

LIMITED EXCEPTION NOTICE FOR INDIVIDUALS MEETING EXCEPTION

Date: _____

Provider Name and Address:

Individual Name and Address:

Fee for current respite services: \$ _____ per _____

You have received this notice because one of the following statements is true: (1) you are the above-named individual and are requesting respite services for yourself; (2) you are responsible for paying for the respite services for the above-named individual; or (3) you are responsible for managing the above-named individual's finances.

This notice applies to individuals who are only receiving respite services that are overseen by the New York State Office for People With Developmental Disabilities (OPWDD). As of June 15, 2010, anyone receiving most services that OPWDD oversees must pay for the services unless they have Medicaid coverage that will pay for the services. However, people who are only receiving respite services will not receive bills for these services and are not required to have Medicaid coverage and HCBS Waiver enrollment.

You qualify for the limited exception if all the below statements are true:

- 1) You are receiving or requesting respite services from us;
- 2) You are not living in an individualized residential alternative (IRA), community residence, family care home, or intermediate care facility for individuals with intellectual disabilities (ICF/IID);
- 3) You are not receiving or requesting any of the following services that OPWDD oversees: care management, day treatment, community habilitation, day habilitation, prevocational services, or supported employment services; and
- 4) You are not enrolled in the OPWDD Home and Community Based Services (HCBS) Waiver program and you have not been enrolled at any time after March 14, 2010.

If any of above statements are not true, or if your situation changes so that any of the above statements are not true, please inform us right away.

What the limited exception means:

The limited exception means you can receive **respite services** without being billed for the service and without applying for Medicaid and the HCBS Waiver.

You must inform us if you request to live in an IRA, community residence, family care home, or ICF/IID, or if you request care management, day treatment, community habilitation, day habilitation, prevocational services or supported employment services.

Your limited exception will end if you receive any of the above services, beginning on the date those services start. You can become eligible for another limited exception for your respite services if you stop receiving the other services and are otherwise qualified for the limited exception.

If the limited exception ends, the individual, or another liable party, will have to pay for the services. Otherwise, the individual will need Medicaid coverage that pays for the respite services and to be enrolled in the Home and Community Based Services (HCBS) Waiver. **Note: You will *permanently lose your limited exception* if Medicaid begins paying for your respite services.**

We can bill you for the services if you are responsible for their cost. We may deny or stop the services if payment is not received. We are required to follow the normal rules for discontinuing services. Services cannot be denied or discontinued if the law forbids it.