



West Virginia Children with Serious Emotional Disorder (CSED) Waiver Request to Continue Services Form

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

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

Request to Continue Services

Name of person submitting request:	
Anchor Date:	
Email Address:	
Phone Number/Extension:	

Type of Request (complete only applicable section(s))

Eligibility extension request	Anticipated dates of extension:	From:	
		To:	
Crisis Site Admissions:	Anticipated dates of extension:	From:	
Crisis Site: Initial Admission		To:	
Crisis Site: Extension Admission			
Exception to WF home visit requirement <i>CSED-12 with approval may be placed in file in lieu of CSED-3</i>		Date of last home visit:	

Exception to Child and Family Team (Plan of Care) requirements: Exception to hold meeting without person who receives services or legal representative present. Exception to hold meeting outside mandated timelines	Date of last annual plan of care:	
	Date of last 6-month plan of care:	
	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.*

Approval Status

Approved	Date Expires (extension only):	
Not Approved		
Requested Additional Documentation (see notes section for more information)		

Notes

Name of MCO Staff Reviewing Request:	
Email of MCO Staff:	