Welcome to your Consumer Direct Care Network Tennessee's (CDTN) Person Supported Binder

At CDTN, one of our goals is to ensure you have all you need to be a successful employer. We've created this Member Binder as a tool to help you understand:

- The Self-Direction program.
- Your role in the program.
- The roles of your DDA Case Manager, and CDTN's Support Broker and Customer Service Staff.

Sometimes your employee may need to see the payroll schedule or CareAttend/EVV Quick Guide. Or you may need to reference the Consumer Direction Handbook or need to know who to call in a specific situation. All that and more is included in this binder! Feel free to add to it any new information you may receive from CDTN.

CONTENTS

CONSUMER DIRECT CARE NETWORK TENNESSEE

Consumer/Self-Direction Questions - Who Do I Call?

Call Consumer Direct Care Network at _____ _____ _____ _____	• Request check stop payments • Ask about worker Direct Deposit enrollment & status • Change worker payment preferences • Request for paper mailing to be sent (paystubs) • Reset a Portal or CareAttend username or password for either members or providers • Identify timesheet payment amount(s), assist with review in CareAttend • Inquire about an "online error" preventing a timesheet from being submitted • Inquire about any technical issues preventing a timesheet from being submitted via CareAttend • W-2 information • Verification of Employment • General EVV questions • Report issues with CareAttend or DirectMyCare web portal
Call your Supports Broker _____ _____ _____ _____ **at** _____ _____ _____ _____	• Directly assist workers to enroll in a Self-Directed/Consumer Directed Program • Provide instruction and training on EVV timesheets to members and workers • Provide instruction and training on the CareAttend mobile application • Explain what timesheet pend messages are and what they mean • Answer questions about the Program rules or how the Program works • Explain the PCSP/ISP, authorizations, and budget • Check on the status of a worker's enrollment packet • Schedule or ask about home visits to provide further assistance • Request guidance in how to locate a new employee • Report an instance or allegation of abuse, neglect, exploitation or fraud • Report a worker termination of employment • Report a change in unpaid care or natural supports, if it impacts personal care needs • Inquire about pay rates • Identify timesheet payment amount(s) • Inquire about the status of submitted timesheets • Enroll a new worker • Report status changes, including the beginning or end of hospitalizations or vacations that are out of state • Change worker payment preferences • Inquire about any technical issues preventing a timesheet from being submitted via CareAttend
Call your MCO Support Coordinator, Care Coordinator, or DDA Case Manager	• Ask general questions about the Program • To make changes to your PCSP/ISP • Changes in your Medicaid Status • Changes in program eligibility • Change in member address • Change Authorized Representatives

Comprehensive Aggregate Cap (CAC) and Statewide Waivers (SW) Member Training

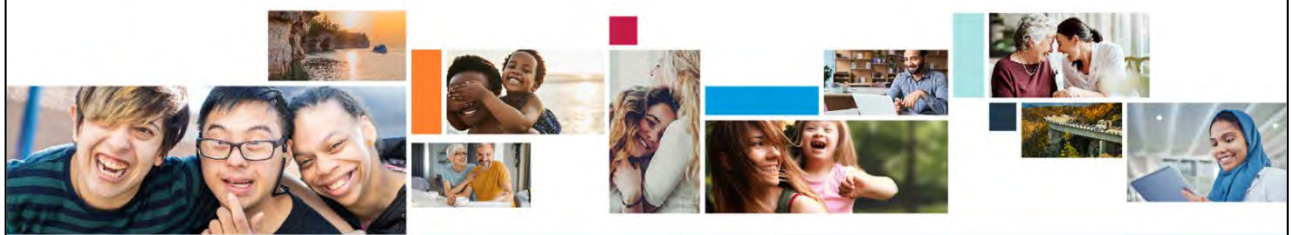
CONSUMER DIRECT CARE NETWORK

Agenda

- Overview of the Comprehensive Aggregate Cap (CAC), Statewide Waivers (SW), and consumer direction
- The roles and responsibilities within the program and Consumer Direct Tennessee (CDTN)
- Reporting requirements
- Time approval in CareAttend and DirectMyCare

CAC and SW Overview

Consistent with the special terms and conditions for the State's approved 1115 demonstration and the June 2015 guidance issued by the U.S. Centers for Medicare & Medicaid Services (CMS), Tennessee utilizes tiered standards in its Home- and Community-Based Services (HCBS) programs, working to ensure minimum compliance across settings in its Section 1915(c) waivers while closing all new enrollment into these waivers and directing all new HCBS enrollment into the Employment and Community First CHOICES program.



CAC and SW Overview

The CAC and SW waiters are available to Tennessee residents in the target population already enrolled in the waiver who:

- Meet TennCare ICF/IID level of care criteria and financial eligibility criteria and have a pre-admission evaluation approved by TennCare
- Have been assessed and found to have an intellectual disability manifested before age 18 or have a developmental disability
- Do not require residential waiver services and have an established residence

Consumer Direction

- Members enrolled in the CAC and SW can choose consumer direction
- The waiver includes residential services such as supported living, including semi-independent living services
- CAC and SW offers three service options:
  - Personal assistance
  - Transportation -- including individual transportation and community transportation reimbursement
  - Respite

Personal Assistance

- Designed to assist an individual with a disability to perform daily activities of living
- May be provided outside of the home if the outcomes are consistent with member's Person-Centered Support Plan (PCSP)
- Services that are covered include the following:
  - Eating, toileting, personal hygiene, and grooming
  - Training for individuals who choose to learn how to provide some of the services

Transportation

- Community transportation is reimbursed to the member
- Individual transportation is a service provided to the member by their worker
- Helps the member get around the community
- Allows members to engage in typical day-to-day non-medical activities
- When possible, family, neighbors, co-workers, carpools, or friends are utilized to provide this assistance without charge

Respite

- Offered as needed for caregiver relief
- Only applies for routine family or other caregivers that are not paid to support the member
- Can be up to 30 days per member per calendar year

Dept. of Disability and Aging Case Manager

- Meeting with the member to identify needs
- Educating the member on CAC and SW
- Working with the member to develop a Person-Centered Support Plan (PCSP)
- Completing the Risk Assessment and Risk Agreement
- Ensuring the consumer direction backup plan meets the member's needs

DDA Case Manager

- Authorizing individual budgeted services
- Monitoring service provision for quality and appropriateness
- Receiving and reviewing all reports submitted by Consumer Direct Tennessee (CDTN) and the Supports Broker
- Maintaining monthly phone contact and completing face-to-face home visits
- Assisting members and representatives in understanding individual services
- Ensuring the PCSP stays up-to-date

Supports Broker

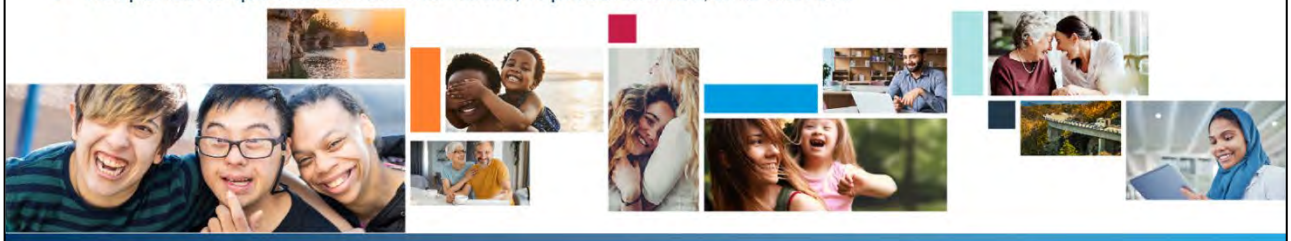
- Assigned by CDTN
- Provides training and support to members and representatives on:
  - Understanding the program
  - Fulfilling the responsibilities of being an employer
  - Scheduling, training, and supervising consumer directed workers
  - Aiding in developing the initial backup plan

Supports Broker

- Provides training and support on (continued):
  - Annual fraud, waste, and abuse prevention, identification, and reporting training
  - Reportable events reporting training
  - Electronic Visit Verification (EVV), the CareAttend app, and the DirectMyCare web portal
- Processes all member and worker paperwork
- Tracks First Aid and CPR certifications

Consumer Direct Tennessee (CDTN)

- Provides training and support to members and workers
- Serves as the Fiscal Management Agent
- Pays workers on behalf of the program members
- Withholds and deposits taxes and files tax and labor reports
- Ensures the consumer direction backup plan meets the member's needs
- Provides regular reporting on authorized units
- Responds to questions from members, representatives, and workers



Consumer Direct Tennessee (CDTN)

- The CDTN website is available to assist with many other questions and concerns at:

www.ConsumerDirectTN.com

Member

- Finding, interviewing, hiring, and firing workers
- Determining worker duties and developing job descriptions
- Training workers to provide personalized support
- Scheduling and supervising workers
- Ensuring there are enough workers hired to provide necessary support
- Ensuring the worker enters time and approving the hours submitted
- Conducting monthly contacts and bi-annual home visits with the Supports Broker

Member

- Ensuring that no worker provides more that 40 hours of support per week
- Managing services
- Evaluating worker performance
- Setting wages
- Reviewing and ensuring proper documentation for services provided
- Developing and implementing the backup plan

Dignity of Choice

- The right of a person to make an informed decision to engage in experiences which are necessary for personal growth
- The occurrence and reporting of a Reportable Event does not necessarily mean that anyone could have done something differently to prevent the Reportable Event
- CAC and SW is designed to encourage members to pursue and achieve their goals, which can mean taking informed, reasonable risks

Reporting

- As a member in a TennCare program, you are required to report any instances of Medicaid fraud and abuse, as well as any instances of abuse, neglect, or exploitation
- Reportable events are separated into Tier One and Tier Two events with other events that also need to be reported
- All reportable events must be reported to DDA according to the requirements and timeframes for the event type

Tier One Events

Tier One events include:

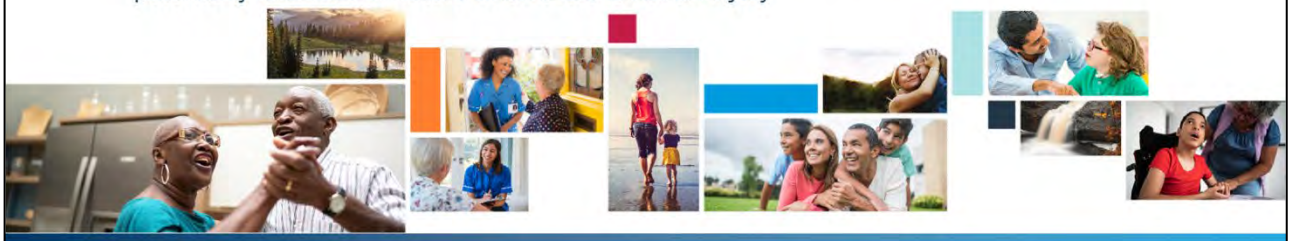
- Alleged physical abuse when medical intervention or treatment is necessary
- Alleged sexual abuse

Excluding when an exception is granted by DDA, members are required to immediately remove a worker or volunteer alleged to have acted in a manner consistent with physical or sexual abuse until DDA has completed their investigation.

