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Nebraska Refugee Health Program

NEBRASKA REFUGEE HEALTH SCREENING PROCEDURES

I. INTRODUCTION

Under the Refugee Act, Section 412(b)(5), the U.S. Department of Health & Human Services Administration for Children & Families Office of Refugee Resettlement (ORR) is responsible for the provision of medical screening and initial medical treatment to all arriving refugees. In Nebraska, the refugee health screening process is administered by the Nebraska Department of Health and Human Services (Nebraska DHHS), Division of Children and Family Services.

Nebraska DHHS has the authority to plan, develop programs, and make rules and regulations pertaining to refugee resettlement programs. The department has the responsibility to ensure that refugee medical screening will be made available to refugees in accordance with the regulations established by the ORR, and the requirements detailed in ORR State Letter # 04-10 and 45 Code of Federal Regulation (CFR) Part 400.107.

Health screening is the refugee’s introduction to the United States (U.S.) health care system. It also represents an opportunity for referral to appropriate continuing care. Health education and patient information about local community health resources are made available in the native languages of refugees.

The refugee health screening program is designed to:

- Ensure follow-up of refugees with conditions identified during the overseas medical exam.
- Evaluate current health status and identify health problems not identified during, or developed subsequent to, the overseas exam (which may have been performed up to one year prior to departure for the U.S.).
- Ensure refugees are referred for follow-up to specialty and primary care, as indicated.
- Identify conditions with a potential to adversely impact effective resettlement.
- Initiate appropriate immunizations which includes childhood immunizations and immunizations required for all refugees to adjust status to become lawful permanent residents of the U.S.

The Nebraska DHHS Refugee Health Screening Program contracts with qualified local county and city health departments or other health care providers to provide refugees with health screening.
1. Overseas Visa Medical Examination

Refugees resettling in the U.S. must receive an overseas visa medical examination prior to departure for the U.S. The overseas exam is the same for refugees worldwide. The components are specified by federal regulations. The purpose of the overseas exam is to identify refugees with medical conditions or psychological disorders that may be a danger to themselves or the general population, which, by law, would exclude them from entry into the U.S. Conditions identified during the overseas exam requiring follow up in the U.S. are designated Class A or Class B.

- A refugee with an excludable condition (Class A) must apply for a waiver to enter the U.S. A condition of the waiver generally includes assurance that necessary medical services will be provided following entry into the U.S.
- Class B conditions do not require a waiver, but do require follow-up medical care on arrival in the U.S.

The overseas exam only provides baseline medical information. It does not allow for supplemental testing for refugees arriving from areas of the world where certain diseases may be endemic or epidemic. Many refugees come from areas where disease control, diagnosis and treatment have been lacking and/or the health care system and public health infrastructure have been interrupted for several years. Because the overseas exam may be completed up to one year before departure, the refugee may develop a communicable disease or other health condition after examination, but before arriving in the U.S.

2. Domestic Health Screening

The domestic refugee health screening differs significantly from the overseas exam. While the overseas examination is intended to identify medical conditions that will exclude an applicant from entering the U.S., the domestic health screening is designed to eliminate health-related barriers which may affect successful resettlement. Such screenings are also protective of the health of the U.S. population.

PLEASE NOTE: Continuing long-term health care is not a part of the screening service.

II. NEBRASKA REFUGEE HEALTH SCREENING PROCESS

1. Refugees enter the U.S. through the Quarantine Station/Centers for Disease Control (CDC) and Prevention.

2. CDC notifies the Nebraska DHHS or the refugee health clinic or local health department through the Electronic Disease Notification (EDN) when a refugee initially resettles in Nebraska.

3. The Nebraska Refugee Health Program or local health clinic or local health department reviews the refugee health record accessed from EDN before the initial appointment with the health care provider.

4. If the refugee is classified with a TB Class B condition, the local health department is notified regarding the Class B status via EDN. If the refugee is listed as being HIV positive, then the clinic should notify the local health department or state HIV Surveillance area.
5. Primary health care providers or local county health department clinic perform initial Nebraska Initial Refugee Health Assessment.

6. The primary health care clinic or local county health department submits completed assessment and reporting forms to Nebraska DHHS.

7. Nebraska Department of Health and Human Services reviews data on forms for quality assurance.

III. ELIGIBILITY FOR HEALTH SCREENING PROGRAM

All newly arriving refugees and eligible populations are eligible for a federally funded Refugee Medical Assistance (RMA) health screening examination when initiated within 90 days of their arrival (certification date) in the U.S.

The provider, in partnership with the referring VOLAG, will verify each individual's eligibility for services. To be eligible for a refugee health screening, proof is required in the form of documentation issued to an individual by the U.S. Citizenship and Immigration Services (USCIS). The documentation must establish date of arrival (certification date) and one of the following statuses:

a) Paroled as a refugee or asylee under section 212 (d) (5) of the Immigration and Nationality Act (INA).

b) Admitted as a refugee under section 207 of the INA.

c) Admitted as an Afghan or Iraqi Special Immigrant under Section 8120 of Pub.L. No. 111-118.

d) Granted political asylum under section 208 of the INA.

e) Granted parole status as a Cuban/Haitian Entrant, in accordance with the requirements in 45CFR Section 401.2.

f) Certain Amerasians from Vietnam.

SECONDARY MIGRANTS:

Providers must verify the eligibility of secondary migrants. The provider should also verify through EDN or contact the State to see if the secondary migrant originally arrived to another state to determine what services were received in the original state of arrival. Secondary migrants (including asylees, Cuban/Haitian entrants) are only eligible for the preventive health exam and lab services, if they are within 90 days of arrival, did not complete a preventive health exam in their state of arrival, the health screening can be completed within 90 days of their U.S. arrival, and the Contractor has the capacity to serve them. It is expected the clinic will verify a previous health screening before providing a health screening.
It is expected at refugee health screening sites that are not working with a refugee resettlement agency within the same location (city) of the contractor that labs and the physical may be drawn/performed at the same time. The contractor will follow up with the patient after lab results are received.

In locations with a resettlement agency, it is expected that after labs are drawn, the secondary migrant refugee will return for their scheduled physical and complete the process. If they do not return and complete the physical, the refugee patient may incur a charge. This is the only instance a refugee may incur charges for the health screening program. The clinic must inform secondary migrants of this policy and have them sign Attachment E stating that they have been informed and understand this policy. If secondary migrants do not return to complete the health screening within the 90 days of their U.S. arrival/status date and Medicaid will not pay for the charges incurred, the clinic should charge the secondary migrant patient for the services rendered. If the secondary migrant does not submit a payment for charges incurred, the state refugee health coordinator will determine on a case by case basis if the refugee health screening program will reimburse the agency for the labs drawn.

IV. HEALTH SCREENING SERVICES:

1. Interpretation:
   a. Interpretation is covered. The actual provision of interpretation services by a qualified medical interpreter is a reimbursable cost if done in compliance with the following:
      i. Adult physicals and vaccinations may be billed in 1 hour increments to a maximum of 2 hours.
      ii. Child services may be billed for 1 hour for the labs. One (1) hour for labs is the maximum rate for children. Children interpretation services for vaccines (VFC) and physical (managed care) should be billed to the appropriate entity.

2. Health Screening: For refugee adults (19 & over) newly resettled, one preventive health physical will be provided within 90 days of arrival in the United States (or status).
   a. The domestic health assessment whenever possible, should be completed within 30 days after arrival. At the minimum, it should be initiated within 30 days of the refugee's entry into the U.S. and completed within 90 days of arrival. (An asylee's entry date is the date the asylee is granted asylum in the U.S.)
   b. On a case by case basis, with the written approval of the Refugee Health Coordinator, it may be possible to complete a preventive health physical and labs beyond the 90 day arrival period.
   c. Refugees who complete a preventive health physical, lab work and vaccines (throughout the first year) are eligible to receive a civil surgeon signature (asylees, parolees, and SIVs are not eligible for civil surgeon signature under this program, see section IV. 27).
3. Vaccinations (Adults age 19 and older):

ALERT – As of July 1, 2019 Medicaid Managed Care Organizations are covering all ACIP vaccinations for all refugee adult populations that arrive to the U.S. on July 1, 2019 or after. If someone is not enrolled in Medicaid Managed Care, then the refugee or other eligible population client should be referred to enroll in Nebraska Medicaid immediately.

a. May be provided for all single or childless couple adult refugees and other eligible populations for up to 12 months from the date of arrival when they have an U.S. arrival date on or before June 30th, 2019.

b. If there is an instance where a refugee adult is not eligible for Medicaid Managed care or Medicaid Managed Care refuses to reimburse for the ACIP vaccination The Program will pick up the cost of the vaccination administration fee and the Medicaid reimbursable vaccination fee based upon the ACIP guidelines, medical necessity, or disease outbreak situations. HPV, Zoster, and Meningococcal B vaccines will not be covered.

c. Refugees that lose Refugee Medical Assistance at 8 months from U.S. arrival date will be eligible for reimbursement from Refugee Health Program through month 12 of U.S. arrival date for vaccination services via Attachment D.

d. Follow current Advisory Committee for Immunization Practices (ACIP) guidelines per vaccines:
   ▪ Please refer to Section IV: Responsibilities of refugee health screening providers #6 regarding Hepatitis A vaccine administration. The additional guidance must be followed for Hepatitis A vaccine administration.
   ▪ Vaccinations covered may include: Hepatitis B (3 shots), Hepatitis A, (2 shots), Tetanus (2 shots), Tdap (1 shot), Flu (1 shot during flu season), MMR (2 shots), Varicella (2 shots), Pneumococcal Polysaccharide (PPSV)-23 valent (1 shot), Pneumococcal 13 Valant (PCV)-13 (1 shot), and Meningococcal ACWY(2 shots)
   ▪ Give Inactivated Polio Vaccine (IPV) (one shot) based upon current CDC recommendations when disease outbreaks occur overseas.
   ▪ HPV, Zoster and Meningococcal B vaccines are not covered.

d. A Varicella titre for Refugee adults who undergo health screening (within 90 days of U.S. arrival) is covered. Varicella titres are not covered for children 18 years and under.

e. Does not cover Varicella titres for refugee adults receiving vaccinations only through Medicaid Managed Care. It is expected the provider will ask the patient if he or she has had varicella in the past and utilize their medical judgment if varicella vaccine is needed.

