

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

Summers 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.

- Your Choice Home Care Services
Crawley 304-392-6270

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

- Coordinating Council for Independent Living (CCIL)
Beaver 304-254-8520, 866-322-1192

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.

- Central West Virginia Aging Services, Inc.
Oak Hill 304-465-0885, 800-681-0886

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.

- AmeriCare Home Care Services
Beckley 304-255-0620

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

- Raleigh County Commission on Aging
Beckley 304-255-1397

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

- Allied Nursing and Community Services
Crab Orchard 304-255-5828

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- All Care Home & Community Services
Mullens 304-294-8800, 800-499-4080

Note: If you choose All Care Home & Community Services for Case Management services, you cannot choose Council on Aging for Personal Attendant services.

- All Ways Caring HomeCare
Princeton 304-431-2443

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

Participant Signature _____ Date _____