

LIMITED EXCEPTION NOTICE FOR INDIVIDUALS APPLYING FOR OTHER SERVICES
(To be issued by supported employment or respite provider)

Date: _____

Provider Name and Address:

Individual Name and Address:

Fee for current supported employment or respite services: \$ _____ per _____

You have received this notice because one of the following statements is true: (1) you are the above-named individual and are requesting services for yourself; (2) you are responsible for paying for the services for the above-named individual; or (3) you are responsible for managing the above-named individual's finances.

We were informed that additional services have been requested for the above-named individual, which services are overseen by the New York State Office for People With Developmental Disabilities (OPWDD). The individual now has a *limited exception* to the OPWDD liability for services rules. **That *limited exception* will end on the date the individual begins receiving any of the following services:**

- residential habilitation in an individualized residential alternative (IRA) or community residence, or family care home
- intermediate care facility services for individuals with intellectual disabilities (ICF/IID)
- day treatment
- day habilitation
- care management
- community habilitation
- prevocational services
- respite
- supported employment services (SEMP)

Before additional services begin, we must determine who is responsible for paying for the cost of the services. This could be Medicaid, or another payor, such as the individual or the individual's legal guardian. You are required to provide us with the information we need to make this determination. We must make this determination even if you offer to pay for the services. If Medicaid is not responsible for the cost of the services, we will determine if another payor is responsible for the cost of the services and whether that other payor can afford the payment.

If the *limited exception* ends, we can bill you for the supported employment or respite services and we may deny or stop the supported employment or respite services if payment is not received. The individual, or another liable party, will have to pay for the services. Otherwise, the individual will need Medicaid coverage that pays for the supported employment or respite services and to be enrolled in the Home and Community Based Services (HCBS) Waiver. Fee reductions or waivers are available in unusual circumstances.

If the individual already has Medicaid coverage you must provide us with proof of coverage including the individual's Medicaid Client Identification Number. The individual must maintain Medicaid coverage in the future. If the individual loses coverage you must inform us.

If the individual does not already have Medicaid coverage:

You must pay for the services if no other payor exists. If you are responsible for the individual's money, you are only required to use the individual's money to pay for the services.

OR

You must apply for Medicaid if no other payor can pay for the services. When applying for Medicaid, you must take all legal steps to qualify for and maintain Medicaid coverage. We can assist with the Medicaid application process or apply on your behalf with the information you provide to us.

While services are ongoing, you must inform us of the following:

- That you have received any notice from the Medicaid district regarding the loss of the individual's Medicaid coverage. You must inform us of this notice within five days from the date it was received.
- That changes have occurred in the individual's Medicaid coverage.
- That changes have occurred that may affect the individual's Medicaid coverage including but not limited to changes in income, savings or other resources, living situation, or immigration status.
- That you can no longer afford to pay for the cost of services, you believe you are no longer responsible for the cost of services, or you believe another payor is responsible for the cost of services.

We must protect the confidentiality of your information. We will provide access to your information only to those who require it to perform their job. This includes New York State employees and employees of other agencies as necessary to apply for benefits such as Medicaid, Supplemental Security Income, Medicare, Social Security and Supplemental Nutrition Assistance Program (SNAP) benefits.

The full fee for the requested services appears on the front of this notice or on a sheet attached to this notice. If we reduce the fee, you will be required to pay the reduced fee. If we reduce the fee and we later determine that you are able to pay the full fee, you will be required to pay the full fee. We will provide you with 30 days' written notice if the fee reduction changes. You will still be liable to pay for your services and the State can still seek payment from you for services already rendered if:

- You have failed to pay for services that you are liable for and the State has paid for those services;
- The law requires us to provide services notwithstanding your non-payment; or
- Legal proceedings to stop services are pending.

You will still be liable for fees and we will still bill you for services rendered under these circumstances.

We will send you bills if you are paying for the services. We will send you a monthly bill by the 30th of the month following service. If you do not pay the bills, we will try to collect from you. We cannot interfere with the services or harass or threaten you or anyone else about your bills. If you still do not pay the bills, and OPWDD agrees, we must assign our claim for payment to New York State.

Your supported employment or respite services may be stopped if you do not have Medicaid and no one is paying for the services. If you received the supported employment or respite services without disruption since March 15, 2010, we cannot stop them for non-payment. We can stop those services **for non-financial reasons**. We are required to follow the normal rules for discontinuing services. Services cannot be denied or discontinued if the law forbids it.