



# PROGRAM SUPPORT UNIT (PSU) STAFF USER GUIDE

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## H1700-1 HCBS STAR+PLUS WAIVERS INDIVIDUAL SERVICE PLAN (ISP) FORM



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
A STATE MEDICAID CONTRACTOR

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# **Program Support Unit (PSU) Staff H1700-1 STAR+PLUS Waivers Individual Service Plan (ISP) Form**

## **PSU ISP Form Workflow Process**

Before PSU staff begins the workflow process, the managed care organization (MCO) has submitted the initial ISP form. After the form has gone through the verification process and no errors have been found, the ISP form will automatically be submitted to the Service Authorization System (SAS). SAS will then automatically update the form.

**Note:** Only initial assessments are automatically submitted to SAS. Reassessments, edited assessments, and invalidated assessments must be submitted by PSU staff.

PSU staff generate the H2065–D/DS using the ISP form. PSU staff then send the H2065–D/DS to the member, and a copy is automatically sent to the MCO.

Sometimes, certain status codes will prevent the form from being processed correctly. PSU staff is responsible for resolving these status codes. If the verification program finds an error in the ISP form, then PSU staff will need to search for the following status codes in the Long-term Care Online Portal (LTCOP):

- Pending PSU Review
- PSU Action Required
- Pending Notification

## **Using Power Search to Locate Documents by Status Code**

Use the Power Search feature on the LTCOP to locate ISP forms according to their status codes. Log into the LTCOP, and the Form Status Inquiry page will be displayed.

Click **Search** and select Power Search from the drop-down menu.

Dashboard
Submit Form
Search
Worklist
Reports
Printable Forms

## Power Search

### Search Criteria

#### Form

Type of Form
DLN

From Date
To Date

#### Client

Last Name
First Name
SSN
Medicaid Number
CARE ID

#### Vendor

Provider Number

### Additional Criteria

#### Medical Necessity

MN
PMN

Show Locked Forms
MDSAS Response Code

### Search Options

You may either

Search for forms to view in any order
Search

or

Create a list of forms to work in sequence
Work List

You may also optionally save this search for later use

Search Name:

☐ Make public

Save Search

The blue navigational bar at the top of the page shows all the activities that PSU staff are able to access. All PSU staff have the same access level.

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On the Power Search page, the only required fields are the To Date and the From Date. While you only need to fill in the required fields (indicated by red dots), you can narrow the search results by completing additional fields.

Click the arrow in the Type of Form field. The drop-down menu will be displayed and show a list of the different forms that can be searched for.

Click **H-1700-1: HCBS STAR+PLUS Waiver Individual Service Plan**. The Type of Form field will populate with the chosen form name.

**Search Criteria**

**Form**

Type of Form: H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan ▼

DLN:

**Enter ISP Start Date Range**

From Date: mm/dd/yyyy ▼

To Date: mm/dd/yyyy ▼

In the ISP Start Date Range fields, select the From Date and To Date to set the search range. Enter a larger date range to get a broader search and a smaller date range to narrow the search.

**Search Criteria**

**Form**

Type of Form: H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan ▼

DLN:

**Enter ISP Start Date Range**

From Date: mm/dd/yyyy ▼

To Date: mm/dd/yyyy ▼

Search for a specific person using any of the criteria in the Applicant/Member fields.

**Applicant / Member**

Last Name:

First Name:

SSN:

Medicaid Number:

Date of Birth: mm/dd/yyyy ▼

Search for forms submitted by a particular vendor by adding information in the Vendor fields. Choosing a Plan Code and a Service Area from the drop-down menus narrows the search results.

**Vendor**

Provider Number:

MCO Name:  ▼

Service Area:  ▼

Plan Code:  ▼

County:  ▼

Selecting search criteria in the Additional Criteria field will narrow the search results even more.

Additional Criteria				
<b>Status</b> <input type="checkbox"/> Form Inactivated <input type="checkbox"/> MCO Action Required <input type="checkbox"/> Pending Notification <input type="checkbox"/> Pending PSU Review <input type="checkbox"/> Processed / Complete <input type="checkbox"/> PSU Action Required <input type="checkbox"/> PSU Invalid/Complete <input type="checkbox"/> PSU Processed/Complete <input type="checkbox"/> SAS Request Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Transferred	<b>Type Authorization</b> <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment	<b>Enrolled From</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Home	<b>Living Arrangement</b> <input type="checkbox"/> Alone <input type="checkbox"/> With Other Waiver <input type="checkbox"/> Assisted Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> With Family	<b>Other</b> <input type="checkbox"/> ME-Waiver <input type="checkbox"/> MFPD <input type="checkbox"/> SSI

Show Locked Forms ☐ SAS Response Code aa-9999

- **Status** – One way to narrow results is to search by status codes. A search can be conducted by choosing one or several status codes. PSU staff have several status codes that they are responsible for reviewing, including MCO Action Required, Pending Notification, Pending PSU Review, PSU Action Required, and PSU Invalid/Complete.

Additional Criteria
<b>Status</b> <input type="checkbox"/> Form Inactivated <input type="checkbox"/> MCO Action Required <input type="checkbox"/> Pending Notification <input type="checkbox"/> Pending PSU Review <input type="checkbox"/> Processed / Complete <input type="checkbox"/> PSU Action Required <input type="checkbox"/> PSU Invalid/Complete <input type="checkbox"/> PSU Processed/Complete <input type="checkbox"/> SAS Request Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Transferred

- **Type Authorization** – PSU staff can also search for initial or reassessment authorizations.

Type Authorization
<input type="checkbox"/> Initial <input type="checkbox"/> Reassessment

- **Other** – The ME-Waiver box is not checked on initial assessment form searches for members that are not Supplemental Security Income (SSI) members. It should be checked on *SSI-related* and non-SSI people for initial assessments to alert PSU staff that coordination with Medicaid for the Elderly and People with Disabilities (MEPD) is required. The ME-Waive box is not used on reassessments because this coordination is

not necessary. If an MCO inadvertently checks the ME-Waiver box for a reassessment, the system will bypass the PSU review and proceed directly into SAS.

