



At OPWDD our motto is “putting people first.” With that in mind we are committed to providing top-quality services for the people with developmental disabilities we support. This brochure explains what you need to know to apply for services from OPWDD. It outlines, step by step, how to get these services paid for. I encourage you to read through it. If you need help, representatives from our Revenue Support Field Offices can assist you. Their phone numbers and locations are printed at the end of this information.

Laurie A. Kelley, Acting Commissioner

What Individuals and Families Need to Know About Payment for Services

Many services for people with developmental disabilities are available from the New York State Office For People With Developmental Disabilities (OPWDD) and agencies in the OPWDD system. Beginning February 15, 2009 there were changes in how some of these services are paid for. This booklet explains what steps must be taken to be sure services are paid for.

Why has there been a change in how services must be paid for?

The change in how services must be paid for is a result of OPWDD’s Liability for Services regulation that went into effect on February 15, 2009 and changes to the regulations that went into effect on March 15, 2010. The purpose of the regulations is to make sure that individuals receiving OPWDD’s Medicaid services are eligible for Medicaid funding of those services. The revenue received helps OPWDD to maintain services to people with developmental disabilities.

Individuals who get these Medicaid-funded OPWDD services must apply for Medicaid.

Most OPWDD services are funded through Medicaid and the Medicaid Home and Community Based Services (HCBS) Waiver. OPWDD requires individuals to enroll in the right type of Medicaid coverage for the services they need. In most cases, individuals will need to enroll in **both** Medicaid and the Medicaid HCBS Waiver. The HCBS Waiver covers special services that are generally not covered by other types of health insurance.

Once an individual is enrolled in Medicaid and, if needed, the HCBS Waiver, Medicaid will pay for the services and the individual or the family will not be asked to pay. Talk to the agency you want services from to be sure you apply for the right programs to get the services you want. If a person does not enroll in the correct Medicaid coverage, in most cases, the individual or the family will have to pay for the desired services.

Medicaid-funded services:

- **Intermediate Care Facilities (ICF)** – Residential treatment program with 24-hour care for individuals who need extra help with their daily activities.
- **Medicaid Service Coordination (MSC)** – Help from a service coordinator to get you the right services and supports to meet an individual’s needs.
- **Day Treatment Services** – Combination of medical treatment and habilitation services at a specific site.

Medicaid-funded HCBS Waiver services:

- **Residential habilitation provided in:**
 - **Individualized Residential Alternatives (IRA)** – Certified Homes that provide room, board and individualized service options.
 - **Community Residences (CR)** – Homes that provide semi-independent living.
 - **Family Care** – A certified residence that provides a family-living experience in a structured, stable home environment.
- **Day Habilitation Services** – Help with personal, social, and vocational skill-building to improve community integration.
- **Community Habilitation** – Help with self-care and skills-building.
- **Prevocational Services** – Help learning work-related skills before a job starts.
- **Supported Employment Services*** – Help finding and keeping a job and improving work skills.
- **Respite Services*** – Temporary care giving for individuals.
- **Blended and Comprehensive Services** – Combination of different Waiver services to meet individual needs.

Certain family support services, such as support or training groups, advocacy, information and referral, are not funded through Medicaid, and there is no cost to individuals or families for these services.

Limited Exception for Supported Employment or Respite*

If the only service an individual receives from the lists above is Supported Employment or Respite services, but not both, and the individual is not enrolled in Medicaid and the HCBS Waiver, he or she may meet the criteria for a limited exception to the requirements of the Liability for Services regulations. The limited exception for Supported Employment or Respite services means that the individual does not have to apply for Medicaid and enroll in the HCBS Waiver or pay for these services. In the future, if the individual wishes to receive any other services from the lists above, he or she will no longer meet the criteria for the limited exception and will have to qualify for Medicaid and enroll in the HCBS Waiver or else pay for the services. Individuals enrolled in the HCBS Waiver who receive Supported Employment or Respite on or after March 15, 2010 are not eligible for the limited exception.

Who is eligible for Medicaid?

Individuals with disabilities age 18 years or older are eligible for Medicaid if their income and resources (bank accounts, life insurance, etc.), are below a certain amount. Programs like the Medicaid Buy-In Program for Working People with Disabilities can help working adults keep more of their income and still get Medicaid.

Children with developmental disabilities under age 18 who live at home with their families may be eligible for the Medicaid HCBS Waiver based on their own income and resources. Their family income and resources are not looked at when applying for the Medicaid HCBS Waiver.

If an individual has too much income or resources, he or she can spend that money on medical expenses to qualify for Medicaid. This is called a **spenddown**. In most cases, any money spent out of pocket on medical needs can be used to meet a spenddown. There are also other ways to keep an individual's resources, such as setting up a Medicaid qualifying trust. This is a specific type of trust that must be set up by a lawyer.

What other benefits does Medicaid provide?

In addition to covering many OPWDD services, Medicaid provides health insurance that will pay for medical care and also for specialized medical care that is not covered by other types of insurance. For example, Medicaid can pay for home health aides and transportation to medical services. An individual can have other insurance coverage and still apply for Medicaid.

How to apply for Medicaid:

Individuals or families should work with the agency they want services from when applying for Medicaid. The agency can help with the application and explain what documents will be needed. The agency can connect individuals or families with a “service coordinator”, who can assist with the application process.

In order to apply, an individual will need his or her personal records. For example: his or her birth certificate; proof of where he or she lives, such as a rent receipt or utility bill; proof of income, such as a Social Security check; and proof of his or her resources, such as bank records.

