

**Program Support Unit (PSU)
Users H1700 / Individual
Service Plan (ISP) Form
User Guide**

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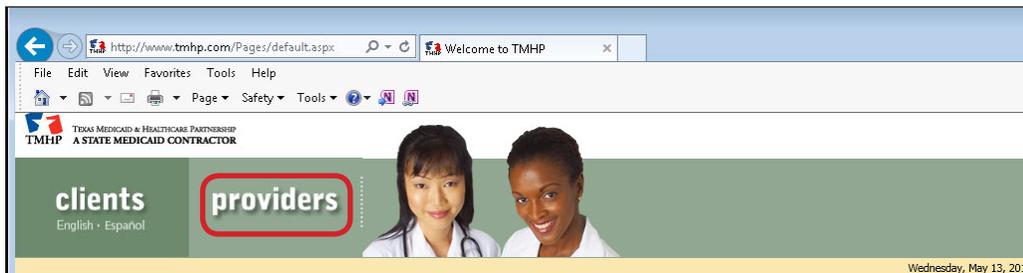
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Program Support Unit (PSU) Staff H1700 / Individual Service Plan (ISP) Form

Program Support Unit (PSU) Individual Service Plan (ISP) Form Process Flow

This section of the User Guide steps through the PSU ISP form process flow. Before the PSU staff has to work through the process, the Managed Care Organization (MCO) has gone through their process and has submitted the ISP form. It will automatically go through the verification program and if there are no errors found, the ISP form will be submitted to SAS. SAS will then update the form and if it is an initial ISP, the H2065-D/DS notification letter will be generated and sent to the client and a copy will be sent to the MCO.

Sometimes though, there will be status codes that are displayed that will keep the form from going through the regular process. The PSU staff will be responsible for dealing with some of these status codes. This part of the User Guide explains these status codes and the process for working with those status codes.



Status Codes



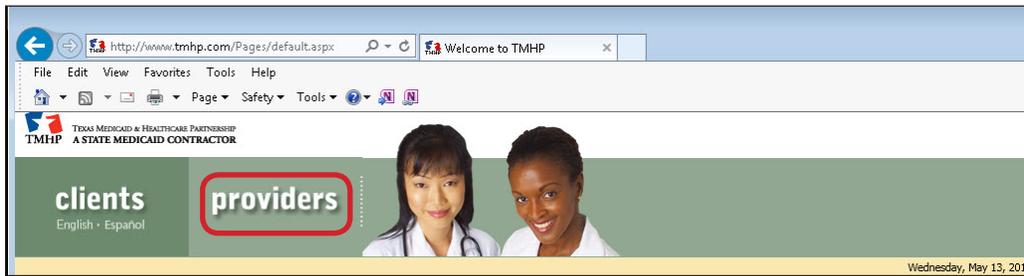
The PSU staff will need to search for the following status codes:

- **Pending PSU Review;**
- **PSU Action Required: and**
- **Pending Notification.**

We will walk through the steps for each of these status codes.

The first step in the process is logging into the Long Term Care (LTC) Online Portal.

- 1) Go to TMHP.com and click “providers”.



- 2) If this is the first time on the site, the electronic end-user agreement will be displayed.

 **AMA/ADA End-User Agreement**

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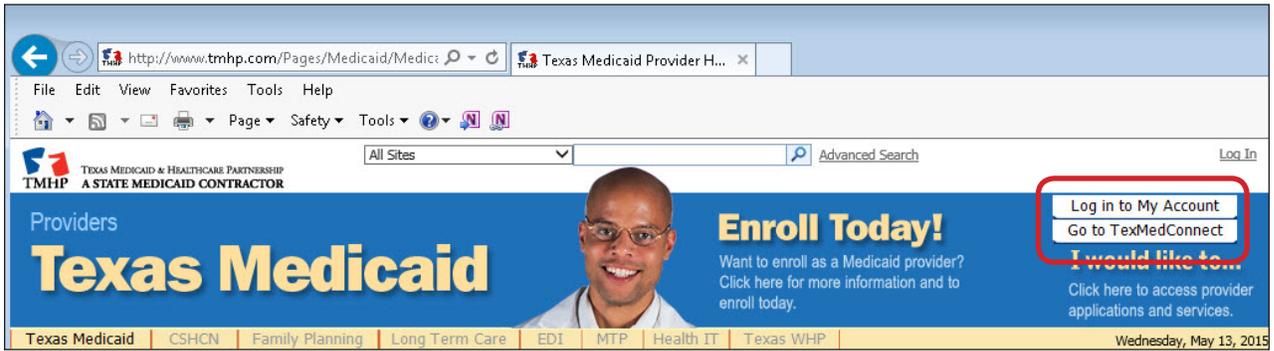
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- a) Scroll down to read and acknowledge the end–user agreement.
- b) Click “ACCEPT” to login.

