Provider name and address

LIABILITY NOTICE FOR INDIVIDUALS APPLYING FOR SERVICES

Services Requested for:_____ Date: _____
(Name of service recipient)

Fee(s) for requested 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 services for yourself, (2) you are responsible for paying for the services for the above-named individual, or (3) you are responsible for managing the above-named individual's finances.

The services listed below are overseen by the New York State Office for People With Developmental Disabilities (OPWDD). Those services checked below have been requested by or on behalf of the above-named individual.

- □ residential habilitation in an individualized residential alternative (IRA) or community residence, or family care home
- □ intermediate care facility services for individuals with intellectual disabilities (ICF/IID)
- □ day habilitation
- □ day treatment
- □ care management
- □ community habilitation
- □ prevocational services
- □ respite
- □ supported employment services (SEMP)

Any individual receiving these services must either pay for the services or have Medicaid coverage that will pay for the services.

Providing Information

Before services begin, we must determine who is responsible for paying for the cost of the services. This could be Medicaid or another payor, such as the individual or the individual's legal guardian. You are required to provide us with the information we need to make this determination. We must make this determination even if you offer to pay for the services. If Medicaid is not responsible for the cost of the services, we will determine if another payor is responsible for the cost of services and whether that other payor can afford the payment.

If the individual already has Medicaid coverage, you must provide us with proof of coverage including the individual's Medicaid Client Identification Number. The individual must maintain Medicaid coverage in the future. If the individual loses coverage, you must inform us.

If the individual does not already have Medicaid coverage:

You must pay for the services if no other payor exists. If you are responsible for the individual's money, you are only required to use the individual's money to pay for the services.

OR

You must apply for *Medicaid* if no other payor can pay for the services. When applying for Medicaid, you must take all legal steps to qualify for and maintain Medicaid coverage. We can assist with the Medicaid application process or apply on your behalf with the information you provide to us.

While services are ongoing, you must inform us of the following:

- That you have received any notice from the Medicaid district regarding the loss of the individual's Medicaid coverage. You must inform us of this notice within five days from the date it was received.
- That changes have occurred in the individual's Medicaid coverage.
- That changes have occurred that may affect the individual's Medicaid coverage including but not limited to changes in income, savings or other resources, living situation, or immigration status.
- That you can no longer afford to pay for the cost of services, you believe you are no longer responsible for the cost of services, or you believe another payor is responsible for the cost of services.

We must protect the confidentiality of your information. We will provide access to your information only to those who require it to perform their job. This includes New York State employees and employees of other agencies as necessary to apply for benefits such as Medicaid, Supplemental Security Income, Medicare, Social Security and Supplemental Nutrition Assistance Program (SNAP) benefits.

If the individual is requesting Home and Community Based Services (HCBS) Waiver services, you must take the necessary steps to enroll the individual in the HCBS Waiver. Services that are <u>not</u> HCBS Waiver services are ICF/IID, day treatment and/or care management. Medicaid will not pay for HCBS Waiver services if the individual is not enrolled in the HCBS Waiver.

The full fee for the requested services appears on the front of this notice or on a sheet attached to this notice. If we reduce the fee, you will be required to pay the reduced fee. If we reduce the fee and we later determine that you are able to pay the full fee, you will be required to pay the full fee. We will provide you with 30 days' written notice if the fee reduction changes. You will still be liable to pay for your services even if the following circumstances occur: you have failed to pay for services that you are liable for and the State has paid for those services, the law requires us to provide services notwithstanding your non-payment, or legal proceedings to stop services are pending. You will still be liable for fees and we will still bill you for services rendered under these circumstances.

We will send you bills if you are paying for the services. We will send you a monthly bill by the 30th of the month following service. For example, we will send you a bill for April services by May 30th. If you do not pay the bills, we will try to collect payment from you. We cannot interfere with services, or harass or threaten you or anyone else about your bills. If you still do not pay the bills, and OPWDD agrees, we must assign our claim for payment to New York State.

We can deny or discontinue services. We can deny your request for services if all the following are true: Medicaid will not pay for the services and we do not have reasonable assurances that another payor will pay for the services. If we begin services, in some cases, we can discontinue those services in the event that the payor has stopped paying for the services. If we discontinue services for non-payment, we are required to follow the normal rules for discontinuing services. We cannot deny or discontinue services if the law forbids it.

The limited exception

If the individual receives respite services only OR the individual received supported employment services only prior to July 1, 2015 and continues to receive supported employment services only, the individual may be eligible for a limited exception to payment liability. This means that the individual could continue to receive respite services or supported employment (but not both) without being billed for the service and without applying for Medicaid and the HCBS Waiver. To learn more about the limited exception, you can request these publications: "Information About the Limited Exception for Respite" and "Information About the Limited Exception for Supported Employment for Individuals Eligible to be Grandfathered".