

The logo for the Massachusetts League of Community Health Centers features a green arch above the text. The text is arranged in two lines: "Massachusetts League" in a blue serif font, and "of Community Health Centers" in a blue script font below it.

Massachusetts League of Community Health Centers

2017 CRVFHP REQUEST FOR PROPOSALS INSTRUCTIONS & TIMELINE

Submission Deadline: March 23, 2017 at 5:00pm

Background

The Connecticut River Valley Farmworker Health Program ("CRVFHP") is a federally funded program of the Massachusetts League of Community Health Centers ("MLCHC"). The goal of the CRVFHP is to address the health care needs of the estimated eligible 18,000 migrant and seasonal agricultural workers (MSAWs) and their dependents in the Connecticut River Valley by providing comprehensive primary medical, dental and pharmacy care as well as enabling services including outreach, health education, and case management services. The CRVFHP operates pursuant to the rules and regulations of Section 330g of the US Public Health Service Act and laws of the Commonwealth of Massachusetts.

The CRVFHP has developed as a Valley-wide program in order to:

- Recognize the seamlessness of the Connecticut River Valley as a migrant agricultural area;
- Ensure that the needs of relatively small, dispersed agricultural worker populations are made visible and addressed;
- Foster a network of health centers and partners in the region with a common cause of caring for this underserved population;
- Provide culturally-competent and linguistically-responsive outreach services and accessible, high-quality, coordinated, comprehensive community-based primary care to agricultural worker populations through health care access points including community health centers, other community-based organizations, and other providers;
- Assist provider agencies with care coordination of agricultural worker patients; and
- Support provider agencies in their commitment to agricultural workers by providing information and resources.

At the same time, the CRVFHP has been implemented as a decentralized program in recognition of: the size of the Connecticut River Valley; differences among provider agencies; differences in the health policy, regulatory and financing environments in Connecticut and Massachusetts; and the need for flexibility in response to local conditions.

Guidelines

The CRVFHP is seeking responses from Partner Agencies to improve the health care needs of MSAWs / dependents in the Connecticut River Valley in 2017. Funding is available to reimburse for covered primary care services, between January 1, 2017 and December 31, 2017. Funding is available to support enabling/outreach services during the peak of the growing season - generally between May 1, 2017 and October 31, 2017. If an agency plans to extend enabling/outreach services in the off-season, please reflect that extension in the Budget section.

Budgets submitted with this RFP must include detail on expected costs for outreach and outreach supervision, transportation, voucher (clinical reimbursement), supplies and telecommunication expenses. As part of their outreach services description and budget, each agency is required to propose alternate flexible solutions to MSAW / dependent transportation needs. These options generally include using the current company transportation van (for example, the CRVFHP purchased 3 6-passenger vans as part of its funding in 2016), renting

a van for the height of the season (for example, 2 times a week for 26 weeks), supporting Outreach Worker vehicles with an additional insurance rider, or providing taxi vouchers or bus tokens directly to agricultural worker patients.

Potential Partner Agencies are also required to set goals on an array of health care issues, which are reviewed during the annual Medical Chart Review and submission of the annual Uniform Data System.

These limited funds are not intended to subsidize all health care services to MSAWs / dependents, but to extend current available resources to increase access to comprehensive, continuous primary and preventive health care. Documentation of in-kind contributions is expected from each applicant agency.

Requests can be made to CRVFHP for funding to support the delivery of:

- Medical Care (includes vision and behavioral health)
- Pharmacy
- Dental
- Enabling/Outreach Services

Awards will be “target allocations” that are reviewed as the growing season progresses.

Process & Deadlines

Applicants interested in becoming part of the Connecticut River Valley Farmworker Health Program’s 2017 network of service providers should submit a completed proposal **by 5:00pm on March 23, 2017** by submitting the [attached RFP Survey Application](#). Proposals will be reviewed based on several criteria, including:

- The extent to which the application is complete, and commits to activities specific to the CRVFHP’s Health Care Plan Goals and Objectives detailed in the CRVFHP RFP;
- The extent to which the applicant proposes to address health care gaps that MSAWs / dependents face;
- The number of MSAWs / dependents proposed to be provided primary and preventive care services, dental services, and enabling/outreach services; and
- The extent to which the budget is consistent with the narrative, and reasonable for the level of service to be provided.

The League will notify agencies as to the status of proposals on or around **April 5, 2017**. Proposal review may specify certain conditions that must be met before an award can be made to an applicant. Award amounts will be based on review of budgets and availability of funds.

A Glossary of Terms is included below as a reference.

Glossary of Terms

Agriculture - Agriculture includes preparing, irrigating or spraying the fields, nurseries, orchards; planting, picking, sorting, packing, or transporting fruits, vegetables, grains, nuts, tobacco, grass, hay or other agricultural products; planting trees; working with Christmas trees; picking pine needles or Spanish moss; taking care of fish, chickens, ducks, turkeys, cows, goats, sheep, fish, clams; etc.

