

## 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:

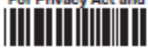

1. The training program must follow national standards. It must comply with the same guidelines used by the American Heart Association (AHA) and American Red Cross (ARC) for course development.
2. A hands-on performance of basic first aid and CPR skills is required. It will be evaluated in person by 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 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 <b>SS-4</b> (Rev. December 2019) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003
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) <b>HCSR</b>		3 Executor, administrator, trustee, "care of" name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>100 Consumer Direct Way, Suite 303-VA</b>		5a Street address (if different) (Don't enter a P.O. box.)		
4b City, state, and ZIP code (if foreign, see instructions) <b>Missoula, MT 59808</b>		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 8a is "Yes," enter the number of LLC members . . . . . ▶ <b>0</b>		
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) ▶ <b>HCSR</b>		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"/> 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) ▶ <b>HCSR</b>		<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 <b>December</b>		
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	Household	Other		
0	0	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) . . . . . ▶ <b>N/A</b>				
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"/> 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) ▶ <b>HCSR</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>HCSR</b>				
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 ▶ _____				
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.				
Third Party Designee		Designee's telephone number (include area code)		
Designee's name <b>Mikayla Brinda</b>		<b>406-532-8502 ext. 8</b>		
Address and ZIP code <b>100 Consumer Direct Way, Suite 304, Missoula, MT 59808</b>		Designee's fax number (include area code) <b>406-532-8588</b>		
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.		Applicant's telephone number (include area code)		
Name and title (type or print clearly) ▶ <b>Home Care Service Recipient</b>		Applicant's fax number (include area code)		
Signature ▶ _____		Date ▶ _____		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.				
Cat. No. 16055N		Form <b>SS-4</b> (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** OMB No. 1545-0748  
 (Rev. August 2014) Department of the Treasury — Internal Revenue Service

**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.**

**For IRS use:**

- 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/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 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.

**X 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.

  
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*
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\*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 benefit charged are mailed to the primary address of record.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

Employer Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Mailing Address: 100 Consumer Direct Way, Suite 304  
Missoula MT 59808

Required:

Authorized Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_


Print Name of Signer: \_\_\_\_\_ Title: Household Employer

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

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

## Employer of Record Documents - Employer of Record Attestation

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



**SELF-DETERMINATION WAIVER PROGRAM (SDWP)**  
**EMPLOYER OF RECORD ATTESTATION**

Member Name		
First:		Last:
Employer 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 Tennessee (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 EOR's tax ID.
4. Follow all IRS and state guidelines.
5. Obtain all proper federal and state powers of attorney.
6. Process all tax exemptions and withholdings.
7. Maintain records of all:
  - Withholdings
  - Filings
  - Payments
8. 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 Employer must watch spending and not exceed the approved amount.
11. Submit all claims to the Program on behalf of the Employer.
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 any Workers I hire. The Worker is not an employee of CDTN or the State.
2. In the Self-Determination Waiver Program, I am not required to have workers' compensation insurance.
3. I will:
  - Choose who provides the Member's 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
    - Work schedule
  - Make sure the details on the USCIS Form I-9 are complete and accurate. I will submit it to CDTN.
  - Tell the Worker they are hired and their start date. This is based on the "Okay to Work" notice from CDTN.



SELF-DETERMINATION WAIVER PROGRAM  
SERVICE AGREEMENT – WAGE MEMO

Worker Name	Employer of Record Name	Member Name

Please select at least one service type below and enter the wages to be paid to the Worker. The hourly rate of pay for the Worker based on the Self-Directed Services budget for the Member.

**! IMPORTANT:** We need to know the hourly rate of pay, not the hourly rate plus employer taxes or other costs. For example: If a person works in a job, they can tell you how much money they make per hour. That is the number you enter in the “Hourly Rate” field.

To see how much the Worker’s hourly rate will cost the EOR, please refer to the Cost to You form.