Tier One Events

Tier One events include:

- Alleged emotional or psychological abuse when medical intervention or treatment is necessary
- Alleged exploitation exceeding $1000 or missing prescription-controlled medication with a replacement value greater than $1000
- Alleged neglect which requires medical intervention or treatment and all neglect that is potentially felonious in nature when there is not an injury



Tier One Events

Tier One events include:

- Unexpected or unexplained death of the member
- Serious injury of an unknown cause
- Suspicious injury in which abuse or neglect is suspected and requires medical intervention or treatment

If the you are at immediate risk, please dial 911

Reporting Tier One Events

- Tier One Reportable Events must first be called into the DDA Abuse Hotline (1-888-633-1313) within four hours of the occurrence or discovery of the event
- Tier One Reportable Events should also be reported to Adult Protective Services (APS), Department of Children's Services (DCS), or Law Enforcement as required by law
- A corresponding REF must be submitted to DDA using the FormStack link within one business day of the hotline report
- The event must also be reported to CDTN and the Supports Broker

Reporting Tier One Events

If a Tier One Reportable Event, or any other event, poses an immediate threat to the health and safety of a member, workers are required to remain with the member until the threat is removed or the member receives needed medical treatment, if appropriate.

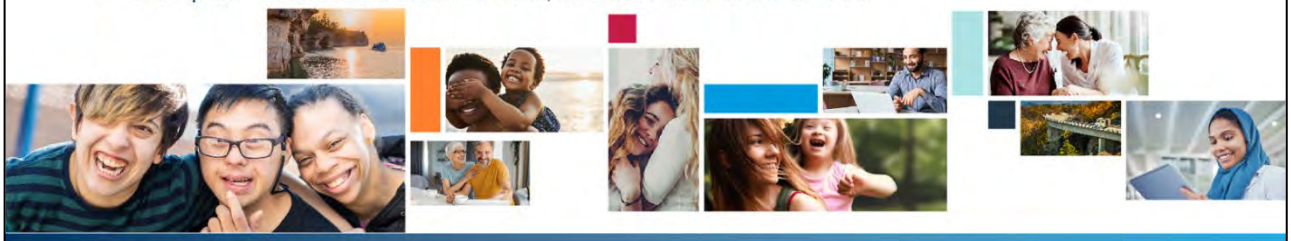
APS and DCS Reporting

To contact Adult or Child Protective Services regarding an event, use their toll-free number:

- 1-888-277-8366 for APS, or 1-877-237-0004 for DCS

Additionally, local offices can be reached with these phone numbers:

- Knoxville – 1-865-594-5685 for APS, or 1-865-329-8879 for DCS
- Chattanooga – 1-423-634-6624 for APS, or 1-423-296-1234 for DCS
- Nashville – 1-615-532-3491 for APS, or 1-615-360-4320 for DCS
- Memphis – 1-901-320-7220 for APS, or 1-901-578-4001 for DCS



APS and DCS Reporting

Callers will need to provide:

- Name of the member
- Address
- Age
- Phone Number
- Specifics of the reportable event

Tier Two Events

- The REF must be submitted to DDA using the FormStack link within one business day of the occurrence or discovery of the event
- The event must also be reported to CDTN and the Supports Broker
- Tier Two Reportable Events should also be reported to Adult Protective Services (APS), Department of Children's Services (DCS), or Law Enforcement as required by law

Tier Two Events

Tier Two events include:

- Alleged emotional or psychological abuse when no medical intervention or treatment is necessary, crisis intervention is not required, and the member is not at continued risk
- Alleged exploitation valued between $250 and $1000, including prescription-controlled medications with a replacement value of less than $1000
- Alleged neglect when no medical intervention or treatment is necessary, and the member is not at continued risk of serious harm

Tier Two Events

Tier Two events include:

- Alleged physical abuse when no medical intervention or treatment is necessary, and the member is not at continued risk of serious harm
  - CDTN, after seeking the member's preference, shall determine at their discretion and in accordance with their policy whether to remove a worker or volunteer named in a Tier Two reportable event from any or all direct support until DDA has completed their investigation

Tier Two Events

Tier Two events include:

- Suspicious injury in which abuse or neglect is suspected but does not require medical treatment or intervention

Additional Reportable Events

- Additional reportable events and interventions, which are not related to abuse, neglect, or exploitation, should also be reported using the REF
- These include medical, psychiatric, and behavioral events
- Report the event to CDTN, the Supports Broker, and online to DDA using the REF FormStack Link within one business day

Reportable Medical Events

A medical event is reportable if:

- Medical treatment occurs during the delivery of services or is discovered during the delivery of services
- Is outside of a diagnosed chronic condition
- Requires treatment at an emergency room or urgent care facility

Reportable Medical Events

Reportable medical events include:

- Cellulitis
- A choking episode requiring physical intervention
- Death (other than those that are unexpected or unexplained)
- Fecal impaction
- Flu

Reportable Medical Events

Reportable medical events include:

- Insect or animal bites requiring treatment by a medical professional
- MRSA
- Pneumonia
- Pressure ulcer/decubitus ulcer
- Seizures that last more than five minutes, or more than one seizure within a five-minute period without returning to a normal level of consciousness between episodes

Reportable Medical Events

Reportable medical events include:

- Sepsis
- Serious injury of known cause
- Severe allergic reaction requiring treatment by a medical professional
- Severe dehydration requiring treatment by a medical professional
- Skin infection
- UTI

Reportable Behavioral/Psychiatric Events

A reportable behavioral event is an event in which a person present a challenging action(s) which requires use of a behavior safety intervention or a restrictive behavioral procedure.

- A REF is required within one business day for an event in which a person presents a challenging action(s) that requires use of a behavior safety intervention or a restrictive behavioral procedure that is NOT in their PCSP
- A consolidated REF is required monthly if the use of a behavior safety intervention or restrictive procedure IS in their PCSP

Reportable Behavioral/Psychiatric Events

A reportable psychiatric event is an event in which a person presents evidence of psychiatric destabilization which requires the use of a psychiatric intervention or crisis services that is not in their PCSP.

Reportable Behavioral/Psychiatric Events

Reportable behavioral/psychiatric events include:

- Behavioral crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by the PCSP
- Behavioral crisis requiring emergency psychotropic medication
- Behavioral crisis requiring crisis intervention
- Criminal or probable criminal conduct

Reportable Behavioral/Psychiatric Events

Reportable behavioral/psychiatric events include:

- Engagement with law enforcement
- Physical aggression
- Property destruction exceeding $100
- Psychiatric admission or observation
- Reportable behavior involving physical aggression and/or self-injurious behavior resulting in injury to another person

Reportable Behavioral/Psychiatric Events

Reportable behavioral/psychiatric events include:

- Self-injurious behavior that requires assessment and treatment beyond basic first aid by a lay person
- Sexual aggression regardless of the desire for participation on the part of the other person
- Suicide attempt

Other Reportable Events

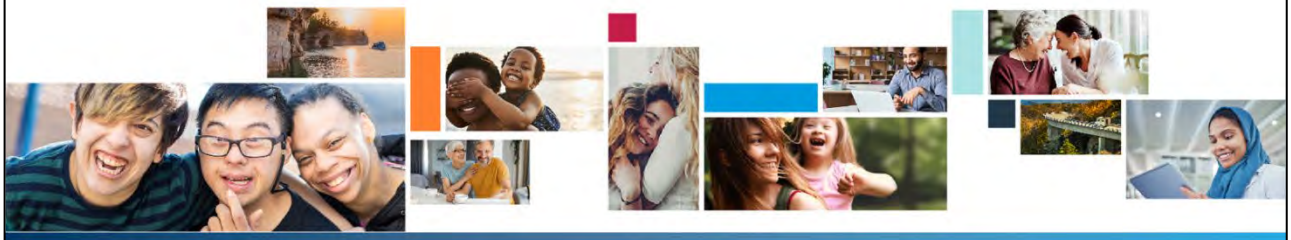
Other reportable events include:

- Administration of routine psychotropic medication without consent
- Emergency situations including fire, flooding, and serious property damage that result in harm or risk of harm to the member
- Fall with injury – minor or major
- Medication variance or omission
- The member goes missing for greater than one hour

Other Reportable Events

Other reportable events include:

- Failure to implement emergency backup plans
- Unsafe environment
- Vehicle accident – minor or serious
- Victim of fire



Reporting Requirements

- CDTN must immediately report all instances of suspected abuse, neglect, and exploitation
- All reportable events occurring during the provision of HCBS services by a CDTN employee must be reported following REF reporting guidelines and copied to the member within the required timeframe

Reporting Requirements

- If a representative is alleged to have committed abuse, neglect, or exploitation:
  - They are removed from representative capacity during the investigation
  - During the removal, participation in the program is suspended unless another representative can be identified within five days
  - If the allegations are unsubstantiated, participation will be reinstated
  - If the allegations are substantiated, CDTN and DDA will work with the person to identify a replacement representative

Abuse, Neglect, and Exploitation

Abuse is defined as, "The knowing infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish."

Some examples of abuse may be:

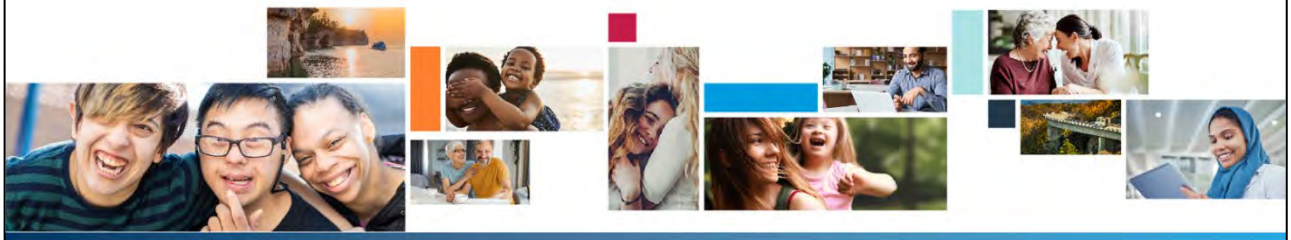
- The member is over-medicated or over-sedated
- A worker hits the member
- A worker yells at a member to hurry up or do things differently

Abuse, Neglect, and Exploitation

Neglect is defined as, "A failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness, which results in injury or probable risk of serious harm."

