

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 follow national standards. It must comply with the same guidelines used by the American Heart Association (AHA) and American Red Cross (ARC) for course development.
2. A hands-on performance of basic first aid and CPR skills is required. It will be evaluated in person by an authorized instructor. Online skills test will not be accepted.
3. TN-issued RN, LPN, CNA, or EMT licenses will fulfill the First Aid requirements. But a CPR certification will still need to be completed.

Below is the list of CPR and First Aid Certifying Entities currently accepted by DDA:

- American Health and Safety Council
- American Safety and Health Institute (ASHI)
- American Heart Association (AHA)
- AHA Heart Saver – including AHA Heartsaver for K-12 Schools
- Child CPR AED
- American Heart Saver
- American Red Cross (ARC)
- EMS Safety Services
- First Responder
- First Response Safety Training
- Health and Safety Institute (HSI)
- Life Aid Medical and Heart Rhythm CPR Training
- Medic First
- MTN Provider Certificates/Cards
- Military Training Network
- Cardiac and Trauma Life Support
- Nashville First Aid and CPR
- National Safety Council (NSC)
- NCS and Walden Security
- Tennessee Department of Children's services and HARMONY FAMILY CENTER
- PATH CPR and FIRST AID
- Waterdogs Scuba and Safety

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		Application for Employer Identification Number		OMB No. 1545-0048	
Form (Rev. December 2019) Department of the Treasury Internal Revenue Service		(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.		EIN	
1 Legal name of entity (or individual) for whom the EIN is being requested					
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)					
4b City, state, and ZIP code (if foreign, see instructions)					
5a Street address (if different) (don't enter a P.O. box)					
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 8a is "Yes," enter the number of LLC members <input type="text" value="0"/>					
9a If line 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9b Type of entity (check only one box). Caution: If line 8a is "Yes," see the instructions for the correct box to check.					
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)					
<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)					
<input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Trust (TIN of grantor)					
<input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard					
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> State/local government					
<input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> REMIC <input type="checkbox"/> Federal government					
<input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> HCSR <input type="checkbox"/> Group Exemption Number (GEN) (if any) <input type="text"/>					
9c If a corporation, name the state or foreign country (if applicable) where incorporated					
10 Reason for applying (check only one box)					
<input type="checkbox"/> Started new business (specify type) <input type="checkbox"/> Banking purpose (specify purpose)					
<input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type)					
<input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business					
<input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> HCSR <input type="checkbox"/> Created a trust (specify type)					
<input type="checkbox"/> Created a pension plan (specify type)					
11 Date business started or acquired (month, day, year). See instructions.					
12 Closing month of accounting year <input checked="" type="checkbox"/> 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"/>					
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) <input checked="" type="checkbox"/> N/A					
16 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker					
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <input checked="" type="checkbox"/> HCSR <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
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 <input type="text"/>					
Third Party Designee					
Designee's name <input checked="" type="checkbox"/> Mikayla Brinda					
Designee's telephone number (include area code) <input checked="" type="checkbox"/> 406-532-8502 ext. 8					
Designee's address and ZIP code <input checked="" type="checkbox"/> 100 Consumer Direct Way, Suite 304, Missoula, MT 59808					
Designee's fax number (include area code) <input checked="" type="checkbox"/> 406-532-8588					
Under penalty 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) <input checked="" type="checkbox"/> 406-532-8588					
Applicant's fax number (include area code) <input checked="" type="checkbox"/>					
Signature <input checked="" type="checkbox"/>					
Date <input checked="" type="checkbox"/>					
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.					
Cat. No. 1520524					
Form SS-4 (Rev. 12-2019)					

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.
- 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.

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

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): _____

Located at: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

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

*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals before Appeal Boards of the TDLWD.

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

XXXXXXXXXXXXXXXXXXXX

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

E m p l o y e r N a m e : _____

Trade Name: _____

Mailing Address: _____

Required:

Authorized Employer Signature: _____ Date: _____

Print Name of Signer: _____ Title: _____

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

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

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.

