

Worker Responsibilities – Child First Aid and CPR

Every worker hired in Consumer Direction must obtain Child First Aid (FA) and CPR certification from a TennCareSM approve vendor before they can start providing care to a Member.

- Once a Child FA/CPR class is completed, CDTN must have a copy of the worker's Child FA/CPR card with worker's signature on file.
 - 45-day letter option
- TN HealthCare Professional Licenses
 - If your worker currently holds a valid and active in the state of Tennessee CNA, LPN, RN, or EMT license, this licensure will suffice for FA only. The worker will still need to provide a copy of a CPR card.

Workers must keep FA/CPR certification current and cannot provide care if either Child FA or CPR certification expire.

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

What is EVV *CareAttend* and How to Download

- The CareAttend app is used for worker time entry and submission.
- CareAttend is CDTN's EVV technology used to track workers' time while working for their assigned Member(s). This technology was created in response to the 21st Century Cures Act.
- Employers are not required to use CareAttend app for time entry approval.
- Employers can approve shifts through:
 - CDTN's DirectMyCare portal; and/or
 - The worker's phone when the worker ends their shift.
- In order to use the app or the website for shift approval, you must receive the start date from the Support Broker.

Initial Home Visit with Support Broker

- Complete Employer of Record (EOR) documents.
- Complete Member Fraud form.
- Review worker packet and complete with worker.
 - CDTN Supports Brokers can assist the employer with this, if needed.

Consumer Direction Backup Plan

- Develop the Initial Backup Plan with the Support Broker.
- Implement Backup Plan when necessary.

Protection

- Report to Nurse Care Manager any fraud, mistreatment, neglect, or injury that occurs.
- Contact Nurse Care Manager with any concerns regarding worker or their ability to provide services.

Employer of Record

Becoming an Employer of Record Frequently Asked Questions

- What does it mean to be an Employer of Record?
 - You employ your workers (CDTN does not employ them).
 - Serve as employer (set worker schedule, assign job duties, and review and approve worker shifts).
- How do I become an Employer of Record?
 - Complete the IRS and state forms (following slides).
- Will this affect my personal income taxes?
 - No.
- What if I already have an Employer Identification Number (EIN)?
 - You will need to select someone else to be the Employer of Record; or
 - If your EIN is not being used, CDTN can provide direction for contacting IRS.
- Can someone else be Employer of Record for me?
 - Yes, you can work with your Nurse Care Manager or Case Manager to appoint a Representative who can serve as the Employer of Record for you.

Employer of Record Documents ... IRS Form SS-4

- This is a one-page form. You are asked to review, sign and date the form.
- This form tells the IRS that you are going to be an employer. After CDTN submits this form, the IRS will assign you an Employer Identification Number. This is what the IRS uses to identify employers when filing tax returns and depositing withholding taxes.
- We have entered CDTN's address in lines 4a and 4b so that IRS paperwork relating to this program will not be sent to your home – *it will come to us instead.*

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

Employer of Record Documents ... IRS Form 2678

- This is a 1-page form. You are asked to sign and date the form in the boxes below boxes 9 and 10.
- This form tells the IRS that you are giving CDTN permission to complete tax processes on your behalf for this program.
- This form only allows us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS. It does not allow CDTN access to any of your personal income tax information.

Form **2678 Employer/Payer Appointment of Agent**
(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 form...
(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) HCSR

3 Trade name (if any)

4 Address
100 Consumer Direct Way Suite 303-VA
Number Street Suite or room number
Missoula MT 59808
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

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

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input type="checkbox"/>	<input checked="" 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 disclosure 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.

Print your name here

Print your title here HCSR - Household Employer

Date / /


Best daytime phone

Now give this form to the agent to complete. ➔

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. IRS.gov/form2678 Cat. No. 1507700 2678 (Rev. 8-2014)


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

- This is a 1-page form. You are asked to sign and date at the bottom of the first page.
- This form tells the Tennessee Department of Labor and Workforce Development that you have authorized CDTN to represent you in matters of state unemployment insurance.
- This form establishes CDTN as the mailing address on your employer account.