Some examples of neglect may be:

- The member becomes dehydrated because a worker is not tending to their basic needs
- A worker does not keep the member's personal dwelling free from hazards
- A worker leaves a member with balance problems alone in the bathroom

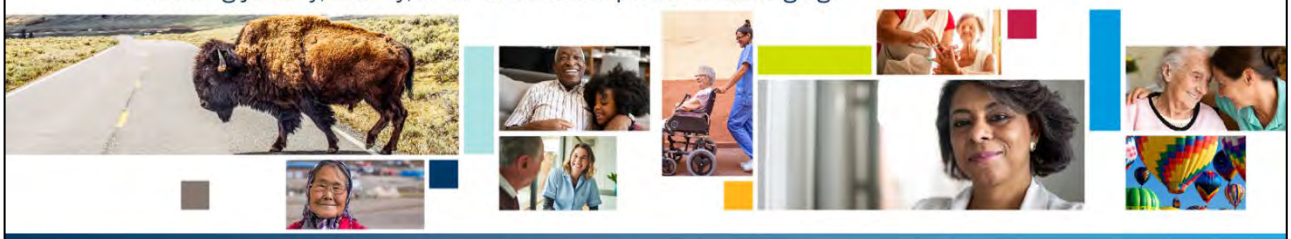


Abuse, Neglect, and Exploitation

Exploitation is defined as, "The deliberate misplacement, misappropriation, or wrongful, temporary, or permanent use of belongings or money with or without consent."

Some examples of exploitation may be:

- A worker reads or withholds the member's mail
- A worker has the member make purchases for them and does not repay the member
- A worker uses their relationship with the member to manipulate items from them, including jewelry, money, or other valuable personal belongings



Fraud, Waste and Abuse of Medicaid Funds

There are different types of misuse of Medicaid funds that you should be aware of:

- Fraud is using Medicaid funds to pay for something that is not allowed on purpose
- Waste is overusing, underusing, or misusing funds without knowing
- Abuse is behavior that results in Medicaid funds being used incorrectly or unnecessarily

The main difference between fraud and abuse is intent. There can be consequences, even if it was not done on purpose, including fines, disenrollment from the program, or jail.

Fraud, Waste and Abuse of Medicaid Funds

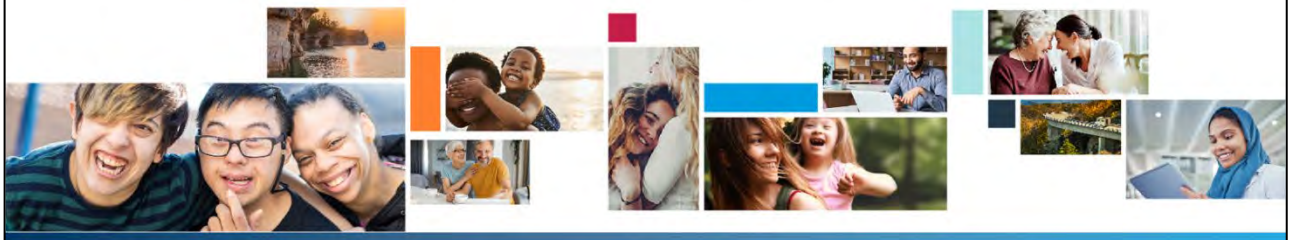
Fraud by a worker includes, but is not limited to:

- Being paid for care that the employee did not or is not allowed to provide
- Misrepresenting the hours worked/falsifying timesheets
- Using someone else's identity to work
- Helping someone else commit fraud

Fraud, Waste and Abuse of Medicaid Funds

Fraud by a member includes, but is not limited to:

- Allowing a worker to clock in and clock out for work without providing care
- Asking a worker to provide support or services to family members, or perform duties not outlined in the plan of care
- Receiving more units or hours of service than needed
- Approving worker time with the member is hospitalized or in a skilled nursing facility



Fraud, Waste and Abuse of Medicaid Funds

All program members, representatives, family members, workers, Supports Brokers, and Nurse Care Managers/DDA Case Managers are responsible for reporting Medicaid fraud, waste, and abuse.

If you learn about fraud being committed you can report it to CDTN, the Supports Broker, or online.

Fraud, Waste and Abuse of Medicaid Funds

To report fraud and abuse online:

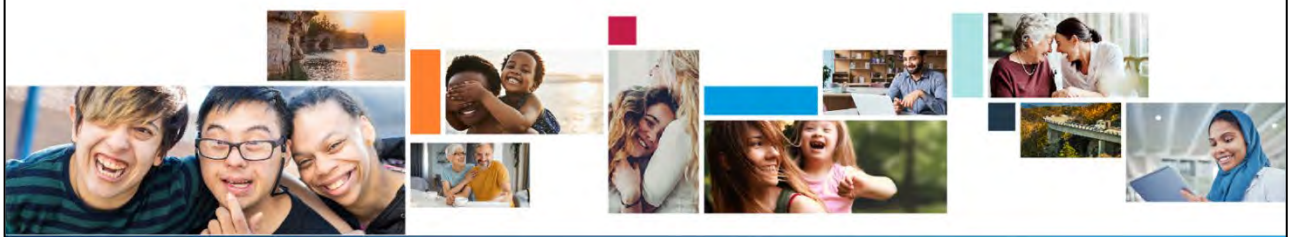
- Go to www.tn.gov/finance/fa-oig
- Click on “Report Fraud” on the left-hand side of the page

You can also call the following numbers to report fraud or abuse:

- Office of the Inspector General (OIG) – 1-800-433-3982
- Tennessee Bureau of Investigation (TBI) – 1-800-433-5454

Time Approval

- CareAttend is CDTN's EVV application used to track worker's time
- DirectMyCare is CDTN's web portal used to track worker's time
- If you have questions about using the CareAttend application, your employer's ability to use the application, or need an alternative to using the application, please reach out to the Supports Broker.



Thank you

CONSUMER DIRECT CARE NETWORK

Approving a Shift IN CAREATTEND

How To Approve a Shift

Once the worker ends their shift on the device, you will need to approve the shift. Follow these steps:

1. Review the **Service Details** (Fig. 01).
2. In the **Signature** section, tap inside the signature box (Fig. 02).
3. You may turn the device sideways to have a larger signature box (Fig. 03).
4. When you are finished signing, select the **Submit** button (Fig. 04).
5. You have now successfully approved the shift and can return the device to the Worker (Fig. 05).

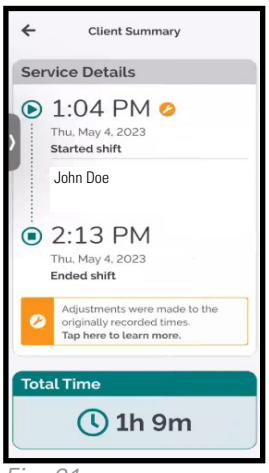


Fig. 01

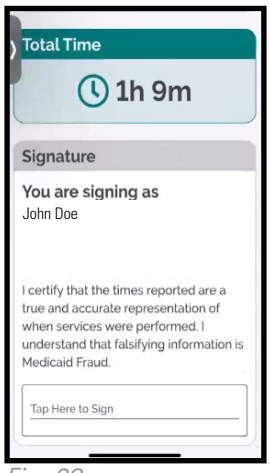


Fig. 02

Fig. 03

Fig. 04

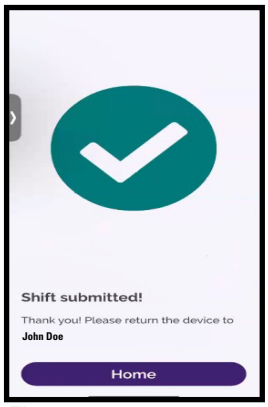


Fig. 05

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DirectMyCare Web Portal Activation

RESET YOUR PASSWORD

1. From the DirectMyCare sign-in screen, select "**Forgot your Password?**" (Fig. 01).

2. On the next screen, enter your email address and select "**Send Verification Code**" (Fig. 02)

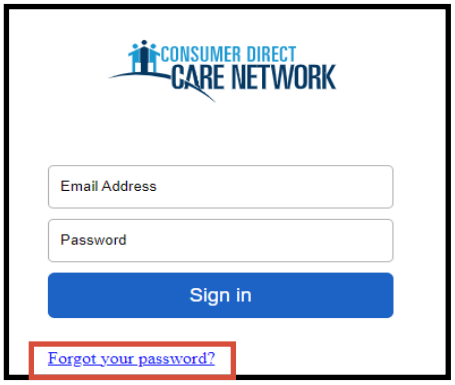

Fig. 01

Fig. 02

ENTER VERIFICATION CODE

3. **Open a new browser window** and check your email for the verification code. The email will come from "**Microsoft on behalf of Consumer Direct Care Network B2C**" (Fig. 03).

4. **Return to the registration page** and enter the code from your email into the verification box.
   - Select "**Verify Code**" (Fig. 04).

   If you need a new verification code, click "Send new code**."*

5. Select "**Continue**."

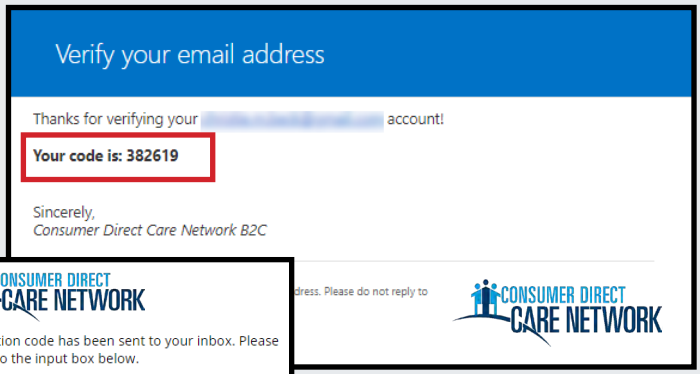

Fig. 03

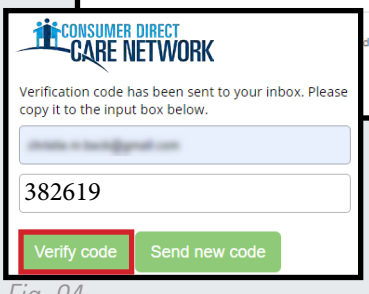

Fig. 04

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CREATE PASSWORD

6. Create a **new password** and confirm it. The password must contain:
   - A minimum of 8 characters
   - Lowercase and uppercase letters
   - At least 1 numeric character
   - At least 1 special character

7. When finished, you will be logged into the DirectMyCare web portal.

8. Verify the last 4 digits of your **Social Security Number**, then select "**Continue**" (Fig. 05).

9. You will get a confirmation message that you are logged into the DirectMyCare web portal. Follow the instructions in the message to continue (Fig. 06).

