

1915(c) STAR+PLUS Waiver
Addendum to Form 2060

I. Identifying Information

1. Applicant/Member Name	2. Medicaid No.	3. UPDATE 1 – Date Completed	4. UPDATE 1 – ISP Date
5. Service Coordinator's Name	6. SSN	7. UPDATE 2 – Date Completed	8. UPDATE 1 – ISP Date

II. Addition PAS Hours Not Identified on Form 2060

<input type="checkbox"/> Not Applicable (Skip to Section IV)		A.	X	B.	=	C.	D.
<input type="checkbox"/> Applicable as Follows		Number of Minutes Per Day		Number of Days Per Week		Total Minutes Per Week	Comments
1.	Protective Supervision		X		=		
2.	Extension of Therapy		X		=		
3.	Purchased Delegated Nursing Tasks (monthly hrs. from 3671 C, Section II, 12D divided by 4.33)		X		=		
4.	CDS and other delegated nursing tasks to PAS		X		=		

E. Totals PAS Minutes per Week =

III. Comments (4 lines):

IV. PAS Time Totals

UPDATE 1	UPDATE 2	DETAILED INSTRUCTIONS
1.	1.	1. Minutes per Week from Form 2060 – Enter the total minutes from Form 2060, if applicable, without deductions for VA A&A.
2.	2.	2. Minutes per Week from this Form 2060-MC – Enter the total PAS minutes from this form (Section II, E. above).
3.	3.	3. Total Minutes per Week – Add Box 1 (Minutes from 2060) to Box 2 (Minutes from 2060-MC) and enter the sum.
4.	4.	4. Total Hours – Divide Box 3 (Total Minutes per Week) by 60, round up to the next higher half hour, and enter total.
5.	5.	5. A&A and TPR Hours – Add any VA A&A monetary amounts (from Form 2060) to any payment from other TPR (from Form 8598). Divide total by 4.33 to determine weekly amount, then divide weekly amount by PAS hourly rate; enter total.
6.	6.	6. Adjusted Weekly Hours – Subtract Box 5 (A&A/TPR Hours) from Box 4 (Total Hours) and enter the remainder; round up to next higher half hour.
7.	7.	7. Hours Authorized per Year – Multiply Box 6 (Adjusted Weekly Hours) by the number of weeks remaining in the ISP year, round up to the next hour, and enter total. (See Form 2060 instructions if rounding to next hour exceeds limit.)
8.	8.	8. Hours Previously Authorized this ISP Year – Enter the number of hours scheduled to have been delivered up until the effective date of this ISP change based on the previous authorization for this ISP year, if applicable.
9.	9.	9. Estimated Annual PAS Authorization - Enter the sum of Box 7 (Hours Authorized per Year) and Box 8 (Hours Previously Delivered) and enter the total on Form 3671-1, Service Code 17 (round up to next hour).

V. Certification by Interdisciplinary Team Members: The waiver services identified above for this applicant/member are necessary to prevent nursing facility placement and are appropriate to meet the needs of the applicant/member in the community.

UPDATE 1	<input type="checkbox"/> Applicant/Member/Responsible Party and Service Coordinator signatures on Form 3671-2 at initial certification and annual redetermination		
Signature – Service Coordinator	Date	Signature – Applicant/Member/Responsible Party	Date
Signature – MCO Representative	Date		
UPDATE 2	<input type="checkbox"/> Applicant/Member/Responsible Party and MCO Service Coordinator signatures on Form 3671-2 at initial certification and annual redetermination		
Signature – MCO Service Coordinator	Date	Signature – Applicant/Member/Responsible Party	Date