### Sample

| Service (use drop down list) | Svc. Code | Modifiers | Provider | Prov ID |...
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Mgmt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Living, Jackson Class Only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customized Community Supports (CCS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Integrated Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check Yearly Max.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional rows for any above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BASE BUDGET

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

- **Svc-provider dates**
  - Unit rate for PA term
  - Paid rate depends on date service rendered.
- **Type of ISP**
  - Start of client's ISP year
  - End of client's ISP year

---

### INFORMATION ONLY

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

---

**SAMPLE**
<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>Type of ISP</th>
<th>Requirements Budgets</th>
<th>This PA $</th>
<th>Requires DOH approval</th>
<th>Exception Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start date</td>
<td>End date</td>
<td>PA Effective Date</td>
<td>Age at eff. dt</td>
<td>PA End Date</td>
<td>Duration of budget</td>
<td>First submittal date of this PA</td>
</tr>
<tr>
<td>12 mos. (as tied to ISD review)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**JM BWS**

**2020 Oct**

**Developmental Disabilities**

**Waiver Budget**

**Name (Last, First, MI)**

**Social Security No.**

**Date of Birth**

**County**

**Living and Care Arrangement (LCA)**

**Family Living - Jackson**

**Proposed Budget**

**Lvl**

**JCM**

**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**

**Start of client’s ISP year**

**End of client’s ISP year**

**Revision date**

**Rev.**

**Age at eff. dt**

**Revision date**

**Rev.**

**JM BWS**

**2020 Oct**

**Developmental Disabilities**

**Waiver Budget**

**Name (Last, First, MI)**

**Social Security No.**

**Date of Birth**

**County**

**Living and Care Arrangement (LCA)**

**Family Living - Jackson**

**Proposed Budget**

**Lvl**

**JCM**

**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**

**Start of client’s ISP year**

**End of client’s ISP year**

**Revision date**

**Rev.**
### Client’s Full ISP Year

- **Start date:** [insert date]
- **End date:** [insert date]
- **Duration of budget:** [insert duration]
- **Type of ISP:** [select one]
- **LCA level:** [insert level]

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

- **PA Effective Date:** [insert date]
- **Age at eff. dt:** [insert age]
- **PA End Date:** [insert date]
- **Duration of budget:** [insert duration]
- **First submitted date of this PA:** [insert date]

---

### Professional Services Budget

<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 if other than 1/0/00 - 1/0/00</th>
<th># Of Units</th>
<th>First unit rate for PA term</th>
<th>Rev rate chg</th>
<th>Date revised if after orig</th>
<th>Purpose of Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior Support Consultant</td>
<td>[select]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>[select]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>[select]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speech Therapy</td>
<td>[select]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional rows for any above**

---

**Total:** $0.00

### Exception Request

- **Start date:** [insert date]
- **End date:** [insert date]
- **Age at eff. dt:** [insert age]

---

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

- **PA Effective Date based on:** [insert date]
- **PA End Date based on:** [insert date]
- **Revisions after first submitted date:** [insert date]
- **Revision date:** [insert date]
- **Revisions if after orig:** [insert date]

---

### Suggested Professional Service Budget

- **Annualized:** [insert value]
- **Prorated:** [insert value]
**Client’s Full ISP Year**

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

12 mos. (as tied to ISD review)

<table>
<thead>
<tr>
<th>Type of ISP</th>
<th>Start of client's ISP year</th>
<th>End of client's ISP year</th>
</tr>
</thead>
</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>
</table>

First submittal date of this PA

Revisions after first submittal date

Revision date

**Other Services**

<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</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</th>
<th>Purpose of Revision</th>
</tr>
</thead>
</table>

- Assistive Tech
- Crisis Support
- Environ. Mod (check 5-yr. max)
- Ind. Living Trans. (check life. max)
- Non-Ambulatory Stipend
- Non Medical Transportation
- Nutrition Counseling
- Personal Support Tech (check yrly. max)
- PRS+Consult check standard/incentive county
- Adult Nursing
- Social / Sexuality check standard/incentive county
- Supplemental dental
- Additional rows for any above

Other Services Total: $0.00

*Preliminary Risk Screen and Consult for Inappropriate Sexual Behavior*
### Client's Full ISP Year

- **Start date**: [ ]
- **End date**: [ ]
- **Duration of budget**: [ ]

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

- **PA Effective Date**: [ ]
- **Age at eff. dt**: [ ]
- **PA End Date**: [ ]
- **First submittal date of this PA**: [ ]
- **Revisions after first submittal date**: [ ]

### Type of ISP

- **Start of client's ISP year**: [ ]
- **End of client's ISP year**: [ ]

### Revision Details

- **Revision date**: [ ]
- **Rev.**: [ ]

### Signature Indicating Agreement

- **Individual**: [ ]
- **Case Manager / Agency**: [ ]
- **Date**: [ ]
- **Guardian / Representative**: [ ]
- **Date**: [ ]

### Total Cost

- **$0.00**

### TPA Reviews

- **First submittal**: [ ]
- **Revisions submitted**: [ ]

---

**TPA enters this code [H3] into Omnicaid**

- **Proposed Budget**
  - **Family Living - Jackson**
  - **Living and Care Arrangement (LCA)**

---

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

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