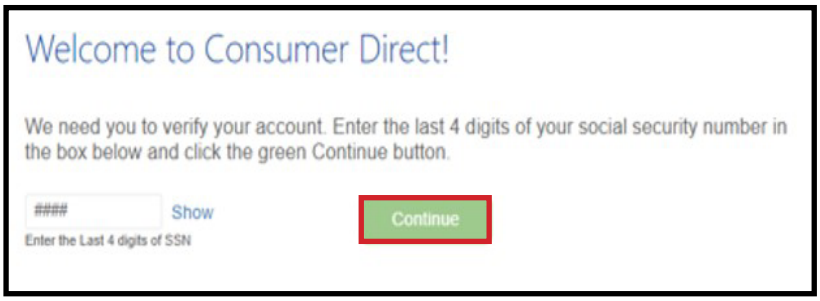


Fig. 05

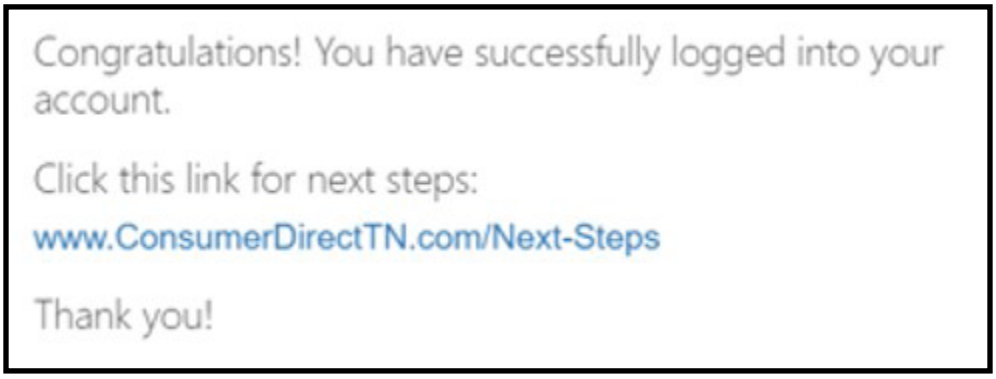


Fig. 06

CONSUMER DIRECT CARE NETWORK TENNESSEE

EMPLOYER OF RECORD
Approve or Reject Time IN DIRECTMYCARE.COM

If your Worker enters an exception or makes an adjustment to their shift, you can use the web portal to approve or reject their adjusted shift.

Employer of Record: Time Approval

1. If you are the Employer of Record, sign in to the CDCN web portal, **DirectMyCare.com**, by entering your email address and password. Click **Sign In** and you will be redirected to the dashboard.
2. On the dashboard, click the **Time Entry** button in the upper right of the screen and you will be redirected to the time entry approval screen.
3. From the dropdown, select the Worker whose time you are reviewing.
4. You can choose to approve one shift at a time, a row at a time, or an entire week at a time.
   - **To approve one shift,** click in a cell where time has been submitted. When you click in a cell, the cell color changes and you will see a pane on the right side of the screen. Review all information in the pane and if correct, click the **Approve** button.
   - **To approve an entire row or week,** click the appropriate checkbox on the left side of the grid. Click the **Approve** button in the lower right of the screen.
5. After clicking the **Approve** button an attestation will open where you agree that shift details are true and accurate. Click **Ok** to agree that the information entered is accurate.

Employer of Record: Time Rejection

1. If you are the Employer of Record, sign in to the CDCN web portal, **DirectMyCare.com**, by entering your email address and password. Click **Sign In** and you will be redirected to the dashboard.
2. On the dashboard, click the **Time Entry** button in the upper right of the screen.
3. From the dropdown, select the Worker whose time you are reviewing.
4. To reject a shift, click in the cell where time has been submitted. Make sure only shifts that you want to reject are selected. When you click in the cell, the cell color changes and you will see a pane on the right side of the screen.
5. Click the **Reject** button.
6. The rejected shift will be returned to the Worker and marked with a red X. After a shift is rejected, it cannot be adjusted by the Worker. The Worker will need to submit a new shift.

How do I correct a shift entered from EVV?

If an attendant submitted the shift for the Employer's approval but it needs to be changed, it is important that the Employer reject the shift in the web portal. The rejected shift will be returned to the Worker. After a shift is rejected, it cannot be adjusted by the Worker. The Worker will need to delete that shift and enter a new one.

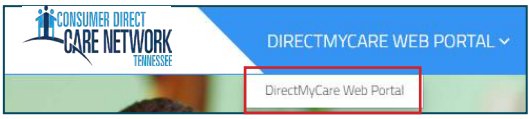
20230508

Setting Your IVR Pin

Workers will need to complete the IVR Registration form found on the CDTN website for each Member.

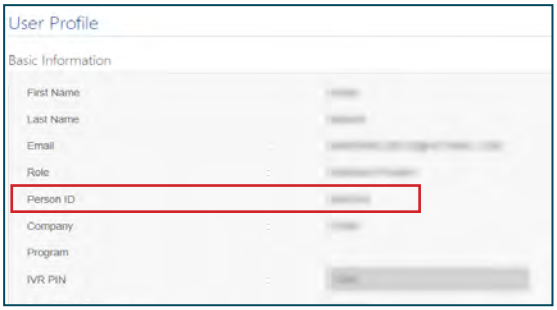
Locating your User ID

1. Sign into the DirectMyCare web portal from the CDTN website.



2. Select your name in the top right corner to view your profile.

3. Your Person ID is your User ID for the IVR.



Creating your PIN

1. Using your phone number, call into the IVR system (Fig. 01).
2. When prompted, enter your **User ID** followed by the **pound sign (#)**.
   - If # is not entered, system will say "invalid entry."
3. When prompted, choose a **6-digit PIN**
4. The system will read your PIN back to you:
   - Press 1 to keep and use this PIN.
   - Press 2 to create a new PIN.

IVR: English: **877-532-8537**

Spanish: **855-581-0509**

Fig. 01

Changing your PIN

1. Using your phone number, call into the IVR system (Fig. 01).
2. When prompted, enter your **User ID** followed by the **pound sign (#).**
   - If # is not entered, system will say "invalid entry."
3. When prompted, press *** to change your PIN**.
4. Choose your **new 6-digit PIN.**
5. The system will read your PIN back to you:
   - Press 1 to keep and use this PIN.
   - Press 2 to create a new PIN.

continued on next page

Troubleshooting

User ID is Invalid

If the caller does not enter # sign after User ID, they will get a "User ID is invalid" message.

No Options Given to Record Time

If the IVR system does not recognize the phone number you are calling from, it will ask for your User ID and PIN. However, you will not hear options to record time or advance in the IVR system. IVR requires you to use the Member's landline phone that is on file with CDTN. If the member needs to update their phone number, they will need to contact CDTN or their Supports Broker.

IVR System Options

The options in the IVR system are as follows:

- "To record a timesheet entry, press ONE" – this is for Workers who want to record an EVV compliant IVR shift.
- "To record a fob entry, press TWO" – this is for Workers who want to record an EVV compliant fob shift.

I Don't Remember My PIN

Caller must use 6-digit PIN, followed by #. If forgotten, change your PIN by selecting *key after entering your User ID.

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 DDA that the member is ready to being services.
- The DDA 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 DDA 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.

The Tennessee Department of Disability and Aging (DDA) Acceptable CPR & First Aid Certifying Entities

DDA accepts CPR and First Aid Certifying Entities based on the following requirements:

1. The training program must conform to national standards and be based on the same scientific guidelines and recommendations used by the American Heart Association (AHA) and American Red Cross (ARC) for course development.
2. The emergency care component is required to have hands-on performance of basic first aid and CPR skills evaluated in person by an authorized instructor.

Below is the list of CPR and First Aid Certifying Entities currently accepted by DDA:
(*note: official training sites who train under Certifying Entity MUST use the Certifying Entity's Official Cards/Certificates. Homemade certificates will not be accepted*)

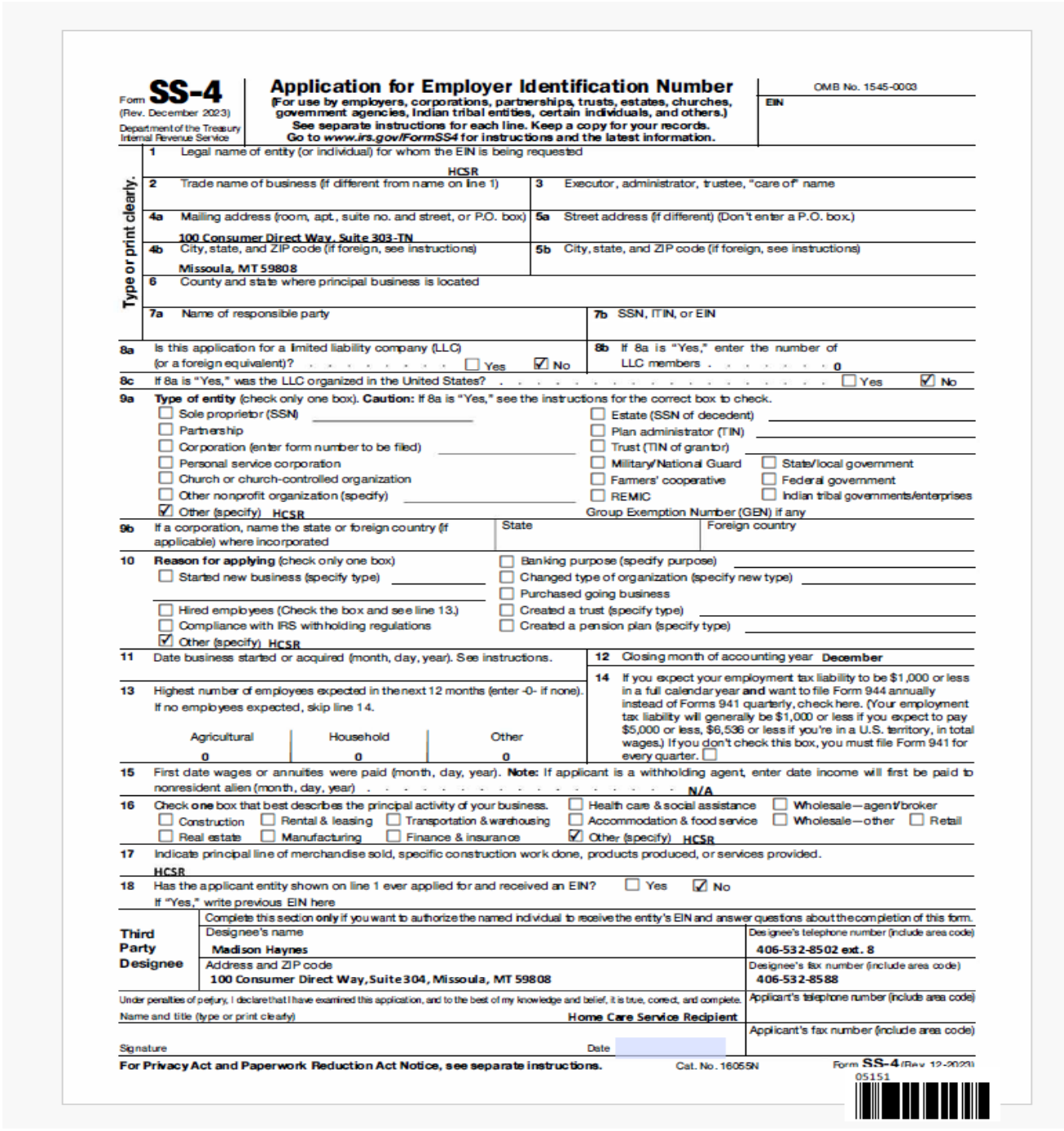
- American Health and Safety Council
- American Safety and Health Institute (ASHI)
- American Heart Association (AHA) - including AHA Heartsaver for K-12 Schools
- American Heart Saver
- American Red Cross (ARC)
- CPR Test Center
- Ellis Associates Inc (EA)
- Emergency Care & Safety Institute (ECSI)
- EMS Safety Services
- Every Second Counts, CPR (AHA provider)
- First Responder
- First Response Safety Training
- Training Health and Safety Institute (HSI)
- Life Aid Medical and Heart Rhythm CPR Training
- Medic First
- MTN Provider Certificates/Cards
- Military Training Network
- Cardiac & Trauma Life Support
- Nashville First Aid and CPR
- National Safety Council (NSC)
- NCS & Walden Security
- Tennessee Department of Children's Services and Harmony Family Center
- PATH CPR & FIRST AID
- ProCPR by ProTrainings
- Waterdogs Scuba & Safety

