NEW YORK STATE DEPARTMENT OF HEALTH

REFUGEE HEALTH ASSESSMENT PROGRAM

PROVIDER APPLICATION

New York State Department of Health
Refugee Health Program
Empire State Plaza, Corning Tower Room 575
Albany, NY 12237-0669
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REFUGEE HEALTH ASSESSMENT PROGRAM

I. INTRODUCTION

The New York State Department of Health (NYSDOH) Refugee Health Program seeks applications from qualified, licensed health care providers, agencies, facilities and local health units in New York State (exclusive of New York City) to provide health assessments for new refugee arrivals. This is an open, non-competitive procurement process to solicit applicants, to form a pool of qualified providers who will conduct refugee health assessments on an as needed basis.

The refugee health assessment 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 developing 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 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 of, and appropriate utilization of health services.

All newly arriving refugees are eligible for a federally funded (Refugee Medical Assistance [RMA]) health assessment examination on arrival to the United States. In accordance with federal guidelines, refugee health assessments must be completed within 90 days of entry into the U.S. in order for the provider to be reimbursed by RMA funds through the New York State Department of Health, Refugee Health Program.

The applicant must be a licensed 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 under the supervision of a physician, with maximal use of trained assistants (e.g., for blood pressure measurements, hearing or vision screening). If the refugee does not speak English, all of these services should be provided using trained multi-lingual and multi-cultural medical interpreters.

The prompt identification and treatment of medical problems at the health assessment will assist the refugee resettlement process. Health assessment programs must be coordinated with reception and placement services provided by voluntary resettlement agencies (VOLAGs). Upon entry into the U.S., refugee arrivals receive resettlement assistance, including referral services (e.g., health, employment, education) from established VOLAGs, who assist refugees in obtaining a health assessment exam.

Health assessments should also reflect the following principles, which are critical to an effective medical screening:

- Accessibility and flexibility
- Availability of linguistically appropriate educational materials and health counseling
- Utilization of a variety of community health resources
- Access to follow-up specialty and/or primary care

To assure continuity of care, refugees should be referred to specialty and primary health care services for treatment and follow up of acute and chronic conditions identified during the overseas and domestic health assessments. (A Referral means setting up a specified appointment with a designated provider.) When refugees are referred for specialty or primary care, the referral health care providers must be informed of the results of the initial health assessment. It is possible, in some cases, follow up will be provided by the same provider performing the initial health assessment.

The health assessment is the refugee's introduction to the United States health care system and an opportunity for referral to appropriate continuing care. Health education and patient information about local community health resources should be made available in the native languages 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 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 United States. 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 psycho-social difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.

Overseas Visa Medical Examination

Refugees resettling in the United States must receive an overseas visa medical examination prior to departure for the United States. The overseas exam is the same for refugees worldwide and 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 them or the general United States population that, by law, would exclude them from entry into the United States. Conditions identified during the overseas exam requiring follow up in the United States are designated Class A or Class B. A refugee with an excludable condition (Class A) must apply for a waiver to enter the United States. A condition of the waiver generally includes assurance 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 United States.

The overseas exam only provides minimal baseline medical information on newly arriving refugees. The overseas exam 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 the health care system and public health infrastructure have been interrupted for several years. The overseas exam is valid for up to one year prior to departure. Therefore, the possibility exists a refugee may develop a communicable disease or other health condition after the examination, but before arriving in the United States.

Domestic Health Assessment

The domestic refugee health assessment 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 assessment is designed to eliminate health-related barriers to successful resettlement and protect the health of the U.S. population.

II. SERVICE REQUIREMENTS FOR DESIGNATED MEDICAL PROVIDERS

Refugee Health Assessment 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.

3. Make appointments when necessary, and have a protocol to follow up refugees who do not keep their appointments.

4. Prescribe or supply medications for infectious diseases and other conditions identified during the refugee health assessment.

5. Provide immunizations indicated at the time of the health assessment visit, per current Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention recommendations, and provide or refer for continuation of the required immunization series.

6. Demonstrate the capacity to provide interpreter services to overcome language or cultural barriers to care during the health assessment process, as necessary. Linguistically and culturally competent trained medical interpreters should be used to provide client interviews, health education and orientation to the U.S. health care system, and to facilitate the referral process.

7. When possible, employ bi-lingual, bi-cultural health aides or other staff recruited from the predominant refugee ethnic groups.

8. Demonstrate linkages to appropriate specialty or 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.

9. Assure referrals are timely, and, when possible, in proximity to the client's residence.

10. Maintain patient records in accordance with the New York State rules and regulations that govern record keeping in outpatient settings.

