AB# 574246

43420-04

HEALTH SCREENING AGREEMENT

BETWEEN THE

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF CHILDREN AND FAMILY SERVICES

AND

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

This agreement is entered into by and between the Nebraska Department of Health and Human Services, **Division of Children and Family Services** (hereinafter the "Department"), and the Lincoln-Lancaster County Health Department (hereinafter "Local Public Health Department" or "LPHD").

PURPOSE. The purpose of this agreement is: to provide direct medical services in the form of Health Screening and vaccinations to refugees.

I. TERM AND TERMINATION

A. TERM. This agreement is in effect from October 1, 2008 until September 30, 2010.

B. TERMINATION. This agreement may be terminated at any time upon mutual written consent or by either party for any reason upon submission of written notice to the other party at least 30 (Thirty) days prior to the effective date of termination. The Department may also terminate this agreement in accord with the provisions designated "AVAILABILITY OF FUNDING" and "BREACH OF AGREEMENT." In the event either party terminates this agreement, the LPHD shall provide to the Department all work in progress, work completed, and materials provided to it by the Department in connection with this agreement immediately.

II. CONSIDERATION

A. The Department agrees to pay the LPHD the total amount not to exceed $137,445 (One hundred and thirty-seven thousand, four hundred and fourty-five) for the services specified herein.

B. PAYMENT STRUCTURE. For screening services and vaccinations, the LPHD will receive payment based upon:

1. Reimbursement for all services will be subject to the Scope of Services listed below.
2. For refugees seen within the first 90 days after date of arrival in the U.S. – package rate of $539 per refugee. Eighty-five (85%) percent of the package rate

will be reimbursed following the month health screening services were completed and appropriate billing documents are received as outlined in Attachment 2 (See Attachment C of the Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees).

3. The final 15% will be reimbursed upon receipt of documentation that the immunizations are completed. If a patient is unable to be located, or reached to complete the series, provide the final billing document stating why the vaccinations were not completed and document this information in NESIIS. The options in NESIIS include "inactive," "moved out of state" and permanently inactive-deceased
4. For refugees seen after the first 90 days – reimbursement per service for services provided that are not covered by Medicaid. Payment made at current Medicaid rate. Reimbursed will occur following the month health screening services were completed and appropriate billing documents are received as outlined in Attachment 2. (See attachment B of the Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees)

III. SCOPE OF SERVICES

1. The LPHD agrees:
   A. In partnership with the referring Voluntary Agency (VOLAG), to determine 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 one of the following statuses:
      - Paroled as a refugee or asylee under section 212 (d) (5) of the Immigration and Nationality Act (INA).
      - Admitted as a refugee under section 207 of the INA.
      - Granted political asylum under section 208 of the INA.
      - Granted parole status as a Cuban/Haitian Entrant, in accordance with the requirements in 45CFR Section 401.2.
      - Certain Amerasians from Vietnam.

      The documentation must also establish the date of arrival into the United States. See guidelines in the attached Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees for more details.

   B. To conduct the entire health screening assessment using the Nebraska Refugee Health Assessment Screening form (Attachment E) and provide initial vaccinations at a single location to provide ease of services to refugees, help reduce costs, and maximize the Refugee Medical Assistance (RMA) funding for health screening. See guidelines in Attachment 2 for more details.

   C. There is no time limit for follow-up immunizations as long as the initial health assessment was performed within 90 days of arrival and immunizations are begun within eight months of arrival.

D. To the fullest extent possible, ensure ease of service for follow-up vaccinations. Continuity of care for the refugee will also be taken into consideration.

E. To arrange or establish referrals for services that are needed but are not covered in the initial health exam. The health screening focuses on screening for communicable disease and conditions that may prevent the refugee from an effective resettlement (gaining employment, language training, and going to school). Treatment and follow-up are not included, however, if a refugee does test 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). Treatment is available to providers for Isoniazid and Vitamin B6 at no cost to patients through the State TB Program.

F. To provide services to refugees without expecting the refugee to pay for any services included in the initial health screening.

G. To ensure that no other sources, private or public, are charged for services included in the health screening and required vaccinations.

H. To complete Part 2: Section 5 (vaccinations) and Part 6 (Health Department's Identifying Information) of the Report of Medical Examination and Vaccination Report (Form I-693) and include them as part of the package of service as described in the attached Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees. Only a civil surgeon designated by the United States Citizenship and Immigration Services (USCIS) to conduct medical examinations or a health department that has been given a blanket waiver may complete the Form I-693 and the vaccination supplement submitted with it.

I. To have a licensed provider to conduct the health screening assessment and document findings on the Nebraska Refugee Health Assessment Screening form (Attachment E) such as a nurse practitioner, physician assistant, public health or extended role nurse. Trained assistants may be used as appropriate (blood pressure, vision screening).

J. To use a qualified interpreter for the refugee who speaks limited English. In Nebraska, there are no laws for licensing of medical interpreters. The clinic will make the judgment if an interpreter is qualified.

K. To comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

L. To 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).

M. To utilize the "Vaccines for Children Program" for all children 18 and under who need vaccines.

2. The LPHD agrees to perform the following services:

   A. Follow the recommended health screening protocol as outlined in Attachment 2 (The Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees) when screening refugees.

   B. Complete the Health Screening Assessment form in Attachment 2 (See Attachment E of the Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees) for each refugee and collect data on services provided and submit to the State. Upon the availability of the assessment form on the Nebraska State Immunization Information System (NESIIS), transition to utilization of the NESIIS instead of paper forms.

   C. Provide the Health Screening Assessment as outlined in Attachment 2 for at least 90% of refugees in the first 90 days after a refugee arrives in the United States.

   D. Make appointments/referrals for refugees in need of follow-up care.

   E. Conduct oversight to assure that their agency is not billing Medicaid for the same refugee service as provided in the refugee health screening protocol.

   F. Bill for services covered within the first 90 days according to the procedures contained in Attachment 2 (See Attachment A of the Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees).

   G. Bill Medicaid for Medicaid covered services after the first 90 days.

   H. For non covered Medicaid services after the first 90 days, provide a bill of covered services to the Department according to Attachment 2 (See Attachment B of the Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees).

   I. Have a Civil Surgeon sign USCIS form 693 (Report of Medical Examination and Vaccination Record) or utilize the blanket waiver for a LPHD needed for refugees to acquire Lawful Permanent Resident status needed for refugees to acquire Lawful Permanent Resident status without an additional charge to the refugee.

   J. Ensure staff is trained on the Health Screening Protocol and on billing requirements for the program.

   K. Provide reports to the Department as found in Attachment 2 (See attachments A, B, and C of the Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees.).

   L. Permit access to all financial or other records developed under this grant agreement to the Department and the United States Department of Health and Human Services.

IV. DEPARTMENT RESPONSIBILITIES

The Department shall be responsible for the following:

A. Provide administrative guidance, policy, and monitoring of services.

B. Provide all necessary training to the LPHD on the health screening protocol and billing process.

C. Notify the LPHD of changes to the health screening protocol.

D. Provide quality Assurance and record reviews ensuring guidelines are followed.

V. GENERAL PROVISIONS

A. ACCESS TO RECORDS AND AUDIT RESPONSIBILITIES.

1. All LPHD books, records, and documents regardless of physical form, and including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this agreement shall be subject to audit at any reasonable time upon the provision of reasonable notice by the Department. These records shall be maintained as follows: all records shall be maintained for five (5) years from the date of final payment and records that fall under the provisions of HIPAA shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of the Department. All records shall be maintained in accordance with generally accepted accounting principles.

