

# STATE OF MISSOURI REFUGEE MEDICAL SCREENING

## PROVIDER GUIDE

Effective: 10-01-2018

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## I. PART ONE – INTRODUCTION

[The United Nations High Commissioner for Refugees \(UNHCR\)](#) estimates that there are 68.5 million forcibly displaced individuals worldwide; 40 million are Internally Displaced People (IDP), 25.4 million are refugees, and 3.1 million are asylum-seekers. Most of those forcibly displaced are being hosted in developing countries where they may have little support to address their needs. Refugees come mainly from three countries, namely, South Sudan, Afghanistan, and Syria; individuals from these three countries account for 57% of the refugees around the world. A majority of refugees will stay in the countries they fled to until they can return safely to their home countries and a smaller number of refugees will be allowed to become citizens of the country they fled to. Very few refugees (less than 1%) in any given year will be allowed to resettle in a third country like the United States. Individuals selected for resettlement are those identified as being at highest risk.

Since 1975, the United States has resettled more than 3.3 million refugees permanently; more than any other country in the world. Missouri has one of the smallest-foreign born populations in the Midwest, but it has one of the highest percentages of refugees (5.5% of the state’s total foreign born population); this is three times higher than the national average according to the [Chicago Council on Global Affairs](#).

Due to the nature of the circumstances that surround refugees’ experiences of forced displacement, health needs may not be able to be properly addressed for a long period, which may result in an increase in the prevalence of chronic diseases, such as high blood pressure and diabetes mellitus, etc. Refugees from certain areas in the world may also be at higher risk for certain communicable diseases, such as malaria.

Under federal regulations [45 CFR 400.107](#), the Office of Refugee Resettlement (ORR) approved and appointed [U.S. Committee for Refugees and Immigrants \(USCRI\)](#) as the Medical Replacement Designee (MRD) in the State of Missouri, effective May 1, 2018. As the MRD, USCRI is charged with establishing a statewide policy to guide implementation partners, including Local Public Health Agencies (LPHAs), Federally Qualified Health Centers (FQHCs), and private healthcare providers in the administration of the Refugee Medical Screening (RMS) Program.

The purpose of the RMS Program is to ensure well-coordinated follow-up for medical issues identified in the overseas medical screening; identify persons with diseases of potential public health importance; and enable refugees or other

program-eligible clients (see Part One b) to successfully resettle by identifying personal health conditions that, if left unidentified, could adversely impact his or her ability to resettle.

## a) Scope

The purpose of the Missouri Refugee Health Screening Provider Guide is to inform healthcare providers of the administrative and clinical components of the Refugee Medical Screening (RMS) and the special needs of the eligible populations (see Part One b). This guide is intended for anyone who assists in delivering RMS elements whether clinical or administrative in nature. This manual includes helpful resources such as websites, forms, instructions, and contact information of USCRI Refugee Health Services. At the end of this guide, you will find an appendix of supplementary materials, including the Missouri Refugee Health Assessment Form and USCRI's Trimester Programmatic Report (TPR). You may opt to read through the entire guide, or you can use it as a reference tool, selectively looking up topics that you have questions about.

## b) Definitions

**(1) Eligible Populations:** The populations eligible for the RMS Program include refugees, asylees, entrants from Cuba and Haiti, Special Immigrant Visa (SIV) Holders from Iraq and Afghanistan, Victims of Severe Trafficking (VOT), and Unaccompanied Refugee Minors (URM).

- i. **Refugee** — A person determined by the United States Citizenship and Immigration Services (USCIS) to be outside his or her country of nationality and unable to return because of persecution or fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. A refugee is granted this status before entering the U.S. and in accordance with [Section 101\(a\) \(42\) of the Immigration and Nationality Act \(INA\)](#).
- ii. **Asylee** — An individual who has been granted asylum under [Section 208 of the Immigration and Nationality Act](#). An asylee had to flee his or her country in fear of persecution because of race, religion, nationality, political opinion or membership in a particular social group and was already present in the United States at the time he or she obtained asylum.
- iii. **Cuban/Haitian Entrant** — An individual granted parolee status as a Cuban/Haitian Entrant, as defined by USCIS and in accordance with [Title V of the Refugee Education Assistance Act of 1980](#). A national of Cuba or Haiti who is not subject to a removal order and is in removal proceedings

or has a pending asylum application also meets the definition of Cuban/Haitian Entrant.

- iv. **[Special Immigrant Visa \(SIV\) Holders from Iraq and Afghanistan](#)** — Iraqi and Afghan nationals who have provided valuable service to the U.S. Government in Iraq or Afghanistan and who have experienced or are experiencing an ongoing serious threat as a consequence.
- v. **[Victim of Severe Trafficking](#)** — An individual who has a certification, eligibility or interim assistance letter from the U.S. Department of Health and Human Services in accordance with the [Trafficking Victim Protection Act](#).

**(2) Medical Screening:** “Medical Screening” refers to the recommended clinical services for eligible populations according to [ORR’s Revised Medical Screening Guidelines for Newly Arriving Refugees \(State Letter 12-09\)](#). This includes review of overseas documents and health history, a physical exam, immunizations, follow-up appointments, and referrals.

**(3) Local RMS Providers:** “Local RMS Providers” refers to the health professionals or clinics that deliver the recommended RMS elements, such as LPHAs, FQHCs, and private health care providers.

### c) Enabling Legislation and Rules

There are federal and state laws that enable USCRI to operate the RMS Program in Missouri, as well as federal requirements that dictate implementation of the medical screening.

**(1) ORR Funding:** Pursuant to [Section 412\(b\)\(5\) of the Immigration and Nationality Act](#), ORR is authorized to fund MRDs to cover the costs of providing medical screening to refugees and other program-eligible clients.

**(2) Operation of RMA:** As part of the Refugee Medical Assistance (RMA) Program, designees may provide a medical screening to refugees if done in accordance with requirements prescribed by [45 CFR 400.107](#).

**(3) Medical Replacement Designee Authorization:** As allowed under [45 CFR §400.301](#), USCRI is the MRD and administers the statewide RMA and RMS Programs through its field offices in St. Louis, MO and Kansas City, MO in accordance with [45 CFR §400, Subpart G](#) and USCRI’s ORR-approved State Plan. USCRI can amend the State Plan to comply with ORR standards, goals and priorities established by USCRI’s Director of Refugee Health Services as needed, as required by [45 CFR §400.5\(i\)\(4\)](#).

- (4) **General Law:** It is critical that USCRI and local RMS providers comply with all applicable federal and state statutes, regulations, standards, policies and guidelines, including, but not limited to:
- i. [The Immigration and Nationality Act, 8 U.S.C. §§ 1522;](#) and
  - ii. [Chapter 192, MO Title XII Public Health and Welfare;](#)
- (5) **State Letters, Recommendations, or Guidance** which may be issued by ORR and/or Centers for Disease Control and Prevention (CDC), and forwarded to local RMS providers by USCRI, during this collaboration.
- (6) **Medical Screening Requirements:** Medical screening requirements are outlined in [ORR's Revised Medical Screening Guidelines for Newly Arriving Refugees \(State Letter 12-09\)](#).
- (7) **Medical Screening Guidance:** The CDC has released a series of [12 subject-based guidance](#) documents for health professionals providing medical screenings, which local RMS providers are encouraged to use as guidance.

## II. PART TWO – REFUGEE MEDICAL SCREENING

Refugees go through at least two medical examinations as part of their resettlement process: one is conducted overseas before they arrive, and the medical screening referenced in this manual is conducted shortly after a refugee's arrival to the United States. Documentation of the overseas medical examination is often provided by the refugees themselves at their appointments and USCRI also provides RMS providers access to these documents; it is essential for local RMS providers to be familiar with these documents.

### a) Overseas Medical Examination

- (1) Refugees who are selected for resettlement in the U.S. go through a mandatory overseas medical examination conducted by United States panel physicians. The purpose of the overseas medical examination is to identify individuals with [inadmissible health conditions \(Class A\)](#) and it also assists health care providers to recognize refugees with health conditions (Class B)<sup>1</sup> that require follow-up upon arrival.

