

Provider name and address

LIMITED EXCEPTION NOTICE FOR INDIVIDUALS MEETING EXCEPTION

Individual receiving or applying for respite services:

Date: _____

This notice applies to individuals who are only receiving respite services that are overseen by the New York State Office for People With Developmental Disabilities (OPWDD). As of June 15, 2010, anyone receiving certain services that OPWDD oversees must have the kind of Medicaid that pays for them or must pay for the services. However, people who are only getting respite services do not have to have Medicaid or receive bills for these services.

We are giving you this notice because you are the individual named above and:

- 1) You are receiving respite services from us or you are asking us for respite services
- 2) You are not living in an intermediate care facility for persons with developmental disabilities (ICF/DD), or in an individualized residential alternative (IRA), community residence or family care home certified by OPWDD
- 3) You are not receiving or applying for any of the following services that OPWDD oversees: Medicaid Service Coordination (MSC), day treatment, community habilitation, day habilitation, or prevocational services or supported employment services
- 4) You are not enrolled in the OPWDD Home and Community Based Services (HCBS) Waiver and you never were enrolled in the Waiver any time after March 14, 2010.

If all of the above statements are true, then you qualify for the limited exception.

If we are mistaken and any of the above statements is not true, please tell us right away. If your situation changes so that any of the above statements are not true, please tell us right away.

What the limited exception means

The limited exception means that you can continue to receive your respite without applying for Medicaid and the HCBS Waiver and without being billed for the services.

Tell us if you ask for other services

You must tell us if you ask to live in an ICF/DD, IRA, community residence or family care home, or if you ask for MSC, day treatment, community habilitation, day habilitation, prevocational services or supported employment services.

Your limited exception will end if you receive other services

Your limited exception will end if you move into an ICF/DD, IRA, community residence or family care home, or if you start to receive MSC, day treatment, community habilitation, day habilitation, prevocational services or supported employment services.

The limited exception will end on the date the other services start.

If you enroll in the kind of Medicaid coverage that pays for your respite services and you also enroll in the HCBS Waiver, your limited exception will end. However, if you do these things, you will not have to pay for your respite services because Medicaid will pay for the services. If you later lose your Medicaid or HCBS Waiver enrollment, you will not be qualified for the limited exception.

If your limited exception ends

If your limited exception ends, you 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.

If Medicaid does not pay for your services and we do not waive the fees, you will have to pay for the services yourself, or someone else will have to use your money to pay for the services.

If your limited exception ends because you started to receive other services, you can become eligible for another limited exception if you drop the services. However, you will permanently lose your limited exception if you get the kind of Medicaid that pays for respite services and enroll in the HCBS Waiver.