



Welcome to your Consumer Direct Care Network Tennessee's (CDTN) Consumer Direction Member Binder for Employment and Community First CHOICES

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 Consumer Direction (CD) program.
- Your role in the program.
- The roles of your Support Coordinator, 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.

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Cover Sheet

"Who To Call?" Sheet

Consumer Direction Member Training

Member Training PowerPoint

- Roles of CDTN and the MCO
- Worker Responsibilities
- Medicaid Fraud, Waste and Abuse Identification and Reporting
- Reportable Event Training
- CareAttend and EVV compliance Training
- DirectMyCare Training

EOR Forms

- Consumer Direction Hourly Rates
- Service Agreement for Employee Pay
- Rate Changes

Consumer Direction Handbook Daily Notes

Daily Communication and Activity Logs

Employer Posters Tab

OSHA Employer Poster

Worker Info Packet (back folder)

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

<p>Call Consumer Direct Care Network at</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> • 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
<p>Call your Supports Broker</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>at</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<ul style="list-style-type: none"> • 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
<p>Call your MCO Support Coordinator, Care Coordinator, or DDA Case Manager</p>	<ul style="list-style-type: none"> • 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



Employment and Community First (ECF) CHOICES Member Training



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Agenda

- ❖ Overview of the Employment and Community First (ECF) CHOICES program and self-direction
- ❖ The roles and responsibilities within the program and Consumer Direct Tennessee (CDTN)
- ❖ Reporting Requirements
- ❖ Time Approval in CareAttend and DirectMyCare



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Overview

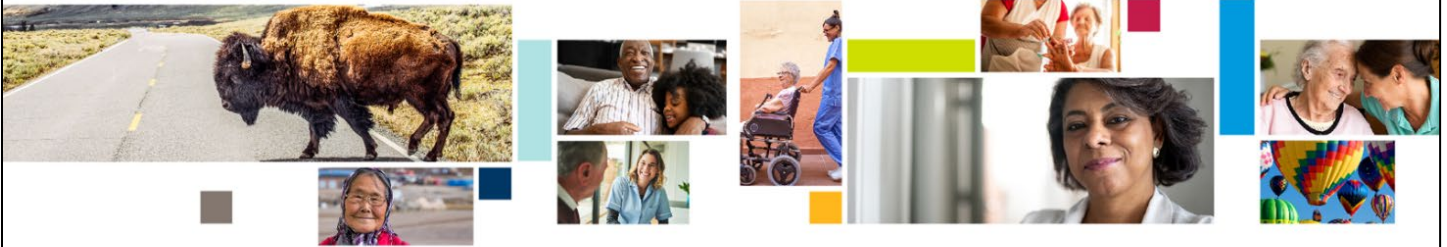
ECF CHOICES Overview

- ❖ TennCare and the Department of Disability and Aging (DDA) held joint forums in 2013-2014 to discuss program options
- ❖ ECF CHOICES is designed to serve people with intellectual and/or developmental disabilities
- ❖ Focuses on employment and community participation



ECF CHOICES Overview

- ❖ Members will have a Support Coordinator, employed by their Managed Care Organization (MCO)
- ❖ The Support Coordinator helps develop a Person-Centered Support Plan (PCSP)
- ❖ The PCSP helps define the member's status, future status and the supports needed to achieve their goals



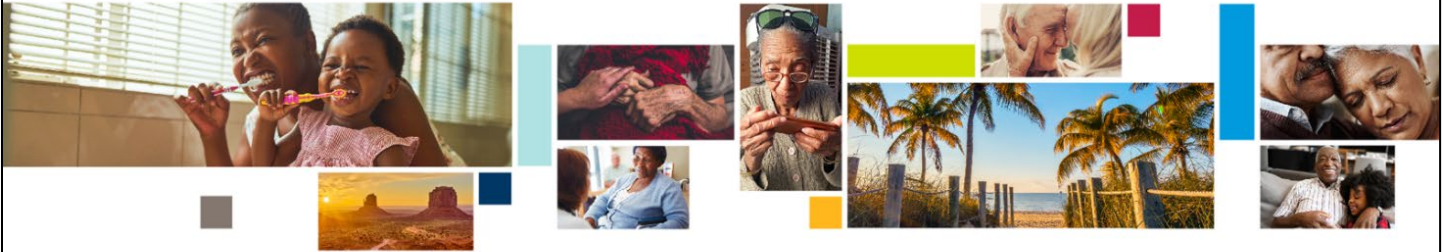
Self Direction in ECF CHOICES

- ❖ Members enrolled in the ECF CHOICES program can choose self-direction
- ❖ ECF CHOICES offers four service options:
 - ❖ Personal Assistance
 - ❖ Supportive Home Care
 - ❖ Respite
 - ❖ Community Transportation



Personal Assistance

- ❖ Designed to assist an individual with daily activities of living
- ❖ May be provided outside of the home if the outcomes are consistent with the member's PCSP
- ❖ Services that are covered include the following:
 - ❖ Eating
 - ❖ Toileting
 - ❖ Grooming



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Supportive Home Care

- ❖ Designed to assist a member who lives with their family with daily activities of living
- ❖ Insures the member's daily living needs and adequate functioning in their home
- ❖ Can include routine housecleaning and housekeeping activities performed only for the member, consisting of tasks that take place on a regular basis that do not involve hands-on care



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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 216 hours per member per calendar year



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Community Transportation

- ❖ 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



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Roles and Responsibilities

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Support Coordinator

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



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Support Coordinator

- ❖ Authorizing individual budgeted services
- ❖ Monitoring service provision for quality and appropriateness
- ❖ Receiving and reviewing all reports submitted by 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



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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 self-directed workers
 - ❖ Aiding in developing the initial backup plan



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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) and the CareAttend and DirectMyCare applications
- ❖ Processes all member and worker paperwork
- ❖ Tracks First Aid and CPR certifications



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Consumer Direct Tennessee (CDTN)

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



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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



Member

- ❖ Ensuring that no worker provides more than 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



Reporting



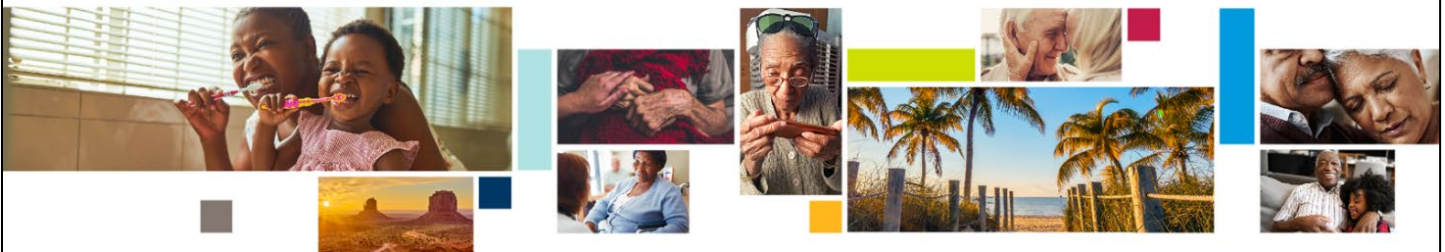
Dignity of Choice

- ❖ 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 should have done something differently to prevent the Reportable Event
- ❖ The ECF CHOICES program 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
- ❖ Tier one reportable events need to be reported to DDA's Abuse Hotline within four hours of discovery, and a corresponding REF must be submitted within one business day using the Formstack Link on DDA's website.



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



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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



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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 you are at immediate risk, please dial 911



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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



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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.



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APS and DCS Reporting

To contact APS or DCS 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



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APS and DCS Reporting

Callers will need to provide:

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



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Tier Two Events

- ❖ 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



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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



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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



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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



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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



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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.

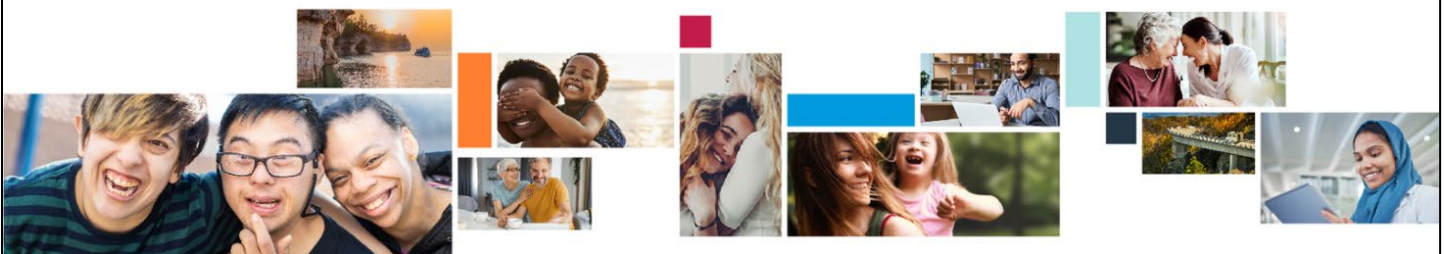
- ❖ REF is required within one business day for an event in which a person presents a challenging action(s) that requires use of a behavior safety intervention or a restrictive behavioral procedure that is NOT in their PCSP
- ❖ A consolidated REF is required monthly if the use of a behavior safety intervention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



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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



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Reportable Behavioral/Psychiatric Events

Reportable behavioral/psychiatric events include:

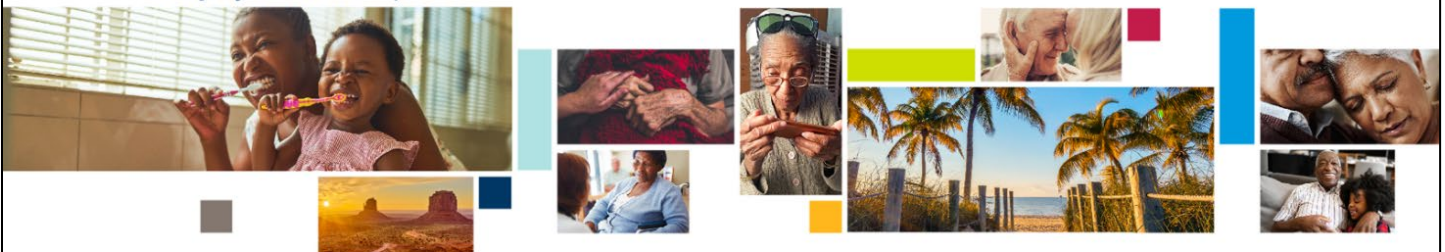
- ❖ Behavioral crisis requiring protective equipment, manual or mechanical restraints, regardless of type or time used or approved by the PCSP
- ❖ Behavioral crisis requiring emergency psychotropic medication
- ❖ Behavioral crisis requiring crisis intervention
- ❖ Criminal or probable criminal conduct



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



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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



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Other Reportable Events

Other reportable events include:

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



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Reporting Requirements

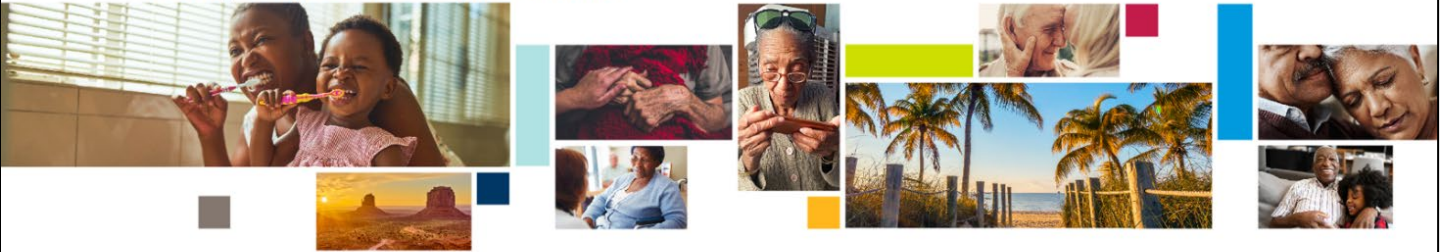
- ❖ CDTN must immediately report all instances of suspected abuse, neglect, and exploitation
- ❖ All reportable events occurring during the provision of HCBS services by a CDTN employee must be reported following REF reporting guidelines and copied to the member within the required timeframes



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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 the MCO will work with the person to identify a replacement representative



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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



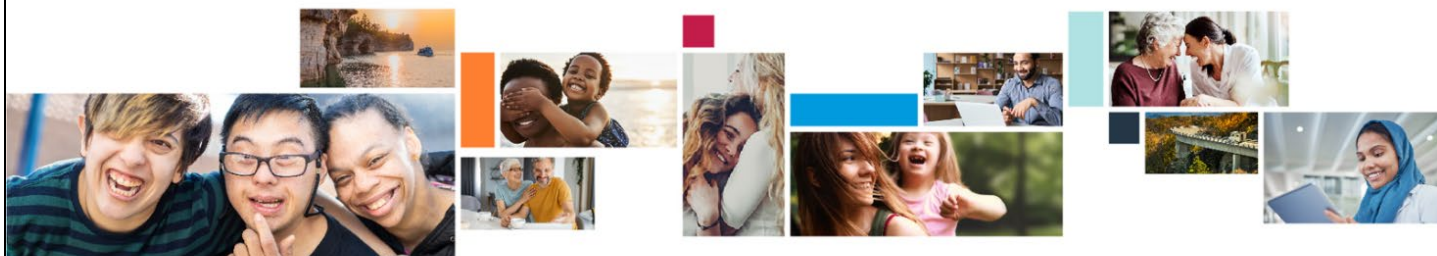
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Abuse, Neglect, and Exploitation

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

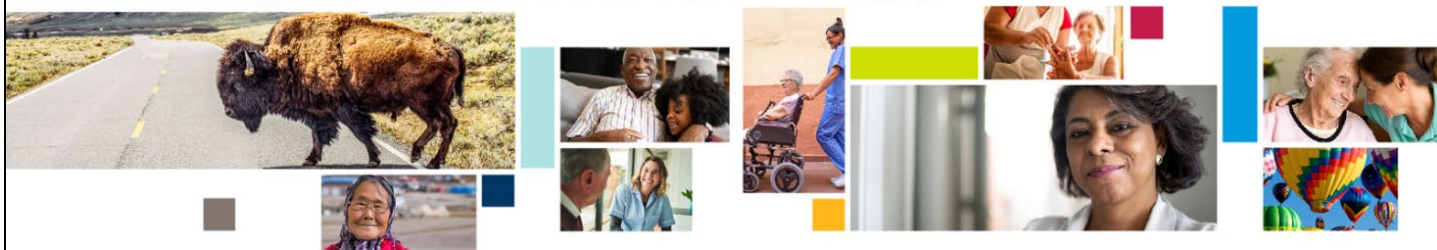


Abuse, Neglect, and Exploitation

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.



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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



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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

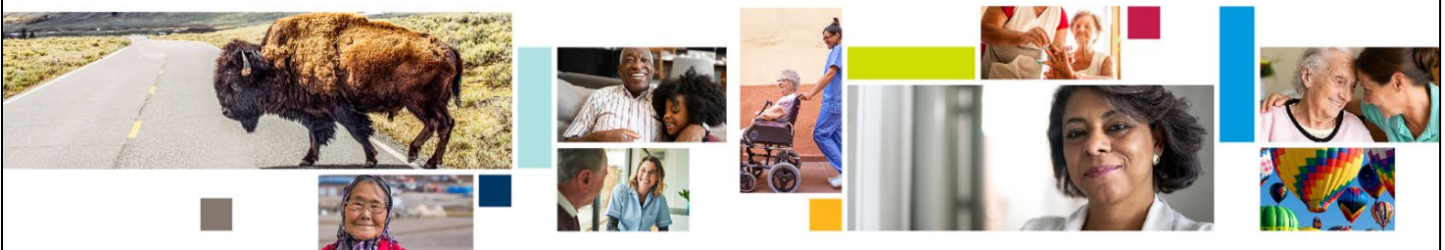


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Fraud, Waste and Abuse of Medicaid Funds

All program members, representatives, family members, workers, Supports Brokers, and Support Coordinators 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.



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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



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A photograph of two smiling women embracing. The woman on the left is wearing a black shirt, and the woman on the right is wearing a colorful floral shirt. They are both smiling and looking towards the camera. The text "Time Approval" is overlaid on the image in a large, white, sans-serif font.

Time Approval

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.



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Thank you



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EVV Compliance Requirements

- The Member/EOR/Authorized Representative is responsible for ensuring that all workers understand EVV requirements and are utilizing EVV compliant methods. At minimum, 90% of shifts submitted by each worker must be EVV compliant.
- As part of the enrollment process, all Members/EOR/Authorized Representatives review the EVV attestation form that states:
 - By agreeing and signing the EVV Attestation Form, the Member, Employer or Authorized
 - Representative will confirm they received the following training:
 - Review of Electronic Visit Verification
 - Review of CareAttend System
 - Review method of time entry
 - Review time approval methods
 - Review how to download CareAttend app
 - Confirm Employee has been or will be trained in EVV requirements
 - Confirm understanding of an EVV compliant entry
 - Confirm understanding of EVV Regulations
 - Confirm understanding consequences non-EVV compliance can result in losing services in Consumer Direction
 - Review of EVV Material; Quick Guide & FAQs

IVR (Landline) /Alternate Option

- Members must register their landline telephone with CDTN. Members will do so by completing and sending an IVR Registration form to CDTN.
- Workers must call the IVR phone number from the Member's landline to start and end their shift.
- The worker will need to enter their 7-digit CDTN ID and their 4 digit IVR PIN. The default IVR PIN is 1234. The Worker can change their PIN by calling CDTN.
- The EOR must approve or reject the submitted shift. The EOR does so through the DirectMyCare portal.

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).

