When will Consumer Direction Services Start?

- When will your worker start working? How will you know?
 - When CDTN has received and processed all the member's paperwork, all the worker(s) paperwork, the worker(s) background check has come back as passed, and FA/CPR certs have been received; CDTN sends notice to the MCO that the member is ready to being services.
- The MCO will then give an authorized date for services to start.
- Your Support Broker will call you and your worker with this start date.
- What's your worker's schedule?
 - You have recommended number hours of care per week based on the Person Centered Support Plan. As the employer, you can determine when your worker works based on your needs and the amount of hours authorized on your plan of care.
- How will your worker be paid?
 - o Payroll is bi-weekly, please reference payroll calendar
 - CDTN must have valid authorizations from the MCO and an approved timesheet from the employer in order to pay the worker.
 - Timesheets are completed using CDTN's Electronic Visit Verification technology called CareAttend.

Employer of Record Documents ... IRS Form SS-4

- This is a one-page form. You are asked to review, sign and date the form.
- This form tells the IRS that you are going to be an employer. After CDTN submits this form, the IRS will assign you an Employer Identification Number. This is what the IRS uses to identify employers when filing tax returns and depositing withholding taxes.
- We have entered CDTN's address in lines 4a and 4b so that IRS paperwork relating to this program will not be sent to your home it will come to us instead.

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Employer of Record Documents ... IRS Form 2678

- This is a 1-page form. You are asked to sign and date the form in the boxes below boxes 9 and 10.
- This form tells the IRS that you are giving CDTN permission to complete tax processes on your behalf for this program.
- This form only allows us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS. It does not allow CDTN access to any of your personal income tax information.

Form 2678 Empl	loyer/Payer Appoint	ment of Agent			OMB No. 1545-0748
(Rev. August 2014) Departme	ent of the Treasury — Internal Revenue	Service	_		OMB No. 1545-0748
	of employment or other with	ve an agent file returns and mai nolding taxes or if you want to	ke	For IRS use:	
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for filing Form 2678 o	n page 3.	ove your request. See the instruc			
complete all three pa	rts. In this case, only one sign	to revoke an existing appointme ature is required.	int,		
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2 Employer's or pay (not your trade nar	er's name me)				
3 Trade name (if any	y)				
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Employer of Record Documents...Tennessee Form LB-0927

- This is a 1-page form. You are asked to sign and date at the bottom of the first page.
- This form tells the Tennessee Department of Labor and Workforce Development that you have authorized CDTN to represent you in matters of state unemployment insurance.
- This form establishes CDTN as the mailing address on your employer account.

		Department of Labor a Employee 220 French Lan	of Tennessee and Workforce Devo r Services Unit ding Drive, Floor 3- messee 37243-1002	В		
		DECLARATION O	F REPRESE	NTATIVE		
This is to certi	fy that (Repr	esentative): Consumer Di	irect For Tenne	essee as Fisc	al Agent	
Located at: 1	00 Consum	er Direct Way, Suite 304			- 27	
City: Missou	ıla	March To Co. No. 1507 March 11 No. 2 (co. 1507	State: MT	Zip Code:	59808	
Phone: 406.5	32.8502 ex	t 8 F:	ax: 406.532.85	88		
is authorized t	o represent (Employer):				
Employer	's Federal En	uployer Identification Numb	oer:		Applied For	
Employer'	's Tennessee	Employer Account Number			Applied For	
before the Ten	messee Depa	rtment of Labor and Workfo	orce Developme	at (TDLWD)	for the item(s)	checked below:
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Employer of Record Documents - Employer of Record Attestation

- This form has many pages. You are asked to sign and date at the bottom.
- This form confirms that you are agreeing to the roles and responsibilities of being an employer in the program. You must ensure there is no fraud committed.

