

**North Carolina Farmworker Health Program,  
Office of Rural Health, NC Department of Health and Human Services**

**Application Guidance for NC Farmworker Health Funding for 18-19 Funding**

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**NC Farmworker Health Program Funding Opportunity: SFY 2018-2019**

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

**Date of this notice:** January 3rd, 2018

**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), within the Office of Rural Health (ORH), NC DHHS is anticipating the receipt of federal funds to increase access to primary and preventive health care services for migrant and seasonal farmworkers (MSFWs) 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. When applicants maximize the use of existing resources and only use funding to fill the gaps in care, NCFHP can extend services into new regions where access to care for farmworkers is limited or non-existent.

**Funding Preferences:**

Preference will be given to applicants applying for enabling (outreach and case management), medical, behavioral health, and/or dental services based on the following criteria:

- Demonstrates a need for increased health care services for migrant and seasonal farmworkers in their community;
- Demonstrates capacity to effectively provide culturally sensitive, patient-centered, high quality services;
- Proposes an efficient strategy that utilizes local resources and responds to health care gaps that the farmworker population faces in their community; and
- Can meet NCFHP requirements and expectations outlined in this document.

**Proposed Project Period or Contract Term:**

April 1, 2018 - March 31, 2019 or July 1, 2018 – June 30, 2019

**Funding Availability:**

Awards will depend on the availability of funds.

**Restrictions:**

Due to restrictions placed upon NCFHP by the Health Resources and Services Administration (HRSA), agencies receiving migrant health center funding (330g) are not eligible for funding.

**Deadline for Submission:**

Submissions are due to Elizabeth Freeman Lambar at [elizabeth.freeman@dhhs.nc.gov](mailto:elizabeth.freeman@dhhs.nc.gov) by **February 6, 2018**.

- Renewal applicants must submit the grant application and associated documents listed below in the Application Checklist section.
- New applicants must submit a Letter of Intent using NCFHP's Letter of Intent Form. (available upon

A conference call led by NCFHP will be held on **January 9, 2018 at 3:00 p.m.**

(Dial 1 866-434-5269 access code: 8736809)

## Renewal Application Checklist

Completed Application for Funding

Completed Budget (on required budget template)

Signed Assurances page

Completed Internal Control Questionnaire (both excel document & PDF with signature page)

Privacy & Security (HIPAA) Policy and Procedures inclusive of outreach services

Proof of sufficient vehicle insurance if staff's personal vehicles used for transporting patients

**For additional information about grant requirements or instructions for submitting the application or Letter of Intent, contact:**

Ann Watson, 919-527-6470, [ann.watson@dhhs.nc.gov](mailto:ann.watson@dhhs.nc.gov) or

Elizabeth F. Lambar, 919-527-6455, [elizabeth.freeman@dhhs.nc.gov](mailto:elizabeth.freeman@dhhs.nc.gov)

## Additional Grant Requirements and Expectations

As a recipient of HRSA's health center funding, NCFHP must abide by HRSA's 19 Health Center requirements and other expectations some of which are also expected of NCFHP grantees. And as a program within the Office of Rural Health, NC DHHS, NCFHP grantees must abide by associated state requirements and expectations.

**Grantee documents NCFHP must have on file (required upon request)**

- Sample referral and tracking log, unless an electronic system is used
- Hospital admitting privileges policy or written agreement with hospital
- Sliding fee policy, eligibility form and application
- Billing and collections policy
- Signed NCFHP confidentiality form for all FHASES users
- NCFHP Credentialing and privileging forms for NCFHP supported paid, contract, or volunteer providers and licensed health care professionals (process must be completed prior to seeing farmworker patients)

### Grant Assurances

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

### Electronic Health Record Utilization and HIE Connection requirements

In 2015 North Carolina passed a law (NCGS 90-414.7) establishing the North Carolina Health Information Exchange Authority (NC HIEA) to oversee and administer the NC Health Information Exchange Network called NC HealthConnex. NC HealthConnex is a tool that links disparate systems and existing HIE networks together to deliver a holistic view of the patient record through a secure, standardized electronic system so that providers can share important patient health information. The use NC HealthConnex promotes the access, exchange and analysis of health information to improve patient care and coordination of care.

