

**Provider name & address**

**LIABILITY NOTICE FOR PERSONS APPLYING FOR SERVICES**

**Individual asking for services:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee(s) for requested services:** \$ \_\_\_\_\_ per \_\_\_\_\_

**You got this notice because** you are the individual named above asking for the services for yourself (or you are assisting the individual), you have to pay for the services for the individual named above with your own money, or because you are responsible for the money of the individual named above. If you are the individual named above, any time you read “the individual” or “you” in this notice, it means you.

Someone asked for one or more of the services checked off below for the individual. These are services that the New York State Office for People With Developmental Disabilities (OPWDD) oversees.

- |  |   |
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| <input type="checkbox"/> residential habilitation in an IRA<br>(individualized residential alternative),<br>community residence, or family care home | <input type="checkbox"/> day treatment                        |
| <input type="checkbox"/> intermediate care facility services for<br>persons with developmental disabilities<br>(ICF/DD)                              | <input type="checkbox"/> MSC (Medicaid Service Coordination)  |
| <input type="checkbox"/> day habilitation  | <input type="checkbox"/> community habilitation               |
|  | <input type="checkbox"/> prevocational services               |
|  | <input type="checkbox"/> respite                              |
|  | <input type="checkbox"/> supported employment services (SEMP) |

Anyone getting these services must have the kind of Medicaid that pays for the services or must pay for the services. Fee waivers or reductions are available in unusual circumstances.

**Giving Us Information**

**Before we start the services** you must give us the information we ask for. We need to see if Medicaid or someone else will pay for the services. Even if you agree to pay for the services, we can ask for information so we can see who has to pay for the services, if anyone who has to pay can afford it and if Medicaid will pay.

**While we are providing the services, you must tell us about:**

- Any notice from a Medicaid district about the individual losing Medicaid. You have to tell us about the notice no later than 5 days after you get it or learn about it.
- Any changes in the type of Medicaid coverage the individual has.
- Any changes in income, savings or other assets, living situation, immigration status or any other change that affects the individual’s Medicaid eligibility.
- If you think you no longer have to pay for the services, if you think someone else has to pay, or if you or someone else can no longer afford to pay.

**We must protect the privacy of information we get.** Only certain people working for us are allowed to ask for and see this information. We can only give this information to New York State and others to apply for benefits such as Medicaid, Medicare, Social Security and Supplemental Nutrition Assistance Program (formerly referred to as Food Stamps).

## **Paying for the services**

*If the individual already has the right kind of Medicaid*, you must give us the individual's Medicaid Client Identification Number (or something else that proves he or she has Medicaid) and the individual must keep Medicaid in the future.

*If the individual does not already have the right kind of Medicaid:*

*You will have to apply for Medicaid* if no one pays us for the services and we do not waive the fee. If you have to apply for Medicaid, you must do everything that is legal that will qualify the individual for the right kind of Medicaid and that will keep the right kind of Medicaid for the individual. You can also give us information and let us do the application ourselves or help you apply.

**OR**

*You will have to pay for the services* if no one else pays for them and we do not waive the fee. If you are responsible for the individual's money, you only have to use the individual's money, not your own money, to pay for the services.

*The right kind of Medicaid* is the kind that will pay for the services you are requesting.

*You must do what is needed to enroll the individual in the Home and Community Based Services (HCBS) Waiver*, unless the individual is not asking for HCBS Waiver services. Services that are not HCBS Waiver services are ICF/DD, day treatment and/or MSC.

*The full fee* we will charge for the services is on the front of this notice or on a sheet attached to this notice. If we reduce the fee, you must pay the reduced fee. If we reduce or waive the fee, and it turns out you can pay the full fee, you will have to pay the full fee. We will give you a 30 day written notice if we change any reduced or waived fees. You will still be liable for fees, and we will still bill you, even if the State pays us for the services, even if the law requires us to serve you and even if there are legal proceedings to stop services.

*We will send you bills* if you are paying for the services. We will send you a monthly bill by the 30<sup>th</sup> of the following month. For example, we will send you a bill for April services by May 30<sup>th</sup>. 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, we may assign our claim for payment to New York State.

*We can deny or stop services.* We can deny your request for services for financial reasons if Medicaid will not pay, if we do not have reasonable assurance that you or someone else will pay and if we have not waived the fee. If we begin services because you have Medicaid or you or someone else agrees to pay, we can stop services if you lose Medicaid or if you or the person paying us stops paying. We have to follow normal rules about stopping services. We cannot deny or stop services if the law forbids it.

### **The limited exception**

If you are only receiving respite services you may be eligible for the limited exception. This means that you could continue to receive respite services without applying for Medicaid and the HCBS Waiver and without being billed for the service. To learn more about the limited exception, ask for the publication, "Information about the Limited Exception."