IV. RESPONSIBILITIES OF REFUGEE HEALTH SCREENING PROVIDERS

Refugee Health Screening Program providers **must**:

1. Coordinate health screening programs with reception and placement services provided by voluntary resettlement agencies (VOLAGs).

2. Comply with the Nebraska Refugee Health Assessment Guidelines.
3. Ensure the most current Refugee Health Assessment Guidelines whether the information is received via email or an updated copy of the Refugee Health Assessment Guidelines.

4. Prescribe or refer to another provider to ensure appropriate medications for infectious diseases and other conditions identified during the health screening are treated.

5. Provide immunizations indicated at the time of the health screening visit, per current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC);

6. Provide or refer for continuation of the required immunization series. This is in regards to single adult and childless couples that start health screening and arrived to the U.S. before June 30, 2019. Per ORR guidance, Hepatitis A vaccine should be covered only if adults have indications of chronic liver disease, receiving clotting factor concentrates, men who have sex with men, use injection of non-injection drugs, or work with Hepatitis A infected primates or in a Hepatitis A research setting. Do not vaccinate with Hepatitis A if patient is planning on returning overseas. HPV is not covered for adult males and females. Meningococcal B is not covered. Zoster vaccine is not covered as of October 1, 2017.

7. Document all vaccinations given in NESIIS.

8. Provide a Vaccine Information Statement (VIS) to the patient when a vaccination is given and record information for each VIS provided to patient in the medical chart.

9. When administering an ACIP approved vaccine based upon health condition, age, lifestyle, and/or occupation record risk factor in medical chart or medical history.

10. Refer refugee patients with medical situations in a timely matter in the rare occurrence that the clinic is facing undue hardship and unable to see refugee patients within 30 days of arrival. Notify the Refugee Health Coordinator immediately if a referral out is required.

11. Ensure the lab personnel (NPHL) or person drawing blood for interferon gamma release assay receives education approved by the refugee health coordinator by the lab or by the state TB Program. Specific education topics will need to include drawing the blood and troubleshooting problems for the interferon gamma release assay.

12. Make the utmost effort to initiate and complete the refugee health assessment within 30 days.

13. Complete all health assessments within 90 days of entry into the U.S. in order for the refugee to access these no cost services and for the provider to be reimbursed by RMA funds through the Nebraska DHHS Refugee Health Program.

14. Complete the Health Screening Assessment Attachment C for each refugee, collect data on services provided and submit the information to the Refugee Health Coordinator.

15. Verify that only those secondary migrants that did not receive a health screening in their original state of arrival and are within 90 days of arrival receive a health screening and the package rate.
16. Conduct oversight to assure that the agency is not billing Medicaid or any other source for the same refugee service as provided in the refugee health screening protocol.

17. Bill for services covered within the first 90 days according to the procedures.

18. Ensure staff is trained on the Health Screening Procedures, updates from the Refugee Health or Program Coordinator, and on billing requirements for the program.

19. Partner with the referring Resettlement Agency and verify each individual’s eligibility. (See: “Ill Eligibility for the Health Screening Program.”)

20. It is preferred refugees complete the refugee health screening and vaccinations at one single contractor location, but if a refugee moves, screening information must be shared to new clinic to avoid duplication of services. The receiving clinic should obtain all records to avoid duplication of services.

21. Ensure ease of service for follow-up vaccinations to the fullest extent possible. Continuity of care for the refugee will also be taken into consideration.


23. Report State reportable health conditions for communicable disease to the local health authority (local health department) per Title 173. (http://www.dhhs.ne.gov/reg/t173.htm).

24. Utilize the "Vaccines for Children Program" for all children 18 years of age and under who need vaccines.

25. Make the utmost attempt to have a patient return and complete testing if testing supplies are not available during the health screening.

26. Use qualified medical interpreters to assist with client interviews, health education and orientation to the U.S. health care system, and to facilitate the referral process. Since Nebraska does not license interpreters, the clinical site will make the judgment if an interpreter is qualified.

27. Maintain linkages to appropriate primary care providers or specialists for necessary follow-up services not available on site, including public health and inpatient facilities, psychological counselors, drug and alcohol treatment services and other community providers. Please see Attachment B for the release of information that must be completed for each refugee who needs referrals.

28. The priority is screening new arrivals, but secondary migrants may be seen as long as it does not interfere with the goals for completing health screening for new refugee arrivals. If the clinic is overwhelmed with new refugee arrivals, the clinic may refuse or refer the secondary migrant for health screening services.

29. If an adult patient or child patient has labs drawn, but fails to return for the preventive health physical (screening), providers should try to contact the patient to return for the physical as soon as possible.

30. Assure continuity of care, and referrals (referral means setting up a specified appointment with a designated provider) are timely, and when possible, in proximity to the refugee’s residence.
31. Sign USCIS Form I-693 for verification of vaccinations (for adjustment of status at 1 year). This is to be provided if a preventive physical health exam, lab, and initial shots are given for adults and for children 18 years of age if labs are drawn, physical exam (Medicaid Managed Care kids) and VFC shots given.

32. Civil Surgeon signature or approved health department blanket waiver is required. This service is included as part of the refugee health assessment screening. (Please note asylees, parolees, and SIVs may not receive the civil surgeon signature under this program as they need a full medical exam which is outside the scope of this program.)

33. Maintain patient records in accordance with 45 CFR 400.28.

34. Participate in refugee health meetings and site visits conducted by Nebraska DHHS Refugee Services Program staff.

   a. During the site visits providers must assure prompt access to all program sites and all records and reports relating to the program. To do so, the health care provider must provide a disclosure form to its patients to have Nebraska DHHS staff access their records for its monitoring purpose.

   b. Records are the property of the provider agency. However, information pertaining to Refugee Health Screening Program surveillance requirements must be accessible to Nebraska DHHS.

   c. Please submit the trimester Quality Assurance form (Attachment A) once a trimester (due February 15th, June 15th, and October 15th). Please send via mail, fax, or secure email.

      i. Comply with the terms of the contract with the Nebraska DHHS for the provision of refugee health screening services.

VI. RESPONSIBILITIES OF THE STATE

The Nebraska DHHS Refugee Health Program will support the efforts of the designated health screening providers by furnishing technical assistance to enhance the effectiveness of the Program including, but not be limited to, the following:

1. Provide direction, training, health screening forms and other materials as needed to health screening providers regarding the Refugee Health Screening Program.

2. Oversee the health screening provider’s performance and conduct on-site visits to the contracted sites to ensure compliance with the terms of the agreement. The Program will also provide telephone and/or on-site technical assistance to providers as required.

3. Provide pertinent information, such as trends in morbidity that may be specific to ethnicity or country of origin, to be shared with health screening providers and, as applicable, VOLAGs and other governmental and non-governmental groups.

4. Use surveillance findings as the basis for recommendations for revisions to the health screening, payments and instructions (Attachment A, C and D).

5. Assist in the establishment of linkages between VOLAGs and refugee health screening providers to ensure new arrivals’ access to medical care.

6. Reimburse contractors for services provided in compliance with the terms of these procedures and the contract.
7. Notify the health screening providers immediately when a problem is identified regarding the performance of duties as specified in the agreement.

VII. REPORTS AND BILLING

1. Reports

The Contractor will provide trimester reports containing:

- The number of refugees completing the health screening in 30 days from arrival.
- The number of refugees completing the health screening 31-90 days from arrival.
- The number of refugees not screened in 90 days.
- Reasons for refugees not being screened.
- Number of adult refugees referred to primary care, mental health services, dental care, vision care, and disability services.
- Number of refugees with High Public Concern Services (i.e. infectious diseases, HIV, suicide, etc.).
- Number of children (under 19) referred to primary care.
- List of top five health issues for all referrals (adults and children).

Reports will be submitted according to the following schedule:

- October 1 – January 31 due February 15
- February 1 – May 31 due June 15
- June 1 – September 30 due October 15

2. Billing & Reimbursement

It is expected billing will occur on at least a quarterly basis, regardless of whether the provider does health screenings or only vaccinations. With implementing to fee for service, Excel paper billing forms will be utilized until the Connect System will be put into place which is expected to occur in 2019. Once Connect is in use, it is expected clinics will utilize Connect for all billing. Health billing may occur more frequently if the clinic prefers to do so.

