



PROGRAM SUPPORT UNIT (PSU) STAFF USER GUIDE

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



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
A STATE MEDICAID CONTRACTOR

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PSU ISP Form Workflow Process

Before PSU staff begins the workflow process, the managed care organization (MCO) has submitted the ISP form. The form will automatically go through the verification program, and if there are no errors found, the ISP form will be submitted to the Service Authorization System (SAS). SAS will then update the form. If the form is an initial ISP, the H2065–D/DS notification letter will be generated by PSU staff and sent to the member, and a copy will be 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 (FSI) page will be displayed.

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

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.

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.

Search Criteria

Form

Type of Form

DLN

From Date

mm/dd/yyyy

To Date

8/28/2019

Client

Last Name

First Name

SSN

Medicaid Number

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.

Search ▾ Reports Printable Forms

Search Criteria

Form

Type of Form

DLN

Client

Last Name

First Name

SSN

Medicaid Number

CARE

From Date

mm/dd/yyyy

To Date

8/28/2019

3071: Recipient Election/Cancellation/Discharge Notice

3074: Physician Certification of Terminal Illness

3608 Individual Plan of Care

3615 Request to Continue Suspended Services

3616 Request for Termination of Waiver program Services

3618: Resident Transaction Notice

3619: Medicare/SNF patient Transaction Notice

3652: Client Assessment, Review and Evaluation (CARE)

8578 Intellectual Disability/Related Condition Assessment

8582 Individual Plan of Care

CPWC: Custom Powered Wheel Chairs - CPWC

H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan

Individual Movement Form

MDCP Enrollment Form

MDS 2.0: Minimum Data Set (Comprehensive)

MDS 3.0: Minimum Data Set (Comprehensive)

MDSOTB 2.0: Minimum Data Set (Quarterly)

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
ISP Start Date Range
From Date 4/02/2012
To Date 5/13/2018

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

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

Status
☐ Form Inactivated
☐ MCO Action Required
☐ Pending Notification
☐ Pending PSU Review
☐ Processed / Complete
☐ PSU Action Required
☐ PSU Invalid/Complete
☐ PSU Processed/Complete
☐ SAS Request Pending
☐ Terminated
☐ Transferred

Type Authorization
☐ Initial
☐ Reassessment

Enrolled From
☐ Hospital
☐ Nursing Facility
☐ Home

Living Arrangement
☐ Alone
☐ With Other Waiver
☐ Assisted Living
☐ Adult Foster Care
☐ With Family

Other
☐ ME-Waiver
☐ MFPD
☐ 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	
Status	
☐	Form Inactivated
☐	MCO Action Required
☐	Pending Notification
☐	Pending PSU Review
☐	Processed / Complete
☐	PSU Action Required
☐	PSU Invalid/Complete
☐	PSU Processed/Complete
☐	SAS Request Pending
☐	Terminated
☐	Transferred

