

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?
 - 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.*

Form SS-4 (Rev. December 2019) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003
1 Legal name of entity (or individual) for whom the EIN is being requested		EIN		
2 Trade name of business (if different from name on line 1) HCSR		3 Executor, administrator, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 100 Consumer Direct Way, Suite 303-VA		5a Street address (if different) (Don't enter a P.O. box.)		
4b City, state, and ZIP code (if foreign, see instructions) Missoula, MT 59808		5b City, state, and ZIP code (if foreign, see instructions)		
6 County and state where principal business is located				
7a Name of responsible party		7b SSN, ITIN, or EIN		
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members 0		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.				
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)		
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN)		
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> Trust (TIN of grantor)		
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government		
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government		
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises		
<input checked="" type="checkbox"/> Other (specify) ▶ HCSR		Group Exemption Number (GEN) if any ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country	
10 Reason for applying (check only one box)				
<input type="checkbox"/> Started new business (specify type) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶		
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶		
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business		
<input checked="" type="checkbox"/> Other (specify) ▶ HCSR		<input type="checkbox"/> Created a trust (specify type) ▶		
<input type="checkbox"/> Created a pension plan (specify type) ▶				
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year December		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
Agricultural 0	Household 0	Other 0		
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A				
16 Check one box that best describes the principal activity of your business.				
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service		<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input checked="" type="checkbox"/> Other (specify) ▶ HCSR		<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HCSR				
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶				
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.				
Third Party Designee	Designee's name Mikayla Brinda		Designee's telephone number (include area code) 406-532-8502 ext. 8	
	Address and ZIP code 100 Consumer Direct Way, Suite 304, Missoula, MT 59808		Designee's fax number (include area code) 406-532-8588	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code)	
Name and title (type or print clearly) ▶ Home Care Service Recipient			Applicant's fax number (include area code)	
Signature ▶			Date ▶	
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2019) 03151				

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 Employer/Payer Appointment of Agent** OMB No. 1545-0748
(Rev. August 2014) Department of the Treasury — Internal Revenue Service

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

For IRS use:

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this
 (Check one)

You want to **appoint** an agent for tax reporting, depositing, and paying.

You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) —

2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

City State ZIP code

Foreign country name/Foreign province/county/Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X Sign your name here

Date / /

Print your name here

Print your title here


Best daytime phone

Now give this form to the agent to complete. ➡

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form 2678 (Rev. 8-2014)

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.


State of Tennessee
Department of Labor and Workforce Development
Employer Services Unit
220 French Landing Drive, Floor 3-B
Nashville, Tennessee 37243-1002

DECLARATION OF REPRESENTATIVE

This is to certify that (Representative): Consumer Direct For Tennessee as Fiscal Agent

Located at: 100 Consumer Direct Way, Suite 304

City: Missoula State: MT Zip Code: 59808

Phone: 406.532.8502 ext 8 Fax: 406.532.8588

is authorized to represent (Employer): _____

Employer's Federal Employer Identification Number: _____ Applied For

Employer's Tennessee Employer Account Number: _____ Applied For

before the Tennessee Department of Labor and Workforce Development (TDLWD) for the item(s) checked below:

<input checked="" type="checkbox"/> for completing and filing quarterly Premium and Wage Reports	<input checked="" type="checkbox"/> for benefit charge management*
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*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals before Appeal Boards of the TDLWD.
Summaries of benefit charges are mailed to the primary address of record.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

This authorization supersedes all similar authorizations. This form also authorizes the TDLWD to, in accordance with applicable law, release to the Representative any documentation relating to the Employer's account that it could release to the Employer.

Employer Name: _____

Trade Name: _____

Mailing Address: 100 Consumer Direct Way, Suite 304
Missoula MT 59808

Required:

Authorized Employer Signature: _____ Date: _____


Print Name of Signer: _____ Title: Household Employer

Return to: Tennessee Department of Labor and Workforce Development
Employer Services Unit
220 French Landing Drive, Floor 3-B
Nashville, TN 37243 Phone: 615-741-2486
Fax: 615-741-7214

LB-0927 (Rev. 07-14) RDA 1559

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.



SELF-DETERMINATION WAIVER PROGRAM (SDWP)
EMPLOYER OF RECORD ATTESTATION

Member Name		
First:		Last:
Employer Name		
First:		Last:

This attestation sets forth the responsibilities of the Employer of Record (EOR). They are subject to federal and state laws.

Consumer Direct Care Network Tennessee (CDTN) Responsibilities

1. Provide enrollment packets.
2. Pay Workers bi-weekly, on behalf of the EOR. For the Worker to be paid, service shifts must be approved by the EOR.
3. Deposit employer-related taxes using the EOR's tax ID.
4. Follow all IRS and state guidelines.
5. Obtain all proper federal and state powers of attorney.
6. Process all tax exemptions and withholdings.
7. Maintain records of all:
 - Withholdings
 - Filings
 - Payments
8. Supply the Worker with a paystub for each pay period.
9. Furnish the Worker with end of year statements for filing Income tax returns.
10. Track all money spent from the Program budget. The Employer must watch spending and not exceed the approved amount.
11. Submit all claims to the Program on behalf of the Employer.
12. Will only pay for tasks approved in the Service Plan.
13. Upon the end of this Attestation CDTN will complete all required federal and state filings.

EOR Terms and Conditions

1. I understand I am the Employer of Record for any Workers I hire. The Worker is not an employee of CDTN or the State.
2. In the Self-Determination Waiver Program, I am not required to have workers' compensation insurance.
3. I will:
 - Choose who provides the Member's services. I know non-qualified Workers cannot be paid. I will make sure the Worker:
 - Can be lawfully employed.
 - Meets program criteria.
 - Has completed required training based on program rules.
 - Passes a background check before starting work.
 - Follow all state fair hiring and firing standards.
 - Abide by all state and federal laws. This includes tax and labor laws.
 - Decide how I will hire Workers.
 - Recruit and interview Workers.
 - Check Worker references.
 - Define the Worker's:
 - Pay from a range of rates set by the state
 - Job duties
 - Job description
 - Work schedule
 - Make sure the details on the USCIS Form I-9 are complete and accurate. I will submit it to CDTN.
 - Tell the Worker they are hired and their start date. This is based on the "Okay to Work" notice from CDTN.



SELF-DETERMINATION WAIVER PROGRAM
SERVICE AGREEMENT – WAGE MEMO

Table with 3 columns: 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 Cost to You form.

Request Type: [] New Service [] Change Hourly Rate Effective Date: _____

Hourly Services – Service Name, Service Code, and Hour Pay Rate:
[] Personal Assistance \$_____ per hour
[] Respite \$_____ per hour
[] Individual Transportation \$_____ per 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 Record 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)

Kurdish: كوردی

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمهتی زمان، بهخوڕایی، بو تو بهردهسته.

- 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: ربيّةعلا

وظةعلم: اذا ملكتت عغلا ربيّةعلا اتمدخدةعاسملا ويةغلا رةفوتم لكلا 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

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል።

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

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

Gujarati: ગુજરાતી

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય 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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

- 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।

- 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)

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।

- 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)

Persian: **فارسی**

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:

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