TEXAS Health and Human Services

STAR+PLUS Waiver

Individual Service Plan

Form H1700-1
March 2014-E

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 (MM/DD/YYYY)	8. Social Security No.	9. County

10. Type Authorization

☐ **Initial (new)** ☐ **ISP Change** ☐ **Reassessment** ☐ **QIT**

11. Enrolled From	12. Living Arrangement after Entry into SPW	13. RUG
☐ **1-Hospital** ☐ **2-Nursing Facility** ☐ **3-Home**	☐ **1-Alone** ☐ **2-With other Waiver** ☐ **3-AL** ☐ **4-AFC** ☐ **5-With Family**	

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				

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

Total Est. Waiver Costs

Service Coordinator	Annual Cost Limit
MCO Name	