

**KANSAS DEPARTMENT OF HEALTH
AND ENVIRONMENT**

POLICIES AND PROCEDURES MANUAL



**KANSAS STATEWIDE
FARMWORKER HEALTH PROGRAM**

AND

**TUBERCULOSIS SERVICES
REIMBURSEMENT PROGRAM**



March 2009

**6 i fYU of Local and Rural Health
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**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF LOCAL AND RURAL HEALTH**

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

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

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

DESCRIPTION OF THE VOUCHER SYSTEM

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

FUNCTIONS AND RESPONSIBILITIES IN THE VOUCHER SYSTEM

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

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

PRIMARY CARE DEFINITION

The term primary care describes:

- A service provided and/or authorized by physicians, physician assistants, nurse practitioners or dentists,
- 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,
- Preventive and restorative dental services, and
- Pharmaceutical services necessary to complete treatment.

CLIENT ELIGIBILITY

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

¹ Primary function or responsibility

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

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

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

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

- Have a total household income below 200% of the federal poverty level guideline (See appendix C)
- Not be covered by any other type of health plan or insurances, e.g. Medicaid, Medicare, or private health insurance.

Self-declaration of agricultural migrant status and/or income level is sufficient if documentation is unavailable. 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.

ACCESS POINT AGENCIES

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

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

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

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

Access Point Agencies work closely with the Regional KSFHP 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 D). 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 F) regardless of services provided.

FEES AND PROGRAM RESTRICTIONS

- Access Point Agencies and participants in the voucher program may only bill KSFHP for services listed in this handbook under **COVERED SERVICES** or services authorized through KSFHP Regional Case Managers or Program Director.
- KSFHP funds are supplemental funds and should be used only as the **last resort** as payment for primary care services to migrant and seasonal farmworkers who are not covered by other third party payers, i.e. Medicaid, Medicare or private insurance. It is expected that Access Point Agencies, KSFHP case managers and health promoters will actively assist clients in accessing existing assistance programs, such as Medicaid, prior to billing KSFHP.
- 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 below 100% of the most recent Federal Poverty Guidelines (Appendix C) or a nominal fee may be collected for specific services. 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 (grantees under Section 330 of the U.S. Public Health Service Consolidated Health Center Program) are obligated to see all patients, regardless of their ability to pay. KSFHP will reimburse for services to clients in Community Health Centers based upon the availability of KSFHP funds.

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM WILL NOT PAY:

- **HOSPITALIZATION OR OTHER INPATIENT SERVICES**
- **SERVICES PROVIDED IN THE EMERGENCY ROOM**
- **EXTENSIVE DIAGNOSTIC TESTING OR TREATMENT**
- **SERVICES WHICH EXCEED THE PARAMETERS OF PROGRAM POLICIES**
- **SERVICES OVER \$1 50 THAT HAVE NOT BEEN AUTHORIZED THROUGH THE KSFHP REGIONAL CASE MANAGER OR PROGRAM DIRECTOR.**

BILLING AND PAYMENT

In order to receive payment, a copy of the pre-numbered Voucher Form (Appendix G) 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) 296-1200 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, appropriated health education and screening for individual age and gender.

Payment for both adult and child examination paid at Medicaid rate.

Brief Office Visit: A brief office visit is made to a primary care provider for acute illness care, evaluation or follow-up. Payment is limited to \$30 per visit. (Federally Funded Section 330 Community Health Centers are paid \$20 per office visit, as funds allow.) Office procedures are reimbursed at Medicaid rate. **The Regional Case Manager or Program Director must authorize payment for medical care requiring more than three office visits per illness in one year in order to complete therapy.**

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

Vision Care: Eyeglasses and routine eye examinations **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 eligibility. All non-Medicaid eligible pregnant women are referred to low-cost prenatal care in their area. Clients are responsible for prenatal office visits. KSFHP pays associated labs and one ultrasound. Further ultrasounds and fetal stress tests may be authorized as needed through the Regional Case Manager or Program Manager. **KSFHP may authorize limited prenatal care visits when no low cost prenatal services are available within the geographic area.**

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 at fifty percent up to a total of \$300 per year per farmworker client. Clients are responsible for the other fifty percent 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 for your cooperation in prescribing treatments that enable KSFHP to control costs.

A description of KSFHP covered services is available in Spanish (Appendix H).

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM TUBERCULOSIS REIMBURSEMENT PROGRAM

The **KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM** also manages the supplemental fund to cover diagnostic and supportive services for patients with tuberculosis (TB) infection or disease. The fund is limited to uninsured clients with household incomes below 200% of the most recent Federal Poverty Guidelines and those who have shown significant skin test results and require additional diagnostic and/or therapeutic services related to tuberculosis. This expanded coverage is possible through Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology and Disease Prevention and is available to counties, as funds exist, and to those who do not receive a direct grant from the KDHE TB Control Program.

