

## Introduction

An Agency Based Budget Worksheet (AB BWS) is used to submit a request for service types and totals for the selected provider agencies. The AB BWS is only used for the Supports Waiver Agency Based Service Delivery model. The AB BWS is to be submitted to the Third-Party Assessor (TPA) using the online Comagine Health Provider Portal for review. The ISP and other required supporting documentation must be submitted with the AB BWS.

## Completing the AB BWS

Community Supports Coordinators (CSC) should ensure that they use a valid budget worksheet. CSCs are responsible for verifying that the version date in the far upper left- hand corner is the most current. Cells are color coded.

- White cells are completed by the CSC.
- Yellow cells are password protected and can only be completed by the TPA
- Grey cells auto populate or remains blank when not applicable

## Header Fields

Most cells in the header are self-explanatory. A few cells require special attention.

<b>Budget Type</b>	Use the drop-down list to indicate the 'type' of submission <ul style="list-style-type: none"><li>• Initial ISP</li><li>• Annual ISP</li><li>• Revision</li><li>• Transfer from Participant Directed- When this is chosen the CSC must enter verified amount of participant directed funds used in the Summary Section at the end of the AB BWS</li><li>• Closeout Budget – When this is selected the CSC must add service end dates and reduce service units for all services previously approved. The CSC also enters the close out dollar amount on the <i>Service Delivery Model Change form</i> in order to calculate how much money remains to be transferred into participant directed service delivery model.</li></ul>
<b>Version Number</b>	If applicable, update the submission with a version number for any revisions throughout the ISP term. A transfer from participant directed service delivery should follow the next sequential version number. Transfers would always start a least on V3.
<b>ISP Start and End Date</b>	This field is completed by the CSC in the initial and remains the same each annual submission thereafter.

**PA. Start and End Dates** Input the Prior Authorization effective date for the AB BWS being submitted.

If this is a transfer from participant directed service delivery, the PA start date would be the 1<sup>st</sup> of the month and may be different than the ISP start date. The PA end date would be the same as the ISP end

If this is a closeout budget on the agency based service delivery model, the PA Start date would be the same as the ISP start date but the PA End date should be different from the ISP end date and should reflect the last date of service under agency based service delivery model.

Otherwise these dates would be the same as the ISP begin and end dates.

### Service Categories

The Service Categories include fields completed by the CSC indicating the service action, revision date if applicable, provider name and ID. The Budget Values auto calculates for each service and each value (except the Community Supports Coordinator) is included in the total request at the end of the AB BWS.

### Service Actions

**New Service/Provider** Field is always used for initials and annuals and may be used for revisions. When a revision includes a new service – select this option and also complete the Revision Date (Column D) and the Service Dates (Columns J & K).

**Change Service/Provider** Field is used for revisions that change units and or providers. When this option is selected, the selection must be made as an adjustment to the previously approved line.

To increase or decrease units, the previously approved units must be adjusted upward or downward, and the user must also complete the Revision Date (Column D) and the Service Dates (Columns J & K).

To change service providers the previously approved service line must be zero' d out or decreased to the appropriate amount and the new service provider must be added with appropriate service start and end dates.

### Revision Date

**Revision Date** This field is only completed when the service line represents a revision to a prior approved budget. The Revision date is the date of submission of the revision to the TPA.

### Provider Name and Provider Medicaid Numbers

It is critical that the CSC enter the correct Provider name and Medicaid Identification Number so that the Prior

## Supports Waiver Agency Based Budget Worksheet Instructions

Authorization data entered in Omnicaid by the TPA is correct and allows the provider to bill for approved services under the individual Prior Authorization. The Prover Enrollment Unit routinely issues report of all approved Providers on the Secondary Freedom of Choice for all waiver along with their Medicaid Identification numbers. The CSC should use this tool and contact the provider to assure the correct information is provided.

