

This document outlines the approved Waiver services available from OPWDD. Additional criteria may be required for approval. Your Care Manager is able to provide more information about providers in each region as well as examples of types of services in each category. Your Care Manager will also assist you in applying for the services you desire.

**Waiver-** Funded through medicaid and approved through OPWDD. Someone must be enrolled in the waiver to apply for these services.

**Habilitation-** If a service is a habilitation service, that means it is goal and outcome focused. The member will focus on achieving these goals while participating in the service.

WAIVER SERVICES	DESCRIPTION
<b>RESIDENTIAL HABILITATION</b>	OPWDD certified settings, where members live and can receive a variety of supports based on their wants, needs, and goals.
<b>COMMUNITY HABILITATION</b>	Habilitative services to meet the needs and goals of the member promoting independence and community integration. Provided in the community.
<b>DAY HABILITATION</b>	Habilitation services outside of the member home. Variety of options to fit the wants/needs/goals of the member.
<b>PATHWAY TO EMPLOYMENT</b>	Time limited, comprehensive career planning and support service. Assists members with obtaining, maintaining or advancement in competitive employment. Often leads to Supported Employment
<b>PREVOCATIONAL SERVICES (SITE BASED AND COMMUNITY)</b>	Provides learning and work experience, including volunteering, to develop skills related to employment. Site based and Community
<b>SUPPORTED EMPLOYMENT (SEMP)</b>	Ongoing support to obtain and maintain employment.
<b>RESPIRE</b>	Service that provides care giver relief for members who are not able to care for themselves. Respite is not a habilitative service.
<b>ASSISTIVE TECHNOLOGY-ADAPTIVE DEVICES</b>	An item, piece of equipment or product system that is essential to habilitation, ability to function, or safety.
<b>INTENSIVE BEHAVIORAL SERVICES</b>	Short term service focused on behavioral interventions to ensure health and safety and to improve quality of life for the member.
<b>ENVIRONMENTAL MODIFICATIONS (HOME ACCESSIBILITY)</b>	Physical adaptations to a Member's home. The adaptation is necessary to ensure the health Adaptations made to a home necessary to ensure member health and safety, while allowing for greater independence within the home.
<b>VEHICLE MODIFICATIONS</b>	Physical adaptations to the members' primary vehicle.
<b>FAMILY EDUCATION AND TRAINING</b>	Focused training provided to support a members' family on a variety of topics.
<b>COMMUNITY TRANSITION SERVICES</b>	Non-recurring financial service for members transitioning from an institution or provider operated living arrangement to the community where the member is responsible for their living expenses.
<b>LIVE-IN CAREGIVER</b>	An unrelated care provider who lives in the same household, and provides supports for the member.
<b>FISCAL INTERMEDIARY (FI)</b>	Self Direction- Supports the billing and payment of approved Self- Directed Services.
<b>INDIVIDUAL DIRECTED GOODS AND SERVICES</b>	Services, equipment or supplies not available otherwise through Waiver Services or a Medicaid State Plan.
<b>SUPPORT BROKERAGE</b>	Assists with managing a self-directed plan.