



Supporting Newcomer Clients with Significant Medical Conditions

Refugee and newcomer clients with complex medical conditions require additional case management support, including connections to appropriate health care services. This guide, written by Society of Refugee Healthcare Providers, introduces significant medical conditions and provides helpful tips for resettlement service providers.

What are significant medical conditions?

Prior to resettlement in the U.S., [the International Organization for Migration \(IOM\)](#) designates clients with the following conditions as falling under the **significant medical conditions** category:

- All pregnant refugee clients
- Those with travel requirements such as a medical escort or mobility assistance (e.g., wheelchair, stretcher)
- Individuals who require urgent medical follow-up within one week of arrival in the U.S.
- Those requiring major surgery or treatment



Complex medical conditions, also called significant medical conditions (SMCs), are conditions that require particular, timely, and often extensive health care services.

- Clients with special schooling accommodation or employment needs
- Those requiring assistance in their daily living
- Clients whose resettlement was expedited due to life-threatening conditions
- Individuals with significant developmental delays or mental illnesses
- Those with severe acute malnutrition
- Individuals with severely impaired vision, communication, or hearing

Flagging cases as an SMC case indicates that these clients require additional attention to their health needs during the pre-departure health assessment, during travel, and upon arrival in the U.S.

IOM physicians complete additional forms for clients with complex medical needs, such as the SMC form and the activities of daily living form (if applicable). To view more information about SMCs and the forms, including screenshots of the forms, [visit the Centers for Disease Control and Prevention website](#).

What is the SMC determination process for refugees?

Approximately six months prior to departure to the U.S., all refugees start the [Overseas Medical Examination](#). Depending on the client's health needs, this includes:

- An initial medical examination.
- Screening for infectious diseases.
- First and second vaccine doses.
- Management of complex medical conditions, including stabilizing clients so that they are fit to travel. Depending on the location and availability, clients will have appointments with specialists relevant to their health condition(s).
- Presumptive treatment (e.g., for parasites).
- Pre-departure evaluation one to three weeks before departure for selected individuals to confirm fitness to travel or special requirements.
- Pre-embarkation health check three days prior to departure to check fitness to travel

During this, physicians determine if a client has a significant medical condition and, if so, whether they will require a medical escort while traveling and what type of mobility arrangements would be needed.

Physicians will also provide recommendations for how quickly the client will need medical care upon arrival and the type of care. Medications for certain conditions may also be prescribed. The client will be given

Resettlement agencies often have questions about possible changes in travel requirements assigned during the health assessment or the initial medical examination. Since the process takes place over several months, clients' health status may improve or worsen.

For example, during the initial medical exam, a medical escort may be assigned. If a client stabilizes and no longer needs a medical escort by their departure, the medical escort will be canceled.

sufficient medication to cover the time until they can see a health care provider upon arrival.

IOM communicates with the resettlement agency during this time to ensure that service providers have information about the client's medical conditions and capacity to serve their needs.

What conditions require a medical escort during travel?

Not all clients with significant medical conditions require a **medical escort** for travel. Clients may be assigned a medical escort if they are frail and elderly but without adequate family support, or if their health condition:

- Requires monitoring or treatment while in transit
- Puts them at risk for deterioration (where their health could suddenly become dangerously worse) during travel
- Requires medical devices (e.g., oxygen) and/or mobility assistance (e.g., a stretcher)
- Is a behavioral, cognitive, or intellectual impairment that requires supervision and assistance with daily living activities
- Is a stabilized, major psychiatric condition

Tips for Resettlement Service Providers

Resettlement in the U.S. is one point along a continuum of care that clients with significant medical conditions have received. To make the transition to the U.S. health care system as seamless as possible for newcomer clients, review the following tips.

Pre-assurance (Before Accepting an SMC Case)

Many refugees and immigrants have different health and illness beliefs, culturally specific ways in which mental illness is explained and expressed, and **cultural beliefs** about the role and value of mental health services.

They may be reluctant to engage in westernized forms of healing, such as psychotherapy, or have beliefs about discussing personal matters with a stranger.

Before accepting an SMC case, become familiar with health care services in your community, particularly specialty care, and check whether it is for adults or children. Consider the availability and types of local health care services, as well as levels of family and community support available, when deciding whether to accept a case with a significant medical condition.

Ideally, the health or intensive case management team should work closely with the staff member responsible for assuring cases. Together, this team will discuss clients with significant medical conditions pre-assurance to weigh any competing factors.

As much as possible, ensure that your resettlement agency, your local area, and your specific staff members have the capacity and resources required to receive the client with the SMC and to support the client's unique health needs. As appropriate, consult with your **state refugee health coordinator**, who may be able to suggest available health care resources for the client.

Pre-arrival

Newcomers may face **stigma** against mental illness and against seeking mental health support. When social contacts (such as friends, family and neighbors) recognize emotional distress and intervene early on, this can mitigate mental health problems or even obviate the need for formal mental health services.

