

OR BWS 2020-10-23	Developmental Disabilities	Name (Last, First, MI)	Social Security No.	Date of Birth	County	Living and Care Arrangement (LCA)	Proposed Budget	
	Waiver Budget		000-00-0000		(select 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		Exception Request
Start date End date		PA Effective Date	Age at eff. dt	PA End Date	Duration of budget	First submittal date of this PA	Requires DOH approval	
12 mos. (as tied to ISD review)							reserved for OR: []	
Type of ISP (select one)		PA Effective Date based on	PA End Date based on		Revisions after first submittal date			
		Start of client's ISP year	End of client's ISP year		Revision date	Rev#		

Prorated Suggested Budgets	This PA \$	
Base		\$0.00
Prof svc		\$0.00
Other		\$0.00
Total:		\$0.00

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	Budget value		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. Paid rate depends on date service rendered.								
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												

INFORMATION ONLY

Suggested Base Budget	Annualized	per day	Prorated	Total This Base Budget	\$0.00
	need PA dates		(days)	Exceeds sugg by +	

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Prorated Suggested Budgets	This PA \$																
Base	\$0.00																
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Total:	\$0.00																
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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 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	x_add a service row														
check standard/ incentive county	x_add a service row														
	x_add a service row														
Occupational Therapy	x_add a service row														
check standard/ incentive county	x_add a service row														
	x_add a service row														
	x_add a service row														
Physical Therapy	x_add a service row														
check standard/ incentive county	x_add a service row														
	x_add a service row														
	x_add a service row														
Speech Language Pathology	x_add a service row														
check standard/ incentive county	x_add a service row														
	x_add a service row														
Additional rows for any above	x_add a service row														
check standard/ incentive county	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)	Exceeds max by +	

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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)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Type of ISP (select one)		PA Effective Date based on		PA End Date based on		Revisions after first submittal date	
		Start of client's ISP year		End of client's ISP year		Revision date Rev#	
						Prorated Suggested Budgets	
						This PA \$	
						Base \$0.00	
						Prof svc \$0.00	
						Other \$0.00	
						Total: \$0.00	
						Requires DOH approval	
						reserved for OR: <input type="text"/>	

OTHER SERVICES														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 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			
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 Consultation										Other Services Total:		\$0.00		

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<i>Prof svc</i>		\$0.00																	
<i>Other</i>		\$0.00																	
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	<input type="text"/>
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TPA Reviews		Review Completion Date	Reviewer (initials)	Once approved, re-enter the PA waiver type code below
For Submittal Date				
First submittal				<input type="text"/> (H1, H2, etc.)
Revisions submitted	1			This PA is part of the audit trail documentation to validate services and expenditures.
	2			
	3			
	4			
	5			Once established, revisions of this PA should not recharacterize the original LCA
	6			
	7			
	8			Changes to the LCA will require a new PA, since some services already authorized and used may become invalid or exceed budget limits.
	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).