



KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

TUBERCULOSIS SERVICES REIMBURSEMENT PROGRAM

POLICY AND PROCEDURES MANUAL

December 2015

Kansas Department of Health and Environment
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**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF COMMUNITY HEALTH SYSTEMS**

**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
VOUCHER/CASE MANAGER SYSTEM
POLICY AND PROCEDURES**

The **KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM** provides primary health care services to migrant and seasonal farmworkers throughout the State of Kansas. Eligible individuals may receive services through Access Point Agencies, such as state or federally funded primary care clinics or local health departments integrated into a statewide voucher system.

Funding for the Kansas Statewide Farmworker Health Program (KSFHP) is provided through Section 330(g) of the US Public Health Services Act as amended by the Health Centers Consolidation Act of 1996. This document provides information concerning the voucher system and provider payment policies and procedures. These policies and procedures incorporate both state and federal requirements and are necessary to provide the broadest range of services with limited funds.

DESCRIPTION OF THE VOUCHER SYSTEM

The voucher system was established in order to provide access to and expedite health services for migrant and seasonal farmworkers. KSFHP utilizes Regional Case Managers and Health Promoters to coordinate primary care for farmworker clients throughout the state. Eligible clients are admitted through authorized Access Point Agencies and services are provided at this site or through coordination with other healthcare providers. A client registration form is used to enroll patients in KSFHP at one of the authorized Access Point Agencies or through KSFHP case managers and health promoters. A copy of the client registration form is sent to the Kansas Department of Health and Environment (KDHE) in order to enroll the client/family in KSFHP. The Voucher Form is used to identify health problems and document treatment provided. In addition, it is utilized as a referral form for services required from outside healthcare providers, as well as to initiate payment for services. The Encounter Log serves to document all services received by clients, both internally and by referral, and is maintained at the Access Point Agency.

FUNCTIONS AND RESPONSIBILITIES IN THE VOUCHER SYSTEM

The voucher system is a structured primary care program that allows access to care for eligible clients. This system is a dynamic process and requires a partnership between state, local and private providers.

<p>Administrative Functions¹</p> <ul style="list-style-type: none"> • Determine migrant/seasonal farmworker eligibility status (APA/KSFHP) • Enroll clients using the Family Registration Form (APA/KSFHP) • Establish and maintain a system of referral service providers (APA/KSFHP) • Maintain a tracking system of clients and families, their health concerns, services provided, referrals, follow-up, voucher distribution and reimbursement (APA/KSFHP) 	<p>Marketing/Promotion Functions</p> <ul style="list-style-type: none"> • Develop and coordinate resources with other local programs (KSFHP) • Educate providers on lifestyles, health programs and language/cultural considerations of the farmworker population (KSFHP) • Market the availability of services to farmworkers and their families to ensure appropriate utilization and timely receipt of prescribed care (APA/KSFHP)
<p>Clinical Functions</p> <ul style="list-style-type: none"> • Direct provision of selected healthcare and preventive services according to protocols (APA) • Screen, triage, appropriately treat or refer patients to appropriate providers (APA) • Maintain a medical record system (APA) • Provide support services to facilitate clients obtaining healthcare (APA/KSFHP) • Monitor the appropriateness of services provided through contract or referrals (APA/KSFHP) 	<p>Financial Functions</p> <ul style="list-style-type: none"> • Bill for services provided on site (APA) • Process and pay bills (KSFHP) • Monitor provider agreements and cost of services (KSFHP)

PRIMARY CARE DEFINITION

The term primary care describes:

- A service provided and/or authorized by physicians, physician assistants, nurse practitioners, dentists, and behavioral health professionals.
- Diagnostic laboratory or radiological services necessary to complete treatment,
- Health promotion/disease prevention services-such as perinatal care, family planning, and well child examinations that include developmental assessments, hearing and vision evaluations, and behavioral health screenings.
- Preventive, restorative, and emergency dental services.
- Pharmaceutical services necessary to complete treatment.

CLIENT ELIGIBILITY

The target population for the program is farmworkers and their dependents, regardless of legal status. A client is eligible if, at any time during the last 24 months, the client, or an adult family member, reports primary employment in either of the two following categories:

¹ Primary function or responsibility

APA: Local Access Point Agency, the “Point of Entry”
 APA/KSFHP: Shared responsibility between local “Access Point” and Kansas Statewide Farmworker Health Program
 KSFHP: Kansas Statewide Farmworker Health Program

Migratory Agricultural Worker- defined as an individual whose principle employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purpose of such employment, a temporary place of abode; or

Seasonal Agricultural Worker- defined as an individual whose principle employment is in agriculture on a seasonal basis and who is not a migratory agricultural worker.

In order to qualify for services payable through the voucher program, the family **must**, in addition to meeting the farmworker definition above:

- Have a total household income of 200% or below the federal poverty level guideline (See Appendix C)

Self-declaration of agricultural migrant status and/or income level is sufficient if documentation is unavailable utilizing the **KSFHP SELF-DECLARATION FORM** (Appendix E). The signature of the person claiming farmworker eligibility must be entered into the client/family record. Eligibility must be updated annually and a new Family Registration Form completed. **KSFHP PATIENT RIGHTS AND RESPONSIBILITIES** (Appendix G) should be provided to registered farmworkers.

ACCESS POINT AGENCIES

Access Point Agencies are healthcare organizations located throughout the state that have the capacity to provide health services to migrant and seasonal farmworkers and their families either on-site or by referral. These organizations enter into an agreement with KSFHP to function as an Access Point Agency (Appendix A).

Training provided to these organizations includes an orientation to the Kansas Statewide Farmworker Health Program, an introduction to the needs of the population and an explanation of the services that must be provided.

Healthcare organizations participating in the voucher program serve the client in at least two ways:

- By providing an entry point into the health care delivery system, and
- By initiating a plan of care for the client.

Access Point Agencies work closely with the KSFHP Regional Case Manager assigned to the area. Access Point Agencies may charge KSFHP for services provided by the Agency. Access Point Agencies may not charge for services if clients only use the Agency to obtain information or to receive a voucher for services for another local provider.

REGISTRATION

When the client is determined to be eligible, complete the Family Registration Form (Appendix F). Make a copy to retain in the patient record and submit the original to the KSFHP Regional Case Manager.

RECORD REQUIREMENTS

The patient record is used to document all clinical transactions. The patient record at the Access Point Agency must include: a copy of the most recent Family Registration Form, the health care plan with patient/family health history, and a means of tracking patient visit dates and current information including referrals and follow-up. All clients seen in the Kansas Statewide Farmworker Health Program must be documented in the Encounter Log (Appendix I) regardless of services provided.

FEES, SLIDING SCALE POLICY AND PROGRAM RESTRICTIONS

- Access Point Agencies and participants in the voucher program may only bill KSFHP for services listed in this handbook under **COVERED SERVICES** or services authorized through KSFHP Regional Case Managers or Program Director.
- KSFHP funds are supplemental funds and should be used only as the **last resort** as payment for primary care services to migrant and seasonal farmworkers who are not covered by other third party payers, i.e. Medicaid, Medicare or private insurance. It is expected that Access Point Agencies, KSFHP Regional Case Managers and Health Promoters will actively assist clients in accessing existing assistance programs, such as Medicaid, prior to billing KSFHP.
- KSFHP voucher service fees are based on a sliding scale which is described in the **KSFHP SLIDING SCALE POLICY AND PROCEDURES** (Appendix D).
- Clinics funded by state and/or federal grants are required to have a fee schedule and corresponding sliding schedule of discounts based on total annual household income. Full discounts may apply to those whose income is at or below 100% of the most recent Federal Poverty Guidelines (Appendix C) or a nominal fee may be collected for specific services. Within the covered services guidelines, KSFHP will pay for services, minus the patient's discounted "sliding-scale" share of the fee, up to the Medicaid "fee for service" rate. Federally funded Community Health Centers are obligated to see all patients, regardless of their ability to pay. KSFHP will reimburse for services to clients in Federally Qualified Community Health Centers based upon the availability of KSFHP funds.

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM WILL NOT PAY:

- **HOSPITALIZATION OR OTHER INPATIENT SERVICES**
- **SERVICES PROVIDED IN THE EMERGENCY ROOM**
- **EXTENSIVE DIAGNOSTIC TESTING OR TREATMENT**
- **SERVICES WHICH EXCEED THE PARAMETERS OF PROGRAM POLICIES**
- **SERVICES OVER \$150 THAT HAVE NOT BEEN AUTHORIZED THROUGH THE KSFHP REGIONAL CASE MANAGER OR PROGRAM DIRECTOR.**

BILLING AND PAYMENT

In order to receive payment, a completed and signed **PROVIDER AGREEMENT** or **PRIMARY CARE PROVIDER AGREEMENT** (Appendix B) must be received by KSFHP. Once services are provided, a copy of the pre-numbered Voucher Form (Appendix J) along with the provider's standard billing form coded for procedure and diagnosis must be submitted to the address on the face of the Voucher Form. Each provider who sees the patient will submit one portion of the voucher. The information on the Voucher Form must be complete and signed by the provider before payment will be initiated. A copy of the Voucher form should be included in the patient record at each provider site. When the client is first registered at the Access Point Agency a copy of the Registration Form should be made. File the copy in the patient file and submit the original to the address on the Voucher Form. Charges to KSFHP may not exceed the usual and customary patient fees charged by the provider. Pre-numbered Voucher Forms may be obtained by calling (785) 296-6028 or the Regional Case Manager assigned to your area.

COVERED SERVICES

Healthcare organizations approved as Access Point Agencies or participating as referral providers may request payment for the following services.

Immunizations: Administration fee is the same as that paid by Medicaid rate.

Screening Tests: Includes common testing by healthcare providers to determine risks or exposure for specific disease or conditions, paid at Medicaid rate.

Physical Examination:

Child examination-includes (but not limited to) health history, physical exam, height, weight, hemoglobin, nutrition evaluations, development assessment, immunization history, appropriated health education and screening for age.

Adult examination-includes (but not limited to) health history, physical exam, height, weight, nutrition evaluation and immunization history, appropriate health education and screening for individual age and gender.

Payment for both adult and child examination paid as an office visit along with other billable services at Medicaid rate.

Brief Office Visit: A brief office visit is made to a primary care provider (physician, physician assistant, or advanced practice nurse practitioner) for acute illness care, evaluation or follow-up. Payment is limited to \$40 per visit with \$10-\$15 client co-pay based on sliding scale (Appendix D) paid to the voucher provider. (Federally Funded Section 330 Community Health Centers are paid \$30 per office visit along with their sliding scale fee (not to exceed \$25) as funds allow.) Office procedures are reimbursed at Medicaid rate.

Mental Health: A visit for prevention, evaluation and/or treatment of a mental health issue or disorder, paid at Medicaid rate.

Substance Abuse: A visit for alcohol or drug abuse services, including assessment and diagnosis, treatment or aftercare, paid at Medicaid rate.

Laboratory/X-ray: Services paid at Medicaid rate. **The Regional Case Manager or Program Director must authorize all services over \$150.**

Vision Care: A visit for a comprehensive eye exam performed for the purpose of early detection, care, treatment and prevention. Eyeglasses or corrective lenses **are not** paid by KSFHP. However, KSFHP staff will work with local providers to identify other possible resources to meet these needs. Visits associated with illness or injury of the eye or annual dilated eye exams for patients with diabetes are covered by KSFHP.

Pharmaceutical: Prescription drugs (generic when available) are limited to \$150 per year per client, and up to \$300 for clients with diabetes and/or hypertension. Clients are asked to pay the first \$5 of the prescription if income is sufficient and are responsible for any amount over the \$50 value of the voucher. **KSFHP will not pay over the counter drugs without authorization from the Regional Case Manager or Program Director. Refills will be paid for only on prescriptions originating from health care visits through KSFHP and on authorized diabetic supplies.**

Prenatal Care: All pregnant women must be screened for Medicaid/SCHIP eligibility. All non-Medicaid/SCHIP eligible pregnant women are referred to low-cost prenatal care in their area. With authorization by the Regional Case Manager, KSFHP will pay a portion of prenatal care visits especially when no low-cost prenatal services are available within the geographic area. Clients may also be responsible for a portion of their prenatal office visits over the initial co-pay. If prenatal care is authorized, KSFHP will also pay associated prenatal labs and one ultrasound. Further ultrasounds, fetal stress and other tests must be authorized through the Regional Case Manager or Program Director.

