Renewal Application Cover Page for NC Farmworker Health Program Funding 2021-2022

|  |
| --- |
| **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 and version 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. |

Renewal Application for NC Farmworker Health Program Funding 2021-2022

**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 any significant changes (i.e. increase or decrease in number) you have seen among the farmworker population this past year. *(limit 500 characters)***

Click or tap here to enter text.

1. **Describe any recent changes in your local/regional healthcare environment external to your agency (e.g., primary care access points, clinic capacity, telehealth options, etc.) that impact access for farmworkers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Please describe how your agency addresses the following areas of COVID-19 response for farmworkers: *(limit 1,500 characters per barrier)***

|  |  |
| --- | --- |
| **Prevention:**(i.e. education, distributing PPE)  | Click or tap here to enter text. |
| **Access to testing:** (i.e. providing testing at camps, referring workers to testing resources) | Click or tap here to enter text. |
| **Outbreak response** (i.e. connecting sick workers to care, facilitating access to isolation/quarantine housing)**:**  | Click or tap here to enter text. |

1. **Describe what telehealth services are available at your agency and how you make them accessible to farmworker patients. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe how you ensure farmworkers have access to primary care services during the COVID-19 pandemic. Discuss how you address clinic hours, transportation, cost, or other potential barriers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe how you connect farmworkers with dental services during the COVID-19 pandemic. Discuss how you address clinic hours, transportation, cost, or other potential barriers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe how you connect farmworkers with behavioral health services during the COVID-19 pandemic. Discuss how you address clinic hours, transportation, cost, or other potential barriers. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe how you plan to help farmworkers access the COVID-19 vaccine, when it becomes available. *(limit 1,000 characters)***

Click or tap here to enter text.

1. **Describe any program achievements, successes or highlights from the last grant year. Include any additional innovations related to COVID-19 response not yet mentioned. (*limit 1,500 characters)***

Click or tap here to enter text.

1. **Describe any agency efforts to support frontline outreach staff wellness during the pandemic. *(limit 1,500 characters)***

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 1,000 characters)***

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 respond to COVID-19. 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 your COVID-19 response efforts?** |
| **County health departments** | 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**:       |
| **Service hours:**  *Include regular service hours and extended hours available to farmworkers, if applicable.* |
| Sunday:       |
| Monday:       |
| Tuesday:       |
| Wednesday:       |
| Thursday:       |
| Friday:       |
| Saturday:       |
| **Access Point #2:**       |
| **Minimum cost per visit**:       |
| **Service hours:**  *Include regular service hours and extended hours available to farmworkers, if applicable.* |
| Sunday:       |
| Monday:       |
| Tuesday:       |
| Wednesday:       |
| Thursday:       |
| Friday:       |
| Saturday:       |
| **Access Point #3:**       |
| **Minimum cost per visit**:       |
| **Service hours:**  *Include regular service hours and extended hours available to farmworkers, if applicable.* |
| Sunday:       |
| Monday:       |
| Tuesday:       |
| Wednesday:       |
| Thursday:       |
| Friday:       |
| Saturday:       |
| **Access Point #4:**       |
| **Minimum cost per visit**:       |
| **Service hours:**  *Include regular service hours and extended hours available to farmworkers, if applicable.* |
| Sunday:       |
| Monday:       |
| Tuesday:       |
| Wednesday:       |
| Thursday:       |
| Friday:       |
| Saturday:       |
| **Access Point #5:**       |
| **Minimum cost per visit**:       |
| **Service hours:**  *Include regular service hours and extended hours available to farmworkers, if applicable.* |
| Sunday:       |
| Monday:       |
| Tuesday:       |
| Wednesday:       |
| Thursday:       |
| Friday:       |
| Saturday:       |
| **Access Point #6:**       |
| **Minimum cost per visit**:       |
| **Service hours:**  *Include regular service hours and extended hours available to farmworkers, if applicable.* |
| Sunday:       |
| Monday:       |
| Tuesday:       |
| Wednesday:       |
| Thursday:       |
| Friday:       |
| Saturday:       |

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 examining 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. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
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| Click or tap here to enter text. |
| Click or tap here to enter text. |

# Assurances 2021-2022

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. Submit COVID-19 case reports to NCFHP within one week.
9. Maintain compliance with HIPAA regulations, including adherence to a privacy and security policy that references unique risks associated with outreach.
10. Ensure outreach staff supported with NCFHP funds sign the NCFHP Confidentiality form on an annual basis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Executive Director, Applicant Agency Date

\*Required under HRSA’s Health Center Program Requirements