 State of Tennessee Department of Labor and Workforce Development Employer Services Unit 220 French Landing Drive, Floor 3-B Nashville, Tennessee 37243-1002	
DECLARATION OF REPRESENTATIVE	
This is to certify that (Representative): <u>Consumer Direct For Tennessee as Fiscal Agent</u>	
Located at: <u>100 Consumer Direct Way, Suite 304</u>	
City: <u>Missoula</u>	State: <u>MT</u> Zip Code: <u>59808</u>
Phone: <u>406.532.8502 ext 8</u>	Fax: <u>406.532.8588</u>
is authorized to represent (Employer): _____	
Employer's Federal Employer Identification Number: _____	Applied For <input type="checkbox"/>
Employer's Tennessee Employer Account Number: _____	Applied For <input type="checkbox"/>
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*
<small>*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.</small>	
<small>Summaries of benefits charged are mailed to the primary address of record.</small>	
XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
<small>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.</small>	
Employer Name: _____	
Trade Name: _____	
Mailing Address: <u>100 Consumer Direct Way, Suite 304</u>	
<u>Missoula MT 59808</u>	
Required:	
Authorized Employer Signature: _____	Date: _____
Print Name of Signer: _____	Title: <u>Household Employer</u>
Return to: Tennessee Department of Labor and Workforce Development Employer Services Unit 220 French Landing Drive, Floor 3-B Nashville, TN 37243	Phone: 615-741-2486 Fax: 615-741-7214
LB-0927 (Rev. 07-14)	RDA 1550

Employer of Record Documents - Employer of Record Attestation

- This form has many pages. You are asked to sign and date at the bottom.
- This form confirms that you are agreeing to the roles and responsibilities of being an employer in the program. You must ensure there is no fraud committed.



KATIE BECKETT PROGRAM
EMPLOYER OF RECORD ATTESTATION

Member Name

First: Last:

Employer of Record (EOR) Name

First: Last:

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

Consumer Direct Care Network (CDTN) Responsibilities

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

EOR Terms and Conditions

1. I understand I am the Employer of Record for of any Workers I hire. The Worker is not an employee of CDTN or the State.
2. I will:
 - Choose who provides my services. I know non-qualified Workers cannot be paid. I will make sure the Worker:
 - Can be lawfully employed.
 - Meets program criteria.
 - Has completed required training based on program rules.
 - Passes a background check before starting work.
 - Follow all state fair hiring and firing standards.
 - Abide by all state and federal laws. This includes tax and labor laws.
 - Decide how I will hire Workers.
 - Recruit and interview Workers.
 - Check Worker references.
 - Define the Worker's:
 - Pay from a range of rates set by the state
 - Job duties
 - Job description

Employer of Record Documents-Representative Agreement (if applicable)

- This is a two-page form. You are asked to sign and date at the bottom.
- This form is used if a Member needs or wants to appoint a Representative. The Representative may also serve as the Employer of Record for the Member.



KATIE BECKETT PROGRAM – OPTIONAL FORM AUTHORIZED REPRESENTATIVE AGREEMENT

Member Name	
First Name: <input type="text"/>	Last Name: <input type="text"/>
Employer of Record (EOR) Name	
First Name: <input type="text"/>	Last Name: <input type="text"/>

A Member and/or their Guardian has the right to choose an Authorized Representative (AR). An AR may take some control for the Member and/or Employer. The AR will involve the Member and/or Employer as much as possible.

Fill out the information below only if you want to appoint an AR.