<sup>1</sup> Tuberculosis: active, not infectious; extrapulmonary; old or healed TB; contact to an infectious case-patient; positive TST, Hansen's disease, not infectious, and other significant physical disease, defect, or disability

- (2) Results of the overseas medical examination are documented on a set of standardized forms:
  - i. Form DS-2054: Report of medical examination by panel physicians
  - ii. Form DS-3025: Vaccination documentation worksheet
  - iii. Form DS-3026: Medical history and physical examination worksheet
  - iv. Form DS-3030: Tuberculosis worksheet
- (3) USCRI can grant access to local RMS providers to review overseas medical records using the Electronic Disease Notification System (EDN), administered by the CDC's Division of Global Migration and Quarantine (DGMQ). Access will be limited to individual program-eligible clients in their respective jurisdictions.

## b) Domestic Medical Screening

It is recommended that local RMS providers comply with the following medical screening guidelines:

### (1) Utilization of Overseas Medical Examination Records

It is recommended that local RMS providers review information from [overseas medical examinations](#) to conduct the health history as part of the medical screening. (See Part Six) for more information on how these records can be accessed).

### (2) Medical Screening Process

- i. The medical screening is the central element of the RMS Program and corresponding contracts with each participating local RMS provider.
- ii. It is recommended that local RMS providers follow [ORR's Revised Medical Screening Guidelines for Newly Arriving Refugees \(State Letter 12-09\)](#) as well as consult the [CDC's Guidelines for the Domestic Medical Examination for Newly Arriving Refugees](#) and a [Summary Checklist](#) for the detailed, holistic outline regarding the medical screening.

(3) In most cases local resettlement agencies (LRAs) will assist local RMS providers in identifying medical screening-eligible individuals and in initiating screening. Some eligible individuals will also self-refer.

(4) It is recommended that medical screenings are initiated within a preferred period of thirty days and they are required to be completed within a maximum of ninety days from client eligibility date.

- a. Eligibility date is a client’s arrival in the United States (refugees, SIVs, Cuban/Haitian entrants, and [derivative asylees](#)), date asylum was granted (asylees), or certification date of eligibility by ORR for victims of trafficking.
  - b. If a medical screening is requested ninety days after a client’s eligibility, documentation that the client is ineligible for Medicaid/CHIP must be provided to USCRI before screening is conducted and USCRI will provide further guidance to the local RMS provider.
- (5) It is preferred that each local RMS provider follows the protocol for medical screening specific to their location. Contact the State Refugee Health Coordinator (SRHC) or Refugee Medical Screening Program Officer (RMS-PO) with any questions about the screening protocol in your area. (See Part Eight for their Contact Information.)
- a. Generally, medical screenings are provided in one or two visits.
  - b. Referrals should be provided as part of the medical screening as well as the coordination of any necessary follow-up care.
- (6) Services should be provided according to [Culturally and Linguistically Appropriate Service standards](#), especially standards 1, 5-8.
- (7) It is recommended that the medical screening include all the activities outlined in Part 2 c below.

### c) Medical Screening Elements

Activity	Description/Guidance
Review overseas medical examination records	Provided by the CDC’s Division of Global Migration and Quarantine (DGMQ) using the Electronic Disease Notification database (EDN). It is preferred that these documents be reviewed prior to a client’s first visit.
Health history	A thorough health history should be conducted using the client’s overseas medical examination records and any other medical documents brought by the client to the appointment along with any other information they verbally provide during the medical screening.
Physical exam	Physical exam includes a comprehensive clinical evaluation as well as a head-to-toe review of all systems, including an



	assessment of nutritional wellbeing, reproductive health, mental health, dental health, hearing and vision.
Age-appropriate vaccinations	<p>Vaccinations should be provided according to CDC guidelines and based on a review of overseas vaccination records (form DS-3025) and any other immunization records provided by the client during the visit.</p> <ul style="list-style-type: none"> <li>• MMR</li> <li>• Varicella</li> <li>• Hepatitis A, B</li> <li>• Diphtheria, Tetanus, Pertussis</li> <li>• Polio</li> <li>• Haemophilus influenzae type b (Hib)</li> <li>• Rotavirus</li> <li>• Meningococcal</li> <li>• Seasonal Influenza</li> <li>• Pneumococcal</li> <li>• Elective: HPV and Zoster</li> </ul>
Laboratory testing	<p>Laboratory testing includes:</p> <ul style="list-style-type: none"> <li>• Complete Blood Count with differentials</li> <li>• Basic/Comprehensive Metabolic Panel (B/CMP)</li> <li>• Urinalysis</li> <li>• Cholesterol</li> <li>• Pregnancy testing</li> <li>• Testing for certain sexually transmitted Infections, including Chlamydia, Syphilis, HIV/AIDs, and other STIs as necessary</li> <li>• Hepatitis B and C testing</li> <li>• Blood lead level</li> <li>• Stool Ova and Parasite testing (O&amp;P)</li> <li>• Malaria testing</li> </ul>
Tuberculosis screening	<p>Tuberculosis screening includes:</p> <ul style="list-style-type: none"> <li>• Questioning for signs and symptoms</li> <li>• Administration of interferon gamma release assay (IGRA) tests i.e. T-SPOT® or QuantiFERON®-TB Gold In-Tube test (QFT-GIT), or a Mantoux Purified Protein Derivative (PPD) skin test if IGRA testing is contraindicated</li> <li>• Submission of appropriate referrals to local/regional tuberculosis programs for evaluation</li> </ul>

	<ul style="list-style-type: none"> <li>• Follow-up treatment or prophylaxis, as medically indicated</li> </ul>
Mental health screening	<p>Mental health screening should assess for acute psychiatric emergencies and may also include additional assessment as well. A suggested screening tool that has been validated for use (for individuals 14 years and older) is the <a href="#">Refugee Health Screener-15 (RHS-15)</a>. This screening tool assesses for anxiety, depression, and PTSD.</p>
Treatment for minor conditions	<p>Minor conditions not needing referrals (such as cuts, lice, scabies, etc.) should be treated.</p>
Provision of medications	<p>The following medications may be provided if needed:</p> <ul style="list-style-type: none"> <li>• Antiparasitics for individuals who did not receive them overseas and may be given in lieu of the screening for parasites</li> <li>• Vitamins for children between six months and five years of age (and those over five years with clinical evidence of malnutrition)</li> <li>• Medications for overseas outbreaks, such as meningitis</li> <li>• Medications or prescriptions for medications in emergency situations for pre-existing conditions</li> </ul>
Prescriptions	<p>Prescriptions may also be written for any other medications needed to treat new or existing conditions.</p>
Medical Home	<p>Consistent with clinical best practice, USCRI expects that local RMS providers will continue to provide care and become the medical home for program eligible clients they serve or refer clients to a health care facility with this capacity.</p>
Follow-up and Referrals	<p>Should be provided for any identified conditions, any screening tests that have abnormal results, and to address identified needs in a wholistic way. Referrals may include:</p> <ul style="list-style-type: none"> <li>• medical</li> <li>• vision</li> <li>• hearing</li> <li>• dental</li> <li>• mental and behavioral health</li> <li>• community health and social services referrals</li> <li>• Women, Infants, and Children (WIC)</li> <li>• family planning</li> </ul>

	<ul style="list-style-type: none"> <li>• children’s health</li> <li>• newborn screening tests</li> <li>• rehabilitation</li> <li>• any other services not listed but deemed necessary</li> </ul>
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**d) Beyond the Initial Medical Appointment**

- (1) Vaccines should be provided for up to one year from date of client eligibility to ensure refugees and asylees meet requirements for adjustment of status for lawful permanent residency.
- (2) It is also suggested that the local RMS providers assist with adjustment of status for lawful permanent residency purposes paperwork.
  - a. Adjustment of status is the process that eligible individuals can use to apply for lawful permanent resident status (also known as applying for a Green Card) in the United States. For refugees this is one year from the date of arrival to the United States and for asylees this is one year from the date they received asylum.
  - b. If local RMS providers are civil surgeons or are health departments (some may have designation as civil surgeons for adjustment of status purposes) they may assist refugees in the completion of the I-693 form. If local RMS providers are not civil surgeons, they should review client's vaccination records to ensure they are up to date and refer the refugee to the local health department or civil surgeon for completion of the I-693 form.
  - c. If local RMS providers are civil surgeons, they may assist other program eligible clients (not refugees) in the process of adjusting their status which requires more than just the completion of the I-693 form. If local RMS providers are not civil surgeons, they should refer the client to a civil surgeon in their area. This can be done by using the USCIS link: <https://my.uscis.gov/findadoctor>.

