

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

As of June 15, 2010, anyone receiving certain services that the Office for People With Developmental Disabilities (OPWDD) oversees must pay for them or have the kind of Medicaid that pays for them. However, people who qualify for the limited exception do not have to have Medicaid or be billed for these services. To qualify for the limited exception, a person must:

- 1) Receive respite services, AND
- 2) Not live in a residence certified by OPWDD (These residences are intermediate care facilities for persons with developmental disabilities, individualized residential alternatives (IRA), community residences or family care homes.) AND
- 3) Not receive any of the following services OPWDD oversees: Medicaid Service Coordination (MSC), day treatment, community habilitation, day habilitation, prevocational services, or supported employment services.
- 4) Not be enrolled in the OPWDD Home and Community Based Services (HCBS) Waiver and not have been enrolled in the HCBS Waiver at any time after March 14, 2010

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

**The limited exception will end if the person receives other services.** The limited exception will end if the person moves into an ICF/DD, IRA, community residence or family care home, or if the person starts 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 begin.

**The limited exception will also end if** the person enrolls in Medicaid coverage that pays for respite services and also enrolls in the HCBS waiver. However, in this case the person will not have to pay for respite services because Medicaid will pay for them.

**If the limited exception ends,** the person must have the kind of Medicaid that pays for the services or someone must pay for the services. If the limited exception ends because the person started to receive another service, the person can become eligible for another limited exception by dropping the other service. However, the person permanently loses his or her limited exception if he or she gets the kind of Medicaid that pays for respite services and enrolls in the HCBS Waiver.