The license granted herein is expressly conditioned upon your acceptance of all terms and conditions contained in this agreement. If the foregoing terms and conditions are acceptable to you, please indicate your agreement by clicking below on the button labeled "ACCEPT". If you do not agree to the terms and conditions, you may not access or use the software. Instead, you must click below on the button labeled "DO NOT ACCEPT" and exit from this computer screen.

[ACCEPT](#)
[DO NOT ACCEPT](#)

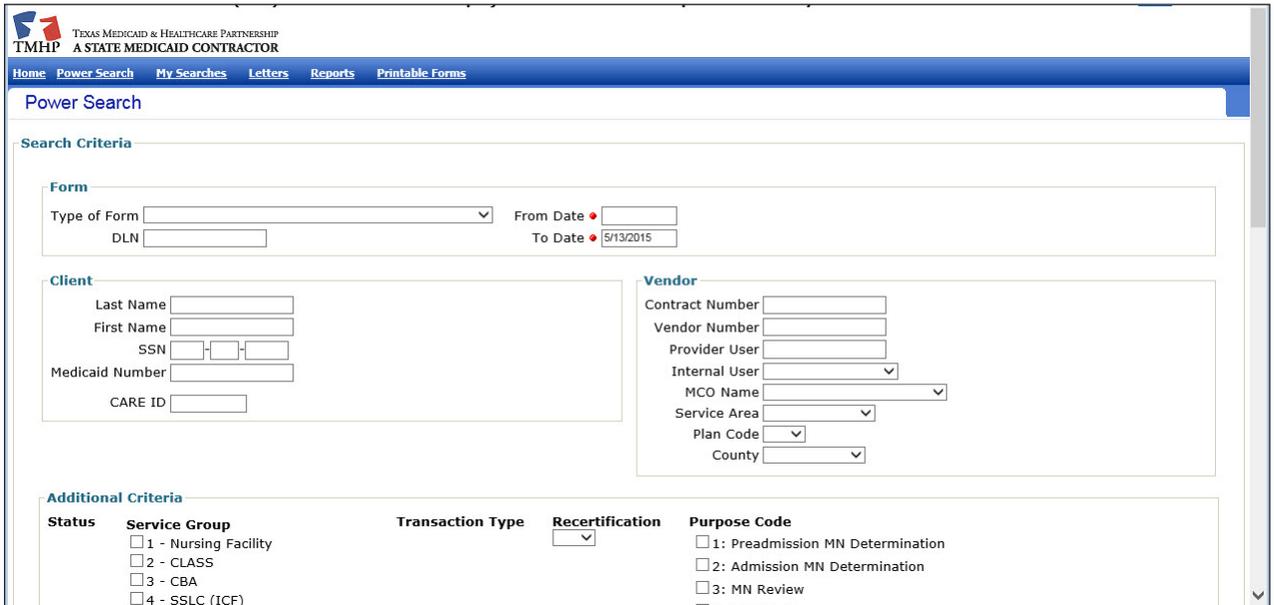
- The default page displayed at login is the provider home page. In the upper right corner, click “Log in to My Account”.



- Enter credentials into the log-in box.



- The Power Search page is the default page when logged into the LTC Online Portal.



- 6) The blue navigational bar is located at the top of the page and shows all the activities PSU staff will be able to access. All PSU staff will have the same access level.



Power Search for PSU Status Codes

Power Search is the best way to search for ISP forms that need PSU staff attention.

- 1) On the Online Portal forms, required fields are marked with red dots. On the Power Search page, the only required fields are the To Date and the From Date. While it is only necessary that the required fields are completed, note that search results can be narrowed by completing additional fields.

The image is a screenshot of the "Power Search" web form. At the top is a blue navigation bar with links: "Home", "Power Search", "My Searches", "Letters", "Reports", and "Printable Forms". Below the navigation bar is the "Power Search" title. Underneath is a "Search Criteria" section. The "Form" section contains a "Type of Form" dropdown menu, a "DLN" text input, and a date range selector with "From Date" and "To Date" fields, each marked with a red dot. The "To Date" field is pre-filled with "5/13/2015". The "Client" section includes fields for "Last Name", "First Name", "SSN" (with hyphens), "Medicaid Number", and "CARE ID". The "Vendor" section includes fields for "Contract Number", "Vendor Number", "Provider User", "Internal User" (dropdown), "MCO Name" (dropdown), "Service Area" (dropdown), "Plan Code" (dropdown), and "County" (dropdown).

- Click the arrow in the “Type of Form” field. This will show a menu listing the different forms that can be searched for.

The screenshot shows the 'Power Search' page with the 'Form' dropdown menu open. The menu lists various form types such as '3618: Resident Transaction Notice', '3619: Medicare/SNF patient Transaction Notice', and 'H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan'. Other search criteria like 'Client', 'Vendor', 'Status', 'Recertification', and 'Purpose Code' are also visible.

