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Nebraska Refugee Health Program

NEBRASKA REFUGEE HEALTH SCREENING PROCEDURES

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.

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

1. Overseas Visa Medical Examination

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

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

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

2. Domestic Health Screening

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

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

II. NEBRASKA REFUGEE HEALTH SCREENING PROCESS

1. Refugees enter the U.S. through the Quarantine Station/Centers for Disease Control (CDC) and Prevention.
   ↓
2. CDC notifies the Nebraska Department of Health and Human Services or the refugee health clinic or local health department through the Electronic Disease Notification (EDN) when a refugee initially resettles in Nebraska.
   ↓
3. The Nebraska Refugee Health Program or local health clinic or local health department reviews the refugee health record accessed from EDN before the initial appointment with the health care provider.
   ↓
4. If the refugee is classified with a TB Class B condition, the local health department is notified regarding the Class B status via EDN. If the refugee is listed as being HIV positive, then the clinic should notify the local health department or state HIV Surveillance area.
   ↓

5. Primary health care providers or local county health department clinic perform initial Nebraska Initial Refugee Health Assessment.
   ↓
6. The primary health care clinic or local county health department submits completed assessment and reporting forms to Nebraska Department of Health and Human Services.
   ↓
7. Nebraska Department of Health and Human Services or local refugee clinic or local health department submits TB follow up information to CDC via EDN.
   ↓
8. Nebraska Department of Health and Human Services reviews data on forms for quality assurance.

III. ELIGIBILITY FOR HEALTH SCREENING PROGRAM

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

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

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

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

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

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

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

f) Certain Amerasians from Vietnam.

SECONDARY MIGRANTS:

Providers must verify the eligibility of secondary migrants. The provider should also verify through EDN or contact the State the secondary migrant originally arrived in to determine what services were received in the original state of arrival. Secondary migrants (including asylees, Cuban/Haitian entrants) are only eligible for the health screening package if they are within 90 days of arrival, did not complete a health screening in their state of arrival, the health screening can be completed within 90 days of their U.S. arrival, and the Contractor has the capacity to serve them. It is expected the clinic will verify a previous health screening before providing a health screening.

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

Those secondary migrants that arrived in Nebraska too late to complete the health screening within the 90 day arrival time frame and are not eligible for vaccinations through Medicaid, Medicaid Managed Care or the Vaccine for Children's Program, are eligible to receive the vaccinations outlined in Attachment E. These services will be reimbursed on a fee for service basis not the package rate. These refugees are eligible to receive vaccinations during the period of 90 days to 12 months from the date of arrival.

IV. HEALTH SCREENING SERVICES:

1. **Health Screening:** For those refugees newly resettled in Nebraska a health screening will be provided under the 90 day package rate plan. (See pages 9-18)
2. **Vaccinations (Adults 19+ only):**
   - **A. Package Rate:**
     - All adult refugees newly resettled in Nebraska are eligible for the package rate during their first 90 days in the U.S.
     - **Vaccines covered under the 90 day package rate include Hepatitis B (1 dose) Hepatitis A (1 dose), Tdap or TD (1 dose), Flu (1 dose only during flu season), MMR (1 dose).**
     - Vaccinations provided in the package rate must be purchased in the first 90 days. They should never be charged to Medicaid Managed Care or Package Plus.
   - B. **Package Plus:**
     - Only available for adult refugees that received the Package Rate and
       - Are not eligible for the Medicaid Managed Care Program or
       - Medicaid Managed Care does not reimburse for the vaccination.
     - When indicated, the following may be given: varicella- 2 doses, meningococcal-2 doses, Pneumococcal-1 dose Zoster-1 dose, Tetanus-2 doses, Hepatitis A-2 doses, and Hepatitis B-2 doses. If the refugee did not receive a Flu vaccination under the Package Rate, 1 dose may be provided under Package Plus.
     - Allows vaccinations to be completed up to 12 months from the refugee's date of arrival per ORR State Letter 99-17.
     - In the instance where ACIP guidelines (with the exception of Human Papilloma Virus vaccine) are facing Medicaid Managed Care denials, please use Package Plus Itemized Statement billing up to 12 months from the refugee's date of arrival.
   - **C. Vaccinations Only:**
     - May be provided for adult refugees and other eligible populations who:
       - Have not started refugee medical health screening services elsewhere in Nebraska (providers must confirm with the refugee that they have not started the health screening at another location); and

- Have not been in the U.S. for more than 12 months from their date of arrival. and
- Are not eligible for Medicaid managed care. (In most cases, refugees eligible for Medicaid managed care should be referred to a Medicaid Managed Care provider for vaccinations.) or
- Medicaid Managed Care refuses to reimburse for the vaccination.

- Does not cover Varicella titres It is expected the provider will ask the patient if he or she has had varicella in the past and utilize their medical judgment if varicella vaccine is needed
- Reimbursement up to the identified contract rate will be made based on the vaccination rates found in Attachment E. Medical Interpretation is not reimbursed for the vaccine only refugees.