2. The LPHD agrees to provide the Department any and all written communications received by the LPHD from an auditor related to LPHD's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance.* The LPHD agrees to provide the Department with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to the Department at the same time copies are delivered to the LPHD, in which case the LPHD agrees to verify that the Department has received a copy.

3. The LPHD agrees to immediately correct any material weakness or condition reported to the Department in the course of an audit and notify the Department that the corrections have been made.

4. In addition to, and in no way in limitation of any obligation in this agreement, the LPHD agrees that it will be liable for audit exceptions, and shall return to the Department all payments made under this agreement for which an exception has been taken or which has been disallowed because of such an exception, upon demand from the Department.

B. AMENDMENT. This agreement may be modified only by written amendment, duly executed by both parties. No alteration or variation of the terms and conditions of this agreement shall be valid unless made in writing and signed by the parties hereto. Every amendment shall specify the date on which its provisions shall be effective.

C. ASSIGNMENT. The LPHD agrees not to assign or transfer any interest, rights, or duties under this agreement to any person, firm, or corporation without prior written consent of the Department. In the absence of such written consent, any assignment or attempt to assign shall constitute a breach of this agreement.

D. AVAILABILITY OF FUNDING. Due to possible future reductions in State and/or Federal appropriations, the Department cannot guarantee the continued availability of funding for this agreement notwithstanding the consideration stated above. In the event funds to finance this agreement become unavailable either in full or in part due to such reductions in appropriations, the Department may terminate this agreement or reduce the consideration upon notice in writing to the LPHD. The Department shall be the final authority as to the availability of funds. The effective date of such agreement termination or reduction in consideration shall be specified in the notice as the date of service of said notice or the actual effective date of the funding reduction, whichever is later. Provided, that reductions shall not apply to payments made for services satisfactorily completed prior to said effective date. The Department will give the LPHD written notice thirty (30) days prior to termination, if possible. In the event of a reduction in consideration, the LPHD may terminate this agreement as of the effective date of the proposed reduction upon the provision of advance written notice to the Department.

E. BREACH OF AGREEMENT.
1. Should the LPHD breach this agreement, the Department may, at its discretion, terminate this agreement immediately upon written notice to the LPHD. The Department shall pay the LPHD only for such performance as has been properly completed prior to notice of termination.
2. The waiver by either party of a breach of this agreement by the other party shall not operate or be construed as a waiver of any subsequent breach. No waiver shall be valid unless in writing and signed by the party.

F. CONFIDENTIALITY. The LPHD agrees that any and all information gathered in the performance of this agreement, either independently or through the Department, shall be held in the strictest confidence and shall be released to no one other than the Department without the prior written authorization of the Department unless otherwise expressly required by law, provided, that contrary agreement provisions set forth herein shall be deemed to be authorized exceptions to this general confidentiality provision. This provision shall survive termination of this agreement.

G. CONFLICTS OF INTEREST. In the performance of this agreement, the LPHD agrees to avoid all conflicts of interest and all appearances of conflicts of interest; the LPHD will notify the Department of any such instances encountered in the course of his/her work so that other arrangements can be made to complete the work.

H. COST PRINCIPLES AND AUDIT REQUIREMENTS. The LPHD is to follow the cost principles set forth in OMB Circular A-87 for State, Local and Indian Tribe Governments. Audit requirements are dependent on the total amount of federal funds received by the LPHD. See the table below and Attachment 1, Audit Requirement Certification form. Audits must be prepared and issued by an independent certified public accountant licensed to practice in the State of Nebraska. A copy of the financial review or audit is to be made electronically available or sent to: Nebraska Department of Health and Human Services, Financial Services, P.O. Box 95026, Lincoln, NE 68509-5026.

Amount of annual federal payments	**Audit Type**
Less than $500,000	*Audit that meets Government Auditing Standards*
$500,00 or more in federal payments	*A-133 audit*

I. DATA OWNERSHIP AND COPYRIGHT. All data collected as a result of this project shall be the property of the Department. The LPHD may copyright any of the copyrightable material produced in conjunction with the performance required under this agreement. The Department and the appropriate federal funding agency hereby reserve a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use, and to authorize others to use the copyrightable material for State or Federal Government purposes. This provision shall survive termination of this agreement.

J. DEBARMENT, SUSPENSION OR DECLARED INELIGIBLE. The LPHD certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

K. DOCUMENTS INCORPORATED BY REFERENCE. All references in this agreement to laws, rules, regulations, guidelines, directives, and attachments which

set forth standards and procedures to be followed by the LPHD in discharging its obligations under this agreement shall be deemed incorporated by reference and made a part of this agreement with the same force and effect as if set forth in full text, herein.

L. DRUG-FREE WORKPLACE. The LPHD hereby assures the Department that it will operate a drug-free workplace in accordance with State guidelines and has implemented a drug-free workplace policy, which is available to the Department on request.

M. FEDERAL FINANCIAL ASSISTANCE. The LPHD agrees that its performance under this agreement will comply with all applicable provisions of 45 C.F.R. §§87.1-87.2. The LPHD further agrees that is shall not use direct federal financial assistance to engage in inherently religious activities, such as worship, religious instruction, and/or proselytization.

N. FORCE MAJEURE. Neither party shall be liable for any costs or damages resulting from its inability to perform any of its obligations under this agreement due to a natural disaster, or other similar event outside the control and not the fault of the affected party ("Force Majeure Event"). A Force Majeure Event shall not constitute a breach of this agreement. The party so affected shall immediately give notice to the other party of the Force Majeure Event. Upon such notice, all obligations of the affected party under this agreement which are reasonably related to the Force Majeure Event shall be suspended, and the affected party shall do everything reasonably necessary to resume performance as soon as possible. Labor disputes with the impacted party's own employees will not be considered a "Force Majeure Event" and will not suspend performance requirements under this agreement.

O. HOLD HARMLESS.
1. The LPHD agrees to assume all risk of loss, defend and hold the Department, its employees, agents, assignees, and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines, or judgments and expenses incident thereto, including attorneys fees, for injuries to persons and for loss of, damages to, or destruction of property arising out of or in connection with this agreement and proximately caused by the negligent or intentional acts or omission of the LPHD, its officers, employees, assignees, or agents.
2. To the extent allowed by law, the Department agrees to assume all risk of loss, defend and hold the LPHD, its employees, agents, assignees, and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines, or judgments and expenses incident thereto, including attorneys fees, for injuries to persons and for loss of, damages to, or destruction of property arising out of or in connection with this agreement and proximately caused by the negligent or intentional acts or omission of the Department, its officers, employees, assignees, or agents.

P. INDEPENDENT CONTRACTOR. The LPHD is an independent Contractor and neither it nor any of its employees shall for any purpose be deemed employees of the Department. The LPHD shall employ and direct such personnel as it requires to perform its obligations under this agreement, exercise full authority over its personnel, and comply with all workers' compensation, employer's liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this agreement.

Q. INDIRECT COST RATE. Utilization of an indirect cost rate is allowed only when the LPHD has a negotiated rate with its federal or state cognizant agency.

