



ADMINISTRATION FOR
CHILDREN & FAMILIES

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12/29/2015

Ms. Dorothy Addison
State Refugee Coordinator
South Carolina Department of Social Services
P.O. Box 1520
Columbia, SC 29202-1520

Dear Ms. Addison,

We are pleased to inform you that the 2016 State Plan for the South Carolina Refugee Resettlement Program is approved. Based on our review, your Plan is in compliance with the Office of Refugee Resettlement (ORR) regulations per 45 CFR Part 400.

We appreciate the work of your office to successfully resettle refugees in South Carolina and we look forward to continuing our partnership with the South Carolina Refugee Resettlement Program.

If you have any questions pertaining to this approval letter, please contact Faith Hurt, your Regional Representative, at Faith.Hurt@acf.hhs.gov or Carl Rubenstein, Director, the Division of Refugee Assistance, at Carl.Rubenstein@acf.hhs.gov.

Sincerely,

Robert Carey
Director
Office of Refugee Resettlement

STATE OF SOUTH CAROLINA



REFUGEE RESETTLEMENT PROGRAM

STATE PLAN
FY 2016

STATE PLAN CERTIFICATION

South Carolina will operate a federally funded Refugee Resettlement Program to coordinate and administer resettlement services to all categories of persons listed below that are determined eligible for federal Office of Refugee Resettlement benefits and services.

The Department of Social Services (SCDSS) is the state agency designated with responsibility for development and administration of the program for South Carolina.

The Refugee Resettlement Program will operate in full compliance with Title VI, Section 601 of the Civil Rights Act of 1964 and Title V, Section 504 of the Rehabilitation Act of 1973 to provide assistance and services to eligible individuals without regard to race, religion, country of origin, sex or political opinion.

Services will be provided to the following:

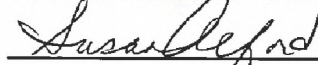
1. Refugees
2. Asylees
3. Cuban/Haitian Entrants (including Cuban Parolees)
4. Amerasians
5. Victims of Human Trafficking
6. Survivors of Torture
7. Unaccompanied Refugee Children

SCDSS Division of Economic Services Policy and Workflow Director



Date 07-16-2015


SC Department of Social Services State Director



Date 7-7-15

CERTIFIED BY

Executive Officer of the State: **Nikki R. Haley, Governor**


Nikki R. Haley, Governor

Date 8-7-15

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I. ADMINISTRATION

In order for a State to receive refugee resettlement assistance from funds appropriated under section 414 of the Immigration and Nationality Act, it must submit to the Office of Refugee Resettlement (ORR) a plan that meets the requirements of Title IV of the Act. This State Plan has been prepared in compliance with the requirements detailed in 45 CFR Part 400.4.

This State Plan is a statement that the Refugee Resettlement Program in South Carolina will be administered in conformity with specific requirements stipulated in Title IV of the Immigration and Nationality Act, as well as, official issuances by the Office of Refugee Resettlement Director, HHS and all applicable regulations. The State Plan will be amended as needed to comply with standards, goals, and priorities established by the ORR Director (45 CFR 400.5(i)).

The State Plan provides a detailed analysis of the multifaceted needs of Refugees, Asylees, Cuban/Haitian parolees, Amerasians, Victims of Human Trafficking, Survivors of Torture, and Unaccompanied Refugee Children, or others eligible for resettlement services, without regard to country of origin, within the total social setting of the community of resettlement. The Plan proposes a plan of action to meet those needs and attempts to link together different public and private organizations into a working structure to serve eligible populations in the most efficient way possible.

The term 'refugee' will be used throughout the State Plan to encompass all persons eligible to receive services through ORR.

Provision of all services included in this State Plan will be within the constraints and limitations of continued and continuous availability of Federal funds at the 100% level to South Carolina for the Refugee Resettlement Program.

Revision of this State Plan will be needed, either in part or in total, should the inflow and ethnic composition of clients be at a significant variance with projections, and/or should the availability and timeliness of Federal funds be inadequate. Any amendment to this State Plan will be submitted to the Governor or her designee for review, comments and signature before submission to ORR as required in 45 CFR 400.7.

A. Authority

1. Designated Accountable State Agency (§400.5(a)).

Since 1975, at the beginning of the flow of Indochinese refugees into the State, the South Carolina Department of Social Services (SCDSS) has been designated by the Governor of South Carolina as the State Agency responsible for the development and administration of the Refugee Resettlement Program for South Carolina. SCDSS remains the designated agency responsible for the administration of the Refugee Resettlement Program (RRP).

2. Identification of State Coordinator (§400.5(d)).

As authorized by the Governor of this State, the SCDSS State Director has authority to designate the State Refugee Coordinator. The appointed State Refugee Coordinator (SRC) is Dorothy A. Addison. She has the internal title of State Refugee Resettlement and Non-Emergency Repatriation Services Coordinator at the SCDSS.

The State Refugee Coordinator has been delegated with the lead responsibility to ensure overall coordination and integration of public and private resources for the RRP. The SRC is responsible for monitoring and evaluating all program activities to ensure compliance with policies and instructions that govern the RRP.

3. Publicly-administered Refugee Resettlement Program

The Refugee Resettlement Program is publicly-administered with funds received directly from the federal Office of Refugee Resettlement. Services and benefits of the program are consistent with those in regular domestic public assistance programs.

a. Geographic Service Area

The Refugee Resettlement Program operates from the State DSS Office in Columbia, SC. All Refugee Program services and benefits are coordinated and available on a statewide basis to eligible refugee populations in counties where they live. Services are coordinated in conjunction with the Voluntary Resettlement Agencies (VOLAGs) operating in the state, Lutheran Services in Columbia and World Relief in Spartanburg.

b. Location of New Arrivals

The Refugee Resettlement Program services are statewide. The majority of new refugee arrivals settle in Richland, Greenville, Lexington, Charleston, Dorchester, and Spartanburg Counties. Coordination of services occur in all locations where eligible individuals live.

B. State Organization

1. Organizational Structure and Functions (§400.5(a)).

a. South Carolina Department of Social Services is governed by state laws and regulations and under the cabinet leadership of the Governor. The State Director of SCDSS is appointed by the Governor to head the agency. Within the agency, Program Managers and Deputy Directors are appointed by the State Director to assist in management and oversight of all programs and services.

The mission of the South Carolina Department of Social Services is to efficiently and effectively serve the citizens of South Carolina by ensuring the safety of children and

adults who cannot protect themselves and assisting families to achieve stability through child support, childcare, financial and other temporary benefits while transitioning into employment.

The agency provides assistance and protection programs to all South Carolina residents in need of the following services: Adoption Services; Adult Protective Services; Child Care; Child Support Enforcement; Child & Adult Care Food Program; Foster Care; Child Protective and Preventive Services; Temporary Assistance to Needy Families (TANF); Supplemental Nutrition Assistance Program (SNAP); Independent Living; Out-of-Home Abuse and Neglect Investigations; Domestic Violence and Refugee Resettlement Services.

2. Refugee Resettlement Program Goals and Objectives

The RRP, located in the SCDSS Office of Economic Services, performs and coordinates activities to enable refugees and others resettled in South Carolina to reach economic self-sufficiency and social self-reliance, as defined by ORR, as rapidly as possible. Its goals and objectives will comply with those specified in the Refugee Act of 1980, as amended and pertinent official issuances of the Director of the Office of Refugee Resettlement.

The purpose of the RRP program is to promote refugee economic self-sufficiency at the earliest possible time. RRP has two concurrent objectives:

- a. Provide cash, medical and any other emergency assistance needed by individuals eligible for Refugee Resettlement services in order for them to obtain adequate living conditions.
- b. Provide the necessary tools and opportunities for the elimination of obstacles standing in the way of refugees eligible for resettlement services while moving toward economic self-sufficiency and social self-reliance.

The objectives are met by providing the following services:

- Refugee Cash Assistance (RCA), which provides cash payment to eligible refugees.
- The RCA program is modeled after South Carolina's Temporary Assistance for Needy Families (TANF) cash assistance program called Family Independence (FI).
- Refugee Medical Assistance (RMA), which provides medical assistance to eligible refugee populations.
- Refugee Social Services (RSS), which provides employment assistance, case management and other services.

The South Carolina RRP policy can be found in the Refugee Resettlement and Non-Emergency Repatriation Policy Manual at:
http://dsswebsite/content/library/manuals/RRPM_Volume-1.pdf;

Policy for RCA eligibility is also found in Chapter 24 of the Family Independence Policy Manual at: http://dsswebsite/content/library/manuals/FI_Manual_V39.pdf

Policy for RMA, Refugee Assistance Program (RAP) is in Chapter 503 of the SCDHHS Medicaid Policy and Procedure Manual at: <http://www1.scdhhs.gov/mppm/>.

3. Duties of the State Coordinator to support the RRP goals:

- Monitor the performance of participating agencies through on-site visits, review of records, and make recommendations for improved performance when necessary.
- Provide technical assistance and training to participating agencies on an as-needed basis.
- Participate in federally sponsored training and policy development programs provided by the Office of Refugee Resettlement (ORR); and provide consultation to resettlement agencies.
- Coordinate policy among cash assistance, Supplemental Nutritional Assistance Program, and Medicaid staff on behalf of eligible refugee populations.
- Monitor the use of refugee funds to assure compliance with Federal and State regulations.
- Assist service partners in reducing or eliminating barriers, which prevent eligible refugee populations from receiving needed services and assist service partners in enhancing or expanding services to refugee populations.
- Assure that assistance and services are provided in a manner that recognizes and preserves individual rights, responsibilities, and dignity, so that refugee families, children, and adults are self-sufficient and have an opportunity to attain a satisfying life.
- Convene meetings with representatives of local resettlement agencies, local community service agencies, and other agencies that serve the refugee population.
- Coordinate health care services for the refugee population as required by ORR; to include collaboration with the State Refugee Health Coordinator and other programs at SC Department of Health and Environmental Control (SCDHEC).

