

## **INFORMATION ABOUT THE LIMITED EXCEPTION FOR INDIVIDUALS RECEIVING RESPITE SERVICES**

Individuals receiving respite services, overseen by the Office for People With Developmental Disabilities (OPWDD), must pay for the respite services unless they have Medicaid coverage that will pay for the respite services and are enrolled in the Home and Community Based Services (HCBS) Waiver. However, certain individuals receiving respite services may qualify for the limited exception, which means they will not receive bills for these services and are not required to have Medicaid coverage and HCBS Waiver enrollment.

To qualify for the limited exception, an individual cannot:

- 1) Live in an individualized residential alternative (IRA), community residence, family care home, or intermediate care facility for individuals with intellectual disabilities (ICF/IID);  
or
- 2) Receive or request any of the following services overseen by OPWDD: care management, day treatment, community habilitation, day habilitation, prevocational services, or supported employment services; or
- 3) Be enrolled or have been enrolled in the HCBS Waiver any time after March 14, 2010.

**The limited exception will end if:**

- 1) The individual moves into an IRA, community residence, family care home, or ICF/IID;  
or
- 2) The individual receives any of the services listed above; or
- 3) Medicaid begins paying for the respite services.

**The limited exception will end beginning on the date any of the above occurs. The individual may become eligible for another limited exception for the respite services if the individual stops receiving the other services. The individual will permanently lose the limited exception if Medicaid begins paying for the respite services.**

**If the limited exception ends, the individual, or another liable party, will have to pay for the services. Otherwise, the individual will need Medicaid coverage that pays for the services and to be enrolled in the HCBS Waiver.**