



Home and Community Based Services Waiver Individualized Care Coordination (ICC) Contact Tracking Log

Name of Individual: _____ Agency Name: _____

To bill Medicaid for full monthly rate, the ICC must make a minimum of six (6) **qualifying** contacts that meet program requirements. At least one (1) of those contacts must be with the youth. The remaining contacts must be with collaterals and Waiver Service Providers (WSP) as identified in the child's service plan and family.

NOTE: Please indicate in "Month of Service" box if a Pre-Enrollment month.

Face-to-Face Contact(s)

Month of Service	Date of Contact(s)			
	<i>Child Contact</i>	<i>Family Contact</i>	<i>Collateral Contact</i>	<i>WSP Contact</i>
Month of Service	Date of Contact(s)			
	<i>Child Contact</i>	<i>Family Contact</i>	<i>Collateral Contact</i>	<i>WSP Contact</i>
Month of Service	Date of Contact(s)			
	<i>Child Contact</i>	<i>Family Contact</i>	<i>Collateral Contact</i>	<i>WSP Contact</i>
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Month of Service	Date of Contact(s)			
	<i>Child Contact</i>	<i>Family Contact</i>	<i>Collateral Contact</i>	<i>WSP Contact</i>