See organizational Charts in Appendix

C. Assurances

These assurances are given by SCDSS for the State of South Carolina in consideration of and for the purpose of obtaining any and all Federal financial assistance for the Refugee Resettlement Program. As stipulated by federal regulation, 45 CFR 400, the State agrees to comply with the following rules and guidance:

1. South Carolina will comply with all provisions of Title IV, Chapter 2 of the Act, and official issuances of the Director (§400.5(i)(1)).
2. South Carolina will meet the requirements in 45 CRF Part 400 (§400.5(i)(2)).
3. South Carolina will comply with all other applicable Federal statutes and regulations in effect during the time that it is receiving grant funding (§400.5(i)(3)).
4. South Carolina will amend the Plan to comply with ORR standards, goals and priorities established by the Director, as needed (§400.5(i)(4)).
5. South Carolina assures provision of services to all refugees without regard to race, religion, nationality, sex, or political opinion (§400.5(g)).
6. South Carolina assures it will convene planning meetings of public/private sector at least quarterly, unless exempted by ORR (§400.5(h)).
7. South Carolina will use the same mediation/conciliation procedures as those for TANF if a publicly-administered RCA program (§400.83(a)(2)).
8. South Carolina will use the hearings standards & procedures as set forth in (§400.83(b)).
9. South Carolina assures that refugee programs and populations are included in the state pandemic influenza emergency plan and other emergency operational plans (SL # 09-30 and SL # 06-10).

II. ASSISTANCE AND SERVICES

A. Coordination of CMA and Social Services for Economic Self-sufficiency (§400.5(b)).

The SCDSS Office of Economic Services coordinates cash and medical assistance with social services to encourage effective refugee resettlement and to promote economic self-sufficiency as soon as possible. This is accomplished through policies and procedures developed and implemented specifically for the Refugee Resettlement Program.

Policies and procedures are in place that require the registration of all employable refugees in employment service activities as a condition of eligibility for cash assistance as well as social services assistance.

The objective of the Refugee Employment Services Program is to assist refugees in job preparation, job search activities, identification of prospective employers, arrange interviews for employment, and require that they accept an offer of employment as soon as possible after work registration. Efforts are made to help them remain employed with support through social services.

Employable refugees must accept appropriate offers of training or employment. If an appropriate offer of employment is refused without good cause, all services and assistance are subject to termination.

Social services activities are provided to address barriers to employment and allow a refugee to gain or maintain economic self-sufficiency.

B. Language Training and Employment Services (§400.5(c)).

The State assures that all Limited English Proficient (LEP) refugees will receive language assistance so they will be able to have meaningful access to benefits and services funded by ORR. All adult refugees that apply for Refugee Cash Assistance (RCA) and do not meet an employment exemption are required to register with the appropriate employment agency that provides employment services for refugees. Based on the needs identified during the assessment, a referral is made to English as a Second Language (ESL) service providers for any refugee in need of ESL services. Refugees must comply with services outlined on the employability plan. Program activities incorporate language training and employment services within the scope of the employability plan to assist in securing employment.

When English Language Training (ELT) is included on the individual employment plan, ELT services may be concurrent with employment or other employment activities. All efforts are made to offer ELT outside the client's normal working hours.

C. Refugee Cash Assistance (RCA) 45 CFR Part §400.45

As prescribed in 45 CFR Part § 400, the Refugee Cash Assistance (RCA) Program assists refugees by providing cash during their first eight months in the U.S., or from the date of eligible certification for Asylees and Cuban-Haitian Entrants. RCA provides cash assistance and support services to abled body refugees while participating in work program activities.

1. TANF Program Elements Used in RCA Program (§400.65(b)).

The RCA Program mirrors the TANF Program in the following areas: cash payment amount; appeal rights; the collection of overpayment and repayment of underpayment; and the first month of assistance is prorated from the date of application. RCA applications also have the same timeliness standard as TANF.

A ten (10) day notice of adverse action is required if the refugee becomes employed during the eligibility period and RCA benefits are subject to reduction or termination.

a. The income and resource limits and budgeting methodology established for TANF eligibility will be used to determine initial month and on-going eligibility for RCA. Prospective eligibility is determined each month prior to authorizing RCA benefits. If prospective ineligibility is determined, RCA will be terminated at the earliest possible date allowing for a 10-day notice of adverse action.

b. The State's TANF Need Standard will be used to determine the benefit amount for RCA. Income disregards are allowed during the first month of employment.

The current monthly TANF benefit level for eligible families in South Carolina is listed below.

TANF	
Number in Benefit Group	Maximum Monthly Payment Standard
1	\$163
2	\$220
3	\$277
4	\$391
5	\$449

These payment amounts are subject to change effective October each year.

South Carolina does not provide RCA benefits to families with children. RCA is only available to adults without dependent children, therefore, the RCA benefit group will only consist of a family with one or two adults. A refugee family with dependent children must apply for TANF.

The RCA family size and current monthly benefit amount for South Carolina are as follows:

RCA Payments	
Number in Benefit Group	Monthly Payment
1	\$ 163
2	\$ 220

These payment amounts are subject to change annually in October.

c. While RCA and TANF benefit amounts are prorated from the date of application, South Carolina does not prorate shelter and utilities in the calculation of benefits. Household expenses do not affect eligibility determination. The same policy applies to the calculation of RCA payments.

d. SCDSS will recover overpayments and correct underpayments for RCA in accordance with regulations at §233.20(a)(13), in the same manner that overpayments and underpayments are outlined for the TANF/FI program. All other TANF/State FI rules or policies that relate to financial eligibility and payments will apply to RCA eligibility and payments.

e. Resources that are considered inaccessible, i.e., remaining in the country of origin, will not be counted. Only accessible income and resources of the applicant will be considered in eligibility determination for RCA.

f. As required by §400.66(c), the income and resources of a sponsor will not be considered accessible to the refugee solely because the individual is serving as a sponsor.

g. Income received by the refugee under the Department of State or Department of Justice Reception and Placement (R&P) programs will be excluded when determining eligibility for RCA as required by §400.66(d).

h. The date the application is filed at SCDSS will be used as the beginning date for RCA benefits.

i. In South Carolina, most often resettlement agency staff assist refugees when applying for assistance, including RCA. Employment Services is currently provided by one of the refugee resettlement agencies, therefore, they are aware of applications submitted for RCA. When the RCA is submitted, unless the refugee is exempt from work registration, a referral is sent to the resettlement agency to register the refugee in work program activities. The referral, DSS 1324, Verification of Employment Registration, serves as notice to the resettlement agency that the individual has applied for RCA. When the RCA application is approved, the job developer at the resettlement agency is notified.

j. Coordination of employment services and ongoing contact is maintained with the local resettlement agencies. A job developer at one of the resettlement agencies is

responsible for ongoing job development/ job referral activities beginning at RCA approval to the end of the eligibility period. This coordination ensures that refugees are informed of employment opportunities. The job developer must provide information to SCDSS/RRP each month of employment/work activities for each RCA recipient. The RRP must be notified of employment and/or training offers made by, or known to the job developer as well as any employment/training refused by the refugee.

k. All assistance and services will be provided at established levels for public benefits allowed for all eligible recipients. This will also apply to services that may become available through Public-Private Partnership programs.

l. South Carolina does not offer any differentials or incentive payments to refugees.

m. Employment services targeted to refugees focus on job development and job placement efforts for employable adult refugee populations as specified under 45 CFR 400.75(a) at the time of application for Refugee Cash Assistance. All non-exempt refugees are required to register and participate in employment services as a condition of eligibility for RCA. Refugees must accept appropriate offers of employment as a condition of continued eligibility. Refusal to accept an appropriate employment offer without good cause is subject to termination of benefits. The following refugees are exempt from work registration:

- Individual is age 18, but a full-time student in secondary school and reasonably expected to complete the program before reaching age 19.
- Individual is incapacitated, or has a temporary illness expected to last less than 90 days.
- Individual has a verified illness or disability expected to last more than 90 days.
- Individual is age 65 or older.
- Individual is required in the home due to a verified illness/incapacity of household member.

n. It is the policy of SCDSS to require and embrace a strong commitment to providing services to, and ensuring program accessibility for all eligible families. This policy applies to Limited English Proficient (LEP), whether services are delivered by SCDSS staff or by contracted vendors. SCDSS staff with initial client contact are responsible for determining the language and mode of communication preferred by the client. A sponsor or volunteer accompanying a refugee may assist with the initial contact when applying for RCA, or any other service, but if it is determined that the client's primary language is one other than English, appropriate provisions must be made to allow the client to conduct business in his or her chosen primary language. SCDSS policies for services to persons with LEP is found in Chapter 1 of the SCDSS Civil Rights Tool Kit at:

<http://unite/CivilRights/CivilRightsToolkit/SitePages/Home.aspx>

SCDSS provides critical documents in languages other than English where a significant number or percentage of the clients served or eligible to be served have Limited English Proficiency. Written materials such as letters, notices, treatment plans, collateral forms, or other documents are translated in the client's primary language by SCDSS approved resources when necessary.

2. RCA Program Administration 45 CFR Part 400.13

Administration of the RCA program is maintained at the state Refugee Resettlement Office.

- a. SCDSS County staff responsible for determining eligibility for other economic service programs such as TANF and SNAP also determine eligibility for RCA.
- b. The RCA program is monitored and RCA payments are authorized each month by RRP program staff. Benefits are processed by the SCDSS finance office for payment and checks are mailed directly from the SC State Treasurer's office.
- c. There is no allocation of staff between TANF and RCA at the state level.
- d. There are two full time employees at the State Refugee Office to assist in coordinating and administering the Refugee Resettlement Program. There is no allocation of staff between RCA Administration and RCA distribution.
- e. The State does not have an indirect cost rate, but an approved Cost Allocation Plan (CAP). HHS is the cognizant agency.

D. Refugee Medical Assistance (RMA) 45 CFR Part §400.90

SCDSS has a Memorandum of Agreement with the South Carolina Department of Health and Human Services (SCDHHS), the State's Medicaid provider, for reimbursement of refugee medical services. Medical providers receive payment for services provided to Refugee Medical Assistance (RMA) recipients through the state's Medicaid system. The RMA program administered by SCDHHS is termed the Refugee Assistance Program (RAP) eligibility category.

1. Any refugee wishing to apply for medical assistance has the opportunity to apply in person, by mail, by telephone, or online. Applications for RAP are processed, and the eligibility determination is made no later than 30 days after the application is filed. All medical services that are available to eligible United States citizens are also available to refugees during the RAP eligibility period.

- a. Eligibility for RAP is determined according to the policies and procedures defined in the Patient Protection and Affordable Care Act of 2010, also known as the Affordable

Care Act (ACA). Under the ACA, eligibility for RAP is determined using the Modified Adjusted Gross Income (MAGI) methodology, which does not involve an asset test or resource limit.

In order to meet the RAP financial criteria, an applicant must meet 62% of the Federal Poverty Level (FPL). In order to meet the RAP categorical criteria, an individual must be a South Carolina resident, provide the appropriate documentation of refugee status, and provide a Social Security Number, or proof that one was applied for.