The law requires hospitals as defined by G.S. 131E-176(3), physicians licensed to practice under Article 1 of Chapter 90 of the NC General Statutes, physician assistants as defined in 21 NCAC 32S .0201, and nurse practitioners as defined in 21 NCAC 36 .0801 who provide Medicaid services and who have an electronic health record system shall connect by **June 1, 2018**. All other providers of Medicaid and state-funded services shall connect by **June 1, 2019**.

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 additional information, contact Lakeisha Moore at the Office of Rural Health: [Lakeisha.moore@dhhs.nc.gov](mailto:Lakeisha.moore@dhhs.nc.gov) or refer to the HIEA website: <https://hiea.nc.gov>.

### **Access**

Migrant and seasonal farmworkers (MSFWs) and their family members should have access to comprehensive health care including the delivery of preventive, acute, and chronic care. Programs should assist MSFWs with accessing services directly or through referral including: primary care, diagnostic x-ray and laboratory, family planning, immunizations, well child services, gynecological care, obstetrical care, dental services, pharmaceutical, and behavioral health services. Funding to support these services should only be requested when they are not accessible locally or when the services are not sufficient to meet the needs of farmworkers

### **Quality Medical Services**

Grantees are expected to have a clinical Continuous Quality Improvement committee that meets regularly to monitor and improve upon clinical outcomes. In addition, grantees must submit credentialing and privileging information to NCFHP for providers and all other licensed health care professionals who volunteer or who are hired or contracted to see farmworkers with NCFHP grant funding. Credentialing and privileging are done initially and may take several weeks. Privileging is repeated every two years and for providers includes a medical chart review by the NCFHP medical director. Contact Dr. Thomas for the forms and with any associated questions at [gayle.b.thomas@dhhs.nc.gov](mailto:gayle.b.thomas@dhhs.nc.gov). The credentialing and privileging process must be completed prior to providing medical care with grant funding.

### **Quality Enabling Services**

Grantees are expected to provide quality enabling services including outreach, health education, case management, eligibility assistance, and referrals to health care. Interpretation and transportation should be arranged when needed. Grantees are required to utilize NCFHP's pediatric, adolescent and adult Health Assessments with farmworkers and their family members to identify health risks.

### **Data management and reporting**

NCFHP-supported enabling, medical, behavioral health, and dental encounters should be documented accurately and completely in accordance to NCFHP's reporting requirements for care management, monitoring and reporting purposes. Encounter data should be entered within 2 weeks of the encounter date.

### **New or Special Initiatives**

Applicants requesting funds for a new initiative or special project must include at least one objective and detail related activities in the Goals and Objective section of the grant application.

## **Budget Guidance**

Applicants are required to use the Excel budget template provided with this application.

### **Uniform Guidance Information**

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Final Rule, published by the U.S. Office of Management and Budget on December 26, 2013, provides a single set of cost, audit, and administrative requirements for all entities receiving federal funding. These federal requirements supersede and replace a collection of OMB circulars that governed different aspects of federal funds administration and applied to different types of federal grantees: OMB Circulars A-21, A-87, A-110, A-122, A-89, A-102, and A-133.

### **Budget Justification**

Justification should be provided on the Budget Justification tab of the budget template document to provide supporting detail about expenses.

### **Funding Limits**

Justification should be provided on the Budget Justification tab of the template when requesting funding in excess of the limits set by NCFHP listed below.

Medical services: Funding to support medical services should only be requested when these services are not accessible locally or when the services are not sufficient to meet the needs of farmworkers. If requesting funds for these services, please provide justification in the grant application on page 2.

Salaries and raises: Salaries shall be determined by the applicant organization. Salary increases must be consistent with the raises scheduled at your organization under approval of your organization's governing body. Justification must be provided for salary increases greater than 5% on the Budget Justification tab of the budget template.

Health education materials and outreach supplies: Not to exceed \$600 per applicant (grantees that served more than 1,000 farmworker patients during the previous grant year can request additional funds if needed but must provide justification on the budget justification tab).

