TEXAS
Health and Human Services

Clear Form

Submit Form

Epilepsy Services Program
Fiscal Year 2020 Reporting Form

Reports are due by the 5th business day of the first month following the quarter for which the contractor is reporting.
Instructions: I. Fill out the table below using the following ***definition of epilepsy services:** 1) diagnosis and treatment of epilepsy; 2) management of continuity of care; and 3) integration of the personal, social, and vocational support services into the treatment plan. *(Title 25 TAC § 37.216)* **II.** On page 2, compose your narrative report. **III.** Email the completed form to epilepsy@hhsc.state.tx.us

Contractor Name | **Phone Number** | **Date**

Quarter 1
Report or Amended Report for (Quarter)

Name of Person Submitting Report

QTR:	1	2	3	4	YTD Total
	Sep Nov	Dec Feb	Mar May	June Aug	FY 2020
Due:	Dec 6	Mar 6	June 6	Sep 6	
Client Count					
Total number of unduplicated HHSC clients determined eligible and provided an epilepsy service* during quarter					0
Total number of clients from all other funding sources provided an epilepsy service* during quarter					0
All Client Services Provided *(including HHSC Clients)*					
Number of clinic visits (all clients)					0
Number of diagnostics *(AED, EEG, CAT, other labs) (all clients)*					0
Number of phone encounters *(all clients)*					0
Number of case management services *(including counseling, referrals, and medication management) (all clients)*					0
Total number of all encounters *(includes non-clinic encounters)*	0	0	0	0	0
Community Education/Outreach					
Education/Outreach Sessions					0
Number of Persons Attending					0

Clear Narrative

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Narrative report:

Please include in the narrative whether you have provided services to any clients 17 years old or younger with as much detail as possible. If you have not provided services to that demographic, please explain.