

2.1 ELIGIBLE POPULATIONS

Individuals eligible for federal refugee benefits and services are defined by the [Office of Refugee Resettlement \(ORR\)](#) and include:

- Refugees
- Asylees
- Cuban/Haitian Entrants
- Certain Amerasians
- Victims of a Severe Form of Human Trafficking
- Iraqi and Afghan Special Immigrants

To be eligible for RHAP, a person must have one of these statuses and be able to initiate RHAP services within 90 days of United States entry or during the period of eligibility for Refugee Medical Assistance. Eligibility determination and documentation, as well as referrals for RHAP services, are managed by resettlement agencies.

With Medicaid expansion under the Affordable Care Act, refugees who would have been previously covered under Refugee Medical Assistance will be eligible for MassCare; thus few will be eligible for RHAP after the first 90 days in the United States.

See Section 2.8 for additional information on asylees, entrants, victims of trafficking and special immigrants.

2.2 MASSACHUSETTS OFFICE FOR REFUGEES AND IMMIGRANTS (ORI)

In Massachusetts, the Office for Refugees and Immigrants (ORI) coordinates the Massachusetts Refugee Resettlement Program and oversees federally-funded case management, employment, English language programs, and other services that promote economic self-sufficiency. Most case management services are delivered by resettlement agencies.

[ORI](#) describes their goal as “To promote the full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social, and civic life of Massachusetts.”

The Refugee Health Assessment Program (RHAP) is a federally-funded program that is administered by the Massachusetts Department of Public Health (MDPH) through an Interdepartmental Service Agreement with ORI.

2.3 RESETTLEMENT AGENCIES

Resettlement agencies deliver Reception and Placement (R&P) services for refugees as part of cooperative agreements with the U.S. Department of State.

Resettlement agency staff, volunteers or family sponsors meet arriving refugees in Massachusetts. Among other services, resettlement agencies schedule health assessment appointments at RHAP sites. Resettlement agencies provide the site with the refugee's name, date of birth, alien number (A#), language, country of origin, address, and telephone number. Once given an appointment date and time, the agency staff contacts the refugee to let him/her know of the appointment. Resettlement agency staff may bring refugees to the RHAP appointments and may follow up with persons who fail to keep appointments.

The following are local affiliates that resettle refugees in Massachusetts. Information is current as of October 2013:

Metro Boston

Catholic Charities Archdiocese of Boston

275 West Broadway
South Boston, MA 02127
Tel: 617-464-8150

International Institute of Boston

One Milk Street
Boston, MA 02109
Tel: 617-695-9990

Refugee and Immigrant Assistance Center

31 Heath Street
Jamaica Plain, MA 02130
Tel: 617-238-2430

Refugee Immigration Ministry

142 Pleasant Street
Malden, MA 02148
Tel: 781-322-1011

MetroWest

Jewish Family Service of Metrowest

475 Franklin Street
Framingham, MA 01702
Tel: 508-875-3100

North Shore/Merrimack Valley

International Institute of Lowell

155 Merrimack Street
Lowell, MA 01852
Tel: 978-459-9031

Central

Catholic Charities of Worcester

10 Hammond Street
Worcester, MA 01610
Tel: 508-798-0191

Lutheran Social Services

Unaccompanied Refugee Minor Program

10 East Worcester Street
Worcester, MA 01604
Tel: 774-243-3900

Lutheran Social Services

51 Union Street
Worcester, MA 01609
Tel: 508-754-1121

Refugee and Immigrant Assistance Center

340 Main Street
Worcester, MA 01608
Tel: 508-756-7557

West

Jewish Family Service of Western Massachusetts

15 Lenox Street
Springfield, MA 01108
Tel: 413-737-2601

Lutheran Social Services

593 Main Street
West Springfield, MA 01089
Tel: 413-787-0725

2.4 Division of Global Populations and Infectious Disease Prevention, MDPH

The Division of Global Populations and Infectious Disease Prevention is located within the MDPH Bureau of Infectious Disease. The Division, which was established in 2013, has incorporated the legacy Refugee and Immigrant Health Program and the Tuberculosis Program. The Division staff works closely with other Bureau of Infectious Disease programs (HIV/AIDS, Epidemiology and Immunization, STD Prevention) and programs in other MDPH bureaus.