Type Authorization	Enrolled From	Living Arrangement	Other
<input type="checkbox"/> Initial	<input type="checkbox"/> Hospital	<input type="checkbox"/> Alone	<input type="checkbox"/> ME-Waiver
<input type="checkbox"/> Reassessment	<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> With Other Waiver	<input type="checkbox"/> MFPD
	<input type="checkbox"/> Home	<input type="checkbox"/> Assisted Living	<input type="checkbox"/> SSI
		<input type="checkbox"/> Adult Foster Care	
		<input type="checkbox"/> With Family	

After you have entered all the relevant search criteria, scroll to the bottom of the form and select the search option to use. PSU staff can either click the **Search** button to search for forms in any order or click the **Work List** button to create a list of forms to work in sequence. Select the best option for the type of search that is being done. Search results will be displayed at the bottom of the Power Search page. The data contained in the search can be exported to Excel or Adobe PDF, or it can be saved for later use.

**Search Options**

You may either

Search for forms to view in any order

or

Create a list of forms to work in sequence

You may also optionally save this search for later use

Search Name:

☐ Make public

- If you click **Search** to select the “Search for forms to view in any order” option, the search results will be listed by the Document Locator Number (DLN). Click on any column hyperlink to sort information by that column header.

[Export Data to Excel](#)

Total Record(s): 185

Displayed Record(s): 1 to 185

Locked	DLN	Medicaid	SSN	Name	Vendor Number	Provider Number	Status	IMHP Received Date	MCO Name	Service Area	Type of Authorization	Enrolled From	Living Arrangement	ISP From Date	ISP To Date
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	PSU Invalid/Complete	2/10/2015	Superior STAR+PLUS	Bexar	Initial	Hospital	With Family	3/1/2015	2/29/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Form Inactivated	2/17/2015	United STAR+PLUS	Harris	Reassessment	Hospital	Alone	3/1/2014	2/28/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Form Inactivated	2/17/2015	Molina STAR+PLUS	Harris	Reassessment	Hospital	With Other Waiver	1/1/2015	12/31/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Terminated	2/17/2015	Molina STAR+PLUS	Harris	Reassessment	Hospital	Alone	8/1/2015	7/31/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Transferred	2/18/2015	United STAR+PLUS	Nueces	Reassessment	Hospital	With Other Waiver	2/1/2015	4/30/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Terminated	2/18/2015	Amerigroup STAR+PLUS	Travis	Reassessment	Nursing Facility	Alone	1/1/2015	12/31/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Transferred	2/18/2015	Amerigroup STAR+PLUS	El Paso	Initial	Hospital	Alone	3/1/2015	3/31/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	PSU Invalid/Complete	2/19/2015	Amerigroup STAR+PLUS	Travis	Initial	Home	Alone	3/1/2015	2/29/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	SAS Request Pending	2/19/2015	Molina STAR+PLUS	El Paso	Initial	Nursing Facility	With Family	3/1/2015	2/29/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Form Inactivated	2/20/2015	Molina STAR+PLUS	Harris	Reassessment	Hospital	Alone	9/1/2015	8/31/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	Processed/Complete	2/23/2015	Molina STAR+PLUS	Hidalgo	Initial	Hospital	With Other Waiver	3/1/2015	2/29/16
<input type="checkbox"/>	<a href="#">[DLN]</a>	<a href="#">[Medicaid]</a>	<a href="#">[SSN]</a>	<a href="#">[Name]</a>	<a href="#">[Vendor Number]</a>	<a href="#">[Provider Number]</a>	PSU Action Required	2/27/2015	Molina STAR+PLUS	Harris	Reassessment	Hospital	Alone	12/1/2015	11/30/16



- If you click **Work List** to select the “Create a list of forms to work in sequence” option, the search results will default to opening the first ISP form in the list.

The screenshot shows the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top, there's a header with the title and a 'Unlock Form' button. Below the header, the 'Current Status' is 'Processed/Complete', and the 'Name' and 'DLN' fields are visible. A 'Form Actions' bar contains buttons for 'Add Note', 'Edit Content', 'Print', 'Skip Form', 'PSU Invalid/Complete', 'Terminate ISP', and 'Submit to SAS'. The main section is titled 'Managed Care Organization' and contains several input fields: 'Provider No.', 'MCO Name', 'Service Coordinator', 'Plan Code', and 'County' (which is a dropdown menu currently showing 'Nueces').

Searches can also be saved. Each search will need to be named.

The screenshot shows a dialog box titled 'You may also optionally save this search for later use'. It contains a 'Search Name:' label followed by a text input field. Below the input field is a checkbox labeled 'Make public'. At the bottom of the dialog is a 'Save Search' button.

After the search has been named, click **Save Search**. The Search results can then be found under My Searches. Click **My Searches** in the blue navigational bar to show the list of saved searches.

The screenshot shows a navigation bar with two main sections: 'Search' and 'Worklist'. Under the 'Search' section, there are links for 'Letters', 'My Searches' (which is highlighted in blue), 'Power Search', 'Individual Search', and 'Provider Location Search'.

Any named search results will appear in the Defined Searches list.

My Searches			
Defined Searches			
IDRC PC 2 - IDD PES QA	<a href="#">Remove</a>	<a href="#">Open</a>	<a href="#">Work Results</a>
IDRC PC 3 - IDD PES QA	<a href="#">Remove</a>	<a href="#">Open</a>	<a href="#">Work Results</a>
MDS COMP 3.0_RN_License_Verification	<a href="#">Remove</a>	<a href="#">Open</a>	<a href="#">Work Results</a>
MDSQTR3.0_RN_License_Verification	<a href="#">Remove</a>	<a href="#">Open</a>	<a href="#">Work Results</a>
MNLOC 3.0_MD_RN_License_Verification	<a href="#">Remove</a>	<a href="#">Open</a>	<a href="#">Work Results</a>

## Status Codes

The ISP form can be in any number of statuses as it is processed, but PSU staff should be aware of these status codes in particular:

- Pending PSU Review
- PSU Action Required
- Pending Notification

## Pending PSU Review Status Code

When there is a status code of Pending PSU Review, PSU staff should check the following items:

- **Total Estimated Waiver Cost Exceeds Annual Cost Limit** – If the MCO submitted an authorization with a Total Estimated Waiver Cost that exceeds the annual cost limit, PSU staff will need to follow standard policy to determine whether the overage has been approved or if the matter will need to be referred to the HHSC High Needs Coordinator.