11. Participate in site visits conducted by NYSDOH and/or New York State Office of Temporary and Disability Assistance (OTDA) staff, assuring prompt access to all program sites and all records and reports relating to the program. (Records are the property of the provider/agency. However, information pertaining to Refugee Health Program surveillance requirements must be accessible to the Program.)

12. Demonstrate adequate staffing and systems for fiscal accounting and Program billing.

III. NYSDOH REFUGEE HEALTH PROGRAM SUPPORT SERVICES PROVIDED

The NYSDOH Refugee Health Program will support the efforts of health assessment providers by furnishing technical assistance to enhance the effectiveness of the Program. The technical assistance shall include, but not be limited to, the following areas:

1. NYSDOH will collect, analyze, and distribute regular summaries of surveillance data of medical conditions identified through health assessments of refugee populations in New York State.

2. Pertinent information such as trends in morbidity that may be specific to ethnicity or country of origin will be shared with health assessment providers and, as applicable, VOLAGs and other governmental and non-governmental groups.

3. Information from health assessment forms will be used to identify refugee groups at increased risk for certain medical conditions that should be targeted for more comprehensive evaluation and health education campaigns.

4. As the program develops, NYSDOH will use surveillance findings as the basis for recommendations for revisions to the health assessment protocol (Attachment A).

5. NYSDOH will hold regular meetings with refugee providers to review the quality and usefulness of the data regarding refugee health conditions.

6. NYSDOH will review and monitor provider performance using written documents and periodic site visits. The Program will also provide telephone and/or on-site technical assistance to providers as required.

7. The Program will assist in the establishment of linkages between VOLAGs and refugee health care providers to ensure new arrivals' access to medical care.

8. NYSDOH will provide bi-lingual and bi-cultural educational materials for specific refugee groups.

IV. ELIGIBILITY OF REFUGEES FOR HEALTH ASSESSMENTS

Eligibility: The provider, in conjunction with the referring VOLAG, shall determine each individual's eligibility for the services.

Status: To be eligible for a refugee health assessment, proof is required in the form of documentation issued to an individual by the Immigration and Naturalization Services (INS), of 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. Lawful permanent residents who previously held one of the statuses identified above.
f. Certain Amerasians from Vietnam.
g. Certified Victims of Trafficking.
h. Unaccompanied Refugee Minors
i. Certain Arrivals with Special Immigrant Visas (Iraq and Afghanistan)
j. Humanitarian Parolees (Afghan, Ukrainian, Cuban, and Haitain)

Time: To be eligible for reimbursement from NYSDOH, the domestic health assessment must be done within 90 days of the refugee's entry into the United States.

(An asylees' entry date is the date the asylee is granted asylum in the U.S.) Documentation is required of the individual's:

a. Date of entry in the form of documentation issued by USCIS; and
b. Date(s) of health assessment screening services.

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, and providers should coordinate care of Class A and B conditions with local health departments.

V. PERFORMANCE-BASED OUTCOME MEASURES

A Refugee Health Assessment data collection form (see Attachment A) for each client must be completed, including all appropriate data fields, and submitted to the Program within one month of completion of the health assessment. The information from this form will be entered into a database to monitor health assessment completion rates, client demographics, and disease conditions among incoming refugees; this form is also required for provider billing. To evaluate

the accuracy of these forms and assess compliance, NYSDOH and/or OTDA staff will conduct

site visits.

The required components for health screening are outlined in the protocol in Attachment A. These requirements may be modified over time with changes in the demographics of incoming refugee populations. Primary care follow up is not part of the initial assessment. Referrals and appointments for follow up should be made at the time of the health assessment and/or when the provider receives initial diagnostic test results. A provider may add additional services at the time of the initial health assessment, but may not delete any aspect of the required core services; the reimbursement for the two-visit health assessment is fixed.

VI. REFUGEE HEALTH ASSESSMENT

EXAMINATION General Assessment Guidelines

A refugee health assessment should consist of a minimum of two visits: an initial evaluation, with appropriate medical screening, and a follow-up visit to discuss screening results and make referrals, if indicated. Core service elements include orientation, a medical and psychosocial history, comprehensive physical assessment, diagnostic screening tests, immunizations and referral for primary care and indicated follow-up services, including dental, mental health and other specialty care providers.

