

**West Virginia Medicaid Aged and Disabled Waiver Program
Conflict-Free Case Management Agency Selection Form**

Calhoun County

Please check the box next to the agency of your choice and sign and date at the bottom.

Per the Centers for Medicare and Medicaid (CMS), you cannot receive Case Management and Personal Attendant services from related agencies.

- ☐ Central West Virginia Aging Services, Inc.
Parkersburg 304-865-5420

NOTE: If you choose Central West Virginia Aging Services, Inc. for Case Management services, you cannot choose Central West Virginia Aging Services, Inc. for Personal Attendant services.

- ☐ Coordinating Council for Independent Living
Parkersburg 304-485-9834

NOTE: If you choose the Coordinating Council for Independent Living for Case Management services, you cannot choose West Virginia's Choice for Personal Attendant services.

- ☐ Allied Nursing and Community Services
Ripley 304-373-1456

Note: If you choose Allied Nursing and Community Services. for Case Management services, you cannot choose Loved Ones in Home Care for Personal Attendant services.

- ☐ Calhoun County Committee on Aging
Grantsville 304-354-7017

Note: If you choose Calhoun County Committee on Aging for Case Management services, you cannot choose Calhoun County Committee on Aging for Personal Attendant services.

- ☐ First Care Services, Inc.
Parkersburg 304-422-0776

Note: If you choose First Care Services for Case Management services, you cannot choose Pro Careers, Inc. for Personal Attendant services.

- ☐ AmeriCare Management Services, Inc.
Mt. Nebo 304-883-2334

Note: If you choose AmeriCare Management Services, Inc. for Case Management services you cannot choose Mountain State Home Health Care, Inc. for Personal Attendant services.

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☐ All Ways Caring HomeCare

Vienna

304-428-6148

Note: If you choose All Ways Caring HomeCare for Case Management services, you cannot choose All Ways Caring HomeCare for Personal Attendant services.

☐ Bright Futures Case Management

Ellenboro

681-528-9127

Participant Signature _____ Date _____