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Agency ▼	Nursing Services-RN (S9123, U3, U3) ▼	4.00	\$49.90	\$199.60
Agency ▼	Nursing Services-LVN (S9124, U3, U3) ▼	8736.00	\$34.14	\$298,247.04

Total Est. Waiver Cost \$298,446.64

• Ventilator Use 24 Hours ▼

RUG SE2

Annual Cost Limit \$248,109.00

Over Annual Cost Limit Override with GR Approval ☐

- **Over Annual Cost Limit override with GR approval** – The Over Annual Cost Limit override with GR approval box will only be displayed if the Total Est. Waiver Costs exceeds the Annual Cost Limit. The MCO should click the checkbox (PSU staff may click the checkbox if they are completing the ISP form on behalf of the MCO).

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Agency ▼	Nursing Services-RN (S9123, U3, U3) ▼	4.00	\$49.90	\$199.60
Agency ▼	Nursing Services-LVN (S9124, U3, U3) ▼	8736.00	\$34.14	\$298,247.04

Total Est. Waiver Cost \$298,446.64

• Ventilator Use 24 Hours ▼

RUG SE2

Annual Cost Limit \$248,109.00

Over Annual Cost Limit Override with GR Approval ☒

If the overage is approved, click **Submit to SAS**. The status will change to SAS Request Pending, and the form will then go through the SAS process.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: PSU Action Required Name: [REDACTED] DLN: [REDACTED]

Form Actions: Add Note Edit Content Print MCO Action Required PSU Invalid/Complete PSU Processed/Complete **Submit to SAS**

Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code P2

County Smith

If the overage is not approved, click the **MCO Action Required** button. The form will be returned to the MCO. The MCO will need to inactivate the ISP, create a new form to make the necessary adjustments, and then submit the new ISP form back into the system.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: PSU Action Required Name: [REDACTED] DLN: [REDACTED]

Form Actions: Add Note Edit Content Print **MCO Action Required** PSU Invalid/Complete PSU Processed/Complete Submit to SAS

Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code P2

County Smith

- **ME-Waiver Box** – When the MCO checks the **ME-Waiver** box, a status code of Pending PSU Review will be displayed.

Applicant/Member

Group Code 19

**ME-Waiver** ☐

Medicaid No. [REDACTED]

First Name [REDACTED]

Middle Initial [REDACTED]

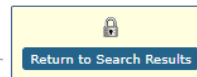
Last Name [REDACTED]

Date of Birth [REDACTED]

Social Security No. [REDACTED]

PSU staff will then need to confirm that the applicant meets Medicaid financial eligibility requirements. If the applicant meets all STAR+PLUS HCBS program eligibility requirements, click the **Submit to SAS** button.

## HCBS STAR+PLUS Waiver Individual Service Plan



Current Status: PSU Action Required Name: [REDACTED] DLN: [REDACTED]

### Form Actions

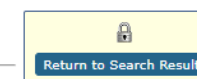
Add Note Edit Content Print MCO Action Required PSU Invalid/Complete PSU Processed/Complete **Submit to SAS**

### Managed Care Organization

Provider No.	[REDACTED]
MCO Name	[REDACTED]
Service Coordinator	[REDACTED]
Plan Code	P2
County	Smith

The status code will then change to SAS Request Pending, and the form will move on through the process.

## HCBS STAR+PLUS Waiver Individual Service Plan



**Current Status: SAS Request Pending** Name: [REDACTED] DLN: [REDACTED]

### Form Actions

Add Note Print

### Managed Care Organization

Provider No.	[REDACTED]
MCO Name	Star+Plus STAR+PLUS
Service Coordinator	[REDACTED]
Plan Code	69
County	Tarrant

If the applicant does not meet STAR+PLUS HCBS program eligibility requirements, click **PSU Invalid/Complete**, and the status code will change to PSU Invalid/Complete.

## HCBS STAR+PLUS Waiver Individual Service Plan



**Current Status: PSU Invalid/Complete** Name: [REDACTED] DLN: [REDACTED]

### Form Actions

Add Note Print **Submit to SAS**

### Managed Care Organization

Provider No.	[REDACTED]
MCO Name	Star+Plus STAR+PLUS
Service Coordinator	[REDACTED]
Plan Code	9H
County	Dallas

## PSU Action Required Status Code

The next status code is PSU Action Required. This status occurs when an unsuccessful SAS response code is returned, and the following steps should be taken:

- 1) PSU staff should research SAS and the LTCOP to determine if there are any issues to correct. Once PSU staff correct the issue, click the **Submit to SAS** button, and the ISP will be updated.

### HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: PSU Action Required

Name: [REDACTED]

DLN: [REDACTED]


  
[Return to Search Results](#)

#### Form Actions

[Add Note](#)[Edit Content](#)[Print](#)[MCO Action Required](#)[PSU Invalid/Complete](#)[PSU Processed/Complete](#)[Submit to SAS](#)

#### Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code P2

County Smith


- 2) If this is an initial, non-transferred ISP (*not* a reassessment), the status will be changed to Pending Notification.

### HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Pending Notification

Name: [REDACTED]

DLN: [REDACTED]


  
[Return to Search Results](#)

#### Form Actions

[Add Note](#)[Print](#)[PSU Invalid/Complete](#)[Create Notification](#)

- 3) If this is a reassessment, the status will be changed to PSU Processed/Complete, and the form will continue through the process.

## Pending Notification Status Code


When the ISP form moves into Pending Notification status, action by PSU staff is required. Click the **Create Notification** button.

### HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Pending Notification

Name: [REDACTED]

DLN: [REDACTED]


  
[Return to Search Results](#)

#### Form Actions

[Add Note](#)[Print](#)[PSU Invalid/Complete](#)[Create Notification](#)



- 4) The H2065-D/DS notification letter form will be displayed with certain information autofilled. If PSU staff clicks the **Denial** box at the top of the form, the section in gray will become active, and all necessary fields can be completed.

