



RESPONDING TO COVID-19

DHSS has been tremendously busy over the last 30 days responding to the COVID-19 crisis as well as attending to the ongoing critical issues, programs, finances, and policy required of running the state's healthcare system. There are many challenges caused by both the contagion and its parallel effects on workforce and accessibility. Our priorities have been:

- Getting assistance and benefits into people's hands faster, with fewer barriers;
- The elderly population and their care and safety;
- The stability and accessibility of healthcare providers; and
- Proactively positioning the Department should this epidemic worsen.

To this end, the following efforts have been made:

For Public assistance and benefits (DPA):

- Modified workflow and accessibility, allowing Alaskans to drop off paperwork and establish call-in appointments to allow better access and ensure public services and social service program eligibility;
- Presumptive eligibility where possible, so benefits accessed faster;
- Changing or waiving protocols like in-person meetings;
- Implementing statewide waivers to remove work requirements for SNAP beneficiaries;
- Asking for and using any federal flexibility in programs to get payments to child care providers and any other assistance programs.

For our facility driven services (Pioneer Homes, DJJ, and API) and our children services, DHSS has worked to:

- Reduce community spread through limited visitation;
- Working with community providers to reduce cross facility spread. (many employees work at various facilities in their community);
- Being mindful and frugal with use of PPE and other supplies to reduce the burn rate;
- Evaluating the need for transport to medical facilities and taking care of more needs in facility; and

- Working with families on end of life request to reduce emergency room and hospital use.

For our Medicaid driven services (HCS, DBH, DPA, and SDS) we have focused on:

- Reducing regulatory burden for providers to give unfettered access to patients;
- Worked with our partners (ASHNHA, ABHA, the Trust, and ANHB) to identify needs and write to massive emergency plans with CMS (the Appendix K and the 1135 Waiver); and
- Working with our federal partners including CMS, ACF, and FEMA to implement emergency protocol for programs and vulnerable populations.

Specifically, the waivers include modifications such as:

- Exempting the settings, scope, duration, and frequency of services provided during the crisis;
- Setting new rates for specific services such as home and community based services for the elderly to incentivize providers to provide care in-home rather than in congregate settings;
- Extending plans of care during the emergency so that providers can focus on care rather than administrative work;
- Extending licensing and credentials of providers including a waiver for Certified Nurse Assistants (CAN) to work on provisional license and out-of-state providers to provide telehealth services while not licensed in Alaska;
- Modifying caregiving requirements allowing Personal Care Attendants (PCA) the flexibility of location to provide more comprehensive care in-homes; and
- Modifying our telehealth capacity to allow services regardless of the origination of the service (i.e. an out-of-state or region provider could provide services without a physical examination in certain cases), removing the video requirement for most services, and relaxing the technological requirements for many services to allow simple interface such as Facetime.

DHSS is leading a discussion with DCEED, DOL, and DNR regarding the commercial fishing industry and its personnel for economic stability of the fleet(s) and has daily discussions with the healthcare industry in order to provide flexibility and maximize healthcare professional recruitment and reimbursement.

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