NOTE: Eligibility for coverage is NOT limited to migrant or seasonal farmworkers and may be utilized by any low-income individual (200 % of poverty or below, according to Federal Poverty Guidelines) in the state who is not covered by Medicaid, Medicare or any other type of insurance. TB funds are supplemental funds to be used as a last resort for people who are not eligible for Medicaid, and 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, Office of Local and Rural Health, in collaboration with the Kansas Tuberculosis Control Program of the Bureau of Epidemiology and Disease Prevention. A manual with the clinical guidelines for the management of tuberculosis treatment is available from the Kansas Tuberculosis Control Program at (786) 296-0739.

The Family Registration Form (Appendix D) 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 G) 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 F) 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 TUBERCULOSIS RELATED SERVICES

Health care agencies may request payment for the following tuberculosis related services:

Chest x-ray: PA and LAT for all patients with significant skin test results. Repeat chest x-ray requires authorization from the Regional Case Manager or Program Director. Payment limited to Medicaid fee-for-service rate.

Pharmaceutical: All tuberculosis medication is provided through the Kansas Department of Health and Environment, Kansas Tuberculosis Control Program, (785) 296-0739. There will be no reimbursement for TB medication obtained elsewhere, without authorization.

Laboratory: Hepatic enzymes may be monitored monthly on patients who are at risk or for those who experience symptoms of hepatitis who are receiving prescribed prophylactic therapy. Payment limited to Medicaid fee-for-service rate and may be charged for each of the required monthly test as therapy continues.

A baseline Chemistry Panel of 19 or more tests is required for adult patients prescribed therapy for active disease or if the patient has complications due to drug therapy. The panel must include: baseline hepatic enzymes, bilirubin serum creatinine, and complete blood count with platelet count and serum uric acid. Payment limited to Medicaid fee-for-service.

All specimens for smear, culture and susceptibility testing, from any health provider, must be submitted directly to the Kansas Department of Health and Environment Laboratory.

Nursing Care: Direct observation of patient therapy on active TB case or high risk infected individuals by local health departments may be reimbursed.

High Risk is defined as:

- *Any suspect case that is being treated as an active case until diagnosis is confirmed*
- *A confirmed active case of tuberculosis*
- *Any child who lives in the home of an active tuberculosis case; the name of the infected individual must be documented on the voucher.*

A minimum of two visits per week is required. Payment is limited to a monthly payment of \$40 for the duration of the treatment.

Brief Office Visit: A brief office visit is made to a primary care provider for evaluation or follow-up. Payment limited to \$30. **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. The Regional Case Manager or Program Director must authorize any further office visits.**

PPD: Not an allowable charge.

LIMITATIONS: The Kansas Statewide Farmworker Health Program-Tuberculosis 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**
- **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.**

If you have questions about the program please do not hesitate to contact the Kansas Statewide Farmworker Health Program/TB Coverage at (785) 296-1200 or at www.kdheks/olrh.

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. Your Regional Case Manager is:

_____.

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF LOCAL AND RURAL HEALTH**
1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Access Point Agreement

PURPOSE:

The U.S. Public Health Service supports the Kansas Statewide Farmworker Health Program (KSFHP). The purpose of the Public Health Service is to maintain the integrity of the nation's health and to contain the spread of disease. The program is not concerned with the legal or immigration status of individuals served. This means that farmworkers, regardless of nationality or their 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. These policies are necessary due to inadequate resources to provide comprehensive medical services to all farmworkers in Kansas. Pursuant to a goal of health and wellness, the emphasis of this program is on prevention and education, as opposed to acute care.

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

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

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

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

As a contracted Access Point Agency,

Agrees

to:

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

The Kansas Statewide Farmworker Health Program agrees to:

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

Date

Health Service Provider

Date

Farmworker Health Representative

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF LOCAL AND RURAL HEALTH**

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Agreement to Provide Health Services**

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

(name of Health Services Provider)