### Notification of Managed Care Programs Services

Is this notification for denial of STAR+PLUS HCBS Program or MDCP Services? ☐

**Return Information**

• Date

• Program Support Unit Specialist Staff

• Office Address Line 1

Office Address Line 2 (if applicable)

• Office Address City

• Office Address State

• Office Address Zip Code

Office Address Phone Number

**Applicant/Member Information**

• DLN

• Medicaid No.

• First Name

Middle Initial

• Last Name

• Applicant/Member Address Line 1

Applicant/Member Address Line 2 (if applicable)

• Applicant/Member Address City

• Applicant/Member Address State

• Applicant/Member County

• Legal Aid Phone Number

• Applicant/Member Address Zip Code

**Notification Information**

☒ You are eligible for  beginning

☐ Services identified on your Individual Service Plan (ISP) are effective  through  , as long as you are eligible for the program.

☐ You must pay  for room and board by  and then pay  per month, beginning

☐ You must pay  for copayment by  and then pay  per month, beginning

☐ Based on a review of your current situation, it has been determined that:

☐ The last day you can get services for  is

☐ You are not eligible for

☒ The above decision is based on:

☒ STAR+PLUS HCBS Program Rule: § 353.1153

☐ MDCP Program Rule: § 353.1155

☐ STAR+PLUS Program Support Unit Operational Procedures Handbook reference:


☐ STAR Kids Program Support Unit Operational Procedures Handbook reference:

☐ UMCM Chapter 16.2, STAR Health MDCP

☐ Reason for Denial

- 5) Complete the Notification letter form, and click the **Generate Notification** button.

The Notification H2065-D/DS letter will be displayed as a PDF document and can be printed or saved.

 <p><b>TEXAS</b> Health and Human Services</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding: 2px;">Date of Notice 7/7/2021</td> </tr> <tr> <td style="padding: 2px;">HHSC Staff</td> </tr> <tr> <td style="padding: 2px;">Office Address and Telephone Number</td> </tr> </table>	Date of Notice 7/7/2021	HHSC Staff	Office Address and Telephone Number
Date of Notice 7/7/2021				
HHSC Staff				
Office Address and Telephone Number				
<p style="font-size: small; margin: 0;">Name and Address</p>				

**Notification of Managed Care Program Services**

☒ STAR+PLUS Home and Community Based Services (HCBS) Program

☐ Medically Dependent Children Program (MDCP)

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☐ You are eligible for \_\_\_\_\_ beginning \_\_\_\_\_.

☐ Services identified on your individual Service Plan (ISP) are effective \_\_\_\_\_ through \_\_\_\_\_, as long as you are eligible for the program.

☐ You must pay \_\_\_\_\_ for room and board by \_\_\_\_\_ and then pay \_\_\_\_\_ per month, beginning \_\_\_\_\_.

☐ You must pay \_\_\_\_\_ for copayment by \_\_\_\_\_ and then pay \_\_\_\_\_ per month, beginning \_\_\_\_\_.

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**Based on a review of your current situation, it has been determined that:**

☐ The last day you can get services for STAR+PLUS HCBS Program is 8/20/2021.

☒ You are not eligible for STAR+PLUS HCBS Program.

☒ Reason for denial:

We considered the conditions listed below:  
HTN, ARF, PRESBYCUSIS B/L, LOW BACK PAIN.

We denied this request because:  
You can manage your own health-care needs.  
You can take medicine without help.  
You can tell others about changes in your condition.  
You can think clearly and can remember and understand information. You don't need the skills of a licensed nurse on a regular basis.

This decision may affect your eligibility for other Medicaid benefits.

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**The above decision is based on:**

☒ STAR+PLUS HCBS Program Rule § 353.1153

☐ MDCP Program Rule § 353.1155

☐ UCM Chapter 16.2, STAR Health MDCP

☒ STAR+PLUS Program Support Unit Operational Procedures Handbook reference: Section 6000

☐ STAR Kids Program Support Unit Operational Procedures Handbook reference:

Comments:

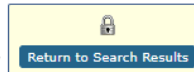
DLN:

Form H2065-D / Formulario H2065-D-S  
Page / Página 1 / 02-2020-E

**Note:** The letter shown above is a sample image only. The actual boxes that would be checked depend on whether the letter is an approval or a denial.

When Form H1700-1 cannot be processed because it is in PSU Action Required status, PSU staff should first research SAS to see why it was rejected (the form should enter PSU Action Required status in two to four days). PSU staff should then consider whether the form should be returned to the MCO for further action. If it is determined that the form does require action by the MCO, click **MCO Action Required**.

## HCBS STAR+PLUS Waiver Individual Service Plan



Current Status: PSU Action Required Name: [REDACTED] DLN: [REDACTED]

## Form Actions

[Add Note](#)
[Edit Content](#)
[Print](#)
[MCO Action Required](#)
[PSU Invalid/Complete](#)
[PSU Processed/Complete](#)
[Submit to SAS](#)

## Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code P2

County Smith

This will send the ISP form back to the MCO from which it originated, and the MCO can then inactivate the form. Once the form is in status MCO Action Required, the MCO has 45 days to inactivate the form. The 45-day deadline is *only* for forms in status MCO Action Required. The MCO cannot change information in the ISP form, so they will need to inactivate the form and create a new ISP form with the correct information. The MCO can use the inactivated form as a template if the ISP is being resubmitted.

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Agency ▼	Nursing Services-RN (S9123, U3, U3) ▼	4.00	\$49.90	\$199.60
Agency ▼	Nursing Services-LVN (S9124, U3, U3) ▼	8736.00	\$34.14	\$298,247.04

Total Est. Waiver Cost \$298,446.64

Ventilator Use 24 Hours ▼

RUG SE2

Annual Cost Limit \$248,109.00

Over Annual Cost Limit Override with GR Approval ☒

MCOs can inactivate a form when it is in one of the following statuses:

- PSU Action Required
- MCO Action Required
- Pending PSU Review

When the MCO elects to *resubmit* an initial ISP, the processing will continue in accordance with the standard business rules. Once the Pending Notification status code is present, PSU staff will take action to generate the letter by clicking **Create Notification**.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Pending Notification

Name: [REDACTED]

DLN: [REDACTED]

Return to Search Results

Form Actions

Add Note

Print

PSU Invalid/Complete

Create Notification

Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

Service Coordinator [REDACTED]

Plan Code 69

County Tarrant

View Letter

To view a letter, click **Letters** in the Navigation panel at the left of the form.

