

NC Medicaid	Community Alternatives Program for Children and Disabled Adults CAP/C and CAP/DA Appendix K approval period: 3/13/2020-3/12/2021 or the end of the state emergency, whichever comes sooner	Standard Operating Procedure (SOP)	COVID-19 Care Management Plan
		Creation Date	March 13, 2020
		Implementation Date	March 16, 2020
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SOP Owner	WRenia Bratts-Brown	SOP Co-Owner	

Standard Operating Procedure

Policy reference: Community Alternatives Program for Children and Disabled Adults, 3K-1 and 3K-2; Appendix B, <https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies>

Federal citation for the administration of a 1915(c) Home and Community-based Services Waiver: 42 CFR §441.302

1. **Purpose** – To assure waiver participant health and welfare and the effective delivery of waiver services during the pandemic.
2. **Scope** – Management of a public health emergency, the novel Coronavirus pandemic as known as COVID-19 using an Appendix K.

3. Abbreviations of commonly used terms in Quality Assurance

AA – Administrative Authority
 APS – Adult Protective Services
 CM - Case Manager
 CME – Case Management Entity
 CNR- Continued Need Review
 CPS- Child Protective Services
 DAAS – Division of Aging and Adult Services
 DHSR- Division of Health Services Regulation
 DHHS – Department Health and Human Services
 DSP – Direct Service Provider
 e-CAP – Electronic Workflow Business Management System for the CAP Waivers
 FA - Financial Accountability
 FMS – Financial Management Services
 GS – Goods and Services
 HCB settings – Home & Community-Based settings
 HCBS – Home and Community-Based Services
 HIPAA – Health Insurance Portability and Accountability Act
 HSW – Health, Safety and Well-being
 POC - Plan of Care
 QP – Qualified Provider
 SMA – State Medicaid Agency
 SP – Service Plan

4. Definition of terms

Administrative Authority – The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies and contracted entities.

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Appendix K - A stand-alone document specific for the 1915 (c) Home and Community-based Services Waiver (HCBS) that is used to assist states in managing an emergency as a result of a pandemic/epidemic, natural disaster, national security emergency, or environmental catastrophe.

Alternative Service Setting – A setting that is traditionally outside of the service settings that are approved for waiver services to be rendered or received. These alternative service settings are hotels, shelters, churches and schools.

Coronavirus - A virus identified as the cause of an upper respiratory illness; an infection in the nose, sinuses or upper throat. Definition cited from CDC, <https://www.cdc.gov/>.

Competency Evaluation – An assessment of the direct worker to evaluate the skills and abilities to carry out the health care needs of the waiver participant. The competency evaluation identifies strengths and needs of the direct worker including additional training and education.

COVID -19 Care Management Plan – A health and safety document used to identify the changing needs of the waiver participant due to the pandemic which could exacerbate and individual's diagnosis and functioning level. The plan also provides a guide for a plan of care revision if needed.

COVID-19 Daily Monitoring Log - A health, safety and welfare monitoring log to assist the waiver participant in tracking COVID-19 symptoms to pre-plan for COVID-19 care advice if needed from a medical professional.

COVID-19- Employee Agreement – A temporary agreement due to the public health emergency or stay at home order between NC Medicaid and legally responsible persons, live-in relatives or non-close kinship relatives to become a paid caregiver due to the waiver participant's inaccessibility to personal care services normally provided in the CAP waiver.

Criminal Background Check – A check that is conducted to identify a criminal history which may restrict a direct worker from obtaining employment.

Direct Worker – A non-professional, non-licensed person that is hired to provide personal attendant services to a waiver participant to address assistance with activities of daily living and instrumental activities of daily living. The direct worker may be a family member, friend, neighbor, religious group member or a person that is solicited in a job advertisement.

Essential Worker- A person employed through the CAP waiver to provide in-home aide, personal care assistance, pediatric nurse aide or congregate services and who is primarily assigned the majority of the hours in the approved service plan.

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Financial Accountability – A system design used to process HCBS claims consistent with service plans and to ensure claims are reimbursed per the maximal limits in type, amount, frequency and duration.

Financial Management Services – A service used to support the waiver participant to hire a legally responsible person, a live-in relative or a non-live-in close kinship relative to become a paid caregiver to provide necessary personal care services

Flexibilities – Modifications made to the existing waiver services to offer alternative ways to utilize those services to mitigate current and future risks for a disaster or pandemic.

