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April 17, 1998

MMCD Policy Letter 98-07

- TO:
- County Organized Health Systems
 - Geographic Managed Care Health Plans
 - Prepaid Health Plans
 - Primary Care Case Management Plans
 - Two-Plan Model

SUBJECT: REFUGEEHEALTHCARE

BACKGROUND

The Local Health Departments (LHD) provide health assessment and limited health-related services to their respective refugee population(s) under the authority derived from Public Law 96-212, March 17, 1980, "Authorization for Programs for Domestic Resettlement of and Assistance to Refugees," Section 412 (6)(A)(V) and 45 CFR Chapter IV (1 O-1-93 Edition): Subsection 400.107, Health Assessments; Subsection 400.155 (2), Other Services; Subsection 400.155 (3), Home Management Services.

These U.S. laws and regulations reflect historic policy to respond to the urgent needs of refugees (persons subject to persecution in their homelands because of race, ethnicity, national origin, or affiliation with a religious or political group). The objective of these laws is to provide a permanent and systematic procedure for the admission to this country of refugees of special humanitarian concern to the U.S. and to provide comprehensive and uniform provisions for the effective resettlement of those refugees who are admitted.

Because refugees are resettling from internationally declared areas of conflict, they represent a variety of languages, customs, and beliefs regarding health and disease. Their understanding and management of chronic and communicable diseases will in most cases differ from those in the U.S. The California Refugee Health Program has recognized these linguistic and cultural barriers to medical communication and noncompliance problems. The use of trained bilingual translators and interpreters in a culturally competent atmosphere has been a goal of management utilized by the California Refugee Health Program. This enhances compliance of any prescribed regiment of care and thereby lowers the long-term cost of care associated with noncompliance.

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The local Refugee Health Programs will, within 30 days of arrival, contact refugee families and inform them in their primary language about the need and importance of having a health assessment at the LHD Refugee Health Program (see enclosed).

Refugees with Class A or Class B medical conditions are in need of immediate assessment and follow-up in the U.S. Class A and B waivers are specific categories given to visa applicants who exhibit certain health symptoms but are still admitted to the U.S. for humanitarian reasons. The U.S. Public Health Service Quarantine Station notifies the receiving state of refugee arrivals with Class A or Class B medical conditions so that the LHD can ensure that these refugees are contacted as soon as possible.

Class A medical conditions include: tuberculosis, HIV infection, drug abuse, or addiction, and a physical or mental disorder and a history of behavior associated with the disorder that poses a threat to the property, safety, or welfare of others. Class B medical conditions include: tuberculosis that is not active nor infectious, cardiovascular, neurologic, musculoskeletal conditions, and physical disabilities due to trauma or illness.

GOAL

In counties with Medi-Cal managed care health plans, some of the refugees will be Medi-Cal eligible and will be enrolled into a managed care health plan. The goal of this policy letter is to clarify the responsibilities of the managed care health plans to ensure provision of culturally competent medical services to Medi-Cal eligible refugees and to delineate responsibilities for timely coordination of such services between the managed care plans and the local Refugee Health Programs.

POLICY

The County Organized Health Systems, Geographic Managed Care, Prepaid Health Plans, Primary Care Case Management, and Two-Plan Model (hereafter referred as the Plans) are responsible for developing systems that rapidly identify members who are refugees and ensure that they receive a prompt medical assessment to determine health status and treatment needs. Plans need to quickly ascertain if any of their refugee members have Class A or B waiver conditions so they can provide appropriate treatment. This is especially important as approximately five percent of the arriving refugee population fails to keep their health appointment(s) with the LHD Refugee Health Programs. Refugees with Class A or B waiver conditions arrive in the U.S. with paperwork that describes their waiver condition(s); the LHD Refugee Health Programs are also provided with this information. Plans are also responsible for ensuring that they meet their obligations to provide cultural and linguistic access to this population.

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The Plans must develop policies and procedures that describe their systems for providing culturally competent services to the refugee members, and that outline the cooperative effort with the LHD Refugee Health Programs to provide such services to the refugee member. At a minimum, these policies and procedures should describe the following:

- Procedures for identifying refugee members upon enrollment.
- A case management system that outlines how the Plans and the Refugee Health Program will coordinate the provision of health care services to refugees in a manner that avoids duplication and/or gaps in the delivery of health care services and ensures timely follow-up of identified conditions. This will include a medical record referral system that ensures the timely and comprehensive transfer of medical record information from the Refugee Health Program to the Plan and the primary care provider. Because refugees frequently arrive in the U.S. with communicable diseases, specific detail is required to describe this aspect of care coordination.
- A liaison system that ensures timely and regular communication between the Plan(s) and Refugee Health Program(s) regarding all aspects of refugee health care services provided.
- An education system that details how the Plan and Refugee Health Programs will coordinate efforts to educate plan providers and members about refugee health care issues. The Plans are encouraged to collaborate with the Refugee Health Programs in their community education/outreach efforts.

