

Refugee Resettlement Program
State Plan – FY 2018



HUMAN SERVICES
DEPARTMENT

State of New Mexico
Human Services Department

Susana Martinez
Governor

Brent Earnest
Secretary

Prepared By: Marilyn Newton-Wright
State Refugee Coordinator

State of New Mexico
Human Services Department

Refugee Resettlement Program
State Plan – FY 2018

As per Title 8, Chapter 119, Part 110, Paragraph 3B (8.119.110.3B) of the New Mexico Administrative Code (NMAC) and Executive Order 80-62 the New Mexico Human Services Department (HSD) has been designated as the single state agency responsible for administering the statewide refugee resettlement program. Within HSD, the administration of the program is vested in the Refugee Resettlement Program within the Work and Family Support Bureau (WFSB) of the Income Support Division (ISD).

The Refugee Resettlement Program, through the State Coordinator, is responsible for coordinating all aspects of ISD services to refugees, including the provision of publicly administered cash and medical assistance and the monitoring of the activities of all HSD contractors serving refugees in the furtherance of the State Plan. Marilyn Newton-Wright is the State Refugee Coordinator for New Mexico.

Approved:



Secretary
New Mexico Human Services Department

ADMINISTRATION

1. PURPOSE

The purpose of the New Mexico Refugee Resettlement Program (RRP) is to ensure the effective resettlement of refugees in the State of New Mexico through programs designed to meet one or more of the State's three major goals:

- A. To provide for the effective resettlement of refugees within the shortest possible time after entrance into the State using coordinated supportive services. Effective resettlement means the refugee's ability to access community resources to meet his or her basic needs related to employment, English Language Training (ELT), skills training, medical care, and social and cultural adjustments.
- B. To promote economic self-sufficiency for refugees within the shortest possible time after entrance into the State through employment and acculturation by the coordinated use of financial, medical, and supportive services. Economic self-sufficiency is gainful employment in:
 - 1) non-subsidized employment for at least 90-days; and
 - 2) receipt of a minimum wage; and
 - 3) employment that provides for basic economic needs of the person and family without reliance on public assistance.
- C. To protect the refugees and the community from infectious disease and health related issues during resettlement

2. DESIGNATED STATE AGENCY

The Governor has designated the New Mexico Human Services Department (HSD) as the State agency responsible for the administration and operation of the New Mexico RRP. The Secretary of HSD has assigned program responsibility to the Income Support Division (ISD) [45 CFR §400.5(a)].

3. APPOINTMENT OF STATE COORDINATOR

Marilyn Newton-Wright is the designated State Refugee Coordinator (SRC), [45 CFR §400.5(d)].

Work and Family Support Bureau
Pollon Plaza
P.O. Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-7266
Email: Marilyn.Wright@state.nm.us

4. STATE INTERNAL FISCAL CONTROL PROCEDURE

- A.** Fiscal control procedures, utilizing Generally Accepted Accounting Practices (GAAP), are employed to record and monitor all expenditures whether funds are allocated through the department for direct services or through contracted services.
- B.** HSD's Administrative Services Division (ASD) provides all estimates and RRP expenditure reports.
- C.** ASD reviews all contracts and expenditures. The ASD Grants Management Bureau and the New Mexico Department of Finance and Administration's Audit Bureau provide audits of funding and expenditures. Independent audits are required of all service contractors. The State Refugee Coordinator reviews and approves all contract expenditures prior to payment. ASD makes final authorization for payment after reviewing the invoice.

5. TECHNICAL ASSISTANCE AND TRAINING

The State Refugee Coordinator, through regular communication including telephone, e-mail, on-site visits, and regularly scheduled meetings, provides program information and technical assistance to contractors, ISD staff, and other agencies.

6. CONSULTATION BODIES

The New Mexico Refugee Advisory Committee (NMRAC) serves as the planning and coordinating body required in 45 CFR §400.5(h). NMRAC is composed of representatives from the agencies providing service to refugees, ISD, Lutheran Family Services, and the Department of Health. NMRAC meetings will be held quarterly in Albuquerque and serve as an advisor to the SRC and refugee service providers.

7. ASSURANCES

The State of New Mexico assures that all applicable requirements of 45 CFR 400 and 45 CFR 401 will be met [45 CFR §400.5(i) (2)]. This includes compliance with;

- A. The provisions of Title IV, Chapter 2, of the Immigration and Nationality Act [45 CFR §400.5(i)(1)] and official issuances of the Director of the Office of Refugee Resettlement (ORR), hereafter referred as the Director [45 CFR §400.5(i)(1)];
- B. All applicable Federal statutes and regulations in effect during the time that the State is receiving grant funding [45 CFR §400.5(i)(3)];
- C. The requirements to amend the state plan as needed to comply with standards, goals, and priorities as established by the Director [45 CFR §400.5(i)(4)];
- D. The requirement, as specified under 45 CFR §400.145(c), that refugee women have the same opportunities as refugee men to participate in all ORR funded services;
- E. The requirement, as specified under 45 CFR §400.5(g), that assistance and services funded under the State plan will be provided to refugees without regard to race, religion, sex, national origin, disability, and/or political opinion;
- F. The requirement, as specified under 45 CFR §400.5(h), that, unless exempted from this requirement by the Director, meetings will be convened, at least quarterly, with representatives of local refugee resettlement agencies, local community service agencies, and state agencies and local governments. The purpose of these meetings is to plan and coordinate the placement of refugees in advance of their arrival.
- G. The requirement that the State will use the same mediation/conciliation procedures that are used in the State Temporary Assistance for Needy Families (TANF) program; and
- H. The requirements that the State provide refugees with access to a hearing to contest adverse eligibility determinations, provide timely notice of hearings and use the hearing standards and procedures as set forth in 45 CFR §400.23, 45 CFR §400.54 and 45 CFR §400.83(b).
- I. The requirement that refugee program and populations are included in the state pandemic influenza emergency plan and other emergency operational plans.

8. EFFECTIVE DATE

The effective date of this State of New Mexico RRP Plan is October 1, 2017.

ORGANIZATION AND COORDINATION OF EFFORT

Consistent with the intent of the ORR, HSD has established a network of relationships within government and community organizations that seek to coordinate public and private efforts on behalf of refugees and to maximize the impact of services made available to refugees through the RRP.

1. WITHIN THE HUMAN SERVICES DEPARTMENT

The New Mexico RRP is administered within the ISD of the New Mexico HSD, a Governor's Cabinet level Department. ISD coordinates the State's efforts in assisting refugees to achieve the earliest possible economic self-sufficiency through employment by facilitating access to required services and supports. The administrative structure of HSD is represented by the HSD Organization Chart. See attachment 1.

ISD field offices are charged with providing eligibility processing for Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, the Low Income Home Energy Assistance Program (LIHEAP) and other public benefits as well as the Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) programs. This places ISD in a unique position to create and foster an environment in which refugees are able to access services they require during their initial resettlement period, have their participation monitored, and resolve issues that could lead to a disruption in the resettlement process.

The RRP utilizes the resources of a number of HSD divisions and bureaus to administer and manage the RRP:

- A. The Grants Management Bureau within ASD provides ISD with grant management and fiscal reporting support;**
- B. The Financial Accounting Bureau within ASD tracks all RRP expenditures and ensures the accuracy of fiscal reports;**
- C. The Contract Management Bureau within ASD assists in the development of contracts for the delivery of refugee social services;**
- D. The Budget Bureau within ASD assists the RRP with budget projections and cost estimates;**

- E. HSD's Office of General Counsel (OGC) helps to ensure that the policies and regulations proposed by ISD are consistent with the laws and regulations of the State of New Mexico and the United States Government;
- F. The Client Services Bureau in the Medical Assistance Division (MAD) develops Medicaid policy and medical service delivery procedures and regulations;
- G. The Policy and Program Development Bureau within ISD develops policies, procedures and regulations with respect to the delivery of TANF, SNAP, LIHEAP, RCA, and RMA;
- H. The Information Technology Division (ITD) within HSD manages the hardware and software used by ISD to administer the RRP;
- I. The Hearings Bureau within HSD's Office of Inspector General (OIG) establishes the rules for conducting fair hearings; and
- J. The OIG Internal Audit Bureau conducts internal audits.

2. BETWEEN HSD AND OTHER NEW MEXICO STATE DEPARTMENTS, LOCAL GOVERNMENTS, AND AGENCIES

HSD has developed a relationship with other departments within State and local government to facilitate the objectives of the RRP:

- A. New Mexico Department of Health (DOH) works closely with HSD to accomplish timely refugee health screenings, to disseminate health education materials within refugee communities, and to develop plans in response to health emergencies that may affect refugees in the State of New Mexico;
- B. The Children, Youth and Families Department (CYFD) provides childcare services;
- C. The Aging and Long Term Services Department (ALTSD) makes available supportive services that enhance independence to older refugees. Such services may include Meals-on-Wheels, mentoring and transportation assistance;
- D. The New Mexico Department of Work Force Solutions (NMDWS) provides employment and training services;
- E. Albuquerque Public School representatives work closely with the local resettlement agencies in the placement and progress of refugee children enrolled in public school as well as with the provision of pre and post school hour childcare services; and

- F. Local governments, particularly the City of Albuquerque, consult with both ISD and the local resettlement agencies regarding refugee placement issues so that the profiles of the refugees placed in the area are matched to available resources.

3. BETWEEN HSD AND LOCAL SERVICE PROVIDERS

HSD works with the local resettlement agencies to facilitate the coordination of services as funded by ORR. As part of this coordination, the local resettlement agencies work with newly arrived refugees during the first few days after arrival in New Mexico to develop an Individual Resettlement Plan (IRP), which includes the refugee's Individual Employment Plan (IEP). The local resettlement agencies then assist refugees to enroll in the services identified in his or her plan.

The local resettlement agencies assist refugees on how to navigate the enrollment process for RCA and RMA programs, which are administered through ISD. As required in 45 CFR§ 400.75, a referral to RCA is always coupled with a referral to the Refugee Employment Services Program administered through the local resettlement agencies. In some instances the applicant may be exempt from this requirement as described in the Financial Assistance section of this State Plan.

HSD works with the local resettlement agencies and other local service providers to enhance the level of coordination, scope, and quality of services made available to refugees served through the RRP. These efforts include assistance with securing funding for services, identifying weaknesses, and/or gaps in service, training, and program monitoring.

4. MUTUAL ASSISTANCE ASSOCIATIONS AND ETHNIC COMMUNITY-BASED ORGANIZATIONS

A focus of the State RRP is to encourage the formation of Refugee Mutual Assistance Associations (MAAs) and Ethnic Community-Based Organizations (ECBOs) to provide a wide range of supportive services to the local refugee community. A consensus between language experts, professional service providers and volunteer organizations suggests that English language skills are necessary in order to succeed in work, school, and the community. It is important to ensure that refugees, including refugees who are Limited English Proficient (LEP), are able to participate fully in job searches, the workforce, education, and workforce training programs. The State will assist in the development of MAAs and ECBO's and encourage them to:

- A. Identify and assess refugee populations and their needs in high impact areas, particularly the unemployed and illiterate refugee; provide counseling and make referrals to HSD,

ELT Projects and any other appropriate agencies. Provide follow-up support to service agencies;

- B.** Provide supplemental orientation programs to newly arrived, secondary migrant refugees, and the general refugee population in cooperation with HSD and the local refugee resettlement agencies; and
- C.** Assist refugee workers in providing interpretation services to existing mental health agencies to serve the mental health needs of the refugee population.

5. SPECIFIC STATE REFUGEE COORDINATOR RESPONSIBILITIES

The SRC is responsible for the administration of the ORR funded portion of the RRP and performs the following functions under the direction of the ISD Work and Family Support Bureau (WFSB) Chief:

- A.** Write the New Mexico Refugee Resettlement State Plan, and amend the plan, as needed [45 CFR §400.4];
- B.** Coordinate with ASD in the development of annual budget requests and quarterly budget revisions, as needed;
- C.** Oversee the development of Professional Service Contracts and General Services Agreements with local agencies and monitor the effectiveness of these contracts to ensure compliance with federal regulations;
- D.** Develop State RRP policy in coordination with ISD's Policy and Program Development Bureau and monitor programs to ensure compliance with state and federal regulations;
- E.** Assist MAD in developing appropriate policies and procedures for the provision of medical assistance to refugees and monitor the RMA program to ensure compliance with all federal regulations;
- F.** Facilitate the coordination of services and activities on behalf of refugees by State and local refugee service providers and community organizations as described in the New Mexico Refugee Resettlement State Plan;
- G.** Serve as the convener and administrator of the NMRAC;
- H.** Act as the State contact to federal, regional and national refugee organizations; and

- I. Provide public relations to enhance effective refugee resettlement in the State.

REFUGEE SOCIAL SERVICES

1. REFUGEE SOCIAL SERVICES PROGRAM (RSSP)

The New Mexico RSSP includes a variety of services designed to enhance employability, self-sufficiency, and self-reliance, involving public and private agencies. Within the categories of Employability Services [45 CFR §400.154] and Other Services [45 CFR §400.155] are specific programs that focus on employment, education, cultural orientation, ELT and acculturation.

A. Eligibility

The State of New Mexico will ensure that eligibility to receive Social Services and/or Targeted Assistance services are limited to the refugee population who, as provided in 45 CFR §400.150 and 45 CFR §400.152, have:

- 1) Provided documented proof, issued by the United States Citizenship and Immigration Services, of having or having held one of the refugee statuses as defined in 45 CFR §400.43
- 2) Resided in the United States for 60 months or less.
- 3) Referral, interpreter, citizenship, and naturalization services may be provided to refugees regardless of their length of residence in the United States.

B. Participation Requirements for RCA Recipients

- 1) A refugee receiving RCA will not be required to meet the work participation requirements of the NMW work programs [45 CFR §400.67]. However, requirements for RCA recipients, not exempted, include:

Participation in employability services program provided by the resettlement agency including:

- a. The development of an individual employability plan;
- b. Employment orientation services;
- c. Job development services;
- d. Job referral services; and

- e. Job placement services [45 CFR §400.154].
- 2) Participation in available social adjustment (acculturation) services or Targeted Assistance activities determined to be appropriate.
- 3) Participation in English Language Training (ELT) provided as a concurrent activity to other employment activities.

C. Priorities for Provision of Service

The State of New Mexico will comply with the established priorities for services, with the highest priority from top down as listed below [45 CFR §400.147]:

- 1) All newly arrived refugees during their first year in the U.S. who apply for services;
- 2) Refugees who are receiving cash assistance;
- 3) Unemployed refugees who are not receiving cash assistance; and
- 4) Employed refugees in need of services to retain employment or to attain economic independence.

D. Access to Refugee Social Services

The State of New Mexico has contracted with local resettlement agencies to implement the Refugee Social Services Program (RSSP). Potentially eligible refugees, asylees and Cuban/Haitian entrants will participate in the initial intake interview process with the resettlement agency. Family self-sufficiency plans and individual employability plans will be developed with refugees during an intake interview. Should services from State agencies be required to meet the specifications of the self-sufficiency or employability plans, case managers from the resettlement agency will facilitate referrals to the appropriate State agency and make copies of the plan(s) available to them at the time of the application.

2. EMPLOYABILITY SERVICES

A. Refugee Employment Program

The purpose of the refugee employment program, administered by the local resettlement agencies, is to promote economic self-sufficiency through employment within the shortest possible time after entrance for refugees, asylees and Cuban/Haitian. The job developers

with the resettlement agencies will develop job opportunities and refer qualified refugees to these positions. Emphasis on job readiness and employment will continue to be the first priority. The RSSP has the following objectives:

- 1) To provide job development activities in order to enhance the number of employment positions available for refugees;
- 2) To provide job coaching services and interview refugees to determine job needs and to refer refugees to jobs; and
- 3) To assist refugees to gain employment and achieve economic self-sufficiency as quickly as possible after arrival.

B. Employment Assessment and Counseling

- 1) Following the employability intake and assessment interview, the resettlement agency's case manager will compare the client's qualifications with jobs that have been developed with local employers. If no employment possibilities are readily available, the worker will conduct a search for appropriate job openings and contact other specialists and agencies for possible employment leads.
- 2) Once employment has been secured, the case manager will follow-up with the refugee's employer to determine if further assistance is needed.
- 3) HSD staff will monitor contracted agencies to ensure the coordination of employment and acculturation services is successful and to provide technical assistance as necessary.

C. English Language Training

In many instances, successful integration and employability depends upon on the acquisition of language and employment skills. Refugees are encouraged to continue their English Language Training (ELT) after employment is attained. Emphasis is placed on continued acquisition of English language skills as a means to increase employment and advancement opportunities.

The New Mexico State Adult Basic Education (ABE) system has the flexibility and resources to develop such courses throughout the State as needs arise. Monitoring and technical assistance capabilities of the New Mexico State Office of Education are valuable assets in ensuring quality educational services to the refugees. The ELT services are concurrent with employment services and are provided by the resettlement agencies.