R. INTEGRATION. This written agreement represents the entire agreement between the parties, and any prior or contemporaneous representations, promises, or statements by the parties, that are not incorporated herein, shall not serve to vary or contradict the terms set forth in this agreement.

S. LOBBYING.
1. If the LPHD receives federal funds through the Department, for full or partial payment under this agreement, then no Federal appropriated funds will be paid, by or on behalf of the LPHD, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this agreement or (a) the awarding of any Federal agreement; (b) the making of any Federal grant; (c) the entering into of any cooperative agreement; and (d) the extension, continuation, renewal, amendment, or modification of any Federal agreement, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this agreement, the LPHD shall complete and submit Federal Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

T. NEBRASKA TECHNOLOGY ACCESS STANDARDS. The LPHD shall review the Nebraska Access Technology Standards, found at http://www.nitc.state.ne.us/standards/accessibility/tacfinal.html and ensure that products and/or services provided under the agreement comply with the applicable standards. In the event such standards change during the LPHD's performance, the State may create an amendment to the agreement to request that agreement comply with the changed standard at a cost mutually acceptable to the parties.

U. NON-DISCRIMINATION. The parties agree to comply fully with Title VI of the Civil Rights Act of 1964, as amended; the Rehabilitation Act of 1973, Public Law 93-112, as amended; the Americans With Disabilities Act of 1990, Public Law 101-336; and the Nebraska Fair Employment Practice Act, as amended, in that there shall be no discrimination against any employee who is employed in the performance of this

agreement, or against any applicant for such employment, because of age, color, national origin, ancestry, race, religion, creed, disability, sex or marital status. This provision shall include, but not be limited to the following: employment, promotion, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship. The parties agree that no qualified handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity of the party. The LPHD further agrees to insert similar provisions in all sub-contracts for services allowed under this agreement under any program or activity.

V. PROMPT PAYMENT. Payment will be made in conjunction with the Prompt Payment Act of the State of Nebraska. The Department may request that payment be made electronically instead of by State warrant.

W. PUBLIC COUNSEL. In the event the LPHD provides health and human services to individuals on behalf of the Department under the terms of this agreement, the LPHD shall submit to the jurisdiction of the Public Counsel under NEB. REV. STAT. §§ 81-8,240 through 81-8,254 with respect to the provision of services under this agreement. This clause shall not apply to Contracts between the Department and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

X. RESEARCH. The LPHD may not engage in research utilizing the information obtained through the performance of this agreement without the express written consent of the Department. The term "research" shall mean the investigation, analysis, or review of information, other than aggregate statistical information, which is used for purposes unconnected with this agreement. This provision shall survive termination of this agreement.

Y. SEVERABILITY. If any term or condition of this agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if this agreement did not contain the particular provision held to be invalid.

Z. STATE PROPERTY. The LPHD shall be responsible for the proper care and custody of any Department-owned property which is furnished for the use by the LPHD during the performance of this agreement. Upon the Department's request, the LPHD shall reimburse the Department for any loss or damage of such property, normal wear and tear excepted.

AA. SUBCONTRACTORS. The LPHD agrees that before subcontractors may be utilized in the performance of this agreement, the Department must give prior written approval. If the LPHD subcontracts a portion of the work involved in this agreement, it shall ensure that the subcontractor complies with all workers' compensation,

employer's liability and other federal, state, county, and municipal laws, ordinances, rules and regulations required of an employer providing services as contemplated by this agreement.

NOTICES. Notices shall be in writing and shall be effective upon receipt. Written notices, including all reports and other written communications required by this agreement shall be sent to the following addresses, or such address as it later designated in writing by the party:

FOR THE DEPARTMENT:

NAME: Karen Parde
ORGANIZATION: DHHS
ADDRESS: 301 Centennial Mall South
CITY, STATE ZIP: Lincoln, NE 68509
PHONE: 402-471-9264

NAME: Kristin Gall
ORGANIZATION: DHHS
ADDRESS: 301 Centennial Mall South
CITY, STATE ZIP: Lincoln, NE 68509
PHONE: 402-471-1372

FOR THE LPHD:

Name: Chris Beutler
Organization: City of Lincoln
Address: 555 So. 10 St
City, State, Zip: Lincoln NE 68508
Phone:

IN WITNESS THEREOF, the authorized representatives of the parties have duly executed this agreement hereto, and each party acknowledges the receipt of a duly executed copy of this agreement with original signatures.

FOR THE DEPARTMENT:

Todd L Reckling
Signature

Todd L. Reckling, Director
Division of Children and Family Services
Department of Health and Human Services
Fills in from Intent (Children and Family Services)

DATE: 06/24/2009

FOR THE LPHD:

Signature

NAME: Chris Beutler
TITLE: Mayor
Fills in from Intent (Pub Hlth Dept)

DATE: July 23, 2009

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Refugee Health Screening
AUDIT REQUIREMENT CERTIFICATION

Subgrantees and certain contractors receiving funds from the Nebraska Department of Health and Human Services are required to complete this document. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".

Grant Name ___Health Screening__ Grant #_____ CFDA* #_____

Program Name, Grant #, and CFDA # need to be filled out by the DHHS program office

*(Catalog of Federal Domestic Assistance)

LPHD's Name: _____Lincoln-Lancaster County Health Dept._____

Address: _____3140 "N" Street_____

City: _____Lincoln_____ State: ___NE___ Zip Code: 68510

Federal Tax Identification Number (FTIN) 47-6006256

LPHD's Fiscal Year September 1 **, 20**08 **to** August 31 **, 20**09

All written communications from the Certified Public Accountant (CPA) engaged under #1 or #2 below, given to the LPHD including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance* must be provided by the LPHD to the Nebraska Department of Health and Human Services immediately upon receipt, unless the LPHD has directed the CPA to provide the copy directly to the Department and has verified this has occurred.

Check either 1 or 2 and complete the signature block on page 2:

1. __ As the LPHD named above, we expect to expend less than $500,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

   We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct and prepare either, a review (expenditures less than $75,000) or audit report (expenditures $75,000-$499,999) of our organization's financial statements and a report issued by the CPA. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year. A copy of the report must be submitted to the Nebraska Department of Health and Human Services address as

shown below within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

2. X As the LPHD named above, we expect to expend $500,000 or more from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore we are subject to the single audit requirements of Circular A-133.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, as the LPHD, that a single audit performed in accordance with Circular A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must contain:

- The LPHD's financial statements,
- a schedule of Expenditure of Federal Awards,
- a Summary Schedule of Prior Audit Findings (if applicable),
- a corrective action plan (if applicable) and
- the auditor's report(s) which includes an opinion on this LPHD's financial statements and Schedule of Expenditures of Federal Awards, a report on this LPHD's internal control, a report on this LPHD's compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this LPHD must complete and submit with the reporting package a Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations (SF-SAC).

We further acknowledge a copy of this LPHD's financial statements, auditor's report and SF-SAC must be submitted, at the time these documents are submitted to the Federal Audit Clearinghouse, to the

Nebraska Department of Health and Human Services
Financial Services
Grants and Cost Management
P.O. Box 95026
Lincoln, NE 68509-5026

or the LPHD must notify the Department when the reporting package becomes available and provide the Department with access to an electronic version of its annual audit and financial report. Notification of availability will be sent to the Nebraska Department of Health and Human Services, Financial Services, Grant and Cost Management is a format similar to the following:

The LPHD's latest A-133 Audit is now available for your use at:
http://www.