Navigation

Home > TMHP

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Pending Notification

Name: [REDACTED]

Form Actions

Add Note

Print

Managed Care Organization

Provider No. [REDACTED]

TMHP

Dashboard

Submit Form

Submit Form

Drafts

Power Search

My Searches

Letters

Reports

PrintableForms

Individual Search

Provider Location Search

Staff ID

Click the **View Letter** link in the far left column. All letters that fit the search criteria will be displayed.

	Letter DLN	Referenced DLN	Letter Type	MD/DO Last Name	MD/DO First Name	Recipient Last Name	Recipient First Name	Status	ReceivedDate
<a href="#">View Letter</a>	[REDACTED]	[REDACTED]	2065	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Completed	9/16/2014 12:25:01 PM
<a href="#">View Letter</a>	[REDACTED]	[REDACTED]	CLDEN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Completed	9/16/2014 12:25:01 PM
<a href="#">View Letter</a>	[REDACTED]	[REDACTED]	ORDEN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Completed	8/22/2006 12:28:16 PM
<a href="#">View Letter</a>	[REDACTED]	[REDACTED]	CLDEN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Completed	8/22/2006 12:28:16 PM
<a href="#">View Letter</a>	[REDACTED]	[REDACTED]	ORDEN	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Completed	8/22/2006 1:22:00 PM

v2023\_0713

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## Add Note/History

PSU staff can also add notes to the History trail of the ISP form.

<b>History</b>	
<b>Form Submitted</b>	Changed by <b>System</b> on 1/5/2022 7:37:21 AM
1/5/2022 7:37:21 AM	<b>System</b> : Internal: Form entered workflow.
<b>Submit to SAS</b>	Changed by <b>System</b> on 1/5/2022 7:37:21 AM
<b>SAS Request Pending</b>	Changed by <b>System</b> on 1/5/2022 7:37:21 AM
1/5/2022 7:37:21 AM	<b>System</b> : External: The request is being processed by DADS. Please allow 2-4 business days for the next status change.
<b>Processed / Complete</b>	Changed by <b>System</b> on 1/6/2022 6:06:41 AM
1/6/2022 6:06:41 AM	<b>System</b> : External: SAS Request completed successfully.

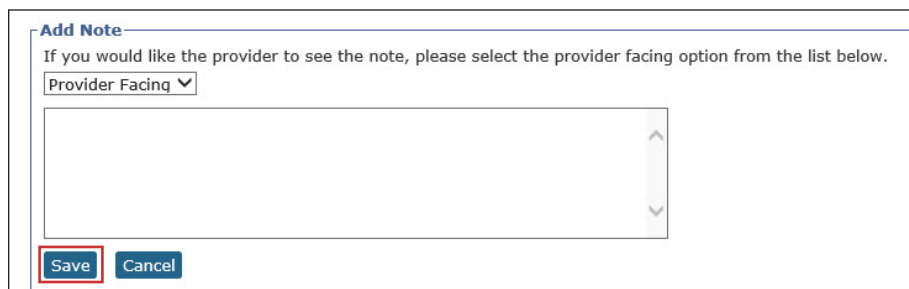
Locate the Form Actions bar at the top of the ISP form.

1) Click **Add Note**.

2) The Add Note box will be displayed. Enter information (up to 500 characters) in the text box. To make the note viewable to the provider, select **Provider Facing** from the drop-down box in the Add Note section.



- 3) Once the note is complete, click the **Save** button to save the note to the History Trail.



**Add Note**

If you would like the provider to see the note, please select the provider facing option from the list below.

Provider Facing ▼

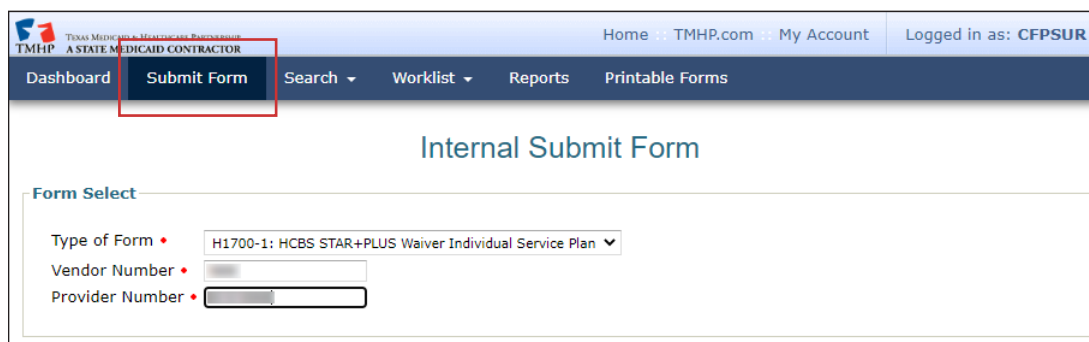
Save Cancel

## ISP Form Actions

### Submitting the Form

PSU Super Users can submit an ISP form on the LTCOP by following these steps:

- 1) Click Submit Form in the blue navigational bar at the top of the screen. The Internal Submit Form page will then be displayed.



Home :: TMHP.com :: My Account Logged in as: CFPSUR

Dashboard **Submit Form** Search Worklist Reports Printable Forms

### Internal Submit Form

**Form Select**

Type of Form • H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan ▼

Vendor Number •

Provider Number •

- 2) All fields indicated by a red dot must be completed. From the Type of Form drop-down menu, select H1700 1: HCBS STAR+PLUS Waiver Individual Service Plan. Enter the appropriate Vendor Number and Provider Number in the next two fields. Then, enter the member's Medicaid number in the Applicant/Member Section.

Finally, click **Enter Form** in the bottom right of your screen.

- 3) The H1700-1 ISP form will then be displayed. Most of the information contained in the form will be autofilled. The remaining fields that must be completed are indicated by red dots. The form's current status will be Unsubmitted. The first section of the form is titled Managed Care Organization.

