JM BW	Developme	ntal Disabilities	Name (Last,	, First, MI	1)	Social Se	ecurity No.	Date of Birth	County		Living ar	nd Care Arrai	ngement (LC	`A)			Proposed Budget
2020-10-		lget	, ,	(select county) (select Living and Care Arrangement)										Lvl JCM			
	Client's F	ull ISP Year			This Prior Au	thorization (PA) Budget	r part of ISP	Year)		TPA ente	ers this code		int	o Omnicaid	1		
			Dur						First submittal a						4	Exception Request	
	Start date						budget	this PA	Prorated	Suggested E	Budgets	This I	PA\$	Requires DOH			
											Base				\$0.00	approval	
	12 mos. (as tie	ed to ISD review)								Revisions after first		rof svc			\$0.00		reserved for OR:
		PA Effective Date based on PA End Date based on									Other		\$0.00				
-		e of ISP	Start of client's ISP year End of client's ISP year						Revision date	Rev#		Total:		\$0.00]		
	select one)																
				ВА	SE BUDGET				1					irst available per-		D -	
								Suc n	rovidor datos	_	is PA's start date 1/0/00. The budget value is <u>for comparison</u> maximum limit. Unit-rates are subject to change.					P	
							1	Svc-provider dates to the state of the state		to the h	ilaxiiiiuiii iiii	First unit-	_	epends on date	inge.	· ·	
		Servic	e	Svc.	Modifiers	Provider	Prov ID		1/0/00 - 1/0/00 u			rate for PA					
		(use drop do	wn list)	Code				5			# Of Units	term	rate chg	Budget value	Date revised	Purpose of	
								From	То						if after orig	Revision	
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JM BV	Developmental Disabilities	Name (Last, First, MI)	Social Security No.	Date of Birti	te of Birth County		d Care Arrangement (LCA		Proposed Budget]	
2020-10	Waiver Budget				(select county)	(select Li	ving and Care Arrangem	Lvl JCM			
	Client's Full ISP Year	This Prior Authorization (PA	A) Budget Period (full	or part of ISP	Year)	TPA enters this code into Omnicaid					
			1	Ouration of	First submittal date of			· · · · · · · · · · · · · · · · · · ·		Exception Requ	uest
	Start date End date	PA Effective Date Age at eff. dt	PA End Date	budget	this PA	Prorated	Suggested Budgets	This PA \$	Requires DOH		
		0				Base		\$0.00	approval		
	12 mos. (as tied to ISD review)				Revisions after first	Prof svc		\$0.00		reserved for OR:	
		PA Effective Date based on PA	End Date based on		submittal date		Other	\$0.00			
	Type of ISP	of ISP Start of client's ISP year End of client's ISP year			Revision date Rev#		Total:	\$0.00			
	select one)			•							
	Suggested bo	need PA dates	(days)						<u> </u>		

JM BWS 2020-10-23 Developme Waiver Bud		ental Disabilities	Name (Last,	First, MI	")	Soci	al Security No.	Date of Birth	1	County	ountul			gement (LC)				Proposed Budget Lvl JCM
2020-10-		-	(select county) (select Living and Care Arrangement)											LVI JCIVI				
	Client's F	ull ISP Year	This Prior Authorization (PA) Budget Period (full or part of									IPA enter	rs this code		int	o Omnicaid		Succestion Dominat
	Start date	End date	and the state of t						budget <u>First submittal date</u> of this PA			Dravatod Suggested Budgets			This I	οΛ ¢	Requires DOH	Exception Request
		Liid date	Age at ell. ut TA Ella Data				Ind Date	buaget		UIIS PA		Base	Prorated Suggested Budgets		11115 1	\$0.00	approval	
_	12 mos. (as tied to ISD review)							Devisions that first				Prof svc				\$0.00	арріотаі	reserved for OR:
	,		PA Effective	Date bas	sed on	Date based on		Revisions after first submittal date				Other			\$0.00			
	Туре	Type of ISP Start of clie			nt's ISP year End of clien						Rev#			Total:		\$0.00		
(select one)																	
			PROFESSIONAL SERVICES BUDGET							This form calculates a budget value using the first available per-unit-rates as of D								
		THO ESSIONAL SERVICES BODGET										s PA's start d			budget value is		Р	
								Svc-p	rovider	dates		naximum limi			re subject to cha		R	
									if other than 1/0/00 - 1/0/00 unit				First unit	Paid rate depends on date				
		Service		Svc.	Modifier	Provider	Provider Prov II		00 - 1/			# Of Units ra	rate for PA service rendered. term rate chg Budget value		Date revised	Purpose of		
		(use drop do	wn list)	Code				From		То			term	rate chg	Budget value	if after orig	Revision	
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		x add a service rov																
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	Physical	x_add a service rov	N															
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							(days)			ļ.						1		