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

The screenshot shows the 'Power Search' page with the 'Type of Form' dropdown menu now populated with 'H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan'. The 'ISP Start Date Range' fields are also visible.

- 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 enter a smaller date range to narrow the search.

The screenshot shows the 'Power Search' page with the 'From Date' field set to '4/02/2012' and the 'To Date' field set to '5/13/2018'. The 'Type of Form' field remains 'H1700-1: HCBS STAR+PLUS Waiver Individual Service Plan'.

- 5) Search for a specific client using any of the criteria located in the Applicant/Member field.

Client

Last Name

First Name

SSN --

Medicaid Number

CARE ID

- 6) Search for forms submitted by a particular vendor by filling in information about that vendor in the Vendor field. A Plan Code and a Service Area narrows down the search results.

Vendor

Contract Number

Vendor Number

Provider User

Internal User

MCO Name

Service Area

Plan Code

County

- 7) Using search criteria in the Additional Criteria field, will help to narrow down the search results even further. We will discuss a few of the options in the Additional Criteria area.

Additional Criteria

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

Is this individual a danger to himself/herself?

Is this individual a danger to others?

Is placement in an NF appropriate for this individual at this time?

Would individual like to live somewhere other than NF?

PASRR Eligibility

Type of PE Evaluation

Exempted Hospital Discharge

Expedited Admission

Individual is deceased or has been discharged?

SAS From Date SAS To Date

Modified Due From Date Modified Due To Date

Finalized From Date Finalized To Date

Show Locked Forms SAS Response Code

- a) 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 will have several status codes that they are responsible for reviewing.

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

- b) Type Authorization — PSU staff can also search for initial or reassessment authorizations.

Type Authorization

Initial

Reassessment

- c) Other — The ME-waiver box is not used for SSI members. It should be checked on SSI-related and non-SSI members for initial assessments to alert PSU that coordination with MEPD is required. It is not used on reassessments because this coordination is not necessary. In the event, the MCO inadvertently checks the ME-Waiver box for a reassessment, the system has been designed to bypass the PSU review and will process directly into SAS.”

Type Authorization	Enrolled From	LivingArrangement	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	

- 8) Once all pertinent information has been selected for the search, scroll to the bottom of the form and select the search option to use. PSU staff can search for forms to view in any order or create a list of forms to work in sequence.

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

You may also optionally save this search for later use

Search Name:

Make public

Save Search

- i) Once the search is named, click “Save Search”.
- ii) 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.



- iii) Any named search results will appear in the My Saved Searches list.

My Saved Searches			
all 1700	Remove	Open	Work Results
DLN	Remove	Open	Work Results
DLN	Remove	Open	Work Results
psu user H1700 search	Remove	Open	Work Results

PSU Status Codes

There are several status codes that the PSU staff will need to search for and review.

The first status code is the *Pending PSU Review*.

HCBS SPW ISP Pending PSU Review Process

If there is a status code of *Pending PSU Review*, there are a couple of items the PSU staff should check.

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, the PSU staff will need to follow their policy to determine if the overage has been approved or if you need to turn this over to the HHSC High Needs Coordinator. The Over Annual Cost Limit override with GR approval box will only show up if the Total Est. Waiver Costs is over the Annual Cost Limit.

The screenshot shows the 'Individual Service Plan Services' section of the form. It includes a table of services and a summary box. The services listed are:

Delivery Option	Service Category	Est. Annual Units	Rate	Est. Annual Cost
Agency	Physical Therapy (S9131, U3, U3)	52	275.00	14,300.00
Agency	Speech Therapy (S9128, U3, U3)	52	250.00	13,000.00

The summary box, highlighted with a red border, contains the following information:

- Total Est. Waiver Costs:** 27,300.00
- Ventilator Use: None
- RUG: PA1
- Annual Cost Limit: 63,349.00
- Over Annual Cost Limit override with GR approval:

- 1) If the overage is approved, click “Submit to SAS” button and the status will change to *SAS Request Pending* and the form will go through the SAS Process.

The screenshot shows the 'Form Actions' section of the form. The 'Submit to SAS' button is highlighted with a red border. The form also displays the 'Managed Care Organization' section with the following details:

- Contract No.:
- MCO Name: Superior STAR+PLUS
- Service Coordinator:
- Plan Code: 86
- County: Collin

- If the overage is not approved, click the “MCO Action Required” button. This will then go back to the MCO and they will need to inactivate the ISP and create a new one with new information entered to make adjustments and then submit the new ISP form back into the system.

ME-Waiver Box Checked

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

- The PSU staff will then need to confirm that SPW Program Eligibility has been confirmed. (The ISP form will not be submitted until the SPW Program Eligibility is confirmed). If the client is eligible, click the “Submit to SAS” button.

- 3) The status code will then change to *SAS Request Pending* and the form will move on through the process.

