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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):**   |  | | --- | | Addendum Submitted by: | | Date of Addendum: | |