

**WEST VIRGINIA CHILDREN WITH SERIOUS EMOTIONAL DISORDER (CSED) WAIVER
TRANSFER/DISCHARGE**

Must be received by the MCO **within seven calendar (7) days** of the transfer/discharge.

Name of Person Who Receives Services		Date	
Wraparound Facilitation Agency		Record #	

Transfer: From One Agency to Another
An overlap of Wraparound Facilitation (up to 30-days) may occur for active participants.

Transfer From (Agency)		Final Access Date (last date of service provision for Transfer From agency-n/a if on the Wait List)	
Transfer To (Agency)		Effective Date of Transfer	

Reason for Transfer (✓)	<input type="checkbox"/>	Participant requests new service provider
	<input type="checkbox"/>	Participant moved to a new geographic location
	<input type="checkbox"/>	Provider no longer offers service
	<input type="checkbox"/>	Provider initiated transfer

Additional Comments:

Discharge: Permanently Exiting the Program

Effective Date of Discharge		Final Access Date (last date of service provision-n/a if on the Wait List)	
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Please check (✓) if discharge refers to: Active Participant On Managed Enrollment List

Reason for Discharge (✓)	<input type="checkbox"/>	No longer a WV resident
	<input type="checkbox"/>	Deceased
	<input type="checkbox"/>	No longer eligible for CSED Waiver
	<input type="checkbox"/>	Voluntarily declines the CSED Waiver program
	<input type="checkbox"/>	Has not accessed direct support services in 180 days
	<input type="checkbox"/>	Discharge to Facility Select Type of Facility
		<input type="checkbox"/> Hospital <input type="checkbox"/> PRTF <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Crisis Support Shelter <input type="checkbox"/> Other Facility (Please Describe) _____

Additional Comments:

Signature of Person Completing this Form		Date	
Signature of Person Who Receives Services		Date	
Legal Representative Signature		Date	
Witness Signature		Date	