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for one-of-a-kind people.

Aspire of WNY Referral Process for OPWDD Waiver Services

Aspire of WNY is implementing a new process for intake of all Office for People with Developmental Disabilities (OPWDD) Home and Community Based Services (HCBS) Waiver services. Please read this page carefully to understand the new process and guidelines to help individuals, families, and Care Coordinators navigate the process.

***Please note that a Care Coordinator is required to make a referral for all of these services.**

To make a referral for any HCBS Waiver service with Aspire of WNY, the individual being referred must:

- Be eligible and able to produce Notice of Decision for eligibility with OPWDD
- If new to services or transitioning to adult services, individual must have gone through the Front Door process, have a Care Coordinator, and be HCBS Waiver enrolled prior to referral

Please complete the attached application in its *ENTIRETY*. The following list of documents (also outlined on the application) must be provided to Aspire's Central Intake Department before referrals can be transferred to program staff for review:

- Aspire of WNY Referral Form for OPWDD Waiver Services
- Most recent Life Plan (or ISP until 12/31/19)
- HCBS Waiver Notice of Decision (NOD)
- Current Level of Care Eligibility Determination (LCED)
- Front Door Authorization Letter or Service Amendment Form (SAF) completed with DDRO authorization (not required for *EMOD* referrals)
- Behavior Support Plan (if applicable) for all sites that individual receives services (not required for *Support Services* referrals)
- Physical (current within 1 year) and list of all current medications (not required for *Support Services* referrals)
- Compiled packets with all of the required documents can be sent to Aspire of WNY by one of the following methods:

Postal mail:

(Erie & Niagara County)

Aspire of WNY

Agency Outreach & Central Intake

7 Community Dr.

Cheektowaga, NY 14225

(Chautauqua & Cattaraugus County)

Aspire of WNY

Agency Outreach & Central Intake

140 Mall Blvd.

Lakewood, NY 14750

Fax (to the attention of Agency Outreach & Central Intake):

(Erie & Niagara County)

(716) 831-1145

(Chautauqua & Cattaraugus County)

(716) 763-3574

Email (MUST be sent in a HIPAA compliant manner):

intake@aspirewny.org

- Once all pieces are received and reviewed, the referral packet will be transferred for programmatic review.
***Please be advised, more documentation may be required as part of the enrollment process.**
- For questions regarding this process or a submitted referral packet, please contact:
Agency Outreach & Central Intake Division (716) 838-0047 intake@aspirewny.org

Thank you for your interest in Aspire of WNY!

To find out more about our services, please visit us online at www.aspirewny.org or on Facebook @AspireWNY