

Public Partnerships, LLC
Financial Administration Services
One Cabot Road, Suite 102
Medford MA 02155

Phone 1-888-866-1154
TTY 1-800-360-5899
Administrative Fax 1-877-432-4103
Choices.achoice@pcgus.com



Dear Employer:

You have received this letter and the enclosed forms because you have indicated an interest in participating in the CHOICES Consumer Direction Program. In this program, you will have the opportunity to recruit and hire your own staff to assist you in remaining independent in your own home. TennCare and the managed care organizations participating in the CHOICES program have contracted with Public Partnerships, LLC (PPL) to act as the Fiscal Employer Agent (FEA) for CHOICES consumer direction members. In this role, PPL will provide Financial Administration Services and Support Brokerage Services. The Financial Administration Service supports employers by paying workers and assuming responsibility for managing tax filings on your behalf. The Supports Brokerage Service supports employers by helping you manage and coordinate your services.

In order to begin this program, you will need to complete these forms and return them to PPL. Your worker(s) will also need to complete forms and training. Below is a summary of the payroll service and enclosed tax forms. **PPL cannot pay for any services until a completed packet is returned from you and your worker(s) and we receive documentation that both you and your worker(s) have completed all the required training.**

We understand that the forms are technical, so please call us if you have questions at 1-888-866-1154. Thank you.

FORMS TO COMPLETE AND RETURN SIGNED TO PPL

1. IRS Form SS-4 - Application for Employer Identification Number
2. LB-0441 - State of Tennessee Report to Determine Status Application for Employer Number
3. IRS Form 2678 - Employer Appointment of Agent
4. IRS Form 2848 - Power of Attorney & Declaration of Representative
5. LB-0927 – State of Tennessee, Power of Attorney
6. IRS Form 8821 - Tax Information Authorization

NEED HELP? CALL TOLL FREE AT 1-888-866-1154

What is my role as an employer? What is PPL's role in the process?

The CHOICES consumer direction program allows you to hire your own staff to provide certain services. You are the employer. Below is a brief summary of what is done by whom:

As an Employer, you will:

- Recruit, hire and fire all worker(s);
- Establish performance evaluation criteria for worker(s);
- Establish a pay rate (within parameters) for worker(s);
- Assign worker(s) to scheduled services;
- If applicable, train worker(s) on self-direction of health care tasks;
- Institute backup services if your regularly scheduled worker cannot make it;
- Ensure that your worker(s) keep detailed daily notes; and
- Monitor your utilization of authorized service units with reports that PPL provides.

Your Support Broker will:

- Provide required consumer directed training to you;
- Assist you in recruiting, scheduling, training, supervising and evaluating worker(s);
- Check-in with you on a regular basis to make sure consumer direction is working appropriately for you;
- Provide/arrange for required consumer directed training for your worker(s); and
- Assist you in managing and monitoring your authorized services.

PPL will:

- Issue paychecks to workers every two weeks for properly submitted, authorized time;
- Withhold appropriate State and Federal taxes for workers
- File monthly, quarterly and annual forms and tax deposits with State and Federal agencies (See below to learn more about what taxes are withheld)
- Issue W-2 Statements to each worker in January
- Provide utilization reports to you on a monthly basis
- Answer all questions that you and your worker(s) have about payroll and services

NEED HELP? CALL TOLL FREE AT 1-888-866-1154

Your MCO Care Coordinator will:

- Establish your plan of care;
- Authorize consumer directed services;
- Schedule consumer directed services; and
- Serve as point of contact for non-consumer directed services.

Do my workers have to complete paperwork too?

Yes. Workers must complete a separate PPL packet for each employer who employs them, even if the employers live in the same home. Workers also have to complete required training and pass several registry checks and a background check.

Why do I need to sign the USCIS Form I-9 for my workers?

Federal law requires all employers complete the I-9 with their employees. The USCIS Form I-9 certifies that your workers are eligible to work in the United States. Your workers will bring the I-9 to you. You must verify the worker's identity by confirming that all verifications required were presented to you. You must not sign the I-9 unless you have seen official documents which confirm their identity.

Will I be required to pay for services out of my own pocket?

No. Consumer directed services are funded out of the CHOICES program. Your worker(s) will be paid with these funds. Please keep in mind that the CHOICES program does not pay worker(s) bonuses or cover vacation time. Payment is strictly for authorized time worked.

