

(Rev. 1/12)

**HOME AND COMMUNITY BASED SERVICES
MONTHLY UTILIZATION REPORT**

Case Management Team: _____

Contact Person: _____ Phone: _____

Month Ending: _____ Date Submitted: _____

Montana Big Sky Waiver

Basic (Elderly/Physically Disabled)		
Residential Habilitation		
Reserved Residential Hab Slot		
Supported Living		
Specialized Adult Residential		
Heavy Care/Vent Dependent		
TBI-Bridges/Headway		

Hundred Project

Basic (Elderly/Physically Disabled)		
Residential Habilitation		
Supported Living		
Specialized Adult Residential		
Heavy Care/Vent Dependent		

Utilization reports are due to the Department by the 20th of the following month.