Components of the Refugee Health Assessment

There are two components to the refugee health assessment protocol:

1. Review of Overseas Medical Exam (Form DS-2053 or 2054)

The provider must verify all Class A or other waiver entrants are under a physician's care. Class B entrants should also be assessed within 30 days of arrival for appropriate follow up and treatment.

2. Medical Examination

Approved providers who enter into contracts with NYSDOH will be expected to meet the requirements outlined above in Section II, AService Requirements for Designated Medical Providers and conduct the refugee health assessment as outlined in the attached protocol (Attachment A).

An essential component of the health assessment is the follow-up or referral for medical conditions identified during the overseas or domestic screening examinations. Approved providers will be required to have established linkages to necessary services not provided on-site.

VII. REIMBURSEMENT FOR THE REFUGEE HEALTH ASSESSMENT

To receive reimbursement, the health care provider will be responsible for the complete, accurate and timely submission of completed Refugee Health Assessment Forms and New York State Claim for Payment (AC 3253-S form) to the Program. Services for refugee health

assessments will be reimbursed at an all-inclusive, per capita screening rate. It is expected the initial health assessment will be completed in a minimum of two visits. Therefore, a two-tiered reimbursement structure was developed. Reimbursement is also available for the cost of initial adult vaccines. Providers will be reimbursed where the vaccines are administered during a reimbursable health assessment at federal Medicare CPT rate.

Reimbursement Rates for Health Assessments:

First Visit:	$417.09
Second Visit:	$95.54
Total Assessment:	**$512.63**

VIII. SUBMISSION OF APPLICATIONS

All qualified health care providers are invited to submit an application.

Mail to: Refugee Health Program
New York State Department of Health
Refugee Health Program
Empire State Plaza, Corning Tower Room 575
Albany, NY 12237-0669
Phone: (518) 474-7000

E-Mail to: rhp@health.ny.gov

Applications will be accepted continuously for phase-in of providers. Solicitations will be advertised in the New York State Register every six months and/or as needed.

Required Format for Submission of Application: Complete all items on the Cover Sheet and address all Service Elements (Attachment B). Applicants must submit an original and four copies of the application (unless submitting electronically). Each applicant must submit three copies of the Cover Sheet bearing the original signature of the licensed provider, or chief executive officer of the licensed agency submitting the application.

Attachment A

Refugee Health Assessment Protocol

I. Refugee Identifying Information

Obtain and document all indicated demographic information.

(Please note Refugee Health Assessments must be conducted within 90 days of arrival in the U.S. Also note, interpretation services must be provided for refugees who have Limited English Proficiency (LEP) to ensure appropriate access to services and ensure the quality of those services.)

II. Overseas Medical Information

Review Overseas Medical Information Packet, including:

- "Medical Examination for Immigrant or Refugee" (Form DS-2053 or DS-2054), also called the overseas medical exam.
- Chest X-ray film(s) and "Chest X-Ray and Classification Worksheet" (Form DS-3024 or DS-3030).
- Immunization records, including "Vaccination Documentation" (Form DS-3025).
- "Medical History and Physical Examination Worksheet" (Form DS-3026).
- Pre-Departure Medical Screening Form and any other available medical records.

Note any Class A or Class B Tuberculosis identified.

Note any Class B Other conditions identified.

Note Overseas Chest X-ray results where available.

III. Medical History

Interview and note:

- Personal and family medical history, medications, allergies.
- Recent fever, cough, weight loss, night sweats, hemoptysis, diarrhea.
- Other recent illnesses or conditions in self or family.
- History of drug use, including alcohol and tobacco.
- Cultural mores and health practices which might impact diagnostic and treatment needs.
- Social history (including refugee camp and migration experiences, etc.)

IV. General Laboratory Screening

Conduct laboratory screening according to criteria indicated below and note any abnormal findings. If not done, a reason must be specified.

- CBC with Differential – All refugees. Include elevated eosinophil count, as well as any anemia with description, in abnormal findings.
- Serum Chemistries – A basic panel, including blood urea nitrogen and creatinine, if indicated by signs, symptoms, or comorbidities.
- Cholesterol – In accordance with US Preventive Services Task Force Guidelines http://www.uspreventiveservicestaskforce.org/Page/ Topic/recommendation-summary/lipid-disorders-in-adults-cholesterol-dyslipidemia-screening (testing should include, at a minimum, total cholesterol and HDL).
- Urinalysis - All refugees able to provide a clean-catch specimen.