### Service Codes Modifiers and Units

<b>Community Supports Coordinator</b>	Fields in this service category do not get factored into the \$10,000 annual budget limit. The dollar amount does not show. However, the start date and end dates as well monthly units must be entered to reflect any changes in CSC Agencies. The total number of units cannot exceed 12.
<b>Assistive Technology</b>	<p>Using the drop-down lists, input the service(s) proposed to be authorized. Units in this service category are in \$1 units.</p> <p>The <b>Unadjusted Units</b> field in in this service category should reflect the total dollar amount of the AT. A purchasing agent fee should not be directly added by the CSC. When the AT is being provided through a provider acting as a purchasing agent, the CSC enters yes from the drop-down menu in the <b>AT Purchasing Agent</b> field. When Yes is entered in this field the <b>Units for TPA Entry</b> will auto calculate to include the 15% purchasing agent fee.</p>
<b>Behavior Support Consultation</b>	If this service is not selected, the field remains blank. Units in this service category are in 15minute units.
<b>Customized Community Supports Individual</b>	If this service is not selected, the field remains blank. Units in this service category are in 15minute units.
<b>Customized Community Supports Group</b>	If this service is not selected, the field remains blank. Units in this service category are in 15-minute units.
<b>Supported Employment</b>	If this service is not selected, the field remains blank. Units in this service category are in 15-minute units.
<b>Environmental Modification</b>	<p>The amount should include the administrative fee if the provider is acting=g as a purchasing agency. Units in this service category are in \$1 units.</p> <p>A verification of benefits from will be required after initial submission for any requests for this service. There is a \$5000 limit on this service every five years.</p>

**Non-Medical Transportation**

Choose the type of Non-Medical Transportation from the drop-down menu. Units are:

- Passes/Rideshare per \$1 to include 10% administrative fee for provider as purchasing agent
- Transportation per hour
- Mileage per mile

When Mileage or Passes/Rideshare are chosen the **Units for TPA Entry** will auto calculate to include the 10% purchasing agent fee.

A verification of benefits from will be required after initial submission for any requests for this service. There is a \$5000 limit on this service every five years.

**Personal Care**

If this service is not selected, the field remains blank. Units in this service category are in hourly units.

**Respite**

If this service is not selected, the field remains blank. Units in this service category are in 15-minute units

**Vehicle Modification**

Units in this service category are in \$1 units. A verification of benefits from will be required after initial submission for any requests for this service. There is a \$5000 limit on this service every five years.

**Summary, Signatures and TPA Assigns Prior Authorization**

The final section of the AB BWS Summarizes budget and includes space for the signatures of the CSC, Individual, and/or Guardian. The yellow highlighted section is dedicated to the Medicaid Third Party Assessor to complete and includes the Prior Authorization needed for Supports Waiver service Provider billing.

**Closure Amount from Participant Directed Delivery Model**

This field should be completed when a participant is transferring into agency-based service delivery from participant directed service delivery. The amount should be the amount calculated and entered in the **Service Delivery Model Change Form**. The form must be included with the AB BWS submission. The TPA PA section (yellow) will be blank for any participant directed budget and will begin with the first agency based budget version.

**Verification Date**

This field should be completed when a participant is transferring into agency-based service delivery from participant directed service delivery. The date should be the amount calculated and entered into the **Service Delivery Model Change Form**. The form must be included with the AB BWS submission.

**Total Requested Amount**

These fields are auto calculated, and will both equal the total amount requested among all service categories on the AB BWS,

**Total Requested**

unless there is an amount used in the participant directed service delivery model. In that case the Total Requested field will reflect the total amount Requested on the AB BWS plus the amount in **Closure Amount from Participant Directed Delivery Model**.

When the AB BWS is a Closeout Budget in order to transfer to participant directed service delivery model, this amount must be placed on the *Service Delivery Model Changer Form*. The \$10,000 max budget allowed minus this amount is what can transfer into the Participant Directed Service Delivery Model. The *Service Delivery Model Changer Form* must be included in the submission when opening the Participant Directed Service Delivery Model.

**Exceeds \$10,000**

This field auto fills with No is the **Total Requested** does not exceed \$10,000 or with **Yes, Amount Exceeds \$10,000. Please Adjust** if the budget goes over \$10,000. In this case the AB BWS should be adjusted before submission. The TPA will issue a Request for Information to adjust the budget if it is submitted in error.