

**Georgia Department of Community
Health
Division of Public Health**

**State of Georgia
Refugee Health
Guidelines Manual**

2009-2010



**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**
Division of Public Health



October 1, 2009

MEMORANDUM

TO: County Health Departments

FROM: Monica L. Vargas, MSPH, MBA
Unit Manager
State Refugee Health Program (SRHP)

SUBJECT: Guidelines for the State of Georgia Refugee Health Program

Enclosed is the latest version of the SRHP procedure manual entitled, "Guidelines for the State of Georgia Refugee Health Program." The manual provides detailed instructions as it relates to the various status classifications of refugees, the screening process, applicable forms, reporting requirements, etc.

The following modifications have been reflected in this updated manual:

- What does the program do (page 1)
- Number of people assisted by the program (page 1)
- Screening protocol (page 5)
- Reimbursement claimed (page 5)
- SRHP bilingual Health Service Representatives (page 12)
- Contact list (page 13)

Effective immediately, please use this guide as a reference while facilitating the domestic health assessment of refugees.

If you have any questions, concerns, or comments, please contact me at 404-657-6715. Your cooperation is greatly appreciated.

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I. STATE OF GEORGIA REFUGEE HEALTH PROGRAM OVERVIEW

What is the purpose of the program?

The purpose of the State of Georgia Refugee Health Program (SRHP) is to promote the physical, mental, and social well being of all newly arriving refugees in the state of Georgia.

What does the program do?

- Health Screening and Immunization
Collaborates with county health departments to screen all newly arriving refugees in Georgia for communicable diseases and to administer immunizations. To receive benefits, refugees must be screened within ninety days of their arrival. Refugees screened after ninety days will be covered by Medicaid.
- Interpretation and Translation
Provides interpretation and translation services.
 - Interpretation available in the following languages: Arabic, May-maay (Somali Bantu), Russian, Somali, Swahili, SaGaw Karen, Poe Karen, Burmese, and Thai.
 - Medical interpretation during health screening and follow-up
 - Translates documents and consent forms
- Outreach
 - Home visits to ensure compliance with medical treatment plans
 - Assist refugees during visits to the doctor, hospital, dentist, Stress Clinic, etc.

How many people does the program assist?

In calendar year 2008, Georgia received 2,824 refugees. Eighty-seven percent received health screenings within 90 days.

Why is the program important?

The program ensures that refugees receive adequate healthcare, which is often not provided in their native countries. Screening refugees within 90 days of their arrival aids in the reduction of contracting contagious diseases and/or spreading any diseases to the indigenous community in which the refugee resides. To further ensure prevention of diseases, outreach services provide health education to the refugee community.

Who is eligible?

Refugees, Asylees, Parolees, and Victims of Human Trafficking are eligible for the program.

Where are services located?

Statewide – local county health departments provide the refugee domestic health screening.

What are the program outcome measures?

- Increase the percentage of newly arriving refugees who receive a domestic health assessment within 90 days of their arrival in Georgia to 90%.

Legislative authority:

Official Code of Georgia Annotated (O.C.G.A.) Section 31-2-2

http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=31-2-2.

II. QUICK FACTS – REFUGEES, ASYLEES, PAROLEES, & VICTIMS OF HUMAN TRAFFICKING

A refugee, as defined by the Refugee Act of 1980, is a person who is outside of and unable or unwilling to avail himself/herself of the protection of the home country because of persecution or fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

Refugees

- Foreign-born resident
- Not a U.S. citizen
- Cannot return to country of origin due to persecution or well-founded fear of persecution
- Status 207 – Status given prior to entering the United States
- Status is generally given by the State Department or the United States Citizenship and Immigration Services (USCIS)

Asylees

- Foreign-born resident
- Not a U.S. citizen
- Cannot return to country of origin due to persecution or well-founded fear of persecution
- Status 208 – applies for status while in the United States
- Status is generally given by the State Department or the United States Citizenship and Immigration Services (USCIS)
- Spouse(s) and children under the age of 21 are admitted as derivative asylees

Parolees

- Foreign-born resident.
- Not a U.S. citizen.
- Status 212(d)5 – Discretionary Parole who has been given special permission to enter the United States:
 - ✓ For “urgent humanitarian reasons,” or
 - ✓ When the person’s entry into the U.S. is a “significant public benefit.”