Dental: Dental services include oral exams, child and adult prophylaxis, sealants, child and adult fluoride treatment, restorative services, oral surgery and rehabilitative services. Payments for dental services are paid at one hundred percent and up to a total of \$300 per year per client. Each client is responsible for a \$10.00 co-pay at each visit to be applied towards his/her bill. If the dental clinic has a sliding fee scale, clients should be placed on the scale initially and fees charged accordingly.

We appreciate your cooperation in providing quality services to our clients and ask your cooperation in prescribing treatments that enable KSFHP to control costs.

A description of KSFHP covered services is available in English, Spanish, and Low German (Appendix K).

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM TUBERCULOSIS REIMBURSEMENT PROGRAM

The **Kansas Statewide Farmworker Health Program** also manages the supplemental fund to expand coverage for individuals needing health care services requiring evaluation and/or treatment of tuberculosis. The fund is limited to uninsured clients with household incomes at or below 200% of the federal poverty guidelines. Eligible clients include those who have shown significant test results from a TB screening test and those who require additional diagnostic and/or therapeutic services related to tuberculosis. This expanded coverage is possible through the Kansas Department of Health and Environment (KDHE), Bureau of Disease Control and Prevention, and is available as funds exist for those who do not reside in a county that receives a direct grant from the KDHE TB Control Program. Counties that receive direct funding include Finney, Ford, Johnson, Saline, Sedgwick, Shawnee, and Wyandotte Counties.

ELIGIBILITY:

- Eligibility requires income of 200% of poverty or below,
- Uninsured status (not covered by Medicaid, Medicare, or any other type of health insurance),
- A positive TB screening test. Screening tests for farmworkers and their dependents can be paid through separate funding.

NOTE: TB funds are supplemental funds to be used as a last resort for people who are not eligible for Medicaid, have no health insurance and no other means of payment for services.

DESCRIPTION OF THE VOUCHER SYSTEM

Delivery of tuberculosis services is managed through the Kansas Statewide Farmworker Health Program (KSFHP) voucher/case manager system. Eligible clients are admitted through authorized Access Point Agencies, which may be state or federal funded primary care clinics or local health departments. Services are provided at this site or through coordination with other healthcare providers. Case Management support is provided both regionally and at the state level through KSFHP, Bureau of Community Health Systems, in collaboration with the Kansas Tuberculosis Control Program of the Bureau of Disease Control and Prevention. CDC recommendations and guidelines for the management of tuberculosis disease and tuberculosis infection are available from the Kansas Tuberculosis Control Program at (786) 296-5589 or online at <http://www.cdc.gov/tb/publications/guidelines/default.htm>.

The KSFHP Family Registration Form (Appendix F) is used to enroll patients for tuberculosis coverage. Make a copy of the form for each patient record and send the original to the Kansas Statewide Farmworker Health Program. A pre-numbered Voucher Form (Appendix J) is used to identify health problems and to document treatment provided. In addition, it is utilized as a referral form for service required from outside healthcare providers as well as to initiate payment for services.

The Encounter Log (Appendix I) functions to document all services, internally and by referral, received by clients. This is maintained by the Access Point Agency for referral and tracking purposes. The primary patient record is maintained at the Access Point Agency and documents all patient care services.

BILLING AND PAYMENT

In order to receive payment for services, a copy of the Voucher Form along with the provider's standard billing form must be submitted to the address on the face of the Voucher Form. Each provider who sees the patient will submit one portion of the voucher. The Voucher Form must be completed and signed by the provider before payment will be initiated. A copy of the voucher should be included in each provider's patient record. Charges to KSFHP **may not** exceed the usual and customary patient charges of the provider.

State and federally funded Access Point Agencies that provide direct health care services are required by regulation to have a fee schedule and corresponding sliding schedules of discounts based on ability to pay. The full discount must apply to those whose income is below 100% of the most recent Federal Poverty Guidelines, although a nominal fee may be collected for specific services. KSFHP will pay for services, minus the patient's percentage based upon the sliding fee scale, up to the maximum allowed in this policy.

COVERED TB-RELATED SERVICES:

- Covers additional diagnostic and therapeutic services related to positive TB screening test, such as chest x-rays, office visits, hepatic enzymes, etc.
- Does not cover TB medicine or TB-related hospitalization
- Does not cover if patient is asymptomatic and TB testing is because of work, post-secondary educational institutions (per [KSA 65-129e](#)) or adjustment of immigration status

Healthcare agencies may request payment for the following tuberculosis related services:

Chest X-Ray:

A poster-anterior (PA) and a lateral (LAT) chest x-ray are covered for all patients with significant TB screening test results. Repeat chest x-ray requires preauthorization from the Regional Case Manager. Payment limited to Medicaid fee-for-service.

Pharmaceutical:

All tuberculosis medications are provided through the Kansas Department of Health and Environment, TB Control Program, (785) 296-5589. There will be no reimbursement for TB medications obtained elsewhere.

Laboratory:

Hepatic enzymes if clinically indicated on individuals who need baseline lab work or individuals who experience symptoms of hepatitis and are receiving prescribed tuberculosis therapy. Payment limited to Medicaid fee-for-service rates may be charged for each of the required monthly tests as therapy continues.

A baseline Chemistry Panel and CBC for adult patients prescribed therapy for active disease or if patient has complications due to drug therapy. The panel must include: baseline hepatic enzymes (AST, ALT, alkaline phosphatase, and bilirubin), serum creatinine, and complete blood count with platelet count. Payment limited to Medicaid fee-for-service.

All AFB specimens for smear, culture, and susceptibility testing, from any health provider, must be submitted directly to the Kansas Health and Environmental Laboratories. There will be no reimbursement for services provided by other laboratories.

Nursing Care:

Direct observation of patient therapy (DOT) on TB cases or high risk infected individuals by local health departments is no longer reimbursed by the Kansas Statewide Farmworker Health Program-TB Coverage, but may be reimbursed through the KDHE TB Control Program (785) 296-5589.

Brief Office Visit:

A brief office visit is made to a primary care provider for evaluation or follow-up. Payment limited to \$30.00. This is limited to a one-time office visit per patient. However, if the patient has active disease or is on prophylactic medication and demonstrating signs of hepatitis or a patient has other complications, two office visits may be reimbursed. Documentation of these conditions must be noted on the voucher. Any further office visits must be preauthorized by the Regional Case Manager.

Home Health Skilled Nursing Visit:

Directly Observed Therapy (DOT) in the home is no longer reimbursed by the Kansas Statewide Farmworker Health Program-TB Coverage, but may be reimbursed through the TB Care Program at the referral of the KDHE TB Control Program (785) 296-5589.

Tuberculosis Screening Test (PPD Skin Test, IGRA, etc): Not an allowable charge.

LIMITATIONS: The Kansas Statewide Farmworker Health Program-TB Coverage will not pay for:

- Hospitalization or other inpatient services
- Services provided in the emergency room
- Extensive diagnostic testing or treatment, including extensive prescriptions, except as identified in the TB coverage
- TB medicine
- If patient is asymptomatic and TB testing is because of work, post-secondary educational institutions (per [KSA 65-129e](#)) or adjustment of immigration status
- Services which exceed the parameters of this policy
- Services over \$150 that have not been authorized through the KSFHP Regional Case Manager or Program Director

Exceptions to these restrictions may be made on a case by case basis by preauthorization through the Regional Case Managers and/or the TB Control Program at KDHE. However, clients may also be eligible for some of these services through the Kansas Department for Children and Families.

MORE INFORMATION:

If you have questions about the program please do not hesitate to contact the Kansas Statewide Farmworker Health Program-TB Coverage at (785) 296-6028.

The TB Control Program at KDHE can be reached at (785) 296-5589 and online at <http://www.kdheks.gov/tb/index.html>

KSA 65-129e:

http://kslegislature.org/li_2012/b2011_12/statute/065_000_0000_chapter/065_001_0000_article/065_001_0029e_section/065_001_0029e_k/

VOUCHER SYSTEM SUMMARY STEPS FOR ACCESS POINT AGENCIES:

1. Complete **CLIENT REGISTRATION FORM** for each client/family. If applying for farmworker coverage rather than for TB coverage only, qualifying farmwork must be documented with date, location and crop type. Income information must be provided or if not available a signed self-declaration of income is acceptable. A new registration form must be completed annually or more often as family circumstances change. The original **CLIENT REGISTRATION FORM** is sent to the KSFHP office as soon as possible and a copy retained in the client file.
2. Perform a one-time only assessment of client need and medical history overview. Documentation of assessment should be maintained in the patient record at the Access Point Agency.
3. Complete the **ENCOUNTER LOG** for all services to be provided internally and by referral. The **ENCOUNTER LOG** is used as a tracking device and should be retained in the Access Point Agency.
4. For each patient visit, complete a **VOUCHER FORM** including patient information along with client or guardian signature and date.
5. Provide available services at the Access Point Agency and document services on the **VOUCHER FORM** with providers' signature and date of service. Retain a copy of the **VOUCHER FORM** for documentation and billing purposes.
6. For additional services provided by referral (as deemed necessary through assessment), a copy of the **VOUCHER FORM** must accompany the client to each referral provider.
7. Document all services provided to the client in the patient record at the Access Point Agency. Request and maintain follow-up information from outside providers in the patient record.
8. For reimbursement of services, all providers must return a completed **VOUCHER FORM** copy, along with a standard billing form to the address on the face of the voucher.
9. Any questions concerning KSFHP should be directed to the Regional Case Manager or Program Director. A list of direct phone numbers and email addresses for the Regional Case Managers and the Program Director can be found on the KSFHP website at <http://www.kdheks.gov/olrh/FWContacts.html> or by calling (785) 296-6028.



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KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Access Point Agreement

PURPOSE:

The U.S. Public Health Service supports the Kansas Statewide Farmworker Health Program (KSFHP). The purpose of the Public Health Service is to maintain the integrity of the nation's health and to contain the spread of disease. All farmworkers, regardless of nationality or legal status in the United States, are the target group of KSFHP, provided that they meet other eligibility criteria for the program.

EXPLANATION:

In an effort to establish and maintain control over limited program funds, the Kansas State Farmworker Health Program has developed fixed financial policies. In order to provide comprehensive medical services to all farmworkers in Kansas. Pursuant to a goal of health and wellness, the emphasis of this program is on prevention and education, as opposed to acute care.

A primary goal of the program is to utilize local and state services already in existence in the area. When at all possible, these services and subsequent reimbursement systems are to be accessed first.

The Kansas Statewide Farmworker Health Program has a Voucher Form, which is used to authorize and pay for health services rendered by contractual providers. These vouchers are issued from two sources 1) the Regional Case Manager for the area, and 2) the contracting Access Point Agency. KSFHP will only be responsible for bills generated by patients utilizing the proper voucher procedures, as outlined in the policy document.

The contracting Access Point Agency is a local healthcare facility, usually either a public health department or a primary care clinic. In some instances, the Access Point may be a provider, such as a physician or hospital-based clinic. The Access Point provides a monitored point of entry for the client, assuring the proper assessment and authorization for services needed.

As an Access Point, the primary responsibility is to direct the client to the necessary resources available in the community to meet health needs. Many services are available at the Access Point, especially if this is a clinic facility. These services will be reimbursed at the sliding fee scale, in accordance to the Federal Poverty Guidelines.