Additionally, the individual must not be incarcerated as an inmate, and must not be eligible for any other full coverage Medicaid program. There is no requirement for an applicant to have a qualifying child in order to meet RAP criteria.

b. In South Carolina, refugees are allowed to file an application for Medicaid benefits within the first ten days after their arrival. Refugee assistance is provided by the resettlement agency. The resettlement agency sends a letter verifying refugee status, legal documentation, and a Medicaid application to SCDHHS to be processed by an assigned eligibility worker. Before RAP eligibility can be established, the applicant must be considered for other full coverage Medicaid programs. (For example, refugee adults, who are age 65 or older, disabled, or blind, are screened for the Aged, Blind, Disabled (ABD) eligibility category prior to an approval of RAP.)

If the refugee does not qualify for any other full coverage Medicaid program, the refugee may be eligible for RAP.

Due to the implementation of the ACA, the RAP eligibility category is now determined using MAGI methodology.

2. Once the income for all household members has been reported and verified, the eligibility worker calculates the countable monthly income for the household and determines financial eligibility. The household's monthly gross income is compared to 62% of the Federal Poverty Level (FPL), which corresponds to the Parent Caretaker Relative (PCR) eligibility category. See the chart below for additional information. If the monthly earned income is less than or equal to the limit, RAP coverage is approved. Refugee resettlement checks and third-party payments are not counted as income.

Medicaid Eligibility Category	Federal Poverty Level (FPL)
Pregnant Women and Infants (PW)	194% FPL
Partners for Healthy Children (PHC)	208% FPL
Parent Caretaker Relatives (PCR)	62% FPL
Refugee Assistance Program (RAP)	62% FPL

a. Financial eligibility is determined by MAGI methodology. Applicants must meet 62% FPL to be eligible for the RAP eligibility category. A 5% FPL disregard can be applied when an applicant's income falls above the 62% standard.

b. The State assures compliance with requirements of §400.102. Policy and procedures regarding RAP are outlined in the SCDHHS Medicaid Policy and Procedure Manual.

Eligibility for RAP is based on the applicant's income on the date of the application. If the applicant is determined eligible and later has a change in income, the refugee will continue to receive RAP benefits through the eight month eligibility period from date of entry into the United States, regardless of the change.

3. If a RAP beneficiary receives earnings from employment, the earnings shall not affect the refugee's RAP eligibility or healthcare coverage. A separate application is not required when determining continued Medicaid eligibility after a refugee client goes to work. When a Medicaid case is re-budgeted due to employment, the family may remain eligible for Medicaid, depending on the amount of household income. If the family qualifies for the Parent Caretaker Relative (PCR) eligibility category, the household remains eligible with income at 62% of the FPL.

a. The State assures compliance with requirements of §400.104. A refugee will continue to receive Medicaid benefits until he/she reaches the end of his or her eligibility time-period for refugee medical assistance, in accordance with §400.100(b). In cases where a refugee is covered by employer-provided health insurance, any payment of RAP services for that individual will be reduced by the amount of the third party payment.

4. Mandatory services (§400.105)

a. All services allowed and covered by SCDHHS will be offered in the same manner to United States citizens and refugees. All medical services that are available to eligible United States citizens are available to refugees receiving RAP benefits. Guidelines for RAP are included in the State Plan.

5. The State provides no additional medical services at this time.

6. Reception and Placement staff have direct contact with refugees and they assist in scheduling initial appointments as well as arranging follow-up appointments when needed. When available, refugees are asked to take the overseas medical record with them when going to the medical screening appointment. This allows the medical screening provider to identify medical conditions that need immediate attention.

One stipulation of the agreement with medical providers is that any medical condition requiring, or indicating a need for treatment be treated at the time of the screening or referred to another physician if treatment is not available. The provider schedules a follow-up appointment and notifies the reception and placement staff of follow-up appointments for treatment.

The State Refugee office maintains a record of each refugee medical screening, with results and conditions that required treatment. The State Refugee Health Coordinator reviews the results for examinations that require follow-up treatment.

a. Employees of the South Carolina Department of Health and Environmental Control (SCDHEC) with approved public health activities related to monitoring health conditions in travelers have authorized access to the CDC EDN. Several employees in the SCDHEC TB Control Section have authorized EDN access and monitor reports of international travelers who are TB infected. The South Carolina State Epidemiologist has authorized EDN access as the Refugee Health Coordinator. Upon notification from the EDN of the arrival of a new refugee in South Carolina, the State Epidemiologist reviews the medical exam and medical history. If any medical issues are identified for which follow up may be required, the responsible resettlement organization will be notified to assist in coordinating care for the identified condition.

b. Under the Refugee Act, Section 412(b)(5), the ORR Director is responsible for the provision of medical screening and initial medical treatment to all newly arriving refugees.

In South Carolina, South Carolina Department of Social Services (SCDSS) Refugee Resettlement Program administers the refugee medical screening process. The department has a responsibility to ensure that refugee medical screening will be made available to refugees in accordance with the regulations established by the federal Office of Refugee Resettlement (ORR)) and the requirements detailed in ORR State Letter #12-09, Guidelines for US Domestic Medical Examination of Newly Arriving Refugees and 45 Code of Federal Regulation (CFR) Part 400.106 & 400.107.

Refugee medical screening services are contracted through various medical providers. Agreements are established with the provider to ensure that screening services are in compliance with ORR guidelines. Agreements with providers include reimbursement rate for services that will not exceed the Medicaid allowable rates or ORR's recommended rates.

RMA funds are used to cover the cost of medical screening services and the coordination of such services when no other funding source is available.

c. Medical screening services are not available through the SC Department of Health and Environmental Control (SCDHEC) or the local health departments. The current list of medical screening providers is included in the South Carolina Refugee Medical Screening Protocol attached to the State Plan. Other providers may be secured when necessary. The Medical Screening Protocol was developed in accordance with ORR State Letter #12-09, including attachments. The contracted providers vary in type. Services are provided by Federally Qualified Health Centers (FQHC), a private medical network with several doctors, urgent care facilities and a clinic that provides services to uninsured populations. Medical screenings may be conducted by either a medical

doctor (MD/DO), physician's assistant (PA) or nurse practitioner (NP) depending on staff available on the day of the scheduled appointment.

During the medical screening, refugees determined to have medical conditions requiring observation or treatment are identified by the health providers. Information pertaining to the health of those refugees is shared with RRP after services are rendered.

Any refugee found to need treatment for communicable disease will be reported to the local County Health Department. The State Refugee Health Coordinator (RHC) has access to the Centers for Disease Control's Electronic Database Notification (EDN). If a refugee has a medical condition that requires treatment, the information is shared with the Infectious Diseases Department at SCDHEC for follow-up. The RHC is responsible for checking to ensure that the refugee has been scheduled for medical screening.

d. Children, up to age 21, are eligible for periodic medical screenings through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program at specific ages. The screening for children includes a health and growth history; physical exam; nutrition and growth assessment; health education; routine shots; vision; dental and hearing screenings. The general guide for the age ranges in which screenings may occur is listed in the SC Refugee Medical Screening Protocol found in the appendix.

7. The costs of RMA services described in the State Plan are outlined in the annual Cash and Medical Assistance Program Estimates ORR-1 (CMA) Report. The detailed justification statement for RMA costs are included in the ORR-1 Narrative. RMA costs are separate from Refugee Medical Screening related costs.

a. All RMA services are paid on a fee-for-service basis according to the established fees. When approved for RMA, recipients are authorized to access the same medical treatment and services as Medicaid recipients. The medical authorization card issued to RMA recipients is not distinguishable from the State Medicaid card, therefore medical services are billed at the same rates as other Medicaid recipients. The providers submit bills directly to SCDHHS, the State Medicaid office. SCDHHS sends invoices for medical services along with a report that identifies each RMA recipient to the State Refugee Office for reimbursement of payments made on behalf of RMA recipients.

Should a RMA recipient incur any indirect cost such as transportation or ambulance, the cost for any indirect service is identified on the provider invoice and the monthly report submitted for payment.

Medical providers that receive federal funds are required to assure language access according to Title VI of the Civil Rights Act of 1964. Should a provider request payment for interpretation services, the cost of the service will be covered by RMA only when there is no additional funding available.

b. RMA administrative cost on the CMA include allocated cost for data processing equipment, mainframe support and system communication between SCDHHS and

SCDSS to allow access and monitoring of RMA payments for refugee recipients, as well as an allocation for training Refugee Staff on system changes.

Currently the State does not have anyone in a position or performing duties of a Refugee Health Coordinator (RHC). The RHC is responsible for assisting in the coordination of health screenings, medical care, and specialist appointments for refugees as provided under the Resettlement Program. RHC duties related to RMA administration include the following:

- Coordinate medical care with physicians, dentists, and specialty health care providers to meet client health care needs;
- Assist in developing and strengthening strategic partnerships with local medical providers, community organizations, county and state partners;
- Maintain a resource guide of appropriate medical providers and support services for populations served;
- Participate at meetings of resettlement and community service agencies and share refugee health information as appropriate; and
- Provide input to develop State Plan procedures to identify refugees arriving with health conditions requiring attention & to facilitate treatment.

Funds needed to hire a Refugee Health Coordinator is being requested and included in the CMA Estimates for FY 2016.

E. Refugee Medical Screening Program (RMS) 45 CFR Part §400.107

As part of its refugee medical assistance program, the State provides a medical screening program for refugees in accordance with requirements in §400.107. Medical screenings are scheduled and performed during the first 90 days after a refugee's initial date of entry into the United States.

1. Written approval was granted to the State for FY 2015 to use RMA funds to cover the cost of refugee medical screenings in accordance with 45 CFR 400.107.

See Appendix – FY 2015 State Plan Approval letter from ORR Director

b. The State is continuing to request approval to use RMA funds during FY 2016 for medical screening cost when no other funding source is available. The State also requests to use RMA funds for medical screenings performed during the first 90 days after a refugee's arrival in the U.S., without prior determination of the refugee's eligibility for Medicaid. If the medical screening occurs after 90 days, adult medical screenings are still subject to be covered by RMA funds.

If the medical screening occurs after 90 days for a family with children, and the provider accepts Medicaid for payment, medical screening services allowable through Medicaid, will be billed to Medicaid. This service is limited to children in the family. The availability of EPSDT screening is determined according to the age of the child.

2. The State assures that the Refugee Medical Screening program will operate in accordance with the requirements prescribed by the ORR Director or designee.

a. The following screening services for adults outlined in SL #12-09 will not be billed to Medicaid.

- History and Comprehensive Physical Examination
- Clinical Laboratory tests
- Tuberculosis Tests
- Immunizations

South Carolina did not expand Medicaid coverage based on the Affordable Care Act (ACA) requirements, therefore all adult refugees must continue to receive eight months of medical coverage through RMA.

