**COVID-19 Addendum**

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| **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)** |
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| **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.)

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|  | **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**Example:Case Management | **Service Code**Example:G9002-U3 | **Provider Agency**Example:KEPRO | **Units Currently Authorized**Example:300 units | **Units Requested by IDT**Example:450 units |
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| Addendum Submitted by: |
| Date of Addendum: |

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