Contacts - Contacts are face-to-face or telephone interactions between outreach and other program agency staff and MSAWs / dependents that: provide information about health resources, information about health issues and behaviors, transportation to health resources, referrals to services, or follow-up communication about services provided or needed. MSAWs / dependents’ residences and worksites as well as churches, schools, social events and health / social service agency sites are all legitimate and appropriate locations for outreach contacts. Contacts

may be individual (one outreach staff to one MSAW / dependent) or group (one outreach staff to more than one MSAW / dependent) in nature.

CRVFHP Partner Agency - Provider that receives funding from the CRVFHP to support primary medical care, dental and/or enabling services. Contract sites certify MSAWs / dependents for services covered by CRVFHP's funding. The CRVFHP reimburses community health centers only at the Medicaid rate for primary, specialty, dental and pharmaceutical care. Certification for services involves determining MSAW / dependent eligibility and completing an Eligibility/Registration Form. The CRVFHP provides training, eligibility forms and guidance. The role of a Health Care Contract Site includes but is not limited to:

- Enrolling the patient using the CRVFHP Eligibility/Registration Form once per calendar year
- Mailing Eligibility/Registration Forms to the League
- Referring MSAWs / dependents for further care or drug management

Enabling/Outreach Services – Enabling/Outreach Services include a wide range of services which facilitate patient access to medical care including, but not limited to, case management, health education, interpretation and transportation. Outreach includes the identification of potential patients and information sharing. During outreach, outreach workers also provide health education and facilitate agricultural workers' access to available services. Outreach is generally conducted at labor camps, in patient homes, in the fields, and other locations where MSAWs / dependents congregate.

External Referral Provider - A provider of covered diagnostic or therapeutic health services to an eligible MSAW / dependent based on a referral by a licensed clinical provider at a community health center with an executed CRVFHP Medical Care and Enabling/Outreach Services Contract with the CRVFHP / League. Each external referral must be submitted to the League with a CRVFHP Referral Voucher.

Medically Necessary - Any health care services required preserving and maintaining a patient's health as determined by acceptable standards of medical practice, and for which a patient may be eligible.

Medical Chart Review - A process designed by CRVFHP to review: the appropriateness of Primary Care Services; the reasonableness of course of treatment; the appropriateness of professional services rendered by the Providers; and, determination of the required level of care to satisfy a patient's need for care.

Migrant - As defined by Section 330g of the Public Health Service Act, a migrant agricultural worker is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who establishes a temporary home for the purposes of such employment. This includes anyone who has been employed as a migrant agricultural worker within the last twenty-four (24) months.

Patient - Patients are individuals who have at least one (1) encounter during the year, as defined below. Patients are all individuals who receive at least one encounter during the year within the scope of activities supported by the CRVFHP grant covered by the Uniform Data System (i.e. unduplicated patients). Patients do not include individuals who have only encounters such as outreach, community education services, and other types of community-based services not documented on an individual basis (patient medical record). Also excluded are recipients of large-scale efforts such as a mass immunization programs, screening programs, health fair and patients of the federal WIC program only. See "Encounters" for further discussion of contacts included as encounters. A CRVFHP 2017 Eligibility / Registration Form shall be completed for all patients.

Seasonal - As defined by Section 330g of the Public Health Service Act, a seasonal agricultural worker is an individual whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who does not establish a temporary home for the purposes of employment. This includes anyone who has been employed as a seasonal agricultural worker for the last twenty-four (24) months.

Primary Care Provider - Primary Care Provider is generally a Provider who practices general practice, family practice, pediatric, or internal medicine. An obstetrician or gynecologist may serve as a Primary Care Provider for patients having obstetrical or gynecological conditions. Medical Care Services for the purpose of this contract also

includes: diagnostic laboratory and radiology services necessary to complete treatment; preventive health services such as perinatal services, family planning services, and well child examinations, including hearing and vision evaluations; dental services; outpatient mental health services; primary vision care; and pharmaceutical services necessary to complete treatment.

Provider - Any Provider, allopathic (doctor of medicine) or osteopathic (doctor of osteopathy), Nurse Practitioner, Physician Assistant, Licensed Social Worker, who meets the following criteria: (I) is licensed to practice medicine, mental health, and / or dental services in the State of Massachusetts or Connecticut, (II) is determined by CRVFHP to have satisfied the credentialing procedures adopted by the state of Connecticut or Massachusetts; (III) has entered into a contract with the League.

Visits - Visits are defined to include documented, face-to-face contacts between a patient and a provider who exercises independent judgment in the provision of services to the patient. To be included as an encounter, services rendered must be documented; mass screenings at health fairs or mass immunizations of children do not result in encounters. Classes are not counted as encounters. A HCFA 1500 form, ADA form or CRVFHP Referral Voucher should be completed for all encounters. All encounter forms must be submitted to the League.