**Request Type:**    New Service                       Change Hourly Rate      Effective Date: \_\_\_\_\_

Hourly Services – Service Name, Service Code, and Hour Pay Rate:	
Service Name and Service Code	Hourly Rate
<input type="checkbox"/> Personal Assistance	\$_____ per hour
<input type="checkbox"/> Respite	\$_____ per hour
<input type="checkbox"/> Individual Transportation	\$_____ per hour

**Back-up Support (check one):**

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

**Transportation**

If you will transport the Member, provide the following:

- Current Driver’s License; and
- Current proof of Auto Insurance.

**Agree and Sign**

The Worker and Employer of Record have:

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

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

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
*Worker Signature*    *Date*    *Employer of Record Signature*    *Date*





## Consumer Direction Hourly Rates

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

### Examples of Employee Rates

Service	Service Code	Hourly Rate
Personal Assistance	9P060	\$12.89
Personal Assistance	9P050	\$15.04
Personal Assistance	9P040	\$16.62
Personal Assistance	9P030	\$17.77
Personal Assistance	9P020	\$18.77
Personal Assistance	9P010	\$18.95
Personal Assistance	9P000	\$21.04

Service	Service Code	Hourly/Daily Rate
Respite 1: 8-15 Hours/Day	9G821/9G841	\$66.12
Respite 2: 16-24 Hours/Day	9G822/9G842	\$203.05
Respite 3: 24 Hours Awake	9G823/9G843	\$240.54
Respite 4: Less than 8 Hours/Day-Quarter Hour	9G820	\$18.34
FMAP Respite: 16-24 Hours/Day	9G542	\$203.05

Service	Service Code	Unit Rate
Individual Transportation	9T611	\$7.13

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



**Do you need free 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: كوردی**

ئاگاداری: ئهگهر به زمانی کوردی قهسه دهکهیت، خزمهتگوزاریهکانی یارمتهی زمان، بهخوڕایی، بو 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: ربيّةعلا**

وظةعلم: اذا ملكتتةعلا اتمدخدةعاسملا ويةعلا رةفوتم 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 (အဲလ်ဖုန်း အမှတ်:TRS:711 )
- CDTN BlueCare Tennessee: 888-450-3240 (အဲလ်ဖုန်း အမှတ်:TRS:711 )
- CDTN UnitedHealthcare: 888-444-3109 (အဲလ်ဖုန်း အမှတ်:TRS:711 )
- CDTN TennCare DDA: 888-450-3242 (အဲလ်ဖုန်း အမှတ်:TRS:711 )

**Gujarati: ગુજરાતી**  
**સુચના:** જો તમે ગુજરાતી બોલતા હો, તો િન: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**  
 ໂບດຊາບ: ຖ້າວ່າ ທ່ານ ພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນພາສາ, ໂດຍບໍ່ ເສັຽຄ່າ, 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**  
 ❖ान द❖: यदि आप हिंदी बोलते ह❖ तो आपके िलए मु❖ म❖ भाषा सहायता सेवाएं उपल❖ ह❖।

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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)

**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**

आन दिनुहोस्: तपाइले नेपाली बोल्नुन्छ भने तपाइको निन भाषा सहायता सेवाह निन: शुपमा

- 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)
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- 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: <a href="mailto:HCFA.Fairtreatment@tn.gov">HCFA.Fairtreatment@tn.gov</a> Phone: 855-857-1673 (TRS 711)</p> <p>You can get a complaint form online at: <a href="https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html">https://www.tn.gov/tenncare/members-applicants/civil-rights-compliance.html</a></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 &amp; 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: <a href="http://www.hhs.gov/ocr/office/file/index.html">www.hhs.gov/ocr/office/file/index.html</a> Or you can file a complaint online at: <a href="http://ocrportal.hhs.gov/ocr/portal/lobby.jsf">ocrportal.hhs.gov/ocr/portal/lobby.jsf</a></p>
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