KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

TUBERCULOSIS SERVICES REIMBURSEMENT PROGRAM

POLICY AND PROCEDURES MANUAL

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The **KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM** provides primary health care services to migratory 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 migratory 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.
### Administrative Functions

- Determine migratory/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)

### Marketing/Promotion Functions

- 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)

### Clinical Functions

- 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)

### Financial Functions

- 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:

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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 migratory 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.
• 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. However, KSFHP patients can request a voucher instead of using a third-party payer. When insurance claims are made, KSFHP does not supplement insurance deductibles or insurance co-pays.
• 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.

HRSA GRANTS POLICY FOR FY2018 LEGISLATIVE MANDATES
Access Point Agencies (Appendix A) and Primary Providers (Appendix B) agreements include agreement to follow the HRSA Grants Policy for FY18 Legislative Mandates (Appendix L). Compliance with policy will be reviewed by Quality Improvement staff during clinic site visits. Clinics not in compliance will receive written notice of termination of the agreement.
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 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. Payments for dental services are paid up to a total of $300 per year per farmworker client. Clients are responsible for services above $300 not paid by KSFHP. 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).
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](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_artic le/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](http://www.kdheks.gov/olrh/FWContacts.html) or by calling (785) 296-6028.
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.
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) __________________________ 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’.

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 weekends, 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. HSP shall comply with the HRSA Grants Policy for FY18 Legislative Mandates outlined in KSFHP Policy and Procedures Manual Appendix L.

E. HSP shall comply with the 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

Revised October 2018
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF COMMUNITY HEALTH SYSTEMS
KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM (www.ksfhp.org)
1000 SW Jackson Street, Suite 340
Topeka, Kansas 66612-1365

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM PROVIDER AGREEMENT

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/Agency/Clinic)

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. The KSFHP Policy and Procedure Manual referenced below can be found online at http://www.kdheks.gov/orlh/download/FWHealthPgmManual.pdf.

A. The HSP 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.
   a. 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 are 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. These include, but are not limited to, registered nurses, laboratory technicians, social workers, medical assistants, licensed practical nurses, and dental hygienists.
   b. 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.
   c. 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, and 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 KSFHP ‘if the license or other credential is suspended or otherwise discontinued’.

2. The HSP shall maintain professional liability insurance as necessary to insure provider it employs 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 and KSFHP may request that documentation as needed.

3. Farmworker patients must present a KSFHP Voucher (Referral Form) obtained from an access point, case manager, or health promoter to authorize payment for services and to communicate information for coordination of patient care.

4. The HSP is encouraged to 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. Practicing medical physicians 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. KSFHP 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 of the services provided. KSFHP will pay approved claims within ninety (90) 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 HSP shall comply with the HRSA Grants Policy for FY18 Legislative Mandates outlined in KSFHP Policy and Procedures Manual Appendix L.

E. This agreement may be terminated by either KSFHP or HSP at any time by giving thirty (30) days written notice.

---

**Type of Health Service Provider (Please mark all that apply):**

- [ ] Federally Qualified Health Center (FQHC)
- [ ] Rural Health Clinic
- [ ] Physician/Midlevel Provider(s)
- [ ] Behavioral Health Provider(s)
- [ ] Dental Provider(s)
- [ ] Vision Provider(s)
- [ ] Pharmacy Provider(s)
- [ ] Laboratory Provider(s)
- [ ] Radiology/X-Ray Provider(s)
- [ ] Local Health Department Provider(s)
- [ ] Other Provider(s)

---

**Physical or Mailing Address**

- Name of Health Services Provider/Agency/Clinic
- FEIN #
- Address
- City / State / Zip Code
- Voice Phone
- Fax Number
- Email Address

---

**Billing Address**

- Name of Health Services Provider/Agency
- Address
- City / State / Zip Code
- Voice Phone
- Fax Number
- Email Address

---

*Please attach Form W – 9 to receive payment.*

---

Health Service Provider/Agency Signature  
Date

Kansas Statewide Farmworker Health Representative Signature  
Date

---

Please return agreement and W9 to your Regional Case Manager or to the main office via FAX to 785-296-1231 or EMAIL to kdhe.ksfhp@ks.gov

Revised October 2018
KSFHP Self-Declaration Form
Employment and Income

<table>
<thead>
<tr>
<th>Patient Information</th>
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<tbody>
<tr>
<td>Client’s Name:</td>
<td>Client’s D.O.B:</td>
</tr>
<tr>
<td>Address:</td>
<td>Phone Number:</td>
</tr>
</tbody>
</table>

**Declaration of Employment:**
*This section is to be filled out and signed by the employed individual*

I ________________________________ declare that my principal employment is or was in agriculture and that presently:  [ ] I am working  [ ] I am not working

Employer Name:________________________________________________________
Employer Address:______________________________________________________

**Declaration of Income and Family size:**

I declare that my household [ ] weekly [ ] biweekly [ ] monthly [ ] 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.

