Worker Responsibilities – Child First Aid and CPR

Every worker hired in Consumer Direction must obtain Child First Aid (FA) and CPR certification from a TennCare[SM] 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 Intellectual and Developmental Disabilities Acceptable CPR & First Aid Certifying Entities

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

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

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

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

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

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.

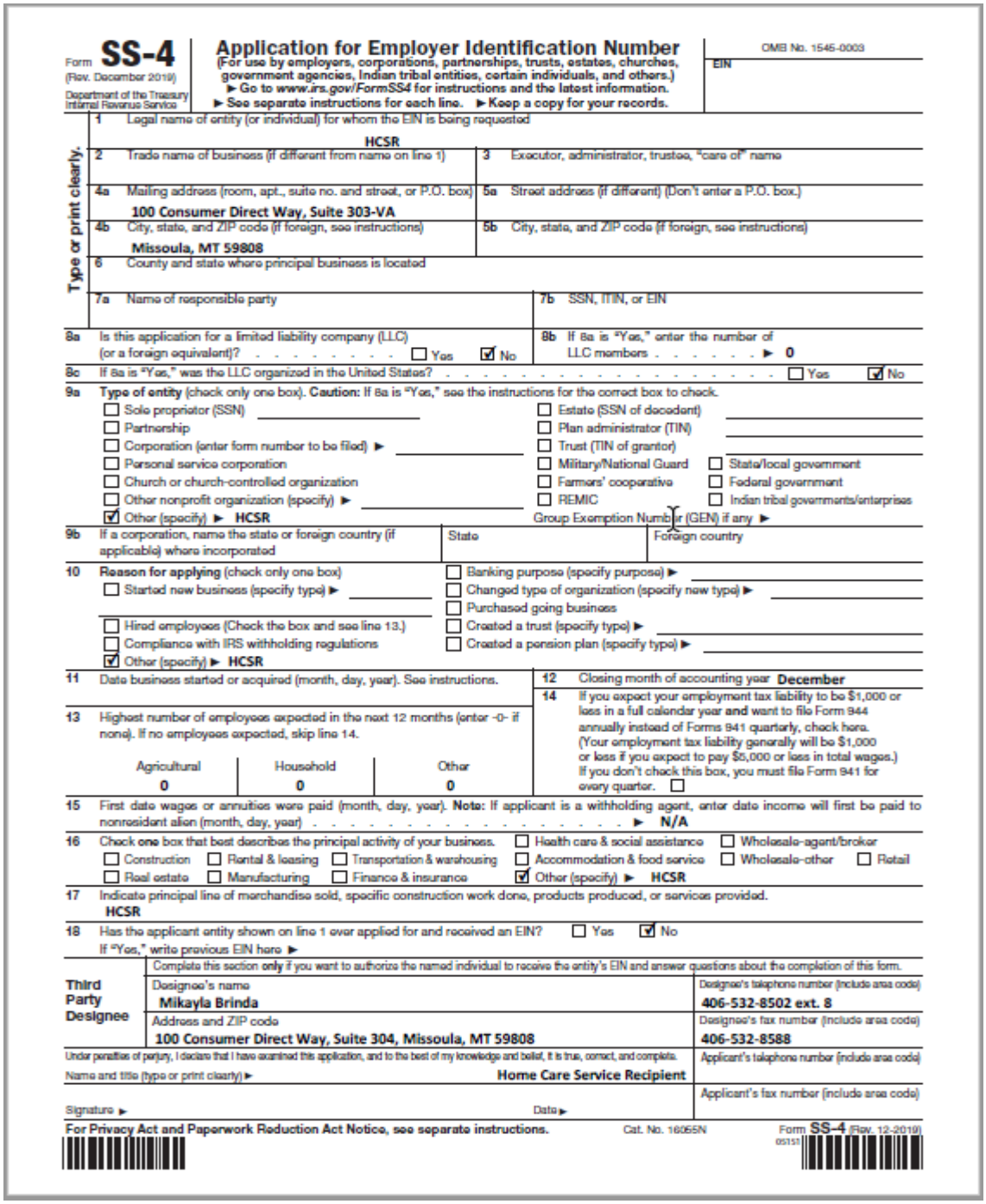
Employer of Record

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

Type or print clearly.

