

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

Barbour 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.

Select In Home Services
Elkins 304-636-4390

All Care of WV
Elkins 681-298-5050

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

Barbour County Senior Center, Inc.
Philippi 304-457-4545

NOTE: If you choose Barbour County Senior Center, Inc. for Personal Attendant services, you cannot choose Barbour County Senior Center, Inc. for Case Management services.

Panhandle Support Services, Inc.
Elkins 304-636-5195

Choice Care At Home
Elkins 304-636-9326

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

Central West Virginia Aging Services, Inc. – Homemaker Division
Buckhannon 304-472-0395

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.

Hometown Care
Belington 304-823-0223

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

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- Mountaineer Home Care Services, LLC
Elkins 304-636-5252

NOTE: If you choose Mountaineer Home Care Services, LLC services, you cannot choose Mountaineer Case Management for Case Management services.

- Alternative Home Care, LLC
Elkins 304-637-1000

NOTE: If you choose Alternative Home Care, LLC for Personal Attendant services, you cannot choose Alternative Home Care, LLC for Case Management services.

- Professional Care Services
Elkins 304-591-1834

- Village Caregiving, LLC
Clarksburg 304-566-7498

- Renaissance Care
Morgantown 304-292-6880

Participant Signature _____ Date _____