



Iowa Department of Human Services

**Core Standardized Assessment (CSA)
Document Access Request for the
Iowa Medicaid Portal Access (IMPA) System**

This form is for use by case managers, service workers, and intermediate care facilities for persons with an intellectual disability (ICF/ID) to allow access to the IMPA system.

Organization Name	IMPA Username
Tax Identification Number *	National Provider Identification (NPI) Number *
Transaction Control Number (TCN) *	

** Please type in "Not Applicable" in the above fields if it does not apply to you.*

Please check the category that applies to you:

Case Manager

Service Worker

ICF/ID

CSA Assessor

Contact Information of Person Completing this Form

First Name	Last Name
Telephone Number	Email

Certification Statement and Signature

Signature and Date **

**** Sign this form electronically by typing your name and the date.**

Please check the statement below to express your agreement.

I am the administrator. Please grant me permission to upload documents.

After completing this registration form, please submit the form as an email attachment by clicking on the "SUBMIT" button below.

SUBMIT

For any inquiries, please send an email to IMPAsupport@dhs.state.ia.us.