minnesota Refugee Health Screening *manual*

A Step-by-Step Reference Guide for

VOLAG Case Managers and Local Public Health Nurses

2015 Edition

Minnesota Refugee Health Screening Manual

A Step-by-Step Reference Guide for
VOLAG Case Managers and Local Public Health Nurses

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Minnesota Department of Health

Infectious Disease Epidemiology, Prevention and Control Division
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Table of Contents

Introduction 1

Our Partners 4

What is the Refugee Health Screening? 5

Why is the Health Screening Important? 6

Elements to a Successful Health Screening Process 6

Benefits of a Strong Relationship Between VOLAGs and LPH 7

What Happens at the Health Screening 8

Private vs Public Health Clinic 9

Timeline of Health Screening Process 10

Procedures for VOLAG Case Managers and LPH Refugee Health Nurses 11

- Pre-Arrival 12
- Within first 5-10 Days 14
- Within first 30 Days 17
- Within first 90 Days 19

Transportation Options 20

Tools at Your Disposal 20

- Contact Lists for Local Public Health and VOLAGs 20
- Databases 21
- Expedited Medical Assistance 21
- Fax Cover Sheet 22
- Flat Fee Program 22
- Notice of Need for Primary Care Medical Attention 22
- Outcome Form 22
- Protocol for Complex Medical Case 22
- Secondary Refugee Protocol 22
- Transfer Protocol 22

Resources 23

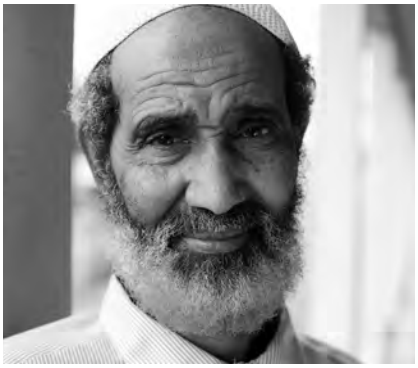
- Minnesota Department of Health Refugee Health Program 23
- Medical and Mental Health Needs 24

Terminology 25

Appendices

Appendix A	Fax Cover Sheet
Appendix B	Assurance
Appendix C	Protocol for Complex Medical Cases
Appendix D	Flat Fee Program
Appendix E	MN Refugee Health Assessment Form / “Pink Form”
Appendix F	MN Non-Emergency Transportation/MNET
Appendix G	Transfer Protocol
Appendix H	Secondary Refugee Protocol
Appendix I	Outcome Form
Appendix J	Complex Medical Need Resource List (Metro)
Appendix K	Complex Case Roles

From: World Relief Minnesota and Minnesota Department of Health Refugee Health Program



Introduction

The objective of this training manual is to provide information and guidelines to ensure a timely and complete initial refugee health screening exam. The health screening process requires the active involvement and collaboration of local public health (LPH), Voluntary Agencies (VOLAGs), and the Minnesota Department of Health (MDH), which necessitates a common understanding of roles, procedures, and responsibilities. The strength of this collaboration impacts the public health effectiveness of the exam, refugees' future linkages to health care services, and the success of refugees' resettlement in the United States.

As refugee resettlement is always responding to changing conditions, the manual should be considered a work in progress. Much in the same way that the successful refugee health screening depends on all of us as partners, so has the development of this manual depended on many hands. The idea for this was generated by conversations at the annual Local Public Health/VOLAG forum. Many of you were interviewed to get at a clear understanding of what is considered best practice within your agency in order to identify common practices. This second edition of the manual is updated to reflect changes in practices, resources, and needs. Please read and use this with a critical eye and offer us your feedback. This project reflects the strong commitment of agencies across the state to ensure new arrivals to Minnesota are supported as they make their way in resettling as new Americans.

Immigration categories

Primary Refugees

The majority of this manual focuses on primary refugee arrivals that have been designated to initially resettle in Minnesota. Primary refugees get Reception and Placement support from local resettlement agencies ("VOLAGs"). These individuals are legal U.S. residents who have been designated as "refugees" based on a well-founded fear of persecution according to international law.

However, there are several other immigrant categories that qualify for refugee benefits and health screenings as designated by the Office of Refugee Resettlement. These populations can arrive with one of these visas:

Special Immigrant Visa: Some individuals arrive in the U.S. with an SIV (Special Immigrant Visa) status, generally granted for services provided to the U.S. overseas such as interpretation in Afghanistan or Iraq. These individuals choose whether or not to access VOLAG case management services, but are eligible for VOLAG services and for screening. For those who are connected with VOLAGs, they can be treated as primary refugees for the purposes of this manual.

Derivative asylees (V93 or V92 visa): Some individuals come to the U.S. to rejoin family members who are asylees or refugees. Derivative asylees do not receive case management services from VOLAGs, although some may be eligible for specific services at VOLAGs or other agencies such as employment placement programs. While derivative asylees generally qualify for MA depending on their income, they often apply through community navigators and are not able to access the same pathways to expedite their application. Derivative asylees do qualify for the MDH flat fee program to reimburse refugee health screenings done within 90 days of arrival if MA is denied, as long as there is proof MA was applied for before the screening was done.

Victims of Trafficking: Certified Victims of Trafficking (VoT) came to the U.S. due to trafficking and are certified when already in the U.S. They often have case workers at a legal, social service or non-profit agency contracted to work with VoT (e.g., Civil Society, Catholic Charities, IIMN, other). While VoT generally qualify for MA depending on their income, they often apply through community navigators and are not able to access the same pathways to expedite their application. VoT do qualify for the MDH flat fee program if MA is denied, as long as there is proof MA was applied for before the screening was done.

In the following sections, we will use 'refugees' when discussing all the above populations unless specified. Remember, the biggest distinction for the purposes of this manual is that asylees and Victims of Trafficking are not assigned resettlement case workers through the VOLAGs.

Secondary Refugees

Many partners also work with secondary refugees (refugees that originally resettled in a different state and moved to Minnesota within the first year of US resettlement). Despite the similar background and immigration status that these refugees share with primary refugees, procedures and resources are different for secondary refugees. MDH does not usually automatically receive notification from the CDC EDN system, but relies on partners to notify MDH of a secondary refugee. Secondary refugees may have been screened in their original state of arrival. Secondary refugees do not receive case management services from VOLAGs, although some may be eligible for specific services at VOLAGs or other agencies such as employment placement programs. While secondary refugees generally qualify for MA depending on their income, they often apply through community navigators and are not able to access the same pathways to expedite their application. Secondary refugees also do not qualify for the MDH flat fee program if MA is denied.

How to Use this Guide

This manual is designed to be both a reference document and an instructional guide. It offers information for understanding the refugee health screening process, as well as guidelines for best practices for both LPH and VOLAGs. Keep in mind that there are two intended audiences for this manual: local public health nurses and VOLAG case managers. You may find that some terms are not familiar and are particular to either one of these users; many of these terms are defined in the section *Terminology*.

This manual also contains resources that will be useful while navigating the various aspects of the health screening process, as well as explanations for frequently encountered health screening issues. At the end of the manual, there are appendicies of important resources and commonly encountered documents for the refugee health screening process.

The format is intended primarily as an online manual, although hard copies are available upon request. **Black bold font** indicates the term is defined in the *Terminology* section. If there is expanded information in another section it is noted, and appendices are noted by this symbol ⓘ. For the online version underlined information is hyperlinked directly to a referenced Web source. Throughout the manual there are also sections of *Frequently Asked Questions* or *FAQs*.

Any questions, comments, suggestions can be directed to the Refugee Health Program at the Minnesota Department of Health, 651-201-5414 or email: ellen.frerich@state.mn.us.

Our Partners

REFUGEE

MINNESOTA DEPARTMENT OF HEALTH REFUGEE HEALTH PROGRAM (MDH)

- Point of notification for pending arrival of new primary refugees into the state
- Establishes protocol for health screening exam
- Resource for health screening exam /education

VOLUNTARY AGENCIES (VOLAGS)

- Delivers refugee reception and placement services for new primary refugee arrivals
- Case management services and regular contact for first 30-90 days

FAMLIY/ FRIENDS

- Some refugees arriving to the U.S. come to Minnesota to join family or friends already living here.
- Not all cases have family or friends to assist in their resettlement. The VOLAG will mark cases without a connection as "free cases" (this is a small minority of cases in Minnesota).

LOCAL PUBLIC HEALTH DEPARTMENT (LPH)

- Facilitate health screening exam through direct services or linking to private clinics
- Referrals to other services/agencies including primary care

STUDENT PLACEMENT CENTER/ PUBLIC SCHOOLS

- Depending on the county, may provide immunizations, tuberculin skin test
- May provide cognitive or needs assessments
- May restrict school attendance until immunizations are up to date

HEALTH CARE PROFESSIONALS

- Provide initial health screening and follow-up/primary care as appropriate

TRANSPORTATION AGENCIES

- Transportation to health screening exam for clients living in areas covered by Minnesota Non-Emergency Transportation

COMMUNITY

- Interpreters
- Ethnic community organizations
- Volunteers

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 two central purposes: (1) to reduce health-related barriers to successful resettlement and (2) to protect the health of local, state and national populations.

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 Minnesota, the state strongly recommends this exam and has a successful screening rate of 98–99%. Most refugees are eligible for **Medical Assistance (MA)**, which can be billed for all components of the exam. (Primary refugees, asylees, parolees, and certified victims of trafficking that do not qualify for MA may still have their refugee health screening covered through the flat fee program; see Appendix D for eligibility details and process.)

Frequently Asked Questions:

What is an overseas health exam? How is it different from the domestic refugee health screening?

The purpose of the overseas health exam is to identify applicants with inadmissible health-related conditions such as communicable diseases of public health significance, or physical and mental disorders that may pose a threat or harm the person or lead to harmful behavior toward the larger population. Regulated by the U.S. Centers for Disease Control and Prevention, the overseas health exam informs the United States Department of State and United States Citizenship and Immigration Services to process the travel documents. The thoroughness of the exam may vary depending on the available facilities overseas.

It is important to note there can be a substantial lag—up to six months—between a person's overseas health exam and the actual arrival to the United States. This period of time creates the possibility for an individual to develop new medical conditions after the overseas exam, which may remain unknown until the domestic refugee health screening.

The domestic refugee health screening differs in that its purpose is to identify treatable conditions that impact the health and well-being of both the refugee and the broader population.

Why is the Health Screening Important?

There are various reasons why the health screening for newly arrived refugees is 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. Refugees' overseas situations vary, with most having minimal, if any, access to health care facilities. While all refugees are required to have a health exam overseas before entering the United States, this exam is very basic, meeting federal requirements. The exam remains valid for up to six months prior to departure. Thus, it is possible for health concerns to develop or worsen in the interim.

- Depending on the area of the world that refugees are emigrating from, there are some infectious diseases refugees can be vulnerable to (such as parasitic infections) that can have long latency periods and can negatively impact their health for many years if left untreated.

- The refugee health screening is likely to be a new arrival's first encounter with the "Western" health care system. This is an opportunity to introduce new arrivals to preventive health and support them as they establish an ongoing relationship with a primary care clinic. This process helps new arrivals meet immunization requirements for school or employment, as well as adjusting immigration status in one year.

- A key purpose of the refugee health screening is to identify and treat health problems which may interfere with the refugee's resettlement, including the ability to obtain employment and/or attend classes. For example, someone with untreated asthma or diabetes or severe mental health problems may struggle to go to work or school.

- The results of the health screenings assist in the development of effective public health responses to emerging health issues. For example, when MDH noticed a higher level of lead poisoning in Karen children, national health agencies were notified and investigations into possible sources of lead in the camps were initiated.

Elements to a Successful Health Screening Process

- **Strong communication with refugees**

It is important that the newly arrived refugee has a full understanding of the importance of the health screening and of what to expect throughout the process. The new arrival may have little or no frame of reference.

- **Develop initial relationships with patients**

Promoting positive initial relationships between refugees and the health care system supports the refugee to complete the health screening process and access primary care in the future.

- **Awareness of factors affecting the health screening process**

It is important to be particularly aware of certain aspects of the health screening process that may affect the outcome of the screening, such as:

- Cultural competency
- Family dynamics and the influence of family structure and children
- Gender sensitivity
- Language barriers.

There are many available resources that address these issues. The MDH Refugee Health website is a good place to start for online resources, www.health.state.mn.us/refugee.

- **Timeliness: 30-day deadline for the first health screening appointment**

Typically the refugee health screening takes two to three appointments to complete. The first appointment for the health screening should be done *within 30 days* of arrival, according to the Medical Screening Protocol for Newly Arrived Refugees and **Voluntary Agency (VOLAG)** policies. VOLAGs have a national requirement for the first appointment to be complete within 30 days and must provide a written explanation to their national agency and the U.S. Department of State if this does not occur. Furthermore, the likelihood of completing a health screening decreases over time as people move or other resettlement needs take priority such as jobs and school.

Benefits of a Strong Relationship Between VOLAGS and Local Public Health

- Increases likelihood of a complete health screening exam
- Promotes early detection and treatment of communicable disease
- Increases refugee's knowledge of U.S. health care system
- Increases refugee's awareness of available community resources
- Improves communication between LPH, VOLAGs and the refugee community

What Happens at the Health Screening?

The goals of the refugee health screening exam are to screen for and treat any identified communicable diseases, develop a list of any health issues to be referred to a primary care provider or specialist, begin preventive health care, assess and start immunizations, and refer all clients to primary care for ongoing health care. Both diagnosis and treatment should be cost effective.

Under the recommendations of the Immigrant and Nationality Act of 1980 and current CDC/ORR guidelines, the Minnesota refugee health assessment includes:

- Health History
- Physical Exam
- Immunization assessment and update
- Tuberculosis screening
- Hepatitis B screening and vaccination
- Intestinal parasites screening
- Sexually transmitted diseases screening
- Malaria screening, if history or symptoms warrant
- Lead screening for children ages 16 and younger
- Assessment and referral for other health problems.

A Guide to Your Refugee Health Assessment, is a brochure designed for refugees that offers a brief overview of the screening process. Please see www.health.state.mn.us/divs/idepc/refugee/hlthmat.html to see a list of available languages and download the brochure.

For Local Public Health, refer to the ***Minnesota Refugee Health Provider Guide (***www.health.state.mn.us/refugee/guide) for detailed guidance on the refugee health screening process and protocol. This guide is available from MDH, both online and in hard copy.

Frequently Asked Questions:

What is the difference between the health screening and primary care?

The refugee health screening refers to no more than three appointments that have a limited purpose, as mentioned in the previous section. Primary care is defined as a client's "health care home." The goal of primary care is to establish an ongoing relationship in order to provide a broad spectrum of acute, chronic, and preventive care over time. A primary care clinic can accommodate timely acute care visits and coordinates all of the care the client receives. During the final visit of the health screening process, the screening clinic provides education about the need for follow up with a primary care provider or other specialists.

Who ensures that refugees are connected to a primary care provider?

It is a joint effort of VOLAG case managers, LPH, and family members (if applicable) to assist refugees to access primary care. When there are immediate primary care needs upon arrival, VOLAG case managers are the primary coordinators.

Use of Private Clinic vs. Public Health Clinic for Health Screening

The counties' local public health agencies are responsible for facilitating health screenings for newly arrived refugees to their county. There are two basic models of screening used in Minnesota. Two of the larger counties (Hennepin and Olmsted) have their own freestanding public health clinics that perform the screenings in the public health offices. Other counties utilize private clinics for the complete refugee health screening, while still others complete immunizations or tubuerculosis screenings at public health clinics and partner with private clinics for the rest of the refugee health screening. The private clinics are chosen based on the refugee's health plan, for convenience, or because of a clinic's interest in providing services to the refugee community.

The different screening models impact the responsibilities of both VOLAGs and LPH, as well as the communication needs between the two. In general, counties working with private clinics require more coordination with transportation, interpretation, and timely Medical Assistance (MA) approval. Some private clinics or transportation companies will not provide services until a refugee's MA is approved, which requires special attention to the MA process. VOLAG case managers will need to be familiar with the different counties' health screening model and with the refugee health nurse contact(s) for each county. MDH provides updated contact information for LPH and VOLAGs on a quarterly basis through the listserv (please contact MDH to request the most current list).

Timeline of Health Screening Process

Within Days of Arrival	VOLAG	LPH
5 Days	• Fax cover sheet*, assurance form*, and any of the family's medical information to LPH	
7 Days	• Apply for Medical Assistance for primary refugee	• Schedule health appointment(s) and inform VOLAG of the appointment(s). In some counties, this may be delayed pending MA approval. • Assure professional interpreters • Assure transportation
	• Update LPH of any address or phone number changes for refugee as soon as available	• For any new refugee who moves *to* or *from* original county of arrival, assure transfer of information to new county and MDH. Forward overseas medical records to new county.
30 Days	• Document date of first health screening appointment; contact LPH, if necessary	• Verify completion of first appointment of health screening
90 Days	• Follow-up with refugee to confirm completion of *entire* health screening • Contact LPH if necessary	• Verify completion of entire health screening • Refer to primary care (some screening clinics serve as primary care clinics or assist refugees in making this connection) • For any new refugee who moves *to* or *from* original county of arrival, assure transfer of information to new county and MDH • Submit screening results to MDH via "pink form" or via eSHARE electronically. Fill out Outcome Form and return to MDH if a refugee did not get screened. If a person was screened in a different clinic, indicate clinic information on the Outcome Form.

Procedures for Health Screening Process

This section outlines the necessary steps of the health screening process for both VOLAG case managers and local public health nurses in order to ensure a timely and complete health screening exam. As partners in this process, it is helpful to keep in mind that a VOLAG case manager is responsible for a range of reception and placement services, and the health screening is only one of a number of timely and immediate responsibilities. Likewise, the LPH refugee health nurse has numerous additional responsibilities, and the refugee health screening is but one of a number of responsibilities.

Minnesota Department of Health Refugee Health Program's (MDH) role is to facilitate the health screening by supporting LPH and the VOLAGs in providing services to new arrivals. LPH and VOLAGs are encouraged to use MDH both as a consultant and active participant. The responsibilities of MDH include:

- Point of notification, for health purposes, of primary refugees arrivals into the state (VOLAGs have a separate notification system)
- Generate paperwork for health screening
- Provide instruction/guidance to LPH and medical clinics
- Assist LPH with challenges
- Training and education for LPH, VOLAGs, health care providers and communities
- Source of contact for questions, issues, and concerns related to health.

Remember, communication and relationship-building among partners and clients is key to ensuring the health screening is timely and complete!

Procedures:
VOLAG Case Managers and LPH Refugee Health Nurses

Pre-Arrival Procedures

(Shading indicates health-related)

Reception & Placement	Pre-Arrival	Arrival	5 days	7-10 days	30 days	30-90 days
	Contact U.S. tie for pre-arrival planning	Airport welcome	Intake appointment	Apply for cash, food support, MA	Home visit	Continued case management
	Housing	Warm meal upon arrival	Orient about ELL, other social services	Apply for social security card	School registration	Ensure receipt of all documents
	Gather basic necessities, beds, furniture	Transport to housing	Home and other orientation		1st health screening appointment	Ensure receipt of public assistance, other benefits (including MA)
	Review for medical needs	Home visit within *24 hours for cases without U.S. ties*	Fax health screening request to MDH and LPH		Assist in accessing primary health care	Document, report date of 1st health screening appointment
	Obtain medical devices, equipment (i.e wheelchair)	Home visit within *5 days for cases with U.S. ties*				Health screening completed

VOLAG	LPH
☐ Determine if the new arrival involves a complex medical case. If there is a complex medical case: 1. Notify MDH once international travel arrangements have been confirmed. 2. Talk with VOLAG supervisor about the protocol for **expedited Medical Assistance** 3. Refer to *Protocol for Complex Medical Cases*, Appendix C 4. Meet with the new arrival as early as possible. For **cases without U.S. ties meet** *within 24 hours*; for cases for **with U.S. ties** meet *within five days*.	☐ If the new arrival is a complex medical case with severe needs, the VOLAG will contact LPH prior to the refugee's arrival, whenever possible, to help with any necessary arrangements. MDH will also contact LPH with any available information. ☐ Refer to *Protocol for Complex Medical Cases*, Appendix C

Frequently Asked Questions:

What should be done if a new arrival has a health need that cannot wait for the health screening appointment and needs to see a primary care doctor immediately?

