INSTRUCTIONS TO COMPLETE

REQUEST TO ASSIGN UNPAID AMOUNTS TO THE NEW YORK STATE OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

NOTE: THE SERVICE PROVIDER MUST CONTINUE TO BILL AN INDIVIDUAL OR LIABLE PARTY FOR SERVICES REGARDLESS OF WHETHER THE REQUEST TO ASSIGN UNPAID AMOUNTS IS ACCEPTED OR REJECTED BY OPWDD.

SECTION 1: INDIVIDUAL'S INFORMATION

- Please enter the individual's demographic information for all requested fields. Each box in this section must be filled in, or the form will be returned as incomplete.
- ADDRESS OF RESIDENCE - This is the address where the individual is physically located.
- MAILING ADDRESS - If the individual receives his or her mail at a different address, please complete this field. If there is no mailing address, please write **N/A** here.

SECTION 2: INDIVIDUAL'S INCOME /ASSETS

- Documentation of income and/or assets must be provided.
- This section is asking for information on any financial accounts in the name of the individual receiving services. This includes any accounts managed by another person on behalf of the individual receiving services.
- Examples of account types include: checking and savings accounts, retirement accounts, trusts, life insurance, annuities, and stocks or bonds.
- Include any accounts for which the individual has joint ownership.
- Do not include accounts for which the individual is not responsible.
- If the individual has more than three accounts, please provide information for the additional accounts on a separate piece of paper and include this with the request for assignment.

SECTION 3: LIABLE PARTY INFORMATION

- This section is asking for demographic information if someone other than the individual receiving services is liable for the cost of those services (usually a parent for a minor child under 18 years of age).
- If a liable party other than the individual receiving services exists, you must entirely complete all information in this section, or the form will be returned as incomplete.
- Provide copies of any paperwork assigning guardianship or legal appointments, if available

SECTION 4: ATTORNEY

- If the individual receiving services is represented by an attorney, complete this section.

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SECTION 5: WHY ISN'T INDIVIDUAL ELIGIBLE FOR MEDICAID FUNDING?

- This section is used to explain why the individual has failed to enroll in the right Medicaid coverage for the services they are receiving.
- Provide specific details on the actions taken to qualify the individual for Medicaid.
- If the individual and/or his or her representative have been uncooperative in completing the Medicaid application process, provide details regarding this here.

SECTION 6: COLLECTION ACTIONS TO DATE

- This section details the collection actions taken to date to obtain payment for services delivered to the individual.
- You must provide detailed information on what actions have been taken by the agency, including phone calls made or letters sent.
- Copies of any letters sent to the individual and/or his or her representative should be attached to this request for assignment form.
- Failure to provide detailed information on the agency's collections activity will result in rejection of this request, and potentially interrupt in state payment for services.

SECTION 7: INDIVIDUAL SUBMITTING REQUEST FOR ASSIGNMENT OF UNPAID AMOUNTS

- This section asks for information on the person who is completing this form.
- This section must be filled out completely with the individual's name, title, the agency name and telephone number.
- The individual completing the form must sign and date in this section.
- Failure to complete this section in its entirety will result in rejection of the request for assignment of unpaid amounts to OPWDD.

SECTION 8: SECTION BELOW TO BE COMPLETED BY REVENUE SUPPORT FIELD OFFICE

- This section is for completion by the RSFO staff; do not write in this section.
- This section is where RSFO staff will accept or reject the request for assignment, and where the reason for the decision is documented.

FINAL STEP: IF OPWDD AGREES TO ACCEPT ASSIGNMENT OF UNPAID AMOUNTS, THE AGENCY MUST COMPLETE AND SUBMIT AN "ASSIGNMENT TO OPWDD" FORM.

- The form must identify the current balance owed by the individual or liable party
- The form must be signed by an authorized agency representative