The Educational Priorities for ELT are:

- 1) *Survival Orientation (Health, Housing, Home Management, Employment, etc.)*
Employment, cultural and community orientation concepts and understandings are vitally needed by the refugee upon his/her arrival in New Mexico. ABE proposed that these concepts and understandings should be provided to the refugees in their native tongue.
- 2) *Survival Speaking and Listening*
Standards of competency will be prescribed by the local program and monitored through periodic testing. Development of English language skills will assist in integration and employability for the refugee specifically in areas of consumer economics, health, community resources, government and law.
- 3) *Survival Reading and Writing*
Standards of competency will be prescribed by the local program and monitored through periodic testing. Additional emphasis will be directed toward language proficiency for passing the Citizenship Test that is required for Naturalization.
- 4) *Vocational Speaking, Listening, Reading, and Writing*
Standards of competency will be prescribed by the local program. Skills taught will enable the student to function effectively in society in the areas of employment. This level of English language training is employment specific and prepares the refugees to:
 - a. Understand basic instructions
 - b. Comprehend and complete job applications
 - c. Make interview appointments
 - d. Compete for promotions
 - e. Converse about past work experiences
 - f. Conduct job searches and read want ads
 - g. Write a resume and cover letter
 - h. Communicate with co-workers and supervisors
 - i. Handle criticism
 - j. Follow directions
 - k. Be assertive
 - l. Manage time and attendance
 - m. Learn job specific terminology

D. Case Management

Case management is conducted within the RSSP by local resettlement agencies to facilitate the refugees' utilization of appropriate programs and services that reduce barriers to early employment.

Case management begins soon after the refugee's arrival in New Mexico and focuses on:

- 1) Assessing refugees in regard to their need for services that can assist in overcoming barriers to early employment;
- 2) Developing with the refugee an individualized employment plan that includes referrals for services needed to enhance his/her employability. Such referrals may include accessing childcare services, ELT services, employment training services and skills recertification services;
- 3) Providing on-going case management to ensure that the refugee is accessing services and making progress through periodic contact with both the refugee and service providers; and
- 4) Documenting problems encountered by the refugee and revising his/her self-sufficiency and/or employability plans as appropriate.

E. Social Integration and Adjustment

The Department will work with the resettlement agencies, MAAs, local government agencies, and service providers in developing refugee social acculturation and adjustment programs.

- 1) Arriving refugees in New Mexico are faced with the difficult task of adjusting to American culture and a new way of life. Some of the most common issues in adjusting are: developing home management skills; a need for consumer and financial education; cultural integration; linguistic isolation; developing new skills to replace non-transferable job skills, and overcoming refugee trauma.
- 2) Through the utilization of various community resources, services will be offered to respond to the problem areas identified above, and, over time, these problems can be addressed and corrected. Some of these service methodologies are:
 - a. Volunteerism:

- i. Assisting community volunteers to provide mentoring support in developing coping skills for successful refugee resettlement; and
 - ii. Working cooperatively with other refugee related agencies and refugee volunteers, especially in areas where there is a shortage of funded refugee services.
- b. Recruiting successfully resettled refugees to mentor new arrivals by sharing their experiences in developing resettlement skills.
- c. Training and Education:
 - i. Professional training for refugees in home management skills and basic consumer and financial management skills;
 - ii. Consumer information on comparison shopping techniques; and
 - iii. Simple, language appropriate, leaflets and fact sheets that can be utilized by refugees to recognize and negotiate their way through daily activities including encounters with stores, banks, transportation systems, etc.

FINANCIAL ASSISTANCE

1. REFUGEE CASH ASSISTANCE (RCA)

The State of New Mexico takes the option to provide a publicly administered Refugee Cash Assistance (RCA) program as provided in 45 CFR §400.65 through 45 CFR §400.68.

The RCA program is administered by the HSD. HSD is also the State's TANF agency. The State's TANF cash assistance program is called New Mexico Works (NMW). Family Assistance Analysts (FAAs) employed by HSD spend time on all programs and are not designated specially to either RCA or TANF. In order to determine staff time for each program HSD uses a Cost Allocation Plan. Staff time is allocated based on the Time and Effort each designated employee spends on the program per pay period.

A. Coordination of Services

The provision of RCA is coordinated with the provision of other supportive services to facilitate an effective refugee resettlement process leading to the earliest possible employment and economic self-sufficiency. The local resettlement agencies begin by working with the refugee to develop an IRP. If RCA is called for, in the IRP the refugee's local resettlement agency will assist the refugee with the application process. The local resettlement agencies are responsible for monitoring progress and compliance with all

aspects of the IRP and for modifying the plan as progress and circumstances warrant. HSD is responsible for monitoring the resettlement agencies' activity in this regard.

B. Eligibility

Eligibility for RCA is limited to those applicants who are able to provide documentation, issued by the United States Customs and Immigration Service (USCIS) of having or having held one of the defined refugee statuses as defined in 45 CFR §400.43. RCA is time limited to the first eight months from the date of the refugee's lawful admission into the United States.

An applicant for asylum is not eligible for RCA assistance unless otherwise provided by Federal Law [45 CFR §400.44]. Any national of Cuba or Haiti who has an application for asylum pending with the U.S. Department of Homeland Security (DHS) and a final non-appealable and legally enforceable Order of Removal has not been entered, is eligible for RCA for a period of no more than eight months from the date of entry [Public Law 96-422].

1) Determination of Eligibility under other programs:

- a. Refugees applying for financial assistance must establish eligibility in the following priority [45 CFR §400.51];
 - i. The NMW program is the first choice; and
 - ii. The RCA program is the secondary choice.
- b. If there is a minor dependent in the family unit, the refugee family may qualify under the NMW program. RCA is for adults without minor children. Refugees applying for NMW must meet the same eligibility criteria as other non-refugee applicants with the exception of citizenship and enumeration.
- c. Refugees who are 65 years of age or older, or who are blind or disabled shall be referred to the Social Security Administration (SSA) to apply for cash assistance under the Supplemental Security Income (SSI) program [45 CFR §400.51(b)(1)(i)]. Refugees who are 65 years of age or older, or who are blind or disabled, and have been determined eligible for NMW or RCA shall be provided financial assistance until eligibility for SSI is determined, provided the conditions of eligibility for NMW or RCA continue to be met [45 CFR §400.51(b)(1)(ii)].
- d. The State shall promptly notify the local resettlement agency that provided for the initial resettlement of a refugee whenever the refugee applies for RCA [45 CFR §400.68(a)].

- 2) Such notification may be made verbally to the resettlement agency representative assisting the refugee in their application for assistance.
- 3) If the refugee applies for financial assistance without the assistance of a local resettlement agency, the State shall contact the refugee's local resettlement agency before processing the application to advise the agency of the refugee's intent to apply for financial assistance.
- 4) Eligibility for RCA is limited to those refugees who [45 CFR §400.53]:
 - a. Are new arrivals who have not resided in the U.S. for more than eight (8) months;
 - b. Are determined ineligible for NMW or SSI ;
 - c. Meet the immigration status and identification requirements establishing refugee status;
 - d. Are not full-time students of higher education; and
 - e. Meet the income eligibility standard established by the State.
- 5) Complete and signed applications shall be registered effective the date on which the application is received. Upon completion of the interview and receipt of required documentation the RCA application shall be processed. If RCA is approved the benefit start date shall be the date of application [45 CFR §400.66(e)].
- 6) The eligibility process for RCA shall be the same as for NMW and other State operated financial assistance programs [45 CFR §400.66(a)]. This includes the following:
 - a. The determination of initial and on-going eligibility;
 - b. The budgeting methods, including gross income, net income, and standard needs budget;
 - c. The treatment of income, assets and resources, including disregards;
 - d. The treatment of shelter, utilities and similar needs;
 - e. The determination of benefit amounts.

7) Refugee specific eligibility criteria:

- a. HSD may not consider any cash grant received by the refugee under the Department of State's or Department of Justice's Reception and Placement Programs in determining eligibility [45 CFR §400.66(d)];
- b. HSD may not consider any resources remaining in the refugee's country of origin in determining eligibility [45 CFR §400.66(b)];
- c. HSD may not consider a sponsor's income and resources to be accessible to the refugee solely because the person is serving as a sponsor [45 CFR §400.66(c)];
- d. HSD shall contact the refugee's local resettlement agency, or applicant's sponsor, concerning offers of employment and to inquire whether the applicant has voluntarily quit employment or has refused to accept an offer of employment within 30 consecutive days immediately prior to the date of application [45 CFR §400.68(b)]; and;
- e. HSD may grant exemptions from the employment registration and participation requirements of eligibility for RCA in accordance with the New Mexico Administrative Code (NMAC) 8.119.410.11E.

C. Emergency RCA Issuance

If an otherwise eligible refugee demonstrates an urgent and immediate need for financial assistance, the application will be processed with due diligence to expedite the initial RCA payment on an emergency basis [45 CFR §400.52].

D. Participation in the Refugee Employment Program

As a condition for receipt of RCA, an employable refugee must participate in the Refugee Employment Program as provided for under the Refugee Social Services section below [45 CFR §400.75(a)].

E. Sanction Procedures for Failure to Participate in the Refugee Employment Program

Unless determined exempt, in accordance with NMAC 8.119.410.11E, refugees are considered employable. When an employable refugee fails or refuses to comply with the requirements for work and training this individual will be considered to be in non-compliance and the following sanction procedure will be applied:

- 1) The Refugee Employment Services contractor(s) will provide counseling within seven days of notification to ensure the refugee understands the requirements for work and training and the effects of non-compliance.
- 2) If the employable refugee recipient continues to remain in non-compliance, the client will be sanctioned 30 days after the initial date of non-compliance. This sanction will be applied as follows:
 - a. A Notice of Adverse Action will be issued to the client and benefits will not be reduced or terminated until 13 days from the date on the adverse action notice.
 - b. The refugee's sponsor or the local resettlement agency shall be notified of the intended adverse action.
 - c. If the refugee regains compliance within 30-days after the initial date of non-compliance, benefits will continue without interruption.
 - d. If the employable refugee recipient remains in non-compliance he or she will be disqualified from financial assistance for a period of three months after the first occurrence. A second occurrence will result in disqualification from financial assistance for a period of six months. [45 CFR §400.82(c) (2)].
- 3) SNAP and medical assistance may be continued to the sanctioned refugee, provided the sanctioned refugee continues to meet the eligibility requirements of each program.

F. Notice of Department Action [45 CFR §400.54 and 45 CFR §400.82]

- 1) A recipient of RCA shall be sent, or provided, a written Notice of Adverse Action when benefits are reduced, suspend, or terminated. This notice will be provided at least 13 days prior to the effective date of the action. The written notice will clearly state the intended adverse action to be taken, the reasons for the action, and the right to request a fair hearing. The notice of adverse action will be written in English and translated by a designee of HSD, either in writing or verbally, in the native language of the refugee to ensure the content of the notice is effectively communicated to the refugee.
- 2) When a recipient of RCA is notified of terminated benefits due to having reached the time limit, the case must be reviewed to determine if circumstances have changed such that the recipient may be eligible for NMW or General Assistance (GA).
- 3) If the department action involves an overpayment, the overpayment will be referred to the Restitution Bureau of the HSD Office of Inspector General.

G. Hearings to Contest Adverse Department Actions

- 1) An applicant for, or a recipient of, RCA who receives an adverse eligibility determination shall be entitled to a fair hearing to contest the adverse action. Such hearings will be conducted in accordance with the procedures as outlined in the New Mexico Administrative Code (NMAC) Program Participation Hearings section.
- 2) If adverse determination is based upon the refugee's date of entry into the United States, and the date of entry is in question, then the local resettlement agency responsible for the initial resettlement of the refugee shall review the individual's immigration documentation, as provided by USCIS. The resettlement agency shall provide HSD with verification of the individual's correct date of entry into the US.

2. GENERAL ASSISTANCE PROGRAM

A refugee who has been in the U.S. longer than 8 months, is disabled, and is not eligible for NMW, shall be evaluated for State General Assistance (GA). The same policy and procedures will be followed as for all other GA applicants with the exception of the requirement for citizenship and enumeration.

GA provides temporary cash assistance to adults without minor children who are determined by Internal Review Unit (IRU) to have a physical or mental health disability that prevents the individual from engaging in employment or training. IRU also determines, based on the medical documentation provided, the length of time a person may receive GA before the individual's ability to engage in employment or training must be reevaluated. For this reason an individual may receive GA for a temporary condition or may receive GA for a permanent condition while they are in the process of applying for SSI.

MEDICAL ASSISTANCE

1. REFUGEE MEDICAL ASSISTANCE (RMA)

RMA is administered by HSD. RMA will cover at least the same services, in the same manner, and to the same extent as Full Medicaid Coverage.

2. COORDINATION OF SERVICES

The provision of RMA is coordinated with the provision of other supportive services to facilitate an effective refugee resettlement process leading to the earliest possible employment and economic self-sufficiency.

A. Eligibility

Eligibility for RMA will follow the regulations outlined in 8.249.500NMAC. Calculated gross income must be less than 185% of the standard of need. RMA is time limited to the first eight months from the refugee's date of arrival into the United States or, for asylees, eight months from the date of the Grant of Asylum.

All refugees wishing to do so will be provided with an opportunity to apply for medical assistance and the State will determine the eligibility of each applicant [45 CFR §400.93].

An applicant for RMA must provide proof, in the form of documentation issued by the USCIS, of having or having held one of the defined refugee statuses as defined in 45 CFR §400.43. Any national of Cuba or Haiti who has an application for asylum pending with the U.S. Department of Homeland Security (DHS) and a final non-appealable and legally enforceable Order of Removal has not been entered, is eligible for RMA for a period of no more than eight months from the date of entry [Public Law 96-422].

B. Determination of Eligibility under other programs

Effective January 1, 2014 refugees will be enrolled into the Affordable Care Act (ACA) expanded Medicaid programs. Most refugees will qualify for Medicaid under the new expanded programs. We anticipate that enrollment in RMA will be limited to individuals who lose eligibility for full family Medicaid due to earnings from employment in accordance with 45 CFR §400.104(b) and refugees over the age of 65 who do not qualify for expanded Medicaid and have not yet been approved for SSI. Refugees applying for medical assistance must establish eligibility in the following priority [45 CFR §400.94]:

- 1) Medicaid full benefit programs;
- 2) Medicaid alternative benefit programs;
- 3) Other Medicaid options currently in place in the State of New Mexico;
- 4) Refugee Medical Assistance.

C. Eligibility for Medicaid

- 1) Refugees applying for Medicaid and Children's Health Insurance Program (CHIP) **must** meet the same eligibility criteria as any other non-refugee applicants with the exception of citizenship and enumeration.
- 2) If a refugee loses eligibility for Medicaid due to earnings from employment the family will be transferred to Transitional Medicaid for a period of 12 months. If a refugee is receiving Medicaid and has been residing in the U.S. fewer than 8 months becomes ineligible for Medicaid due to earnings from employment, and is not eligible for Transitional Medicaid, the refugee must be transferred to RMA for the remainder of the 8 month eligibility period without an RMA eligibility determination [45 CFR §400.104(b)].

D. Eligibility for Refugee Medical Assistance (RMA)

Eligibility for RMA is not contingent on the refugee's application for or receipt of RCA [45 CFR §400.100 (c)] and is limited to those refugees who:

- 1) Are ineligible for Medicaid or CHIP;
- 2) Are new arrivals who have resided in the U.S. less than eight (8) months;
- 3) Are asylees who have received their Grant of Asylum no more than eight months prior to the date of application for RMA;
- 4) Meet the immigration status and identification requirements establishing refugee status; and
- 5) Are not full time students in institutions of higher education, except where such enrollment has been approved as part of the refugee's individual employment plan or plan for a refugee unaccompanied minor.

E. Eligibility Process

The eligibility process for RMA shall follow that of Medicaid and other State operated medical assistance programs [45 CFR §400.101 and 45 CFR §400.102]. This includes the following:

- 1) The determination of initial eligibility;
- 2) The budgeting methods, including gross income, net income, and standard needs budget;
- 3) The treatment of income, assets, and resources, including disregards;
- 4) The treatment of shelter, utilities, and similar needs; and
- 5) The determination of benefit amounts.

F. Refugee specific eligibility criteria are:

- 1) HSD may not consider in-kind services and shelter provided to an applicant by a sponsor or local refugee resettlement agency in determining eligibility for and receipt of RMA.
- 2) HSD may not consider any cash assistance payments provided to an applicant in determining eligibility for and receipt of RMA.
- 3) HSD will base eligibility for RMA on the applicant's income and resources on the date of application.
- 4) HSD may not use income averaging prospectively over the application period in determining eligibility for RMA.

G. Compliance with 45 CFR §400.94

- 1) To ensure compliance with the federal regulation governing the determination of eligibility for refugees applying for medical assistance, ISD and MAD jointly issued to all ISD field offices a "General Instruction" (GI), GI07-57, that clearly defines the policies and procedures for RMA determinations. A copy of the GI is provided as Attachment 2.

- 2) The SRC will ensure that annual training is provided on RMA eligibility to the ISD Trainers who are responsible for providing training to the Financial Assistance Analysts who determine benefit eligibility in the county offices.
- 3) All RMA intakes will be regularly reviewed by a supervisor at the ISD field office level and all newly approved RMA cases will be reviewed monthly by the SRC to ensure compliance with all regulations and procedures.

3. HEALTH SCREENING PROGRAM

All newly arrived refugees must be provided a health screening within the first 90 days after a refugee's initial date of entry into the United States [45 CFR §400.107(f)]. To best serve the refugee, the local resettlement agencies work with DOH to schedule the medical screening to take place within 30 days of arrival, or as soon as practicable. Prior to the scheduled screening DOH accesses the Center for Disease Control (CDC) Electronic Database Notification (EDN) to obtain copies or verify overseas medical records. DOH has found that customer may have incomplete or missing medical records and additional information regarding potential health needs may be gained from the EDN. DOH is also notified through EDN of refugees with tuberculosis infection and or abnormal chest x-rays that require further testing and follow-up.