The VOLAG case manager should assist the refugee to immediately obtain an appointment with a primary care clinic familiar with how refugee benefits are allocated and is willing to see the client while their MA application is pending. You can contact LPH or MDH for suggestions of clinics, if necessary. See also, *Health Resources Serving Diverse Cultural Communities*, www.health.state.mn.us/refugee.

The VOLAG case manager should consider initiating the process for **expedited Medical Assistance,** see section, *Tools at Your Disposal*, so MA can be established as quickly as possible. Some clinics may request a one-time fee for any appointment made while MA is pending.

If the health problem is urgent, or if the MA application is still pending, the refugee has not yet applied, and there are no clinics willing to accept MA pending, seek medical help at an emergency room. **Be sure to update MDH and LPH of any primary care or emergey room visits that may have occurred before the health screening exam.*

Does insurance (MA) cover medical costs retroactively?

Once approved, MA covers most medical costs retroactively to the date of arrival for primary refugees or the first day of the month the application was filed for secondary refugees. The navigator who assists the refugee in applying can also request retroactive coverage for three months prior to the date of application if needed (for example, if a secondary refugee received services before the month of MA application). If a refugee incurs costs for prescription medication or for medical services prior to the approval of the refugee's MA, the refugee may have to pay these costs up front. To be reimbursed for such prescription medication costs, the refugee should bring in the receipt and the MA card to the pharmacy and the pharmacy will reimburse the cost. For other medical costs it may be necessary to contact the clinic/hospital billing department for reimbursement.

Who arranges for assistive equipment (e.g., wheelchair or cane) needed upon arrival for a newly arrived refugee? What resources are available?

The VOLAG case manager should arrange for temporary use of a wheelchair and/or other medical devices or equipment through an agency such as the Goodwill/Easter Seals Mecical Equipment Loan Program (www.goodwil-leasterseals.org/site/PageServer?pagename=serv_other_medequip). There is no charge for the use of Goodwill/Easter Seals Medical Equipment Loan Program.

Note: Even though a refugee's biodata form may indicate a refugee requires a wheelchair for transit or is wheelchair-bound, refugees almost never bring a wheelchair with them. While in transit they often use the airline's wheelchair.

Does the provider for the health screening exam write the order for assistive equipment or does this happen through primary care?

Typically a primary care provider writes the order for medical assistive equipment, so a person who has these needs should go to a primary care appointment as soon as possible. Once the refugee is approved for MA and is connected to a primary care doctor, that doctor can refer them to a specialist where they can be fitted for their own medical equipment, which is most often paid for by insurance.

Procedures within first 5-10 business days

(Shading indicates health-related)

Reception & Placement	Pre-Arrival	Arrival	5 days	7-10 days	30 days	30-90 days
	Contact U.S. tie for pre-arrival planning	Airport welcome	Intake appointment	**Apply for cash, food support , MA**	Home visit	Continued case management
	Housing	Warm meal upon arrival	Orient about ELL, other social services	Apply for social security card	School registration	Ensure receipt of all documents
	Gather basic necessities, beds, furniture	Transport to housing	Home and other orientation		1st health screening appointment	Ensure receipt of public assistance, other benefits (including MA)
	Review for medical needs	Home visit within *24 hours for cases without U.S. ties*	**Fax health screening request to MDH and LPH**		Assist in accessing primary health care	Document, report date of 1st health screening appointment
	Obtain medical devices, equipment (i.e wheelchair)	Home visit within *5 days for cases with U.S. ties*				Health screening completed

VOLAG

- ☐ Request health screening appointment for newly arrived refugee by faxing to

  LPH:

  1. *Fax Cover Sheet*, Appendix A, **fill in all sections**
  2. *Assurance Form*, Appendix B
  3. Any health information for the arrival.

  MDH:

  1. Copy of *Fax Cover Sheet and Assurance Form.*

- ☐ Apply **medical assistance (MA)** for the refugee (note: Social Security application must be completed before MA application can be submitted).

LPH

- ☐ Receive notification of arrivals (officially through MDH, VOLAGs; unofficially—in the case of secondary refugees, asylees, or SIV—through clinics, refugees themselves, or other community members).
- ☐ Locate new refugee arrivals to the county.
- ☐ Explain purposes and benefit of Refugee Health Screening Program to the refugee, either through a phone call or drop-in visit with a *professional interpreter.* Include the "U.S. tie" (known relative or friend of the new arrival) in the communication if possible as this person may help the new arrival by reinforcing the importance of the appointment or providing transportation. The VOLAG case worker may also have this conversation with the refugee.
- ☐ Explain what to expect at the clinic visit.
  1. Contact the VOLAG case manager, as needed
  2. Discuss health care insurance.
  3. Determine if MA has been applied for:
     a. Ask refugee
     b. Contact VOLAG case manager or check "date MA applied for" section of fax cover sheet, or
     c. Refer to Department of Human Services' MN-ITS or EVS databases. See section, *Tools at Your Disposal, Databases*.

Procedures within first 5-10 business days continued

VOLAG	LPH
	4. If a refugee or asylee has applied for and been denied MA, MDH has a **flat fee** program that may cover the cost of screening. See sections, *Tools at Your Disposal*, *Flat Fee Program* and Appendix D. 5. Assist refugee(s) in accessing health care, as needed. 6. Review clinic options. 7. Inquire about school immunizations, tuberculin skin test. ☐ Schedule health screening appointment; if working with: 1. Private clinics: a. Contact clinic and make arrangements for appointment, b. Send overseas medical papers received from MDH, and ***MN Refugee Health Assessment Form*** ("pink form"), Appendix E, to clinic. 2. LPH clinic: a. Refer to clinic's internal policies for refugee health screening. ☐ Upon receipt of notification of new arrival from VOLAG, *return screening appointment info to VOLAG case manager within 10 days* or as soon as possible, with appointment date of first health screening.

Frequently Asked Questions:

Who is responsible for ensuring the refugee applies for MA?

It is the responsibility of the VOLAG case manager to ensure that the refugee applies for MA, no matter where the refugee lives. Each VOLAG has a MNsure navigator on-site to process applications. In cases that require county applications (all people on a case are above age 65, for example), the case manager is responsible for ensuring that the application is filed. In all cases, the VOLAG case manager is responsible for ensuring this occurs within the first 7 business days.

FAQ continued on page 16

What if a new arrival regularly takes maintenance medication (i.e for hypertension, diabetes, antidepressants, antipsychotics) but has no more prescription medicine left and their Medical Assistance (MA) application is still pending?

Refugees who arrive on prescription medications typically have one month's supply, but this is not always the case. VOLAG case managers should ask refugees at the time of arrival if they are taking medication, and, if so, how many days' supply they have with them. If the health screening exam is not scheduled before your client needs a refill, the case manager needs to make an appointment with a primary care provider to get a current prescription. See FAQ on page 9.

If the VOLAG case manager has a client with immediate prescription needs, consider initiating the process for **expedited Medical Assistance**, see section, *Tools at Your Disposal*.

Very few pharmacies accept "MA pending" as a payment option; generally MA must be in place or full payment must be made at the time the prescription is filled. However, once MA is approved, the payer may receive reimbursement for this cost from MA. See FAQ on page 13.

What should a VOLAG case manager do if they receive notification from the MDH nurse of complex medical needs?

MDH's refugee health nurse reviews all medical overseas paperwork. The nurse flags conditions that will require primary care medical attention (e.g., a chronic condition, such as hypertension that involves ongoing medication). If the VOLAG staff notice a health need, they should complete that section of the fax cover sheet (see complex case process, Appendix C for details). If the fax cover sheet does not already indicate that the individual has medical needs, or if the medical needs are severe, the nurse will initiate contact with LPH and the VOLAG to discuss the medical status of the arrival. This ensures the VOLAG case manager is aware of a health condition that should be seen for follow-up in a primary care clinic either before or after the health screening is completed. The VOLAG case manager should make it a priority to help the refugee establish a primary care clinic for future care.

Why does LPH need to inform the VOLAG of the screening appointment schedule?

VOLAGS *are required to document the date of the first health screening appointment and report it to Department of State*. Additionally, it offers the opportunity for the VOLAG to assist in ensuring the new arrival is aware of their health screening appointment.

What is the easiest way for LPH to check the status of a client's Medical Assistance status?

LPH should begin by checking the date of MA application (listed on fax cover sheet). Once MA has been applied for, LPH may access the MN Department of Human Services (MN DHS) verification system if your county allows you to be a user of a system such as EVS or MN-ITS; check with your county staff for log-in information.

What's the difference between Medical Assistance (MA) and Prepaid Medical Assistance Program (PMAP)?

Most refugees get straight MA for one to two months starting from the date of enrollment and before they get switched to a PMAP. The VOLAG case manager should help arrivals to select the best PMAP for them, based on the benefits of the plan and which clinics accept which PMAPs. The selection paperwork with come through the mail, but is a standard form that can also be submitted proactively.

Procedures within first 30 days

Reception & Placement	Pre-Arrival	**Arrival**	**5 days**	**7-10 days**	**30 days**	**30-90 days**
	Contact U.S. tie for pre-arrival planning	Airport welcome	Intake appointment	Apply for cash, food support, MA	Home visit	Continued case management
	Housing	Warm meal upon arrival	Orient about ELL, other social services	Apply for social security card	School registration	Ensure receipt of all documents
	Gather basic necessities, beds, furniture	Transport to housing	Home and other orientation		**1st health screening appointment**	Ensure receipt of public assistance, other benefits (including MA)
	Review for medical needs	Home visit within *24 hours for cases without U.S. ties*	Fax health screening request to MDH amd LPH		**Assist in accessing primary health care**	Document, report date of 1st health screening appointment
	Obtain medical devices, equipment (i.e wheelchair)	Home visit within *5 days for cases with U.S. ties*				Health screening completed

VOLAG

- ☐ A second home visit by the case manager is required within the first 30 days of arrival.
- ☐ Follow up with refugee and Local Public Health to confirm *first* health screening appointment was completed:
  1. Document date of first health screening appointment
  2. Contact LPH with any concerns; may assist with transportation arrangements, as needed
  3. **Change of address: Notify LPH of any change in address or other contact information as soon as you are aware of it; LPH is dependent on this information to contact the new arrival and to arrange for the health screening.

LPH

- ☐ LPH is responsible for ensuring all health screening appointments are made and information is communicated to the refugee and VOLAG.
- ☐ Refer to MDH ***Refugee Health Provider Guide*** for clinical guidance for health screening, use of *"Pink Form"*, Appendix E, or **eSHARE**.
- ☐ Communicate with refugee about transportation for the first appointment
  1. See *MN Non-Emergency Transportation (MNET)*, Appendix F, and *Transportation Options* section
  2. Contact VOLAG or family members for additional help with transportation as needed
- ☐ Notify LPH and MDH of any hospitalization, primary care, urgent care, or emergency room visit prior to the health screening exam.
- ☐ Notify health care provider if **Class A or B condition** or any other significant health concerns noted on the overseas forms.

Procedures within first 30 days continued

VOLAG	LPH
	☐ At end of 30 days, verify completion of at least the first health screening appointment. ☐ If refugee has moved from your county, notify MDH and LPH in the new county of residence. Refer to *Transfer Protocol*, Appendix G. ***Secondary Refugee Protocol,*** Appendix H. 1. Verify insurance *first*. Do not proceed with screening with MA pending status as secondary arrivals do not qualify for MDH **flat fee** program. 2. Screen per refugee health screening protocol; use "**pink form**".

* ***Secondary refugee*** is an individual who initially settles in one state and subsequently moves to another state outside the jurisdiction of the agency that was responsible for his or her resettlement. This migration can occur within days, weeks, months or years of a refugee's arrival to the U.S.

Frequently Asked Questions:

Who arranges transportation for the health screening appointments?

LPH initiates arrangements for transportation to the health screening appointments. Depending on where the refugee lives, there may be transportation services available, such as *MN Non-Emergency Transportation. See MNET*, Appendix F and *Transportation Options* section.

If there are no transportation services LPH and the VOLAG case manager need to communicate to ensure the arrival has reasonable transportation for these appointments. ***New arrivals may need coaching as specific as where to wait and stand when the taxi arrives to pick them up for the health screening appointment since they have no experience with U.S. systems.*

Who arranges interpreters for the health screening?

The clinic providing the health screening is responsible for ensuring there is a professional medical interpreter available for the appointment. Family members or friends of the arrival should *not* be used for interpreting during the exam.

Procedures to be completed within first 90 business days

Reception & Placement	Pre-Arrival	**Arrival**	**5 days**	**7-10 days**	**30 days**	**30-90 days**
	Contact U.S. tie for pre-arrival planning	Airport welcome	Intake appointment	Apply for cash, food support, MA	Home visit	Continued case management
	Housing	Warm meal upon arrival	Orient about ELL, other social services	Apply for social security card	School registration	Ensure receipt of all documents
	Gather basic necessities, beds, furniture	Transport to housing	Home and other orientation		1st health screening appointment	**Ensure receipt of public assistance, other benefits (including MA)**
	Review for medical needs	Home visit within *24 hours for cases without U.S. ties*	Fax health screening request to MDH and LPH		Assist in accessing primary health care	**Document, report date of 1st health screening appointment**
	Obtain medical devices, equipment (i.e wheelchair)	Home visit within *5 days for cases with U.S. ties*				**Health screening completed**

VOLAG	LPH
☐ Follow-up with Medical Assistance application if MA is not active. ☐ Follow-up to confirm entire health screening was completed. ☐ Contact LPH, if necessary, with any concerns.	☐ By end of 90 days, verify completion of entire health screening exam: 1. Assure ***"Pink Form,"*** Appendix E, is completed by provider or LPH 2. Review ***"Pink Form"*** for thoroughness of exam 3. Phone health care provider for any missing labs 4. Follow-up for any +TST/IGRA 5. Assist in provider education, offering resource as needed. ☐ Submit screening results to MDH by mailing or faxing completed ***"Pink Form"*** or electronically submit via **eSHARE.** ☐ Submit *Outcome Form*, Appendix I to MDH for those refugees who did not complete their physical.

Transportation Options for Health Screening Appointments (Varies by County)

Minnesota Non-Emergency Transportation (MNET)

MNET is a program for the Minnesota Medical Assistance population utilizing non-emergency transportation. MNET schedules non-emergency transportation for Medical Assistance, General Assistance and MinnesotaCare (including PMAP) recipients residing in the 8-county metro area: Ramsey, Hennepin, Anoka, Washington, Dakota, Isanti, Chisago, and Sherburne. Depending on the county, MNET may be able to schedule transportation for cases where MA has been applied for but is pending. See Appendix F.

VOLAG Case Manager

VOLAG case managers may be contacted to assist with transportation or arranging transportation.

Family members

During the first few weeks of arrival, family or friends may be available to help with transportation if MNET is not an available service.

Ethnic community members

Community based organizations or mutual assistance associations may be available to help with transportation. This varies depending on the location and community.

Volunteers

Volunteers associated with a Voluntary Agency may be an available resource.

Tools at your Disposal

Contact Lists

MDH maintains a current listing of local public health refugee health nurse contacts and VOLAG case managers. These lists are available to LPH and VOLAGs and regular updates are emailed to interested parties. Call MDH for copies of these lists, 651-201-5414, Refugee Health Program.

Databases (may be available to clinics and/or LPH)

MAXIS

This is a computer system that tracks public assistance and can be accessed by Minnesota Department of Human Services (MN DHS) state workers and county financial workers to determine eligibility for public assistance and health care. If a new arrival has applied for MA, this information will be in this database.

Eligibility Verification System (EVS)

A communication system with the ability to link a provider with the Medicaid Management Information System (MMIS) eligibility file via telephone. The primary focus of EVS is to supply information and verification about the eligibility of a recipient for a particular service or procedure on a specified date. Recipient eligibility information has been selected to provide as much information as possible, within the constraints of the Data Privacy Laws of Minnesota. To call EVS: 651-431-4399 or 800-657-3613. *See also DHS's Prepaid Minnesota Health Care Programs Manual (PMHCP) at www.dhs.state.mn.us; go to "Publications," view "Manuals," refer to Chapter 11.03.01 of the manual.*

MN-ITS

This is the MN DHS billing system for Minnesota Health Care Programs (MHCP) claims and other transactions; it is part of EVS. This online service allows the user to view a client's insurance status, do billing and receive payment online. You must be MHCP-enrolled and MN-ITS registered to use MN-ITS. Registration and access takes one week. Registered users can access eligibility at: http://mn-its.dhs.state.mn.us/GatewayWebUnprotected or call the Help line, 651-431-2700, and a "live" person at MNDHS will assist you with your questions.

Minnesota Immunization Information Connection (MIIC)

A registry that tracks immunizations in Minnesota. MIIC connects various entities—most notably schools, local public health agencies, and health care providers—in order to prevent disease through immunizations. MIIC provides a computerized immunization registry which contains a record of information about individuals' immunizations, regardless of where they were administered. If a clinic or LPH is not sure if a new arrival received immunizations at another Minnesota clinic, they can check in MIIC.

Expedited Medical Assistance

If a client has immediate medical needs upon arrival to the United States, such as existing prescriptions, expedited MA may be available. VOLAG navigators can contact the appropriate personnel at DHS/RPO to request expedited MA for primary refugee applications needing urgent access to care.

For secondary refugees, asylees, parolees or victim of trafficking, the navigator may be able to file an appeal (www.mnsure.org/help/appeals/appeals-faq.jsp) or LPH may be able to ask DHS for assistance.

For cases in which everyone in the family is over the age of 65, those applications are processed by counties and county contacts should be used to request MA to be expedited.

Fax Cover Sheet, Appendix A

The fax cover sheet is an essential tool used by the VOLAGs, LPH, and MDH. It originates from the VOLAG, and is sent to LPH and MDH along with the ***Assurance Form,*** Appendix G and any medical information the VOLAG has about the refugee. The form provides contact information for the VOLAG and LPH, as well as initial information about the new arrival. There is a place at the bottom of the form where VOLAGs can document any changes in address and contact information for the refugee and inform LPH of these changes by re-faxing this form. The most current copy should be used at all times. Maintaining communication and ensuring that all involved parties are informed of scheduled appointments and transportation/interpreter needs are crucial elements to a complete and timely health screening.

Flat Fee Program (for LPH), Appendix D

MDH offers a flat fee to health care providers performing the Minnesota Initial Refugee Health Assessment exam for primary refugees, asylees, or certified victims of trafficking who are not eligible for medical insurance. This fee is contingent on refugees receiving the exam within 90 days of arrival to the U.S. Proof must be provided that MA was applied for before the time of the screening. The reimbursement rate is based on Medicaid-approved laboratory and examination rates as well as limited interpreter services incurred as part of the screening.

Outcome Form, Appendix I

Form submitted to MDH by LPH if a refugee does not have a complete health screening exam.

Protocol for Complex Medical Case, Appendix C

Roles and responsibilities for VOLAGs, MDH, and LPH in the event a new arrival has either an emergent and /or complex medical situation either en route or immediately upon arrival.

Secondary Refugee Protocol (for LPH), Appendix H

As secondary refugees move to Minnesota, extending health services and addressing their health needs will facilitate their settlement and overall integration into the larger community. While secondary refugees generally do not have access to VOLAG case management, they remain eligible for refugee health screenings. If a screening has not been done in the original state, MDH encourages LPH to work with secondary refugees to provide this service. This protocol outlines a step-by-step guidance for LPH or private clinics to proceed with the refugee health screening.

