Developmental Disabilities Waiver Budget	Name (Last, First, MI)	Social Security No.	Date of Birth	County	Living and Care Arrangement (LCA)	Proposed Budget
				(select county)	(select Living and Care Arrangement)	Lvl **JCM**

Client's Full ISP Year		This Prior Authorization (PA) Budget Period (full or part of ISP Year)								

						Duration of budget	*First submittal date* of *this PA*		TPA enters this code	into Omnicaid			Exception Request

Start date	*End date*	*PA Effective Date*	*Age at eff. dt*	*PA End Date*					Prorated Suggested Budgets	This PA $	Requires DOH	

| | | | 0 | | | | | | *Base* | $0.00 | approval | *reserved for OR:* |

12 mos. (as tied to ISD review)		PA Effective Date based on		PA End Date based on		**Revisions after first submittal date**			*Prof svc*	$0.00		
									Other	$0.00		

Type of ISP		Start of client's ISP year		End of client's ISP year		*Revision date* *Rev#*			*Total:*	$0.00		
(select one)												

BASE BUDGET

This form calculates a budget value using the first available per-unit-rates as of this PA's start date 1/0/00.   The budget value is for comparison to the maximum limit.   Unit-rates are subject to change.

Service (use drop down list)	Svc. Code	Modifiers	Provider	Prov ID	Svc-provider dates if other than 1/0/00 - 1/0/00		unit	# Of Units	First unit-rate for PA term	Paid rate depends on date service rendered.		Date revised if after orig	Purpose of Revision	D P R
					From	*To*				rate chg	Budget value			
Case Mgmt x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
Choose LCA x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
Customized Community Supports (CCS) x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
Community Integrated Employment x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
Check Yearly Max. x_add a service row														
x_add a service row														
Additional rows for any above x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														
x_add a service row														

INFORMATION ONLY

	Annualized	per day			Prorated		***Total This Base Budget***	$0.00

JM BWS 2020-10-23	Developmental Disabilities Waiver Budget	Name (Last, First, MI)		Social Security No.	Date of Birth	County (select county)	Living and Care Arrangement (LCA) (select Living and Care Arrangement)		Proposed Budget
								Lvl	JCM

Client's Full ISP Year	This Prior Authorization (PA) Budget Period (full or part of ISP Year)								

Client's Full ISP Year		**This Prior Authorization (PA) Budget Period (full or part of ISP Year)**					TPA enters this code into Omnicaid		
Start date	*End date*	*PA Effective Date*	*Age at eff. dt*	*PA End Date*	Duration of budget	*First submittal date of this PA*			Exception Request
		0					*Prorated Suggested Budgets*	This PA $	Requires DOH
12 mos. (as tied to ISD review)						**Revisions after first submittal date**	Base	$0.00	approval
							Prof svc	$0.00	*reserved for OR:*
Type of ISP		*PA Effective Date based on*		*PA End Date based on*		*Revision date Rev#*	*Other*	$0.00	
(select one)		**Start of client's ISP year**		**End of client's ISP year**			**Total:**	$0.00	

		need PA dates			*(days)*				

Developmental Disabilities Waiver Budget	Name (Last, First, MI)	Social Security No.	Date of Birth	County (select county)	Living and Care Arrangement (LCA) (select Living and Care Arrangement)		Proposed Budget
						Lvl	JCM

Client's Full ISP Year	This Prior Authorization (PA) Budget Period (full or part of ISP Year)					TPA enters this code ___ into Omnicaid			Exception Request

Start date	End date	PA Effective Date	Age at eff. dt	PA End Date	Duration of budget	First submittal date of this PA	Prorated Suggested Budgets	This PA $	Requires DOH approval
		0					Base	$0.00	
12 mos. (as tied to ISD review)						**Revisions after first submittal date**	Prof svc	$0.00	*reserved for OR:*
		PA Effective Date based on		PA End Date based on			Other	$0.00	
Type of ISP		Start of client's ISP year		End of client's ISP year		Revision date Rev#	Total:	$0.00	
(select one)									

PROFESSIONAL SERVICES BUDGET

This form calculates a budget value using the first available per-unit-rates as of this PA's start date 1/0/00.   The budget value is for comparison to the maximum limit.   Unit-rates are subject to change.