The LPHD's financial report is available at:
http://www.

The foregoing submissions or notification and electronic access to the annual audit and financial report must be made within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

Kathleen A. Cook	Information & Fiscal Div. Manager
Print/Type Name	**Print/Type Title**
Kathleen A. Cook	
Signature	
June 26, 2009	402 441-8092
Date	**Telephone Number**

ATTACHMENT 2

NEBRASKA REFUGEE HEALTH SCREENING PROGRAM CORE SCREENING PROCEDURES FOR REFUGEES

NEBRASKA REFUGEE HEALTH SCREENING PROGRAM CORE SCREENING PROCEDURES FOR REFUGEES

Table of Contents

Nebraska Refugee Health Screening Program Core Screening Procedures for Refugees

I. Introduction 1

1. Overseas Medical Examination 2
2. Domestic Health Exam 3
3. Nebraska Refugee Health Screening Process 4

II. Eligibility of Refugees for Health Screening Program 4

1. Treatment Priorities 5
2. Reimbursement Time Frame 5

III. Responsibilities for Refugee Screening Providers 6

IV. Responsibilities of the State 9

V. Nebraska Refugee Health Assessment Guidelines 10

Overseas Medical Document Review 10

Instructions for Health Screening Form 11

Extended Lab Services 14

Core Health Screening 15

Immunization Status 16

Referrals 16

VI. Attachments

Attachment A- Nebraska Refugee Screening Billing Form (for arrivals within first 90 days) 18

Attachment B-Billing Form for Refugees Outside of 90 days of arrival through 8 months of arrival 19

Attachment C-Quarterly Refugee Health Screening Site Quality Assurance 21

Attachment D-Release of Information Form 22

Attachment E -Nebraska Refugee Health Assessment Screening Form 24

Nebraska Refugee Health Program

NEBRASKA REFUGEE HEALTH SCREENING PROGRAM
CORE SCREENING GUIDELINES FOR REFUGEES, ENTRANTS, VICTIMS OF TRAFFICKING AND ASYLEES

I. INTRODUCTION

Under the Refugee Act, Section 412 (b)(5), the 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 Families and the Division of Public Health.

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 federal Office of Refugee Resettlement (ORR), and the requirements detailed in ORR State Letter # 04-10 and 45 Code of Federal Regulation (CFR) Part 400.107. The Nebraska DHHS Division of Families and Children participate in a memorandum of understanding (MOU) with the Nebraska DHHS Division of Public Health, to enter, manage and evaluate the data from refugee health screening.

Health screening is the refugee's introduction to the 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.
- Provide orientation to the U.S. health care system, including education about the availability and appropriate utilization of health services.

Components to the U.S. Refugee Health Screening protocol include:

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. The following are key points of information regarding this screening program:

- All newly arriving refugees are eligible for a federally funded Refugee Medical Assistance (RMA) health screening examination.
- The contractor needs to make the utmost effort to initiate the refugee health assessment 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.
- Asylees and victims of human trafficking are also eligible for the refugee health screening when initiated within 90 days of their certification.
- If the refugee is seen for their initial exam outside of the 90 days, but within certain time limits (Iraqi refugees- 8 months, Afghan refugees- 6 months, all other refugees-8 months), Nebraska Medicaid will be the first payer for the Nebraska Refugee Health Assessment. Nebraska refugee health assessment guidelines should still be completed per attached guidelines with Medicaid being billed first.
- For services that are not covered by Nebraska Medicaid, Nebraska DHHS should be billed as RMA funds will be utilized to cover needed services Medicaid cannot bill for (Attachment C).

The health provider must be a licensed physician, hospital, community health center, county health department or clinic. 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. There is a package rate of $539 per completed health screening for the initial refugee health screening performed within 90 days of arrival.

Vaccines

- Vaccinations may be purchased in the first 90 days and utilized until the end of the vaccination series or within a year of the refugee's first arrival date in the U.S.
- For refugees who receive their first visit after 90 days, until the end of their qualifying time (8 months for most refugee groups), vaccines may not be purchased ahead of time.

Language Barriers

- If the refugee does not speak English, all the services should be provided using qualified multilingual and multicultural medical interpreters.
- Since Nebraska does not license interpreters, the clinical site will make the judgment if an interpreter is qualified

For refugees outside of the 90 days for the Nebraska initial health screening assessment but prior to the end of their qualifying time:

- Nebraska Medicaid is to be billed for all services covered by Medicaid.
- All other services will be reimbursed through RMA at current Nebraska Medicaid rates.
- A set rate for interpretation has been established since Nebraska Medicaid does not reimburse for interpretation services and will be paid through RMA.

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.

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.

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

Nebraska Refugee Health Process

1. Refugees enter the U.S. through the Quarantine Station/Centers for Disease Control (CDC) and Prevention.
   ↓
2. CDC notifies the Nebraska Department of Health and Human Services through the Electronic Disease Notification (EDN).
   ↓
3. The Nebraska Refugee Health Program and Nebraska Tuberculosis (TB) Program receives notification electronically.
   ↓
4. The Nebraska Refugee Health Program reviews and sends out the refugee health record to the health care provider.
   ↓
5. If the refugee is classified with a TB Class B condition, the local health department is notified. If the refugee is classified with a Class A HIV status, the HIV surveillance program manager is notified.
   ↓
6. Nebraska Department of Health and Human Services notifies the clinic working with the refugee resettlement agency to where the refugee is assigned.
   ↓
7. Primary health care providers or local county health department clinic perform initial Nebraska Initial Refugee Health Assessment.
   ↓
8. The primary health care clinic or local county health department submits completed assessment and reporting forms to Nebraska Department of Health and Human Services.
   ↓
9. Nebraska Department of Health and Human Services reviews data on forms for quality assurance.
   ↓
10. Nebraska Department of Health and Human Services submits TB follow up information to CDC via EDN.

II. ELIGIBILITY OF REFUGEES FOR HEALTH SCREENING PROGRAM

The provider, in partnership with the referring VOLAG, will determine 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 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) Granted political asylum under section 208 of the INA.

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

e) Certain Amerasians from Vietnam.

Treatment Priorities

Priority is given to those persons with medical conditions identified during the overseas medical examination (Class A and B arrivals). These patients should receive health assessments as soon as possible, ideally within 30 days of entry. Providers should coordinate care of Class A and B conditions with local health departments.

The refugee health coordinator will notify the HIV Surveillance Program Manager or the TB Program Manager regarding refugees with incoming Class A or B conditions. *All reportable disease found during the initial refugee health assessment must be reported to the local health authority per Nebraska state statute.*

Reimbursement Time Frame

A. Providers will receive a package rate of $539 for refugees screened within 90 days of entry into the U.S.

   1. The domestic health assessment should be initiated within 90 days of the refugee's entry into the U.S. (An asylee's entry date is the date the asylee is granted asylum in the U.S.)
   2. Send the completed assessment[1] (Attachment E) and billing form (Attachment A) to Nebraska DHHS on a monthly basis no later than 30 days following the month services were performed. Billing will occur monthly.
   3. The $539 rate will be billed at 85% ($458.15) once the physical exam has been completed within 90 days. This fee is contingent upon refugees being seen for the exam within 90 days of arrival to the U.S. The screening exam must be complete.
   4. To encourage the provider to follow through on immunizations, the remaining 15% ($80.85) will be billed at a time of up to 6 months when immunizations are completed.
   5. If a patient is unable to be located, or reached to complete the series, please document this information in NESIIS. The options in NESIIS include "inactive," "moved out of state," and permanently inactive-deceased." If none of these selections are noted, payment will not be made for the remaining 15% ($80.85).

