

# Keeping Up with My Medicaid Waiver Contacts

## A Resource Document



It can be hard to keep up with all the information related to the services and supports that you receive. But having information about important people and organizations that you need to reach frequently can help. **You can use this form to keep track of important contacts and to update them as they change.**

**Support Coordination.** If you receive services under the Developmental Disabilities (DD) Waiver, then you have support coordination. This used to be called case management. You may also have support coordination if you are on the waiting list for the DD Waiver. Your support coordinator helps you access waiver and other services (medical, psychiatric, social, educational, vocational, residential, and other supports). Your support coordinator also conducts yearly assessments of your needs and helps you develop your annual support plan. You can change your support coordinator if you need or want to.

**Your Support Coordination Agency** \_\_\_\_\_

**Name of Your Support Coordinator** \_\_\_\_\_

**Email and Phone Number** \_\_\_\_\_

**Service Facilitation.** If you receive consumer-directed services (personal care, respite care, companion care) through your waiver, you will also have a service facilitator who supports you and your family/caregivers by helping to develop your consumer-directed plan of care and by monitoring that plan. The service facilitator also helps provide training to you on how to serve as an Employer of Record. The service facilitator submits service authorizations, documents services and generally serves as your primary contact for questions and assistance you may need. Some people serve as their own consumer-directed service facilitators. You can change your service facilitator if you need or want to.

**Your Service Facilitation Agency** \_\_\_\_\_

**Name of Your Service Facilitator** \_\_\_\_\_

**Email and Phone Number** \_\_\_\_\_

**Care Coordinator.** Many people who receives Medicaid are enrolled with a managed care organization (MCO), the insurance company that manages your Medicaid Health Insurance. This person could be from Anthem, Aetna, United Healthcare, Magellan, Virginia Premier or Optima. Your care coordinator will work with you and your doctors (if needed) to create a health care plan and ensure that you get the health care you need. If you also have Medicare, your benefits may be coordinated by your MCO (this is called dual enrollment) to make things easier for you.

**Your Managed Care Organization** \_\_\_\_\_

**Name of Your Care Coordinator** \_\_\_\_\_

**Email and Phone Number** \_\_\_\_\_

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**Medicaid (Insurance) Service Worker.** Everyone who receives Medicaid will have a service worker (like a case manager) at your local Department of Social Services (DSS). You probably won't need to talk with this person too often, but you will send in your annual Medicaid renewal application if you complete it by mail. These renewals can also be completed online.

Your Local DSS \_\_\_\_\_

Name of Your DSS Service Worker \_\_\_\_\_

Email and Phone Number \_\_\_\_\_

Your Medicaid Number \_\_\_\_\_ Your Medicare Number (if applicable) \_\_\_\_\_

**Fiscal Agent for Consumer Directed Care.** If you receive consumer-directed services (personal care, respite, and/or companion services) you will have a fiscal agent assigned to you. Your fiscal agent is responsible for processing hiring and enrollment packages, processing payroll, issuing paychecks, and ensuring that taxes are taken out. Your fiscal agent will also provide W-2 tax forms to your employees each year as required.

Your Fiscal Agent \_\_\_\_\_

Your Fiscal Agent's Website \_\_\_\_\_

Email and Phone Number \_\_\_\_\_

**Employer of Record.** You (if you are over 18), a family member, or another responsible adult of your choosing will serve as the Employer of Record (**EOR**) for your consumer-directed services. The EOR will hire, fire, train, and supervise your staff, ensure that they complete their timesheets correctly and that they provide needed support to you. Your service facilitator can help train you or another trusted adult to be the EOR.

Name of Your EOR (if not you) \_\_\_\_\_

Email and Phone Number \_\_\_\_\_

**Other Contacts:** \_\_\_\_\_

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