**III. PART THREE – HEALTH EDUCATION AND CASE MANAGEMENT**

**a) Program and Health Information Dissemination**

- (1) It is recommended that local RMS providers disseminate the Welcome to the Refugee Health Clinic Information Sheet to all clients (based on appropriate language and literacy levels) and provide health care orientation, case

management, and referrals. The Welcome to the Refugee Health Clinic Information Sheet is available upon request.

- (2) It is recommended that local RMS providers implement health care orientation and general health education, including but not limited to the following topics:
  - i. Chronic disease
  - ii. Preventive health care
  - iii. How to use insurance in the United States
  - iv. How to navigate the United States healthcare system
  - v. Emergency preparedness
  - vi. Difference between a primary care provider (PCP) versus urgent care versus the emergency room

## **b) Case Management**

- (1) Consistent with clinical best practice, USCRI expects local RMS providers to provide and/or collaborate with LRAs in delivering case management services, including but not limited to:
  - i. Client tracking
  - ii. Provision of, or arrangement for, necessary transportation
  - iii. Home visits and/or other client contact (e.g., telephone)
  - iv. Trained interpreter support, sufficient to carry out effective screening and follow-up, through initial referral appointments for identified conditions needing referral

## **IV. PART FOUR – REIMBURSEMENT**

The vast majority of RMS eligible clients are covered by Medicaid. A small percentage of RMS-eligible clients are covered by Refugee Medical Assistance (RMA) which is not Medicaid but mimics Medicaid coverage. USCRI manages the RMA program through a third-party administrator, Point Comfort Underwriters (PCU). An even smaller percentage of RMS-eligible clients will not have health insurance. There are several reimbursement methods for local RMS providers to cover the cost of medical screening in the State of Missouri.

### **a) Medicaid**

- (1) For individuals with MO HealthNet (Straight Medicaid), bill each service delivered as you would for any other Medicaid recipient.
- (2) For individuals who receive MO HealthNet Care Program, contact the health plan directly to inquire about the individual's eligibility and the status of enrollment by calling the following:

- [Home State Health](#) 1-855-694-4663
- [Missouricare](#) 1-800-322-6027
- [UnitedHealthcare](#) 1-866-292-0359

## **b) Refugee Medical Assistance (RMA)**

- (1) Clients who are ineligible for stated-funded Medicaid, may be eligible for RMA. LRAs help eligible individuals apply for RMA.
- (2) Local RMS providers should be able to identify RMA-recipients by their RMA insurance card at the time of the RMS visit. A local RMS provider may also seek assistance from LRAs to identify clients with RMA.
- (3) It is strongly recommended that local RMS providers contract with PCU to ensure accurate billing and reimbursement for services provided to clients with RMA.
- (4) For any questions or concerns about RMA or for information about how to begin a contract with PCU, please contact USCRI's Refugee Medical Assistance Program Officer (RMA-PO) at 703-310-1130 ext. 3061.

## **c) Uninsured Individuals**

- (1) For RMS-eligible clients who do not have health insurance, USCRI may reimburse local RMS providers for provided RMS services.
- (2) Local RMS providers should have a contract with USCRI for accurate reimbursement for RMS services provided to uninsured clients.
- (3) For any questions or concerns about this method of payment, please contact USCRI's Refugee Medical Screening Program Officer (RMS-PO) at 703-310-1130 ext. 3069.

## **V. PART FIVE – ROLES**

Delivering a comprehensive medical screening requires a high level of coordination between different partners, such as USCRI, LRAs, LPHAs, and FQHCs. Please see Appendix A for more information about each partners' role.

### **a) The Role of Local Resettlement Agencies (LRAs)**

- (1) The U.S. Department of State has cooperative agreements with nine national voluntary resettlement agencies (VOLAGS) to deliver core Reception and Placement (R&P) services.

- (2) USCRI is one of the VOLAGs and works closely with these LRAs in the State of Missouri:

Columbia: [Catholic Charities of Central and Northern Missouri \(CCCNMO\)](#)

Kansas City: [Jewish Vocational Services \(JVS\)](#) and [Della Lamb Community Services \(DLCS\)](#)

St. Louis: [International Institute of St. Louis \(IISTL\)](#)

Springfield: [International Institute of St. Louis - Southwest Missouri Branch \(IISMO\)](#)

- (3) The goal of the R&P program is to achieve self-sufficiency within 90 days. LRAs assist refugees towards client self-sufficiency through housing, employment, English as a second language (ESL) classes, and health service referrals.

## **b) The Role of USCRI**

- (1) USCRI is charged with establishing statewide policy to guide implementation partners in the administration of the Refugee Medical Screening (RMS) Program.
- (2) Assist eligible populations accessing medical screening
- Determine the health coverage of RMS-eligible clients
  - Make the overseas medical examination records available to local RMS providers before the medical screening
- (3) Educate local RMS providers about RMS protocols
- Provide technical assistance on filling out the new Missouri refugee health assessment form and Trimester Programmatic Report (TPR) (see Part Seven)
  - Grant access to Electronic System for the Health Assessment of Refugees (eSHARE) and CDC'S Electronic Disease Notification System (EDN) (see Part Six a)
  - Ensure proper reimbursement for services delivered to clients
- (4) Verify the completion and accuracy of MO refugee health assessment forms
- (5) Enter data into the Electronic System for the Health Assessment of Refugees (eSHARE) (see Part Six b)

## **VI. PART SIX – DATA MANAGEMENT**

### **a) CDC’s Electronic Disease Notification (EDN) System**

- (1) USCRI will grant access to local RMS providers to review overseas medical examination records, including recorded DS Form information and all scanned overseas DS Forms, using the Electronic Disease Notification System (EDN), administered by the CDC’s Division of Global Migration and Quarantine (DGMQ).
- (2) Access to EDN will be provided to local RMS providers and will be limited to individual program-eligible clients in their respective jurisdictions.
- (3) Local RMS providers should contact the Missouri State Refugee Health Coordinator (SRHC) at 1-314-656-7033 ext. 6008 to request EDN access.

### **b) Electronic System for the Health Assessment of Refugees (eSHARE)**

- (1) USCRI administers the eSHARE database and utilizes the system for data entry, reporting, and analysis of program-eligible arrival demographic information and health assessment outcomes.
- (2) eSHARE is the data source for CDC data requests and projects, ORR data requests and required reports, legislative inquiries, grant application needs, and epidemiological reports.
- (3) USCRI grants access to local RMS providers to enter data collected during the medical screening into eSHARE.

## **VII. PART SEVEN – REPORTING**

### **a) Missouri Refugee Health Assessment Form**

- (1) Local RMS providers are required to submit a variety of reports as requested by USCRI.
- (2) It is required that local RMS providers submit their Missouri Refugee Health Assessment forms preferably via the eSHARE database or by encrypted method by the 10<sup>th</sup> day of the month following when services were provided to the RMS-PO.

- (3) A copy of the Missouri refugee health assessment and instructions for completing it are found in Appendix B.
- (4) A local RMS provider may request training on how to fill out the form by contacting the RMS-PO.