Amerasian Legal Permanent Resident (LPR)

- Aliens from Cambodia, Korea, Laos, Thailand, or Vietnam.
- Born after December 31, 1950 and before October 22, 1982.
- Fathered by a United States citizen.

Unaccompanied Minors

- Refugee children 18 years of age and under eligible to enter the United States but do not have a parent or guardian.
- Identified by the State Department and placed under the Unaccompanied Refugee Minor Program.
- Lutheran Immigration Refugee Services (LIRS) and the United States Catholic Conference (USCC) are the lead voluntary agencies responsible for placing minors.

Victims of Human Trafficking

- Trafficking is the recruitment, transporting, and harboring of individuals to unlawfully and unwillingly perform labor to include sexual services, domestic labor, agricultural labor, servile marriages, and internet/mail order brides. Victims are forced through physical violence, threats, debt bondage, slavery and peonage, as well as coercion.
- Trafficking – form of modern day slavery.
- Victims receive a T-VISA, which allows them to receive the same benefits as a refugee.
- Contact Tapestri, Inc Trafficking Project for publications, brochures, flyers, and/or training.
- If you suspect someone is a victim of human trafficking, the Tapestri hotline is available to contact at 404-299-6957 or 1-888-428-7581 (hotline with applicable interpreters).

III. REFUGEE HEALTH SCREENING PROTOCOL

The State Refugee Health Program (SRHP), in collaboration with county health departments and voluntary agencies, works to ensure that newly arriving refugees who enter the state receive adequate health screenings. Refugees receive an overseas medical exam up to twelve (12) months prior to entering the United States. During this one-year period, refugees are at high risk for communicable diseases. It is important to ensure a healthy transition for the refugee as well as the community in which the refugee resettles. Therefore, it is imperative for each refugee to receive a health screening. This service is provided at no cost to children and adult refugees for a period of ninety (90) days from the date of arrival; however, **county health departments should try to screen the client 30 days from their referral for services.**

Screening Protocol

The following protocol should be followed when a refugee visits your facility for a health screening.

1. Verify the client is a refugee by checking the I-94 card and/or the American Council of Voluntary Agencies (ACVA) form (**see attachment 1**).
2. Perform the tests indicated on the Domestic Health Assessment Form/Invoice – Form 3085 (**see attachment 2**). Please indicate if you were unable to perform a test because the client is too old or too young.
3. Complete the invoice in its entirety, sign, and date. Behind each invoice, attach:
 - A copy of proof of status (I-94 Card or ACVA)
 - Completed Refugee Health Referral Form indicating test results and follow-up information for **all** abnormal results (**see attachment 3**).
4. Submit invoices to the SRHP for reimbursement.
 - Invoices must be in the SRHP office within two (2) months from the initial health screening date. Invoices submitted after the two (2) month deadline will not be reimbursed. Medicaid will cover the costs. Invoices may be sent via mail or fax.
 - If not all tests have been completed during this time, submit the information you presently have. After your facility completes the remaining tests, submit another invoice for additional billing. Your facility has one (1) year from the initial health screening date to complete and submit additional billing.
5. The invoices are then entered by SRHP staff for payment.
6. County Health Departments are paid the last working day of every month. A reimbursement report will be sent to your clinic supervisor indicating the refugees you are being reimbursed for and the amount (**see attachment 4**).
7. You can expect your reimbursement check in approximately 30 days.
8. For questions, comments, or concerns regarding billing, contact the SRHP office at 404-463-3762.

Reimbursement Claimed

The maximum amount of reimbursement that can be claimed on an invoice is \$411.00 for adult refugees 21 years of age and older. Refugee children under the age of 21 will be reimbursed at a maximum rate of \$233.00. Listed below are the maximum amounts you can claim for each test.

Tests	Reimbursement Claim
Tuberculosis:	
• TST	\$68.00
• QFT	\$80.00
Hepatitis B	\$43.00
Stool	\$15.00
STD (Syphilis & GC)	\$30.00
Physical Assessments	\$57.00
Pregnancy	\$ 8.00

Immunizations	Reimbursement Claim
Td/Tdap	\$ 8.00
MMR	\$ 8.00
Hepatitis A	\$ 8.00
Hepatitis B	\$ 8.00
Varicella	\$ 8.00
Pneumococcal	\$ 8.00
HPV (1 dosage only; 21 years – 26 years covered)	\$130.00

The SRHP will **only** reimburse county health departments an \$8 administration fee per injection for the initial dose of immunizations for adult refugees and will reimburse the Georgia Immunization Program for the cost of the vaccines. Additional doses will still be covered by Medicaid.

