**North Carolina Farmworker Health Program,**

**Office of Rural Health, NC Department of Health and Human Services**

**Application Guidance for NC Farmworker Health Funding for 2020-2021**

**NC Farmworker Health Program Funding Opportunity: 2020-2021**

**DHHS Division/Office issuing this notice**:   Office of Rural Health

**Date of this notice:**   December 2, 2019

**Deadline to receive applications:** January 22, 2020

**Working title of the funding program:**   NC Farmworker Health Program

**Purpose: Description of function of the program and reason why it was created:**

The North Carolina Farmworker Health Program (NCFHP) is anticipating the receipt of federal funds to increase access to primary and preventive health care services for migrant and seasonal farmworkers and their families in North Carolina. NCFHP grant awards are meant to supplement existing resources in communities and reduce barriers to care so that farmworkers and their family members have access to comprehensive and continuous health care services. NCFHP supports the development of sustainable services for farmworkers by encouraging local partnerships and collaborations to facilitate the inclusion of farmworkers in services that are available for the general community.

**Funding Focus:**

Funds may be used for enabling, medical, dental and behavioral health services for farmworkers and their families when these services are not otherwise available or if the existing services are not sufficient to respond to the demand. Because of the numerous barriers to care that farmworkers experience, NCFHP strongly supports the provision of quality enabling services including outreach, health education, case management, eligibility assistance and referrals to health care.

**Funding Preferences:**

Preference will be given to applicants based on the following criteria listed below.

* Demonstrates a need for increased health care services for migrant and seasonal farmworkers in their community;
* Demonstrates capacity to effectively address barriers to care for farmworkers and provide quality services;
* Demonstrates capacity to assist farmworkers in accessing health care services;
* Proposes an efficient strategy that utilizes local resources and collaborates with other partners to respond to health care gaps that farmworkers face in their community; and,
* Can meet NCFHP requirements and expectations outlined in this document.

**Proposed Project Period/Contract Term:**
April 1, 2020 - March 31, 2021 (exceptions can be made to have a July 1, 2020 – June 30, 2021 project period)

**Funding Availability:**

Awards will depend on the availability of funds.

**Eligible Applicants:**

* Free and charitable clinics
* Health departments
* Hospitals
* Rural health centers
* Federally qualified health centers (FQHCs)
* Non-profit community-based organizations

**Deadline for Submission:**

Submissions are due to Elizabeth F. Lambar at elizabeth.freeman@dhhs.nc.gov by **January 22, 2020.**

**Technical Assistance webinar**: December 5, 2019 from 2-3 pm.

[Join Skype Meeting](file:///%5C%5C10.55.31.169%5CShared%5CFarmworker_Health%5CPublic%5CRFA%2C%20aps%2C%20review%2C%5CRFAs%5C20-21%5CJoin%20Skype%20Meeting)

*\*If you have difficulty connecting to Skype, please call in to the conference line:* 919-420-7945 *and email Sara Gomez at* *sara.gomez@dhhs.nc.gov* *for a copy of the webinar slides.*

*A recording of the webinar will be available on Monday, December 9, 2019 via our website:* [*www.ncfhp.org*](http://www.ncfhp.org)*.*

**Application Checklist:**

**New applicants** must submit the following to be considered for funding:

* A brief Letter of Interest submitted to elizabeth.freeman@dhhs.nc.gov by **January 6, 2020**
* Completed application for funding
* Completed budget (personnel, summary and justification tabs on required budget template)
* Signed assurances page
* 2020 Goals table *(to be disseminated upon receipt of Letter of Interest)*

**Renewal applicants** must submit the following to be considered for funding:

* Completed application for funding
* Completed budget (personnel, summary and justification tabs on required budget template)
* Signed assurances page
* Continuous Quality Improvement & Goal Tables *(to be disseminated week of January 6, 2020)*
* Completed internal control questionnaire (both excel document and PDF with signature page)
* Proof of sufficient vehicle insurance if staff personal vehicles used for transporting patients

**For questions about the grant application,** please contact Ann Watson, 919-527-6470 or ann.watson@dhhs.nc.gov.

**For questions specific to behavioral health services**, please contact Allison Lipscomb at allison.lipscomb@dhhs.nc.gov.

