

Rationale for HCBS STAR+PLUS Waiver Items/Services

1. Applicant/Member Name	2. Medicaid No.
3. Specify the applicant's/member's diagnosis/medical condition and functional limitations:	
4. Specify the HCBS STAR+PLUS Waiver (SPW) item/service.	5. Describe why the SPW item/service is necessary and how the SPW item/service benefits the applicant/member.

Signature – MCO Representative

Date