Children aged 0 through 18 years of age who are in “refugee” status and meet VFC eligibility criteria are considered VFC eligible. Vaccine for adult refugee populations may be administered out of 317/State supplied stock using above guidelines. Medicaid should be billed for the administration fee only for vaccines given to refugees in the 19-20 year old age group. Reimbursement for vaccine administration for refugees ≥21 years of age will continue to be billed and paid by the Refugee Health Program. (Note: U.S. citizenship is not required to receive any federal or state-supplied vaccine.)

Line By Line Instructions – Form 3085

Both sections 1 and 2 should be completed by the Health Care Provider.

If you do not have a Refugee Health Screening Form/Invoice, please contact the SRHP Office at (404) 657-6716. Copies of the form can be made as needed.

Section 1

1. Alien Number – This is an 8 or 9-digit number found on the ACVA form, I-94 card or on other documents provided by the refugee. On some forms, this number is preceded by the letter “A.” It is essential that this number be on the screening form/invoice.
2. Date of Arrival – This is the date that the refugee arrived in the United States. Please enter in mm/dd/yy format. The arrival date can be found on the ACVA form, the I-94 card or other documents. It is essential to have this date on the screening form/invoice.
3. Port of Entry – This is the Quarantine Station through which the refugee entered the United States. It can be found on the ACVA form, I-94 card, etc. The three letter designation is sufficient (i.e., MIA, SFO, SEA, LAX, NYC, etc.).
4. Name – Refugee’s last, first, and middle name must be indicated in the space provided.
5. Sex – Female (F) or Male (M).
6. DOB – Refugee’s date of birth (mm/dd/yy).
7. Country of Origin – The refugee’s place of birth or the country from which they are fleeing persecution.
8. County – The name of the county performing the health screening.
9. Sponsor 1 – The sponsoring agency of the refugee (the voluntary agency, VOLAG).
10. Sponsor 2 – Individual sponsor information. This is normally a family member of the refugee or a church.
11. I-94 Status – Found on I-94 card: Refugee (207), Asylee (208), Parolee (212).
12. Previous Resettlement – Indicates whether the refugee was originally resettled in another state and has now relocated to Georgia.
13. Class A or B – A previously identified Class A/B condition will be identified on the ACVA form or one may be identified through health screening.
 - Class A – Chancroid, Gonorrhea, Granuloma Inguinale, Lymphogranuloma Venereum, Syphilis, Active and Infectious Tuberculosis, Drug addiction, HIV

infection, infectious Hansen's disease, and mental illness with violent behavior. These conditions prevent a refugee from entering the United States unless the refugee receives a waiver from the overseas authority.

- Class B – Non-infectious Hansen's disease, Tuberculosis (B-1 Active, not infectious; B-2 Inactive, old; B-3 Any past TB diagnosis), and any other significant physical disease, defect, or disability.

Section 2

14. Initial Health Assessment Date – Screening date.
15. Where screened – Indicates where the refugee was screened.
16. Tuberculosis – Perform PPD. If the PPD is positive then do a chest x-ray and the bacteriology, if applicable. You do not need to wait for the results of the chest x-ray or the bacteriology to submit the invoice.
17. Hepatitis B – All tests in this section must be done to receive reimbursement.
18. Stool – To receive reimbursement, the ova and parasites tests must be completed.
19. STD – You must complete one of the tests (GC or Syphilis) for refugees ages 12 and above to receive reimbursement.
20. Physical Assessment – Items A – G must be completed to be reimbursed for the physical assessment portion of the screening. If a test can not be completed due to the age of the refugee, indicate "AGE" next to the test. You will then be reimbursed for this section.
 - A. Hypertension – blood pressure.
 - B. Diabetes – blood glucose.
 - C. Anemia – Hct or Hgb.
 - D. Malnutrition – growth chart.
 - E. Hearing – whisper test.
 - F. Vision – eye chart.
 - G. Dental – visual observation of the mouth.
21. Pregnancy – Test all women of child bearing age (typically ages 12 and above).
22. Immunization – Provider must review all immunization records. Check administered for any immunization that is given or check not needed if records indicate it is not necessary.
23. Lead – All refugee children 6 months to 16 years of age should receive a blood lead test.
24. HIV – Please test all willing refugees for HIV. **DO NOT** indicate results on form. Please refer to section Special Case Protocol for additional information.