- Providers will receive rates as described in the contract and as described in these procedures.
- Nebraska Medicaid Managed Care Company covers adult ACIP vaccinations. The Refugee Health Program will not be covering these shots unless there is a lack of specific coverage of a vaccine or someone that is not eligible for Medicaid. This should be utilized for all refugees who arrive to the U.S. July 1, 2019 or later.
- Screening contract for a refugee with Medicaid Managed Care***.
- For single adults and childless couples that have U.S. arrival dates June 30, 2019 or before, and have straight Medicaid (RMA) please bill vaccine and administration fee to Nebraska Refugee Health Program via approved excel billing sheet (then Connect System once up and running).
- Administrative fee will be $80 per refugee who completes a physical health screening, lab work, and initial vaccinations.
- Adult vaccination administration fee is covered at $19.82 per shot and will only be covered if there is a lack of coverage under the Medicaid Managed Care or is a single or childless couple that arrived to the U.S. June 30, 2019 or before.
  - If Adult vaccination is needed due to above circumstances, vaccinations will only be covered up to the first 12 months of arrival in the U.S.
- Reimbursement up to the identified contract rate will be made based on the vaccination rates found in Attachment D.
- Interpretation done in compliance with Section IV. 1 is covered at $30/per hour set rate. Interpretation will only be covered under Non Medicaid covered services.
- Services should be billed in the fiscal year they were completed.
- Contractors should bill Medicaid for the well-child visit. Children 18 years and younger are covered under the Vaccines For Children Program (VFC) for vaccinations and vaccine administration fees. Labs (interpretation) and administrative costs will be covered through DHHS Refugee Health Screening Program as fee for service.
- If the contractors discovers that a child has received a preventive health visit at another clinic before the formalized refugee health exam, please notify the state refugee health coordinator. Reimbursement will be made using current Medicaid/Medicare rates for a preventive office visit.
- Utilize “The Vaccines for Children Program” for vaccinations for all children.
- If Vaccines for Children or Medicaid is unable to reimburse for child (age 18 and under) vaccinations, reimbursement will be made via current Medicaid rate pricing. with approval from the refugee health coordinator.

***Providers may not bill both Medicaid and the Refugee Health Program for the same services.***

The health assessment screening forms (Attachment D) are to be addressed to:

Nebraska Department of Health and Human Services  
Division of Public Health  
Refugee Services Program-Attn: Refugee Medical Coordinator  
301 Centennial Mall South  
P. O. Box 95026  
Lincoln, NE 68509-5026

Send via secure email using updated Excel billing spreadsheets or via Connect System.

VIII. NEBRASKA REFUGEE HEALTH SCREENING GUIDELINES

**Eligible Applicants**

The patient must be a valid class of refugee (holding I-94, letter of asylum, certification as trafficking victim, etc.). Complete payment for health screens will be paid only if the screen is initiated within ninety (90) days of the refugee’s arrival into the United States (45 CFR 400.107).

**Coordination**

Health screening services must be coordinated with reception and placement services provided by voluntary resettlement agencies (VOLAGs). VOLAGs are responsible for providing refugees with resettlement assistance upon their entry into the U.S. The assistance includes referral services, e.g., health, employment, and education. VOLAGs assist refugees in obtaining the initial health screening.

If clinics encounter problems with the VOLAGS such as no show clients, or refugees not completing their initial health screening, they should notify the state refugee health coordinator. It is a requirement of the VOLAG to ensure the refugee completes the health screening.
Refugees should be referred to participating Medicaid specialty and primary health care services for treatment and follow-up of acute and chronic conditions identified during the overseas and domestic health screening. When refugees are referred for specialty or primary care, the specialty or primary health care providers must be informed of the results of the initial health screening (See Attachment D). It will be up to the provider to utilize their own release of information form to transfer health records between other health care providers.

Follow-up care may be provided by the provider performing the initial health screening but follow-up care must be billed to Medicaid. Treatment and follow-up are not included, however, if a refugee tests positive for Chlamydia or Gonorrhea, treatment may be offered at the discretion of the Nebraska Infertility Prevention Project (IPP) which offers treatment (Ceftriaxone and Azithromycin).

**Psychological Trauma of Refugees**

Providers involved in the initial screening of refugees should have an understanding of, and be sensitive to, the psychological trauma refugees may have experienced in the migration process. It is essential providers understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and, in many cases, during a temporary resettlement period prior to their arrival in the U.S. Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of mental health needs of refugees should not be the focus of the initial screening encounter. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.

**Overseas Medical Document Review**

The purpose of medical document review is to review the findings from:

- The overseas visa medical examination form as reported on the DS-2053 (OF-157)
- The overseas Medical Examination of Applicants for U.S. Visas
- Other related documents and follow up on identified conditions.

If available, review:

- The overseas medical exam DS – 2053 (OF-157), IOM bag. (The International Organization for Migration [IOM] manages health issues associated with processing of migrants in sending, transit, and receiving countries. IOM’s health services work include medical screening for travel and resettlement.)
- Documentation of Class A or B conditions
- Any other overseas medical documents
- EDN is data dumping overseas vaccinations into NESIIS.

Confirm or reject overseas diagnoses. If further evaluation is needed to confirm any diagnosis, refer the refugee for evaluation as appropriate.

**What if overseas records are not available?**

Missing overseas records may be due to one of the following situations:

- **Records are available but the refugee forgot to bring them.** In this situation, ask the refugee if he/she can bring the records to the next visit. Make it very clear to the refugee that it is very important for the purpose of the health assessment to review these records. In this case, proceed with the health screening assessment. Providers may want to defer immunizations to the next visit.
Only some records are available. Proceed with the health screening assessment.

No records are available. On occasion, the refugee misplaces their medical. Call the Nebraska Refugee Health Program at 402-471-1372 with the A# and request to have the record looked up electronically.

### Infectious Diseases

#### Tuberculosis

- The Nebraska Refugee Program encourages clinics to refer to clinics that utilize the Nebraska TB Program’s Medication for Latent Tuberculosis Infection (LTBI). Isoniazid (INH) is available at no charge to patients.

#### Sexually Transmitted Diseases

- Sexually transmitted disease (STD) testing will be provided by the Nebraska Infertility Prevention Project (IPP).
- Contact the coordinator of the IPP (Infertility Prevention Project) Program with questions.
- Urine STD testing is available through the IPP/Semi-STD project.
- Treatment (Azithromycin for Chlamydia and Ceftriaxone for Gonorrhea) is available at no charge.
- For clinics that are not enrolled, please contact the IPP coordinator to set up an appointment. Lab specimens will be picked up by Nebraska Public Health Lab and there is an electronic form to complete for lab management.
- If your clinic is not participating in the IPP (Infertility Prevention Project), please provide appropriate referral.

### IX. Instructions for the Nebraska Refugee Health Assessment Screening Form (Attachment C) and Completion of Screening Form (Print/Type all information clearly.)

**SECTION I: Refugee Personal and Demographic Information (Nebraska Refugee Health Assessment Screening Form, Attachment C, page 1-2)**

The purpose of this section is to ensure that demographic data and health assessment data is collected, recorded and tracked for further evaluation and for program monitoring purposes.

**Name:** Family name first, followed by given name and middle name. (REQUIRED)

**Date of Birth:** Include month, day, and year. (REQUIRED)

**Arrival Status:** Mark if patient is refugee, asylee, victim of trafficking. (REQUIRED)

**Note:** Asylees’ status is not always indicated on their I-94 form; instead their I-94 status is noted on a letter from USCIS indicating their asylum granted status and the date the asylum granted. A copy of any verification documents must be retained in the refugee’s file.

**Alien number:** The “A” number is usually located at the back of the USCIS form I-94 departure. (REQUIRED)
Arrival in U.S. OR Status Granted Date: Month/Day/Year. The date of arrival is located on the front page of the I-94 under the refugee status stamp. The date may be stamped, typed written or hand-written. (REQUIRED)

Secondary Migrant: Please mark if refugee initially was resettled outside of Nebraska and has since relocated to Nebraska. (REQUIRED)

Sex: Mark Male or Female (REQUIRED)

TB Class A or B: Please note if a refugee is Class A or has a Class B TB status. (REQUIRED if Class A or Class B)

Site: Please mark which site the initial refugee health screening took place. (REQUIRED)

Oversees Medical Document Review: Please note if the overseas medical document was available for review. (REQUIRED)

Allergies: Please note any allergies the patient has. If none, please mark no known medical allergies. (REQUIRED)

Interpreter Used: Please mark if an interpreter was used for any part of the refugee initial health screening. (REQUIRED – if billing for qualified interpreter services)

Language Spoken: Record the language that the refugee identifies as their native language(s).

Blood Pressure: Perform blood pressure on all refugees. (REQUIRED)

Height: Record height or length in inches for all refugees. (REQUIRED)

Weight: Record in pounds. (REQUIRED)

Nutritional evaluation of all refugee children 18 and under upon arrival with Body Mass Index. (REQUIRED IF UNDER AGE 18)

Temperature: Record in Celsius.

Head Circumference: For all children 2 years of age and under (REQUIRED IF UNDER 2 YEARS OF AGE).

Visual Acuity: Mark referral if patient wears glasses or has poor vision. May use Snellen Eye Chart at provider’s discretion, but is not required. May use alternative vision charts to assist with LEP populations. Hearing-Whisper Test: Whisper in the patient’s ear. If there is no difficulty, mark Within Normal Limits. If patient has difficulty with hearing or wears hearing aids please mark referral.

