

**WEST VIRGINIA CHILDREN WITH SERIOUS EMOTIONAL DISORDER (CSED) WAIVER
REQUEST TO CONTINUE SERVICES**

Date Submitted:			
Provider Agency:		Agency Location (if applicable):	
Name of person submitting request:			
Phone #/Extension:		Email Address:	
Name of Person Who Receives Services		Record ID:	
Anchor Date:			

Type of Request (complete only applicable section[s]):

<input type="checkbox"/> Eligibility extension request	Anticipated dates of extension:	From:	
		To:	
<hr/>			
<u>Crisis Site Admissions:</u>	Anticipated dates of admission:	From:	
<input type="checkbox"/> Crisis Site: initial admission		To:	
<input type="checkbox"/> Crisis Site: extension admission			
<hr/>			
<input type="checkbox"/> Exception to CM monthly home visit requirement (Next home visit should take place early in the following month; CSED-12 with approval must be placed in file in lieu of CSED-3)		Date of last home visit:	
<hr/>			
<u>Exception to Person Centered Planning Team (PCSP) requirements:</u>		Date of last annual PCSP:	
<input type="checkbox"/> Exception to hold meeting without person who receives services or legal representative present		Date of last 6- month PCSP:	
<input type="checkbox"/> Exception to hold meeting outside mandated timelines		Date PCSP 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.

<input type="checkbox"/> Approved	Date Expires (extension only):	
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<input type="checkbox"/> Not Approved
<input type="checkbox"/> Requested Additional Documentation (see notes section for more information)

Notes:

Name of KEPRO staff reviewing request: _____
Email Address: _____

Copy: WVCSED@kepro.com: ABHWVCSED@AETNA.COM