D. Refugees eligible for Managed Care:

- Vaccinations not included in the package rate provided to refugees eligible for Medicaid Managed Care should be billed to Medicaid Managed Care. (other ACIP guideline vaccinations and vaccinations not listed below*).

IV. RESPONSIBILITIES OF REFUGEE HEALTH SCREENING PROVIDERS

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

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

2. Comply with the Nebraska Refugee Health Assessment Guidelines.

3. 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, Meningococcal, and Pneumococcal immunizations). HPV is not covered for adult males and females.

4. Document all vaccinations given in NESIIS.

5. Refer refugee patients with medical situations in a timely matter in the rare occurrence that the clinic is facing undue hardship and unable to see refugee patients within 30 days of arrival.

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

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

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

9. Complete the Health Screening Assessment (Attachment D) for each refugee, collect data on services provided and submit the information to the Refugee Health Coordinator.

10. Verify that only those secondary migrants that did not receive a health screening in their original state of arrival and are within 90 days of arrival receive a health screening and the package rate.

11. Conduct oversight to assure that the agency is not billing Medicaid or any other source for the same refugee service as provided in the refugee health screening protocol.

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

13. Ensure staff is trained on the Health Screening Procedures and on billing requirements for the program.

14. Partner with the referring Voluntary Agency (VOLAG) and verify each individual's eligibility. (See: "II Eligibility for the Health Screening Program.")

15. Conduct the entire health screening assessment 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 Nebraska Refugee Health Screening Instructions for more details. Refugees may not start screening at one site and finish at another location. Screening sites are the Alegent-Creighton Florence Residency Clinic in Omaha and the Lincoln Lancaster County Health Department in Lincoln. The Central District Health Department in Grand Island provides vaccines only for 90 day-8 month arrivals that are not eligible for Medicaid Managed Care.

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

17. Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule.

18. 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).

19. Utilize the "Vaccines for Children Program" for all children 18 and under who need vaccines.

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

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

22. 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 C for the release of information that must be completed for each refugee who needs referrals.

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

24. 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.

25. Sign USCIS Form I-693 for verification of vaccinations (for adjustment of status at 1 year). This is included in the package rate of arrivals within 90 days of arrival. Civil Surgeon signature or approved Health department blanket waiver is required. This service is included as part of the refugee health assessment screening. (Please note asylees, parolees, and SIVs may not receive the civil surgeon signature under this program as they need a full medical exam which is outside the scope of this program.)

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

27. 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 B) once a trimester (due February 15th, June15th, and October 15th). Please send via mail, fax, or secure email.

VI. RESPONSIBILITIES OF THE STATE

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

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

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

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

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

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

6. Reimburse contractors for services provided.

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

VII. REPORTS AND BILLING

1. Reports

The Contractor will provide trimester reports containing:

- The number of refugees completing the health screening in 30 days from arrival.
- The number of refugees completing the health screening 31-90 days from arrival
- The number of refugees not screened in 90 days
- The number of refugees receiving the Civil Surgeon's signature
- Reasons for refugees not being screened
- Number of adult refugees referred to primary care, mental health services, dental care, vision care, and disability services
- Number of refugees with High Public Concern Services (i.e. infectious diseases, HIV, suicide, etc.)
- Number of children (under 18 referred to primary care:
- List of top five health issues for all referrals (adults and children)

Reports will be submitted according to the following schedule:

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

2. Billing

It is expected billing will occur on at least a quarterly basis. Clinics must utilize approved Spreadsheets for the adult 90 day package rate, child 90 day package rate, 90 day- 8 month vaccination (No Medicaid managed care), or Package plus itemized vaccination completion (singles adults and childless couples completing vaccines with no Medicaid Managed Care). Health billing may occur more frequently if the clinic prefers to do so. If the site is just doing vaccinations, the above timetables would be the same utilizing the excel spreadsheets.

3. Reimbursement

Providers will receive rates as described in the contract for refugees screened within 90 days of entry into the U.S.

1. The domestic health assessment should be initiated within 30 days of the refugee's entry into the U.S. and completed within 90 days of arrival. (An asylee's entry date is the date the asylee is granted asylum in the U.S.)
2. On a case by case basis, with the approval of the Refugee Health Coordinator, it may be possible to complete a health screening beyond the 90 day arrival period.
3. For adults, the package rates should be billed in full once the physical exam has been completed. 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. Children 18 years and younger should be billed the full rate at the completion of the physical exam. Contractors should bill Medicaid for a well child visit as this is no longer covered in the child package rate. Children 18 years and younger are covered under the Vaccines For Children Program (VFC) for vaccinations.
5. If the contractors discovers that a child has received a preventive health visit at another clinic before the formalized refugee health exam, please notify the state refugee health coordinator. Reimbursement will be made using current Medicaid rates for a preventive office visit.
6. If an adult patient or child patient has labs drawn, but fails to return for the health screening, providers should
    - Try to contact the patient to return for the physical as soon as possible
    - If patient does not return, current Medicaid reimbursement rates will be paid. Half of interpretation costs ($25) and administration costs will be paid ($35).
7. Fee for service (90 days to 8 month arrivals and Package Plus) will be paid upon receipt of billing.
8. **Utilize "The Vaccines for Children Program" for vaccinations for all children**.