Screening Tests
TB Screening: Tuberculosis (TB)

- Perform an interferon gamma release assay for refugees age five and older. Perform a tuberculin skin test (TST) for individuals younger than age five regardless of BCG history, unless documented previous test. Pregnancy is not a medical contraindication for TB testing or follow up. TST administered prior to 6 months of age may yield false negative results.
- A chest x-ray should be performed for all individuals with a positive interferon gamma release assay or TST result.
☐ A chest x-ray should also be performed regardless of interferon gamma release assay results or TST results for:
   1. Those with a TB Class A or B designation from overseas exam, and/or
   2. Those who have symptoms compatible with TB disease.

☐ If an indeterminate result is found on the interferon gamma release assay or the TST is just below the cutoff for a positive result, please refer the refugee to be rescreened in 8 weeks. It is not the contractor’s responsibility to follow up with the patient if a rescreen has been done. The rescreening process is outside the scope of payment for the refugee health program. (REQUIRED)

STDs: Sexually Transmitted Diseases: (If patient has documented syphilis testing done overseas, do not rescreen. If you do not have paperwork to verify syphilis screening took place overseas, please screen)

☐ Do not test if there is documented negative syphilis test from overseas.

☐ Screen for syphilis for age 15 and above using syphilis antibody based test if no overseas documentation is available or positive syphilis history (CPT code 86780). (REQUIRED)

☐ If you suspect syphilis in a patient younger than age 15, providers may run an antibody based test (CPT code 86780) upon their health history, risk factors or abnormal exam.

☐ If the syphilis antibody test is positive, draw a RPR and/or FTA as a confirmatory test.

☐ If syphilis is suspected after the RPR or FTA is run, please refer to the county STD clinic or treat appropriately at your clinic. Bicillin LA is available at the state for no charge.

☐ Please use Nebraska Infertility Prevention Project Semi-STD testing account for Chlamydia and Gonorrhea urine testing. Please contact the Nebraska Infertility Prevention Project Coordinator, (402-471-3724) for questions on IPP on how to set up an account.

☐ If your clinic does not have IPP tests, please make a referral for testing

☐ HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
   o For children over 2 years through 18 years of age, perform a HIV 1 EIA and HIV 2 EIA
   o EIA HIV 1 and HIV 2 EIA for adults 19 years of age and over, HIV rapid testing is encouraged. It is expected that HIV testing supplies will be purchased using RMA funds, instead of Nebraska DHHS Counseling and Testing HIV tests
   o If mother’s status has been identified during refugee health screening, provider may defer testing children 2 years and younger.
   o Test children age 2 years of age and under if risks are identified for HIV.
   o Test children age 2 years of age and under if mother is HIV positive.

Pregnancy:

☐ Complete a urine pregnancy test for all females of childbearing age (12-50) using an opt-out approach. (REQUIRED)

Hepatitis Screening: B (REQUIRED)

☐ Determine Hepatitis, B and infection status for all refugees –adults and children– with the following serologic tests:
   1. HBsAg (hepatitis B surface antigen)
   2. HBsHBcAb-IgM (Hepatitis B IgM core antibody)
   3. HBsAb (Hepatitis, B surface antibody)
      o May run Hepatitis B Surface Antigen Confirmation if Hepatitis surface antigen positive.

Hepatitis C Testing: (OPTIONAL)
Perform Hepatitis C testing on only patients with risk factors (tattoo history, blood transfusions, IV Drug User, mother has Hepatitis C or based upon provider’s discretion) (HC Ab) Hepatitis C Antibodies. Do not screen based upon birth year unless other risk factors identified.

**Intestinal Parasite Screening: (OPTIONAL)**

- Screen refugees that did not receive predeparture treatment recommendations per Attachment F
- Do not screen asymptomatic refugees for parasitic infection if they received complete treatment package overseas (Attachment F)
- Assume treatment has been given at time of departure assuming on the population where the program is currently is currently implemented if unable to find documentation unless contraindications exists (young child, pregnancy, less than 94 cm, breastfeeding women)—see Attachment F
- Providers may screen for stool parasites if patient presents with symptoms or risk factors.

The most commonly found pathogenic parasites are *Trichuris* ( whipworm), *Giardia*, *Entamoeba histolytica*, *Schistosoma*, hookworm, and *Ascaris*. Parasites may obstruct the intestine, bile ducts, lymph channels, and capillaries of the brain and other organs, with serious medical consequences.

Lice and scabies mites are two common arthropod parasites often found in refugee populations. If positive, please refer or offer treatment (Medicaid).

**Strongyloidiasis Testing**
Perform blood testing if refugee did not receive predeparture therapy. Predeparture therapy is Ivermectin. If someone did not receive Ivermectin overseas, the patient should be screened via blood. This includes testing all refugees if no Ivermectin was given overseas. See Attachment F. Providers may test at discretion if patient is symptomatic (Parasite Screening Guidance).

**Schistosomiasis**
Perform blood testing on Individuals from Sub-Saharan who had contraindications to presumptive treatment at pre-departure that are not resolvable should be tested. For other populations, providers may test at discretion if patient is symptomatic. Please refer to Attachment F (Parasite Screening Guidance).

Please see links on Attachment F for more information about testing and treatment of parasitic infections.

**Varicella Titre**
- Draw Varicella Titre on refugee adults age 19 years and over.
- If non-immune or equivocal, vaccinate adults with two doses of Varicella Vaccine.

**CBC with Differential: Complete Blood Count**
- Evaluate for eosinophilia by obtaining a CBC with differential.
- Please note hemoglobin and hematocrit.
- Screen all refugees. (REQUIRED)

**Chem 8**
- Screen everyone with a Chem 8. (or with total Calcium)

**Malaria:**
African refugees should be treated with artemisinin-based combination therapy before departure. If no predeparture therapy was given, testing is encouraged for refugees coming from Africa.

- Clinicians should have a high index of suspicion for malaria, particularly for refugees from tropical and subtropical areas who have fever of unknown origin or other characteristic symptoms.
- Sub-Saharan Africans frequently originate in highly endemic areas where asymptomatic infection is common and should undergo either presumptive treatment on arrival (preferred) if there is no documentation of pre-departure therapy, or have laboratory screening.
- For all other refugees, asymptomatic infection is rare and testing should be performed only in individuals with signs or symptoms suggestive of disease.
- If malaria is suspected, a smear of peripheral blood should be examined for parasites. Accurate diagnosis depends on the quality of the blood film and the technique of laboratory personnel. When PCR is available it is the preferred method of diagnosis in asymptomatic refugees.
- Because treatment varies by species of *Plasmodium*, diagnosis should be confirmed by experienced personnel.
- A single blood film examination may be falsely negative for malaria parasites. Repeated blood films over 48 hours (e.g., every 12 hours x 3) may be required to exclude the possibility of malaria.
- To confirm diagnosis of questionable cases or to obtain appropriate treatment recommendations, contact the Nebraska Department of Health and Human Services.

**Lead Screening:**
- Refugee children age 6 months-16 years should have a venous blood lead screening level. *(REQUIRED)*
- No repeat levels will be covered under Refugee Medical Assistance Program.
- Please note specific level.

**Urinalysis:** Dipstick
- Ages 4 and up.
- Perform if patient is old enough to void a urine specimen.
- Do not perform if patient is unable to provide a clean catch sample (infants and toddlers).
  Please mark if the sample is within normal limits, has blood, protein, glucose, ketones or leukocytes. *(REQUIRED FOR PATIENTS WHO CAN VOID A CLEAN CATCH URINE SPECIMEN)*

**Referrals:**
- Please note any referrals made.
- **Children should be given a vitamin referral for age 6-59 months or children age 5 and older with evidence of poor nutrition. Adults should be referred for a vitamin supplement if they present with clinical evidence of poor nutrition.**
- **Children under one year of age should be referred for newborn screening tests within their first year of life.**

**SECTION II: Core Health Screening (Nebraska Refugee Health Assessment Screening Form, Attachment C, page 3-4)**

**NOTE:** Be sure to fill out the last, first, middle name and alien number at the top of the page. This is especially useful when/if forms need to be faxed.
The purpose of this **required** section is to perform a complete, detailed history and physical examination for all refugees to ensure diagnosis and treatment of conditions not previously detected as well as to identify conditions with a potential to adversely impact effective resettlement of a refugee. While the Refugee Health Program is a screening program, clinicians should be cognizant that their assessment may be the first full medical evaluation the refugee patient has had. Therefore, providers are asked to perform a general history and physical exam. This may include migration history and history of trauma.

Providers should also recognize that the refugee health screening encounter may be a new cultural experience for many refugees and will provide a profound first impression about health care in U.S. Therefore, sensitivity toward the refugee’s gender, culture, and other issues is very important.

**MEDICAL HISTORY:** (Attachment C-page 3) (REQUIRED)
- Mark “0” if within normal limits. Mark with a check “✓” mark if abnormal or if problems are present. Comments may be noted at the bottom of page 3 and top of page 4).

