



**North Carolina Department of Health and Human Services
Office of Rural Health and Community Care**

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Beverly Eaves Perdue, Governor
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John W. Price, Director

TO: Farmworker Health Contract Sites
FROM: Elizabeth Freeman Lambar, MSW, MPH
RE: Migrant and Seasonal Farmworker Medical and Enabling Funds Available for 2010-2011
DATE: January 5, 2010

The North Carolina Farmworker Health Program (NCFHP), within the Office of Rural Health and Community Care (ORHCC), 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 is seeking partners to ensure that farmworkers and their dependents receive comprehensive and continuous health care services. Interested individuals can request support for:

- 1) enabling services to link farmworkers to existing health care resources and/or
- 2) medical services for migrant and seasonal farmworkers in regions where there are no accessible primary care services for farmworkers.

Agencies that are selected to provide enabling services will also be designated Migrant Health Entry Points to determine eligibility and facilitate the use of the Migrant Health Fee-for-Service Program among migrant farmworkers and eligible providers.

These limited funds are not intended to subsidize all health care services for farmworkers in your region, but to extend current resources available at your agency and in your community. Funding is for services provided between April 1, 2010 and March 31, 2011, unless other arrangements are made to coincide with an agency's fiscal year.

Applications must be electronically submitted by 5:00 PM on February 17, 2010 to elizabeth.freeman@dhhs.nc.gov (forms with signatures should be faxed to Elizabeth Freeman Lambar's attention at (919) 733-2981). Notification of all awards will take place in March of 2010. NCFHP strongly recommends that Executive Directors of the applicant organization thoroughly review the application before it is submitted.

Organizations currently receiving federal migrant health funding (330g) are not eligible to apply and will not be considered for funding.

Application Components

Applicants should complete the grant application and make sure that all required components of the application are submitted by the due date. It is important to fully elaborate on answers when responding to the narrative questions.

Application checklist

Medical and Enabling Services Applicants

- Completed Application for Funding
- Signed Budget
- Signed Assurances page
- Completed Program Evaluation 2009-2010 form
- Completed Continuous Quality Improvement (CQI) Report based on 2009

Medical Applicants Only

- Completed Credentials Form for new providers as requested by NCFHP

Budget Guidance

Applicants are expected to use the budget format provided. Budgets in Excel can be submitted but should follow a similar format as the budget template provided. Sufficient justification should be provided when making a significant change to the budget from the previous year or when requesting funding in excess of the limits set by NCFHP.

The line items with asterisks (*) indicate a funding limit (health education materials: \$300 per site, cell phone: \$70 per month per outreach staff person). Due to budget limitations, financial support for attendance at farmworker health conferences will not be provided this year.

Salaries and raises should be determined in accordance with the salaries and raises scheduled at your agency. NCFHP utilizes the following salary bands to determine NCFHP support for non-medical outreach staff: Outreach Coordinators: \$28,366-\$37,822, and Outreach Workers: \$22,063-\$27,316. Agencies are welcome to supplement salaries as they see appropriate. Nurse Coordinators who are not located at a medical facility should utilize the local health department's salary range for a public health nurse.

Applicants are expected to demonstrate in-kind support in the form of administrative support, supervision, office space, etc. Please note the following regarding in-kind services:

- Services provided by your clinic's personnel that fall within the scope of their routine job duties and which are performed during normal business hours (interpretation, medical care, health counseling, etc.) are not considered a donation to NCFHP and should not be reported as in-kind in your application.
- Services provided by medical or enabling personnel who provide care for your farmworker program beyond their normal work duties and outside normal business hours are considered a donation. An estimate of the cost/value of these services should be reported in the in-kind column on your budget.
- Administrative oversight of NCFHP supported staff persons should be included as in-kind.
- Facilities and supplies provided for NCFHP supported staff (including office space, telephone service, internet, and office supplies) should be recorded in the in-kind column on your budget.
- The estimated value for donations you expect to receive for your farmworker health program should be recorded in the in-kind column on your budget.

Application Review Process

Proposals will be evaluated by NCFHP's central office staff and a review team made up of members of NCFHP's Advisory Board. A proposal review meeting will be held with the reviewers to determine strengths and weaknesses of each applicant and to make funding recommendations. **The review team may impose certain conditions that must be met before an award can be made to an applicant.**

Review Criteria

All Medical and Enabling Services Applicants

- The extent to which the application is complete.
- The extent to which the applicant demonstrates a need for increased health care services for migrant and seasonal farmworkers in their community.
- The extent to which the applicant proposes to address health care gaps that the farmworker population faces in their community and/or improve the health care services provided to farmworkers.
- The total number of farmworkers and dependents in your service area.
- The proposed number of migrant and seasonal farmworkers who will be provided with primary and preventive care.
- The extent to which the budget is consistent with the narrative.
- The ability to meet program expectations outlined in this document.
- Past performance and cost effectiveness.
- The extent to which quality issues are addressed by the Continuous Quality Improvement (CQI) Report.