Complete the Service Coordinator field with the appropriate person's name, then select the appropriate county from the County drop-down menu.

- 4) The next section is titled Applicant/Member. Enter the member's Medicaid number to complete that field.

Applicant/Member

Group Code

19

ME-Waiver

☐

Medicaid No.

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

- 5) The Individual Service Plan Event section is next. Complete the From Date field. Then, select one of the choices shown from the Enrolled From drop-down menu.

Individual Service Plan Event

Effective Date

06/01/2023

Type Authorization

☐ Initial
 ☒ Reassessment

From Date

11/1/2023

To Date

10/31/2024

Enrolled From

Select

Select

Hospital

Nursing Facility

Home

Living Arrangement after Entry into SPW

- 6) Next, select one of the available choices from the Living Arrangement after Entry into SPW drop-down menu.

**Individual Service Plan Event**

Effective Date: 06/01/2023

Type Authorization: ☐ Initial ☒ Reassessment

From Date: 11/1/2023

To Date: 10/31/2024

Enrolled From: Select

MFPD: ☐

Living Arrangement after Entry into SPW: Select

Select  
 Alone  
 With Other Waiver  
 Assisted Living  
 Adult Foster Care  
 With Family

**Individual Service Plan Services**

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Select				

- 7) The final section of the ISP form is titled Individual Service Plan Services. Complete the Delivery Option, Service Category, Est. Annual Service Units, and Rate fields in the first four columns of the grid. The final column, Est. Annual Cost, will autofill based on the values entered in the Est. Annual Service Units and Rate fields.

**Individual Service Plan Services**

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost
Select				

To add more services to the form, click the Add Service button and complete the required fields. If you decide *not* to add that service, click Delete Service at the end of the row.

**Individual Service Plan Services**

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost	
Select			\$0.00	\$0.00	Delete Service
Select					Delete Service
Add Service					

- 8) Three of the next four fields in the ISP Services section are autofilled. For the Ventilator Use field, select one of the choices from the drop-down menu.

The screenshot shows a form section with the following fields:

- Total Est. Waiver Cost: \$0.00
- Ventilator Use: Select (dropdown menu)
- RUG: Select (dropdown menu)
- Annual Cost Limit: 6-23 Hours (dropdown menu)

The Ventilator Use dropdown menu is open, showing the following options: Select, None, 6-23 Hours, and 24 Hours.

- 9) When all sections have been completed, click **Submit Form** in the bottom right corner of the form.

The screenshot shows the "Individual Service Plan Services" form. It includes a table with the following columns: Delivery Option, Service Category, Est. Annual Service Units, Rate, and Est. Annual Cost. Below the table is an "Add Service" button. The form also includes the following fields:

- Total Est. Waiver Cost: \$0.00
- Ventilator Use: Select (dropdown menu)
- RUG: PB1
- Annual Cost Limit: \$77,512.00

A "Submit Form" button is located in the bottom right corner of the form.

If any required fields have not been completed, one or more of the following error messages will be displayed at the top of the form:

- Service Coordinator is a required field.
- County is a required field.
- Enrolled From is a required field.
- Living Arrangement after Entry into SPW is a required field.
- Delivery Option is a required field.
- Service Category is a required field.
- Est. Annual Service Units is a required field and should be greater than 0.
- Rate is a required field and should be greater than 0.
- Delivery Option is a required field.
- Service Category is a required field.
- Est. Annual Service Units is a required field and should be greater than 0.
- Rate is a required field and should be greater than 0.
- Ventilator Use is a required field.

Complete any fields shown in the error message(s), then click **Submit Form** again.

## Edit Content

Using the Edit Content button on the Form Actions bar, PSU staff can edit ISP dates on Form H1700-1 when it is in one of the following statuses:

- Pending PSU Review
- Processed/Complete
- PSU Action Required
- PSU Processed/Complete



- Terminated
- Transferred

- 1) To edit dates on the form, click **Edit Content** on the Form Actions bar. No other changes to the form can be made by using Edit Content.

The screenshot shows a yellow bar with two sections. The 'Form Actions' section on the left contains three buttons: 'Add Note', 'Edit Content' (which is highlighted with a red border), and 'Print'. The 'Workflow Actions' section on the right contains three buttons: 'MCO Action Required', 'PSU Invalid/Complete', and 'PSU Processed/Complete'.

- 2) The ISP From Date and To Date can be modified on forms set to status Pending PSU Review. The MCO should check the **MFPD** box for Money Follows the Person nursing facility stay applicants who meet the qualifying institutional stay criteria.

The screenshot shows the 'Individual Service Plan Event' form. The 'Effective Date' is 01/31/2018. The 'Type Authorization' has 'Initial' selected. The 'ISP From Date' is 07/01/2001 and the 'ISP To Date' is 06/30/2002; both date fields are highlighted with red boxes. Below them, the 'MFPD' checkbox is also highlighted with a red box. At the bottom, there is a 'Change Justification' text box.

- 3) For forms in statuses Processed/Complete, PSU Processed/Complete, Terminated, Transferred, or PSU Action Required, the ISP From Date, ISP To Date, and completion of the Change Justification text box is required when updating the ISP From Date and To Date for forms in the following statuses:

- Processed/Complete
- PSU Processed/Complete
- Terminated
- Transferred
- PSU Action Required

The screenshot shows the 'Individual Service Plan Event' form. The 'Effective Date' is 02/22/2017. The 'Type Authorization' has 'Initial' selected. The 'ISP From Date' is 03/01/2017 and the 'ISP To Date' is 02/28/2018; both date fields are highlighted with red boxes. Below them, the 'MFPD' checkbox is unchecked. At the bottom, the 'Change Justification' text box is highlighted with a red box.