Centrally-based Division staff is responsible for overall coordination of RHAP, new arrival information, data collection and analysis, and medical consultation. The Division's regional coordinators are based in MDPH offices in Boston, Tewksbury, and Northampton and can facilitate outreach services for newly arrived refugees. If questions arise, providers should not hesitate to contact the RHAP coordinator or regional coordinator for assistance. *See Appendix 6.5 for contact information for each of the Division of Global Population and Infectious Disease Prevention offices.*

ARRIVAL NOTIFICATION

Refugees generally enter the United States through ports of entry that are staffed with quarantine officers ([Quarantine Stations](#)). Officers of the United States Public Health Service, Centers for Disease Control and Prevention (CDC), Division of Global Migration and Quarantine may inspect arriving refugees and review medical documents at entry. CDC notification to the final destination state – the Division of Global Populations and Infectious Disease Prevention in Massachusetts – is managed electronically through the Electronic Disease Notification (EDN) system. The notification record includes the overseas medical examination records and the pre-departure medical screening information.

RHAP sites that provide more than 50 refugee health assessments annually should have access to an electronic copy of overseas medical records prior to a patient's appointment through the MDPH web-based disease surveillance and case management system known as MAVEN. MDPH uses MAVEN to track newly-arriving refugees and to capture data related to outreach, case management, and health assessments. Overseas medical records are uploaded from the CDC shortly after a refugee's arrival in Massachusetts and attached to the person's record in PDF format.

When a Resettlement Agency notifies MDPH of a refugee's RHAP appointment, the individual's record in MAVEN is released to the RHAP site.

Note that delays in notification from CDC are not uncommon. In other cases, the overseas medical records are not available to MDPH through the CDC system (see below).

MDPH faxes of overseas records to RHAP sites that do not have access to MAVEN. RHAP sites can contact the MDPH RHAP coordinator to request additional information or training on the MAVEN system.

COMMUNITY HEALTH WORKERS (CHWs)

The Division of Global Populations and Infectious Disease Prevention has a CHW component staffed by trained bilingual, bicultural individuals who offer bridging services between their communities and the health care delivery system. Following notification from the CDC that a family or an individual has arrived in Massachusetts and reporting of the resettlement address by the resettlement agency, a CHW will visit the family and provide an orientation to the RHAP and a brief introduction to the United States health care system, with a focus on primary care.

Outreach and follow-up is provided for refugees and their families to monitor the diagnosis and treatment of tuberculosis and other communicable diseases, increase understanding of and adherence to medical recommendations, and provide basic information on the local health care resources available to refugees. In addition, the Division of Global Populations and Infectious Disease Prevention CHWs may assist with adherence to treatments initiated during the refugee health assessment and provide education about primary care. *The primary care appointment documented on the Refugee Health Assessment Program form is a critical piece of information for CHWs.*

2.5 MUTUAL ASSISTANCE ASSOCIATIONS

Mutual Assistance Associations (MAAs) in Massachusetts are grassroots organizations, formed by leaders in a refugee or immigrant community to address their specific needs. For example, they provide community outreach and education to new arrivals. They are interested in helping communities understand and adjust to the United States system—from health care, to monthly bills, to the school system, to civic engagement. Many area MAAs have joined in the [MAA Coalition of Massachusetts](#) to support one another and use the

resources of the group to better serve their respective communities.

Some MAAs are funded by ORI as part of the Massachusetts Refugee Resettlement Program to provide Post-Resettlement Community Services.

2.6 INTERPRETER SERVICES

The RHAP requires delivery of culturally and linguistically responsive health care services for refugee populations. The program includes reimbursement for interpretation in the global fee that is paid for each health assessment. The utilization of a qualified medical interpreter in the health assessment is crucial. It is important that the medical interpreter has an understanding of the refugee health assessment before they begin to interpret.

RHAP sites have systems to assure engagement of a trained medical interpreter, such as:

In-House Interpreter Services: These are generally coordinated centrally and appointments for patients are scheduled based on the availability of interpreters. Recruitment, training, and supervision are also centrally coordinated. Interpreters may be on staff or on call.

Bilingual, bicultural staff functioning in dual or multiple roles, including interpreting: These health care agency staff may be in roles such as outreach, medical assistant or medical records, *but have been trained in medical interpreting.*

Telephonic Interpretation: Particularly for low-volume languages and relatively new communities, it may be beneficial to make use of medical telephonic interpretation as an additional resource.

Interpreter Pools: In some geographic areas, a central pool coordinates interpreters for a number of providers. The site coordinating the pool recruits, trains, and supervises interpreters and as well as manages scheduling. Sites generally pay on an hourly basis.

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An alternative to the medical interpreter model is the utilization of fully bilingual clinical and health education staff.

It is not acceptable to use family/friends in the interpreter role.

The Division of Global Populations and Infectious Disease Prevention makes every effort to work with providers when new populations are resettled in Massachusetts in order to identify potential interpreters. All sites need to have the capacity to serve refugees from a wide range of countries and ethnicities.

