

JM BWS 2020 Oct	Developmental Disabilities Waiver Budget	Name (Last, First, MI)	Social Security No.	Date of Birth	County (select county)	Living and Care Arrangement (LCA) Family Living - Jackson	Proposed Budget Lvl JCM															
	Client's Full ISP Year Start date End date 12 mos. (as tied to ISD review) Type of ISP (select one)	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 <b>H3</b> into Omnicaid	Exception Request														
		PA Effective Date	Age at eff. dt	PA End Date			Requires DOH approval															
		PA Effective Date based on	PA End Date based on	Revisions after first submittal date		reserved for OR:																
		Start of client's ISP year	End of client's ISP year	Revision date	Rev#																	
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BASE BUDGET													D P R	
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			
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.														
Case Mgmt	x_add a service row													
	x_add a service row													
	x_add a service row													
	x_add a service row													
Family Living, Jackson Class Only	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													
	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													
		Annualized	per day	Prorated		<b>Total This Base Budget</b>								\$0.00

**INFORMATION ONLY**

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		need PA dates	( days)														

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Proposed suggested budgets	This PA \$																					
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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.		D P R
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					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														

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

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Base	\$0.00	reserved for OR:																		
Prof svc	\$0.00																			
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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.		D P R						
	Service (use drop down list)	Svc. Code	Modifier	Provider	Prov ID	Svc-provider dates if other than 1/0/00 - 1/0/00 From To	unit	# Of Units	First unit rate for PA term	Paid rate depends on date service rendered. rate chg	Budget value	Date revised if after orig	Purpose of Revision							
Assistive Tech (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 (check 5-yr. max)	x_add a service row x_add a service row																			
Ind. Living Trans. (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 (check yrly. max)	x_add a service row x_add a service row x_add a service row																			
PRS+Consult (check standard/ 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 (check standard/ 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 Consult for Inappropriate Sexual Behavior										<b>Other Services Total:</b>		<b>\$0.00</b>								

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				Prof svc		\$0.00	
				Other		\$0.00	
				Total:		\$0.00	

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

TPA Reviews	Review Completion Date	Reviewer (initials)	Once approved, re-enter the PA waiver type code below
For Submittal Date			(H1, H2, etc.)
First submittal			
Revisions submitted	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		

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.

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