



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			
Medicaid ID			
Date			
Wraparound Facilitator Agency			
Transfer From One Agency to Another			
Transfer from (Agency) BBH/BSS Interim Services CSEDW Services	Description		
Transfer to (Agency) CSEDW Services	Description		
Final Access/Billing Date: (last date of service provision for transfer from agency)* <i>*Not applicable if on the waitlist</i>		Start Date of Transfer for Services/Billing	
Reason for Transfer	<input type="checkbox"/>	Participant requests new service provider	
	<input type="checkbox"/>	Participant moved to a new geographic location	
	<input type="checkbox"/>	Provider no longer offers services	
	<input type="checkbox"/>	Provider initiated transfer	
	<input type="checkbox"/>	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	