



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