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

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

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

Send via secure email using updated Excel billing spreadsheets.

VIII. NEBRASKA REFUGEE HEALTH SCREENING GUIDELINES

Eligible Applicants

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

Coordination

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

If clinics encounter problems with the VOLAGS such as no show clients, or refugees not completing their initial health screening, they should notify the state refugee health coordinator. It is a requirement of the VOLAG to ensure the refugee completes the health screening.

Referrals:

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 D). It will be up to the provider to utilize their own release of information form to transfer health records between other health care providers.

Follow-up care may be provided by the provider performing the initial health screening but must be billed to Medicaid. Treatment and follow-up are not included, however, if a refugee tests positive for Chlamydia or Gonorrhea, treatment may be offered at the discretion of the Nebraska Infertility Prevention Project (IPP) which offers treatment (Ceftriaxone and Azithromycin). Treatment is available to providers for Isoniazid and Vitamin B6 at no cost to patients through the State TB Program

Psychological Trauma of Refugees

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

Overseas Medical Document Review

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

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

If available, review:

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

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

What if overseas records are not available?

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

- ***Records are available but the refugee forgot to bring them.*** In this situation, ask the refugee if he/she can bring the records to the next visit. Make it very clear to the refugee that it is very important for the purpose of the health assessment to review these

records. In this case, proceed with the health screening assessment. Providers may want to defer immunizations to the next visit.

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

Infectious Diseases

Tuberculosis

- The Nebraska Refugee Program encourages clinics to 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 that has a physician or physician assistant 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) 471-6441.
- If the provider would like to do the 12 week regiment of INH and Rifapentine, it is recommended to be done by directly observed therapy with frequent monitoring of patients. This medication regimen is not available by DHHS TB Program.

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.

IX. Instructions For the Refugee Health Assessment and Completion of Screening Form (*Print/Type all information clearly.)*

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

Sex: Mark Male or Female **(REQUIRED)**

TB Class A or B: Please note if a refugee is Class A 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: Mark referral if patient wears glasses or has poor vision. May use Snellen Eye Chart at provider's discretion, but is not required. May use alternative vision charts to assist with LEP populations. **Hearing-Whisper Test:** Whisper in the patient's ear. If there is no difficulty, mark Within Normal Limits. If patient has difficulty with hearing or wears hearing aids please mark referral.

Screening Tests

TB Skin Test: Tuberculosis (TB)

- Perform an interferon gamma release assay for refugees age five and older. Perform a tuberculin skin test (TST) for individuals younger than age five regardless of BCG history, unless documented previous test. Pregnancy is not a medical contraindication for TB testing or follow up. TST administered prior to 6 months of age may yield false negative results.
- A chest x-ray should be performed for all individuals with a positive interferon gamma release assay or TST result
- A chest x-ray should also be performed regardless of interferon gamma release assay results or TST results for:
    1. Those with a TB Class A or B designation from overseas exam, and/or
    2. Those who have symptoms compatible with TB disease.
- If an indeterminate result is found on the interferon gamma release assay or the TST is just below the cutoff for a positive result, please refer the refugee to be rescreened in 8 weeks. The rescreening process is outside the scope of payment for the refugee health program. Complete the Treatment start date if Isoniazid is stated. **(Required)**

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

STDs: Sexually Transmitted Diseases:

- Screen for syphilis for age 15 and above using RPR. **(REQUIRED)**
- If you suspect syphilis in a patient younger than age 15, providers may run a RPR based upon their health history, risk factors or abnormal exam.
- If the RPR is positive, draw a FTA as a confirmatory test.
- If syphilis is suspected after the RPR or FTA is run, please refer to the county STD clinic or treat appropriately at your clinic. Bicillin LA is available at the state for no charge.
- Please use Nebraska Infertility Prevention Project Semi-STD testing account for Chlamydia and Gonorrhea urine testing. Please contact the Nebraska Infertility Prevention Project Coordinator, (402-471-3724) for questions on IPP on how to set up an account.
- HIV/AIDS: Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
    - **For children age 18 months and younger**, perform a HIV 1 RNA quantitative RT-PCR and HIV 2 RNA quantitative RT PCR
    - For children over 18 months through 18 years of age, perform a HIV 1 EIA and HIV 2 EIA

- EIA HIV 1 and HIV 2 EIA for adults 19 years of age and over, HIV rapid testing is encouraged. It is expected that HIV testing supplies will be purchased using RMA funds, instead of Nebraska DHHS Counseling and Testing HIV tests
- If mother's status has been identified during refugee health screening, provider may defer testing children 18 months and younger.