#	CARE NETWORK		SELF-DETERMINATION WAIVER PROGRAM (SDW EMPLOYER OF RECORD ATTESTATIO
Memi	ber Name		
First		Last:	
Empl	loyer Name		
First	o you realis	Last:	
TIISL.		Last.	
	<u> </u>		of the Employer of Record (EOR). They are subject to federal and state laws
	nsumer Direct Care Network 1 1. Provide enrollment packets.	ennes	see (CDTN) Responsibilities
		ehalf of	the EOR. For the Worker to be paid, service shifts must be approved by the
١,	EOR.		the CODIn town
	 Deposit employer-related tax Follow all IRS and state guide 		Jine EOR's tax to.
	5. Obtain all proper federal and		owers of attorney.
	Process all tax exemptions a	nd within	oldings.
7	 Maintain records of all: Withholdings 		
	Flings		
	 Payments 		
	Supply the Worker with a pay		
			statements for filing income tax returns. ram budget. The Employer must watch spending and not exceed the
	approved amount.	-	
	11. Submit all daims to the Prog		
	 Will only pay for tasks approv Upon the end of this Attestati 		e service man. N will complete all required federal and state filings.
	R Terms and Conditions		
		yer of F	Record for any Workers I hire. The Worker is not an employee of CDTN or the
	State. 2 In the Self-Determination Will	alwar Dry	ogram, I am not required to have workers' compensation insurance.
	I will:	ave riv	grant, rannot required to have workers compensation insurance.
			mber's services. I know non-qualified Workers cannot be paid. I will
	make sure the Worker		
	 Can be lawfully Meets program 		ed.
			d training based on program rules.
	 Passes a backg 	round o	heck before starting work.
	 Follow all state fair hir 		
	Abide by all state and Decide how I will hire		laws. This includes tax and labor laws.
	Recruit and interview		
	 Check Worker referen 	CE6.	
	 Define the Worker's: 		and by the state
	 Pay from a rang Job duties 	je or rat	es set by the state
	 Job description 		
	 Work schedule 		USCIS Form I-9 are complete and accurate. I will submit it to CDTN.



SERVICE AGREEMENT — WAGE MEMO

Worker Name	Employer of	Record Name	Member	· Name					
Please select at least one service type below and enter the wages to be paid to the Worker. The hourly rate of pay for the Worker is based on the Self-Directed Services budget for the Member.									
! IMPORTANT: We need to know the hourly rate of pay, not the hourly rate plus employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That is the number you enter in the "Hourly Rate" field. To see how much the Worker's hourly rate will cost the EOR, please refer to the <i>Cost to You</i> form.									
Request Type: □ New Service	□ Ch	ange Hourly Rate	Effective Date	:					
Hourly Services – Service Name,	Service Code, an	d Hour Pay Rate:							
□ Personal Assistance□ Respite□ Individual Transportation	\$r	oer hour oer hour oer hour							
Difficulty of Care Exclusion									
☐ Yes ☐ No Under penalties of perjury, I attest that I qualify for IRS Difficulty of Care income tax exclusion. I live full-time (24/7) in the same house as the Member. State and Federal income taxes will not be withheld from my pay. For more information please refer to https://www.irs.gov/pub/irs-drop/n-14-07.pdf									
Back-up Support (check one): ☐ Yes ☐ No The Worker will serve as back-up if other Workers are unable to provide services.									
 Transportation If you will transport the Member, provide the following: Current Driver's License; and Current proof of Auto Insurance. 									
Agree and Sign									
 The Worker and Employer of Record have: Read all of this form. Agree that the details provided are accurate and complete. Discussed and agreed to the above-listed services and/or hourly rate details. 									
This form is not intended to create a contract of employment or rate of pay for a specific period of time.									
 Worker Signature	 Date	Employer of Rec	ord Signature	 Date					

Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English. It also tells you about other help that's available.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

كوردى Kurdish:

ئاگادارى: ئەگەر بە زمانى كوردى قەسە دەكەيت، خزمەتگوزاريەكانى يارمەتى زمان، بەخۆرايى، بۆ تۆ بەردەستە.

CDTN Amerigroup: 888-398-0664 (TRS:711) -

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711) -

CDTN UnitedHealthcare: 888-444-3109 (TRS:711) -

CDTN TennCare DIDD: 888-450-3242 (TRS:711) -

Arabic: ربية علا

وظةحلم: اذا ملكتت مغللا ربية علا اتمدخ دة عاسما وي فعللا ر قفوتم ك انجام.