**PHYSICAL EXAM:** (Attachment C – page 3) (REQUIRED)
- Summarize and record data on significant past or current medical conditions or disabilities as well as preventive care such as immunizations and dental work. Document any relevant family history as completely as possible. A copy of the refugee health assessment must remain in the refugee’s medical record at the clinical site.
- Mark “0” if within normal limits, Mark with a check “✓” mark if abnormal or if problems are present.
- Female and male reproductive health exams will not be covered under RMA. Please contact Every Woman Matters Program at (402) 471-0929 for more information on well woman exams or refer to a Medicaid provider.
- Please bill adult physicals according to patient age.
- RHS 15:
  - Refer to Attachment G for instructions on RHS-15 administration. If someone presents with an immediate mental health need, please make appropriate referral.
  - Disability Status:
    - Mark “yes,” “no,” or “referral” if someone presents with a physical, mental or emotional disability.

**NURSE VISIT:** (Attachment C-page 4) (OPTIONAL)
- Mark visit type, date of nurse visit and have nurse sign name with title.

**Dental Exam/History:**
- Please look inside patient’s mouth and note any dental complaints. Please mark appropriate box. (**REQUIRED**)

It is **required** that Immunization information be recorded in NESIIS to ensure that every child and adult refugee is appropriately immunized against vaccine-preventable diseases. It is preferred that refugees start immunizations within 90 days of their arrival to U.S. At a minimum, providers are required to initiate appropriate vaccination, refer refugees to primary care, and educate refugee about USCIS and school requirements, and follow-up timing.
Required Steps for Immunizations – Providers must do the following:

- Evaluate immunization history, titre lab review and review all available related overseas documentations
- Document immunity based on exam, history or serologic testing (Per Nebraska Refugee Health Assessment Guidelines)
- Use the Nebraska State Information Immunization Information System (NESIIS) to document immunizations for all refugees.
- Initiate all necessary age-appropriate vaccines per the Advisory Committee on Immunization Practices (ACIP) adult and children vaccine schedules. Please note Human Papilloma Quadrivalent, Meningococcal B and Zoster vaccines will not be covered for refugee adults (males or females). For Hepatitis A guidance in addition to ACIP guidelines, please refer to Section IV: Responsibilities of refugee health screening providers 5. Regarding Hepatitis A vaccine administration. Additional guidance must be followed for Hepatitis A vaccine administration.
- Instruct refugees to bring the documentation to all medical visits including the Civil Surgeon evaluation required for change of status applications.
- Utilize the “Vaccines for Children” program for children 18 and under for all vaccinations.

The refugee is not expected to provide a donation or administrative fee that sometimes is suggested for the Vaccines for Children Program.

REFERRALS
The purpose of this section is to facilitate linkages to appropriate specialty and primary care providers for necessary follow-up services not available on site, including public health and inpatient facilities, psychosocial counselors, drug and alcohol treatment services and other community providers. Please check all referrals made.

Required Referrals to Primary Care
Most refugees lack transportation, therefore, it is advisable that appointments be made in proximity to the refugee’s residence.

The name of the primary care provider (and/or clinic site), address, phone number and fax number of the provider; and appointment date, and the time must be noted on the health screening form.

Newborn screening should be a referral for all infants under one year of age.

Other Referrals
Providers should also make referrals as appropriate, for other medical, dental and support services.

Nurse Visit:
May bill Nurse Visit if patient education, simple recheck, or medication review occurs.

Authorization For The Disclosure of Protected Health Information (Attachment B)
The purpose of this form is to facilitate HIPAA compliance. Attachment B enables providers to allow Nebraska DHHS staff access to all refugee records, assuring prompt access to all program sites and reports relating to the Refugee Health Screening program.
Providers must provide an authorization for the release and use of protected health information form (PHI) to refugees for their signature and dating, which authorizes Nebraska DHHS staff access to their records for invoicing and monitoring purposes. Records are the property of the provider agency. However, information pertaining to Refugee Medical Screening Program invoices, reports and surveillance requirements must be accessible to Nebraska DHHS.

**NOTE:** Health providers or their affiliates may not sign the witness section. This section must be signed by a third party (non-affiliate of the health provider), e.g., resettlement agency representative, another patient or refugee, or a relative of a refugee.

**X. INSTRUCTIONS FOR COMPLETING USCIS FORM I-693**

The USCIS Form I-693 is used to record immunizations and must be signed by the civil surgeon or by a physician affiliated with the local public health agency (blanket waiver) completing the review. The following sections of USCIS Form I-693 need to be completed:

- Part 1: Information about you
- Part 2: Applicant’s Statement, Contact Information, Certification, and Signature
- Part 3: Interpreter’s Contact Information, Certification, and Signature
- Part 4: Applicant’s Identification Information
- Part 6: Civil Surgeon’s Contact Information, Certification, and Signature
- Part 9: Vaccination Record

☐ For refugees who arrived in the U.S. with a Class A condition, the **entire** medical exam is required, including any necessary vaccinations. This is not covered within the refugee health assessment screening.

☐ Refugees must meet vaccination requirements according to age-appropriate recommendations by the **Advisory Committee for Immunization Practices (ACIP)**. Because completion of a vaccine series often requires several months, applicants are required to complete at least one dose of each vaccine by the time of assessment for the I-693, and are encouraged to follow up with a primary health care provider to complete the series.

☐ Asylees, parolees, and SIVs are not included in this service due to the requirement a full exam must be completed in addition to vaccinations, which is outside the scope of this program.

☐ Civil Surgeon signatures are not available to refugees who receive, 90 day-12 month vaccine services. The civil surgeon signature is only for refugees who complete the health screening process (preventive health exam, labs, and vaccinations) started within 90 days of arrival into the U.S.

☐ The clinic can provide civil surgeon signatures on vaccines up to 24 months after their original arrival date. After that time frame, the refugee is responsible for payment of a civil surgeon signature.

**Question and Answers about Civil Surgeons**

Attachment A

Trimester Refugee Health Screening Site Quality Assurance

Clinical Site (Circle One)

CHI Florence Residency Clinic
Lincoln-Lancaster County Health Department
Central District Health Department/Heartland Health Center
Siouxland Community Health Center

1. What has been working in the clinic for the last trimester in regards to the refugee health screening?

2. What problems have you encountered within the last trimester in regards to the refugee health screening?

3. How many refugees lost contact with you and you were unable to complete follow-up within the last trimester and what were the reasons you were unable to complete the health screening (out-migrated, patient refused)?

4. | Number of Refugees referred to | Male | Female |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Primary Care</td>
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<tr>
<td>Mental Health Services</td>
<td></td>
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<tr>
<td>Dental Care</td>
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<tr>
<td>Vision Care</td>
<td></td>
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<tr>
<td>Disability Services</td>
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<tr>
<td>High Public Concern (infectious disease, HIV, suicide)</td>
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<td></td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
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</tr>
<tr>
<td>Number of Children Referred to Primary Care</td>
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</tr>
</tbody>
</table>

5. List the top five health issues for all referrals (children and adults)?
   1. 
   2. 
   3. 
   4. 
   5.

_____________________________ __________________________
(Signature & Title) (Date Submitted)
Authorization for the Disclosure of Protected Health Information

It has been explained that failure to sign this form will not affect treatment, or payment, however it may affect enrollment, or eligibility for certain benefits, provided per Health and Human Services. I understand the advantages and disadvantages and freely and voluntarily give permission to release specific information about me.

<table>
<thead>
<tr>
<th>Client Name (Last, First, M.I.)</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Case/ Chart Number</td>
</tr>
<tr>
<td>Information will be disclosed to: (Name, Address, City, State, Zip)</td>
<td>Reason for Disclosure:</td>
</tr>
<tr>
<td></td>
<td>___ Eligibility Determination</td>
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<td></td>
<td>___ Request of Subject Individual</td>
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<td>___ Insurance Claim</td>
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<td>___ Legal Purposes</td>
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<td></td>
<td>___ Consultation and/or Treatment Planning</td>
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<tr>
<td></td>
<td>___ Other (Please Specify):</td>
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</tbody>
</table>

The information to be released pursuant to this authorization is limited to records/information from or in the possession of the following:

<table>
<thead>
<tr>
<th>Specific Information to be disclosed:</th>
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</thead>
<tbody>
<tr>
<td>___ Medications</td>
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<tr>
<td>___ Progress Notes</td>
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<tr>
<td>___ Diagnosis</td>
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<tr>
<td>___ Psychiatric History &amp; Treatment</td>
</tr>
<tr>
<td>___ Psychological Evaluation &amp; Treatment</td>
</tr>
<tr>
<td>___ Social History</td>
</tr>
<tr>
<td>___ Drug/Alcohol Information</td>
</tr>
<tr>
<td>___ History &amp; Physical Examination</td>
</tr>
<tr>
<td>___ Laboratory</td>
</tr>
<tr>
<td>___ Discharge Summary</td>
</tr>
<tr>
<td>___ Aftercare Referral Form</td>
</tr>
<tr>
<td>___ HIV Information</td>
</tr>
<tr>
<td>___ Other (be specific)</td>
</tr>
</tbody>
</table>
This Authorization (unless revoked earlier in writing) shall terminate on (must have date or event filled in) ______________. By Signing this authorization, I acknowledge that the information to be released MAY INCLUDE material that is protected by Federal law and that is applicable to EITHER Drug/Alcohol or HIV related information or BOTH. My signature authorizes release of all such information. I also understand this authorization may be revoked at any time by submitting a written request in accordance with the Notice of Privacy Practices the Nebraska Department of Health and Human Services, published April 14, 2003 and it will be honored with the exception of information that has already been released. I also understand that if the person(s)/organizations authorized to receive my PHI is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations.

