

|  |  |   |   |  |   |   |  |   |                         |
|--|--|---|---|--|---|---|--|---|-------------------------|
| <b>OR BWS</b><br>2020 Oct<br>Developmental Disabilities<br>Waiver Budget | Name (Last, First, MI) _____ Social Security No. <b>000-00-0000</b> Date of Birth _____ County (select county) _____           |   |   |  | Living and Care Arrangement (LCA)<br>(select Living and Care Arrangement) _____ |   | Proposed Budget<br>Lvl (select) _____          |   |                         |
|  | Client's Full ISP Year<br>Start date _____ End date _____<br>12 mos. (as tied to ISD review)<br>Type of ISP (select one) _____ |   | This Prior Authorization (PA) Budget Period (full or part of ISP Year)<br>PA Effective Date _____ Age at eff. dt _____ PA End Date _____ Duration of budget _____<br>PA Effective Date based on _____ PA End Date based on _____<br>Start of client's ISP year _____ End of client's ISP year _____ |  |   |   | TPA enters this code _____ into Omnicaid _____ |   | Exception Request _____ |
|  |  | First submittal date of this PA _____<br>Revisions after first submittal date<br>Revision date _____ Rev# _____ |   |  |   | Prorated Suggested Budgets<br>Base _____ This PA \$ _____<br>Prof svc _____ \$0.00<br>Other _____ \$0.00<br>Total: _____ \$0.00 |  | Requires DOH approval _____<br>reserved for OR: _____ |                         |

| BASE BUDGET  |                     |               |          |         |  |          |                        |            |                             |   |                   |                            |                     | D<br>P<br>R |
|--|---------------------|---------------|----------|---------|--|----------|------------------------|------------|-----------------------------|---|-------------------|----------------------------|---------------------|-------------|
| 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 |             |
|  |                     |               |          |         | 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 |               |          |         |  |          |                        |            |                             |   |                   |                            |                     |             |
| Community Integrated Employment  | 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 |               |          |         |  |          |                        |            |                             |   |                   |                            |                     |             |
| 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 |               |          |         |  |          |                        |            |                             |   |                   |                            |                     |             |
| Suggested Base Budget  |                     | Annualized    | per day  | ( days) |  | Prorated | Total This Base Budget |            | \$0.00                      |   | Exceeds sugg by + |                            |                     |             |
|  |                     | need PA dates |          |         |  |          |                        |            |                             |   |                   |                            |                     |             |

INFORMATION ONLY

|                            |  |  |                                    |               |                           |   |   |
|----------------------------|--|--|------------------------------------|---------------|---------------------------|---|---|
| <b>OR BWS</b><br>2020 Oct  | <b>Developmental Disabilities Waiver Budget</b>  | Name (Last, First, MI)   | Social Security No.<br>000-00-0000 | Date of Birth | County<br>(select county) | Living and Care Arrangement (LCA)<br>(select Living and Care Arrangement) | Proposed Budget Lvl<br>(select)                                       |
|                            | Client's Full ISP Year<br>Start date      End date<br>12 mos. (as tied to ISD review)<br>Type of ISP<br>(select one) | This Prior Authorization (PA) Budget Period (full or part of ISP Year)<br>PA Effective Date      Age at eff. dt      PA End Date      Duration of budget      First submittal date of this PA<br>Revisions after first submittal date<br>Revision date      Rev# |                                    |               |                           | TPA enters this code      into Omnicaid                                   | Exception Request<br>Requires DOH approval<br><i>reserved for OR:</i> |
| Prorated Suggested Budgets |  |  |                                    |               |                           | This PA \$  |   |
| Base                       |  |  |                                    |               |                           | \$0.00  |   |
| Prof svc                   |  |  |                                    |               |                           | \$0.00  |   |
| Other                      |  |  |                                    |               |                           | \$0.00  |   |
| <b>Total:</b>              |  |  |                                    |               |                           | <b>\$0.00</b>   |   |

| PROFESSIONAL SERVICES BUDGET   |                     |          |          |         |  |    |      |            |                             |  |              |                            |                     | D<br>P<br>R |
|--|---------------------|----------|----------|---------|--|----|------|------------|-----------------------------|--|--------------|----------------------------|---------------------|-------------|
| 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<br>(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 |             |
|  |                     |          |          |         | From   | To |      |            |                             | rate chg                                   | Budget value |                            |                     |             |
| Beh. Support Consult<br><i>check standard/incentive county</i>   | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
| Occupational Therapy<br><i>check standard/incentive county</i>   | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
| Physical Therapy<br><i>check standard/incentive county</i>   | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
| Speech Language Pathology<br><i>check standard/incentive county</i>  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
|  | x_add a service row |          |          |         |  |    |      |            |                             |  |              |                            |                     |             |
| Additional rows for any above<br><i>check standard/incentive county</i>  | 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 | <b>This Prof Serv Budget</b> | <b>\$0.00</b> |
|                                       | <b>Need PA dates</b> |         | ( days)  | <i>Exceeds max by +</i>      |               |

