



Changes to DD Waiver Budget Worksheet and Instructions

V OR 2017-07



OBJECTIVES

- Understand changes made to the Budget Worksheet
- Understand enhancements made to the Budget Worksheet (V OR 2017-07-01)
- Understand the use of the ‘error checking tab’ and what that means for the OR
- Understand the roll-out process for transition; uptake on the new BWS (V OR 2017-07-01) and discontinuation of current BWS (V OR-2015 10-01)



Overview of the Budget Worksheet

Section 1. Identifying Information

Section 2. Base Budget

Section 3. Professional Services Budget

Section 4. Other Services Budget

1. CHANGE: Version number

Section 1 Identifying Information

2	V-OR	Developmental Disabilities	Name (Last, First, MI)	Social Security No.	Date of Birth	County	Living and Care Arrangement (LCA)	Proposed Budget
3	2017 07	Waiver Budget				(select county)	(select Living and Care Arrangement)	Lvl (select)
5	Client's Full ISP Year		This Prior Authorization (PA) Budget Period (full or part of ISP Year)				TPA enters this code <input type="text"/> into Omnicaid	
6	Start date	End date	PA Effective Date	Age at eff. dt	PA End Date	Duration of budget	First submittal date of this PA	Exception Request
7			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Requires DOH approval
8	12 mos. (as tied to ISD review)		PA Effective Date based on		PA End Date based on		Prorated Suggested Budgets	
9	Type of ISP						This PA \$	
10	(select one)						Base \$0.00	
11							Prof svc \$0.00	
12							Other \$0.00	
							Total: \$0.00	

2. CHANGE: Drop down list for choices

3. No longer used

4. CHANGE: No longer referencing NM DDW Groups



What does the PBL mean to the OR ?

V-OR		Developmental Disabilities				Living and Care Arrangement (LCA)		Proposed Budget	
2017	07	Name (Last, First, MI)	Social Security No.	Date of Birth	County	(select Living and Care Arrangement)		Lvl	(select)
Client's Full ISP Year		This Prior Authorization (PA) Budget Period (full or part of ISP Year)				TPA enters this code		into Omnicaid	
Start date	End date	PA Effective Date	Age at eff. dt	PA End Date	Duration of budget	First submittal date of this PA	Exception Request		
12 mos. (as tied to ISD review)							Requires DOH approval		
Type of ISP	PA Effective Date based on	PA End Date based on		Revisions after first submittal date		Prorated Suggested Budgets		This PA \$	
(select one)				Revision date	Rev#	Base	\$0.00		Not requested <i>reserved for OR:</i>
						Prof svc	\$0.00		
						Other	\$0.00		
						Total:	\$0.00		

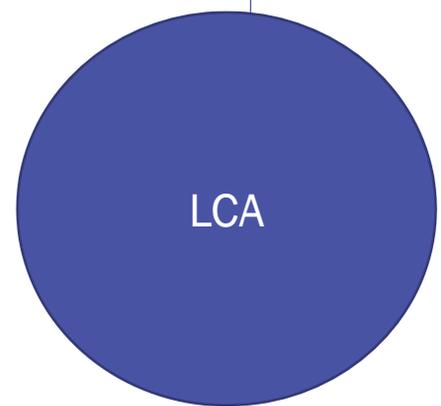
- PBL must be completed
- When filled it auto fills suggested budget amount
- “Over –Under” reporting continues
- OR does not review documents to demonstrate PBL
- OR accepts IDT determination
- OR RFI’s if blank

4.
CHANGE:
No longer
referencing
NM DDW
Groups

“Hard Edits” in the BWS regarding the LCA?

	V-OR	Developmental Disabilities	Name (Last, First, MI)	Social Security No.	Date of Birth	County	Living and Care Arrangement (LCA)	Proposed Budget									
	2017 07	Waiver Budget				(select county)	(select Living and Care Arrangement)	Lvl (select)									
5	Client's Full ISP Year		This Prior Authorization (PA) Budget Period (full or part of ISP Year)				TPA enters this code <input type="text"/> into Omnicaid										
6	Start date	End date	PA Effective Date	Age at eff. dt	PA End Date	Duration of budget	First submittal date of this PA	Exception Request									
7			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Requires DOH approval									
8	12 mos. (as tied to ISD review)		PA Effective Date based on		PA End Date based on		Revisions after first submittal date										
9							Revision date Rev#										
10	Type of ISP						Prorated Suggested Budgets										
11	(select one)						This PA \$										
12							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Base</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Prof svc</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total:</td> <td style="text-align: right;">\$0.00</td> </tr> </table>			Base	\$0.00	Prof svc	\$0.00	Other	\$0.00	Total:	\$0.00
Base	\$0.00																
Prof svc	\$0.00																
Other	\$0.00																
Total:	\$0.00																