<table>
<thead>
<tr>
<th>Client’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Representative (☐ Parent, ☐ Guardian, ☐ Power of Attorney)</td>
<td>Date</td>
</tr>
<tr>
<td>Witness’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

**NOTICE TO RECIPIENT**

This information has been disclosed to you from records whose confidentiality is protected by state and federal laws (to include Federal Regulations, 42 CFR Part 2 of 1983) which prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

REV: 07-01-07
Attachment C -- Nebraska Refugee Health Assessment Screening Form

Nebraska Refugee Health Assessment Screening Form

I. Refugee Personal and Demographic Information
Name (Last, First, Middle): __________________________________________ Date of Birth: __________________
Arrival Status: Refugee Asylee Parolee Victim of Trafficking
Alien Number: __________________ Country of Origin: __________________________________________
U.S. Arrival Date (Month, Day, Year): __________________ Health Exam Date: __________________
Sex □ Male □ Female Secondary Migrant: □ Yes □ No
TB class A or B status __________________ I-94 verified □ Resettlement Agency □
Site: □ CHI –University Family Campus □ Central District Health Dept./Heartland Health
□ Lincoln-Lancaster Health Dept. □ Siouxland Community Health Center
Overseas Medical Document Review: □ Yes □ Not available
Allergies: _____________________________________________________________
Interpreter used: __________________ Language Spoken: ____________________
In house interpreter □ contracted interpreter (phone or in person) □ Labs □ Vaccines □ Physical
Blood Pressure: ________________ Temperature: ______ °C Pulse: ______________
Height: ________________ inch Weight: ________________ lbs. Body Mass Index: ________________
Head Circumference: ______________ (cm)
Visual Snellen: L____ R____ Both_____ □ Referral □ Not Done
Hearing/Whisper Test: □ Within Normal Limits □ Referral

Tuberculosis Screening-If Class B please enter “TB Follow-Up Worksheet” into EDN

Tuberculin Skin Test:
__ mm induration
□ Past history of positive TST
□ Given, Not Read
□ Declined Test
□ Not Done

Quantiferon:
□ Positive
□ Negative
□ Indeterminate
□ Not done
□ Pending

Diagnosis: □ No TB □ Latent TB Infection □ Active TB □ TB Suspect
□ Other: __________________________________________

Sexually Transmitted Diseases: □ Tested Overseas
1. Syphilis (EIA) □ Non-Reactive □ Reactive □ Results Pending
   RPR □ Non-Reactive □ Reactive Titre_____ FTA □ Non-Reactive □ Reactive
2. HIV/AIDS □ Negative □ Positive □ Indeterminate
   □ Not Done (mother’s status known)
   referred to specialist? □ Yes □ No
3. Gonorrhea □ Negative □ Positive □ Treatment Date: ____________ □ Results Pending
4. Chlamydia □ Negative □ Positive □ Treatment Date: ____________ □ Results Pending

Pregnant: □ Yes □ No
Hepatitis Screening:
1. HBsAg
   - Negative
   - Positive
   - Indeterminate
   - Results Pending
2. anti-HBC
   - Negative
   - Positive
   - Indeterminate
   - Results Pending
3. anti-HBs
   - Negative
   - Positive
   - Indeterminate
   - Results Pending
5. anti-HCV
   - Negative
   - Positive
   - Indeterminate
   - Results Pending

Intestinal Parasite Screening:
1. Was screening for parasites done (check one)
   - Not Screened for Parasites
   - Treated overseas prophylactically (Albendazole)
   - Screened, Results Pending
   - Screened, No Parasites found

   Please Check Parasite Identified:
   - Ascarsis
   - Clonorchis
   - Entamoeba histolytica
   - Giardia
   - Hookworm
   - Paragonimus
   - Schistosomiasis
   - Strongyloides Trichuris
   - Other: ________________________________

   Strongyloidiasis (blood sample) (no predeparture treatment received)
   - Received Pre Departure Therapy (Ivermectin)
   - Positive
   - Negative
   - Results Pending

   Schistosomiasis (blood sample) (only for Sub-Saharan Africans who did not receive predeparture treatment)
   - Received Pre Departure Therapy (Praziquantel)
   - Positive
   - Negative
   - Results Pending

Varicella Titre (adults only)
   - Positive (past history Varicella)
   - Negative (no history Varicella)
   - Equivocal

CBC with Differential done?
   - Yes
   - No

   If yes, was eosinophilia present
   - Yes
   - No
   - Results Pending

Hemoglobin ___________    Hematocrit ___________

Chem 8 done
   - Completed
   - Abnormal F/U initiated

Malaria Screening:
   - Not Screened for Malaria (No symptoms, history no suspicious of malaria, not from Sub Sahara Africa)
   - Treated overseas prophylactically (Artermether-lumefantrine)
   - Screened, Results Pending
   - Screened, no malaria found in blood smears

   Screened, malaria species found (please specify): _________________________________

   If malaria species found:   - Treated
   - Not Treated

   Referred for Malaria Treatment
   - Yes
   - No

   If referred for Malaria Treatment, specify physician/clinic _______________________

Lead Screening: (children 6 months-16 years) Serum Lead Level: _______________________

Urinalysis: (Over age 4)
   - Within Normal Limits
   - Incomplete

   Blood ___________________
   - Glucose ________________
   - Protein ________________
   - Ketones ________________
   - Leukocytes _____________
II. Core Health Screening

Medical History

<table>
<thead>
<tr>
<th>Medical History</th>
<th>Name (Last, First, Middle): ___________________________ Alien Number: ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>II. Core Health Screening</td>
<td></td>
</tr>
<tr>
<td>HEAD/ EYES</td>
<td>HEADACHES/INJURIES SURGERY // VISUAL LOSS DIPLOPIA DRAINAGE INFLAMATION PHOTOPHOBIA GLASSES TRAUMA</td>
</tr>
<tr>
<td>ENT</td>
<td>PAIN DRAINAGE DEAFNESS TINITUS VERTIGO // DISCHARGE OBSTRUCTION EPISTAXIS/ SORE THROAT HORSENSIE VOICE CHANGES</td>
</tr>
<tr>
<td>RESP</td>
<td>DYSPNEA COUGH SPUTUM WHEEZING PNEUMONIA CONGESTION PAIN</td>
</tr>
<tr>
<td>CV</td>
<td>CP PALPITATIONS DOE PND ORTHOPNEA EDEMA MURMURS HTN CLAUDICATION CYANOSIS</td>
</tr>
<tr>
<td>GI</td>
<td>WT CHANGES APPETITE CHANGES DYSPHAGIA N/V DIARRHEA CONSTIPATION HEMATEMESIS HEMATOCHZIA MELENA BOWEL CHANGES PAIN</td>
</tr>
<tr>
<td>GU/ GYN</td>
<td>DYSURIA FREQUENCY URGENCY HEMATURIA NOCTURIA STONES INFXNS PROSTATE DISEASE BLEEDING ABNORMALITIES DYSMENORRHEA STD’s BREAST DISEASE - DISCHARGE / LMP</td>
</tr>
<tr>
<td>MS</td>
<td>ARTHRITIS FRACTURES PAIN WEAKNESS STIFFNESS ATROPHY</td>
</tr>
<tr>
<td>NEURO/ PSYCH</td>
<td>SYNOCOPE SEIZURES WEAKNESS TREMORS NUMBNESS PAIN MEMORY LOSS INCOORDINATION PARASTHESIAS LABILE MOOD DEPRESSION ANXIETY HALLUCINATIONS DELUSIONS SLEEP DISTURBANCE</td>
</tr>
<tr>
<td>SKIN/ ENDO</td>
<td>RASHES PRURITUS, BRUISING, LESIONS COLOR CHANGES, DECUBITUS ULCER, GROWTH &amp; DEVELOPMENT PROB. TEMP. SENSITIVITY APPETITE &amp; WT. CHANGES POLYURIA POLYDIPSIA POLYPHAGIA LOCATION:</td>
</tr>
</tbody>
</table>

| PHYSICAL EXAM: O = WNL ✓ = ABNORMAL/PROBLEM (see comments) |
|-----------------|------------------------------------------------------------|
| GEN             | ALERT ORIENTED TO TIME PLACE & PERSON NO DISTRESS DEVELOPMENTALLLY STABLE WELL GROOMED              |
| HEAD/ EYES      | NORMOCEPH ATRAUMATIC // PERRLA EOMI LIDS/CONJ NL OPTIC DISC SIZE RATIO & APPEAR NL POST SEG RETINA & VESSEL |
| ENT             | TN’S NL CANALS CLEAR NASAL MUCOS / SEPTUM / TURBES NL MASSES NEG SINS NEG HARD/SORFT PALATE & TONGUE NL TONSILS & POST PHARYNX NL |
| NECK            | ADEOPATHY NEG THYROID NEG JVD NEG BRUITS NEG RIGIDITY NEG SYMMETRIC TRACHEA MIDLINE                  |
| CARDIO VASC     | REG WITHOUT MURMURS GALLOPS OR RUBS CAROTID/ABD/FEM/PEDEL PULSES-ADEO EXT’S WITHOUT EDEMA/VARCOSTIES/CYANO |
| CHEST/ BREAST   | LUNGS CTAB DULL/FLAT/HYPERRIES NEG RETRACTION NEG/SYMMETRIC NIPPLE DISCHARGE/INVERSION NEG MASSES NEG TENDER NEG |
| ABD/ RECTAL     | BS POS IN 4 QUADS MASSES NEG TENDER/REBOUND/ GUARD NEG HEP/SPENOMECK NEG HERNIA NEG NEG/MASSES/LESIONS NEG GUALAC NEG TONE NL |
| MS              | GAIT & STATION / MOTION / STRENGTH / STABILITY / TONE – ADEQ SWELLING / NUMBNESS / ATROPHY / WEAKNESS / ASYMMETRY / EFFUS / TENDER / RED – NEG IN EXTREMITIES |
| NEURO/ PSYCH    | CN 2-2 INTACT DTR’S NL CEREBELLAR INTACT BABINSKI/ RHOMBURG NEG RECENT & REMOTE MEMORY INTACT GRASP / SUCK REFLEX NL JUDGEMENT & INSIGHT STABLE ORIENTED X 3 RECENT & REMOTE STABLE MOODS AFFECT STABLE ATTENTION SPAN / CONC / D KNOWLEDGE NL DEVELOPMENTALLY APPROPRIATE |
| SKIN/ LYMPH     | HEAD / NECK / TRUCNIK / EXT-RASHES / LESIONS / ULCERS NEG JAUNDICE NEG CYANOSIS NEG // NECK / AXILLAE / GROIN – ADENOPATHY NEG |

