HCBS/LOC Outcomes Not Signed Tracker

HHSC / CMA Name: Date Completed

CMA Name	HHCM Name	HHCM Supervisor Name Member Last Name	Member First Name	CIN	Date of Birth (DOB)	Target Population	Less than 6 months and now Outcomes Signed	More than 6 months old	Signature Date of the HCBS/LOC <u>Assessment</u> Step #1 (for both Less/More than 6 mos)	Member currently receiving HCBS?	What services?	Comments
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