Review all **medical records** and other documentation about the SMC client. Ask your supervisor clarifying questions if you're uncertain about what certain health conditions mean for clients or what devices the client will have in their possession. Ensure that housing is appropriate for any mobility issues.

Communicate with the state refugee health coordinator and state refugee coordinator as needed for guidance, including connections to local resources and partners. Develop a client care plan. Form a strong partnership with a local primary health care provider who can care for refugee clients with complex medical needs.

Having strong relationships with health care providers helps ensure the best care for clients, especially in complex cases requiring urgent or complicated care. Aim to have a champion or point of contact at each site to facilitate improved communication.

Many resettlement agencies have formed robust partnerships with local health care providers. These partnerships involve having proper permissions and data sharing policies in place. When complex medical cases are assigned to that resettlement agency (RA), they share the medical records with the **primary care provider (PCP)**.

The PCP reviews the records and discusses the case with the relevant specialists to determine what tests should be completed as soon as possible. The PCP schedules the appointment for the day after the client arrives and troubleshoots with the RA about what to do if the client requires emergency care or is arriving right before the weekend.

Upon seeing the client in clinic, the PCP also communicates with the RA if the client needs additional care before treatment can occur (for example, if the client will need to see a dentist urgently to resolve their cavities before being cleared for surgery). Such collaborations help ensure that clients receive quality, equitable, and timely care.

See Switchboard's [Service and Health Care Provider Collaboration: Promoting Clients' Health Through Improved Coordination](#) for more information.

Once travel information is received, share the medical records with the health care provider (if the proper permissions and data protection policies are in place).

The primary care provider should schedule an appointment as soon as is required. Ideally, the primary care provider will also reach out to relevant specialists to discuss the case and determine what initial tests need to be completed as soon as possible. Have contingency plans for scenarios including:

- The client requires a wheelchair but does not have their own

- The client has a very limited supply of medication and/or other supplies (e.g., special formula) vital to their health and well-being
- The client will require an immediate trip to the emergency room upon arrival
- The client needs special transport from the airport to their housing, such as a wheelchair-accessible van. (IOM will coordinate an ambulance to pick up the client if they have significant mobility issues, such as being on a stretcher.)
- The primary care provider and/or specialist isn't available in the required timeframe

If the client is traveling with a medical escort, communicate with the escort which agency staff member(s) will be meeting the family at the airport.

Plan for potential health costs the client may incur prior to receiving health insurance coverage. For instance, will the provider be able to “back-bill” Medicaid once the client receives it? If not, will the client be able to apply for waivers through the hospital for any emergency room visits?

Upon Arrival

Ensure that the staff member(s) meeting the client at the airport are prepared to assist with complex medical needs. For example, if your agency has an intensive case manager (ICM), it may be best to have the ICM and Reception & Placement (R&P) case manager both meet the client at the airport.

Ensure that the client does not need emergency care. If the client traveled with a medical escort, they will be able to make this determination.

Ask the client how much **medication** they have left. Clients are supposed to arrive with enough medication to last until they can see a U.S. health care provider. However, this is not always possible.

Work closely with the health care provider to ensure that clients can have an appointment before running out of medication. If that is not possible, an emergency room visit may be necessary—and potentially costly if the client does not yet have health insurance coverage. This is where consultation with an appropriate health care professional is imperative, as service providers are not medically trained to make this determination.

Post-arrival

Ensure that the client has an appointment as soon as recommended. For many clients with significant medical conditions, this may be the day after arrival. Ideally the primary care provider will be able to schedule an urgent appointment. Case managers

should accompany clients to these appointments, as they are often lengthy and complex.

Ensure that the R&P case manager applies for health insurance as soon as possible. Check if your agency has any partnerships with state partners who can expedite Medicaid/Refugee Medical Assistance (RMA) applications in complex medical cases.

Know your state's retroactive Medicaid coverage policies. This may factor into decisions health care providers and clients make about health care services accessed in the early days after arrival in the U.S.

Work with the R&P case manager to assist the client in applying for other relevant **benefits** that they may be eligible for (e.g., [Supplemental Security Income](#)). Enroll the client in additional programming, such as [Refugee Health Promotion](#) and [Preferred Communities](#), for intensive case management.

Help the client be successful and decrease potential frustration by discussing expectations about the U.S. health care system. Be honest and set realistic expectations to help the client know what to anticipate. For example, a family may have been promised that U.S. health care will be able to “cure” the client's medical condition when that is not possible. If the client needs a wheelchair or prosthesis, explain the process and timeline may be long. Specialist appointments may also take time to schedule.

Resources

- Archived webinar: [Children with Significant Medical Conditions Across the Migration Continuum](#)
- Archived webinar: [Understanding U.S. Domestic Medical Screening for Refugees and Other Newcomers](#)
- Information guide: [Introduction to Refugee Health](#)
- Information guide: [Helping Clients Prepare for Initial Medical Appointments](#)
- Checklist: [Helping Clients Prepare for Medical Appointments](#)
- Archived webinar: [Assisting Newcomers with Navigating the U.S. Health Care System](#)
- Blog post: [What is Health Case Management?](#)

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