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