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

Type Authorization
☐ Initial
☐ 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	LivingArrangement	Other
☐ Initial	☐ Hospital	☐ Alone	☐ ME-Waiver
☐ Reassessment	☐ Nursing Facility	☐ With Other Waiver	☐ MFPD
	☐ Home	☐ Assisted Living	☐ SSI
		☐ Adult Foster Care	
		☐ 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
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	PSU Invalid/Complete	2/10/2015	[MCO Name]	Bexar	Initial	Hospital	With Family	3/1/2015	2/29/2016
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Form Inactivated	2/17/2015	[MCO Name]	Harris	Reassessment	Hospital	Alone	3/1/2014	2/28/2015
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Form Inactivated	2/17/2015	[MCO Name]	Harris	Reassessment	Hospital	With Other Waiver	1/1/2015	12/31/2015
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Terminated	2/17/2015	[MCO Name]	Harris	Reassessment	Hospital	Alone	8/1/2015	7/31/2016
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Transferred	2/18/2015	[MCO Name]	Nueces	Reassessment	Hospital	With Other Waiver	2/1/2015	4/30/2015
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Terminated	2/18/2015	[MCO Name]	Travis	Reassessment	Nursing Facility	Alone	1/1/2015	12/31/2015
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Transferred	2/18/2015	[MCO Name]	El Paso	Initial	Hospital	Alone	3/1/2015	3/31/2015
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	PSU Invalid/Complete	2/19/2015	[MCO Name]	Travis	Initial	Home	Alone	3/1/2015	2/29/2016
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	SAS Request Pending	2/19/2015	[MCO Name]	El Paso	Initial	Nursing Facility	With Family	3/1/2015	2/29/2016
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Form Inactivated	2/20/2015	[MCO Name]	Harris	Reassessment	Hospital	Alone	9/1/2015	8/31/2016
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	Processed/Complete	2/23/2015	[MCO Name]	Hidalgo	Initial	Hospital	With Other Waiver	3/1/2015	2/29/2016
☐	[DLN]	[Medicaid]	[SSN]	[Name]	[Vendor Number]	[Provider Number]	PSU Action Required	2/27/2015	[MCO Name]	Harris	Reassessment	Hospital	Alone	12/1/2015	11/30/2016

- 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.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Processed/Complete **Name:** [Name] **DLN:** [DLN]

Form Actions

☒ **Managed Care Organization**

Provider No.

MCO Name

Service Coordinator

Plan Code

County

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

You may also optionally save this search for later use

Search Name:

DLN

x

☐ Make public

Save Search

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.

Search

Worklist

Letters

My Searches

Power Search

Individual Search

Provider Location Search

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

My Searches			
Defined Searches			
IDRC PC 2 - IDD PES QA	Remove	Open	Work Results
IDRC PC 3 - IDD PES QA	Remove	Open	Work Results
MDS COMP 3.0_RN_License_Verification	Remove	Open	Work Results
MDSQTR3.0_RN_License_Verification	Remove	Open	Work Results
MNLOC 3.0_MD_RN_License_Verification	Remove	Open	Work Results

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** – The Total Estimated Waiver Cost cannot exceed the Annual Cost Limit.

Living Arrangement after Entry into SPW

Assisted Living

Individual Service Plan Services

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost	
Agency	Assist Living Apt (Single) - Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1 (HCBS) (T2031, U1)	100.00	\$275.00	\$27,500.00	Delete Service
Agency	Respite Care Assist Living Apt (Single) - Level 3: CA2, PC1, BB1 & IB1 (HCBS) (\$5151, U8, U9, U3)	100.00	\$125.00	\$12,500.00	Delete Service

Add Service

Total Est. Waiver Cost

\$40,000.00

Ventilator Use

Select

RUG

SE2

Annual Cost Limit

\$153,277.00

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.

- **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.

• Living Arrangement after Entry into SPW: Assisted Living

Individual Service Plan Services

Delivery Option	Service Category	Est. Annual Service Units	Rate	Est. Annual Cost	
Agency	Assist Living Apt (Single) - Level 1: SSC, CC1, RAD, CC2, PE2, SE3, & SE1 (HCBS) (T2031, U1)	500.00	\$275.00	\$137,500.00	Delete Service
Agency	Respite Care Assist Living Apt (Single) - Level 3: CA2, PC1, BB1 & IB1 (HCBS) (S5151, U8, U9, U3)	500.00	\$125.00	\$62,500.00	Delete Service

Add Service

Total Est. Waiver Cost: \$200,000.00

• Ventilator Use: None

RUG: SE2

Annual Cost Limit: \$153,277.00

Over Annual Cost Limit Override for GR and Medically Fragile ☐

If the overage is approved, click **Submit to SAS** in the Form Actions bar at the top of the form. 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



Return to Search Results

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 **PSU Invalid/Complete**. PSU staff will take the appropriate actions to manually generate Form H2065-D using the denial reason for exceeding the ISP cost limit.

