

- b) RMA eligibility determination is administered through the HHSC Eligibility Operations Division within the Office of Social Services. Policy staff and Eligibility Operations staff administering RMA meet as needed with OIRA to discuss and address any pending issues.

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

1. The Texas Department of State Health Services (DSHS) is requesting re-approval to continue to operate a medical screening program per §400.107 with Refugee Medical Assistance (RMA) funds. Refugee medical screening is performed in accordance with the requirements prescribed by the director of the ORR. OIRA has an Interagency Contract Agreement with DSHS RHP to provide health assessments for refugees and other program-eligible populations in Texas.
2. HHSC OIRA and DSHS RHP assures that Refugee Medical Screening is in accordance with the requirements prescribed by the Director under §400.107(a) (1).
 - a) Please refer to item 6d under section D. Refugee Medical Assistance (RMA) 45 CFR Part §400.90 Although most local RHPs do not fully access Medicaid, a number of services are provided by existing state programs after the initial assessments. The DSHS Tuberculosis Program is currently absorbing all costs of tuberculosis screenings within the RHP.
 - b) In addition to the guidelines, the RHP provides O&P screening for protozoa (at certain clinics), provides treatment for parasites, and treats limited minor conditions not needing referrals (such as cuts, lice, etc.). These activities ensure that clients can be treated for minor conditions immediately instead of referring clients to a primary care physician, which may take several weeks, and/or utilizing urgent care facilities. Screening and treating for intestinal parasites by providers familiar with the practice is essential for providing appropriate care for this patient population.
 - c) Medical screening costs are based on negotiated budgets with contracted LHD RHP clinics. In turn, each LHD has negotiated contract prices for laboratory services, vaccines, etc. However, the state of Texas is serving an increasing number of unanticipated clients who have received no overseas medical care (including presumptive treatment for intestinal parasites) or have documentation of vaccine histories. Though costs remain reasonable, these factors have increased overall costs from fiscal year 2015.
 - d) Program-eligible clients served by a refugee resettlement agency (VolAg) are referred to a RHP clinic for a health assessment by their agency. Health assessments are performed within 90 days of arrival or eligibility date, with a goal of providing the health assessment within 30 days of arrival or eligibility date. Desk audits are performed on a tri-annual basis to ensure that LHD refugee

program clinics are not initiating care beyond the 90 day mark. 100% of clients screened in the first tri-annual period of fiscal year 2015 were seen within 90 days.

3. Medical Screening Costs

- a) The medical screening payment model is based on negotiated contract budgets. Services included in direct costs that are non-medical include interpretation, transportation, travel, move costs, and postage and printing.

Medical Screening Direct Costs

The majority of funds will support contractual services at the seven local health departments (LHDs), as well as state laboratory services and medications. A breakdown of costs is as follows: \$4,198,042 for personnel, \$1,838,076 for fringe, \$38,665 for in-state and local travel, \$1,003,431 for equipment (move costs and furnishings), \$4,008,196 for supplies (medical supplies, office supplies, and vaccines), \$2,715,659 for contractual services (lab services, physician time, interpreting costs), \$963,104 for other costs (postage, printing, transportation), and \$725,140 in indirect costs. Much of the increase in the proposed budget is due to increased needs for clinic space and staffing levels required to provide quality patient care.

A breakdown of estimated RMA direct costs of health assessments in federal fiscal year 2015-2016 also includes \$250,000 for state laboratory costs for refugee health assessment activities and \$6,125,000 for medications. Laboratory costs are for Ova and Parasite (O&P) and schistosomiasis testing. Medication costs are for limited treatments provided to program-eligible clients (mainly vitamins and anti-parasitics). In fiscal year 2016, the two largest local RHPs will begin presumptively treating for parasites. These clinics, located within the Dallas County Department of Health and Human Services and Harris County Public Health and Environmental Services account for 60% of the client population in the state. Despite an increase in overseas presumptive treatment, domestic medication costs remain high due to the fact that the anti-helminth albendazole has increased from \$2.00 per tablet (in 2008) to the current price of \$102.00 per tablet.

Funding is also used for services in two secondary migration sites where there is no local refugee health clinic. These sites are the City of Midland Health Department (a contracted local health department) and DSHS Health Services Region 1 serving Cactus and Dumas, Texas. In order to apply for Legal Permanent Residency, refugees are required to obtain a current set of vaccinations. Vaccines are provided by local public health departments to refugees for Adjustment of Status purposes (within one year of arrival). The combined funding for this purpose is \$39,646 for adult vaccines.

Total Direct Costs: \$21,875,313