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.  The OMB control number for this project is 0906-XXXX.  Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, 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 this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.

**Background**

The chart abstraction will be conducted by the Abt Team - JSI staff on a sample of clients at each of the participating sites. The information will primarily be abstracted from the site’s electronic health record (EHR) and billing systems and recorded in an online data collection system developed by Abt.

The review period for the chart abstraction will be from July 1, 2013 through June 30, 2016 to allow for adequate data to support the analysis. We will abstract information from each service provided to the sampled client during this time period (medical visits, core and support services, tests). When the chart review is completed, the client’s information will be uploaded on Abt’s secure server. The system will automatically generate the eUCI using information from: the first and third letters of the client’s first name, the first and third letters of the client’s last name, the full date of birth (DOB) and gender. Once entered, this information will automatically be converted to the eUCI - and the DOB will be transformed to age. The data entry program will simultaneously delete the name and DOB. Therefore, no personally identifying information will be transferred or saved in this upload (e.g., initials of client and date of birth). The client ID will allow us to link chart abstraction data to the site’s RSR data since the same algorithm to create the unique client ID was applied to both chart abstraction and RSR extract.

This document provides draft screens for Abt’s online data collection system. The system will include seven tabs and a brief overview of each tab is provided below. In general, after completing a screen, abstractors can click “save” to save the information in the system and “continue” to continue to the next screen or tab.

* Client information/demographics: This information is entered one time (static). The information is used to create the unique client ID and document gender, race, ethnicity, HIV risk, date first tested positive and entered care at the site, date of AIDS diagnosis (if applicable), date of ART initiation, Hepatitis status, and gaps in care.
* HIV medical visits: The information shown in this screen will be collected for each visit that occurs during the review period, including those where the client is considered a “no show.” The abstractor will only include visits where a HIV medical provider with prescribing privileges was seen.
* Laboratory testing: The information shown in this screen will be collected for each test that occurs during the review period. The abstractor will enter test information (type of test and date of test) and then to enter another test will client the button “add another test”. The tests will be able to be matched to corresponding HIV medical visits by date.
* Hospitalizations: The information shown in this screen will be collected for each inpatient and emergency department (ED) admission that occurs during the review period. The abstractor will enter dates of visit and reason for the visits. Multiple hospitalizations can be entered by using the button “add another hospitalization” or “add another ED visit”.
* Billing/insurance: Given that billing and insurance information may be collected in a separate system (billing system) from the clinical information (EHR), we have included billing information on a separate screen. This screen includes information on: payers (primary and secondary), type of service, ICD-9/10 codes for service, use of ADAP and client’s poverty level. The billing/coverage information for the service can be linked to the medical visits, etc. by date of service.
* RWHAP core service use: The information shown in this screen will be collected for each core service received during the review period. The abstractor will enter dates of service for the type of service. Multiple visits for the same service can be entered by using the button “add another date”.
* RWHAP support service use: The information shown in this screen will be collected for each support service received during the review period. The abstractor will enter dates of service for the type of service. Multiple visits for the same service can be entered by using the button “add another date”.

**CLIENT INFORMATION/ DEMOGRAPHICS**

HIV MEDICAL VISITS

LABORATORY TESTING

HOSPITALIZATIONS

BILLING/ INSURANCE

RWHAP CORE SERVICE USE

RWHAP SUPPORT SERVICE USE

**Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site ID:** | **Initials of Reviewer:**  | **Date of Review:** | **Start & end time of chart review (in mins):** |
| \_\_ \_\_ \_\_ \_\_ | \_\_ \_\_ \_\_ | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ | Start: \_\_ \_\_ : \_\_ \_\_ End: \_\_ \_\_ : \_\_ \_\_ |
| **First and third letters of first name:** | **Date of birth:** | **Current Gender:** | **Country of birth:** |
| \_\_ \_\_ | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_*Enter January 1 if month and date are unknown* | * Male
* Female
* Transgender (man to woman)
* Transgender (woman to man)
 | * US
* US territory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Outside the US: \_\_\_\_\_\_\_\_\_\_\_\_\_
* Not available
 |
| **First and third letters of last name:** | **State of residence:** |
| \_\_ \_\_ | \_\_ \_\_ |
| **Race (check all that apply):** | **Hispanic ethnicity:** | **HIV risk (check all that apply):** |
| * White
* Black
* Asian
* Native Hawaiian/other Pacific Islander
* Native American/Alaska Native
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Yes
* No
 | * Male who has sex with males (MSM)
* Injecting Drug Use (IDU)
* Hemophilia/coagulation disorder
* Heterosexual contact
* Receipt of blood transfusion, blood components or tissue
* Mother with/at risk for HIV (perinatal transmission)
* Risk factor not reported/not identified
 |
| **Date 1st tested HIV positive:** | **Date 1st HIV medical visit at site:** | **AIDS diagnosis:** | **Date ART initiated:**  |
| \_\_ \_\_ / \_\_ \_\_ □ Date unknown*Enter January if month unknown* | \_\_ \_\_ / \_\_ \_\_ □ Date unknown*Enter January if month unknown* | * Yes →