As a contracted Access Point Agency,

_____ **agrees to:**
(Name of Health Services Provider)

- Determine client eligibility per guidelines contained in the KSFHP Policy and Procedures Manual,
- Enroll client in KSFHP utilizing the Family Registration Form. The client must be enrolled in the program prior to delivery of services.
- Establish and maintain a tracking and referral system by entering each client appropriately in the Encounter Log,
- Assess the client and determine initial needs. The Access Point will be able to meet some of these needs, yet others will require outside services.
- Arrange for those needs to be delivered by an outside contracted provider when additional services are necessary.
- Authorize voucher for the provision of service to clients. The voucher must accompany the client to each provider for proof of authorization for reimbursement.
- Monitor and facilitate client healthcare by assisting in treatment plans and follow-up, as well as assessing the appropriateness of care delivered by referral providers,
- Maintain a medical record on each client to assist in quality assurance monitoring.

The Kansas Statewide Farmworker Health Program agrees to:

- Provide information and resources necessary for Access Points and healthcare providers to offer services to meet client needs.
- Process vouchers and billing statements in a timely manner in order for providers to receive reimbursement.
- Develop and coordinate resources with other local programs and providers. This includes negotiation with outside providers for additional services.
- Market the availability of services to farmworkers and their families. This will include identifying workers and employers in the area, as well as offering screenings and health related programs in cooperation with local providers.

Date

Health Service Provider

Date

Farmworker Health Representative

September 2014



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF COMMUNITY HEALTH SYSTEMS**
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**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Agreement to Provide Health Services**

Statement of Purpose: This agreement is entered into between the **Kansas Statewide Farmworker Health Program (KSFHP)**, a program of the Kansas Department of Health and Environment, and the local **Health Services Provider (HSP)**

(Name of Health Services Provider)

in order to maintain working relationships that will offer a wide range of primary care services to migrant and seasonal farmworkers and their families.

- A. The **Health Services Provider** agrees to provide services for patients referred by **KSFHP** and to follow the policies of the program for treatment, payment and referral as follows:
1. The **HSP** assures that appropriately credentialed persons will provide all services rendered pursuant to this agreement.
 - The **HSP** assures that all participating providers employed shall be:
 - Licensed Independent Practitioners (LIPs)
 - Other Licensed or Certified Practitioners (OLCP)
 - The **HSP** shall verify credentials for each position.
 - The **HSP** shall have verification and documentation requirement policies for:
 - Primary Source Verification
 - Secondary Source Verification
 - The **HSP** shall have appropriate storage, information organization and security of credentialing information.
 - The **HSP's** governing board shall define responsibilities and expectations of the board, which include ultimate authority to approve the credentials of all licensed independent providers and must approve, sign, date, the credentialing and privileging policies.
 - The **HSP** shall have a privileging and re-privileging policy.
 - The **HSP** shall notify us 'if the license or other credential is suspended or otherwise discontinued' (PIN 94-7 Migrant Health Voucher Program Guidance, Page-14).
 2. Farmworker patients must present a Voucher and Referral Form obtained from an access point/case manager to authorize payment for services and to communicate information for coordination of patient care.
 3. The **HSP** is encouraged to accept the voucher payment as full reimbursement for services rendered. However, a patient may be responsible for a portion of the fee. Federally funded community health centers and state-funded facilities are obligated to provide income-based discounts (sliding fee levels) based on annual Federal Poverty Guidelines.
 4. Treatment plans containing services not specified in the Voucher Policy and Procedures Document must be negotiated on a case-by-case basis with the case manager. The case manager must preauthorize all services over \$150.
 5. The **HSP** will assure that patients understand where to obtain urgently needed care when the **HSP** office is closed or the **HSP** is unavailable.
 6. The **HSP** will support efforts to assure "meaningful access" to health care services for persons with Limited English Proficiency (LEP) pursuant to Title VI of the Civil Rights Act [(42 U.S.C. § 2000d *et seq.*) and 45 C.F.R. § 80.3(b)]. Meaningful access requires that the **HSP** and the person with limited English skills can communicate effectively when services are being provided.
 7. The **HSP** shall hold as confidential all personal patient information obtained or received from recipients of services under this agreement and not disclose personal information except in statistical, summary or other forms that do not identify individual persons, except for the purpose of treatment or billing.
- B. The **Kansas Statewide Farmworker Health Program** agrees to provide payment for services to eligible farmworkers using reimbursement rates specified in the Voucher Policy Document and conduct case management activities including:
1. The **KSFHP** shall facilitate communication and support patient compliance with treatment and follow-up plans.
 2. The **KSFHP** shall seek resources to fulfill the health care needs of patients when they exceed the limits of the program.

C. **HSP** shall not knowingly employ during the period of this Contract or the extensions hereto any personnel who are also in the employ of KDHE or the State of Kansas, and who are providing services involving this Contract or services similar in nature to the scope of this Contract to KDHE or the State of Kansas. Furthermore, the **HSP** shall not knowingly employ, during the period of this Contract or any extensions to it, any State employee who has participated in the making of this Contract until at least one year after their termination with KDHE or the State of Kansas. Neither the **HSP** nor any person, firm or corporation employed by the **HSP** in the performance of this Contract, shall offer or give any gift, money or anything of value or promise of future reward or compensation to any KDHE or State employee at any time.

Name

Address

City/State/Zip

Voice Phone

FAX Phone

FEIN#

Email Address

Type of Provider:

- Physician or Midlevel Provider
- Dentist
- Vision
- Pharmacy
- Laboratory
- X-Ray
- Local Health Department
- Other

Health Service Provider Signature Date

Farmworker Health Representative Signature Date



**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF COMMUNITY HEALTH SYSTEMS**
1000 SW Jackson Street, Suite 340
Topeka, Kansas 66612-1365

**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Agreement to Provide Primary Healthcare and Behavioral Health Services**

Statement of Purpose: This agreement is entered into between the **Kansas Statewide Farmworker Health Program (KSFHP)**, a program of the Kansas Department of Health and Environment, and the local **Health Services Provider (HSP)** _____

(Name of Health Services Provider)

in order to provide primary health care to migrant and seasonal farmworkers in accordance with the rules and regulations of Section 330g of the Public Health Services Act, and the laws of the State of Kansas. HSP will maintain working relationships that will offer a wide range of primary care services to migrant and seasonal farmworkers and their families.

A. The **Health Services Provider** agrees to provide services for patients referred by **KSFHP** and to follow the policies of the program for treatment, payment and referral as follows:

1. The **HSP** assures that appropriately credentialed persons will provide all services rendered pursuant to this agreement.

The **HSP** assures that all participating providers employed shall be:

- Licensed Independent Practitioners (LIPs) – staff who are licensed, registered, or certified by the state, commonwealth, or territory in which the HSP is located to provide care and services without direction or supervision. These include, but not limited to physicians, dentists, physician assistants, nurse practitioners, nurse midwives or other healing art or behavioral health professionals as defined and authorized by the laws of Kansas. Participating providers will at all times, be in good standing with applicable licensing or credentialing Board.
- Other Licensed or Certified Practitioners (OLCP) – staff who are licensed or certified to provide care and services, but must have direction or supervision are called. These include, but not limited to registered nurses, laboratory technicians, social workers, medical assistants, licensed practical nurses, dental hygienists.

The **HSP** shall verify credentials for each position, which may include:

- Current state license, certification, or registration
- Relevant education, training, or experience
- Current competence
- Health fitness, including immunization and PPD status
- Government-issued picture identification
- Drug Enforcement Administration (DEA) registration (as applicable)
- Hospital admitting privileges (as applicable)
- Life support training (as applicable)
- Query of the National Practitioner Data Bank

The **HSP** shall have verification and documentation requirement policies for credentials using either primary source evidence or secondary source evidence.

- Primary Source Verification – Staff obtain evidence about a specific credential directly from the source that provided the credential, such as a state licensing board to verify current licensure or a medical school for education credentials.
- Secondary Source Verification – Staff verify a credential by using sources other than the original source, such as a copy of a training certificate or an individual’s immunization status.

The **HSP** shall have appropriate storage, information organization and security of credentialing information.

The **HSP’s** governing board shall define responsibilities and expectations of the board, which include ultimate authority to approve the credentials of all licensed

independent providers and must approve, sign, date the credentialing and privileging policies.

The **HSP's** privileging and re-privileging policy shall document:

- Services for which services are granted
- Skills and expertise measures that must be achieved in order to demonstrate competency for each service to be granted privilege
- Standardized procedures to monitor proficiency of practice
- Periodicity of the review of privileges
- Methods for disciplining a practitioner to assure compliance with credentialing and privileging policies
- Describing a practitioner's right to appeal if a decision is made to discontinue or deny privileges and define the health center's approved appeal process, including information needed, format, and time limits for requesting the appeal.

The **HSP** shall notify us 'if the license or other credential is suspended or otherwise discontinued' (PIN 94-7 Migrant Health Voucher Program Guidance, page-14).

2. The **HSP** shall maintain professional liability insurance as necessary to insure providers employed by it against any claims for damages arising out of personal injuries or death, in connection with professional services provided to patients. **KSFHP** will be promptly notified of any change in the status of insurance coverage.
3. Farmworker patients must present a **KSFHP Voucher (Referral Form)** obtained from an access point/case manager to authorize payment for services and to communicate information for coordination of patient care.
4. The **HSP** will accept the voucher payment as full reimbursement for covered services rendered but may bill the patient for non-covered services. A patient may be responsible for a co-pay or negotiated portion of the fee. Federally funded community health centers and state-funded facilities are obligated to provide income-based discounts (sliding fee levels) based on annual Federal Poverty Guidelines and patients cannot be denied based on the patient's inability to pay the requested co-pay.
5. Treatment plans containing services not specified in the **KSFHP Policy and Procedure Manual** must be negotiated on a case-by-case basis with the regional case manager. The regional case manager must preauthorize all services over \$150.
6. The **HSP** shall ensure access to **KSFHP** patients during regularly scheduled hours of service and to extend hours of service whenever appropriate and possible. The **HSP** will assure that patients understand access information such as offices hours, after-hour coverage arrangements and where to obtain urgently needed care when the **HSP** office is closed or the **HSP** is unavailable.
7. The **HSP** will make satisfactory arrangements for professional coverage during week-ends, evening hours, night hours and holidays.
8. The **HSP** will have admitting privileges at one or more referral hospitals, or have an arrangement to ensure continuity of care for hospitalization, discharge planning and patient tracking.
9. The **HSP** will support efforts to assure "meaningful access" to health care services for persons with Limited English Proficiency (LEP) pursuant to Title VI of the Civil Rights Act [(42 U.S.C. § 2000d *et seq.*) and 45 C.F.R. § 80.3(b)]. Meaningful access requires that the **HSP** and the person with limited English skills can communicate effectively when services are being provided.
10. The **HSP** agrees to maintain the patient record to document all clinical transactions and referrals and follow-up. The **HSP** agrees to transfer records to another site or provider when possible as patients prepare to migrate.
11. The **HSP** shall hold as confidential all personal patient information obtained or received from recipients of services under this agreement and not disclose personal information except in statistical, summary or other forms that do not identify individual persons, and for the purpose of treatment or billing according to the **Health Insurance Portability and Accountability Act (HIPAA)**.
12. The **HSP** agrees to participate in quality assurance meetings if requested and to participate in periodic record review and chart audit processes created by **KSFHP**.

- B. The **Kansas Statewide Farmworker Health Program** agrees to provide payment for services to eligible farmworkers using reimbursement rates specified in the **KSFHP Policy and Procedure Manual** and conduct case management activities including:
1. The **KSFHP** shall facilitate communication and support patient compliance with treatment and follow-up plans.
 2. The **KSFHP** shall seek resources to fulfill the health care needs of patients when they exceed the limits of the program.
 3. **KSFHP** will pay **HSP** according to the policies and procedures delineated in the **KSFHP Policy and Procedures Manual**. **HSP** shall submit for payment all claims for payment for covered services within (90) days. **KSFHP** will pay approved claims within sixty (60) days of receipt of completed claim.
- C. **HSP** shall not knowingly employ during the period of this Contract or the extensions hereto any personnel who are also in the employ of KDHE or the State of Kansas, and who are providing services involving this Contract or services similar in nature to the scope of this Contract to KDHE or the State of Kansas. Furthermore, the **HSP** shall not knowingly employ, during the period of this Contract or any extensions to it, any State employee who has participated in the making of this Contract until at least one year after their termination with KDHE or the State of Kansas. Neither the **HSP** nor any person, firm or corporation employed by the **HSP** in the performance of this Contract, shall offer or give any gift, money or anything of value or promise of future reward or compensation to any KDHE or State employee at any time.
- D. This agreement may be terminated by either **KSFHP** or **HSP** at any time by giving thirty (30) days written notice.