- Newborn Screening – Follow NYSDOH Newborn Screening Guidelines which can be found at https://www.wadsworth.org/programs/newborn/screening/providers/faq
- Population-specific Testing – To be determined by examining clinician.
- Pregnancy Test – Women of child-bearing age, using opt-out approach. Girls of child-bearing age, using opt-out approach or with consent of guardian.

V. Physical Examination

Conduct each element of the physical exam for all refugees, unless otherwise indicated below, and note any abnormal findings. If not done, a reason must be specified.

- Nutritional Status – height, weight, head circumference (less than 3 years old), BMI (greater than 2 years old).
- Physical findings – note any abnormal findings such as physical disabilities, injuries, structural or orthopedic impairment, etc.
- Vital signs, including - blood pressure (5 years and older), heart rate, respiratory rate.
- Gross evaluation of vision and hearing.
- Careful oral examination.
- General physical examination: review of systems, including heart, lungs, lymph nodes, abdomen, ENT, neurological, genital and skin evaluation.
- External genital exam for all refugees. A pelvic exam and/or Pap smear should be deferred until a trusting relationship is developed with a primary care physician, unless, in the provider's clinical judgment, it is deemed necessary to perform at the health assessment.
- General assessment of mental status/developmental level.
- Indicate any physical or mental conditions likely to limit employability or school attendance.
- Multivitamins are to be given to all children ages 6-59 months, and all children

> 5 years of age and adults with poor nutritional status.

VI. Disease-Specific Screening

Conduct disease-specific screening as indicated below. If a required screening test is not done, a reason must be specified.

Tuberculosis:

- Review overseas records. Overseas exam includes IGRA testing of most children 2-14 years old; refugees ≥15 years old receive a chest x-ray only. Overseas IGRAs and chest x-rays are considered reliable and do not need to be repeated.
- Evaluate for signs or symptoms of disease, history of contacts and physical examination.
- Conduct an IGRA for all eligible refugees not receiving the test overseas, beginning at 2 years old and including refugees who received only a chest x-ray. Note Results.
- For a positive IGRA, perform a chest x-ray (when not done overseas), and make a referral to the county health department where the refugee resides.

Lead:

- Screen all infants and children ≤16 years of age. Older adolescents (>16 years old) should be screened if there is a high index of suspicion (sibling with elevated level, suspected environmental exposure, etc.)
- Please note for future primary care referral, all children ≤6 years of age should receive an additional lead test 3-6 months after the initial test, regardless of the results of the initial screening result. Repeat testing is also recommended for children 7-16 years of age with an elevated level on initial screening.

- The CDC has established a blood lead level of ≥ 5 mcg/dL as the reference value for childhood lead exposure, while NYS Public Health Law has a longstanding definition of an elevated blood lead level in children as ≥ 10 mcg/dL. For the purpose of the health assessment, providers are asked to document results ≥ 5 mcg/dL to capture information requested by the CDC. Please note all lead screening results are reported to NYSDOH and the appropriate county health department via electronic laboratory reporting, which will initiate action in cases where indicated.

Malaria:

- Sub-Saharan African (SSA) refugees that did not receive presumptive treatment prior to departure, such as pregnant or lactating women or children weighing less than 5 kg. at the time of departure, will require post-arrival presumptive treatment or testing. All other SSA refugees receive treatment overseas with artemisinin-based combination therapy (ACT). Documentation of the pre-departure treatment may be found in the Overseas Medical Information Packet. If documentation is lacking, clinicians can reasonably assume pre-departure treatment was provided to SSA refugees per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees (https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/interventions.html).
- If considering testing, PCR is the most sensitive test for persons with sub-clinical malaria.
- CDC does not recommend testing or treatment for refugees from malaria-endemic countries outside SSA, unless there are signs or symptoms of infection.

Intestinal and Tissue Invasive Parasites:

Note: Per CDC guidelines, "In cases when the documentation is not available it is reasonable to assume presumptive treatment has been received by the individual refugee if the refugee is from a population where the program is currently implemented per the Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees (http://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/ interventions/interventions.html) and as long as they had no contraindications at the time of departure."