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

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

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
100 Consumer Direct Way, Suite 303-VA

5a Street address (if different) (Don't enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Missoula, MT 59808

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☑ No

8b If 8a is "Yes," enter the number of LLC members ► 0

8c If 8a is "Yes," was the LLC organized in the United States? ☐ Yes ☑ No

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

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State — Foreign country

10 **Reason for applying** (check only one box)
☐ Started new business (specify type) ►
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☑ Other (specify) ► HCSR
☐ Banking purpose (specify purpose) ►
☐ Changed type of organization (specify new type) ►
☐ Purchased going business
☐ Created a trust (specify type) ►
☐ Created a pension plan (specify type) ►

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year **December**

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
0	0	0

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability 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. ☐

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ► N/A

16 Check one box that best describes the principal activity of your business.
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Health care & social assistance ☐ Wholesale-other ☑ Other (specify) ► HCSR

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☑ No
If "Yes," write previous EIN here ►

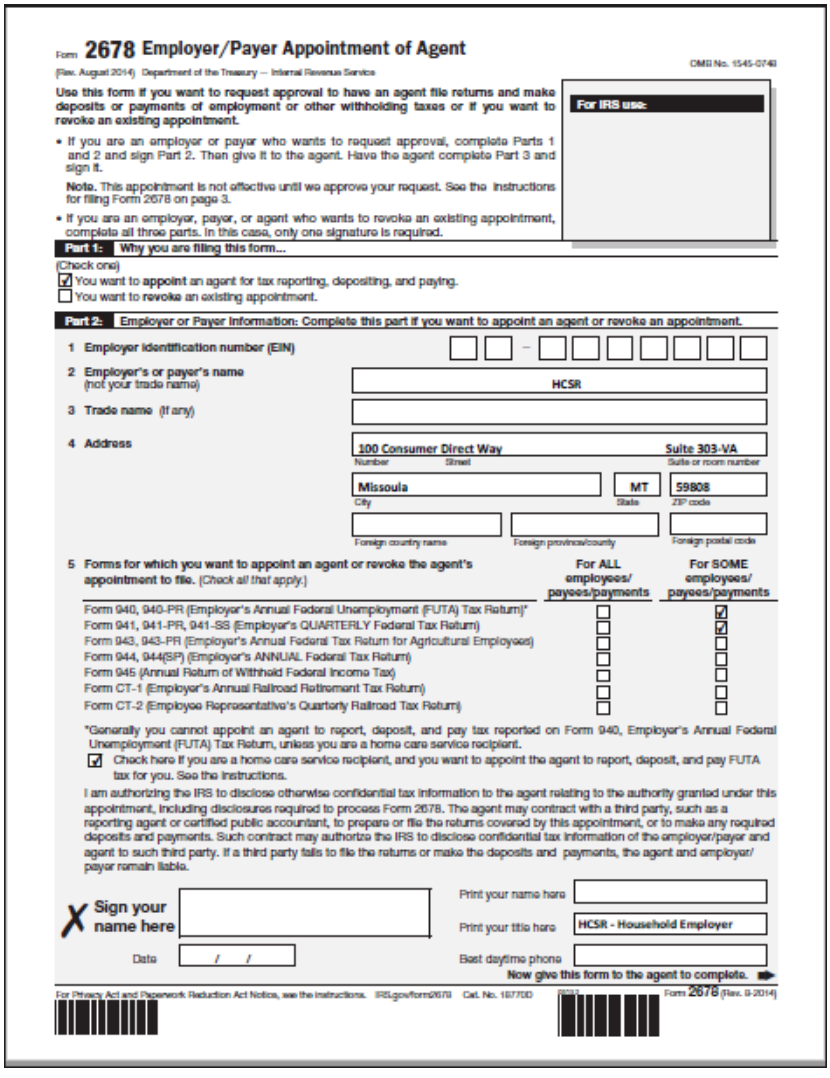
Third Party Designee
Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.
Designee's name: Mikayla Brinda
Designee's telephone number (include area code): 406-532-8502 ext. 8
Address and ZIP code: 100 Consumer Direct Way, Suite 304, Missoula, MT 59808
Designee's fax number (include area code): 406-532-8588

