

Provider name and address

2010 PREEXISTING SERVICES LIABILITY NOTICE

Individual receiving services: _____ **Date** _____

Fee(s) for services: \$ _____ **per** _____

You got this notice because you are the individual named above who receives one of the services listed below (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.

We give the individual the services checked below. These are services the New York State Office For People With Developmental Disabilities oversees.

- | | |
|--|--|
| <input type="checkbox"/> MSC (Medicaid Service Coordination) | <input type="checkbox"/> respite services |
| <input type="checkbox"/> day treatment | <input type="checkbox"/> supported employment services |
| <input type="checkbox"/> community habilitation | <input type="checkbox"/> OPTS program blended services |
| <input type="checkbox"/> at home residential habilitation | <input type="checkbox"/> OPTS program comprehensive services |
| <input type="checkbox"/> prevocational services | |

As of June 15, 2010, anyone receiving any of these services must have the kind of Medicaid that pays for them or must pay for the services. Fee waivers or reductions are available in unusual circumstances.

Giving Us Information

By June 15, 2010, you must give us the information we ask for. If Medicaid does not already cover the services, we need to see if Medicaid or someone else will pay. 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.

Anytime after June 15, 2010, while we are providing 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 type of Medicaid coverage.
- 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 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 us 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 the individual receives.

You must do what is needed to enroll the individual in the Home and Community Based Services (HCBS) Waiver, unless the individual is not receiving or requesting any HCBS Waiver services. Services that are not HCBS waiver services are day treatment, Medicaid Service Coordination and ICF/DD services.

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 30 days' 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 and even if the law requires us to serve you.

We will send you bills if you are paying for the services. We will send you a bill for a month by the 30th of the following month. For example, we will send you the June bill by July 30. 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 cannot stop services because you do not have Medicaid and no one is paying us. However, if we are trying to stop the services for another reason, you must have the right kind of Medicaid coverage or pay for the services while there are proceedings to stop the services.

The limited exception

If you are only receiving supported employment OR respite services you may be eligible for the limited exception. This means that you could continue to receive supported employment or respite services (but not both) without applying for Medicaid and the HCBS Waiver and without being billed for the services. To learn more about the limited exception, and to see if you could become eligible, ask for the publication "Information About the Limited Exception".