Medical Applicants Only

- The projected cost of medical care per encounter.
- The extent to which the identified health care needs cannot be filled by other community resources.
- The extent to which the care provided in evening clinics is comprehensive and continuous and meets quality standards for NCFHP.
- The proposed CQI strategies for renewal applicants (regarding problems noted on prior audits, during site visits, or through technical assistance provided by NCFHP central office staff).

About the North Carolina Farmworker Health Program

“The North Carolina Farmworker Health Program works with a statewide network of service providers to improve the health of migrant and seasonal farmworkers and their families in North Carolina.”

NCFHP strives to accomplish our mission by working with health professionals at rural health centers, health departments, community health centers, hospitals, and other organizations to address the health care needs of migrant and seasonal farmworkers and their families in North Carolina. Because of the numerous barriers that farmworkers face when in need of care, current health care contract sites utilize an outreach case management approach, which is coordinated by bilingual nurses or individuals with health education and/or case management experience.

NCFHP’s goals include:

- increasing access to quality primary and preventive health care for migrant and seasonal farmworkers
- reducing the health risks faced by farmworkers and
- building the capacity of outreach staff, providers, and health care agencies to better serve MSFWs

NCFHP uses the following definitions:

- A **migrant farmworker** is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment), who has been so employed within the last 24 months, and who establishes a temporary abode for the purposes of such employment.
- A **seasonal farmworker** is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who has not moved within the last 24 months.
- **Agriculture** includes farming of the land in all its branches, including cultivation, tillage, growing, harvesting, preparation, and on-site processing for market or storage. The principal areas of agriculture in North Carolina include: tobacco, fruit and vegetables, Christmas trees, and nurseries/greenhouses. Not included in this definition are aquaculture, lumbering, poultry processing, hog farming, or cattle ranching.
- **Enabling services** include a wide range of services which facilitate patient access to medical care including,

but not limited to, case management, health education, interpretation, and transportation.

- **Outreach** is an enabling service that includes the identification of potential patients and information sharing. During outreach, farmworker health outreach workers also conduct health assessments, provide health education and facilitate farmworkers' access to available services. Farmworker health outreach is generally conducted at labor camps, in patient homes, in the fields, and other locations where farmworkers congregate.
- **NCFHP health care contract site** is an agency that receives funding from NCFHP to support enabling services, medical services or both.
- **Migrant Health Entry Point (MHEP)** is a healthcare entity that certifies migrant farmworkers for services covered by NCFHP's Migrant Health Fee-for-Service (FFS) funding. The state-appropriated FFS funding reimburses private providers and pharmacies at the Medicaid rate for primary, specialty, dental and pharmacy care. This funding has been found to greatly enhance case management capabilities for migrant farmworker healthcare. Certification for services involves determining migrant farmworker eligibility and completing an eligibility form. NCFHP provides training, eligibility forms, and guidance. Health departments, Migrant and Community Health Centers, and other public agencies are not eligible for reimbursement of services, but may participate as a Migrant Health Entry Point.

The role of a MHEP includes but is not limited to:

- Enrolling the patient using the Migrant Health Eligibility Form
- Mailing Eligibility Forms to Purchase of Medical Care Services
- Referring the migrant farmworker for further care or drug management

Expectations of the Applicant

Increase access to primary and preventive health care

Applicants are expected to increase access to primary and preventive health care for farmworkers. This can be achieved through the provision of enabling services that link farmworkers with existing health care services and, where there are limited accessible primary care services, through the coordination of extended hour clinics in the camps or at your agency. (Please note: community health centers are not eligible to apply for funds for primary care.)

Reduce health risks

Applicants are expected to respond to risks identified while conducting health assessments with farmworkers and their families by providing health education, direct services and/or referrals to health care when needed. Examples of efforts to reduce health risks faced by migrant and seasonal farmworkers are described in NCFHP's Health Care Plan. The Goals and Objectives 2010-2011 form provides applicants the opportunity to focus on several key concerns including exposure to pesticides, high blood pressure, folic acid needs, dental decay, immunizations, HIV/STDs, behavioral health, motor vehicle safety, cancer and diabetes.

