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

Region : ____

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 ☐ TLSW		☐ FT ☐ PT			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ RN ☐ LSW ☐ TLSW		☐ FT ☐ PT			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ RN ☐ LSW ☐ TLSW		☐ FT ☐ PT			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ RN ☐ LSW ☐ TLSW		☐ FT ☐ PT			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ RN ☐ LSW ☐ TLSW		☐ FT ☐ PT			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ RN ☐ LSW ☐ TLSW		☐ FT ☐ PT			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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."

______________________________ Date
Administrative Person Viewing Licensure (DCC Agency)

______________________________ Date
Regional Care Coordinator

Add, Delete or Continue	Name of DCC		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 TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No
		RN LSW TLSW		FT PT			Yes No	Yes No	Yes No