Screenings for children outlined in SL # 12-09 may be covered by Medicaid based on the child's age and date of Medicaid eligibility. Some services to children may not be billed to Medicaid when the child's age does not allow a screening service to be performed.

No additional medical services are provided by the State.

c. The State assures that medical screening cost are reasonable as required in SL#12-09. Fees for all screening services are reasonable based on ORR's standards for establishing reasonable cost. Where possible the allowable fees for medical screenings are based on the State's Medicaid fee schedule. Other screening costs are subject to rates established by Centers for Medicare and Medicaid Services - Calculated Anew for ORR; State Clinical Lab Fee Schedule and the CDC Vaccine Price list. Fees for screening services are negotiated with private providers to remain within allowable rates.

d. The State ensures that screenings are done within the first 90 days by coordinating medical screening services with the R&P office and medical providers. The State has agreements in place to meet the need for screening services based on the number of refugees that are expected to arrive in a service area.

R&P staff contacts the medical provider within the first ten days after the refugee arrives to schedule the screening appointment.

The requirement for medical screening to be completed within ninety days of arrival is included in the agreement with medical screening providers. Providers agree to offer an appointment within thirty days of a request from R&P staff.

R&P staff completes the identifying information portion of the SC Medical Screening Assessment form and submits the form to the screening provider to obtain the appointment.

The R&P staff will notify the State Refugee Office if there is a delay in scheduling an appointment.

3. The Medical Screening costs described in the State Plan are outlined in the annual Cash and Medical Assistance Program Estimates (CMA) ORR-1 Report. The detailed justification statement for Medical Screening cost are included in the ORR-1 Narrative. Medical Screening costs are separate from RMA costs on the ORR-1.

The Reception and Placement agencies propose the resettlement of 320 new arrivals for FY 2016. The estimated costs of medical screenings for FY 2016 is based on the average cost per screening times the expected number of new arrivals.

a. Medical Screening services are based on ORR Guidelines for Domestic Screening and the ORR allowable fee schedules. Direct medical screening costs are paid on a fee-for-service rate. The allowable fee rates are outlined in the SC Refugee Medical Screening Activity & Codes attachment. The laboratory fees are subject to change with the annual change in Medicaid rates.

If a provider incurs an indirect cost such as transportation or interpretation, that service must be identified on the invoice for payment.

Medical providers that receive federal funds are required to assure language access according to Title VI of the Civil Rights Act of 1964. Should a provider request payment for interpretation services, the cost of the service will be covered when there is no additional funding available.

b. The administrative cost for medical screenings include administration charges submitted by health screening providers as well as the cost for coordinating these services. The actual administrative fees charged by medical screening providers is billed separately from direct service costs. The administrative fee is negotiated with providers prior to entering into an agreement. Providers can bill for the actual administrative cost for each medical screening but the amount cannot exceed 15% of the total cost for the medical screening. Providers that accept Medicaid payments must adhere to Medicaid billing procedures for administrative cost.

The administrative costs for screenings include the cost of interpretation services when required by the provider to perform the medical screening.

Currently there is no one is performing duties of a Refugee Health Coordinator (RHC). Funds needed to hire a Refugee Health Coordinator is included in the CMA Estimates for FY 2016.

RHC duties related to medical screening administration include the following:

- Coordinate health programming designed to meet the needs of newly arrived refugees and other eligible populations, ensuring client health goals are being attained;

- Review EDN; refugee overseas health evaluations; and a sample of domestic health screening results; and
- Provide health-related statistical & financial data to SRC for ORR reports as needed.

F. Refugee Social Services (RSS) 45 CFR Part §400.140

1. The State of South Carolina provides social services to refugees as outlined in 45 (CFR) Sections 400.154 and 400.155. Social services are provided to enable refugees to obtain employment within one year of becoming enrolled in services so they may be economically self-sufficient. Social services may continue to be provided after a refugee has entered a job to help the refugee retain employment or move to a better job. The following services are available to refugees:

- Employment services
- Case management services
- Vocational training, including driver education and training when provided as part of an individual employability plan.
- Skills recertification, when such training meets the criteria for appropriate training
- Transportation, when necessary for participation in an employability service or for the acceptance or retention of employment.
- English language instruction, with an emphasis on English as it relates to obtaining and retaining a job.
- Translation and interpreter services, when necessary in connection with employment or participation in an employability service.

Refugees may apply for social services at the State RRP Office, at the local resettlement agency or by mail within 60 months of the date of arrival or date of eligibility status by the U.S. Citizenship and Immigration Services (USCIS).

Refugee Social Services are prioritized when necessary as follows:

- a. All newly arriving refugees during their first year in the U.S., who apply for services;
- b. Refugees who are receiving cash assistance;
- c. Unemployed refugees who are not receiving cash assistance; and
- d. Employed refugees in need of services to retain employment or to attain economic independence.

When refugees gain employment and request social services assistance, they may remain eligible for assistance if their income is below 200% federal poverty level, which is the same eligibility guideline used in title XX social service programs. (§400.145)

2. All social services listed in §400.154 and 400.155 services are provided to comply with a Family Self-Sufficiency Plan or an Individual Employability Plan. Other social

services listed in §400.155 are provided based on the needs of the individual or family and may not be related to employment activities.

a. Due to the amount of the Social Services Grant received by the State, assistance with citizenship and naturalization preparation services is limited. Currently assistance is provided by supplying referral information and USCIS forms and instructions when requested. Additional services will be provided should funds become available to the State.

G. Cuban/Haitian Entrant Program (C/H) 45 CFR Part §401

1. South Carolina serves Cuban/Haitians through the refugee program as identified in 45 CFR Part §401.

Cash and medical assistance will be provided to Cuban and Haitian (C/H) entrants who have been granted eligible parole status and have been in the U.S. for less than eight months. This population is included in the list of individuals eligible to receive refugee services. Cash and medical assistance will be provided to Cuban and Haitian entrants under the same eligibility criteria and to the same extent, as such assistance is provided to refugees under 45 CFR Part 400.

2. South Carolina Refugee Resettlement program will continue to apply the standards and guidelines found in 45 CFR Part §401 and State Letter # 94-22 for C/H Entrants when determining eligibility for cash, medical assistance and social services.

H. Unaccompanied Refugee Children (URM) 45 CFR Part §400.5(e)

1. South Carolina is not a resettlement site for unaccompanied refugee minors.

a. South Carolina does not receive funds to operate the Unaccompanied Refugee Minors Program.

1. If a refugee minor becomes eligible for child welfare services after arriving in the state, SCDSS will act as legal guardian for and provide for all assistance available under current laws and regulations. The same benefits and services available to other children that receive child welfare services in South Carolina will be provided to unaccompanied refugee minors (as defined by ORR), regardless of national origin. Child Welfare Services for unaccompanied refugee minors shall adhere to 45 CFR 400.5 (e) and 400.112.

2. Because South Carolina is not a resettlement site for unaccompanied refugee minors, ORR funds will not be used in providing services to refugee children in foster care.

I. Emergency Operational Planning for Pandemic Influenza

The South Carolina Department of Social Services (SCDSS), Refugee Resettlement Program (RRP) has coordinated with the South Carolina Department of Health and Environmental Control (SCDHEC), in developing and implementing a Refugee Emergency Operational Plan for Pandemic Influenza in South Carolina. RRP will work with the Center for Disease Control and Prevention, the State's Emergency Management Division, and SCDHEC which represents all relevant stakeholders who have the charge of developing a Mass Casualty Plan/Pandemic Influenza Preparedness Plan for South Carolina.

Refugee Resettlement Program Unit (RRP) will work with these groups to identify and promote refugee needs related to culturally appropriate education, outreach and training, effective communication channels for information dissemination, interpreter services/linguistic needs, and other challenges in responding to planning activities not only for pandemic influenza, but also for any emergency.

The RRP Unit captures refugee demographic data on refugee clients as well as newly arrived refugees from service providers and local VOLAG affiliates that resettle refugees in the State.

RRP will use the data from these entities to guide planning activities and to ensure that the activities target the demographics of South Carolina's diverse refugee populations. RRP staff will meet with SCDHEC staff to make this data available to them for inclusion in the State's Mass Casualty Plan/Pandemic Influenza Preparedness Plan.

The Refugee Resettlement Program Unit will work with SCDHEC and local county health departments to implement trainings that will inform and educate Voluntary Agencies, Mutual Assistance Associations, and refugee service providers about Pandemic Flu and to participate in the preparedness planning process.

RRP staff will work with ethnic organizations to identify community leaders and to involve them in the preparedness planning activities. In addition, the Refugee Health Coordinator and County Coordinators will be asked to identify local emergency preparedness coordinators. The goal will be to foster a state and local community network to ensure that refugee populations have a voice in the preparedness process.

RRP will also compile and maintain a list of all local emergency preparedness entities and will make this list available to the Refugee Health Coordinator, County Coordinators, Voluntary Agencies, Mutual Assistance Associations, and refugee service providers.

RRP will network with the Refugee Health Coordinator, Community Based Organizations, Voluntary Agencies, and Mutual Assistance Associations to evaluate South Carolina's Mass Casualty Plan/Pandemic Influenza Preparedness Plan as related to educational materials and/or the development and translation of information. RRP will ensure that this material is culturally and linguistically appropriate.

RRP will also work with SCDHEC and the Refugee Health Coordinator to modify the South Carolina Refugee Health Assessment to include screening tools to identify newly arriving refugees who may be exhibiting flu-like symptoms. Pandemic flu prevention and education will be provided at the point of initial medical screening.

The Refugee Health Coordinator will adhere to protocols and procedures pertaining to surveillance, containment, prevention and other protocols as delineated in the State's Mass Casualty Plan/Pandemic Influenza Preparedness Plan.

RRP will work with local pandemic response planning groups, the Refugee Health Coordinator, community-based organizations that service refugee populations, Voluntary Agencies, and Mutual Assistance Associations to identify effective communication channels to disseminate information to targeted refugee populations.

Communication channels being considered include public service announcements via ethnic media sources such as TV and radio, neighborhood newspapers, churches, adult education centers, English as a Second Language classes, and civic organizations. RRP will collaborate with emergency operation centers to promote culturally and linguistically appropriate outreach, education and awareness to refugee populations.

South Carolina's Emergency Operations Plan requires state government officials and local jurisdiction executives to ensure organization, maintenance, and continuity of emergency programs and other functions to be performed during an emergency to ensure adequate response to an emergency and for continuity of government services.

RRP, SCDHEC, and the Refugee Health Coordinator will provide technical assistance and consultation to Voluntary Agencies, Mutual Assistance Associations, and refugee service providers in the development of implementation of a Continuity of Operations Plan (COOP) to ensure that critical services to refugee communities continue uninterrupted during a pandemic flu or any other emergency event.