Will I ever receive letters from the IRS and Department of Revenue?

Possibly. Now that you are an employer, you may receive letters and forms from the IRS, Tennessee Department of Revenue and Tennessee Department of Labor and Workforce Development. Public Partnerships does not receive all of these mailings because you are the employer of record with the taxing agencies. It is your responsibility as an employer to forward this information onto Public Partnerships and we will respond to the taxing agencies accurately and timely.

NEED HELP? CALL TOLL FREE AT 1-888-866-1154

What taxes are withheld for each of my workers?

Public Partnerships will withhold Social Security, Medicare (FICA), and Federal income taxes from worker's paychecks. Some worker(s) may be exempt from FICA taxes as a result of their relationship with you, their employer. (PPL provides information regarding this exemption in the employee packet.) A summary of all worker tax withholdings will appear on their paycheck stub. PPL will prepare and mail a W-2 Wage Statement to each worker in January.

Do employers pay taxes too?

Yes. These tax payments are made with CHOICES funds. Employers must match each worker's Social Security and Medicare (FICA) contribution. In addition, you must pay federal and state unemployment insurance contributions for workers. As your agent, PPL will complete all this paperwork, and send you regular reports.

Does this program offer workers compensation?

No. In the state of Tennessee, according to Tennessee Code 50-6-106, the Worker's Compensation Law does not apply to domestic servants and employers of domestic servants and in cases where fewer than five persons are regularly employed. Consumer Directed workers are defined as domestic servants in this law. Workers compensation cases are rare in consumer directed program; however, any incidents should be covered by your homeowner's or renter's insurance policy.

Questions?

Public Partnerships encourages you to call us at 1-888-866-1154 if you have any questions regarding payroll requirements or the process in general. If necessary, PPL staff is available to help walk you through the forms over the phone. We look forward to working with you!

Sincerely,

PPL, your FEA
1-888-866-1154

NEED HELP? CALL TOLL FREE AT 1-888-866-1154

Toll Free Numbers
Phone: 1-888-866-1154
TTY: 1-800-360-5899
Administrative Fax: 1-877-432-4103
Choices.achoice@pcgus.com

CHOICES CONSUMER DIRECTION PROGRAM ENROLLMENT PACKET

This packet contains:

1. An Employer Tax Form Packet. This packet contains tax forms that the individual named on the forms needs to sign or mark and date. It also contains explanations of the tax forms to help you fill them out.
2. Two Employment Packets. These packets are to be completed and signed by your worker(s). Instructions on completing the forms are included in the packet.
3. Three manila envelopes. These are for you to send back your employer tax forms and to provide to your worker(s) for them to send back their employment forms.
4. An Employer Poster Packet. By law, each employer should have these forms available to employees for informational purposes. Please keep them in a location that is accessible to your employees.

Your Support Broker will contact you to help you fill out these forms. If you choose to fill them out by yourself and have questions please do not hesitate to call our customer service line for help at **1-888-866-1154.**

WELCOME TO CONSUMER DIRECTION!

NEED HELP? CALL TOLL FREE AT 1-888-866-1154

IRS FORM SS-4

Application for Employer Identification Number

What is it for?

This form tells the IRS that you are going to be an employer and is used to obtain an Employer Identification Number (EIN) from the IRS. This EIN is used to open state employer accounts and designate all tax deposit and filing responsibility to PPL.

Why isn't my address listed on lines 4a and 4b?

Lines 4a and 4b ask for the mailing address to be attached to this employer account. PPL does not intend to burden you with IRS paperwork. By establishing PPL's address as the mailing address on your employer account, PPL ensures that you will not receive IRS paperwork relating to this program at your home.

Who are the people listed in the 'Third Party Designee' section?

Those are PPL staff members who are experienced obtaining EINs on behalf of employers. These three individuals are the only people who can obtain an EIN on your behalf.

What lines do I complete?

PPL has completed the SS-4 in a way that notifies the IRS that even though you will be the official employer of your workers, you will be using PPL to file and deposit your employer taxes. If you have applied for an EIN in the past, complete lines 16a, 16b and 16c. You also must sign and date the bottom of the form.

