



# WHO TO CALL WHEN YOU NEED ASSISTANCE

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

MCO/Funding Source: \_\_\_\_\_ Budget Amount: \_\_\_\_\_

| Type of Issue or Question  | Contact Information   | Portal   |
|--|---|--|
| <b>BUDGET</b> <ul style="list-style-type: none"> <li>✓ Budget issue</li> <li>✓ Budget amount</li> <li>✓ Budget not available</li> <li>✓ Reassessment</li> <li>✓ Individual Service Plan</li> </ul>   | <b>Case Manager</b><br>Name: _____<br>Phone: _____<br>Email: _____  | URL: <a href="https://loriknapp.carvinsoftware.com/">https://loriknapp.carvinsoftware.com/</a><br>Username: _____<br>Password: _____ |
| <b>ENROLLMENT</b> <ul style="list-style-type: none"> <li>✓ Enrolling a new worker</li> <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><br><b>Worker Terminations</b> | <b>Fiscal Employer Agent: LKiChoice</b><br>Enrollment Phone: _____<br>Enrollment Email: _____                                       | <b>Direct Care Professional Information</b><br><br>Name: _____<br><br>ID: _____  |
| <b>PAYROLL</b> <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: LKiChoice</b><br>Payroll Phone: _____<br>Payroll Email: _____<br><br>W-2 Phone: _____<br>W-2 Email: _____ | <b>Direct Care Professional Information</b><br><br>Name: _____<br><br>ID: _____  |
| <b>Report Abuse, Neglect, or Exploitation</b>  | Adult Protective Services: _____<br><br>Fiscal Employer Agent: LKiChoice: 608.326.0434<br><br>Case Manager: _____                   |  |