HSD has arranged for all health screenings, including a mental health screening, to be conducted by DOH. A General Services Agreement (GSA) between HSD and DOH funded by CMA, is used to provide staffing and administrative costs. Medical expenses related to health screenings are billed to Medicaid, if the individual is Medicaid eligible. If the individual is not eligible for Medicaid, and receives RMA, expenses are billed to RMA. With the implementation of the Affordable Care Act (ACA) expanded Medicaid programs are provided in New Mexico. HSD projects that most medical costs related to health screenings will now be billed to Medicaid. HSD anticipates that there may still be individuals who remain Medicaid ineligible and medical costs related to health screenings for those individuals will be billed to RMA. HSD and DOH have reviewed ORR State Letter 12-09 and assure compliance with the medical screening and reimbursement framework defined therein. DOH has developed a Refugee Health Screening Protocol included in Attachment 3. Costs related to the provision of vaccinations and for testing are outlined in Attachment 4.

All refugee health screenings and associated data collection activities are conducted by a Registered Nurse (RN) employed by DOH and assigned to the Refugee Health Program in consultation with ISD.

When refugees are identified through the Health Screening process, or by virtue of an illness or condition previously identified during refugee processing, referrals for monitoring, treatment and appropriate follow-up are immediately made to local health care providers. The local

resettlement agency, as part of their Reception and Placement case management responsibility, assists in ensuring that the refugee cooperates with any treatment plan developed.

Sickle Cell Anemia has emerged as a health concern for refugees resettling in New Mexico. Testing for Sickle Cell Anemia has been incorporated into the most current Refugee Health Screening Protocol. Individuals testing positive for Sickle Cell Anemia will be provided with information regarding the condition and potential risks related to high elevation as well as referrals for treatment services. Sickle Cell tests that are provided as part of the NM Refugee Domestic Health Screening are covered through Medicaid. Under expanded Medicaid eligibility in NM, most if not all refugees qualify for coverage. NMDOH assures that Sickle Cell tests will not be paid using RMA funds.

Efforts are made to complete the refugee's health screening within the first thirty days after the date of arrival. This proactive approach to health screenings is intended to:

- A.** Prevent and control health problems of public health significance among refugees by providing follow-up treatment and ongoing monitoring that will rapidly reduce infectiousness and transmission of any identified disease.
- B.** Identify refugees infected with tuberculosis (TB), Latent TB Infection (LTBI) or other infectious or communicable diseases.
- C.** Identify and treat illnesses or conditions that might interfere with participation in the resettlement process, including the search for employment or attendance at school.
- D.** Provide mental health screenings to identify symptoms indicative of social/cultural adjustment problems and provide appropriate referrals.

LANGUAGE ASSISTANCE TO PERSONS WITH LIMITED ENGLISH LANGUAGE PROFICIENCY

1. NON-DISCRIMINATION

To ensure that refugees with limited English proficiency (LEP) are not discriminated against, HSD will comply with 45 CFR §400.55 as follows:

HSD Client Forms are currently available in both English and Spanish. Additionally, the Department will conduct an annual assessment of language assistance needs by the use of a survey of its existing and potential customer base for refugee services. HSD will survey refugee resettlement agencies and service providers to gather and provide statistical information on the refugee languages within the State. This survey will include, but may not be limited to, the local refugee resettlement agency, DOH, and the Albuquerque Public School District. The survey will assist in the following:

- A.** Identifying the languages encountered; and
- B.** Estimating the number of people eligible for services by each identified language group.

HSD will make available written policies for the RMA and RCA programs, including eligibility standards, duration, and amount of cash assistance payments, the requirements for participation in services, the penalties for non-cooperation, and client rights and responsibilities. For refugee language groups that constitute a small number of individuals, alternative methods, such as verbal translation as described below, will be employed to communicate HSD policies. When alternative methods are utilized, appropriate notations will be made in the case file. Further steps taken to ensure that persons with LEP are provided with non-discriminatory service include:

- A.** Interpreter services, provided by the resettlement agency, to assist in the initial reception and application for services. The local resettlement agencies are also contracted to provide interpreter services during the development of the refugee's employment plan.
- B.** Language identification cards are issued to the refugee and their family by the local resettlement agency. The ISD caseworker will identify the refugee's language needs in the case file for future reference.

- C.** The availability of interpretive services at all HSD office is required by HSD. A person with Limited English Proficiency (LEP) may request to utilize his or her own interpreter. HSD implements the following procedures in that instance:
- i.** If a refugee brings his/her own interpreter, the refugee shall be informed that he/she has the right to use an interpreter provided by HSD. If the refugee provides an interpreter who is not competent in the skill of interpreting, i.e. proficient in both languages and familiar with department terminology, to provide the refugee a clear and correct interpretation of verbal information and translation of the documents, HSD will provide an appropriate language interpreter.
 - ii.** If, after being informed of the right to a HSD provided interpreter, a refugee declines such services and requests the use of a family member or friend, the refugee may use the family member or friend, if the use of such a person will not compromise eligibility or violate the refugee's confidentiality. The caseworker will document the offer of a HSD interpreter and the declination for each contact in which the use of a HSD interpreter was declined.

2. LANGUAGE ACCESS

- A.** All refugees are provided a written notification of their right to have all documents and notices translated orally at no cost to them.
- B.** Written notices are computer generated by the State's eligibility system. These notices are mailed automatically to the customer from a centralized automated mailing system. The majority of these notices deal with eligibility determination, benefit level, change in benefits, and notice of rights to appeal. Currently, all notices are printed in English with instructions written in Spanish and Vietnamese regarding how to obtain further assistance. ISD is in the process of converting all client issued notices to be issued in both English and Spanish. These notices will retain instructions written in Vietnamese regarding how to obtain further assistance.
- C.** For refugee language groups that constitute a small number of individuals, alternative methods, such as verbal translation as described below, will be employed to communicate HSD policies. When alternative methods are utilized, appropriate notations will be made in the case file.
- D.** The Department maintains a list of bilingual staff within each local ISD office that identifies the staff with second language capabilities. If bilingual staff with the

appropriate language is not available at the local ISD office, the caseworker will employ the use of the CTS The Language Link.

3. STAFF TRAINING

Training on LEP requirements is included in HSD's New Employee training program:

- A. Refresher training is provided annually to all field staff.
- B. A Refugee Rights and Benefits Manual is being developed by the Refugee Coordinator.

4. COMPLIANCE MONITORING

- A. The Department will provide an annual monitoring of the language assistance provided to persons with LEP in accessing the refugee program and services.
- B. Refugees, refugee service providers, and advocates will be surveyed to assess the language assistance provided to persons with LEP.

CUBAN/HAITIAN ENTRANT PROGRAM

The State of New Mexico, HSD will apply the same standards and criteria to Cuban Haitian Entrants as are used in determining eligibility for cash, medical assistance, and social services for other eligible refugees with respect to Title V of the Refugee Education Assistance Act of 1980, [Pub. L. No. 96-422], and supporting regulations and directives of the ORR (ORR) at 45 CFR 400 and 45 CFR 401.

UNACCOMPANIED REFUGEE MINOR PROGRAM

New Mexico is not currently under contract with the ORR to resettle refugee minors through the Unaccompanied Refugee Minor Program (URMP). Should the need arise; New Mexico will implement the following protocols regarding the resettlement of unaccompanied refugee minors.

1. UNACCOMPANIED REFUGEE MINOR'S PROGRAM (REFUGEE FOSTER CARE)

A. Definition of an Unaccompanied Refugee Minor (URM)

- 1) A person who has not attained 18 years of age;
- 2) Who has entered the United States unaccompanied by a parent, a close non-parental adult relative, or an adult with a clear and court-verified claim to custody of the minor who is willing to take care for the child;
- 3) Is not destined to join a parent, close non-parental adult relative, or an adult with a clear and court-verified claim to custody of the minor who is willing to take care for the child; and
- 4) Has no parent in the United States.

B. Refugee Foster Care Services

HSD will establish an active ongoing foster parent program to furnish long-term foster care for unaccompanied refugee minor children. The HSD will contract with local agencies for foster care services for URM's [45 CFR §400.5(e)].

2. CONTRACTING

Under contract with HSD, an extensive program will be undertaken by the contracted agency(s) to monitor the adjustment of the minors into society. As youth become old enough and demonstrate self-reliance, they will be emancipated. They will be given educational opportunities and helped into employment, then supervised for a time in independent living before emancipation from the program.

3. ASSURANCES

HSD is committed to ensuring that children served in the URMP will receive the same services and supports as other children of the same age under the New Mexico Foster Care Program. This includes:

- A. Services meeting the child welfare standards, practices, and procedures;
- B. Foster care maintenance payments under Title IV-E of the Social Security Act, if the child is eligible under that program;
- C. Establishment of custody and legal responsibility. The State of New Mexico requires establishment of legal custody within 10 days of the minor's arrival;
- D. Recruitment, selection, and training of foster parents for their role in working with refugee children;
- E. Working to encourage ethnic association, mutual support, and support of the child's ethnic identity, values, and beliefs as well as assisting in their acculturation into American and New Mexico society through English Language Training and other activities; and
- F. Actively pursue family unification. However, contact with the child's parents or relatives in their native country may not be sought if such contact presents danger to relatives there.

4. MONITORING

The URMP will be monitored by HSD. Site visits will be made quarterly to conduct formal on-site reviews. The agencies will be responsible for conducting a complete annual fiscal audit. In addition, quarterly and year-end reports will be required.

5. REPORTING

The Refugee Unaccompanied Minor Placement Report (ORR-3) and the Refugee and Entrant Unaccompanied Minor Progress Report (ORR-4) will be completed by HSD and submitted to ORR. Trimester reports and monthly billings from the resettlement agency will be reviewed by the SRC for accuracy prior to authorization of contract payments.

MISCELLANEOUS

1. SPECIAL PROGRAMS

The State of New Mexico will seek the development of refugee programs in cooperation with local resettlement agencies local government entities, refugee service providers, MAAs, and refugees to address the needs of the refugee population. The State will actively seek or assist organizations or agencies in seeking funding for these projects through refugee formula and discretionary targeted assistance grants, as well as other public and private resources.

2. VOLUNTEERS

A host of volunteers representing neighborhoods, churches, and other informal associations provide continuing service and support to refugees at the local level. Thousands of hours are given by generous volunteers in assisting refugees to attain self-sufficiency and reach self-reliance goals.

EMERGENCY OPERATIONAL PLANNING

In the event of a public health crisis, because of an outbreak of pandemic influenza, DOH will implement its Emergency Operations Plan and will notify all its partner agencies of the guidelines it has issued in conjunction with the Center for Disease Control (CDC), the World Health Organization (WHO) and other professional organizations.

Upon receipt of such alerts and/or guidelines, ISD will notify the local resettlement agencies and begin the processes described above to inform and educate the refugee community of the steps being taken to prevent, control, and treat pandemic influenza.

Contact information for the individuals responsible for implementing and monitoring the activities conducted within the refugee communities in response to pandemic influenza are:

New Mexico Human Services Department -- Income Support Division

Marilyn Newton-Wright marilyn.wright@state.nm.us 505-827-7266
State Refugee Coordinator

Tashi Gyalkhar tashi.gyalkhar2@state.nm.us 505-827-1323
Staff Manager

New Mexico Department of Health

Eric Gregory eric.gregory@state.nm.us 505-476-8217
Bureau of Health Emergency Management

Kenny Vigil kennyc.vigil@state.nm.us 505-827-2619
Public Information Officer

Karen Gonzales karen.gonzales@state.nm.us 505-476-3076
Refugee Health Coordinator

Lutheran Family Services

Tarrie Burnett Tarrie.Burnett@lfsrm.org 505-933-7015
Sub-Office Program Director

James Horan James.Horan@lfsrm.org 303-217-5182
Vice-President - Refugee & Community Services

James Barclay Jim.Barclay@lfsrm.org 303-217-5830
President & CEO

HEARING PROCEDURES

The following are HSD's regulations governing the fair hearing process. These regulations apply to all programs administered by HSD including RMA and RCA [§400.23 & §400.54(b) (2)].

8.100.970.7 DEFINITIONS

- A. **Agency review conference (ARC):** means an optional conference offered by the department to households adversely affected by a department action that is normally held prior to a fair hearing. An ARC may be attended by all parties responsible for and affected by the adverse action taken by the department, including but not limited to, the ISD field office staff, the child support enforcement division (CSED), a New Mexico Works (NMW) representative and the household or its authorized representative for the purpose of informally resolving the dispute. The ARC is optional and shall in no way delay or replace the fair hearing process.

- A. **Authorized representative:** means an individual designated by a household to represent and act on its behalf during the fair hearing process. The household must provide formal documentation authorizing the named individual(s) to access the identified case information for a specified purpose and time frame. An authorized representative may be an attorney representing a person or household, a person acting under the authority of a valid power of attorney, a guardian ad litem, or any other individual(s) designated by the household.

- B. **Claimant:** means the household requesting a fair hearing that is claiming to be adversely affected by an action(s) taken by the department. [8.100.970.7 NMAC - N, 11/27/2013]

8.100.970.8 FAIR HEARINGS

- A. A household aggrieved by an adverse action taken by the department that affects the participation of the household in a department administered public assistance program may appeal the department's decision by requesting a fair hearing in accordance with federal and state laws and regulations. Medicaid recipients wanting to request a fair hearing due to termination, modification, reduction or suspension of services must do so in accordance with any applicable federal and state laws and regulations, including 8.200.430.12 NMAC and 8.352 NMAC, et seq.

- B. A household may designate an authorized representative to request a hearing on its behalf and to represent them during the fair hearing process. The claimant or his or her authorized representative must complete a request for access to a case record each time he

or she wishes to have access to the record outside what is provided to the claimant in the summary of evidence (SOE). If the claimant wishes to have his or her authorized representative review the record in his or her absence, the claimant must provide formal documentation authorizing the named individual(s) to access the identified case information for a specified purpose and time frame.

C. Hearing Rights: Each household has the right to request a fair hearing and:

- 1) To be advised of the nature and availability of a fair hearing and an ARC
- 2) To be represented by counsel or other authorized representative of the claimant's choice;
- 3) To receive reasonable assistance in completing procedures necessary to start the hearing process; and
- 4) To receive a copy of the SOE and any document contained in the claimant's case record in order to prepare for the fair hearing in accordance with Subsection B of 8.100.970.8 NMAC; the department shall forward the SOE and any other document(s) submitted to the fair hearings bureau for admission into the fair hearing record to the claimant's authorized representative once the department becomes aware that an authorized representative has been designated by the claimant;
- 5) To have a fair hearing that safeguards the claimant's opportunity to present a case;
- 6) To elect to continue to receive the current level of benefits provided the request for hearing is received by HSD before the close of business of the thirteenth (13th) day immediately following the date of the notice of adverse action; a claimant that elects to continue to receive the same level of benefit pending the fair hearing decision shall be informed that a hearing decision in favor of the department may result in an overpayment of benefits and a requirement that the household repay the benefits; a claimant may waive a continuation of benefits pending the outcome of the fair hearing;
- 7) To have prompt notice and implementation of the fair hearing decision; and
- 8) To be advised that judicial review may be invoked to the extent such review is available under state law.

D. Representation, Hearing and Appeals Costs: The department will neither provide representation for, nor pay for any costs incurred by a claimant or the authorized representative in preparation for, or attendance at an ARC, fair hearings or judicial appeals.

E. Notice of Rights:

- 1) At the time of application for assistance, the department shall inform each applicant of the applicant's right to request a fair hearing if the applicant disagrees with an action taken by the department. The applicant may choose to receive the notice by mail or in electronic format.
- 2) The notice shall inform the applicant of the procedure by which a fair hearing may be requested and that the claimant's case may be presented by the claimant or an authorized representative.
- 3) The department shall remind the household of its right to request a fair hearing any time the household expresses disagreement with an action taken on its case by the department.
- 4) Each county office shall post a notice of the right to request a fair hearing and an ARC, and a copy shall be given, upon request, to any person that has requested a hearing.
- 5) Each notice provided to a claimant pursuant to this section shall include a statement that free legal assistance, by an individual or organization outside of the department, may be available to assist with the fair hearing process.
- 6) A claimant may request special accommodations for a disability or a language or speech interpreter be available during a fair hearing or ARC. An interpreter or special accommodations shall be provided by the department at no cost to the claimant. A request for a language interpreter, a speech interpreter or other disability accommodation must be made within ten (10) days of the date of the fair hearing. If an interpreter or disability accommodations are not requested timely, the claimant can request postponement of the hearing in accordance with Subsection B of 8.100.970.10 NMAC.

F. Special Provisions Pertaining to Mass Changes: Special provisions apply in situations involving mass changes. These provisions are contained at 8.100.180.12 and 15 NMAC,

8.139.120.13 NMAC, 8.139.500.8 and 9 NMAC, 8.106.630.10 and 11 NMAC, 8.102.501.9 NMAC and 8.102.630.10 NMAC.

G. Continuing Benefit for Cash Assistance: If a claimant who is a cash assistance recipient requests a fair hearing before the close of business of the thirteenth (13th) day immediately following the date of the notice of adverse action, the claimant may elect to waive or continue receiving the same amount of cash assistance and services issued immediately prior to the notice of adverse action until a final decision is issued. If there is no indication that the claimant has waived a continuation of benefits, the department will assume a continuation of benefits is desired. The household is required to comply with the reporting and renewal provisions at 8.102.120 NMAC and 8.106.120 NMAC. Cash assistance recipients are to continue compliance with the NMW compliance requirements at 8.102.460 NMAC.