The screenshot shows the TMHP web interface for the 'HCBS STAR+PLUS Waiver Individual Service Plan'. The 'Current Status' is 'SAS Request Pending', which is highlighted with a red box. The 'Form Actions' section contains 'Add Note' and 'Print' buttons. The 'Managed Care Organization' section includes fields for Contract No., MCO Name (United STAR+PLUS), Service Coordinator, Plan Code (N4), and County (Hidalgo). A 'Return to Search Results' button is visible in the top right.

- 4) If the client is not eligible, click the “PSU Invalid/Complete” button and the status code will change to *PSU Invalid/Complete*.

The screenshot shows the TMHP web interface for the 'HCBS STAR+PLUS Waiver Individual Service Plan'. The 'Current Status' is 'PSU Action Required'. The 'Form Actions' section contains 'Add Note', 'Print', 'MCO Action Required', 'PSU Invalid/Complete', 'PSU Processed/Complete', and 'Submit to SAS' buttons. The 'PSU Invalid/Complete' button is highlighted with a red box. The 'Managed Care Organization' section includes fields for Contract No., MCO Name (Amerigroup STAR+PLUS), Service Coordinator, Plan Code (69), and County (Johnson). A 'Return to Search Results' button is visible in the top right.

HCBS SPW ISP PSU Action Required Process

The next status code is the **PSU Action Required**. This status code occurs when an unsuccessful SAS response code is returned.

- 1) The first thing the PSU staff needs to check is to see if there is a resolution/correction that can be done via a SAS update. If there is, then the PSU staff should correct the issue in SAS and then resubmit to SAS by clicking “Submit to SAS.” The ISP will then be updated in SAS systematically.

The screenshot shows the TMHP system interface for an HCBS STAR+PLUS Waiver Individual Service Plan. The current status is "PSU Action Required". The "Form Actions" bar includes buttons for "Add Note", "Print", "MCO Action Required", "PSU Invalid/Complete", "PSU Processed/Complete", and "Submit to SAS", with the last button highlighted in red. The "Managed Care Organization" section contains fields for Contract No., MCO Name (United STAR+PLUS), Service Coordinator, Plan Code, and County (Bexar). The "Applicant/Member" section contains fields for Group Code, ME-Waiver (checked), Medicaid No., and First Name.

- 2) If this is a reassessment, the status will be changed to “PSU Processed/Complete” and will continue on through the process. If this is an initial ISP, the status will then be changed to “Pending Notification.” This status is one that the PSU staff will need to work on.

The screenshot shows the TMHP system interface for an HCBS STAR+PLUS Waiver Individual Service Plan. The current status is "Pending Notification", which is highlighted with a red box. The "Form Actions" bar includes buttons for "Add Note", "Print", and "Create Notification". The "Managed Care Organization" section contains fields for Contract No., MCO Name (Amerigroup STAR+PLUS), Service Coordinator, Plan Code (69), and County (Johnson). The "Applicant/Member" section contains fields for Group Code, ME-Waiver (checked), Medicaid No., and First Name.

3) Click the “Create Notification” button.

The screenshot displays the TMHP web application interface. At the top right, the user is logged in as 'User' and can click 'Log Off'. The main header shows 'Home :: TMHP.com :: My Account'. The left navigation menu includes links for 'TMHP', 'Drafts', 'Power Search', 'My Searches', 'Letters', 'Reports', and 'PrintableForms'. The main content area is titled 'HCBS STAR+PLUS Waiver Individual Service Plan'. Below the title, the 'Current Status' is 'Pending Notification', and the 'Name' and 'DLN' fields are redacted. A yellow 'Form Actions' bar contains three buttons: 'Add Note', 'Print', and 'Create Notification'. The 'Create Notification' button is highlighted with a red circle. Below this bar is a 'Managed Care Organization' section with the following fields: 'Contract No.' (redacted), 'MCO Name' (Amerigroup STAR+PLUS), 'Service Coordinator' (redacted), 'Plan Code' (69), and 'County' (Johnson).

- 4) The H2065-D/DS notification letter form will be displayed with certain information pre-populated. If the PSU clicks the “Denial” box at the top of the form, the section in grey will become active and the PSU staff can then complete all necessary fields.


Home :: TMHP.com :: My Account

Logged in as: [User] | Log Off

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Notification of STAR+PLUS Program Services

Is this notification for denial of HCBS Waiver?

Return Information

- Date: 05/14/2015
- 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

- ISP 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 Address Zip Code:

Notification Information

It has been determined you are eligible to receive HCBS STAR+PLUS Waiver Services

Your eligibility date is

Your services identified on your Individual Service Plan (ISP) are effective 08/01/2015

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

Beginning on your service plan will include the following changes:

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

- After you will not be eligible for
- You are not eligible for
- Your benefits will continue in force without interruption.