Transfer Protocol (for LPH), Appendix G

This protocol outlines the process for LPH to follow if a new arrival moves from a county before, during, or after the health screening has been initiated.

Resources

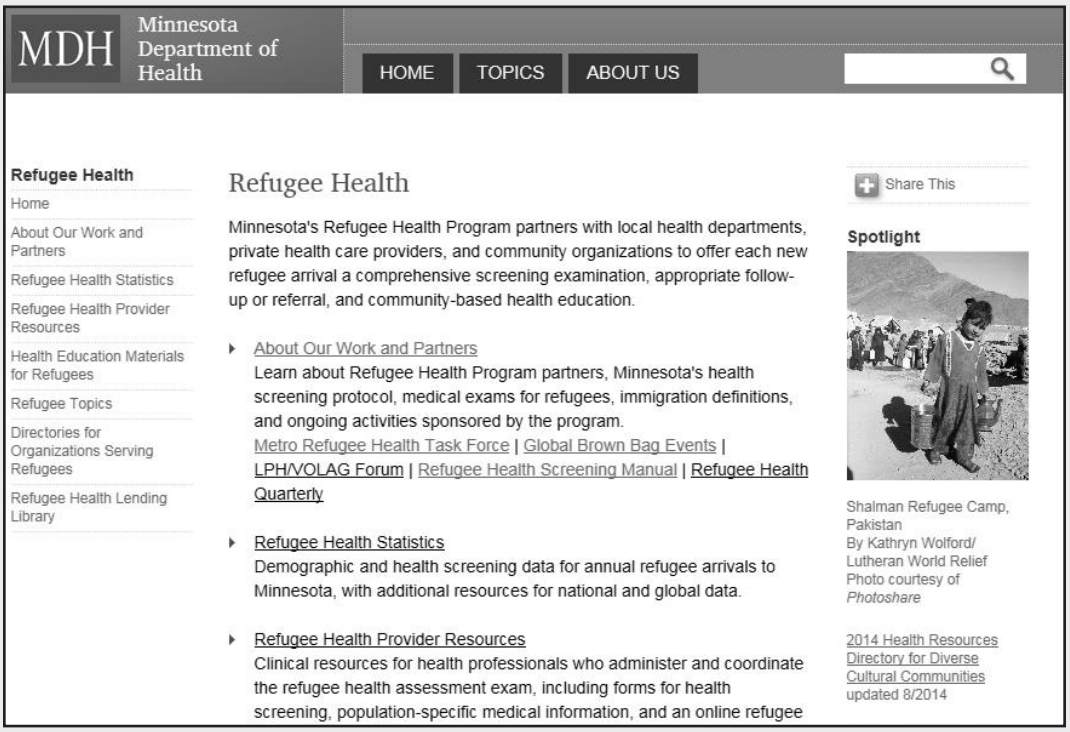
Minnesota Department of Health Refugee Health Program (MDH)

MDH is a resource as a health advisor to LPH and VOLAGs for the health screening process. In particular, the Nurse Consultant of the Refugee Health Program is a contact for any questions or confusion. Phone: 651-201-5827 or ellen.frerich@state.mn.us.

MDH WEBSITE

www.health.state.mn.us/refugee

The MDH website offers tools and information about the refugee health screening process as well as many topics related to refugee health.



Directories for Organizations Service Refugees

A hard copy of each directory is updated every two years by MDH; the Web version is updated regularly. To access online or order a hard copy, see: www.health.state.mn.us/divs/idepc/refugee/refugeepub.html.

- **Mutual Assistance Associations - Community Based Organizations Directory:** Organizations serving refugees and immigrants in Minnesota (www.health.state.mn.us/divs/idepc/refugee/refugeepub.html)
- **Diverse Community Media Directory:** Resources in Twin Cities metro area and to a limited extent, greater Minnesota (www.health.state.mn.us/divs/idepc/refugee/refugeepub.html)

- **Health Resources Directory for Diverse Cultural Communities:** Resources in the Twin Cities Metro Area and Greater Minnesota for:
  - General health care resources
  - Domestic violence programs/sexual assault services
  - Mental health and social services programs
  - Chemical dependency services
  - Home care
  - Dental care
  - Vision care

Civil Surgeon List and Frequently Asked Questions

The MDH website maintains a listing of civil surgeons available in Minnesota for the adjustment of status health exam, in addition to Frequently Asked Questions regarding adjustment of status for refugees.

Frequently Used Resources

MEDICAL SUPPLIES:

Goodwill/Easter Seals Medical Equipment Loan

Large selection of wheelchairs and other assistive medical devices to loan out for six months.

www.goodwilleasterseals.org : view "Services"

Available in:

St. Paul:	St. Cloud Area:	Rochester:	Wilmar:
651-379-5922	320-654-9527	507-287-8699	320-214-9238

Terminology

"A" NUMBER/ALIEN ID NUMBER: Like a social security number, the Alien ID Number is an identification number given to immigrants. It has 9 digits.

ANCHOR: Term formerly used for a family member or friend in the U.S. that assists a refugee applicant in their resettlement to the U.S. These persons often petition for the refugee to receive admission to the U.S. The Voluntary Agencies serve as sponsors for the refugees they resettle under the Cooperative Agreements with the U.S. Department of State, Bureau for Population, Refugees and Migration. The anchor may or may not be willing or able to assist the VOLAG with Reception and Placement Services. When a refugee chooses to be resettled in the same location as a family member or friend, now that person is referred to as their "U.S. tie" or "UST."

ASSURANCE FORM: Also referred to as the arrival paper; official form provided by the VOLAGs which lists all of the names, dates of birth, and alien identification numbers for members of a refugee family on the same case (note: adult children/siblings may be on a separate case). See Appendix B.

CASE NUMBER/FILE NUMBER: A number assigned by the Worldwide Refugee Admissions Processing System (WRAPS). Case numbers are two letters followed by a dash and six numbers; for example, TH-123456. The letters indicate the most recent country they have been living in as refugees. While there are exceptions, in most cases, all family members are on the same case.

CASE WITH U.S. TIES: Cases that come to Minnesota because they have a family member or friend whom they would like to join. This family member may have petitioned for the refugee to receive admission to the U.S., or the refugee may have listed the person and their contact information during the overseas interview process.

CASE WITHOUT U.S. TIES (formerly known as "free" cases): A primary refugee who has no geographic preference for resettlement because they have no family or friends in the U.S.

CLASS A CONDITION: Medical condition that can prevent an individual from entering the United States. The health-related grounds for exclusion of aliens set forth in the law are implemented by a regulation, "Medical Examination of Aliens" (42 CFR, Part 34). The regulation lists certain disorders that, if identified during the medical examination of an alien, are grounds for exclusion (Class A condition). The conditions include 'communicable diseases of public health significance', mental illnesses associated with violent behavior, and drug addiction. HIV is no longer a Class A condition. An approved waiver is required for entry into the United States, along with the expectation of immediate medical follow up upon arrival.
See *Refugee Health Provider Guide* for more information, www.health.state.mn.us/refugee.

CLASS B CONDITION: Physical or mental abnormality, disease, or disability diagnosed during the overseas medical examination that is serious or permanent enough to be a substantial departure from normal well-being. These conditions demonstrate a need for follow-up upon arrival in the United States.

e-SHARE (ELECTRONIC SYSTEM FOR THE HEALTH ASSESSMENT OF REFUGEES): MDH's online database used to report health screening results from the refugee health screening exam back to MDH; essentially an electronic version of the "pink form". Counties opt to use either e-SHARE or the paper "pink form" to report screening results to MDH.

EDN (ELECTRONIC DISEASE NOTIFICATION): A database developed by the Centers for Disease Control (CDC) which is designed to contain and coordinate data on all refugees arriving to the U.S. as well as immigrants who have medical notifications. This is the system that notifies MDH of new arrivals to Minnesota.

EXPEDITED MEDICAL ASSISTANCE: The VOLAG navigator can request that DHS approve MA as soon as possible when a refugee needs immediate medical attention or prescription medication. See section, *Tools at Your Disposal*.

HEALTH SCREENING: This is also known as the refugee health assessment and is the comprehensive assessment for newly arrived refugees. The screening should include a follow-up of health conditions identified overseas; evaluation and diagnostic services to determine health status and identify health problems; referral for follow-up of identified health problems; education/orientation to local health care services; and linkage with primary health care services. The health assessment results are recorded on a form provided by MDH, often referred to as the "pink form", or recorded electronically via MDH's online database, known as e-SHARE. For details on the refugee health exam, see *Refugee Health Provider Guide,* listed here.

LOCAL PUBLIC HEALTH (LPH): The health entity at the county level which is responsible for ensuring a timely and complete refugee health screening. Each county has nurses who serve as the specific refugee health contact. For contact information, refer to the list distributed by MDH (this list can be requested by calling 651-201-5414).

MEDICAL ASSISTANCE (MA) and REFUGEE MEDICAL ASSISTANCE (RMA): Most refugees qualify for MA or RMA for a period of eight months or more, with the exception of refugee children joining a parent with a high income, or a refugee who is joining a spouse with a high income, which makes them ineligible.

MA: Most of the refugees who are resettled in Minnesota are members of families with minor children who qualify for the same medical assistance programs available to other low-income state residents through county human service agencies.

RMA: A federally funded program that is provided to needy refugees who do not have minor children in the home and are not eligible for other assistance programs, such as MFIP, Supplemental Security Income (SSI), or Medicaid. These benefits are available for the first eight months after a refugee arrives in the country. Under ACA, refugees in Minnesota no longer rely on this federal program.

MINNESOTA DEPARTMENT OF HEALTH REFUGEE HEALTH PROGRAM (MDH): The MDH RHP is the point of notification for the pending arrival of new primary refugees into the state. Voluntary Agencies (VOLAGs) are also notified of refugee arrivals, but through a separate, parallel system that may not include the most up-to-date medical information. Copies of the overseas exam are forwarded to the state refugee health coordinator. These forms are reviewed by both the MDH Tuberculosis staff and the Refugee Health Program staff to identify conditions that may need immediate attention.

ⓘ **"PINK FORM":** Officially called the Minnesota Refugee Health Assessment Form, this MDH form, which is pink in color, itemizes the clinical expectations for the domestic refugee health screening exam. Counties report the results of each health screening exam back to MDH either by submitting the paper "pink form" or through electronic means via e-SHARE. See Appendix E.

PRIMARY REFUGEE: A refugee who is residing in the state listed as the initial point of destination with the United States Citizen and Immigration Services (USCIS). Refugees are free to move from state to state, but Voluntary Agencies (VOLAGs) and state health departments are designed to serve only refugees that have newly arrived to the state.

RECEPTION AND PLACEMENT (R&P): Initial resettlement service provided by VOLAGs through Cooperative Agreements with the U.S. Department of State, Bureau of Population, Refugees, and Migration. These initial basic necessities and core services are provided to refugees upon arrival to the U.S. This includes basic food, clothing, shelter, orientation, referral, and other services during the first 30-90 days after the refugee's arrival to the United States. Importantly, this includes the refugee health screening, to be initiated within the first 30 days.

REFUGEE HEALTH PROVIDER GUIDE: A manual produced by MDH with step-by-step instructions for the refugee health exam, along with extensive background information and resources on health issues related to newly-arrived refugees. Available in hard copy through MDH or online at: www.health.state.mn.us/refugee/guide.

SECONDARY REFUGEE or SECONDARY MIGRANT: A refugee who initially settles in one state and subsequently moves to another state outside the jurisdiction of the agency that was responsible for his or her resettlement. This migration can occur within days, weeks, months or years of a refugee's arrival to the U.S.

VOLUNTARY AGENCY (VOLAG): Also known as a resettlement agency, these agencies specialize in providing initial resettlement services to refugees during their first three months in the U.S under Cooperative Agreements with the U.S. Department of State. These services include working with family or friends to ensure new arrivals have food, shelter, medical screening, and access to social services. Each VOLAG has their own resettlement case managers.

This manual is available online:

www.health.state.mn.us/refugee

Minnesota Department of Health
Refugee Health Program

Refugee Health Screening – FAX *(send with Assurance Form)*

Appendix A
Fax Cover Sheet

Date: _____ **If fields with * are updated, check box and fax to LPH and MDH** ☐

TO:	COUNTY	CONTACT	FAX	TO:	COUNTY	CONTACT	FAX
☐	Ramsey	Lori Wald	**651-266-1361 (fax)** 651-238-9943 #	☐	Kandiyohi	Deb Floren	**320-231-7888 (fax)** 320-231-7860 x 2550
☐	Hennepin	Mai Yang	**612-596-7900 (fax)** 612-348-7006 #	☐	Dakota	Sharon Traen	**952-891-7581 (fax)** 952-891-7534 #
☐	Stearns	Mary Zelenak	**320-656-6130 (fax)** 320-656-6281 #	☐	Rice	Laura Burkhartzmeyer	**507-332-5932 (fax)** 507-332-5928#
☐	Olmsted	Abdi Hussein	**507-328-7501 (fax)** 507-328-7487	☐	Nicollet	Jennifer Harman	**507-934-0437 (fax)** 507-934-7210#
☐	Anoka	Diane Lorenz	**763-422-6957 (fax)** 763-323-6141 #	☐	Other_____		

☐ **MDH, Ellen Frerich *and* Kailey Nelson: reply via password encrypted email or 651-201-5501 (FAX) (please send a copy of all arrivals to MDH)**

From: VOLAG Agency: _____

Contact Person/Case Manager: _____

Phone/ext: _____ **VOLAG Fax #**: _____

NEW ARRIVAL INFO File #: _____

Date of arrival in U.S.:_____

Last Name, First, Middle: _____

Street Address: _____

☐ **Apt. #** _____ ☐ **House**

Care of: ***(name):***_____

City: _____ **Zip:** _____

Phone #: _____

Host/Anchor Name: _____

Phone #: _____

Head of household A # :_____ **# of people on Assurance form**: _____

***Check if medically complex case(s)**: ☐

Name(s); A number(s):

_____

_____

_____

Please **attach** a copy of these health forms (Check if included):

SMC:☐ Biodata:☐

Please **check** if you have additional overseas medical forms (do not send at this time):☐

Date medical condition ID'd (notification date if pre-departure):

_____

Comment:_____

_____

_____

PLEASE CHECK ALL APPROPRIATE BOXES

☐ **Please schedule the Refugee Screening appointments.**

☐ **This family has submitted an MA application on this date:** _____

☐ **Please see attached medical information.** ☐ **We have no additional medical information for this family.**

☐ **Free Case** ☐ **Needs Transportation** ☐ **Needs interpreter Language:** _____

---

*This family has moved to:

☐ different county in MN _____(name of county) ☐ another state

☐ a different address or phone # within your county (see new info below)

New Address: _____

Street Apt # city state county zipcode

New Home Phone: _____ **New Cell Phone**: _____

VOLAGS please review and confirm address and phone number for client;
Fax any changes to local public health & MDH immediately.

REFUGEE. RECEPTION AND PLACEMENT PROGRAM ASSURANCE FORM

U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS
(formerly IMMIGRATION AND REFUGEE SERVICES OF AMERICA)
2231 Crystal Drive, Suite 350
Arlington, VA, 22202-3711
703-310-1130

Placement Code: 0/0

DATE: File ID No.: Present Location:

The following persons have been accepted for resettlement under our auspices:

Name	REL	Alien #	DOB	MC	Gender	POB
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Affiliate
International Institute of Minnesota
1694 Como Avenue

St. Paul, MN 55108
Phone: (651) 647-0191
FAX: (651) 647-9268
Aff. Code: MNIRSA01

Local Sponsor

Relative (if applicable)

Home phones:

Work phones:

Cell phone:

Airport of Final Destination: MSP
Placement Location: Saint Paul, MN

Special instructions:

Other Bio information.

The affiliate has an agreement with the national agency to provide, or ensure the provision of, reception and placement sevices to the above named refugee(s) in accordance with the U.S. Department of State Cooperative Agreement.

Signature: Lavinia Limón
Authorized Agency Representative

Overview of the Complex Case Process:

REFERRALS

I. **VOLAG** fills out **Refugee Health Screening Fax -** *complete **"check if medically complex case"** section of the form

   ➡ Send via encrypted email or fax to **Refugee Health Nurse Consultant**, copy: Epidemiologist and Health Systems Coordinator (HSC)(Ellen, Kailey, & Marge)

   a. In each agency, the **Program Manager or designated program staff** will be the "point person" with overall responsibility for complex cases referrals
      - MDH will enter the data /scan documents into a secure folder/ and the HSC will access the request through secure VPN (laptop).
   b. **Any health concern** may be submitted for consideration for referral.
      - The **Refugee Health Nurse Consultant** in consultation with the HSC will make determination of need and prioritize all referred cases based on the ***Scale of Level of Need*** (a ranking system developed by MDH).
      - Currently arrivals to the ***Twin Cities Metro area*** are considered for referral, with MDH Refugee Health Program staff assisting VOLAGs and LPH with complex health issues for arrivals in Greater Minnesota on a case by case basis; those arrivals will not have a care plan or be monitored through this program.
   c. Each referral must **identify the case manager** for the case.
   d. The VOLAG agency should **retain a Copy of the Referral** form for appropriate documentation of the process.

II. **Referrals are made pre-arrival, or within 90 days after arrival** to assist with linkage to care or maintaining continuity of care for an identified health issue, while still working with the VOLAG.
   a. Whenever possible, referrals will be made pre-arrival in order to incorporate health coordination needs into voluntary agency reception and placement pre-arrival planning and to assure timely linkage to care.
   b. Each VOLAG determines the process by which they will "flag" or identify complex cases pre-arrival. Referral to MDH can be sent as soon as the flight is scheduled – or earlier if complicated pre-arrival arrangements need to be made.

III. Referrals should include **all available health information** such as biographic information, Significant Medical Condition (SMC) form, or information from local public health.

CARE PLAN DEVELOPMENT

IV. Once referred, and scored, the **HSC will initiate a care plan for the client** for those that meet the case criteria. Open care plans will be updated and shared with VOLAGs weekly.
   a. The **HSC** will oversee care plan implementation, coordinating with the VOLAG point person and case managers who implement the care plan objectives.
   b. The **HSC** will collaborate with the **RH Nurse** to determine appropriate referrals, develop resources, and identify/navigate/work with systems, and assist LPH, providers, and VOLAGs to meet the needs of arrivals with complex health issues

c. The **HSC** will monitor the care plans ongoing to identify next steps and additional referrals, record progress, avoid duplication of services, and address client's needs proactively whenever possible.

CARE PLAN IMPLEMENTATION

V. **VOLAG** case managers, the **HSC**, and **other staff** listed in care plan objectives implement the activities of the care plans, mindful of the deadlines and best practices for each objective.

a. The VOLAG Program Manager assures that an MDH Release of Information is in each complex case file, signed ASAP by the client, in order for MDH Nurse and HSC to access and share medical information to coordinate appropriate care.

b. The VOLAG point person meets with the HSC weekly at designated time to review and update cases, change and add objectives as needed to care plans, and brainstorm resources when needed.

c. The HSC identifies strengths and difficulties VOLAGs have in completing care plan objective best practices, to discuss with the program manager, point person, case manager, and in staff meetings as appropriate.

d. The HSC, RH Nurse, VOLAG Program Managers, Case Managers, LPH Nurses, and Providers communicate via phone and secure email as needed ongoing to assure the needs of refugee arrivals with complex health needs are met.