H. Continuing SNAP Benefits: If a claimant who is a SNAP recipient requests a fair hearing before the close of business of the thirteenth (13th) day immediately following the date of the notice of adverse action, the claimant may elect to waive or continue receiving the same amount of SNAP benefits issued immediately prior to the adverse action until a final decision is issued. If there is no indication that the claimant has waived a continuation of benefits, the department will assume a continuation of benefits is desired. The claimant is required to comply with the reporting and renewal provisions at 8.139.120 NMAC.

I. Continuing eligibility for a medical assistance program: If a claimant who is a recipient of a medical assistance program requests a fair hearing before the close of business of the thirteenth (13th) day immediately following the date of the notice of adverse action, the claimant may elect to waive or continue receiving the same medical assistance benefit issued immediately prior to the adverse action until a final decision is issued. If there is no indication that the claimant has waived a continuation of benefits, the department will assume a continuation of benefits is desired. If the hearing is regarding the termination, modification, reduction or suspension of medical assistance program services, a continuation of services is governed by all applicable federal and state laws and regulations, including 8.352 NMAC, et seq. [8.100.970.8 NMAC - Rp, 8.100.970.8 NMAC, 11/27/2013]

8.100.970.9 THE HEARING PROCESS

A. Initiation of the Hearing Process:

- 1) A request for a fair hearing can be made by the claimant or an authorized representative orally or in writing.
- 2) If a claimant requests a fair hearing orally, the department shall take such actions as are necessary to initiate the fair hearing process.
- 3) The fair hearings bureau shall promptly send written acknowledgement to the claimant and the authorized representative upon its receipt of a written or oral hearing request.

B. Time Limits:

- 1) A household or its authorized representative shall request a fair hearing no later than close of business on the ninetieth (90th) day following the date of the notice of adverse action. If the ninetieth (90th) day falls on a weekend, holiday or other day the department is closed, a request received the next business day will be considered timely.
- 2) The department shall assure that the fair hearing is conducted, a fair hearing decision is reached and the claimant and the authorized representative are notified of the decision within the specified program time limit set forth below, except in instances where the time limit may be extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.
 - a. **SNAP program:** The final fair hearing decision shall be issued to the claimant and the authorized representative within sixty (60) days from the date the department receives the hearing request unless extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.
 - b. **Cash assistance programs:** The final fair hearing decision shall be issued to the claimant and the authorized representative within ninety (90) days from the date that the department receives the hearing request unless extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.
 - c. **LIHEAP:** The final fair hearing decision shall be issued to the claimant and the authorized representative within sixty (60) days from the date that the department receives the hearing request unless extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.

C. Jurisdiction of the fair hearings bureau:

- 1) An applicant for, or recipient of, a department administered public assistance program may request a fair hearing, and the department's fair hearings bureau shall have jurisdiction over the matter, if:
 - a. An application for benefits or services is denied in whole or in part, or not processed timely;
 - b. Assistance or services are reduced, modified, terminated, suspended or not provided, or the form of payment is changed;
 - c. A good cause request for not participating in the work program or CSED is denied in whole or in part;
 - d. The department refuses or fails to approve a work program participation plan, or the supportive services related to it, that have been developed by a participant; or
 - e. The claimant is aggrieved by any other action affecting benefit level or participation in an assistance program administered by HSD.
- 2) Fair hearing requests submitted to the local county office shall be immediately forwarded to the fair hearings bureau for scheduling. The fair hearings bureau shall promptly inform the applicable local county office upon its receipt of a written or oral fair hearing request submitted directly to the fair hearings bureau to ensure timely scheduling of an ARC.

D. Denial or dismissal of request for hearing: The fair hearings bureau shall deny or dismiss, as applicable, a request for a fair hearing when:

- 1) The request is not received by the close of business on the ninetieth (90th) day following the date of the notice of adverse action; in instances where the fair hearings bureau schedules a hearing prior to becoming aware of the lateness of the fair hearing request, the fair hearings bureau shall, upon learning of the late request, promptly dismiss the matter and provide notice thereof to all parties;
- 2) The request for a fair hearing is withdrawn or canceled, either orally or in writing, by the claimant or claimant's authorized representative; if withdrawn orally, the claimant and the authorized representative shall be provided written verification of the withdrawal and given ten (10) calendar days from the date of the notification to request reinstatement of the hearing;
- 3) The sole issue presented concerns a federal or state law requiring an adjustment of assistance for all or certain classes of clients, including but not necessarily limited to a

reduction, suspension or cancellation of benefits, unless the reason for the hearing request involves alleged error in the computation of benefits (e.g. mass changes);

- 4) The claimant fails to appear, without good cause, at a scheduled fair hearing;
- 5) The same issue has already been appealed and a hearing decision made;
- 6) There is no adverse action or delay of benefits or services for which a fair hearing may be requested; or
- 7) The issue is one that the fair hearings bureau does not have jurisdiction as provided by federal or state laws and regulations;
- 8) Requests for fair hearings for medical assistance cases involving the termination, modification, reduction or suspension of services are governed by all applicable federal and state laws and regulations, including 8.352 NMAC, et seq.

E. Good Cause for Failing to Appear:

- 1) If the claimant or the claimant's authorized representative fails to appear for a fair hearing at the scheduled time and place, the claimant's appeal will be considered abandoned and the fair hearings bureau shall dismiss the matter, unless the claimant or authorized representative presents good cause. A claimant or authorized representative may present good cause for failing to appear to the scheduled fair hearing at any time no later than close of business on the tenth (10th) calendar day immediately following the scheduled hearing date. If the tenth (10th) calendar day falls on a weekend, holiday or other day that the department is closed, a request received the next business day will be considered timely. If good cause is submitted timely and permitted, the fair hearings bureau shall reschedule the hearing or, where appropriate, reinstate a matter previously dismissed.
- 2) If the department fails to appear due to circumstances beyond its control, the department may present good cause within ten (10) calendar days after the scheduled hearing. If good cause is submitted timely and permitted, the fair hearings bureau shall reschedule the fair hearing.
- 3) Good cause includes, but is not limited to, a death in the family, disabling personal illness, or other significant emergencies. At the discretion of the hearing officer, other exceptional circumstances may be considered good cause.
[8.100.970.9 NMAC - Rp, 8.100.970.9 NMAC, 11/27/2013]

8.100.970.10 PRE-HEARING PROCEDURE

A. Notice of Hearing: Unless the claimant or authorized representative requests an expedited scheduling of a fair hearing, the fair hearings bureau shall provide written notice of the scheduling of a fair hearing to all parties not less than ten (10) calendar days prior to date of the fair hearing. The notice of hearing shall include:

- 1) The date, time and place of the hearing;
- 2) The name, address and phone number of the hearing officer;
- 3) Information regarding the fair hearing process and the procedures to be followed by the respective parties;
- 4) The right of the claimant and the authorized representative to receive a copy of the SOE and any document, not specifically prohibited by federal and state law and regulation, contained in the claimant's case record in order to prepare for the fair hearing in accordance with Subsection B of 8.100.970.8 NMAC;
- 5) Notice that the appeal will be dismissed if the claimant or the authorized representative fails to appear without good cause;
- 6) Information about resources in the community that may provide free legal assistance with the fair hearing process; and
- 7) Notice that the department will not pay for any costs of the claimant or authorized representative, including legal counsel, that are incurred in the preparation for, or attendance at, an ARC, fair hearing or judicial appeal.

B. Postponement: A claimant or authorized representative is entitled to, and the fair hearings bureau shall grant, at least one postponement of a scheduled fair hearing. The department may request and be approved for one postponement at the discretion of the fair hearings bureau due to the unavailability of any department witness to appear at the scheduled fair hearing. Requests for more than one postponement are considered at the discretion of the fair hearings bureau, on a case-by-case basis. A request for postponement must be submitted not less than one (1) business day prior to the scheduled fair hearing, unless otherwise allowed by the fair hearings bureau, and is subject to the following limitations:

1. **SNAP and LIHEAP cases:** A postponement may not exceed thirty (30) days and the time limit for action on the decision is extended for as many days as the fair hearing is postponed.
 2. **Cash assistance cases:** The fair hearing may be postponed, but must be rescheduled to assure a final decision is made no more than ninety (90) days from the date of the request for fair hearing.
 3. **Medical assistance cases:** The fair hearing may be postponed, but must be rescheduled to assure a final decision is made no more than ninety (90) days from the date of the request for fair hearing. Fair hearings for medical assistance cases involving the termination, modification, reduction or suspension of services are governed by all applicable federal and state laws and regulations, including 8.352 NMAC, et seq.
 4. The fair hearings bureau shall issue notice of the rescheduling of a postponed fair hearing not less than ten (10) calendar days before the rescheduled date, unless oral agreements are obtained from all parties to reschedule the fair hearing with less notice in an effort to meet the required timeframes. Documentation of the oral agreement shall be maintained in the fair hearing record.
- C. Expedited Hearing:** Hearing requests from SNAP households, such as migrant farm workers that plan to move out of the state before the hearing decision would normally be made should be scheduled on an expedited basis.
- D. Group Hearings:** A hearing officer may respond to a series of individual requests for hearings by conducting a single group hearing. Group hearing procedures apply only to cases in which individual issues of fact are not disputed and where related issues of state or federal law, regulation or policy are the sole issues being raised. In all group hearings, the regulations governing individual hearings are followed. Each individual claimant is permitted to present the claimant's own case or to be represented by an authorized representative. If a group hearing is scheduled, any individual claimant may withdraw from the group hearing and request an individual hearing. The confidentiality of client records is to be maintained in accordance with federal and state laws and regulations.
- E. Agency Review Conference (ARC):** The department and the claimant are encouraged to meet for an ARC before the scheduled fair hearing to discuss the department's action(s) that the claimant has appealed. The ARC is optional and does not delay or replace the fair hearing process. An ARC will be held within ten (10) calendar days from the date of

the fair hearing request. If the claimant submits a hearing request to the field office, in person or by telephone, the ARC may, at the claimant's option, be conducted at that time.

An appeal may not be dismissed by the department for failure of the claimant or authorized representative to appear at a scheduled ARC.

- 1) The department shall send a written notice of the scheduled ARC to the claimant and authorized representative. The claimant may choose to receive the notice by mail or in electronic format.
- 2) An ARC may be attended by all parties responsible for and affected by the adverse action taken by the department, including but not limited to, the ISD field office staff, the CSED, a NMW representative and the claimant or its authorized representative.
- 3) The purpose of the ARC is to informally review the adverse action taken by the department and to determine whether the dispute can be resolved in accordance with federal and state law and regulation. The ARC is optional and shall in no way delay or replace the fair hearing process, unless the outcome of the ARC is the claimant withdrawing the fair hearing request.
- 4) For cases in which the household appeals a denial of expedited SNAP service, the ARC shall be scheduled within two (2) business days, unless the household requests that it be scheduled at a later date or does not wish to have an ARC.
- 5) A household may request an ARC in order to discuss an adverse action taken by the department against the household, regardless of whether or not a fair hearing is requested.

F. Summary of Evidence (SOE): An SOE shall be prepared by the department and submitted to the fair hearings bureau and the claimant and authorized representative no less than ten (10) calendar days prior to the date of the fair hearing. Failure to provide the SOE within the prescribed timeframe may result in its exclusion or a postponement or continuance of the hearing at the discretion of the hearing officer pursuant to Subsection B of 8.100.970.10 NMAC and Subsection D of 8.100.970.12 NMAC. Unless the hearing request is withdrawn by the claimant or authorized representative, an SOE shall be prepared and submitted in accordance with this paragraph, regardless of the results of an ARC. The SOE shall contain at least the following information:

- 1) Identifying information, including but not limited to, claimant's name, at least the last four digits of the claimant's social security number, the claimant's individual

identification number or case identification number, the claimant's last known address, and the type of assistance involved;

- 2) The issue(s) on appeal that outlines the adverse action taken by the department against the household;
- 3) Documentation in support of the department's adverse action, including any facts, information and department findings related to the fair hearing issue(s);
- 4) Applicable federal and state laws and regulations, internal department policy documents, and any additional supportive legal documentation; and
- 5) Results of the ARC, if completed at the time of submission of the SOE.

G. Availability of Information: HSD staff shall:

- 1) Allow the claimant and the authorized representative to examine the case record and provide the claimant and the authorized representative a copy of the SOE and any document, not specifically prohibited by federal and state laws and regulations, contained in the claimant's case record in order to prepare for the fair hearing in accordance with Subsection B of 8.100.970.8 NMAC; and
- 2) Provide accommodations for a disability or a language or speech interpreter in accordance with Paragraph (6) of Subsection E of 8.100.970.8 NMAC.
[8.100.970.10 NMAC - Rp, 8.100.970.10 NMAC, 11/27/2013]

8.100.970.10 HEARING STANDARDS

A. Rights during the fair hearing: The claimant or authorized representative shall be given an opportunity to:

- 1) Examine the SOE and case record prior to, and during, the hearing in accordance with Subsection B of 8.100.970.8 NMAC;
- 2) Present his or her case or have it presented by an authorized representative;
- 3) Introduce witnesses;
- 4) Establish all pertinent facts and circumstances;

- 5) Advance any arguments without undue interference; and
- 6) Question or refute any testimony or evidence, including an opportunity to confront and cross-examine the department's witnesses.

B. Hearing Officer: Fair hearings are conducted by an impartial official who:

- 1) Does not have any personal stake or involvement in the case;
- 2) Was not directly involved in the initial determination of the action which is being contested;
- 3) Was not the immediate supervisor of the worker who took the action that is being contested; and
- 4) May not discuss the merits of any pending fair hearing with anyone outside the fair hearings bureau, unless all parties or their authorized representatives are present.

C. Disqualification and withdrawal: If the appointed hearing officer had any involvement with the department action(s) being appealed, including giving advice or consulting on the issue(s) presented, or is related in any relevant degree to the claimant, the claimant's authorized representative, or ISD worker that took the action being appealed, the appointed hearing officer shall be disqualified as the hearing officer for that case. In addition, an appointed hearing officer shall, prior to the date of the fair hearing, withdraw from participation in any proceedings that the hearing officer determines that he cannot afford a fair and impartial hearing or where allegations of bias have arisen and have not been resolved prior to the deadline for a fair hearing decision to be issued pursuant to Paragraph (2) of Subsection B of 8.100.970.9 NMAC.

D. Authority and Duties of the Hearing Officer: The authority and duties of the hearing officer are to:

- 1) Explain how the fair hearing will be conducted to participants at the start of the hearing;
- 2) Administer oaths and affirmations;
- 3) Ensure that all relevant issues are considered during the fair hearing;

- 4) Request, receive and make part of the fair hearing record all evidence necessary to decide the issues being raised;
- 5) Regulate the content, conduct and the course of the hearing to ensure an orderly hearing; if a claimant, the claimant's authorized representative, any witness or other participant in the fair hearing refuses to cooperate or comply with rulings on the procedures and issues as determined by the hearing officer, or acts in such a manner that an orderly fair hearing is not possible, the hearing officer may take appropriate measures to ensure that order is fully restored so that the claimant's opportunity to fairly present his or her case is safeguarded; such measures shall include, but not be limited to, excluding or otherwise limiting the presentation of irrelevant evidence, or terminating the fair hearing and making the recommendation based on the record that has been made up to the point that the fair hearing was terminated;
- 6) Limit cross-examination that is repetitive or harassing;
- 7) Request, if appropriate, an independent medical assessment or professional evaluation from a source mutually satisfactory to the claimant and the department; and
- 8) Provide a fair hearing record and report and recommendation for review and final decision by the appropriate division director.

E. Appointment of Hearing Officer: A hearing officer is appointed by the fair hearings bureau upon receipt of the request for hearing.

F. Process: Formal rules of evidence and civil procedure do not apply to the fair hearing process. All relevant evidence is admissible, subject to the hearing officer's authority to limit evidence that is repetitive or unduly cumulative. Evidence that is not available to the claimant may not be presented to the hearing officer or used in making the final fair hearing decision, unless the unavailability of evidence was in accordance with federal and state laws and regulations.

- 1) **Confidentiality:** The confidentiality of client records is to be maintained in accordance with federal and state laws and regulations. Confidential information that is protected from release and other documents or records that the claimant will not otherwise have an opportunity to contest or challenge shall not be introduced at the fair hearing or affect the hearing officer's recommendation.

- 2) **Administrative notice:** The hearing officer may take administrative notice of any matter for which judges of this state may take judicial notice.
- 3) **Privilege:** The rules of privilege apply to the extent that they are requested and recognized in civil actions in New Mexico.
- 4) **Medical issues:** In a case involving medical care or a medical condition, the claimant waives confidentiality and both parties shall have the right to examine any medical documents that are admitted into evidence.
- 5) When the evidence presented at the fair hearing does not adequately address the relevant medical issues, additional medical information may be obtained at the discretion of the hearing officer. The additional medical information may include, but is not limited to, a medical evaluation or analysis obtained at the department's expense, from a source satisfactory to the claimant.

G. Motions: Motions shall be decided by the hearing officer without a hearing, unless permitted by the hearing officer upon written request of the department, the claimant or the authorized representative.

H. Burden of Proof: The department has the burden of proving the basis for its action, proposed action or inaction by a preponderance of the evidence.