	Service (use drop down list)	Svc. Code	Modifier	Provider	Prov ID	Svc-provider dates if other than 1/0/00 - 1/0/00		unit	# Of Units	First unit rate for PA term	Paid rate depends on date service rendered.		Date revised if after orig	Purpose of Revision	D P R
						From	To				rate chg	Budget value			
Beh. Support Consult	x_add a service row														
	x_add a service row														
	x_add a service row														
Occupational Therapy	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														
Physical Therapy	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														
Speech Therapy	x_add a service row														
	x_add a service row														
	x_add a service row														
Additional rows for any above	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														

Suggested Professional Service Budget	Annualized	per day		Prorated	*This Prof Serv Budget*	$0.00
	Need PA dates			(*days*)		

JM BWS 2020-10-23	Developmental Disabilities Waiver Budget	Name (Last, First, MI)		Social Security No.	Date of Birth	County (select county)	Living and Care Arrangement (LCA) (select Living and Care Arrangement)		Proposed Budget Lvl JCM

Client's Full ISP Year	This Prior Authorization (PA) Budget Period (full or part of ISP Year)					TPA enters this code into Omnicaid		Exception Request

This Prior Authorization (PA) Budget Period (full or part of ISP Year)

					Duration of budget	*First submittal date* of *this PA*	Prorated Suggested Budgets	This PA $	Requires DOH
Start date	End date	PA Effective Date	Age at eff. dt 0	PA End Date			Base	$0.00	approval
						Revisions after first submittal date	Prof svc	$0.00	*reserved for OR:*
12 mos. (as tied to ISD review)		PA Effective Date based on		PA End Date based on			Other	$0.00	
		Start of client's ISP year		End of client's ISP year		Revision date Rev#	Total:	$0.00	
Type of ISP (select one)									

OTHER SERVICES — This form calculates a budget value using the first available per-unit-rates as of this PA's start date 1/0/00. The budget value is for comparison to the maximum limit. Unit-rates are subject to change. Paid rate depends on date service rendered.

	Service (use drop down list)	Svc. Code	Modifier	Provider	Prov ID	Svc-provider dates if other than 1/0/00 - 1/0/00		unit	# Of Units	First unit rate for PA term	rate chg	Budget value	Date revised if after orig	Purpose of Revision	
						From	*To*								
Assistive Tech	x_add a service row														
(check yrly. max)	x_add a service row														
Crisis Support	x_add a service row														
	x_add a service row														
	x_add a service row														
Environ. Mod	x_add a service row														
(check 5-yr. max)	x_add a service row														
Ind. Living Trans.	x_add a service row														
(check life. max)	x_add a service row														
Non-Ambulatory Stipend	x_add a service row														
	x_add a service row														
Non Medical Transportation	x_add a service row														
	x_add a service row														
	x_add a service row														
Nutrition Counseling	x_add a service row														
	x_add a service row														
Personal Support Tech	x_add a service row														
	x_add a service row														
(check yrly. max)	x_add a service row														
PRS+Consult	x_add a service row														
check standard/	x_add a service row														
incentive county	x_add a service row														
Adult Nursing	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														
Social./ Sexuality	x_add a service row														
check standard/	x_add a service row														
incentive county	x_add a service row														
Supplemental dental	x_add a service row														
	x_add a service row														
Additional rows for any above	x_add a service row														
	x_add a service row														
	x_add a service row														
	x_add a service row														

*Preliminary Risk Screen and Consult for Inappropriate Sexual Behavior

Other Services Total: $0.00

JM BWS 2020-10-23	Developmental Disabilities Waiver Budget	Name (Last, First, MI)		Social Security No.	Date of Birth	County	Living and Care Arrangement (LCA)	Proposed Budget	
						(select county)	(select Living and Care Arrangement)	Lvl	JCM

Client's Full ISP Year		This Prior Authorization (PA) Budget Period (full or part of ISP Year)										

Start date	End date	PA Effective Date	Age at eff. dt	PA End Date	Duration of budget	First submittal date of this PA
			0			

TPA enters this code ___ into Omnicaid

Exception Request

	Prorated Suggested Budgets	This PA $	Requires DOH approval
Base		$0.00	
Prof svc		$0.00	*reserved for OR:*
Other		$0.00	
Total:		$0.00	

12 mos. (as tied to ISD review)

PA Effective Date based on	PA End Date based on	Revisions after first submittal date
Start of client's ISP year	End of client's ISP year	Revision date Rev#

Type of ISP

(select one)

Signature indicates agreement to the provision of the services, service units, and effective dates	Total Cost
	$0.00
Individual:	
Case Manager / Agency:	Date:
Guardian / Representative:	Date:

Third Party Assessor Assigns Prior Authorization ID for Omnicaid Tracking

For a fax-friendly printout, see instructions on next worksheet tab.

Click worksheet tab "Steps for BW Printing" (bottom of your screen).

TPA Reviews		For Submittal Date	Review Completion Date	Reviewer (initials)	Once approved, re-enter the PA waiver type code below
First submittal					___ (H1, H2, etc.)
Revisions submitted	1				
	2				This PA is part of the audit trail documentation to validate services and expenditures.
	3				
	4				
	5				Once established, revisions of this PA should not recharacterize the original LCA
	6				
	7				
	8				Changes to the LCA will require a new PA, since some services already authorized and used may become invalid or exceed budget limits.
	9				
	10				
	11				