

**WEST VIRGINIA CHILDREN WITH SERIOUS EMOTIONAL DISORDER (CSED) WAIVER  
REQUEST TO CONTINUE SERVICES**

<b>Date Submitted:</b>			
<b>Provider Agency:</b>		<b>Agency Location (if applicable):</b>	
<b>Name of person submitting request:</b>			
<b>Phone #/Extension:</b>		<b>Email Address:</b>	
<b>Name of Person Who Receives Services</b>		<b>Record ID:</b>	
<b>Anchor Date:</b>			

**Type of Request (complete only applicable section[s]):**

<input type="checkbox"/> Eligibility extension request	Anticipated dates of extension:	From:	
		To:	
<b>Crisis Site Admissions:</b>			
<input type="checkbox"/> Crisis Site: initial admission	Anticipated dates of admission:	From:	
<input type="checkbox"/> Crisis Site: extension admission		To:	
<input type="checkbox"/> Exception to WF monthly home visit requirement (Next home visit should take place early in the following month; CSED-12 with approval must be placed in file in lieu of CSED-3)		Date of last home visit:	
<u>Exception to Child and Family Team (Plan of Care) requirements:</u>		Date of last annual Plan of Care:	
<input type="checkbox"/> Exception to hold meeting without person who receives services or legal representative present		Date of last 6- month Plan of Care:	
<input type="checkbox"/> Exception to hold meeting outside mandated timelines		Date Plan of Care meeting is expected to be held:	

**Briefly describe the reason for the special request:**

**\*Provider should include this form with the clinical record for verification of any approvals**

\*MCO staff should include summary of approval in the case management system record.

<input type="checkbox"/> Approved	Date Expires (extension only):	
<input type="checkbox"/> Not Approved		
<input type="checkbox"/> Requested Additional Documentation (see notes section for more information)		

**Notes:**

Name of KEPRO staff reviewing request: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Copy: [WVCSEDW@kepro.com](mailto:WVCSEDW@kepro.com) [ABHWVCSED@AETNA.COM](mailto:ABHWVCSED@AETNA.COM)