HCBS STAR+PLUS Waiver Individual Service Plan



Return to Search Results

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.	123456789
First Name	Jane
Middle Initial	
Last Name	Doe
Date of Birth	01/01/1975
Social Security No.	444-44-4444

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]

[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

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]

[Return to Search Results](#)

Form Actions

[Add Note](#)

[Print](#)

Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

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]

[Return to Search Results](#)

Form Actions

[Add Note](#)

[Print](#)

[Submit to SAS](#)

Managed Care Organization

Provider No. [REDACTED]

MCO Name [REDACTED]

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]

Form Actions

Add Note

Print

PSU Invalid/Complete

Create Notification

Return to Search Results

- 1) 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

- 2) 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.

 TEXAS Health and Human Services	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; font-size: small;">Date of Notice 7/7/2021</td> </tr> <tr> <td>HHSC Staff</td> </tr> <tr> <td>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				
Name and Address				

Notification of Managed Care Program Services

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

☐ Medically Dependent Children Program (MDCP)

☐ 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 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.

The above decision is based on:

☒ STAR+PLUS HCBS Program Rule § 353.1153

☐ MDCP Program Rule § 353.1155

☐ UMCM 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). 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]

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

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.

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

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

If a form in one of these statuses is not inactivated in the 45-day timeframe, it will be inactivated automatically.

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

TMHP

Dashboard

Submit Form

Submit Form

Drafts

Power Search

My Searches

Letters

Reports

PrintableForms

Individual Search

Provider Location Search

Staff ID

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Pending Notification

Name: [redacted]

Form Actions

Add Note

Print

Managed Care Organization

Provider No. [redacted]

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
View Letter	[redacted]	[redacted]	2065	[redacted]	[redacted]	[redacted]	[redacted]	Completed	9/16/2014 12:25:01 PM
View Letter	[redacted]	[redacted]	2065	[redacted]	[redacted]	[redacted]	[redacted]	Completed	9/16/2014 12:25:01 PM
View Letter	[redacted]	[redacted]	CLDEN	[redacted]	[redacted]	[redacted]	[redacted]	Completed	8/22/2006 12:28:16 PM
View Letter	[redacted]	[redacted]	ORDEN	[redacted]	[redacted]	[redacted]	[redacted]	Completed	8/22/2006 12:28:16 PM
View Letter	[redacted]	[redacted]	CLDEN	[redacted]	[redacted]	[redacted]	[redacted]	Completed	8/22/2006 1:22:00 PM
View Letter	[redacted]	[redacted]	ORDEN	[redacted]	[redacted]	[redacted]	[redacted]	Completed	8/22/2006 1:22:00 PM

Add Note/History

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

History	
Form Submitted	Changed by [redacted] on 8/13/2013 7:29:54 AM
8/13/2013 7:29:54 AM	[redacted] : Form entered workflow.
Pending PSU Review	Changed by System on 8/13/2013 7:29:56 AM
8/13/2013 7:29:56 AM	System : Pending PSU Review.
SAS Request Pending	Changed by System on 8/19/2013 6:39:03 PM
8/19/2013 6:39:03 PM	System : The request is being processed by DADS. Please allow 2-4 business days for the next status change.
Processed / Complete	Changed by System on 8/20/2013 4:36:10 AM
8/20/2013 4:36:10 AM	System : SAS Change Request completed successfully.

- 1) Locate the Form Actions bar at the top of the ISP form.

The screenshot shows the top of the TMHP web application. The navigation menu on the left includes links for TMHP, Drafts, Power Search, My Searches, Letters, Reports, and PrintableForms. The main content area displays the title 'HCBS STAR+PLUS Waiver Individual Service Plan' and the current status 'PSU Processed/Complete'. The 'Form Actions' bar is highlighted with a red box, showing 'Add Note' and 'Print' buttons. A 'Terminate ISP' button is also visible on the right.