**Note:** Modifications to the fields described in these scenarios require that the user fill in the Change Justification text box (up to 500 characters) with an explanation of the reason for modification. This

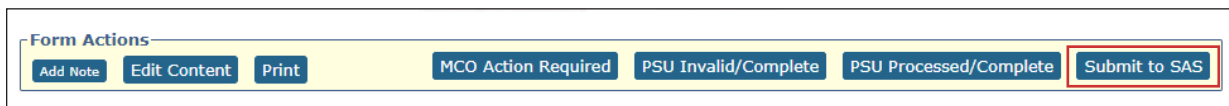
text box only populates when editing Form H1700-1, and it is a required field. Additionally, when the ISP From Date is changed, the ISP To Date will automatically extend for 12 calendar months. To change both dates, change the From Date first, followed by the To Date. The ISP To Date can be extended up to 4 months at a time. This allows PSU staff to extend an ISP during the fair hearing process, if necessary. The From Date does not have to be the first day of the month when using Edit Content.

- 4) Click **Cancel** to discard edits. Click **Save Changes** to update the content. Any entries made, including changes to the From and To Date, will be generated in the form History, detailing the changes made and the reasons for the change.



A horizontal bar with a yellow background. On the left is a blue button labeled 'Cancel' with a red border. On the right is a blue button labeled 'Save Changes' with a red border.

- 5) Once the form has been updated and the changes have been saved, click the **Submit to SAS** button to send the updates to SAS.



A horizontal bar with a yellow background. It contains several buttons: 'Add Note', 'Edit Content', 'Print', 'MCO Action Required', 'PSU Invalid/Complete', 'PSU Processed/Complete', and 'Submit to SAS'. The 'Submit to SAS' button is highlighted with a red border.

**Note:** When a form is in Pending PSU Review status, PSU staff must click **Submit to SAS** after the required fields have been updated.

## Invalidating the Form

PSU staff can invalidate the H1700-1 ISP form by clicking **PSU Invalid/Complete** button on the Form Actions bar.



A horizontal bar with a yellow background. It contains several buttons: 'Add Note', 'Edit Content', 'Print', 'MCO Action Required', 'PSU Invalid/Complete', 'PSU Processed/Complete', and 'Submit to SAS'. The 'PSU Invalid/Complete' button is highlighted with a red border.

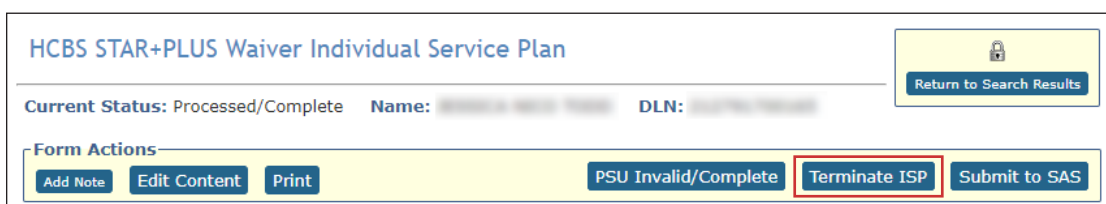
After the PSU Invalid/Complete button has been selected, PSU staff must click the **Submit to SAS** button (as seen in the image in Step 5 above) to send the updated form to SAS. The original form will then be cancelled in SAS.

## Terminating the Form

MCOs cannot terminate an ISP form. PSU staff are able to terminate a form, but only when it is in Processed/Complete or PSU Processed/Complete status.

To terminate an ISP form:

- 1) On the Form Actions bar, click Terminate ISP.



A screenshot of the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top, it shows 'Current Status: Processed/Complete', 'Name: [redacted]', and 'DLN: [redacted]'. Below this is a 'Form Actions' bar with buttons: 'Add Note', 'Edit Content', 'Print', 'PSU Invalid/Complete', 'Terminate ISP', and 'Submit to SAS'. The 'Terminate ISP' button is highlighted with a red border. In the top right corner, there is a 'Return to Search Results' button.

- 2) Select the appropriate termination reason from the drop-down menu in the Individual Service Plan Event section of the ISP. You must select a reason to proceed.

**Individual Service Plan Event**

Effective Date: 10/06/2021

Type Authorization: ☐ Initial ☒ Reassessment

From Date: 01/01/2022

To Date: 12/31/2022

Termination Reason: Select

Enrolled From: MFPD

Living Arrangement after Entry into SPW: MFPD

Individual Service Plan Service

Delivery Option: Agency (Dental Services (D99), Respite Care (S5151))

Total Est. Waiver Cost: Ventilator Use

Submit Form

- 3) Click Submit Form at the bottom of the form.

Submit Form

- 4) The form will move to Terminated status. You must then click the Submit to SAS button for processing of the form to continue.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Terminated Name: DLN:

Form Actions: Add Note Edit Content Print Submit to SAS

Unlock Form

- 5) The form then moves to SAS Request Pending status.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: SAS Request Pending Name: DLN:

Form Actions: Add Note Print Submit to SAS

Unlock Form

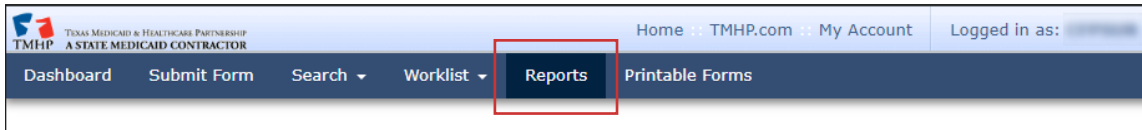
## PSU Status Pending Report

PSU staff can pull two different reports from the LTCOP in regard to the ISP form. The two reports that PSU staff can search for are:

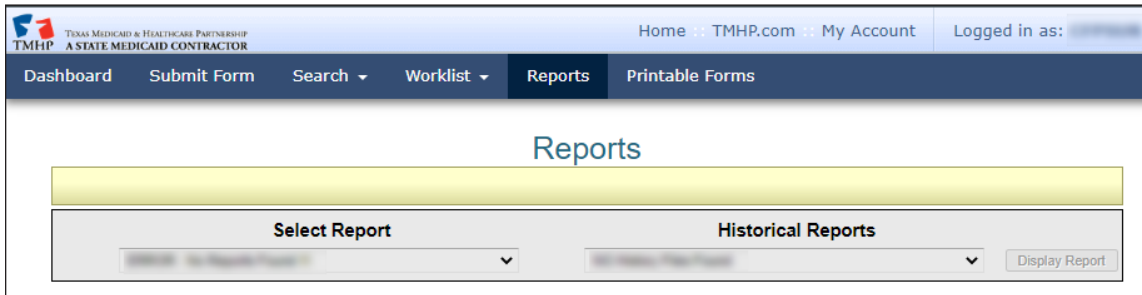
- HCBS SPW ISP PSU Status Pending Report

- HCBS SPW ISPs for Reassessment or Overdue Report.