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Name and title (type or print clearly) ► Home Care Service Recipient
Applicant's telephone number (include area code)
Applicant's fax number (include area code)
Signature ► Date ►

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2019)

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. 1545-0746

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, payor, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: 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 (Number Street) — Suite 303-VA (Suite or room number)

Missoula (City) — MT (State) — 59808 (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)*	☐	☑
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	☐	☑
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	☐	☐
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	☐	☐
Form 945 (Annual Return of Withheld Federal Income Tax)	☐	☐
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	☐	☐
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	☐	☐

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

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

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

✗ Sign your name here

Print your name here

Print your title here — HCSR - Household Employer

Date / /

Best daytime phone

Now give this form to the agent to complete.

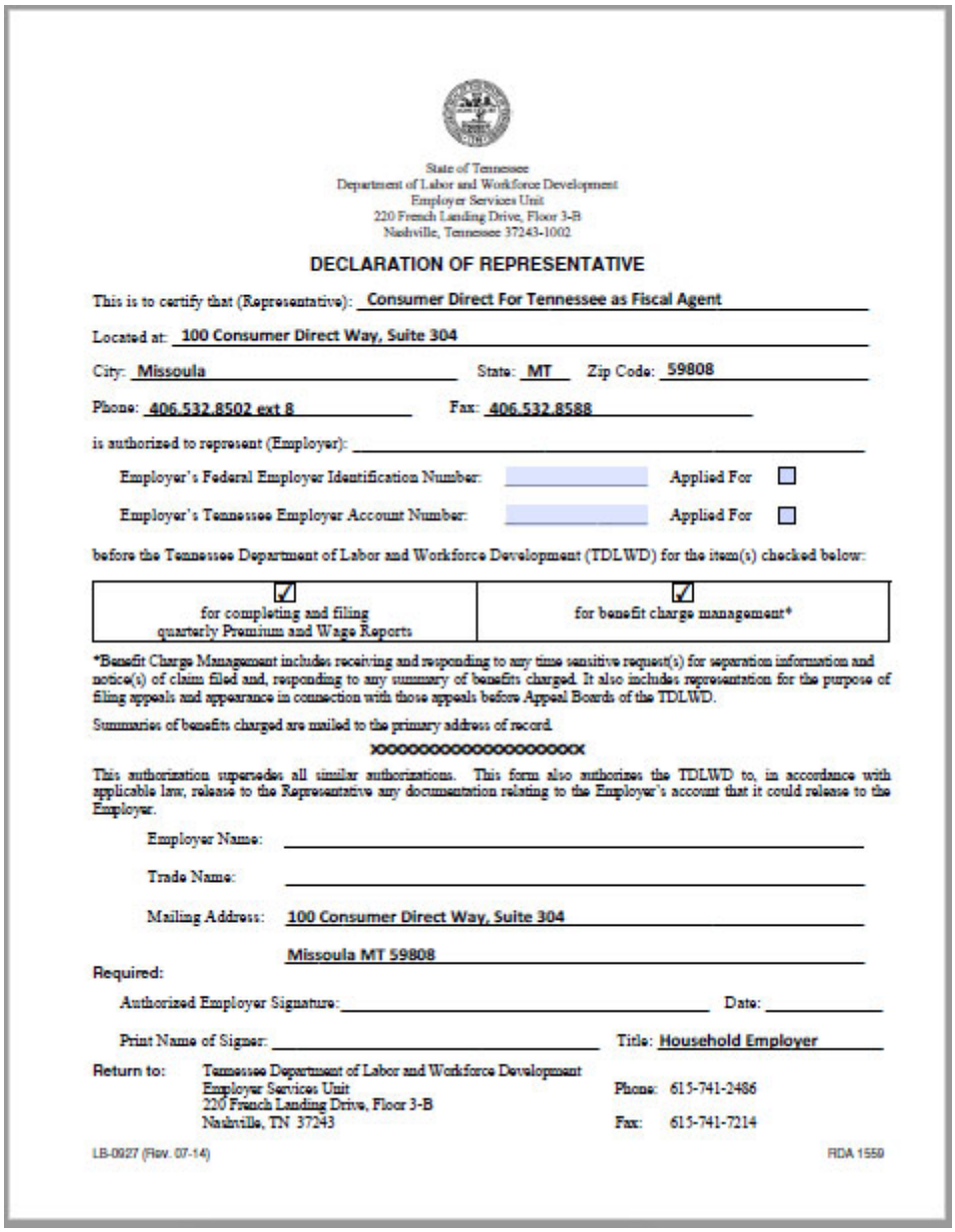
For Privacy Act and Paperwork Reduction Act Notice, see the instructions. IRS.gov/form2678 Cat. No. 16770D Form **2678** (Rev. 8-2014)

