



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

Name of Individual: _____ Agency Name: _____

In order to bill Medicaid for full monthly rate, the ICC must make a minimum of six (6) **qualifying** face-to-face contacts of a minimum of 15 minutes each in a calendar month. At least three (3) of those contacts must be with the child. The remaining contacts to make the minimum of six must be with collaterals identified in the child's service plan.

Face-to-Face Contact(s) with the Individual and/ or Collateral(s)

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