**WORKING WITH
AN INTERPRETER**

As new populations arrive, providers may have opportunity to work with many different languages and cultures. Recognizing that the presence of an interpreter significantly affects the provider-patient relationship, it is important that providers learn to work well with interpreters. There are many resources to support providers in creating a good clinical experience for patients.

RESOURCES

[International Medical Interpreters Association](#)
Boston, MA

[National Council on Interpreting in Health Care](#)

[Hablamos Juntos](#): Language Policy and Practice in Health Care

[Refugee Health Technical Assistance Center](#)

[Massachusetts General Hospital: Working With Interpreters](#)

[Cross-Cultural Health Care Program](#)
Seattle, WA

[Ethnomed](#)

[Diversity Rx](#)

2.7 OVERSEAS PROCESSING

UNITED STATES ADMISSIONS

The Refugee Act of 1980 establishes the framework for the admission and resettlement of refugees in the United States. The Refugee Act defines the term “refugee” to mean:

“(A) any person who is outside any country of such person’s nationality, or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, or

(B) in such special circumstances as the President after appropriate consultation (as defined in section 207(e) of this Act) may specify, any person who is within the country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person is habitually residing, and who is persecuted or who has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion. The term “refugee” does not include any person who ordered, incited, assisted, or otherwise participated in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion.”

An applicant for refugee admission into the United States must meet all of the following criteria¹:

- The applicant must meet the definition of a refugee in the Refugee Act.
- The applicant must be among the types of refugees determined during the consultation process to be of special humanitarian concern to the United States.
- The applicant must be admissible under United States law.
- The applicant must not be firmly resettled in any foreign country. (In some situations, the availability of resettlement elsewhere may also preclude the processing of applicants.)

The President determines processing priorities and the refugee admissions ceiling for each fiscal year after consultation with Congress. The admissions document is published by the Department of State, Department of Justice and Department of Health and Human Services.

Overseas, the Overseas Processing Entity (OPE) coordinates processing for the United States. The United States Citizen

¹ Office of Refugee Resettlement. Report to Congress: FY94 Refugee Resettlement Program.

and Immigration Service (USCIS) staff conducts interviews to approve or deny refugee applications for admission.

If an individual is approved for refugee status by USCIS, he or she must still meet admissibility requirements outlined in United States law. Among these are the medical requirements, which are discussed in greater detail below and in Section 3.2.

Decisions about placement in the United States are made by national resettlement agencies in coordination with their local affiliates. The assurance, which commits a resettlement agency to resettling a case, is processed. Finally, travel arrangements are made – generally by the International Organization for Migration – to move the refugee to the United States. Refugees are responsible for repayment of travel loans that covered the cost of their air fares.

OVERSEAS MEDICAL EXAMINATIONS

Overseas health screenings are conducted to ensure that refugees do not have conditions that would exclude them from entering the United States. These medical exclusions include certain communicable diseases and mental health conditions associated with violence. Refugees with communicable diseases that preclude their entry into the country may be delayed until appropriate treatment is initiated and they are no longer infectious. Following treatment, refugees will be allowed to travel to the United States. Waivers may be requested for conditions that are grounds for exclusion.

The overseas medical examination is done by a local panel of physicians or by physicians working under contract to the International Organization for Migration (IOM) and using locally available facilities (laboratory, x-rays). The Division of Global Migration and Quarantine, CDC, is responsible for oversight of all overseas examinations.

An important element of the overseas medical examination is the empiric pre-departure treatment of refugees from Sub-Saharan Africa for parasites and malaria; treatment has been extended to Southeast Asia and other departure points. This treatment is done in collaboration with the IOM and is responsible for the dramatic reduction in helminth infections seen among these refugees in the United States. The program is further described in the relevant sections of this manual pertaining to parasitic infections (Section 3.7).

See Section 3.2 for additional information on the overseas medical examination.

THE INTERNATIONAL ORGANIZATION FOR MIGRATION (IOM)

IOM • OIM

The IOM is an intergovernmental body, based in Switzerland, that manages refugee movements for third country resettlement. In addition, the IOM performs many of the overseas health assessments.

The IOM provides each refugee with a white plastic bag that contains the individual's medical records and x-rays. Currently, these records should contain the Department of State medical forms, including the DS-2054 form and supplemental vaccine form. Pre-departure treatment and vaccination documentation is also contained in the IOM bag. At times, IOM officials will add other supplemental forms to document the complete medical history and physical examination.

