DD Waiver Budget Worksheet
Instructions for Case Managers
February 3, 2026

Table of Contents

Introduction

DDSD issued a revised Budget Worksheet (BWS) for services. This worksheet is required for all submissions: annuals and revisions. Case Managers can request current versions of the BWS from the Statewide Case Management Coordinator. Case Managers are responsible for verifying that the version date in the far upper left-hand corner is the correct version based on date.

The BWS has several tabs: Main, Steps for BWS Printing, and Error Checks. To view the appropriate tab, click on the tab at the bottom of the workbook.

Identifying Information

The first section or header of the BWS includes identifying information for the individual for whom the worksheet is being completed, that individual's living care arrangement (LCA), the period covered by the Individual Service Plan (ISP) year, the type of ISP and the prior authorization period. In the list below, each field in the first section or header is referenced by the field title in the BWS.

Version	Auto populated with version title of the BWS. Ensure you are using the correct version.
Name	Input the name of the individual in the following order: last name, first name, middle initial (if applicable).
SSN	Input numbers only; the BWS is formatted to add hyphens.
DOB	Input the date of birth.
County	Input the county of residence. The case manager must check whether the individual qualifies for the Standard or Incentive rate for services. These rates vary by county.
Participant Type	Select whether individual is Former Jackson Class Member or Other

LCA

Use the drop-down list to input the Living Care Arrangement (LCA).

1) CIHS (Customized In-Home Supports)
    a) Independent
    b) Family
2) Family Living
3) Supported Living
4) Intensive Living Medical Services
5) No Paid LCA (18 years and older)
6) Child
    a) Child-1
    b) Child-2
    c) Child-3

*For children under 18, select Child 1, 2, or 3 related to the Level of Care (LOC) MAD 378 scoring results for children.

Omnicaid Code

This field is the code the Third-Party Assessor (TPA) will enter in Omnicaid (billing system) and is auto populated based on the individual's LCA. This field is automatically populated by the BWS and cannot be accessed by the user.

ISP Start Date

Input the beginning date of the ISP.

ISP End Date

This field is automatically calculated by adding 365 days (366 for leap years) to the start date.

ISP Type

Use the drop-down list to indicate the 'type' of ISP that is applied to the BWS being completed.

1) Initial ISP
2) Annual ISP
3) Transfer from Mi Via

Prior Auth. Effective Date	Input the Prior Authorization (PA) effective date. For transfers into DDW, this date is not necessarily the same as the ISP start date. Transfers from Mi Via Waiver retain the ISP term that was the same as the Mi Via SSP term. The PA effective date will be the date the person starts DDW services. The PA Effective Dates are also not necessarily the same as provider/service start dates. The case manager should not change PA dates for revisions. However, individual service line dates may change when starting or closing a provider/service.
Age at Effective Date	This field is automatically calculated to report the age at the PA effective date.
Prior Auth. End Date	Input the Prior Authorization (PA) end date. For transfers out of DDW, this date is not necessarily the same as the ISP end date. Transfers to Mi Via Waiver the PA end date will be the date the person ends DDW services.
Duration of Budget	This field is automatically calculated to the number of days in the PA.
First Submittal Date	Input the date that the initial PA is beginning or was submitted.
PA Effective Date Based On	Use the drop-down list to indicate the basis for the PA effective date. PA dates usually match the ISP term except when there is a transfer into or out of DDW or when a child turns 18. 1) Start of Client's ISP Year 2) Transfer from Mi Via during ISP year
PA End Date Based On	Use the drop-down list to indicate the basis for the PA end date. 1) End of Client's ISP Year 2) Transfer from Mi Via during ISP year PA dates usually match the ISP term except when there is a transfer into or out of DDW

Revision and Revision #	If applicable, input the date and number of the BWS revision.
Exception Request	This field is reserved for potential exception requests and is used by HCA.

Service Sections

The Budget Worksheet has other sections where service requests are input: Professional Services, and Other Services. Fields in these sections incorporate all services available in the DD Waiver. The available services listed will change based on the selection made in the LCA drop down box in Section 1. When the LCA changes during the ISP term:

- Change the option in the LCA drop-down box in Section 1.
- On the existing LCA service line, enter an end date and pro rate the number of units needed until the end date.
- On a separate LCA service line, enter the new LCA service code with the start date after the end date of the existing LCA.
- Children under 18 do not have access to a paid LCA. Child-1, Child-2, Child -3 based on MAD 378 scoring results must be selected here.

Service Grouping	This column includes groups of services. Fields in this column cannot be accessed by the user.
Services	Using the drop-down lists, input the service(s) proposed to be authorized for the individual for whom the BWS is being completed.
Service Code	Fields in this column are automatically populated with the service code for the service selected from the drop-down list on the same row. If no service is selected, the field remains blank.
Service Modifier	Fields in this column are automatically populated with the modifier(s) for the service selected from the drop-down list on the same row, if applicable. If no service is selected, the field remains blank.
Provider	Input the full name of the provider agency authorized to provide the service listed in the same row. A separate row must be completed for each provider and this field must be completed for any row in a service is selected.