Fraud, Waste and Abuse – Fraud is the intentional misrepresentation of information to gain undeserved payment for a claim. Waste involves spending federal health care dollars on services that are unnecessary. Abuse involves a questionable practice which is inconsistent with accepted medical or business policies.

Health and Welfare – An effective system for assuring waiver participant's health and welfare.

Health and Welfare Management – A mechanism used to identify needs as a result of COVID-19 (COVID -19 Care Management Plan) that results in the development of a continued plan of care or a revised plan of care to effectively resolve risks and prevent or mitigate further risks to the greatest extent possible.

On-line Training- Training, completed via the internet, for the legally responsible person, live-in relative or a non-live-in close kinship relative to build skills and competencies in caregiving.

Personal Protective Equipment (PPE) – Protective articles or garments designed to protect the wearer's body from injury or infection. During the public health emergency, the Appendix K authorizes specific PPE for CAP to include disinfectant wipes and spray and hand sanitizers, facial tissue and colored liners, when qualifying conditions are met.

Personal Representative – A case manager employed with a local case management entity that demonstrates knowledge and understanding of the Consumer Direction Lite program and processes required for enrollment.

Personal Care Assistance – Employee hired by the employer of record to perform hands-on assistance and provide personal care services as directed by the CAP beneficiary or their legal representative.

Plan of Care – A document created to identify the type, duration, frequency and amount of service needs and service delivery model for the waiver participant.

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Public Health Emergency – Proclamation of an urgent public health concern that is necessary to protect the public health against an imminent or existing threat.

Qualified Provider – A person or entity that has been determined to have met all the standards and qualifying conditions to render a waiver service.

Registry Check – A health care offense check that is conducted to ensure a direct worker is not prohibited from working with vulnerable citizens.

Retainer Payment – A payment that is made to a health care worker who performs assistance with personal care or rehabilitative services to maintain the health care worker when the worker is not able to perform his or her duties due the waiver participant’s absence from the home or inability of the health care worker to meet the waiver participant at his or her home. The retainer payment is authorized for 30 consecutive days for the level of services previously approved on the service plan. The retainer payment ensures the health care worker will return when the waiver beneficiary is able to receive the service again.

Sequestered –To be kept away from others as a result of a public health emergency or a declared stay-at-home order. An Executive Order to stay-at-home was declared for North Carolina for March 27, 2020.

Service Limits – The maximum amount of time or dollars allotted for a service by policy.

Service Plan – A system to address an applicant’s and waiver participant’s assessed needs, health and safety risk factors and personal goals. The person-centered service plan includes the Plan of Care (POC) which lists the services to mitigate risk by type, frequency, duration and amount.

Telephonic Visit – Communication via telephony (physical phone, internet or visual enabled devices), with the waiver participant, caregivers and service provider.

5. **Responsibilities** – To continuously identify emergency strategies to protect the health and safety of the waiver participant by implementing flexibilities in the Appendix K that assist with the management of symptoms and the spread of COVID-19.
6. **Measure** – By April 24, 2020, 100% of all CAP waiver participants will have a COVID-19 Care Management Plan that identifies current health care conditions, family status, COVID-19 potential risks that impact the family unit and a revised service plan that clearly identifies strategies to mitigate current assessed risks and risks of COVID-19.
7. **Procedure** - To authorize an initial or revised service plan (POC) for a waiver participant using the flexibilities in the approved Appendix K for the following waiver services:

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- Case management
- Participant and individual directed goods and services
- Training/education/consultative services
- In-home care, pediatric nurse aide, personal care assistance and congregate services
- Community transition
- Meal preparation and delivery
- Home accessibility and adaptation or equipment, modification and technology

These flexibilities will be applied by:

- a. Increasing the maximum reimbursement limits of waiver services as described on the CAP/DA and CAP/C fee schedules.
- b. Increasing the cost limits for program enrollment when cost of care needs directly related to the management of COVID-19 symptoms exceeds the projected enrollment threshold.
- c. Enrolling individuals previously in an institutional setting who have been diagnosed with COVID-19 and who can safely transition home with the support of HCBS.
- d. Using the modified scope or extended coverage limits in the amounts and frequencies to develop a service plan to mitigate symptoms of or the spread of COVID-19.
- e. Arranging for the waiver participant to receive services in an alternative setting or in out-of-state setting when needed to address safety needs as result of COVID-19.
- f. Completing the initial and annual assessment telephonically, utilizing HIPAA compliance guidelines, during the pandemic to assess needs and to confirm level of care to ensure continued enrollment in the waiver program.
- g. Developing the person-centered service plan telephonically and securing an electronic signature, utilizing HIPAA compliance guidelines, to reduce the delay in finalizing a plan to mitigate risks against COVID-19.
- h. Offering retainer payments to personal care staff when the retention criteria are met on a 30-day authorization period.
- i. Arranging for a live-in family member, a legally responsible person or a non-live-in close kinship relative to render the hands-on care per the approved service plan to the waiver participant and receive payment for a 30-day authorization period.

The listed policy guidance provides instructions on how to implement the flexibilities approved in Appendix K.

1. **Case management** – Covers HIPAA compliant monthly telephonic contact with waiver participant and quarterly telephonic contact with the waiver participant and service providers to monitor the COVID-19 service plan and other essential case management needs. Case management also includes initial and annual telephonic assessments of level of care and reasonable indication of need.

To meet the minimal monitoring requirements to request case management claiming, a monthly telephonic contact must be made with waiver participant and the service provider in accordance with HIPAA guidelines. During the monthly contact visit, the case manager will discuss with the

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waiver participant/primary caregiver the COVID-19 monitoring log and other concerns the waiver participant may have.

To meet the minimal monitoring requirements to request case management claiming, a quarterly telephonic contact must be made with waiver participant and services providers in accordance with HIPAA guidelines. During the monthly contact visit, the case manager will discuss with the waiver participant/primary caregiver the COVID-19 monitoring log and other concerns the waiver participant may have specific to the coronavirus

To monitor the rendering of services provided by a legally responsible person, live-in caregiver, non-live-in close kinship relative, the case manager shall conduct a weekly HIPAA compliant telephonic contact to assess service provision to ensure services were provided in the amount, frequency and duration as listed in the Plan of Care (POC), that waiver participant needs are being met and incidents are appropriately reported.

In instances where the waiver participant is diagnosed with COVID-19, the case manager can seek additional case management funding per month. In order to do this, the case manager must have contact with the waiver participant up to 3 times per week to ensure linkage to health care services to manage symptoms of the virus, not merely checking the status. The case management activities should be clearly documented in case notes in the e-CAP systems that clearly describes monitoring, assessing, planning, linking and follow-up tasks that were extensive and laborious.

In instances where services are provided by a legally responsible person, live-in caregiver, non-live-in close kinship relative, the case manager must conduct a weekly HIPAA compliant telephonic contact with the responsible party to assess service provision to ensure that services are provided in the amount, frequency and duration as listed on the POC; waiver participant needs are being met; and critical incidents are appropriately reported.

- Participant goods and services** – Covers disinfectant wipes, hand sanitizer and disinfectant spray for a non-live in or close kinship relative, assigned certified nursing assistants (CNA) or personal care assistances who can continue to render in-home aide, pediatric nurse aide and personal care assistance services to a waiver participant. Covers facial tissue, touch-free or scanner thermometer and specific colored trash liners to distinguish dirty linen of infected household member to prevent spread. Includes coverage of over-the-counter prescription medication and supplements for the management or prevention of COVID-19. Each waiver participant may receive one order of disinfectant wipes, hand sanitizer and disinfectant spray per month for their assigned certified nursing assistant (CNA) or personal assistance who are not a legally responsible person, live-in caregiver or a non-live-in close kinship relative through the duration of the public health emergency.

Each waiver participant may receive a one-time request for a thermometer to monitor the temperature of the waiver participant, house members and hired worker, when applicable, through the public health emergency When the waiver participant is approved to receive a touch-

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free or temporal scanner thermometer, the waiver participant may use the thermometer to scan the temperature of the in-home aide, pediatric nurse aide or personal care assistance prior to the start of the shift to monitor identified symptoms of COVID-19, if an agreement is reached for the temperature of the in-home aide, pediatric nurse aide or personal care assistance to be monitored. When a temperature reading for an in-home aide, pediatric nurse aide or personal care assistance is 100.4 °F or more, the waiver participant and the in-home aide, pediatric nurse aide or personal care assistance should determine the need to seek health care advice. A separate monitoring log should be used for the in-home aide, pediatric nurse aide or personal care assistance. The touch-free or temporal scanner thermometer should be cleaned after each use. The in-home aide, pediatric nurse aide or personal care assistance should use the disinfectant wipes and spray to clean surfaces the waiver participant and in-home aide, pediatric nurse aide or personal care assistance will share.