**b) USCRI Trimester Programmatic Report (TPR)**

- (1) Local RMS providers are required to submit the USCRI Trimester Programmatic Report (TPR) to the RMS-PO. The report should include:
  - i. Quantitative measures for screenings initiated and completed
  - ii. Program narrative, including noteworthy achievements, unusual cases, programmatic changes, best practices, and feedback
  - iii. Health profiles, including top five health issues, referrals, successes, lessons learned, and additional comments
- (2) USCRI Trimester Programmatic Reports (TPR) will reflect the following reporting periods and submission due dates:

Reporting Period		Due Date*
Start Date	End Date	Submission Date
October 1	January 31	February 9
February 1	May 31	June 8
June 1	September 30	October 5

\* Due dates may vary each year.

- (3) A copy of the USCRI Trimester Programmatic Report (TPR) and instructions for completing it are found in Appendix C.

**VIII. PART EIGHT – CONTACT INFORMATION**

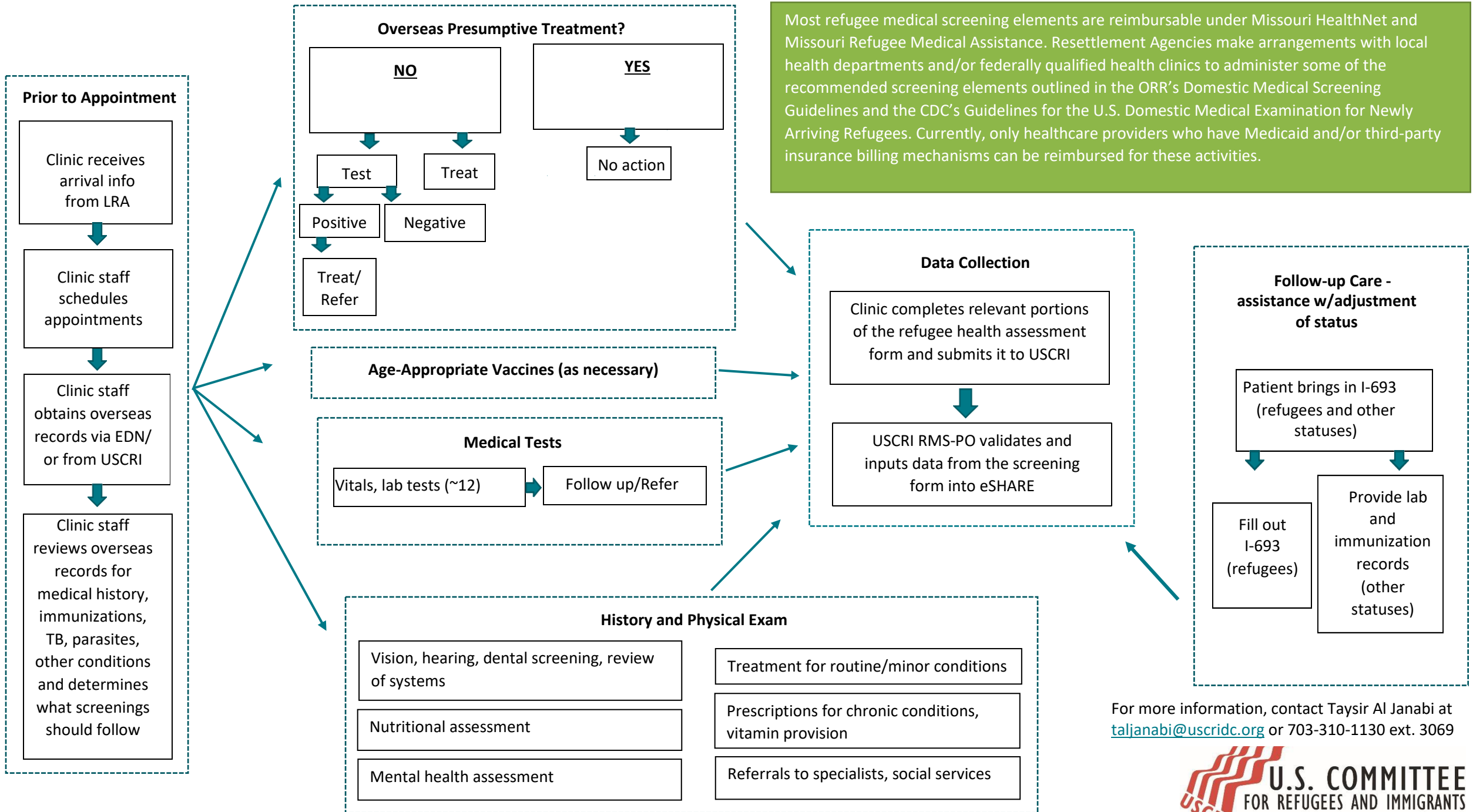
Chelsey Butchereit  
 Missouri State Refugee Health Coordinator  
[cbutchereit@uscrimail.org](mailto:cbutchereit@uscrimail.org)  
[314-656-7003](tel:314-656-7003) x 6008

Taysir Al Janabi  
 Refugee Medical Screening Program Officer  
[taljanabi@uscriddc.org](mailto:taljanabi@uscriddc.org)  
[703-310-1130](tel:703-310-1130) x 3069