B. Refugees screened greater than 90 days after entry into the U.S., *but prior to their 8 months* (6 months for Afghan refugees) will not be billed at a package rate. They will be billed in the following way:

   1. Bill Medicaid for all Medicaid reimbursable services.
   2. Submit a completed assessment form.[2] (Attachment E and billing form (Attachment B).
   3. Bill RMA for all health screening services not reimbursed by Medicaid.
   4. Utilize "The Vaccines for Children Program" for vaccinations for all children.

[1] Once the Assessment form is on NESIIS, the provider will send a list of refugees served in place of the assessment form.
[2] Same as footnote 1.

5. Bill adult vaccinations at the rate in Attachment B.
6. The civil surgeon may sign off on vaccines at the adjustment of status visit to be reimbursed at $25.
7. Totals for reimbursement may not exceed $539 for any one refugee.

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

The completed billing form (Attachment B or C) and health assessment screening form (Attachment E) 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

III. RESPONSIBILITIES FOR REFUGEE HEALTH SCREENING PROVIDERS

Refugee Health Screening Program providers ***must***:

1. Demonstrate clinical and staffing capacity as well as experience in providing health screenings, in accordance with established protocols.

2. Be a licensed health care provider, such as a physician, hospital, community health center, county health department or clinic. A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants. e.g., for blood pressure measurements, hearing or vision screening.

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

4. Comply with the Nebraska Refugee Health Assessment Guidelines.

5. Prescribe, refer, or supply appropriate medications for infectious diseases and other conditions identified during the health screening; 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); and provide or refer for continuation of the required immunization series (series to include DPT/Td, IPV, HBV, MMR, Varicella, Influenza, and Pneumococcal immunizations). Varicella will not be reimbursed for adult refugees at this time.

Infectious Diseases

Tuberculosis

- The Nebraska Refugee Program encourages clinics to utilize the Nebraska TB Program's Medication for Latent Tuberculosis Infection (LTBI). Isoniazid (INH) is available at no charge to patients.
- The provider must complete two forms, "LTBI Case Management Form" and the "LTBI Checklist."
- See http://www.dhhs.ne.gov/puh/cod/Tuberculosis/forms.htm for the forms that need to be sent in.
- The medication is sent to providers to distribute. Any clinic in Nebraska may utilize the program. INH is sent to the provider to distribute to patients.
- Please see specific details at http://www.dhhs.ne.gov/puh/cod/Tuberculosis/Medication-Policy.doc.
- Please contact the Nebraska TB Program Manager, for questions. The phone is (402) 471-1372.

Sexually Transmitted Diseases

- Sexually transmitted disease (STD) testing will be provided by the Nebraska Infertility Prevention Project (IPP).
- Contact the coordinator of the IPP 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 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.

6. 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. *Please note Nebraska does not license medical interpreters, it will be up to the clinic to decide if an interpreter is qualified.*

7. 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 D for the release of information that must be completed for each refugee who needs referrals.

8. 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.

   - 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 referring health care providers must be informed of the results of the initial health screening (See Attachment E). 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 must be billed to Medicaid.

9. Refugees will be encouraged to complete their vaccinations at the site where the initial health exam occurred.

10. If the refugee is between 90 days of arrival and 8 months for all refugees (including Iraqis) or 6 months for Afghan refugees, vaccines may be started at the clinical site. Once the refugee is at the end of their qualifying period of 6 or 8 months, the refugee vaccination cannot bill RMA (this is for refugees who initially seek care initially after 90 days.)

11. The clinic will have a civil surgeon on staff to sign USCIS Form I-693 for verification of vaccinations (for adjustment of status at 1 year). This is included in the package rate. Health departments may utilize a blanket waiver as long as the physician on staff meets the civil surgeon requirements. For refugees who arrived in the U.S. **without** a Class A condition, **only immunizations*** need to be reviewed and updated. This service is included as part of the refugee health assessment screening.

    - The USCIS Form I-693 (updated as of May 1, 2008) 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:

        a. Part 1: Information about you
        b. Part 2: Section 5. Vaccinations
        c. Part 5: Civil surgeon's certification
        OR
        d. Part 6: Health department's identifying information

    - 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, thus the contractor is not responsible for completing the required medical exam section of USCIS form 693.
    - 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.

    Question and Answers about Civil Surgeons
    http://www.health.state.mn.us/divs/idepc/refugee/guide/civilsurgfaq.pdf

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

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

    - 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.
    - Records are the property of the provider agency. However, information pertaining to Refugee Health Screening Program surveillance requirements must be accessible to Nebraska DHHS.
    - Please submit the quarterly Quality Assurance form (Attachment C) once a quarter (due March 30, June 30th, September 30th, and December 31st). Please send via mail, fax, or secure email.

14. Maintain adequate staffing and systems for fiscal accounting and program billing.

IV. RESPONSIBILITY OF THE STATE -- Nebraska DHHS Refugee Health Program

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 and C).

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

6. Pay the health screening providers a package rate of $539 for a completed health assessment screening when completed within the 90 days of arrival. For the health screening completed outside of first 90 days of arrival, Medicaid will be the first payer, Nebraska DHHS will pay for non covered Medicaid services that are required as part of Attachment A. Nebraska DHHS RMA will reimburse for service at current Medicaid rates for services (Attachment B) and vaccinations per Attachment B set by DHHS Refugee Health Program.

7. Notify the health screening providers immediately when a problem arises regarding the performance of duties as specified in the agreement.

V. NEBRASKA REFUGEE HEALTH ASSESSMENT GUIDELINES AND INSTRUCTIONS

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).

All individuals who receive health screening after 90 days of their arrival must bill through Nebraska Medicaid first. Initial refugee health screening components (Attachment B) not covered by Nebraska Medicaid will be covered by RMA funds when the initial health screening is over 90 days but less than 8 months from the refugee's initial arrival day (6 months for Afghan refugees)—see Attachment B. Please note the reimbursement for refugees arrived after 90 days- 8 months (6 months for Afghan refugees) may not exceed $539. If appropriate adult vaccinations are unable to be given due to cost, please refer the refugee to the local county health department vaccine program.

Overseas Medical Document Review

The purpose of this section 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

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.

Instructions For the Refugee Health Assessment Screening Form

Print/Type all information clearly.

SECTION I: Refugee Personal and Demographic Information (Nebraska Refugee Health Assessment Screening Form, Attachment E, 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 or 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)**

Social Security: Please document first three digits of the refugee's social security number **(REQUIRED)**

TB Class A or B: Please note if a refugee is Class A (HIV, mental illness) or has a Class 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.

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: Record in the format of 20/20. Use Snellen Eye Chart. Mark referral if patient wears glasses or has poor vision.

Hearing-Whisper Test: Whisper in the patient's ear. If patient has difficulty with hearing or wears hearing aids please mark within normal limits or referral.