DIVISION OF GLOBAL MIGRATION and QUARANTINE, CDC

The Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, has enhanced the content and documentation of the overseas evaluation. The enhancements include greater evaluation of children under the age of 15 years and more detailed histories and physical examinations as well as procedures for evaluating tuberculosis. Consequently, overseas refugee documents include the core form as well as extended worksheets for use in documenting further care of patients with findings that indicate need for follow-up care in the United States as well as immunizations.

RESOURCES

[US. Department of State](#)

Bureau of Population, Refugees and Migration

[Division of Global Migration and Quarantine, CDC](#)

Atlanta, GA

[International Organization for Migration](#)

Geneva, Switzerland

2.8 POPULATIONS WITH STATUS OTHER THAN 'REFUGEE'**ASYLEES**

Asylum applications are adjudicated by immigration courts or USCIS. Since June 2000, asylees have been eligible for refugee benefits and services, including refugee health assessments, beginning on the date asylum is granted. Consequently, RHAP providers have seen primary recipients of political asylum and family members with derivative visas referred for evaluation. Often the family members are coming to reunite with the primary asylum recipient and are arriving

directly from their country of origin overseas. (“Derivative” asylees are described further below).

The process by which asylees access refugee services varies. The asylum approval notice may include the [ORR website](#) where asylees can find information about refugee benefits and services. Through these resources, an asylee is linked with a local resettlement agency or state refugee office. In addition, resettlement agencies have conducted outreach to asylees to increase awareness and utilization of services.

As is true of refugees, a political asylee is on the path to citizenship. The next milestone is the application for permanent residence. This usually takes place one year after receipt of asylum, or for a newly arrived refugee, one year after arrival. The asylee will need a full medical examination at that time and documentation of age-appropriate vaccination in compliance with government health guidelines (ACIP vaccine schedules). The RHAP affords an excellent opportunity for the asylee to have his/her vaccine status reviewed and to initiate any necessary vaccines.

Derivative Asylees If an asylee’s immediate family members are not in the United States at the time of the application for asylum, they may enter later through the visa process. These family members are referred to as “derivative asylees” because their immigration status derives from the individual with the approved asylum application. Derivative asylees are newly arrived in the United States at the time of referral for health assessment. Unlike the primary asylum recipient, the derivative asylee will likely have completed an overseas visa medical examination prior to entry.

CUBAN and HAITIAN ENTRANTS

A Cuban/Haitian "entrant" is a Cuban or Haitian national who has been granted parole status or is an asylum applicant who has not received a final, non-appealable, legally enforceable order of removal, deportation, or exclusion.

Cuban or Haitian entrants are the only clients eligible for RHAP while they are in removal proceedings, paroled or awaiting an asylum determination.

CDC generally does not notify the Division of Global Populations and Infectious Disease Prevention of Cuban and Haitian Entrants except those that enter the United States through a Quarantine Station (i.e., Miami).

VICTIMS OF TRAFFICKING

Victims of a severe form of human trafficking are eligible for RHAP and other refugee services. “Severe forms of

trafficking in persons” means:

- sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

The Department of Health and Human Services certifies victims of severe forms of human trafficking. The date of entry that is used for eligibility purposes for trafficking victims is the date of certification (or the date ORR issues the letter for child victims under the age of 18).

Victims of trafficking have been in the United States prior to certification. The length of time varies.

SPECIAL IMMIGRANTS

Special immigrant visas are granted to Afghan and Iraqi nationals under section 101(a)(27) of the Immigration and Nationality Act (INA). These individuals are eligible for RHAP.

PROGRAM REQUIREMENTS & RECOMMENDATIONS

The health assessment is highly recommended for asylees and Cuban/Haitian Entrants who have been in the United States for less than five years, and the Division of Global Populations and Infectious Disease Prevention recommends that resettlement agencies strongly encourage these individuals to undergo the assessment.

For those asylees and Cuban/Haitian Entrants in the United States for five or more years with poor histories of health access, the health assessment process may be highly beneficial. RHAP is an option that can be offered based on the health needs and health care experiences of the individual.

Because of their unique experiences in the United States, it is recommended that all victims of trafficking be referred for RHAP services. Providers should be attuned to the possibility of sex trafficking and risk for sexually transmitted diseases.

Afghani and Iraqi special immigrants may be linked with resettlement agencies prior to arrival or soon after entry in the United States. These individuals should be assessed as new arrivals and will have completed an overseas medical examination.

The health assessment for asylees, Cuban/Haitian entrants, victims of trafficking and special immigrants will be similar to

that undertaken for refugees. Providers do need to be cognizant of issues that may be unique to individuals in these admission categories.

RESOURCES

[Resources for New Asylees](#)

Office of Refugee Resettlement

[Anti-Trafficking Resource Center](#)