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.

Applicant Signature:_________________________ Date:________________

Comments:
## Información del Paciente

<table>
<thead>
<tr>
<th>Nombre del Cliente:</th>
<th>Fecha de Nacimiento:</th>
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<tr>
<th>Dirección:</th>
<th>Numero de teléfono:</th>
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## Declaración del empleo:

*Esta sección debe de ser llenado y firmado por el individual empresario*

Yo, _______________________________ declaro que mi principal empleo es o fue en agricultura, y que actualmente estoy [ ] Empleado  o  [ ] Desempleado

<table>
<thead>
<tr>
<th>Nombre del patrón:</th>
<th>Domicilio:</th>
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## Declaración del ingreso económico & composición familiar:

Yo declaro que el ingreso familiar [ ] semanal [ ] quincenal [ ] mensual o [ ] anual 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 (*sliding scale discount*) por los servicios de salud.

Firma del solicitante: ___________________________ Fecha: _________________

Notas:
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<th>Kunden Rejista</th>
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<tr>
<td>Kund sien Nomen:</td>
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<tr>
<td>Adrass:</td>
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**Dit es miene Oabeit:**
*Dise Aufschnett mott en jieda aunjenomna Obeida üt felle en met äa nome unjaschriewe.*

Ekj, _______________________________________________ schauf mieschtens bie Foarm Oabeit. [ ] Ekj hab nu Oabeit. [ ] Ekj hab nu nich Oabeit.

Mien Oabeits Jäwa es:____________________________________________________________

Oabeits Jäwa siene Adrass es:_______________________________________________________

**Miene Ennom un miene Famielje sent:**

Wie nämnen aus Famielje [   ] jieda [   ] jieda twee [   ] jieda Moonat [   ] dau Joa

$__________________ en. Ekj kaun sajen dau 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 dau wart ekj hia jetieekjent hab es soo, un dau **Kansas Statewide Farmworker Health Program** dau brucken kaun. Ekj vesto dau dit woat jebrukt woaren toom seenen waut ekj met de Sliding Scale Discount for health services kjrieen kaun.

Unjaschrefte:_________________________________________ 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 □ KSFHP  
One: □ 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 ____________________________  
City / Ciudad ____________________________  
State / Estado ____________________________  
Zip / Código Postal ____________________________

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

Is anyone in your household receiving Medicaid benefits? / ¿Hay alguien en su hogar que recibe beneficios de Medicaid?  □ YES/SÍ  □ NO

If YES, please provide the Medicaid number for each person in the household. / Si la respuesta es SÍ—Nombre y fecha de nacimiento esperada.

_______________________________________________________________________________________________________________

People who have 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 / Último 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.
IV. IMPORTANT: ALL HOUSEHOLD MEMBERS 12-YEARS AND OLDER SHOULD RESPOND TO THE FOLLOWING TWO QUESTIONS.

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
<th>Date of Birth (month/day/year)</th>
<th>Relationship*</th>
<th>Hispanic/Latino</th>
<th>Race **</th>
<th>Veteran</th>
<th>Height/Estatura</th>
<th>Weight/Peso</th>
<th>Tobacco Use?</th>
<th>Mood?</th>
<th>Health Insurance</th>
<th>Certification</th>
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*H=Head of Household (Jefe de Familia), P=Partner/Spouse (Pareja/Cónyuge), S=Son (Hijo), D=Daughter (Hija), O=Other (Otro)

**W=White (Blanca), NH=Native Hawaiian Pacific Islander (Nativa de Hawaii ó de las islas del Pacifico), B=Black or African American (Negra ó Africana Americana), A=Asian (Asiática), I=American Indian/Alaska Native (India americana ó Nativa de Alaska)

If YES is selected for either question, please circle ‘Y’ in the table above.