BEST PRACTICES for common care plan objectives:

- **Obtain wheelchair or special transport** for use upon arrival if needed – pre-arrival.
- **Assure Adequate Medication Supply** - within one day of arrival.
- **Expedite MA** - within 3 days of arrival.
- **Expedite Health Screening or Primary Care** – prior to meds running out or within designated time.
- **Urgent Referral to Specialist or Surgery** – within designated time – often 1 or 2 weeks of arrival (pregnancy within 2 weeks).
- **Establish Primary care** – choose a primary care clinic and make new pt. appointment to assure ongoing access to care.
    - Additional referrals most often occur via primary care.
    - Pharmacy access either at primary care or referral to Pharmacy.
    - PCA, Health Care Home care management, other services via primary care.
- **Assure PMAP matches primary care** – help client choose or send in form proactively once client choice is known – within approximately one month of MA approval.
- **Contact MDH Refugee Health Nurse** and HSC as soon as you know a client is **Hospitalized** or accesses Emergency Department care – with date of event and name of hospital.
- **Achieve Independent Access to Care** – client should be able to access primary, specialty, and emergency care and obtain prescription refills without the assistance of the VOLAG prior to closing the case – goal is **within 90 days of arrival**.

Minnesota
Department of Health
Refugee Health
Program

Memo

To: County Refugee Health Programs and Private Clinics

From: Blain Mamo, Epidemiologist

Date: 1/16/2015

Re: Flat Fee reimbursement for uninsured refugees

The Refugee Health Program is pleased to offer reimbursement for services provided during refugee health screenings for all refugees who do not have health insurance. This fixed rate or flat fee, based on the established DHS reimbursement schedule, is calculated to cover the cost associated with the screening procedures that will be performed during the clinic visits. The flat fee is available for **local public health agencies** and **private clinics** screening refugees who do not qualify for Medical Assistance (straight MA or PMAP) or are not covered with private insurance. This reimbursement is available for complete or partial health assessments of primary refugees who are seen within 90 days of their arrival to the U.S. For a refugee to qualify as "primary", her/his initial destination must be the state of Minnesota; the local county's public health agency can verify this refugee status information.

If a primary refugee receives a **complete** screening, a flat fee in the amount of **$505.32** will be reimbursed to the clinic. A **partial** screening can occur under one of these two circumstances: (1) the healthcare provider starts but is unable to finish the screening despite repeated attempts to schedule the refugee; (2) a refugee moves mid-screening and a second provider is required to complete the screening process. A partial payment will be in the amount of **$252.66** for each refugee meeting the above criteria.

The attached instructions will allow you to take the necessary steps to facilitate a timely request for reimbursement. If you do have any questions please call (651) 201-5535 or email blain.mamo@health.state.mn.us.

Procedures For Obtaining a Reimbursement For Refugee Health Screening

Federal dollars are available to compensate clinics for screening refugees who do not qualify for Medical Assistance and do not have other health insurance. This reimbursement is comparable to the amount a clinic would receive for a patient on Medical Assistance. These dollars can only be given out as a flat fee and may or may not cover the clinic's expenses for screening the refugee. **The flat fee is only available for primary refugee arrivals to Minnesota (the refugee cannot have lived in another state first) and for refugees who have been screened within the first 90 days of arrival to the United States.**

Reimbursement amounts:

$505.32 for a fully completed screening
All components of the exam are completed and the screening form has been returned to the county health department or the Minnesota Department of Health.

$252.66 for a partially completed screening
If all efforts have been made to complete the screening, but through no fault of the clinic, completion was not possible, a partial payment is offered for the parts of the screenings that were completed. The screening form must be returned to the county health department or to the Minnesota Department of Health.

Clinics interested in receiving the flat fee reimbursement should contact their county health department to ensure that the patient is a primary refugee to Minnesota. They should also confirm the arrival date to the United States. Once this information is secured, the clinic should contact Blain Mamo (651-201-5535 or blain.mamo@health.state.mn.us) at MDH to initiate the **flat fee reimbursement**.

The following information will be needed to start the **flat fee reimbursement** with the Minnesota Department of Health:

1. Minnesota Initial Refugee Health Assessment Form (pink form)
   Note: Reimbursement method should be indicated as "Flat Fee" in the box marked Other (page 2)

2. Name and address of health care facility:

   _____

   _____

   _____

   _____

3. Phone number of health care facility: _____
4. Federal Employer ID No: _____
5. Minnesota Tax ID No: _____
6. Name of health care facility authorized representative:

   _____

7. Telephone number of authorized representative: _____

Once the "pink form" indicating a complete or partial screening is returned to MDH, the clinic will be requested to confirm insurance eligibility because the refugee may have qualified for insurance coverage since the Flat Fee request was submitted. The next step is to obtain state approval. Once that has been obtained, the payment will be issued through the MDH Finance Department.

MINNESOTA INITIAL REFUGEE HEALTH ASSESSMENT FORM

Return completed form, preferably within 30 days of U.S. date of arrival, to address on reverse side of this form.

Name (last, first, middle): _____ Arrival Status: _____
Date of Birth (month, day, year): _____ Gender: _____
Alien or Visa Registration #: _____ Volag: _____
U.S. Arrival Date (month, day, year):____/____/____ Country of Origin: _____
TB Class A or B Status: _____
Date of First Clinic Visit for Screening (month, day, year): ____/____/____

Immunization Record: Review overseas medical exam if available and document immunization dates. Indicate if there is lab evidence of immunity; if so, immunizations are not needed against that particular disease. For all other immunizations: update series, or begin primary series if no immunization dates are found.

Minnesota Immunization Information Connection (MIIC) ID _____ ☐ Overseas immunizations done

Vaccine-Preventable Disease/Immunization	If titers done, check "Y" if immune, "N" if not immune, "I" if indeterminate	Immunization Date(s)					
		Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr	Mo/Day/Yr
Measles	☐ Y ☐ N ☐ I						
Mumps	☐ Y ☐ N ☐ I						
Rubella	☐ Y ☐ N ☐ I						
Varicella (VZV)	☐ Y ☐ N ☐ I						
Zoster (shingles)							
Diphtheria, Tetanus, & Pertussis (DTaP, DTP, DT)	☐ Y ☐ N ☐ I						
Diphtheria-Tetanus (Td, Tdap)	☐ Y ☐ N ☐ I						
Polio (IPV, OPV)	☐1 ☐2 ☐3 ☐N						
Hepatitis B (HBV)	☐ Y ☐ N ☐ I						
Human Papilloma Virus (HPV)							
Meningococcal conjugate (MCV)							
Haemophilus influenzae type b (Hib)							
Hepatitis A	☐ Y ☐ N ☐ I						
Influenza							
Pneumococcal							
BCG ☐Yes-Date(s)_____ ☐No ☐Unknown							

Tuberculosis Screening:

Tuberculin Skin Test (TST)
(regardless of BCG history)
____mm Induration (not redness)
☐ Past history of positive TST (66)
☐ Given, not read (77)
☐ Declined test (88)
☐ Not done (99)

IGRA Test: ☐QFT ☐Tspot
☐ Positive
☐ Negative
☐ Indeterminate
☐ Not Done

Chest X-Ray – done in U.S.
(If TST or QFT positive, Class B, or symptomatic)
☐ Normal
☐ Abnormal, stable, old or healed TB
☐ Abnormal, cavitary
☐ Abnormal, non-cavitary, consistent with active TB
☐ Abnormal, not consistent with active TB
☐ Pending
☐ Declined CXR
☐ Not done

Diagnosis
(must check one)
☐ No TB infection or disease
☐ Latent TB Infection (LTBI)*
☐ Old, healed not prev. Tx TB*
☐ Old, healed prev. Tx TB
☐ Active TB disease – (suspected or confirmed)*
☐ Pending
☐ Incomplete eval., lost to F/U

*Complete TB treatment section

Treatment
(for TB disease or LTBI)
Start Date: __/__/____
or Reason for not treating
☐ Completed Tx overseas
☐ Declined treatment
☐ Medically contraindicated
☐ Moved out of MN
☐ Lost to follow-up
☐ Further eval. pending
☐ Other: _____

TB treatment follow-up clinic if not the same as screening clinic:_____

Hepatitis B Screening:

1. Anti-HBs (✓ one) ☐Negative ☐Positive ☐Indeterminate ☐Results pending ☐Not done
2. HBsAg (✓ one) ☐Negative ☐Positive ☐Indeterminate ☐Results pending ☐Not done

*Note: if positive HBsAg, patient is infected with HBV and infectious to contacts. It is especially important to screen all household contacts.
If positive HBsAg, were all household contacts screened? ☐Yes → were all susceptibles started on vaccine? ___Yes ___No
☐Contacts not screened → why not? _____

3. Anti-HBc (✓ one) ☐Negative ☐Positive ☐Indeterminate ☐Results pending ☐Not done

Hepatitis C Screening:

1. Anti-HCV (✓ one) ☐Negative ☐Positive ☐Indeterminate ☐Results pending ☐Not done

Sexually TransmittedInfections: *(check one for each of the following)*

1. Syphilis ☐Negative ☐Positive; treated? ___yes ___no ☐Pending ☐Not done; Syphilis CONFIRM ☐Negative ☐Positive
2. Gonorrhea ☐Negative ☐Positive; treated? ___yes ___no ☐Pending ☐Not done
3. Chlamydia ☐Negative ☐Positive; treated? ___yes ___no ☐Pending ☐Not done
4. HIV ☐Negative ☐Positive; treated? ___yes ___no ☐Pending ☐Not done; HIV CONFIRM ☐Negative ☐Positive
5. Other, specify: _____ ☐Negative ☐Positive; treated? ___yes ___no ☐Pending

PLEASE TURN THE PAGE FOR MORE TESTS →

Alien or Visa Registration #_____

CBC with differential done? ☐Yes ☐No

If yes, was Eosinophilia present? ☐Yes ☐No ☐Results pending

If yes, was further evaluation done? ☐Yes ☐No

IntestinalParasite Screening:

1. Was screening for parasites done? (✓ one) ☐Yes ☐No If No, why not? _____
2. Serology Test ☐Done ☐Results Pending ☐Not done
   - Schistosoma ☐Negative ☐Positive; treated: ___yes ___no ☐Indeterminate ☐Results Pending ☐Not done
   - Strongyloides ☐Negative ☐Positive; treated: ___yes ___no ☐Indeterminate ☐Results Pending ☐Not done
3. Stool Test ☐No parasites found
   - ☐Non-pathogenic parasites found Blastocystis; treated: ___yes ___no
   - ☐Pathogenic parasite(s) found
   - ☐Results Pending
   - ☐Not Done

(If positive for pathogenic parasite(s) by O&P, check all that apply)

☐Schistosoma Treated? ☐Yes ☐No Species:_____ ☐Giardia Treated? ☐Yes ☐No ☐Trichuris Treated? ☐Yes ☐No ☐Hookworm Treated? ☐Yes ☐No	☐Strongyloides Treated? ☐Yes ☐No ☐E. histolytica Treated? ☐Yes ☐No ☐Hymenolepis Treated? ☐Yes ☐No ☐Paragonimus Treated? ☐Yes ☐No	☐Ascaris Treated? ☐Yes ☐No ☐Dientameoba Treated? ☐Yes ☐No ☐Clonorchis Treated? ☐Yes ☐No ☐Other (specify) Treated? ☐Yes ☐No _____
If not treated, why not?		

MalariaScreening: *(✓one)*

☐Not screened for malaria (e.g., No symptoms and history not suspicious of malaria) ☐Screened, no malaria species found in blood smears

☐Screened, malaria species found (please specify): _____ ☐Screened, results pending

If malaria species found: Treated? ☐Yes ☐No → Referred for malaria treatment? ☐Yes ☐No

If referred for malaria treatment, specify physician/clinic: _____

Please fill in for all refugees:

HEIGHT (in)	WEIGHT (lbs)	HEAD CIRCUM. (< 3 yrs old, cm)	PULSE	BP- SYS/DIAS
BLOOD GLUCOSE (mg/dL)	HEMOGLOBIN	HEMATOCRIT %	VIT. B12 (pg/ml)	LEAD (<17 yrs old)

Currently Pregnant ☐Yes ☐No ☐Not done

Mental Health Concern ☐Yes ☐No ☐Not done

Vision Loss ☐Yes ☐No ☐Not done

Hearing Problems ☐Yes ☐No ☐Not done

Dental Problems ☐Yes ☐No ☐Not done

Additional Health Concern (list)_____

Referrals: *(check all that apply)*

☐ Primary Care / Family Practice	☐ Dentistry	☐ Ophthalmology/Optometry	☐ Audiology/Hearing
☐ Cardiology	☐ Hematology/Oncology	☐ Neurology	☐ Radiology
☐ Dermatology	☐ Immunology/Allergy	☐ Nutrition	☐ Surgery
☐ Ear, Nose & Throat (ENT)	☐ Infectious Disease	☐ Pediatrics	☐ Urology
☐ Emergency/Urgent Care	☐ Internal Medicine	☐ Public Health Nurse (PHN)	☐ WIC
☐ Endocrinology	☐ Mental Health	☐ OB/GYN or Family Planning	☐ Social Services
☐ Gastroenterology (GI)	☐ Nephrology	☐ Orthopedics	☐ Other Referral _____

☐ Interpreter needed: ☐Yes, language(s) needed: _____ ☐No

Note: Form indicating the results of the tests listed on this form and return to the local public health agency noted below within 30 days of receipt. For more information, contact the Refugee Health Program, Minnesota Department of Health at: (651) 201-5414.

Screening Clinic _____ Physician/PA/NP (Last) _____ (First) _____

Address_____ City _____ State ____ ZIP _____ Phone ( ) _____ Fax ( ) _____

Name/title of person completing form _____ Date screening completed ____/____/_____

Return/Mail to: (Local Public Health Agency)

Address: _____

_____

Phone: _____

How will your clinic be reimbursed for this screening?

☐Straight MA or PMAP (specify health plan):_____

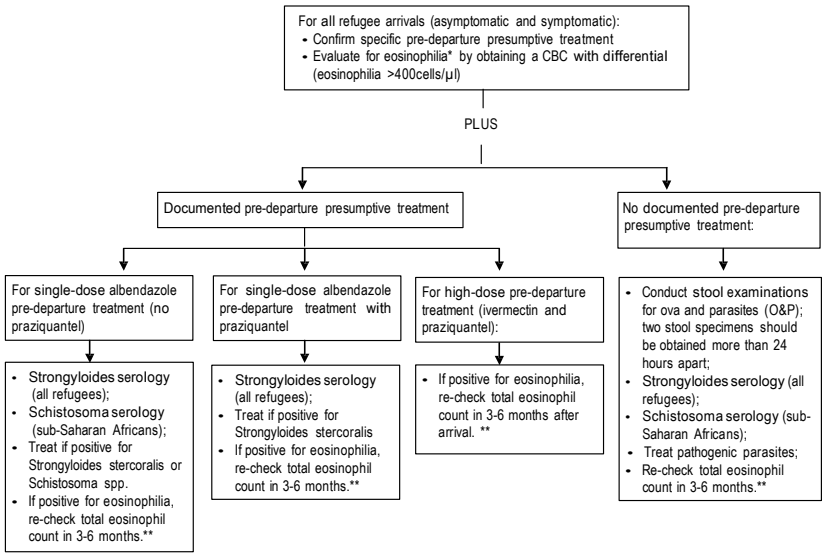
☐Private third party payer ☐No Insurance

☐Other (specify): _____ ☐Flat Fee*

*A flat fee reimbursement is available to clinics that screen refugees without health insurance. Must be a primary refugee, screened within 90 days of arrival, and with complete exam. Call 651-201-5414 for more information. Revised 10/2014

Minnesota Department of Health Initial Health Screening Tests Recommended for All Refugees/Immigrants

Components of Refugee Health Assessment: Complete history, review of systems, physical examination including assessment for infectious disease and chronic disease, and laboratory testing. Infectious diseases continue to be significant and can be readily addressed when identified. There is increased recognition that chronic health disorders are common and may pose greater long-term threat to the individual's health. Health issues to consider include: cardiovascular, hematologic disorders (eosinophilia, anemia, and microcytosis), nutritional deficiencies, dental caries, diabetes, thyroid disease, otorhinologic and ophthalmologic problems, and dermatologic abnormalities. As part of assessment, record blood pressure, pulse, height, weight, head circumference, perform urinalysis for any patient old enough to produce a clean catch specimen, vision and hearing evaluation. More detail see: MN Refugee Health Provider Guide at www.health.state.mn.us/refugee.

Disease or Condition	Screening Recommendations
Immunizations	Assess and update immunizations for each individual. Indicate laboratory evidence of immunity for measles, mumps, rubella, varicella, polio, hepatitis B or hepatitis A, if available; immunizations are not needed if immune. For all other immunizations, update series or begin primary series if immunization dates are not found. If you need assistance translating immunization records or determining needed immunizations, call CDC hotline 800-CDC-INFO (1-800-232-4636). Always update the personal immunization record card.
Tuberculosis (TB)	Perform a tuberculin skin test (TST) or blood interferon gamma assay (IGRA) for TB for all individuals regardless of BCG history, unless documented previous positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. TST administered prior to 6 months of age may yield false negative results. • A chest X-ray should be performed for all individuals with a positive TST or IGRA test • A chest X-ray should also be performed regardless of TST results for: o those with a TB Class A or B_1 designation from overseas exam or o those who have symptoms compatible with TB disease.
Hepatitis B	Administer a hepatitis B screening panel including hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (anti-HBs), and hepatitis B core antibody (anti-HBc) to all adults and children. Vaccinate previously unvaccinated and susceptible children, 0-18 years of age. Vaccinate susceptible adults at increased risk for HBV infection (due to close interaction within their communities) or from endemic countries. Refer all persons with chronic HBV infection for additional ongoing medical evaluation.
Intestinal Parasites	

*Eosinophilia may or may not be present with parasitic infection; an absolute eosinophil count provides supplemental diagnostic information. **Persistent eosinophilia or symptoms requires further diagnostic evaluation.

If parasites are identified, one stool specimen should be submitted 2-3 weeks after completion of therapy to determine response to treatment. For background information and treatment guidelines see CDC's Evaluation of Refugees for Intestinal and Tissue-Invasive Parasitic Infections during Domestic Medical Examination, as well as The Medical Letter on Drugs and Therapeutics: Drugs for Parasitic Infections.

Sexually Transmitted Infections	Routine screening for HIV, ages 13- 64 years using Anti-HIV 1+2 assay; universal testing of HIV and syphilis for arrivals from areas of the world with high prevalence of HIV/AIDS. Screen for syphilis by administering VDRL or RPR. Confirm positive VDRL or RPR by FTA-ABS/MHATP or other confirmatory test. Repeat VDRL/FTA in 2 weeks if lesions typical of primary syphilis are noted and person is sero-negative on initial screening. Use your clinical judgment to screen for chlamydia and gonorrhea using urine specimen if possible. Screen other STDs if indicated by self-report or endemicity in homeland.
Malaria	Screen those refugees present with symptoms suspicious of malaria. For asymptomatic refugees from highly endemic areas, i.e., sub-Saharan Africa, screen or presumptively treat if no documented pre-departure therapy (note contraindications for pregnant or lactating women and children < 5 kg).
Lead	Venous blood lead level (BLL) screening is recommended for all refugee children under 17 years. Check for lead sources in children with elevated BLL ≥10 µg/dL; check BLLs in all family members. Follow up management. Prescribe daily pediatric multivitamins with iron for refugee children 6 to 59 months of age.
Mental Health	Assess for signs of post-traumatic stress, acute psychiatric disorders; assess mental health as reflected in general health and wellbeing (e.g., sleeplessness, headaches, nightmares, irritability).