Form SS-4 Application for Employer Identification Number		OMB No. 1545-0047
Rev. February 2005 <small>(Department of Treasury)</small>		EIN
<small>(For use by employers, corporations, partnerships, trusts, estates, churches, governmental agencies, Indian tribal entities, certain individuals, and others.)</small>		
<small>See separate instructions for each line. Keep a copy for your records.</small>		
1 Legal name of entity (including for whom the EIN is being requested) Employer First and Last Name		
2 Trade name of business (if different from name on line 1)	3 Decatur, administrator (trustee, "care of" name)	
4a Mailing address (room, apt., suite no. and street, or P.O. box)	4b Street address (if different, do not enter a P.O. box.)	
5 Administrator's title	6 Employer Street Address	
7a City, state, and ZIP code	7b City, state, and ZIP code	
8 County and state within principal business is located		
7a Name of principal officer, general partner, grantor, owner, or trustee		7b SSN (TM), or EIN
9a Type of entity (check only one box)		9b SSN (TM), or EIN
<input type="checkbox"/> Sole proprietor (SSN) EP <input type="checkbox"/> ISSN <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) :- <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) :- <input type="checkbox"/> Other (specify) :-		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmer's cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> HSA/IRA <input type="checkbox"/> Indian tribal government/enterprise <input type="checkbox"/> Group Exemption Number (GEN) :-
10a If a corporation, same the state or foreign country		10b Foreign country
11 Reason for applying (check only one box)		12 Banking purpose (specify purpose) :-
<input checked="" type="checkbox"/> Started new business (specify type) :- HOUSEHOLD EMPLOYER <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRB withholding regulations <input type="checkbox"/> Other (specify) :-		<input type="checkbox"/> Changed type of organization (specify new type) :- <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) :- <input type="checkbox"/> Created a pension plan (specify type) :-
13 Date business started or acquired (month, day, year). See instructions.		14 Closing month of accounting year
01/01/2007		DECEMBER
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 beneficiary after, month, day, year.		16 Closing month of accounting year
01/01/2007		DECEMBER
17 Highest number of employees expected in the next 12 months (enter -0- if none)		
Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No. (If you expect to pay \$1,000 or less in wages, you can mark yes.)		
18 Check one box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Retail & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-retailer <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-retailer <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) <input type="checkbox"/> Household Employer w/ Employer Agent		
19 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
HIRE EMPLOYER FOR HOUSEHOLD CARE		
20 Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Note: If "Yes," please complete lines 16b and 16c.		
21a If you checked "Yes" on line 19a, give applicant's legal name and trade name show on prior application if different from line 1 or 2 above.		
Legal name :- Trade name :-		
21b Approximate date when, and city and state when, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (mo., day, year) :- City and state when filed :- Previous EIN :-		
22 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 name	Designee's phone number (include area code)
	Agnes Smith-Indiana Kidel, Vanessa Stone, Thomas Collins of Public Partnerships, LLC	(617) 428-2026
	Address and ZIP code	Designee's title (include title code)
	8 Admiral's Way Chelsea, MA 02150	()
Under penalty 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 phone number (include area code)
Name and title (type or print clearly) :- Employer First and Last Name Household Employer		() Employer Phone #
Signature :-		Applicant's title number (include title code)
Date :-		()
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 15651-H Form SS-4 (Rev. 2-2005)		

NEED HELP? CALL TOLL FREE AT 1-888-866-1154



State of Tennessee Department of Labor and Workforce Development

Report to Determine Status Application for Employer Number

What is it for?

Every new business that starts up in Tennessee is required to file Form LB-0441, Report to Determine Status Application for Employer Number, so that the Employment Security Division of the State of Tennessee Department of Labor and Workforce Development can determine whether or not the employer is subject to the state unemployment tax. This form is also used to obtain an Employer Account Number.

Will I have to pay for my employee's unemployment benefits?

No. Employer taxes are paid on your behalf by PPL with funds that support the CHOICES consumer direction program.

Some lines are already filled out – is this ok?

Yes. PPL was able to complete these, and it will save you time and work. Some information, however, only you know. Please complete all of these sections and sign the form.

