

IPP 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)	What was the date the team member was contacted? How was the team member contacted?	Did team member agree to Addendum?

Services Requiring Modifications:

Service	Service Code	Provider Agency	Units Currently Authorized	Units Requested by IDT
Example: Behavior Support Professional I	Example: T2021-HN	Example: Acentra Health	Example: 300 units	Example: 450 units

Reason for Addendum (please be specific):

Addendum Submitted by: _____

Date of Addendum: _____