Pregnancy:

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

Hepatitis Screening:, B, (REQUIRED)

- Determine Hepatitis, B and infection status for all refugees –adults and children– with the following serologic tests:
    1. HBsAg (hepatitis B surface antigen)
    2. HBsHBcAb-IgM (Hepatitis B IgM core antibody)
    3. HBsAb (Hepatitis, B surface antibody)

Hepatitis C Testing (OPTIONAL)

- Perform Hepatitis C testing on patients with risk factors (tattoo history, blood transfusions, IV Drug User, mother has Hepatitis C or based upon provider's discretion) (HC Ab) Hepatitis C Antibodies.

Intestinal Parasite Screening: (OPTIONAL)

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

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

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

Strongyloidiasis Testing

-perform blood testing if refugee did not receive predeparture therapy. Predeparture therapy is Ivermectin. If someone did not receive Ivermectin overseas, the patient should be screened via blood. This includes testing all refugees if no Ivermectin was given overseas. See Attachment G. Providers may test at discretion if patient is symptomatic **(Optional)**

Schistosomiasis

-Individuals from Sub-Saharan who had contraindications to presumptive treatment at pre-departure that are not resolvable should be tested. For other populations, providers may test at discretion if patient is symptomatic. Please refer to Attachment G **(Optional)**

Please see http://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-overseas.pdf for more information about the treatment of parasites in refugees.

Varicella Titre

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

CBC with Differential: Complete Blood Count

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

Chem 8

- Screen everyone with a Chem 8 (may utilize Chem 14 but added costs would be deducted from administrative costs)

Malaria:

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

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

Lead Screening:

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

Urinalysis: Dipstick

- Ages 4 and up.
- Perform if patient is old enough to void a urine specimen.

- Do not perform if patient is unable to provide a clean catch sample (infants and toddlers).
- Please mark if the sample is within normal limits, has blood, protein, glucose, ketones or leukocytes. **(REQUIRED FOR PATIENTS WHO CAN VOID A CLEAN CATCH URINE SPECIMEN)**

Referrals:

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

SECTION II: Core Health Screening (Nebraska Refugee Health Assessment Screening Form 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 D-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 D – page 3) (REQUIRED)

Summarize and record data on significant past or current medical conditions or disabilities as well as preventive care such as immunizations and dental work. Document any relevant family history as completely as possible. A copy of the refugee health assessment must remain in the refugee's medical record at the clinical site.

Mark "0" if within normal limits, Mark with a check "✓" mark if abnormal or if problems are present.

Female and male reproductive health exams will not be covered under RMA. Please contact Every Woman Matters Program at (402) 471- 0929 for more information on well woman exams or refer to a Medicaid provider.

Other

Dental Exam:

- Please look inside patient's mouth and note any dental complaints. Please mark appropriate box. **(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, titre lab review and review all available related overseas documentations
- Document immunity based on exam, history or serologic testing (Per Nebraska Refugee Health Assessment Guidelines)
- Use the Nebraska State Information Immunization Information System (NESIIS) to document immunizations for all refugees.
- Initiate all necessary age-appropriate vaccines per the Advisory Committee on Immunization Practices (ACIP) adult and children vaccine schedules. Human Papilloma Quadrivalent vaccines will not be covered for refugee adults (males or females).
- 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 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

Most refugees lack transportation, therefore, it is advisable that appointments be made in proximity to the refugee's residence.

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

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

Other Referrals

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

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.

X. INSTRUCTIONS FOR COMPLETING USCIS FORM I-693

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

a. Part 1: Information about you
b. Part 4: Civil Surgeon's contact information, , signaturecertification (Health Department Stamp)
c. Part 7: 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.
- Refugees must meet vaccination requirements according to age-appropriate recommendations by the *Advisory Committee for Immunization Practices (ACIP)*. Because completion of a vaccine series often requires several months, applicants are required to complete at least one dose of each vaccine by the time of assessment for the I-693, and are encouraged to follow up with a primary health care provider to complete the series.

- Asylees, parolees, and SIVs are not included in this service due to the requirement a full exam must be completed in addition to vaccinations, which is outside the scope of this program.
- Not available for refugees who obtain services under attachment E, 90 day-8 month vaccine services. The civil surgeon signature is only for refugees who complete the health screening process within 90 days under the package rate.
- The clinic can provide civil surgeon signatures on vaccines up to 13 months after their original arrival date. After that time frame, the refugee is responsible for payment of a civil surgeon signature
- Vaccines for adults under this program are referenced on page 8-9.

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

Attachment A

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 lost contact with you and you were unable to complete follow-up within the last quarter and what were the reasons you were unable to complete the health screening (out-migrated, patient refused)?

4.