Authorized Representative (AR) Information		
First: <input type="text"/>	Middle: <input type="text"/>	Last: <input type="text"/>
Maiden or Previous Last Name (if applicable): <input type="text"/>		
Mailing Address		
Address Line 1: <input type="text"/>		Address Line 2: <input type="text"/>
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>
Contact Details		
Email Address: <input type="text"/>		
Cell Phone: <input type="text"/>	Home or Other Phone: <input type="text"/>	
Consumer Direct Care Network Tennessee (CDTN) can text me at the cell phone number above. <input type="checkbox"/> Yes <input type="checkbox"/> No I understand that carrier charges may apply.		
Personal Details		
Date of Birth: <input type="text"/>	SSN: <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose
Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Non-Relative <input type="checkbox"/> Legal Guardian/Power of Attorney		
Terms and Conditions		
An AR must:		
<ul style="list-style-type: none">• Not be the Member's Worker• Understand the Member and Employer's wishes• Follow through on the Member's care choices• Be available to the Member and Employer• Be available to program managers• Be at least 18 years old• Submit to background checks, if required• Keep Member and Employer personal information private		
An AR may:		
<ul style="list-style-type: none">• Complete and sign program related forms, paperwork, and service shifts.• Perform Employer related duties, such as:<ul style="list-style-type: none">• Review Worker payroll• Assist in managing Worker(s)• Manage service authorizations		

Hiring Consumer Directed Workers

- The EOR may hire family members, excluding spouses, to serve as Workers. However, a family member shall not be reimbursed for a service that they would have otherwise provided without pay.
- The EOR cannot hire a person who resides with the Member enrolled in Katie Beckett to deliver Supportive Home Care or hourly Respite services.
- The EOR cannot reimburse any person who resides with the Member for Community Transportation.
- The EOR may elect to have a Worker provide more than one service, have multiple Workers, or have both a Worker and an agency provider for a given service. This requires a set schedule which clearly defines when the agency will be used.

Worker Qualifications

- Be at least eighteen (18) years of age or older;
- Complete a background check that includes a criminal background check;
- Not be listed on the State abuse registry;
- Not be listed on the State and national sexual offender registries;
- Licensure verification, as applicable;
- Verification that the person has not been excluded from participation in Medicare, Medicaid, SCHIP, or any Federal health care programs (as defined in Section 128B(f) of the Social Security Act);
- Complete and maintain all required training;
- Complete all required applications to become a TennCareSM provider;
- Sign an abbreviated Medicaid agreement;
- Be assigned a Medicaid provider ID number;
- Sign a Service Agreement; and
- If the Worker will be transporting the Member as specified in the Service Agreement, a valid driver's license and proof of insurance must also be provided.

TN TennCareSM Katie Beckett Part A 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
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	\$20.08
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
Supportive Home Care	\$10.07	\$15.10	\$16.58
Supportive Home Care	\$12.58	\$18.87	\$20.72
Supportive Home Care	\$15.10	\$22.65	\$24.87
Supportive Home Care	\$16.36	\$24.54	\$26.94
Supportive Home Care	\$17.63	\$16.44	\$29.03
Supportive Home Care	\$18.88	\$28.32	\$31.10
Respite	\$11.90	\$17.85	\$19.60
Respite	\$14.87	\$22.31	\$24.50
Respite	\$17.85	\$26.77	\$29.39
Respite	\$18.32	\$27.49	\$30.18
Respite	\$18.66	\$28.00	\$30.74

Have Questions or Need Help? Call CDTN BlueCare at 1-888-450-3420. Or email us at InfoCDTN@consumerdirectcare.com.

Approved / Effective July 2024

SERVICE AGREEMENT – WAGE MEMO

Worker Name	Employer of Record Name	Member Name

Please select at least one service type below and enter the wages to be paid to the Worker. The Member/Employer and/or their Representative will determine the hourly rate of pay for their Worker based on their Consumer-Directed Services budget. You will complete and sign this form with your Member/Employer and/or their Representative. Service provided that exceeds the Member's budget will not be paid by CDTN.

! IMPORTANT: We need to know the hourly rate of pay, not the hourly rate plus Employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That's the information you write in the "Hourly Rate".