I. Record of the fair hearing: A record of each fair hearing shall be made by the hearing officer, in accordance with the following.

- 1) The fair hearing proceedings, including testimony and exhibits, shall be recorded electronically.
- 2) The hearing officer's electronic recording shall be the official transcript of the fair hearing, and shall be retained by the fair hearings bureau in accordance with all federal and state laws and regulations.
- 3) The record of the fair hearing includes: the recorded fair hearing, including testimony and exhibits, any pleadings filed in the proceeding, any and all papers and requests filed in the proceeding, the report and recommendation of the hearing officer; and, the final fair hearing decision made by the division director. The fair hearing record will be maintained in the department's secure electronic data management system, but may be made available to the claimant or the authorized representative for copying and inspection at a reasonable time.

- 4) If a final fair hearing decision is appealed, a written verbatim transcript of the fair hearing shall be prepared by the department and a copy of the transcript shall be provided to the claimant or authorized representative, free of charge.
[8.100.970.11 NMAC - Rp, 8.100.970.11 NMAC, 11/27/2013]

8.100.970.12 CONDUCTING THE HEARING: A fair hearing is conducted in an orderly manner and in an informal atmosphere. The fair hearing is not open to the public. The fair hearing is conducted by telephone, unless the claimant or the authorized representative makes a special request for the fair hearing to be held in person and the request is justified by special circumstances, as determined by the hearing officer on a case-by-case basis.

- A. **Opening the Hearing:** The fair hearing is opened by the hearing officer who will explain the telephonic fair hearing procedures to all present at the fair hearing. The hearing officer will then explain his or her role in the proceedings, and that the final fair hearing decision on the issue(s) appealed will be made by the appropriate department division director after review of the hearing officer's report and recommendation, including the fair hearing record. On the record, the individuals present are asked to identify themselves, the order of testimony is explained, the oath is administered to all witnesses who will testify during the hearing, the issue is identified, and all pleadings, papers, and requests, including but not limited to, the SOE and any evidence being presented, will be identified and entered into the record with any objections handled in accordance with applicable federal and state laws and regulations.
- B. **Order of Testimony:** The order of testimony at the hearing proceeds as follows:
 - 1) Presentation of the department's case: The department will present its case and the evidence, including testimony and exhibits, in support of the adverse action taken against the household, and:
 - a) The claimant or authorized representative may cross-examine the department representative;
 - b) The hearing officer may ask further clarifying questions; and
 - c) if the department calls other witnesses, the order of examination of each witness is as follows:
 - i. Direct testimony by the witness(es);
 - ii. Cross-examination by the claimant or the authorized representative; and
 - iii. Examination or further clarifying questions by the hearing officer or, if requested, follow up questions from the department representative.

- 2) Presentation of the claimant's case: The claimant or the authorized representative will present its case and the evidence, including testimony and exhibits, in support of its position, and:
 - a) the department may cross-examine the claimant or the authorized representative;
 - b) the hearing officer may ask further clarifying questions; and,
 - c) if the claimant calls other witnesses, the order of examination of each witness is as follows:
 - Direct testimony by the witness(es);
 - Cross-examination by the department representative; and
 - Examination or further clarifying questions by the hearing officer or, if requested, follow up questions from the claimant or the authorized representative.
- 3) The claimant may offer evidence on the points at issue without undue interference, may request proof or verification of evidence or statements submitted by the department or its witnesses, and may present evidence in rebuttal.
- 4) The hearing officer may ask the parties to summarize and present closing arguments.

C. Written closing argument: If the claimant or the department is represented by legal counsel, the hearing officer may request that the closing argument be submitted in writing to the fair hearings bureau.

D. Continuance: The hearing officer may continue the hearing upon the request of either party, or on the hearing officer's own motion, for admission of additional testimony or evidence. A party seeking a continuance in order to obtain additional evidence must make a showing that the evidence was not available at the time of the hearing despite a reasonable attempt having been made to obtain it. The granting of a continuance is at the discretion of the hearing officer is subject to the same limitations set forth in Subsection B of 8.100.970.10 NMAC. The reason(s) for the continuance and if any oral agreements were reached in regards to the continuance shall be stated for the hearing record. The fair hearings bureau shall issue notice of the rescheduling of a continued fair hearing not less than ten (10) calendar days before the rescheduled date, unless oral agreements are obtained from all parties to reschedule the fair hearing with less notice in an effort to meet the required timeframes.

E. Additional documentary evidence: If the hearing officer requests additional documentary evidence based on testimony heard during the fair hearing, the hearing

officer may close the fair hearing but keep the record open subject to production of the additional evidence being submitted by a party or parties.

- 1) The hearing officer shall set a date and time for production of the requested evidence, not to exceed ten (10) calendar days; the party producing the additional evidence shall submit copies to the hearing officer and each party.
- 2) Within ten (10) calendar days of its receipt of the additional evidence, the non-producing party may submit a written response to the hearing officer and each party that will become part of the fair hearing record; or, the hearing officer may continue the hearing until such a date and time that the non-producing party may respond to the additional evidence on the record.
- 3) The hearing officer shall close the record at the close of business on the tenth (10th) calendar day following its receipt of the additional evidence.
- 4) The hearing officer may only request additional evidence pursuant to this paragraph if it will not result in a violation of the limitations set forth in Subsection B of 8.100.970.10 NMAC.

F. Re-opening a fair hearing: The hearing officer, at the hearing officer's discretion, may re-open a fair hearing when the evidentiary record fails to address an issue that is relevant to resolution of a fair hearing request. The fair hearing can only be re-opened if the parties have agreed to an extension of the timeframes in accordance with Paragraph (2) of Subsection B of 8.100.970.9 NMAC and the limitations set forth in Subsection B of 8.100.970.10 NMAC. Written notice of the date, time and place of the re-opened fair hearing is sent to the parties, not less than ten (10) days before the date of the re-opened hearing, unless oral agreements are obtained from all parties to reschedule the fair hearing with less notice in an effort to meet the required timeframes.
[8.100.970.12 NMAC - Rp, 8.100.970.12 NMAC, 11/27/2013]

8.100.970.13 FAIR HEARING DECISION: The final fair hearing decision shall be made by the appropriate department division director after review of the fair hearing record and the hearing officer's report and recommendation.

A. Hearing Officer Recommendation: The hearing officer reviews the record of the fair hearing and all appropriate regulations, and evaluates the testimony and evidence admitted during the hearing. The hearing officer submits the complete record of the fair hearing, along with the hearing officer's report and recommendation, in a standard format

to the appropriate division director(s) within fifteen (15) days of the hearing, or sooner, to ensure the timeframes set forth in Paragraph (2) of Subsection B of 8.100.970.9 NMAC are met.

B. Content of recommendation: The hearing officer specifies the reason(s) for all factual conclusions, identifies the supporting evidence, references the relevant federal and state laws and regulations, along with appropriate department policy and procedural guidance, and responds to the arguments of the parties in a written report and recommendation. The hearing officer shall submit a recommendation:

- 1) In favor of the claimant when the adverse action taken by the department is not supported by a preponderance of the evidence available as a result of the fair hearing;
- 2) In favor of the department when the preponderance of the evidence, available as a result of the fair hearing, supports the adverse action taken by the department is in accordance with federal and state laws and regulations; or
- 3) Any other result supported by the fair hearing record.

C. Review of recommendation: The fair hearing record and report and recommendation are reviewed by the appropriate department division director(s) or designee to ensure conformity with applicable federal and state laws and regulations.

D. Final decision: The hearing officer's recommendation may be adopted or rejected, in whole or in part, in a final written decision by the appropriate department division director. The final fair hearing decision shall be based solely on the fair hearing record as defined in Paragraph (3) of Subsection I of 8.100.970.11 NMAC. The final fair hearing decision must summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and relevant federal and state laws and regulations. No person who participated in the original action under appeal may participate in arriving at the final fair hearing decision. The final fair hearing decision becomes part of the fair hearing record.

E. Notice to claimant: The claimant, the authorized representative and the department shall be notified in writing of the final fair hearing decision and its effect on the benefits. If a claimant has an authorized representative, the authorized representative is mailed a copy of the final fair hearing decision. When a final fair hearing decision is adverse to the claimant, the decision shall include:

- 1) A statement that the claimant has exhausted all administrative remedies available;

- 2) The claimant's right to pursue judicial review of the final fair hearing decision; and
- 3) Information on how to file an appeal of the final fair hearing decision, the timeframe for filing an appeal and where the appeal may be filed.
[8.100.970.13 NMAC - Rp, 8.100.970.13 NMAC, 11/27/2013]

8.100.970.14 IMPLEMENTATION OF DECISION: Unless stayed by court order, the department's final fair hearing decision is binding on all issues that have been the subject of the fair hearing as to that claimant. The local county office is responsible for assuring that decisions are implemented within the timeframes specified below. The final fair hearing decision serves as advanced notice for changes in benefits or services.

A. Decision favorable to the department: If assistance or benefits have been continued the outcome of the fair hearing and the decision is favorable to the department, the department shall take immediate action to adjust the payment and submit a claim for the excess benefit amount(s) paid pending the outcome of the fair hearing.

B. Decision favorable to the claimant:

- 1) **Cash assistance programs:** When a fair hearing decision is favorable to the claimant, the department authorizes corrective payment. For incorrectly denied cases, corrected benefits are issued retroactively in the following manner:
 - a) To the date of adverse action or to the thirtieth (30th) day from the application date, whichever is earlier; or
 - b) To the first day of the month that the case is actually eligible for benefits;
 - c) For ongoing cases, the corrected cash assistance payments are retroactive to the first day of the month that the incorrect action became effective.
- 2) **SNAP:** Decisions that result in an increased benefit shall be reflected in the claimant's next authorized allotment. The final fair hearing decision serves as verification for increased benefits.
- 3) **Medical assistance programs:** When a fair hearing decision is favorable to the claimant and a case was incorrectly denied, corrected benefits are issued retroactively in the following manner:

- a) To the date of adverse action or to the thirtieth (30th) day from the application date, whichever is earlier; or
- b) To the first day of the month that the case is actually eligible for benefits;
- c) For ongoing cases, the corrected benefit is retroactive to the first day of the month that the incorrect action became effective;
- d) Fair hearings for medical assistance programs involving the termination, modification, reduction or suspension of services are governed by applicable federal and state law and regulations, including 8.352 NMAC, et seq. [8.100.970.14 NMAC - Rp, 8.100.970.14 NMAC, 11/27/2013]

8.100.970.15 JUDICIAL REVIEW:

A. Right of appeal: If a final fair hearing decision upholds the department’s original action, the claimant has the right to pursue judicial review of the final fair hearing decision and is notified of that right in the department’s final fair hearing decision.

B. Timeliness:

- 1) **SNAP, LIHEAP, general assistance (GA), and medical assistance programs:** Unless otherwise provided by law, within thirty (30) days of the issuance of the department’s final fair hearing decision, the claimant may appeal the final fair hearing decision by filing a notice of appeal with the appropriate district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.
- 2) **NMW:** Unless otherwise provided by law, within thirty (30) days of the issuance of the department’s final fair hearing decision, the claimant may appeal the final fair hearing decision by filing a notice of appeal with the court of appeals pursuant to the provisions of Section 27-2B-13 NMSA 1978.

C. Jurisdiction and standard of review:

- 1) The district court’s jurisdiction is defined by statute at Section 27-3-3 NMSA 1978 and Section 39-3-1.1 NMSA 1978. The court of appeals jurisdiction is defined by statute at Section 27-2B-13 NMSA 1978.
- 2) The court of appeals or district court may set aside, reverse or remand the department’s final fair hearing decision if it determines that:
 - a. The department acted fraudulently, arbitrarily or capriciously;
 - b. The final fair hearing decision was not supported by substantial evidence; or,

c. The department did not act in accordance with federal and state laws and regulations.

D. Benefits pending an appeal: If the court decides in favor of the claimant, the department must immediately act in accordance with the court's final hearing decision. If the decision is in favor of the department, the department shall take any and all appropriate actions in accordance with Subsection A of 8.100.970.14 NMAC and 8.100.640 NMAC.

E. Effect of appeal: If the court of appeals decides in favor of the claimant, the HSD office of general counsel immediately notifies the county office as to the appropriate benefit issuance and adjustments, if any. If the decision is in favor of HSD, and a reduction has been pending the decision on appeal, an overpayment claim retroactive to the date the change should have been made is filed.

F. Appealing the appellant court's decision:

- 1) SNAP, LIHEAP, GA and medical assistance programs: A party to the appeal to district court may appeal the district court's decision by filing a petition for writ of certiorari with the court of appeals, which may exercise its discretion to grant review. A party may seek further review by filing a petition for writ of certiorari with the supreme court. Section 39-3-1.1 NMSA 1978.
- 2) NMW: A party may seek further review by filing a petition for writ of certiorari with the supreme court.
[8.100.970.15 NMAC - Rp, 8.100.970.15 NMAC, 11/27/2013]

History of 8.100.970 NMAC:

History of Repealed Material: 8 NMAC 3.ISD General Provisions, filed 12/30/1994 - Repealed effective 7/1/1997

8.100.970 NMAC Oversight - Program Participation Hearings, filed 3/26/2001 - Repealed effective 11/27/2013

CONTACTS

ISD/HSD

Marilyn Newton-Wright
State Refugee Coordinator
marilyn.wright@state.nm.us

Tashi Gyalkhar
WFSB Staff Manager
tashi.gyalkhar2@state.nm.us

Department of Health

Eric Gregory
Bureau of Health Emergency
Management
Eric.Gregory@state.nm.us
505-476-7842

Lutheran Family Services

Tarrie Burnett
Sub-Office Director
Tarrie.Burnett@lfsrm.org
505-933-7032

Kenny Vigil
Public Information Officer
Kennyc.Vigil@state.nm.us
505-827-2619

James Horan
Vice-President
Refugee & Community Support
James.Horan@lfsrm.org
303-217-5182

Karen Gonzales
Refugee Health Coordinator
Karen.Gonzales@state.nm.us
505-476-3076

James Barclay
President & CEO
Jim.Barclay@lfsrm.org
303-217-5830



New Mexico Human Services Department

HSD Programs

Brent Earnest
Secretary
(505) 827-7750

September 2016

Sean Pearson
Deputy Secretary
(505) 827-7750

Michael Nelson
Deputy Secretary
(505) 827-6298

Child Support Enforcement Division
Laura Galindo
Director
(505) 827-7728

Income Support Division
Mary Brogdon
Acting Director
(505) 827-1300

Behavioral Health Services Division
Wayne Lindstrom
Director
(505) 476-9295

Medical Assistance Division
Nancy Smith-Leslie
Director
(505) 827-6253

- Child Support – Establishment
- Child Support – Enforcement
 - Bench Warrant Project
 - Specialized Enforcement
 - *Fresh Start Program* Arrears Management
 - Medical Support Notices
 - New Hires Reporting
 - Paternity Establishment Services
- 12 County Offices
- 2 Satellite Offices

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- General Assistance (GA)
- Low Income Home Energy Assistance Program (LIHEAP)
 - The Emergency Food Assistance Program (TEFAP)
- Refugee Resettlement Program
- Community Services Block Grant (CSBG)
- 36 Field Offices

- Substance Abuse & Mental Health block grant
 - Prevention & treatment services
 - Co-occurring disorder services
 - Sexual assault services
 - Specialized women's services
 - Office of Consumer Affairs
 - Staffs the Behavioral Health Planning Council
 - EBP Training & Technical Assistance

- Medicaid - Managed Care & Fee For Service
 - 54 total Medicaid categories of eligibility
 - Centennial Care
 - School Based Health Services
 - Working Disabled Individual Program (WDI)
 - Home & Community Based Services
 - Breast and Cervical Cancer Program



New Mexico Human Services Department

Bill Richardson, Governor
Famela S. Hyde, J.C., Secretary

Income Support Division
PO Box 2348
Santa Fe, NM 87501-2348
Phone: (505) 827-7250, Fax: (505) 827-7203

INCOME SUPPORT DIVISION INTERDEPARTMENTAL MEMORANDUM

ISD-GI 07- 57
DATE: September 18, 2007

TO: ISD Staff

FROM: Fredrick Sandoval, Director, Income Support Division
Carolyn Ingram, Director, Medical Assistance Division

RE: Eligibility Determinations for Refugee Medical Assistance (Category 049)

The U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) has notified us that the current procedures used for determining eligibility for Refugee Medical Assistance (RMA) Category 049, are not in compliance with 45 CFR 400.94, the regulation governing RMA eligibility determinations.

RMA (Category 49) is not funded through Medicaid. It is funded through a grant from ORR and therefore RMA should be the medical coverage of last resort. ORR regulations specify that each family member receive an individual Family Medicaid and/or State Children's Health Insurance Program (SCHIP) eligibility determination and only those individuals found ineligible may then be considered for RMA eligibility.