Employer of Record Documents…Tennessee Form LB-0927

- This is a 1-page form. You are asked to sign and date at the bottom of the first page.

- This form tells the Tennessee Department of Labor and Workforce Development that you have authorized CDTN to represent you in matters of state unemployment insurance.

- This form establishes CDTN as the mailing address on your employer account.



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

DECLARATION OF REPRESENTATIVE

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

Located at: 100 Consumer Direct Way, Suite 304

City: Missoula State: MT Zip Code: 59808

Phone: 406.532.8502 ext 8 Fax: 406.532.8588

is authorized to represent (Employer): _____

Employer's Federal Employer Identification Number: _____ Applied For ☐

Employer's Tennessee Employer Account Number: _____ Applied For ☐

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

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

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

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

xxxxxxxxxxxxxxxxxxxxx

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

Employer Name: _____

Trade Name: _____

Mailing Address: 100 Consumer Direct Way, Suite 304

Missoula MT 59808

Required:

Authorized Employer Signature: _____ Date: _____

Print Name of Signer: _____ Title: Household Employer

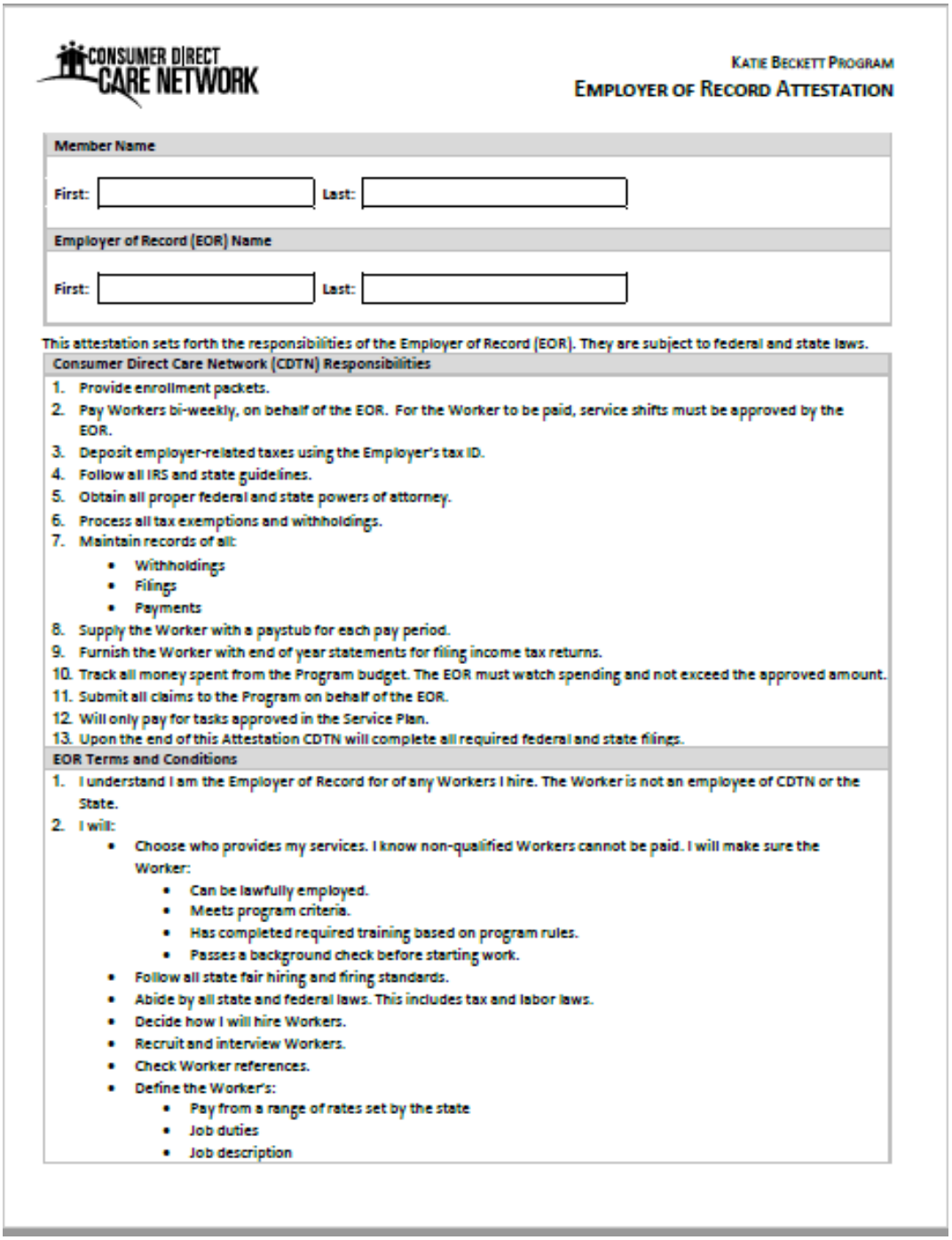
Return to: Tennessee Department of Labor and Workforce Development
Employer Services Unit
220 French Landing Drive, Floor 3-B
Nashville, TN 37243

