

**Medicaid Ineligible Case Management
Monthly Billing Report**

Affiliate Provider _____ Month / Year of Service _____
 Licensed Case Manager _____ CDDO Area _____ SDSI _____

1	2	3	4	5
Person Receiving Case Management	Total Units for the Month 1 unit = 15 min.	Billable Units Not to exceed 10 units/mo.	Rate per Unit	Total Billable Amount for the Month
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
			10.83	
Totals				

Use the same methodology to calculate units as is used for Medicaid Eligible TCM

- I attest that case management for above individuals were not billed elsewhere.
- I attest that above individuals are ineligible for medicaid
- I attest that this affiliate has tried all other billing sources before coming to SDSI for TCM funding
- I attest that if payments were received from other sources for this billing or prior billings, I will notify SDSI of the amounts. I understand that those amounts will then be recouped from future payments.

Signature of Billing Manager/CFO/Controller/Bookkeeper: _____
 Date: _____