Office supplies: Not to exceed \$600 per site (grantees that have 4 or more full-time grant supported outreach staff can request additional funds if needed but must provide justification on the budget justification tab).

Medical supplies (for sites funded to provide medical services): Not to exceed \$3,000 per site.

Cell phone: Not to exceed \$90 per month per outreach worker/coordinator.

Professional development: Not to exceed \$1,400 per full-time employee. List trainings and/or professional development activities that NCFHP-supported staff plan to attend during the grant year in the budget justification, aside from the trainings provided by the NCFHP central office staff. **Professional development activities supported with grant funds other than those specifically listed in the budget justification must be approved by NCFHP prior to incurring costs.**

Personal vehicle mileage must be consistent with the applicant organization's mileage reimbursement policy and shall not exceed state rate. The current rate per mile is \$.535 but this often changes in January.

Per Diem not to exceed state rate:

Note: Food and lodging in excess of current state rates must be preapproved in writing by ORH.

	<b>In State</b>	<b>Out of State</b>
Breakfast	\$ 8.40	\$8.40
Lunch	\$ 11.00	\$11.00
Dinner	\$ 18.90	\$21.60
Lodging	<u>\$ 71.20 (plus tax)</u>	<u>\$84.10 (plus tax)</u>
Total	\$109.50	\$125.10

Overhead: Per the U.S. Office of Management and Budget's Uniform Guidance, grant recipients that have no federal rate agreement can utilize a 10% de minimis rate (10% of the Modified Total Direct Costs) which excludes:

- Capital equipment > \$5,000
- A portion of subcontracts > \$25,000
- Student tuition (any amount)
- Direct patient care charges (any amount)

Student Action with Farmworkers (SAF) Interns and Fellows:

\$2,000 should be budgeted for each SAF intern and \$12,000 for each SAF fellow.

# Cover Page for NC Farmworker Health Program Funding 2018-2019

## Section I: Contractor Information

Contractor Name (Agency)

Contractor Tax ID#

Contractor DUNS#

Contractor Street Address

City

Zip

Contractor P.O. Address (if applicable)

City

Zip

Contractor Fax Number

Contract Administrator's Name

Title

Contract Administrator's Phone Number

Email

Contractor Signatory (if different from Contract Administrator) Name

Title

Phone Number

Email

Agency Fiscal Year:      Month                      to Month

1. Does your organization have an Electronic Health Record?      Yes      No

If yes, please provide name of EHR.

2. Is your organization currently connected to NC HealthConnex (formerly known as the NC Health Information Exchange)?      Yes      No

3. Does your agency use a social determinants of health screening tool(s)? If yes, check all that apply.

Health Leads USA <https://healthleadsusa.org/wp-content/uploads/2016/07/Health-Leads-Screening-Toolkit-July-2016.pdf>

PRAPARE (Protocol for responding to and assessing patient's assets, risks and experiences)  
<http://www.nachc.org/research-and-data/prapare/>

THRIVE (Tool for Health and Resilience in Vulnerable Environments)  
<https://www.preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments>

Hunger VitalSign <http://academicdepartments.musc.edu/ohp/SFSP/FINAL-Hunger-Vital-Sign-2-pager1.pdf>

IHELLP (Income, Housing, Education, Legal Status, Literacy, and Personal Safety)  
<https://www.aap.org/en-us/Documents/IHELLPPocketCard.pdf>

WE-CARE Survey (Well-child care visit, Evaluation, Community resources, Advocacy, Referral, Education)  
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Screening-Tools.aspx>

iScreen Social Screening Questionnaire <http://pediatrics.aappublications.org/content/134/6/e1611>

Other, please describe:

4. Check the box below that reflects the most common manner in which your agency addresses transportation needs.

Agency vehicles utilized by outreach staff

Personal vehicles by outreach staff

Other Describe:

Contact person for this application:

Phone:

Email:

# Application for NC Farmworker Health Program Funding 2018-2019

## Section II: Agency Description and Patient Population

Check the box that applies to your organization:

- Community Health       Community based nonprofit       Public/Governmental  
 Center Hospital       Other

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

Counties with full coverage:

Counties with partial coverage:

5. Briefly describe the farmworker patient population in your area (i.e. demographics, description of seasonality, crops, etc.) and their most salient needs. *(limit 125 words)*
6. Describe the current barriers that exist in your service area that limit farmworkers' access to comprehensive, continuous primary and preventive health care. *(limit 150 words)*
7. Briefly describe your agency's farmworker service delivery model and how it responds to these barriers. *(limit 225 words)*

**Section III: Agency Services and Referral Network**

The following services are required by HRSA. They may be provided directly to the patient by your agency or via a referral. Services may or may not be funded by NCFHP. Please check the appropriate box(es) for each service (check all that apply).

Service Type	Provided directly by agency (NCFHP pays)	Provided directly by agency (NCFHP <u>does not</u> pay)	Referral Agreement (NCFHP pays)	Referral Agreement (NCFHP <u>does not</u> pay)
General Primary Care	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Diagnostic Lab	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Diagnostic Radiology	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Screenings ( <i>cancer, communicable disease, cholesterol, blood lead</i> )	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Coverage for emergencies after-hours	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Emergency Services during regular hours	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Hospital In-patient	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA

Voluntary Family Planning	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Well Child Services	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Obstetrical Care	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Gynecological Care	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Eligibility Services	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
Dental	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA



<p style="text-align: center;">Non-NCFHP Case Management/ Care Coordination</p>	<input type="checkbox"/>	<input type="checkbox"/>	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA	Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA Agency: <input type="checkbox"/> MOA
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8. Please list any safety net providers in your service area not included in the table above (i.e. free clinics, Rural Health Centers, Community Health Centers).

9. Describe any recent changes in your local/regional healthcare environment (i.e. new or changes in primary care access points, insurance or assistance programs) that impact access for farmworkers. *(limit 75 words)*

10. If you are requesting NCFHP funding for medical services, please describe why this support is needed. *(limit 75 words)*

11. Indicate which of the following agencies you frequently collaborate with to improve the overall wellbeing of farmworkers.

- Project Access
- Department of Social Services
- ACA Navigator Group/Outreach and Enrollment Assisters
- Migrant Education
- Migrant Head Start
- Cooperative Extension
- Local universities
- Grower Groups
- Legal Aid
- Churches/Religious groups
- FLOC
- MCN
- Other(s)

List:

## GOALS AND OBJECTIVES

### ALL APPLICANTS

Fill in the table below showing your progress towards last year's total patient goals and your proposed patient goals for 2018, first for your total service area and then by county. Please include all counties listed on your application's Cover Page. Utilize the comments section for additional information about your progress and/or the estimates for that county. If you are proposing extending services to a new county, you may enter n/a for 2017 columns.

	2017 Patient Goal	2017 Patient Actual	% Goal Met	Proposed 2018 Patient Goal	Comments
<b>Total Service Area</b>					
<b>by individual county:</b>					

Provide the **quarterly** baseline data and 2018 goals for total **NCFHP-funded unduplicated patients**. (totals should be cumulative)

2017 Baseline Data

2018 Goals

1<sup>st</sup> quarter ending March 31st

2<sup>nd</sup> quarter ending June 30<sup>th</sup>

3<sup>rd</sup> quarter ending September 30<sup>th</sup>

4<sup>th</sup> quarter ending December 31<sup>st</sup>

(same as total pt. goal)

Provide the baseline data and 2018 goals for **NCFHP-funded encounters**.

2017 Baseline Data

2018 Goals

Enabling encounters:

Medical encounters:

NA

Dental encounters (not including ECU):

NA

Behavioral health:

NA

**12. If you didn't meet your 2017 goals for total patients or total encounters, please explain why and what you plan to do differently to achieve this year's goals. (limit 75 words)**

**NA (met or exceeded last year's patient and encounter goals)**

13. If your proposed goals are different than your baseline data (increase or decrease), please explain contributing factors to this expected change. (limit 75 words)

NA (proposing to maintain the number of patients and encounters)

14. Describe any program achievements, special initiatives or events during the last grant year that increased access to care for farmworkers or improved organizational capacity. (limit 150 words)

Fill in the activities in the table below as appropriate for your program. The objectives listed are required. Please include at least 4 activities for each objective. Extra spaces are provided if you would like to add objectives and corresponding activities. If you are proposing a special initiative or project, you must include corresponding objective(s) and detailed activities. The objective should demonstrate the impact and/or outcome expected of the special projects or initiative.