Screening Tests

TB Skin Test: Tuberculosis (TB)

- Perform a tuberculin skin test (TST) for all individuals regardless of BCG history, unless documented previous test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. 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 TST result
- A chest x-ray should also be performed regardless of TST results for:
    1. Those with a TB Class A or B designation from overseas exam, and/or
    2. Those with symptoms compatible with TB disease.
- Quantiferon is not part of the Nebraska Refugee Health Screening, but is noted on the screening form in case it is done (Medicaid does reimburse in certain instances).
- Complete the Treatment start date if Isoniazid is stated. **(Required)**

The "TB Follow-Up Worksheet" will be completed and returned to the local health department TB nurse when the initial health assessment is completed for all Class B TB arrivals. This worksheet data is submitted to CDC. ***It is both important and required to complete the form.***

For Omaha, please return to:
Douglas County Health Department:
Phone: 402-444-4049
Fax: 402-444-3287

For Lincoln, please return to:
Lincoln Lancaster County Health Department
Phone: 402-441-6214
Fax: 402-441-6205

STDs: Sexually Transmitted Diseases:

- Screen for syphilis for ages 12 and above using RPR. **(REQUIRED)**
- If you suspect syphilis in a patient younger than 12, providers may run a RPR based upon their health history, risk factors or abnormal exam.
- If the RPR is positive, please refer to Douglas County STD Clinic or Lincoln/Lancaster County STD Clinic for evaluation and treatment.
- 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.

- HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
  - Test all patients ages 13 to 64 years of age. **(REQURIED)**
  - Test other patients that fall outside of this range based upon history, risk factors, or abnormal exam.

Pregnancy:

- Complete a urine pregnancy test for all females of childbearing age. **(REQUIRED)**

Hepatitis Screening: A, B, and C

- Determine Hepatitis A, B and C infection status for all refugees –adults and children– with the following five serologic tests:
  1. Hepatitis A IgM antibodies
  2. HBsAg (hepatitis B surface antigen)
  3. HBsHBcAb-IgM (Hepatitis B IgM core antibody)
  4. HBsAb (Hepatitis, B surface antibody)
  5. and (HC Ab)Hepatitis C Antibodies. Please do all screening tests for all refugees (children and adults) **(REQUIRED)**

Intestinal Parasite Screening:

- Do screening based upon CDC recommendations.
- Instruct all refugees to submit two stool specimens obtained more than 24 hours apart.
- Provide detailed instruction about specimen collection and give kits to patients.
- Draw a CBC with differential to evaluate for eosinophilia. The existence of a tissue invasive parasite must be considered in patients with eosinophilia. **(REQUIRED)**

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.

CBC with Differential: Complete Blood Count

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

Malaria:

- 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.

Extended Lab 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.
- 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)**

Complete Metabolic Profile: (CMP)
- Screen based upon signs, symptoms or comorbities based upon the provider's discretion.

Lipid Panel: Suggested recommendations (includes total cholesterol, lipoprotein, direct measurement, high density cholesterol and triglycerides)
- Screen men age 35 and older and women age 45 years and older.
- Screen men ages 20 to 35 years and women 20 to 45 years of age if they have increased risk for coronary heart disease (diabetes, tobacco use, hypertension, family history of cardiovascular disease in male relative or age 60 in female relatives).
- Providers may screen upon their discretion.

Occult Blood Stool:
- All refugees age 50 and older may be offered this screening test at the provider's discretion.

Sickle Cell Disease:
- Screen with the lab test hemoglobin electrophoresesis.
- Screen patients that are from certain parts of Africa (west and central), India, Middle East, and the Mediterranean Basin.
- Providers may screen upon their discretion.

Referrals:
- **Please note any referrals made.**

SECTION II: Core Health Screening (Nebraska Refugee Health Assessment Screening Form 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 E-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 E – 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.

Other

Dental Exam:

- Please look inside patient's mouth and note any dental complaints. Please mark appropriate box. The teeth diagram is optional for the provider to mark for any problem areas. **(REQUIRED**

IMMUNIZATION STATUS (REQUIRED)

NESIIS: Nebraska State Information Immunization Information System

The purpose of this **required** section is 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 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. Varicella will not be covered for refugee adults.
- Give all refugees a childhood and/or adult vaccination booklet, with completed documentation of past and the Refugee Health Screening vaccinations.
- 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 clinic will document in NESIIS if the refugee is unable to complete the series.

For adult refugees that are seen between 90 days of arrival -8 months (6 months for Afghan refugees), vaccines will be covered until the end of their qualifying period (8 months or 6 months for Afghan refugees), not to exceed $539 which includes their health exam. Vaccines will be billed per Attachment B. The administration fee has been included in each vaccination.

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

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

To ensure continuity of health care, all refugees must be referred to a primary care provider. Providers must refer refugees to a primary care provider either at the provider's site or elsewhere.

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.

Other Referrals

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

Authorization For The Release And Use Of Information

The purpose of this section is to facilitate HIPAA compliance. This 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.

Attachment A

Nebraska Refugee Health Screening Billing Form
(For arrivals within first 90 days)

Name _____ Date of Birth_____

Date initial health screen started _____ Date completed_____

Clinical Site (circle one)

Creighton Florence Clinic

Lincoln-Lancaster County Health Department

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

☐ Health Screening completed _____
(date)

☐ Immunizations initiated _____
(date)

If these two boxes are checked – bill $458

☐ Immunizations completed _____
(date)

If this box is checked within time limits - bill remainder of $81

_____
(Signature & Title)

Attachment B

Nebraska Refugee Health Screening Billing Form for Refugees Outside of 90 days of arrival through 8 months of arrival

Patient Name _____ Date of Birth _____

A# _____ Provider _____

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

Service	Medicaid Code	Reimbursement Rate	Date of Service	Date Reimbursed
Preventative Health Visit Age 18-39	99385	$127.08		
Preventative Health Visit Age 40-64	99386	$131.97		
Preventative Health Visit Age 65 and older	99387	$92.87		
Tuberculin Skin Test	86580	$18.76		
Chest X-Ray	71020	$30.34		
Syphilis RPR	86592	$5.73		
HIV	86703	$9.35		
Hepatitis Panel		$59.46		
Stool for Ova and Parasites	87177	$12.43	#1_____ #2_____	#1_____ #2_____
CBC with Differential	85025	$6.50		
Malaria Smear	86750	$18.43	#1_____ #2_____	#1_____ #2_____
Urinalysis	81000	$4.43		
Fasting Blood Glucose	82947	$5.48		
Complete Metabolic Profile	80053	$14.77		
Lipid Panel	80061	$18.72		
Occult Blood Stool	82270	$3.82		
Hemoglobin Fractionation and Quantitation Electrophoreseis	83020	$17.99		

(Attachment B continued)

Patient Name_____ Date of Birth_____

A# _____ Provider_____

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

Administration fees have been included in each vaccination cost

Tetatnus Diptheria (TD)		$24 per injection	#1_____ #2_____	#1_____ #2_____
Tetanus Diptheria and Pertussis (Tdap)		$40		
Human Papilloma Virus (HPV)		$130	#1_____ #2_____ #3_____	#1_____ #2_____
Measles, Mumps, Rubella		$51		
Influenza		$20		
Pneumococcal		$40		
Hepatitis A		$25	#1_____ #2_____	#1_____ #2_____
Hepatitis B		$40	#1_____ #2_____ #3_____	#1_____ #2_____ #3_____
Meningococcal		$97		
Herpes Zoster		$157		
Medical Interpretation (2 hour maximum		$22.50/hour	1st hour_____ 2nd hour_____	1st hour_____ 2nd hour_____
Civil Surgeon Adjustment of Status Signature		$25		

Attachment C

Quarterly Refugee Health Screening Site Quality Assurance

Clinical Site (Circle One)

Creighton Florence Clinic

Lincoln-Lancaster County Health Department

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

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

3. How many refugees were served in the last quarter in your clinic?

4. How many refugees are in the process of completing their health exam for the current quarter?

5. How many refugees lost contact with you and you were unable to complete follow-up within the last quarter?

_____ (Signature & Title)

_____ (Date Submitted)

Nebraska Department of Health
and Human Services

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.

