TEXAS Health and Human Services

Form H1700-1
September 2017-E

STAR+PLUS HCBS Program

Individual Service Plan

1. Group Code	2. Medicaid No.	3. Applicant/Member Name - Last, First, MI		4. Plan Code
5. Effective Date	6. ISP Dates From: To:	7. Date of Birth	8. Social Security No.	9. County

10. Type Authorization
◯ **ISP Change** ◯ **Initial (new)** ◯ **Reassessment** ◯ **QIT**

11. Enrolled From
◯ **1-Hospital** ◯ **2-Nursing Facility** ◯ **3-Home**

12. Living Arrangement after Entry into STAR+PLUS HCBS Program
◯ **1-Alone** ◯ **2-With other Waiver** ◯ **3-AL** ◯ **4-AFC** ◯ **5-With Family**

13. RUG

14. CDS	15. Service Category	16. Vendor ID No.	17. Est. Annual Service Units	18. Unit Rate	19. Estimated Annual Cost
☐	☐ Personal Assistance Services (PAS)				
☐	☐ Protective Supervision				
☐	☐ Dental Services				
☐	☐ Physical Therapy				
☐	☐ Occupational Therapy				
☐	☐ Speech Therapy				
☐	☐ Nursing Services RN				
☐	☐ Nursing Services - LVN				
☐	☐ Medical Supplies		**DO NOT WRITE IN THIS SPACE**		
☐	☐ Adaptive Aids		**DO NOT WRITE IN THIS SPACE**		
☐	☐ Minor Home Modifications		**DO NOT WRITE IN THIS SPACE**		
☐	☐ Respite-In-Home				
☐	☐ Respite-Foster Care				
☐	☐ Respite-Assisted Living Apartment				
☐	☐ Respite-AL Non-apartment				
☐	☐ Respite-Nursing Facility				
☐	☐ Emergency Response Services				
☐	☐ ERS Installation				
☐	☐ Assisted Living-Apartment				
☐	☐ Assisted Living-Non-apartment				
☐	☐ Assisted Living-Personal Care 3				
☐	☐ Adult Foster Care-Level 1				
☐	☐ Adult Foster Care-Level 2				
☐	☐ Adult Foster Care-Level 3				
☐	☐ Meals				
☐	☐ Transition Assistance Services				
☐	☐ Financial Management Services				
☐	☐ Cognitive Rehabilitation Therapy				
☐	☐ Employment Assistance				
☐	☐ Supported Employment				

Total Est. Waiver Costs

◯ Ventilator Use (6-23 Hours) ◯ Ventilator Use (24 Hours)

Service Coordinator	Annual Cost Limit	MCO Name