All classes must be completed with hands-on skills training. Curriculum and training materials must follow current AHA guidelines. Web-based courses or on-line trainings are **NOT** accepted **unless** it includes in person hands on skills test showing competency administered by a certified trainer.

TN-issued RN, LPN, CNA, or EMT licenses will fulfill the First Aid requirements, but CPR certification will still need to be completed.

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 2023)
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.)
See separate instructions for each line. Keep a copy for your records.
Go to *www.irs.gov/FormSS4* for instructions and the latest information.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
HCSR

2 Trade name of business (if different from name on line 1)

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-TN

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)? ☐ Yes ☑ 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? ☐ Yes ☑ No

9a **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.
- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed)
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify)
- ☑ Other (specify) HCSR
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ Military/National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government
- ☐ Indian tribal governments/enterprises

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)
- ☐ Started new business (specify type)
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) HCSR
- ☐ Banking purpose (specify purpose)
- ☐ Changed type of organization (specify new type)
- ☐ Purchased going business
- ☐ Created a trust (specify type)
- ☐ 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.

Agricultural	Household	Other
0	0	0

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 will generally be $1,000 or less if you expect to pay $5,000 or less, $6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐

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.
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Accommodation & food service
- ☐ Wholesale—agent/broker
- ☐ Wholesale—other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☑ Other (specify) HCSR

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? ☐ Yes ☑ No
If "Yes," write previous EIN here

Third Party Designee
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.
Designee's name: **Madison Haynes**
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.
Name and title (type or print clearly): **Home Care Service Recipient**
Applicant's telephone number (include area code)
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. 12-2023)

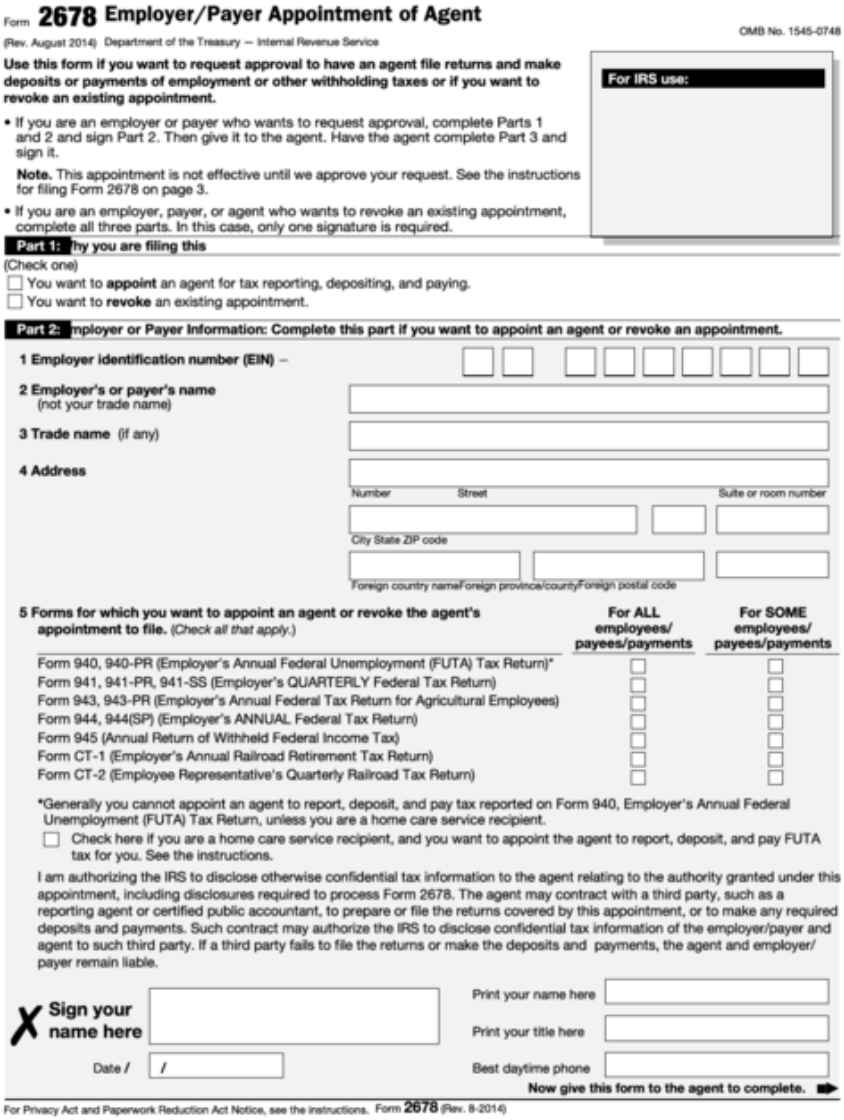
05151

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**

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

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.

- 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.

For IRS use:

Part 1: hy 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: mployer 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 nameForeign province/countyForeign 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)*	☐	☐
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	☐	☐
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	☐	☐
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	☐	☐
Form 945 (Annual Return of Withheld Federal Income Tax)	☐	☐
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	☐	☐
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	☐	☐

*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

Print your name here

Print your title here

Date / /

Best daytime phone

Now give this form to the agent to complete.

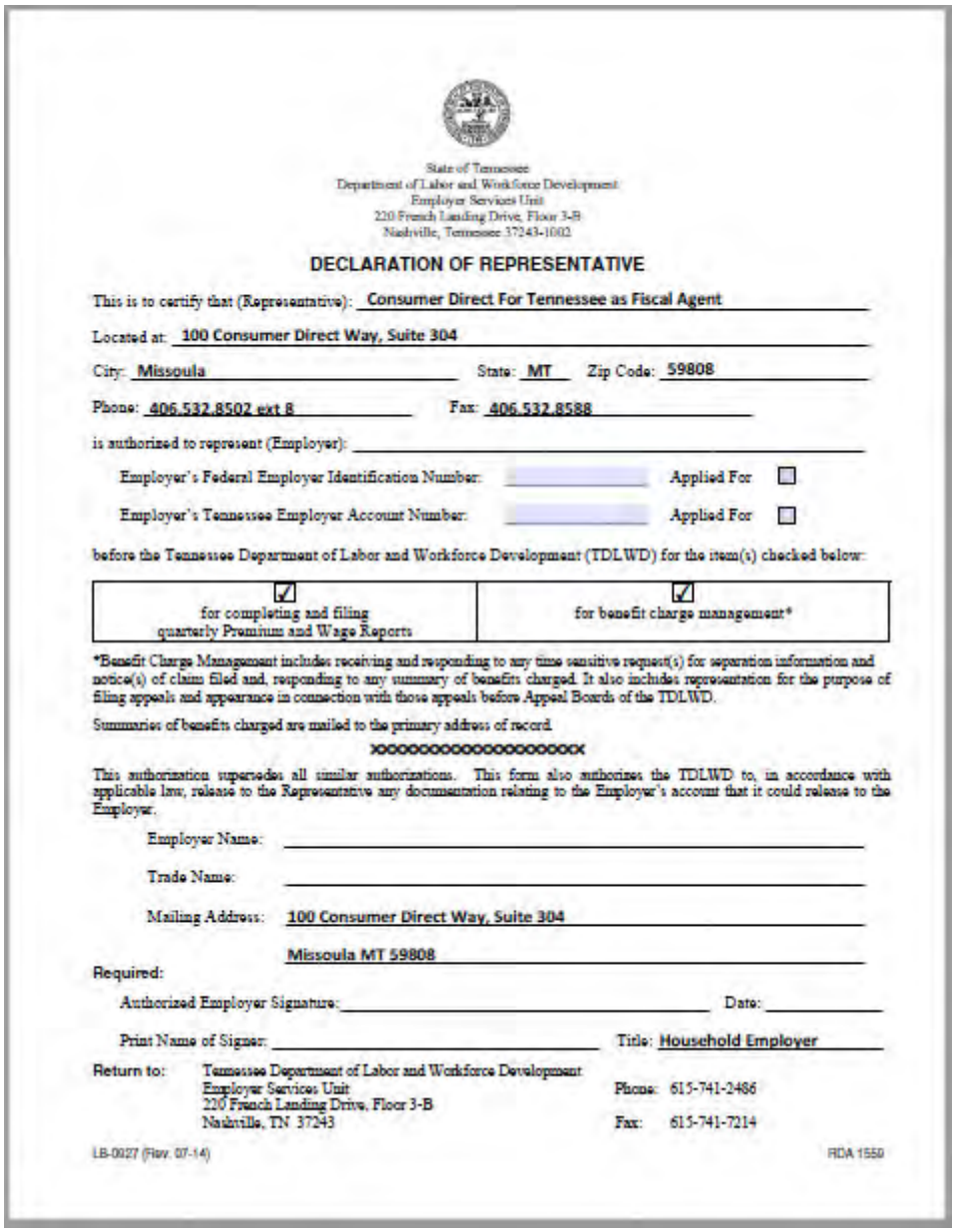
For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Form **2678** (Rev. 8-2014)

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:

☑ for completing and filing quarterly Premium and Wage Reports	☑ for benefit charge management*

*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 benefits charged are mailed to the primary address of record.