How to find out what type of Medicaid to apply for:

Individuals or families should talk to the agency they want services from to get help with applying for the right Medicaid coverage. The agency will know what type of Medicaid coverage is needed.

What if an individual or family decides not to apply for Medicaid?

If an individual or family does not apply for coverage or does not complete the application process then payment must be made for the full cost of the service. The agency the individual wants services from will tell him or her how much will have to be paid for the services.

However, if an individual is not eligible for Medicaid because of a reason other than income or resource level, then that person or their family should ask the agency for assistance.

What if Medicaid finds that an individual is not eligible?

If Medicaid finds that an individual is not eligible for coverage, Medicaid will send a letter stating that Medicaid coverage has been denied. If an individual or family receives a denial letter, the letter must be saved and shown to the agency the individual wants services from to see if he or she should appeal the decision. The agency can help with the appeals process.

If an individual is not eligible due to income or resources, the individual may have to pay a spenddown to get Medicaid to pay for the desired services. If the individual or family does not take steps to pay the spenddown or to put the resources in a Medicaid qualifying trust, then they will have to pay the full cost of services.

What if an individual already gets Medicaid or HCBS Waiver-funded services?*

If an individual is getting services right now and is not enrolled in the correct Medicaid coverage for those services, he or she must apply for the correct Medicaid coverage that will pay for those services.

What if an individual wants a new Medicaid or HCBS Waiver-funded service?

If an individual wants a new service, the person or their family should talk to the agency they want the service from. The agency will tell you if they can provide the service to the individual and will also explain if the individual has the right Medicaid coverage to pay for the service. If the individual does not have the right Medicaid coverage, he or she must enroll in the right coverage before new services will be provided.

If the individual or family does not apply for the Medicaid coverage needed, the agency can deny the request for service. However, in cases where the person’s health or safety would be in danger without the service, the agency may choose to provide the service before the individual has enrolled in Medicaid.

I still need help! What do I do?

If you have more questions, our Revenue Support Field Offices can help. There are nine Revenue Support Field Offices (RSFOs) located throughout New York State. RSFO staff share their expertise with voluntary provider agencies, individuals with disabilities, their families, advocates, and other representatives.

* Talk to the provider you want services from if you have any questions.

OPWDD REVENUE SUPPORT FIELD OFFICES (RSFO)

There are nine RSFOs located throughout New York State. Each RSFO is associated with one or more Developmental Disabilities Services Offices (DDSOs). RSFO staff share their expertise with voluntary provider agencies, individuals with disabilities, their families, advocates, and other representatives.

BROOME RSFO

229-231 State Street—3rd Floor
Binghamton, NY 13901
Phone: (607) 771-7210
Fax: (607) 771-1098
Counties Served: Broome, Chenango,
Delaware, Otsego, Tioga, Tompkins

CAPITAL DISTRICT RSFO

O.D. Heck DC—Bldg #12
Balltown & Consaul Roads
Schenectady, NY 12304
Phone: (518) 370-2010
Fax: (518) 370-2297
Counties Served: Albany, Fulton,
Montgomery, Rensselaer, Saratoga,
Schenectady, Schoharie, Warren,
Washington

CENTRAL/SUNMOUNT RSFO

101 W. Liberty Street, P.O. Box 388
Rome, NY 13440
Phone: (315) 339-3440
Fax: (315) 336-0407
Counties Served: Cayuga, Clinton,
Cortland, Essex, Franklin, Hamilton,
Herkimer, Jefferson, Lewis, Madison,
Oneida, Onondaga, Oswego, St.
Lawrence

FINGER LAKES RSFO

509 Vienna Street
Newark, NY 14513
Phone: (315) 331-7141
Fax: (315) 331-0182
Counties Served: Chemung, Livingston,
Monroe, Ontario, Schuylar, Seneca,
Steuben, Wayne, Wyoming, Yates

HUDSON VALLEY RSFO

3 Wilbur Road, Room 45, P.O. Box 470
Thiells, NY 10984-0470
Phone: (845) 947-6250
Fax: (845) 947-6161
Counties Served: Orange, Rockland,
Sullivan, Westchester

LONG ISLAND RSFO

415A Oser Avenue
Hauppauge, NY 11788
Phone: (631) 434-6109
Fax: (631) 434-6511
Counties Served: Nassau, Suffolk

NEW YORK CITY RSFO

75 Morton Street, 5th Floor
New York, NY 10014-5798
Phone: (212) 229-3343
Fax: (212) 229-3095
Counties Served: Bronx, Kings,
Manhattan, Queens, Richmond

TACONIC RSFO

36 Firemen's Way
Poughkeepsie, NY 12603
Phone: (845) 473-8210
Fax: (845) 473-8204
Counties Served: Columbia, Dutchess,
Greene, Putnam, Ulster

WESTERN NY RSFO

West Seneca DC, Bldg #70, 2nd Floor
1200 East and West Road
West Seneca, NY 14224
Phone: (716) 675-8666
Fax: (716) 675-8919
Counties Served: Allegany,
Cattaraugus, Chautauqua, Erie,
Genesee, Niagara, Orleans

 <p>NYS Office For People With Developmental Disabilities Putting People First</p>	<p>For More Information</p> <p>www.opwdd.ny.gov TEL: 866-946-9733 TTY: 866-933-4889</p>
--	--

This document is published by the OPWDD Communications Office, located at 44 Holland Ave., Albany, N.Y. 12229.