The following questions can also be considered when determining activities:

- Do you need to make programmatic changes or add services to increase farmworkers' **access** to primary and preventive health care? Consider the number of farmworkers receiving health care and/or enabling services, the number of labor camps visited, the percent of farmworkers served in your area, the number of providers in your farmworker referral network, and strategies to address barriers to care that farmworkers face in your area.
- Do you need to improve the **quality** of services provided to migrant and seasonal farmworkers? Examine your clinical and outreach continuous quality improvement (CQI) plan, professional development, cultural competency of agency staff, community awareness, etc.
- Do you need to strengthen your agency's provision of **comprehensive** care for migrant and seasonal farmworkers? Explore your approaches to provide preventive, acute and chronic care, and think about special health care initiatives specific to the needs of MSFWs.
- Do you need to strengthen the provision of **continuous** care provided to migrant and seasonal farmworkers? Are farmworkers getting lost to follow up? Is there a better way to refer and track farmworkers when they move out of the area?

### ENABLING OUTCOMES

Objective	Describe activities proposed to achieve each objective *Include a minimum of 3 activities per objective*
1. Increase Maintain the number of MSFW patients.	

<p>2. Develop and/or strengthen strategic partnership(s) that will improve access and/or sustainability of services.</p> <p><i>*Identify at least 2 specific partners*</i></p>	
<p>3. Reduce risks of occupational hazards through targeted health education.</p>	
<p>4. % Of adult patients who are found to have a blood pressure &gt; 140/90 by outreach staff, will be successfully referred for a primary care visit (including documentation that visit took place).</p> <p>NCFHP Goal: 80%</p>	
<p>5. % of MSFW patients ages 12 and older responding yes to one or more mental health screening questions will be administered full mental health screening tool recommended by NCFHP.</p>	

NCFHP Goal: 80%	
6. % of MSFW patients ages 12 and older will be screened using the substance abuse screening tool recommended by NCFHP.  NCFHP Goal: 80%	
Other: (optional)	
Other: (optional)	

**CLINICAL OUTCOMES**  
**MEDICAL APPLICANTS ONLY**

Please complete the table below. Insert a realistic, incremental goal for improvement based on your 2017 medical audit results. You may choose to maintain the percentage if your 2017 medical audit results for that outcome exceeded the national average. NCFHP's goals are listed for reference.

<b>Medical Objective</b>	<b>Describe activities proposed to achieve each objective.</b> *Include a minimum of 3 activities per objective*
<p>1. % of adult patients with a diagnosis of hypertension (HTN) and whose last BP is adequately controlled (less than 140/90 mm Hg)</p> <p>NCFHP Goal: 65%</p>	
<p>2. % of adult patients with diabetes with last hemoglobin A1c (HbA1c) equal to or less than 9.0 percent</p> <p>NCFHP Goal: 84%</p>	
<p>3. % of adult patients with BMI &gt;25 or &lt;19 have a documented follow-up plan.</p> <p>NCFHP Goal: 50%</p>	

<p>4. % of adult patients who are screened for tobacco use and identified as a tobacco user within the past 24 months receive cessation counseling.</p> <p>NCFHP Goal: 50%</p>	
<p>5. % of patients 12 years and older who screen positive for depression will have a plan documented.</p> <p>NCFHP Goal: 60%</p>	
<p>6. % of adult patients ages 50-75 are screened for colorectal cancer by a method approved by NCFHP.</p> <p>NCFHP Goal: 45%</p>	
<p>7. % of female patients ages 21-64 have had a documented pap smear within the past three years.</p> <p>NCFHP Goal: 54%</p>	

## CONTINUOUS QUALITY IMPROVEMENT (CQI) REPORT

Please respond to findings from your 2017 Farmworker Feedback Surveys, Enabling Audit, and Medical Audit (*if applicable*). Applicants should respond to all problem areas highlighted in each report.

