

**West Virginia Medicaid Aged and Disabled Waiver Program
Personal Attendant Agency Selection Form**

Mingo 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 Personal Attendant services and Case Management services from related agencies.

- ☐ Integrated Resources, Inc.
Maben 304-294-5610

NOTE: If you choose Integrated Resources, Inc. for Personal Attendant services, you cannot choose MountainHeart Community Services for Case Management services.

- ☐ Pro Careers, Inc.
Ashford 304-836-5505

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

- ☐ Panhandle Support Services
Danville 304-369-6400

- ☐ Loved Ones In Home Care
Danville 304-369-3826

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

- ☐ Mountain State Home Health Care, Inc.
Beckley 304-255-0620

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

- ☐ Choice Care At Home
Barboursville 304-733-1094

NOTE: If you choose Choice Care At Home for Personal Attendant services, you cannot choose Coordinating Council for Independent Living (CCIL) for Case Management services.

**West Virginia Medicaid Aged and Disabled Waiver Program
Personal Attendant Agency Selection Form**

Mingo County

- ☐ Kanawha Home Health Care, Inc.
Charleston 304-766-2265

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

- ☐ Central West Virginia Aging Services, Inc.
Oak Hill 304-465-0885

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

- ☐ PRIDE Community Services
Logan 304-752-6868

NOTE: If you choose PRIDE Community Services for Personal Attendant services, you cannot choose PRIDE Community Services for Case Management services.

- ☐ Coalfield Community Action Partnership, Inc.
Williamson 304-235-1701

- ☐ Council on Aging, Inc.
Welch 304-436-3011

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

- ☐ Kanawha Home Health, Inc.
Charleston 304-766-9669

NOTE: If you choose Kanawha Home Health, Inc. for Personal Attendant services, you cannot choose Kanawha Home Health, Inc. for Case Management services.

- ☐ Special Touch Nursing
South Charleston 304-744-4940

**West Virginia Medicaid Aged and Disabled Waiver Program
Personal Attendant Agency Selection Form**

Mingo County

- ☐ All About Care
Chapmanville 304-855-4430

NOTE: If you choose All About Care for Personal Attendant services, you cannot choose All About Care for Case Management services.

- ☐ All Ways Caring HomeCare
Cross Lanes 304-766-9830

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

- ☐ All-Aid International, Inc.
Charleston 304-343-6202

NOTE: If you choose All-Aid International, Inc. for Personal Attendant services, you cannot choose All-Aid International Inc. for Case Management services.

- ☐ All Aid Services, Inc.
Charleston 304-343-1130

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

- ☐ Village Caregiving, LLC
Chapmanville 304-310-2284

- ☐ Wayne County Community Services Organization, Inc.
Wayne 304-429-0070

NOTE: If you choose Wayne County Community Services Organization, Inc. for Personal Attendant services, you cannot choose Wayne County Community Services Organization, Inc. for Case Management services.

Participant Signature _____ Date _____