

West Virginia (WV) Children with Serious Emotional Disorders (CSED) Waiver Discharge Form

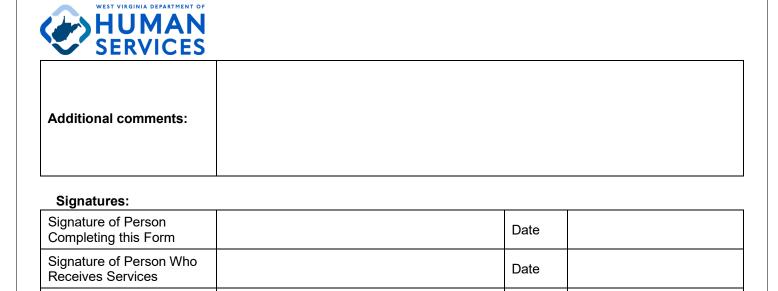
Must be received by the MCO within seven calendar (7) days of the discharge.

Member Information

First Name, MI, Last Name	Date	
Wraparound Facilitator Agency	Medicaid ID	

Discharge: Exiting the Program

Effective Date of Discharge:		Final Access			
Is the discharge referring to:	Active Participant		On Mana	ged Enrollment List	
	Unable to reach or obtain FOC				
	Successfully completed CSED waiver Voluntarily declines the CSED Waiver ACT instead of CSED PRTF instead of CSED No annual review				
	Did not complete repeat CAFAS				
	Other:				
Reason for Discharge	Has not accessed services in 365 days				
	Has not accessed at least one service in 30 days Is no longer eligible for the waiver Aged out of the program				
	Termination Not eligible financially				
	Provider capaci	ity, repeat CAFA	AS		
	Member hold, repeat CAFAS				
	No longer a WV	/ resident			



Date

Date

Legal Representative

Witness Signature

Signature