For information on COVID-19 please visit <https://www.nc.gov/covid19>.

Each waiver participant may receive two boxes of facial tissue per month and a one-time order of specific colored trash liners in a quantity of 50 to 100 to distinguish dirty linen of infected household member to prevent spread when a member in the household has contracted the COVID-19.

Waiver participant with a prescription for over-the-counter medications and supplements for the management or prevention of COVID-19, provided that these services are not covered by Medicaid, the case manager may authorize the coverage of for those items.

- 3. Training/Education/Consultative Services** – Covers training to the paid worker on personal protective equipment (PPE) and other identified training needs specific to the care needs of the waiver participant to prevent the spread of COVID-19.

Hired workers and family members of waiver participant diagnosed with COVID-19 may request training in a specific subject matter on the management of the health care needs of the waiver participant and training to understand how to use any newly required protective equipment.

Newly hired personal assistances may have the cost of the CPR certification included in the training and education/consultative waiver service. Newly hired personal assistances must obtain CPR certification within 30 business days of the date of hire.

- 4. In-home care, pediatric nurse aide, personal care assistance and congregate** – Covers payment to in-home care, pediatric nurse aide, personal care assistance and congregate services that are slightly modified from the clinical coverage policy and the federal waiver guidelines to mitigate current and future risks from COVID-19.

These services that are rendered by a non-live-in paid caregiver are not required to be used on a monthly basis. Services approved in the service plan may be rendered in various amounts, frequencies, durations and settings, but no less than what has been approved in the service plan.

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Execution of Employee Agreement to legally responsible person, live-in relative or non-live in close kinship relative to meet the needs of the waiver participant when the waiver participant does not have access to the personal care services under the CAP waivers due to the impact from COVID-19. The waiver participant shall enroll in Consumer Direction Lite program and the legally responsible person, live-in relative or non-live-in close kinship relative must agree to the employee requirements that include background checks, criminal and registry and completion of required trainings.

Each waiver participant must have an active service plan that outlines their services to mitigate risks including risks of COVID-19 in the type, amount, frequency and duration. When the waiver participant is not able to receive approved waiver services as described in the service plan for a period greater than 30 calendar days, a recommendation is not required from the case manager to request a consideration of a disenrollment. The case manager will continue to conduct monthly and quarterly telephonic contacts to monitor the waiver participant's care needs to assure appropriate linkage to services listed on the plan and the health and well-being.

Each waiver participant must have an active service plan that outlines his or her services to mitigate risks including COVID-19 in the type, amount, frequency and duration. When the waiver participant is not able to receive the approved waiver services as described in the service plan for a continuous period of 90 calendar days or greater, the waiver participant will not be disenrolled from the waiver program. The case manager will continue to conduct monthly and quarterly telephonic contacts to monitor the waiver participant's care needs to assure appropriate linkage to services listed on the plan and the health and well-being.

Each waiver participant must have an active service plan that outlines his or her services to mitigate risks including COVID-19 in the type, amount, frequency and duration. Services approved in the service plan may be rendered in various amounts, frequencies, durations and settings, but no less than what has been approved in the service plan.

Each waiver participant who no longer has access to the personal care services rendered by his or her hired worker, a live-in family member, legally responsible person or non-live-in close kinship relative shall be approved to render services of in-home aide, personal care assistance and congregate services.

The case manager will revise the service plan to create a Consumer Direction Lite program plan of care. When a revised POC is completed, the request for service hours must not exceed the assessed needs as described in the current assessment or the previously approved POC. The POC revision must include the newly hired legally responsible person, live-in relative or the non-live-in close kinship relative and training/education and consultative services (covers the expense for CPR certification).

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Five days before the expiration of the 30-day agreement plan, an assigned case manager will reevaluate the 30-day retainer plan to identify the ongoing need for the retainer payments. The case manager will assess the following areas:

- a. The unavailability of the previously assigned in-home aide, pediatric nurse aide or personal care assistance for the 30-day assessment; and
- b. A public health emergency is still in place; and
- c. A stay-at home order is still in effect; or
- d. The waiver participant or a member in the home has contracted COVID-19;
- e. Without routine assistance with activities of daily living and instructional activities of daily living, the waiver participant health care condition will begin to deteriorate leading to substantial risks; and
- f. The receipt of unemployment benefits or filing of an unemployment claim by the hired legally responsible person, live-in relative or non-live-in close kinship relative.