Name

Address

City/State/Zip

Voice Phone

FAX Phone

FEIN#

Email Address

Type of Health Service Provider:

(Please mark all that apply)

- Physician/Midlevel Provider(s)
- Behavioral Health Provider(s)
- Dental Provider(s)
- Pharmacy Provider(s)
- Laboratory Provider(s)
- Radiology/X-Ray Provider(s)
- Local Health Department Provider(s)

Health Service Provider/Agency Signature

Date

Kansas Statewide Farmworker Health Representative Signature

Date

2015 INCOME and DISCOUNT ELIGIBILITY TABLES (5 levels)

* see source below		ANNUAL INCOME				
Number in House-hold	<=	100% FPL: ANNUAL INCOME	101-150% FPL: ANNUAL INCOME	151-175% FPL: ANNUAL INCOME	176-200% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	<=	11,770	11,771 to 17,655	17,656 to 20,598	20,599 to 23,540	>= 23,541
2	<=	15,930	15,931 to 23,895	23,896 to 27,878	27,879 to 31,860	>= 31,861
3	<=	20,090	20,091 to 30,135	30,136 to 35,158	35,159 to 40,180	>= 40,181
4	<=	24,250	24,251 to 36,375	36,376 to 42,438	42,439 to 48,500	>= 48,501
5	<=	28,410	28,411 to 42,615	42,616 to 49,718	49,719 to 56,820	>= 56,821
6	<=	32,570	32,571 to 48,855	48,856 to 56,998	56,999 to 65,140	>= 65,141
7	<=	36,730	36,731 to 55,095	55,096 to 64,278	64,279 to 73,460	>= 73,461
8	<=	40,890	40,891 to 61,335	61,336 to 71,558	71,559 to 81,780	>= 81,781

For family units with more than 8 members, add \$4,160 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

MONTHLY INCOME					
Number in House-hold	<=100% FPL: ANNUAL INCOME	101-150% FPL: ANNUAL INCOME	151-175% FPL: ANNUAL INCOME	176-200% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	<= 981	982 to 1,471	1,472 to 1,716	1,717 to 1,962	>= 1,963
2	<= 1,328	1,329 to 1,991	1,992 to 2,323	2,324 to 2,655	>= 2,656
3	<= 1,674	1,675 to 2,511	2,512 to 2,930	2,931 to 3,348	>= 3,349
4	<= 2,021	2,022 to 3,031	3,032 to 3,536	3,537 to 4,042	>= 4,043
5	<= 2,368	2,369 to 3,551	3,552 to 4,143	4,144 to 4,735	>= 4,736
6	<= 2,714	2,715 to 4,071	4,072 to 4,750	4,751 to 5,428	>= 5,429
7	<= 3,061	3,062 to 4,591	4,592 to 5,356	5,357 to 6,122	>= 6,123
8	<= 3,408	3,409 to 5,111	5,112 to 5,963	5,964 to 6,815	>= 6,816

HOURLY INCOME					
Number in House-hold	<=100% FPL: HOURLY INCOME	101-150% FPL: HOURLY INCOME	151-175% FPL: HOURLY INCOME	176-200% FPL: HOURLY INCOME	>200% FPL HOURLY INCOME
1	<= 5.66	5.67 to 8.49	8.50 to 9.90	9.91 to 11.32	>= 11.33
2	<= 7.66	7.67 to 11.49	11.50 to 13.40	13.41 to 15.32	>= 15.33
3	<= 9.66	9.67 to 14.49	14.50 to 16.90	16.91 to 19.32	>= 19.33
4	<= 11.66	11.67 to 17.49	17.50 to 20.40	20.41 to 23.32	>= 23.33
5	<= 13.66	13.67 to 20.49	20.50 to 23.90	23.91 to 27.32	>= 27.33
6	<= 15.66	15.67 to 23.49	23.50 to 27.40	27.41 to 31.32	>= 31.33
7	<= 17.66	17.67 to 26.49	26.50 to 30.90	30.91 to 35.32	>= 35.33
8	<= 19.66	19.67 to 29.49	29.50 to 34.40	34.41 to 39.32	>= 39.33

* SOURCE: Federal Register /Vol. 79, No. 14 /Thursday, January 22, 2015 /Notice 3236

Calculated monthly and hourly wages are for determining eligibility for programs or for fee reductions based on family income in the Charitable Health Provider and Farmworker Health Voucher Program

<https://federalregister.gov/a/2015-01120>

The following table provides an example of a sliding-fee schedule

EXAMPLE

Sample DISCOUNT - SLIDING-FEE SCHEDULE (5 levels)					
	<=100% FPL: ANNUAL INCOME	101-149% FPL: ANNUAL INCOME	150-174% FPL: ANNUAL INCOME	175-199% FPL: ANNUAL INCOME	>=200% FPL ANNUAL INCOME
Discount	100%	75%	50%	25%	0%
Sliding-Fee	Free care or nominal fee	Pay 25% of Charges	Pay 50% of Charges	Pay 75% of Charges	Pay Full Charges
Accounting Code	P0	P1	P2	P3	P4



KSFHP SLIDING FEE DISCOUNT POLICY AND PROCEDURES

- Description:** A Sliding Discount Program will be provided to eligible persons based on the patient's ability to pay. Ability to pay is determined by the household size and annual income relative to a discount schedule based on federal poverty income guidelines.
- Purpose:** To assure access to health care services by uninsured families and individuals at a cost based on eligible persons' ability to pay.
- Scope:** This program applies to all migrant and seasonal farmworkers in the state of Kansas who qualify for KSFHP.

Procedure:

- 1.0 THE SLIDING FEE DISCOUNT RATE SCHEDULE AND POLICIES FOR ADMINISTRATION OF THE SLIDING FEE PROGRAM WILL BE UPDATED AND REVIEWED ON AN ANNUAL BASIS.**
- 1.1 In February of each year, the KSFHP Director obtains the updated federal poverty income guidelines from the Federal Register and updates the sliding fee discount schedule at www.ksfhp.org. In conjunction with the discount schedule review, the policies and procedures related to administration of the sliding fee discount program will be reviewed and updated if needed.
- 1.2 The annual update to the sliding fee discount schedule and any policy updates proposed will be discussed by KSFHP staff and then presented to the KSFHP Advisory Council for review and approval.
- 1.3 After the April KSFHP Advisory Council approval each year, the updated sliding fee discount schedule will be put into effect.
- 1.4 Annually in the spring, KSFHP staff performs **KSFHP Focus Group Meetings** with clients throughout the state. At least two in each region (eastern, central, and western) and with various language groups (Spanish, Low German, English, Chuukeese). During these meetings, KSFHP staff poll the clients with this question: *For those in the lowest income level, would you be able to pay a minimum payment of \$10 per medical or dental visit?* In 2015, 100% of clients asked answered "yes" to this question. This question will be asked and evaluated annually during **KSFHP Focus Group Meetings**.
- 2.0 KSFHP STAFF WILL ENSURE THAT PATIENTS ARE INFORMED ABOUT THE AVAILABILITY OF THE SLIDING FEE DISCOUNT PROGRAM AND THAT NO PATIENT SHALL BE DENIED SERVICES BASED ON THEIR INABILITY TO PAY.**
- 2.1 As part of the registration process, KSFHP staff will qualify farmworker families and individuals. KSFHP considers depends to be a part of the economic household of the farmworker. All dependents will be listed on the 2nd page of the **KSFHP Family Registration Form**. Upon qualification, KSFHP staff will explain the sliding scale discount program in the client's primary language and assure that no farmworker client will be denied services based on their inability to pay.
- 2.2 A follow up **KSFHP Introduction Letter** will be provided to the client stating the sliding discount fees they will be expected to pay, along with the statement that no farmworker client will be denied services based on their inability to pay.
- 3.0 KSFHP WILL MAINTAIN A UNIFORM PROCESS FOR SLIDING FEE DISCOUNT PROGRAM APPLICATIONS AND WILL VERIFY CLIENT ELIGIBILITY NO LESS THAN ANNUALLY.**
- 3.1 KSFHP staff will utilize the **KSFHP Outreach-Screening Protocol** and the **KSFHP Family Registration Form** to register and re-qualify farmworker families and individuals at least annually. Report of family size, proof of income (i.e. pay stub, letter from the employer, **KSFHP Self-Declaration Form**) and farmwork performed will establish eligibility and sliding discount fees. Farmworkers without proof of farmwork and/or income will complete the **KSFHP Self-Declaration Form**.
- 3.2 Qualified farmworkers will be told that they are obligated to call KSFHP staff if their income or household status changes.

- 3.3 Farmworkers and their dependents who are U.S. Citizens or Legal Permanent Residents of at least five years will be encouraged to apply for KanCare (Medicaid and SCHIP) if they fall into a category that is covered in Kansas i.e. children, pregnant women, very low income adult parents and caregivers, and seniors or disabled individuals. For more complete information refer to http://www.kdheks.gov/hcf/Medicaid/eligibility_guidelines.html. KanCare coverage is more comprehensive, if eligible; however vouchers may be used until KanCare coverage is approved or if it is refused or denied.
- 3.4 Farmworkers and families that are U.S. Citizens or Legal Permanent Residents should be encouraged to apply for insurance coverage under the Affordable Care Act (ACA) at www.healthcare.gov. However, the State of Kansas has not expanded Medicaid so adults that are 100% of FPL and under will not receive Medicaid coverage or premium assistance under the ACA.
- 4.0 KSFHP HAS MULTIPLE FEE SCALES BASED ON THE TYPE OF PROVIDER AND TYPE OF SERVICE RECEIVED BY THE CLIENT.**
- 4.1 Nominal fees for medical visits and dental visits received at a clinic that has a sliding scale **((Clinics with a Sliding Fee Scale (CHC, State Funded))** will be set at those established by the clinic.
- 4.2 All other fees are established by KSFHP and include a fixed \$10-\$15 nominal/co-pay fee, based on sliding discounts, for medical visits at clinics with no established sliding fee scale program. There are no fees for labs, radiology or immunizations, except when over \$150 where charges and fees are negotiated by a KSFHP regional case manager. Dental services are paid at 100% for the first \$300 per individual. The client pays a co pay at each visit which is to be applied towards his/her bill. Pharmacy co-pay is \$5 per prescription, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per year for persons with diabetes and/or hypertension. Specialty visits or services will only be authorized as a result of a primary care visit where diagnostic or specialty care is needed to complete treatment and as KSFHP funds allow. Co-pays will vary based on negotiated agreement with the health provider.
- 5.0 KSFHP DOES NOT CHARGE FOR ANY SERVICES DIRECTLY AND AS A RESULT HAS NO BALANCES THAT MAY BE OUTSTANDING.**
- 5.1 Clinics with sliding fee scale discounts may have outstanding balances for farmworker clients. In these cases KSFHP staff will work with the client to establish a payment plan with the clinic. Clients may be terminated from these clinics, based on their own policies. However these clients will not be terminated from the KSFHP voucher program.

Date of Council Approval: December 14, 2015

The following chart must be used in conjunction with the most current Federal Poverty Level INCOME and DISCOUNT ELIGIBILITY TABLES available at www.ksfhp.org. The eligibility table allows staff to determine clients' poverty level based on income and family size.

* All labs, radiology and immunizations over \$150 must be preauthorized by the Regional Case Manager.

+Specialty visits or services will only be authorized as a result of a primary care visit where diagnostic or specialty care is needed to complete treatment and as KSFHP funds allow.

