

Provider name and address

Date: \_\_\_\_\_

**LIMITED EXCEPTION NOTICE FOR INDIVIDUALS APPLYING FOR OTHER SERVICES**

(To be issued by provider of other requested services)

**Individual:**

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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.

This notice applies to individuals who now have a limited exception to the OPWDD liability for services rules. **That 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)

**If the limited exception ends, we can bill you for the services and we may deny or stop the services if payment is not received. The individual, or another liable party, will have to pay for the supported employment or respite 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. You will permanently lose your limited exception if Medicaid begins paying for your supported employment or respite services.**

We are providing you a Liability Notice for Individuals Applying for Services, Form OPWDD LIAB 05.