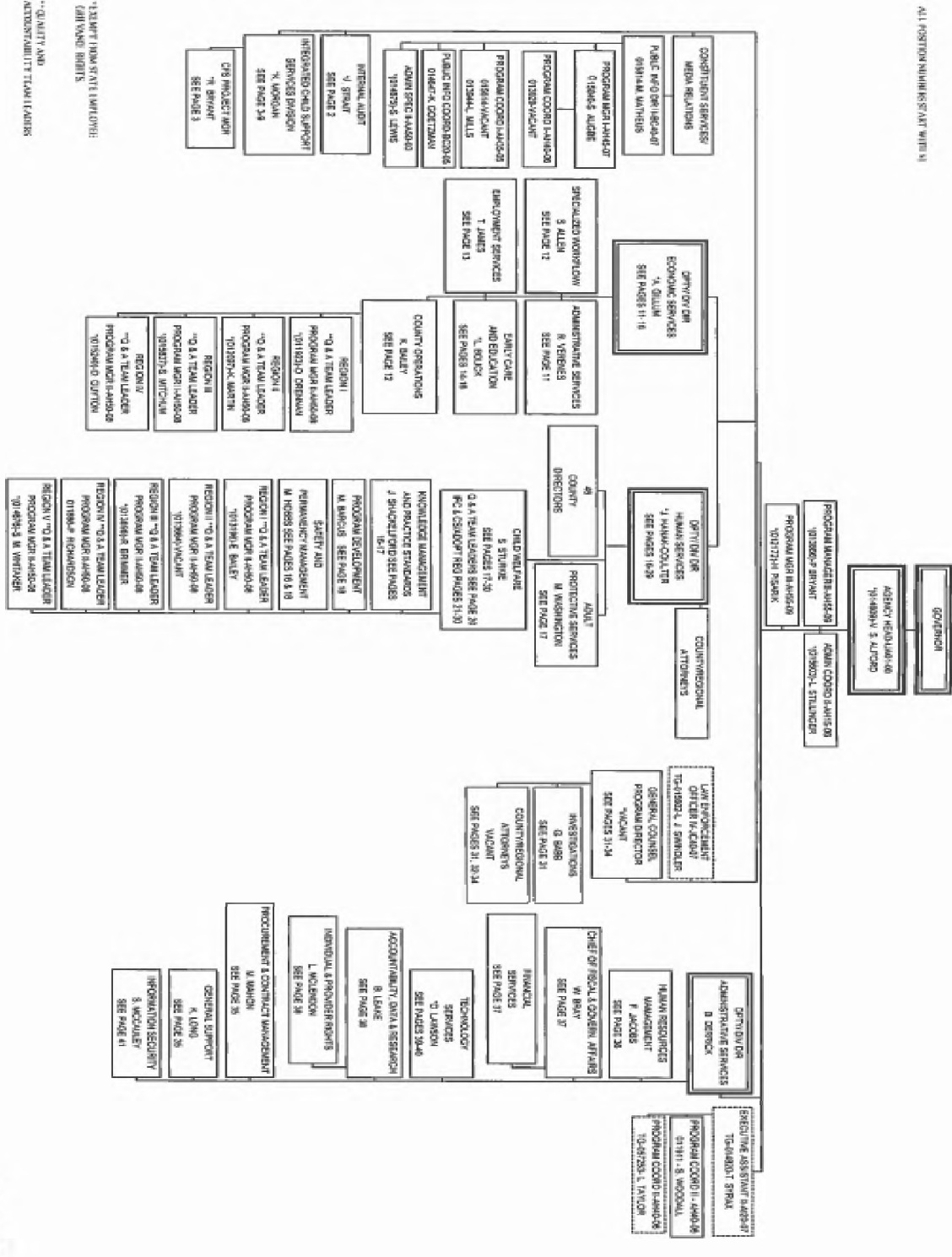
SCDSS Agency Organization Chart

SCDSS Division of Economic Services Policy & Workflow Organization Chart

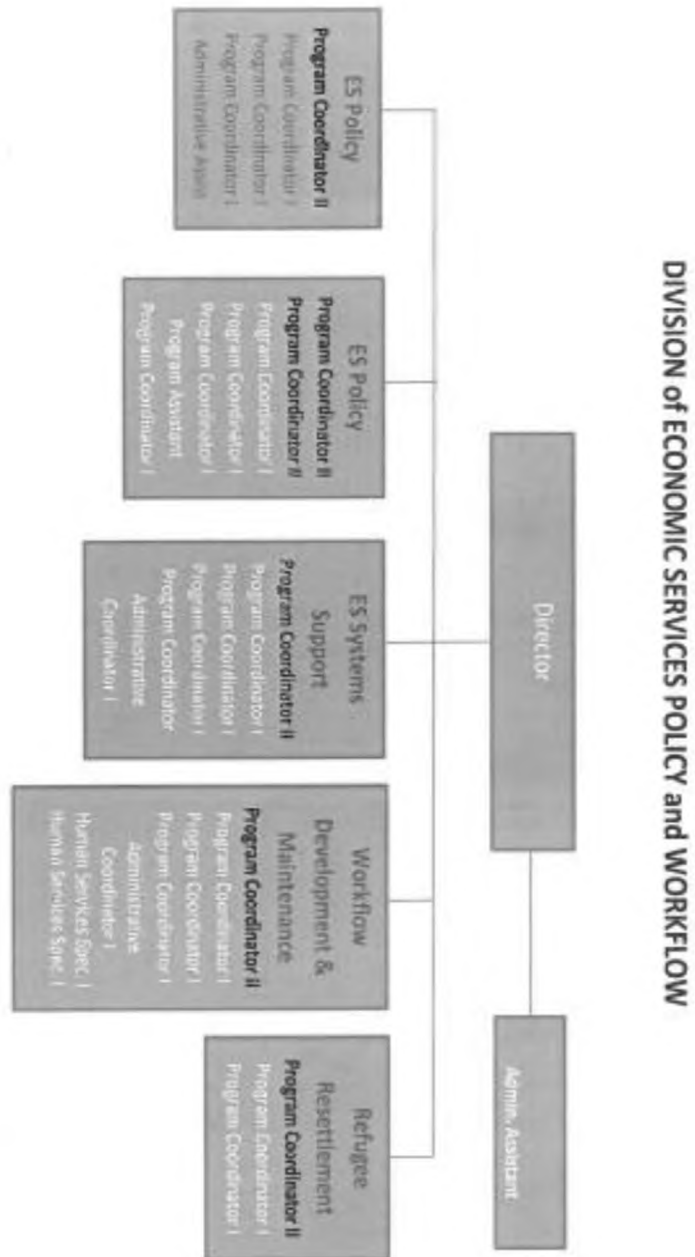
ORR Approval Letter – Use of RMA Funds

SC REFUGEE MEDICAL SCREENING PROTOCOL

MEDICAL SCREENING PROTOCOL ATTACHMENTS



DSS Division of Economic Services Policy and Workflow Organization Chart



FY 2015 ORR Approval Letter – Use of RMA Funds



ADMINISTRATION FOR
CHILDREN & FAMILIES

Administration for
Children & Families
330 L Street, Room 5A-10, S.W.
Washington, D.C. 20447
www.acf.hhs.gov

Ms. Dorothy Addison, State Refugee Coordinator
South Carolina Department of Social Services
P O Box 1520
Columbia, South Carolina 29202-1520

FEB 10 2015

Dear Ms. Addison:

We are pleased to inform you that the fiscal year 2015 State Plan for the South Carolina Refugee Resettlement Program is approved. Based on our review, your State Plan is in compliance with the Office of Refugee Resettlement (ORR) regulations at 45 CFR Part 400.

This State Plan approval authorizes the Refugee Medical Assistance (RMA) program to provide medical screenings conducted in accordance with 45 CFR 400.107. Per 45 CFR 400.107(b), a screening conducted during the first 90 days *may* be provided without prior determination of the refugee's eligibility for Medicaid. However, ORR expects that medical screening services covered under Medicaid and other sources will be billed to Medicaid or those other sources when possible. If screening is necessary after 90 days, States must ensure RMA is only accessed when a refugee is determined ineligible for Medicaid. We would like to reiterate that screenings should strive for conformity with ORR's guidelines as detailed in State Letter 12-09.

To ensure equal and timely access to Medicaid, States should be in full compliance with State Letter 13-10.

We appreciate the work of your office to successfully resettle refugees in South Carolina and we look forward to continuing our partnership with the South Carolina Refugee Resettlement Program.

If you have any questions pertaining to this approval letter, please contact your Regional Representative/State Analyst or Carl Rubenstein, Acting Director, Division of Refugee Assistance, by phone at (202) 205- 5933 or by email at carlrubenstein@oas.samhs.gov.

Sincerely,

Kenneth Tota
Acting Director
Office of Refugee Resettlement

SOUTH CAROLINA REFUGEE MEDICAL SCREENING PROTOCOL

CORE SCREENING PROCEDURES FOR REFUGEES

A. INTRODUCTION

Under the Refugee Act, Section 412 (b) (5), the Director, Office of Refugee Resettlement (ORR) is responsible for the provision of medical screening and initial medical treatment to all arriving refugees. In South Carolina, the South Carolina Department of Social Services (SCDSS) Refugee Resettlement Program administers the refugee medical screening process. SCDSS has the authority to plan, develop programs, and make rules and regulations pertaining to refugee resettlement programs. The department has a responsibility to ensure that refugee medical screening is made available to refugees in accordance with the regulations established by the federal Office of Refugee Resettlement (ORR) and the requirements detailed in ORR State Letter #12-09, Guidelines for US Domestic Medical Examination of Newly Arriving Refugees and 45 Code of Federal Regulation (CFR) Part 400.107.

Payment for medical screenings will be made only if the screening is initiated within 90 days of the refugee's arrival into the United States (45 CFR 400.107). Any extension beyond ninety days would require approval from the federal Office of Refugee Resettlement and would be requested in writing from the Refugee State Coordinator. Refugee Medical Assistance (RMA) funds will be used to cover medical screening cost when no other funding source is available. This provision has been requested previously and authorized by the ORR Director. The request remains in effect as part of this State Plan.

Refugee medical screening is the refugee's introduction to the U.S. health care system and an opportunity for referral to appropriate continuing care.

The refugee medical screening is designed to:

- Ensure follow-up of refugees with conditions identified during the overseas medical exam.
- Evaluate current health status and identify health problems not identified during or developed subsequent to the overseas exam (which may have been performed up to one year prior to departure for the U.S.).
- Ensure refugees are referred for follow-up to specialty and primary care, as indicated.
- Identify conditions with a potential to adversely affect effective resettlement.
- Initiate appropriate immunizations: childhood immunizations and immunizations required for all refugees to adjust status to become lawful permanent residents of the U.S.
- Provide orientation to the U.S. health care system, including education about the availability and appropriate utilization of health services.