KSFHP SLIDING FEE SCHEDULE

Services	FPL 0-100%	FPL 101-150%	FPL 151-175%	FPL 176-200%	FPL >200%
Co pays for Services at Clinics with no Sliding Fee Scale					
Primary Care and Behavioral Health Office Visit	\$10	\$15	\$20	\$25	No voucher coverage
Specialty Visit+	Negotiated Fee+	Negotiated Fee+	Negotiated Fee+	Negotiated Fee+	No voucher coverage
Vision Services	\$10	\$10	\$10	\$10	No voucher coverage
Lab	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	No voucher coverage
Radiology	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	No voucher coverage
Immunizations	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	No voucher coverage
Dental	100% of dental charges up to \$300 per year. Client pays a \$10 co-pay.	100% of dental charges up to \$300 per year. Client pays a \$10 co-pay.	100% of dental charges up to \$300 per year. Client pays a \$10 co-pay.	100% of dental charges up to \$300 per year. Client pays a \$10 co-pay.	No voucher coverage
Pharmacy	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	No voucher coverage
Co pays for Services at Clinics with a Sliding Fee Scale (CHC, State Funded)					
Primary Care and Behavioral Health Office Visit	Clinic Sliding Fee	Clinic Sliding Fee	Clinic Sliding Fee	Clinic Sliding Fee	No voucher coverage
Specialty Visit+	Negotiated Fee+	Negotiated Fee+	Negotiated Fee+	Negotiated Fee+	No voucher coverage
Vision Services	\$10	\$10	\$10	\$10	No voucher coverage
Lab	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	No voucher coverage
Radiology	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	No voucher coverage
Immunizations	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	Medicaid FOS Rate*	No voucher coverage
Dental	Clinic Sliding Fee No > \$300 Total	No voucher coverage			
Pharmacy	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	\$5 per medication, voucher up to \$50 per prescription, total of \$150 per year, or \$300 per for persons with diabetes and/or hypertension.	No voucher coverage



KSFHP Self-Declaration Form Employment and Income

Patient Information	
Client's Name:	Client's D.O.B:
Address:	Phone Number:
<p>Declaration of Employment: <i>This section is to be filled out and signed by the employed individual</i></p> <p>I _____ declare that my principal employment is or was in agriculture and that presently: <input type="checkbox"/> I am working <input type="checkbox"/> I am not working</p> <p>Employer Name: _____</p> <p>Employer Address: _____</p> <p>Declaration of Income and Family size:</p> <p>I declare that my household <input type="checkbox"/> weekly <input type="checkbox"/> biweekly <input type="checkbox"/> monthly <input type="checkbox"/> annual income was \$_____. I also certify that a total of _____ people (including spouse, children, parents, grandparents, etc.) are living in my household and supported by this income.</p> <p>I certify that the information that I provided is correct and I authorize Kansas Statewide Farmworker Health Program to use it. I understand that this information will be used to determine my eligibility for a Sliding Scale Discount for health services.</p> <p>Applicant Signature: _____ Date: _____</p> <p>Comments:</p>	



Formulario de Auto Declaración KSFHP Empleo e Ingresos

Información del Paciente	
Nombre del Cliente:	Fecha de Nacimiento:
Dirección:	Numero de teléfono:
Declaración del empleo: <i>Esta sección debe de ser llenado y firmado por el individual empresario</i>	
Yo, _____ declaro que mi principal empleo es o fue en agricultura, y que actualmente estoy <input type="checkbox"/> Empleado o <input type="checkbox"/> Desempleado	
Nombre del patrón: _____	
Domicilio: _____	
Declaración del ingreso económico & composición familiar:	
Yo declaro que el ingreso familiar <input type="checkbox"/> <i>semanal</i> <input type="checkbox"/> <i>quincenal</i> <input type="checkbox"/> <i>mensual</i> o <input type="checkbox"/> <i>anual</i> es de \$ _____. También declaro que el número total de personas (esposo/a, compañeros, hijos, padres, abuelos, etc.) que viven en mi casa y que dependen económicamente de mis ingresos son _____ personas.	
Yo certifico que la información proporcionada es correcta y entiendo que la información será usada para determinar nuestra elegibilidad para el Programa de Salud para Trabajadores Agrícolas por el estado de Kansas para determinar si soy elegible para recibir un descuento temporal (<i>sliding scale discount</i>) por los servicios de salud.	
Firma del solicitante: _____ Fecha: _____	
Notas:	



KFSHP Mien Berecht on Ennom von Oabeit

Kunden Rejista	
Kund sien Nomen:	Jeburtsdach: Moonat, Dotem, Joa
Adrass:	Telefoon Numma:
Dit es miene Oabeit: <i>Dise Aufschnitt mott en jieda aunjenomna Obeida üt felle en met äa nome unjaschriewe.</i>	
Ekj, _____ schauf mieeschters bie Foarm Oabeit. <input type="checkbox"/> Ekj hab nu Oabeit. <input type="checkbox"/> Ekj hab nu nich Oabeit.	
Mien Oabeits Jäwa es: _____	
Oabeits Jäwa siene Adrass es: _____	
Miene Ennom un miene Famielje sent:	
Wie nämen aus Famielje <input type="checkbox"/> <i>jieda</i> <input type="checkbox"/> <i>jieda twee</i> <input type="checkbox"/> <i>jieda Moonat</i> <input type="checkbox"/> <i>daut Joa</i> \$ _____ en. Ekj kaun sajen daut wie äare _____ Menschen sent (met Fru, Kjinja, Elren, Grootelren, un soo wieda) dee wie toop wonen un von dise Ennom läwen.	
Ekj jäw met dit aun daut waut ekj hia jetieekjent hab es soo, un daut Kansas Statewide Farmworker Health Program daut brucken kaun. Ekj vesto daut dit woat jebrukt woaren toom seenen waut ekj met de Sliding Scale Discount for health services kjrieen kaun.	
Unjaschreft: _____ Dotem: _____	
Ekj well noch dit aunjäwen:	



Kansas Statewide Farmworker Health Program (KSFHP)
Programa de Salud para Trabajadores Agrícolas de Kansas

Family Registration Form / Forma de Registro Familiar

Today's Date / Fecha de Hoy _____

Check One: [] KSFHP [] TB

Approved by: _____
Date: ____/____/____

Head of Family / Jefe de Familia

Last Name / Apellido(s) _____ First Name / Nombre(s) _____

Date of Birth / Fecha de Nacimiento (mes/día/año) ____/____/____ Phone / Teléfono () _____

Do you want to receive information via text? / ¿Quisiera recibir información por mensajes de texto? [] YES/SÍ [] NO
In what language? / ¿En cuál idioma? _____

Local Address / Domicilio Local _____
Street/ Calle _____ County/ Condado _____

[] Homeless / Sin Hogar _____
City/ Ciudad _____ State/ Estado _____ Zip/ Código Postal _____

Family Income / Ingreso de la Familia \$ _____ per / por _____ Number in Household? / ¿Cuántas hay en la casa? _____

Please provide proof of current employment and income (check-stub), or if not available a signed written statement.
Por favor dar prueba de empleo e ingreso actual (talón de cheque), ó si no lo tiene, por favor de dar una declaración firmada.

What language do you speak in your home? / ¿Cuál idioma hablan ustedes en su casa? _____

Are there any family members who are pregnant? / ¿Hay algún miembro de su familia que está embarazada? [] YES/SÍ [] NO
If YES, name and expected delivery date. / Si la respuesta es SÍ—Nombre y fecha de nacimiento esperada. _____

People who have been employed in agriculture may qualify for medical services. Please answer the following questions. / Personas que hayan trabajado en la agricultura pudieran calificar para servicios médicos. Por favor de contestar estas preguntas.

I. During the past two years, have you or a member of your family been employed in farmwork (crops and/or animals) at farms, greenhouses, nurseries, orchards, tree farms, cotton gins, co-ops, aquaculture, dairies, feedlots, ranches as your principle means of employment? / Durante los últimos dos años, ¿usted o algún miembro de su familia ha sido empleado en labores agrícolas (cultivos y/o animales) en granjas, invernaderos, viveros, huertos, plantaciones de árboles, desmotadoras de algodón, cooperativas, la acuicultura, lecherías, corrales de engorde, o ranchos como su medio principal de empleo? [] YES/SÍ [] NO

Name of Farmwork Company _____ Phone / Teléfono () _____
Nombre de la compañía donde hayan trabajado en la agricultura

Address / Dirección _____
Street/ Calle _____ City/ Ciudad _____ State/ Estado _____ Zip/ Código Postal _____

Crop / Tipo de cultivo _____ Last month & year of farmwork / Ultimo mes y año de trabajo en el campo ____/____

II. Over the past two years, have you or your family traveled away from home overnight in order to do farmwork as your principle means of employment? / ¿Durante los últimos dos años, ha viajado o estado usted o su familia fuera de su casa por más de una noche para trabajar en labores agrícolas como su fuente de empleo principal? [] YES/SÍ [] NO

If YES, give location, crop, month and year. / Si respondió SÍ, diga lugar, tipo de cultivo, mes y año. _____

III. Are you exposed to chemicals, fumes, dusts, noise, and/or high heat at your work or away from work? / ¿Usted está expuesto en su trabajo o en otro lugar a químicos, humos, polvos, ruido, o altas temperaturas? [] YES/SÍ [] NO
Do you think these are harming you? / ¿Usted cree que esas actividades le están haciendo daño? [] YES/SÍ [] NO

[] I do not want my family information shared with the Kansas Migrant Education Program and/or Harvest America Corporation. / No quiero que compartan mi información familiar con el programa de educación migrante de Kansas y/o con la corporación de Harvest America.

List of Family Members / Lista de Miembros de Familia

Name (Last, First) <i>Nombre (Apellido, Nombre)</i>	Date of Birth (month/day/year) <i>Fecha de Nacimiento (mes/día/año)</i>	Gender / Sexo	Relationship / Parentesco <i>*(H, P, S, D or O)</i>	Veteran / Veterano	Hispanic / Latino / Hispano/ Latino	<input checked="" type="checkbox"/> Race/ Raza					<input checked="" type="checkbox"/> Health Insurance <i>Seguro Medico</i>					Medicaid Number <i>Numero de Medicaid</i>	Height/ Estatura (inches/millimeters)	Weight / Peso (pounds/kilograms)	Tobacco User? / ¿Utiliza Tabaco?	Mood? / ¿Estado de ánimo?
						White/ Blanca	Native Hawaiian or Pacific Islander <i>Nativo de Hawaii ó de las islas del Pacifico</i>	Black or African American <i>Negra ó Africana americana</i>	Asian/ Asiática	American Indian/Alaska Native <i>India americana ó Nativa de Alaska</i>	KanCare: Medicaid (Title 19)	KanCare: SCHIP (Title 21)	Private / Privada	Employer / Empleador	Medicare					
		M		Y	Y												Y	Y		
		F		N	N												N	N		
		M		Y	Y												Y	Y		
		F		N	N												N	N		
		M		Y	Y												Y	Y		
		F		N	N												N	N		
		M		Y	Y												Y	Y		
		F		N	N												N	N		
		M		Y	Y												Y	Y		
		F		N	N												N	N		
		M		Y	Y												Y	Y		
		F		N	N												N	N		

*H=Head of Household (*Jefe de Familia*), P=Partner/Spouse (*Pareja/Cónyuge*), S=Son (*Hijo*), D=Daughter (*Hija*), O=Other (*Otro*)

IV. IMPORTANT: ALL HOUSEHOLD MEMBERS 12-YEARS AND OLDER SHOULD RESPOND TO THE FOLLOWING TWO QUESTIONS.

IMPORTANTE: TODOS LOS MIEMBROS DEL HOGAR MAYORES DE 12-AÑOS O MAYOR DEBEN DE RESPONDER LAS DOS PREGUNTAS SIGUIENTES.

A. Over the last two weeks, have you been bothered by any of the following problems? / Durante las últimas dos semanas le han molestado alguno de los siguientes problemas?

1. Feeling down, depressed, irritable or hopeless? / Sentirse desanimado/a, deprimido/a, o sin esperanza? YES/SÍ NO
2. Little interest or pleasure in doing things? / Tener poco interés o placer en hacer las cosas? YES/SÍ NO

If YES is selected for either question, please circle 'Y' in the table above. / Si selecciona SÍ para cualquiera de las preguntas, por favor marque 'Y' en la tabla anterior.

