



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">✓ Budget issue✓ Budget amount	PAS Phone: <u>877.729.3181</u>	PAS: https://passelfdirection.com/ CareWhen: https://appe.carewhen.com/apps/cwm/ Username: _____ Password: _____
	<ul style="list-style-type: none">✓ Authorization not available✓ Reassessment✓ Individual Service Plan	Support Coordinator Name: _____ Phone: _____ Email: _____	Emergency Contacts Name: _____ Phone: _____ Name: _____ Phone: _____
ENROLLMENT	<ul style="list-style-type: none">✓ Enrolling a new worker✓ Enrollment question✓ Changing Employer of Record✓ Adding an Authorized Representative✓ Enrollment paperwork Demographic Changes Worker Terminations	Fiscal Employer Agent: PAS Enrollment Phone: _____ Enrollment Email: _____	
PAYROLL	<ul style="list-style-type: none">✓ Payroll✓ Timesheets✓ Payroll Schedule✓ Payroll taxes✓ W-2 Questions✓ W-2 Reissues	Fiscal Employer Agent: PAS Payroll Phone: _____ Payroll Email: _____ W-2 Email: ab@passelfdirection.com	Direct Care Worker(s) Information Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____
	Report Abuse, Neglect, or Exploitation	Adult or Children's Protective Services Hotline: <u>855.444.3911</u> Office of Recipient Rights: Local offices can be found at: https://tinyurl.com/CALL-ORR Fiscal Employer Agent: PAS: <u>877.729.3181</u> Local Police Department: _____ Support Coordinator: _____	