Once an LCA is chosen, the drop down menus are adjusted to exclude services that cannot be offered with that LCA e.g. nursing and SL



Section 2 Base Budget

NEW

BASE BUDGET														D P 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 button)	Service Code	Modifiers	Provider	Prov ID	Svc-provider dates if other than 1/0/00 - 1/0/00		unit	#OfUnits	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									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
Choose LCA	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
Customized Community Supports (CCS)	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
Community Integrat Employment	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			
	x_add a service row									\$0.00	\$0.00			

New Terms for
Services with
tiered rate
categories



Section 3. Professional Services Budget

PROFESSIONAL SERVICES BUDGET														D P 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 button)	Service 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 check standard/ incentive county	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
Occupational Therapy check standard/ incentive county	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
Physical Therapy check standard/ incentive county	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
Speech Therapy check standard/ incentive county	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
Additional rows for any above check standard/ incentive county	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				
	x_add a service row						-		\$0.00	\$0.00				

Change regarding
Incentive and
Standard County
selection



Checking Incentive Standard County List

- Look at county in header of BWS
- Verify using most current incentive county list that the correct code was chosen for relevant service
- Verification applies to therapies, BSC, Social and Sexuality Education, and Preliminary Risk Screening and Consultation for Inappropriate Sexual Behavior
- If the incorrect county was chosen, send an RFI to the CM

Maximum amounts

OR verifies limits listed in the criteria are reflected accurately on BWS



Error Checks Tab

Start date	End date	PA Effective Date	Age at eff. dt	PA End Date	Duration of budget	First submittal date of this PA	Suggested Budgets		This PA \$	Requires DOH approval	Exception Request
12/1/2016	11/30/2017	12/1/2016	45 yr, 6 mo	11/30/2017	365 days	12/1/2016	Base	\$ 65,627	\$59,045.52	Not requested <i>reserved for OR:</i>	Not requested
12 mos. (as tied to ISD review)		PA Effective Date based on		PA End Date based on		Revisions after first submittal date	Prof svc	\$ 32,261	\$16,336.80		
Type of ISP		Start of client's ISP year		End of client's ISP year		Revision date	Other		\$0.00		
Initial ISP or transfer from Mi Via						Rev#	Total:		\$75,382.32		

Header Information	ISP Year Information	Prior Authorization Period Information
Name has been input	ISP start date has been input	PA effective date has been input
Social Security Number has been input	Type of ISP has been input	PA effective date is between ISP start and end dates
Date of birth has been input		Basis for PA effective date has been input
County has been input		PA end date has been input
Living and Care Arrangement has been input		PA end date is between PA effective date and ISP end date
Group assignment has been input		Basis for PA end date has been input
		First submittal date has been input
Service Authorizations		
To/ from dates completed for revised PAs (cells will be highlighted in red)		
Purpose of revisions completed for revised PAs (cells will be highlighted in red)		
Revision Version and Signature		
For revisions, previous approvals are recorded		
Case Manager has signed and dated worksheet		
Service Lines Are Complete (Provider Name, Provider ID, and Units Have Been Input)		
Case Management lines (rows 21 -24)		Behavioral Support Consultation lines (rows 58 -60)
Residential/ In-Home lines (rows 26 - 30)		Occupational Therapy lines (rows 63 -66)
Residential services do not exceed 340 days		Physical Therapy lines (rows 69 -72)
Customized Community Support lines (rows 32 - 38)		Speech Therapy lines (rows 75 -77)
Community Integrated Employment lines (rows 40 - 45)		Additional Therapy lines (rows 80 -87)
Assistive Tech lines (rows 100 -101)		Initial Evaluation lines (rows 123 -130)
Crisis Support lines (rows 103 -105)		Personal Support Tech lines (rows 132 - 134)
Environmental Modifications lines (rows 107 -108)		PRS+Consult, ISB lines (rows 136 -138)

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LIMITATIONS OF ERROR CHECKS TAB

- It is a tool to reduce technical errors and increase clean submissions to the OR
- It cannot address every possible error: An error may still exist even if it is not flagged by this function
- A submission can still be made even if an error is flagged in the Error Checks tab- there may be special circumstances that require a submission to be made with the error e.g. LCA changes

NOTE: OR should not RFI due to error tab messages alone. RFIs should relate to the review