NOTICE FOR HEALTH CARE PROVIDERS REGARDING RELEASE OF INFORMATION

Information on this Refugee Health Assessment Form is collected for the Minnesota Department of Health (MDH), by authority of 8 U.S. Code Chapter 12, Subchapter IV, Section 412(c)(3)* of the Immigration and Nationality Act. The information you or your clinic provide is used to obtain a health evaluation and/or treatment for the patient. It can also facilitate the individual's enrollment into a school, child care, or early childhood programs as required by Minnesota Statutes §121A.15. MDH may release this information on the form to health care providers or agencies which are involved in the care of the individual. These health care providers and agencies usually include medical, mental and dental care providers, public health agencies, hospitals, schools, child care centers and early childhood programs. All public health agencies, health institutions, or providers to whom the refugee has appeared for treatment or services will be entitled to the information included on this form.

Although some of the information collected includes legally reportable diseases (MN Rules Chapter 4605), there is no obligation to provide supplemental information and the client will receive health care services even if your entity does not provide the supplemental information. However, if the information is not provided, it may result in delay of services or denial of enrollment into a Minnesota school, child care center or early childhood program because information may not be shared with agencies.

MDH protects private data in accordance with the Government Data Practices statutes, Minnesota Statutes, Chapter 13.

Why is MDH asking for the information?

- To help the patient get medical, dental, or mental health services to ensure they receive appropriate health care;
- For school, child care, or early childhood enrollment to aid in enrollment in these programs;
- To make reports, do research, conduct audits, evaluate refugee programs and develop interventions and educational/outreach activities to ensure refugees received appropriate health care.

With whom may this information be shared?

- Health care providers, including medical, mental and dental health care providers, public health agencies, and hospitals involved in the care of the refugee
- Schools, child care centers or early childhood programs, for enrollment
- Local, state, or federal public health agencies conducting program evaluations to ensure refugees receive appropriate care.

For more information contact:
Refugee Health Program
Minnesota Department of Health
625 Robert Street N
P.O. Box 64975
St Paul, MN 55164-0975
(651) 201-5414 (metro)
1-877-676-5414 (toll-free)
www.health.state.mn.us/refugee

MINNESOTA MDH DEPARTMENT OF HEALTH

Minnesota Non-Emergency Transportation/MNET

- **What is MNET?**
  Minnesota Non-Emergency Transportation (**MNET**) is the program developed specifically for the Minnesota Medical Assistance population who utilizes non-emergency transportation and its management.

- **Who is MTM ?**
  Medical Transportation Management (**MTM**) is the parent company for MNET. MTM is based in St. Louis, Missouri.

- **What exactly does MNET do?**
  MNET schedules non-emergency transportation for the following recipients residing in the eight (8) county metro area:
  *Medical Assistance
  *General Assistance
  *MinnesotaCare recipients

  Eight County Service Area includes:
  Ramsey, Hennepin, Anoka, Washington, Dakota, Isanti, Chisago, Sherburne

- **What services does MNET offer?**
  MNET's St. Paul office has four departments:
  *Call Center-to schedule individual trips
  *Care Management-to work with facilities, mileage reimbursement and special individual needs
  *Network Management-to work directly with transportation providers
  *Utilization Review Staff-to conduct Level of Need (LON) assessments, and provide Special Transportation Service (STS) recertification.

  In addition, MNET offers ride coordination for primary refugees with MA pending, via a specific protocol listed below. The general call center does NOT set up rides for MA pending clients.

- **What kind of trips does MNET schedule?**
  For patients with MA, MNET schedules **Access Transportation Service (ATS)** trips. ATS is often described as **curb-to-curb** or **door-to-door** service. This means that the transportation provider will either meet the recipient at the curb in front of their residence, or at their front door, and will transport them to the curb or to the outside door of the medical facility where their appointment is located.

Special Transportation Service (STS) trips are scheduled by the member themselves directly with a transportation provider. MNET does not schedule these trips.

Special Transportation Service (STS) is often described as **door-through-door** or **station-to-station** service. This means that the transportation provider will assist the recipient from inside their residence to the front desk of the lobby of the department within the medical facility where their appointment is located.

- **What happens when MA eligibility is pending?**
  Generally, MNET cannot schedule trips unless the recipient is MA eligible.
  The only exceptions to the eligibility rule are for refugees or victims of torture; for refugees this applies to appointments for the refugee health screening exam.

- **What can MNET do if the destination for the medical appointment is outside the metro area?**
  If the recipient resides in the eight (8) county metro area, MNET will try to schedule the trip to any **approved** medical appointment anywhere.

  If the recipient's county of residence is outside the 8 county Metro areas, the trip should be scheduled directly with a chosen transportation provider. For an STS trip to be approved, an LON must first be completed and have proper authorization.

- **Some important last words:**
  MNET has no control over the county government's assessment of the recipient's living arrangement code or over MA eligibility.

  If a recipient needs to see a physician outside of a 30 mile radius in the metro area, a Medical Necessity form needs to be signed by that physician before the trip can be scheduled.

  ATS members must be prepared for their transportation **1 hour** prior to their scheduled appointment. Providers are required to call you up to 24 hours prior to pickup to re-verify the trip.

Protocol for MNET
Refugee Transportation for clients with MA pending

MNET Care Management Department
651-645-9254
651-203-1262 fax

1. Main Point of Contact
    a. Jessi Chhum x4417, Care Management Team Lead
       email: schhum@mtm-inc.net
    b. Buenafe Seppala x4425, Care Manager-Jessi's back-up

2. Complaints/Issues
    If you have any issues that the Care Manager is unable to address please escalate your concerns to MNET management staff.
    a. Donae Leftwich x4444, Care Management Supervisor
    b. Barb Platten x4422, Program Director

3. Hours of Operation
    a. Care Management is available M-F 8-4:30.

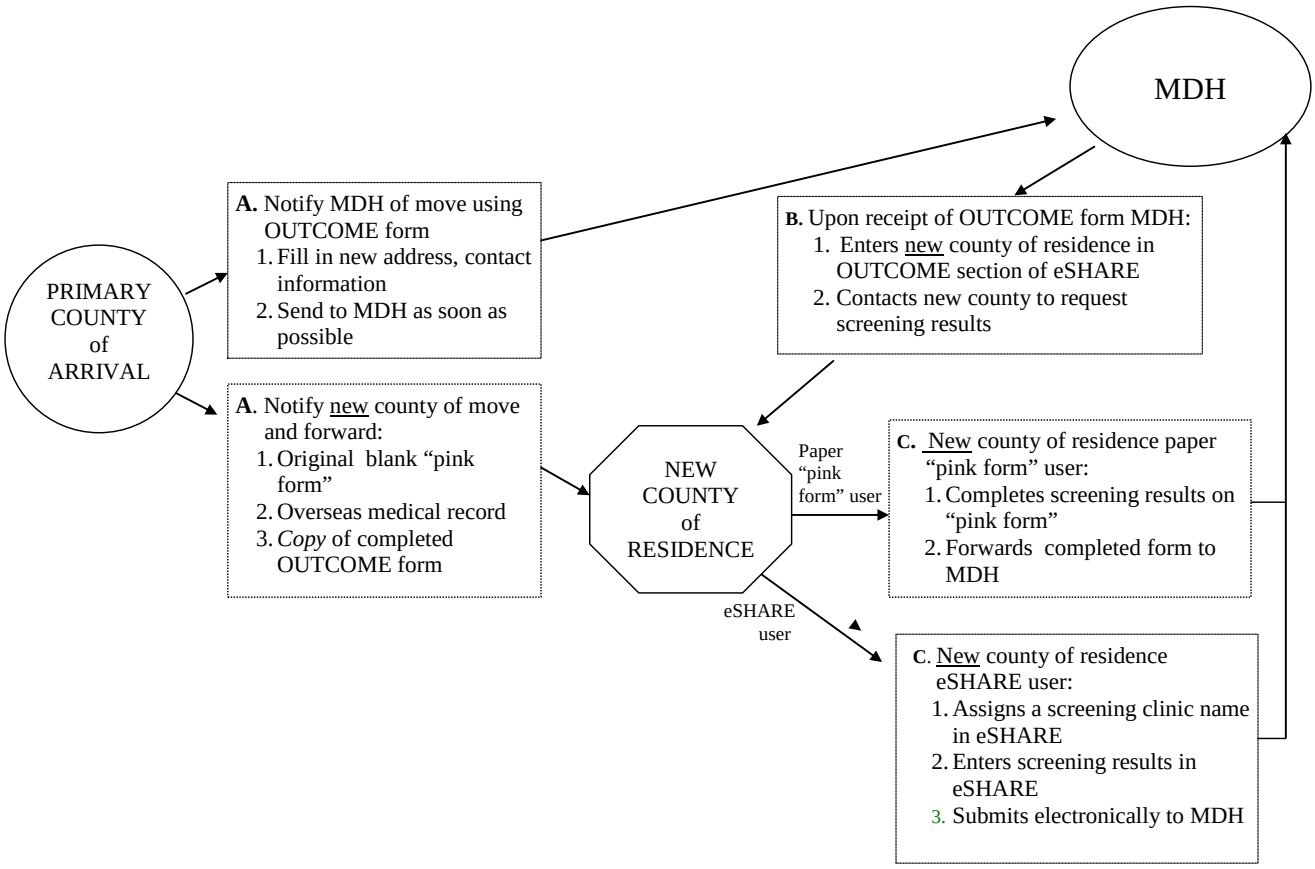
4. Process:
    MA pending will need to go through CM via fax **651.203.1262** or email **mn_cm@mtm-inc.net**. Once MA is active, rides can be scheduled calling the call center 866.467.1724.

Info required to schedule transportation:

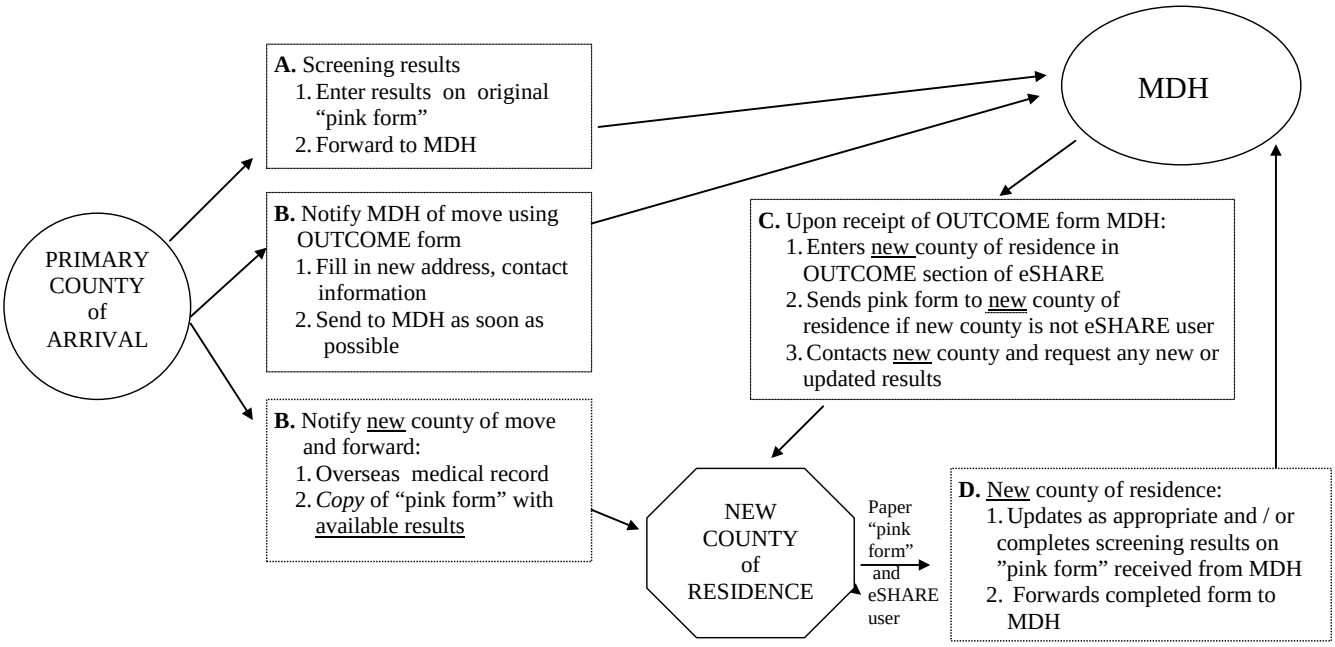
i. Name
ii. DOB
iii. Address
iv. Gender
v. MA# (PMI #)
vi. Date/Time of appointment
vii. Preferred Transportation Provider

Transfer Protocol when Primary County of Arrival Uses Paper "PINK FORM" / Scenario 1, 2, or 3

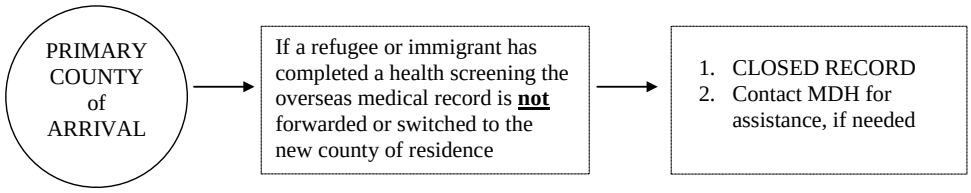
1) Primary refugee moves from county **prior** to **initiating** health screening:



2) Primary refugee moves from county **prior** to **completing** health screening:



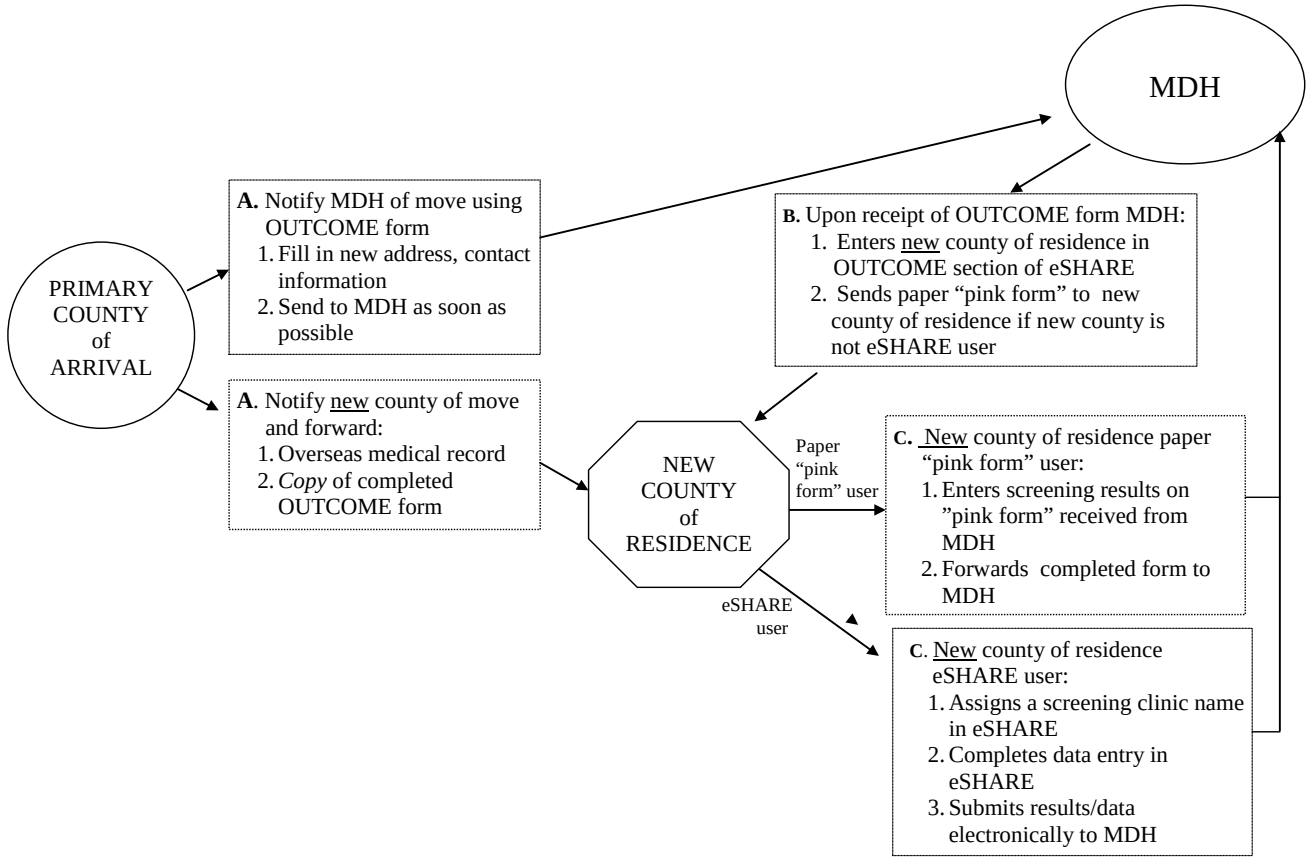
3) Primary refugee moves from county **after completing** the refugee health screening:



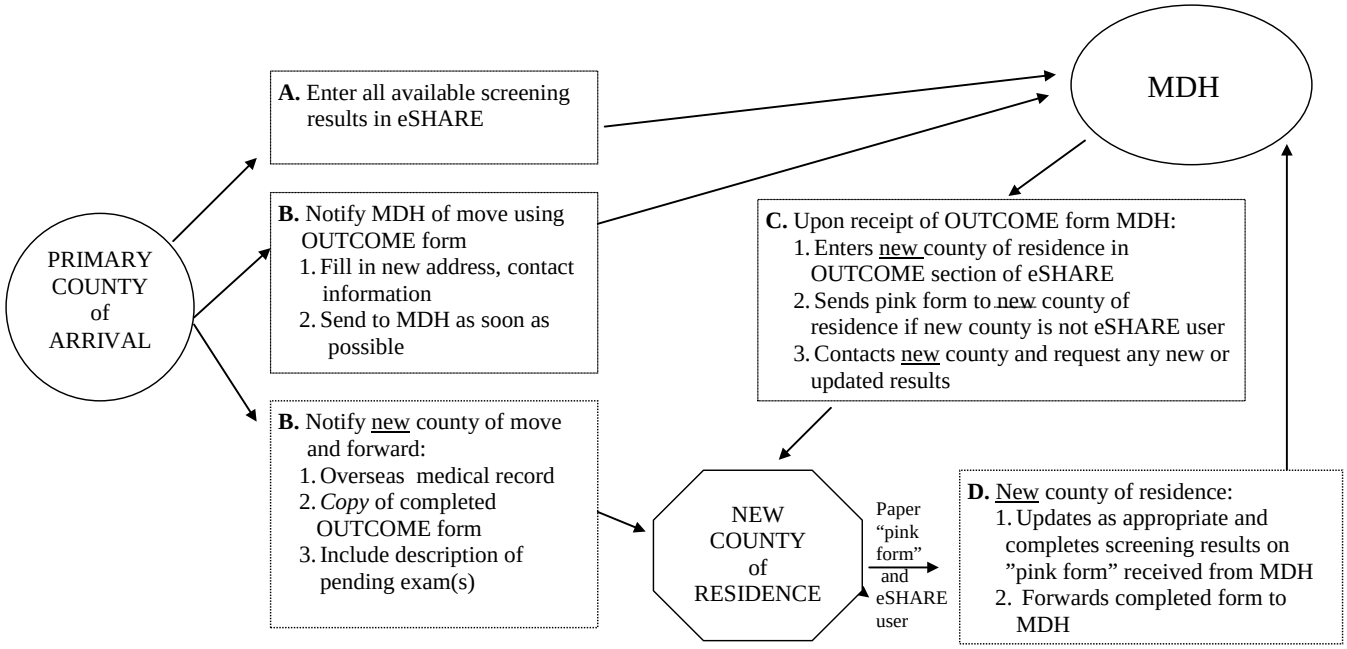
4) For primary refugee moving to another state, the Primary County of Arrival should complete an outcome form with a complete address and forward to MDH, which will forward the record to the new state jurisdiction. Please also refer to the *Inter-Jurisdictional Transfer Protocol for All Refugee and Class B TB Designated Immigrants* roles of local health agencies.

