

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

Jackson 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.

- ☐ 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.

- ☐ Coordinating Council for Independent Living (CCIL)

Parkersburg

304-485-9834, 800-559-9526

Note: If you choose Coordinating Council for Independent Living (CCIL) for Case Management services, you cannot choose West Virginia's Choice for Personal Attendant services.

- ☐ Kanawha Home Health

Charleston

304-766-9669

Note: If you choose Kanawha Home Health for Case Management services, you cannot choose Kanawha Home Health or Kanawha Home Health Care for Personal Attendant services.

- ☐ All-Aid International

Charleston

304-343-6202

Note: If you choose All-Aid International for Case Management services, you cannot choose All-Aid International or All Aid Services for Personal Attendant services.

- ☐ All Ways Caring HomeCare

Huntington

304-733-9678

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

- ☐ First Care Services, Inc.

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Parkersburg

304-422-0776, 800-861-7684

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

☐ Central West Virginia Aging Services, Inc.

Parkersburg

304-865-5420, 866-861-2164

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.

☐ My September

Charleston

304-343-0044

Participant Signature _____ Date _____