



IPC Service Delivery Transfer Worksheet

Name of Individual (Last, First, MI)				Social Security No.				Medicaid No. (9 digits)					
IPC Effective Period (MM/DD/YYYY) From: To:				Transfer Type <input type="checkbox"/> CMA <input type="checkbox"/> DSA <input type="checkbox"/> FMSA <input type="checkbox"/> SFSA				Transfer Effective Date (MM/DD/YYYY)				13. For HHS Use Only Initial: Date:	

Case Management Agency			Transferring CMA Vendor No.			Receiving CMA Vendor No.			Total CMA Units	Total Cost
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost			

Direct Services Agency			Transferring DSA Vendor No.			Receiving DSA Vendor No.			Total DSA Units	Total Cost
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost			
Total Estimated Cost:					Total Estimated Cost:					

Community First Choice (CFC) Services								Total CFC Units	Total Cost	
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost			
Total Estimated Cost:					Total Estimated Cost:					

Name of Individual (Last, First, MI)	IPC Effective Period (MM/DD/YYYY) From: _____ To: _____	IPC Effective Date	Medicaid No. (9 digits)
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Financial Management Services Agency			Transferring FMSA Vendor No.			Receiving FMSA Vendor No.			Total FMSA Units	Total Cost
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost			
Total Estimated Cost:					Total Estimated Cost:					

CFC FMSA Services								Total SFSA Units	Total Cost
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost		
Total Estimated Cost:					Total Estimated Cost:				

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Support Family Service Agency			Transferring SFSA Vendor No.			Receiving SFSA Vendor No.			Total SFSA Units	Total Cost
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost			
Total Estimated Cost:					Total Estimated Cost:					

Signature – Individual or LAR	Date	Signature – Case Manager	Date
Signature – Transferring Agency	Date	Signature – Receiving Agency	Date
Signature – Transferring Agency	Date	Signature – Receiving Agency	Date
Signature – Transferring Agency	Date	Signature – Receiving Agency	Date
Signature – Other	Date	Signature – CLASS Program Consultant	Date