There are two components to the U.S. Refugee medical screening protocol:

1. Review of Overseas Medical Examination

The overseas exam provides baseline medical information. Some refugees may come from areas where disease control, diagnosis and treatment have been lacking and the health care system and public health infrastructure have been interrupted for several years.

Because the overseas exam may be completed months before departure, the refugee may develop a communicable disease or other health condition after examination, but before arriving in the U.S.

2. Domestic Medical Screening

The domestic medical screening is designed to eliminate health-related barriers to successful resettlement of the refugee and protect the health of the U.S. population. The domestic medical screening includes a physical exam, testing or presumptive treatment for a variety of medical conditions, immunizations or serology testing for immunity and other screening activities. Screenings will identify medical conditions, treatment/ observation and follow-up of specific diseases that affect the general population, (e.g. Tuberculosis, Venereal Disease, and Hepatitis).

When available, the overseas medical screening evaluation will be reviewed by the medical provider at the initial domestic medical screening visit. This will include a review of the immunization records and other individual documents available.

All newly arriving refugees are eligible for federally funded Refugee Medical Assistance, (RMA) and the medical screening examination. In accordance with federal guidelines, refugee medical screening must be initiated within 90 days of entry into the U.S. in order for the provider to be reimbursed by RMA funds through the SCDSS Refugee Resettlement Program.

In South Carolina, low-income families with dependent children are eligible for limited medical exams/ screenings services through the Medicaid program. While applications for Medicaid are usually processed within 30 days, the SCDSS Refugee Resettlement Program has contractual agreements with qualified health care providers to provide medical screenings for all new arrivals within 30 – 90 days after arrival. Children may receive medical screening services through the Early and Periodic Screening, Diagnostic and Treatment program (EPSDT).

Due to lack of medical screening services for adults, South Carolina requested to use RMA funds for medical screenings performed during the first 90 days after a refugee's arrival in the U.S. If the medical screening occurs after 90 days for a family with children, and the provider accepts Medicaid for payment, all medical screening services allowable through Medicaid, will be billed to Medicaid. Medical screening is limited to

children in the family through the EPSDT program. All contracted agreements with medical screening providers include reimbursement rate for medical screening that will not exceed the Medicaid allowable rates or other approved rate for comparable services.

Medical screening providers must be a licensed physician, hospital, community health center, or clinic. A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants.

If the refugee does not speak English, multilingual and multicultural interpreters or language services will be available during the screening process.

Health care providers that receive federal funds are required to provide equal access to services under Title VI of the Civil Rights Act of 1964 - National Origin Discrimination Against Persons With Limited English Proficiency (LEP Guidance).

Medical screening services must be coordinated with Reception and Placement (R&P) services provided by the voluntary resettlement agencies. Lutheran Services Carolinas (LSC) and World Relief (WRS) are the R&P resettlement agencies in South Carolina. They are responsible for providing refugees with resettlement assistance upon their entry into the U.S. Assistance includes referral services, e.g., health, employment, and education. The R&P staff assist refugees in scheduling the initial medical screening.

Health care providers involved in the initial screening of refugees should have an understanding of, and be sensitive to, the psychological trauma refugees may have experienced in the migration process. It is essential providers understand that refugees may have been subjected to multiple stressors before migrating, while in flight, and, in many cases, during a temporary resettlement period prior to their arrival in the U.S.

Although these stressors may have a long-term negative impact on effective resettlement for some individuals, the treatment of mental health needs of refugees should not be the focus of the initial medical screening. The initial screening process can, however, serve as an opportunity for providers to discuss with refugees the potential psychosocial difficulties they may experience during resettlement, and to refer refugees with identified mental health concerns to trained experts for evaluation and treatment.

NOTE: Continuing long-term health care is not a part of the screening service although services may be continued with the same healthcare provider.

B. ELIGIBILITY OF REFUGEES FOR MEDICAL SCREENING PROGRAM

All newly arriving refugees are eligible for the medical screening. The provider, in partnership with the referring VOLAG, shall determine each individual's eligibility for the service. VOLAG staff will complete the referral form to schedule the medical screening appointment. The provider will obtain a copy of documentation issued to the refugee by

the U.S. Citizenship and Immigration Services (USCIS), such as the I-94. The documentation may also be used for identification.

Reimbursement Time Frame

To be eligible for reimbursement from the SCDSS Refugee Resettlement Program, the domestic health assessment must be initiated within 90 days of the refugee's entry into the U.S.

C. RESPONSIBILITIES OF REFUGEE MEDICAL SCREENING PROVIDERS

Refugee Medical Screening Program providers must:

1. Perform thorough medical screening services for all refugees scheduled for screenings. ORR's Domestic Medical Screening Guidelines Checklist will guide services.
2. Demonstrate clinical and staffing capacity as well as experience in providing medical screenings, in accordance with established protocols.
3. Be a licensed health care provider, such as a physician, hospital, community health center, or clinic. A nurse practitioner, physician assistant, public health or extended role nurse may conduct the exam, with maximal use of trained assistants, e.g., for blood pressure measurements, hearing or vision screenings.
4. Coordinate health-screening programs with reception and placement services provided by voluntary resettlement agencies (VOLAGs).
5. Prescribe or supply appropriate medications for infectious diseases and other conditions identified during the medical screening; provide immunizations indicated at the time of the health-screening visit, as recommended by ORR State Letter #12-09, Guidelines for US Domestic Medical Examination of Newly Arriving Refugees.
6. Make referrals for treatment and follow-up of acute and chronic conditions identified during the overseas and domestic medical screening needed to appropriate primary care providers or specialists for services that are not available on site.

Refugees should be referred to participating Medicaid specialty and primary health care services after the medical screening. When refugees are referred for specialty or primary care, the referring health care providers must be informed of the results of the initial medical screening. Follow-up care may be provided by the medical provider that performs the initial medical screening when possible.

7. Submit completed service invoices to SCDSS/RRP on a monthly basis no later than 15 days following the month services were performed. A copy of the medical screening results must accompany billing invoices.

8. Participate in refugee health meetings if needed and site visits conducted by SCDSS Refugee Services Program staff and the State Refugee Health Coordinator. During the site visits, providers must assure prompt access to all records and reports relating to the Refugee Resettlement Program. To do so, the health care provider must provide a disclosure form to its patients to have SCDSS staff access their records for its monitoring purpose. Records are the property of the provider agency. However, information pertaining to Refugee Medical Screening Program surveillance requirements must be accessible to SCDSS and the State Refugee Health Coordinator.

D. RESPONSIBILITIES OF THE STATE (SCDSS Refugee Resettlement Program)

The SCDSS Refugee Resettlement Program, in conjunction with the State Refugee Health Coordinator, will support the efforts of designated medical screening providers by furnishing technical assistance to enhance the effectiveness of the Program including, but not be limited to, the following areas:

1. Provide direction and training on medical screening forms and other materials as needed to medical screening providers regarding the Refugee Medical Screening Program.
2. Conduct on-site visits to ensure compliance with the terms of the agreement and the Program will also provide telephone and/or on-site technical assistance to providers as required.
3. Provide pertinent information, such as trends in morbidity that may be specific to ethnicity or country of origin, to be shared with medical screening providers and, as applicable, VOLAGs and other governmental and non-governmental groups, when needed.
4. Assist in the establishment of linkages between VOLAGs and refugee medical screening providers to ensure new arrivals' access to medical care.
5. Pay medical screening providers at established allowable rates based on the individual need for a completed medical screening. The amount cannot exceed the amounts authorized for each service performed as required.
6. Notify the medical screening providers immediately when a problem arises regarding the performance of duties as specified.

SC Medical Screening Providers and Services for FY 2016

Eau Claire Cooperative Health Centers, Inc. (FQHC)
1228 Harden Street Columbia
South Carolina 29204 -1800

Doctors Express of Columbia (Urgent Care)

3304 Forest Drive
Columbia SC, 29204

Doctors Express of Greenville (Urgent Care)
1467 Woodruff Road
Greenville, SC 29607-6505

Palmetto Primary Care Physicians
2500 Elms Center Rd
North Charleston, SC 29406

Middle Tyger Center (Medical care for uninsured & low income)
84 Groce Rd
Lyman SC, 29365

South Carolina Department of Health and Environmental Control (DHEC)
Midlands Region
2000 Hampton Street
Columbia, South Carolina 29204

Hope Health Community Health Center (FQHC)
600 E. Palmetto St.
PO Box 653
Florence, SC 29506

Spartanburg Regional Health Services (Laboratory Services)
101 East Wood Street
Spartanburg, SC 29303

Provisions for services through these providers are set forth in a contractual agreement for services based on ORR Medical Screening Guidelines Checklist. All services, including follow-up visits for a complete initial screening must be finalized within 90 days.

F. Refugee Medical Screening Cost and Reimbursements

The cost for refugee medical screening services will be reasonable and based on the State's Medicaid fee schedule or other rates established by Centers for Medicare and Medicaid Services - Calculated Anew for OR; State Clinical Lab Fee Schedule and the CDC Vaccine Price list. Fees for screening services are negotiated with providers to remain within allowable rates.

If the provider incurs an administrative cost or operational cost, a reimbursement will be allowed at no more than 15% of the total cost for screening services.

The estimated average cost for medical screenings for FY 2016 will be submitted on the

Activity	All	Adults	Children
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ORR-1 CMA Estimates.