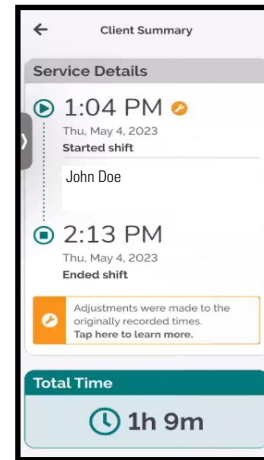


Fig. 01

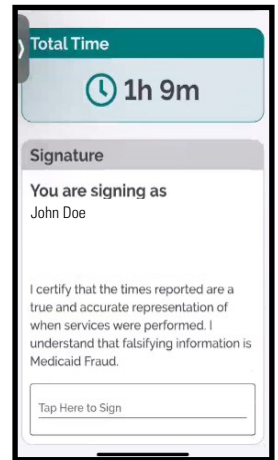


Fig. 02



Fig. 03

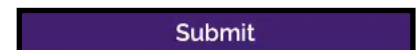


Fig. 04

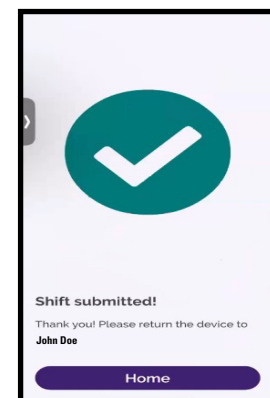
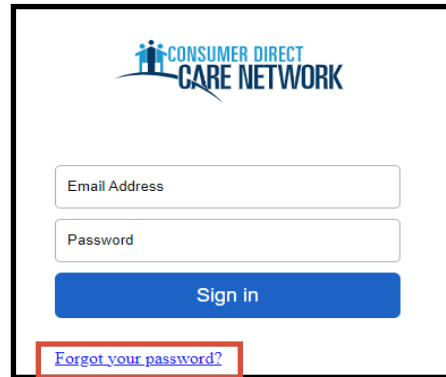


Fig. 05

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)



CONSUMER DIRECT
CARE NETWORK

Email Address

Password

Sign in

Forgot your password?

Fig. 01



CONSUMER DIRECT
CARE NETWORK

Email Address

Send verification code

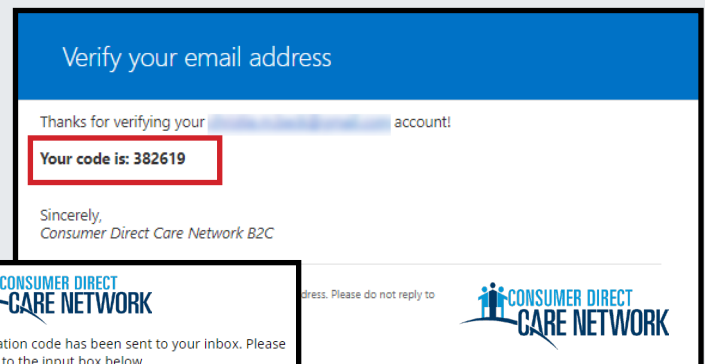
Fig. 02

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."**



Verify your email address

Thanks for verifying your [redacted] account!

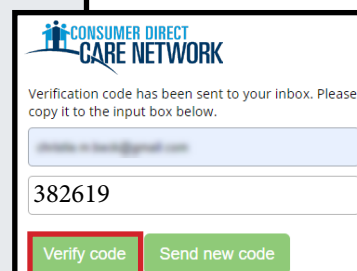
Your code is: 382619

Sincerely,
Consumer Direct Care Network B2C

address. Please do not reply to [redacted]

CONSUMER DIRECT
CARE NETWORK

Fig. 03



CONSUMER DIRECT
CARE NETWORK

Verification code has been sent to your inbox. Please copy it to the input box below.

[redacted]

382619

Verify code **Send new code**

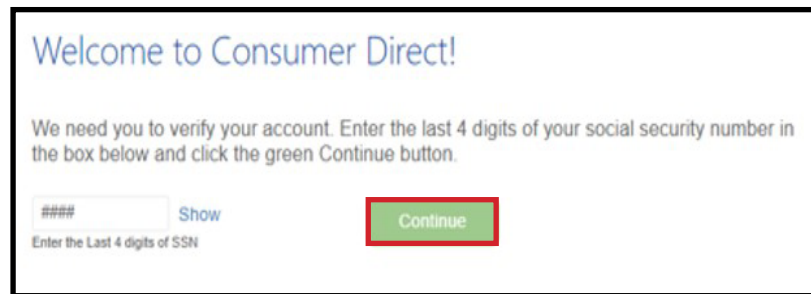
Fig. 04

20230519

continued on next page

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).



Welcome to Consumer Direct!

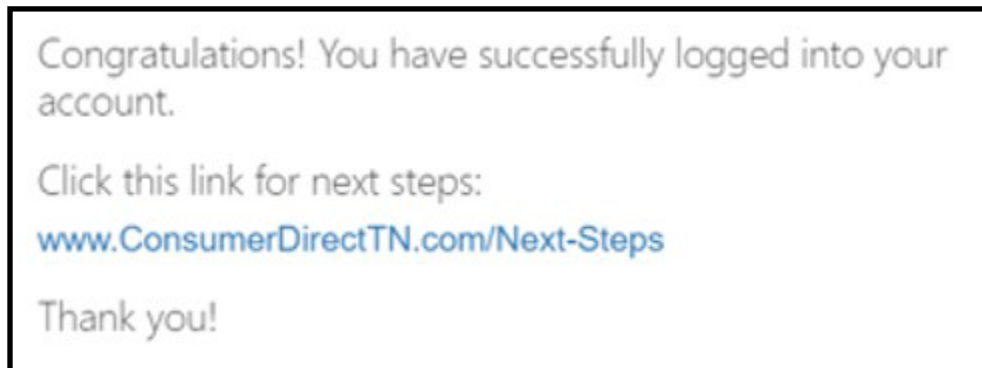
We need you to verify your account. Enter the last 4 digits of your social security number in the box below and click the green Continue button.

Show

Enter the Last 4 digits of SSN

Continue

Fig. 05



Congratulations! You have successfully logged into your account.

Click this link for next steps:

www.ConsumerDirectTN.com/Next-Steps

Thank you!

Fig. 06

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.

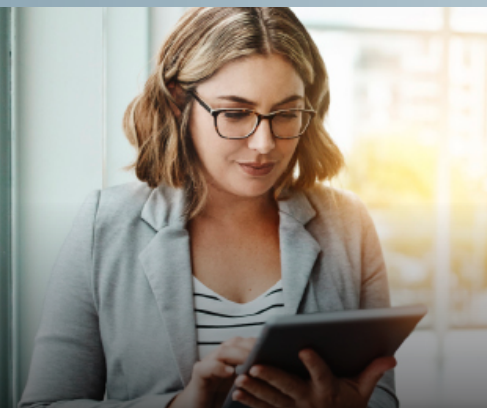
Employer of Record: Time Rejection

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.

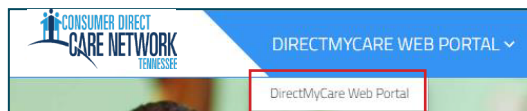
Setting Your IVR Pin



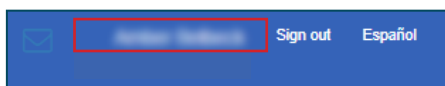
Workers will need to complete the IVR Registration form found on the CDTN website for each Member.

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.

User Profile		
Basic Information		
First Name	:	John
Last Name	:	Smith
Email	:	john.smith@consumerdirectcare.com
Role	:	Registered Provider
Person ID	:	12345678
Company	:	ABC
Program	:	ABC
IVR PIN	:	ABC

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.

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 MCO that the member is ready to being services.
 - The MCO will then give an authorized date for services to start.
 - Your Support Broker will call you and your worker with this start date.
- What's your worker's schedule?
 - You have recommended number hours of care per week based on the Person Centered Support Plan. As the employer, you can determine when your worker works based on your needs and the amount of hours authorized on your plan of care.
- How will your worker be paid?
 - Payroll is bi-weekly, please reference payroll calendar
 - CDTN must have valid authorizations from the MCO and an approved timesheet from the employer in order to pay the worker
 - Timesheets are completed using CDTN's Electronic Visit Verification technology called CareAttend

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 (ECI)
- 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 (EOR) Forms

Becoming an Employer of Record

- What does it mean to be an Employer of Record?
 - You employ your workers (CDTN does not employ them).
 - Serve as employer (set schedule, assign job duties, review and approve timesheets).
- How do I become an Employer of Record?
 - IRS and state forms (following slides).
- What if I already have an Employer Identification Number?
 - You will need to select someone else to be the Employer of Record.
 - Or if your EIN is not being used, SB can provide direction for contacting IRS.
- Can someone else be Employer of Record for me?
 - Yes.
- Will this effect my personal income taxes?
 - No.

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 Federal 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 be sent to CDTN instead.

SS-4 Form (Rev. December 2019) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0048
1 Legal name of entity (or individual) for whom the EIN is being requested		EIN		
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box)		5a Street address (if different) (Don't enter a P.O. box.)		
4b City, state, and ZIP code (If foreign, see instructions)		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, TIN, or EIN		
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8b If line is "Yes," enter the number of LLC members <input type="text"/> 0		
8c If line is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9a Type of entity (check only one box). Caution: If line is "Yes," see the instructions for the correct box to check.				
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> Plan administrator (TIN)		
<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> Trust (TIN of grantor)		
<input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard		<input type="checkbox"/> State/local government		
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> Federal government		
<input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> REMIC		<input type="checkbox"/> Indian tribal government/enterprise		
<input checked="" type="checkbox"/> Other (specify) ▶ HCSR		Group Exemption Number (GEN) (if any) ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country		
10 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶		
<input type="checkbox"/> Started new business (specify type) ▶		<input type="checkbox"/> Changed type of organization (specify new type) ▶		
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Purchased going business		
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶		
<input checked="" type="checkbox"/> Other (specify) ▶ HCSR		<input type="checkbox"/> Created a pension plan (specify type) ▶		
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year December		
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
Agricultural <input type="text"/> 0 Household <input type="text"/> 0 Other <input type="text"/> 0				
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ N/A				
16 Check one box that best describes the principal activity of your business.		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ HCSR		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.				
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If "Yes," write previous EIN here ▶				
Third Party Designee		Designee's telephone number (include area code)		
Designee's name Mikayla Brinda		406-532-8502 ext. 8		
Address and ZIP code		Designee's fax number (include area code)		
100 Consumer Direct Way, Suite 304, Missoula, MT 59808		406-532-8588		
Under penalties of perjury, I declare that I have examined the application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)		
Name and title (type or print clearly) ▶ Home Care Service Recipient		Applicant's fax number (include area code)		
Signature ▶		Date ▶		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 1520524		
				

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.