Certification / Certificación: I certify that the information above is accurate to the best of my knowledge. / Certifico que la información proporcionada arriba es correcta y de acuerdo a mi conocimiento.

Signature / Firma _____ Date / Fecha ____ / ____ / ____

Authorization for Release of Information / Autorización para proporcionar atención medica y dental: I authorize Kansas Statewide Farmworker Health Program to use and disclose any information acquired during the course of my registration, examination and treatment (including protected health information) for the purpose of medical treatment or consultation, billing or claim payments and care coordination for myself and my listed dependents above. / Yo autorizo el programa para que utilice y revele información obtenida durante el curso de mi matricula, el examen médico y tratamiento (incluyendo información de salud protegida) para el propósito de tratamiento o consulta médicos, factura o reclamo de pagos o cuidado coordinado por el Programa de Salud para Trabajadores Agrícolas.

Signature / Firma _____ Date / Fecha ____ / ____ / ____ Signature / Firma _____ Date / Fecha ____ / ____ / ____



KSFHP Client Rights and Responsibilities

KSFHP strives to provide comprehensive and preventive health care to farmworkers and their dependents. In order to maintain optimum communication, closer patient/provider relationships, and efficient care, KSFHP presents the following Rights and Responsibilities for you and your family. The Program's Website address is www.ksfhp.org.

CLIENT RIGHTS

I have the right:

- To be treated with respect and have my concerns acknowledged.
- To expect personal information and information about my health treated confidentiality by KSFHP staff and providers.
- To be assigned a provider who is in charge of my care if I have multiple health problems, or am seeing specialists or hospitalized.
- I have a right to have a family member or friend by with me to speak up for me and help get things done.
- To be informed of tests, treatments, including prescriptions and how that will help my health. Regional case managers and health promoters can facilitate communication with providers.
- To receive in understandable language adequate information from my provider concerning my diagnosis and its related treatment. Regional case managers and health promoters can facilitate communication with providers.
- Be told of all my options to allow me to make my own personal decisions regarding my health care. Regional case managers and health promoters can facilitate communication with providers.
- Be told about policies and procedures, fees and charges for services made by the provider and to receive an explanation about my service charges and co-pays.
- When referrals are made to other agencies, I should receive an explanation of my responsibilities.
- Not to be discriminated against because of race, religion, national origin, language, sex or age.
- To be heard if I have suggestions or complaints. I understand that I may contact my regional case manager or the KSFHP Director at kbaldridge@kdheks.gov, (785) 296-8113 to communicate suggestions or complaints.

CLIENT RESPONSIBILITIES

I have a responsibility:

- To provide the following information:
 - Basic information to KSFHP staff to determine eligibility for KSFHP.
 - Updated information to my KSFHP case manager and providers when there are any changes in address, household information, and financial status or if leaving the area. I understand that if I provide false information I may be made ineligible for the program either temporarily or permanently.
 - Information about my health to KSFHP providers, including any past or present abuse of pain medication.
- To make and keep scheduled appointments and arrive on time. Should an emergency occur I will contact the provider to cancel and if possible reschedule.
- In cases where insured, to assure that Medicaid coverage or other insurance is up to date and active, and that insurance cards are brought to appointments.
- If uninsured, to take a KSFHP voucher to all appointments (arrange for vouchers ahead of schedule unless on weekend hours or in cases of same day appointments).
- I understand if I miss two scheduled appointments within six months I may be suspended from voucher covered services for the upcoming six months.
- To cooperate with all health and KSFHP personnel and to ask questions if I do not understand.
- To treat all KSFHP providers and staff with respect and I understand that complaints about disrespectful behavior will be taken seriously.
- To pay all co-pays or payments including the following:
 - The established co-pay for my primary care provider.
 - One hundred percent of dental services, up to a total of \$300 per year per client. Each client is responsible for \$10.00 co-pay per visit to be applied to his/her bill.
 - Co-pays negotiated as part of specialist care.
 - The first \$5 of each prescription and anything over the \$50 covered by the KSFHP voucher for pharmacy.
 - Any service costing over \$150 without prior authorization.
 - Payments for services NOT covered by KSFHP.
- I understand that I have ultimate responsibility for paying bills.
- To contact assigned my regional case manager before changing my primary care, medical or dental providers. I agree not seek care with multiple providers (not including specialty care) without consultation with my regional case manager.
- Ultimately I understand that my health is my own responsibility and that I should be proactive with regards to my needs.



Derechos y Responsabilidades del Cliente de KSFHP ***KSFHP Client Rights and Responsibilities***

KSFHP quiere proveer comprensivo y preventivo cuidado de salud a los trabajadores agrícolas y sus dependes. Para poder obtener óptima comunicación, una relación buena con el paciente y un eficiente cuidado, KSFHP presenta los siguientes Derechos y Responsabilidades par usted y su familia. El sitio de web del programa es www.ksfhp.org.

Derechos del Cliente

Tengo el derecho de:

- ❖ Ser tratado con respeto y completo conocimiento en lo que en mi caso concierne.
- ❖ Mi información personal será confidencial de parte de KSFHP, de parte del personal y proveedores sobre el cuidado de mi salud.
- ❖ Ser asignado un proveedor quien se encarga de mi salud si tengo muchos problemas de salud, ser visto(a) por un especialista o ser hospitalizado(a).
- ❖ Tengo derecho de tener un miembro de mi familia o un amigo a mi lado cuando hablo con el doctor en respeto de mi tratamiento para ayudarme.
- ❖ Ser informado(a) de los exámenes y tratamiento incluyendo prescripciones y como me ayudaría a mi salud. Manejadores de Casos Regional y Promotoras de Salud pueden facilitar comunicación con proveedores.
- ❖ Recibir en el lenguaje apropiado y entendible toda la información de diagnóstico y tratamiento. Manejadores de Casos Regional y Promotoras de Salud puedan facilitar comunicación con proveedores.
- ❖ Que me hagan saber todas las opciones para yo poder hacer mis decisiones referente a mi salud, Manejadores de Casos Regional y Promotoras de Salud pueden facilitar comunicación con proveedores.
- ❖ Ser informado de políticas, procedimientos, cargos por servicios recibidos o co-pagos.
- ❖ Cuando sea referido a otra agencia, recibiré la información de mis responsabilidades.
- ❖ No ser discriminado, por raza, religión, origen, lenguaje, sexo o edad.
- ❖ Que se me escucha cuando tenga alguna sugerencia o queja. Comprendo que puedo llamar al Manejador de Casos Regional o al KSFHP Directora, Kendra Baldrige, al kbaldridge@kdheks.gov o 785-296-8113 y para comunicar con sugerencias o quejas.

Responsabilidades del Cliente

Yo tengo la responsabilidad:

- Proveer la siguiente información
 - Información básica para determinar si soy elegible para KSFHP.
 - Información actualizado a mi KSFHP Manejador de Caso y proveedores cuando tengo cambios de dirección, número de teléfono, información sobre mi familia y financiera estatus o si se mueve a otra área. Entiendo que si yo presenta información falsa, podría ser hecho inelegible por el programa temporalmente o permanente.
 - Informar sobre mi estado de salud a proveedores de KSFHP incluyendo mi pasado o presente abuso de medicina para el dolor.
- Hacer y mantener mis citas programadas a tiempo. Si alguna emergencia llegara a ocurrir, yo llamaré a mi proveedor para cancelar y si es posible hacer otra cita.
- En los casos cuando tenga seguridad de salud comercial o Medicaid, para asegurarse de que alcance de Medicaid o otro seguro están actualizado y activo, y a traer la tarjeta a la cita.
- Si no tenga seguridad, a traer el voucher a las citas. (Haga arreglos de los vouchers con anticipación antes de la citas a menos que en las horas del fin de semana o citas del mismo día.)
- Entiendo que si falto 2 citas en 6 meses sin cancelar o sin avisar entonces mis servicios serían suspendidos por 6 meses.
- A cooperar con todos proveedores de salud y KSFHP personaje y hacer preguntas si no entiendo.
- Tratar a todos proveedores de KSFHP y personaje con respeto y entiendo que quejas de falta de respeto se toman en serio.
- Pagar todos mis co-pagos o pagos incluyendo lo siguiente:
 - El co-pago establecido con el proveedor
 - KSFHP cubre el 100% de servicios dentales, asta un total de \$300 por año por cliente, Cada cliente es responsable por un co-pago de \$10 por visita que será aplicado hacia su cuenta (bill).
 - Co-pagos con son negociados para Especialistas.
 - Los primeros \$5 de cada prescripción y la cantidad sobre \$50.00 que no sea cubierto por el voucher de KSFHP para farmacia.
 - Servicios que cuesta más de \$150 sin autorización.
 - Pagos por servicios no cubiertos por KSFHP.
- Yo entiendo que yo tengo responsabilidad de pagar los billes.
- Comunicarme con mi Manejador de Casos Regional antes de cambiar mi doctor primario, proveedores médicos o proveedores dentales. Yo comprometo que no buscaría múltiplo doctores (no incluyendo Especialistas) sin consultar con mi Manejadores de Casos Regional.
- Yo entiendo que mi salud es mi responsabilidad y debo de ser activo en todas mis necesidades médicos.



**Plautdietsch –
KSFHP Kund Eajenraicht un Veantwortlichkejt
KSFHP Client Rights and Responsibilities**

KSFHP sträwe too fe'seene metenjesclote un fäabäje jésundheit Sorje too Foarm Oabeide un ääre afhänjasch. Ne be'stallinj too be'haupte unja'hoohoalinj tweschen Kranke un Besorje toop schaufe fe' de baste wirksaum, KSFHP väastalt hinjaraun de Raichte un Flichte fe di un diene Famielje. De Prograum's Websied Adress es www.ksfhp.org

Kund Raichte

Ekj hab de rajcht:

- To Be'haundlt woare met Re'spakt un hab miene Kjemma aunerkjannt.
- Fe'lange daut perseenlijke Norejcht un Norejcht fonn miene Je'suntheit waut heemlijch bliewe bie KSFHP Oabeidasch un Be'sorja.
- Felange daut en Be'sorje waut bestalt woare to mi wan ekj meare Krankheite Probleme hab un wan ekj en Spezialist see ooda wan ekj em Hoospital sie.
- Ekj hab de raicht en Famielje Jlied ooda en Frint met mi to senne un aunräade fe mi soo daut waut jedone waut.
- Di informeare mie von Proowe, Behaundlung, met'enschluute en Je'bruckssadel en woo daut woat mien Je'suntheit halpe. Jääjent Ommstaunt Fe'waulta un Je'suntheits unjastette kjäne daut leichta moake met Be'sorje.
- Ji selle kjiriee en veständliche Sproak jenüach Norejcht fonn meine Be'sorje aunbelange en ütfinje waut miene Krankheit es un vewaundte Behaundlung. Jääjend Omstaunt Fe'waulta un Je'suntheit Väastone kjäne metdeele met de Be'sorje.
- Woare mie berejchte fonn aul miene wäle soo daut ekj kaun miene äjne perseenlijke Senn oppmoake fonn miene Jesuntheits Sorje. Jääjend Omstaunt Fe'waulta un Je'suntheit Väastone kjäne daut leichta moake met Be'sorje.
- Omweete von Raichtachnuus un en Aungone, en Priess un Onkoste, fe Be'deeninj fonn de be'sorje un en Oppschluss kjiriee fonn miene Be'deeninj Onnkoste un mien tole Aundeele.
- Wan se di mie hanwiese too aundre Ajentuare, Ekj woa Be'deeninj kjiriee fe miene Fer'auntwuatlichkejt.
- Nijch unja'scheede jääjen mie wäajen Rauss, Reli'joon, en Launt, ne Sproak, Je'schljacht ooda Ella.
- Ekj woa jeheat woare wan ekj ne Väaschlone ooda Kloage hab. Ekj fe'sto daut ekj Kaun mien Jääjent Ommstaunt Fe'waulta ooda KSFHP, Kendra Baldrige, bie kbaldrige@kdheks.gov ooda (785) 296-8113 too Väaschlone ooda Kloage metdeele.

