



# WHO TO CALL WHEN YOU NEED ASSISTANCE

Participant Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Waiver/Agency: \_\_\_\_\_

	Type of Issue or Question	Contact Information	Portal
BUDGET	<ul style="list-style-type: none"> <li>✓ Budget issue</li> <li>✓ Budget amount</li> </ul>	<b>PAS</b> Phone: <u>877.729.3181</u>	PAS: <a href="https://passelfdirection.com/">https://passelfdirection.com/</a> CareWhen: <a href="https://appe.carewhen.com/apps/cwm/">https://appe.carewhen.com/apps/cwm/</a> Username: _____ Password: _____
	<ul style="list-style-type: none"> <li>✓ Authorization not available</li> <li>✓ Reassessment</li> <li>✓ Individual Service Plan</li> </ul>	<b>CMH Case Manager</b> Name: _____ Phone: _____ Email: _____	
ENROLLMENT	<ul style="list-style-type: none"> <li>✓ Enrollment question</li> <li>✓ Changing Employer of Record</li> <li>✓ Adding an Authorized Representative</li> <li>✓ Enrollment paperwork</li> </ul> <b>Demographic Changes</b> <b>Worker Terminations</b>	<b>Fiscal Employer Agent: PAS</b> Enrollment Phone: _____ Enrollment Email: _____	<b>Emergency Contacts</b> Name: _____ Phone: _____ Name: _____ Phone: _____
STAFF INQUIRY	<ul style="list-style-type: none"> <li>✓ Enrolling a new worker requests</li> <li>✓ Training questions</li> </ul>	<b>Enrolling a New Worker: Greta Nichols</b> New Worker Enrollment Phone: <u>810.363.8481</u> <i>*able to text</i> New Worker Enrollment Email: <u>gnichols@scccmh.org</u>	<b>Direct Care Worker(s) Information</b> Name: _____ Phone: _____
PAYROLL	<ul style="list-style-type: none"> <li>✓ Payroll</li> <li>✓ Timesheets</li> <li>✓ Payroll Schedule</li> <li>✓ Payroll taxes</li> <li>✓ W-2 Questions</li> <li>✓ W-2 Reissues</li> </ul>	<b>Fiscal Employer Agent: PAS</b> Payroll Phone: _____ Payroll Email: _____ W-2 Email: <u>ab@passelfdirection.com</u>	Name: _____ Phone: _____
	<b>Report Abuse, Neglect, or Exploitation</b>	Adult or Children's Protective Services Hotline: <u>855.444.3911</u> Office of Recipient Rights: Local offices can be found at: <a href="https://tinyurl.com/CALL-ORR">https://tinyurl.com/CALL-ORR</a> Fiscal Employer Agent: PAS: <u>877.729.3181</u> Local Police Department: _____ CMH Case Manager: _____	Name: _____ Phone: _____