Provider ID	Input the Provider ID number (Billing number) for the provider authorized to provide the service listed in the same row. A separate row must be completed for each provider and this field must be completed for any row in which a service is selected.
Service Dates	Input the start and end date for the proposed service ***only*** if these dates differ from the PA start and end dates.
Unit	Fields in this column are automatically populated with the unit of service for the service selected from the drop-down list on the same row. If no service is selected, the field remains blank.
Number of Units	Input the number of units proposed to be authorized for the service/provider listed in the same row.
Date Revised if After Original	Input the revision date *only* if submitting a revised BWS after the original submittal for the individual's ISP.
Purpose of Revision	Input the purpose of revision *only* if submitting a revised BWS after the original submittal for the individual's ISP. There are six options abbreviated as follows: • End Close Service • Decrease Units • Increasing Units • Adding new Service • Provider/ID Correction • Transfer Change Provider
Additional Rows	Additional rows are available in the sections of the BWS for the ability to propose a service for authorization when standard number of rows run out.

Prior Authorization (PA) Section

The final section of the BWS includes a section for the Medicaid Third Party Assessor (TPA) to complete, including PA ID, date of submission, completion, and TPA reviewer initials, and PA Waiver type code.

Requests for Information (RFIs)

1) When additional information is needed, a Request for Information (RFI) notification is sent to the CM.
2) The CM must respond to the RFI according to timelines provided in the RFI notification.
3) If an RFI is sent, CMs are required to notify appropriate providers within one business day via Scomm.
4) Once the RFI is resolved, the reviewing entity will respond according to established timelines.

Revisions

1) **Timing of Revision Submissions:** For revisions to an approved BWS during the ISP year, Case

Managers are required to submit the approved electronic BWS with the existing PA number and all

supporting documents to the appropriate reviewing entity at least 30 days prior to the start of the new or changed service.

2) **Closure Budgets for Individuals Transferring from the DDW to Mi Via:** When an individual is transferring to the Mi Via Waiver from the DD Waiver, Case Managers must close out the DD Waiver budget. The "PA End Date Based On" drop down menu in the header of the BWS must have the choice that indicates "Transfer to Mi Via during ISP year." All service lines on the budget must be closed out by entering the end date and total number of units reflecting all the units billed through the end of the date span of the DD Waiver budget.
3) **Open and Close Budgets**: It is not necessary to open and close an entire BWS to make changes to a particular service provider or service type. This includes changes to an LCA or any services with tiered rate categories. Services can be opened and closed on the same BWS by including the appropriate start and end dates with accurate proration of units or two separate service lines in the same BWS. There cannot be an overlap of dates for two LCA's or for any service provider changes.
4) **Date Spans:** For revisions that are increasing units for a service that was already approved, the ISP date span, or the date of the originally approved revision is used.
5) **Order of Submission**: Budget revisions must be added to a BWS that has been approved. Revisions must be submitted in chronological order demonstrated in the signature block. Revisions must be completed and approved by the TPA prior to submitting another revision.

Retroactive Reviews

Reviewing a BWS for services with a start date prior to the BWS submission date is not allowed. Start dates must be projected out 30 days for revisions, 45 days for annuals and at least 15 days for initials. The CM is required to notify and collaborate with the appropriate Regional Office Case Management Coordinator when special circumstances arise that prevented submissions prior to a service start date. Retroactive reviews will require DDSD permissions following all requirements in DD Waiver Service Standards Chapter 7.

Approvals and Issue of Prior Authorization (PA) Numbers

1) The TPA will review and enter the approved services into the Medicaid Management Information System (MMIS), Omnicaid, and will issue a PA to the CM within 7 business days.
2) Case Managers are responsible for distributing approved PAs to all providers.

Fair Hearings and Agency Conferences

1) The Fair Hearing Process may be initiated by the waiver recipient or guardian, if applicable, within 90 days of the date of a Partial Approval or a Denial Letter.
2) If a Fair Hearing is requested, an agency review conference (ARC), will be offered by the TPA. The agency conference is an opportunity to resolve the adverse decision. The CM must attend along with the individual and guardian, if applicable, and the reviewer who made the adverse decision, or the designated TPA representative.
3) TPA will issue written notification within two (2) business days of the ARC to the individual, guardian, if applicable, and the CM. This notification will reflect a denial or approval.
4) If the ARC is not successful in resolving the issue, the Fair Hearing will proceed. While the CM is not mandated to attend the Fair Hearing, they may be asked to participate by the individual or included by the administrative law judge as necessary witnesses.