	Male	Female
Number of Refugees referred to		
Primary Care		
Mental Health Services		
Dental Care		
Vision Care		
Disability Services		
High Public Concern (infectious disease, HIV, suicide)		

	Male	Female
Number of Children Referred to Primary Care		

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

_____ _____

(Signature & Title) (Date Submitted)

Attachment B

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 C -- Nebraska Refugee Health Assessment Screening Form

Nebraska Refugee Health Assessment Screening Form

I. Refugee Personal and Demographic Information

Name (Last, First, Middle): _____ **Date of Birth**: _____

Arrival Status: Refugee Asylee Parolee Victim of Trafficking

Alien Number:_____

U.S. Arrival Date (Month, Day, Year): _____ **Health Exam Date**_____

Sex ☐ Male ☐Female **Secondary Migrant**: ☐ Yes ☐ No

TB class A or B status _____ **Country of Origin**_____

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_____ ☐ Referral ☐ Not Done

Hearing/Whisper Test: ☐ Within Normal Limits ☐ Referral

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

Tuberculin Skin Test:

___ mm induration

☐ Past history of positive TST

☐ Given, Not Read

☐ Declined Test

☐ Not Done

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. HIV/AIDS ☐ Negative ☐ Positive ☐ Indeterminate

(18 mos. and under)Children: HIV1/2 ☐Undetectable ☐DetectableCopies/mL__Log:___ ☐ Not Done
(mother's status known)

referred to specialist? ☐ Yes ☐ No

3. Gonorrhea ☐ Negative ☐ Positive ☐ Treatment Date: _____ ☐ Results Pending
4. Chlamydia ☐ Negative ☐ Positive ☐ Treatment Date: _____ ☐ Results Pending

Pregnant: ☐ Yes ☐ No

Hepatitis Screening:

1. HBsAg	☐ Negative	☐ Positive	☐ Indeterminate	☐ Results Pending
2. anti-HBc	☐ Negative	☐ Positive	☐ Indeterminate	☐ Results Pending
3. anti-HBs	☐ Negative	☐ Positive	☐ Indeterminate	☐ Results Pending
5. anti-HCV	☐ Negative	☐ Positive	☐ Indeterminate	☐ Results Pending

Intestinal Parasite Screening:

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

Please Check Parasite Identified:

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

Strongyloidiasis (blood sample) (no predeparture treatment received)

☐ Received Pre Departure Therapy ☐ Positive ☐ Negative ☐ Results Pending

Schistosomiasis (blood sample) (only for Sub-Saharan Africans who did not receive predeparture treatment)

☐ Received Pre Departure Therapy ☐ Positive ☐ Negative ☐ Results Pending

Varicella Titre (adults only)

☐ Positive (past history Varicella ☐ Negative (no history Varicella) ☐ Equivocal

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

Chem 8 done ☐ **Completed** ☐ **Abnormal F/U initiated**

Malaria Screening:

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

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

Urinanalysis: (Over age 4 ☐)

☐ Within Normal Limits ☐ Incomplete
Blood _____ Glucose _____
Protein _____ Ketones _____ Leukocytes_____

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– LESIONS / RASHES / DC NEG F — LESIONS / CYST / G BLAD / URETH – MASS / TENDER NEG CX /– 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: _____

_____

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: _____

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

Referrals:

- ☐ Primary Care Provider
- ☐ Mental Health
- ☐ WIC
- ☐ GI
- ☐ General Medicine
- ☐ Ear, Nose, & Throat (ENT)
- ☐ Hematology
- ☐ Other Referral _____
- ☐ Dental
- ☐ Hearing
- ☐ Dermatology
- ☐ OB/GYN
- ☐ Endocrinology
- ☐ Family Practice
- ☐ Newborn Screening
- ☐ Vision
- ☐ Family Planning
- ☐ Public Health Nurse
- ☐ Pediatrics
- ☐ Urology
- ☐ Neurology
- ☐ Vitamin Referral

Attachment D
Vaccinations Only

For Adult (19+ years) Refugee Arrivals not eligible for Medicaid Managed Care that did not receive the Health Screening Package. Vaccinations must be provided in the first 12 months from the refugee's date of arrival in the U.S.

(The majority of refugees eligible for Vaccinations Only will be single adults and couples without children, elderly, or disabled refugees.)

Maximum amount per refugee is $600. Please utilize Excel spreadsheet that is provided to participating clinics for billing.

Information included on all billings: Agency Name, Date of billing, Refugee Name, Date of Birth, Date of Service, Date of Arrival, Program identification, date health screening started, date of health screening completion, and vaccinations provided.

Vaccine Name	Total per Vaccine dose	Adm Fee	Total	Maximum # doses allowed
Hepatitis B	$59.71	$10.71	$70.42	3
Hepatitis A	$51.48	$10.71	$62.19	3
Tdap	$30.36	$10.71	$41.07	1
Tetanus	$19.94	$10.71	$30.65	2
Zoster	$187.89	$10.71	$198.60	2
FLU	Choose one – Only one may be given			1
(90658)	$8.17	$10.71	$18.88	
(90661)	$21.67	$10.71	$32.38	
(90686)	$17.98	$10.71	$28.69	
(90688)	$16.84	$10.71	$27.55	
MMR	$44.40	$10.71	$55.11	2
Varicella	$77.04	$10.71	$87.75	2
Pneumococcal 13 valent (90670)	$173.15	$10.71	$183.86	1
Pneumococca ysaccharide (PPSV)-23 valent (90732)	$82.51	$10.71	$93.22	1
Meningococcal	$120.61	$10.71	$131.32	2