"Change Hourly Rate" should be marked **ONLY** if the Worker is already working and you want to change their hourly rate of pay. Upon receipt and processing of a complete and accurate pay rate change form, CDTN will change the hourly rate of pay at the beginning of the next available pay period.

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

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

Back-up Support (check one):

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

Agree and Sign

The Worker and Employer of Record have:

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

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

Worker Signature

Date:

Employer of Record Signature

Date:



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).

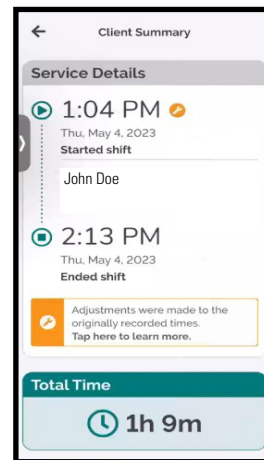


Fig. 01

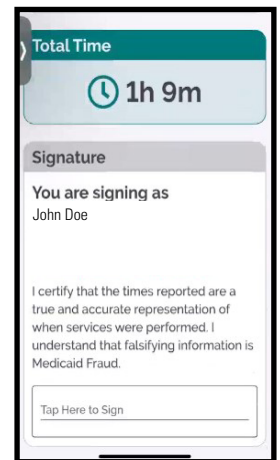


Fig. 02



Fig. 03

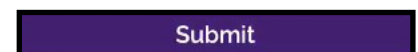


Fig. 04

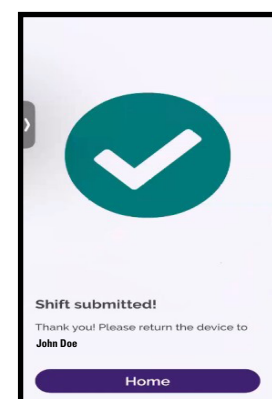
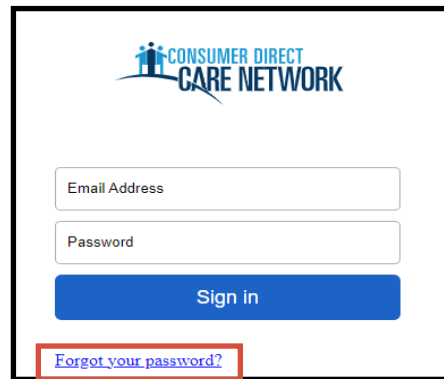


Fig. 05

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

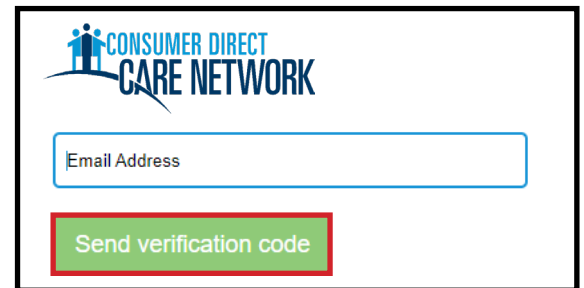
Email Address

Password

Sign in

Forgot your password?

Fig. 01



CONSUMER DIRECT
CARE NETWORK

Email Address

Send verification code

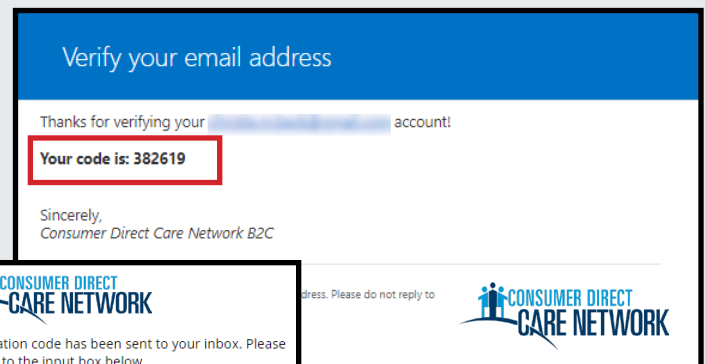
Fig. 02

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!