# APPENDIX A- MISSOURI REFUGEE MEDICAL SCREENING WORKFLOW

# Missouri Refugee Medical Screening Program Workflow

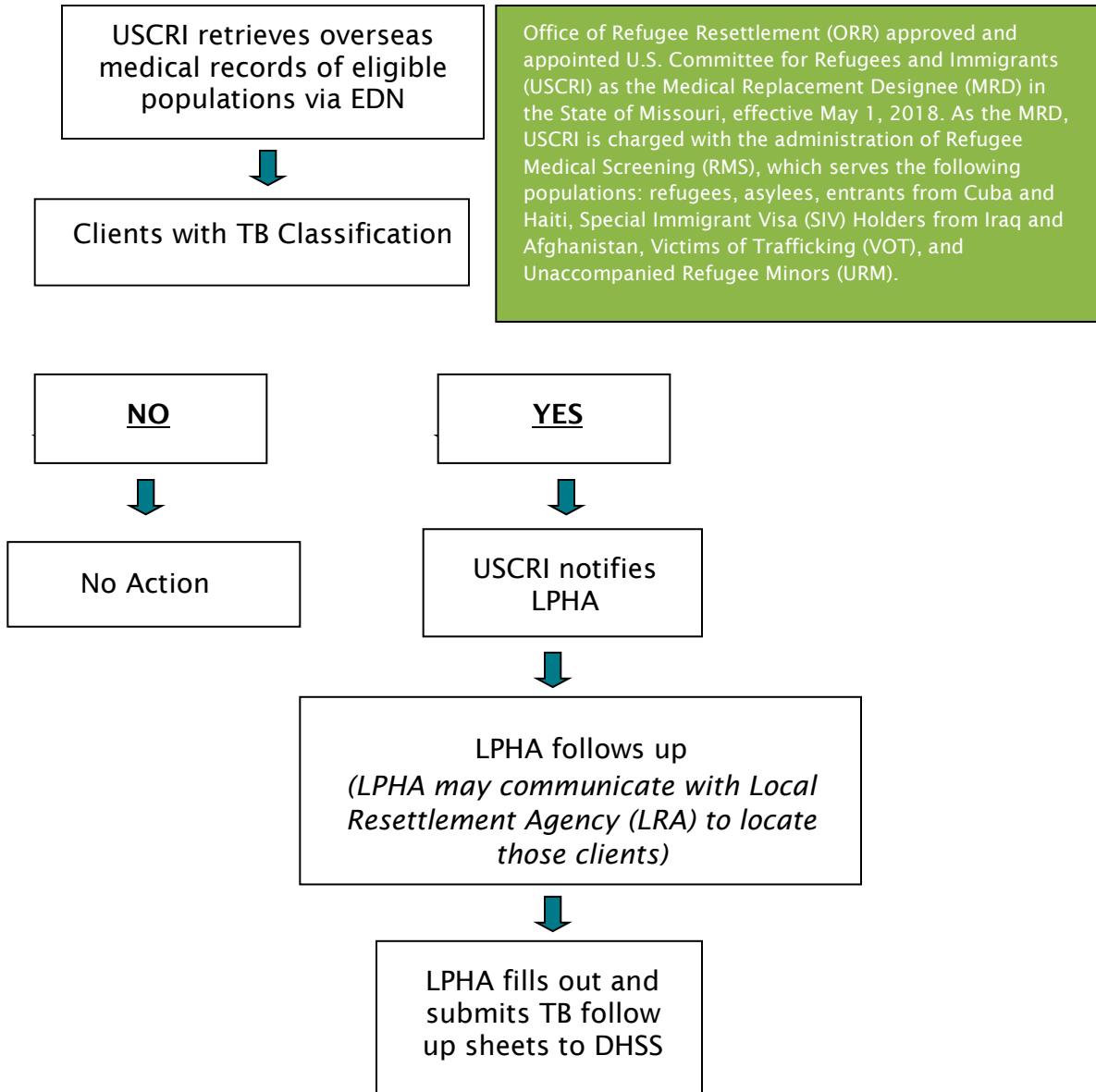


Most refugee medical screening elements are reimbursable under Missouri HealthNet and Missouri Refugee Medical Assistance. Resettlement Agencies make arrangements with local health departments and/or federally qualified health clinics to administer some of the recommended screening elements outlined in the ORR's Domestic Medical Screening Guidelines and the CDC's Guidelines for the U.S. Domestic Medical Examination for Newly Arriving Refugees. Currently, only healthcare providers who have Medicaid and/or third-party insurance billing mechanisms can be reimbursed for these activities.

For more information, contact Taysir Al Janabi at [taljanabi@uscridc.org](mailto:taljanabi@uscridc.org) or 703-310-1130 ext. 3069



# TB Program Workflow of Refugee Medical Screening in Missouri



For more information, contact Taysir Al Janabi at [taljanabi@uscridc.org](mailto:taljanabi@uscridc.org) or 703-310-1130 ext. 3069



**APPENDIX B- MISSOURI REFUGEE HEALTH ASSESSMENT  
FORM**

## MISSOURI REFUGEE HEALTH ASSESSMENT FORM

Alien #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ File # \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First and Middle Name: \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender:  M  F  
 Arrival Status:  R  A  P  VT  SIV U.S. Arrival Date (mm/dd/yyyy): \_\_\_\_\_  
 Country of Origin (of refugee group): \_\_\_\_\_ City of Residence: \_\_\_\_\_  
 County (of clinic): \_\_\_\_\_ Voluntary Agency: \_\_\_\_\_  
 Overseas Classifications: TB Class:  B1  B2  History of Overseas Immunizations  
 Overseas Medical Conditions (from list): \_\_\_\_\_  
 I-693 Completed  Secondary Migrant From (MO county or U.S. state): \_\_\_\_\_  
 First Screening Date (mm/dd/yyyy): \_\_\_\_\_ Medical Record# \_\_\_\_\_

Vaccine-Preventable Disease/Immunization	Evidence of immunity?	Domestic Immunization Date(s) (mm/dd/yyyy)			
MMR	<input type="checkbox"/>				
Varicella	<input type="checkbox"/>				
Hepatitis A	<input type="checkbox"/>				
Hepatitis B	<input type="checkbox"/>				
Diphtheria, Tetanus, Pertussis (DTap)					
Tetanus, Diphtheria, Pertussis (Tdap)					
Tetanus, Diphtheria (Td)					
Polio					
<i>Haemophilus influenzae</i> type b (Hib)					
Rotavirus					
Meningococcal					
Influenza					
Pneumococcal					
Human Papillomavirus (HPV)					
Zoster					

### TB Screening:

- Tuberculin Skin Test (TST) mm Induration: \_\_\_\_\_  
 IGRA Test Only *Not Done:*  Past history of positive TST  Given, not read  Declined test  
 Tested elsewhere  Previous severe reaction
- IGRA Test:  Positive  Negative  Indeterminate

### Hepatitis Screening:

- Hepatitis B:  Not done, why not? \_\_\_\_\_  
 Anti-HBs:  Negative  Positive HBsAg:  Negative  Positive Anti-HBc:  Negative  Positive
- Hepatitis C (Optional):  Negative  Positive

### Sexually Transmitted Infections:

- Syphilis (Age 15 and Above Only)  Negative  Positive  Not done, why not? \_\_\_\_\_
- Chlamydia (Females Age 15-25 Only)  Negative  Positive  Not done, why not? \_\_\_\_\_

3. HIV  Negative  Positive  Not done, why not? \_\_\_\_\_

4. Other, specify: \_\_\_\_\_  Negative  Positive

**Intestinal Parasite Screening:**

Check all that apply:

Ova & Parasite Tests:

- Not screened for parasites; why not? \_\_\_\_\_
- Screened, no parasites found
- Screened, non-pathogenic parasites found
- Screened, pathogenic parasites found (check all that apply)
- Screened, BOTH pathogenic and non-pathogenic parasites found (check all that apply)

<input type="checkbox"/> Ascaris	<input type="checkbox"/> Hookworm
<input type="checkbox"/> Clonorchis	<input type="checkbox"/> Schistosoma
<input type="checkbox"/> Dientamoeba	<input type="checkbox"/> Strongyloides
<input type="checkbox"/> Entamoeba histolytica	<input type="checkbox"/> Trichuris
<input type="checkbox"/> Giardia	<input type="checkbox"/> Other: _____

**CBC with differential done?**  Yes  No If not done, why not? \_\_\_\_\_

If yes, was Eosinophilia present?  Yes  No If yes, was further evaluation done?  Yes  No

**Serology Tests:**

Schistosoma (*Sub-Saharan African Origin Only*)  Negative  Positive  Not done, why not? \_\_\_\_\_

Strongyloides  Negative  Positive  Not done, why not? \_\_\_\_\_

**Currently Pregnant:**  Yes

**Malaria Screening (*Sub-Saharan African Origin Only*):**

- Not screened for malaria; why not? \_\_\_\_\_
- Screened, no malaria species found in blood smears
- Screened, malaria species found (*Please specify*): \_\_\_\_\_

Hemoglobin (g/dL):	Hematocrit (%):	Lead Screened <input type="checkbox"/> Yes <input type="checkbox"/> No (6 mo-16yr)  BLL (µg/dl):	Height (in):	Weight (lbs):	BP-Systolic (mm Hg):	BP-Diastolic (mm Hg):
--------------------	-----------------	--	--------------	---------------	----------------------	-----------------------

If any of the boxes are left blank (besides lead), please check the following box and provide a reason:

Not done, why not? \_\_\_\_\_

- 1. **Cholesterol**  Not elevated  Elevated  Not done, why not? \_\_\_\_\_
- 2. **UA**  Normal  Abnormal  Not on protocol  Not done, why not? \_\_\_\_\_
- 3. **B/CMP**  Done  Not done, why not? \_\_\_\_\_

**Referrals (*Check all that apply*)**

- Primary Care
- Hearing
- TB Program
- Social Work
- Cardiology
- Pulmonology
- Emergency/Urgent Care (*Reason*): \_\_\_\_\_
- Dental
- Family Planning
- GI
- Endocrinology
- Neurology
- Other Referral: \_\_\_\_\_
- Vision
- WIC
- OB/GYN
- Urology
- Hematology
- Disability (*Type*): \_\_\_\_\_
- Mental Health
- Dermatology
- Pediatrics
- Ear, Nose & Throat (ENT)
- Ortho

**Interpreter needed:**  Yes  No If Yes, language needed: \_\_\_\_\_

**Date screening completed (mm/dd/yyyy):** \_\_\_\_\_ **Date submitted (mm/dd/yyyy):** \_\_\_\_\_

**Outcome (*if applicable*)**

- Moved out of state: \_\_\_\_\_  Moved out of county: \_\_\_\_\_
- Unable to locate  Never arrived  Missed appointment  Died before screening  Vaccines only
- Moved to unknown destination  Screened elsewhere- no results  Refused screening  Hospitalized