**For credentialing and privileging or clinical CQI questions** please contact Dr. Gayle Thomas at gayle.b.thomas@dhhs.nc.gov.

**Grant Assurances**

As a recipient of HRSA’s health center funding, NCFHP must abide by HRSA’s Health Center Program requirements, some of which are also expected of NCFHP grantees. As a program within the Office of Rural Health, NCFHP grantees must also abide by associated state requirements and expectations including connection to NC HealthConnex. To meet the state’s mandate, a provider is “connected” when its clinical and demographic information are being sent to NC HealthConnex at least twice daily.” For further information, please see the HIEA website: [*https://hiea.nc.govOpens in New Window*](https://hiea.nc.gov/)

**All applicants must abide by the Farmworker Health Grant Assurances included with the grant application.**

**Budget Guidance**

Applicants are required to use the NCFHP Budget Template for 2020-2021 provided with this application and should complete the personnel, summary and budget justification tabs. Budget guidance may be found within the excel document on the final tab.

Cover Page for NC Farmworker Health Program Funding 2020-2021

|  |
| --- |
| **Contractor Name (Agency)** Click or tap here to enter text. |
| **Contractor Tax ID#** Click or tap here to enter text. **Contractor DUNS#** Click or tap here to enter text. |
| **Contractor Street Address** Click or tap here to enter text.**City** Click or tap here to enter text. **State** Choose an item. **ZIP** Click or tap here to enter text. |
| **Contractor P.O. Address** *(if applicable)* Click or tap here to enter text. |
| **City** Click or tap here to enter text.  **State** Choose an item.  **ZIP** Click or tap here to enter text. |
| **Contractor Fax Number** Click or tap here to enter text. |
| **Contract Administrator’s Name** Click or tap here to enter text. **Title** Click or tap here to enter text. |
| **Contract Administrator’s Phone Number:**Click or tap here to enter text. **Email** Click or tap here to enter text. |
| **Contractor Signatory’s Info** *(if different from Contract Administrator)* **Name** Click or tap here to enter text. |
| **Title** Click or tap here to enter text. **Phone Number** Click or tap here to enter text. **Email** Click or tap here to enter text. |

**Agency’s fiscal year:** Choose an item. **through**  Choose an item.

**Agency’s Electronic Health Record** Yes [ ]  No [ ]

If yes, please provide name of EHR. Click or tap here to enter text.

|  |
| --- |
| **Contact person for this application:** Click or tap here to enter text. |
| Phone: Click or tap here to enter text.  | Email: Click or tap here to enter text. |

Application for NC Farmworker Health Program Funding 2020-2021

**Section I: Farmworker Needs & Agency Response**

**Please check the box that corresponds to your agency:**

Choose an item.

If other, please describe: Click or tap here to enter text.

**List all counties where you are proposing to provide farmworker health services, both full and partial county coverage.**

|  |  |
| --- | --- |
| **Counties with full coverage:**  | Click or tap here to enter text. |
| **Counties with partial coverage:** | Click or tap here to enter text. |

1. **Briefly describe the farmworker patient population in your area and any significant changes you have seen among the population this past year. *(limit 75 words each, excluding headers)***

|  |  |
| --- | --- |
| **Demographics:**  | Click or tap here to enter text. |
| **Seasonality:**  | Click or tap here to enter text. |
| **Crops:**  | Click or tap here to enter text. |
| **Significant changes in past year:**  | Click or tap here to enter text. |

1. **Describe any recent changes in your local/regional healthcare environment (e.g., primary care access points, clinic capacity, etc.) that impact access for farmworkers. *(limit 150 words)***

Click or tap here to enter text.