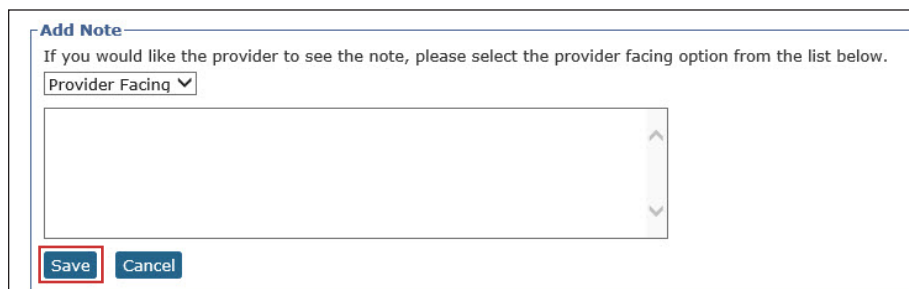
- 2) Click **Add Note**.

This screenshot is identical to the previous one, showing the 'Form Actions' bar with the 'Add Note' button highlighted by a red box.

- 3) 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.

The screenshot shows the 'Add Note' dialog box. It contains a text area for entering the note and a drop-down menu for selecting the provider facing option. The 'Provider Facing' option is selected and highlighted with a red box. Below the text area are 'Save' and 'Cancel' buttons.

- 4) 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 ▼

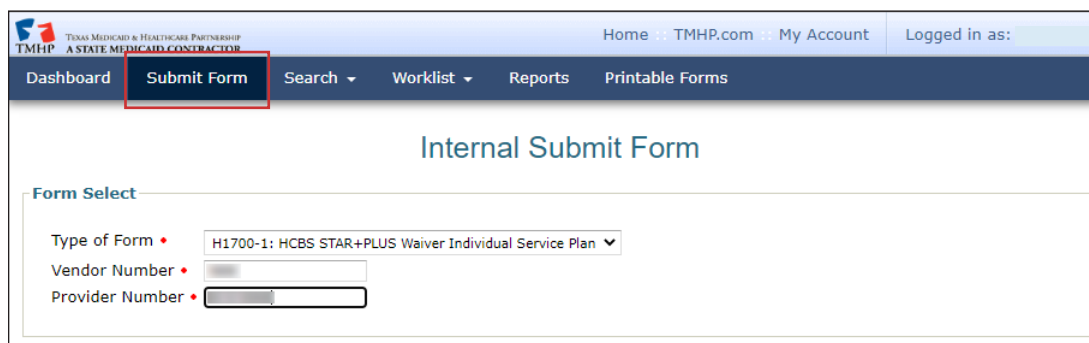
Save Cancel

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.



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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.

The screenshot shows the 'Internal Submit Form' interface. The top navigation bar includes 'Dashboard', 'Submit Form', 'Search', 'Worklist', 'Reports', and 'Printable Forms'. The main content area is titled 'Internal Submit Form'. Under the 'Form Select' section, the 'Type of Form' is set to 'H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan'. Below this are input fields for 'Vendor Number' and 'Provider Number'. The 'Applicant/Member' section prompts the user to enter the Medicaid Number, followed by fields for 'SSN', 'Date of Birth', 'First Name', and 'Last Name'. A yellow bar at the bottom right contains a red-bordered button labeled 'Enter Form'.

- 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.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: Unsubmitted

Form Actions

Print

Managed Care Organization

Provider No.

MCO Name

Service Coordinator

Plan Code

County

Select

Select

Collin

Dallas

Ellis

Hunt

Kaufman

Navarro

Rockwall

Applicant/Member

Group Code

ME-Waiver

Medicaid No.

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

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

Applicant/Member

Group Code

ME-Waiver

Medicaid No.

First Name

Middle Initial

Last Name

Date of Birth

Social Security No.

v2024_0516

19

- 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

MFPD: ☐

• Living Arrangement after Entry into SPW: Select

Options for Living Arrangement after Entry into SPW:

- Select
- Hospital
- Nursing Facility
- Home

- 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

Options for Living Arrangement after Entry into SPW:

- 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.

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.