xxxxxxxxxxxxxxxxxxxx

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

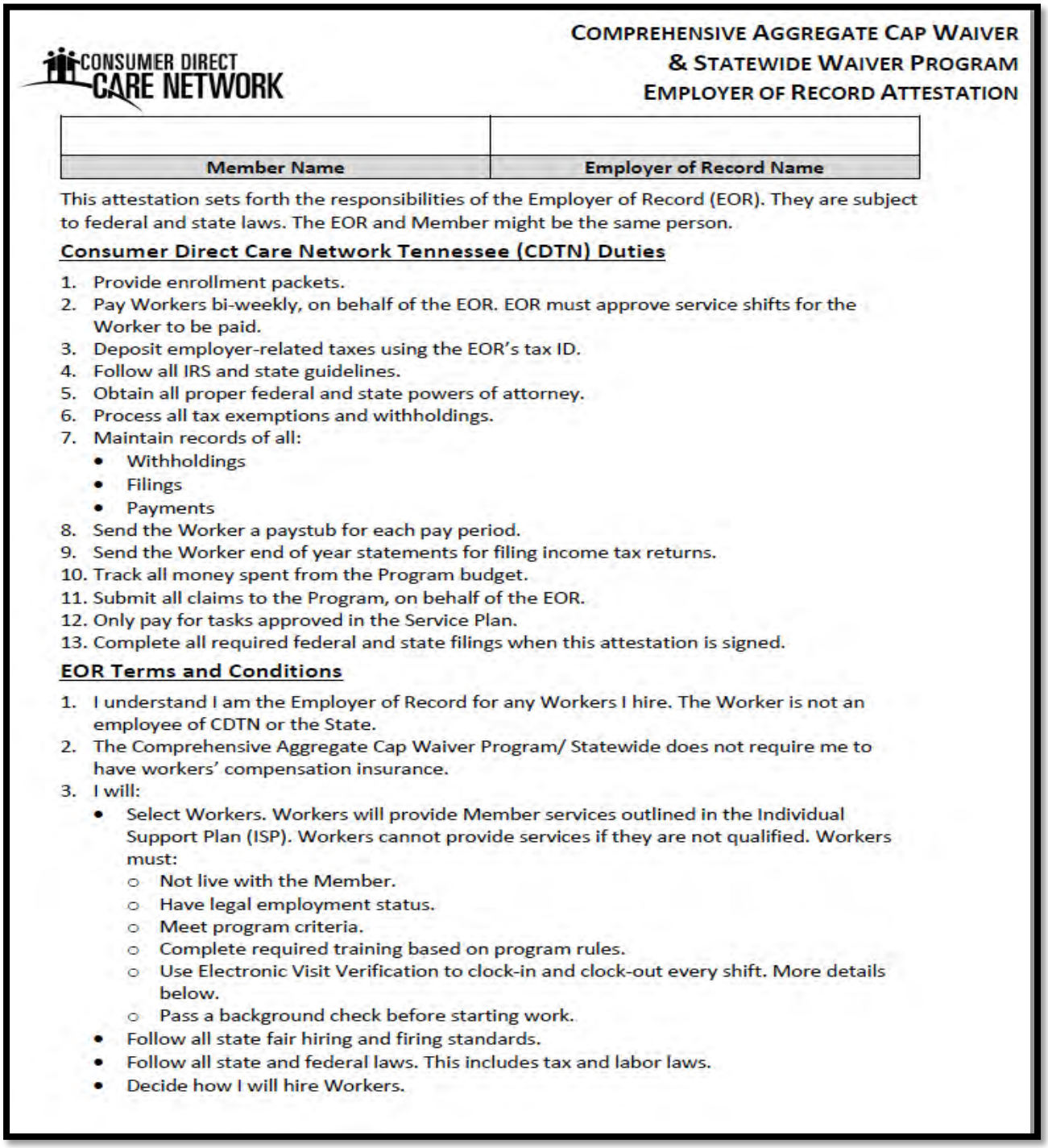
Return to: Tennessee Department of Labor and Workforce Development
Employer Services Unit
220 French Landing Drive, Floor 3-B
Nashville, TN 37243

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.



CONSUMER DIRECT CARE NETWORK

COMPREHENSIVE AGGREGATE CAP WAIVER & STATEWIDE WAIVER PROGRAM EMPLOYER OF RECORD ATTESTATION

Member Name	**Employer of Record Name**

This attestation sets forth the responsibilities of the Employer of Record (EOR). They are subject to federal and state laws. The EOR and Member might be the same person.

Consumer Direct Care Network Tennessee (CDTN) Duties

1. Provide enrollment packets.
2. Pay Workers bi-weekly, on behalf of the EOR. EOR must approve service shifts for the Worker to be paid.
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. Send the Worker a paystub for each pay period.
9. Send the Worker end of year statements for filing income tax returns.
10. Track all money spent from the Program budget.
11. Submit all claims to the Program, on behalf of the EOR.
12. Only pay for tasks approved in the Service Plan.
13. Complete all required federal and state filings when this attestation is signed.

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. The Comprehensive Aggregate Cap Waiver Program/ Statewide does not require me to have workers' compensation insurance.
3. I will:
   - Select Workers. Workers will provide Member services outlined in the Individual Support Plan (ISP). Workers cannot provide services if they are not qualified. Workers must:
     - Not live with the Member.
     - Have legal employment status.
     - Meet program criteria.
     - Complete required training based on program rules.
     - Use Electronic Visit Verification to clock-in and clock-out every shift. More details below.
     - Pass a background check before starting work.
   - Follow all state fair hiring and firing standards.
   - Follow all state and federal laws. This includes tax and labor laws.
   - Decide how I will hire Workers.

CONSUMER DIRECT CARE NETWORK

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 Consumer Direction 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	Service Code_____	$_____ per hour
☐ Respite (hourly)	Service Code_____	$_____ per hour
☐ Respite (daily)	Service Code_____	$_____ per day
☐ Individual Transportation	Service Code_____	$_____ per day

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*

CONSUMER DIRECT CARE NETWORK

COMPREHENSIVE AGGREGATE CAP & STATEWIDE WAIVER PROGRAM SERVICES AND RATES

Consumer Direction Hourly Rates

As the employer you have to set your workers' wages using hourly rates approved by TennCare. Below is a chart that shows you the updated rates that can apply, and what your options are for paying your workers. You must pick a rate that is in this chart. It must match with the type of service that worker is providing.

Examples of Employee Wage and Cost to Your Budget

Type of Service	Service Code	Average Gross Hourly Rate	Average Gross Hourly Rate to Employer	Max Gross Hourly Rate	Max Gross Hourly Rate to Employer
Personal Assistance	T1019-UC	$7.25	$8.08	$21.04	$23.44
Respite 1: 8-15 Hours/Day	S9125-U1-UC/H0045-U1-UC	$66.12	$73.68	$66.12	$73.68
Respite 2: 16-24 Hours/Day	S9125-U2-UC/H0045-U2-UC	$203.05	$226.26	$203.05	$226.26
Respite 3: 24 Hours Awake	S9125-U3-UC/H0045-U3-UC	$240.54	$268.03	$240.54	$268.03
Respite 4: Less than 8	S5150-UC	$18.34	$20.44	$18.34	$20.44
FMAP Respite	S9125-U2-UC U6	$203.05	$226.26	$203.05	$226.26

For example: If you want to pay your employee $21.04 an hour for Personal Assistance, then $23.44 an hour is charged to your budget.

Transportation	Service Code	Unit Rate	Max unit Rate
Individual	T2002-UC	$7.13	$7.13

**Note - The IRS has criteria to determine if your workers are exempt from certain federal taxes (FICA & FUTA) based on the employer/employee relationship. The IRS requires your worker take the exemption if the worker is your child, your parent, or your spouse. This means their net pay amount will be closer to their gross pay amount. However, no taxes will be paid into Social Security or Medicare for them.

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: ربيةعلا

وظةحلم: اذا ملكتتة ةغللا ربيةعلا اتمدخ دةعاسملا ويةغللا رةفوتم كلل 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

- 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)

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

- 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)

Korean: 한국어

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

- 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)

French: Français

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

- 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)

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ

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

Gujarati: ગુજરાતી

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

- 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)

Laotian: ພາສາລາວ

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ

- 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)

German: Deutsch

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

- 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)

Tagalog: Tagalog

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

- 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) .

Hindi: हिंदी

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

पर कॉल करें।

- 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)

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

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」

- 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)

Persian: فارسی

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

- 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)

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)
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: ربيةعطا وظةحلم: اذا ملكتت ةغللا ربيةعطا اتمدخ دةعاسملا ويةغللا رةفوتم كلا انجام. اتصل مقبر: 1-800- - 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 - 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)
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 - 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)

Korean: 한국어

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

- 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)

French: Français

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

Laotian: ພາສາລາວ

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

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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)

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

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

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

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- 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.

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.

Spanish: Español

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

- 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: ربيةعطا

وظةحلم: اذا ملكتتة ةغللا ربيةعطا اتمدخ دةعاسملا ويةغللا رةفوتم كلذ 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

- 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)

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.

- 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)

Korean: 한국어

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

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

French: Français

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

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

Amharic: አማርኛ

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ.

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

Gujarati: ગુજરાતી

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

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

Laotian: ພາສາລາວ

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

- 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)

German: Deutsch

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

- 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)

Tagalog: Tagalog

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

- 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)

Hindi: हिंदी

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

पर कॉल करें।

- 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)

Russian: Русский

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

- 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)

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」

- 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)

Persian: فارسی

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

- 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)

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.

All employers are required to post the following posters per federal and state regulations. CDTN advises that workplace posters be posted in a visible location where work is performed by your employees. The posters provide general information about workplace safety, minimum wage regulations, unemployment insurance procedures, discrimination policies, and employee leave regulations.

Questions?
If you have any questions regarding the payroll service, or about workplace posters, please contact CDTN. Thank you for your attention.

Sincerely,
Consumer Direct Care Network Tennessee (CDTN)
44 Vantage Way
Suite 300 B
Nashville, Tennessee 37228

Website: www.consumerdirecttn.com
Email: InfoCDTN@consumerdirectcare.com

CDTN's phone number for Wellpoint services: 1-888-398-0664
CDTN's phone number for BlueCare services: 1-888-450-3240
CDTN's phone number for United services: 1-888-444-3109

U.S. Department of Labor

OSHA®
Occupational Safety and Health Administration

Job Safety and Health
IT'S THE LAW!

All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

This poster is available free from OSHA.

Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.

Contact OSHA. We can help.

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

OSHA 3165-04R 2019

Departamento de Trabajo de los EE. UU.

OSHA®
Administración de Seguridad y Salud Ocupacional

Seguridad y Salud en el Trabajo
¡ES LA LEY!

