

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

Fayette 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.

- ☐ Nicholas Community Action Partnership
Summersville 304-872-1162. 304-872-5796

NOTE: If you choose Nicholas Community Action Partnership for Case Management services, you cannot choose Nicholas Community Action Partnership 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.

- ☐ 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 Services or Mountain State Home Health Care for Personal Attendant services.

- ☐ First Care Services, Inc.
Lewisburg 304-645-7420, 800-788-5110

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

- ☐ Coordinating Council for Independent Living (CCIL)
Beaver 304-254-8520. 800-322-1192

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

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

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

- ☐ AmeriCare Management Services

Mt. Nebo

304-883-2334

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

- ☐ MountainHeart Community Services

Ronceverte

304-647-9788, 866-291-1630

Note: If you choose MountainHeart Community Services for Case Management services, you cannot choose Integrated Resources, Inc. 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 & Community Services

Crab Orchard

304-255-5828

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.

- ☐ Central West Virginia Aging Services, Inc.

Oak Hill

304-465-0885, 800-681-0886

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

- ☐ A Special Touch for Seniors

South Charleston

304-746-4940

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Note: If you choose A Special Touch for Seniors for Case Management services, you cannot choose Special Touch Nursing for Personal Attendant services.

☐ My September

Charleston

304-343-0044

☐ All Care Home and Community Services

Charleston

304-720-3844, 800-499-4080

Note: If you choose All Care Home and 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

☐ Putnam Aging Program, Inc.

St. Albans

304-755-2385

NOTE: If you choose Putnam Aging Program, Inc. for Case Management services, you cannot choose Putnam Aging Program, Inc. 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.

Participant Signature _____ Date _____