The legally responsible person, live-in relative or non-live-in close kinship relative must participate, at a minimum, in monthly and quarterly monitoring telephonic visits with the case manager.

On a case-by-case basis, a legally responsible person, live-in relative or non-live-in close kinship relative who is employed full-time working outside or through a telework agreement may be considered to become the paid caregiver. If approved, a plan must be presented that outlines the specific hours for service provision and the designated work hours that will not conflict with providing care to the CAP beneficiary. A legally responsible person, live-in relative or non-live-in close kinship relative who signs an employee agreement will not be eligible for unemployment.

The below assurances will be implemented:

- When a legally responsible person is authorized to receive payment for providing personal assistance services, the CAP beneficiary is temporarily enrolled in the Consumer Direction Lite program. The enrollment in this service will provide quality assurance of the health, safety and well-being of the CAP beneficiary and provides the controls to ensure that payments are made only for the authorized services.
- The assigned Case Management Entity (CME) shall monitor the CAP beneficiary closely to ensure the services are provided according to the service plan and the waiver participation business requirements are met. Weekly monitoring visits will be conducted.
- The COVID-19 Care Management Plan must be completed and fully describes the ability of the caregiver to function in that role of in-home aide, pediatric nurse aide or personal care assistance.
- A competency skill checklist must be completed on legally responsible person, live-in relative or non-live-in close kinship relative to identify ability and any training needs.
- A training is provided on fraud, waste and abuse.
- A training is provided on critical incident reporting and management.
- A training is provided in abuse, neglect and exploitation.

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An assigned in-home aide, pediatric nurse aide or a personal care assistance must have provided services to the waiver participant within the month (Feb. 1 – Mar. 13, 2020) prior to the announcement of the public health emergency to qualify to become the paid legally responsible person.

Responsibilities of the Personal Care Assistance is to:

- Provide aid with activities of daily living and instrumental activities of daily living which is referred to as personal care services and household maintenance tasks to the waiver participant as described in the Plan of Care (POC).
- Report incidents to the case manager immediately when they occur.
- Meet with the case manager by telephone monthly to provide an update on the health and well-being of the waiver participant
- Monitor the waiver participant carefully for signs of COVID-19 to seek medical advice quickly.
- Submit timesheets to the financial manager timely with only the approved hours as listed in the POC.

Responsibilities of personal representative/case manager:

- Assist the waiver participant with creation of a plan of care that identifies the hours personal care services will be delivered and tasks the personal care assistance will perform.
- Monitor the healthcare needs of the waiver participant through monthly telephone calls.
- Monitor the performance of the paid caregiver through monthly telephone calls.
- Troubleshoot timesheet issues when concerns arise.

Responsibilities of the financial manager:

- Enroll in the Consumer Direction Lite program
- Complete criminal background and healthcare registry checks
- Process timesheets to generate a check for the personal care assistance
- Withhold applicable local, state and federal taxes.

5. **Community transition** – Covers a less than 90-day institutionalized Medicaid beneficiary experiencing COVID-19 symptoms who can safely transition to a home and community-based placement using HCBS services.

When a new applicant is diagnosed with COVID-19 and is currently in an institutional placement and a recommendation is made to transition to a home and community-based setting, the applicant may be expedited to the top of a wait list to undergo an assessment for reasonable need for home and community-based services. The applicant does not have to be in an institutional setting for 90 calendar days or more.

The case manager shall work with medical professionals to create an isolation plan for up to 14-days to manage the spread of COVID-19 in the home setting.

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6. **Meals** - Covers one meal per day for aged and disabled adults participating in CAP/DA who are approved to receive meal preparation and delivery and the meal delivery service is suspended due to COVID-19. This service may cover one food delivery meal (e.g., Uber Eats, DoorDash, Grub Hub or frozen meal) or a similar service.

When the waiver participant is approved to receive meal preparation and delivery and the meal is suspended, the case manager shall revise the POC to include the new meal delivery plan in the agreed amount, but not to exceed the maximum limit.