Provide quality services

Applicants should provide quality services. There is a wide range of strategies to improve the quality of services provided to migrant and seasonal farmworkers, including cultural competency trainings for clinic staff, provider education about specific illnesses and injuries that are common among farmworkers, participation in peer review, providing special services according to the Health Care Plan and other continuous quality improvement (CQI) measures that address the unique needs of farmworker patients. NCFHP offers multiple trainings for new and veteran outreach staff on providing case management and health education to farmworkers.

Provide comprehensive care

- Applicants should offer comprehensive health care for migrant and seasonal farmworker patients including the delivery of preventive, acute, and chronic care.
 - Preventive care includes immunizations, family planning, nutrition, well-child care, dental screenings and varnish, physical exams, Pap smears, and prenatal care.
 - Acute care includes treatment of infectious diseases, abdominal pain, sexually transmitted infections, minor injuries, and occupational illnesses such as green tobacco sickness, contact dermatitis, and musculoskeletal strain.
 - Chronic care includes outpatient and follow-up care for the treatment of chronic diseases like hypertension,

diabetes, and depression.

- As part of the effort to provide comprehensive health care, applicants are expected to complete the goals and objectives section of the application which includes issues from NCFHP's Health Care Plan. NCFHP is required by our principal funder, the Bureau of Primary Health Care, HRSA, to have a health care plan. NCFHP's Health Care Plan includes special initiatives to target or improve primary and preventive services relevant to farmworker health concerns in North Carolina.

Provide continuous care

- Applicants should provide continuous care for farmworkers to ensure that they will not be lost to follow-up after referral for specialty care or hospitalization. NCFHP uses a case management approach to manage health and/or social conditions affecting farmworker families including assessment, care plan, referral and follow-up services. The responsibility for continuous care remains with the grantee as long as the farmworker patient resides in the service area of the grantee. A mechanism should be in place for tracking the care of the patient and for transferring records to another site or securing another provider when possible as patients prepare to migrate. Nationwide referral directories are available to assist in this process and tracking programs through the Migrant Clinicians Network.
- Farmworkers must be included in after-hour coverage. Depending on the site, after-hour coverage can be addressed in a variety of ways. At minimum, farmworker patients must be informed of steps to take if they have health needs after hours.
- Hospital-based care may or may not be provided directly, but firm arrangements for those patients requiring hospitalization should be made. Continuous care would include involvement in discharge planning and follow-up care.

Demonstrate a familiarity with the farmworker population in your service area and their need for additional services, as well as have the ability to provide or leverage the proposed services for farmworkers, and a commitment to increasing access to health care for farmworkers.

Develop a plan to fill the gaps in accessing health care that farmworkers face and improve health care services that farmworkers receive.

Focus on the target population

One hundred percent of NCFHP funds are to be used providing services to agricultural farmworkers and their dependents.

Bilingual/bi-cultural staff

Depending on the demographic make-up of your farmworker population, contract sites are encouraged to either employ staff that represent the cultural, racial, ethnic background, and language of the farmworker population in their area or demonstrate efforts toward acquiring knowledge and skills needed to provide culturally-appropriate services to the population.

Evening/weekend hours

Farmworkers will be able to access primary care during evening or weekend hours.

Cost of services

A sliding scale fee (or minimal charge) will be utilized for determining the fee for clinical services provided to migrant and seasonal farmworkers.

Data management

Health care contract sites must utilize NCFHP's customized outreach forms as specified (Adult, Adolescent and Pediatric Health Assessments, Enabling Encounter forms, and the Site Register). In addition, contract sites must use FHASES, a customized software package, to assist with reporting required data elements of the Uniform Data System (UDS), which is a federal set of data required of all migrant health grantees. NCFHP will provide the package, training, and support to all grantees. Sites are expected to stay up-to-date with inputting their data into FHASES.

Timely submission of reports and data

Health care contract sites are expected to submit all required paperwork on time.

Weekly

- Data entry into FHASES

Monthly

- Expenditure reports of contract funds by line item

Once or twice yearly

- Results of goals and objectives
- Farmworker Feedback Surveys
- UDS-related data (in-kind, provider FTEs, etc.)
- Credential information for new providers contracted to serve FW patients (within 1 wk. of starting services)
- Enabling Peer Review Audit
- Medical Chart Audit, Diabetes Chart Audit (medical sites only)
- End of Year reports required for all recipients of state grants

Please see the Assurances Section in the application for a detailed list of expectations and requirements of NCFHP grantees