**The following steps are required to complete the eSHARE form:**

Review the overseas medical records. A local RMS provider shall get these records either directly from the USCRI's RMS-PO or Electronic Disease Notification (EDN) System. The overseas medical records consist of following:

1. Alien information sheet
2. Report of medical examination by panel physicians (DS-2054)
3. Vaccination documentation worksheet (DS-3025)
4. Medical history and physical examination worksheet (DS-3026)
5. Tuberculosis worksheet (DS-3030)

Complete the top portion of the eSHARE form with the individual's demographic information from the Alien information sheet:

- **Alien** and/or File #
- **Name** (last name, first name and middle name)
- **Date of Birth** using the format of mm/dd/yyyy
- **Gender**, M for male, and F for female
- **Arrival status**. Review the individual Category of DS-2054 and check the box next to the immigrant status that applies to the eligible individual as following:
  - a. R for refugee
  - b. A for asylee
  - c. P for parolee
  - d. VT for victims of severe trafficking. Check "**Other NIV**" under the category of "**Non-Immigrant Visa (NIV)**"
  - e. SIV for special immigrant visa holders
- **U.S. Arrival Date** using the format of mm/dd/yyyy
- **Country of Origin** (of refugee group). Indicate the Place of Birth (POB) of the eligible individual
- **City of Residence**. Write the present city of residence
- **County (of clinic)**. Specify the county where the RMS clinic is located
- **Voluntary Agency**. Name the Local Resettlement Agency (LRA) that referred the individual to your clinic
- **Overseas Classification**. Review section (1) classification of DS-2054 form and report one of the following:
  - a. No apparent defect, disease, or disability
  - b. Class A Conditions
  - c. Class B Conditions
- **TB Class**. Check the box next to either B1(**noninfectious**) or B2 (**inactive**) according to the report under section (1) Class B Conditions

- **History of Overseas Immunizations.** Check the box next to the “**History of Overseas Immunization**” if you have the DS-3025 form or any written documentation from an eligible individual
- **Overseas Medical Conditions (from list):** Review “**Class B other**” under “**Class B Conditions**” of DS-2054 form and check all that applies from the following list:
  - a. Anemia
  - b. Cardiac
  - c. Dental
  - d. Dermatology
  - e. Diabetes
  - f. Gastrointestinal
  - g. Hearing
  - h. Malaria
  - i. Malnourishment
  - j. Mental Health/Disability
  - k. Musculoskeletal
  - l. Obesity
  - m. Respiratory
  - n. Thyroid
  - o. Tobacco Use (Current)
  - p. Vision

If you do not find a specific medical condition from the list, categorize the medical condition to the most clinically appropriate diagnoses listed above. For example, if the overseas medical conditions state that an individual has asthma, then you will choose “**Respiratory**” from the overseas medical conditions list.

- **I-693 Completed.** Check the box next to “**I-693 Completed**” if a civil surgeon has completed the I-693 for status adjustment
- **Secondary Migrant From (MO county or U.S. state).** Report if an eligible individual was relocated from another locality. LRA may assist local RMS provider in identifying those individuals
- **First Screening Date.** Record the date of the first time you initiate the RMS for an eligible individual in the format of mm/dd/yyyy
- **Medical Record #.** Indicate the medical record number associated with the eligible individual



## VACCINATIONS

Review the vaccination documentation worksheet (DS-3025) of the overseas medical records and any other written documentation an eligible individual may have, a local RMS provider will:

- Assess the individual's need for further immunization
- Evaluate the necessity of testing for evidence of immunity for measles, mumps, rubella, varicella, and hepatitis A and B. Check any corresponding box if a test is performed and showed evidence of immunity
- State the dose number for the vaccine and the date of any domestic vaccine given during the screening visit
- Update the vaccination portion as soon as a new vaccine is given to an eligible individual

## TB SCREENING

If a TST is performed, report the result of the test in "**mm**" in the specified space

If a TST is not performed:

- Check "**Not Done**"
- Write in the box the reason for not doing the test, choosing from the following options: "**Past history of TST,**" "**Tested elsewhere,**" "**Given, not read,**" "**Declined test,**" "**Previous severe reaction.**"

If an IGRA test is performed,

- Check the box next to "**IGRA Test Only**"
- Check the box corresponding to the correct result of the test, choosing from the following options: "**Positive,**" "**Negative,**" "**Indeterminate.**"

## HEPATITIS SCREENING

### 1. Hepatitis B

If the Hepatitis B test is not performed:

- Check "**Not Done**"
- Write in the box the reason for not doing the test, choosing from the following options: "**Refused,**" "**Unable to obtain specimen,**" "**Tested elsewhere.**"

If the Hepatitis B test is performed, check the box corresponding to the correct result of the Anti-HBs, HBsAg, and Anti-HBc tests, either "**Negative,**" or "**Positive.**"

### 2. Hepatitis C (Optional)

If the Hepatitis C test is performed, check the box corresponding to the correct result of the test, either "**Negative,**" or "**Positive.**"

## SEXUALLY TRANSMITTED INFECTIONS

### 1. Syphilis

If the test is performed, check the box corresponding to the correct result of the screening test, either “**Negative,**” or “**Positive.**”

If the test is not performed:

- Check “**Not Done**”
- Write in the space the reason for not doing the test, choosing from the following options: “**Refused,**” “**Unable to obtain specimen,**” “**Tested elsewhere.**”

### 2. Chlamydia

If the test is performed, check the box corresponding to the correct result of the screening test, either “**Negative,**” or “**Positive.**”

If the test is not performed:

- Check “**Not Done**”
- Write in the space the reason for not doing the test, choosing from the following options: “**Refused,**” “**Unable to obtain specimen,**” “**Tested elsewhere.**”

Enter the “**Alien#**” and the “**Last Name**” in the assigned spaces on the top of the second page of the Missouri refugee health assessment form.

### 3. HIV

If the test is performed, check the box corresponding to the correct result of the screening test, either “**Negative,**” or “**Positive.**”

If the test is not performed:

- Check “**Not Done**”
- Write in the space the reason for not doing the test, choosing from the following options: “**Refused,**” “**Unable to obtain specimen,**” “**Tested elsewhere.**”

### 4. Other, specify

Report any other STI tests in the assigned space and check the box corresponding to the correct result of the test, either “**Negative,**” or “**Positive.**”

## INTESTINAL PARASITE SCREENING

### 1. Ova & Parasite Tests (O&P)

If the test is not performed:

- Check the box next to “**Not screened for parasites**”

- Write in the space the reason for not doing the test, choosing from the following options: **“Domestic presumptive treatment given,” “Overseas presumptive treatment given,” “Refused,” “Unable to obtain specimen,” “Tested elsewhere.”**

If the test is performed, check the box corresponding to one of the following correct results of the screening test:

- **Screened, no parasites found**
- **Screened, non-pathogenic parasites found**
- **Screened, pathogenic parasites found (check all that apply)**
- **Screened, BOTH pathogenic and non-pathogenic parasites found (check all that apply)**

If a pathogenic parasite found, check the correct parasite identified from the box as shown.

<input type="checkbox"/> Ascaris	<input type="checkbox"/> Hookworm
<input type="checkbox"/> Clonorchis	<input type="checkbox"/> Schistosoma
<input type="checkbox"/> Dientamoeba	<input type="checkbox"/> Strongyloides
<input type="checkbox"/> Entamoeba histolytica	<input type="checkbox"/> Trichuris
<input type="checkbox"/> Giardia	<input type="checkbox"/> Other:
	<input type="text"/>

### CBC WITH DIFFERENTIAL DONE

Check the box **“Yes,”** if the test is performed and check the box **“No,”** if the test is not performed.

