

Department of Commerce
1000 S.W. Jackson St., Suite 100
Topeka, KS 66612-1354



Phone: (785) 296-3481
Fax: (785) 296-5055
KansasCommerce.gov

David C. Toland, Secretary

Laura Kelly, Governor

9/5/2023

Lydia Parenteau
Federal Project Officer,
Office of Disability Employment Policy
200 Constitution Avenue, N.W., Room S1303, Washington, D.C. 20210

SUBJECT: Exception for provider signature in Kansas RETAIN grant: OD-36362-21-75-4-20

Dear Ms. Parenteau,

Kansas implemented review of electronic medical records (EMR) as a means of identifying potential participants. Self-referrals due to increased outreach efforts and use of screening EMR data has generated patient interest prior to provider referral. The challenge however is in obtaining provider signatures on this referral in a timely manner thus resulting in a lack of or delay in enrollment of patients that otherwise qualified who might benefit from RETAIN. To increase access to RETAINWORKS and support early intervention, we have developed a supplementary procedure for enrolling patients without the requirement of a provider signature. Please review the procedure for approval:

1. Provider Initiated Referrals – Complete “M-003 FF Provider Referral Form” using the current process.
2. Patient Identified by EMR Data – Submit the Provider Form to Internal Provider.
 - a. Provider completes “M-003 FF Provider Referral Form” within 03 (Three) business days of request – use current process.
 - b. Provider does not complete “M-003 FF Provider Referral Form” within 03 (Three) business days of request – use OPTION #1.
3. Patient has Self-Referred and is seeing a **RETAINWORKS** Provider - Submit the M-003 FF Provider Referral Form to Internal Provider (either a or b shall apply).
 - a. Provider completes “M-003 FF Provider Referral Form” within 03 (Three) business days of request – use current process.
 - b. Provider does not complete “M M-003 FF Provider Referral Form” within 03 (Three) business days of request – use OPTION #1.
4. Patient has Self-Referred and is seeing a non-**RETAINWORKS** Provider.
 - a. The non-RETAINWORKS Provider is in your medical system, and you

- have access to the patients records through EMR – use OPTION #1.
- b. The non-RETAINWORKS provider is not in your medical system, and you do not have access to his/her records. – Use Option #2.

OPTION #1

Individuals referred or identified within an internal source, and you have access to EMR data.

The Nurse Navigator can use EMR data to complete M-001-b RETAIN Baseline Participant Form Part 2 (Part B Form) of the enrollment otherwise known as M-001b. If any data missing or confusing, you may contact the providers office to verify or gather more information.

OPTION #2

Individuals referred or identified within an external source, and you DO NOT have access to EMR data. The participant is required to have their provider complete either the M-003 FF Provider Referral Form or the M-001-b RETAIN Baseline Participant Form Part 2 (Part B Form). The provider must be listed on Attachment I of the RETAINWORKS Informed Consent. These must be submitted to the Nurse Navigator for enrollment. The Nurse Navigator can use the data on the provider referral to complete Part B of the enrollment otherwise known as M-001b.

The providers should be sent a letter informing them if a patient is enrolled in Treatment along with this letter, they should receive information about the benefits to the patients as well as the signed informed consent. Additional forms and information can then be requested by the Nurse Navigator or may be requested directly by the patient.

If you need additional information, please contact the project manager, Dale Tower.

Sincerely,



Mike Beene
Assistant Secretary