Client Name (Last, First, M.I.)		Date of Birth
Social Security Number	Case/ Chart Number	Period Covered Admission of:
Information will be disclosed to: (Name, Address, City, State, Zip) The information to be released pursuant to this authorization is limited to records/information from or in the possession of the following:		Reason for Disclosure: ___Eligibility Determination ___Request of Subject Individual ___Insurance Claim ___Legal Purposes ___Consultation and/or Treatment Planning ___Other (Please Specify) _____

Specific Information to be disclosed:

_____ Medications
_____ Progress Notes
_____ Diagnosis
_____ Psychiatric History & Treatment
_____ Psychological Evaluation & Treatment
_____ Social History
_____ Drug/Alcohol Information
_____ History & Physical Examination
_____ Laboratory
_____ Discharge Summary
_____ Aftercare Referral Form
_____ HIV Information
_____ Other (be specific)_____

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.

_____

Client's Signature Date

_____

Personal Representative (☐ Parent, ☐ Guardian, ☐ Power of Attorney) Date

_____

Witness's Signature Date

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 E -- 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: _____ Alien Number: _____

U.S. Arrival Date (Month, Day, Year): _____ Secondary Migrant: ☐ Yes ☐ No

Social Security (first 3 digits) _____

TB class A or B status _____

Site: ☐ Creighton --Florence Clinic

☐ Lincoln-Lancaster Health Dept.

Overseas Medical Document Review: ☐ Yes ☐ Not available

Allergies: _____

Interpreter used: _____ Language Spoken: _____

Blood Pressure: _____ Temperature: _____ °C Pulse: _____

Height: _____ inch Weight: _____lbs Body Mass Index: _____

Head Circumference: _____ (cm)

Visual Snellen: L_____ R_____ Both_____ Hearing/Whisper Test: ☐ Within Normal Limits ☐ Referral

Tuberculosis Screening-If Class B please complete "TB Follow-Up Worksheet"

Tuberculin Skin Test:

___ mm induration

☐ Past history of positive TST

☐ Given, Not Read

☐ Declined Test

☐ Not Done

Chest X-Ray:

☐ Normal

☐ Abnormal, stable, old or healed TB

☐ Abnormal, Cavitary

☐ Abnormal, Non-Cavitary, Consistent with active TB

☐ Abnormal, not consistent with Active TB

☐ Pending

Diagnosis:

☐ No TB infection or disease

☐ Latent TB infection (LTBI)

☐ Old, healed, no prev. Tx TB

☐ Old healed, prev Tx TB

☐ Active TB disease (suspected or confirmed)

☐ Pending

☐ Incomplete eval., lost to F/U

Quantiferon:

☐ Positive

☐ Negative

☐ Indeterminate

☐ Not done

Treatment: Start Date: _____ ☐ Completed Treatment overseas ☐ Declined Treatment

☐ Medically Contraindicated ☐ Moved out of NE ☐ Lost to F/U ☐ Further Eval Pending

☐ Other: _____

Sexually Transmitted Diseases:

1. Syphilis (RPR) ☐ Non-Reactive ☐ Reactive ☐ Referred to STD Clinic ☐ Results Pending
2. Gonorrhea ☐ Negative ☐ Positive ☐ Treatment Date: _____ ☐ Results Pending
3. Chlamydia ☐ Negative ☐ Positive ☐ Treatment Date: _____ ☐ Results Pending
4. HIV/AIDS ☐ Negative ☐ Positive, referred to specialist? ☐ Yes ☐ No

   Pregnant: ☐ Yes ☐ No

Hepatitis Screening:

1. Anti-HAV ☐ Negative ☐ Positive ☐ Indeterminate ☐ Results Pending
2. HBsAg ☐ Negative ☐ Positive ☐ Indeterminate ☐ Results Pending
3. anti-HBc ☐ Negative ☐ Positive ☐ Indeterminate ☐ Results Pending
4. anti-HBs ☐ Negative ☐ Positive ☐ Indeterminate ☐ Results Pending

Name (Last, First, Middle): _____ Alien Number: _____

5. anti-HCV ☐ Negative ☐ Positive ☐ Indeterminate ☐ Results Pending

Intestinal Parasite Screening:

1. Was screening for parasites done (check one)
   - ☐ Not Screened for Parasites
   - ☐ Screened, Results Pending
   - ☐ Screened, No Parasites found

Please Check Parasite Identified:

☐ Ascarsis ☐ Clonorchis ☐ Entamoeba histolytica ☐ Giardia ☐ Hookworm ☐ Paragonimus
☐ Schistosoma ☐ Strongyloides Trichuris **Other:** _____

CBC with Differential done? ☐ **Yes** ☐ **No**
If yes, was eosinophilia present ☐ **Yes** ☐ **No** ☐ **Results Pending**
Hemoglobin _____ **Hematocrit** _____

Malaria Screening:

☐ Not Screened for Malaria (No symptoms, history no suspicious of malaria, not from SubSahara Africa)
☐ 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 _____

Extended Services - Lab

Lead Screening: (children 6 months-16 years) Serum Lead Level: _____
Urinalysis: (Over age 4 ☐)
☐ Within Normal Limits ☐ Incomplete
Blood _____ Glucose _____
Protein _____ Ketones _____ Leukocytes_____
Fasting Blood Glucose: _____

Complete Metabolic Profile:
☐ Completed ☐ Abnormal _____ ☐ Not applicable
Lipid Panel:
☐ Completed ☐ Abnormal _____ ☐ Not applicable
Occult Blood Stool:
☐ Positive ☐ Negative ☐ Not applicable
Sickle Cell Testing: ☐ Completed ☐ Abnormal _____ ☐ Not applicable

