

**WEST VIRGINIA CHILDREN WITH SERIOUS EMOTIONAL DISORDER (CSED) WAIVER
TRANSFER/DISCHARGE**

Must be received by the MCO within seven calendar (7) days of the transfer/discharge.

Name of Member		Date	
Wraparound Facilitation Agency		Medicaid ID	

Transfer: From One Agency to Another
An overlap of Wraparound Facilitation (up to 30-days) may occur for active participants.

Transfer From (Agency) <input type="checkbox"/> BBH/BSS Interim Services <input type="checkbox"/> CSEDW Services		<input type="checkbox"/> Final Access/Billing Date (last date of service provision for Transfer From agency-n/a if on the Wait List)	
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Transfer To (Agency) <input type="checkbox"/> CSEDW Services		<input type="checkbox"/> Start Date of Transfer for Services/Billing	
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Reason for Transfer (✓)	<input type="checkbox"/>	Participant requests new service provider
	<input type="checkbox"/>	Participant moved to a new geographic location
	<input type="checkbox"/>	Provider no longer offers service
	<input type="checkbox"/>	Provider initiated transfer
	<input type="checkbox"/>	Participant is eligible for CSEDW Services

Additional Comments:

Discharge: Exiting the Program

Effective Date of Discharge		Final Access Date (last date of service provision-n/a if on the Wait List)	
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Please check (✓) if discharge refers to: Active Participant On Managed Enrollment List

Reason for Discharge (✓)	<input type="checkbox"/>	No longer a WV resident
	<input type="checkbox"/>	Unable to reach or obtain FOC
	<input type="checkbox"/>	Successfully Completed CSED Waiver
	<input type="checkbox"/>	Voluntarily declines the CSED Waiver <input type="checkbox"/> ACT instead of CSED <input type="checkbox"/> PRTF instead of CSED
	<input type="checkbox"/>	Has not accessed services in 365 days
	<input type="checkbox"/>	Has not accessed at least one service in 30 days

Additional Comments:

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