To insure compliance with federal regulations and NMAC 8.249.400.9 which requires that "to be eligible for refugee medical assistance, a refugee must not be eligible for Medicaid under any other category," effective immediately, all field staff must follow the following procedure when determining eligibility for RMA:

1. An applicant must present documentation issued by the U.S. Department of Homeland Security (DHS) Customs and Immigration Service (USCIS) or its predecessor agency the Immigration and Naturalization Service (INS) of one of the following immigration statuses as a condition of eligibility:
 - a. Paroled as a refugee or asylee under section 212(d)5 of the Immigration and Naturalization Act (INA);

Access • Quality • Accountability

- b. Admitted as a refugee under section 207 of the INA;
 - c. Granted asylum under section 208 of the INA;
 - d. Cuban and Haitian entrants in accordance with 45 CFR part 401;
 - e. Victims of Severe forms of Human Trafficking who present Letters of Certification from ORR;
 - f. Certain Amerasians from Vietnam who are admitted to the U.S. as Immigrants pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Act of 1988;
 - g. Persons admitted for permanent residence, provided the individual previously held one of the statuses identified above.
2. Each individual member of a family unit applying for medical assistance must first be assessed for eligibility for Family Medicaid (Category 72) and/or Category 32 including the State Children's Health Insurance Program (SCHIP) before eligibility for RMA is determined.
 3. If there is no Family Medicaid eligibility but a child is eligible for Category 32, this case must be registered and approved for Category 32 along with a Category 049 for the adult household members. Remember that a child enrolled in Category 32 must be a nonmember of Category 049 cases.
 4. Those found ineligible for Medicaid or Category 32 including SCHIP must then be assessed for RMA eligibility utilizing the current procedures.
 5. Case files for all RMA applicants must contain documentation that the assessment for Medicaid and Category 32 including SCHIP eligibility was completed as part of the initial intake.
 6. Remember to open a Medicaid Category 28 when a Medicaid Category 72 case is closed due to income.

If there are questions regarding the Refugee Medical Assistance Program contact Norman Levine (norman.evine@state.nm.us), or by phone at (505) 827-1343.

Access • Quality • Accountability

New Mexico Department of Health

Public Health Division

**Refugee Health Protocol
and Standing Orders for Public
Health Division Nurses**

January 2015

58

Table of Contents

INTRODUCTION	4
Section 1 Hepatitis Screening	8
Section 2 HIV Screening	9
Section 3 Immunization Assessment	10
Section 4 Intestinal Parasite Treatment	12
Section 5 Lead Screening	13
Section 6 Malaria Screening	14
Section 7 Mental Health Screening	15
Section 8 Nutritional Assessment	15
Section 9 Pregnancy Screening	16
Section 10 Sexually Transmitted Infection Screening	16
Section 11 Sickle Cell Screening	17
Section 12 Tuberculosis Screening	18
Section 13 Standing Orders For Assessment And Referral For Other Health Conditions	19
References	20
Appendices	21

List of Appendices

	TITLE	PAGE
A.	NMDOH Refugee Health Domestic Screening Guidelines	21
B.	Adult Testing and Immunization Risk Group	23
C.	Interchangeability Schedule for Adult Twinrix and Adult Monovalent Hepatitis A and Hepatitis B Vaccine	24
D.	Treatment Schedules for Presumptive Parasitic Infections for U.S.- Bound Refugees, Administered by IOM – May 2013	25
E.	CDC Fact Sheet: What You Should Know About Sickle Cell Disease	26
	Clinical Protocol/Manual Approval Sheet	28
	Acknowledgement and Receipt of New/Revised Clinical Protocol	29

INTRODUCTION:

There are over 50 million refugees and internally displaced people around the world. The Health and Human Services Office of Refugee Resettlement (ORR) provides fiscal support to state and local governments and volunteer refugee resettlement agencies (VOLAGs) to promote self-sufficiency among refugees through access to mainstream services such as housing, healthcare, and social services during the initial eight months of arrival into the United States (U.S.).

Refugees enter the U.S. at Centers for Disease Control and Prevention (CDC) ports of entry around the country. Relocation to Albuquerque, or elsewhere, occurs with the assistance of designated VOLAGs, such as Catholic Charities and Lutheran Family Services in New Mexico. Most refugees receive their health screening at the Southeast Heights Public Health Office (SEH PHO) in Albuquerque, which is located in the Public Health Metro Region. Refugees may choose to resettle in other areas of NM. In this case, the local PHO would be responsible for the screening. The Refugee Health Program (RHP), the refugee health nurse at the SEH PHO, and the Refugee Health Mental Health Coordinator (RHMHC) should be contacted for consultation.

The Refugee Health Program works collaboratively with the NM Human Services Department, volunteer resettlement agencies, and Public Health Offices to ensure that newly-arrived refugees have access domestic medical screening, comprehensive mental health services, culturally and linguistically appropriate language interpretation, translation of relevant written materials, and transportation to and from health/mental health screening. The health screening should take place within the first 30 days after arrival to New Mexico.

Definitions

There are several types of immigrant classification that are eligible for refugee health screening. These include:

1. **Refugee:** A person granted refugee status while residing abroad because he/she was unable to return to his/her native land because of past persecution or a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group. Each year, the President, in consultation with Congress, determines the number of refugees who may be admitted to the U.S. from overseas. The State Department, in cooperation with VOLAGs, facilitates the legal entry of these refugees to the U.S. after they have been granted refugee status by the Department of Homeland Security.
2. **Asylee:** An individual who, while physically present in the U.S., has been granted asylum by an United States Citizenship and Immigration Service (USCIS) asylum officer or an immigration judge, as a result of a fear of returning to his/her native land because of past persecution or a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group. U.S. policy, in accordance with relevant international law, recognizes that persons fleeing persecution must often rely on irregular means of escape and

may lack proper documents for arrival in a country of asylum. Like refugees admitted from overseas, persons granted asylum must meet the U.S. refugee definition, based on persecution. Persons granted asylum, known as "asylees", are eligible for permanent residence and eventual citizenship.

3. **Cuban/Haitian Entrant:** Any individual from Cuba or Haiti granted parole status as a Cuban/Haitian Entrant (status pending) or granted any other special status subsequently established, or any Cuban National who enters the U.S. at any location other than Miami, FL. and placed by Immigration and Customs Enforcement (ICE) into Section 240 proceedings.
4. **Iraqi or Afghan Special Immigrant (S.I.V.):** An Iraqi or Afghan translator or other employee of the U.S. military or government agency who is admitted to the U.S. for Lawful Permanent Residence as a result of a threat to their well being if they remain in their homeland. These Special Immigrants are eligible for the Refugee Resettlement Program as a result of an Act of Congress. This population arrives without any copies of the overseas medical exam. They are issued a green card before arrival to the United States.
5. **Amerasian:** An alien born in Vietnam between January 1, 1962 and January 1, 1976, who was fathered by a U.S. citizen and admitted under special provisions of U.S. law (Section 584 of Public Law 100-102 as amended by Public Law 100-461). Spouses, children, and parent or guardian may accompany the entering alien.
6. **Child or Adult Victim of Severe Forms of Human Trafficking:** A person over the age of 18 who has been certified as a victim of severe forms of human trafficking as defined in the *Trafficking of Victims Protection Act of 2000*, such as:
 - a. **Sex trafficking:** the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion or in which the person forced to perform such an act is under the age of 18 years; or
 - b. **Labor trafficking:** the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage or slavery.
7. **Conditional Entrant:** A refugee-like person who obtained such status on the basis of the immigration laws that existed prior to the Refugee Act of 1980.

Other relevant definitions include:

1. **Refugee Services:** Services to resettled refugees, asylees, Cuban/Haitian Entrants, etc., are designed to help them adjust to their new homeland and achieve self-sufficiency, and are funded primarily by the ORR within the Department of Health and Human Services. The refugee admissions and resettlement program is a longstanding public-private partnership, with government funding augmented by the private resources of both faith-based and non-sectarian agencies. Up to eight months of federally funded Refugee Cash and Medical Assistance is made available through the Income Support Division, NM Human Services Department, to non-economically self-sufficient

refugees, asylees and Cuban/Haitian Entrants who are not otherwise eligible for Social Security Insurance (SSI), Temporary Assistance for Needy Families (TANF) and/or Medicaid.

2. Lawful Permanent Resident (immigrant "green card" holder): An individual admitted to the U.S. for permanent residence with the ability to apply for citizenship after five years of residence in the U.S., including all the refugee and refugee-like classifications listed above, and family reunification immigrants. Only the refugee classifications may receive a refugee health screening.
3. Non-immigrant Visa Holder (tourists, students, temporary workers, etc.): An individual admitted to the U.S. on a temporary basis that may or may not have permission to work, and cannot overstay the time frame for which their visa was approved or apply for citizenship. Under certain circumstances they may apply to change status to Lawful Permanent Resident. Non-immigrants may not receive a refugee screening.

OBJECTIVE

The purpose of the domestic refugee health screening is to ensure that refugees receive treatment and care for conditions of public health significance and mental health conditions, and that such conditions do not prevent successful resettlement in the U.S.

SERVICE POPULATION

The Refugee Health Program provides integrated health/mental health screening for refugees, asylees, Cuban/Haitian Entrants, Amerasians, and victims of extreme forms of human trafficking. RHP does not provide screening or related services for other types of immigrants or non-immigrants.

POLICY

All immigrants, including refugees are required to have a medical examination before leaving the country they resided in prior to arrival to the U.S. Some asylees and Cuban/Haitian Entrants may not have received an overseas medical exam because asylum was granted after the person was already in the U.S. Contact the Refugee Health Program Manager if the client lacks documentation of an overseas medical examination. The pre-departure medical examination procedure consists of a physical examination, an evaluation for tuberculosis and blood test for syphilis for persons 18 years or older. Applicants under the age of 18 years can be tested if there is reason to suspect any of these diseases. The vaccination requirements include vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

1. Class A conditions: Any untreated communicable disease of public health significance is a Class A condition. Potential immigrants found to have Class A conditions are not admissible to the U.S. until treated and documentation proving treatment is approved by immigration officials. Examples of Class A conditions are: active, infectious tuberculosis; Hansen's disease; yellow fever, and current physical or mental disorder with associated harmful behavior.
2. Class B conditions: Examples of Class B conditions include active, non-

infectious tuberculosis (TB), TB infection, and current evidence of a physical or mental disorder but no history of associated harmful behavior. A follow-up medical examination should be done within 30 days after arrival to the U.S., but is not required by law. Persons with a Class B condition may be from any of the immigrant categories mentioned above, and are not specific to refugees.

Standing Orders

METHODOLOGY

Screenings and assessments outlined in this protocol will be performed by the public health nurse unless otherwise stated. Refugees aged birth through 14 years should be referred to a Program-approved laboratory for age-appropriate testing services. The refugee health nurse will ensure that all laboratory results associated with the domestic health screening are scanned into the client's BEHR record. In addition, the refugee health nurse shall document, in the medical record, the client's reason for declining any public health services or the reason why the services could not be performed. Copies of all laboratory results and a cover sheet detailing enclosed laboratory results and special findings will be provided to the primary care provider. Clients who obtain testing services at a Program-approved laboratory should present current Medicaid information in order to bill Medicaid directly. Services provided as part of the refugee health screen are listed in the NMDOH Refugee Health Domestic Screening Guidelines (See Appendix A: NMDOH Refugee Health Domestic Screening Guidelines).

Reporting of Abnormal and Normal Laboratory Results

- Abnormal lab results are determined by the criteria established by the performing laboratory.
- Results reported in the laboratory's 'abnormal' range must be reported and tasked to the Regional Health Officer for review and signature. The abnormal lab results must be conveyed to the PCP for further evaluation and treatment. Lab results can be sent to the PCP prior to being verified by the RHO.
- All normal lab results will be reviewed and signed by the local nurse manager.
- Provide copies of all normal and abnormal laboratory results to the Primary Care Physician (PCP).

SECTION 1 STANDING ORDER FOR HEPATITIS SCREENING

Description of Condition

Viral hepatitis is a group of viral infections of the liver. Typically hepatitis B and C are chronic infections that are much more common in the source countries of the refugee program.

Clinical Assessment

- Refugees \geq 15 years of age
 - Test for hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (Anti-HBs), hepatitis B core antibody, total (Anti-HBc), and hepatitis B core IgM antibody (Anti-HBc IgM)
 - Test for HCV antibodies if client has a history of injection drug use; sharing glass pipes for smoking crack or methamphetamine; sharing of

intranasal inhalant equipment, blood transfusions; or body art or surgical procedures obtained in unsterile conditions.

- Refugees \geq 18 months and $<$ 15 years of age
 - Refer for hepatitis B surface antigen (HBsAg), hepatitis B surface antibody (Anti-HBs), hepatitis B core antibody, total (Anti-HBc), and hepatitis B core IgM antibody (Anti-HBc IgM)
 - Refer for HCV antibody test if client has risk factors (e.g., hepatitis C positive mother; history of blood transfusions; body art or surgical procedures obtained in unsterile conditions).

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

- If hepatitis serology is positive, follow-up according to NMDOH Hepatitis Protocol (See *Appendix B: NMDOH Recommended Adult Testing and Immunization by Risk Groups*).
- Follow-up of women of childbearing age who are hepatitis B surface antigen positive is of highest priority to prevent perinatal transmission of the infection (See Perinatal hepatitis B protocol). Notify the Regional Health Officer and regional Hepatitis Nurse if you identify a pregnant woman who is HBV surface antigen positive.
- Provide client-centered education regarding disease process, prevention of transmission and re-infection, available harm reduction resources, importance of liver wellness, and referrals to specialty care for chronic disease management and/or treatment.
- Public Health does not routinely provide hepatitis A screening

SECTION 2 STANDING ORDERS FOR HIV SCREENING

Description of Condition

Beginning January 4, 2010, refugees are no longer tested for HIV infection prior to arrival in the U.S. Domestic HIV screening should be performed routinely on *all* new arrivals, as opt-out testing (unless the individual objects to testing, it will be done automatically). Many refugees come from regions where the HIV epidemic is firmly established with primarily heterosexual transmission and the typical North American risk factors do not apply.

Clinical Assessment

Refer to the NMDOH Standard Operating Procedures for instructions on how to collect specimen and submit to laboratory;

- Person \geq 15 years: utilize oral HIV-1 Uni-Gold Rapid testing technology
- Persons birth through 14 years of age should be referred for an age-appropriate HIV test

- Repeat screening 1-2 months following resettlement is recommended for refugees with a recent known exposure or increased risk for disease acquisition, to identify individuals who may be in the "window period" when they arrive in the U.S. This includes persons who engaged in unprotected sexual intercourse or injection drug use 60 days prior to the initial HIV test which was conducted as part of the Domestic Health Screen. Subsequent testing should be done in accordance with CDC guidelines.

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

- Counseling, testing, and referrals services should be provided to persons identified as HIV positive in accordance with the NMDOH Protocol for HIV Linkage-to-Care (<http://intranet/PHD/documents/linkage-to-careprotocol2011.pdf>).
- The regional Infectious Disease Nurse Supervisor (IDNS), and if needed, the Regional Health Officer should be notified of a positive HIV report to ensure that the client is linked to appropriate follow-up treatment and care services.
- In conjunction with the IDNS, provide client-centered education regarding disease process, prevention of disease transmission, and available harm reduction resources and case management/ treatment services.

SECTION 3 STANDING ORDERS FOR IMMUNIZATION ASSESSMENT

Description of Condition

Refugees, unlike most immigrant populations, are not required to have any vaccinations prior to arrival in the United States. Since developing countries or refugee settings have limited or no access to vaccine, most refugees, including adults, will not have had completed Advisory Committee on Immunization Practices (ACIP) recommended vaccinations when they arrive in the U.S.

Beginning in December 2012, the Division of Global Migration and Quarantine (DGMQ) of the Centers of Disease Control and Prevention (CDC), the Bureau of Population, Refugees and Migration (PRM) of the U.S. Department of State, and the International Organization of Migration (IOM) initiated a pilot vaccination program for approved refugee applicants in the U.S. Refugee Admissions Program (USRAP). The goal of the pilot project is to provide cost-effective public health interventions, improve refugee health, and limit the number of vaccinations refugees require after their arrival in the U.S. Refugees departing from Ethiopia, Kenya, Malaysia, Nepal Thailand, and Uganda will receive vaccine doses at the time of initial migration health assessment, followed by doses 2 and 3 as appropriate. IOM will review vaccination records and determine whether they meet set standards. Unless medically contraindicated, refugees departing from Ethiopia, Kenya, Malaysia, Nepal, Thailand, and Uganda will receive the following immunizations prior to arriving in the U.S.:

- Diphtheria, tetanus, and pertussis (DTP)
- Hepatitis B
- Haemophilus influenza type B (Hib)
- Measles, mumps and rubella (MMR)
- Oral polio virus (OPV)
- Pneumococcal conjugate 13 (PCV-13)
- Pentavalent (DTP, hepatitis B, Hib)
- Tetanus, diphtheria (Td)

Vaccinations will be documented on the refugee's Vaccination Documentation Worksheet (DS-3025) as well as in the Electronic Disease Notification (EDN) System. Contact the Refugee Health Program Manager if documentation of vaccinations listed above is incomplete for refugees originating from countries that are participating in the pilot study.

Note: All live-virus vaccines will be administered in advance of departure so that refugees, if eligible, can receive live-virus vaccine and tuberculosis testing immediately after arrival in the U.S.

Clinical Assessment

All children aged birth through 18 years are eligible for immunization using NMDOH PHD Vaccine for Children (VFC) Program funded vaccine. Adult refugees should be immunized using the adult vaccine purchased through the RHP. Adults may not be vaccinated using the VFC procured vaccine. The following services should be provided as part of the domestic health exam:

- Determine the age of each refugee and review the person's medical history and records;
- Determine vaccine needs of the person according to ACIP Recommendations and current NMDOH PHD Immunization Protocol (http://intranet/PHD/documents/IZ_2013Protocol_Final.docx) and assess for medical contraindications;
- Varicella vaccine should be administered to all adults who cannot provide a reliable history of clinical chickenpox, positive serological test for immunity (not offered through PHD), or who cannot provide documentation of having received two doses of Varicella vaccine at least 28 days apart. In case of doubt, vaccine should be provided.