In addition, the Plan may chose to subcontract with the local Refugee Health Program to render linguistic support services, outreach services, and clinical treatment when it is in the best interest of the member or beyond the scope of practice or experience of the resources available within the Plan.

DISCUSSION

Most refugees are eligible for Medi-Cal benefits with few exceptions, and they are usually enrolled in a managed care plan within 45 to 90 days after arrival in the U.S. The enrollment time frame varies with the length of time it takes each county to determine eligibility and the length of time the beneficiary takes to choose a provider.

During the time when the refugee is Medi-Cal eligible and not enrolled in a managed care plan, the local Refugee Health Programs will provide the required and necessary health

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assessments, treatments, and referrals. The Refugee Health Program will often find other health conditions during the health assessment that need immediate treatment or evaluation; e.g., hypertension, hyperglycemia, dental problems, and pregnancy. In those cases where the Refugee Health Program does not possess the necessary resources to address the needs of the client, the clinic will refer the client or family to providers outside of the LHD. The Refugee Health Programs and referred providers can bill Medi-Cal fee-for-service (FFS) for these clinical services.

Once the refugee is enrolled in a Medi-Cal managed care health plan, the member's care is the responsibility of the Plan. At this point, the local Refugee Health Program can no longer bill Medi-Cal FFS, or can the local Refugee Health Program bill the contracting plan without receiving prior authorization to provide services.

Notwithstanding the fact that some plans (e.g., Two-Plan Model Plans) have a contract requirement to conduct an initial health assessment on each new member within 120 days of enrollment, it is critical for all plans to rapidly identify the refugee members as soon as possible after enrollment. Because of the lag in eligibility determination and subsequent enrollment in a plan, it is not uncommon for the local Refugee Health Programs to identify and initiate health assessments and necessary treatments. Refugees are at particular risk for tuberculosis, hepatitis B, and intestinal parasites, and may be receiving treatments for these diseases from the Refugee Health Program by the time they are formally enrolled in a plan. In addition, plans and providers should be aware that some refugees may have missed their health assessment after arrival, failed to complete treatments prescribed by the local Refugee Health Program, or have been referred to a provider outside of the LHD for health care. Therefore, coordination of care and communication of medical record information between the LHD Refugee Health Program and the Plan assuming care of the refugee client is critical to ensure services are not omitted or duplicated, and that follow-up of identified conditions, such as communicable diseases, are conducted in a timely and effective manner.

The final goal of the coordination efforts is to ensure culturally competent, timely coordinated care to the refugee member, and the successful transition of the member from the local Refugee Health Program to the Plan.

To facilitate the coordination effort, the Plans need to be aware that the Refugee Health Program must provide the following health status review, patient education, and health assessment to all new refugees within 30 days of their arrival in the U.S.:

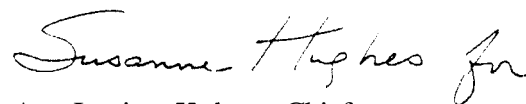
- A. Collection of demographic information (e.g., date of birth, gender, country of origin, literacy level, and language(s) spoken).

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- B. Examination of available health records (the refugees have been instructed by the Voluntary Agency case worker to bring copies of the OF- 157 Medical Examination of Applicant for U.S. visa, chest x-ray, immunization record, and other medical records to the exam).

- C. A physical assessment/examination by a licensed provider (nurse practitioner, physician's assistant, physician, or a registered nurse in an extended role) to include:
 - 1. review of health status;
 - 2. evaluation of all major body systems which includes measurement of height, weight, blood pressure, pulse, and respiration;
 - 3. administration of and/or referral for immunizations for children and adults;
 - 4. a gross dental screening, education, and referral;
 - 5. tuberculosis screening, preventive therapy, follow-up, and education;
 - 6. hepatitis B surface antigen screening, education and inoculation;
 - 7. testing and referral for treatment for ova and parasites;
 - 8. testing for anemia (hematocrit or hemoglobin) and referral; and
 - 9. urine dipstrip for blood, glucose, and protein.

If you have any questions or require assistance to meet these policy requirements, please contact your contract manager.



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Enclosures

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES
REFUGEE HEALTH PROGRAM**

01/23/98

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