

Refugee Health Program

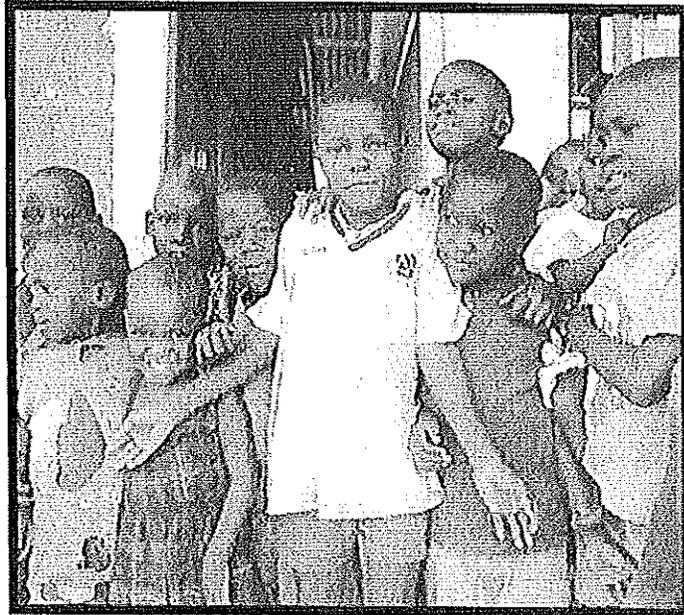


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State of Georgia Refugee Health Guidelines Manual

Preface: The State of Georgia Refugee Health Program

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.”¹ Asylees, parolees, and Victims of Severe Forms of Human Trafficking who are certified by the Office of Refugee Resettlement (ORR) are entitled to receive services provided to refugees. The refugee population is considered, and arguably, the most vulnerable population in terms of physical, social, and psychological well-being. Many are forced to flee their home at a very short notice and have experienced torture and horrific traumatic events. In addition, the refugee has spent years in an overcrowded camp with little to no access to health care and arrive in Georgia with physical and mental health problems.

The State Refugee Health Program’s (SRHP) mission is to promote the physical, mental, and social well-being of all newly arriving refugees in Georgia. Since 1981, the state has resettled over 69,000 refugees. During Federal Fiscal Year (FFY) 2010, 3,411 refugees, asylees, parolees, Victims of Severe Forms of Human Trafficking from 65 countries resettled in 27 counties in the state Georgia. The program works with voluntary agencies, county health departments, and family sponsors to ensure that refugees receive an initial domestic health screening. Based on the data collected, it becomes increasingly important to address the continued health needs of the refugee as well as the endogenous community where the populations are resettled.

Many within the refugee population have health issues that are preventable; however, these issues are compounded by poverty, civil unrest, poor infrastructures, and poor access to much needed health services. Refugees typically come from areas of the world where a formal health care system is nonexistent or completely different from that of the United States (U.S.). Cultural, linguistic, and system barriers hinder the refugees from visiting health institutions for health assessment and follow-up services. Furthermore, refugees with communicable diseases are hesitant to receive health services because of the fear of being deported if their health problem is identified. Newly arriving refugees may have no prior knowledge regarding the U.S. health care system, and many often have an array of complex health problems varying from acute to untreated chronic illnesses. Linking the newly arriving refugee to comprehensive primary health care services and providing multicultural health education should be a priority.

Acknowledgements

The Georgia Refugee Health Program would like to acknowledge the Minnesota Department of Health Refugee Health Program, Maryland Refugee Health Program, and Iowa Refugee Health Program for their publications that served as a model for this manual.

¹ USCIS, “Definition of Refugee from the Immigration & Nationality Act,” Section 101(a)(42)

Section 1: Introduction & Summary

The goal of this guide is to provide general information to assist health care providers in successfully completing the domestic health screening exam for all newly arriving refugees. The health screening process requires active involvement, participation, and collaboration of health care provider, local health departments, voluntary agencies, and the Georgia Department of Public Health to ensure that refugees receive the most optimal services afforded to them.

This guide contains resources that will be useful while navigating the various aspects of the health screening process, as well as explanations by the Centers for Disease Control and Prevention (CDC) for frequently encountered health screening issues.

What is the Refugee Health Screening?

The refugee health screening (also referred to as the domestic refugee health assessment) is ideally completed in the state of the refugee's initial arrival to the United States. The refugee health screening has four central purposes: (1) to reduce and recognize health-related barriers to successful resettlement, (2) to protect the health of local, state and national populations, (3) identify health issues that may need continued care over and beyond public health's capacity, and (4) ensure that the client has full use of Medicaid during their eight month eligibility as mandated by the Federal Office of Refugee Resettlement (ORR).

