

# SDMI HCBS MONTHLY UTILIZATION REPORT

Case Management Team \_\_\_\_\_

Contact Person \_\_\_\_\_

Month Ending \_\_\_\_\_ Date Submitted \_\_\_\_\_

NUMBER SERVED	TOTAL COST (average)

OF THE TOTAL NUMBER SERVED, HOW MANY ARE IN:

ADULT FOSTER HOME: \_\_\_\_\_

ASSISTED LIVING FACILITY: \_\_\_\_\_

PERSONAL CARE HOME: \_\_\_\_\_

OTHER RESIDENTIAL: \_\_\_\_\_  
(define)

**Attention to Helena, Missoula, Kalispell, and Bozeman** additional information is requested. (This information is necessary for AMDD report to the Children and Family Interim Subcommittee) *Please submit monthly*

***Expanded Slots***

-  Lewis and Clark County (10 slots)
-  Missoula (10 slots)
-  Flathead (40 slots – these are just the new slots)
-  Gallatin (40 slots)

***Number new slots filled***

***Prior placements for new slots***

***Setting placement in waiver***

\*Do you have any Money Follows the Person (MFP) in your waiver?  
If, so please complete the MFP Monthly Utilization Report.