Part 1: Why you are filing this
(Check one)
☐ You want to **appoint** an agent for tax reporting, depositing, and paying.
☐ You want to **revoke** an existing appointment.

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

1 Employer identification number (EIN) —

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

3 Trade name (if any)

4 Address
Number Street Suite or room number
City State ZIP code
Foreign country name Foreign province/country Foreign postal code

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

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

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

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

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

Sign your name here

Date /

Print your name here

Print your title here

Best daytime phone

Now give this form to the agent to complete. ➡

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

Employer of Record Documents...Tennessee Form LB-0927

- This is a 1-page form. You are asked to sign and date at the bottom of the first page.
- This form tells the Tennessee Department of Labor and Workforce Development that you have authorized CDTN to represent you in matters of state unemployment insurance.
- This form establishes CDTN as the mailing address on your employer account.
- This form does NOT allow CDTN to obtain or sign for any personal income tax information.



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

DECLARATION OF REPRESENTATIVE

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

Located at: 100 Consumer Direct Way, Suite 304

City: Missoula State: MT Zip Code: 59808

Phone: 406.532.8502 ext 8 Fax: 406.532.8588

is authorized to represent (Employer): _____

Employer's Federal Employer Identification Number: Applied For ☐

Employer's Tennessee Employer Account Number: Applied For ☐

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

<input checked="" type="checkbox"/> for completing and filing quarterly Premium and Wage Reports	<input checked="" type="checkbox"/> for benefit charge management*
--	---

*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 in administrative appeals before 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



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 Member's Self-Directed Services budget. Service provided that exceeds the Member's budget will not be paid by CDTN.

! IMPORTANT: We need to know the hourly rate of pay, not the hourly rate plus employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That 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 and Effective Date:

☐ New Enrollment ☐ Change Hourly Rate Effective Date: _____

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

Back-up Support (check one):

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

Agree and Sign

The Worker and Employer of Record have:

- Read all of this form.
- Agree that the details provided are accurate and complete.
- Discussed and agreed to the above-listed services and/or hourly rate details.

This form is not intended to create a contract of employment or rate of pay for a specific period of time.

_____ <i>Worker Signature</i>	_____ <i>Date</i>	_____ <i>Employer of Record Signature</i>	_____ <i>Date</i>
----------------------------------	----------------------	--	----------------------



TN TennCareSM Employment and Community First CHOICES Rates & Employer Costs

You get to decide how much to pay your workers. The amount that you pay them is a little lower than the amount that gets charged to your budget. This chart shows what that difference is.

The cost to your budget is higher because you have to pay taxes when paying a wage. This comes out of your budget and CDTN pays the tax for you. The grid here shows what taxes are owed for the wage.

Employer Tax When Paying a Wage

*FICA and FUTA rates are determined by the IRS.

TOTAL	9.8%
-------	------

Examples of Employee Wage and Cost to Your Budget

Type of Service	Average Gross Hourly Rate	Average Gross Hourly Rate Cost to Employer	Max Gross Hourly Rates	Max Gross Hourly Rate Cost to Employer
Personal Care Visit	\$18.05	\$19.82	\$18.88	\$20.73
Respite	\$16.36	\$17.96	\$18.66	\$20.49

For example: If you want to pay your employee \$18.05 an hour, then \$19.82 an hour is charged to your budget.

What about Overtime Wages?

If a single worker works more than 40 hours in one calendar week, all hours after 40 are considered "Overtime." Overtime is paid at 1.5 times the regular wage.

If a worker provides multiple services, the service that brings the total to over 40 hours will be the one billed for.

Examples of what the Regular Wage, Overtime Wage, and Cost to Your Budget would be:

Examples of Employee Wage and Cost to Your Budget

Type of Service	Average Gross Hourly Rate	Average Overtime Wage 1.5 x Employee Wage	Average Overtime Cost to Employer's Budget	Max Gross Hourly Rates	Max Overtime Wage 1.5 x Employee Wage	Max Overtime Cost to the Employer's Budget
Personal Care Visit	\$18.05	\$27.08	\$29.73	\$18.88	\$28.32	\$31.10
Respite	\$16.36	\$24.54	\$26.94	\$18.66	\$27.99	\$30.73

Have Questions or Need Help?

CDTN Wellpoint: 888-398-0664

CDTN BlueCare Tennessee: 888-450-3240

CDTN UnitedHealth Care: 888-444-3109

InfoCDTN@ConsumerDirectCare.com

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: ربيعة

وظة حلم: اذا ملكنت قغلا ربيعة اتمدخ دة عاسما وية غلا رفوتهم لئ 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

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

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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)

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, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ

- 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।

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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)

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)

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: ربيعة

وظة حلم: اذا ملكنته غللا ربيعة عا اتمدخ دة عاسملا وية غللا رفوتم لك 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)
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- 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)
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- 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)

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Appelez le

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

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Gujarati: ગુજરાતી

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

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

Laotian: ພາສາລາວ

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

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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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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
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- CDTN UnitedHealthcare: 888-444-3109 (TRS:711)
- CDTN TennCare DDA: 888-450-3242 (TRS:711)

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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.

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

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

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>.

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: ربيعةعلا

وظةحللم: اذا ملكنتت عغللا ربيعةعلا اتمددةعاسملا ويةغللا رةفوتم لكلا انجام. اتصل مقبر:

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

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

Chinese: 繁體中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

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- 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 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.
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 ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ.

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

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, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຮ.

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

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LTSS



Employment and Community First CHOICES Consumer Direction Handbook

Including Simple Tips on Being an Employer and
Directing Your Own Care

¿Necesita un manual de TennCareSM en español? Para conseguir un manual en español, llame a
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Introduction

This handbook tells you about Consumer Direction in the Employment and Community First CHOICES (ECF CHOICES) program. It includes some tips on how to hire your own workers. It gives you tips on how to direct your own care. You will get more information and training from your Supports Broker.

What is Consumer Direction?

Consumer Direction is a way of getting some of the kinds of long-term services and supports you need. Long Term Services and Supports are sometimes called “LTSS” for short. They are also known as Home and Community Based Services or “HCBS”.

Consumer Direction gives you more choice and control over WHO provides your supports. It also gives you a choice on HOW your care is given. To make these choices, you must accept the responsibility of being an employer to the worker or workers providing your services.

In Consumer Direction, **you** employ the people who provide some of your long-term services. They work for you (instead of a service provider agency). This means that you must be able to do the things that an employer would do.

These include things like:

- Find, interview, and hire workers to provide services for you.
- Define workers’ job duties.
- Develop a job description for your worker(s).
- Train workers to deliver your care based on your needs and preferences.
- Provide a safe working environment.
- Set the schedule that your workers will provide your care.
- Make sure your workers enter their worked time in the EVV system.
- Make sure your workers give only as much care as you are approved to receive by your Managed Care Organization (you can talk to your ECF CHOICES Support Coordinator about this).
- Monitor to make sure that no worker provides you more than 40 hours of care in a week (If the worker does work over 40 hours in a week, overtime must be paid. If this happens, you may not be able to stay in Consumer Direction).
- Supervise your workers.
- Evaluate your workers’ job performance.
- Address problems or concerns with your workers’ performance.
- Fire a worker when needed.
- Decide how much your workers will be paid (from a range of rates set by the State).
- Review the time your workers report to be sure it is correct.
- Ensure there are good notes kept in your home about the care your workers give.
- Develop a backup plan for times when a scheduled worker does not show up. You cannot decide to just go without services.
- Activate the backup plan when needed.

Using a Representative as the Employer of Record for Consumer Direction

What if you cannot do some or all of the things listed above? Then, you can choose a family member. You can choose a friend. You can also choose someone close to you to do these things for you. This person will be called an “Employer of Record.”

It is important that you pick someone who knows you very well and that you can depend on. The person you pick to be your Employer of Record should not abuse alcohol or drugs. They should not have a history of abusing, neglecting, or exploiting you or anyone else.

To be your Employer of Record, the person must:

- Be at least 18 years of age.
- Know you very well.
- Understand the kinds of care you need and how you want care to be given.
- Know your schedule and routine.
- Know your health care needs and the medicine you take.
- Be willing and able to do all of the things that are required to be in Consumer Direction.
- Live with you in your home OR be present in your home often enough to supervise staff. This usually means at least part of every worker’s shift. However, it may be less as long as it is enough to be sure you are getting the quality care you need.
- Be willing to sign a Representative Agreement, saying they agree to do all of the things required for Consumer Direction.

Your Representative cannot be paid to do these things for you. They also cannot be paid to give any of your care through Consumer Direction.

Your Support Coordinator will help you complete a self-assessment. It will help decide if you need an Employer of Record.