If the test is **“not done,”** write in the space the reason for not doing the test, choosing from the following options: **“Refused,” “Unable to obtain specimen,” “Tested elsewhere.”**

If you checked the box next to **“Yes”**

- Check for eosinophilia
- If eosinophilia present, then check the box next to **“Yes”**
- Check the box corresponding to appropriate answer to the question **“was further evaluation done?”** by checking either, **“Yes”** or **“No”**
- If eosinophilia is not present, then check the box next **“No”**

## SEROLOGY TESTS

### 1. *Schistosoma* (Sub-Saharan African Origin Only)

If the test is performed, check the box corresponding to the correct result of the screening test, either **“Negative,”** or **“Positive.”**

If the test is not performed:

- Check **“Not done”**
- Write in the space the reason for not doing the test, choosing from the following options: **“Domestic presumptive treatment given,” “Overseas presumptive treatment given,” “Refused,” “Unable to obtain specimen,” “Tested elsewhere,” “Invalid population.”**

### 2. *Strongyloides*

If the test is performed, check the box corresponding to the correct result of the screening test, either **“Negative,”** or **“Positive.”**

If the test is not performed:

- Check **“Not done”**
- Write in the space the reason for not doing the test, choosing from the following options: **“Domestic presumptive treatment given,” “Overseas presumptive treatment given,” “Refused,” “Unable to obtain specimen,” “Tested elsewhere,” “Invalid population.”**

## PREGNANCY TEST

If the test is **“Positive,”** check the box next to **“yes.”**

### MALARIA SCREENING (Sub-Saharan African Origin Only)

If the test is not performed:

- Check the box next to **“Not screened for malaria”**
- Write in the space the reason for not doing the test, choosing from the following options: **“Domestic presumptive treatment given,” “Overseas presumptive treatment given,” “Refused,” “Unable to obtain specimen,” “Tested elsewhere,” “Invalid population.”**

If the test is performed, check the box corresponding to one of the following correct results of the screening test:

- **Screened, no malaria species found in blood smears**
- **Screened, malaria species found (Please specify)**
- Write down the malaria species identified in the specified space

### **HEMEGLOBIN (g/dL)**

Write the result of the test in the specified space

### **HEMATOCRIT (%)**

Write the percentage of the hematocrit level in the specified space

### **LEAD SCREENED**

The Blood Lead Level (**BLL**) is indicated for individuals of 6 months to 16 years old.

- Check the box next to **“Yes”** if the test is performed and the box next to **“No”** if the test is not performed.
- Report the level of BLL in the space provided

### **HEIGHT, WEIGHT, BP-SYSTOLIC, AND BP-DIASTOLIC**

Perform the following measurements and report the results

- Height in inches (in)
- Weight in pounds (lbs.)
- BP-Systolic and BP-Diastolic in millimeters of mercury (mmHg)

If any of the boxes left blank,

- Check the box next to **“Not done, why not?”**
- Write in the specified space the reason for not doing the test, choosing from the following options: **“Refused,” “Unable to obtain specimen,” “Tested elsewhere.”**

### **CHOLESTEROL**

If the test is performed, check the box corresponding to the correct result of the screening test, either **“Not elevated,”** or **“Elevated”**

If the test is not performed:

- Check the box next to **“Not done, why not?”**
- Write in the specified space the reason for not doing the test, choosing from the following options: **“Refused,” “Unable to obtain specimen,” “Tested elsewhere.”**

### **URINALYSIS (UA)**

If the test is performed, check the box corresponding to the correct result of the test, either **“Normal,”** or **“Abnormal”**

If the test is not performed:

- Check the box next to **“Not done, why not?”**

- Write in the specified space the reason for not doing the test, choosing from the following options: “**Refused**,” “**Unable to obtain specimen**,” “**Not on protocol**,” “**Tested elsewhere**.”

**BASIC/COMPREHENSIVE METABOLIC PROFILE(B/CMP)**

- Check the box “**Done**” if the test is performed and “**Not done, why not**,” if the test is not performed
- Write in the specified space the reason for not doing the test, choosing from the following options: “**Refused**,” “**Unable to obtain specimen**,” “**Tested elsewhere**.”

**REFERRALS (Check all that apply)**

- Check all the referrals you make during the visit from the list
- Specify the “**Disability type**” in the space provided, choosing from the following options: physical, vision, hearing, cognitive or learning disabilities, and psychological disorders
- Provide a reason for “**Emergency/Urgent Care**” referral in the space provided

**IIINTERPRETER NEEDED**

- If an interpreter is not provided, check the box next to “**No**”
- If an interpreter is provided, check the box next to “**Yes**”
- If “**Yes**” checked, then specify the language in the space provided

**DATE SCREENING COMPLETED**

A screening is completed when all the elements of RMS are delivered.

If a screening is completed, indicate the completion date of a screening in the format of mm/dd/yyyy

**DATE SUBMITTED**

Date of submission is the date that a local RMS submit their Missouri refugee health assessment forms to the USCRI’s RMS-PO. Indicate the submission date of the eSHARE form in the format of mm/dd/yyyy.

**OUTCOME (if applicable)**

Complete this portion of the eSHARE form **only** if the eligible individual does not complete and/or show up for his/her screening. If it is applicable, check an outcome from the list shown.

- Outcome (if applicable)
- Moved out of state: \_\_\_\_\_  Moved out of county: \_\_\_\_\_
- Unable to locate  Never arrived  Missed appointment  Died before screening  Vaccines only
- Moved to unknown destination  Screened elsewhere- no results  Refused screening  Hospitalized

# APPENDIX C- USCRI TRIMESTER PROGRAMMATIC REPORT

# REFUGEE MEDICAL ASSISTANCE TRIMESTER PROGRAMMATIC REPORT

Base Contract Number	RMS Clinic Name	Fiscal Year
Reporting Period	Prepared by:	
	1.	
	2.	
	3.	
	4.	
	5.	

This trimester programmatic report (TPR) will be used for reporting, performance evaluations and ongoing monitoring and technical assistance by USCRI. The deadlines for submitting this form are: **February 9, June 8, and October 5, 2018.**

**Local RMS Provider Instructions:**

- Type your name and date on the signature line and email the TPR to your USCRI Administrative Contact, copying the Refugee Health Coordinator, along with any additional work products (i.e., reports, grants, communications) by the reporting deadline outlined in your fiscal contract. Names of each county and the respective administrative contact can be found on the last page of this document.
- It is critical to save the TPR file as a **.doc OR .docx** using the following convention:
  - COUNTY-MMDDYYYY-TPR.docx
  - JEFFERSON-06092017-TPR.docx
- Please type answers in the space provided using Times New Roman, 12pt., single space.



## SECTION I: QUANTITATIVE MEASURES

Refugee Medical Screening		
	M	F
A. Number of refugees screened in 30 days from arrival		
B. Number of refugees screened 31-90 days from arrival		
C. Number of refugees not screened in 90 days		
If there is a response for section C, please describe main reasons for refugees not being screened: (e.g. out-migrated, patient refused, etc.)		

Refugee Medical Screening	Number of Persons
D. Number of Medical Screenings Initiated during reporting period	
E. Number of Medical Screenings Completed during reporting period	
F. Number of Medical Screenings during reporting period funded by RMA (USCRI contract)	
G. Number of Medical Screenings during reporting period NOT funded by RMA (not funded by USCRI contract)	

# SECTION II: PROGRAM NARRATIVE

**A. Noteworthy Achievements:** Describe noteworthy achievements and/or major problems in providing timeline health assessment and referral services (in general or to any specific population under this contract).

**B. Unusual Cases:** Describe medically remarkable, medically complex cases, or unusually prevalent medical conditions identified. Please include referral and/or treatment outcomes and information on arriving refugees with disabilities, including the nature of the disability and care required, paying attention to mobility concerns and the impact on housing.

**C. Programmatic Changes:** Identify programmatic changes, such as changes in staff and/or major subcontracting changes.

**D. Best Practices:** Describe best practices and innovative methods and procedures.

**E. Program Feedback:** Describe feedback on program needs, or suggestions regarding USCRI process changes, activities, or actions that will enhance Contractor’s ability to perform requirements of this contract.