Phone: 615-741-2486
Fax: 615-741-7214

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

Employer of Record Documents - Employer of Record Attestation

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



CONSUMER DIRECT CARE NETWORK

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

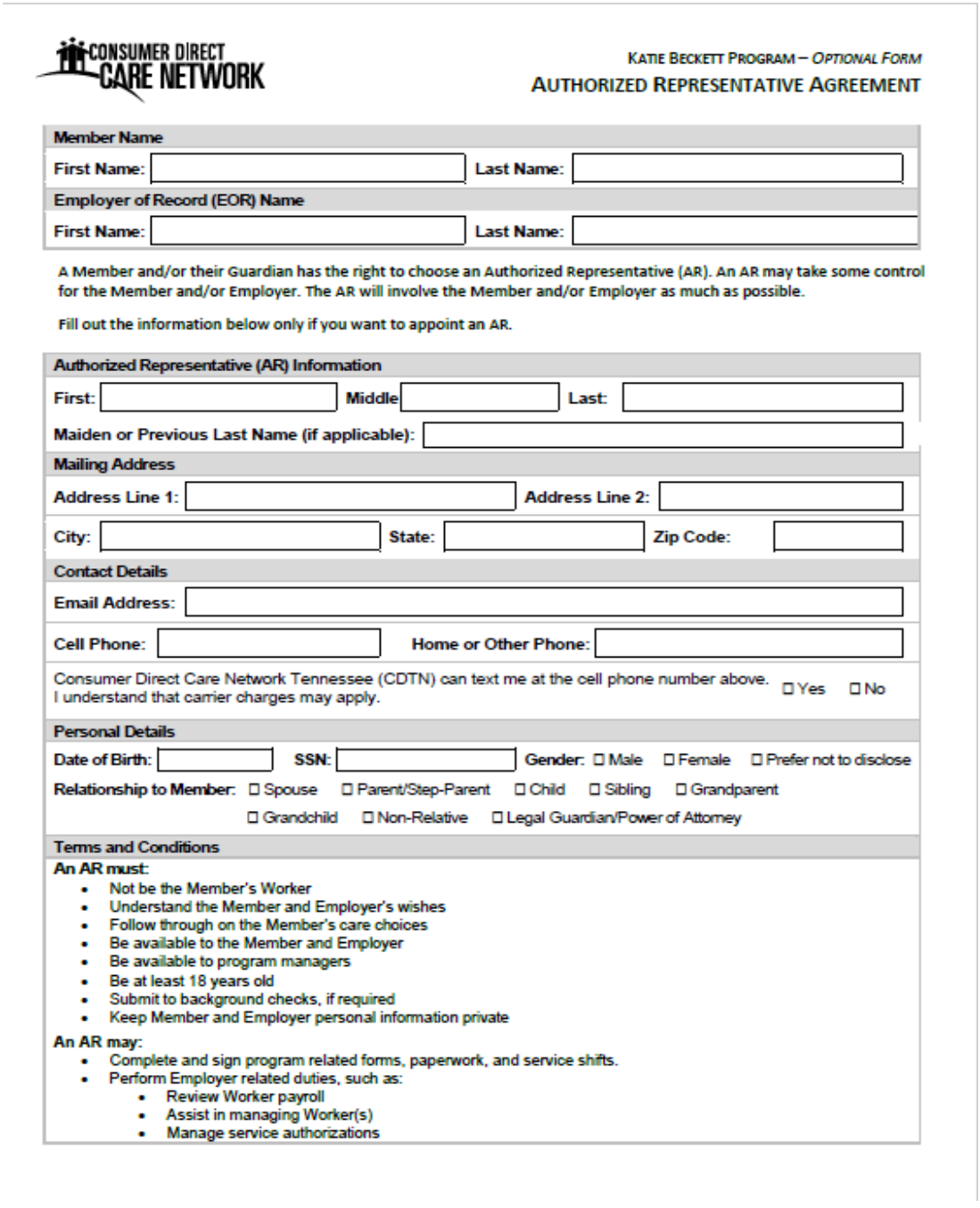
1. Provide enrollment packets.
2. Pay Workers bi-weekly, on behalf of the EOR. For the Worker to be paid, service shifts must be approved by the EOR.
3. Deposit employer-related taxes using the Employer's tax ID.
4. Follow all IRS and state guidelines.
5. Obtain all proper federal and state powers of 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.



CONSUMER DIRECT CARE NETWORK

KATIE BECKETT PROGRAM – *OPTIONAL FORM*

AUTHORIZED REPRESENTATIVE AGREEMENT

Member Name

First Name: _____ Last Name: _____

Employer of Record (EOR) Name

First Name: _____ Last Name: _____

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: _____ Middle _____ Last: _____

Maiden or Previous Last Name (if applicable): _____

Mailing Address

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Contact Details

Email Address: _____

Cell Phone: _____ Home or Other Phone: _____

Consumer Direct Care Network Tennessee (CDTN) can text me at the cell phone number above. I understand that carrier charges may apply. ☐ Yes ☐ No

Personal Details

Date of Birth: _____ SSN: _____ Gender: ☐ Male ☐ Female ☐ Prefer not to disclose

Relationship to Member: ☐ Spouse ☐ Parent/Step-Parent ☐ Child ☐ Sibling ☐ Grandparent ☐ Grandchild ☐ Non-Relative ☐ Legal Guardian/Power of Attorney

Terms and Conditions

An AR must:

- 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:

- Complete and sign program related forms, paperwork, and service shifts.
- Perform Employer related duties, such as:
  - 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 TennCare^{SM} 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.