Attachment D

Optional Vaccination Form for 90 day-12 month Refugee Arrivals (adult 19+ years)

2014-2015

Documentation Form

Name _____ **Date of Birth**_____

U.S. Arrival Date_____

Date initial health screen started _____**Date completed**_____

Please circle screening location:

Alegent-Creighton Florence Clinic, Omaha
Lincoln-Lancaster County Health Department, Lincoln
Central District Health Department, Grand Island

Vaccine Name	Total per Vaccine dose	Adm Fee	Total	Maximum # doses allowed	Date Given (Mark with date given)
Hepatitis B	$59.71	$10.71	$70.42	3	**#1**_____ **#2**_____ **#3**_____
Hepatitis A	$51.48	$10.71	$62.19	3	**#1**_____ **#2**_____ **#3**_____
Tdap	$30.36	$10.71	$41.07	1	**#1**_____
Tetanus	$19.94	$10.71	$30.65	2	**#1**_____ **#2**_____
Zoster	$187.89	$10.71	$198.60	2	**#1**_____ **#2**_____
FLU	Choose one Flu			1	
(90658)	$8.17	$10.71	$18.88		**#1**_____
(90661)	$21.67	$10.71	$32.38		**(only one may be given - choose one)**
(90686)	$17.98	$10.71	$28.69		
(90688)	$16.84	$10.71	$27.55		
MMR	$44.40	$10.71	$55.11	2	**#1**_____ **#2**_____
Varicella	$77.04	$10.71	$87.75	2	**#1**_____ **#2**_____
Pneumococcal 13 valent (90670)	$173.15	$10.71	$183.86	1	**#1**_____
Pneumococcal Polysaccharide (PPSV)-23 valent (90732)	$82.51	$10.71	$93.22	1	**#1**_____
Meningococcal	$120.61	$10.71	$131.32	2	**#1**_____ **#2**_____

Total: $_____
Signature & Title_____

Attachment E
Package Plus

For Single Adults and Childless Couple refugees (19+ years) not eligible for Medicaid Managed Care who completed the package rate, but need additional vaccinations. Vaccinations must be provided in the first 12 months from the refugee's date of arrival in the U.S.

(The majority of refugees eligible for Package Plus will be single adults and couples without children, elderly, or disabled refugees.)

Vaccines charged to Package Plus are vaccines given in addition to those vaccines provided in the package rate. – Vaccines covered under the 90 day package rate include Hepatitis B (1 dose) Hepatitis A (1 dose), Tdap or TD (1 dose), Flu (1 dose only during flu season), MMR (1 dose).

Please utilize Excel spreadsheet that is provided to participating clinics for billing.—no maximum $ amount.

Information to be included on all billings: Name, Date of Birth, Date of Service, Date of Arrival, Program identification, date health screening started, date of health screening completion, and vaccinations provided.

Vaccine Name	Total per Vaccine dose	Adm Fee	Total	Maximum # doses allowed
Hepatitis B	$59.71	$10.71	$70.42	2
Hepatitis A	$51.48	$10.71	$62.19	2
Tetanus	$19.94	$10.71	$30.65	2
Tdap	$30.36	$10.71	$41.07	1
Flu	Choose one – only one may be given			1
(90658)	$8.17	$10.71	$18.88	
(90661)	$21.67	$10.71	$32.38	
(90686)	$17.98	$10.71	$28.69	
(90688)	$16.84	$10.71	$27.55	
MMR	$44.40	$10.71	$55.11	1
Varicella	$77.04	$10.71	$87.75	2
Pneumococcal Polysaccharide (PPSV)-23 valent (90732)	$82.51	$10.71	$93.22	1
Meningococcal	$120.61	$10.71	$131.32	2

Attachment E—2014-2015
Package Plus (adult 19+ years)

Optional Documentation Form

Name _____ **Date of Birth**_____
U.S. Arrival Date_____
Date health screening physical done_____
Please circle screening location:
Alegent-Creighton Florence Clinic, Omaha
Lincoln-Lancaster County Health Department, Lincoln

Vaccine Name	Total per Vaccine dose	Adm Fee	Total	Maximum # doses allowed	Date Given (Mark with date given)
Hepatitis B	$59.71	$10.71	$70.42	2	**#1**_____ **#2**_____
Hepatitis A	$51.48	$10.71	$62.19	2	**#1**_____ **#2**_____
Tetanus	$19.94	$10.71	$30.65	2	**#1**_____ **#2**_____
Tdap	$30.36	$10.71	$41.07	1	**#1**_____
Flu				1	
(90658)	$8.17	$10.71	$18.88		**#1**_____
(90661)	$21.67	$10.71	$32.38		**(choose one)**
(90686)	$17.98	$10.71	$28.69		
(90688)	$16.84	$10.71	$27.55		
MMR	$44.40	$10.71	$55.11	1	**#1**_____
Varicella	$77.04	$10.71	$87.75	2	**#1**_____ **#2**_____
Pneumococcal Polysaccharide (PPSV)-23 valent (90732)	$82.51	$10.71	$93.22	1	**#1**_____
Meningococcal	$120.61	$10.71	$131.32	2	**#1**_____ **#2**_____

