West Virginia (WV) Children with Serious Emotional Disorders (CSED) Waiver Request Form for Specialized Therapy and/or Adaptive Equipment

To be completed by the Wraparound Facilitator (WF)

Member Information

First Name, MI, Last Name		Medicaid Number	
WF First Name, Last Name		WF Agency	
WF Phone Number		Date of Form Completion	

Member Residence

Natural Family	☐	Foster Care Family	☐	Other	

Specialized Therapy/Adaptive Equipment Requested for

Type of Specialized Therapy or Adaptive Equipment Requested		
Were Community Resources Researched or Attempted?	Yes ☐	No ☐
If Yes, please list in detail the resources researched:		
Did the WF ensure the request meets the service description in the Policy Manual?	Yes ☐	No ☐

Service or Equipment Information

Please provide a brief description of the specialized therapy/adaptive equipment requested:		
What **therapy goal** is linked with the service or equipment?		
Is this something the family can sustain/continue after services end?	Yes ☐	No ☐
If yes, what resources were considered?		
If no, what efforts will be undertaken to make the services sustainable?		
Please note: The invoice including itemization of materials and services on contractor letterhead must be attached.		
Cost of Service/Adaptive Equipment	**$**	

Vendor/Provider for Therapy or Equipment Information

Vendor Name	
Vendor Address	
Vendor Phone Number	
Vendor Qualifications	

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

☐	Plan of Care (POC) recommendations detailing the need for the specialized therapy and/or adaptive equipment.
☐	The invoice detailing costs and description of the specialized therapy and/or adaptive equipment.
☐	If approved, receipts for the specialized therapy and/or adaptive equipment must accompany this form and be sent to the MCO.

Signatures

Signature/Name of the Member		Date	
Legal Representative Signature		Date	
WF Signature		Date	

Approval Status

☐	Approved
☐	Denied
☐	More Information Needed

MCO Certification

☐	MCO has reviewed the request and the member's plan of care (POC).
☐	MCO has certified that the service or equipment was provided.
☐	MCO has certified that the invoice was received.