What if you need a Representative but do not have (or want) anyone to serve in that role? You may not be able to get care through Consumer Direction. If this is the case, you will have access to the covered services you need. This will be through provider agencies.

Help You Will Receive in Consumer Direction

You or your representative will have help doing some of the things you must do as an employer. The help will be provided by Consumer Direct Care Network Tennessee (CDTN). There are 2 kinds of help you will receive:

1. CDTN will help you and your workers with paperwork and payments.
 - They will help you fill out the paperwork you must complete to be an employer.
 - They will help your workers fill out the paperwork they must complete to be your employees.

- They will provide training for you (see *Training Your Workers* for information on the training that you provide), your Representative, and the workers you pick.
 - They will make sure the workers you pick are qualified to give your care. They will make sure a background check is performed. They will make sure the worker is not on an exclusionary list that would not allow them to work for you.
 - Once you know when you want to get your services, based on your approved Person-Centered Support Plan (PCSP), they will help you check to make sure your worker is using the EVV system correctly.
 - They will pay your workers for the approved service they give.
 - They will withhold, file and pay all required payroll taxes.
2. CDTN will hire or contract with a Supports Broker for you. A Supports Broker is a person who will help you with the other kinds of things you must do as an employer. These are things like:
- Find and interview workers.
 - Write job descriptions.
 - Train workers.
 - Schedule workers based on your PCSP.
 - Develop an initial back-up plan for times when a scheduled worker does not show up.

However, your Supports Broker CANNOT supervise your workers. You or your Representative must be able to do that by yourself.

Besides helping you with the things listed above, CDTN is required:

- To report:
 - Any suspected abuse, neglect or financial exploitation by your workers, your Representative for Consumer Direction, or others.
 - Severe injuries that occur while you are getting care through Consumer Direction.
 - Mistakes your workers make giving you medicine (if you elect to Self-Direct Health Care Tasks).

TennCareSM will pay CDTN for the help they provide.

Who Can be in Consumer Direction?

To be in Consumer Direction:

- You must be either enrolled in ECF CHOICES Group 4, 5, 6 or 7. **For more information on ECF CHOICES groups, please refer to your TennCareSM member handbook.**
- You cannot live in Community Living Support Housing. If you live in a CLS home, the provider is responsible to give you the help you need.
- You must need one or more of the services that can be provided through Consumer Direction. The services you need are listed in your PCSP. Your PCSP is written by you and your Support Coordinator. It is based on an assessment of your needs.

- You must be able to do all the things required to employ your own staff. If you are not able to do this, you must have a qualified Representative for Consumer Direction. This person must sign an agreement to do all of these things.
- You must have a signed Person-Centered Support Plan. It includes things to help keep you healthy and safe in your home. This includes any extra risks that may come from choosing to hire your own workers through Consumer Direction.
- Your TennCareSM health plan (MCO) must be able to safely meet your needs in your home while you are in Consumer Direction.
- You must have a backup plan. This plan will make sure your needs are met when a scheduled worker does not show up.
- You and your workers must agree to use CDTN services to help you.

Services Available in Consumer Direction

These are the services that can be provided through Consumer Direction. The kind and amount of care you will get depends on what you need. Those services are listed in your PCSP. You **cannot** get more services by choosing to be in Consumer Direction, even if the amount you pay your workers is less than it would cost to get care through a provider agency. You can **only** get the services you need that are listed in your PCSP.

Personal Assistance: (Up to 215 hours per month for Group 6 members, expenditure cap for Group 5 limits below 215 hours/month) -

Someone to help with personal care needs or daily living activities in your home, at work, or in the community.

- Includes help with your household chores or errands. They can help you do things like get out of bed, take a bath, and get dressed so that you are ready to go to work or out into the community. They can also help you with **your** household chores (but not other people you live with). This includes things like your cleaning and laundry, help you fix and eat **your** meals, and run **your** errands. And, they can support you in the community to do the things you want to do. Also includes help training someone you know to provide this kind of support.

Supportive Home Care: (Subject to expenditure cap) This is like Personal Assistance, but for people who live at home with their family. Someone to help you with personal care needs or daily living activities that your family can't help you with. This help could be in your home, on the job, or in the community. Includes help with **your** household chores (but not the whole family) or errands. They can help you do things like get out of bed, take a bath, and get dressed so that you are ready to go to work or out into the community. They can help with **your** cleaning and laundry; help you fix and eat **your** meals. They can also support you in the community to do the things you want to do.

Hourly Respite: (Up to 216 hours per calendar year) - Someone to support you for a short time so your caregiver can have a break. (Only for routine family or other caregivers who aren't paid to support you.)

Community Transportation: (Up to 225 hours per month) – Helps you get to work or to other places in the community when public transportation isn't available, and you don't have any other way to get there.

You can choose to get some of these services through Consumer Direction. You can also choose to get some home care from providers that contract with your TennCareSM health plan. You must use contract providers for care you cannot get through Consumer Direction.

In Consumer Direction, you can have your workers go with you into the community. The things they are helping you with must be part of the service they are giving. For example, you can have a worker go with you to a doctor's appointment. They can go with you to help you grocery shop. They can go with you to pick up medicine.

You can also decide to have a worker drive you to those places in the community if they agree. They must have a valid driver's license and proof of active insurance. They must also give CDTN a copy of their driver's license and proof of insurance.

If you are going to have a worker go with you or drive you places, it must be part of the job description. It must be listed in the **"Tasks to be Performed"** for that service in your Service Agreement. If it is, the time spent doing those things can be paid as part of the hourly wage for that service. The cost of travel back and forth (including gas) cannot. You and your worker must decide first whose car they will drive. You must also decide if you will pay for gas or pay the worker back for gas or mileage. This must be part of your Service Agreement.

No extra hours of service will be approved for your workers to go with you or drive you places. Also, no extra payment will be made through ECF CHOICES. The cost of transportation is not covered for services provided through Consumer Direction.

Self-Direction of Health Care Tasks

If you decide to be in Consumer Direction, you have another choice to make. You can have the workers you hire also help you with medication administration. They can also help with other health care tasks that are medically necessary. You and your doctor must say it is medically appropriate. It is called "Self-Direction of Health Care Tasks."

If you need help with your medicine and do not have anyone to help you, normally only a nurse could help. In Consumer Direction, you can have your workers help you with your medicine. They can also help with other health care tasks that are medically necessary.

You **cannot** hire someone just to give you medicine. Giving your medicine or having your worker help with other health care tasks is something **extra** you can have a worker do. It would be an extra task to be done while he/she is providing additional services.

It is your job to talk with your doctor about having your workers help you with your medicine and other health care tasks. It is either your representative's or your job to train the worker for any tasks you need done. First, your doctor must say it is okay.

Next, you can decide to self-direct your workers to give you medicine and assist with other health tasks. The following things are required:

- It must be written in your PCSP.
- It must be included in the “**Tasks to be Performed**” for that service in your Service Agreement.
- You or your Representative must train your workers on how to give your medicine and perform other needed tasks.
- Your back-up plan for Consumer Direction must say who will give your medicine and assist with other health care tasks if your worker does not show up.

Talk with your Support Coordinator if you have any questions about self-direction of health care tasks.

Backup Plan for Consumer Direction

In ECF CHOICES, you must have a Backup Plan for times when a scheduled worker does not show up. You will need backup for all of the home services you receive. This includes those you get through Consumer Direction. The Backup Plan for Consumer Direction says how you or your Representative will be sure your needs are met if a scheduled worker does not show up. A Backup Plan includes:

- The names and phone numbers of people who have agreed to help you.
- The kind of help they can provide.
- When they can help you.
- The order they should be contacted in.

Your backup may be family members. Your backup may be friends and neighbors who have agreed to help you at no charge. It could also be Consumer Directed workers who have agreed to give paid backup service. It could even be a provider agency you have contacted that has agreed to give paid back-up for you. Your MCO will not have provider agencies waiting to help if your workers do not show up. **Developing a Backup Plan for your Consumer Directed workers is your responsibility.** Your Supports Broker can help you with your first Backup Plan.

You or your Representative must find the people (or provider agencies) who can serve as backup. You (or your Representative) must contact each person or provider to see if they are willing to provide back-up care. CDTN must follow up with each of them to confirm that they have agreed. CDTN will share this information with your MCO.

Your Support Coordinator must review your Backup Plan. Your Support Coordinator must agree that your Backup Plan is okay before you can start receiving supports through Consumer Direction. When you need to use your Backup Plan, your Support Coordinator will make sure it works for you. They will make sure you are not going without needed services. If needed, your Support Coordinator will help you make changes to your Backup Plan.

It is your job to call in backup help when a worker does not show up. You cannot just go without care. To stay in Consumer Direction, you must be able to get the care you need.

Being an Employer in Consumer Direction

Writing a Job Description

Before you start looking for a worker, it is a good first step to write a job description. It is a good idea even if you plan on hiring a friend or family member. A job description helps you decide what kinds of help you need. It also helps you decide what you are looking for in a worker. It helps your workers know what you expect too.

You can use the job description as a guide when screening/interviewing applicants. You can make sure applicants are willing/able to give the kinds of help you need. You can also use it to help you train the workers you hire. You can use it to monitor their performance too. Are they doing the things you hired them to do?

The job description should include:

- A summary of basic job duties.
- Qualifications the person must have.
- Specific information on how you want the job performed.
- Days and times you need help.