Total: $_____
Signature & Title_____

Attachment F

Secondary Migrant Waiver

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

_____

Signature

_____

Printed Name

_____ _____

Clinic Witness **Date**

Attachment G

Parasite Testing Guidelines

Presumptive Treatment Overseas

Type of Organism	Recommended Treatment
Soil Transmitted Helminths	Albendazole
Strongyloides	Ivermectin
Schistosomiasis	Prazaquantel

- Providers should utilize page 36-37 to reference if appropriate treatment has been given overseas.
- *There is no need to screen asymptomatic refugees for parasitic infection if they received complete treatment package overseas per above recommendations
- *Assume treatment has been given at time of departure assuming on the population where the program is currently implemented if unable to find documentation. Please reference this document. Documentation of predeparture parasitic treatment may be found (IOM bag, EDN)
- http://www.cdc.gov/immigrantrefugeehealth/pdf/parasitic-infections-treatment-schedules.pdf
- *Providers may screen for stool parasites if patient presents with symptoms or risk factors.

- All Middle Eastern, Asian, North African, Latin American, and Caribbean refugees, with exceptions noted in this document, should receive presumptive therapy (overseas) with:
    - Albendazole, single dose of 400 mg (200 mg for children 12-23 months) AND
    - Ivermectin, two doses 200 μ/Kg orally once a day for 2 days before departure to the United States.
- All African refugees who did not originate from or reside in countries where *Loa loa* infection is endemic. Loa Loa countires include (Angola, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Ethiopia, Gabon, Nigeria, Sudan). Exeptions noted in this document
    - Albendazole, single dose of 400 mg (200 mg for children 12-23 months) AND
    - Ivermectin, two doses 200 μ/Kg orally once a day for 2 days AND
    - Praziquantel, 40 mg/kg, which may be divided in two doses before refugees depart for the United States.
- All sub-Saharan African refugees who originated from or resided in countries where *Loa loa* infection is endemic, with exceptions noted in this document, should receive presumptive therapy with:
    - Albendazole, single dose of 400 mg (200 mg for children 12-23 months) AND
    - Praziquantel, 40 mg/kg, which may be divided in two doses before departure to the United States.
    - Refugees from *Loa loa*-endemic countries in Africa should not receive presumptive ivermectin for strongyloidiasis prior to departure. Management of *Strongyloides* should be deferred until arrival in the United States, unless *Loa loa* is excluded by reviewing a daytime (10 AM to 2 PM) Giemsa-stained blood smear. Deferral of treatment for strongyloides until after the refugee arrives in the United States is acceptable. Guidance

is available for management of *Strongyloides* following arrival in the United States in the Domestic Intestinal Parasite Screening Guidelines.

Table 1. Recommended medication regimen for presumptive treatment of parasitic infections

Adults			
Refugee Population	**Regimens by Pathogen**		
	Soil-transmitted helminths: Albendazole	**Strongyloidiasis: Ivermectin or high-dose albendazole**	**Schistosomiasis: Praziquantel[1]**
Asia, Middle East, and North Africa, Latin America and Caribbean	400 mg orally for 1 day	Ivermectin, 200 µg/kg/day orally once a day for 2 days	Not recommended
Sub-Saharan Africa, non-*Loa loa*-endemic area	400 mg orally for 1 day	Ivermectin, 200 µg/kg/day once a day for 2 days	Praziquantel[1], 40 mg/kg (may be divided and given in two doses for better tolerance).
Sub-Saharan Africa, *Loa loa*- endemic area	400 mg orally for 1 day	Only use ivermectin (200 µg/kg/day once a day for 2 days) if *Loa loa* infection has been ruled out. May use high dose albendazole (400 mg twice a day for 7 days)) if *Loa loa* infection cannot be ruled out. For more information see screening and diagnostic tests for strongyloidiasis below.	Praziquantel, 40 mg/kg (may be divided and given in two doses for better tolerance).

Pregnant women			
Refugee Population	**Regimens by Pathogen**		
	Soil-transmitted helminths: Albendazole	**Strongyloidiasis: Ivermectin or high-dose albendazole**	**Schistosomiasis: Praziquantel[1]**
Asia, the Middle East/North Africa, Latin America and Caribbean	Not recommended	Not recommended	Not recommended
Sub-Saharan Africa	Not recommended	Not recommended	Praziquantel, 40 mg/kg (may be divided and given in two doses for better tolerance).

