

Federal aid package

<https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/Families%20First%20summary.pdf>

Governor's office

<https://governor.kansas.gov/newsroom/press-releases/>
<https://governor.kansas.gov/newsroom/executive-orders/>

Kansas Department of Labor

<https://www.dol.ks.gov/covid19response>

Commerce

<https://www.kansascommerce.gov/covid-19-response/>

Federal SBA disaster loans

<https://disasterloan.sba.gov/ela/>

KDHE/KanCare

KDHE Covid-19 Response

http://www.kdheks.gov/coronavirus/COVID-19_Resource_Center.htm

Some changes that have been implemented on the delivery of KanCare

Communication

- The agencies have developed bulletins for both the member community, as well as the provider community. MCOs will send mailers to their members to keep them updated on changes that might impact them; agencies to post provider bulletins, and have reached out to the trade associations to assist with communication.
- State and MCOs to ensure call centers are prepared to answer member/provider questions appropriately, and are kept abreast of changing environment.
- Agencies and MCOs have identified single point of contact for each entity that is to be on every communication. These leads are responsible for ensuring proper teams are

working toward resolution on assigned tasks, and for keeping the balance of the teams informed.

Policy Changes

- KanCare will be waiving all cost sharing responsibilities for the screening, diagnosis and treatment of all COVID-19 related cases. The members most impacted by this will be those that are in the medically needy/spend down category. Our intent is to allow these members (as well as every other member) equal access to these services without financial penalty. The expectation is that the providers will be paid appropriately for these services, but there will be no out of pocket expense for these members. However, we will still allow these charges to decrement their spend down amount, thus not impacting eligibility in a future spend down period.
 - Screening and diagnostic policy has been distributed. KDHE is working on a policy for any potential treatment options, including extended hospital stays; such policy will be circulated once complete.
- We have instructed the MCOs to temporarily and immediately suspend all face to face visits with members and providers. The MCOs will make every effort to substitute the face to face visits with a telephonic visit, and will also work to schedule an in-person visit as soon as is feasible. This policy is in effect for 30 days, and will be reviewed for possible extension on Monday, April 13th.
 - Member health and safety remains our top priority. MCOs will continue to be proactive in monitoring member safety, and will intervene as necessary if an event requires it; examples would include suspicion of elder abuse, or lack of adequate provider staffing at a facility.
- KanCare is relaxing requirements on pharmacy delivery in an effort to increase mail/delivery utilization to minimize person to person contact.
- Early refill grace period for 30 day prescriptions to be extended; current policy is to allow refills 3 days in advance of the refill date, but we will now allow members to refill their prescriptions 7 days in advance of the refill date, in line with Medicare rules. Narcotics and other high risk pharmacy types will not be a part of this new policy, for safety concerns. KDHE is working on writing a policy, and will share as soon as is feasible.
- KDHE and KDADS will partner to explore options to expand our telemedicine capabilities. We will search for a way to add new originating site locations, and will identify high impact services that can be added to our currently covered scope to broaden our reach. Areas of focus would be increasing options for behavioral health services, and adding locations such as nursing facilities and schools as originating sites.
 - NAMD Board to have a call with CMCS Director Calder Lynch on Monday afternoon to determine which authorities can be exercised to enhance telemed options.
- KDHE is taking steps to adjust eligibility review timing to ensure no disruption in member eligibility; all adjustments will be focused on timing of reviews, and will not change income thresholds.

- Leadership teams are reviewing information coming out of D.C. related to new funding streams and emergency authorities that states can exercise to ensure the program is nimble enough to continually adjust for the State's needs.

Trainings/Public Meetings

- MCOs to modify their forthcoming provider training; it will no longer be an in-person training, but the MCOs will look for an opportunity to have the training as a webinar. Member sessions not likely to be effective as a webinar, so any member sessions scheduled in the next 30 days will be delayed until a reasonable time to reschedule is identified. MCOs will explore options to ensure member communication does not suffer.
- KDHE to delay all public facing trainings/communication sessions for the next 30 days. Team is exploring options to utilize technology to ensure members/providers/public are up to date. Meetings/trainings to be rescheduled as soon as is feasible.