FICA	7.65%
FUTA	0.60%
SUTA	1.55%
TOTAL	9.8%

Examples of Employee Wage and Cost to Your Budget

SERVICE	EMPLOYEE WAGE	EMPLOYER – COST TO YOUR BUDGET
Personal Assistance	\$10.07	\$11.06
Personal Assistance	\$12.58	\$13.81
Personal Assistance	\$15.10	\$16.58
Personal Assistance	\$16.36	\$17.96
Personal Assistance	\$17.63	\$19.35
Personal Assistance	\$18.88	\$20.73
Supportive Home Care	\$10.07	\$11.06
Supportive Home Care	\$12.58	\$13.81
Supportive Home Care	\$15.10	\$16.58
Supportive Home Care	\$16.36	\$17.96
Supportive Home Care	\$17.63	\$19.35
Supportive Home Care	\$18.88	\$20.73
Respite	\$11.90	\$13.07
Respite	\$14.87	\$16.33
Respite	\$17.85	\$19.59
Respite	\$18.32	\$20.12
Respite	\$18.66	\$20.49

For example: If you want to pay your employee \$12.33 an hour, then \$13.54 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

SERVICE	EMPLOYEE WAGE	OVERTIME WAGE – 1.5 X EMPLOYEE WAGE	EMPLOYER – COST TO YOUR BUDGET
Personal Assistance	\$10.07	\$15.10	\$37.76
Personal Assistance	\$12.58	\$18.87	\$47.18
Personal Assistance	\$15.10	\$22.65	\$56.64
Personal Assistance	\$16.36	\$24.54	\$61.35
Personal Assistance	\$17.63	\$26.44	\$66.10
Personal Assistance	\$18.88	\$28.32	\$70.81
Supportive Home Care	\$10.07	\$15.10	\$37.76
Supportive Home Care	\$12.58	\$18.87	\$47.18
Supportive Home Care	\$15.10	\$22.65	\$56.64
Supportive Home Care	\$16.36	\$24.54	\$61.35
Supportive Home Care	\$17.63	\$26.44	\$66.10
Supportive Home Care	\$18.88	\$28.32	\$70.81
Respite	\$11.90	\$17.85	\$44.63
Respite	\$14.87	\$22.31	\$55.77
Respite	\$17.85	\$26.77	\$66.92
Respite	\$18.32	\$27.49	\$68.72
Respite	\$18.66	\$28.00	\$69.99

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 help with this letter?

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

Spanish: Español

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

- CDTN 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)

Kurdish: کوردی

ئاگاداری: ئه‌گەر به زمانی کوردی قهسه ده‌کهیت، خزمهتگوزاریه‌کانی یارمهتی زمان، به‌خوڕایی، پۆ تو به‌ردهسته.

- 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 ملكتت تغللا ربيعة عا ات مدخدة عاسملا وية غللا رة فوتم لك انجام.

- 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。

- 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.

- 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.

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

French: Français

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

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

Amharic: አማርኛ

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

- CDTN Wellpoint: 888-398-0664 (અનેક નંબર:TRS:711)
- CDTN BlueCare Tennessee: 888-450-3240 (અનેક નંબર:TRS:711)
- CDTN UnitedHealthcare: 888-444-3109 (અનેક નંબર:TRS:711)
- CDTN TennCare DDA: 888-450-3242 (અનેક નંબર: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 ທ່ານ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອດ້ານພາສາ, ໂດຍບໍ່ ແຈ້ງຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ.

- 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.

- 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.

- 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

आनंद: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त भाषा सहायता सेवाएं उपलब्ध हैं।

- 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)

Serbo-Croatian: Srpsko-hrvatski

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

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

Russian: Русский

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

- CDTN 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)

Nepali:

नेपाली

❖ नानिदिनुहोस्: तपाइ❖ले नेपाली बोल्नु❖न्छ भने तपाइ❖को िन❖❖ भाषा सहायता सेवाह❖ िन: शु❖
❖पमा ७७७

- 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.

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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)

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

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

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- CDTN BlueCare Tennessee: 888-450-3240
- CDTN UnitedHealthcare: 888-444-3109
- CDTN TennCare DDA: 888-450-3242

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

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