This decision is based on:

- STAR+PLUS Program Rule: § 353.607
- STAR+PLUS Handbook Reference:
- Reason for Denial:

PCP First Name:

PCP Last Name:

MCO: Amerigroup STAR+PLUS

Comments:

Signature - HHSC Staff Member:

By entering my name, this serves as a signature on this form.

Signature Date:

5) Complete the Notification letter form and click the “Generate Notification” button.

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

- 7) When Form H1700-1 is suspended for PSU Action Required, but resolution cannot be found via a SAS update, the PSU staff needs to consider if the form needs to be remanded back to the MCO. If the form requires action to be performed by the MCO, click the “MCO Action Required” button.

The screenshot shows the 'HCBS STAR+PLUS Waiver Individual Service Plan' form. At the top, it indicates 'Current Status: PSU Action Required'. Below this, the 'Form Actions' section contains several buttons: 'Add Note', 'Print', 'MCO Action Required' (highlighted with a red box), 'PSU Invalid/Complete', 'PSU Processed/Complete', and 'Submit to SAS'. The form is divided into sections: 'Managed Care Organization' with fields for Contract No., MCO Name (United STAR+PLUS), Service Coordinator, Plan Code, and County; and 'Applicant/Member' with fields for Group Code, ME-Waiver (checked), Medicaid No., and First Name.

- 8) 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 ***MCO Action Required*** status, the MCO has 45 days to inactivate the form. The 45 day deadline is for forms in the ***MCO Action Required*** status only. 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 or changes made in the new ISP form. The MCO can use the inactivated form as a template.

The screenshot shows the 'Individual Service Plan Services' section. It features a table with the following data:

Delivery Option	Service Category	Est. Annual Units	Rate	Est. Annual Cost
Agency	Physical Therapy (S9131, U3, U3)	52	275.00	14,300.00
Agency	Speech Therapy (S9128, U3, U3)	52	250.00	13,000.00

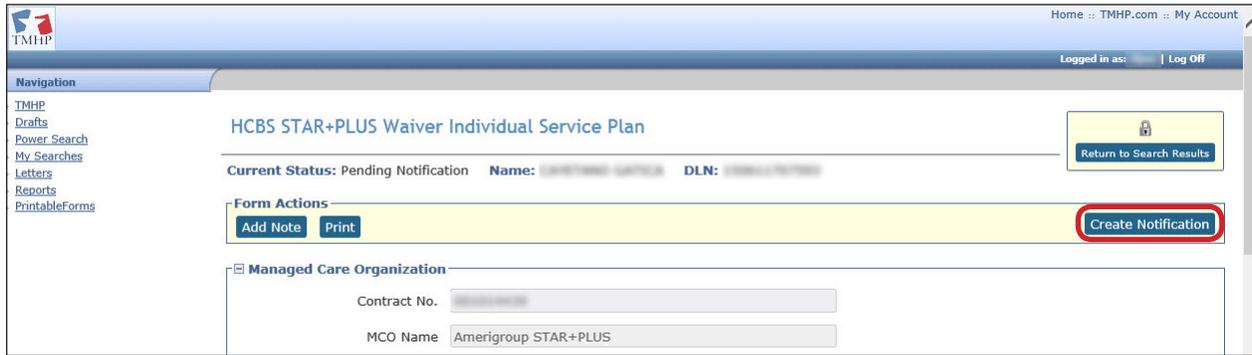
Below the table, there is an 'Add Service' button and a 'Total Est. Waiver Costs' field showing 27,300.00. Other fields include Ventilator Use (None), RUG (PA1), Annual Cost Limit (63,349.00), and an 'Over Annual Cost Limit override with GR approval' checkbox.

MCO's can inactivate a form when it is one of the following statuses:

- ***PSU Action Required***
- ***MCO Action Required***
- ***Pending PSU review***

If the form is not inactivated in the 45 day timeframe, the form will be system-inactivated.

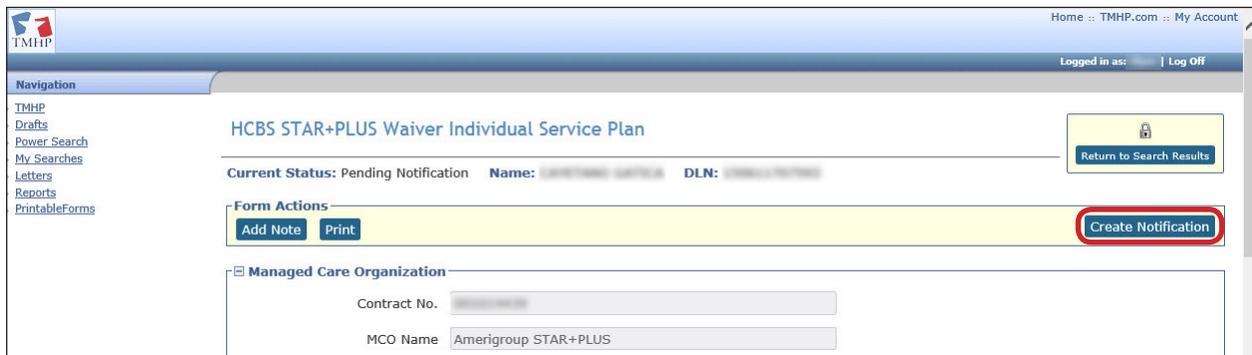
When the MCO elects to resubmit an initial ISP, the processing will continue in accordance with the business rules. Once the status code “Pending Notification” is present, PSU will take action to generate the letter.