The Federal Refugee Act of 1980 directs every state to offer a health exam to newly arrived refugees; however, it is not mandatory that refugees undergo the assessment. In Georgia, refugees are eligible for medical Assistance during their first eight months in the United States, which can be billed for all components of the exam.

Overseas Exam vs. Domestic Exam

The Georgia Refugee Domestic Health Assessment differs significantly from the medical examination completed overseas in both its purpose and scope. The overseas examination is intended to identify medical conditions which will exclude a person from coming to the U.S. The domestic refugee health assessment is designed to reduce health-related barriers to successful resettlement, while protecting the health of Georgia residents, and the U.S. population.

The overseas examination is valid for up to a year, so there is potential for a lengthy lag period between medical clearance and arrival in Georgia. The possibility exists for an individual to develop medical conditions, such as active tuberculosis, after the overseas exam, which may remain undetected until the health assessment is administered. Obtaining the results of this health assessment on newly arriving refugees is crucial to the development of appropriate public health responses to health issues.

Why is the Health Screening Important?

There are various reasons why the health screening for newly arrived refugees is particularly important to successful resettlement in the United States, most notably:

- Newly arrived refugees may have received little or no medical care for several years prior to resettlement.
- Depending on the area of the world that refugees are emigrating from, there are infectious diseases refugees are vulnerable to (such as parasitic infections) which can have long latency periods and can negatively impact their health for many years if left untreated.
- The purpose of the refugee health screening is to address immediate health needs such as immunization requirements for school, employment and adjustment of status, and to evaluate for diseases of public health significance.

Georgia Domestic Health Assessment Form

Under the recommendations of the Immigrant and Nationality Act of 1980, the Georgia Refugee Health Program includes screening for the following:

- Tuberculosis
- Hepatitis B screening and vaccination
- Intestinal parasites
- Sexually transmitted diseases (HIV, Syphilis, Gonorrhea, and Chlamydia)
- Immunization assessment
- Lead (ages ≤ 16 years)
- Assessment and referral for other health issues

Completion of the Refugee Health Assessment

The first appointment for the health screening should be initiated *within 30 days* of arrival. It is important to schedule health screenings and conduct appropriate follow up as soon as possible to ensure refugees have full use of Medicaid during their eight month eligibility period. The goals of the refugee health screening exam are to screen for and treat any identified communicable diseases, develop a problem list of any health issues to be referred to a primary care provider, begin preventive health care, assess and start immunizations, and refer all clients to primary care for continuation of health care. Both diagnosis and treatment should be cost effective. All refugees, regardless of the 30 day time frame, should have the initial health assessment done and that information reported to the Georgia Refugee Health Program.

Submission of the Georgia Domestic Refugee Health Assessment Form

Once the assessment form has been completed, send a copy to:

State Refugee Health Program
40 Pryor Street, First Floor
Atlanta, GA 30303

or

Fax to:

(404) 463-1416

Section 2: Immigrant Status Eligible for Refugee Services

Refugee status is determined by the Department of Homeland Security before a person is eligible for resettlement in the United States. Refugees are a category of immigrants, as defined by the Refugee Act of 1980, as 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.”² They are entitled to all of the rights and responsibilities of legal residents.

According to the Immigration and Nationality Act, refugees, including Cuban/Haitian Entrants and certain Amerasians, are eligible for refugee health services for a period of eight months from the date they enter the United States. Asylees and Victims of Human Trafficking are eligible to receive a refugee health assessment with appropriate identifying papers. These groups have been defined below:

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 Parolee 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

² U.S. Citizenship and Immigration Services. Definition of Refugee from the Immigration and Nationality Act, Sec. 101(a)(42).

- 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 404-299-0895 or 1-866-317-3733 (hotline with applicable interpreters)

Section 3: Refugee Health Screening Protocol

The Georgia Refugee Health Program, in collaboration with county health departments (CHDs) and VOLAGs, work 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 manual has included CDC's guidelines for refugee health screening for your reference at the end of this manual.)*

Refugees should receive a health screening within **30 days** of arrival (within seven days for HIV positive refugees). Some refugees arrive with Class B conditions that require rapid follow-up. Voluntary Agencies (VOLAGs) should advise refugees to bring a copy of their overseas exam results to the initial health screening at the county health departments. VOLAGS should coordinate with the screening sites to schedule appointments to ensure that refugees are screened within **30 days** from their arrival date. The Refugee Domestic Health Assessment Form/Invoice – Form 3085 (**Attachment 1**) should be mailed or faxed to the Refugee Health Program by the 10th of the following month for reimbursement.

