LIABILITY NOTICE FOR PERSONS APPLYING FOR SERVICES

Individual requesting services_____

Date _____

You are getting this notice because you are the person named above who requested Fiscal Intermediary services, you are helping that person, you are paying for the services yourself, or you manage that person's money.

If you are the person named above, when this notice says "you" or "the individual," it means you.

A request was made for the services outlined in the approved Self-Direction budget. These services are overseen by the New York State Office for People With Developmental Disabilities (OPWDD).

Anyone getting these services must have the kind of Medicaid that pays for the services or you must pay for the services. Fee waivers or reductions are available in unusual circumstances.

Giving Us Information

Before services can begin, you must provide the information we request. We need this information to determine whether Medicaid or another party will pay for the services. Even if you agree to pay for the services yourself, we may still request information to determine who is responsible for payment, whether that person can afford to pay, and whether Medicaid will cover the services

While we are providing the services, you must tell us about:

- Any notice from a Medicaid district about the individual losing Medicaid. You must tell us about
- the notice no later than 5 days after you get it or learn about it.
- Any changes in the type of Medicaid coverage the individual has.
- Any changes in income, savings or other assets, living situation, immigration status or any other
- changes that affect Medicaid eligibility.
- If you think you no longer required to pay for the services, if you think someone else should 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 supplemental Nutrition Assistance Program (formerly referred to as 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 to apply.

OR

You will have to pay for the services if no one else pays 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 services.

The right kind of Medicaid is the kind that will pay for the services you are requesting. You must do what is needed to enroll the individual in the Home and Community Based Services (HCBS) Waiver**,** unless the individual is not asking for HCBS Waiver services. Services that are not HCBC Waiver services are ICF/DD, day treatment and/or Care Manager.

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 must 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 a 30 day 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, even if the law requires us to serve you and even if there are legal proceedings to stop services.

We will send you bills if you are paying for the services. We will send you a monthly bill by the 30th of the following month. 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 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 can deny or stop services. We can deny you request for services for financial reasons if Medicaid will not pay, if we do not have reasonable assurance that you or someone else will pay and if we have not waived the fee. If we begin services because you have Medicaid or you or someone else agrees to pay, we can stop services if you lose Medicaid or if you or the person paying us stops paying. We must follow normal rules about stopping services. We cannot deny or stop services if the law forbids it.

The limited exception

If you are only receiving Respite services, you may be eligible for the limited exception. This means that you can continue to receive Respite services without applying for Medicaid and the

HCBS Waiver and without being billed for the service. To learn more about the limited exception, ask for the publication, "Information about the Limited Exception."

Acknowledgment of Receipt: Notice of Liability for Persons Applying for Services

By signing below, I acknowledge that I have received a copy of the Liability Notice for Persons Applying for support provided by Person Centered Care Services and the Medicaid FAQ page for reference (Medicaid FAQ Page - SDS)

I also understand that should I have any questions regarding this information, I should contact my support Coordinator

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Signature of Individual, Guardian or Personal Representative

_____ _____

Print Name of Individual, Guardian or Personal Representative Date