- For refugees who received pre-departure treatment, either documented in the Overseas Medical Packet or per the CDC Treatment Schedule (link above), check the "Yes" box. No further treatment or testing is required.
- For refugees who did not receive pre-departure treatment:
  - As a general rule, it is recommended clinicians consider presumptive treatment in lieu of testing for eligible refugees while taking precautions to avoid duplicating overseas treatment.
  - For all refugees, provide presumptive treatment for soil-transmitted helminths. If presumptive treatment is not provided, conduct stool ova and parasites screening (2 or more stool samples).

and

  - For all refugees, provide presumptive treatment for Strongyloides. Exclusions include refugees from *Loa loa*-endemic areas who may have contraindications to presumptive treatment with Ivermectin and European refugees who are not likely to be exposed to Strongyloides (per the CDC). If presumptive treatment is not provided, conduct diagnostics for Strongyloides (serology and/or blood smear). For more details, especially regarding refugees with potential exposure to *Loa loa*, see https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html
  - For all SSA refugees, provide presumptive treatment for Schistosomiasis. If presumptive treatment is not provided, conduct serologies for Schistosomiasis.
- For refugees who received incomplete pre-departure presumptive treatment:
  - Refer to CDC guidance on testing and/or presumptive treatment found at https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html
- For refugees who received complete pre-departure presumptive treatment:
  - Note: a persistently elevated absolute eosinophil count conducted as part of hematology testing indicates need for further investigation.

Sexually Transmitted Infections (STI):

Obtain history for signs and symptoms of STIs and conduct physical examination.

- **Syphilis**

Review Overseas Medical Information Packet for documentation of pre-departure syphilis screening; note results. If overseas screening is negative, no further screening is required. If documentation of overseas screening is not available:

Conduct VDRL or RPR for

- All refugees ≥ 15 years of age,
- Refugees < 15 years of age if sexually active, history of sexual abuse, mother who tests positive, or exposure in a country endemic for other treponemal subspecies (e.g. yaws, bejal, pinta.)
- Conduct confirmation testing for positive treponemal tests

- **Chlamydia**

Conduct urine nucleic amplification test for

- Women ≤ 25 years old who are sexually active
- Women > 25 years old with risk factors
- Women or children with history of or at risk for sexual assault
- Any refugee with symptoms
- The same test/testing guidelines apply to gonorrhea screening. While not required as part of the Refugee Health Assessment, providers are encouraged to screen for gonorrhea in refugees not tested overseas to minimize or prevent illness and transmission.

- **HIV**

All refugees should be screened unless they opt out.

- Children ≤ 12 years of age should be screened unless the mother's HIV status is confirmed negative and the child is otherwise thought to be at low risk.
- Refugees should be clearly informed orally or in writing when/if they will be tested for HIV.
- Note for future referral, screening should be repeated 3-6 months following resettlement for refugees who had recent exposure or are at high risk.
- Provide culturally sensitive and appropriate counseling for HIV-infected refugees in their primary language.
- Refer refugees confirmed to be HIV-infected for care, treatment, and preventive services.

Hepatitis:

- **Hepatitis B**

Review Overseas Medical Information Packet for documentation of pre-departure hepatitis B screening; note results. If overseas screening is negative, vaccine series should be initiated or completed if there are missing doses according to the overseas vaccine record (DS3025). If documentation of overseas screening was not conducted or is not available:

- Conduct hepatitis B serologic testing, including HBsAG, HBsAb, and HBcAb screening, for all refugees from endemic countries regardless of vaccination history.
- If HBsAG is negative, the refugee should be offered vaccination.
- It is not recommended to vaccinate in lieu of testing to ensure identification of those with active disease.

- **Hepatitis C**

Conduct hepatitis C screening for all adult refugees born between 1945 – 1965 and those, including children, with risk factors. See https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#section2).

VII. Immunizations

- Most refugees, regardless of age, will have a New York State Immunization Information System (NYSIIS) record pre-populated with demographic and overseas vaccine information. Check NYSIIS before administering vaccines. Refugees who do not have an overseas vaccine record, will not have a NYSIIS record.
- Provide initial doses of all missing or undocumented age-appropriate vaccines per ACIP guidelines for children and adults. Record dates of vaccines administered at health assessment.
- The NYHDOH Refugee Health Program recommends entering adult vaccines into NYSIIS if a record exists.

VIII. Dates of Health Assessments

Record Visit #1 and Visit #2 dates. Note health assessments must be conducted within 90 days of the refugee's arrival in the U.S.

IX. Referrals Made

Referrals must be made for ongoing primary care and indicated on the health assessment form (including a primary care referral to the same facility providing the health assessment). Referrals must also be made for routine dental care and specialty care for any conditions noted on the health assessment requiring follow-up evaluation and/or treatment.