Follow-up and Evaluation for Treatment and Care

- Provide clients with a copy of the antigen appropriate Vaccine Information Statement (VIS) written in their primary language
- Document all historical and current vaccination data in NMSIIS and provide the refugee a copy of their immunization record. The immunization card may be kept in the zipper pocket of the Cultural Orientation binder for future reference.

SECTION 4 STANDING ORDERS FOR INTESTINAL PARASITE TREATMENT

Description of Condition

Presumptive treatment for parasitic infections are administered to most U.S.-bound refugees departing from Ethiopia, Kenya, Tanzania, Rwanda, South Africa, Uganda, Malaysia, Nepal, Thailand, Iraq, and Jordan. Persons who complete the recommended treatment regimen do not require further treatment or evaluation unless they present with clinical symptoms of infection.

Clinical Assessment

- Assess all newly-arrived refugees for completion of overseas presumptive treatment for intestinal parasites (See *Appendix D: Treatment Schedules for Presumptive Parasitic Infections in U.S.-Bound Refugees, Administered by IOM – May 2013, Intestinal Parasite Guidelines for Domestic Medical Examination of Newly Arrived Refugees*).
- Documentation of pre-departure presumptive treatment for intestinal parasites can be found in the refugee's IOM bag. If documentation is not included in the IOM bag, contact the Refugee Health Program for Manager and request a search of the EDN System.

The following criteria should be used to assess completion of overseas presumptive treatment:

- **No presumptive treatment:** Refugees in this category did not receive presumptive treatment for parasites prior to departure for the U.S. This group includes persons from populations not included in the table of presumptive treatment programs and those excluded due to contraindications to presumptive treatment with albendazole, praziquantel, and ivermectin in Appendix D.
- **Incomplete presumptive treatment:** Refugees in this category did not receive all of the recommended overseas presumptive treatment for parasites prior to departure.
 - Most refugee populations receive a single dose of albendazole and it is reasonable to assume they have received albendazole if they are from populations included in the presumptive treatment programs and do not have contraindications to albendazole.
 - Most refugees from sub-Saharan Africa receive predeparture praziquantel treatment for schistosomiasis if they are from populations included in the presumptive treatment programs and do not have a contraindication to praziquantel.

Follow-up and Evaluation for Treatment and Care

- Indicate on the coversheet to PCP if presumptive treatment is recommended based on the following guidelines:

- Persons \geq 2 years who did not receive pre-departure presumptive treatment, did not complete the recommended treatment regimen, or who are not listed in the Treatment Schedule for Presumptive Parasitic Infections for U.S.-Bound Refugees, administered by IOM – May 2013 should be evaluated for contraindications and receive 400mg of albendazole, orally in a single dose.
 - Refugees aged 12 months through 23 months, who did not complete recommended treatment regimens should be evaluated for contraindications and receive 200 mg of albendazole, orally in a single dose
- Common symptoms of parasitic intestinal infections include nausea, diarrhea, abdominal pain, and cramps. Refugees who present with these symptoms should be referred immediately to primary care for further evaluation and treatment. Some parasitic infections such as schistosomiasis, may present with cough (not improving, TB screen is negative) or central nervous system symptoms in addition to gastrointestinal complaints.
 - Discuss with PHD Regional Health Officer or Infectious Disease Bureau physician and Primary Care Physician (PCP) if you suspect active infection.
 - Refugees who did not complete presumptive treatment for strongyloidiasis or schistosomiasis should be referred to a primary care physician for follow-up and treatment.
 - Provide education the importance of proper hand washing techniques to prevent the spread of infection.

SECTION 5 STANDING ORDERS FOR LEAD SCREENING

Description of Condition

All children entering New Mexico through the Refugee Health program.

Clinical Assessment

- Each child from 6 months to 16 years of age should be screened at the time of arrival to assess lead burden due to their situation in their country of prior residence.
- Persons aged 15-16 years should receive a blood lead test as part of the domestic health screen. Lead testing kits are provided by Medtox, 1-877-725-7241; include Medicaid information on requisition to ensure that Medicaid is billed directly
- Persons aged 6 months through 14 years should be referred to a Program approved laboratory for testing.

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

If possible, a second screening should be done within three to six months after the first screening for all children under 6 years old. Make the appointment during the initial screening, and provide the client with a reminder card with the second appointment date and time.

SECTION 6 STANDING ORDERS FOR MALARIA SCREENING

Description of Condition

Refugees from sub-Saharan Africa who are relocating to the United States receive presumptive treatment of asymptomatic *P. falciparum* prior to departing from their home country. Refugees who have received pre-departure treatment with a recommended antimalarial drug or drug combination (Atovaquone-proguanil, trade name Malarone, or artemether-lumefantrine, trade names Coartem, Riamet) do not need further evaluation or treatment for malaria unless they have clinical symptoms.

Clinical Assessment

Refugees from highly endemic areas such as sub-Saharan Africa or Southeast Asia who have not received pre-departure therapy or who do not have documentation of pre-departure therapy should receive a malaria blood smear as part of their routine domestic health screen. Children birth through 14 years of age should be referred to a Program-approved laboratory for Malaria testing.

Note: All Malaria tests processed through the Public Health Office must have the collection date and time clearly written on the label. The laboratory must receive the specimen within 48 hours from time of collection or it will be rejected.

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

- A positive smear should also identify the species of malaria infecting the patient. Falciparum malaria should be treated with atovaquone-proguanil or artemether-lumefantrine (alternatives can be discussed on a case by case basis). If identified, non-falciparum malaria may include infection with *P. ovale* and *P. vivax* that have dormant phases that also require treatment with a 14-day course of primaquine for eradication. Contact the Regional Health Officer or Infectious Disease physicians to discuss appropriate treatment and dosing instructions.
- Previous malaria history (especially within the last 1-2 years) should be noted in the medical record.
- New arrivals should be counseled to seek medical care if signs/symptoms develop suggestive of recurrence. These symptoms include fever, anemia, splenomegaly, chills, headache, backache, and malaise. If these symptoms are present during initial screening, discuss with Regional Health Officer or Infectious Disease Bureau physician.

SECTION 7 STANDING ORDERS FOR MENTAL HEALTH SERVICES

Description of Condition

Many refugees, if not most, will have experienced some sort of violence, atrocity or human rights abuse. Due to issues of language, culture, and the nature of traumatic experience, many of these issues can go undetected as refugees try to assimilate into a new country and culture. Such dynamics increase the likelihood of ongoing vulnerability and marginalization within refugee populations. These issues also require that treatment or service provision be tailored to the population.

The Refugee Health Program has developed a comprehensive refugee mental health component to identify mental health issues and provide referrals for follow-up and treatment services to support successful resettlement in NM. The Refugee Mental Health Coordinator (RMHC) will perform follow-up evaluation and treatment.

Process for referring refugees for mental health services

Mental health services will be provided to eligible refugees according to the following procedure:

- All newly-arrived refugees will receive an initial mental health screening as part of the domestic health screening. The screening should assess any changes in appetite, sleeping patterns, nightmares, pain and energy level. Notify the RMHC of any changes or concerns reported by the client.
- A secondary mental health screening, utilizing the RHS-15 screening tool, will be administered by the RMHC on the second visit during the domestic health screening follow-up appointment. The RHS-15 may be administered by the public health nurse in the absence of the RMHC.
- Notify the RMHC of any refugee experiencing the symptoms noted above, or who scores positive on the RHS-15, or who is referred based on signs of stress and trauma. Referrals for assessment may be made by the public health nurse, VOLAG staff or volunteer, a member of the provider network, other agency, or by request of the client or client's family
- Most refugees will be screened at the Southeast Heights Health Office. However, screening may take place at any public health office within NM. Contact the Refugee Health Program Manager, Refugee Health Nurse, or RMHC for consultation if a refugee presents at a health office other than the Southeast Height Office.

SECTION 8 STANDING ORDERS FOR NUTRITIONAL ASSESSMENT

Description of Condition

Studies have documented under nutrition and poor growth among refugee children arriving in the United States. Similarly, issues have been noted among refugee children who are overweight upon arrival to the US or become overweight after having lived here for a short period of time. A nutritional assessment should be conducted to identify any related health issues. The following should be done in order to assess the

nutritional status of newly-arrived refugees:

Clinical Assessment

- Calculate body mass index (BMI)
- Refer children birth through 14 years of age for Complete Blood Count (CBC) with differential and Comprehensive Metabolic Profile (CMP)
- Assess immediate needs for food

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

- Refer to PCP if iron deficient or for further assessment
- If applicable, provide client with information regarding nutritional support services, such as WIC.

SECTION 9 STANDING ORDERS FOR PREGNANCY SCREENING

Description of Condition

Knowledge of pregnancy status is critical to assess administration medication for the treatment for intestinal parasites and malaria, as well as other health conditions. Special precautions should be taken with women who are diagnosed with hepatitis, HIV, and STIs to prevent transmission of the infection to the baby.

Clinical Assessment

Women and girls of child-bearing age should be assessed to determine the need for a pregnancy test following the Family Planning protocol which is located in the clinical protocols section of the PHD Intranet.

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

- If history or symptoms warrant, perform a McKesson hCG Test Cassette. Follow the Family Planning Protocol for guidance in determining pregnancy status and providing follow-up services. (<http://intranet/PHD/documents/01Section12014GuidelinesforClinicalServices.pdf>).
- Regional Health Officer and/ or PHD Infectious Disease Bureau Medical Director should be notified of pregnancy status when abnormal lab results are reported.
- Provide pregnant women with educational material regarding the importance and availability of prophylactic treatment of infectious disease and prenatal care.

SECTION 10 STANDING ORDERS FOR SCREENING OF SEXUALLY TRANSMITTED INFECTIONS

Description of Condition

The prevalence of Sexually Transmitted Infections (STIs) in refugee populations is not well characterized and varies among populations. Because certain refugee groups are at potentially high risk for STIs, it is important to screen in order to minimize or prevent acute and chronic sequelae, as well as prevent transmission to others. Many times refugees are the victims of sexual violence and are not forthcoming about reporting this risk.

Clinical Assessment and testing

- All refugees \geq 15 years of age regardless of reported risk factors or overseas medical history:
 - Test for syphilis infection
 - Test for Chlamydia and Gonorrhea (CT/GC) infections
- Refugees birth through 14 years of age
 - Refer for syphilis test if person is sexually active or report risk factors such as a family member with positive syphilis diagnosis or history of sexual abuse
 - Refer for Chlamydia and Gonorrhea (CT/GC) test if sexually active or report a history of sexual abuse

See the DOH STD protocol for methods of testing.

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

- Follow the NMDOH STD and HIV Protocols to determine appropriate treatment and follow-up of contacts of persons with a positive STI screen (<http://intranet/PHD/documents/STDprotocol2014final.pdf>).
- Provide client-centered education regarding disease process, prevention of transmission and possible re-infection, available harm reduction and family planning services

SECTION 11 STANDING ORDERS FOR SICKLE CELL SCREENING

Description of Condition

Sickle Cell Disease (SCD) is a group of inherited red blood cell disorders endemic in sub-Saharan Africa. Knowledge of this genetic disorder may help prevent decompensation due to the high altitude of much of the state of New Mexico.

Clinical Assessment

Refugee Health Program provides a Sickle Cell Index, which is a blood test to screen for sickle cell disease/trait to all newly-arrived refugees from sub-Saharan Africa who are \geq 15 years of age. Persons aged birth to 14 years of age should be referred to a Program-approved laboratory for Sickle Cell testing.

Normal and Abnormal Findings: See Methodology Section on page 8. Notify the Refugee Health Program Manager and VOLAG case manager of a positive result in order properly track and better assist the client in finding adequate support for the condition.

Follow-up and Evaluation for Treatment and Care

Any person with a positive sickle cell screen should be referred to their medical provider further evaluation and treatment services. See *Appendix E: Center for Disease Control and Prevention: Facts About Sickle Cell Disease*). Contact local or national Sickle Cell Disease organizations to learn more about the disease and connect with others who share similar experiences. Contact information is listed below.

- University of New Mexico Children's Hospital
Division of Hematology/Oncology
2211 Lomas Blvd, NE
Albuquerque, NM 87106
Pediatric Care
Phone: (505) 272-4461

- Sickle Cell Council of New Mexico, Inc.
1330 San Pedro NE, Suite #201A
Albuquerque, NM 87110
Phone: (505) 254-9550 or (877) 471-6796
<http://www.sicklecellnm.org/>

SECTION 12 STANDING ORDERS FOR TUBERCULOSIS SCREENING

Description of Condition

All refugees receive an overseas medical examination prior to their departure for the U.S. This examination is to identify individuals with conditions that, by law, necessitate exclusion from, or treatment before departure for, the U.S. Pre-departure information regarding screening, chest x-ray, diagnostic results, treatment, and clinical course is included in the refugee's overseas medical forms. Refer to the NMDOH PHD Tuberculosis Protocols which are located in the clinical protocols section of the PHD Intranet for specific guidance regarding testing, treatment and follow-up services.

Clinical Assessment

All refugees should be screened for TB regardless of overseas medical history.

- Contact the Refugee Health Program Manager if the refugee does not have copies of their overseas medical evaluation forms.
- Refugees ≥ 15 years of age
 - Provide an IGRA test (See NM DOH protocol for Diagnosis of Tuberculosis Infection).
 - Order Complete Blood Count (CBC) with differential and Comprehensive Metabolic Profile (CMP) tests.

- Refugees < 15 years of age
 - Client ≥ 5 years of age: Refer for QuantiFERON TB In-Tube test.
 - Client birth through 5 years of age: Place a Mantoux skin test (TST). Read within 48-72 hours. A one-step test is sufficient for screening in this age group. A negative TST should be considered unreliable in infants < 3 months and should be repeated when the infant is greater than 3 months of age. However, a positive TST result in this age group should be considered reliable.
- Order PA and Lateral chest x-ray for all patients with a positive Immune Gamma Release Assay (IGRA) or TST result. IGRA tests consist of QuantiFERON TB-Gold In-Tube test or T-SPOT.TB test.

Normal and Abnormal Findings: See Methodology Section on page 8.

Follow-up and Evaluation for Treatment and Care

- Complete the TB Record 001 for clients with positive IGRA or TST results and refer immediately to the TB program for treatment and follow-up.
- Contact the TB Nurse Consultants at the Central Office if you have any questions regarding screening or who should be started on treatment
- Provide client education regarding the test results and ways to minimize transmission of TB infection

SECTION 13 STANDING ORDERS FOR ASSESSMENT AND REFERRAL FOR OTHER HEALTH CONDITIONS

Description of Condition

Common health problems of refugees include hematological disorders (eosinophilia, anemia, and microcytosis), hypertension, dental carries, nutritional deficiencies, and ophthalmologic problems.

Follow-up and Evaluation for Treatment and Care

If history suggests these, work with the VOLAG case manager to assure client promptly makes and keeps an appointment with PCP. Refer all refugees to a primary care and dental provider to establish a medical home and address overall health needs.

Regional Health Officer:

Signature: _____ Date: _____

References

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine. Domestic Refugee Health Guidelines: Malaria. November 13, 2012.

<http://www.cdc.gov/immigrantrefugeehealth/pdf/malaria-domestic.pdf>.

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine. Evaluating and Updating Immunizations for Newly Arrived Refugees. September 27, 2012.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>.

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine. Guidelines for Mental Health Screening During the Domestic Medical Examination of Newly Arrived Refugees. May 8, 2014.

<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>.

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine. Intestinal Parasite Guidelines for Domestic Medical Examinations for Newly Arrived Refugees. November 16, 2013.

<http://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf>.

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine. Lead Screening During the Domestic Medical Examination for Newly Arrived Refugees. September 18, 2013.

<http://www.cdc.gov/immigrantrefugeehealth/pdf/lead-guidelines.pdf>.

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine. Screening for HIV Infection During the Refugee Domestic Medical Examination. April 16, 2012.

<http://www.cdc.gov/immigrantrefugeehealth/pdf/hiv-screening-domestic-medical.pdf>.

Office of Refugee Resettlement. "Refugee Resettlement 101" Resettlement in the U.S. June 2013. www.acf.hhs.gov/programs/orr/.

