



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 Date: (last date of service provision)	
Is the discharge referring to:	Active Participant		On Managed Enrollment List
Reason for Discharge	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:		
	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 capacity, repeat CAFAS Member hold, repeat CAFAS No longer a WV resident		
Additional comments:			



Signatures:

Signature of Person Completing this Form		Date	
Signature of Person Who Receives Services		Date	
Legal Representative Signature		Date	
Witness Signature		Date	