You should discuss the job description with your workers. Make sure they agree to perform the care you need. Have them sign a copy of the job description and attach it to your Service Agreement.

If your needs change, you can update the job description. Review the job description with your workers any time it changes. Also, review it at least once a year.

Deciding How Much to Pay Your Workers

There are several rates that can be paid for **most** of the services available. These rates are set by the State. For **most** services, you can decide which rate you will pay each worker. You can pay different workers a different rate. However, you can only set one rate for each worker. How do you know which rate to pay?

Here are some things you may want to think about:

- How much experience does the worker have providing care for you or for others?
- Will care be provided during “normal” work hours? Will the worker provide care in the evenings or on weekends?
- What kinds of tasks will the worker perform? Are they simple tasks? Do they require more skill and effort? Is there heavy lifting involved?
- Will the worker be helping you with your medicine or other health care tasks?
- Will the worker be going with you or transporting you into the community?

Your Supports Broker will talk with you about the rates you can choose to pay.

Minimum Requirements for Workers

A person must meet all of these requirements to be a worker in Consumer Direction:

- Be 18 years of age or older;
- Not be the member's Representative for Consumer Direction;
- Not be the member's spouse, legal guardian or Power of Attorney;
- Be able to perform all of the services (including tasks) needed by the member;
- Be able to provide care at the schedule needed by the member;
- Be able to read, write, understand instructions and communicate with the member;
- Have a valid Social Security number and be authorized to work in the United States;
- Have a criminal record check performed and pass this record check. This includes checks of the abuse and sexual offender registries;
- Complete all required training (including CPR and First Aid);
- Complete all required paperwork to provide care through Consumer Direction;
- Sign a Medicaid Agreement and obtain a Medicaid provider number; and
- Have a valid driver's license and proof of insurance (if they will drive you places).

Hiring Friends and Family

You may already know who you want to hire to give your care. It could be a friend. It could be a family member. You cannot hire your spouse. You cannot hire your Representative. You cannot hire a legal guardian. You cannot hire a Power of Attorney. You cannot pay people to provide care they would have provided for free. ECF CHOICES only pays for care to meet needs that cannot be met by others who help you.

You **cannot** pay anyone who lives with you to provide Personal Assistance, Hourly Respite, Supportive Home Care or Community Transportation. This includes:

- An immediate family member (including a spouse, parent, grandparent, child, grandchild, sibling, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, or adopted and stepfamily members)
- Anyone you currently live with.

Finding Workers

If you do not know who you want to hire, there are many ways to find workers. Be sure friends and family members know you are looking to hire someone. You can make a flyer. You can also make an advertisement (ad). You can post it on bulletin boards at local employment offices and grocery stores. You could also post it at churches, colleges or social service agencies. You can try any place you think you may find people looking for work. Call first or talk with the establishments to find out about rules they may have for posting flyers. There are also many online job boards where you post your opening.

Never include your name. Instead, describe yourself. For example, "Young man who uses a wheelchair needs help with...". Another example is, "Elderly woman looking for help with ...". Never give your home address. It may be best to have interested people respond by phone. That way, you can screen them first.

Screening People You May Want to Hire

Once you find people interested in working for you, you may want to screen them first. Screening means that you ask some questions to find out more about that person. It will help you decide if you want to interview that person. Screening is usually done over the phone. It could be done through email. It could be done other ways too.

Screening helps the applicant understand what you are looking for in an employee. It helps them know what to expect. You can use the job description as a guide. Tell each applicant you screen that you are required by law and TennCareSM rules to conduct a criminal background check. Tell them that you will be checking references. You may also mention the rate (or range of rates) you are willing to pay. This may help you make sure the applicant is still interested.

Ask and answer only job-related questions. Do not ever give out personal information. Only give information on what the person must know in order to decide if they can give the care you need.

Here are some quick tips and reminders about screening applicants:

- Call people back as soon as possible.
- Provide basic information about the job.
- Ask if it sounds like something they are interested in and able to do.
- Ask a few questions:
 - Why are you interested in this kind of work?
 - What training or experience do you have?
 - Are there any parts of the job you may not be able to do? You may want to ask specifically about things like lifting, transfers, help with bathing or toileting, or medication. If you need someone to accompany or transport you into the community, you may want to ask about that too.
- Be organized and take notes. It may be difficult to remember each applicant's responses.
- You may want a family member or friend to help you. You can also ask your Supports Broker.
- Do not answer any personal questions.

After screening, if you think you would like to interview this person, you can set a time while you are on the phone. If you are not sure, you can politely end the conversation. You could say *"Thank you for your time. I will be making my final selections by (date) and will contact my top choices to set up an interview. Thanks again, good-bye!"*.

Remember, you do not have to interview everyone. Let each person know you will call them back if you decide to interview them.

Interviewing

Once you have screened applicants, you are ready to interview applicants. A face-to-face interview gives you the chance to learn about the person applying for the job. It also gives the applicant a chance to learn more about the job. It gives the applicant a

chance to learn what you need and expect. This helps both of you make a good decision.

This works best if you are prepared. It is a good idea to have questions ready that you want to ask. Below are some examples of things to ask. Pick those that make sense for you. Add other questions about the kind of help you need.

Some examples of things to ask are:

- Tell me a little about yourself.
- Tell me about your work experience.
- What do you like best and least about the work you have done in the past?
- Do you have any training or experience helping someone who is elderly or who has a disability? Give some examples.
- Are you comfortable around people with disabilities?
- Are you prompt and reliable?
- How much notice would you need if I need extra help and I am approved for more hours of care?
- Would you be able to help me with lifts or transfers using the right equipment?
- Can you think quickly on your feet? Give some examples.
- How do you handle differences of opinion with an employer? Give an example.
- How do you handle constructive criticism? Can you give an example?
- How do you deal with another person's anger or frustration?
- Do you feel comfortable helping bathe someone?
- Do you feel comfortable helping with toileting?
- Are there things you do not feel comfortable doing?
- Do you have reliable transportation to and from work?
- Describe your best qualities.
- Describe your worst qualities.
- What are your pet peeves?
- Do you prefer/require lots of supervision or just a task list?
- Do you have any questions or concerns about the job?

Questions You Cannot Ask During a Screening or Interview:

When you are an employer, you must be fair to all of the people who apply to work for you. To help you treat people fairly, there are questions you should not ask during a screening or interview. Also, you should not use these reasons to hire (or not hire) someone. It is against the law to not hire a person for any of these reasons:

- **Marital/Parental Status**
 - Do not ask applicants if they are married, pregnant or planning to become pregnant.
 - Do not ask if applicants have children, the number or age of their children, or about childcare.
 - You may ask if a person can work the hours you need help. However, you must ask all applicants (men and women) the same question.
 - Do not ask the applicant about the names of family members or where they work.

- **National Origin or Native Language**
 - Do not ask about a person's birthplace or citizenship. You can ask, "If hired, can you provide proof that you are eligible to work in the U.S.?" However, you do not need to ask since all new employees must complete the federal I-9 form. They will also have to provide that proof. If you decide to ask the question, you must ask all applicants (not just someone you think may not be a U.S. citizen).
 - Do not ask the person about their native (or first) language. It is okay to make sure the applicant can clearly understand and communicate with you in order to do their job. However, you cannot simply ask what language the person speaks.
- **Age**
 - Never ask an applicant's age except to make sure the person is at least 18 years old, which is required for Consumer Direction.
- **Religion, Schools, and Organizations**
 - Do not ask any questions about religious beliefs. Do not ask if the person goes to church or where they go to church. It is okay to be sure they understand the work schedule and are able to provide care when you need it.
 - Do not ask the person about their star (or zodiac) sign.
 - Do not ask where a person goes to school. You can ask about education the person has completed that may help them do the job.
 - Do not ask about clubs or organizations the person belongs to.
- **Criminal Record**
 - Do not ask if the person has ever been arrested. You may ask about a conviction, if it is related to the job. For example, you could ask if the applicant has ever been convicted of driving under the influence. You should only ask this if the person you are hiring will be driving you into the community. Remember, all workers must have a criminal background check performed in order to give care in Consumer Direction.
- **Discharge from Military Service**
 - You can ask about military service, but cannot ask about the type of discharge. That is because it might be a way to learn about other things you cannot ask about—like disabilities or arrests.
- **Race**
 - You cannot ask about or discriminate against any applicant based on their race.
- **Disabilities and Health Problems**
 - With the passage of the Americans with Disabilities Act of 1990 (ADA), you must be very careful when asking questions about an applicant's abilities (or disabilities). You cannot ask if the person has any disabilities or health problems. Instead, describe the requirements of the job and focus on the applicant's ability to meet them. You can ask applicants if they are able to perform all of the required tasks safely.
 - What if an applicant voluntarily discloses a disability or has an obvious disability? If you think it may be necessary to make changes so the applicant can perform

the job, you may ask limited follow-up questions. These questions should help decide what those changes might be. However, never ask questions about the kind or severity of the person's disability.

