# Refugee Health Roles and Responsibilities

Maryland Refugee Health Program, Office of Immigrant Health
Infectious Disease & Environmental Health Administration

Effective Date: September 1, 2010

Purpose: The purpose of this document is to delineate the various roles and responsiblities of refugee health resettlement and health staff in regards to the refugee health assessment and any subsequent follow-up services.

Acronyms:
RHA: refugee health assessment
CM: case manager
BMS: Baltimore Medical System
BRC: Baltimore Resettlement Center
SWRC: Suburban Washington Resettlement Center
VOLAG: voluntary agency
LHD: local health department

| Task | Who | Timing | Procedure |
|---|---|---|---|
| 1. Referring and scheduling clients for refugee health assessment (RHA) | VOLAG Case Manager (CM) or BMS | Within 30 days of date of arrival/date of intake<br>** **Class B TB cases or other 'priority' cases should be given priority appointments—within 30 days** | • For clients served by the following LHDS: Howard, Harford, Frederick, Montgomery, and Prince George's, the CM should contact the LHD Refugee Health Program to schedule an appointment for their client<br><br>• For clients served by BMS (Baltimore City, Baltimore County, and Anne Arundel County residents), CMs will deliver face sheets to BMS and in turn, BMS will schedule appointments for the clients. |
| 2. Completing RHA | LHD/BMS | 1st appointment: within 90 days of arrival or granted asylum (refugees should be seen within 30 days of date of arrival, if possible); RHA must be completed within 180 days of date of arrival or granted asylum—these are guidelines for reimbursement | Follow the standard RHA, as dictated by the RHA Form. |

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|---|---|---|---|
| 3. Accompanying/transporting clients in need to RHA appointments | Resettlement Center Volunteers/CMs | When needed | If requested, Volunteers or CMs will accompany clients to their **1st appointment**; it is expected that by the 2nd appointment, the client(s) will either be oriented to the travel system or the LHD/BMS RH Program will provide the client with the necessary information about transportation to/from their clinic. |
| 4. Providing interpretation during RHA (all appointments) | LHD/BMS | EVERY appointment encounter for the ENTIRE appointment and all aspects of the appointment (e.g. blood draw, questions for the physician, etc.) | Determine at time of making appointment whether or not interpretative services are needed. CM should assist in making this determination. If interpretative services are needed, BMS/LHD should ensure telephonic or contractual services will be available at time of and throughout the appointment. |
| 5. Providing explanation about RHA and various components | LHD/BMS | Throughout each appointment | The LHD/BMS will provide explanation/information about each component of the refugee health assessment, as it occurs. For example, the LHD/BMS will need to explain to the client the purpose and procedure for various specimen collections (e.g. blood, stool, etc.), as well as any treatment recommendations and diagnoses. This should all be provided in the client's spoken language. |
| 6. Referring clients to preventive/specialty care | LHD/BMS | Whenever HCP feels it is necessary during the course of the RHA (at initial appt or conclusion) | Refugee Health Assessment Summary should be completed. One copy, in refugee's written language should be provided to refugee; an English copy should be provided to the CM.<br>****BMS: TB follow-up referrals should be forwarded to the respective LHD within 72 hours of reading the (+)TST. Data should be entered into MIRIS within 1-2 weeks of reading the (+) TST.** |
| 7. Follow-up on recommendations made during health screening (e.g. TB tx) | Client/CMs | ASAP; at maximum, within 30 days | Review information on Refugee Health Assessment Summary and follow-up appropriately. |
| 8. Following-up on referrals after RHA (scheduling appointments) | BRC/SWRC Health Team/Client/BMS/CMs | ASAP; at maximum, within 30 days | Review information on Refugee Health Assessment Summary and contact the necessary health care providers to schedule any needed follow-up appointments. |
| 9. Notifying Case Managers (CMs) of TB test | LHD/BMS | Mail info to BRC/SWRC Health Team once a week | Mail info to BRC/SWRC Health Team once a week |
| 10. Notifying CMs (or Health Program Mgrs/staff) about 'serious' health care plan/recommendations made during health screening. | LHD/BMS | At discretion of HCP, but preferably as soon as possible | Complete Refugee Health Assessment Summary. For immediate concerns, contact CM first, but if unable to contact CM, then contact Health Program Mgr/staff |
| 11. Training LHDs and other providers about RHA protocol. | DHMH | once a year | TBD |