JM BWS Developmental Disabilities		Name (Last,	First, MI	I)	Social	Security No.	Date of Birth	County	Living an	d Care Arrai	ngement (LC		Proposed Budget				
2020-10-	Waiver Bud	get					(select county)			(select Li	iving and Ca	re Arrangen	nent)		Lvl JCM		
	Client's Fo	ull ISP Year			This Prior Au	thorization (PA) Budg	A) Budget Period (full or part of ISP Year)					TPA enters this code into Omnicaid					
							Duration of First submittal date of			ate of							Exception Request
Start date End date			PA Eff	ective Da	ate Age a	t eff. dt PA En	PA End Date budget			this PA		Prorated Suggested Budgets T		This I	PA\$	Requires DOH	
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	•	,	PA Effective	Date bas	sed on	PA End Do	End Date based on			submittal date			Other		\$0.00		,
	Tyne	of ISP	Start of clie			End of cli	ent's ISP year	Revision date Rev#		Ī		Total:		\$0.00			
1	select one)	0) 131	Start or the	110 3 131 y	, cui	End of cir	inc 3 131 year						rotur.		\$0.00		
<u> </u>	Jenete une,										l						
			OTHER SERVICES This form calculates a budget value using the first available per-unit-rates as of											D			
			this PA's start date 1/0/00. The budget value is for comparison											Р			
					1				ovider dates	to the r	naximum lim			are subject to cha	nge.	R	
		Service	_	C	Modifier	Duovidos	Drew ID		ther than			First unit		ate depends on date			
		(use drop do		Svc. Code	wouller	Provider	Prov ID	1/0/0	0 - 1/0/00	unit	# Of Units	rate for PA term	service ren rate chg				
		(use arop us	wii iist,	Couc				From	То			term	rate eng	Duaget value	Date revised	Purpose of Revision	
Δςςί	stive Tech										l				if after orig	Revision	
	k yrly. max)	x_add a service rov x_add a service rov															
(cnec	Crisis Support						<u> </u>			<u> </u>							
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	k 5-yr. max)	x add a service rov															
	iving Trans.	x add a service rov															
	ck life. max)	x add a service rov															
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	Stipend	x_add a service rov															
	Non Medical	x add a service rov	N														
	Transportation	x_add a service rov															
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incen	tive county Adult Nursing	x_add a service rov															
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		*Preliminary Risk S	ry Risk Screen and Consult for Inappropriate Sexual Behavior Other Services Total: \$0.00														

JM BWS Develop		mental Disabilities	Name (Last, First, MI)		Social Security No.	Date of Birtl	h Cou	unty	Living o	and Care Arrangement (LC		Proposed Budget	
2020-10-		udget			•		(5	select cou	nty) (select	Living and Care Arranger	nent)		Lvl JCM
	Client'	s Full ISP Year	This i	Prior Authorization (PA) Budget Period (ful	or part of ISP	Year)		TPA en	ters this code	into Omnicaid		
							nittal date	of				Exception Request	
	Start date	End date	PA Effective Date	Age at eff. dt	PA End Date	budget			Prorate	ed Suggested Budgets	This PA \$	Requires DOH	
			0						Base		\$0	00 approval	
	12 mos. (as	tied to ISD review)					Revision	ns after fir	Prof sve	С	\$0	00	reserved for OR:
			PA Effective Date based on		PA End Date based on			ittal date		Other	\$0	00	
_		pe of ISP	Start of client's ISP year	I	End of client's ISP year		Revision do	ate Re	v#	Total:	\$0	00	
(select one)												
		Signature ind	licates agreement to th units, and eff	•	he services, service	Tot	al Cost	Т	hird Party Asse	ssor Assigns Prior Autho	orization ID		
						fo	or Omnicaid Tra	ncking					
		Case Manager /		Date:									
	Guardian / Representative:					Date:		<u> </u>	PA Reviews				
						- □ [For Submittal D)ato Barian Canal	Reviewer		enter the PA waiver type		
									rui Subillittai L	Date Review Compl	etion Date (initials)	code below	(H1, H2, etc.)
						First su	ubmittal						(111, 112, etc.)
F	or a fax-frie	ndly printout, see ir	nstructions on next works	neet tab.		Revisions	submitted	1					
(lick worksh	eet tah "Stens for R	W Printing" (bottom of yo	ur screen)				2				This PA is part of t	
,	nek worksin	cet tab Steps for B	w rinting (bottom or yo	ar screenj.								documentation to expenditures.	validate services and
								3				expenditures.	
								4					
								5				Once established,	revisions of this PA should
								6				not recharacterize	the original LCA
												_	
								7				Changes to the LCA	will require a new PA,
								8				since some service	s already authorized and
								9				limits.	invalid or exceed budget
								10					
								11					