Total Est. Waiver Cost: \$0.00

Ventilator Use: Select ▼

RUG: None

Annual Cost Limit: 24 Hours

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

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

Add Service

Total Est. Waiver Cost: \$0.00

Ventilator Use: Select ▼

RUG: PB1

Annual Cost Limit: \$77,512.00

Submit 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.

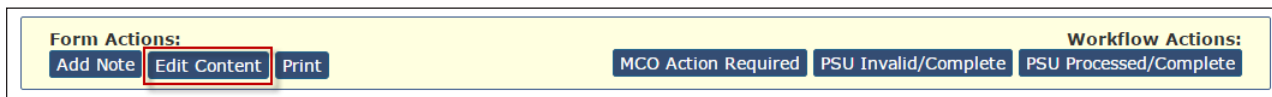
Complete all fields shown in the error message(s), then click **Submit Form** again.

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:

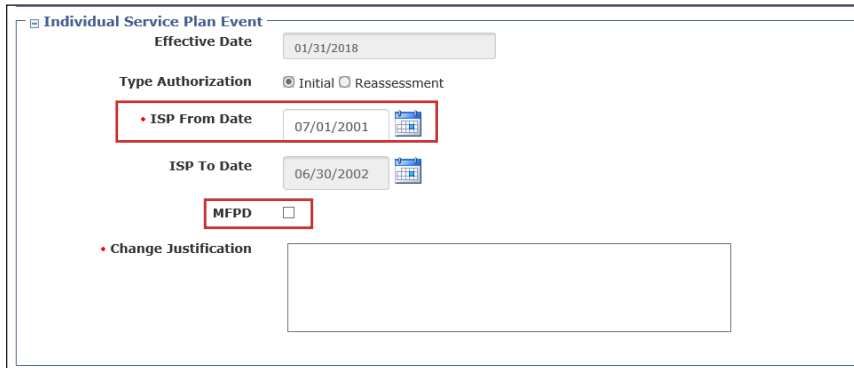
- Pending PSU Review
- Processed/Complete
- PSU Action Required
- PSU Processed/Complete
- Terminated
- Transferred

- 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 left section, labeled 'Form Actions:', contains three buttons: 'Add Note', 'Edit Content' (highlighted with a red box), and 'Print'. The right section, labeled 'Workflow Actions:', 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 a form titled 'Individual Service Plan Event'. It includes fields for 'Effective Date' (01/31/2018), 'Type Authorization' (Initial selected, Reassessment unselected), 'ISP From Date' (07/01/2001, highlighted with a red box), 'ISP To Date' (06/30/2002, highlighted with a red box), 'MFPD' checkbox (unselected, highlighted with a red box), and 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

Individual Service Plan Event

Effective Date: 02/22/2017

Type Authorization: ☒ Initial ☐ Reassessment

ISP From Date: 03/01/2017

ISP To Date: 02/28/2018

MFPD: ☐

Change Justification:

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.

Cancel Save Changes

- 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.

Form Actions

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

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

Returning the Form to a Previous Status (PSU Super Users Only)

PSU Super Users may return the form to any of its previous statuses using the Rollback button. To revert to an earlier status:

- 1) Click the **Rollback** button on the Form Actions bar.

Form Actions

Add Note Edit Content Use as Template Print Rollback PSU Invalid/Complete Terminate ISP Submit to SAS

2) The Rollback section will appear.

HCBS STAR+PLUS Waiver Individual Service Plan

Current Status: PSU Processed/Complete

Name: [REDACTED]

DLN: [REDACTED]

Return to Search Results

Rollback

Please select the status of the form you would like to rollback to:
PSU Action Required

Add Note (optional), Please select from either Internal or Provider Facing
Provider Facing

Change Status

Cancel

From the drop-down menu, select one of the two available statuses (PSU Action Required or Terminated) you would like to rollback to.

Rollback

Please select the status of the form you would like to rollback to:
Terminated
Terminated
PSU Action Required
Provider Facing

Add Note (optional), Please select from either Internal or Provider Facing
Provider Facing

Change Status

Cancel

3) If you would like to add a note, first select either **Provider Facing** or **System** from the Add Note drop-down menu, then add the note in the text box. Click the **Change Status** button to complete the rollback, or click **Cancel** if you do not wish to change the form status.