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, the American Council of Voluntary Agencies (ACVA) form, and/or Certified State Department Letter (**Attachment 2**).
2. Perform the tests indicated on the Domestic Health Assessment Form/Invoice – Form 3085. Please indicate if you were unable to perform a test because of client's age.
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 (**Attachment 3**)
 - Complete Refugee Health Outcome Assessment Report (**Attachment 4**)
 - Complete and give copy of Refugee Health Assessment Summary to Client and attach to invoice (**Attachment 5**)
4. Submit invoices to the SRHP for reimbursement
 - Invoices must be in the SRHP office by the 20th day of the following month. Invoices submitted after the **10th day** deadline will not be reimbursed, and Medicaid will cover the costs of the screening.
 - Children (0-20 years) should be billed to Medicaid
 - Invoices may be sent via mail or fax
 - If all tests have not been completed during this time, submit the information you presently have, and submit completed information within 60 days of initial health screening

5. The invoices are then entered by the Refugee Health Program staff for payment.
6. A reimbursement report will be sent to your clinic supervisor indicating the refugees you are being reimbursed for and the amount.
7. You can expect your reimbursement check in approximately 30 days.
8. For questions, comments, or concerns regarding billing contact the SRHP office at 404-657-6715 or 404-657-6716.

Section 4: Reimbursement for Services

The maximum amount of reimbursement rates that can be claimed on an invoice is as following for adult refugees in the following age tiers:

Age	Reimbursement
21-39	\$366.23
46-64	\$387.23
65 and older	\$399.23

Refugee children under the age of 21 will be reimbursed by Medicaid.

The SRHP will reimburse CHDs for services provided during the initial health screening and follow-up, including the first doses of applicable vaccines within **30 days of arrival**. If additional vaccination doses are needed after 30 days to complete immunization, Refugee Medical Assistance (RMA) will not cover the cost. County health departments will have **60 days** from the date of arrival to claim additional reimbursements for pending laboratory tests. If pending laboratory tests are submitted after 60 days from the date of arrival, RMA will not cover the cost. Listed below are the maximum amounts you can claim for each test.

County health departments can only bill the State Refugee Health Program or Medicaid for initial health services, but not both!

Tests	Reimbursement Claim
Tuberculosis: <ul style="list-style-type: none"> • IGRA/Quantiferon Test • Tuberculin Skin Test • Chest X-Ray 	 \$80.00 \$ 9.00 \$24.00
Hepatitis B	\$43.00
Stool	\$15.00
STD <ul style="list-style-type: none"> • Syphilis • Chlamydia/Gonorrhea 	 \$ 6.23 \$17.00
Physical Assessments (based on age): <ul style="list-style-type: none"> • 21 – 39 years • 40 – 64 years • 65 years and older 	 \$128.00 \$149.00 \$161.00
Pregnancy	\$ 9.00
HIV	\$20.00

Immunizations	Reimbursement Claim
Td/Tdap	\$ 8.00

MMR	\$ 8.00
Hepatitis A	\$ 8.00
Hepatitis B	\$ 8.00
Varicella	\$ 8.00
Pneumococcal	\$ 8.00

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.)*

Effective December 14, 2009, vaccination requirements for U.S. immigration were revised. CDC will use these criteria for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to decide which vaccines will be required for U.S. immigration. The criteria will be used at regular periods, as needed, by CDC. The new vaccination criteria are:

- The vaccine must be age-appropriate for the immigrant applicant
- The vaccine must protect against a disease that has the potential to cause an outbreak
- The vaccine must protect against a disease that has been eliminated or is in the process of being eliminated in the United States

ACIP recommends vaccines for a certain age range in the general U.S. public. These ACIP recommendations will be used to decide which vaccines are age-appropriate for the general immigrant population.

Both sections 1 and 2 should be completed by the Health Care Provider (Doctor or Nurse).

If you do not have a Refugee Health Screening Form/Invoice, please contact the office at (404) 232-7824. 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, certification letter, 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 names 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). Please attach to invoice. Victims of Human Trafficking will have a certified letter.
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 – Chancroids, Gonorrhea, Granuloma Inguinale, Lymphogranuloma Venereum, Syphilis, Active and Infectious Tuberculosis, Drug addiction, 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. Final Assessment Date – Date of last screening.
15. Where screened – Indicates where the refugee was screened.
Indicate Interpreter need, and if the interpretation was provided by County or State employee, the Language Line, or no interpreter was needed.
Indicate if reimbursement will be by RMA or Medicaid.
16. Tuberculosis – Perform a PPD or QFT/IGRA. If the PPD or QFT/IGRA is positive/abnormal, 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. Indicate the parasite(s) that was found.
19. STD –One of the tests (GC or Syphilis) should be completed for refugees ages 12 and above.
20. Physical Assessment – Items A – G should be completed to be reimbursed for the physical assessment portion of the screening. If a test cannot 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.