RETURN TO: EMPLOYER SERVICES
 TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 200 W. BENTLEY BLVD., 10TH FLOOR
 NASHVILLE, TN 37203
 (615) 741-3400 FAX: (615) 741-7014

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 REPORT TO DETERMINE STATUS
APPLICATION FOR EMPLOYER NUMBER

1. Enter Federal Number, Business Name and Address

Federal Number: _____
 Employer Name: Employer First and Last Name
 Trade Name: _____
 Mailing Address: Public Partnerships, LLC
6 Adams Way
Chattanooga, TN 37410

PHYSICAL BUSINESS ADDRESS in Tennessee (different from above):
 Employer Street Address: _____
 Employer city, state, and ZIP: _____

PHONE: (____) _____
 FAX: (____) _____
 E-MAIL ADDRESS: Employer Email

2. Is your organization a Small Leasing Company? YES NO If Yes, Tennessee license number: _____
 Is your organization a Small Leasing Company? YES NO

3. CHECK (X) FORM OF ORGANIZATION

INDIVIDUAL
 PARTNERSHIP
 CORPORATION
 LIMITED LIABILITY COMPANY
 LIMITED PARTNERSHIP
 OTHER

Employer First and Last Name: _____ Employer SSN: _____ Employer city, state, and ZIP: _____
 Employer Phone: _____

NOTE: If a Limited Liability Company, are you created by D/W as a(n) Individual Proprietorship Partnership or as a Corporation

4. Name of person responsible for payroll records: Public Partnerships, LLC Phone Number: 617-426-2026

5. A. Number of weeks you have employed (will employ) in TN: 3
 B. Date you last employed (will employ) a worker in TN: 01 / 01 / 2007
 C. Date you last paid (will pay) a worker in Tennessee: 01 / 01 / 2007
 D. Are you presently reporting for UI purposes in another state? YES NO If Yes, which state? _____
 E. If a corporation, give Date and State of Incorporation: _____

6. REGULAR BUSINESS EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID)
 A. Have you employed or do you expect to employ at least one worker in two or more different calendar weeks during a calendar year? YES NO
 If Yes, give earliest month and year this occurred (will occur): MONTH _____ YEAR _____
 B. Have you had or do you expect to have a quarterly payroll of \$1,000 or more? YES NO
 If Yes, give earliest quarter and year this occurred (will occur): QUARTER _____ YEAR _____

7. HOUSEHOLD EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID)
 A. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic services? YES NO
 If Yes, give earliest quarter and year this occurred (will occur): QUARTER _____ YEAR _____

8. AGRICULTURAL EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID)
 A. Have you employed or do you expect to employ at least ten or more workers in some part of a day in twenty different weeks during a calendar year? YES NO
 If Yes, give earliest month and year this occurred (will occur): MONTH _____ YEAR _____
 B. Have you had or do you expect to have a quarterly payroll of \$20,000 or more? YES NO
 If Yes, give earliest quarter and year this occurred (will occur): QUARTER _____ YEAR _____

If you answer Yes to any one of the questions 6D, 7, 8, 9, or 10F, you are liable for unemployment insurance premiums based on the first \$7,000 paid each employee per year.
 Have you previously had an account with this department? YES NO Account Number: _____

Signature: _____ Title: Household Employer Date: _____
 Must be owner, partner, authorized limited liability company member or manager, or officer of the corporation.
 PLEASE COMPLETE PAGE 2. FAILURE TO DO SO WILL RESULT IN RECEIVING THE HIGHEST PREMIUM RATE ASSIGNABLE.
 LB-0441 (04/04) PD-01A

NEED HELP? CALL TOLL FREE AT 1-888-866-1154

Page 7

CHOICES NEW EMPLOYER PACKET

Page 6

1-888-866-1154



IRS FORM 2678 Employer Appointment of Agent

What is it for?

This form tells the IRS that you give permission to do some work for you. signing this form, you authorize PPL to withhold taxes from your employees' paychecks and deposit those taxes with IRS. With this form, you delegate the employer tax responsibility to PPL.

If I appoint you as my agent with the IRS Form 2678, what will you be able to do?

The IRS Form 2678 only allows us to withhold taxes from your employee's paychecks and deposit those taxes to the IRS. This form is only recognized by the other tax agencies do not recognize this The 2678 does not authorize us to perform any other tax responsibilities.

What liability does PPL take when I sign the 2678?

The IRS Form 2678 subjects PPL to all provisions of law, including penalties that the employer incurs. When you authorize PPL as your agent with Form 2678, PPL is responsible *by law* for correctly representing you. PPL incurs any penalties of mis-filing or mis-depositing your employer taxes.

