TEXAS Health and Human Services

Form 3621-T
August 2015-E

Community Living Assistance and Support Services (CLASS)/Community First Choices (CFC)

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 ☐ CMA ☐ DSA ☐ FMSA ☐ SFSA	Transfer Effective Date (MM/DD/YYYY)	**13. For DADS Use Only** Initial: Date:

Case Management Agency

Service Code	Service Category	Transferring CMA Vendor No Units	Transferring CMA Vendor No Rate	Transferring CMA Vendor No Estimated Cost	Receiving CMA Vendor No. Units	Receiving CMA Vendor No. Rate	Receiving CMA Vendor No. Estimated Cost	Total CMA Units	Total Cost
12	Monthly CMA Fee		$179.87			$179.87			

Direct Services Agency

Service Code	Service Category	Transferring DSA Vendor No. Units	Transferring DSA Vendor No. Rate	Transferring DSA Vendor No. Estimated Cost	Receiving DSA Vendor No. Units	Receiving DSA Vendor No. Rate	Receiving DSA Vendor No. Estimated Cost	Total DSA Units	Total Cost
5A	Dental Services								
5B	Dental Sedation								
7	Occupational Therapy		$72.95			$72.95			
8	Physical Therapy		$77.43			$77.43			
9	Speech and Language Pathology		$76.29			$76.29			
10	Habilitation								
10A	Habilitation – Delegated								
10B	Habilitation – Prevocational								
11	In-Home Respite		$238.60			$238.60			
11A	Out/Home Respite		$236.17			$236.17			
13A	LVN Nursing Services		$29.69			$29.69			
13B	RN Nursing Services		$43.39			$43.39			
13C	RN Specialized Nursing		$49.90			$49.90			
13D	LVN Specialized Nursing		$34.14			$34.14			
15	Adaptive Aids								
16	Minor Home Modification								
34	Dietary Services		$55.28			$55.28			
35B	Auditory Enhancement Tr.		$52.73			$52.73			
37	Supported Employment								
41C	Specs – AA								
41D	Specs – MHM								
41F	Specialized Therapies Req. Fee								
41G	Inspection – MHM								
42A	Massage Therapy								
42B	Recreational Therapy								
42C	Music Therapy								
42D	Aquatic Therapy								
42E	Hippotherapy								
42F	Therapeutic Horseback Riding								
43A	Behavioral Support		$79.53			$79.53			
48	Transportation - Habilitation								
54	Employment Assistance								
61	Cognitive Rehabilitation Therapy		$79.53			$79.53			
			Total Estimated Cost:			**Total Estimated Cost:**			

Community First Choice (CFC) Services

Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost	Total CFC Units	Total Cost
10CFC	CFC PAS/HAB								
20CFC	CFC Emergency Response Services								
			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)

Financial Management Services Agency

Service Code	Service Category	Transferring FMSA Vendor No. Units	Rate	Estimated Cost	Receiving FMSA Vendor No. Units	Rate	Estimated Cost	Total FMSA Units	Total Cost
7V	Occupational Therapy		$71.95			$71.95			
8V	Physical Therapy		$76.43			$76.43			
9V	Speech Therapy		$75.29			$75.29			
10V	Habilitation		$13.05			$13.05			
11PV	Respite In-Home		$214.60			$214.60			
11AV	Respite Care Out-of-Home		$224.17			$224.17			
13AV	LVN Nursing Services		$28.69			$28.69			
13BV	RN Nursing Services		$42.39			$42.39			
13CV	RN Specialized Nursing		$48.90			$48.90			
13DV	LVN Specialized Nursing		$34.14			$34.14			
37V	Supported Employment		$25.27			$25.27			
48V	Transportation - Habilitation		$13.05			$13.05			
54V	Employment Assistance		$25.27			$25.27			
57V	Support Consultation		$15.37			$15.37			
61V	Cognitive Rehabilitation Therapy		$78.53			$78.53			
63V	Financial Management Services		$202.00			$202.00			
			Total Estimated Cost:			**Total Estimated Cost:**			

CFC FMSA Services

Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost	Total SFSA Units	Total Cost
10CFV	CDS CFC PAS/HAB		$13.05			$13.05			
63CFV	CFC Financial Management Services		$202.00			$202.00			
			Total Estimated Cost:			**Total Estimated Cost:**			
57CFV	CFC Support Consultation		$15.37			$15.37			

Support Family Service Agency

Service Code	Service Category	Transferring SFSA Vendor No. Units	Rate	Estimated Cost	Receiving SFSA Vendor No. Units	Rate	Estimated Cost	Total SFSA Units	Total Cost
55	Support Family Services		$64.54			$64.54			
55A	Continued Family Services		$64.54			$64.54			
			Total Estimated Cost:			**Total Estimated Cost:**			

Signature – Individual/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