1. **List the top three barriers that exist in your service area that limit farmworkers’ access to comprehensive, continuous primary and preventive health care. *(limit 100 words)***

Click or tap here to enter text.

1. **Please describe how your agency responds to the following common barriers to care that farmworkers experience: *(limit 100 words per barrier)***

|  |  |
| --- | --- |
| **Transportation:**  | Click or tap here to enter text. |
| **Cost of services:**  | Click or tap here to enter text. |
| **Clinic hours of operation:**  | Click or tap here to enter text. |
| **Language:**  | Click or tap here to enter text. |
| **Lack of familiarity with healthcare system:** | Click or tap here to enter text. |

1. **Describe your agency’s approach to providing enabling services both to migrant and seasonal farmworkers. *(limit 150 words each)***

|  |  |
| --- | --- |
| **Migrant:** | Click or tap here to enter text. |
| **Seasonal:** | Click or tap here to enter text. |

1. **Please describe your methods for locating new farmworker camps or housing in your service area. *(limit 150 words)***

Click or tap here to enter text.

1. **Describe how you ensure farmworkers have access to primary care services. *(limit 175 words)***

Click or tap here to enter text.

1. **Describe how you connect farmworkers with dental services. *(limit 175 words)***

Click or tap here to enter text.

1. **Describe how you connect farmworkers with behavioral health services. *(limit 175 words)***

Click or tap here to enter text.

1. **Describe any program achievements, successes or other program highlights during the last grant year. (*limit 250 words)***

Click or tap here to enter text.

1. **Describe any unique efforts your organization has made to engage farmworkers in program planning or general operations. (*limit 150 words)***

Click or tap here to enter text.

**Section II: Strategic Collaborations/Partners**

In the table below, please list all agencies you collaborate with in order to expand your reach and/or to address social determinants of health. In the 3rd column please describe how this collaboration improves your efforts and describe any specific projects or initiatives that you have worked on together this past year. You may list up to 4 other organizations with which you most frequently collaborate, apart from those listed.

|  |  |  |
| --- | --- | --- |
| **Type of Organization** | **Agency Name(s)** | **Impact- How does this collaboration improve reach or farmworkers’ overall wellbeing** |
| **Legal/Worker Rights** (e.g., Legal Aid/NC Justice Ctr) | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Chronic Disease Care Management Programs** (e.g., MCN, Project Access) | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Education** (e.g., Migrant Head Start, Migrant Education) | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Worker Safety & Health** (e.g., Cooperative Extension, DOA, DOL) | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Volunteer groups** (e.g., faith-based, universities) | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Emergency Preparedness**(e.g., Regional Advisory Committee, County Emergency Coordinator)  | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:**  | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other:**  | Click or tap here to enter text. | Click or tap here to enter text. |

**Section III: Access to Health Services**

Please complete the following for each of **your agency’s** **primary care access points** where farmworker patients receive care. Please include mobile clinics if applicable.

|  |
| --- |
| **Access Point #1:**       |
| **Minimum cost per visit**:       |
| **Regular service hours:** |
| Day:       | Time:       |
| Day:       | Time:       |
| Day:       | Time:       |
| **Extended hours available to farmworkers:** ***Example:****Day****: Thursday*** *Time:****6-10 pm*** *Months:* ***April-October*** |
| Day:       | Time:       | Months:       |
|  |
| **Access Point #2:**       |
| **Minimum cost per visit:**       |
| **Regular service hours:** |
| Day:       | Time:       |
| Day:       | Time:       |
| Day:       | Time:       |
| **Extended hours available to farmworkers:**  |
| Day:       | Time:       | Months:       |
|  |
| **Access Point #3:**       |
| **Minimum cost per visit**:       |
| **Regular service hours:** |
| Day:       | Time:       |
| Day:       | Time:       |
| Day:       | Time:       |
| **Extended hours available to farmworkers**  |
| Day:       | Time:       | Months:       |
|  |
| **Access Point #4:**       |
| **Minimum cost per visit**:       |
| **Regular service hours:** |
| Day:       | Time:       |
| Day:       | Time:       |
| Day:       | Time:       |
| **Extended hours available to farmworkers**  |
| Day:       | Time:       | Months:       |
|  |
| **Access point #5:**       |
| **Minimum cost per visit**:       |
| **Regular service hours:** |
| Day:       | Time:       |
| Day:       | Time:       |
| Day:       | Time:       |
| **Extended hours available to farmworkers**  |
| Day:       | Time:       | Months:       |