COMMENTS: ____________________________________________________________________________
COMMENTS CONTINUED:


<table>
<thead>
<tr>
<th>RHS-15 Screening Score</th>
<th>☐ Self-administered</th>
<th>☐ Not self-administered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Not done</td>
<td>☐ Refused</td>
</tr>
<tr>
<td></td>
<td>☐ under age 14</td>
<td></td>
</tr>
</tbody>
</table>

**Disability:** Are you limited in any way in any activities because of physical, mental, or emotional problems?

☐ Yes ☐ No ☐ Referral

**Dental Exam/History:**

- ☐ Regular Dental Care
- ☐ Gums bleed when brushing
- ☐ Wears bridge

- ☐ X-Rays
- ☐ Gums bleed when flossing
- ☐ Wears partial

- ☐ Missing Teeth
- ☐ Sensitive to hot/cold
- ☐ Dentures

- ☐ Under Doctor’s Care
- ☐ Never been to Dentist
- ☐ Caries

Comments: __________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

*** Please enter immunizations on NESIIS Immunization Database System*****

**Referrals:**

- ☐ Primary Care Provider
- ☐ Dental
- ☐ Vision

- ☐ Mental Health
- ☐ Hearing
- ☐ Family Planning

- ☐ WIC
- ☐ Dermatology
- ☐ Public Health Nurse

- ☐ GI
- ☐ OB/GYN
- ☐ Pediatrics

- ☐ General Medicine
- ☐ Endocrinology
- ☐ Urology

- ☐ Ear, Nose, & Throat (ENT)
- ☐ Family Practice
- ☐ Neurology

- ☐ Hematology
- ☐ Newborn Screening
- ☐ Vitamin Referral

- ☐ Other Referral _________________

**Nurse Visit:** ____________________________________________

Signature of nurse and title (RN, LPN)

Date of Nurse Visit________

Nurse visit type ☐ Assess/Plan labs ☐ Education _________

☐ Simple recheck ☐ Medication review
## Attachment D
Approved Reimbursement Services

<table>
<thead>
<tr>
<th>Covered Item Vaccine</th>
<th>CPT code</th>
<th>Reimbursable Rate</th>
<th>Max # doses</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>90632</td>
<td>$65.69</td>
<td>2</td>
<td>VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>90746</td>
<td>$56.69</td>
<td>3</td>
<td>VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>Tdap</td>
<td>90715</td>
<td>$30.95</td>
<td>1</td>
<td>VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>Td</td>
<td>90714</td>
<td>$23.97</td>
<td>2</td>
<td>VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>MMR</td>
<td>90707</td>
<td>$75.74</td>
<td>2</td>
<td>VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>Pneumococcal-13 (PCV13)</td>
<td>90670</td>
<td>$205.11</td>
<td>1</td>
<td>MMC should be billed first*</td>
</tr>
<tr>
<td>Pneumococcal-23 (PPSV23)</td>
<td>90732</td>
<td>$107.75</td>
<td>1</td>
<td>MMC should be billed first*</td>
</tr>
<tr>
<td>Meningococcal (ACWY)</td>
<td>90734</td>
<td>$124.21</td>
<td>2</td>
<td><em>VFC or MMC should be billed first</em></td>
</tr>
<tr>
<td>Flu (LLCHD)</td>
<td>90688</td>
<td>$17.83</td>
<td>1</td>
<td>may choose 1 flu vaccine total, VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>Flu (CHI/LLCHD)H</td>
<td>90686</td>
<td>$19.03</td>
<td>1</td>
<td>may choose 1 flu vaccine total, VFC or MMC should be billed first**</td>
</tr>
<tr>
<td>Flu (CHI)</td>
<td>90685</td>
<td>$21.20</td>
<td>1</td>
<td>may choose 1 flu vaccine total, VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>Flu (CHI)</td>
<td>90662</td>
<td>$49.02</td>
<td>1</td>
<td>may choose 1 flu vaccine total, VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>varicella</td>
<td>90716</td>
<td>$122.02</td>
<td>2</td>
<td>may not draw titres, VFC or MMC should be billed first*</td>
</tr>
<tr>
<td>Inactivated Polio Vaccine (IPV)</td>
<td>90713</td>
<td>$34.14</td>
<td>1</td>
<td>May give for disease outbreak situations</td>
</tr>
<tr>
<td>Vaccine Administration Fee</td>
<td>-</td>
<td>$19.82</td>
<td>Per shot</td>
<td>not to be combined with nurse visit fee. Paid only if RMA vaccine is used. *</td>
</tr>
</tbody>
</table>

*Please refer to Page 10 for more information on VFC and MMC eligibility.*
<table>
<thead>
<tr>
<th>COVERED LABS</th>
<th>CPT code</th>
<th>Amount</th>
<th>Max # doses</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Draw fee</td>
<td>36415</td>
<td>$3.00</td>
<td>1</td>
<td>one lab draw per person</td>
</tr>
<tr>
<td>Interferon Gamma Release Assay (IGRA)</td>
<td>Contracted rate</td>
<td>$61.90</td>
<td>1</td>
<td>age 5 and over</td>
</tr>
<tr>
<td>Tuberculin Skin Test (TST)</td>
<td>86580</td>
<td>$7.51</td>
<td>1</td>
<td>only for children under 5 years of age or problems drawing other age groups</td>
</tr>
<tr>
<td>Varicella/zoster titre</td>
<td>86787</td>
<td>$15.90</td>
<td>1</td>
<td>only for adults</td>
</tr>
<tr>
<td>Chem 8 or</td>
<td>80047</td>
<td>$13.73</td>
<td>1</td>
<td>For everyone may do either 80047 or 80048 but not both</td>
</tr>
<tr>
<td>or Chem 8 with total calcium</td>
<td>80048</td>
<td>$13.73</td>
<td>1</td>
<td>For everyone may do either 80047 or 80048 but not both</td>
</tr>
<tr>
<td>CBC</td>
<td>85025</td>
<td>$9.59</td>
<td>1</td>
<td>For everyone</td>
</tr>
<tr>
<td>Hepatitis B Surface Antibody (Anti-HBs)</td>
<td>86706</td>
<td>$13.26</td>
<td></td>
<td>For everyone</td>
</tr>
<tr>
<td>Hepatitis B Core Antibody (Anti-HBc)</td>
<td>86704</td>
<td>$14.88</td>
<td>1</td>
<td>For everyone</td>
</tr>
<tr>
<td>Hepatitis B Surface Antigen</td>
<td>87340</td>
<td>$12.75</td>
<td>1</td>
<td>for everyone</td>
</tr>
<tr>
<td>Hepatitis B Surface Antigen Confirmation</td>
<td>87341</td>
<td>$14.17</td>
<td>1</td>
<td>optional - only if Hep B Surface antigen is positive</td>
</tr>
<tr>
<td>Anti-HCV</td>
<td>86803</td>
<td>$17.61</td>
<td>1</td>
<td>optional testing for refugees with specific risk factors</td>
</tr>
<tr>
<td>Stool-parasites</td>
<td>87177</td>
<td>$10.99</td>
<td>2</td>
<td>For everyone-required if not previously treated overseas - 2 stool samples requested</td>
</tr>
<tr>
<td>Stool –parasites</td>
<td>87209</td>
<td>$22.09</td>
<td>2</td>
<td>For everyone--required if not previously treated overseas- 2 stool samples requested</td>
</tr>
<tr>
<td>Syphilis-EIA antibody</td>
<td>86780</td>
<td>$8.04</td>
<td>1</td>
<td>required for age 15 and over or suspicious of syphilis. not required if completed overseas</td>
</tr>
<tr>
<td>RPR</td>
<td>86592</td>
<td>$5.27</td>
<td>1</td>
<td>only if reflexed to this (Syphilis)</td>
</tr>
<tr>
<td>Test</td>
<td>Code</td>
<td>Price</td>
<td>Qty</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------</td>
<td>--------</td>
<td>-----</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>RPR Quantitative</td>
<td>86593</td>
<td>$5.44</td>
<td>1</td>
<td>only if positive RPR (Syphilis)</td>
</tr>
<tr>
<td>FTA</td>
<td>86780</td>
<td>$8.04</td>
<td>1</td>
<td>only 1 FTA if reflexed to this (either 86780 or 86255) (Syphilis)</td>
</tr>
<tr>
<td>FTA</td>
<td>86255</td>
<td>$14.88</td>
<td>1</td>
<td>Only 1 FTA if reflexed to this (either 86780 or 86255) (Syphilis)</td>
</tr>
<tr>
<td>Strongyloidiasis (5-1-18)</td>
<td>86682</td>
<td>$25.00</td>
<td>1</td>
<td>Refer to Attachment F</td>
</tr>
<tr>
<td>Schistosomiasis (5-1-18)</td>
<td>86682</td>
<td>$50.00</td>
<td>1</td>
<td>Refer to Attachment F</td>
</tr>
<tr>
<td>HIV-adult</td>
<td>87389</td>
<td>$29.73</td>
<td>1</td>
<td>Required for everyone</td>
</tr>
<tr>
<td>HIV 1 EIA</td>
<td>87536</td>
<td>$105.06</td>
<td>1</td>
<td>only if 87389 positive</td>
</tr>
<tr>
<td>HIV 2 EIA</td>
<td>87538</td>
<td>$58.62</td>
<td>1</td>
<td>only if 87389 positive</td>
</tr>
<tr>
<td>Lead</td>
<td>83655</td>
<td>$14.95</td>
<td>1</td>
<td>age 6 months-16 years of age</td>
</tr>
<tr>
<td>Urinalysis (LLCHD)</td>
<td>81000</td>
<td>$4.02</td>
<td>1</td>
<td>Age 4+ or if can void on own (either 81000-81002 or 81003)</td>
</tr>
<tr>
<td>Urinalysis (LLCHD)</td>
<td>81002</td>
<td>$3.48</td>
<td>1</td>
<td>If dipstick not normal, move to microscopic</td>
</tr>
<tr>
<td>Urinalysis (CHI)</td>
<td>81003</td>
<td>$2.77</td>
<td>1</td>
<td>Age 4+ or if can void on own (either 81000-81002 or 81003)</td>
</tr>
<tr>
<td>Pregnancy Test</td>
<td>81025</td>
<td>$4.70</td>
<td>1</td>
<td>women of childbearing age (age 12-50)</td>
</tr>
<tr>
<td>Chlamydia and Gonorrhea</td>
<td>Neb IPP Program</td>
<td>N/A</td>
<td>1</td>
<td>IPP Program Guidelines</td>
</tr>
<tr>
<td>Malaria Blood Smear</td>
<td>87015</td>
<td>$8.24</td>
<td>3</td>
<td>Symptomatic or from sub Sahara Africa. No prophylaxis treatment</td>
</tr>
<tr>
<td>Malaria Blood Smear</td>
<td>85060</td>
<td>$22.47</td>
<td>3</td>
<td>Symptomatic or from sub Sahara Africa. No prophylaxis treatment</td>
</tr>
<tr>
<td>chest x-ray</td>
<td>71046</td>
<td>$46.75</td>
<td>1</td>
<td>Class TB B1, B2, or B3, symptomatic, or clinician recommendation</td>
</tr>
<tr>
<td>reading chest x-ray</td>
<td>71020-26</td>
<td>$21.91</td>
<td>1</td>
<td>only if chest x-ray performed</td>
</tr>
</tbody>
</table>