Vital Signs

Complete this section on the vitals of the client as part of the physical assessment for reimbursement.

21. Pregnancy – Test all women of child bearing age (typically ages 12 and above).
22. Immunizations – 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 or age appropriate.

23. Lead – All refugee children 6 months to less than 16 years of age should receive a blood lead test.

24. HIV – Please test all willing refugees for HIV. Check if Opted-in or Opted-out. **DO NOT** indicate results on invoice or referral form.

Additional Labs and Screenings: Indicate on the health screening invoice of additional tests administered on the form.

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

Fill in the appropriate amounts for reimbursement claimed, and let the program know how you will be reimbursed by checking either Medicaid or RMA (Refugee Medical Assistance reimbursed by the State Refugee Health Program).

Send the original completed form and referrals to:

Georgia Department of Public Health
Infectious Disease & Immunization
State Refugee Health Program
40 Pryor Street, First Floor
Atlanta, GA 30303
Or
By Fax: 404-463-1416

If invoices are received with errors or omissions, they will be returned by mail for corrections. Those that are returned for corrections must be rectified and returned within **10 days** for reimbursements, otherwise CHD will have to bill Medicaid for the services.

Special Case Protocol

As of January 4, 2010, HIV infection is no longer defined as a communicable disease of public health significance. Testing overseas is no longer required as part of the U.S. immigration and medical screening process, and a waiver is no longer required for entry into the country. County health departments should follow current CDC guidelines for the U.S. that recommend HIV screening in health care settings for all refugees 13-64 years of age on arrival. These recommendations can be found in the additional resources page located at the end of this manual.

Protocol for Faxing Medical Information

1. Prepare cover sheet. Please include the following information:
 - Sender's name, telephone number, and fax number.
 - Sender's organization name and address.
 - Date of transmission.
 - Number of pages being sent.
 - Receiver's organization name: State Refugee Health Program.
 - Receiver's name, telephone number, and fax number.
 - Confidentiality Statement.

2. Call the State Refugee Health Program at **404-232-7824** 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: **404-463-1416**
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.**

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.

Section 5: Reporting

Screened/Unscreened Report

On a monthly 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, please return the 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.

Reportable Diagnosis

Georgia law requires that physicians, healthcare facilities, and laboratories report certain diseases to the Georgia Department of Public Health. A copy of this law, the requirements for reporting, and the form used to report are included in the at the end of this guide. For more information about mandatory reporting or to report a case, please call the Georgia Department of Public Health at 404-657-2588.

Section 6: 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 an SRHP Health Service Representative is unavailable, **you are liable to find adequate interpretation and translation.** A summary of the guidance for LEP clients can be found at the end of this manual.

The Georgia Department of Public 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 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. If you need assistance with medical interpretation, you may contact the program to schedule for a Health Service Representative to assist during the medical screening. The following languages are provided for interpretation and translation services: May-maay (Somali Bantu), Somali, Swahili, SaGaw Karen, Poe Karen, Burmese, and Thai. Please call 404-463-3459 to schedule for medical interpretation. **This service is only available to clients that are within 90 days of their arrival date.**

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.

Special Considerations: Children and Cultural Differences

When performing a history and physical exam on refugee children, it is important to remember that they will have the same level of fear and anxiety encountered in U.S. children of the same ages. Attention should be paid to reassuring and calming the child as best as possible during the exam. In addition, because refugee children are at high risk for developmental delay and behavioral issues, the provider should incorporate an assessment of the child's developmental stage using standardized historical and exam milestones, whenever possible. Lastly, it is known that refugee children have a high prevalence of malnutrition and growth retardation. Providers should use standardized growth charts and refer families to WIC and other nutritional support programs as needed.

During the exam, providers should be considerate of refugees' cultural and religious beliefs and accommodate them as much as possible. For example, an Islamic woman may not wish to be examined by a male physician. If using interpreters, bear in mind that the gender of the interpreter should similarly be considered. Interpreters of the opposite gender from the patient may need to stand behind a curtain or screen, and in some instances the patient may not speak freely in front of an interpreter of a different gender.

Section 7: Refugee Health Partners

The Refugee Health Program works with refugee resettlement agencies, state programs, and medical and social service providers to ensure that refugees receive coordinated and comprehensive health care services. The Refugee Health Program also provides training and technical assistance to refugee providers. Providers may contact the Refugee Health Program at (404) 657-6715 or fax a training request form (**Attachment 6**) to (404) 657-3133 to schedule a session.