Date diagnosed: \_\_ \_\_ /\_\_ \_\_ *Enter January if month unknown* □ Date unknown* No
 | Date initiated: \_\_ \_\_ /\_\_ \_\_ □ Date unknown*Enter January if month unknown*□ No record of ever being on ART |
| **Gaps in care during the review period:** |
| Is there documentation that the patient had a period of greater than six months between medical visits at this site during the review period? **Add another gap in care**□ Yes □ No  → If yes: Date of last visit at this site before gap: \_\_ \_\_ / \_\_ \_\_ *Enter January if month unknown*Reason for gap in care:□ Lost to follow up □ Transferred care □ Died □ Moved □ Incarcerated □ No documentation □ Other. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Death during the review period:** |
| Is there documentation that the patient died during review period?□ Yes □ No → If yes: Date of death: \_\_ \_\_ / \_\_ \_\_ *Enter January if month unknown* Cause of death: \_\_\_\_\_\_\_\_\_\_\_ |
| **Remarks:** |
|  |
| **Save** |  |  | **Continue to HIV visits** |
|  |  |  |  |

CLIENT INFORMATION/ DEMOGRAPHICS

**HIV MEDICAL VISITS**

LABORATORY TESTING

HOSPTIALIZATIONS

BILLING/ INSURANCE

RWHAP CORE SERVICE USE

RWHAP SUPPORT SERVICE USE

**Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016**

|  |  |
| --- | --- |
| **Date of visit with HIV medical provider with prescribing privileges:** | ***If Female,* Pregnancy at visit:** |
| \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_*Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.* Check if client did not show up for the visit: □ | □ Yes → On ART: □ Yes □ No, refused□ No □ No, not offered □ No, other |
| **On ART at visit:**  | **Documented ART adherence issue at visit:**  | **Blood pressure readings at visit:** |
| * Yes → **GO TO ART REGIMEN CREEN**

**Enter ART regimen*** No
 | * Yes → if yes: □ Coverage related lapse

 □ Other adherence issue (specify): \_\_\_\_\_\_\_\_\_\_* No
 | Systolic: \_\_ \_\_ \_\_Diastolic: \_\_ \_\_ \_\_  |
| **Preventive service delivery during the visit:**  |
| Influenza vaccination: □ Yes □ No  | Pneumococcal vaccination: □ Yes □ No □ Vaccination up to date | Hepatitis B vaccination: □ Dose 1 □ Dose 2 □ Dose 3 □ Vaccination up to date □ No  |
| **Preventive screening during the visit:**  |
| STI screening Chlamydia: □ Yes □ No □ Sexually inactiveGonorrhea: □ Yes □ No □ Sexually inactiveSyphilis: □ Yes □ No □ Sexually inactive | Hepatitis C screen: □ Yes □ NoHepatitis B screen: □ Yes □ No | Cervical/anal cancer screening: □ Yes □ No  |
| **Behavioral Health screening during the visit:**  |
| □ Mental health screening | □ Substance use (alcohol/drugs) screening  |  |
| **Conditions indicated in the condition list during visit: (check all that apply)** |
| * Diabetes
* Hypertension
* Hyperlipidemia
 | * Other cardiovascular disease
* Hepatitis C
* Hepatitis B
 | * Mental disorder
* Substance use disorder
* AIDS defining opportunistic infection (OI), describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Medications to treat conditions indicated during visit: (check all that apply)** |
| * Anti-hypertensives
* Lipid lowering drugs
* Insulin
* Oral medications to treat diabetes
 | * STI treatment
* Hepatitis C treatment
* Hepatitis B treatment
 | * PCP prophylaxis
* MAI prophylaxis
* Anti-depressants/psychotics
* Withdrawal management (alcohol, substance use)
 |