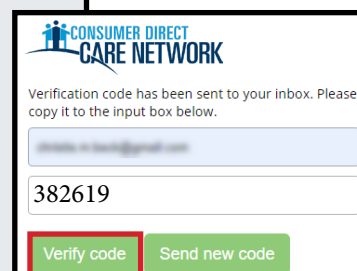
Your code is: 382619

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**

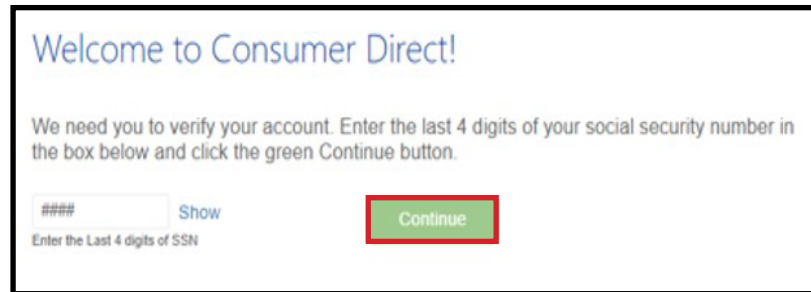
Fig. 04

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!

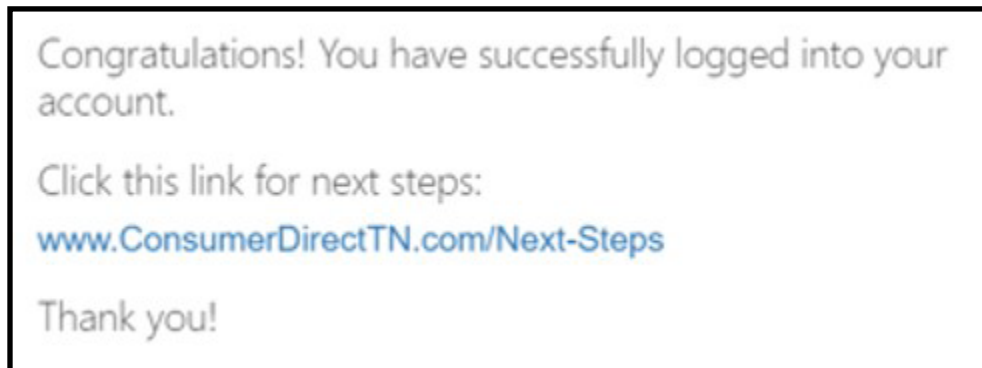
We need you to verify your account. Enter the last 4 digits of your social security number in the box below and click the green Continue button.

Show

Continue

Enter the Last 4 digits of SSN

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.

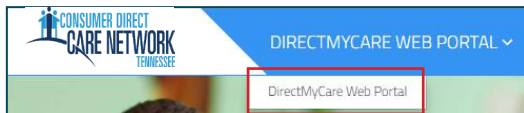
Setting Your IVR Pin



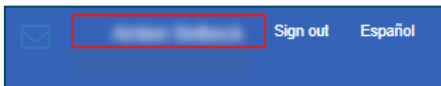
Workers will need to complete the IVR Registration form found on the CDTN website for each Member.

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.

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: ئه‌گهر 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

وظةعلم: اذا ملكتت قغلا ربيعةا اتمددةعاسملا ويةغلا رةفوتم لكلا 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 ເສັຍຄ່າ, 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

❖ नदिनुहोस्: तपाइ❖ले नेपाली बोल्नु❖न्छ भने तपाइ❖को िन❖❖ भाषा सहायता सेवाह❖ िन: शु❖
❖पमा लु❖छ

- 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.

- 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)

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

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

- CDTN Wellpoint: 888-398-0664
- 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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