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 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 kendra.baldridge@ks.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 quiere proveer comprensivo y preventivo cuidado de salud a los trabajadores agrícolas y sus dependentes. Para poder obtener óptima comunicación, una relación buena con el paciente y un eficiente cuidado, KSFHP presenta los siguientes Derechos y Responsabilidades para usted y su familia. El sitio de web del programa es [www.ksfhp.org](http://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 diagnostico y tratamiento. Manejadores de Casos Regional y Promotoras de Salud pueden 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, procederes, 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 Baldridge, al [kendra.baldridge@ks.gov](mailto:kendra.baldridge@ks.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 ineligible 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 seguranza 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 seguranza, 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.
KSFHP sträwe too fe’seen metenjesclote un fääbäje jësundheit Sorje too Foarm Oaibeide un äare aufhänjasch. 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 Adrass es [www.ksfhp.org](http://www.ksfhp.org)

Kund Raichte

Ekj hab de rajcht:

- To Be’haundlt woare met Re’spakt un hab miene Kjemma aunerkjannt.
- Fe’lange daut perseenlijne Norejcht un Norejcht fonn miene Je’suntheit waut heemlij bliewe bie KSFHP Oaibeidasch un Be’sorja.
- Felange daut un Be’sorje waut bestalt woare to mi wan ekj meare Krankheite Probleeme hab un wan ekj un Spezialist see ooda wan ekj em Hoospital sie.
- Ekj hab de raicht un Famielje Jlied ooda un Frint met mi to senne un aunrääde fe mi soo daut waut jedone waut.
- Di informeare mie von Proowe, Behaundlunge, met’enschluute en Je’bruckssadel en woo daut woat mien Je’suntheit halve. Jääjent Ommstaunt Fe’waulta un Je’suntheits unjastette kjäne daut leichta moake met Be’sorje.
- Ji selle kjriee en veständliche Sproak jenüach Norejcht fonn meine Be’sorje aunbelange en ütfinje waut miene Krankheit es un vewaundte Behaundlunge. Jääjend Omstaunt Fe’waulta un Je’suntheit Väästone kjäne metdeele met de Be’sorje.
- Woare mie berejchtete fonn aul miene wäle soo daut ekj kaun miene äjne perseenlijne Senn oppmoake fonn miene Jesuntheits Sorje. Jääjend Omstaunt Fe’waulta un Je’suntheit Väästone kjäne daut leichta moake met Be’sorje.
- Omweete von Raichtchnuus un en Aungone, en Priess un Onkoste, fe Be’deeninj fonn de be’sorje un en Oppschluss kjriee fonn miene Be’deeninj Onnkoste un mien tole Aundeele.
- Wan se di mie hanwiese too aundre Ajentuare, Ekj woa Be’deeninj kjriee fe miene Fer’auntwuatlischkeit.
- Nijch unja’scheede jääjen mie wääjen Rauss, Reli’joon, en Launt, ne Sproak, Je’schlajcht ooda Ella.
- Ekj woa jeheat woare wan ekj ne Vääschlone ooda Kloage hab. Ekj fe’sto daut ekj Kaun mien Jääjent Ommstaunt Fe’waulta ooda KSHP, Kendra Baldridge, bie [kendra.baldridge@ks.gov](mailto:kendra.baldridge@ks.gov) ooda (785) 296-8113 too Vääschlone ooda Kloage metdeele.
Kund Veauntwuatlichkjeit

Ekj hab ne Veauntwuatlichkjeit:

- 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 Ennkoom ooda Oabeitsloon ooda von ekj fonn di Jääjend wajchtrakj.
  - Norejcht fonn miene Je’ sunheit to KSFHP Be’ sorje, met’ enschlulte fonn miene Vegangenheite ooda Jääjenwoate Messbruck fonn Weedoag Meddels.

- Moake en hoole Tietplone en aun Tiet aunkome. 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 biestemmmd Tiet.

- Wan ji nich Vesechrinj habe, donn mott ji di KSFHP Goottschein metnääme to aula biestemmmd Tiet (enrechte fe ne Goottschein veruut to habe, buutadääam Wääkjenj Stunde ooda de näamelje Dach Tietplone.)

- Ekj Ve’ sto wan ekj twee Tietplone en sass Monat misse dann kunne se mie oppschüwe fonn miene Goottschein brucke fe sass Monat.

- Toopoabeide met aula Je’ sundheit Be’ sorje en KSFHP Oabeide en Froage wan ekj nich vestone Kaun.