Does the IRS Form 2678 authorize you to file my personal income taxes?

No. PPL only deposits withholding taxes for your employees. PPL cannot handle any of your personal income tax matters.

What sections do I complete?

This form is completed for you. All you must do is sign and date the form in the spaces underneath section 5.

The image shows the front page of IRS Form 2678, titled "Employer/Payer Appointment of Agent". The form includes sections for "Part 1: Why you are filing this form..." with checkboxes for appointing or revoking an agent, and "Part 2: Employer or Payer information..." with fields for EIN, name, trade name, address, and tax forms to be filed. It also contains a signature line for the employer and a section for agent information.

PPL
By

the

IRS.
IRS;
form.

on



IRS FORM 2848

Power of Attorney & Declaration of Representative

What is it for?

This is a very limited Power of Attorney. This form tells the IRS that you authorize PPL's CPA Megan Rising to sign quarterly and annual employer tax withholding reports. This form also allows the IRS to establish PPL's address as the mailing address on your employer account.

Will the FI be able to get information about my personal income taxes now?

No. This form does NOT allow PPL representatives to obtain any personal income tax information or sign for any personal income tax matters. PPL will only be able to sign the forms listed in Section 3 of the form.

I make all decisions about my life. If I sign this, what decisions can PPL make for me?

When you sign this, you give representatives of PPL permission to sign reports that it sends to the IRS and to your service providers. PPL cannot sign for you for any other purposes and cannot make any decisions about your life.

What sections do I complete?

PPL has complete most information for you. You only need to sign and date the form on the second page in Section 9.

2848 Power of Attorney and Declaration of Representative

Part 1 Power of Attorney
 Caution: Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 8.

Taxpayer name(s) and address: MEGAN RISING, PUBLIC PARTNERSHIP, LLC, 148 STATE STREET, 8TH FLOOR, BOSTON, MA 02109

Social security number(s): 216-1-1111

Employer identification number: 44-1111111

City, state, zip code: BOSTON, MA 02109

Telephone number(s): 617-555-1234

Fax number(s) (if applicable): 617-555-1234

2 Representative(s) must sign and date this form on page 2, Part 8.

Name and address: MEGAN RISING, PUBLIC PARTNERSHIP, LLC, 148 STATE STREET, 8TH FLOOR, BOSTON, MA 02109

CAF No.: 000123456

Telephone No.: 617-555-1234

3 Tax matters

Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty (see the instructions for line 3)	Tax Form number (1040, 941, 700, etc.)	Year(s) or Period(s) (see the instructions for line 3)
Payroll Tax	941 (941, 941-SS, 941-MS, 941-ES, 941-ES, 941-ES)	Quarters 1, 2, 3, 4 in 2006-2010

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for Line 4. Specific uses are recorded on CAF.

5 Act(s) authorized. The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. See the line 5 instructions for more information. Dispositions. An unrecorded return preparer cannot sign any document for a taxpayer and may only represent taxpayers in limited situations. See Unrecorded Return Preparer on page 2 of the instructions. An unrelated authority may only represent taxpayers to the extent provided in section 18.3(d) of Circular 230. See the line 5 instructions for restrictions on tax matters partners.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

6 Receipt of refund checks. If you want to authorize a representative named on line 2 to receive, BUT NOT TO ENDORSE OR CASH, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s): _____

For emergency action responses, see the instructions. See page 2 of the instructions. (Rev. 11/97) Form 2848 (Rev. 9-2010)



State of Tennessee, Department of Labor and Workforce Development Power of Attorney

What is it for?

The Form LB-0927 Power of Attorney is very similar to the IRS 2848 Power of Attorney, except LB-0927 is for the Tennessee Department of Labor and Workforce Development. This form tells the Department of Labor and Workforce Development that you authorize PPL to represent you in matters concerning state unemployment insurance. It also indicates to the Department of Labor and Workforce Development to send all mailings related to unemployment insurance to PPL.

Will PPL be able to get information about my personal income taxes now?

No. This form does NOT allow PPL representatives to obtain any personal income tax information or sign for any personal income tax matters.

