

**WEST VIRGINIA CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE (CSED) WAIVER  
REQUEST FOR SPECIALIZED THERAPY AND/OR ADAPTIVE EQUIPMENT**

(To be completed by the Wraparound Facilitator)

<b>Name of Member</b>		<b>Date</b>	
<b>Medicaid Number</b>		<b>Type of Residence (✓)</b>	<input type="checkbox"/> Natural Family
<b>WF Agency</b>			<input type="checkbox"/> Foster Care Family
<b>WF Name</b>			
<b>WF Phone #</b>			

**Specialized Therapy/Adaptive Equipment Requested for (✓):**

☐ Specialized Therapy (Must be prior authorized by MCO)

Type of Therapy Requested: \_\_\_\_\_

☐ Adaptive Equipment (Must be prior authorized by MCO)

Type of Equipment or Service Requested: \_\_\_\_\_

☐ Community Resources Researched or Attempted: \_\_\_\_\_

Did the WF ensure request meets service description in the Policy Manual? *(Check credentials of the Specialized Therapist according to the policy manual. Is the Adaptive Equipment requested listed in the policy manual as acceptable?)*

☐ Yes ☐ No

**Brief description of Specialized Therapy/ Adaptive Equipment requested (Invoice including itemization of materials and services on contractor letterhead must be attached) and what therapy goal is linked with service or equipment:**

Is this something the family can sustain/continue after services end? \_\_\_\_\_ (Yes/NO)

**Total Amount Requested Specialized Therapy/Adaptive Equipment combined cannot exceed \$1000.00 per service year**

\$

**Vendor Information**

<b>Vendor Name:</b>	
<b>Vendor Address:</b>	
<b>Vendor Phone #:</b>	
<b>Vendor Qualifications:</b>	

**A copy of the following documentation must be sent to the MCO for processing and determination:**

☐ Plan of Care recommendations detailing need for the ST and/or AE

☐ The invoice detailing costs and description of the ST and/or AE.

☐ If approved, receipts for the ST and/or AE must accompany this form and be sent to the MCO.

<b>Signature/Name of Person Who Receives Services</b>		<b>Date</b>	
<b>Representative Signature</b>		<b>Date</b>	
<b>Wraparound Facilitator Signature</b>		<b>Date</b>	

☐ Approved ☐ Denied ☐ More information is needed.