When the case manager is not able to identify an alternative meal delivery plan, the case manager should identify the need to add additional hours to the POC for in-home aide services to prepare a lunch meal.

When a legally responsible person, live-in relative or non-live-in close kinship relative is enrolled in the Consumer Direction Lite program to become the paid caregiver, the waiver participant will not be eligible for the meal preparation and delivery flexibility.

7. **Home accessibility and adaptation equipment or equipment, modification and technology** – Covers germicidal air filters.

Each waiver participant may request a germicide air filter when he or she does not have the funds to purchase the filter independently. The approved air filter that is an advanced allergen, virus and bacteria reduction HVAC furnace filter.

An air filter that is unsafe, ineffective, or experimental or investigational is excluded.

8. **Retroactive approval dates** - Allows retroactive approval dates to the effective date of the Appendix K when the following conditions are met:
- services are needed;
 - the waiver beneficiary, caregiver or provider is impacted by COVID-19; and
 - the service plan cannot be completed timely.

The Appendix K has an effective period from March 13, 2020- March 12, 2021 or the end of the public health emergency, whichever comes sooner. A plan of care revision may be retroactive to the effective date of the Appendix K to include the approved flexibilities when the COVID-19 Care Management Plan identifies the need. Retainer payments may have a retroactive approval dating back to March 27, 2020 and COVID-19 Employee Agreements may have a retroactive approval dating back to March 13, 2020 when all qualifying conditions of the of the approved flexibilities are met.

9. **Telephonic contact** - Monthly HIPAA compliant telephonic contact with waiver participant and quarterly telephonic contact with waiver participant/primary caregiver and service providers to monitor service plan which must be conducted in accordance with HIPAA requirements.

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Telephonic assessments are allowed for initial, annual, change of status and plan of care revisions of which must be conducted in accordance with HIPAA guidelines.

10. **Reassessment of need** – Allows extended date for annual reassessment of need (level of care-LOC) when the assessment cannot be conducted due to the waiver beneficiary, caregiver or provider being directly impacted by COVID-19.

The annual reassessment and change of status assessments may be performed telephonically. The timelines to complete the annual reassessment may be extended for up to 60 calendar days. Telephonic service plan approvals include an electronic signature by the waiver participant or primary caregiver, when applicable, when in accordance with HIPAA requirements.

11. **Retainer payments** – Allows the authorization of retainer payments to a direct worker in the amount, frequency and duration as listed on the currently approved service plan when a waiver participant does not have access to the personal care services under the waiver due the public health emergency and the stay-at-home order which sequesters the waiver participant. The case manager will conduct a reevaluation to identify a need to retain the personal care worker to ensure continuity of care when the service can resume in the future. The case manager will assess the following areas:

- The agreement of the retainer worker to continue in a retainer agreement; and
- A public health emergency continues to be in place; and
- A stay-at home order is still in effect; or
- The waiver participant or a member in the home has contracted COVID-19;
- Without routine assistance with activities of daily living and instructional activities of daily living, the waiver participant's health care condition will begin to deteriorate leading to substantial risks;
- The receipt of unemployment benefits or filing of an unemployment claim by the previously assigned in-home-home aide, pediatric nurse aide or personal care assistant.

Staff retainer payments can only be made for CAP personal care type services currently authorized in the service plan that were approved on or before March 27, 2020.

The only services that are available for retainer payments are personal care assistance; in-home aide, pediatric nurse aide and congregate services.

Retainer payments are only authorized to maintain the previously assigned worker at the agreement of both parties (the waiver participant and the employee). When a retainer payment is authorized, retainer payments are implemented that includes the following statement “the employee who is being retained is ineligible for unemployment.” The retainer payments will be approved on a 30-day approval period. The retainer payments will be reevaluated five days before the expiration of the 30-day agreement plan to identify the ongoing need for the retainer payments. If the retainer payments need to be extended after the 30-day authorization period, another retainer agreement will be created with a new 30-day effective period.

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SOP Owner	WRenia Bratts-Brown	SOP Co-Owner	

The retainer notice letter will include:

- Name and MID of Beneficiary;
- Name of employee who is being retained;
- Authorization period;
- Service Level Agreement: In-home aide, pediatric nurse aide, congregate services or personal care assistance;
- Wage rate; and
- Statement indicating employee disqualification for unemployment, if the retainer payment is accepted.