

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

Grant 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.

- Aging and Family Services of Mineral County
Keyser 304-788-5467

NOTE: If you choose Aging and Family Services of Mineral County for Case Management services, you cannot choose Aging and Family Services of Mineral County for Personal Attendant services.

- Coordinating Council for Independent Living (CCIL)
Keyser 304-788-9230, 866-777-9230

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.

- Commission on Aging and Family Services
Petersburg 304-257-1666

Note: If you choose Commission on Aging and Family Services for Case Management services, you cannot choose Commission on Aging and Family Services for Personal Attendant services.

- All Care of WV
Petersburg 304-250-4545, Fax 304-636-9877

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

- Hampshire County Committee on Aging
Romney 304-822-4097

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

- Quality Care Management, LLC
Elkins 304-636-4343

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- Mountaineer Case Management, LLC
Elkins 304-591-4544

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

- Integrity Case Management
Capon Bridge 304-897-3126

- Hometown Care
Keyser 304-788-0224

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

Participant Signature _____ Date _____