Todos los trabajadores tienen el derecho a:

- Un lugar de trabajo seguro.
- Decir algo a su empleador o la OSHA sobre preocupaciones de seguridad o salud, o reportar una lesión o enfermedad en el trabajo, sin sufrir represalias.
- Recibir información y entrenamiento sobre los peligros del trabajo, incluyendo sustancias toxicas en su sitio de trabajo.
- Pedir una inspección confidencial de OSHA de su lugar de trabajo si usted cree que hay condiciones inseguras o insalubres. Usted tiene el derecho a que un representante se comunique con OSHA en su nombre.
- Participar (o su representante puede participar) en la inspección de OSHA y hablar en privado con el inspector.
- Presentar una queja con la OSHA dentro de 30 días (por teléfono, por internet, o por correo) si usted ha sufrido represalias por ejercer sus derechos.
- Ver cualquieras citaciones de la OSHA emitidas a su empleador.
- Pedir copias de sus registros médicos, pruebas que miden los peligros en el trabajo, y registros de lesiones y enfermedades relacionadas con el trabajo.

Este cartel está disponible de la OSHA para gratis.

Los empleadores deben:

- Proveer a los trabajadores un lugar de trabajo libre de peligros reconocidos. Es ilegal discriminar contra un empleado quien ha ejercido sus derechos bajo la ley, incluyendo hablando sobre preocupaciones de seguridad o salud a usted o con la OSHA, o por reportar una lesión o enfermedad relacionada con el trabajo.
- Cumplir con todas las normas aplicables de la OSHA.
- Notificar a la OSHA dentro de 8 horas de una fatalidad laboral o dentro de 24 horas de cualquier hospitalización, amputación, o pérdida de ojo relacionado con el trabajo.
- Proporcionar el entrenamiento requerido a todos los trabajadores en un idioma y vocabulario que pueden entender.
- Mostrar claramente este cartel en el lugar de trabajo.
- Mostrar las citaciones de la OSHA acerca del lugar de la violación alegada.

Servicios de consulta en el lugar de trabajo están disponibles para empleadores de tamaño pequeño y mediano sin citación o multa, a través de los programas de consulta apoyados por la OSHA en cada estado.

Llame OSHA. Podemos ayudar.

1-800-321-OSHA (6742) • TTY 1-877-889-5627 • www.osha.gov

OSHA 3167-04R 2019
It's the Law – Spanish

EMPLOYEE RIGHTS

UNDER THE FAIR LABOR STANDARDS ACT

FEDERAL MINIMUM WAGE

$7.25 PER HOUR

BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

OVERTIME PAY

At least 1½ times the regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR

An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

TIP CREDIT

Employers of "tipped employees" who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least $2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee's tips combined with the employer's cash wage of at least $2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

PUMP AT WORK

The FLSA requires employers to provide reasonable break time for a nursing employee to express breast milk for their nursing child for one year after the child's birth each time the employee needs to express breast milk. Employers must provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

ENFORCEMENT

The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA's child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions. Certain narrow exemptions also apply to the pump at work requirements.
- Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
- Some state laws provide greater employee protections; employers must comply with both.
- Some employers incorrectly classify workers as "independent contractors" when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA's minimum wage and overtime pay protections and correctly classified independent contractors are not.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
www.dol.gov/agencies/whd

WH1088 REV 04/23

DERECHOS DE LOS TRABAJADORES

BAJO LA LEY DE NORMAS JUSTAS DE TRABAJO (FLSA–siglas en inglés)

SALARIO MÍNIMO FEDERAL

$7.25 POR HORA

A PARTIR DEL 24 DE JULIO DE 2009

La ley exige que los empleadores exhiban este cartel donde sea visible por los empleados.

PAGO POR SOBRETIEMPO

Por lo menos tiempo y medio (1½) de la tasa regular de pago por todas las horas trabajadas en exceso de 40 en una semana laboral.

TRABAJO DE MENORES DE EDAD

El empleado tiene que tener por lo menos 16 años para trabajar en la mayoría de los trabajos no agrícolas y por lo menos 18 años para trabajar en los trabajos no agrícolas declarados peligrosos por la Secretaría de Trabajo. Los menores de 14 y 15 años pueden trabajar fuera del horario escolar en varias ocupaciones que no sean de manufactura, de minería, y que no sean peligrosas con ciertas restricciones al horario de trabajo. Se aplican distintos reglamentos al empleo agrícola.

CRÉDITO POR PROPINAS

Los empleadores de “empleados que reciben propinas” que cumplan con ciertas condiciones, pueden reclamar un crédito de salario parcial basado en las propinas recibidas por sus empleados. Los empleadores les tienen que pagar a los empleados que reciben propinas un salario en efectivo de por lo menos $2.13 por hora si ellos reclaman un crédito de propinas contra su obligación de pagar el salario mínimo. Si las propinas recibidas por el empleado combinadas con el salario en efectivo de por lo menos $2.13 por hora del empleador no equivalen al salario mínimo por hora, el empleador tiene que compensar la diferencia.

MADRES LACTANTES

La FLSA exige que los empleadores le proporcionen un tiempo de descanso razonable a la empleada que sea madre lactante y que esté sujeta a los requisitos de sobretiempo de la FLSA, para que la empleada se extraiga leche manualmente para su niño lactante por un año después del nacimiento del niño, cada vez que dicha empleada tenga la necesidad de extraerse leche. A los empleadores también se les exige que proporcionen un lugar, que no sea un baño, protegido de la vista de los demás y libre de la intrusión de los compañeros de trabajo y del público, el cual pueda ser utilizado por la empleada para extraerse leche.

CUMPLIMIENTO

El Departamento tiene la autoridad de recuperar salarios retroactivos y una cantidad igual en daños y perjuicios en casos de incumplimientos con el salario mínimo, sobretiempo y otros incumplimientos. El Departamento puede litigar y/o recomendar un enjuiciamiento criminal. A los empleadores se les pueden imponer sanciones pecuniarias civiles por cada incumplimiento deliberado o repetido de las disposiciones de la ley del pago del salario mínimo o de sobretiempo. También se pueden imponer sanciones pecuniarias civiles por incumplimiento con las disposiciones de la FLSA sobre el trabajo de menores de edad. Además, se pueden imponer sanciones pecuniarias civiles incrementadas por cada incumplimiento con el trabajo de menores que resulte en la muerte o una lesión seria de un empleado menor de edad, y tales avaluaciones pueden duplicarse cuando se determina que los incumplimientos fueron deliberados o repetidos. La ley también prohíbe tomar represalias o despedir a los trabajadores que presenten una queja o que participen en cualquier proceso bajo la FLSA.

INFORMACIÓN ADICIONAL

- Ciertas ocupaciones y ciertos establecimientos están exentos de las disposiciones del salario mínimo, y/o de las disposiciones del pago de sobretiempo.
- Se aplican disposiciones especiales a trabajadores de Samoa Americana, del Estado Libre Asociado de las Islas Marianas del Norte y del Estado Libre Asociado de Puerto Rico.
- Algunas leyes estatales proporcionan protecciones más amplias a los trabajadores; los empleadores tienen que cumplir con ambas.
- Algunos empleadores clasifican incorrectamente a sus trabajadores como “contratistas independientes” cuando en realidad son empleados según la FLSA. Es importante conocer la diferencia entre los dos porque los empleados (a menos que estén exentos) tienen derecho a las protecciones del salario mínimo y del pago de sobretiempo bajo la FLSA y los contratistas correctamente clasificados como independientes no lo tienen.
- A ciertos estudiantes de tiempo completo, estudiantes alumnos, aprendices, y trabajadores con discapacidades se les puede pagar menos que el salario mínimo bajo certificados especiales expedidos por el Departamento de Trabajo.

DIVISIÓN DE HORAS Y SALARIOS
DEPARTAMENTO DE TRABAJO DE LOS EE.UU.

1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd

WH1088 SPA REV 07/16

EMPLOYEE RIGHTS

FOR WORKERS WITH DISABILITIES PAID AT SUBMINIMUM WAGES

This establishment has a certificate authorizing the payment of subminimum wages to workers who are disabled for the work they are performing. Authority to pay subminimum wages to workers with disabilities generally applies to work covered by the **Fair Labor Standards Act (FLSA)**, **McNamara-O'Hara Service Contract Act (SCA)**, and/or **Walsh-Healey Public Contracts Act (PCA)**. Such subminimum wages are referred to as "commensurate wage rates" and are less than the basic hourly rates stated in an SCA wage determination and/or less than the FLSA minimum wage of **$7.25 per hour**. A "commensurate wage rate" is based on the worker's individual productivity, no matter how limited, in proportion to the wage and productivity of experienced workers who do not have disabilities that impact their productivity when performing essentially the same type, quality, and quantity of work in the geographic area from which the labor force of the community is drawn.

Employers shall make this poster available and display it where employees and the parents and guardians of workers with disabilities can readily see it.

WORKERS WITH DISABILITIES

Subminimum wages under section 14(c) are not applicable unless a worker's disability actually impairs the worker's earning or productive capacity for the work being performed. The fact that a worker may have a disability is not in and of itself sufficient to warrant the payment of a subminimum wage.

For purposes of payment of commensurate wage rates under a certificate, a worker with a disability is defined as: An individual whose earnings or productive capacity is impaired by a physical or mental disability, including those related to age or injury, for the work to be performed.

Disabilities which may affect productive capacity include an intellectual or developmental disability, psychiatric disability, a hearing or visual impairment, and certain other impairments. The following do not ordinarily affect productive capacity for purposes of paying commensurate wage rates: educational disabilities; chronic unemployment; receipt of welfare benefits; nonattendance at school; juvenile delinquency; and correctional parole or probation.

WORKER NOTIFICATION

Each worker with a disability and, where appropriate, the parent or guardian of such worker, shall be informed orally and in writing by the employer of the terms of the certificate under which such worker is employed.

KEY ELEMENTS OF COMMENSURATE WAGE RATES

- **Nondisabled worker standard**—The objective gauge (usually a time study of the production of workers who do not have disabilities that impair their productivity for the job) against which the productivity of a worker with a disability is measured.
- **Prevailing wage rate**—The wage paid to experienced workers who do not have disabilities that impair their productivity for the same or similar work and who are performing such work in the area. Most SCA contracts include a wage determination specifying the prevailing wage rates to be paid for SCA-covered work.
- **Evaluation of the productivity of the worker with a disability**—Documented measurement of the production of the worker with a disability (in terms of quantity and quality).

The wages of all workers paid commensurate wages must be reviewed, and adjusted if appropriate, at periodic intervals. At a minimum, the productivity of hourly-paid workers must be reevaluated at least every six months and a new prevailing wage survey must be conducted at least once every twelve months. In addition, prevailing wages must be reviewed, and adjusted as appropriate, whenever there is a change in the job or a change in the prevailing wage rate, such as when the applicable state or federal minimum wage is increased.