Appendix A: NMDOH Refugee Health Domestic Screening Guidelines

Activity	Adults (Test Provided by PHO)	Children < 15 years refer to approved lab for blood draw
History & Physical Exam		
History (Includes review of overseas medical exam)	Overseas medical records and other available medical records should be reviewed for all newly-arrived refugees.	
Physical Exam & Review of Systems (Includes mental health, dental, hearing, and vision screening; nutritional, reproductive assessment; health education and anticipatory guidance, etc.)	All refugees should be referred to a primary care provider or specialty care for hematological disorders, hypertension, dental caries, nutritional deficiencies, and ophthalmologic problems	
Laboratory Tests		
Blood Lead Level	Individuals 15 - 16 years of age	Children 6 months to 16 years of age. Children < 6 years: refer for second lead screen 6 months after the initial screening
Chlamydia/Gonorrhea Testing	Individuals ≥ 15 years of age, regardless of reported risk factor	Children < 15 years who are sexually active, have a history of sexual abuse, or other risk factors
Cholesterol	In accordance with US Preventative Services Task Force guidelines	
Complete Blood Count with Diff.	Individuals ≥ 15 years of age	Individuals < 15 years of age
Complete Metabolic Panel	Individuals ≥ 16 years of age	Individuals < 15 years of age
Hepatitis B Testing	Individuals ≥ 15 years: Hepatitis B surface antigen (HBsAg); Hepatitis B surface antibody (Anti-HBc); Hepatitis B core antibody, total (Anti-HBc); and Hepatitis B core (gm antibody (Anti-HBc (igm)	Children > 18 months and < 15 years of age
Hepatitis C Testing	Individuals with risk factors (e.g., history of IDU, sharing of glass pipes for smoking crack or meth; sharing intranasal inhalant equipment; overseas blood transfusions; HIV positive; body art obtained in unsterile conditions)	Children with risk factors (e.g., hepatitis C positive mothers; blood transfusions; body art obtained in unsterile conditions)
HIV Testing	Refugees ≥ 15 years regardless of reported risk factor; use opt-out approach	Refugees < 15 years regardless of reported risk factor, refer to lab for testing
Pregnancy Test	Women of childbearing age; use opt-out approach	Girls of childbearing age; use opt-out approach or with consent from guardian. In office test.
Syphilis Testing	Individuals ≥ 15 years of age regardless of reported risk factors or overseas medical history	Children < 18 years with family member with positive syphilis diagnosis, history of sexual abuse, or other risk factors
Syphilis Confirmation Test	Individual with positive VDRL or RPR test	Children with positive VDRL or RPR test
Urinalysis	Refer to PCP for testing	

Appendix A: NMDOH Refugee Health Domestic Screening Guidelines

Activity	Adults (Test Provided by PHO)	Children < 15 years refer to approved lab for blood draw
Preventive Health Interventions & Other Screening Activities		
Immunizations	Individuals with incomplete or missing immunization records	Children with incomplete or missing immunization records
Intestinal Parasites	Individuals who did not complete pre-departure presumptive treatment should be referred to their PCP for treatment. Currently, only refugees originating from Ethiopia, Kenya, Tanzania, Rwanda, South Africa, Uganda, Myanmar, Nepal, Thailand, Iraq, and Jordan are treated prior to arrival. Therefore, all refugees PLUS the groups mentioned who had contraindications at departure (e.g., pregnant) should be presumptively treated.	
Malaria Blood Smear	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)
Mental Health Screening	All individuals should receive mental health screen. Refer clients to the Refugee Health Mental Health Coordinator for comprehensive assessment or support services. The RHHC will facilitate appropriate referrals for treatment and follow-up services.	
Sickle Cell Index	Newly-arrived refugees ≥ 15 years from sub-Saharan Africa	Newly-arrived refugees > 5 months and < 15 years of age from sub-Saharan Africa
Tuberculosis Screening	All persons ≥ 15 years should receive QuantiFERON TB-Gold-In-Tube test or T-SPOT.TB test; Order PA/Lateral chest x-ray if IGRA is positive.	Children ≥ 5 years and < 15 years should receive QuantiFERON TB-Gold-In-Tube test. Children birth through 5 years, place TST and read within 48-72 hours. Order PA/Lateral Chest x-ray for all positive QFT and for TST > 5mm. Negative TST is considered unreliable in infants < 3 months; a positive TST result in this age group should be considered reliable.



Appendix B: NMDOH Recommended Adult Testing and Immunization by Risk Groups

Risk Group	TESTING Recommended			IMMUNIZATION Recommended		HBIG Recommended
	HEP A	HEP B	HEP C	HEP A	HEP B	
Current IDU	No	Yes ¹	Yes	Yes	Yes ¹	No
Person who shares crack/meth pipes or intranasal inhalant equipment such as straws	No	Yes	Yes	Yes	Yes ¹	No
Former IDU	No	Yes	Yes	No	No	No
MSM or Bisexual male	No	No	No	Yes	Yes	No
Sexual contact of MSM or IDU	No	No	No	Yes	Yes	No
Hepatitis C Positive	No	Yes	—	Yes	Yes ²	No
Hepatitis B Acute/Chronic Carrier	No	—	Yes	Yes	No	No
HIV Positive	No	Yes	Yes	Yes	Yes ³	No
Blood transfusion or organ transplant before July 1992	No	No	Yes	No	No	No
Person from endemic area incl. Asia, Central and Eastern Europe, Sub-Saharan Africa	No	Yes	No	No	Yes ³	No
Heterosexual with multiple sex partners (>1 in last 6 months)	No	No	No	No	Yes	No
Person seeking evaluation or treatment for an STD	No	No	No	No	Yes	No
CONTACTS- HEPATITIS B ACUTE CASES						
Sexual contact within last 14 days ⁴	No	Yes ⁵	No	No	Yes ⁴	Yes ⁴
Household contact, no known exposure ⁶	No	No	No	No	Yes	No
Household contact, known exposure (e.g. shared toothbrush or razor)	No	Yes	No	No	Yes ⁴	Yes ⁴
Injection partner contact within last 14 days	FOLLOW RISK GROUP "CURRENT IDU" above					Yes
CONTACTS – HEPATITIS B CHRONIC CASES						
Sexual contact of chronic case of HBV	No	Yes	No	No	Yes ³	No
Household contact of chronic case of HBV	No	Yes	No	No	Yes ³	No
Injection partner contact	FOLLOW RISK GROUP "CURRENT IDU" above					
CONTACTS – HEPATITIS C CHRONIC CASES Follow Risk Group recommendations above.						
CONTACTS – HEPATITIS C ACUTE CASES Follow Risk Group recommendations above. If no exposure report other than sexual exposure, consider testing recent (within past 6 months) sexual partners to identify potential infected source person(s).						

1. Current IDU/Persons who share glass pipes or inhalant equipment: Test and give first doses of hep A and hep B vaccine. Follow up with subsequent doses if susceptible.
2. If client is a current IDU, follow "Current IDU" testing recommendations. If non-IDU, vaccinate if susceptible.
3. If susceptible.
4. After blood draw for HBV serology, a single dose of HBIG (0.06ml/kg) should be given if contact was within 14 days. Begin the hepatitis B vaccine series at the same time at a different anatomical site. Complete the series if contact is susceptible.
5. If initial serology is negative, titer should be repeated in 3 months.
6. If an unvaccinated or under-vaccinated infant <12 months of age is in a household where the primary caregiver has acute hepatitis B, the infant should receive HBIG and start or complete the hepatitis B vaccine series.

Appendix C: Interchangeability Schedule for Adult Twinrix and Adult Monovalent Hepatitis A and Hepatitis B Vaccine

Pre-visit immunity status of person >18 yrs	0 month	1 month	6 months	11-12 months
No hepatitis history	T	T	T	
No hepatitis history	A and B	B	A and B	
HAV exposure or completed Hep A series	B	B	B	
HAV exposure and 1 dose Hep B		B	B	
HAV exposure and 2 doses Hep B			B	
HBV exposure or completed Hep B series	A		A	
HBV exposure and 1 dose Hep A			A	
1 dose Hep A	B	B	A and B	
1 dose Hep A	B	B	T	A
2 doses Hep A	B	B	B	
1 dose Hep B	A	B	A and B	
1 dose Hep B		T	T	A
2 doses Hep B	A		A and B	
2 doses Hep B	A		T	A
3 doses Hep B	A		A	
1 dose Hep A and 1 dose Hep B		B	A and B	
1 dose Hep A and 1 dose Hep B		B	T	T
2 doses Hep B and 1 dose Hep A			A and B	
2 doses Hep B and 1 dose Hep A			T	A
2 doses Hep B and 1 dose Twinrix			A	A
1 dose Twinrix		T	T	
1 dose Twinrix		B	A and B	A
2 doses Twinrix			T	
2 doses Twinrix			A and B	
1 dose Twinrix and 1 dose Hep A		B	A and B	
1 dose Twinrix and 1 dose Hep A		B	T	
1 dose Twinrix and 1 dose Hep B			A and B	A
1 doses Twinrix and 1 dose Hep B			T	T
1 dose Twinrix and 2 doses Hep B	A		A	
1 Twinrix and 1 Hep B and 1 Hep A			A and B	
1 Twinrix and 1 Hep B and 1 Hep A			T	

Acceptable dosing intervals

- Interval between 1st Twinrix dose and 3rd Twinrix dose should be at least 6 months
- Interval between 1st Twinrix dose and 2nd Twinrix dose should be at least 1 month
- Interval between 2nd Twinrix dose and 3rd Twinrix dose should be at least 2 months
- Recommended intervals for single antigen vaccines, when used in combination series that includes Twinrix, must still be observed.

Legend

- A Hepatitis A vaccine
- B Hepatitis B vaccine
- T Twinrix vaccine

Appendix D: Treatment Schedules for Presumptive Parasitic Infections for U.S.-Bound Refugees Administered by IOM – May 2013

Prepared by Immigrant, Refugee and Migrant Health Branch, Division of Global Migration and Quarantine, CDC

This table describes presumptive anti-parasitic treatment currently provided to the largest groups of U.S.-bound refugees. The first three columns list the region, departure country, and ethnicity/national origin of the refugees. The fourth column lists recommended presumptive treatment for parasites (including malaria).

Region	Country of Processing	Principal Refugee Groups (locations)	Presumptive Parasite Treatment for Eligible Refugees ^{a,b}	Comments
Africa	Ethiopia	Ethiopia (Shimelba); Somalia (Kabrabaya); Multiple (Addis Ababa)	Albendazole Praziquantel Artemether-lumefantrine	Artemether-lumefantrine since Oct 2007
	Kenya	Somalia (Dadaab); Somalia, Sudanese, Congolese (Kabuma); Multiple (Nairobi)	Albendazole Praziquantel Artemether-lumefantrine	Artemether-lumefantrine since fall 2007
	Tanzania	Congolese, Burundians (Kigoma)	Albendazole Praziquantel Artemether-lumefantrine	Artemether-lumefantrine since July 2007
	Rwanda, South Africa, Uganda	Somalia, Congolese	Albendazole Praziquantel Artemether-lumefantrine	
Asia	Malaysia	Burmese (Kuala Lumpur)	Albendazole Ivermectin	-Albendazole for children 1-2 yo since Nov 2011 -Ivermectin, since Feb 2013
	Nepal	Bhutanese (Beldangi, Samtache, Khudunabari); other (various)	Albendazole Ivermectin	-Albendazole for children 1-2 yo since Feb 2012 -Ivermectin since Jan 2013
	Thailand	Burmese (Thailand-Burma border); other (various)	Albendazole Ivermectin	-Albendazole for children 1-2 yo since Oct 2011 -Ivermectin since July 2011
	Middle East	Iraq	Iraqis (Baghdad, Al Haid camp)	Albendazole
Jordan		Iraqis (Amman)	Albendazole	
Lebanon, Syria, Turkey, Egypt		Multiple	None	
Europe	Russia, Ukraine, Moldova	Russians, Africans, Ukrainians, Moldovans	None	
	Americas	Cuba, other	None	

^a Information provided by the International Organization for Migration (IOM) during required overseas refugee medical exam
^b Presumptive parasite treatments: Albendazole (for self-treatment helminths), 400 mg for refugees ≥ 2 yo, Albendazole, 200 mg for those 1-2 yo, Ivermectin (for strongyloides), 200 µg/kg x 2 d, and Praziquantel (for schistosomiasis), 40 mg/kg divided in 2 doses. See <http://www.cdc.gov/mmtr/parasitic/parasitic/iguidelines/ivermectin-praziquantel-overseas.html>
^c Over 75% compliance rates with administration of presumptive parasite treatment have been documented for the countries listed on this table. If a country does not appear on this table, then compliance rates in that country are uncertain, so clinicians should use their judgment on a screening vs. presumptive treatment approach.

What You Should Know About Sickle Cell Disease



What Is Sickle Cell Disease?

Sickle cell disease (SCD) is a group of inherited red blood cell disorders.

- Healthy red blood cells are round and they move through small blood vessels carrying oxygen to all parts of the body.
- In SCD, the red blood cells become hard and sticky and look like a C-shaped farm tool called a "sickle".
- Sickle cells die early, which causes a constant shortage of red blood cells.
- Sickle cells can get stuck in small blood vessels and block the flow of blood and oxygen to organs in the body. These blockages cause repeated episodes of severe pain, organ damage, serious infections, or even stroke.

What Causes Sickle Cell Disease?

SCD is inherited in the same way that people get the color of their eyes, skin, and hair.

- A person with SCD is born with it.
- People cannot catch SCD from being around a person who has it.

Who Is Affected By Sickle Cell Disease?

- It is estimated that SCD affects 90,000 to 100,000 people in the United States, mainly Blacks or African Americans.
- The disease occurs among about 1 of every 500 Black or African-American births and among about 1 out of every 36,000 Hispanic-American births.
- SCD affects millions of people throughout the world and is particularly common among those whose ancestors come from sub-Saharan Africa; regions in the Western Hemisphere (South America, the Caribbean, and Central America); Saudi Arabia; India; and Mediterranean countries such as Turkey, Greece, and Italy.

What Health Problems Does Sickle Cell Disease Cause?

Following are some of the most common complications of SCD:

"Pain Episode" or "Crisis": Sickle cells don't move easily through small blood vessels and can get stuck and clog blood flow. This causes pain that can start suddenly, be mild to severe, and last for any length of time.

Infection: People with SCD, especially infants and children, are more likely to experience harmful infections such as flu, meningitis, and hepatitis.

Hand-Foot Syndrome: Swelling in the hands and feet, often along with a fever, is caused by the sickle cells getting stuck in the blood vessels and blocking the blood from flowing freely through the hands and feet.

Eye Disease: SCD can affect the blood vessels in the eye and lead to long term damage.

Acute Chest Syndrome (ACS): Blockage of the flow of blood to the lungs can cause acute chest syndrome. ACS is similar to pneumonia; symptoms include chest pain, coughing, difficulty breathing, and fever. It can be life threatening and should be treated in a hospital.

Strokes: Sickle cells can clog blood flow to the brain and cause a stroke. A stroke can result in lifelong disabilities and learning problems.

National Center on Birth Defects and Developmental Disorders
Division of Blood Disorders



CS14728

How Is Sickle Cell Disease Treated?

The goals of treating SCD are to relieve pain and to prevent infections, eye damage, and strokes.

- There is no single best treatment for all people with SCD. Treatment options are different for each person depending on the symptoms. Treatments can include receiving blood transfusions, maintaining a high fluid intake (drinking 8 to 10 glasses of water each day), receiving IV (intravenous) therapy (fluids given into a vein) and medications to help with pain.
- For severe SCD, a medicine called hydroxyurea might be recommended. Research suggests that hydroxyurea can reduce the number of painful episodes and the recurrence of ACS. It also can reduce hospital stays and the need for blood transfusions among adults who have SCD.

Is There A Cure For Sickle Cell Disease?

To date, the only cure for SCD is a bone marrow or stem cell transplant.

- A bone marrow or stem cell transplant is a procedure that takes healthy stem cells from a donor and puts them into someone whose bone marrow is not working properly. These healthy stem cells cause the bone marrow to make new healthy cells.
- Bone marrow or stem cell transplants are very risky, and can have serious side effects, including death. For the transplant to work, the bone marrow must be a close match.

For more information visit: www.cdc.gov/sicklecell



Attachment A

**PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET**

PROGRAM/BUREAU: Refugee Health Program / Infectious Disease Bureau

CLINICAL PROTOCOL/MANUAL TITLE: Refugee Health Screening Protocol and Standing Orders for PHD Nurses

Reviewed by: (Must have a signature from at least one clinical user of the Clinical Protocol.)

User Reviews:		
Name:	<u>[Signature]</u>	Date: <u>2/4/15</u>
Name:	<u>[Signature]</u>	Date: <u>2/4/15</u>
Name:	<u>[Signature]</u>	Date: <u>2/4/15</u>
Name:	_____	Date: _____
Name:	_____	Date: _____

Approved by:

Program Manager _____ Date _____

Bureau Chief _____ Date _____

Bureau Medical Director _____ Date _____

PHD Medical Director _____ Date _____

Regional Health Officer [Signature] Date 2/4/2015

PHD Chief Nurse _____ Date _____

NMDOH/PHD/DB/ Refugee Health Screening Protocol and Standing Orders for PHD Nurses/
Revised January 2015

Physical Exam & Review of Systems	\$17.91
Complete Blood Count with Differential	\$9.95
Complete metabolic panel	\$13.53
Serum Chemistries	\$15.44
Urinalysis	\$3.74
Pregnancy Testing	\$8.15
HIV Testing (opt-out approach)	\$14.52
Hepatitis B Testing:	
Hep Surface Antigen	\$13.23
Hep B Surface Antibody	\$13.75
Hep B Core Antibody, Igm	\$15.08
Hep B Core Antibody, total	\$15.43
Hepatitis C Testing:	
HCV Antibody	\$18.40
Syphilis Testing	\$5.99.
Chlamydia/Gonorrhea Testing	\$90.51
Tuberculosis Screening	\$79.36
Malaria blood smear	\$7.67
Sickle Cell Index	\$7.50

Vaccination	Cost Per Series
Pneumovax	\$89.95
MMRII	\$94.14
Tdap	\$30.63
HPV	\$144.93
Td	\$44.14
Zostavax	\$201.88
Varacella	\$163.34
Hepatitis B	\$184.44
Hepatitis A	\$101.68
Twinrix	\$339.84