Children	
Refugee Population	**Regimens by Pathogen**

	Soil-transmitted helminths: Albendazole	Strongyloidiasis: Ivermectin or high-dose albendazole	Schistosomiasis: Praziquantel[1]
Asia, the Middle East/North Africa, Latin America and Caribbean	12-23 months of age: 200 mg orally for 1 day. Presumptive therapy is not recommended for any infant less than 12 months of age.	Ivermectin, 200 µg/kg/day orally once a day for 2 days Should not be used presumptively if ≤15 kg or from *Loa loa*-endemic country.	Not recommended
Sub-Saharan Africa	12-23 months of age: 200 mg orally for 1 day. Presumptive therapy is not recommended for any infant less than 12 months of age.	Ivermectin, 200 µg/kg/day orally once a day for 2 days Should not be used presumptively if ≤15 kg or from *Loa loa*-endemic country.	Children under ≤4 years of age should not receive presumptive treatment with praziquantel. Only for children from sub-Saharan Africa

- Although WHO states ivermectin and albendazole may be given concurrently, it is recommended that ivermectin be taken on an empty stomach and albendazole with fatty foods.
- Praziquantel, if not co-administered, should be administered at least one day prior to either ivermectin or albendazole. Praziquantel should be taken with liquids during a meal.
- *All sub-Saharan African countries are considered endemic for schistosomiasis except Lesotho.*

Contraindications to treatment for parasitic infection

- Albendazole contraindications
  - Children < 1 year of age, pregnant women, refugees with known neurocysticercosis, evidence of cysticercosis (e.g., subcutaneous nodules), or with a history of unexplained seizures.
  - Pregnancy
- Praziquantel contraindications
  - Children < 4 years of age or measuring < 94 cm, refugees with known neurocysticercosis, evidence of cysticercosis (e.g., subcutaneous nodules), or with a history of unexplained seizures.
- Ivermectin contraindications
  - Children < 15 kg or measuring < 90 cm,
  - pregnant women in any trimester
  - breastfeeding women within the first week after birth.
  - Refugee is departing from or has lived in a *Loa loa* endemic area
  - Pregnancy

*Above guidelines referenced from Centers from Disease Control and Prevention on 9/17/15
http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html

Region	Country of Processing	Principal Refugee Groups (location)	Presumptive Parasite Treatment for Eligible Refugees[b,c]	Comments
Africa	Ethiopia	*Eritreans (Shimelba);* *Somalis (Kebribeya);* *Multiple (Addis Ababa)*	Albendazole Praziquantel Ivermectin Artemether-lumefantrine	Ivermectin since Jan 2014
	Kenya	*Somalis (Dadaab);* *Somalis, Sudanese, Congolese (Kakuma);* *Multiple (Nairobi)*	Albendazole, Praziquantel, Ivermectin, and Artemether-lumefantrine	Ivermectin since Sep 2013
	Tanzania	*Congolese, Burundians (Kigoma)*	Albendazole Praziquantel Artemether-lumefantrine	N/A
	Rwanda, Uganda, Burundi	*Somalis, Congolese*	Albendazole Praziquantel Artemether-lumefantrine Ivermectin	Ivermectin since April 2014
	South Africa and other countries	*Multiple*	Albendazole Praziquantel Artemether-lumefantrine	N/A
Asia	Malaysia	*Burma/Myanmar origin and others (Kuala Lumpur; other)*	Albendazole Ivermectin	Ivermectin since Feb 2013
	Nepal	*Bhutanese (Beldangi and Sanischare);* *other (urban)*	Albendazole Ivermectin	Ivermectin since Jan 2013
	Thailand	*Burma/Myanmar origin (Thailand-Burma border);* *other (urban)*	Albendazole Ivermectin	Ivermectin since July 2011
Mideast	Iraq	*Iraqis (Baghdad and Erbil)*	Albendazole Ivermectin	Ivermectin since Jan 2014
	Jordan	*Iraqis and Syrians (Amman)*	Albendazole Ivermectin	Ivermectin since Jan 2014
	Lebanon, Syria, Turkey, Egypt	*Multiple*	None	N/A
Europe	Russia, Ukraine, Moldova	*Russians, Afghanis, Ukrainians, Moldovans*	None	N/A
Americas	Cuba, other	*Cubans, Colombians*	None	N/A

Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees, administered by IOM— June 2015
Prepared by Immigrant, Refugee and Migrant Health Branch, Division of Global Migration and Quarantine, CDC

This table describes presumptive anti-parasitic treatment currently provided to the largest groups of U.S.-bound refugees. The first three columns list the region, departure country, and ethnicity/national origin of the refugees. The fourth column lists recommended presumptive treatment for parasites (including malaria).

a Information provided by the International Organization for Migration (IOM) during required overseas refugee medical exam.
b Presumptive parasite treatments: Albendazole (for soil-transmitted helminths), 400 mg for refugees ≥ 2 yo; Albendazole, 200 mg for those 1-2 yo; Ivermectin (for strongyloides), 200 µg/kg x 2 d; and Praziquantel (for schistosomiasis), 40 mg/kg divided in 2 doses. See http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/intestinal-parasites-overseas.html
Arthemether-lumifantrine (AL, for malaria) 6-dose treatment. See http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/malaria-guidelines-overseas.html#opl
c Over 75% compliance rates with administration of presumptive parasite treatment have been documented for the countries listed on this table. If a country does not appear on this table, then compliance rates in that country are uncertain, so clinicians should use their judgment on a screening vs. presumptive treatment approach.