25. Authorizing Signature – The invoice must be signed and dated by an authorized individual (Nurse or Doctor).

Fill in the appropriate amounts for reimbursement claimed.

Send the original completed form and referrals to:

Georgia Department of Community Health
Division of Public Health
Office of Infectious Disease
State Refugee Health Program
2 Peachtree Street, Ste. 12-417
Atlanta, GA 30303
Or
By Fax: 404-657-3133

If invoices are received with errors or omissions, you will either be contacted by phone or they will be returned by mail for corrections. Those that are returned for corrections must be rectified and returned within 30 days.

Special Case Protocol

Refugees are tested for HIV during the overseas medical exam prior to entering the United States. For those who test positive, it is the responsibility of the assigned voluntary agency to notify the State Refugee Health Program of his/her arrival. Once notification has been given, the SRHP notifies the State HIV Program and the county health department in which the refugee resettled. The health screening and follow-up should be done as soon as possible. Once completed, mark the health assessment invoice as “SPECIAL CASE” and separate from any additional invoices being sent.

In the event a refugee tested negative for HIV during the overseas exam and positive during their initial health screening, first contact your local HIV clinic to schedule counseling and follow-up for the refugee. You must then notify the SRHP via mail, fax, or e-mail indicating the positive refugees’ alien number, date of arrival, and date of birth. This information is needed as soon as readily available to ensure proper documentation.

Protocol for Faxing Medical Information

- 1) Prepare cover sheet. Please include the following information:
 - a. Sender’s name, telephone number, and fax number.
 - b. Sender’s organization name and address.
 - c. Date of transmission.
 - d. Number of pages being sent.
 - e. Receiver’s organization name: State Refugee Health Program.
 - f. Receiver’s name, telephone number, and fax number.
 - g. Confidentiality Statement.
- 2) Call the State Refugee Health Program at **404-463-3762** to let us know medical information is being sent. A member of the SRHP staff must be available at time of transmittal to retrieve the fax.
- 3) Ensure fax is being sent to the correct number: **404-657-3133**.

4) Send fax.

Sample Confidentiality Statement: This message is from **<insert your organization name>** and is intended only for the addressee(s). The information contained herein may include privileged or otherwise confidential information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited. If you receive this facsimile in error or have reason to believe you are not authorized to receive it, please promptly discard of the information and notify the sender of this fax.

Highly sensitive information such as Class A conditions should not be faxed. Follow Special Case Protocol for HIV positive refugees.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. The Standards of Individually Identifiable Health Information, also known as the Privacy Rule, establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services, DHHS, issued the Privacy Rule to implement the requirements of HIPAA. The Privacy Rule standards address the use and disclosure of individuals' health information by organizations subject to the Privacy Rule as well as standards for individuals' privacy rights to understand and control how their health information is used. The Office of Civil Rights, a division of DHHS, is responsible for implementing and enforcing the Privacy Rule. For additional helpful information, visit the DCH HIPAA website at:

www.dch.georgia.gov/hipaa.

IV. REPORTING

Screened/Unscreened Report

On a quarterly basis, each county health department will receive a listing of the refugees that resettled in their county. The list indicates whether that refugee has been screened. For those listed as screened, no additional information is needed. For those listed as not screened, we ask that you return follow-up information within 10 days indicating one of the following:

1. Screened – forward invoice including Referral Follow-up Form for any positive outcomes and proof of status. Please follow proper procedure for completing and sending the health assessment invoice.
2. Never arrived
3. Migrated before screening
4. Migrated after screening
5. Screened in another State or CHD
6. Screened by private physician
7. Unknown/unable to locate
8. Refused
9. Deceased

If the client only had a partial screening, please send information on all services provided.

V. SRHP BILINGUAL HEALTH SERVICE REPRESENTATIVES

The State Health Service Representative (HSR) staff is available to assist county health departments during the health screening and follow-up of newly arriving refugees in Georgia. This can be done on site or via telephone. When HSRs are not conducting health screenings, they perform outreach services to include accompanying refugees to doctors, dentists, and hospital appointments.

