

INFORMATION ABOUT THE LIMITED EXCEPTION FOR SUPPORTED EMPLOYMENT

Individuals receiving supported employment (SEMP) services, overseen by the Office for People With Developmental Disabilities (OPWDD), must pay for the SEMP services unless they have Medicaid coverage that will pay for the SEMP services and are enrolled in the Home and Community Based Services (HCBS) Waiver. However, individuals who were already enrolled in SEMP, and qualified for the limited exception on June 30, 2015, can remain eligible for the limited exception. This means they will not receive bills for these services and are not required to have Medicaid coverage and HCBS Waiver enrollment.

To qualify for the limited exception on June 30, 2015, an individual must have been enrolled in SEMP services and could not have:

- 1) Lived in an individualized residential alternative (IRA), community residence, family care home, or intermediate care facility for individuals with intellectual disabilities (ICF/IID);
or
- 2) Received or requested any of the following services overseen by OPWDD: care management, day treatment, community habilitation, day habilitation, prevocational services, or respite; or
- 3) Been enrolled in the HCBS Waiver any time after March 14, 2010.

The limited exception will end if:

- 1) The individual moves into an IRA, community residence, family care home, or ICF/IID;
or
- 2) The individual receives any of the services listed above; or
- 3) Medicaid begins paying for the SEMP services; or
- 4) The individual changes SEMP providers after June 30, 2015, unless the change is the result of provider actions (i.e., one provider assumes operation or control of the other provider's operations and programs; two providers merge or consolidate; or the original provider downsizes or eliminates the provision of the service for any reason).

The limited exception will permanently end, beginning on the date any of the above occurs. 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 services, and to be enrolled in the HCBS Waiver.