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## SECTION III: HEALTH PROFILES

**A. Top Health Issues:** Identify the top 5 health issues for all referrals during the reporting period. Include training, new procedures and protocols, etc. Attach any supporting documentation.

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### REFERRALS TO HIGH PUBLIC HEALTH CONCERN SERVICES

B. High Public Health Concern Services (Hepatitis, HIV, Syphilis, Tuberculosis)	M	F
Hepatitis B		
HIV		
Syphilis		
Tuberculosis		
C. Number of ADULT refugees referred to:	M	F
Primary care		
Mental Health Services		
Dental Care		
Vision Care		
Disability Services		
D. Number of CHILDREN (under 18) referred to primary care.		

**E. Successes:** Discuss any additional successes for your LHD this trimester.

--

**F. Lessons Learned:** Discuss any challenges, efforts, and intended plans for improvement in the future.

--

**G. Additional Comments:** Discuss anything that you may not have had the opportunity to outline in the text above.

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\_\_\_\_\_  
Submitter Name (typed)

\_\_\_\_\_  
Date (MM/DD/YYYY)

USCRI Staff	Email
Cecily Rodriguez, Director, Refugee Health Services	crodriguez@uscridc.org
Tanisha Elizaire, Associate Director, Refuge Health Services	TElizaire@uscridc.org
Chelsey Butchereit, State Refugee Health Coordinator	cbutchereit@uscridc.org
Taysir Al Janabi, Refugee Medical Screening Program Officer	taljanabi@uscridc.org

**The following steps are required to complete the TPR form that will be provided to you by USCRI:**

- Save the TPR file as a **.doc** or **.docx** using the following convention:
  - COUNTY-MMDDYYYY-TPR.docx
  - JEFFERSON-06092017-TPR.docx
- Type your name and date on the signature line and email the TPR via an encrypted method to the Refugee Medical Screening Program Officer (RMS-PO), copying the State Refugee Health Coordinator (SRHC), along with any additional work products (i.e., reports, grants, communications) by the reporting deadline outlined in your fiscal contract. Names and contact information of the SRHC and RMS-PO can be found on the last page of the TPR
- Please follow the instructions below using Times New Roman, 12pt., single space:

**Base Contract Number**

Enter the contract number for your clinic.

**RMS Clinic Name**

Enter your clinic name.

**Fiscal Year**

Indicate the four digits of the federal fiscal year represented in the report.

**Reporting Period**

Indicate the reporting period by using the numbers (1,2,3) for the period represented by the report.

**Prepared by**

Specify the name of the report preparer.

**Section I: Quantitative measures**

Data in this section represents the number of eligible individuals who received completed medical screenings in the specified reporting period. A completed medical screening means that all the elements of RMS are delivered to an eligible individual according to the [Medical Screening Protocol for Newly Arriving Refugees](#). An initiated medical screening refers to some elements of RMS are provided to an eligible individual, such as a TB screening test or O&P test without being examined by a physician, Physician Assistant, and Nurse Practitioner.

**A. Number of refugees screened in 30 days from arrival**

Report the number of individuals received completed medical screenings within 30 days of their eligibility<sup>2</sup> clustered by gender.

**B. Number of refugees screened 31-90 days from arrival**

Enter the number of individuals received completed medical screenings between 31-90 days of their eligibility clustered by gender.

**C. Number of refugees not screened in 90 days**

Indicate the number of eligible individuals who did not receive medical screenings within 90 days of their eligibility period clustered by gender. If there is a response to C, a local RMS provider will provide reasons why RMS is not conducted within 90 days.

**D. Number of Medical Screenings Initiated during reporting period**

Indicate the total number of medical screenings initiated for the stated reporting period regardless of the funding source.

**E. Number of Medical Screenings Completed during reporting period**

State the total number of medical screenings completed for the specified reporting period regardless of the funding source.

**F. Number of Medical Screenings during reporting period funded by RMA (USCRI contract)**

Indicate the number of medical screenings completed during the specified reporting period that funded by the Refugee Medical Assistance Program (RMA).

**G. Number of Medical Screenings during reporting period NOT funded by RMA (not funded by USCRI contract)**

Report the number of medical screenings during the stated reporting period that is not funded by RMA. For example, RMS-eligible individuals who are either Medicaid-recipients or uninsured.

<sup>2</sup> Eligibility date is client's arrival in the United States (refugees, SIVs, Cuban/ Haitian entrants, and derivative asylees), date asylum was granted (asylees), or certification of eligibility by ORR (victims of trafficking).



## **Section II: Program Narrative**

In this section, a local RMS provider will narrate about the following areas in his/her clinic for the stated reporting period:

### **A. Noteworthy Achievements**

Describe noteworthy achievements and/or major problems in providing the timeline health assessment and referral services (in general or to any specific population under this contract). For example, there are more than 50% of eligible individuals are not screened within 30 day-timeframe.

### **B. Unusual Cases**

Describe medically remarkable, medically complex cases, or unusually prevalent medical conditions identified. Please include referral and/or treatment outcomes and information on arriving refugees with disabilities, including the nature of the disability and care required, paying attention to mobility concerns and the impact on housing. For example, an eligible individual with a communicable disease arrives from a county where the disease is uncommon.

### **C. Programmatic Changes**

Identify programmatic changes, such as changes in staff and/or major subcontracting changes. For example, an additional health care professional is hired to expedite the medical screening process.

### **D. Best Practices**

Describe best practices and innovative methods and procedures. For example, a local RMS may use the electronic version of TPR and Missouri refugee health assessment form (eSHARE) to reduce the time associated with data collection and reporting.

### **E. Program Feedback**

Describe feedback on program needs, or suggestions regarding USCRI process changes, activities, or actions that will enhance Contractor's ability to perform requirements of this contract. For example, a local RMS provider may request training from USCRI on a specific topic.

## Section III: Health Profiles

In this section, a local RMS provider will provide an overview of health in his/her jurisdiction for the specified reporting period.

### A. Top Health Issues

Identify the top five health issues for all referrals during the reporting period. A local RMS may include training, new procedures and protocols, etc. Additionally, a provider may attach any supporting documentation.

### B. High Public Health Concern Services (Hepatitis, HIV, Syphilis, Tuberculosis)

Report the total number of individuals who screened positive for Hepatitis, HIV, Syphilis, and Tuberculosis during the medical screening. Stratify the cases by gender.

### C. Number of ADULT refugees referred to

Report the total number of screened adult individuals who are referred to the following services:

- Primary Care- Enter the total number of adult individuals referred to a primary care physician (PCP) during the reporting period categorized by gender. Ideally, all RMS-eligible individuals shall be referred to a PCP regardless of their health status.
- Mental Health Services- Enter the total number of adult individuals referred to a mental health professional during the reporting period categorized by gender. A local RMS provider may utilize the overseas medical records and Refugee Health Screener (RHS-15) to support his/her clinical judgment.
- Dental Care- Enter the total number of adult individuals referred to dental care during the reporting period categorized by gender.
- Vision Care- Enter the total number of adult individuals referred to vision care providers during the reporting period categorized by gender.
- Disability Services- State the total number of adult individuals referred to receive disability services during the reporting period categorized by gender. A local RMS provider may categorize disability into five types:
  - a. Physical
  - b. Vision
  - c. Hearing
  - d. Cognitive or learning disabilities
  - e. Psychological disorders

A local RMS provider may utilize the overseas medical records and any other documentation to support his/her clinical judgment.

**D. Number of CHILDREN (under 18) referred to primary care**

Indicate the total number of children referred to a PCP during the reporting period categorized by gender.

**E. Successes**

Discuss any additional successes for your clinic during the specified reporting period.

**F. Lessons Learned**

Discuss any challenges, efforts, and intended plans for improvement in the screening process in the future.

**G. Additional Comments**

Discuss anything that you may not have had the opportunity to outline in the text above.