HRSA requires NCFHP to provide or facilitate access to the services listed below. Therefore, NCFHP service delivery grantees must also provide these services either directly or via a referral. These services may be paid for by NCFHP, leveraged by your agency, or paid for by the patient. Please list all agencies where your farmworker patients receive these services.

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Agency/Name of Provider** | **Counties Served** |
| **Primary care** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Diagnostic laboratory** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Diagnostic radiology** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Screenings (cancer, communicable diseases, cholesterol, elevated blood lead level and pediatric vision, hearing and dental)** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Voluntary family planning** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Immunizations** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Well child services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Obstetrical care** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Gynecological care** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Dental services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Pharmaceutical services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Mental Health Services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Substance Use Disorder Services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Nutrition services** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Coverage for Emergencies During and After Hours** | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Part IV: Contacts**

**key staff contact information**

**Farmworker Health Outreach Coordinator (if currently employed):**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Supervisor of Outreach Staff**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Fiscal Manager for Farmworker Health Grant**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Medical Director**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**HIPAA Contact**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Contact for Provider Credentialing *(if requesting medical funds)***

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

**Contact for Reviewer for Quarterly Clinical Peer Review *(if requesting medical funds)***

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Phone:** | Click or tap here to enter text. |
| **Email:** | Click or tap here to enter text. |

\*For agencies requesting funds to support medical services only

**Clinical continuous quality improvement (CQI) committee**

*Part of the North Carolina Farmworker Health Program’s (NCFHP) continuous quality improvement (CQI) plan involves each site monitoring health outcomes for farmworker patients with diabetes and/or hypertension. Sites are expected to have a CQI team that meets regularly to examine and improve upon clinical outcomes for farmworkers. This includes tracking A1Cs for diabetic patients and blood pressures for hypertensive patients and examine the results on a quarterly basis. As an alternative to a farmworker specific CQI team, you may incorporate farmworkers into your agency-wide CQI efforts.*

Please list the team members for your organization’s CQI team for diabetes and hypertension. Please note that the lead contact is responsible for scheduling quarterly meetings and ensuring that minutes are kept.

|  |  |
| --- | --- |
| **Lead Contact:** | Click or tap here to enter text. |
| Title: | Click or tap here to enter text. |
| Org: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Member #2:** | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Org: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Member #3:** | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Org: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Member #4:** | Click or tap here to enter text. |
| Title:  | Click or tap here to enter text. |
| Org: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email:  | Click or tap here to enter text. |

\*For agencies requesting funds to support medical services only

List healthcare providers and all other licensed healthcare workers who you anticipate will be working with farmworkers this coming year. This includes individuals who are paid on an hourly rate and volunteers. This list will be used for new providers to initiate NCFHP’s credentialing and privileging process which is required before NCFHP-supported providers can see farmworker patients.

|  |
| --- |
| *Example: 1. Geraldine Laverna, MD* |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
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# Assurances 2020-2021

I, the undersigned, agree to ensure the following obligations are met:

**Program Expectations**

1. Provide or have a formal referral arrangement for the following services: primary care, diagnostic x-ray, diagnostic laboratory, family planning, immunizations, well child services, gynecological care, obstetrical care, preventive dental services, pharmaceuticals, and behavioral health services. \*
2. Provide or link farmworkers with primary care services during evening and/or weekend hours. \*
3. Ensure that language and transportation are not barriers to health care services. \*
4. Utilize a formal arrangement for hospitalization, discharge planning, and post discharge follow up to ensure continuity of care and the timely transfer of information between the clinic and the hospital. \*
5. Utilize a linguistically accessible after-hours professional coverage system for patients when the agency is closed. \*
6. Utilize a patient referral and tracking system when patients are referred outside of the agency for services. \*
7. Utilize a sliding fee discount scale based on income and family size for those within 200% of Federal Poverty Guidelines to determine the fee for billable services. \*
8. Ensure that no patients are denied primary care services due to an individual’s inability to pay. \*
9. Grantees that provide billable services will have billing, credit and collection policies and procedures to ensure appropriate collection of reimbursement from public and third-party payors and of patient payments for covered services within a reasonable amount of time. In order to prevent collection policies from being a barrier to necessary care, policies should include criteria to waive fees and extend payment timeframes.
10. Ensure all non-licensed staff funded by NCFHP to provide patient services have been credentialed according to NCFHP’s policies. \*
11. Ensure that outreach staff funded through this grant dedicate the majority of their time conducting outreach, health education, case management services and other enabling services with farmworkers outside of the agency (50% for outreach coordinators and 70% for outreach workers).
12. Ensure that all NCFHP supported outreach staff who utilize personal vehicles for work purposes, including transporting patients, have the appropriate insurance to cover the employee and patient in case of an accident.

***Additional Program Expectations of Agencies Receiving Funds for Medical Care***

1. Ensure that all licensed personnel caring for farmworkers have been credentialed and privileged according to NCFHP’s credentialing and privileging policies. Initial credentialing and privileging must occur prior to engaging in the care of farmworkers. Privileging recurs every two years. \*
2. Maintain individual medical records for each farmworker patient and allow designated peer reviewer access to those charts for quarterly peer review. \*
3. Have a written medical emergency policy to ensure staff preparedness to provide timely and effective response to medical emergencies. \*
4. Conduct a yearly medical chart audit as requested by NCFHP. \*
5. Have a farmworker-focused continuous quality improvement (CQI) team which conducts regular clinical CQI related to farmworkers or maintain farmworker representation in organizational level CQI committee.

**Meeting Requirements**

1. Outreach Workers and Coordinators will attend required NCFHP Farmworker Health Outreach Trainings.
2. Outreach Coordinators and at least one agency administrator will attend the annual Operational Planning Retreat.
3. Participate in at least one site visit annually when the following may be assessed: charts, clinical protocols and policies, method of evaluation of medical providers, communication between outreach workers and providers, inclusion of Health Assessment in medical record, availability of interpretation services, identification of farmworker patients, and verification that agency is compliant with ORH contract expectations.

**Documentation and Reporting Requirements**

1. Utilize NCFHP’s program forms as specified, including the Adult, Adolescent, and Pediatric Health Assessments and associated forms.
2. Utilize the RHS-15 behavioral health screening tool when a patient screens positive for initial behavioral health questions on the health assessment.
3. Utilize Acute Illness Response (AIR) protocol during completion of health assessment when a farmworker indicates pesticide exposure with symptoms within the current agricultural season.
4. Ensure completed Health Assessment and associated forms are added to the patient’s medical record.
5. Enter encounter data in NCFHP’s customized software package, within 2 weeks of the encounter to assist with reporting required data elements of the Uniform Data System (UDS). This is a federal set of data that all Health Center Program grantees must submit to HRSA. NCFHP will provide access to the package.
6. Submit Farmworker Feedback Surveys to NCFHP as specified by deadlines. \*
7. Submit required ORH documents associated with receipt of funds from state agency.
8. Maintain compliance with HIPAA regulations, including adherence to a privacy and security policy that references unique risks associated with outreach.
9. Ensure outreach staff supported with NCFHP funds sign the NCFHP Confidentiality form on an annual basis.

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Executive Director, Applicant Agency Date

\*Required under HRSA’s Health Center Program Requirements