### 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 purposes. Unit-rates are subject to change. Paid rate depends on date service rendered.

<table>
<thead>
<tr>
<th>Service (use drop down list)</th>
<th>Svc. Code</th>
<th>Modifiers</th>
<th>Provider</th>
<th>Prov ID</th>
<th>Svc-provider dates if other than 1/0/00 - 1/0/00</th>
<th>unit</th>
<th># Of Units</th>
<th>First unit-rate for PA term</th>
<th>Date revised if after orig.</th>
<th>Purpose of Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Mgmt</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Choose LCA</td>
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<tr>
<td>Customized Community</td>
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<tr>
<td>Supports (CCS)</td>
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<tr>
<td>Community Integrated</td>
<td></td>
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<tr>
<td>Employment</td>
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<tr>
<td>Check Yearly Max.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional rows for any above</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total This Base Budget**: $0.00
<table>
<thead>
<tr>
<th>Client's Full ISP Year</th>
<th>This Prior Authorization (PA) Budget Period (full or part of ISP Year)</th>
<th>TPA enters this code into Omnicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start date</td>
<td>PA Effective Date</td>
<td>Age at eff. dt</td>
</tr>
<tr>
<td>End date</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 mos. (as tied to ISD review)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of ISP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(select one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start of client's ISP year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End of client's ISP year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revision date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rev.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BASE BUDGET</td>
<td>Total:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Other</td>
<td>Total:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Proposed Budget**

**Client's Full ISP Year**

- **Developmental Disabilities Waiver Budget**
- **Type of ISP**
- **Start of client's ISP year**
- **End of client's ISP year**
- **Revision date**
- **Rev.**
- **BASE BUDGET**
- **Total: $0.00**

**Exception Request**

**Requires DOH approval**

- **Prof svc**
- **Other**
- **Total: $0.00**

**Other**

- **Suggested Budgets**
- **This PA $**
- **reserved for OR:**

**Page 2 of 5**
### Client's Full ISP Year
- **Start date:**
- **End date:**

### This Prior Authorization (PA) Budget Period (full or part of ISP Year)
- **PA Effective Date:**
- **Age at eff. dt:**
- **PA End Date:**
- **Duration of budget:**

#### First submittal date of this PA
- **Revisions after first submittal date**
- **Revision date**

### PROFESSIONAL SERVICES BUDGET

#### Service (use drop down list) | Svc. Code | Modifier | Provider | Prov ID | Svc-provider dates if other than 1/0/00 - 1/0/00 to the maximum limit
---|---|---|---|---|---
- Beh. Support Consult | x_add a service row
- Occupational Therapy | x_add a service row
- Physical Therapy | x_add a service row
- Speech Therapy | x_add a service row
- Additional rows for any above | x_add a service row

#### Annualized per day
- **Prorated**
- **This Prof Serv Budget**

#### Need PA dates (days)

---

**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:**

**Date of Birth:**

**County:**

**Living and Care Arrangement (LCA):**

**TPA enters this code into Omnicaid:**

**Exception Request:**

**JCM:**

---

**PA Effective Date based on PA End Date based on:**

**Start of client's ISP year:**

**End of client's ISP year:**

---

**Client's Full 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**

**Revisions after first submittal date**

---

**Revision date**

---

**Type of ISP**

**select one**

---

**Prorated Suggested Budgets**

- **Base Prof svc:**
- **Other:**
- **Total:**

---

**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 purposes. Unit-rates are subject to change.**

---

**Purpose of Revision**

---

**Unit rates are subject to change.**

---

**PA Units:**

---

**Annualized per day:**

---

**This Prof Serv Budget**

---

**Supervision Expense Budgets**

---

**This PA $ requires DOH approval:**

---

**This PA $ reserved for OR:**
### 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.

**Interested in Services:**  
- Assistive Tech  
- Crisis Support  
- Environ. Mod  
- Ind. Living Trans.  
- Non-Ambulatory Stipend  
- Non Medical Transportation  
- Nutrition Counseling  
- Personal Support Tech  
- PRS+Consult  
- Adult Nursing  
- Social / Sexuality  
- Supplemental dental  
- Additional rows for any above

**Preliminary Risk Screen and Consult for Inappropriate Sexual Behavior**

<table>
<thead>
<tr>
<th>Service (use drop down list)</th>
<th>Svc. Code</th>
<th>Modifier</th>
<th>Provider</th>
<th>Prov ID</th>
<th>Svc-provider dates from 1/0/00 to 1/0/00</th>
<th>unit</th>
<th># Of Units</th>
<th>First unit rate for PA term</th>
<th>Rate chg</th>
<th>Budget value</th>
<th>Date revised if after orig</th>
<th>Purpose of Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Services Total:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Exception Request:**  

- Name (Last, First, MI)  
- Social Security No.  
- Date of Birth  
- County  
- Living and Care Arrangement (LCA)  
- TPA enters this code [ ] into Omnicaid  
- JCM  
- Other  

**Needs for Consideration:**  

- JM BWS  
- Developmental Disabilities  
- 2020-10-23  
- Waiver Budget  
- Proposed Budget  
- Role  
- Prof svc  
- Other  

**Duration of budget:**  

- PA Effective Date  
- Age at eff. dt  
- PA End Date  
- Revisions after first submitted date  
- Exception Request  
- Start date  
- End date  
- Start of client’s ISP year  
- End of client’s ISP year  
- Revision date  
- Rev#  

**Unit rates are subject to change.**

Paid rate depends on date service rendered.
### Client's Full ISP Year

<table>
<thead>
<tr>
<th>Start date</th>
<th>End date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-10-23</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PA Effective Date</th>
<th>Age at eff. dt</th>
<th>PA End Date</th>
<th>Duration of budget</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### First submission date of this PA

#### Revisions after first submission date

#### Start of client's ISP year | End of client's ISP year

#### Total Cost

**$0.00**

**Signature indicates agreement to the provision of the services, service units, and effective dates**

**Individual:**

**Date:**

**Case Manager / Agency:**

**Date:**

**Guardian / Representative:**

**Date:**

---

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

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

---

**Third Party Assessor Assigns Prior Authorization ID for Omnicaid Tracking**

---

**TPA Reviews**

<table>
<thead>
<tr>
<th>For Submittal Date</th>
<th>Review Completion Date</th>
<th>Reviewer (initials)</th>
<th>Once approved, re-enter the PA waiver type code below</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Revisions submitted

1. First submittal

2. 1

3. 2

4. 3

5. 4

6. 5

7. 6

8. 7

9. 8

10. 9

11. 10

---

This PA is part of the audit trail documentation to validate services and expenditures.

Once established, revisions of this PA should not recharacterize the original LCA.

Changes to the LCA will require a new PA, since some services already authorized and used may become invalid or exceed budget limits.