**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]):**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] Eligibility extension request | Anticipated dates of extension: | From: |  |
| To: |  |
|  |  |  |  |
| Crisis Site Admissions:[ ] Crisis Site: initial admission[ ] Crisis Site: extension admission | Anticipated dates of admission: | From: |  |
| To: |  |
|  |  |  |
| [ ] 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: |  |
|  |  |  |
| Exception to Person Centered Planning Team (PCSP) requirements:[ ] Exception to hold meeting without person who receives services or legal representative present[ ] Exception to hold meeting outside mandated timelines | Date of last annual PCSP: |  |
| Date of last 6-month PCSP: |  |
| Date PCSPT meeting is expected to be held: |  |

**Briefly describe the reason for the special request:**

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|  |

**\*Provider should include this form with the clinical record for verification of any approvals**

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\*MCO staff should include summary of approval in the case management system record.

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| --- | --- | --- |
| [ ]  Approved | Date Expires (extension only): |  |
| [ ]  Not Approved |
| [ ]  Requested Additional Documentation (see notes section for more information) |

**Notes:**

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Name of KEPRO staff reviewing request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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