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

- A. The **Health Services Provider**) agrees to provide services for patients referred by **KSFHP** and to follow the policies of the program for treatment, payment and referral as follows:
1. The **HSP** assures that appropriately credentialed persons will provide all services rendered pursuant to this agreement.
 2. Farmworker patients must present a Voucher and Referral Form obtained from an access point/case manager to authorize payment for services and to communicate information for coordination of patient care.
 3. The **HSP** is encouraged to accept the voucher payment as full reimbursement for services rendered. However, a patient may be responsible for a portion of the fee. State-funded facilities are obligated to provide income-based discounts (sliding fee levels) based on annual Federal Poverty Guidelines.
 4. Treatment plans containing services not specified in the Voucher Policy Document must be negotiated on a case-by-case basis with the case manager. The case manager must preauthorize all services over \$150.
 5. The **HSP** will assure that patients understand where to obtain urgently needed care when the **HSP** office is closed or the **HSP** is unavailable.
 6. The **HSP** will support efforts to assure "meaningful access" to health care services for persons with Limited English Proficiency (LEP) pursuant to Title VI of the Civil Rights Act [(42 U.S.C. § 2000d *et seq.*) and 45 C.F.R. § 80.3(b)]. Meaningful access requires that the **HSP** and the person with limited English skills can communicate effectively when services are being provided.
 7. The **HSP** shall hold as confidential all personal patient information obtained or received from recipients of services under this agreement and not disclose personal information except in statistical, summary or other forms that do not identify individual persons, except for the purpose of treatment or billing.
- B. The **Kansas Statewide Farmworker Health Program** agrees to provide payment for services to eligible farmworkers using reimbursement rates specified in the Voucher Policy Document and conduct case management activities including:
1. The **KSFHP** shall facilitate communication and support patient compliance with treatment and follow-up plans.
 2. The **KSFHP** shall seek resources to fulfill the health care needs of patients when they exceed the limits of the program.

Name

Address

City/State/Zip

Voice Phone

FAX Phone

EMAIL

FEIN#

Type of Provider:

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

Date

Health Service Provider

Date

Farmworker Health Representative

2010 INCOME and DISCOUNT ELIGIBILITY TABLES (4 levels)

* see source below ANNUAL INCOME				
Number in House-hold	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
1	< 10,830	10,830 to 16,244	16,245 to 21,659	> 21,660
2	< 14,570	14,570 to 21,854	21,855 to 29,139	> 29,140
3	< 18,310	18,310 to 27,464	27,465 to 36,619	> 36,620
4	< 22,050	22,050 to 33,074	33,075 to 44,099	> 44,100
5	< 25,790	25,790 to 38,684	38,685 to 51,579	> 51,580
6	< 29,530	29,530 to 44,294	44,295 to 59,059	> 59,060
7	< 33,270	33,270 to 49,904	49,905 to 66,539	> 66,540
8	< 37,010	37,010 to 55,514	55,515 to 74,019	> 74,020

For family units with more than 8 members, add \$3,740 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

MONTHLY INCOME				
Number in House-hold	<100% FPL: MONTHLY INCOME	100-149% FPL: MONTHLY INCOME	150-199% FPL: MONTHLY INCOME	>200% FPL MONTHLY INCOME
1	< 903	903 to 1,353	1,354 to 1,804	> 1,805
2	< 1,214	1,214 to 1,820	1,821 to 2,427	> 2,428
3	< 1,526	1,526 to 2,288	2,289 to 3,051	> 3,052
4	< 1,838	1,838 to 2,755	2,756 to 3,674	> 3,675
5	< 2,149	2,149 to 3,223	3,224 to 4,297	> 4,298
6	< 2,461	2,461 to 3,690	3,691 to 4,921	> 4,922
7	< 2,773	2,773 to 4,158	4,159 to 5,544	> 5,545
8	< 3,084	3,084 to 4,625	4,626 to 6,167	> 6,168

HOURLY INCOME				
Number in House-hold	<100% FPL: HOURLY INCOME	100-149% FPL: HOURLY INCOME	150-199% FPL: HOURLY INCOME	>200% FPL HOURLY INCOME
1	< 5.21	5.21 to 7.80	7.81 to 10.40	> 10.41
2	< 7.00	7.00 to 10.50	10.51 to 14.00	> 14.01
3	< 8.80	8.80 to 13.19	13.20 to 17.60	> 17.61
4	< 10.60	10.60 to 15.89	15.90 to 21.19	> 21.20
5	< 12.40	12.40 to 18.59	18.60 to 24.79	> 24.80
6	< 14.20	14.20 to 21.29	21.30 to 28.38	> 28.39
7	< 16.00	16.00 to 23.98	23.99 to 31.98	> 31.99
8	< 17.79	17.79 to 26.68	26.69 to 35.58	> 35.59