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	☐ Other Referral _____	

II. Core Health Screening Name (Last, First, Middle): _____ Alien Number: _____

Medical History

HEAD/ EYES		HEADACHES/INJURIES SURGERY // VISUAL LOSS DIPLOPIA DRAINAGE INFLAMATION PHOTOPHOBIA GLASSES TRAUMA
ENT		PAIN DRAINAGE DEAFNESS TINITUS VERTIGO // DISCHARGE OBSTRUCTION EPISTAXIS/ SORE THROAT HORSENESS VOICE CHANGES
RESP		DYSPNEA COUGH SPUTUM WHEEZING PNEUMONIA CONGESTION PAIN
CV		CP PALPITATIONS DOE PND ORTHOPNEA EDEMA MURMURS HTN CLAUDICATION CYNANOSIS
GI		WT CHANGES APPETITE CHANGES DYSPHAGIA N/V DIARRHEA CONSTIPATION HEMATEMESIS HEMATOCHEZIA MELENA BOWEL CHANGES PAIN
GU/ GYN		DYSURIA FREQUENCY URGENCY HEMATURIA NOCTURIA STONES INFXNS PROSTATE DISEASE BLEEDING ABNORMALITIES DYSMENORRHEA STD's BREAST DISEASE - DISCHARGE / LMP
MS		ARTHRITIS FRACTURES PAIN WEAKNESS STIFFNESS ATROPHY
NEURO/ PSYCH		SYNOCOPE SEIZURES WEAKNESS TREMORS NUMBNESS PAIN MEMORY LOSS INCOORDINATION PARASTHESIAS LABILE MOOD DEPRESSION ANXIETY HALLUCIANTIONS DELUSIONS SLEEP DISTURBANCE
SKIN/ ENDO		RASHES PRURITUS, BRUISING, LESIONS COLOR CHANGES, DECUBITUS ULCER, GROWTH & DEVELOPMENT PROB. TEMP. SENSITIVITY APPETITE & WT. CHANGES POLYURIA POLYDIPSIA POLYPHAGIA LOCATION: _____

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		TM'S NL CANALS CLEAR NASAL MUCOS / SEPTUM / TURBES NL MASSES NEG SINUS 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/PEDAL PULSES-ADEO EXT'S WITHOUT EDEMA/VARICOSITIES/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/SPENOMEG NEG HERNIA NEG NEG//MASSES/LESIONS NEG GUAIAC NEG TONE NL
GU		M – PROS / TESTES– MASSES / LESIONS – NODULES / NEG SYMMETRIC PENIS / SCROTUM – LESIONS / RASHES / DC NEG F – VAG / EXT GENT – LESIONS / CYST / RECTOCELE NEG BLAD / URETH – MASS / TENDER NEG CX / UT / ADNEXA – LESIONS /PC / TENDER NEG SEIZE / POSITION / SUPP CONSISTENCY 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 / RHOMBERG 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 / TRUCNK / EXT-RASHES / LESIONS / ULCERS NEG JAUNDICE NEG CYANOSIS NEG // NECK / AXILLAE / GROIN – ADENOPATHY NEG

COMMENTS: _____

_____

_____

Name (Last, First, Middle): _____ Alien Number: _____

COMMENTS CONTINUED:

_____

_____

_____

Dental History

- ☐ Regular Dental Care
- ☐ X-Rays
- ☐ Missing Teeth
- ☐ Under Doctor's Care
- ☐ Gums bleed when brushing
- ☐ Gums bleed when flossing
- ☐ Sensitive to hot/cold
- ☐ Never been to Dentist
- ☐ Wears bridge
- ☐ Wears partial
- ☐ Dentures

Comments: _____

_____

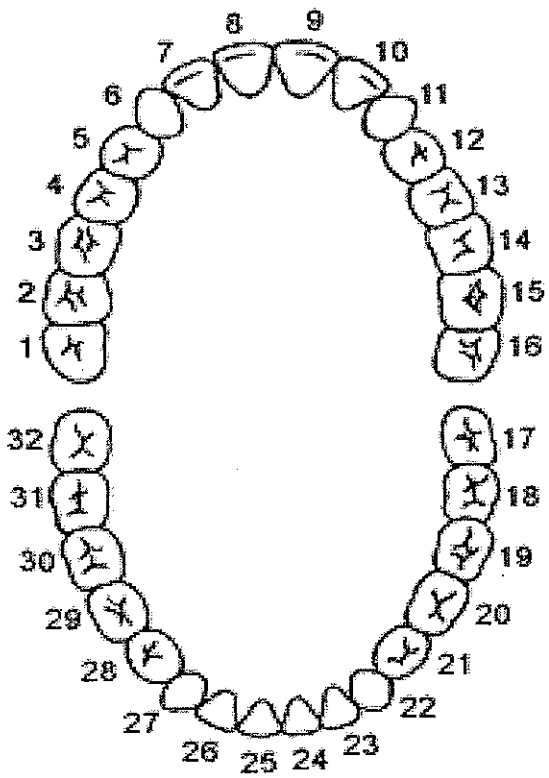
_____

(Optional)

Mounting Chart

1. **3rd Molar (wisdom tooth)**
2. **2nd Molar (12-yr molar)**
3. **1st Molar (6-yr molar)**
4. **2nd Bicuspid (2nd premolar)**
5. **1st Bicuspid (1st premolar)**
6. **Cuspid (canine/eye tooth)**
7. **Lateral incisor**
8. **Central incisor**
9. **Central incisor**
10. **Lateral incisor**
11. **Cuspid (canine/eye tooth)**
12. **1st Bicuspid (1st premolar)**
13. **2nd Bicuspid (2nd premolar)**
14. **1st Molar (6-yr molar)**
15. **2nd Molar (12-yr molar)**
16. **3rd Molar (wisdom tooth)**
17. **3rd Molar (wisdom tooth)**
18. **2nd Molar (12-yr molar)**
19. **1st Molar (6-yr molar)**
20. **2nd Bicuspid (2nd premolar)**
21. **1st Bicuspid (1st premolar)**
22. **Cuspid (canine/eye tooth)**
23. **Lateral incisor**
24. **Central incisor**
25. **Central incisor**
26. **Lateral incisor**
27. **Cuspid (canine/eye tooth)**
28. **1st Bicuspid (1st premolar)**
29. **2nd Bicuspid (2nd premolar)**
30. **1st Molar (6-yr molar)**
31. **2nd Molar (12-yr molar)**
32. **3rd Molar (wisdom tooth)**

Permanent Teeth Chart



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

21

DIRECTOR'S OFFICE

JUL 30 2009

Introduce: 7-13-09

DEPT OF HEALTH & HUMAN SERVICES

09R-119

RESOLUTION NO. A-85442

BE IT RESOLVED by the City Council of the City of Lincoln, Nebraska:

That the Agreement between the Lincoln-Lancaster County Health Department and the Nebraska Department of Health and Human Services Division of Children and Family Services whereby the Health Department will provide direct medical services in the form of health screening and vaccinations to refugees for the period of October 1, 2008 to September 30, 2010, a copy of which is attached hereto, marked as Attachment "A" and made a part hereof by reference, is hereby ratified and approved and the Mayor is authorized to execute said Agreement on behalf of the City.

BE IT FURTHER RESOLVED that Resolution No. A-85162 adopted by the City Council on December 8, 2008, which approved the previous Agreement with the Nebraska Department of Health and Human Services for health screening and vaccinations to refugees, is hereby repealed and rescinded.

The City Clerk is directed to transmit one fully executed original Agreement to the to the Lincoln-Lancaster County Health Department for transmittal to Todd L. Reckling, Director, Division of Children and Family Services, Department of Health and Human Services.

Introduced by:

AYES: Camp, Carroll, Cook, Emery, Hornung, Snyder, Spatz;
NAYS: None.

Approved as to Form & Legality:

City Attorney

Approved this 23rd day of July, 2009:

Mayor

ADOPTED

JUL 20 2009

BY CITY COUNCIL