SC REFUGEE MEDICAL SCREENING PROTOCOL ATTACHMENTS
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ORR's Domestic Medical Screening Guideline Checklist

SC Refugee Medical Screening Assessment Form

SC Refugee Medical Screening Activity & Codes

Medical Screening Explanation Guide – Attachment A

History & Physical Exam			
History (includes review of overseas medical records)	✓		
Physical Exam & Review of Systems (includes mental health, dental, hearing, and vision screening; nutritional, reproductive assessment; health education and anticipatory guidance, etc.)	✓		
Laboratory Test			
Complete Blood Count with Differential	✓		
Serum Chemistries	✓		
Urinalysis	✓		
Cholesterol		✓ In accordance with the US Preventive Services Task Force guidelines	
Pregnancy Testing		✓ Women of childbearing age; using opt-out approach	✓ Girls of childbearing age; using opt-out approach or with consent from guardian
HIV Testing	✓ Opt-out approach		
Hepatitis B Testing	✓		
Hepatitis C Testing		✓ Individuals with risk factors (e.g., persons who have body art, received blood transfusions, etc.)	✓ Children with risk factors (e.g., hepatitis C - positive mothers, etc.)
Blood Lead Level			✓ Children 6 months to 16 years
Syphilis Testing		✓	✓ Children 15 years or older; children under 15 years old with risk factors
Syphilis Confirmation Test		✓ Individuals with positive VDRL or RPR tests	✓ Children with positive VDRL or RPR tests
Chlamydia Testing		✓ Women ≤ 25 years who are sexually active or those with risk factors	✓ Girls 15 years or older who are sexually active or children with risk factors
Newborn Screening Tests ¹			✓ Within first year of life
Preventive Health Interventions & Other Screening Activities			
Immunizations ²		✓ Individuals with incomplete or missing immunization records	✓ Children with incomplete or missing immunization records
Tuberculosis Screening ³	✓		
Stool Ova and Parasite Testing ⁴		✓ Individuals who had contraindications to albendazole at pre-departure (e.g., women in the first trimester of pregnancy)	✓ Children who had contraindications to albendazole at pre-departure (e.g., under 1 year)
Strongyloidiasis Presumptive Treatment ^{2, 5}		✓ Individuals who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had contraindications at departure (e.g., pregnant) should be presumptively treated after arrival	✓ Children who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had a contraindication (e.g., <15 kg) at departure should be presumptively treated after arrival
Schistosomiasis Presumptive Treatment ^{2, 6}		✓ Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pre-existing seizures) that are not resolvable should be tested rather than treated	✓ Children from sub-Saharan Africa who had contra-indications to presumptive treatment at pre-departure (e.g., under 4 years)
Malaria Testing ^{4, 6}		✓ Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pregnant, lactating)	✓ Children from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., < 5 kg)
Vitamins		✓ Individuals with clinical evidence of poor nutrition	✓ All children 6-59 months of age; children 5 years and older with clinical evidence of poor nutrition

ORR's Domestic Medical Screening Guideline Checklist

¹ According to state standards; see: <http://genes-r-us.uthscsa.edu/resources/consumer/statemap.htm>

² Serological testing is an acceptable alternative

³ Tuberculosis screening may include IGRA or TST/PPD testing and/or chest x-ray

⁴ Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved

⁵ Ivermectin is the drug of choice, but is contraindicated in refugees from Loa loa endemic areas of Africa. In African refugees from Loa loa endemic areas, presumptive treatment is more expensive and complicated (e.g. high dose albendazole) and it may be more feasible to conduct serologic testing with treatment of those found to have infection

⁶ Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment.

SOUTH CAROLINA REFUGEE MEDICAL SCREENING ASSESSMENT

To Be Completed by Refugee Service Agency

TOTAL HEALTH ASSESSMENT

Last First Middle

Address: City: State: S.C. Zip:

County: Phone:

Alien Number: I-94 Status or other document (Give copy to provider):

Asylee Granted Date: / / Date of Arrival in U.S.A. / /

Initial Screening Date: / / Sponsor/Contact Person:

Provider Agency/County: / Telephone: ()

Country of Origin

SEX: Male ☐ Female ☐ Date of Birth / / Age

SCREENING STATUS: Screened ☐ Did not keep appointment ☐ Refused service ☐

Unable to locate ☐ Migrated before screening ☐ Screened by private provider ☐

Referred to other source ☐ Where

To Be Completed by Health Care Provider

BASIC MEDICAL SCREENING:

Medical History Review: Yes ☐ No ☐ Overseas Medical Records Review: Yes ☐ No ☐

Physical Examination: Height: _____ Ft _____ inch Weight: _____ lbs

	Normal	Abnormal	Treated	Referred
Blood Pressure	_____	_____	_____	_____
Pulse	_____	_____	_____	_____
Heart	_____	_____	_____	_____
Lung	_____	_____	_____	_____
Skin	_____	_____	_____	_____
ENT	_____	_____	_____	_____
Gross Vision	_____	_____	_____	_____
Gross Dental	_____	_____	_____	_____
CBC	_____	_____	_____	_____
Serum Chem.	_____	_____	_____	_____
Urinalysis	_____	_____	_____	_____ (age appropriate)
Cholesterol	_____	_____	_____	_____
Mental/ Emotional	_____	_____	_____	_____

Comments _____

Eff. 07/16/16 (previous version obsolete)

1

HEALTH RISK ASSESSMENT

Pregnancy Test: (Use opt-out approach) (Women of childbearing age; Girls of childbearing age – with guardian consent)

Yes ☐ No ☐

TUBERCULOSIS (TB) Screening: (All individuals)

Skin Test done: Yes ☐ No ☐ if "Yes" Date ____/____/____ or IGRA: Date ____/____/____

PPD reading: ____mm Did not return for PPD reading ☐

Overseas Chest x-ray Reviewed: Yes ☐ No ☐ Normal ☐ Abnormal ☐ Not Available ☐

CHEST X-Ray:

Yes ☐ No ☐

Result: Normal ____ Abnormal ____ TB Suspect ____

Active TB ____ Treated ____ Referred to DHEC ____

If No, reasons: Moved ☐ Refused ☐ Pregnant ☐ Not recommended ☐ Referred ☐

Comments: _____

BLOOD LEAD LEVEL & Multivitamin: (Children 6 months to 16 years): Tested Yes ☐ Treated ____/____/____

No ☐ Reason _____

STOOL OVA & PARASITES SCREENING: (Adults w/ symptoms; pregnant women and child under age 1 not treated prior to arrival)

Yes ☐ No ☐ Not Applicable ☐ Parasites present: No ☐ Yes ☐ Referred ☐

If Present, Parasites type: _____ Treated: Yes ☐ No ☐

Strongyloidiasis Test or Presumptive Treatment Yes ☐ No ☐ (Serological testing is an acceptable alternative)

Individuals who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had contraindications at departure (e.g., pregnant) should be presumptively treated after arrival; Children who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had a contraindication, weighing less than 15 kg at departure, should be presumptively treated after arrival.

Schistosomiasis Test or Presumptive Treatment Yes ☐ No ☐

(Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pre-existing seizures) that are not resolvable should be tested rather than treated; Individuals with symptoms; Children from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., under 4 years)

Comments: _____

SEXUALLY TRANSMITTED DISEASE (STD)

Syphilis Test (Include children 15 years old or older; Children under 15 years old with possible exposure) Yes ☐ No ☐ Not applicable ☐

Syphilis Confirmation Test Yes ☐ No ☐ (Individuals who test positive by VDRL or RPR; Children who test positive by VDRL or RPR)

Chlamydia & Gonorrhea Test Yes ☐ No ☐ (Women who are 25 years old or younger and are sexually active; Girls who are 15 years old or older and are sexually active)

Treated: Yes ☐ No ☐ Needs follow-up ☐

Comments: _____

HIV test: Use opt-out approach Yes ☐ No ☐ _____

HEPATITIS B: (All Individuals)

Screened for Hepatitis B: Yes ☐ No ☐

Test Results: Positive _____ Negative _____ Referred _____

Counseling on the Disease: Yes ☐ No ☐

Comments: _____

HEPATITIS C: Yes ☐ No ☐ (Individuals with risk factors (e.g., tattoos, blood transfusion, multiple sex partners; Children with risk factors (e.g., hepatitis C virus-positive mothers)

Comments: _____

Diagnostic Evaluation for Malaria: (Presumptive treatment is an acceptable alternative to testing, provided the contraindication has resolved. Currently, all sub-Saharan refugees without contraindications are receiving pre-departure treatment)

Yes ☐ No ☐ (Individuals with symptoms; Women who were pregnant or lactating pre-departure were not treated overseas and should be treated in the U.S.; Children weighing less than 5 kg pre-departure were not treated overseas and should be treated in the U.S.)

Comments: _____

IMMUNIZATIONS (Age Appropriate) If under age 18 refer to DHEC for immunizations

Immunization Records Review: Yes ☐ No ☐ Not Applicable ☐ Not Available ☐

Vaccines Administered: Document page 9 of I-693 (form expires 3/31/17) Follow-up Shots Required (Series)
Yes ☐ No ☐

Referred to DHEC: Yes ☐ No ☐

Comments: _____

FINDINGS OF CONDITIONS THAT NEED FURTHER EVALUATION/TREATMENT:

	Treated	Referred	Other
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Overall Comments: _____

Signature of Physician: _____ Date: _____

AUTHORIZATION FOR RELEASE OR USE OF PROTECTED HEALTH INFORMATION (PHI)

I, _____, hereby authorize _____
(Refugee Name) (Healthcare Provider)

to release my health screening information to the SCD55 Refugee Resettlement Program in order to facilitate invoicing, continuity of care and the refugee health demographic data collection.

By Signing below I understand that:

- This authorization shall expire 90 days from date of service or until revoked by me in writing, whichever comes first.
- I have the right to revoke or cancel this authorization at any time by providing notice in writing to this office.
- If I revoke or cancel this authorization, it is not effective for the use or disclosure of my PHI that has already occurred.
- I have the right to inspect or copy the PHI that will be used or disclosed as per authorization.

Signature: _____ Print: _____
Refugee or Authorized Representative/Parent/Guardian Refugee or Authorized Representative/Parent/Guardian

Date _____

Witness: _____ Signature _____ Witness: _____ Print Name _____ Date _____

Provider Representative Signature: _____ Date _____

_____, (Initials) Patient acknowledges receiving advice and understanding patient's rights, responsibilities, privacy practices and has been offered a copy of notice of privacy practices.

