

# COVID-19 Addendum

Names of IDT Members Contacted (Please include team member's title/agency. Please ensure a representative from all I/DD Waiver provider agencies is contacted)	Date of Contact & Method of Contact (in person, phone, email, etc.)	Did IDT member agree (yes or no)

**COVID-19 Q/A's** (Please note retainer applies to ALL day services that have billed as retainer payments. If the consumer has multiple services such as pre-vocation and FBDH, the questions below will need to be answered for each applicable service. Any service the member does not receive may be deleted and/or left blank.)

	FBDH	PreVoc	Job Development	Supported Employment
Last date consumer attended prior to mandated day site closure 03/23/2020:				
Date retainer payments exhausted (N/A only if retainer payments not billed):				
What is total utilization of service:				
Date utilization is accurate through:				
Date consumer returned or will return:				
If not returning, is IDT decreasing service to increase PCS and/or Respite:				

**Services Requiring Modifications:**

Service	Service Code	Provider Agency	Units Currently Authorized	Units Requested by IDT
Example: Case Management	Example: G9002-U3	Example: KEPRO	Example: 300 units	Example: 450 units

Addendum Submitted by: \_\_\_\_\_  
 Date of Addendum: \_\_\_\_\_