- Behauandle aula KSFHP Be’ sorje en Stock met Respaikt en ekj ve’ sto daut Kloage one Re’ spakt Be’ name ooda Waundel woare schwarijch 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’ tolto eih ten hunabil (100%) waut Täne aunbelangt, opp to dree hunhat Dola ($300) det Joa fe’ jieda Kund. Jieda Kund es veauntwuatlich fe Tian Dola ($10.00) metdeele fe jieda be’ sädje too jeaunwendt too sien ooda äa Ssadel.
    - De easchtte fief Dola ($5) fonn jieda Je’ bruckssadel en irjent waut äwa de feftijch Dola ($50) unjaschrääwe bi di KSFHP Goottschein fe di Opptääkj.
    - Irjent Bedeeninj waut äwa hunhat en feftijch Dola ($150) kost ohne verhäa Follmacht jäwe.
    - Tolinje fe Bedeeninj NICH unjaschrääwe bi KSFHP.

- Ekj Ve’ sto doat ekj hab di latzte Veauntwuatlichkjeit fe de Rääkjinj to Betole.

- Aunreare mien aunwiese Jääjent Ommstaunt ea ekj mien easchte Be’ sorje, medizienisch ooda waute Täne aunbelangt ändre. Ekj sie envestone nich välfach Be’ sorje too seekje (nich met’ ennenschüte Besondaheit Be’ sorje) ohne Rot froage fonn mien Jääjent Ommstaunt Fe’ waulta.

- Entljich fe’ sto ekj daut miene Je’ sundheit es mien äjne Fer’ auntwautlichkjeit en daut ekj sull Fäasejchtijch motte senne met Re’ spakjt too miene Bederfnisse.

Revised October 2016
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. Please document any gathered information in Case Management Notes.

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, height, weight, depression screening, 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 on 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. Ensure that any children under the age of 3 are up-to-date on immunizations (4 DTP/DTaP, 3 IPV, 3 HiB, 3 HepB, 1 VZV (Varicella) and 4 PCV13 (Pneumococcal conjugate). Ask if other family members are up-to-date on immunizations as well.

8. Encourage an annual medical and dental checkup for all family members. Assist the family in making medical visits and dental visits for each family member.

9. Explain KSFHP’s sliding fee discounts, nominal fees and co-pays at their established discount level.

10. Ask if any of the family members have health or vision issues that need to be addressed immediately or urgently. Ask if anyone has a chronic disease such as diabetes or hypertension. Document the information and assist with a voucher and appointment.

11. 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.

12. Ask if anyone in the family uses tobacco. If so, please refer to the Tobacco Use Protocol.

13. Provide nutrition counseling, physical activity counseling, or any other appropriate health education and document that it was given in the Case Management Notes.

14. 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.)

15. 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.

Revised July 2016
<table>
<thead>
<tr>
<th>Family Member Name</th>
<th>DOB</th>
<th>Annual Check-up</th>
<th>Immunizations</th>
<th>Health Issue to Follow up</th>
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### Kansas Statewide Farmworker Health Program and TB Coverage

**Encounter log**

<table>
<thead>
<tr>
<th>Date</th>
<th>Client Name</th>
<th>Voucher Number</th>
<th>Services Provided</th>
<th>Provider (If By Referral)</th>
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**Please document each patient visit by completing this form.**

**Send monthly to regional case manager.**
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: __/__/____

**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
Signature of pharmacist: __________________________ Date: __/__/____

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

RETURN THIS VOUCHER WITH INVOICE FOR PAYMENT
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 Medicad.

**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 Medicad.
**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 para 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 Medicad/SCHIP ya que muchos pueden ser elegibles. Cuando el cliente no está elegible por la Medicad/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 aunjejäft es

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM

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

\textit{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 Jesunheit 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 dis Oabeit betolt nämen:

\textbf{Impfen un Unjaspretzen:} Fa impfen woat soo aus bie Medicaid jetolt.

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

\textbf{Fiesische Unjasieekjungen:}

Fa een \textit{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, wart am von Jesunheit belieet es, un screening test.

Fa \textit{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, wart hee von Jesunheit belieet es, un screening dee sien Ella un Jeschlajcht paust.

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

\textbf{Korta Besuch enne Offitz:} Een korta Besuch enne Offitz bie een Dokta, Dokta sien Helpa, ooda Nurs dee doatoo 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 Schriwen (voucher) jejäft 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, kjrieen $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 väabieejen, unjasieekjen, ooda vääschriewen jäwen fa Narfen Jesuntheit woat soo aus bie Medicaid jetolt.

