



Medicaid Waiver Supports

WHO TO CONTACT

Service Facilitator (SF) - NAME/PHONE: _____

Works for your service facilitator company. Primary contact for Commonwealth Coordinated Care Plus (CCC+) Waiver OR Developmental Disability (DD) Waiver. Also available to help with questions related to any other assistance your family may need.

MY SF COMPANY: _____

NOTES: _____

Medicaid Eligibility Case Manager (CM) - NAME/PHONE: _____

Works for your County's DSS (Department of Social Services). Reviews your, or your child's, Medicaid eligibility status every year by requesting updates from you via a mailed survey.

NOTES: _____

Care Coordinator (CC) - NAME/PHONE: _____

Works for your Managed Care Organization (MCO), the insurance company that manages your, or your child's, Medicaid (Anthem, Aetna, United HealthCare, Magellan, Virginia Premier, Optima). Contacts you at least annually to check in and schedule an assessment visit.

MY MCO: _____

NOTES: _____

Support Coordinator (SC) - NAME/PHONE: _____

Works for Rappahannock Rapidan Community Services (RRCS) and manages your child's Developmental Disability (DD) Waiver, OR checks in at least every 3 months on status of person on the DD Waiver Waitlist.

NOTES: _____

Fiscal Agent (FA) - PHONE: _____

Your fiscal agent (PPL, ACCE\$ or CDCN) manages the hiring and payroll of your attendants.

MY FISCAL AGENT: _____

NOTES: _____

Social Security Administration (SSA) - PHONE: _____

The SSA handles SS, SSDI or SSI questions.

NOTES: _____

My/My Child's Medicaid Number: _____

Need Additional Information?

Contact Marilyn McCombe at
MMcCombe@arcofncv.org or (571) 399-5390

The Arc of North Central Virginia
PO Box 3186, Warrenton, VA 20188
www.arcofncv.org

OTHER CONTACTS

NAME: _____ ORGANIZATION: _____
PHONE/EMAIL: _____
ADDRESS: _____
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