|                            |  |  |                                    |               |                           |   |                                 |
|----------------------------|--|--|------------------------------------|---------------|---------------------------|---|---------------------------------|
| <b>OR BWS</b><br>2020 Oct  | <b>Developmental Disabilities Waiver Budget</b>  | Name (Last, First, MI)   | Social Security No.<br>000-00-0000 | Date of Birth | County<br>(select county) | Living and Care Arrangement (LCA)<br>(select Living and Care Arrangement) | Proposed Budget Lvl<br>(select) |
|                            | Client's Full ISP Year<br>Start date      End date<br>12 mos. (as tied to ISD review)<br>Type of ISP<br>(select one) | This Prior Authorization (PA) Budget Period (full or part of ISP Year)<br>PA Effective Date      Age at eff. dt      PA End Date      Duration of budget      First submittal date of this PA<br>Revisions after first submittal date<br>Revision date      Rev# |                                    |               |                           | TPA enters this code      into Omnicaid                                   | Exception Request               |
| Prorated Suggested Budgets |  |  |                                    |               |                           | This PA \$  | Requires DOH approval           |
| Base                       |  |  |                                    |               |                           | \$0.00  | reserved for OR:                |
| Prof svc                   |  |  |                                    |               |                           | \$0.00  |                                 |
| Other                      |  |  |                                    |               |                           | \$0.00  |                                 |
| <b>Total:</b>              |  |  |                                    |               |                           | <b>\$0.00</b>   |                                 |

| OTHER SERVICES  |                     |          |          |         |  |    |      |            |                             |   |              |                            |                     | D<br>P<br>R |  |
|---|---------------------|----------|----------|---------|--|----|------|------------|-----------------------------|---|--------------|----------------------------|---------------------|-------------|--|
| Service<br>(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 |             |  |
|   |                     |          |          |         | From   | To |      |            |                             | rate chg                                    | Budget value |                            |                     |             |  |
|   |                     |          |          |         | 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. |    |      |            |                             |   |              |                            |                     |             |  |
| Assistive Tech<br>(check yrly. max)                         | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
| Crisis Support  | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
| Environ. Mod<br>(check 5-yr. max)                           | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
| Ind. Living Trans.<br>(check life. max)                     | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | 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<br>(check yrly. max)                  | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
| PRS+Consult.*<br>(check standard/<br>incentive county)      | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | 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<br>(check standard/<br>incentive county) | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | x_add a service row |          |          |         |  |    |      |            |                             |   |              |                            |                     |             |  |
|   | 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 Consultation                   |                     |          |          |         |  |    |      |            |                             | <b>Other Services Total:</b>                |              | <b>\$0.00</b>              |                     |             |  |

|  |  |  |  |               |                           |   |  |  |
|--|--|--|--|---------------|---------------------------|---|--|--|
| <b>OR BWS</b><br>2020 Oct<br>Developmental Disabilities<br>Waiver Budget | Name (Last, First, MI)   |  | Social Security No.<br>000-00-0000   | Date of Birth | County<br>(select county) | Living and Care Arrangement (LCA)<br>(select Living and Care Arrangement)           | Proposed Budget<br>Lvl (select)                                |  |
|  | Client's Full ISP Year<br>Start date      End date<br>12 mos. (as tied to ISD review)<br>Type of ISP<br>(select one) |  | This Prior Authorization (PA) Budget Period (full or part of ISP Year)<br>PA Effective Date      Age at eff. dt      PA End Date      Duration of budget<br>First submittal date of this PA<br>Revisions after first submittal date<br>PA Effective Date based on      PA End Date based on<br>Start of client's ISP year      End of client's ISP year      Revision date      Rev# |               |                           | TPA enters this code      into Omnicaid   | Exception Request<br>Requires DOH approval<br>reserved for OR: |  |
|  |  |  |  |               |                           | Prorated Suggested Budgets      This PA \$  |  |  |
|  |  |  |  |               |                           | Base      \$0.00<br>Prof svc      \$0.00<br>Other      \$0.00<br>Total:      \$0.00 |  |  |

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

Third Party Assessor Assigns Prior Authorization ID for Omnicaid Tracking

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

For a fax-friendly printout, see instructions on next worksheet tab.  
 Click worksheet tab "Steps for BW Printing" (bottom of your screen).