Comments

1. There may be exceptions to these screening guidelines based on country of origin, culture and family/social/medical history.
2. Age-specific recommendations may need to be adjusted based on patient history, prior laboratory results, cultural knowledge and professional judgment.
3. Reasons for not conducting screening procedures must be documented on the Refugee Health Assessment form.
4. Screening results must be discussed at a second office/clinic visit, and all appropriate referrals made.
5. "Referral" means setting up a specified appointment with a designated provider. Referral information should be shared with the resettlement agency to facilitate communication and follow through with scheduled appointments.
6. Providers must provide immunizations if any are indicated at the time of the visit. Providers will be reimbursed for initial vaccines given to adults (age 19 and older) during the health assessment per contract and are encouraged to use Vaccines for Children Program to offset costs of providing childhood immunizations.
7. The original signed copy of the Refugee Health Assessment must be submitted to the Refugee Health Program at the time of billing. A copy must be given to the refugee, and a copy retained with the health assessment provider.
8. Providers must ensure only eligible individuals receive a refugee health assessment. The individual's alien number (A#) and arrival date must be recorded on the health assessment form to document eligibility. Individuals given one of the following designations by the US Department of State are eligible to receive a refugee health assessment:

Refugee - Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. Includes Unaccompanied Refugee Minors.

Asylee - Individuals, who, on their own, travel to the United States, apply for and receive a grant of asylum. This status acknowledges the person meets the definition of a refugee (as above) and allows them to remain in the United States.

Entrant or Parolee - Any individual granted parole status or granted any other special status subsequently established under the immigration laws for nationals of Cuba or Haiti. In contrast to refugees, Cuban and Haitian entrants continue to reside in their country of origin while their application for parole is evaluated.

Humanitarian Parolee- Any Afghan, Ukrainian, Cuban, or Haitian who are admitted through the approved sponsorship program.

Victim of Trafficking - Any individual certified as someone (child or adult) subjected to a severe form of trafficking, which includes: Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Special Immigrant VISA - Special Immigrant Visa (SIV) is a program for certain Iraqi and Afghan nationals who provided valuable service to the U.S. government while employed by or on behalf of the U.S. government in Iraq or Afghanistan, for not less than one year, and who have experienced or are experiencing an ongoing serious threat as a consequence of that employment.

PLEASE NOTE: For more details regarding individual health assessment components, please see the CDC guidelines at:
http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html

ATTACHMENT B

REFUGEE HEALTH ASSESSMENT PROGRAM PROVIDER APPLICATION

COVER SHEET

Agency or Provider Name: _____

Address: _____

_____

_____

Federal Tax ID #: _____

Charities Registration #: _____

Vendor ID # (if available): _____

Contact: **Name**: _____

Title: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Licensure: **Name of Individual**: _____

Type of License: _____

License #: _____

Expiration Date: _____

Status: **Contractor** **IS** o **IS NOT** o **a sectarian entity.**

Contractor **IS** o **IS NOT** o **a not-for-profit organization.**

Contractor **IS** o **IS NOT** o **a NYS Business Enterprise.**

Submitted By: _____

(Name of Chief Executive Officer)

_____

(Title)

_____/___/___

(Signature) (Date)

Send Cover Sheet with original signature separately if application is sent by e-mail

SERVICE ELEMENTS

Respond to the following:

1. Provider/Agency Experience:

   * Describe your experience in providing (a) refugee health assessments; or, (b) a model currently used in your agency/practice for which service delivery is similar in nature.

   * Describe your agency/practice experience in providing services to the refugee population.

2. Provider Profile:

   * Provide an organizational chart and description of all staff that will conduct/participate in refugee health assessment services.

   * Provide documentation and describe all applicable operational licenses and accreditation.

3. Linguistic and Cultural Access to Care:

   * Describe how you will ensure interpreter services are available during the health assessment and referral process.

   * Describe the demographic composition of your staff and how it relates to your anticipated service population.

4. Operational Policies:

   * Describe your agency/practice policies in relation to patient care (e.g. intake, treatment, appointments, referrals, follow up on missed appointments and referrals, record-keeping, etc.).

   * Describe your staffing and systems for fiscal accounting and Program billing.

5. Linkages to Necessary Services:

* Delineate which services required in the refugee health assessment protocol (Attachment A) will be provided on site, and for which services you will refer to other providers/agencies.

* Describe your agency/practice experience in working with other providers to facilitate access to other essential services. Describe existing linkages to appropriate specialty or primary care providers, including public health facilities, mental health, alcohol and drug treatment, and/or other community providers, for necessary follow up services not provided on site.

6. Projection of Number of Refugee Health Assessments:

* Provide an estimate of the number of Refugee Health Assessments you expect to provide during the first year. Explain the basis for your projection.