Too väl enänme: Een Besuch wääjjen 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 dauj äwa $150 kost, dan mott een Regional Case Manager ooda Program Director dauj ieescht unjaschriewen.**

Uagen: Een Besuch toom vollstendich de Uagen unjasieekjen toom väabieejen, vääschriewen, 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 Onjlekj jeworden es. Uk eenmol dauj Joa de Uagen unjasieekjen fa Lied met Zocka Krankheit.

Medizien: Vääjeschräwne Medizien woat blooss bat $150 en een Joa betolt, un bat $300 em Joa fa dee met Zocka Krankheit. De Kud woat no de ieescht $5 von een Prescription jefroacht, wax de Famelje dauj betolen kaun. Jie mott uk aules betolen waat äwa de $50 von jun Schriewen (voucher) es. **KSFHP toll nich fa Medizien dee onen Prescription to kjeepen jeit onen dauj de Regional Case Manager ooda de Program Director dauj unjaschriift. Een Prescription woat toom tweedemol betolt woaren blooss wan dauj derch KSFHP jekomen sent, ooda fa Toobehia fa Zocka Krankheit.**


Tänen: Bedeenunk fa Tänen es nich blooss Enzindunk ooda Weedoag. Dee es uk fa dauj Mul unjasieekjen, Tänen Trubbel väabieejen, fluoride Trietment, Fulstäden oppfiksen, Opperazion em Mul. Be’tolt een hundat prot’sen (100%) waut Täne aunbelangt, opp to dree 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.
L. HRSA GRANTS POLICY FOR FY2018 LEGISLATIVE MANDATES

The KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM and all subgrantees shall comply with all the Legislative Mandates in Grants Management for FY 2018 as outlined in the HRSA Grants Policy Bulletin: 2018-04 released on April 4, 2018. Where applicable, the Kansas Statute directing the policy is cited, as well as, State of Kansas policies and internal Kansas Department of Health and Environment directives.

(1) Salary Limitation
None of the funds appropriated in H80CS00131 shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II. The Executive Level II salary is currently set at $189,600.

(2) Gun Control
None of the funds made available in H80CS00131 may be used, in whole or in part, to advocate or promote gun control.

See also K.S.A. 75-6705

(3) Anti-Lobbying
(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.
(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product,
including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

See also State of Kansas Contractual Provisions Attachment, Item 13. Campaign Contributions/Lobbying

(4) Acknowledgment of Federal Funding
When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded through H80CS00131, shall clearly state – (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

(5) Restriction on Abortions
(a) None of the funds appropriated through H80CS00131, and none of the funds in any trust fund to which funds are appropriated in H80CS00131, shall be expended for any abortion.
(b) None of the funds appropriated in H80CS00131, and none of the funds in any trust fund to which funds are appropriated in H80CS00131, shall be expended for health benefits coverage that includes coverage of abortion.
(c) The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

See also K.S.A. 65-6733

(6) Exceptions on Restrictions on Abortions
(a) The limitations established in the preceding section shall not apply to an abortion – (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.
(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).
(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).
(d) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on
the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(d)(2) In this subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

See also K.S.A. 65-6733

(7) Ban on Funding of Human Embryo Research
(a) None of the funds made available in H80CS00131 may be used for – (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).
(b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

See also K.S.A. 65-67a01 et seq.

(8) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances
(a) None of the funds made available in H80CS00131 may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.
(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

(9) Restriction of Distribution of Sterile Needles
No funds appropriated in H80CS00131 shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

(10) Restriction on Pornography on Computer Networks
(a) None of the funds made available in H80CS00131 may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.
(b) Nothing in subsection (a) shall limit the use of funds necessary for any federal, state, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

See also State of Kansas Social Media Policy dated August 10, 2015 and KDHE Internal Directive 7001.0

(11) Restrictions on Funding ACORN
None of the funds made available through H80CS00131, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

(12) Confidentiality Agreements
(a) None of the funds appropriated through H80CS00131 may be available for a contract, grant, or cooperative agreement with an entity that requires employees or contractors of such entity seeking to report fraud, waste, or abuse to sign internal confidentiality agreements or statements prohibiting or otherwise restricting such employees or contractors from lawfully reporting such waste, fraud, or abuse to a designated investigative or law enforcement representative of a Federal department or agency authorized to receive such information.
(b) The limitation in subsection (a) shall not contravene requirements applicable to Standard Form 312, Form 4414, or any other form issued by a Federal department or agency governing the nondisclosure of classified information.

See also State of Kansas Contractual Provisions Attachment, Compliance with the "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections"