West Virginia Medicaid Aged and Disabled Waiver Program Case Management Agency Selection Form

Ritchie 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.

| | First Care Services Inc. | | | |
|--|--|--|--|--|
| | Parkersburg | 304-422-0776 | | |
| | te: If you choose First Care Services, nnot choose Pro Careers, Inc. for Pers | Inc. for Case Management services, you onal Attendant services. | | |
| | Calhoun County Committee on Aging Grantsville | 304-354-7017 | | |
| se | | mmittee on Aging for Case Management ounty Committee on Aging for Personal | | |
| | Central West Virginia Aging Services, Inc. | | | |
| | Parkersburg | 304-865-5420 | | |
| se | te: If you choose Central West Virgini rvices, you cannot choose Central Westendant services. | | | |
| | Essential Needs | | | |
| | Fairmont | 304-816-3687 | | |
| Note: If you choose Essential Needs for Case Management services, you cannot choose Essential Needs for Personal Attendant services. | | | | |
| | Coordinating Council for Independen | t Living (CCIL) | | |
| | Parkersburg | 304-485-9834 | | |
| Ma | te: If you choose Coordinating Councinagement services, you cannot choosendant services. | il for Independent Living (CCIL) for Case se Choice Care At Home for Personal | | |
| | Heart at Home, LLC | | | |
| | Vienna | 304-494-1742 | | |
| | | | | |

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Ritchie County

| | metown Care afton | 304-265-0226 | |
|--------------------|--|--|------------|
| | ou choose Hometown Care ometown Care for Personal | for Case Management services, Attendant services. | you cannot |
| ☐ All Wa | ys Caring Home Care | | |
| Vienna | ı | 304-428-6148 | |
| - | ote: If you choose All Ways Caring Home Care for Case Management services, ou cannot choose All Ways Caring Home Care for Personal Attendant services. | | |
| ☐ Allied I | Nursing and Community Se | ervices | |
| Ripley | | 304-373-1456 | |
| - | ent services, you cannot ch | nd Community Services. for Cas oose Loved Ones in Home Care | |
| □ Bright Ellenb | Futures Case Managemen oro | t 681-528-9127 | |
| Participant Signa | iture | Date | |

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