State of Tennessee
Department of Labor and Workforce Development
Employer Services Unit
500 James Robertson Parkway
Nashville, Tennessee 37245-3555

Power of Attorney

This is to certify: Public Partnerships, LLC

Located at: 146 State Street, 10th Floor

City: Boston State: MA Zip: 02109

Phone: 617-426-2028 Fax: 617-426-4069

is authorized to represent (employer) Employer First and Last Name

Applied For Employer's Federal Employer Identification Number: _____

Applied For Employer's Tennessee Employer Account Number: _____

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

for completing and filing quarterly Premium and Wage Reports. for benefit charge management.

This authorization supersedes all prior Powers of Attorney.

Employer Name: Employer First and Last Name

Trade Name: _____

Mailing Address: Employer Street Address

Employer city, state, and ZIP

Required:

Authorized Employer Signature: _____ Date: _____

Print Name of Signer: Employer First and Last Name Title: Household Employer

Return to: Tennessee Department of Labor and Workforce Development
Employer Services Unit Phone: 615-741-2485
500 James Robertson Parkway, 8th Floor
Nashville, TN 37245-3555 FAX: 615-741-7214

LB-0927 RDA/MA

How long will this Power of Attorney be in effect?

The authority granted by this Power of Attorney will last four years. After four years, the representative listed on the form will not be able to sign for you without you first signing another form like this one.

What sections do I complete?

PPL has completed most information for you. You only need to sign and date the bottom of the form.



IRS FORM 8821 Tax Information Authorization

What is it for?

This form allows PPL to discuss your employer withholding account with the IRS. It does not allow these representatives to sign any documents.

How is this different than the IRS Power of Attorney form?

The IRS Power of Attorney Form allows PPL's CPA *only* to sign employer tax reports. This form allows 3 specific PPL representatives to talk and write to the IRS about your employer tax account.

Will PPL be able to discuss my personal tax account with the IRS?

No. PPL will only be able to discuss the employer tax forms listed in Section 3b. PPL will never be able to obtain any personal income tax information.

I make all decisions about my life. If I sign this, what decisions can PPL make for me?

This form only lets PPL talk and write to the IRS. PPL cannot make decisions about your personal life.

What lines do I complete?

PPL has completed most information for you, but you must sign and date this form in Section 7.



Public Partnerships, LLC
Fiscal/Employer Agent
One Cabot Road, Suite 102
Medford, MA 02155

Toll Free Numbers

Phone: 1-888-866-1154

TTY: 1-800-360-5899

Administrative Fax: 1-877-432-4103

Choices.achoice@pcgus.com

EMPLOYER TRAINING REQUIREMENTS

Before you can begin receiving services in the CHOICES Consumer Direction Program, you must provide PPL with proof that you have completed the required training. Your support broker will provide most of the training to you. You must complete all training.

REQUIRED TRAINING

- Overview of the CHOICES program and consumer direction of HCBS;
- Fulfilling the responsibilities of being an employer;
- Recruiting consumer direction workers;
- Scheduling, training and supervising consumer direction workers;
- Fraud and abuse prevention, identification and reporting; and
- Abuse and neglect prevention and reporting

Your workers will also have to complete required training before beginning to provide services. In addition, workers must complete CPR and First Aid Certification, pass a number of registry checks and pass a criminal background check. Exceptions to background results may be granted at your (the employer's) discretion and only if all of the following conditions are met:

- Offense is a misdemeanor;
- Offense occurred more than five (5) years ago;
- Offense is not related to physical or sexual or emotional abuse of another person;
- Offense does not involve violence against another person or the manufacture, sale, or distribution of drugs; and
- There is only one disqualifying offense.

NEED HELP? CALL TOLL FREE AT 1-888-866-1154

Public Partnerships, LLC
 Financial Administrator
 One Cabot Road, Suite 102
 Medford, MA 02155



Toll Free Numbers
Phone: 1-888-866-1154
TTY: 1-800-360-5899
Administrative Fax: 1-877-432-4103
 Choices.achoice@pcgus.com

Consumer Direction Hourly Rates

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

Type of Service	Gross Hourly Rates
Attendant Care	\$ 8.00
	\$ 10.00
	\$ 12.00
	\$ 13.00
Personal Care Visit	\$ 8.00
	\$ 10.00
	\$ 12.00
	\$ 13.00
	\$ 14.00
	\$ 15.00
In-Home Respite	\$ 8.00
	\$ 10.00
	\$ 12.00

**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 s/he 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.

NEED HELP? CALL TOLL FREE AT 1-888-866-1154