Generate the H2065-D/DS Notification Letter

Once the ISP form is completed, PSU staff can generate a notification letter.

- 1) To generate the letter, click “Create Notification.”



- 2) The notification letter form will then be displayed with several of the fields pre-populated.
 - a) Date
 - b) ISP DLN
 - c) Medicaid Number
 - d) First and last name
 - e) ISP From Date
 - f) MCO name

3) You will then need to complete the H2065-D/DS notification letter form.


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Logged in as: [User] | Log Off

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Notification of STAR+PLUS Program Services

Is this notification for denial of HCBS Waiver?

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

- ISP 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 Address Zip Code

Notification Information

It has been determined you are eligible to receive HCBS STAR+PLUS Waiver Services

Your eligibility date is

Your services identified on your Individual Service Plan (ISP) are effective

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

Beginning on your service plan will include the following changes

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

After you will not be eligible for

You are not eligible for

Your benefits will continue in force without interruption.

This decision is based on:

STAR+PLUS Program Rule: § 353.607

STAR+PLUS Handbook Reference:

Reason for Denial

PCP First Name

PCP Last Name

MCO

Comments

• Signature - HHSC Staff Member
By entering my name, this serves as a signature on this form.

• Signature Date

4) Once all fields on the form are completed, click the “Generate Notification” button.

5) The notification letter will then be created as a PDF document.

6) The H2065-D/DS letter can then be printed out and the PDF file can be saved.

- 7) The form status will update to Processed Complete once the form is processed successfully through SAS.

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HCBS STAR+PLUS Waiver Individual Service Plan

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

Form Actions
 Add Note Print Terminate ISP

Managed Care Organization
 Contract No. [Field]
 MCO Name: Amerigroup STAR+PLUS
 Service Coordinator [Field]
 Plan Code: 34
 County: Hudspeth

Applicant/Member
 Group Code: 19
 ME-Waiver
 Medicaid No. [Field]
 First Name: [Field]

- 8) Once the notification letter has been generated for an initial assessment, a PDF will be saved to the Long Term Care Portal database. The PSU staff can then use the Letter search function in the blue navigational bar. (See the LTC Online Portal Basics section of the User Guide.)

View Letter process

To view a letter, click the View Letter link. All letters that fit the search criteria will be displayed..

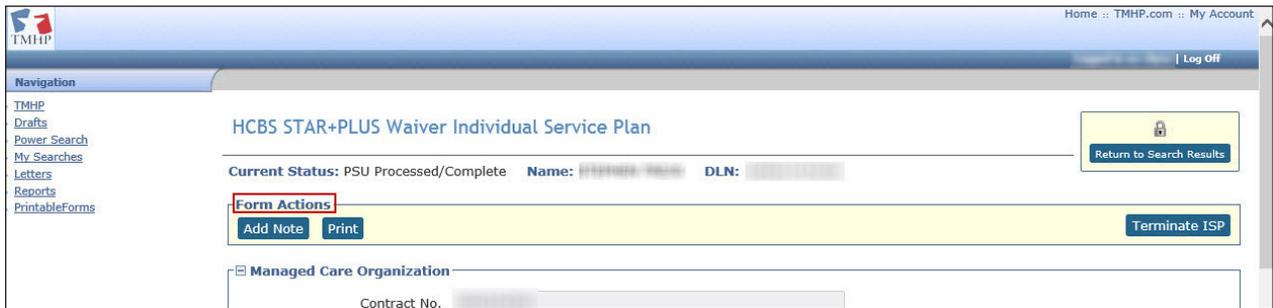
	Letter DLN	Referenced DLN	Letter Type	HD/DO Last Name	HD/DO First Name	Recipient Last Name	Recipient First Name	Status	ReceivedDate
View Letter			2065					Completed	9/16/2014 12:25:01 PM
View Letter			2065					Completed	9/16/2014 12:25:01 PM
View Letter			CLDEN					Completed	8/22/2006 12:28:16 PM
View Letter			DRDEN					Completed	8/22/2006 12:28:16 PM
View Letter			CLDEN					Completed	8/22/2006 1:22:00 PM
View Letter			DRDEN					Completed	8/22/2006 1:22:00 PM