It is not the primary responsibility of the SRHP to provide interpretation and/or translation services to your facility. Under the Title VI of the Civil Rights Act, by law it is your responsibility to provide these services to all Limited English Proficient (LEP) individuals who walk into your facility. Therefore, in the event a SRHP Health Service Representative is unavailable, you are liable to find adequate interpretation and translation.

The Georgia Department of Community Health is committed to ensuring that limited English proficient (LEP) and sensory impaired (SI) clients have meaningful access to all programs and activities conducted or supported by the Department. Those services include programs and assistance provided directly by the Department, its Divisions and offices, as well as those funded by grant-in-aid resources to county, regional and local offices. In addition, meaningful language access will be ensured by all entities contracting with the Department for the provision of services. The Limited English Proficient and Sensory Impaired (LEP/SI) Client Services Program can be contacted at 404-657-5244 for interpreter services and/or additional information.

State HSRs are entitled to 12 holidays per year unless otherwise indicated. On the days specified, HSRs will not be available for health screening, follow-up, outreach, etc. The state holiday list is updated yearly.

The following languages are provided for interpretation and translation services: Arabic, May-maay (Somali Bantu), Russian, Somali, Swahili, SaGaw Karen, Poe Karen, Burmese, and Thai.

VI. CONTACT LIST

STATE REFUGEE HEALTH PROGRAM

Monica L. Vargas mlvargas@dhr.state.ga.us	Unit Manager	404-657-6715
Vacant	Program Consultant I	
LaDonna C. Jones lcjones@dhr.state.ga.us	Operations Analyst I	404-463-3762
Margarita Tselesin mtselesin@dhr.state.ga.us	Program Associate	404-657-6716
Aweis Amin awamin@dhr.state.ga.us	Bilingual HSR	404-294-3731
Saida Nur sanur@dhr.state.ga.us	Bilingual HSR	404-294-3731
Loyal Wie	Bilingual HSR	404-294-3731

Georgia Department of Community Health
Division of Public Health
State Refugee Health Program
2 Peachtree Street, 12th Floor
Atlanta, GA 30303
404-657-3133 fax

Community Organizations

Voluntary Agencies

Catholic Social Services (CSS)
680 West Peachtree St.
Atlanta, GA 30308
404-885-7257
404-885-7244 fax
Contact: Frances McBrayer

International Rescue Committee (IRC)
4151 Memorial Dr., Suite 201-C
Decatur, GA 30032
404-292-7731
404-292-5325 fax
Contact: Ellen Beattie

Other Agencies

Bridging the Gap
404-581-0044
404-582-0221 fax
Contact: Seilavong Doeung

Center for Pan Asian Community
Services
770-936-0969
770-458-9377 fax
Contact: Marianne Chung

DeKalb County Board of Health
404-294-3818
404-508-7844 fax

Jewish Family and Career Services (JFCS)
4549 Chamblee Dunwoody Rd
Atlanta, GA 30338
770-677-9300
770-677-9402 fax
Contact: Judy Ledger

Contact: Alawode Oladele
Refugee Family Services
3647 Market Street
Clarkston, GA 30021
404-299-6217
404-299-6217 fax
Contact: Bobby King

Lutheran Services of Georgia (LSG)
756 West Peachtree Dr.
Atlanta, GA 30308
404-875-0201
404-875-9258 fax
Contact: Kay Trendell

Refugee Women's Network
4151 Memorial Drive
Decatur GA 30032
404-299-0180
404-299-9118 fax
Contact: BryAnn Chen

Refugee Resettlement and Immigration
Services of Atlanta (RRISA)
4151 Memorial Dr., Suite 205 – D
Decatur, GA 30032
404-622-2235
404-622-2231 fax
Contact: Pedia Nixon

Tapestri, Inc.
467 N. Indian Creek Drive
Clarkston, GA 30021
404-299-2185
404-299-8668 fax
Contact: Vanisa Karic

World Relief Corporation (WR)
655 Village Square Dr.
Stone Mountain, GA 30083
404-294-4352
404-294-6011 fax
Contact: Brian Burt

Good Shepherds Services, Inc
2426 Shallowford Terrace
Chamblee, GA 30341
770-986-8279
770-451-0156 fax
Contact: Christine Troung