Transfer Protocol when Primary County of Arrival Uses eSHARE / Scenario 1, 2, or 3

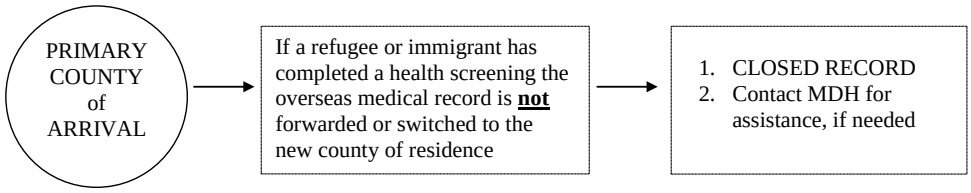
1) Primary refugee moves from county **prior** to **initiating** health screening:



2) Primary refugee moves from county **prior** to **completing** health screening:



3) Primary refugee moves from county **after completing** the refugee health screening:



4) For primary refugee moving to another state, the Primary County of Arrival should complete an outcome form with a complete address and forward to MDH, which will forward the record to the new state jurisdiction. Please also refer to the *Inter-Jurisdictional Transfer Protocol for All Refugee and Class B TB Designated Immigrants* roles of local health agencies.

Health Screening of New Secondary Refugees in Minnesota

Table of Contents

I. Definition of Secondary Refugees…….2
II. Flow of Information for New Secondary Refugee Notifications…...……...….2
III. Secondary Refugee Health Screening Guidance for Local Public Health…….4
IV. Outgoing Refugees…….6
V. MDH Refugee Health Program Procedures and Responsibilities……..6
VI. Appendix 1: Secondary Refugee Arrival Notification Form……..7

I. Definition of Secondary Refugees

Secondary refugees are individuals who initially settle in a state other than Minnesota but soon migrate to live in Minnesota. This migration can occur within days, weeks, months or longer after a refugee's arrival to the U.S. The refugee health screening is appropriate for refugees who are within one year of their U.S. arrival date; therefore Minnesota Department of Health's (MDH) Refugee Health Program (RHP) assists with transfer requests for refugees who are within one year of U.S. arrival.

II. Flow of Information for New Secondary Notifications

The Division of Quarantine, a branch of the Centers for Disease Control and Prevention (CDC) is responsible for notifying the primary states/jurisdiction of a new arrival. This notification is done for primary refugees and asylees via the Electronic Disease Notification (EDN) system. EDN allows primary states/jurisdictions to transfer refugee records to another jurisdiction by switching the address, including city, state and zip code.

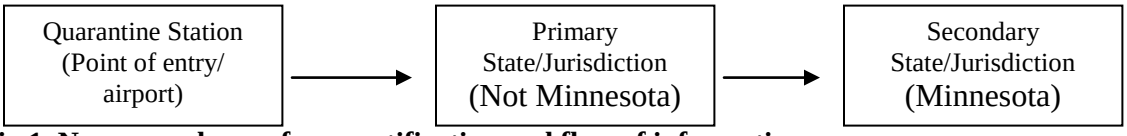


Fig.1. New secondary refugee notification and flow of information

When a refugee moves to Minnesota, the notification may come in various ways:

1. **Primary State notifies Minnesota** of a refugee's move to our state
    a. The MDH RHP will request the overseas medical records, screening status and complete contact information from the primary state.
    b. MDH RHP will forward the overseas medical examination, as well as the screening status to Local Public Health (LPH). MDH RHP will also send a Refugee Health Assessment "Pink" Form for all secondary refugees that have not completed screening in the primary state.
    c. If a secondary refugee has completed or started the domestic screening in the primary state, MDH RHP will obtain the name and contact information of the facility that conducted the screening. LPH or the clinic will be responsible for obtaining the results of the screening by contacting the facility, which usually requires that the patient sign a medical release form.

-OR-

2. **Secondary refugee contacts LPH** requesting assistance with health assessment
    a. LPH will complete the Secondary Refugee Arrival Notification form (Appendix 1) with all available information and submit the form to MDH RHP via fax or secure email.
    b. If person started or completed their screening in the primary state, obtain the name/facility and contact information of provider from the refugee and have him/her sign a medical release form. If it is not known whether the person was screened in the primary state, MDH RHP will request that information.

c. MDH RHP will request the overseas medical records from the primary state/jurisdiction, as well as the screening status in the primary state (Completed screening; Incomplete screening, needs follow-up; Not screened).
d. MDH RHP will forward the overseas medical examination, if available, as well as the screening status to LPH. MDH RHP will also send a Refugee Health Assessment "Pink" Form for all secondary refugees that have not completed screening in the primary state.
e. If a secondary refugee has completed or started the domestic screening in the primary state, MDH RHP will obtain the name and contact information of the facility that conducted the screening. LPH or the clinic will be responsible for obtaining the results of the screening by contacting the facility, which usually requires that the patient sign a medical release form.

-OR-

3. **Secondary refugee sets an appointment with or visits a clinic**
   a. The clinic can notify LPH if a secondary refugee sets an appointment with or visits their clinic. If the clinic notifies LPH, LPH will follow the above steps 2a-2d to obtain the necessary information. LPH can then forward this information to the requesting clinic.
   b. The clinic can also notify MDH RHP directly using the Secondary Arrival Notification form (Appendix 1) if a secondary refugee sets an appointment with or visits their clinic. If the clinic is aware of screening status in primary state, they may include that information on the form.
   f. MDH RHP will request the overseas medical records from the primary state/jurisdiction, as well as the screening status in the primary state (Completed screening; Incomplete screening, needs follow-up; Not screened).
   g. MDH RHP will forward the overseas medical examination, if available, as well as the screening status to **LPH**. MDH RHP will also send a Refugee Health Assessment "Pink" Form for all secondary refugees that have not completed screening in the primary state. If the clinic would like a copy of the information directly from MDH RHP, they must request so.
   h. If a secondary refugee has completed or started the domestic screening in the primary state, MDH RHP will obtain the name and contact information of the facility that conducted the screening. LPH or the clinic will be responsible for obtaining the results of the screening by contacting the facility, which usually requires that the patient sign a medical release form.

III. Secondary Refugee Health Screening Guidance for Local Public Health

A. Screening Guidelines for Secondary Refugees

As secondary refugees move to Minnesota, extending health services and addressing their health needs will facilitate their settlement and overall integration into the larger community. Table 1 provides step-by-step guidance for LPH or private clinics to proceed with the refugee health assessment.

Table 1. Screening guidelines for secondary refugees moving to Minnesota

<table>
<tr><th></th><th>Within 0-12 months of arrival date</th><th>After > 12 months of arrival date</th></tr>
<tr><td>No screening prior to move</td><td>• Verify medical insurance (i.e. MA) eligibility

If qualified for insurance
• Start screening as per the MDH screening protocol for refugees
• Ensure TB Class A/B1/B2/B3 evaluations are completed</td><td rowspan="3">Further assistance is not required as MDH does not consider refugees who move to Minnesota after 1 year of residence in the U.S as “new refugees.”

However, these refugees would benefit from a comprehensive physical exam as recommended in the refugee health screening guidelines.

• Advise the clients to apply for medical insurance and access primary health care
• Refer to county or other social service providers for assistance</td></tr>
<tr><td>Incomplete/Partial screening prior to move</td><td>• Verify medical insurance (i.e. MA) eligibility

If qualified for insurance
• Ensure signature of medical release forms
• Obtain screening results from primary state (LPH or private provider)
• Complete screening following the MDH refugee health screening protocol
• Submit completed results or outcome reports to MDH</td></tr>
<tr><td>Completed screening prior to move</td><td>• Further evaluation is not required
• Assist with referral to primary care, especially for chronic medical care</td></tr>
<tr><td>Data collection and submission to MDH</td><td>Submit screening results to MDH RHP using the standard data collection “pink form” or via eSHARE.

If refugee was not screened due to invalid locating information, moved prior to screening, refused screening, etc. complete the Refugee Health Assessment Outcome Report (see Appendix I in LPH/VOLAG Refugee Health Screening Manual) and send to MDH RHP</td><td>Data collection and submission are not applicable</td></tr>
</table>

B. Health Insurance Status

It is important to verify the health insurance status of secondary refugees who move to the state before starting the refugee health assessment. If a secondary refugee does not qualify for a public or private health insurance, he/she will be responsible for costs associated with the health assessment. It is not necessary to complete an assessment under these circumstances.

Secondary refugees do not qualify for the federal Flat Fee reimbursement.

C. Resettlement Agencies (VOLAGs) and Other Assistance

Resettlement Agencies (VOLAGs)

Resettlement agencies (VOLAGs) are responsible for assisting newly arrived **primary** refugees with their initial resettlement needs. Their federal contract includes assisting refugees in obtaining their refugee health assessment. Because their funding is linked to the number of **primary** refugees they assist, their services are often limited to this group. Some VOLAGs may have distinct funding streams for programs that secondary refugees can access; this varies depending on agency and program.

Most secondary refugees will not have any affiliations with VOLAGs because of these restrictions. However, VOLAGs may assist secondary refugees in accessing mutual assistance associations (MAAs) and community-based organizations (CBOs) that may provide basic need services, health care, English as second language (ESL) courses and job skills training and placement.

Family, Friends and Social Networks

Secondary refugees often have family or friends who may assist them with accessing services in the state. Often, these social networks help secondary refugees seek services at the LPH department.

Other Community Resources

Clinics and other health organizations offer a variety of services including access to health care for the uninsured or under-insured. MAAs and CBOs will also assist refugees and immigrants obtain basic needs, health care, ESL courses and job placement.

Please refer to these directories for detailed contact information:

- The Health Resources Directory issued by MDH RHP
  www.health.state.mn.us/divs/idepc/refugee/directory.html
- The MAA-CBO Directory issued by MDH RHP
  www.health.state.mn.us/divs/idepc/refugee/maacboguide.pdf

IV. Outgoing Refugees

If LPH or the MDH RHP is notified of a refugee who is moving out of state, the agency should follow the Secondary Refugee Transfer Protocol to initiate the transfer of all pertinent records to the secondary state. LPH should capture all demographic and screening status data on the Refugee Health Assessment Outcome Report (*see Appendix I in LPH/VOLAG Refugee Health Screening Manual*).

V. Refugee Health Program Procedures and Responsibilities

The MDH RHP will assist LPH and clinics with obtaining the overseas medical records from the primary state. The transfer could be made via EDN, Fax or mail. The MDH RHP will also encourage all parties to use the Secondary Refugee Arrival Notification form (Appendix 1) to capture all necessary demographic and contact information before an “in” or “out” transfer is made.

Appendix 1: Secondary Refugee Arrival Notification

5/2014

Use this form to notify MDH of a secondary arrival who has come to your attention.

Please check which information is requested (if the purpose of this form is only to notify MDH, leave boxes unchecked):

Overseas records ☐ **Screening status and location if applicable** ☐

Please attach a copy of the release of information for each person if requesting data.

From: (Agency: VOLAG, clinic, or LPH)

Contact name: Direct phone #:
Email:

To: MDH Refugee Health Program, phone: 651-201-5414, fax: 651-201- 5501
Attention: Kailey Nelson, kailey.nelson@state.mn.us (password-encrypted email only please)

Date:

SECONDARY ARRIVAL INFORMATION

Last Name First Name Date of Birth

Alien #
*File Number U.S. Arrival Date

Address: ☐ Apt. # ☐ House
Street /Avenue City Zip code

Country of Origin Language Spoken

Primary State of Arrival # of Secondary Arrivals in Family*

***Additional family members with same file number:**

Last Name	First Name	Date of Birth	Alien #

MINNESOTA MDH DEPARTMENT OF HEALTH

Refugee Health Assessment Outcome Report

(Complete <u>one form per family</u> which did not receive an assessment)

Local Public Health Agency:	If refugee(s) moves to another county, please forward overseas medical records, copy of outcome report and 'pink' form, if applicable
Contact Person:	
Phone:	☐ check box if forwarded to new county
Date: _____/_____/_____	

Please select only one outcome code per person

Name: (Last, First, Middle)	Date of Birth	Alien #	Refugee / Immigrant Class A/B1/B2/B3 TB	Outcome & Screening Status	Outcome and Possible Screening Status Codes:	
					1= moved out of state (out of MN)	**7**= refused screening
					2= moved to another county	**8**= never arrived to MN
					3= moved to unknown destination	**9**= located but numerous attempts to schedule failed
					4= unable to locate due to invalid contact information	**10**= died before screening
					5= missed appt./no show	**11**= 2ndry Ref: no insurance
					6= was screened elsewhere/unable to obtain results	**12** =2ndry Ref: completed out of state
						13=2ndry Ref: Notification after time limit
					If Outcome is "1" *select one of these screening status codes for each*	
					A = Screening not Started	
					B = Incomplete Screening, needs medical follow-up*	
					C = Completed Screening, needs **only** follow-up	
					D = Completed Screening, needs Civil Surgeon services	

***Additional Remarks**: If Outcome is "1" and Status codes are "B-D", please attach the name and contact information of the clinic that initiated the refugee health assessment*

Please include the family's forwarding address and phone#:

_____

_____

_____

_____

If refugee moves to another county, send packet with copy of form to new county (see above)

For other outcomes, return this form with the original health assessment packet to:

Refugee Health Program
Minnesota Department of Health
Freeman Office Building
P. O. Box 64975
St Paul, MN 55164-0975

Pre-Arrival Arrangements

Wheelchair and other equipment (walker, etc.) for pick-up and use - permanently if desired:

Goodwill Easter Seals
553 Fairview Ave N St Paul, MN 55104
Medical equipment: 651-379-5808

Hope for the City
7003 Oxford Street, St. Louis Park
contact Mike at: 952-837-3042
email: mike@hopeforthecity.org

Contact MSP Quarantine Station for health check en route or upon arrival:

Quarantine Station officer: Arnold Vang
email: Vang, Arnold (CDC/OID/NCEZID) <bzv2@cdc.gov>
phone: 612-725-3005
blackberry: 612-834-5201

IOM Physician Contact: Alexander Klosovsky AKLOSOVSKY@iom.int 202-550-2248

Hospital Emergency Departments: Consider location and health plan affiliation when possible.

Let **911** know any specifics.

For **Urgent Care** access, google search by insurance plan and location.

For **Emergency Room** care immediately upon arrival, the MSP DQ station has a contract with **Hennepin County Medical. Center,** and the client should go there unless other arrangements are made.

RAMSEY COUNTY			
Name	**Address**	**Phone**	**Comments**
Regions Hospital	640 Jackson Street St. Paul, MN 55101	651-254-3456	**Health Partners** affiliated hospital. Social Work # 651-254-9261
St. Joseph's Hospital	45 W 10th St St Paul, MN 55102	651-232-3000	**HealthEast** affiliated hospital
St. John's Hospital - Maplewood	1575 Beam Ave Maplewood, MN 55109	651-232-7000	**HealthEast** affiliated hospital
Children's Hospitals and Clinics of Minnesota	345 Smith Ave. S. St. Paul, MN	651-220-6000	
United Hospital	333 N. Smith Ave. St. Paul, MN	651-241-8000	**Allina** affiliated hospital
HENNEPIN COUNTY			
Name	**Address**	**Phone**	**Comments**
Hennepin County Medical Center	701 Park Ave Minneapolis, MN 55415	612-873-3000	All plans and uninsured accepted.
University of Minnesota & Amplatz Children'sHospital	**West Bank:** 2450 Riverside Ave **East Bank:** 500 Harvard St. Minneapolis, MN	612-273-3000	**UMP & Fairview** affiliated hospital and clinics
Abbott Northwestern Hospital	800 E 28th St, Minneapolis, MN 55407	612-863-4000	**Allina** affiliated hospital
North Memorial Medical Center	3300 Oakdale Ave. N. Minneapolis, MN 55412	763-520-5200	
Children's Hospitals and Clinics of Minnesota	2525 Chicago Ave. S. Minneapolis, MN	612-813-6000	
ANOKA COUNTY			
Name	**Address**	**Phone**	**Comments**
Mercy Hospital	4050 Coon Rapids Blvd. NW, Coon Rapids, MN	763-236-6000	**Allina** affiliated hospital

Unity Hospital	550 Osborne Rd. NE Fridley, MN	763-236-5000	**Allina** affiliated hospital
DAKOTA COUNTY			
Name	**Address**	**Phone**	**Comments**
Fairview Ridges Hospital	303 E. Nicollet Blvd. Burnsville, MN	952-460-4000	**UMP & Fairview** affiliated hospital
SCOTT COUNTY			
Name	**Address**	**Phone**	**Comments**
St. Francis Regional Medical Center	1455 St. Francis Ave. Shakopee, MN	952-428-3000	**Allina & Park Nicollet** affiliated hospital
CARVER COUNTY			
Name	**Address**	**Phone**	**Comments**
Ridgeview Medical Center	500 S. Maple St. Waconia, MN	952-442-2191	
Ridgeview Two Twelve Medical Center	111 Hundertmark Road Chaska, MN	952-361-2447	
WASHINGTON COUNTY			
Name	**Address**	**Phone**	**Comments**
Woodwinds Health Campus	1925 Woodwinds Dr. Woodbury, MN	651-232-0228	**HealthEast & Children's Hospitals and clinics of MN** affiliated hospital

Expedited Medical Assistance (MA) via County Financial Services		
County	**Contact**	**Comments/Process**
Ramsey: • 160 East Kellogg Blvd. Government Center East, St. Paul, MN 55101. • The lobby is open Monday through Friday from 7 a.m. to 5:45 p.m. or 7 a.m. to 4:30 p.m. on weeks with holidays. Interpreter services are available.	General phone number: 651-266-4444	• Apply with Refugee/family through MNSure as soon as possible after arrival. • Request expedited MA from DHS due to medical needs. For assistance trouble shooting a case, call the "supervisor of the day" at Ramsey county: 651-266-4444
Hennepin County: • Century Plaza, 330 South 12th Street, Minneapolis MN 55404. • Northwest Family Service Center 7051 Brooklyn Boulevard, Brooklyn Center, MN, 55429.	General phone number: 612-596-1300	• Apply with Refugee/family through MNSure as soon as possible after arrival. • Request expedited MA from DHS due to medical needs. • To troubleshoot Hennepin County benefits, contact the Office of Multi-cultural Services, 201 E. Lake St. Minneapolis, MN 55407 Phone: 612-348-2193 Jillian Kyles, Director, 612-348-8547 Ernie Neve 612-348-0289
Anoka County: • Adult Intake - (763)422-7246 2100 3rd Avenue,Anoka, MN 55303 • Family Intake - (763)717-7730 1201 89th Avenue NE, Suite 400, Blaine, MN	General phone number: 763-422-6946; Joan Farrell: 763-717-7776 (Joan.Farrell@co.anoka.mn.us); Valerie Anderson: 763-422-7267 (Valerie.anderson@co.anoka.mn.us)	• Apply with Refugee/family through MNSure as soon as possible after arrival. • Request expedited MA from DHS due to medical needs.
Dakota County: • Western Service Center 14955 Galaxie Avenue Apple Valley, MN 55124	General phone number: 651-554-5611; Greg Maliszewski: 651-554-5702 (Greg.Maliszewski@co.dakota.mn.us)	• Apply with Refugee/family through MNSure as soon as possible after arrival. • Request expedited MA from DHS due to medical needs.

Other Counties: Contact Local Public Health Nurse for direction on how and where to apply, and how MA can be approved quickly .		• Apply with Refugee/family through MNSure as soon as possible after arrival. • Request expedited MA from DHS due to medical needs.

