

Region ·

West Virginia Department of Health and Human Resources RIGHT FROM THE START PROGRAM DESIGNATED CARE COORDINATORS AND ENHANCED SERVICES PROVIDERS



PART A

	Please indicate: FT = Full Time or 2080 Hours a Year (100% RFTS) PT = Part Time (< 100% RFTS)					
Provider Agency:	Regional Lead Agency:					
Street Address:	Regional Care Coordinator:					
City/State/Zip:	Address:					
Telephone/Fax#:	City/State/Zip:					

*Provider/Agency must complete a "Part A" for each region they serve or each site within the same region. Counties

Served:

Add, Delete or Continue	Name of DCC	Title	County Codes Served by DCC	Full or Part Time	DCC Email Address	License or Certificate Expiration Date	Care Coord. Prenatals	Care Coord. Infants	Enhanced Services	
		RN LSW		FT PT			Yes No	Yes No	Yes No	
		TLSW RN LSW		FT PT			Yes No	Yes	Yes No	
		TLSW RN LSW		FT PT			Yes	Yes	Yes	
		TLSW RN LSW		FT PT			Yes No	Yes	Yes No	
		TLSW RN		FT FT			Yes	Yes	Yes	
		LSW TLSW RN		PT FT			No Yes	No Yes	No Yes	
		LSW TLSW		PT			No	No	No	

As you have additions or deletions to this listing, please send an updated copy to the Regional Lead Agency. RCC must send a copy of each Part A including additions/deletions to the OMCFH/RFTS office. NEW DCCs MAY NOT PROVIDE SERVICES UNTIL APPROVED AND TRAINED BY THE RCC. New Agencies may not provide services until approved by OMCFH, WV Medicaid and Health Maintenance Organizations (HMOs).

"I certify that the individual(s) listed above meet the qualifications outlined in the OMCFH RFTS Program Policy and Procedures Manual and will provide services to RFTS eligible clients according to protocol outlined in the Manual."

Administrative Person Viewing Licensure (DCC Agency)

Date

Add, Delete or Continue	Name of DCC		County Codes Served by DCC	Full or F Time		DCC Email Address	License or Certificate Expiration Date		re Coord. renatals	C	Care Coord. nfants	d. Ennar	
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