CDTN Amerigroup: 888-398-0664 (TRS:711) -

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711) - CDTN UnitedHealthcare: 888-444-3109 (TRS:711) -

CDTN TennCare DIDD: 888-450-3242 (TRS:711) -

Chinese: 繁體中文

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。

- CDTN Amerigroup: 888-398-0664 (TRS:711)

- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)

- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)

CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

CDTN Amerigroup: 888-398-0664 (TRS:711)

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)

CDTN UnitedHealthcare: 888-444-3109 (TRS:711)

- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

- CDTN Amerigroup: 888-398-0664 (TRS:711)

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)

- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)

CDTN TennCare DIDD: 888-450-3242 (TRS:711)

French: Français

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

- CDTN Amerigroup: 888-398-0664 (TRS:711)

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)

CDTN UnitedHealthcare: 888-444-3109 (TRS:711)

- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Amharic: አማርኛ

<u>ማስታወሻ</u>: የሚናንሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘ*ጋ*ጀተዋል፣

- CDTN Amerigroup: 888-398-0664 (መስጣት ለተሳናቸው:TRS:711)

- CDTN BlueCare Tennessee: 888-450-3240 (መስጣት ለተሳናቸው:TRS:7ነነ)
- CDTN UnitedHealthcare: 888-444-3109 (መስጣት ለተሳናቸው:TRS:7ነነ)
- CDTN TennCare DIDD: 888-450-3242 (መስጣት ለተሳናቸው:TRS:7ነነ)

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહ્યય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
 - CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

German: Deutsch

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Tagalog: Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

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- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Serbo-Croatian: Srpsko-hrvatski

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno.

- CDTN Amerigroup: 888-398-0664 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom: 711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom:
 711)
- CDTN TennCare DIDD: 888-450-3242 (TRS- Telefon za osobe sa oštećenim govorom ili sluhom:
 711)

Russian: Русский

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

- CDTN Amerigroup: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

Nepali: नेपाली

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।

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- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DIDD: 888-450-3242 (TRS:711)

فارسى Persian:

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.

CDTN Amerigroup: 888-398-0664 (TRS:711) -

CDTN BlueCare Tennessee: 888-450-3240 (TRS:711) -

CDTN UnitedHealthcare: 888-444-3109 (TRS:711) -

CDTN TennCare DIDD: 888-450-3242 (TRS:711) -

- Do you need help talking with us or reading what we send you?
- Do you have a disability and need help getting care or taking part in one of our programs or services?
- Or do you have more questions about your health care?

Call us for free. We can connect you with the free help or service you need. (For TRS call: 711)

- CDTN Amerigroup: 888-398-0664
- CDTN BlueCare Tennessee: 888-450-3240
- CDTN UnitedHealthcare: 888-444-3109
- CDTN TennCare DIDD: 888-450-3242

We obey federal and state civil rights laws. We do not treat people in a different way because of their race, color, birth place, language, age, disability, religion, or sex. Do you think we did not help you or you were treated differently because of your race, color, birth place, language, age, disability, religion, or sex? You can file a complaint by mail, by email, or by phone. Here are three places where you can file a complaint:

TennCare MCO/Contractor Information U.S. Department of Health & Human Office of Civil Rights Compliance Services 310 Great Circle Road, 3W Amerigroup Office for Civil Rights Nashville, Tennessee 37243 Phone: 800-600-4441 200 Independence Ave SW, Rm 509F, (TRS 711) HHH Bldg Email: HCFA.Fairtreatment@tn.gov Washington, DC 20201 Phone: 855-857-1673 BlueCare Tennessee Phone: 800-468-9698 Phone: 800-368-1019 (TRS 711) (TRS 711: 888-418-0008) (TDD): 800-537-7697 You can get a complaint form online at: UnitedHealthcare You can get a complaint form online at: Phone: 888-383-9253 www.hhs.gov/ocr/office/file/index.html https://www.tn.gov/tenncare/me Or you can file a complaint online at: (TRS 711) mbers-applicants/civil-rightsocrportal.hhs.gov/ocr/portal/lobby.jsf compliance.html