of contact://_MM DD		Form completed by:☐ Retention Specialist☐ Patient Navigator
DIRECT CONTACT WITH PATIENT	<u>rs</u>	
Type of Contact (check one) □ Face-to-face contact □ HIV clinic □ Other medical setting (e.g. hospital) □ Other community setting (e.g. client resilibrary, restaurant, church, shelter, etc.) □ Telephone contact (other than a reminder contact □ Reminder Contact (telephone, e-mail, text, letter)	t)	Duration of Contact (check one) □ < 5 min
Activities Completed During Face-to-Face Administer retention risk screener Deliver motivational messages Deliver educational messages	Develop/update clie Provide emotional s	Contacts (check all that apply) ent-centered retention plan support/supportive counseling nt after a recent HIV medical visit
☐ Update locator/contact information ☐ Follow-up on unmet needs/referrals ☐ Help patient navigate the medical center ☐	Reschedule HIV me Follow-up w/ patien	edical care appointment nt after a missed HIV medical appointment

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 3.3 hours per respondent annually, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Reminder Contacts (telephone, e-mail, text messages, letter/card)		
☐ Type of reminder (<i>check all that apply</i>) ☐ HIV medical care appointment ☐ Next face-to-face intervention session (if not during next medical appt) ☐ Other (e.g. lab visits), specify:		
☐ Method of reminder (<i>check all that apply</i>) ☐ Telephone ☐ Letter/card/mailing ☐ Text message ☐ E-mail ☐ Face-to-face (e.g. during an outreach contact)		

CONTACT ON BEHALF OF PATIENTS (Case Mgr, Medical Team, RS/PN)

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RETENTION SPECIALIST WITH	I CASE MANAGER	<u>Unmet need codes</u>	
Unmet Needs Category	Status of Unmet Need	1 = Identified need: informed CM 2 = Need not yet addressed by CM	
(Check all that apply)	(Enter a number 1 - 6)	3 = Referral provided by CM	
☐ Child care		4 = Resolved: service obtained	
Educational assistance (e.g. GED)		5 = Service temporarily unavailable	
☐ Emergency financial assistance		(e.g. wait list exists for the service) 6 = Service permanently unavailable	
☐ Employment assistance		6 = Service bermanentiv unavanable	
☐ Food bank		Type of Contact (Check one)	7
☐ HIV support groups (non-professio	onal)	Type of Contact (Check one) ☐ Face-to-face contact	
☐ Housing☐ Insurance/benefits/entitlements			
Legal services		Outside clinic (e.g. CM office)	
☐ Mental health care services		□ Telephone	
Other medical services (e.g. vision,	dental)	☐ E-mail	
Substance abuse treatment	<u></u>	☐ Letter/mailing	
☐ Transportation			⅃
Other, specify:			
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Other purpose for contacting case	manager	<u>Duration of Contact (Check one)</u>	
(Check all that apply)_		□ < 5 min □ 60-90 min	
\square Request help locating the patient		☐ 5-15 min ☐ 91-120 min	
☐ Other, specify:		☐ 16-30 min ☐ >120 min	
		☐ 31-59 min	
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RETENTION SPECIALIST WITH MEDICAL TEAM MEMBER Type of Contact (Check one)				
Purpose of Contact (Check all that apply) Multi-disciplinary team meeting (e.g. case conference)	Type of Contact (Check one) ☐ Face-to-face contact ☐ Telephone ☐ E-mail			
☐ Communicate issue(s) of concern to medical team member ☐ Medical team member communicating issue(s) of concern to RS				
☐ Consultation w/ RS supervisor (e.g. complicated patient issues)	Duration of Contact (Check one)			
	☐ < 5 min ☐ 60-90 min ☐ 5-15 min ☐ 91-120 min ☐ 16-30 min ☐ >120 min ☐ 31-59 min			
RETENTION SPECIALIST WITH PATIENT NAVIGATOR				
Purpose of Contact (Check one)	<u>Duration of Contact</u> (Check one)			
☐ Communicate issue(s) of concern to Retention Specialist ☐ Communicate issue(s) of concern to Patient Navigator	☐ < 5 min ☐ 60-90 min ☐ 91-120 min ☐ 16-30 min ☐ >120 min ☐ 31-59 min			

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