WIOA

The Workforce Innovation and Opportunity Act of 2014 (WIOA) amended the Rehabilitation Act by adding section 511, which places limitations on the payment of subminimum wages to individuals with disabilities by mandating the completion of certain requirements prior to and during the payment of a subminimum wage.

EXECUTIVE ORDER 13658

Executive Order 13658, Establishing a Minimum Wage for Contractors, established a minimum wage that generally must be paid to workers performing on or in connection with a covered contract with the Federal Government. Workers covered by this Executive Order and due the full Executive Order minimum wage include workers with disabilities whose wages are calculated pursuant to certificates issued under section 14(c) of the FLSA.

FRINGE BENEFITS

Neither the FLSA nor the PCA have provisions requiring vacation, holiday, or sick pay nor other fringe benefits such as health insurance or pension plans. SCA wage determinations may require such fringe benefit payments (or a cash equivalent). Workers paid under a certificate authorizing commensurate wage rates must receive the full fringe benefits listed on the SCA wage determination.

OVERTIME

Generally, if a worker is performing work subject to the FLSA, SCA, and/or PCA, that worker must be paid at least 1 1/2 times their regular rate of pay for all hours worked over 40 in a workweek.

CHILD LABOR

Minors younger than 18 years of age must be employed in accordance with the child labor provisions of the FLSA. No persons under 16 years of age may be employed in manufacturing or on a PCA contract.

PETITION PROCESS

Workers with disabilities paid at subminimum wages may petition the Administrator of the Wage and Hour Division of the Department of Labor for a review of their wage rates by an Administrative Law Judge. No particular form of petition is required, except that it must be signed by the worker with a disability or his or her parent or guardian and should contain the name and address of the employer. Petitions should be mailed to: Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue NW, Washington, D.C. 20210.

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd

WH1284 REV 01/18

DERECHOS DE EMPLEADOS

PARA TRABAJADORES CON DISCAPACIDADES QUE PERCIBEN UN SALARIO INFERIOR AL MÍNIMO

Este establecimiento cuenta con un certificado que autoriza el pago de salarios inferiores al mínimo a trabajadores discapacitados por el trabajo que realizan. La autorización para pagar salarios inferiores al mínimo a trabajadores con discapacidades por lo general se aplica a trabajo regido por la **Ley de Normas Justas de Trabajo** (FLSA, por sus siglas en inglés), la **Ley de Contratos por Servicios McNamara-O-Hara** (SCA, por sus siglas en inglés) y/o por la **Ley Walsh-Healey Sobre Contratos Públicos** (PCA, por sus siglas en inglés). Tales salarios inferiores al mínimo se conocen como "tasas salariales conmensurables" y son inferiores a las tasas básicas por hora establecidas en la determinación de salarios de la SCA y/o inferiores al salario mínimo de $7.25 por hora según la FLSA. Una "tasa salarial conmensurable" se basa en la productividad individual del trabajador, no importa cuán limitada sea, en proporción al salario y a la productividad de los trabajadores experimentados que no tienen discapacidades que impactan su productividad cuando realizan esencialmente el mismo tipo, calidad y cantidad de trabajo en el área geográfica de la que proviene la fuerza laboral de la comunidad.

Los empleadores deben hacer disponible y exhibir este cartel en un lugar donde los empleados y los padres y tutores de los trabajadores con discapacidades lo puedan ver claramente.

TRABAJADORES CON DISCAPACIDADES

Los salarios inferiores al salario mínimo según la sección 14(c) no se aplican a menos que la discapacidad del trabajador realmente perjudique sus ingresos o su capacidad productiva para el trabajo que realiza. El hecho de que el trabajador pueda tener una discapacidad no es en sí suficiente para justificar el pago de un salario inferior al mínimo.

Para efectos de las tasas salariales conmensurables según un certificado, un trabajador con una discapacidad se define como: Una persona cuyos ingresos o capacidad productiva se ve afectada por una discapacidad física o mental, incluidas aquellas relacionadas con la edad o las lesiones, para que se realice el trabajo.

Las discapacidades que pueden afectar la capacidad productiva incluyen una discapacidad intelectual o de desarrollo, una discapacidad psiquiátrica, una discapacidad auditiva o visual, y algunas otras discapacidades. Lo siguiente normalmente no afecta la capacidad productiva con el propósito de pagar tasas de salarios conmensurables: discapacidades educativas, desempleo crónico, recibo de beneficios sociales, falta de asistencia a la escuela, delincuencia juvenil y libertad condicional o bajo palabra.

NOTIFICACIÓN AL TRABAJADOR

El empleador debe informar oralmente y por escrito a cada trabajador con una discapacidad y, cuando corresponda, al padre o tutor de dicho trabajador, sobre los términos del certificado según el cual dicho trabajador está empleado.

ELEMENTOS CLAVES DE LAS TASAS DE SALARIO CONMENSURABLE

- **Norma de trabajadores no discapacitados**—El indicador objetivo (generalmente un estudio del tiempo de la producción de trabajadores que no tienen discapacidades que perjudiquen su productividad para el trabajo) contra el cual se mide la productividad de un trabajador con una discapacidad.
- **Tasa de salario prevaleciente**—El salario que se paga a trabajadores experimentados que no tienen discapacidades que perjudiquen su productividad por el mismo trabajo o trabajo similar y que realizan tal trabajo en el área. La mayor parte de los contratos SCA incluye una determinación de salario que especifica las tasas del salario prevaleciente que se tiene que pagar por el trabajo sujeto a SCA.
- **Evaluación de la productividad del trabajador con una discapacidad**—Medida documentada de la producción del trabajador con discapacidad (en términos de cantidad y calidad).

Los salarios de todos los trabajadores que perciben salarios conmensurables tienen que ser revisados, y ajustados si corresponde, en intervalos periódicos. Como mínimo, la productividad de los trabajadores asalariados por hora tiene que reevaluarse al menos cada seis meses y tiene que realizarse un estudio nuevo de salarios prevalecientes al menos una vez cada doce meses. Además, se tienen que revisar, y ajustar según corresponda, los salarios prevalecientes siempre que haya un cambio en el trabajo o en la tasa del salario prevaleciente, tal como cuando se incrementa el salario mínimo aplicable estatal o federal.

WIOA

La Ley de Innovación y Oportunidades Laborales de 2014 (WIOA, por sus siglas en inglés) enmendó la Ley de Rehabilitación al agregar la sección 511, la cual impone limitaciones en el pago de salarios inferiores a los mínimos a las personas con discapacidades al exigir el cumplimiento de ciertos requisitos antes y durante el pago de un salario inferior al mínimo.

ORDEN EJECUTIVA 13658

La Orden Ejecutiva 13658, que establece un salario mínimo para contratistas, estableció un salario mínimo que generalmente tiene que pagarse a los trabajadores que cumplen un contrato o en conexión con un contrato sujeto al Gobierno Federal. Los trabajadores sujetos a esta Orden Ejecutiva y a los que se les debe el salario mínimo completo de la Orden Ejecutiva incluyen a los trabajadores con discapacidades cuyos salarios se calculan conforme a los certificados emitidos según la sección 14(c) de la FLSA.

BENEFICIOS COMPLEMENTARIOS

Ni la FLSA ni la PCA tienen disposiciones que requieran vacaciones, días festivos, o paga por enfermedad, ni otros beneficios complementarios como seguro de salud o planes de pensión. Las determinaciones de salario de SCA pueden requerir pagos de dicho beneficio complementario (o un equivalente en efectivo). Los trabajadores a los cuales se les paga según un certificado que autoriza tasas salariales conmensurables tienen que recibir enteramente los beneficios complementarios adicionales enumerados en la determinación de salario de SCA.

SOBRETIEMPO

En general, si un trabajador se encuentra realizando un trabajo sujeto a la FLSA, SCA y/o PCA, se le tiene que pagar a ese trabajador tiempo y medio, es decir, 1 1/2 de su tasa regular de pago por todas las horas trabajadas después de las 40 horas en una semana laboral.

TRABAJO DE MENORES DE EDAD

Los menores de edad de menos de 18 años tienen que ser empleados de acuerdo con las disposiciones federales para el trabajo de menores de edad de la FLSA. Ninguna persona menor de 16 años de edad puede ser empleada en la manufactura o en un contrato de la PCA.

PROCESO DE SOLICITUD

Los trabajadores con discapacidades a los que se les paga salarios inferiores al salario mínimo pueden solicitarle al Administrador de la División de Horas y Salarios del Departamento de Trabajo que un Juez de Derecho Administrativo haga una revisión de las tasas de sus salarios. No se requiere ningún formulario particular de solicitud, excepto que tiene que ser firmado por el trabajador con una discapacidad o su padre o tutor y tiene que contener el nombre y la dirección del empleador. Las solicitudes se pueden enviar por correo a: Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue NW, Washington, DC 20210.

DIVISIÓN DE HORAS Y SALARIOS
DEPARTAMENTO DE TRABAJO DE LOS ESTADOS UNIDOS
1-866-487-9243
TTY: 1-877-889-5627
www.dol.gov/whd

WH1284 SPA REV 01/18

TENNESSEE LAW PROHIBITS DISCRIMINATION IN EMPLOYMENT

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX, AGE, DISABILITY, OR NATIONAL ORIGIN IN RECRUITMENT, TRAINING, HIRING, DISCHARGE, PROMOTION, OR ANY CONDITION, TERM OR PRIVILEGE OF EMPLOYMENT.

If you feel that you have been discriminated against, contact the Tennessee Human Rights Commission.

LA LEY DE TENNESSEE PROHIBE LA DISCRIMINACIÓN EN EL EMPLEO

ES EN CONTRA DE LA LEY DISCRIMINAR EN CONTRA DE CUALQUIER PERSONA DEBIDO EN BASE A LA RAZA, COLOR, CREDO, RELIGIÓN, SEXO, EDAD, INCAPACIDAD U ORÍGEN EN EL SELECCIÓN, ENTRENAMIENTO, EMPLEO, AL DESPEDIR, PROMOVER O CUALQUIER CONDICIÓN, TÉRMINO O PRIVILEGIO DE EMPLEO.

Si usted cree que ha sido víctima de discriminación, comuníquese con la Comisión de Derechos Humanos de Tennessee.

CONTACT US/PARA MAS INFORMACIÓN:

TENNESSEE HUMAN RIGHTS COMMISSION

WILLIAM R. SNODGRASS TENNESSEE TOWER
312 ROSA L. PARKS AVENUE
23RD FLOOR
NASHVILLE, TENNESSEE 37243-1102

PHONE: (615) 741-5825 OR
1-800-251-3589
ESPAÑOL: 1-866-856-1252
WWW.TN.GOV/HUMANRIGHTS

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