R	· · · · · · · · · · · · · · · · · · ·	Consumer Dire	ected Sup	ports (CDS	S)	
Dol	da	Notice of Auth	norization	and Alte	rna <u>te</u> Billing	•
COUNTY	· m			CSG	FSG	
Date:						
То:						
Α	gency Providing Service					
From:			Email Con	tact:		
Dak	ota County Case Manager		_			
Re: Alternate Billing	for					
			rson Receiving			
Consumer Directed S	upports (CDS), includi	ing (CSG and CDCS	), require th	at services p	rovided to CDS	participants be
billed through one er	ntity, a Financial Mana	agement Service (F	MS) provide	er. Agencies t	that provide se	rvices to people
using CDS programs	can no longer bill MM	IS directly for serv	ices rendere	ed. This exclu	udes state plan	home care services
	IHA, PCA, PCA Supervi	•			·	
The costs of all tradit	ional waiver/AC good	s and services the	nerson sele	rts must he i	ncluded in thei	r individual CDCS
	vaiver services are pai					
		ta at the <u>congreen</u>			<u>service rate</u> .	
The above-named pe	erson is authorized for	the following amo	ount of servi	ce on the CD	S plan dated:	
	an 🗌 Plan Change R	-			o plan datea.	
		equest				
		to				:
SERVICE			Units	Cost/Unit	Total	
Provider Invoice mus	t contain the dates of	service, number c	of units of se	rvice deliver	ed, the cost pe	r unit, and the total
amount due for the b	oilling period. Effective	e	(p	lan start dat	<u>e)</u> , send bills to	:
Financial Manageme	nt Service Provider		Managing	Party		
Agency:			Name:			
Attn:			Phone:			
Invoices:			Email:			
Phone:			Address:			
Email:						
Managing Party Sig	nature			Date		
•						