Describe your plans to address needs expressed by farmworker in your Farmworker Feedback report: (*limit 150 words*)

Describe your plans to address any areas of concern identified in your Enabling Audit report (not already addressed in enabling outcomes/activities table above): (*limit 150 words*)

### Medical Applicants only

Describe how your CQI team plans to address any areas of concern identified in your Medical Audit report (not already addressed in clinical outcomes/activities table above): (*limit 300 words*)



## 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 track 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, we are encouraging you to incorporate farmworkers into the agency-wide CQI efforts.

Please list the team members for your organization's CQI team for diabetes and hypertension.

### Lead Contact:

Title:

Org:

Phone:

Email:

### Name:

Title:

Org:

Phone:

Email:

### Name:

Title:

Org:

Phone:

Email:

### Name:

Title:

Org:

Phone:

Email:

## KEY STAFF CONTACT INFORMATION

### Farmworker Health Outreach Coordinator

Name:

Phone:

Email:

### Medical Director

Name:

Phone:

Email:

### Supervisor of Outreach Staff

Name:

Phone:

Email:

### HIPAA Contact

Name:

Phone:

Email:

### Fiscal Manager for Farmworker Health Grant

Name:

Phone:

Email:

### Contact for Provider Credentialing

Name:

Phone:

Email:

List healthcare providers and all other licensed healthcare workers who you anticipate will be working with farmworkers this coming year, including volunteers. This list will be used to initiate NCFHP's credentialing and privileging process.

*Example: 1. Geraldine Laverna, MD*

## ASSURANCES 18-19

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

### Agency Administrators:

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 an 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. Maintain compliance with HIPAA regulations.
8. Provide a copy of privacy and security policy that references unique risks associated with outreach.
9. Agree to have patient data in FHASES, the database used by NCFHP grantees, viewed by other NCFHP grantees when needed for the continuity of care.
10. 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.
11. Participate in the annual NCFHP Operational Planning Retreat in January.
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.
13. Ensure that outreach staff funded through this grant can dedicate sufficient time to outreach and other enabling services at farmworker housing sites and in the community (50% for outreach coordinators and 70% for outreach workers).
14. Submit required ORH documents for state contractors.

### Outreach Staff:

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 FHASES, a customized software package, within 2 weeks of the encounter to assist with reporting required data elements of the Uniform Data System (UDS), which is a federal set of data required of all HRSA health center grantees. NCFHP will provide the package, training, and support to all grantees. \*
6. Submit proof of HIPAA training to NCFHP on an annual basis.
7. Sign the NCFHP Confidentiality Policy on an annual basis.
8. Submit Farmworker Feedback Surveys to NCFHP as specified by deadlines. \*
9. Outreach Workers funded by NCFHP are to spend a minimum of 70% of their work hours outside the clinic conducting outreach, case management and health education with farmworkers. Outreach Coordinators are to spend a minimum of 50% of their work hours conducting outreach, case management and health education with farmworkers (allowing time for supervisory activities and other administrative demands).
10. Outreach Workers and Coordinators will attend required NCFHP Farmworker Health Outreach Trainings.
11. Outreach Coordinators will attend the Operational Planning Retreat in January.
12. Outreach Coordinators will participate in an annual Enabling Audit.

**Additional assurances for grantees receiving NCFHP funds to support medical care:**

Grantee will:

1. Maintain individual medical records for each farmworker patient and allow NCFHP medical director access to records as needed for clinical peer review. \*
2. 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. \*
3. Ensure that no patients are denied primary care services due to an individual's inability to pay. \*
4. 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.
5. Conduct a yearly medical chart audit as requested by NCFHP. \*
6. Have a farmworker-focused continuous quality improvement (CQI) team which conducts regular clinical CQI related to farmworkers. \*
7. 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. \*

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Executive Director, Applicant Agency

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Date

\*required under HRSA's 19 Health Center Program Requirements