- **Sex**
 - You cannot discriminate against any applicant based on their gender.
- **Political Party**
 - You cannot ask about the political party the person belongs to or how they vote.
- **Job Attendance**
 - You should tell applicants when care will be needed. Make sure they can work the hours that you need them. It is also okay to ask about an applicant's attendance record at previous jobs. (People miss work for lots of reasons, not just illness.) However, you cannot ask how many absences at a prior job were due to illness. You cannot ask about job-related injuries or workers' compensation claims. Do not ask about the health of family members or others in their life either. Under the ADA, you cannot decide not to hire someone because they have a relationship or association with a person who has a disability.
- **Drug Use**
 - It is okay to ask an applicant about current use of illegal drugs. However, you cannot ask about prior use of illegal drugs. You cannot ask about any prescription drugs they now take. Also, you cannot ask the person if they have any addictions.
- **Finances**
 - You cannot ask if the person owns or rents their home.
 - You cannot ask if the person owns a car, unless the job includes transporting you into the community, and the person will need to drive their own car.
 - You cannot ask the person's credit rating.

Set a day and time for the interview that works for you and the applicant. Decide where you will meet. If you are interviewing in your home, give the person directions to your house. If you prefer not to interview in your home, find another place that works for both of you. Be sure you have each other's phone number in case one of you needs to change the time.

When the Applicant Arrives:

Pay close attention. Do they look neat and clean? Are they dressed appropriately? Do they seem comfortable around you? Do you feel comfortable around them? Find out as much as you can about them.

You will be hiring someone who may perform very personal tasks for you. Your decision may be based on just a few contacts. Make the interview count. Your health and safety depend on the choice you make.

- Try to help the applicant feel comfortable. You can ask "Did you have any trouble finding the house?". Talking about the weather is always safe and helps people relax.
- Have the applicant fill out a job application. (CDTN will give you one.) Then give them the job description. Have the applicant read the job description while you look over the application. Pay attention to:
 - How does it look? Is it neat?
 - Is past experience included?
 - Is it complete? (Does it include work experience and education?)
 - What are the employment patterns? (Are there frequent job changes?)
- Be sure to ask about:
 - Gaps in employment (any time period of over one month).
 - Things that are missing (education, former employers).
 - Inconsistency (information or dates that do not make sense).

(If you have questions about any of the information on the application, ask them during the interview.)

- Explain your disability/needs, as you feel comfortable.
 - Give information that would be important for someone to understand if they were helping you.
 - Review the job description.
- Ask the Interview Questions.

After you finish your questions, ask applicants if they have any questions. The questions they ask can tell you a lot. Be sure not to talk too much. You want to learn about them.

Things to Look Out for:

An applicant who:

- Has alcohol on their breath.
- Appears unclean (dirty hair, dirty fingernails, messy clothes).
- Is rude or disrespectful.
- Is late.
- Discloses confidential or negative information about a previous employer.
- Takes control of the interview.
- Seems to have pity toward you.
- Makes little eye contact (Keep in mind it might also mean the person is shy. It could also be that the person is from a culture that thinks too much eye contact is disrespectful).
- Begins the interview by telling you all the things he or she cannot do or all the times they cannot work.
- Cannot provide references or contact information for former employees (Even someone who just moved should have friends or previous employers elsewhere).
- Says they just really need a job and will take anything for now.

- Looks to a non-disabled person in the room for guidance or directs responses to that person.

Be sure to discuss the following during the interview:

- Duties and responsibilities of the job.
- Specific hours and days of work.
- Rate of pay.
- Arranged time off.
- How they will be trained.
- How their performance will be evaluated.
- How much notice is expected from the worker and employer for termination of services.

Be sure to take good notes. You can refer back to your notes to decide who you want to hire. You do not have to do the interview alone. You can ask a friend or family member to sit in on the interview. You can also ask your Supports Broker. It can be helpful to have someone else to compare notes with after the interview.

Here are Some Quick Tips and Reminders About Interviewing Applicants:

- Hold the interview in a place that is safe for you.
- Having a second person sit in is a good idea for safety and also because that person may notice things during the interview that you do not.
- Eliminate distractions. Turn the TV and radio off. Make sure pets and children will not interrupt.
- Recognize that it is natural to feel nervous when interviewing. The prospective worker is probably nervous too.
- Being prepared for the interview will lower your anxiety level.
- Having a friend or family member with you may help calm your nerves.
- Be Prepared. Before the interview, make sure you have:
 - A blank application form (CDTN will give you one).
 - A job description.
 - Information about your disability.
 - Information about special equipment you use.
 - A way to record your impressions (write them yourself, have a tape recorder, or ask a friend to take notes).
 - A list of the interview questions you will ask (See the list of suggested questions we have included in this handbook).

Planning the Interview Questions:

- Decide ahead of time what questions you will ask and write them down.
- Frame your interview questions to give you the information you need. (At the very least, you want someone who is trustworthy, reliable, and responsible. Ask questions that will give you that information).
- By using the same list of questions for each applicant, you will be able to compare their responses more easily.

Do not ask illegal questions. (See the “Questions You Cannot Ask in a Screening or Interview” page).

Narrowing Down the Applicants

Once you have finished your interviews, you are ready to choose your top candidates. Review the answers the applicants gave you to the interview questions. Review the notes you made too. If you had someone else with you during the interviews, compare notes with them.

After you have considered everything, pick the best ones. Then you need to check references. This is an important step. Never hire someone without talking with each of their references. You should also call former employers. You should call even if they are not listed as references.

Keep a list of names and numbers of your other top choices. Do this even if the first one accepts. You may want to hire more than one worker. Also, you may want to see if others would be willing to be back up workers. You may also want to come back to this list if the worker you hire does not work out.

Making an Offer

After these steps have been completed, you are ready to make an offer. Call to offer the job to the person you want to work for you. If they accept, you will need to meet with the worker next. You will need to fill out the employment packet. This packet is given by CDTN. Your workers must complete all paperwork. Your workers must submit all required paperwork to CDTN. Your workers must complete all required training **before** they can start work. CDTN will let you know when your workers can start.

Background and Registry Checks

If they accept the offer, then CDTN will do the background check. CDTN will also check the abuse and sexual offender registries. They must pass these checks before they can begin to work for you.

What if they do not pass? You can choose to hire a worker who fails the background check. You cannot hire a worker who fails the registry checks though. You must review the results of the background check with your Support Coordinator. You and your Support Coordinator will determine if the results are acceptable. Think carefully before deciding to do this. If you decide to hire someone with a criminal history, you do so at your own personal risk.

Training your Workers

There are different kinds of training your workers must do. All workers must finish this training. Some of the training will be given by CDTN. Some of the training will be arranged by CDTN. There is a list of training topics CDTN must cover.

Also, you must train your workers on how to provide care for you. Schedule a time to orient and train your new worker. You will want to look over the job description again. Do this in more detail. You will want to talk about each of the tasks to be done.

You will want to talk about how you want each task done. Talk about these things even if your worker has experience. Your care is unique. Set the tone that you are the employer. Even if you talked about these things in the interview, it is important that you do it again.

Training a new worker should include:

- A tour of your living space.
 - Show your new worker where supplies and equipment are kept.
- Talk about your disability.
 - Discuss your disability and anything specific your worker should know (i.e., Do you get more fatigued as the day goes on? Are you sensitive to cold? Do you have days on which you can do more for yourself than other days?).
- Explain and demonstrate worker duties.
 - Give an overview of the job duties. Use the job description.
 - Talk about how you want each task to be performed. Give step-by-step instructions, including the order in which they should be performed. Be specific.
 - If possible, have someone there who helps you that can help demonstrate the tasks.
- Safety and Security
 - Lifts and Transfers - Review safe procedures for completing lifts and transfers.
 - If you are requiring your worker to lift you, train them in proper lifting procedures. This will help to avoid injury to either one of you.
 - Discuss safety guidelines for any disability-related equipment the worker will be expected to use.
 - Reinforce safety guidelines for any household appliances or equipment the worker will be expected to use.
 - Discuss what to do in case of an emergency with your worker.
 - Universal Precautions - Reinforce the importance of washing hands thoroughly before and after preparing food and completing personal care duties. Discuss the use of plastic gloves if preferred.
- Expectations – Review the following topics: Job Description and Performance Expectations. Be sure to stress the following topics:
 - **Confidentiality** - What you say and do in your home should remain confidential. The kind of help being provided by your worker is not to be discussed with their friends, family members or other individuals they may work for. Be specific. Some people think if they are not saying something bad about you, it is not a violation of confidentiality. The worker should be reminded that it is disrespectful. The worker should also be reminded that violating confidentiality can be grounds for termination.

- **Punctuality** – Make sure your worker understands the importance of reporting to work on time. If late, this can result in your care not being provided as needed. It can also cause problems with the Electronic Visit Verification (EVV) system and your worker's paycheck.
 - **Record Keeping** – Make sure your worker understands the importance of using the EVV application when starting and ending your care. If they do not, it will cause your worker to not be paid in a timely manner. It can also lead to that person not being able to be your worker anymore
 - **Notice of Time Off** - Discuss what your expectations are.
 - **Mutual Respect** - Let your worker know the kind of behavior you expect and what they can expect from you in return.
 - **Acceptable Behavioral Standards** – Be clear about what you think is appropriate work behavior and what is not (how you speak to each other, dress standards, etc.).
- Review the rate of pay and appropriate schedule. Make sure your worker checks in/checks out with the EVV application.

General Supervision

Talking with your workers on a regular basis is good. It will help you be a good employer. This helps to let them know if they are doing a good job. You should tell them the things they are doing well. You should also tell them about things they could do better. If there are problems, you should talk with the worker right away.