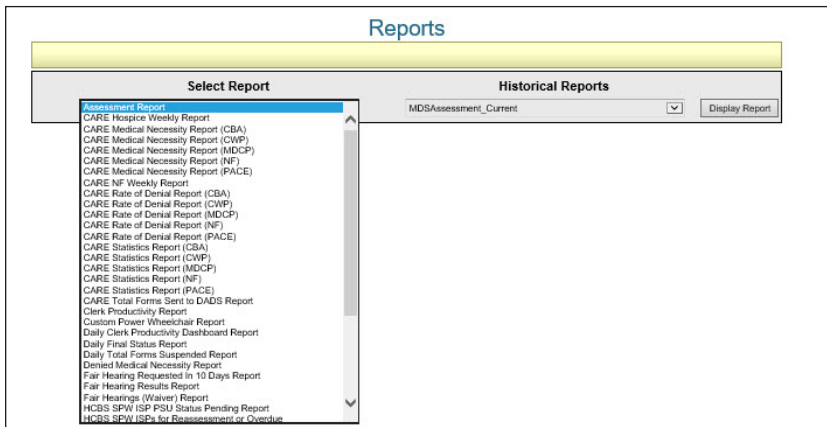
1) To start, click **Reports** on the blue navigational bar.



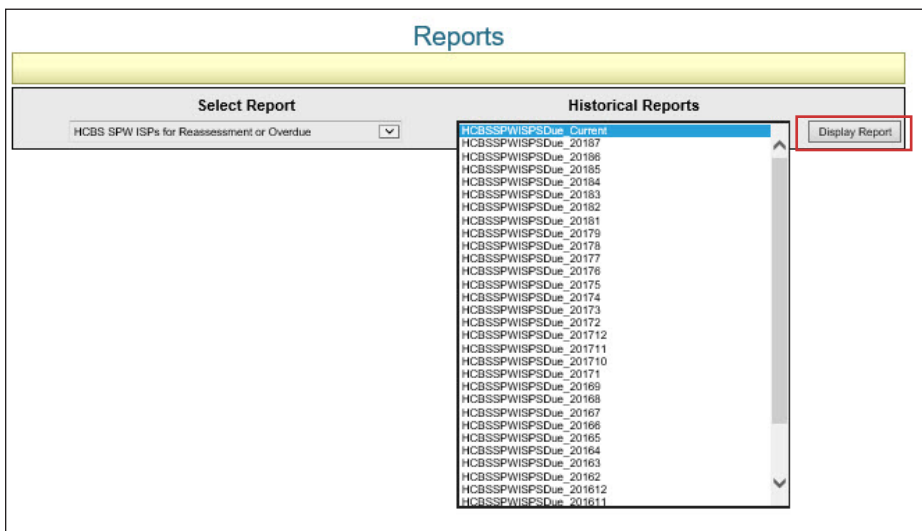
2) The reports page will be displayed.



3) On the Reports page, click the arrow beside the Select Report box. The drop-down menu will be displayed, and you can select the specific report you want to view.



4) After selecting the report type, you can then choose the Historical Report type. Click **Display Report**.



- 5) The search results will be displayed in a separate window. The HCBS SPW ISP PSU Status Pending Report will show you the service area, MCO Name, Plan Code, DLN, status, and how many days this ISP has been in this status.

HCBS SPW ISP PSU Status Pending Report for the Period Ending 6/30/2018					
Service Area	MCO Name	Plan Code	DLN	Form Status	Days In Form Status
Harris	United STAR+PLUS MMP	7Q		PSU Action Required	206
Harris	United STAR+PLUS MMP	7Q		PSU Action Required	237
Harris	United STAR+PLUS MMP	7Q		PSU Action Required	328
Harris	United STAR+PLUS MMP	7Q		PSU Action Required	328
Number of Pending Forms for MCO: 4					

- 6) The Reassessment or Overdue report is used to determine which people have an expired ISP or note when the current ISP is going to expire and a new ISP has not yet been submitted. The ISP To Date of the most recent Processed/Completed ISP is used to determine when the ISP will expire. The ISPs are grouped into expiration timeframes of 61-90 days, 31-60 days, 0-30 days, or already expired. The ISP will no longer be considered expired when the ISP To Date of the most recent ISP is later than 120 days of the report run date. An ISP submitted with an ISP From Date that is later than 120 days from the previous ISP To Date is considered to be an Initial form and will not be included in the Reassessment report. Following are two examples:
- A person has an ISP with date range 1/1/2022 – 12/31/2022. An ISP has not yet been created for 1/1/2023 – 12/31/2023. If the report is run on 1/31/2023 (report is generated on the last day of each month), the expiring DLN will be included in the report, noting Expired (Late) in the Days Until ISP Expiration column of the report because the ISP To Date of 12/31/2022 is prior to the report run date and the ISP To Date is fewer than 120 days from the report run date.
  - A person has an ISP with date range 1/1/2022 – 12/31/2022. An ISP has not yet been created for 1/1/2023 – 12/31/2023. If the report is run on 5/31/2023 (report is generated on the last day of each month), the expiring DLN will NOT be included in the report because the ISP To Date of 12/31/2022 is prior to the report run date and the ISP To Date is more than 120 days from the report run date.

HCBS SPW ISPs For Reassessment or Overdue for Period Ending 7/31/2019						
Service Area	MCO Name	Plan Code	Days Until ISP Expiration	Expiring ISP DLN	ISP Expiration Date	MN Status
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		5/31/2019	Ready
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		5/31/2019	Ready
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		5/31/2019	Ready
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		6/30/2019	Ready
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		7/31/2019	Ready
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		5/31/2019	Ready
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		5/31/2019	Ready
Bexar	Amerigroup STAR+PLUS	45	Expired (Late)		7/31/2019	Ready