* SOURCE: Federal Register: / Vol.75 , No.148 / Tuesday, August 3, 2010/ Notices

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

<http://aspe.hhs.gov/POVERTY/10poverty.shtml>

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

EXAMPLE

Sample DISCOUNT - SLIDING-FEE SCHEDULE (4 levels)				
	<100% FPL: ANNUAL INCOME	100-149% FPL: ANNUAL INCOME	150-199% FPL: ANNUAL INCOME	>200% FPL ANNUAL INCOME
Discount	100%	75%	50%	0%
Sliding- Fee	Free care	Pay 25% of Charges	Pay 50% of Charges	Pay Full Charges
Accounting Code	P0	P1	P2	P3

Kansas Statewide Farmworker Health Program
Programa de Salud para Trabajadores Agrícolas de Kansas
Family Registration Form *Forma de Registro Familiar*

Today's Date/ Fecha de hoy: _____

Check One- Farmworker Health Program _____ TB Reimbursement Program only _____
--

Head of Family/Jefe de Familia

Last Name
Apellido(s): _____

First Name
Nombre(s) _____

Date of Birth/ Fecha de Nacimiento: __ __/ __ __/ __ __

Phone/ Teléfono () _____

Local Address/Domicilio Local: _____

Street/ Calle _____ County/ Condado _____

City/ Ciudad _____ State/ Estado _____ Zip/ Código Postal _____

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

**Please provide proof of current employment and income, or if not available a signed written statement.
 Por favor de dar prueba de empleo y ingreso corriente, ó si no lo tiene, por favor de dar una declaración firmada**

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

Are there any family members who are pregnant?

¿Hay algún miembro de su familia que está embarazada? YES/SÍ _____ NO _____

If YES--Name and expected delivery date

Si la respuesta es SÍ—Nombre y fecha de nacimiento esperada _____

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

1. During the past two years, have you or a member of your family been employed in farmwork such as planting, cultivating, or harvesting agricultural products (such as fruits, vegetables, grains, and other produce) in fields, orchards, greenhouses, or nurseries as your principle means of employment?

¿Durante los últimos dos años, usted o un miembro de su familia ha trabajado en agricultura, tal como plantando, cultivando o cosechando productos agrícolas (tales como frutas, vegetales, granos y otros productos) en el campo, huertas, invernaderos ó viveros como su fuente de empleo? YES/SÍ _____ NO _____

Name of Farmwork Employer _____ Phone/ Teléfono () _____

Nombre de empleador donde hayan trabajado en la agricultura

Address/Dirección _____

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

Crop/ tipo de cultivo _____

Last month and year of farmwork/ Ultimo mes y año de trabajo en el campo _____

2. 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 _____

List of Family Members / Lista de Miembros de Familia

Name (Last, First) <i>Nombre (Apellido, Nombre)</i>	Date of Birth <i>Fecha de Nacimiento</i>	Gender <i>Sexo</i>	Relationship <i>Parentesco</i>	Veteran/ <i>Veterano</i>	Hispanic/Latino <i>Hispano/ Latino</i>	<input checked="" type="checkbox"/> Race/ <i>Raza</i>					<input checked="" type="checkbox"/> Health Insurance <i>Seguro Medico</i>			
						White/ <i>Blanca</i>	Native Hawaiian or Pacific Islander <i>Nativeo de Hawaii o de las islas del Pacifico</i>	Black or African American <i>Negra o Africana americana</i>	Asian/ <i>Asiatica</i>	American Indian/Alaska Native <i>India americana o Nativa de Alaska</i>	Medicaid	Healthwave	Private/Employer <i>Asegurancza/Empleador</i>	Medicare
		M		Y	Y									
		F		N	N									
		M		Y	Y									
		F		N	N									
		M		Y	Y									
		F		N	N									
		M		Y	Y									
		F		N	N									
		M		Y	Y									
		F		N	N									
		M		Y	Y									
		F		N	N									

Certification / Certificación

I hereby 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 Medical and Dental Care/ Autorización para proporcionar atención medica y dental

I hereby authorize any medical or dental care considered by the Kansas Statewide Farmworker Health Program and their contracted physicians and dentists to be in my or members of my family's best interest and authorize the release of any information acquired during the course of my registration, examination, and treatment.

Por este medio autorizo cualquier cuidado medico o dental considerado por el Programa de Salud para Trabajadores Agrícolas de Kansas en el mejor interés propio y de mi familia y autorizo que se proporcione cualquier información obtenida durante el curso de mi registro, examen medico y tratamiento.

 Signature / Firma

 Date / Fecha

Authorization for care must be signed by the client or his/her parent or legal guardian for clients under the age of 18.
La autorización para proporcionar cuidado debe ser firmada por el cliente; para personas menores de 18 años debe firmarla su padre, madre o guardián legal.

Health Promoter/Case Manager Name _____

This is an optional form
that may be helpful when
registering clients.