Attachment B - South Carolina Refugee Health Screening Fee Schedule 2015

Screening Activity & CPT Code	CPT/HCPCS Descriptors	2015 Payment	Source
History and Physical Exam # 1 on Attachment A			
99381	Infant (age younger than 1 year) Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient;	\$107.90	Centers for Medicare and Medicaid Services - Calculated Anew for ORR
99382	Early childhood(age 1 through 4 years) Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient;	\$112.66	Centers for Medicare and Medicaid Services - Calculated Anew for ORR
99383	Late childhood(age 5 through 11 years) Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient;	\$116.75	Centers for Medicare and Medicaid Services - Calculated Anew for ORR

Screening Activity & CPT Code	CPT/HCPCS Descriptors	2015 Payment	Source
History and Physical Exam # 1 on Attachment A			
99384	Adolescent (age 12 through 17 years) Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient;	\$131.73	Centers for Medicare and Medicaid Services - Calculated Anew for ORR
99385	Adult (Age 18 through 39 years) Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient;	\$128.32	Centers for Medicare and Medicaid Services - Calculated Anew for ORR
99386	Adult (Age 40 through 64 years) Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient;	\$148.74	Centers for Medicare and Medicaid Services - Calculated Anew for ORR
99387	Adult (Age 65 years and older) Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance /risk factor reduction interventions, and the ordering of laboratory /diagnostic procedures, new patient;	\$161.34	Centers for Medicare and Medicaid Services - Calculated Anew for ORR

Screening Activity & CPT Code	CPT/HCPCS Descriptors	2015 Payment	Source
99211	Nurse Visit - if no doctor visit, only nurse visit (e.g., for first or second screening day)	\$18.37	Medicare's Physician Fee Schedule
99213	Doctor Visit #2 - if doctor sees the patient again (e.g., doctor sees patient for initial screening visit and for follow-up)	\$66.12	Medicare's Physician Fee Schedule
CBC see # 2 on Attachment A			
85025	Complete CBC w/ WBC differential	\$8.45	SC Medicaid Clinical Lab Fee Schedule
Serum Chemistries [choose one] # 3 on Attachment A			
80047	Basic Metabolic panel	\$9.65	SC Medicaid Clinical Lab Fee Schedule
80048	Basic Metabolic panel	\$9.65	SC Medicaid Clinical Lab Fee Schedule
80053	Comprehensive metabolic panel	\$10.89	SC Medicaid Clinical Lab Fee Schedule
Urinalysis [choose one] See # 4 on Attachment A			
81000	Urinalysis	\$3.60	SC Medicaid Clinical Lab Fee Schedule
81001	Urinalysis	\$3.60	SC Medicaid Clinical Lab Fee Schedule
81002	Urinalysis	\$2.92	SC Medicaid Clinical Lab Fee Schedule
81003	Urinalysis	\$2.56	SC Medicaid Clinical Lab Fee Schedule
81005	Urinalysis	\$2.47	SC Medicaid Clinical Lab Fee Schedule
Cholesterol [may choose both] See # 5 on Attachment A			
82465	Total cholesterol	\$4.97	SC Medicaid Clinical Lab Fee Schedule
83718	HDL	\$9.33	SC Medicaid Clinical Lab Fee

			Schedule
Pregnancy Testing [choose one for women of child bearing age] See # 6 on Attachment A			
81025	Urine pregnancy test	\$7.21	SC Medicaid Clinical Lab Fee Schedule
84702	Chorionic gonadotropin test [quantitative]	\$11.60	SC Medicaid Clinical Lab Fee Schedule
84703	Chorionic gonadotropin assay [qualitative]	\$8.56	SC Medicaid Clinical Lab Fee Schedule
Blood Lead Level [choose 83655 for lead for children 6 mo- 16 years; and one or more of the nutritional tests if < 6 years] See # 7 on Attachment A			
83655	Assay of lead	\$13.79	SC Medicaid Clinical Lab Fee Schedule
83540	Assay of iron	\$7.39	SC Medicaid Clinical Lab Fee Schedule
82728	Assay of ferritin	\$15.53	SC Medicaid Clinical Lab Fee Schedule
85046	Reticyte/hgb concentrate	\$6.36	SC Medicaid Clinical Lab Fee Schedule
Multivitamins			
treat	Multivitamin	\$3 for one month supply***	
*** RMA reimbursement if basic multivitamin dispensed in office; N/A if prescription given;			
Hepatitis B Testing See # 8 on Attachment A (Choose 87340, 86704, and 86706 for adults; choose only 87340 for children < 18 years from low to intermediate endemicity areas)			
87340	Hepatitis b surface antigen EIA	\$11.24	SC Medicaid Clinical Lab Fee Schedule
87341	Hepatitis b surface antigen EIA if initial screen (87340) positive	\$11.24	SC Medicaid Clinical Lab Fee Schedule
86704	Hepatitis b core antibody total	\$10.93	SC Medicaid Clinical Lab Fee Schedule
86706	Hepatitis b surface antibody	\$12.25	SC Medicaid Clinical Lab Fee Schedule

Hepatitis C Testing See # 9 on Attachment A (Only test if from a high risk group)			
86803	Hepatitis c antibody	\$16.26	SC Medicaid Clinical Lab Fee Schedule
86804	Hep c antibody, confirm if initial screen (87340) positive	\$17.56	SC Medicaid Clinical Lab Fee Schedule
Stool O & P See # 10 a & b on Attachment A (test or treat ONLY if NO presumptive treatment with albendazole was given overseas; this applies to only a minority of refugees because all refugees are receiving presumptive treatment with albendazole, unless there is a contraindication)			
87177 x 2	Ova and parasites smears	\$10.14	SC Medicaid Clinical Lab Fee Schedule
treat	Albendazole	200mg x 3 = \$10*	
Strongyloidiasis Test [test or treat]			
86682	Helminth antibody	\$13.93	SC Medicaid Clinical Lab Fee Schedule
treat	Ivermectin	3mg x 5 (if 75 kg) = \$56*	
Schistosomiasis Test [test or treat]			
86682	Helminth antibody	\$13.93	SC Medicaid Clinical Lab Fee Schedule
treat	Praziquantel	600mg x 5 (if 75kg) = \$78*	
<i>* RMA reimbursement if medication dispensed in office; N/A if prescription given</i>			
Syphilis Screening	See # 11 on Attachment A		
86592	Syphilis test non-trep qual [VDRL or RPR]	\$4.87	SC Medicaid Clinical Lab Fee Schedule
86593	Syphilis test non-trep quant - (<i>if initial screen (86593) positive</i>)	\$5.01	SC Medicaid Clinical Lab Fee Schedule
Syphilis Confirmatory [only test if positive syphilis screening] See # 11 on Attachment A			
86780	Treponema pallidum [TP-PA; FTA; ELISA; IgG]	\$15.09	SC Medicaid Clinical Lab Fee Schedule

Screening Activity & CPT Code	CPT/HCPCS Descriptors	2015 Payment	Source
Chlamydia Testing [choose one test] See # 11 a on Attachment A			
87491	Chlamydia and gonorrhea DNA amplification probe	\$40.01	SC Medicaid Clinical Lab Fee Schedule
87270	Chylmydia DFA	\$13.67	SC Medicaid Clinical Lab Fee Schedule
87810	Chylamydia Immunoassay	\$13.67	SC Medicaid Clinical Lab Fee Schedule
87320	Chylmydia EIA	\$13.67	SC Medicaid Clinical Lab Fee Schedule
87110	Chlamydia culture	\$10.93	SC Medicaid Clinical Lab Fee Schedule
HIV Testing [choose HIV 1+HIV2 - e.g., combination screening test or separate HIV 1 AND a HIV 2 screening tests] See # 12 on Attachment A			
86701	HIV-1, antibody, rapid test	\$10.13	SC Medicaid Clinical Lab Fee Schedule
86702	HIV-2, antibody, rapid test	\$15.41	SC Medicaid Clinical Lab Fee Schedule
86703	Hiv-1/hiv-2 single result, antibody, rapid test	\$15.63	SC Medicaid Clinical Lab Fee Schedule
87390	Hiv-1 enzyme immunoassay (EIA)	\$20.11	SC Medicaid Clinical Lab Fee Schedule
87391	Hiv-2 EIA	\$20.11	SC Medicaid Clinical Lab Fee Schedule
86689	HTLV/HIV confirmatory test, antibody - <i>if screening test positive</i>	\$22.06	SC Medicaid Clinical Lab Fee Schedule
87534	Hiv-1 DNA direct probe	\$22.86	SC Medicaid Clinical Lab Fee Schedule
87535	Hiv-1 DNA amplified probe	\$40.01	SC Medicaid Clinical Lab Fee Schedule

Screening Activity & CPT Code	CPT/HCPCS Descriptors	2015 Payment	Source
HIV Testing continued [choose HIV 1+HIV2 - e.g., combination screening test or separate HIV 1 AND a HIV 2 screening tests] See # 12 on Attachment A			
87537	Hiv-2 DNA direct probe	\$22.86	SC Medicaid Clinical Lab Fee Schedule
87538	Hiv-2 DNA amplified probe	\$40.01	SC Medicaid Clinical Lab Fee Schedule
87536	Hiv-1 RNA quantative RT-PCR - <i>(in infants of HIV +mothers)</i>	\$97.00	SC Medicaid Clinical Lab Fee Schedule
87539	Hiv-2 RNA quantative RT-PCR - <i>(in infants of HIV +mothers)</i>	\$48.83	SC Medicaid Clinical Lab Fee Schedule
TB screening [choose one IGRA or TST] and [choose one CXR] See # 13 on Attachment A			
86480	Tb test cell immun measure [IGRA]	\$70.65	SC Medicaid Clinical Lab Fee Schedule
86481	Tb ag response t-cell susp	\$70.65	SC Medicaid Clinical Lab Fee Schedule
86580	TST/PPD reading	\$5.02	SC Medicaid Clinical Fee Schedule
71010	Chest x-ray, frontal	\$9.93	SC Medicaid Clinical Fee Schedule
71020	Chest x-ray, PA and lateral	\$13.65	SC Medicaid Clinical Fee Schedule
Malaria [choose one test or treat] See # 14 on Attachment A			
86750	blood smear [ELISA]	\$15.03	SC Medicaid Clinical Lab Fee Schedule
87899	Agent nos assay w/optic [RDT]	\$13.67	SC Medicaid Clinical Lab Fee Schedule
87207x3	Smear special stain	\$10.57	SC Medicaid Clinical Lab Fee Schedule
87798	Detect agent nos dna amp	\$40.01	SC Medicaid Clinical Lab Fee Schedule

treat	Atovaquone-Proguanil	250mg/100 mg x12 = \$105*	
*RMA reimbursement if medication dispensed in office; N/A if prescription given			
Serology and Immunization [may have various combinations of serologic testing and vaccinations] See # 15 on attachment A Children under age 18 are covered by State Medicaid - RMA will only cover immunization cost for adults			
Immunization [use state-specific Medicaid rates]			
90707	Measles, mumps and rubella virus vaccine (MMR), live	\$59.91	CDC Private Sector
90716	Varicella virus vaccine, live	\$100.67	CDC Private Sector
90714	Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for use in individuals seven years or older	\$24.22	CDC Private Sector
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for use in individuals 7 years or older	\$37.55	CDC Private Sector
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	\$65.03	CDC Private Sector
90636	Hepatitis A and hepatitis B (HepA-HepB), adult dosage, for intramuscular use	\$92.50	CDC Private Sector
90746	Hepatitis B vaccine, adult dosage, for intramuscular use	\$52.50	CDC Private Sector
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use	\$72.38	CDC Private Sector
90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent), for intramuscular use	\$117.41	CDC Private Sector
90736	Zoster (shingles) vaccine, live, for subcutaneous injection	\$187.89	CDC Private Sector
90656	Seasonal Flu	\$10.69	CDC Private Sector