Rollback

Please select the status of the form you would like to rollback to:
PSU Action Required

Add Note (optional), Please select from either Internal or Provider Facing
Provider Facing
Provider Facing
System

Change Status

Cancel

Invalidating the Form

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

Form Actions

Add Note

Edit Content

Print

MCO Action Required

PSU Invalid/Complete

PSU Processed/Complete

Submit to SAS

After the PSU Invalid/Complete button has been selected, the form will move to PSU Invalid/Complete. If the form has been previously submitted to SAS, 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**.

The screenshot shows the top section of the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. It includes a 'Current Status' of 'Processed/Complete', a 'Name' field, and a 'DLN' field. Below these is a 'Form Actions' bar with buttons for 'Add Note', 'Edit Content', 'Print', 'PSU Invalid/Complete', 'Terminate ISP' (highlighted with a red box), and 'Submit to SAS'. A 'Return to Search Results' button is also visible in the top right corner.

- 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.

The screenshot shows the 'Individual Service Plan Event' section of the form. It includes fields for 'Effective Date' (10/06/2021), 'Type Authorization' (Initial, Reassessment), 'From Date' (01/01/2022), and 'To Date' (12/31/2022). A dropdown menu for 'Termination Reason' is open, showing a list of reasons including 'Consumer leaves the service area', 'Death of consumer', 'Institutional stay', 'Consumer requests service termination', 'Consumer denied Medicaid eligibility', 'Threatens health/safety', 'Medical necessity/level of care', 'Failure to follow service plan', 'Fails to pay room and board/copayment', 'Fails to pay qualified income trust payment', 'Individual's whereabouts are unknown', 'Substantial and demonstrated pattern of abuse or harassment', 'Substantial and demonstrated pattern of discrimination', 'Reckless behavior may result in imminent danger', 'Need for at least one waiver service', 'Exceeds cost limit', 'Other', and 'Transition to an adult Program'. The 'Termination Reason' dropdown is highlighted with a red box.

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

The screenshot shows the bottom of the form with a yellow background. A 'Submit Form' button is highlighted with a red box.

- 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:** [REDACTED] **DLN:** [REDACTED]

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:** [REDACTED] **DLN:** [REDACTED]

Form Actions:

Add Note Print

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.

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

- 2) The reports page will be displayed.

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

Reports

Select Report Historical Reports

[REDACTED] [REDACTED] Display Report

- 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.

The screenshot shows the 'Reports' page with a yellow header. Below the header, there are two tabs: 'Select Report' and 'Historical Reports'. The 'Select Report' tab is active, and a dropdown menu is open, displaying a list of report types. The 'Historical Reports' tab shows a dropdown menu with 'MDSAssessment_Current' selected and a 'Display Report' button.

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

The screenshot shows the 'Reports' page with the 'Select Report' dropdown menu set to 'HCBS SPW ISPs for Reassessment or Overdue'. The 'Historical Reports' tab is active, and a dropdown menu is open, displaying a list of report types. A red box highlights the 'Display Report' button.

- 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		7Q		PSU Action Required	206
Harris		7Q		PSU Action Required	237
Harris		7Q		PSU Action Required	328
Harris		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) 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.
- b) 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		45	Expired (Late)	12/31/2022	5/31/2019	Ready
Bexar		45	Expired (Late)	12/31/2022	5/31/2019	Ready
Bexar		45	Expired (Late)	12/31/2022	5/31/2019	Ready
Bexar		45	Expired (Late)	12/31/2022	6/30/2019	Ready
Bexar		45	Expired (Late)	12/31/2022	7/31/2019	Ready
Bexar		45	Expired (Late)	12/31/2022	5/31/2019	Ready
Bexar		45	Expired (Late)	12/31/2022	5/31/2019	Ready
Bexar		45	Expired (Late)	12/31/2022	7/31/2019	Ready