Kund Veantwuatlichkheit

Ekj hab ne Veantwuatlichkheit:

- ❖ Veseene met de nojefolgte Norejcht:
 - Grundlaijend Norejcht to KSFHP Omstaund Vewaulta to bestemme aus dee paussend send fe KSFHP.
 - Opp Dotem Norejcht to mien Omstaund Vewaulta en Be'sorje wan doa endre send met miene Adrass, Huushault Norejcht, en mien Ennkome ooda Oabeitsloon ooda von ekj fonn di Jääjend wajchtrakj.
 - Norejcht fonn miene Je'suntheit to KSFHP Be'sorje, met'enschluute fonn miene Vegangenheite ooda Jääjenwoate Messbruck fonn Weedoag Meddels.
- ❖ Moake en hoole Tietplone en aun Tiet aukome. En sull ne Nootfaul väakome dann woa ekj de Be'sorje weete lote en aufbestale en wan määjlich es ne nieje Tiet bestemme.
- ❖ Em Faul wua de Fe'sejchrung, to fe'sejchre daut fonn Medicaid belaije es ooda aundre Fe'sejchrung waut jeltijch, aktiv en opp too Dotem es, en daut die Vesechrinj Koate woare met jebrocht to di biestemmde Tiet.
- ❖ Wan ji nich Vesechrinj habe, donn mott ji di KSFHP Gootschein metnäame to aula biestemmde Tiet (enrechte fe ne Gootschein veruut to habe, buutadaäm Wääkjenj Stunde ooda de näämjelje Dach Tietplone.)
- ❖ Ekj Ve'sto wan ekj twee Tietplone en sass Monat misse dann kunne se mie oppschüwe fonn miene Gootschein brucke fe sass Monat.
- ❖ Toopoabeide met aula Je'sundheit Be'sorje en KSFHP Oabeide en Froage wan ekj nich vestone Kaun.
- ❖ Behandle aula KSFHP Be'sorje en Stock met Respaikt en ekj ve'sto daut Kloage one Re'spakt Be'nome ooda Waundel woare schwiarijch je'nome.
- Betole aula mien tole Aundeele ooda Tolinje metenjeschlote die waut hia hinjaraun send:
 - De faustjestalte Aundeele tole fe mien easchte Be'sorje.
 - KSFHP be'tolt een hundat prot'sen (100%) waut Täne aunbelangt, opp to drie hundat Dola (\$300) det Joa fe' jieda Kund. Jieda Kund es veantwuatlich fe Tian Dola (\$10.00) metdeele fe jieda be'säkje too jeaunwendt too sien ooda äa Ssadel.
 - De easchte fief Dola (\$5) fonn jieda Je'bruckssadel en irjentwaut äwa de feftijch Dola (\$50) unjaschräawe bi de KSFHP Gootschein fe di Opptääkj.
 - Irjent Bedeeninj waut äwa hundat en feftijch Dola (\$150) kost ohne verhää Follmacht jäwe.
 - Tolinj fe Bedeeninj NICH unjaschräawe bi KSFHP.
- ❖ Ekj Ve'sto doat ekj hab di latzte Veantwuatlichkheit fe de Rääkjninj to Betole.
- ❖ Aunreare mien aunwiese Jääjent Ommstaunt ea ekj mien easchte Be'sorje, medizienisch ooda waut Täne aunbelangt ändre. Ekj sie envestone nich välfach Be'sorje too seakje (nich met'ennschlüte Besondaheit Be'sorje) ohne Rot froage fonn mien Jääjent Ommstaunt Fe'waulta.
- ❖ Entlijch fe'sto ekj daut miene Je'sundheit es mien äjne Fer'auntwautlijchkheit en daut ekj sull Fäasejchtijch motte senne met Re'spakjt too miene Bederfnisse.



KSFHP Outreach-Screening Protocol

*This protocol should be reviewed with each new family and at least once per year with each established family, upon receipt of an updated **Family Registration Form**.*

1. Verify that the individual/family meets the farmwork, household and income guidelines for KSFHP eligibility. *(Farmwork must be the primary source of income within the past 24 months. Household is defined by a group of people, typically a family that shares all resources, referred to as an economic household.)*
2. Assist family in completing the KSFHP registration. Assure all information is documented including the farmworker's name, household income, household members, insurance status, signature of applicant, and signatures of all adult members of the household. Remind farmworkers of the possible negative consequences of giving false information. *(Proof of farmwork and income must be provided and copied, however in cases where there are no documents; clients may complete a KSFHP Self-Declaration form.)*
3. Determine eligibility based farmwork as a primary source of income and then on family household size and income. Refer to www.ksfhp.org for the current INCOME and DISCOUNT ELIGIBILITY TABLES.
4. Assist or refer* family for assistance in completing Medicaid/SCHIP application if U.S. born or U.S. resident (of more than five years) who may be covered by KanCare. *(For complete information refer to http://www.kdheks.gov/hcf/Medicaid/eligibility_guidelines.html. Covered categories are children, pregnant women, caregivers, and disabled individuals. Explain to client that use of voucher covered services is a temporary option until KanCare coverage is approved.)* * A list of KDHE out stationed eligibility workers is available at the KSFHP Fileshare Website.
5. Explain that KSFHP vouchers are not like insurance and that the assistance is limited, and does not pay for costly emergency services or hospitalization. Encourage farmworkers and families that are U.S. Citizens or Legal Permanent Residents to apply for insurance coverage under the Affordable Care Act at www.healthcare.gov. A list of in-person assistants is available at www.insureks.org
6. Once qualified, help the individual/family identify a medical home (Access Point/Primary Care Provider) and let the family know where to access care when the clinic is not open.
7. Explain KSFHP's sliding fee discounts, nominal fees and co-pays at their established discount level.
8. Ask if any of the family members have health or vision issues that need to be addressed immediately or urgently. Document them and contact a KSFHP regional case manager, health promoter or access point agency to assist with a voucher and appointment. Encourage an annual checkup for all family members, dental services and to check that immunizations are up to date.
9. Ask if there are any concerns with emotional health and/or alcohol use in the family. Explain that KSFHP can cover services in these areas. *If there are concerns, please refer to the **Behavioral Health Protocol**.*
10. Ask if anyone in the family uses tobacco. *If so, please refer to the **Tobacco Cessation Protocol**.*
11. Make sure the family knows how to contact their regional case manager or health promoter if they have a concern or question. *(Provide a current year KSFHP calendar and brochure with contact information.)*
12. Provide the **KSFHP Introduction Letter** and the **KSFHP Client Rights and Responsibilities** for families who are registering or renewing eligibility in the KSFHP Program. These forms are available in English, Spanish and Low German on the KSFHP fileshare or from KSFHP staff.



Kansas Department of Health and Environment
Bureau of Community Health Systems

Kansas Statewide Farmworker Health Program and TB Coverage
Encounter log

Access Point Agency _____

Date	Client Name	Voucher Number	Services Provided	Provider (If By Referral)

PLEASE DOCUMENT EACH PATIENT VISIT BY COMPLETING THIS FORM.
SEND MONTHLY TO REGIONAL CASE MANAGER.

Kansas Statewide Farmworker Health Program (KSFHP)

Kansas Dept of Health & Environment
Bureau of Community Health Systems
1000 SW Jackson Street, Suite 340
Topeka, KS 66612-1365
Telephone: (785) 296-6028
Fax: (785) 296-1231
www.ksfhp.org

Voucher No

Voucher Issue Date: / /



Access Point Agency/KSFHP Case Manager:

VOUCHER

Patient

Name: _____ Date of birth: ____/____/____ Gender: __M __F
Last, First, Middle Initial

Address: _____ Head of Household _____

City: _____ State _____ Zip _____ County _____ Telephone _____

Authorization for Release of Information

I certify that the above information is correct and complete. I authorize the use and disclosure of any information acquired during the course of my examination and treatment (including protected health information) for the purpose of medical treatment or consultation, billing or claim payments and care coordination.

Signature of patient, parent, or guardian: _____ Date: ____/____/____

Assessment

Presenting Complaints: (subjective)

Nursing Assessment: (objective)

Treatment:

Follow-up Recommendation (plan)

Signature of nurse: _____ Date: ____/____/____

SAMPLE

Assessment

Presenting Complaints: (subjective)

ARNP/PA/DOCTOR'S findings: (objective)

Diagnosis: (assessment)

Treatment:

Follow-up Recommendation (plan)

Signature of clinician: _____ Date: ____/____/____

Laboratory/X-ray

Services Provided:

Signature of technician: _____ Date: ____/____/____

Pharmacy

Medications and amount dispensed

All services over \$150 Must Be Pre-authorized by the KSFHP Regional Case Manager

Value of this voucher for pharmacy is up to \$50.
Client co-pay is \$5 per prescription

Signature of pharmacist: _____ Date: ____/____/____

RETURN THIS VOUCHER WITH INVOICE FOR PAYMENT



Covered Services through KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

In order to receive services through this program, farmworkers and their family members must register through a local health department or community clinic that participates with this program and obtain a voucher. This program will only pay for covered services and the client may be responsible for services that are not covered by the program or for a portion of services that are covered. **This program is not health insurance only an assistance program.**

THIS PROGRAM DOES NOT COVER HOSPITALIZATIONS, INPATIENT SERVICES OR FOR EMERGENCIES. THE PROGRAM IS LIMITED TO PRIMARY AND PREVENTIVE HEALTH CARE.

Healthcare organizations approved as Access Point Agencies or participating as referral providers may request payment for the following services.

- Immunizations:** Administration fee is the same as that paid by Medicaid rate.
- Screening Tests:** Includes common testing by healthcare providers to determine risks or exposure for specific disease or conditions, paid at Medicaid rate.
- Physical Examination:** **Child examination**-includes (but not limited to) health history, physical exam, height, weight, hemoglobin, nutrition evaluations, development assessment, immunization history, appropriated health education and screening for age.
- Adult examination**-includes (but not limited to) health history, physical exam, height, weight, nutrition evaluation and immunization history, appropriated health education and screening for individual age and gender.
- Payment for both adult and child examination paid as an office visit along with other billable services at Medicaid rate.
- Brief Office Visit:** A brief office visit is made to a primary care provider (physician, physician assistant or advanced practice nurse practitioner) for acute illness care, evaluation or follow-up. Payment is limited to \$40 per visit with a client co-pay of \$10 to \$25, depending on the clinic, paid to the voucher provider. (Federally Funded Section 330 Community Health Centers are paid \$30 per office visit along with their sliding scale fee ((not to exceed \$25)) as funds allow.) Office procedures are reimbursed at Medicaid rate.
- Mental Health:** A visit for prevention, evaluation and/or treatment of a mental health issue or disorder, paid at Medicaid rate.

- Substance Abuse:** A visit for alcohol or drug abuse services, including assessment and diagnosis, treatment or aftercare, paid at Medicaid rate.
- Laboratory/X-Ray:** Services paid at Medicaid rate. The Regional Case Manager or Program Director must authorize all services over \$150.
- Vision Care:** A visit for a comprehensive eye exam performed for the purpose of early detection, care, treatment and prevention. Eyeglasses or corrective lenses are not paid by KSFHP. However, KSFHP staff will work with local providers to identify other possible resources to meet these needs. Visits associated with illness or injury of the eye or annual dilated eye exams for patients with diabetes are covered by KSFHP.
- Pharmaceutical:** Prescription drugs (generic when available) are limited to \$150 per year per client, and up to \$300 for clients with diabetes. Clients are asked to pay the first \$5 of the prescription if income is sufficient and are responsible for any amount over the \$50 value of the voucher. KSFHP will not pay over the counter drugs without authorization from the Regional Case Manager or Program Director. Refills will be paid for only on prescriptions originating from health care visits through KSFHP and on authorized diabetic supplies.
- Prenatal Care:** All pregnant women must be screened for Medicaid/SCHIP eligibility. All non-Medicaid/SCHIP eligible pregnant women are referred to low-cost prenatal care in their area. With regional case manager authorization, KSFHP may pay a portion of prenatal care visits especially when no low cost prenatal services are available within the geographic area. Clients will also be responsible for a portion of their prenatal office visits. If prenatal care is authorized, KSFHP will also pay associated prenatal labs and one ultrasound at Medicaid rate. Further ultrasounds, fetal stress and other tests must be authorized through the Regional Case Manager or Program Manager.
- Dental:** Dental services are not restricted to emergency treatment of pain and infection. Dental services include oral exams, child and adult prophylaxis, sealants, child and adult fluoride treatment, restorative services, oral surgery and rehabilitative services. One-hundred percent of dental services, up to a total of \$300 per year per client. Each client is responsible for \$10.00 co-pay per visit to be applied to his/her bill. If the clinic has a sliding fee scale, clients should be placed on the scale initially and fees charged accordingly.

