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| **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?** |
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| **Services Requiring Modifications:** |
| **Service**Example:Behavior Support Professional I | **Service Code**Example:T2021-HN | **Provider Agency**Example:Acentra Health | **Units Currently Authorized**Example:300 units | **Units Requested by IDT**Example:450 units |
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| **Reason for Addendum (please be specific):**

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| Addendum Submitted by: |
| Date of Addendum: |

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