

Provider name and address

Date: _____

LIMITED EXCEPTION NOTICE FOR PERSONS APPLYING FOR OTHER SERVICES
(To be given by respite provider)

Individual: _____

Fee for current respite services: \$ _____ per _____

You got this notice because you are the individual named above (or you are assisting the individual), you have to pay for the services for the individual, or you are responsible for the individual's money. If you are the individual named above, anything in this notice about "the individual" or "you," means you. We are giving you this notice because the individual now has a limited exception to the New York State Office for People With Developmental Disabilities (OPWDD) liability for services rules, but someone asked for other services that are overseen by the OPWDD which would end the exception.

The limited exception will end if the individual receives any of the following services that OPWDD oversees:

- residential habilitation in an IRA (individualized residential alternative), community residence or family care home, or services in an ICF/DD (intermediate care facility for persons with developmental disabilities)
- MSC (Medicaid Service Coordination), day treatment, community habilitation, day habilitation, prevocational services, or supported employment services.

When will the limited exception end?

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

If the limited exception ends, the individual will need Medicaid coverage or someone will have to pay for the services. Also, you will have to give us information, we can bill you for the services and we may deny or stop the services. Fee reductions or waivers are available in unusual circumstances.

Before the individual starts to get the other 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 will have to 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.

Privacy: 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 has 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 keep that 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 other services and the respite services.

You must do what is needed to enroll the individual in the Home and Community Based Services (HCBS) Waiver.

The full fee we will charge for the individual's current respite services is on the front on 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 are able to 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.

We will send you bills if you are paying for the services. We will send you a monthly bill by the 30th of the following month. 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.

If you were receiving the respite services on a regular basis as of March 15, 2010, we cannot stop them because you do not have Medicaid and no one is paying us. If you were not receiving the respite services on a regular basis as of March 15, 2010, we can stop them because you do not have Medicaid and no one is paying us.

We can stop your respite services for other than financial reasons, whether you started receiving them before or after March 15, 2010. We have to follow normal rules about stopping services, and you will have to pay for the services while there are proceedings to stop the services. You will have to pay the fees even if the State pays us for the services, even if the law requires us to serve the individual and even if there are legal proceedings to stop services.