Talk with and treat your worker as you would like to be treated. Be clear about job duties. Be clear about their performance. Be respectful when giving direction and feedback.

Feedback should be specific. Say "You did a good job of cleaning the kitchen yesterday". That is better than saying "Good job". Say "I need you to give me more time to move from my bed". That is better than saying "You move too fast".

Performance Evaluation

It is important to formally review your worker's performance at least once a year. The formal performance evaluation should review two things. It should review the good things you have talked about with your worker. It should also review the bad things.

If there are problems your employee needs to work on, you should talk with them about ways to make things better. You should also agree on what these things are. You should set a timeframe to re-evaluate.

File the evaluation and your notes of the discussion in the binder CDTN gives you.

Signing a Service Agreement

You or your Representative for Consumer Direction must sign a Service Agreement with each worker you employ. It is like a contract. It sets out what each of you agree to do.

The Service Agreement must include:

- The services the worker will provide
- The rate the worker will be paid
- Any self-directed health care tasks the worker will perform while giving your care

A worker cannot start giving your care through Consumer Direction until they have:

- Completed all required paperwork and training
- Passed a background check
- Been found by CDTN to meet all other requirements to be a worker in Consumer Direction
- Signed a service agreement

Setting and Changing Your Workers' Schedule

Your PCSP lists the services you need. For example, it may say you need 20 hours of Personal Assistance per week. This is how services are approved by your MCO. This is based on the **type** of service you need. This is also based on **how much** of each service you need.

Once you hire workers, you must decide the hours that each of your employees will work. **The schedule for your employees must match the amount that is in your PCSP.**

If you have two workers and need the services listed above, two workers may give you care. One worker might give your 5 hours of Personal Assistance on Monday/Thursday mornings. Another worker might give your 10 hours of Personal Assistance on Saturday. You decide how to schedule your workers to give your care. This is based on your preference and needs listed in your PCSP.

You may choose to have a worker give more than one service for you. For example, the same worker may provide both Personal Assistance visits and Community Transportation. That is okay. They just cannot give more than 40 hours of care each week.

Your workers will need to record all time worked by checking in and out for each shift. Your workers must use an EVV compliant time entry method. They must use the CareAttend mobile app. If your worker cannot use the CareAttend app, you will need to notify your Support Broker. You are responsible for reviewing and approving all time entries. You can do this by using the CDTN portal, CareAttend app or via telephone.

What if you want to change your workers' schedule? You can. The hours just cannot be more than what is listed in your PCSP. What if you want to change the number of hours you receive of care? You must contact your Support Coordinator. They will discuss this with you. Your MCO will have to send CDTN a new authorization to give you care. This will be based on the new number of hours.

If a worker gives you more care than what is on your PCSP, the worker may not get paid.

When Things Don't Work Out – Firing an Employee

Firing a worker is never easy. The worker may be a nice person who is just not meeting your needs.

If you decide to fire a worker, you may want to have another person with you when you tell them. This could be a family member. This would be a friend. This could also be your Supports Broker. If you think the worker may become angry or do something to harm you, you should not be alone when you have this discussion.

If possible, do some advance planning. Decide what the final date of employment will be. Try to have another worker ready. If this is not possible, make sure the people in your back-up plan are ready to give your care. This will help while you find someone new.

You should fire a worker right away if your worker has:

- Stolen something from you (this includes using your money or a debit or credit card to buy something without your approval)
- Neglected, abused you, or threatened to harm you
- Done anything that places you at serious risk of harm
- Severely violated your Service Agreement

Any actions that are against the law should be reported to the police. This should also be reported to the MCO. The MCO will submit an incident form and follow their protocol.

CDTN will file the report if notified first. CDTN will work with the Member to terminate/disassociate the worker. CDTN will help with hiring a new employee.

If you have to terminate your worker's employment:

- Keep written notes of the discussion and your reasons for letting them go. This will protect you in case of a later dispute.
- Keep employment records for a while.
- Make sure you get back any keys or other items the person has.

If there are things the worker does well, you can offer to write a letter of reference. This letter can highlight those skills.

Protecting Property and Personal Safety

When you receive care at home, it is a good idea to take a few simple steps to protect your safety. These steps will protect your property too.

To Protect Your Property:

- Make an inventory of valuable items in your home, the date of purchase, and the price. Give a copy of the inventory to your insurance agent or a family member. If you have a loss, it will help you file a claim.
- Mark valuable items so that if they are stolen, they are easier to recover.
- Consider buying homeowner's or renter's insurance to help recover items in case of theft or other loss.

- Check your phone bill and credit card bill to ensure that charges are not being made by someone else.
- Make sure you get keys back from any ex-employee. Change your locks if any keys are not returned by ex-employees.

To Protect Your Personal Safety:

- If anyone threatens you, notify police, as well as neighbors and family/friends. Make sure neighbors and family/friends are aware if you fire an employee.
- Always dial 9-1-1 in an emergency.

Meeting Your Needs While You Get Started in Consumer Direction

It may take a while to get your care started through Consumer Direction. You must complete required paperwork. You must complete required training. Then, you must find workers to hire. They must complete required paperwork. They must complete training. They must also pass a background check.

We want to make sure you get the care you need while you are getting started in Consumer Direction. Your Support Coordinator will help you choose a contracted provider agency. This provider agency can provide your care until your workers are ready. Then, you can start getting the supports through Consumer Direction.

Withdrawal from Consumer Direction

Deciding You don't Want to be in Consumer Direction Anymore

What if you decide you do not like hiring or managing your own workers?

- You can withdraw from Consumer Direction at any time.
- You can choose to keep getting some services through Consumer Direction and decide to use provider agencies for other services.
- You can start getting all of your care through provider agencies. It is your choice.

To end Consumer Direction of any or all services, call your Support Coordinator. They will work with CDTN. After you contact your Support Coordinator, you will need to let your workers know. You will need to tell them that you will no longer need their services after a certain date.

Work closely with your Support Coordinator. This will help to be sure you allow enough time to get provider agencies ready before you stop getting care through Consumer Direction.

When Your MCO Decides it is not Safe for You to be in Consumer Direction Anymore

If your Support Coordinator feels it is unsafe for you to continue getting care through Consumer Direction, you may not be able to stay in Consumer Direction. If you are not able to manage your workers, you may also not be able to stay in Consumer Direction.

This includes things like:

- Your Representative is not able to help you anymore and you do not have anyone else.
- You cannot find or keep workers to give your care.

- Your back-up plan is not working.
- Your workers are not using the EVV system

Your Support Coordinator can recommend that you stop being in Consumer Direction. The final decision is made by TennCareSM. Before your Consumer Direction ends, you will get a letter. That letter will say how to appeal if you think you can make sure your workers use the EVV system and it is safe for you to stay in Consumer Direction.

If you stop getting care through Consumer Direction, you will get the care you need from providers contracted with your MCO.

Appendix

Sample Job Description:

Personal Assistance services needed for a 35-year-old female with developmental disabilities.

Duties Include: Assistance with bathing, dressing, personal hygiene, toileting (including bowel and bladder care), eating, and range of motion exercises. Accompany into the community as needed. Give medication during hours care is provided.

Education and Experience: No degree required. Prefer someone with experience providing personal assistance services in the home for a person with disabilities.

Salary Range: \$10.00 to \$12.50 an hour depending on experience.

Hours: 5 hours per day, Monday, Wednesday and Friday, from 7:00 a.m. to noon and some weekend hours.

Other Requirements: The person selected should be prompt, reliable, able to work independently, and have good personal hygiene. The person selected must submit to a criminal background check.

Sample Want Ads:

Wanted: Person to work full-time as a Personal Assistant for a person with a developmental disability. Some light housekeeping and cooking required. Wages based on experience. Call Deborah at (XXX) 555-XXXX.

Need dependable person to provide Personal Assistance services for a person with a disability. 6 p.m. to 9 p.m. M-F. Salary \$8.00/hour. Call Bill at (XXX) 555-XXXX.



ACTIVITIES & COMMUNICATION LOG

FRONT – AM Services

CHOICES Member: _____						
Sunday ____/____/____	Monday ____/____/____	Tuesday ____/____/____	Wednesday ____/____/____	Thursday ____/____/____	Friday ____/____/____	Saturday ____/____/____
Worker Name: _____	Worker Name: _____	Worker Name: _____	Worker Name: _____	Worker Name: _____	Worker Name: _____	Worker Name: _____
Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____	Start Time: _____
End Time: _____	End Time: _____	End Time: _____	End Time: _____	End Time: _____	End Time: _____	End Time: _____
Services: <input type="checkbox"/> Personal Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Respite	Services: <input type="checkbox"/> Personal Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Respite	Services: <input type="checkbox"/> Personal Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Respite	Services: <input type="checkbox"/> Personal Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Respite	Services: <input type="checkbox"/> Personal Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Respite	Services: <input type="checkbox"/> Personal Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Respite	Services: <input type="checkbox"/> Personal Care <input type="checkbox"/> Attendant Care <input type="checkbox"/> Respite
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Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____	Signature: _____

Member/Employer of Record Signature: _____

Date: _____

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 310

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



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.

Contact OSHA. We can help.

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.





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 tóxicas 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 comuniquen 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 cualquier citación 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.

Llame OSHA. Podemos ayudar.

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.



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



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 SOBRETIENTO

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 evaluaciones 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
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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

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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.

SOBRETIEDO

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
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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 ORIGEN 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

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