Add Notes/History

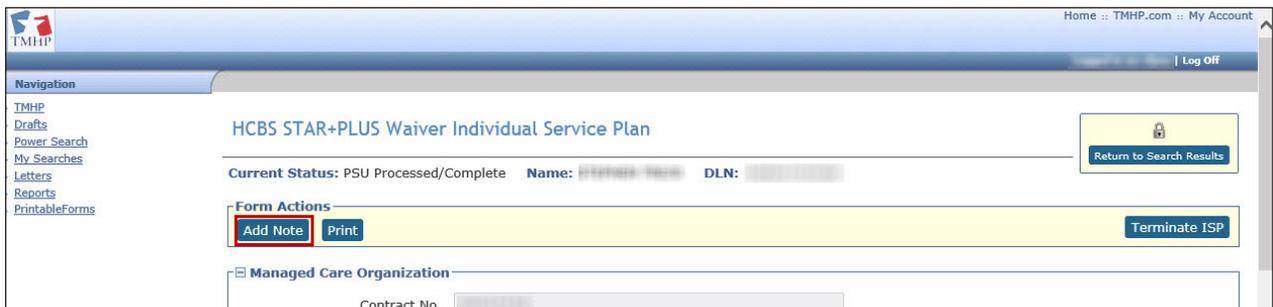
PSU staff can also add notes to the History Trail of the ISP form. To add a note, click Add Note under the Form Actions heading

History	
Form Submitted	Changed by sfaunc1 on 8/13/2013 7:29:54 AM
8/13/2013 7:29:54 AM	sfaunc1 : 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 : Pendina 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.

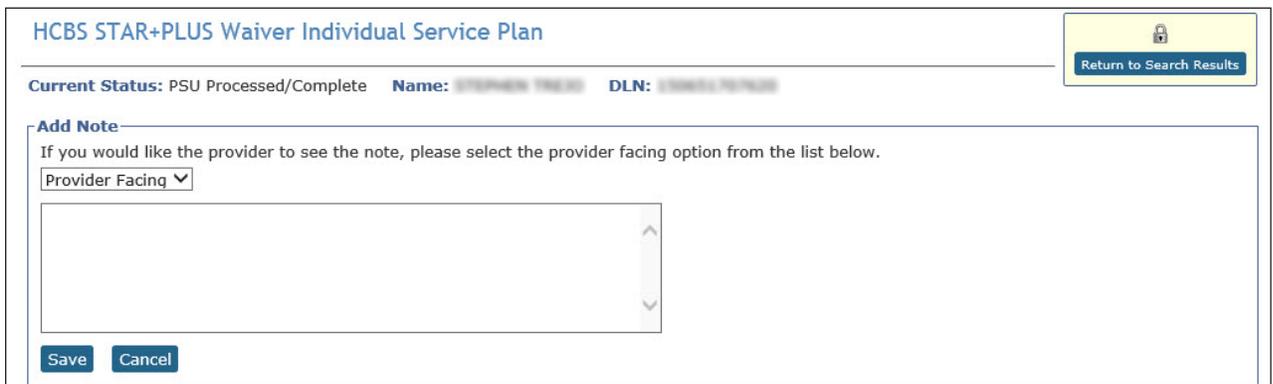
- 1) Locate the Form Actions box at the top of the ISP form.



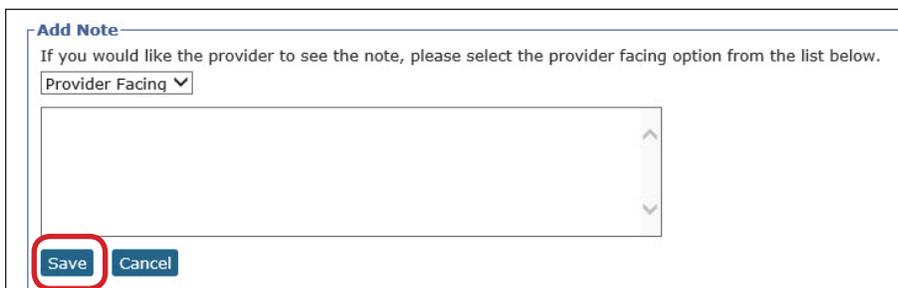
- 2) Click "Add Note" in the Form Action bar.



- 3) The Add Note box will be displayed. Enter information (up to 500 characters). You can also choose to make the note viewable to the provider by clicking the box in front of "If you would like the provider to see the note, please select the provider option from the list below."



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



HCBS SPW ISP PSU Status Pending Report

PSU users can pull two different reports from the LTC Online Portal in regards to the ISP form. The two reports that PSU users can search for are the HCBS SPW ISP PSU Status Pending Report and the HCBS SPW ISPs for Reassessment or Overdue Report.