Updated 7/2/19
<table>
<thead>
<tr>
<th>Covered Exams</th>
<th>CPT Code</th>
<th>Amount</th>
<th>Max # services</th>
<th>More Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Preventive Health Exam 99385 (age 19-39)</td>
<td>99385</td>
<td>$130.22</td>
<td>1</td>
<td>Only 1 preventive exam per person (99385, 99386, or 99387)</td>
</tr>
<tr>
<td>New Preventive Health Exam 99386 (age 40-64)</td>
<td>99386</td>
<td>$135.23</td>
<td>1</td>
<td>Only 1 preventive exam per person (99385, 99386, or 99387)</td>
</tr>
<tr>
<td>New Preventive Health Exam 99387 (age 65 and over)</td>
<td>99387</td>
<td>$95.16</td>
<td>1</td>
<td>Only 1 preventive exam per person (99385, 99386, or 99387)</td>
</tr>
<tr>
<td>Nurse Visit</td>
<td>99211</td>
<td>$17.39</td>
<td>1</td>
<td>Patient education, simple rechecks and medication review performed by a nurse. Not to be used with vaccines only. One nurse visit only per refugee.</td>
</tr>
<tr>
<td>RHS-15 mental health screening tool</td>
<td>N/A</td>
<td>$10.00</td>
<td>1</td>
<td>Used only for age 14 and over.</td>
</tr>
<tr>
<td>Administrative Fee</td>
<td>N/A</td>
<td>$80.00</td>
<td>1</td>
<td>Complete a physical health screening, lab work, and initial vaccinations.</td>
</tr>
</tbody>
</table>
Attachment E

Secondary Migrant Waiver

I understand that if I do not return after my lab work has been drawn for my refugee health assessment within 90 days of my U.S. arrival date, I may be billed and be held responsible financially. Secondary insurance and/or Medicaid may be utilized, but if coverage is denied for medical/lab services, I may be held responsible for the bills incurred. It is important to make a good effort to return for your health screening and/or work with the clinic if unforeseen circumstances arise which prevent you from attending scheduled medical appointments. This will be determined on a case by case basis by the state refugee health coordinator.

______________                    ________________
Signature                               Printed Name

__________________________
Clinic Witness                        Date
Attachment F
Parasite Testing Guidelines

Refugees who cases were processed in: Kenya, Rwanda, South Africa, Tanzania, Ethiopia, Uganda, Burundi, Malaysia, Thailand, Nepal, Iraq or Jordan (wherein they can be assumed to have received pre-departure presumptive treatment) unless they had a contraindication to pre-departure presumptive treatment

**O & P stool testing:** All refugees arriving from a country other than those listed above and:
- Screen only: refugees who are under two years old, are pregnant or recently gave birth, have a history of unexplained seizures, neurocysticercosis, or cysticercosis, regardless of country of origin
- Documented albendazole treatment then no screening needed unless symptomatic

**Strongyloides serology testing:** all refugees arriving from a country other than those listed above and:
- Screen only: all refugees who are under 15kg or 90cm, are pregnant or recently gave birth or are from a loa-loa endemic region regardless country of origin.
- Documented ivermectin or high-dose albendazole treatment then no screening/treatment needed unless symptomatic

**Schistosoma serology testing:** all sub-Saharan African refugees arriving from a country other than those listed above and:
- Screen only: all Sub-Saharan African refugees who are under five years old or 94cm, have a history of unexplained seizures, neurocysticercosis, or cysticercosis
- Documented praziquantel treatment then no screening needed unless symptomatic
## Presumptive Treatment Overseas

<table>
<thead>
<tr>
<th>Type of Organism</th>
<th>Recommended Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soil Transmitted Helminths</td>
<td>Albendazole</td>
</tr>
<tr>
<td>Strongyloides</td>
<td>Ivermectin</td>
</tr>
<tr>
<td>Schistosomiasis</td>
<td>Praziquantel</td>
</tr>
</tbody>
</table>

*Treatment schedules for Presumptive Parasitic Infections*  

*Above guidelines referenced from Centers from Disease Control and Prevention on 4/25/17*  
RHS-15 Screening Instructions

RHS-15

The RHS-15 is being utilized to screen for anxiety and depression including Post Traumatic Stress Disorder (PTSD) in refugees. The RHS-15 is predictive of these disorders. The RHS-15 is utilized to assess how the patient is doing and feeling.

1. Expect 10-15% will need referrals
2. Not diagnostic, need appropriate referral
3. Will route people into treatment
4. Expect 2-5 minutes for patients filling out RHS 15 themselves
5. Expect 4-12 minutes administering
6. Please assess and ask patients if they are able to read in their own language. If not please use interpreter and give survey
7. A number of refugee languages have referral scripts that may be utilized for referrals for the RHS-15 screening.
8. Fill out all Demographic information (for Health ID/ID# please use Alien #)
9. Have questions 1-15 answered. Score if positive or negative.
10. Identify if self-administered or not self-administered
11. Provide referral if positive
12. If unable to find referrals in community—please let Refugee Health Coordinator know right away
13. RHS -15 screening data is included in health screening auditing records requests. Please keep one copy in chart and one other copy to send in to us quarterly. We hope to transition this to Connect once Connect is up and running.
14. I have filled out the user agreement.
15. Reimbursement rate is $10 per refugee—it must be completed to be reimbursed.
16. Please utilize if age 14 or older. If a refugee is developmentally disabled, use your discretion on administration.

Screening is POSITIVE

1. If items 1-14 greater than or equal to 12 or
2. Distress Thermometer is greater than or equal to 5

Training Information:
- RHS 15 screener information

- Webinar: How to do the RHS-15 “Tools and Strategies for Refugee Mental Health Screening: Introducing the RHS-15”
  slides, transcript and Q & A are available

- Webinar: How to operationalize the RHS-15
  slides, transcript and Q & A are available
• Referral scripts are attached in various languages. Languages are Amharic, Arabic, Burmese, Spanish, Farsi, French, Karen, Kinyarwanda, Mexican Spanish, Nepali, Russian, Somali, Swahili, Sorani Kurdish, and Tigrinya