



West Virginia (WV) Children with Serious Emotional Disorder (CSED) Waiver Transfer Form

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

| | | | |
|---|--------------------|--|--|
| Member First Name, MI, Last Name | | Date | |
| Wraparound Facilitator Agency | | Medicaid ID | |
| Transfer: From One Agency to Another <i>An overlap of wraparound facilitation (up to 30-days) may occur for active participants</i> | | | |
| Transfer from (Agency) BBH/BSS Interim Services CSEDW Services | Description | Final Access/Billing Date: <i>last date of service provision for transfer from agency</i> <i>*Not applicable if on the waitlist</i> | |
| Transfer to (Agency) CSEDW Services | Description | Start Date of Transfer for Services/Billing | |
| Reason for Transfer | | Participant requests new service provider | |
| | | Participant moved to a new geographic location | |
| | | Provider no longer offers services | |
| | | Provider initiated transfer | |
| | | Participant is eligible for CSEDW services | |
| Additional Comments: | | | |

Signatures:

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