Screening* and Primary Care Clinics serving Refugees

Note: Current PMAPs for the metro area are HealthPartners, Medica, Hennepin Health (Hennepin County only), and UCare. HealthPartners Primary Care clinics do not accept UCARE PMAP; and most Fairview Clinics do not accept HealthPartners PMAP.
Smiley's Clinic does not accept "Hennepin Health".
In RAMSEY COUNTY, the PMAP "default" is UCare.
In HENNEPIN COUNTY, the PMAP "default" is Hennepin Health.

Clinic (screening clinics have *)	Phone	Contact(s)	Comments / Specialty
RAMSEY CO.			
Center for International Health* or Health Partners Midway 451 N Dunlap St St Paul, MN 55104	General #: (952) 967-7201	Clinic Social Worker: 651-647-2116 Kathy Lytle, MSW Kathleen.J.Lytle@HealthPartners.Com Larisa Turin Clinic Manager: 651-647-2247 Larisa.E.Turin@healthpartners.com	**HealthPartners Clinic** - Does not accept UCARE. Note: Health Partners Wabasha & Phalen specialty clinics accept UCARE. Health care Home, mental health, pharmacy, HIV care. OBGYN @ HP Wabasha clinic: 952-967-7619 205 Wabasha St. 55107; Baby Delivery @ Regions. Health Partners contracts with "Integrated Home Care" for PCA
HealthEast Roselawn Clinic* 1983 Sloan Place STE 1 St Paul, MN 55117	General #: 651-326-5700 New pt. appointment #: 651-326-1606	Specialty scheduler: 651-326-5759 Mai Tia Yang mtyang@healtheast.org Paw Wah 651-326-5787 ptoe@healtheast.org Refugee contact: 651-326-5725 Rowena St. George rpstgeorge@healtheast.org Care Guides: Aung Win 651-326-5717 Foua Khang 651-326-5798 fkhang@healtheast.org	**HealthEast affiliated clinic.** Karen care guides and strong service w/Karen community,Health Care Home, OBGYN, Baby Deliveries @ St. John's

Clinic (screening clinics have *)	Phone	Contact(s)	Comments / Specialty
HealthEast Rice Street Clinic 980 Rice St St Paul, MN 55117	General #: 651-326-9020 New Pt. registration: x1606	Ann Thompson, clinic manager: 651-326-9020 Fax:651-326-9021	**HealthEast affiliated clinic,** Primary care, OBGYN, Baby Deliveries @ St. John's
HealthEast Roseville Clinic* 2680 North Snelling Avenue Roseville, MN 55113	651-326-1600 Hmong - 612-235-4861 Karen - 612-235-4864 Spanish - 612-235-4863		**HealthEast affiliated clinic.**Serve as overflow health screening clinic for HE Roselawn. Other family practice available there as other HE clinics.
Bethesda Clinic* 580 Rice Street St. Paul, MN 55103	General #: 651-227-6551 Fax# 651-223-7337	Le Yang, scheduler: 651-223-7331 lyang11@umphysicians.umn.edu Jenny Ellison Clinic manager: 651-223-6551 Care Coordinator: 651-223-7350 Fax: 651-227-1804 Taylor Carlson-Wille Nurse care coord: Nicole Glumac	**UMP affiliated clinic.** Health care Home with Social Workers following up on cases if requested by Doctor. OBGYN, Peds, Mental health by psychologist on location. Baby Deliveries @ St. Joe's
Phalen Village Clinic 1414 Maryland Ave. E. St. Paul, MN 55106	General #: 651-772-3461		**UMP affiliated clinic.** Family practice, OBGYN, pediatrics, mental health, health care home for enhanced care coordination.
Allina Health - Maplewood *(formerly Aspen Medical Group)* 1850 Beam Ave Maplewood	651-779-2500		**Allina affiliated clinic.** Family practice, OBGYN, eye care, mental health, pediatrics. Urgent care services on site.
Children's Hospitals and Clinics - St. Paul 345 N. Smith Ave. St. Paul, MN	651-220-6000		Primary and specialty care for children under 18.

Clinic (screening clinics have *)	Phone	Contact(s)	Comments / Specialty
Open Cities Clinic 409 Dunlap St. St. Paul, MN	651-290-9200		Sliding fee scale clinic - Medical, Dental, Behavioral Health, Chiropractic, Optometry, Podiatry and Social Services on site. Walk-in or same day services available.
Health Partners Como Clinic 2500 Como Ave. St. Paul	651-641-6200		**Health Partners Clinic.** Primary care, Urgent care on site, Dental, Mental Health, Vision, Pharmacy, Pediatrics, Geriatrics, on site. Hospital affiliations with Regions, St. John's, Abbott, and Children's. Close to some of the housing
HENNEPIN CO.			
Clinic: (screening clinics have *)	**Phone:**	**Contact(s):**	**Comments / Specialty**
Hennepin County Public Health Clinic* 525 Portland Ave. S., Minneapolis, MN 55415-1569	General# 612-543-5555 Fax: 612-348-7818	Paula Nelson: 612-348-3283 Mai Yang: 612-348-7006 Fadumo Egal: 612-348-5704 Dianne Finn, PHN sup: 612-596-7855 Chris May, FNP: 612-348-0079 Rebecca Bohr, RN, PHN 612-348-3037	Refugee Health Screening clinic,connected to the TB and STD/HIV clinic. Paula is clinic manager. Mai & Fadumo are schedulers. Rebecca works with families with minor children.
Hennepin County Medical Center - Medicine Clinic 716 S. 7th St. Purple Bldg., Level 7, Minneapolis, MN	612-873-6462		Takes MA pending, can write & fill prescriptions, Primary & Preventive Care Clinic, can share info w/HCPHC screening clinic. Multi-cultural clinic. Access to CHWs.
Hennepin County Medical Center - Pediatric Clinic 716 S. 7th St. Purple Bldg., Level 7, Minneapolis, MN	612-873-6963		Primary care and multi-service specialty clinic for children under 18. OBGYN, Peds, Pharmacy, Mental Health, CD treatment, many other specialties in HCMC system.

Clinic (screening clinics have *)	Phone	Contact(s)	Comments / Specialty
UMP Smiley's Clinic 2020 E. 28th St. Minneapolis, 55407	General # 612-333-0770	Liz Miller, Clinic Manager and Health Care Home Coord: 612-343-7120 Peggy Chun SW: 612-343-7157 pchun10@umphysicians.umn.edu	Accepts MA Pending if necessary. Has health care home, Community Healt Workers, providers do home visits if necessary.Primary care, OB, Peds. Baby deliveries at Fairview University Hospital.
Community University Health Care Center 2001 Bloomington Ave. S., Mpls. 55404	General #: 612-638-0700 Mental Health 612-638-0670	Elizabeth (Beth) Rogers, MD earogers@umn.edu Clinical Director, Colleen McDonald	**UMP affiliated clinic.** Primary care, adults and children, Dental clinic, OBGYN, Pharmacy, Lab, INS exams, and Mental Health on site. Baby deliveries at Fairview University Hospital.
Park Nicollet - Blaisdell Clinic 2001 Blaisdell Ave. S.	General # 952-993-8011	Social worker 952-993-6653	Primary care at this location; specialty referrals, including Mental Health and OBGYN go to St. Louis Park location. Baby deliveries at Methodist Hospital, St. Louis Park.
Cedar Riverside People's Center Health Services 425 20th Ave. S. Minneapolis, MN	General # 612-332-4937		Sliding fee scale or insurance payment. Primary care, Adults & Peds, OBGYN, and Mental Health services on site. Affiliated with Family Dental Care and Teen Age Medical Services (both off site).
Whittier Clinic 2810 Nicollet Ave. S.	General# 612-873-6963		**Affiliated with HCMC.** Primary care, health care home, Deaf community health workers for immigrants, OBGYN, PT, Peds, pharmacy on site. Baby deliveries at HCMC.
NorthPoint Health & Wellness Center 1313 Penn Ave. N. Minneapolis	General# 612-543-2500		**Affiliated with HCMC.** Primary care, health care home, mental health, OBGYN, PT, Peds, pharmacy on site. Free transportation for area residents. Community services. Baby deliveries at HCMC.

Clinic (screening clinics have *)	Phone	Contact(s)	Comments / Specialty
Allina Health East Lake Street Clinic (formerly Aspen Medical) 3024 Snelling Ave. Minneapolis	General# 612-775-4900		Primary care, OBGYN, Peds, Podiatry, Obtometry. Baby deliveries at Abbott.
Children's Hospitals and Clinics - Mpls. 2525 Chicago Ave. S., Mpls., Specialty: 2530 Chicago Ave. S.	General# 612-813-6000	HIV case mgr: Monica Yugu 651-373-0367 monica.yugu@childrensmn.org	Primary and Specialty care for children under 18 years old.
ANOKA CO.			
Fairview Fridley Clinic* 6341 & 6401 University Ave. NE, Fridley, MN 55432	763-586-5844 pri care 763-586-5923 spec care	Dr. Khumar does health screenings.	
Allina Health fridley Clinic* Unity Professional Buliding 500 Osborne Road Northeast Spring Lake Park, MN	763-236-2500	Dr. Hendrickson does health screenings.	
Fairview Blain Clinic 10961 Club W. Parkway NE Blaine, MN 55449	763-528-2987 general 763-528-2945 fax		
Fairview Andover Clinic* 13819 Hanson Blvd. NW Andover, MN 55304	763-392-4001 general 763-862-2091 fax		
Health Partners Riverway Clinic 15245 Bluebird St NW Andover, MN 55304	(763) 587-4600		Family medicine, Urgent Care Clinic
Allina Coon Rapids Clinic 9055 Springbrook Dr NW, Coon Rapids, MN 55433	(763) 780-9155		Family medicine, Urgent Care Clinic
DAKOTA CO.			
Dakota Child and Family Clinic* 2530 Horizon Dr Burnsville, MN 55337	(651) 209-8640		Full range of family medicine services.

Clinic (screening clinics have *)	Phone	Contact(s)	Comments / Specialty
Fairview Burnsville Clinic 303 E Nicollet Blvd Burnsville, MN 55337	(952) 460-4000		Family medicine, Diabetes, Nutrition OBGYN, Counseling, Pharmacy, Pediatrics.
Fairview Apple Valley Clinic 15650 Cedar Ave. S Apple Valley, MN 55124	952-997-4100		Family medicine, Diabetes/Endocrinology, OBGYN, Counseling, Pharmacy, Podiatry.
Fairview Eagan Clinic 1440 Duckwood Dr Eagan, MN 55122	(651) 406-8860		Family medicine, Diabetes/Endocrinology, OBGYN, Counseling, Pharmacy, Pediatrics, Inernal medicine, Podiatry.
CARVER CO.			
Ridgeview Medical Center 500 S Maple St Waconia, MN	(952) 442-2191		
Lakeview Clinic 309 Jefferson Ave SW Watertown, MN	(952) 955-1921		
Park Nicollet Clinic-Chanhassen 300 Lake Dr E Chanhassen, MN	(952) 993-4300		
SCOTT CO.			
Fairview Clinics - Prior Lake 4151 Willowwood St SE Prior Lake, MN	(952) 226-2600		
Park Nicollet Clinic - Shakopee 1415 Saint Francis Avenue Shakopee, MN 55379	(952) 993-7750		

Clinic (screening clinics have *)	Phone	Contact(s)	Comments / Specialty
Allina Health - Dean Lakes Clinic 4201 Dean Lakes Boulevard #120 Shakopee, MN 55379	(952) 496-6700		
WASHINGTON CO.			
HealthEast Woodbury Clinic Woodwinds Health Campus 1925 Woodwinds Dr. Woodbury, MN	651-232-0228		HealthEast & Children's Hospitals and Clinics of Minnesota affiliated hospital. Family Medicine and Full Access

PMAP Enrollment

Note: Current PMAPs for the metro area are HealthPartners, Medica, Hennepin Health (Hennepin County only), and UCare.
HealthPartners Primary Care clinics do not accept UCARE PMAP; and most Fairview Clinics do not accept HealthPartners PMAP.
Smiley's Clinic does not accept "Hennepin Health."
In RAMSEY COUNTY, the PMAP "default" is UCare.
In HENNEPIN COUNTY, the PMAP "default" is Hennepin Health.

For some complex medical cases, the VOLAG will need send the PMAP enrollment form to the County. Use the ***PMAP Enrollment form*** for clients wanting to set up primary care at specific clinics:

VOLAG case managers can assist clients in choosing a health plan compatible with their clinic when the packet arrives in the mail, or they can send this form to change a plan after one has been assigned.

- **Fax completed PMAP enrollment form to the county after MA is approved.**
- Must include the **case #** on the form, the number you receive when applying for MA.

The **Case** number is for families; **MA#** or **PMI#** is for individuals. You can complete the form for all members of the family at the same time so they all have the same PMAP.

Fax numbers for the four most common counties of arrival are:

County	Fax #	Contact
Ramsey	651-266-3709	(contact Managed Care Advocate 651-266-3700)
Hennepin	612-348-9471	(contact Managed Care Advocate 612-596-8860) Make sure you write the case number down when applying
Anoka	763-712-2319	(contact=Valerie Anderson 763-422-6946) Form will be processed with all other paperwork for that case. Send the form any time after MA approved, the earlier the better and should be within 3 weeks or they will assign a plan.

Dakota		
	651-450-2712 (A-L last names) 651-450-2715 (M-Z last names)	(contact=Shelby Amspoker, phone 651-554-5657) (contact=Diane LePage, phone 651-554-5776) PMAP packet should arrive in the mail within one week of MA approval. Dakota Co. will send out a 10 day reminder to choose a PMAP plan and return the form. After 30 post approval, they will assign a plan.
Transportation:		
MNET (while on MA)	1-866-467-1724 x4417	Jessi Chhum (schhum@mtm-inc.net) Call Jessie to request assessment to be certified with disability for specialty transport via MNET.
MEDICA – Provide A Ride	952-992-2322	
BLUE PLUS – Blue Ride	651-662-8648 or -5200	
UCARE – Health Ride	612-676-6830	
HEALTHPARTNERS – Ride Care	952-883-7400	

COMMON SPECIALIST REFERRALS BY CATEGORY

Diagnostic Assessments - cognitive and developmental	Phone	Notes:
Dr. Todd Sigler and Dr. Dena Bohn, Outreach Counseling Service 4105 Lexington Ave. N. #230, Arden Hills, MN 55126	Phone: 651-481-0664 Fax: 651-481-3907	Excellent DAs for refugee clients. Request that a copy of report is sent to county disability services and it will initiate the county LTC wiavered service assessment, and other county disability services.
Dr. Ellen Snoxell Gillette Lifetime Clinic 435 Phalen Blvd. St. Paul.	Phone: 651-634-1934 Fax: 651-602-6891	Psychologist who can address developmental disabilities, clarify guardianship issues, and do Diagnostic Assessments for anyone with childhood onset physical disabilities. Email: ellenbsnoxell@gillettechildrens.com
Noran Neurology Clinic - adults and children 2828 Chicago Ave. Suite 200 Minneapolis, MN	Phone: 612-879-1500	Accept all insurance; interpreters provided via Garden & Associates; Diagnostic assessments for developmental delay and cognitive impairment, and any neurologic issues. Will coordinate with county services, SSI, disability benefits, SMRT process, etc.
Nancy Foster, PhD. **The Institute for Brain-Behavior Integration** 10505 Wayzata Blvd., Suite #200, Minnetonka, MN 55305	Phone: 763-546-5797, ext. 1	Neuropsychological Evaluation
Minneapolis Clinic of Neurology 4225 Golden Valley Road Golden Valley, MN 55422	Phone: 763-588-0661	Neuropsychological Evaluation
U of MN Medical Center Fairview Neurology Clinic, Phillips-Wangensteen Bldg. 516 Delaware St. SE, Mpls., MN 55455	Phone: 612-626-6688	Neuropsychological Evaluation

Dr. Robert Barron 2400 Park Ave. Mpls. (at LSS) Thursday hours 3800 Americal Blvd. W., Suite 1500 Northland Plaza, Bloomington Monday, Tuesday, Wednesday	Mpls: 612-879-5320 or Blmgtn: 952-944-5715	Psychological Evaluation
Physical Disabilities		
Gillette Lifetime Clinic 435 Phalen Blvd., St. Paul, MN	Scheduling: 651-636-9443 or 651-325-2201 Fax # 651-265-7356	For **adults** with disabilities that had early childhood onset. Usually referrals to Gillette are from primary care provider; may make direct referral and then connect client to primary care later. Social Workers: Carol Nelson, Phone: 651-634-1923 Email: cnelson@gillettechildrends.com Becky Nelson, Phone: 651-638-4706 blnelson@gillettechildrens.com Camille Feng, Phone: 651-312-3169 Email: cafeng@gillettechildrends.com
Gillette Children's Specialty Care - 640 Jackson Street, St. Paul, MN	Appt # 651-290-8707; Providers call 651-325-2200	For **children** with short or long-term disabilities with early childhood onset; Cerebral Palsy, Neuromuscular Conditions, Spina Bifida, Polio.
Gillette's First Seizure Clinic		For newly diagnosed seizures. Call nursing triage: 651-229-3890 to ask about eligibility. Then call patient appointment services to schedule: 651-290-8707.
MN Epilepsy Group, 225 N. Smith Ave. Ste. #201, St. Paul, MN	651-241-2590 New pt. apt. 651-241-5261 - Fax: 651-241-5680	For diagnosis, monitoring and ongoing treatment of persons with Epilepsy.
Courage Kenny Rehabilitation Institute, 2 main locations: 800 E. 28th St. Minneapolis 3915 Golden Valley Road, Mpls.	Mpls.: 612-262-7979 Golden Valley: 763-520-0453 fax: 763-230-1905	Golden Valley location offers primary care along with specialty care. Need referral from provider for services. Allina affiliated clinics. Social Services: 612-863-4570 or 612-863-4392. Social Worker: 763-520-0438.

Frasier – Minneapolis - 3333 University Ave SE Minneapolis, MN 55414 Richfield & Frasier School - 2400 West 64th Street Mpls. Anoka - 2829 Verndale Ave Anoka, MN 55303 Bloomington - 1801 American Blvd E, Ste. 1 Bloomington Eden Prairie - 6458 City West Parkway Eden Prairie, MN	Mpls.: 612-767-7222 Richfield: 612-861-1688 Anoka: 763-231-2590 Bloomington: 952-767-2267 Eden Prairie: 952-767-5900	Diagnosis, treatment and support services for children and young adults who have neurodevelopmental or neurological disorders, including complex cases of attention deficit disorder (ADD), pervasive developmental disorders (e.g. Autism, Asperger's syndrome), developmental delay, and learning disabilities. Neurological disorders might also include seizures, traumatic brain injuries, brain tumors, Tourette's disorder or infectious diseases.
Shriner's Hospital 2025 E River Pkwy Minneapolis, MN 55414	Phone: 612-596-6100	For children with orthopedic and neuro-musculoskeletal conditions. Takes any insurance or uninsured, provides transportation for their clients. Send referral form to intaketc@shrinenet.org to make initial referral. Intake, Karen Boyer kboyer@shrinenet.org
Children's Oncology or other Serious Illness		
Children's Hospitals and Clinics of MN - **Ramsey county:** 345 Smith Ave. S., St. Paul, MN **Hennepin county**: 2525 Chicago Ave. S. Minneapolis, MN	Specialty scheduler Mpls.: 612-813-8431 (Mayle Hang) FAX 612-813-8012 Specialty scheduler St. Paul: 651-220-6700 (Nancy) FAX 651-220-7204	Most referrals must go through primary care first. **Children's Peds. Primary Care**: 612-813-6107 **Heart clinic** Mpls: 612-813-8800; St. Paul: 651-220-8800 **Oncology** Mpls.:612-813-5940, fax:612-813-6325; St. Paul 651-220-6000 **Dev. Delay, ID, Immunology** specialties: 612-813-6777 **Both locations have social workers assigned to cases.**
Univeristy of MN Amplatz Children's Hospital: Journey clinic, 2450 Riverside Ave. Mpls.	Patient Placement center: 612-672-7575	Primary care not needed prior to referral. Call placement center to determine clinic/specialty client should go to. Nurse coordinatorz: 612-624-2437. Financial contact person with insurance questions etc.:612-624-8464.
Children's Developmental Cognitive assessments		
Often addressed through the school system, Help-Me-Grow and other available resources. VOLAG discuss when applying for school.		
Help Me Grow, Ramsey county early childhood education	651-604-3700	Eval. within 45 days of the request and they can document for SSI. For children < 5 years old. Schools may refer to Ramsey Co. "Healthy Families" for assessments for SSD (651-266-1568).