If you have questions please call your regional case manager.



Servicios Cubiertos A Través Del

PROGRAMA DE SALUD PARA TRABAJADORES AGRÍCOLAS DE KANSAS

Para recibir servicios a través de este programa, los trabajadores agrícolas y sus familias deben acudir al departamento de salud o clínicas de salud comunitarias que participan en este programa y obtener un voucher o cupón. Este programa pagará solamente por algunos servicios y el cliente pudiera ser responsable por servicios no cubiertos o por cantidades no cubiertas por el programa. **Este programa no es seguro de salud pero solamente un programa de asistencia.**

ESTE PROGRAMA NO CUBRE HOSPITALIZACIONES, SERVICIOS EN EL HOSPITAL NI EMERGENCIAS. EL PROGRAMA SE LIMITA A CUIDADO PRIMARIO Y PREVENTIVO.

Instituciones y agencias de salud pueden solicitar reembolso por los siguientes servicios:

Inmunizaciones: La misma cuota administrativa que la pagada por Medicaid.

Exámenes (screenings): Incluye exámenes comunes realizados por los departamentos de salud para determinar riesgos o exposición a enfermedades o condiciones específicas.

Exámenes físicos:

Exámenes para niños: incluyen (pero no se limitan a) historia de salud, examen físico, peso, estatura, hemoglobina, evaluación nutricional, evaluación del desarrollo, registro de vacunaciones, educación para la salud y evaluación de acuerdo a la edad.

Exámenes para adultos: incluyen (pero no se limita a) historia de salud, examen físico, estatura, peso, evaluación nutricional y registro de vacunaciones, educación para la salud y exámenes apropiados de acuerdo a la edad y sexo.

Consulta breve al doctor: Una consulta breve con un proveedor de cuidado primario (doctor, asistente médico, enfermera de práctica avanzada) se hace cuando hay una enfermedad aguda, una evaluación o un seguimiento. El pago se limita a \$40 por consulta, con un copago de \$10 hasta \$25 dependiendo de la clínica. Centros de Salud de la Comunidad que son Financiado por el Gobierno Federal Sección 330 se pagan \$30 por visita al consultorio junto con su escala móvil tarifa ((no deberá exceder de \$ 25) como los fondos lo permitan. Otros procedimientos llevados a cabo en la oficina se reembolsan a la tarifa de Medicaid.

Salud Mental: Una visita para la prevención, evaluación y/o tratamiento de salud mental o trastorno, pagado a la tarifa de Medicaid.

Abuso de Substancias: Una visita para servicios del abuso de alcohol o drogas, a la vez serán incluidas una evaluación y el diagnóstico, tratamiento o cuidado, pagado a la tarifa de Medicaid.

Laboratorio/ Rayos X: Se reembolsa igual que la tarifa de Medicaid. Todos los servicios sobre \$150 deben ser pre autorizados por el manejador de casos regional (Regional Case Manager).

Cuidado de la Visión: La visita de un examen completo de la vista con el fin de realizar una detección temprana, la atención, el tratamiento y la prevención. Lentes de corrección no son cubiertos por el programa. De cualquier manera, los manejadores de casos regionales trabajaran para identificar otras posibles fuentes de pago para cubrir estas necesidades. Consultas asociadas con alguna enfermedad de la vista o lesiones al ojo o examen de dilatación del ojo anual para pacientes con diabetes están cubiertas por KSFHP.

Farmacia: Drogas mediante receta (o genéricas cuando se encuentre disponible) para tratamiento a corto plazo, limitado a \$150 por año (entre Diciembre 1 y Noviembre 30) por individuo. Se les pide a los clientes que paguen los primeros \$5 del costo de la receta si es que tiene dinero suficiente. El Programa de Salud par Trabajadores Agrícolas no pagará por medicinas que no requieran receta (over-the-counter) sin la autorización previa del manejador de casos regional. Surtido de recetas (refills) se pagarán únicamente en recetas que se hayan originado en consultas cubiertas a través del programa.

Cuidado prenatal: Deben hacerse cada esfuerzo para asegurarse que los clientes sean referidos a Medicaid/SCHIP ya que muchos pueden ser elegibles. Cuando el cliente no está elegible por la Medicaid/SCHIP debe de ser referido a un programa de servicios prenatales de bajo costo en su área. Con autorización por el manejador de caso, el programa pueda pagar una porción de visitas de cuidado prenatal, sobre todo cuando no existe cuidado de bajo costo. Si cuidado prenatal está autorizado el programa pagará un ultrasonido y unos laboratorios. (Más ultrasonidos, e.)

Dental: Los servicios dentales no están restringidos a tratamientos de emergencia por dolor o infección. Servicios dentales incluyen evaluación de salud oral/dental, profilaxis, aplicación de sello protector y aplicación de fluoruro de adultos y niños, servicios restaurativos, cirugía oral y servicios rehabilitar. Cien por ciento de servicios dentales, hasta un total de \$300 por año por cliente. Cada cliente es responsable por un co-pago de \$10 por visita que será aplicado hacia su cuenta.

Si tiene preguntas llame a su manejador de caso.



Kaun Onkosten dakjen fa waut hia aunjeäft es

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

Foarm Oabeida un äare Famieljes kjennen derch dit Program Help kjriien wan see bie eene Jesuntheits Aufdeelunk (Health department) ooda bie eene Klinnikj (community clinic) enjerejistriet sent, dee met dit Program toop schauft, un wan see von dee een Schriewen (voucher) jekjräajen haben. Dit Program tolt blooss de Sachen dee hia aunjeäft sent. De Pazient kunn schuldich sennen toom de Sachen betolen waut nich unja dit Program komen. **Dit Program es nich Jesuntheits Vesechrunk (health insurance); dit es blooss toom methalpen.**

Dit Program tolt nich fa em Hospital besorcht woaren ooda fa waut to Pazienten jedonen woat ooda fa doktren waut fuaz jedonen mott (emergency services). Dit Program es toom Jesuntheit fläajen (primary and preventive health).

Eene Doktarie dee aus Access Point Agency aunjestalt es, ooda dee daut Rajcht jeäft es, daut see wäm wieda aunjäwen kjennen, derwen fa dise Oabeit betolt nämen:

Impfen un Unjaspretzen: Fa impfen woat soo aus bie Medicaid jetolt.

Screening Tests: Fa Tests, dee derchwajch jebrukt woaren toom seenen auf wää veleicht eene Krankheit ooda Jesuntheits Aunloag haft, woat soo aus bie Medicaid jetolt.

Fiesische Unjasieekjungen:

Fa een **Kjint** unjasieekjen, soont aus (un nich blooss) woo jesunt dee von kjlien jewast es, am fiesisch unjasieekjen, wäajen, mäten, froagen waut dee to äten jehaut haft, waut am von Jesuntheit belieet es, un screening test.

Fa **Groote** unjasieekjen (oba nich blooss) woo Jesunt dee em Läwen jewast es, fiesisch unjasieekjen, wäajen, mäten, seenen waut dee to äten jehaut haft, auf hee je-impft es, waut hee von Jesuntheit belieet es, un screening dee sien Ella un Jeschlajcht paust.

Fa Groote un fa Kjinja unjasieekjen un testen, woat soo jetolt aus bie Medicaid.

Korta Besuch enne Offitz: Een korta Besuch enne Offitz bie een Dokta, Dokta sien Helpa, ooda Nurs dee dootoo aunjestalt es, es toom eenen Kranken unjasieekjen, ooda seenen auf soona jebätat haft. Fa dit woat nich mea aus \$40 fa jieda Besuch jetolt no däm dee daut Schriewen (voucher) jeäft haft, un de Kund tolt \$10 bat \$25, doano aus de Klinnikj daut haft. (Community Health Center, dee unja de Federale Section 330 jetolt woaren, kjriien \$30 fa jieda Besuch, un dan noch doano aus berechticht sent (opp de sliding scale) un doa Jelt es (oba nich mea aus \$25). Trietment enne Offitz woat soo aus bie Medicaid betolt.

Narfen Jesuntheit: Een Besuch toom väabeejen, unjasieekjen, ooda väaschriewen jäwen fa Narfen Jesuntheit woat soo aus bie Medicaid jetolt.

Too väl ennämen: Een Besuch wäagen Alkohol, Krut ooda Medizien mesbrucken, auf unjasieekjen un fauststalen waut däm schot, Trietment ooda wada aufschazen, woat soo aus bie Medicaid betolt.

Xray Strolen un Laborator: Hia woat soo aus bie Medicaid jetolt. **Wan daut äwa \$150 kost, dan mott een Regional Case Manager ooda Program Director daut ieescht unjaschriewen.**

Uagen: Een Besuch toom vollstendich de Uagen unjasieekjen toom väabeejen, väaschriewen, un Trietment. KSFHP betolt **nich** fa Brellen. De Oabeida woaren oba seenen, woo see Help finjen kjennen toom dee betolen. KSFHP betolt wan doa Uagen Krankheit ooda Onjlekk geworden es. Uk eenmol daut Joa de Uagen unjasieekjen fa Lied met Zocka Krankheit.

Medizien: Väajeschräwne Medizien woat blooss bat \$150 en een Joa betolt, un bat \$300 em Joa fa dee met Zocka Krankheit. De Kund woat no de ieeschte \$5 von een Prescription jefroacht, wan de Famielje daut betolen kaun. Jie motten uk aules betolen waut äwa de \$50 von jun Schriewen (voucher) es. **KSFHP tolt nich fa Medizien dee onen Prescription to kjeepen jeit onen daut de Regional Case Manager ooda de Program Director daut unjaschrift. Een Prescription woat toom tweedemol betolt woaren blooss wan daut derch KSFHP jekomen sent, ooda fa Toobehia fa Zocka Krankheit.**

Pregnant Frulied: Aule Frulied dee pregnant sent motten unjasocht auf see Medicaid/SCHIP kjrieen kjennen. Frulied dee daut nich kjrieen kjennen, sullen no biljre pregnant Bedeenunk gonen. Wan de regional case manager daut unjaschrift, dan kunn KSFHP een Poat von de Bedeenunk verre Jeburt betolen, besondasch wan kjeene biljre pregnant Bedeenunk en äare Jäajent to haben es. Kunden woaren waut von de Bedeenunk betolen motten. Wan Bedeenunk fa pregnant Frulied erlaubt es, dan woat KSFHP fa laborator Tests un eenmol fa Ultrasound soo aus bie Medicaid betolen. Wan noch mea Ultrasound un aundre Tests to doonen fälen, dan mott daut von een Regional Case Manager ooda Program Manager unjaschräwen woaren.

Tänen: Bedeenunk fa Tänen **es nich** blooss Enzindunk ooda Weedoag. Dee es uk fa daut Mul unjasieekjen, Tänen Trubbel väabeejen, fluoride Trietment, Fulstäden oppfiksen, Opperazion em Mul. Be'tolt een hundat prot'sen (100%) waut Täne aunbelangt, opp to drie hundat Dola (\$300) det Joa fe' jieda Kund. Jieda Kund es veauntwuatlich fe Tian Dola (\$10.00) metdeele fe jieda be'säkje too jeaunwendt too sien ooda äa Ssadel.

Wan doa noch Froagen sent, dan sull jie met dän Regional Case Manager räden.