# Children with Serious Emotional Disorder Waiver (CSEDW)

The Children with Serious Emotional Disorder Waiver (CSEDW) program provides additional Medicaid support to children from age three (3) to twenty-one (21) with serious mental, behavioral, or emotional health needs.

## Who Qualifies?

#### Members who:

- Are between the ages of 3 and 21
- Are a resident of West Virginia, even if they are now living out of state in a psychiatric residential treatment facility (PRTF). Proof of WV residency is required with the waiver application.
- Meet the program eligibility
- Choose home and community-based treatment services instead of services in a medical facility or group home
- Choose to sign up with the identified managed care organization (MCO)
- Currently or at any time during the past 12 months, have been diagnosed with a mental, behavioral, or emotional disorder for a period of time that is satisfactory to meet standards that are in the most current edition of the Diagnostic and Statistical Manual
- Have a Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Functional Assessment Scale (PECFAS) score of "severe." (A score of 90 or above is considered severe).

## What Services May Be Covered?

- Training needed to perform activities for dailyliving that make someone more independent
- Finding and creating opportunities for work
- Help getting competitive employment in the community and support to make sure they are successful where they work
- Specific therapy or treatment for severe problems or when all other treatments have already been tried
- Support for people between the age eighteen (18) to twenty-one (21) as they move from living in a facility to living in a house or an apartment with others
  - In-home family therapy and support
- Guidance and support for family, parents, and caregivers

  Short-term relief for primary caregivers through respite



# **How To Apply**

Call the WV Crisis and Referral line at **844-Help4WV**.

You may submit your completed CSED Waiver application form via mail, fax, or email:

#### **Acentra Health**

1007 Bullitt St. Suite 200 Charleston, WV 25301

Fax:

(866) 473-2354

Email:

wvcsedw@acentra.com

# Get Help

Formoreinformation or help applying, contact:

### **Acentra Health**

**Phone:** (866) 385-8920 (304) 380-0617

Fax:

(866) 521-6882

Email:

wvcsedw@acentra.com

## Care at Home

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WVMedicaidWaiver.com