Statewide Help Me Grow	1-866-693-4769 mde.els@state.mn.us	After a referral is made to Help Me Grow, infant and toddler intervention or preschool special education staff will set up an appointment with the family to determine if the child is eligible for services through an evaluation process. Early childhood specialists will work with eligible children and families to plan the services and supports they need.
Advocacy & Assistance in Applying for Social Security & Disibility Benefits		
Family Visions, Inc. 7362 University Ave. NE, Suite 302 Fridley, MN 55432	Phone:(763) 572-8187 Fax: 763-572-2060 Nikki Knisley, MS Program Manager, SSI Advocacy Cell: 612-594-4522	Assists individuals with SS Disability application, SMRT process, etc.
Disability Specialists Inc. 9558 Ashawa Road, Cook MN 55723	Phone: 1-800-642-6393 Fax: 218-666-3136 Carley Pederson - local rep. 651-747-6773	Assists individuals with SS Disabilityapplication, SMRT process, etc. This is a statewide resource with local representatives even though their headquarters are in Cook MN.

Mental Health & Chemical Dependancy

Crisis Lines (Mental Health): Most counties will send a mental health crisis unit out to the home to assess when calling these numbers for help.

Anoka County	763-755-3801	
Carver/Scott Counties	952-442-7601	
Dakota County	952-891-7171	
Washington County	651-777-5222	
Ramsey County, *Adults* – 402 University Ave. East, St. Paul	651-266-7900	
Ramsey County, *Children*	651-774-7000	
Hennepin County, *Adults*	612-596-1223	
Hennepin County, *Children*	612-348-2233	
Mental Health Association of MN - Urgent care for Adults in Ramsey, Dakota & Washington Counties: Located at 402 University Avenue East:	651-493-6634	Residents of Ramsey, Dakota, and Washington Counties who need immediate non-emergency mental health support. For clients who don't need emergency room level care, but cannot wait a couple weeks to see a provider - this is the Urgent Care for Adult Mental Health center. On-site support and walk-ins, also a mobile crisis team for Ramsey County. Facility connected to Adult Detox.

Note: Mental Health issues are often available at or through the primary care clinic.

Mental Health Practitioners:	Phone	Notes:
Sue Johnston, LICSW, suejohnston4633@msn.com	612-203-0379 or 612-822-3925	Available for consult; Private practice - sees individual clients, PTSD, trauma, abuse survivors; Karen women's group at KOM.
Dr. Pari Beyzavi PhD.,LMFT, Sunrise Clinic - private practice 4205 Lancaster LN.N Suite#102, Plymouth, MN, 55441	763-551-1850 Fax: 763-551-1851	Iraqi therapist - has worked well with refugees with PTSD & trauma.
Zehra Ansari, Ansari Psychological Services 2383 Standridge Ave., Maplewood, MN 55109-1545	651-704-0691	Individual and family therapy w/refugee clients. Able to meet in clients home if necessarry after first appointment.
MORE 96 East Wheelock Pkwy., St. Paul, MN 55117 www.more-empowerment.org Sister Stephanie Spandl, LICSW, Social Services Program Manager	651-487-2728 Fax: 651-487-1512	Individual and group work w/refugee clients.
Pathways Pamela Oberoi Jerrod Grown, MA, MS, treatment director 1919 University Ave. W., Suite 6 St. Paul MN 55104 pamo@pathwayscounselingcenter.org	641-641-1555 fax: 651-641-0340	Diagnostic Assessments ARMHS workers Group psychological education Individual, group, & family therapy MI/CD work - intensive outpatient prg. Problem Gambling

Summit Guidance Center 1821 University Ave. N180 (University and 280), Saint Paul, Minnesota 55104, http://summit-guidance.com	651- 348-8073	East African mental health providers (Arabic, Somali and Oromo speakers and the Congolese, they also have French) and offer a great number of services, including work with children, families, and in-home work.
Washburn Center for Children – 2430 Nicollet Ave, Minneapolis, MN 55404: ; Also have Brooklyn Park, and Minnetonka locations.	612-871-1454	Focuses on children's mental health and helps those with social, emotional and behavioral problems. Family and in-home work possible.
Center for Victims of Torture – 649 Dayton Ave, St Paul, MN 55104 612-436-4800 or 612-436-4830	612-436-4800 or 612-436-4830	For survivors of state-sponsored torture and their families. Abbey Weiss, Psy. D., L.P. 612-436-4832, available to consult about referral.
Angela Lewis-D'Mello, MSW, LICSW LSS Counseling Services, 2400 Park Ave. Mpls. 55405	612-879-5320	Available for refugees through LSS 10-6 on Mondays (Rm #344). Individual counseling, referral resource for D/A, other testing and more intense mental health services.
Liz Anderson, MSW, LICSW, Refugee Mental Health Liaison MN Council of Churches Refugee Services liz.anderson@mnchurches.org	612-230-3249	Availabe for refugees through MCC and other refugees as clients for her private practice - PTSD, trauma recovery.
Chemical Dependency/Addiction:		
HealthEast Mental Health and Addiction Care St. Joseph's Hospital, 45 W 10th St, St Paul, MN 55102	651-232-3222	Inpatient and outpatient CD program, use interpreters. Staff will do initial assessment at HE Roselawn Clinic, at the request of a provider there.
Pathways Counseling Center 1919 University Ave., St. Paul	612-616-0204	Pamela Oberoi, Mgr. of Refugee Mental Health Program, Psychotherapist: pamelao@pathwayscounselingcenter.org
Pangea Care Behavioral Health Services One West Water Street, Suite 288, St. Paul, MN 55107	651-414-0063 Fax: 651-788-7508	Melanie Heu, LICSW, LADC, Clinical Director - multicultural service delivery model.

County Services

County Service	Hennepin	Ramsey	Dakota	Anoka
Intake for persons with disabilities. **NOTE: Most clients will need to complete a diagnostic assessment prior to qualifying for county disability services.** VOLAG, family, or provider Can request long-term-care assessment, waivered services, PCA, and assistance with SMRT forms. Some cases may also qualify for county case manager for mental health or other reasons. Apply with counties while client still on MA. Some services will need to go through managed care plan if on a PMAP.	**Hennepin Co. Adult Services:** 612-596-1300 **Aging and disability services:** 612-348-4500 Contact: Michelle Berndt 612-596-1533; Fax 612-677-6050. Note: Need disability diagnosed, documented: SMRT (State Medical Review Team) form completed by provider . People who are MA eligible & certified disabled can get a CADI waiver to access more services (home health equipment, case management, etc.): CADI = Phone: 612-348-4500 (Need to be "certified disabled" then apply) Front door access Ph: 612-348-4111	**Intake for adults and children with disabilities** : 651-266-3613. **PCA services:** 651-266-2522 Diagnostic assessments and other pertinent information are faxed to: Diane Lee @ fax #651-266-4432 **Mental Health disability services:** Adults 651-266-7890 Children 651-266-4500 **Contact to troubleshoot cases**: Sherry Berde 651-266-4458 Supervisor: Sandy Foy 651-266-4422	**Community Living Services Intake:** 651-554-6336 Will need documented disability by provider or school.	**Adults with disabilities** Amy Larsen 763-323-6070; fax 763-422-6987. **PCA intake** 763-323-6082.
Family Health for Pregnant Women or Families with Children up to age 6. Program activities are directed toward promoting the health and well-being of pregnant and parenting families, enhancing parent/child interaction and attachment, promoting healthy child growth and development, promoting effective child spacing; preventing childhood illness, unintentional injury and abuse; and promoting health care access, self-sufficiency and positive parenting.		Saint Paul - Ramsey County Public Health, Family Health Section P: 651-266-1562 F: 651-266-1834 Ma Her, PHN Supervisor: 651-266-1562 For families with 2 kids or less and are pregnant. *However, If family has special needs, they will make an exception to the 2 child rule: if mom has mental health issues, if mom or kids are handicapped in some way, call Mary Clauson 651-266-1573, or Maureen (Mo) Alms 651-266-1546 to discuss the case.		

DHS funeral-cemetery-burial assistance program. Applications for assistance are completed at the funeral home and are sent to the county. Most funeral homes know about this program.		Ramsey Co: Jenny Zakoski 651-266-3645 Funeral Home: Bradshaw - North End 1078 Rice St. Saint Paul, MN 55117 651-489-1349		

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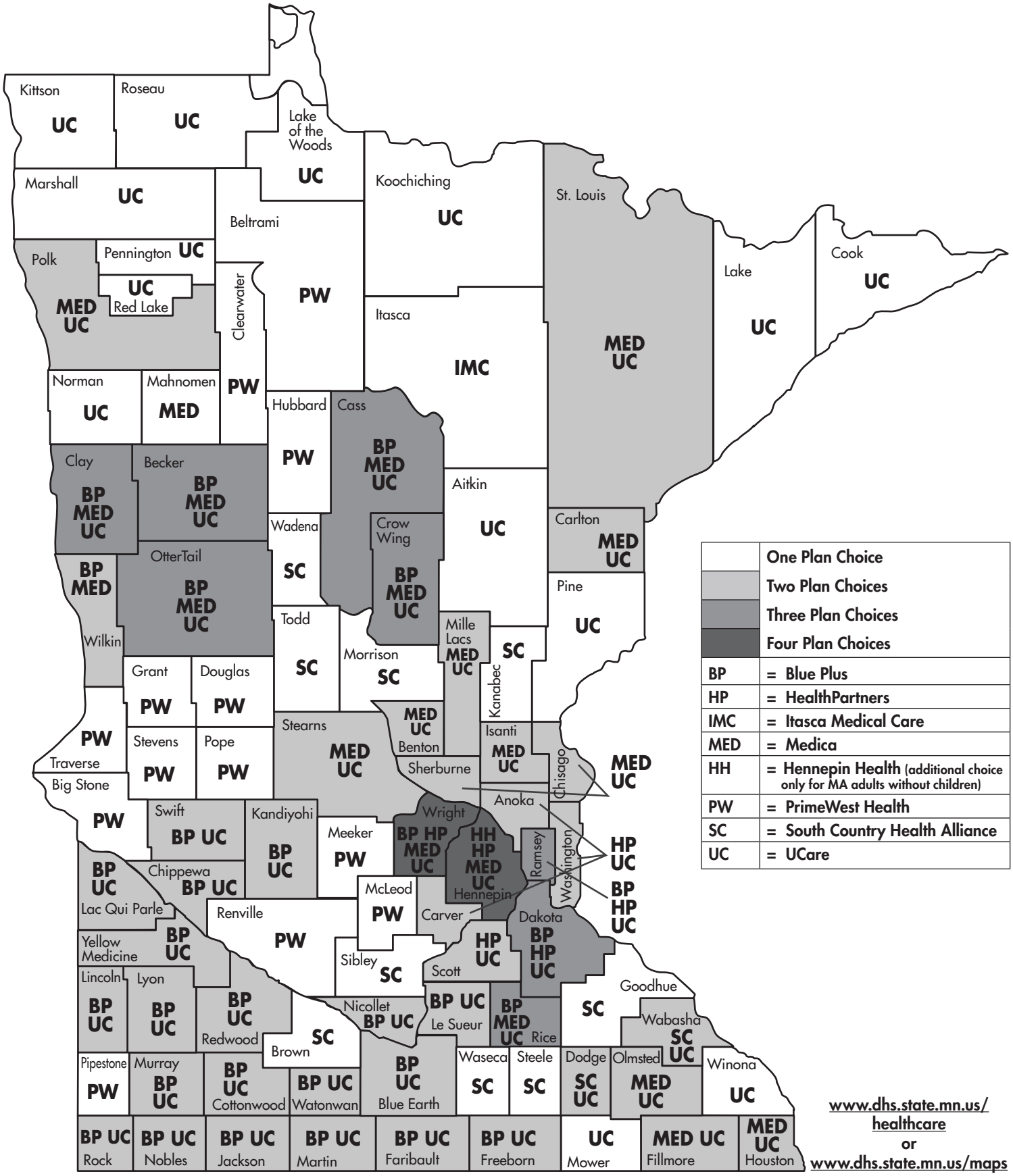
Minnesota Department of **Human Services**

Prepaid Medical Assistance Program (PMAP)
Health Plan Choices by County

Effective January 1, 2015



	One Plan Choice
	Two Plan Choices
	Three Plan Choices
	Four Plan Choices
BP	= Blue Plus
HP	= HealthPartners
IMC	= Itasca Medical Care
MED	= Medica
HH	= Hennepin Health (additional choice only for MA adults without children)
PW	= PrimeWest Health
SC	= South Country Health Alliance
UC	= UCare

www.dhs.state.mn.us/healthcare
or
www.dhs.state.mn.us/maps

Complex case coordination
Minnesota Department of Health's Refugee Health Program Staff Roles

Staff at the Minnesota Department of Health's Refugee Health Program are well-positioned to assist with clinical consultation and identification of health systems and resources that will facilitate timely access to care for refugees.

Our goal is to collaboratively identify needs, help with problem-solving and make resources available to partners in a coordinated manner and through clear communication.

Here, in the table below, are descriptions the Refugee Health Nurse Consultant's and Health Systems Coordinator's roles to help you direct your inquiries. Included are also examples of questions that these two staff members frequently receive. VOLAGs and other partners may contact either or both nurse and HSC. MDH staff will internally review and assign a lead to respond to email and delegate other tasks.

Clinical consultation
Primary Contact:
Ellen Frerich
	o Provide clinical consultation to VOLAGs, LPH, clinicians
	• Upon receipt of overseas medical documents or referrals/inquiries from VOLAGs, review documents and enter case information in the Complex Medical Referral (CMR) database, including assessment of level of severity.
	  • **IF** additional information gathering is needed (medication or health status, acuity, pain, dependency, etc,.), inform MDH Health Systems Coordinator (HSC; currently Marge), especially if HSC will be meeting with VOLAG during the upcoming weekly check-ins
	  • **IF urgent,** consult with VOLAG and/or LPH directly
	o **Special Medical Case (SMC)** form and notes in database should inform HSC of final assessment or of additional info request. Hand the case over to HSC if it needs to be opened or needs additional information. If case is ineligible, enter final outcome/close (HSC will inform VOLAGs of this.)
	  • Once a case is assigned to HSC, rely on HSC to get updates to complete the SMC. Get pulled in for further clinical consultation, as needed
	  ▪ Generally limit contact with VOLAGs to
		Examples of questions
		• What does XX condition listed on the overseas documents mean? Is it severe? What is needed for it? What services are needed for this condition?
		• Can this person have a 1-day gap in XX medication?
		• Should I refer this person as a complex case?
		• Can a person with XX condition or symptom wait one week to be seen at the appointment already scheduled?
		• Should I send an anomaly report to our national?
		• What follow-up is needed after hospitalization/ ED visit/acute care visit?

	check on refugee's health status; HSC is primary VOLAG contact for complex cases. ▪ Monitor case status during the check-ins with HSC, until final outcome is entered o Severe cases that require pre-planning, coordinate with HSC. Consult with LPH, clinics, and specialists as needed. o Hospitalizations/ER/Urgent care- obtain weekly updates from VOLAGs (Mondays) • Inquire about Release of Information (ROI) to ensure medical team have the appropriate information ▪ Assist with medical discharge information and understanding of medical follow-up plan. Consult VOLAG regarding special needs ▪ Consult with medical staff to clarify discharge expectations, options, and timelines as appropriate ▪ Collaborate with HSC and VOLAGs for identified needs (i.e., accessible housing, PCA)	
Health Systems Coordination **Primary Contact: Marge Higgins**	o Coordinate health system linkage, train and provide resources to VOLAGs o Review referrals that need to be opened • Consult with Nurse for clarification o Follow-up on any missing/pending information for final 'eligibility' determination and score on SMC form • Inform Nurse of updated information to assist with final determination • Refer/direct all clinical or health assessment/status questions with input/thoughts to Nurse to draft joint response • Consult with Nurse before responding to clinical/assessment questions or 'ambiguous'	Because this person has this XXX condition: • Where does he need to be seen? • What resources are needed? • How and where do we access disabilities/specialty services? • **Common or Unusual examples:** o **Air ambulance arrival that needed U.S. physician to agree to take the case prior to assurance-** Arranged with a (reluctant) clinician at Amplatz Children's to "accept" the client pre-arrival – rather than have client arrive and show up at the ED. Worked with Q station on arrival logistics. o **Client with HTN on medication moves across**

	questions o Coordinate development of care plan, along with RHP Nurse, VOLAGs, LPH, clinics o Follow-up/Monitor implementation of care plan till completion • Assist or train VOLAG case managers on implementation of care objectives; assist with problem-solving • Coordinate health systems linkages for persons with acute conditions (pre-arrival to post-arrival) • For acute/severe cases, pull in Nurse for additional consultation o Close record- prepare for reporting.	**county lines shortly after arrival** – Assure refugee screening, linkage to primary care and medication refills. Identify clinic/pharmacy with active MA. o **Low intelligence client needing mental health services** – work with family to choose primary care clinic with psych services "in house" to keep it simple for the client. o **Arrival with cognitive disability** – needs to access county disability services and assistance with guardianship. Ensure MA and complete DA before county will assess. Connecting to the appropriate resources and tracking these steps in a timely way proves helpful in ushering client through the systems before their resettlement period is over. o **Achieve independent access to care** – once the client is able to access appropriate care independent of the VOLAG, or has decided to not seek additional care or services, the case is closed.

Data Collection and Monitoring

MDH gathers data to assess prevalence of chronic or acute health conditions to ensure timely care coordination and access to care. Three indicators that are monitored for persons with acute or chronic conditions are: (1) Expedited Medical Assistance; (2) Urgent or expedited access to care; (3) Access of other medical services.

Examples of Data Importance:

- **Capacity issue:** When meeting with Bethesda Clinic, they asked what percent of arrivals met our complex case criteria. Knowing it was 10 percent or less, they agreed to enroll all of these cases in their Health Care Homes extra services program.
- **Program development and funding**: Data and research are driving the Karen CD program that is being developed. We are in a better position to support health care systems with the implementation this program based on data we have been able to collect on Karen arrivals and those with identified CD issues. Data have been presented at meetings and have been included in the project proposals.

- **System impact**: Knowing how long it was taking for MA approval that we tracked in the complex case database, we could be specific with DHS and MNsure in giving them feedback on the importance of addressing issues.
- **Program implementation:** Knowing the number of pregnant women that accessed the ER shortly after arrival led to our adding pregnancy to the list of complex conditions that automatically are opened as cases.
- **Resource & Program Development:** Data – ours and other sources – have been used to determine the course for adding the Mental Health component to the health screening. There is more collaboration, networking, and resource development occurring in the therapeutic community in response to the stated mental health needs of refugees
- **Assessing of overseas screening and documentation:** MDH has used data on the complex cases to inform federal partners of level of need at the domestic level, assess the overseas screening and treatment protocol and documentation. For example, MDH presented data on medication status and availability of prescription medications upon arrival to the CDC and IOM. The data showed that not all arrivals were presenting with one month supply upon arrival, as was recommended in the guidelines.