**Add another visit**

**Continue to Lab Testing**

**Save**

CLIENT INFORMATION/ DEMOGRAPHICS

**HIV MEDICAL VISITS**

LABORATORY TESTING

HOSPTIALIZATIONS

BILLING/ INSURANCE

RWHAP CORE SERVICE USE

RWHAP SUPPORT SERVICE USE

|  |
| --- |
| **Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016** |
| **ART regimen (check all that apply)** |
| * Abacavir (ABC, Ziagen)
* Amprenavir (APV, Agenerase)
* Atazanavir (ATV, Reyataz)
* Atripla (EFV/FTC/TDF)
* Cobicistat (COBI, Tybost)
* Combivir (AZT/3TC)
* Complera (FTC/RPV/TDF)
* Darunavir (DRV, TMC 114, Prezista)
* Delavirdine (DLV, Rescriptor)
* Didanosine (ddl, Videx)
* Dolutegravir (DTG, Tivicay)
* Efavirenz (EFV, Sustiva)
* Elvitegravir (EVG, Vitekta)
* Emtricitabine (FTC, Emtriva)
 | * Enfuvirtide (ENF, T-20, Fuzeon)
* Epzicom (ABC/3TC)
* Etravirine (ETR, Intelence, formerly TMC125)
* Evotaz (ATV/COBI)
* Fosamprenavir (FPV, Lexiva)
* Genvoya (EVG/COBI/FTC/TDF)
* Indinavir (IDV, Crixivan)
* Lamivudine (3TC, Epivir)
* Lopinavir/Ritonavir (LPV/RTV, Kaletra, Meltrex)
* Maraviroc (MRC, Selzentry)
* Nelfinavir (NFV, Viracept)
* Nevirapine (NVP, Viramune)
* Odefsey (FTC/RPV/TAF)
* Prezcobix (DRV/COBI)
* Raltegravir (RAL, Isentress, formerly MK-0518)

**Save****Back to HIV medical visits** | * Rilpivirine (RPV, Edurant)
* Ritonavir (RTV, Norvir)
* Saquinavir (SQV-HGC, Invirase, Fortovase)
* Stavudine (d4T, Zerit)
* Stribild (EVG/COBI/FTC/TDF)
* Tenofovir (TDF, Viread)
* Tipranavir (TPV, Aptivus)
* Triumeq (ABC/DTG/3TC)
* Trizivir (ABC/3TC/AZT)
* Truvada (FTC/TDF)
* Zalcitabine (ddC, Hivid)
* Zidovudine (AZT, Retrovir)
* Other. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not documented
 |

|  |
| --- |
| **Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016**CLIENT INFORMATION/ DEMOGRAPHICSHIV MEDICAL VISITS**LABORATORY TESTING**HOSPTIALIZATIONSBILLING/ INSURANCERWHAP CORE SERVICE USERWHAP SUPPORT SERVICE USE |
| **CD4 counts during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.* |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Result: \_\_\_\_\_\_\_ mm3 or \_\_\_\_\_\_\_ % □ Not documented**Add another CD4 count** |
| **Viral loads during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*  |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Result: \_\_\_\_\_\_\_ copies/mL □ Undetectable □ Not documented**Add another viral load** → Lower limit of detection for viral load test used: \_\_\_\_\_\_\_\_\_ |
| **Glucose regulation tests during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.*   |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Type: □ Fasting blood glucose □ Hemoglobin A1c **Add another glucose test** Result: \_\_\_\_\_\_\_ mg/dL \_\_\_\_\_\_\_\_\_ % □ Not documented |
| **Lipid level tests during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.* |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Type: □ Cholesterol HDL □ Cholesterol LDL □ Cholesterol Total □ Triglycerides**Add another lipid test** Result: \_\_\_\_\_\_\_ mg/dL \_\_\_\_\_\_\_ mg/dL \_\_\_\_\_\_\_ mg/dL \_\_\_\_\_\_\_ mg/dL □ Not documented |
| **HIV resistance (genotype/phenotype) test during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.* |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Result: □ Resistance reported □ Possible/intermediate resistance reported □ No resistance reported **Add another test**□ Indeterminate result □ Not documented |
| **Hepatitis B screen during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.* |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Result: □ Positive □ Negative □ Not documented **Add another test** |
| **Hepatitis C screen during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.* |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Result: □ Positive □ Negative □ Not documented **Add another test** |
| **STI screen during the review period:** *Enter 1 in place of day for the 1st visit in the month, 2 for the 2nd visit, etc.* |
| Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Type: □ Chlamydia □ Gonorrhea □ Syphilis Result: □ Positive □ Negative □ Not documented **Add another test** |

