



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 Member/Employer and/or their Representative will determine the hourly rate of pay for their Worker based on their Consumer-Directed Services budget. You will complete and sign this form with your Member/Employer and/or their Representative. Service provided that exceeds the Member’s budget will not be paid by CDTN.

! 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’s the information you write in the “Hourly Rate”. “Change Hourly Rate” should be marked ONLY if the Worker is already working and you want to change their hourly rate of pay. Upon receipt and processing of a complete and accurate pay rate change form, CDTN will change the hourly rate of pay at the beginning of the next available pay period.

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

Hourly Services – Service Name, Service Codes and Hourly Pay Rate:
<input type="checkbox"/> Respite \$_____ per hour <input type="checkbox"/> Supportive Home Care \$_____ per hour

Back-up Support (check one):

Yes No The Worker will serve as back-up if other Workers are unable to provide services.

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 language or an auxiliary aid or service?

If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you. We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 855-259-0701 (TRS: 711 or TTY:866-503-0264)

Spanish: Español

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

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

Arabic: ريبيةعلا

وظةحلم: اذا ملكنتت ةغلا ريبيةعلا اتمدخ ةعاسملا ويةغلا رةفوتم لك انجام. اتصل مقبر:

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- CDTN TennCare DDA: 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. Gọi số

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Korean: 한국어

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

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French: Français

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Amharic: አማርኛ

ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ

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Gujarati: ગુજરાતી

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

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Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທ

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German: Deutsch

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

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- CDTN TennCare DDA: 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. Tumawag sa

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Hindi: हिंदी

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

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Russian: Русский

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

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Japanese: 日本語

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Persian: فارسی

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

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Notice of Nondiscrimination

Protections

Discrimination is against the law. TennCare obeys federal and state civil rights laws. We don't discriminate on the basis of race, color, national origin including limited English proficiency and primary language, age, disability, or sex. TennCare doesn't exclude people or treat them less favorably (differently) because of race, color, national origin, age, disability, or sex.

Help You Can Get

Disability Related Help

TennCare provides people with disabilities reasonable modifications. Reasonable modifications are reasonable requests for changes to a rule, policy, practice, or service to help a person with a disability related need. TennCare has free auxiliary aids and services to communicate effectively with you. Auxiliary aids and services are types of help like:

- Qualified sign language interpreters and
- Written information in large print, audio, accessible electronic formats, letter reading, Braille, or other formats.

Language Help

TennCare offers free language help to people whose primary language is not English like:

- Qualified interpreters and
- Translations - Information written in other languages.

Who to Contact

TennCare Connect

Do you need help like applying or renewing your TennCare, need auxiliary aids and services, or language help to talk with TennCare? Call TennCare Connect for free at 855-259-0701.

TennCare's Office of Civil Rights Compliance

- Reasonable Modifications
If you need reasonable modifications, contact TennCare's Office of Civil Rights Compliance ("OCRC").
- Grievance/Complaint
If you believe that TennCare failed to provide these services, or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance/complaint with TennCare's OCRC by email at HCFA.fairtreatment@tn.gov, mail at 310 Great Circle Road Floor 3W, Nashville, TN 37243, OCRC's website at <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, or calling 615-507-6474 (TRS 711). If you need help filing a grievance call TennCare Connect for free at 855-259-0701.

More Information

You can find forms, policies and more information about civil rights and help like for food or other things on OCRC's website: <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

1. Website Requirements

The following LCAS notice and nondiscrimination notice must be placed on your website in a location that is prominent and easily accessible for applicants and members to link to from your home page. The information must be provided in a format that can be electronically saved and printed. If a member or applicant requests that you mail them a copy of the following information, you must mail this information to them within five (5) days of that request.

The home page link to the following language assistance information must read "Language and Communication Help" in a noticeable location on the home page that directs the individual to the full text of the following information:

Language and Communication Help:

Do you need free language or an auxiliary aid or service?

If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you. We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 855-259-0701 (TRS: 711 or TTY:866-503-0264)

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Arabic: ربيّة عّلا

وظة حلم: اذا ملكنته عّلا اتمدخ ده عاسملا وبة عّلا رة فوتم لك انجام. اتصل مقبر: 1-800-

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Appelez le

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Persian: فارسی

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

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The home page weblink to the following information shall read **“Nondiscrimination Notice”**:

Notice of Nondiscrimination

Protections

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or treat them less favorably (differently) because of race, color, national origin, age, disability, or sex.

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- Grievance/Complaint
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More Information

You can find forms, policies and more information about civil rights and help like for food or other things on OCRC's website: <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>.

You can file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

2. Written Materials

The below tagline/combined notice must be included on vital documents and written materials that are critical to obtaining services, including, at a minimum, provider directories, enrollee handbooks, newsletters, appeal and grievance notices, denial and termination notices, notice of nondiscrimination, notice of privacy practices, application and intake forms, explanation of benefits, communications about a person's rights, eligibility, benefits or services that require or request a response from a participant (includes providers), beneficiary, enrollee, or applicant, communications related to a public health emergency, experience surveys, consent forms and instructions related to medical procedures or operations, medical power of attorney, or living will (with an option of providing only one notice for all documents bundled together), discharge papers, complaint forms, and communications related to the cost and payment of care with respect to an individual, including medical billing and collections materials, and good faith estimates required by section 2799B-6 of the Public Health Service Act.

Do you need help?

We have free auxiliary aids and services, like large print, to communicate effectively with you. Call us at 855-259-0701 (TRS: 711) If you speak a language other than English, help in your language is available for free. We have free interpretation and translation services to help you.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (TRS/TTY:866-503-0264).

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Arabic: ربيّةعلا

وظةحلم: اذا ملكنتت عغللا ربيّةعلا اتمدخدةعاسملا وبيّةعلا رةفوتم كئلا انجام. اتصل مقبر:

- CDTN Wellpoint: 888-398-0664 (TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)

- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 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。請致電

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Vietnamese: Tiếng Việt

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

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Korean: 한국어

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

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French: Français

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

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Amharic: አማርኛ

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ.

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Gujarati: ગુજરાતી

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

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Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ.

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German: Deutsch

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

- CDTN Wellpoint: 888-398-0664 (TRS:711)
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- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 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. Tumawag sa.

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Hindi: हिंदी

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

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

Russian: Русский

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

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- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
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Japanese: 日本語

「日本語を話す方は、通訳や翻訳などの言語支援サービスを無料で利用できます」

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

Persian: فارسی

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

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- CDTN BlueCare Tennessee: 888-450-3240 (TRS:711)
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The Beneficiary [Support](#) System (BSS) helps people who are enrolled in the CHOICES, Employment and Community First (ECF) CHOICES, and the Katie Beckett program. They also help people who want to enroll into these programs. For help call 888-723-8193.

The TennCare Program does not discriminate against people because of their race, color, national origin including limited English proficiency and primary language, age, disability, religion, or sex. If you need reasonable modifications or think you were treated differently, or discriminated against you can file a grievance (complaint) with TennCare's Office of Civil Rights Compliance at HCFA.fairtreatment@tn.gov, <https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html>, 310 Great Circle Road Floor 3W, Nashville, TN 37243, or calling 615-507-6474 (TRS 711). Need help filing a grievance? Call TennCare Connect at 855-259-0701.