



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		Date	
Wraparound Facilitator Agency		Medicaid ID	

Request to Continue Services

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

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:		Date of last annual plan of care:	
Exception to hold meeting without person who receives services or legal representative present.		Date of last 6-month plan of care:	
Exception to hold meeting outside mandated timelines		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:	