**Continue to Hospitalizations**

**Save**

CLIENT INFORMATION/ DEMOGRAPHICS

HIV MEDICAL VISITS

LABORATORY TESTING

**HOSPTIALIZATIONS**

BILLING/ INSURANCE

RWHAP CORE SERVICE USE

RWHAP SUPPORT SERVICE USE

|  |
| --- |
| **Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016** |
| **Inpatient hospitalizations during the review period:** *Enter 1 in place of day for the 1st visit etc.* |
| Intake Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Principal diagnosis (ICD code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD version: □ v9 □ v10**Add another hospitalization**Discharge Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Secondary diagnosis (ICD code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD version: □ v9 □ v10 |
| **Emergency department admissions during the review period:** *Enter 1 in place of day for the 1st visit etc.* |
| Admission Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ Principal diagnosis (ICD code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD version: □ v9 □ v10**Add another ED visit** Secondary diagnosis (ICD code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD version: □ v9 □ v10 |

**Continue to Billing/Insurance**

**Save**

CLIENT INFORMATION/ DEMOGRAPHICS

HIV MEDICAL VISITS

LABORATORY TESTING

HOSPTIALIZATIONS

**BILLING/ INSURANCE**

RWHAP CORE SERVICE USE

RWHAP SUPPORT SERVICE USE

|  |
| --- |
| **Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016** |
| **Payers during the review period:** |
| Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ *Enter 1 in place of day for the 1st visit etc.* Primary payer for this service:* Medicaid
* Private. Specify carrier/plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

→ check if known to be QHP/marketplace □* Medicare
* Other public (VA, Tricare, etc.)
* Other plan. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ryan White HIV/AIDS Program (no other coverage)
 | Service type: □ OAMC □ Hospitalization □ Core □ Support **Add payer for another date of service**Secondary payer for this service:* Medicaid
* Private. Specify carrier/plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

→ check if known to be QHP/marketplace □* Medicare
* Other public (VA, Tricare, etc.)
* Other plan. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ryan White HIV/AIDS Program (no other coverage)
 |
| Diagnostic codes reported during date of service:**Add another ICD code**ICD code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD version: □ v9 □ v10 |
| **Poverty level during the review period:** |
| Date reported: \_\_ \_\_ / \_\_ \_\_ **Add poverty information for another date** Federal Poverty level (FPL):* Less than 100% FPL
* 101-138% FPL
* 139-200% FPL
* 201-250% FPL
 | * 251-400% FPL
* 401-500% FPL
* More than 500% FPL
* Not documented
 |
| **ADAP or local health insurance program assistance during the review period:** |
| □ ADAP → Date of eligibility determination: \_\_ \_\_ / \_\_ \_\_□ Local health insurance program → Date enrolled: \_\_ \_\_ / \_\_ \_\_**Add additional coverage assistance information**Type of assistance: Drug assistance (direct purchase, reimbursement): □ ADAP □ Local health insurance program  Premium assistance: □ ADAP □ Local health insurance program Cost sharing support: □ ADAP □ Local health insurance program Other: □ ADAP □ Local health insurance program → Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Continue to Core Services**

**Save**

CLIENT INFORMATION/ DEMOGRAPHICS

HIV MEDICAL VISITS

LABORATORY TESTING

HOSPTIALIZATIONS

BILLING/ INSURANCE

**RWHAP CORE SERVICE USE**

RWHAP SUPPORT SERVICE USE

|  |
| --- |
| **Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016** |
| **Core service use during the review period:** *Enter 1 in place of day for the 1st visit etc.* |
| * Outpatient ambulatory health services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented **Add another date** |
| * Oral health care
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Early intervention services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Home health care
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Home and community-based health services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Hospice services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Mental health services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Medical nutrition therapy
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Medical case management (including treatment adherence)
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Substance abuse services – outpatient
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Local AIDS Pharmaceutical Assistance (APA)
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Health Insurance Program (HIP)
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |

**Save**

**Continue to Support Services**

CLIENT INFORMATION/ DEMOGRAPHICS

HIV MEDICAL VISITS

LABORATORY TESTING

HOSPTIALIZATIONS

BILLING/ INSURANCE

RWHAP CORE SERVICE USE

**RWHAP SUPPORT SERVICE USE**

|  |
| --- |
| **Unique Client ID: *[Generated by system]* Review period is July 1, 2013 through June 30, 2016** |
| **Support service use during the review period:** *Enter 1 in place of day for the 1st visit etc.* |
| * Case management services – non-medical
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Child care services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Developmental assessment/early intervention services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Emergency financial assistance
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Food bank/home-delivered meals
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Health education/risk reduction
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Housing services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Legal services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Linguistic services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Transportation services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Outreach services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Permanency planning
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Psychosocial support services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Referral for health care/supportive services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Rehabilitation services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Respite services
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Substance abuse services – residential
 | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Add another date**  |
| * Treatment adherence counseling

**Save** | Date of service: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ □ Not documented**Continue to Review and Submit****Add another date**  |