Error Checks Tab signature approval section

Marked
as
revision
#2

v. OR Test1	Developmental Disabilities Waiver Budget	Name (Last, First, MI) Delgado, Calvin K	Social Security No. 123-45-6789	Date of Birth 10/12/1973	County Curry	Living and Care Arrangement (LCA) Family Living	Proposed Budget Lvl 5
Client's Full ISP Year Start date: 2/11/2017, End date: 2/10/2018 12 mos. (as tied to ISD review) Type of ISP: Annual ISP		This Prior Authorization (PA) Budget Period (full or part of ISP Year) PA Effective Date: 7/25/2017, Age at eff. dt: 43 yr, 9 mo, PA End Date: 2/10/2018, Duration of budget: 201 days First submittal date of this PA: 12/30/2016 Revisions after first submittal date: Revision date: 5/21/2017, Rev#: 2			TPA enters this code: H3 into Omnicaid		Exception Request Requires DOH approval: Not requested reserved for OR:
		PA Effective Date based on: Start of client's ISP year		PA End Date based on: Switch LCA during ISP		Prorated Suggested Budgets Base \$ 36,140, This PA \$ 37,930.62 Prof svc \$ 17,766, \$0.00 Other \$0.00 Total: \$37,930.62	

Signature indicates agreement to the provision of the services, service units, and effective dates		Total Cost
		\$37,930.62
Individual:	Calvin K Delgado	Date: 5/21/2017
Case Manager / Agency:	You and Me/Gayla Delgado	Date: 5/21/2017
Guardian / Representative:		Date:

Third Party Assessor Assigns Prior Authorization ID for Omnicaid Tracking: 17093013G13 Jiva

TPA Reviews	For Submittal Date	Review Completion Date	Reviewer (initials)	Once approved, the PA waiver type code in the TPA-locked cell below (A1, B1, etc.)
First submittal	12/30/2016	1/7/2017	G90R	H2
Revisions submitted	1			H3
	2			
	3			
	4			
	5			

Header has a different code (H3).
This PA (H2) is part of the audit trail documentation to validate services and expenditures.
Once established, revisions of this PA should not recharacterize the original NM Group or LCA.

Revision #1 has not been approved

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

When should this new Budget Worksheet be used?

Also known as the Roll Out Plan

The New Budget Worksheet (V OR 2017-07) **MUST** be used Starting July 1, 2017 for the following cases.

1. All annual Budgets submitted to the OR on or after July 1, 2017 for ISP start dates on or after October 1, 2017, and
2. Any time an LCA change is needed with a Start date after July 1, 2017. (This will involve the BWS V. OR 2015 10-1 being closed out and a new BWS V OR 2017 07-01 being opened up.), and
3. Revisions being planned on or after July 1, 2017 (with a projected start date on or after Aug 1, 2017) that affect a service with a tiered rate i.e. SL, IBS-SL, CCS Group and CIE starting July 1, 2017. (This will involve the current BWS V. OR 2015 10-1 being closed out and a new BWS V OR 2017 07-01 Being opened up.), and
4. A transition from Mi Via to the DDW, and
5. A new allocation, and
6. Any time a child is moving into the adult waiver.

Why would I continue to use the old BWS?

If a revision is needed that does not effect the individual's Living Care Arrangement or Services with Tiered rates the V-OR 2015 10-01 BWS can be used until the end of the ISP term.

Please visit the ACT New Mexico website under the Service Providers, Forms and Instructions page where you can find all the documents reviewed today:
<http://actnewmexico.org/forms-instructions.html>



ABOUT ACT-NM | **INDIVIDUALS & FAMILIES** | **SERVICE PROVIDERS** | **NM DDW PROGRAM INFORMATION** | **CONTACTS**

FORMS AND INSTRUCTIONS

- Overview
- Case Managers
- Therapies & Behavioral Support Consultation
- Adult Nursing
- Living Supports
- Community Supports and Employment
- Other Services
- Provider Enrollment

Communication and instructions from DDSD about the Waldrop Settlement Agreement overrules the current, applicable policy, procedure, guidelines and instructions until such time as revisions can be published. [« Read More »](#)

Forms and Instructions

This section provides the newly issued forms, instructions, and documentation necessary for DDW service providers to implement the new DDW. For historical information and planning tools that are still applicable, please visit the **DDSD** website.

Note: documents in Portable Document Format (PDF) require Adobe Acrobat Reader 5.0 or higher to view, [download Adobe Acrobat Reader](#).

Note: documents in Word format (DOC) require Microsoft Viewer, [download word](#).

Note: documents in Excel format (XLS) require Microsoft Viewer, [download excel](#).