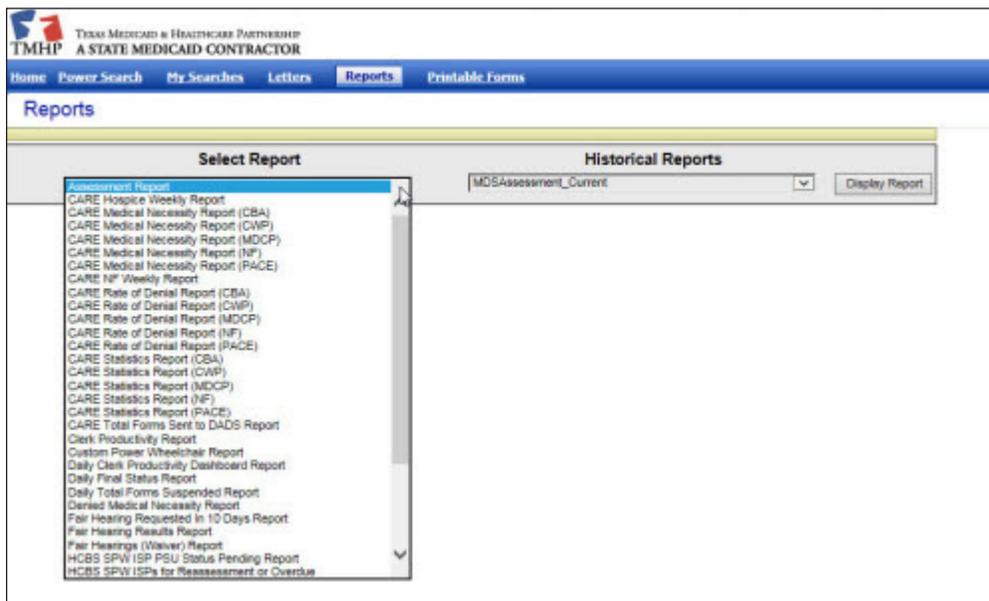
- 1) To start, Click “Reports” on the blue navigational bar.



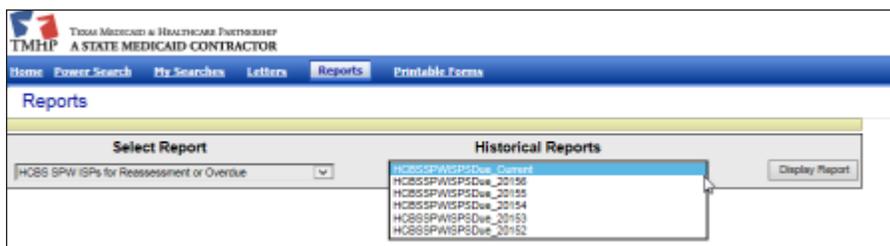
- 2) The reports page will be displayed and the PSU user can select the type of report they want to view.



- 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 report you want to view.



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



- 5) Your search results will open and 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.

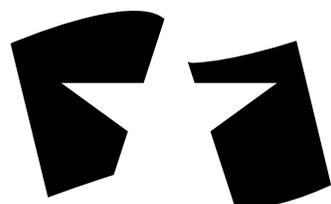
HCBS SPW ISP PSU Status Pending Report for the Period Ending August 31, 2014					
Service Area	MCO Name	Plan Code	DLN	Status	Days in Status
Bexar	Amerigroup STAR+PLUS	45		MCO Action Required	1
Bexar	Amerigroup STAR+PLUS	45		Pending PSU Review	10
Bexar	Amerigroup STAR+PLUS	45		Pending PSU Review	5
Bexar	Amerigroup STAR+PLUS	45		PSU Action Required	5
Bexar	Amerigroup STAR+PLUS	45		PSU Action Required	4
Bexar	Amerigroup STAR+PLUS	45		PSU Action Required	3
Number of Pending Forms for MCO				6	

- 6) The Reassessment or Overdue report is used to determine which clients 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 is going to expire. The ISPs are grouped into expiring within 61-90 days, within 31-60 days, within 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 > 120 days of the report run date. An ISP submitted with an 'ISP From Date' that is > 120 days from the previous 'ISP To Date' is considered to be an Initial form and will not be included in the Reassessment report.

Here are some examples:

- a) - A client has an ISP with a date range 1/1/2015 – 12/31/2015. An ISP has not yet been created for 1/1/2016 – 12/31/2016. If the report is run on 1/31/2016 (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 12/31/2015 is prior to the report run date and the 'ISP To Date' is < 120 days from the report run date.
- b) - A client has an ISP with a date range 1/1/2015 – 12/31/2015. An ISP has not yet been created for 1/1/2016 – 12/31/2016. If the report is run on 5/31/2016 (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 12/31/2015 is prior to the report run date and the 'ISP To Date' is > 120 days from the report run date.

HCBS SPW ISPs For Reassessment or Overdue for Period Ending 3/31/2015						
Service Area	MCO Name	Plan Code	Days Until ISP Expiration	Expiring ISP DLN	ISP Expiration Date	MN Status
Bexar	Superior STAR+PLUS	47	Expired (Late)		3/30/2015	Ready
Number of Forms for MCO: 1						



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