TEXAS Health and Human Services

Form 6500-T
August 2015-E

Deaf Blind with Multiple Disabilities (DBMD)/Community First Choice (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 ☐ Provider ☐ FMSA	Transfer Effective Date

Provider Agency		Transferring Provider Vendor Number			Receiving Provider Vendor Number			Total Units	Total Cost
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost		
11	Respite In-Home		$238.60			$238.60			
11A	Respite Out-of-Home		$236.17			$236.17			
12	Case Management		$37.62			$37.62			
13A	Licensed Vocational Nurse (LVN)		$29.69			$29.69			
13B	Registered Nurse (RN)		$43.39			$43.39			
13C	Specialized Nurse (RN)		$49.90			$49.90			
13D	Specialized Nurse (LVN)		$34.14			$34.14			
10	Day Habilitation								
16	Minor Home Modification								
41B	MHM Requisition Fee								
17	Residential Habilitation								
17E	Chore Services								
19	Assisted Living (AL) 24-Hour		$131.25			$131.25			
15	Adaptive Aids								
41	Adaptive Aids Requisition Fee								
19E	Licensed Home Health AL		$131.25			$131.25			
19F	18-Hour AL		$113.19			$113.19			
07	Occupational Therapy		$72.95			$72.95			
08	Physical Therapy		$77.43			$77.43			
09	Speech Therapy		$76.29			$76.29			
34	Dietary Services		$55.28			$55.28			
35	Audiology		$52.73			$52.73			
37	Supported Employment								
43A	Behavioral Support		$79.53			$79.53			
44	Orientation and Mobility		$40.57			$40.57			
45	Intervener								
45A	Intervener I		$21.53			$21.53			
45B	Intervener II		$25.61			$25.61			
45C	Intervener III		$29.69			$29.69			
48	Transportation - Residential Habilitation								
54	Employment Assistance								
5A	Dental Services								
5B	Dental Sedation								
41E	Dental Requisition Fee								
				Total Estimated Cost:			**Total Estimated Cost:**		

Community First Choice (CFC) Services Providers		Transferring Provider Number			Receiving Provider Number			CFC Total Units	CFC Total Cost
Service Code	Service Category	Units	Rate	Estimated Cost	Units	Rate	Estimated Cost		
10CFC	CFC Personal Assistance Services Habilitation (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:	Transfer Effective Date	Medicaid No. (9 digits)

Financial Management Services Agency (FMSA)		Transferring FMSA Vendor Number			Receiving FMSA Vendor Number			**Total FMSA Units**	**Total Cost**
Service Code	**Service Category**	**Units**	**Rate**	**Estimated Cost**	**Units**	**Rate**	**Estimated Cost**		
11PV	Respite In-Home		$214.60			$214.60			
11AV	Respite Care Out-of-Home		$224.17			$224.17			
17V	Residential Habilitation		$13.05			$13.05			
37V	Supported Employment		$32.30			$32.30			
54V	Employment Assistance		$32.30			$32.30			
45V	Intervener		$15.50			$15.50			
45AV	Intervener I		$20.53			$20.53			
45BV	Intervener II		$24.61			$24.61			
45CV	Intervener III		$28.69			$28.69			
48V	Transportation - Residential Habilitation		$13.05			$13.05			
63V	Financial Management Services		$202.00			$202.00			
			Total Estimated Cost:			**Total Estimated Cost:**			
57V	Support Consultation		$15.37			$15.37			

CFC FMSA Provider		Transferring Provider Number			Receiving Provider Number			**Total CFC FMSA Units**	**Total CFC Cost**
Service Code	**Service Category**	**Units**	**Rate**	**Estimated Cost**	**Units**	**Rate**	**Estimated 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			

Service Planning Team (SPT) Signatures:

Individual/Legal Authorized Representative	Date	Receiving Agency Case Manager	Date
Transferring Agency Case Manager	Date	Receiving Agency	Date
Transferring Agency	Date	Receiving Agency	Date
Other	Date	DBMD/CFC Program Consultant	Date

DADS Processing Completion Date: