Date

Applicant Name

C/o LG’s Name

Applicant Address

Applicant Address

Dear LG Name,

This letter is to inform \_\_\_\_Applicant Name that their services with the CSEDW will be terminated as of \_\_\_\_\_Date of Discharge . The termination of these CSED Waiver services is due to the applicant being in a facility for more than 180 days and unable to access services. If you wish to participate in the WV CSED Waiver in the future, please feel free to reapply by completing the CSED Waiver Initial Application (WVBMS-CSED-1) and submitting to Kepro.

If you feel you have received the letter in error or have any questions, please contact Kepro via phone: 304-343-9663 ext. 4483 or email: [wvcsedw@kepro.com](mailto:wvcsedw@kepro.com)

WV CSED Waiver Program

Kepro

[wvcsedw@kepro.com](mailto:wviddwaiver@kepro.com)

1-866-385-8920

cc: Heather Cummings, Case Manager

Bureau of Medical Services (BMS)

Jennifer Eva, Aetna Care Manager