Client Name _____ DOB _____



Outreach-Screening Protocol

1. Verify that the individual/family meets the farmwork and income guidelines for KSFHP eligibility.
2. Assist family in completing the KSFHP registration.
3. Assist family in completing HealthWave application if U.S. born or U.S. resident (of more than five years) children are uninsured.
4. Help individual/families identify a medical home (Access Point/Primary Care Provider).
5. Does the family know where to go if the medical home is closed?
6. Check each individual family member for annual check-up (well child, well woman, well man).
7. Check for immunization status (see immunization attached) especially for the following.
 - <37 mos Recommended Vaccines
 - <13 yrs Recommended Vaccines
 - Adult Annual Influenza
 - Adult Pneumonia
8. Do any of the family members have any health related issues that need to be addressed? Document them and refer to the regional case manager or health promoter.
9. Make sure the family knows how to contact their regional case manager or health promoter if they have a concern or question.



Kansas Department of Health and Environment

Bureau of Local and Rural Health
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365
Telephone: (785) 296-1200
www.kdheks.gov

Statewide Farmworker Health Program

VOUCHER

Voucher Issue Date: ___/___/___ Voucher No:

Access Point Agency/Case Manager:
(Name, Address and Phone Number, include area code)

Patient
Name: _____ Date of birth: ___/___/___ Gender: M F
Last, First, Middle Initial
Address: _____ Head of Household _____
City: _____ State _____ Zip _____ County _____

Authorization for Release of Data and Request for Payment

I certify that the above information is correct and complete. I authorize release of all medical records to the Statewide Farmworker Health Program for their use in facilitating follow-up and payment for services.

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

Nurse's Assessment

Presenting Complaints: (subjective)

Nursing Assessment: (objective)

Treatment:

SAMPLE VOUCHER

Recommendation for follow-up? (plan)

Signature of nurse: _____ Date: ___/___/___

ARNP/PA/DOCTOR'S Assessment ALL SERVICES OVER \$150 MUST BE PREAUTHORIZED BY REGIONAL CASE MANAGER

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

Diagnosis: (assessment)

Treatment:

Recommendations for follow-up? (plan)

Signature of clinician: _____ Date: ___/___/___

Laboratory/X-ray ALL SERVICES OVER \$150 MUST BE PREAUTHORIZED BY REGIONAL CASE MANAGER

Services Provided:

Signature of technician: _____ Date: ___/___/___

Pharmacy PATIENT RESPONSIBLE FOR ANY AMOUNT OVER \$50 (NO OTC SUPPLIES OR MEDICATIONS)

Medications, amount dispensed, and directions for their use:

Signature of pharmacist: _____ Date: ___/___/___

RETURN THIS VOUCHER WITH INVOICE FOR PAYMENT

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, EMERGENCIAS NI ENFERMEDADES CRONICAS. EL PROGRAM SE LIMITA A CUIDADO PRIMARIO O PREVENTIVO.

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

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

Exámenes (screening): 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. El pago se limita a \$60 por examen ya sea de niño o por adulto.

Consulta breve al doctor: Una consulta breve con un proveedor de cuidado primario se hace cuando hay una enfermedad aguda, una evaluación o un seguimiento. El pago se limita a \$30 por consulta. Otros procedimientos llevados a cabo en la oficina se reembolsan a la tarifa de Medicaid.

Cuidado médico que requiere más de tres consultas por enfermedad en un año a fin de completar el tratamiento, debe ser autorizado por el manejador de casos regional.

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

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

Cuidado de la vista: Lentes y exámenes de rutina 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, diabetes, o lesiones al ojo se ocurran como consultas al doctor.

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: En general, El Programa de Salud para Trabajadores Agrícolas no paga por cuidado prenatal u obstétrico. Debe hacerse cada esfuerzo para asegurarse que los clientes sean referidos a Medicaid ya que muchos pueden ser elegibles. Cuando el cliente no está elegible por la Medicaid debe de ser referido a un programa de servicios prenatales de bajo costo. La cliente es responsable pagar las visitas prenatales. En estos casos, KSFHP pagará un ultrasonido y unos laboratorios. (Más ultrasonidos o exámenes de estrés fetal pueden ser autorizados por el manejador de casos regional.) En casos raros cuando no hay servicios prenatales de bajo costo en la región, a veces KSFHP puede hacer un arreglo con un proveedor pagar las visitas prenatales.

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. Pagos por servicios dentales están pagados a 50 por ciento hasta un total de \$300 por año por cliente. Cada cliente está responsable a pagar el otro 50 por ciento no pagado por KSFHP.

Si tiene preguntas llame a su manejador de caso.