



VIRGINIA

REFUGEE RESETTLEMENT

PROGRAM

STATE PLAN

FEDERAL FISCAL YEAR 2016

SUBMITTED AUGUST 15, 2015

I. <u>Administration</u>	
CFR 45, Part 400	A. Authority
§ 400.5(a)	<p>1. Accountable State Agency</p> <p>The Virginia Department of Social Services (VDSS) is the state agency responsible for developing and administering the Virginia Refugee Resettlement State Plan. VDSS is one of the largest Commonwealth agencies. It partners with 120 local departments of social services and with faith-based and non-profit organizations to promote the well-being of children and families statewide.</p>
Attachment I A 1	<p>Governor Terry McAuliffe designated Margaret Ross Schultze, Commissioner of the Virginia Department of Social Services, as the person authorized to review, comment, and sign the Virginia Refugee Resettlement Program State Plan on his behalf. (§ 400.7)</p>
§ 400.5 (d) Attachment I A 2	<p>2. State Refugee Coordinator Authorization</p> <p>Kathy Cooper, Director of the Office of Newcomer Services, is Virginia's State Refugee Coordinator. The State Coordinator is responsible for developing, supervising, and administering the State Plan and for ensuring coordination of public and private resources in the resettlement of refugees and other eligible populations. The State Coordinator is employed by the state and reports to the Director of the Division of Community and Volunteer Services, who reports to Deputy Commissioner of Operations.</p>
§ 400. 22 (a)	<p>Virginia does not delegate responsibility for administering or supervising the administration of its state refugee plan beyond the Commissioner of the Department of Social Services and the State Refugee Coordinator.</p>
	<p>3. Public-Administered Program and Service Delivery Areas</p> <p>The Virginia Refugee Resettlement Program (VRRP) is publicly administered.</p> <p>VRRP service delivery is in all but one geographical areas of the state. VRRP is in northern, central, eastern, and Piedmont areas of Virginia. It is not in the Southwest area of Virginia.</p>

CFR 45, Part 400	B. Organization.
§ 400.5 (a)	<p>The Governor of Virginia has twelve Secretariats that assist in managing the operations of state agencies. The Virginia Department of Social Services is in the Health and Human Resources (HHS) Secretariat. Each Secretariat has a Secretary who provides overall supervision and direction to the agencies within the Secretariat. By law, the Secretary resolves conflicts among agencies, directs preparation of budgets, and holds agency heads accountable for effective and efficient performance.</p> <p>VDSS is part of the Virginia Social Services Systems which is a partnership of three key organizations: Virginia League of Social Service Executives, which represents 120 local departments of social services; the Virginia Community Action Partnership, which is an association of community action programs across the state; and VDSS. VDSS has programmatic and administrative responsibilities for both federal and state human services programs including Benefits Programs, Child Care and Early Childhood Development, Child Support Enforcement, Community and Volunteer Services, and Family Services.</p> <p>The Office of Newcomer Services organizational placement within the Department of Social Services aids the day-to-day activities of its Refugee Resettlement Program. It allows close coordination and communication with program staff responsible for the administration of Virginia's Temporary Assistance to Needy Families (TANF) Program, Medicaid Program; Supplemental Nutrition Assistance Program; Foster Care Program, Adult Services Program, Child Care Program, Volunteerism Program, and Community Action Program.</p>
CFR 45, Part 400	C. Virginia Assures that its Refugee Resettlement Program:
§ 400.5 (i)(1)	1. Complies with provisions of Title IV, Chapter of the Refugee Resettlement Act of 1980 and official issuances from the federal Office of Refugee Resettlement.
§ 400.5 (i)(2)	2. Complies with requirements set forth in CFR 45, Part 400.
§ 400.5 (i)(3)	3. Complies with all other applicable federal statutes and regulations in effect during the time it receives grant funding.
§ 400.5 (i)(4)	4. Will amend its State Plan to comply with standards, goals, and priorities established by federal Office of Refugee Resettlement Director.
§ 400.5(g)	5. Provides services to all refugees without regard to race, religion, nationality, sex, or political opinion.

<p>§ 400.5 (h)</p>	<p>6. Convenes planning meetings of public and private sector at least quarterly. The Virginia State Refugee Coordinator planning meetings include:</p> <ul style="list-style-type: none"> ➤ <i>Monthly Director’s Policy Committee Meetings</i> with resettlement agency directors and the Virginia Refugee Health Coordinator to review current federal and state policies, discuss resettlement trends, identify critical unmet needs, discuss ways to collaborate in the use of resources, develop strategies to improve service delivery, make recommendations for change, and develop standards and principles for Virginia’s refugee resettlement program. ➤ <i>Virginia Community Capacity Initiative (VCCI) Dialog Group Meetings</i> allow key community partners (business, government, education, health, safety, and economic) to discuss and promote refugee self-sufficiency, social and civic engagement, refugee population’s integration into the community. There are seven active VCCI Dialog Groups across the state. ➤ <i>Periodic Issue-Driven Meetings</i> are conducted with refugee resettlement providers, local affiliates of voluntary organizations, mutual assistance associations, local departments of health and social services, local area agencies on aging, and other local community organizations. These meeting educate community partners on resettlement trends and best practices in serving Virginia’s refugee population. ➤ As directed by the Virginia Department of Social Services Commissioner, the State Refugee Coordinator represents VDSS on refugee and immigrant working groups, task forces, councils, and committees.
<p>§ 400.83 (a)(2)</p>	<p>7. Refugee Cash Assistance Program Mediation</p> <p>The Virginia Refugee Cash Assistance Program is publicly administered and follows TANF mediation and reconciliation procedures.</p>
<p>§ 400.83 (b)</p>	<p>8. Refugee Cash Assistance Program Hearings</p> <p>The Virginia Refugee Cash Assistance (RCA) Program follows federal and state TANF regulatory mandates, which include due process standards. These rules (i) require timely written notice when an RCA payment is authorized and when it is reduced, suspended, or terminated and (ii) include the reason for the action, an explanation of the process for appealing an adverse action.</p>

SL # 09-30
SL # 06-10

9. Virginia Pandemic Influenza and Emergency Operational Plan

Since 2006, in response to the Office of Refugee Resettlement Director's guidance, Virginia has coordinated with Virginia Department of Emergency Management and the Virginia Department of Health Office of Emergency Preparedness to ensure that refugee populations are included in emergency operations readiness preparedness in the event of infectious disease outbreaks or other emergency situations.

U.S. Secretary of Health and Human Services (HHS) approved Virginia's pandemic influenza plan which defines both the shared and independent responsibilities of HHS and Virginia for pandemic influenza planning and preparedness.

- *State Legislative Authority* The Code of Virginia, § 44-146.13 to 44-146.29:2, establishes legal authority for development and maintenance of the Virginia's emergency management program and defines the emergency powers, authorities, and responsibilities of the Governor and the Emergency Management State Coordinator.
- *State Infrastructure* The Virginia Emergency Operations Plan defines the state-level emergency operations that will be implemented in response to a disaster or large-scale emergency. The Plan's emergency procedures to be followed by state agencies, local governments and other organizations are in compliance with both the National Response Plan and the National Incident Management System.
- *Continuity of Operational Plans* all Virginia State agencies are required to conduct preparedness planning and to maintain continuity of operations plans. These plans define (i) succession and lines of authority and (ii) the procedures for protecting all members of the public including vulnerable populations.
- *Refugee Health Program Role* The Code of Virginia §32.1-111.3 requires the Virginia Department of Health's Board of Health to develop, update, and publish a comprehensive, coordinated, statewide emergency medical care system and Emergency Medical Services (EMS) Plan that incorporates the plans prepared by the Regional Emergency Medical Services Councils. This plan is implemented by the Virginia Department of Health Office of Emergency Medical Services (VDH/OEMS).

	<ul style="list-style-type: none">➤ Under a memorandum of agreement between the VDH and the Office of Newcomer Services, the Virginia Refugee Health Coordinator (VRHC)<ul style="list-style-type: none">◆ Coordinates with VDH/OEMS to ensure refugee populations are included in emergency planning; existing health protocols.◆ Ensures public health nurses who serve refugee populations are informed and knowledgeable about pandemic protocols.◆ Ensures refugee resettlement staff and refugee populations are informed about personal hygiene, surveillance, and containment of contagious diseases, infection control, vaccine distribution, and anti-viral treatments. ➤ <i>Continuity of Operational Plans</i> The Virginia Department of Social Services' (VDSS) Continuity of Operations Plan defines how each program administered by VDSS will continue to operate in the event of an emergency or disaster. Each VDSS operational area, including the Office of Newcomer Services (ONS), has standard operating procedures (SOP). The ONS SOP defines the protocols ONS staff and resettlement staff will follow to ensure continued administration and operation of the Virginia Refugee Resettlement Program in the event of a disaster, including a pandemic influenza.
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	➤ For TANF, Completing an <i>Agreement of Personal Responsibility</i> to participate in the Virginia Initiative for Employment not Welfare is a required.
§400.45	C. Refugee Cash Assistance
§ 400.65 (b)	1. Virginia operates its Refugee Cash Assistance Program (RCA) consistent with its Temporary Assistance to Needy Family Program (TANF).
§400.66(a)(1)	a. Treatment of income and resources, budgeting methods, and need standards is the same as TANF rules, with the exception that income on the date of application, not the average income over the application processing period is counted.
§400.66(a)(2)	b. The RCA and TANF benefit amounts are the same. The amount is based on a legislatively established standard of need. There are three payment amounts depending on the geographical area where the applicant resides. Refugees in Virginia are primarily resettled in the Geographical Group II and Geographical Group III. The benefit amount below is an average of Group II and Group III Standard of Need. 1) RCA case size of one is \$213; of two is \$296; of three is \$364; of four is \$427; and of five is \$506. 2) TANF case size of one is \$213; of two is \$296; of three is \$364; of four is \$427; and of five is \$506.
§400.66(a)(3)	c. Proration of shelter, utilities and similar needs are the same for TANF and RCA, with the exception of items d – h below.
§400.66(a)(4)	d. RCA mirrors all other State TANF rules relating to financial eligibility and payments.
§400.66(b)	e. Resources remaining in the applicant’s country of origin are not considered for the RCA Program.
§400.66(c)	f. Virginia does not consider an agency sponsor’s resources in determining eligibility for the RCA Program.
§400.66(d)	g. Cash payments made through the Department of State Reception and Placement Program are not counted as income.
§400.66(e)	h. The period of coverage begins on the first day of the month in which the refugee submits application for benefits.

§400.68(a)	i. When the local department of social services (LDSS) receives an application for RCA, the local resettlement agency is notified electronically.
§400.68(b)	j. The resettlement office informs the LDSS immediately if, without good cause, the RCA applicant voluntarily quits employment or refuses to accept an offer of employment (i) within 30 days prior to the application for RCA or (ii) the after RCA is approved.
§400.60	k. This regulation is not applicable in Virginia. Virginia's RCA Program is not a Public-Private Partnership.
	l. The Virginia RCA program does not provide any type of differentials or incentive payments.
§400.76(b)	m. RCA applicants who live in geographical areas that are not served by refugee resettlement offices under contract with the Office of Newcomer Services to provide ORR funded employment services are exempt from the work registration requirement. RCA applicants in geographical areas served the ONS contractors are required to register for employment services. Good cause for non-participation is determined by the ONS contractor based on RSS and TAP regulations.
§400.55	n. In Virginia, both TANF and RCA are applied for on the same application. The application includes the applicant's rights and responsibilities and penalties for non-cooperation. The applications are available on-line in multiple languages. For in-person applications and assessment interviews, the VDSS has a contract for Language Interpretation which local DSS staff access for non-English speaking applicants.
§ 400.13	2. The RCA Program is administration in accordance with 45 CFR Part 95, Subpart E. The Virginia Department of Social Services operates under a federally approved Public Assistance Cost Allocation Plan (PACAP), number VA DSS 07-02. This plan was effective July 1, 2007, with each amendment thereto also approved. This plan includes local level administration of both the RCA and RMA programs. Virginia has 120 local departments of social services which may determine eligibility for RCA and RMA. There is one application that includes RCA and RMA. There is one application determination process. Both the determination process and local oversight of that process are reimbursed through this PACAP.

ORR SLs 12-13 & 13-03	a. The application intake process and the eligibility determination process for RCA applications is done by local departments of social services staff who determine eligibility for TANF.
ORR SLs 12-13 & 13-03	b. The distribution of RCA payments is done by local departments of social services Business Offices through a local check writing process.
ORR SLs 12-13 & 13-03	c. State administration and oversight of the RCA Program is managed by the Director of the Office of Newcomer Services who is the Virginia State Refugee Coordinator.
ORR SLs 12-13 & 13-03	d. One full time staff position is responsible for administration, guidance, and oversight of the RCA Program. This administrative cost is charged to the Cash and Medical Assistance Grant.
ORR SLs 12-13 & 13-03	e. The indirect cost rate Virginia charges to its CMA grant is based on its PACAP approved by the U.S. Department of Health and Human Services.
§400.90	<p>D. Refugee Medical Assistance</p> <p>The Department of Medical Assistance Services (DMAS) and the Virginia Department of Social Services (VDSS) share administration and operations of the Medicaid Program and FAMIS Medical Assistance Program*. DMAS sets Medicaid policy based on federal law and regulation; promulgates state regulations; and handles appeals. Local departments of social services (LDSS) process applications and maintain case records. VDSS administers the eligibility determination process. The Office of Newcomer Services (ONS) provides written RMA guidance to LDSS staff on eligibility rules that are based on federal RMA rules and regulations.</p> <p>*.NOTE: VIRGINIA'S SCHIP IS CALLED FAMIS (FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PLAN).</p>
§400.94	<p>1. LDSSs assess eligibility for Medicaid and FAMIS for each individual in the refugee family included on the application. Refugees are qualified aliens eligible to receive benefits immediately.</p> <ul style="list-style-type: none"> ➤ The LDSSs screen each refugee found ineligible for the Medicaid or FAMIS for RMA. ➤ Refugees who meet the Medicaid or FAMIS (SCHIP) financial eligibility standards for the medically needy category, but do not met the categorical requirements, are eligible for RMA.

<p>ORR SL 13-10</p>	<p>a. Medicaid and FAMIS eligibility rules and processes follow Virginia’s approved Medicaid and FAMIS State Plans. Virginia has not expanded Medicaid to include adults without children. As the populations eligible for Medicaid have not changed, there is no change in Virginia’s estimated RMA grant funding.</p> <ul style="list-style-type: none"> ➤ Families with children are screened according to the new federal Affordable Care Act modified adjusted gross income (MAGI) rules. Refugee arrivals with parent(s) and children will be screened for Medicaid eligibility using the new MAGI rules. ➤ Families with no children are screened according to existing state’s Medically Needy (MN) category rules. Single adult arrivals and families with adult children arrivals are screened using the MN category rules.
	<p>b. The application process for new refugee arrivals has not changed. RMA is included in the Benefits Program Medicaid application. Applications may be made on-line or in person at a LDSS office.</p>
<p>§400.101 §400.102</p>	<p>2. RMA financial eligibility standards and consideration of income and resources follow Virginia Medicaid and FAMIS rules, with the exception that</p> <ul style="list-style-type: none"> ➤ TANF, RCA and Match Grant payments are excluded from RMA income calculations. ➤ Wages from employment received after receipt of RMA and before the end of the eight-month eligibility period do not affect RMA eligibility. ➤ A Medicaid or FAMIS eligible refugee who becomes ineligible due to employment earnings during the RMA eligibility period is automatically eligible for RMA for the remainder of the eight-month eligibility period with no further screening for financial need.
	<p>a. The income standard used for RMA eligibility determinations is the same as Virginia’s Medically Needy standard.</p>
<p>§400.102</p>	<p>b. The income methodology used to count income is the same as the Medically Needy standard. [NOTE: ORR SL 13-09, WHICH AUTHORIZED STATES TO FOLLOW THE MAGI RULES FOR RMA, COULD NOT BE IMPLEMENTED IN VIRGINIA BECAUSE THE AGENCY ADMINISTERING MEDICAID HAD NO GUIDANCE FROM HHS/CMS AUTHORIZING THIS.]</p>

§400.104	3. RMA recipients continued coverage after employment
	<p>a. Virginia assures that</p> <ul style="list-style-type: none"> ➤ RMA benefits continue when an RMA recipient has increased earnings from employment. ➤ A Medicaid recipient who becomes ineligible for Medicaid due to employment income is transferred to RMA. ➤ RMA is provided for the full eight month eligibility period when there is an increase in earnings from employment. <p>If a RMA recipient receives employer-provided or national health insurance, RMA is reduced by the amount of the third party payment.</p>
§400.105	4. RMA recipients receive the same health coverage, in the same manner, and to the same extent as Virginia Medicaid recipients.
§400.106 §400.107	5. With the exception of Refugee Medical Screenings, which are not covered by Virginia Medicaid, Virginia does not provide medical services beyond the scope of its State Medicaid Program.
§400.5(f) ORR SL 12-09	6. Virginia delivers services to newly arrived refugees in need of care and monitors necessary treatment. [SEE VIRGINIA'S PLAN FOR REFUGEE MEDICAL SCREENING, ATTACHMENT II E 1]
	<p>a. Case information available through the Center for Disease Control and Prevention Electronic Database Notification system is accessed by the Virginia Department of Health, Newcomer Health Program (VDH/NHP) and shared with the local health districts that conduct refugee medical screenings. [SEE VIRGINIA'S PLAN FOR REFUGEE MEDICAL SCREENING, ATTACHMENT II E 1]</p>
	<p>b. The Office of Newcomer Services has a memorandum of agreement with VDH/NHP that establishes the VDH/NHP's responsibility for coordination with local medical screening providers and agency staff who provide resettlement assistance. These administrative costs are part of Virginia's Cash and Medical Assistance Grant. [SEE VIRGINIA'S PLAN FOR REFUGEE MEDICAL SCREENING, ATTACHMENT II E 1]</p>
	<p>c. Refugee Medical Screenings are conducted by licensed nurses, nurse practitioners, physician assistants, and physicians at VDH local health districts [SEE VIRGINIA'S PLAN FOR REFUGEE MEDICAL SCREENING, ATTACHMENT II E 1]</p>

	d. The screening services covered by Medicaid are described in section II E of this Plan.
ORR SL 13-03	7. Virginia's State Plan mirrors its CMA budget.
	a. The Department of Medical Assistance Services (DMAS) manages the RMA health insurance delivery system. At this time RMA recipients are not assigned to a managed care organization. Medical costs are reimbursed on a fee-for-service basis. RMA direct cost estimate is based on a monthly unit cost provided by DMAS.
	<p>b. RMA administrative costs associated with</p> <ul style="list-style-type: none"> ➤ DMAS' administrative costs are covered through a Virginia Department of Social Services Memorandum of Agreement with the State Medicaid. ➤ LDSS application intake; assessment, determination, disbursement, and oversight of the eligibility process cannot be separated from the RCA eligibility administrative costs. <p>In accordance with 45 CFR Part 95, Subpart E, the Virginia Department of Social Services operates under a federally approved Public Assistance Cost Allocation Plan (PACAP), number VA DSS 07-02. This plan was effective July 1, 2007, with each amendment thereto also approved. This plan includes local level administration of both the RCA and RMA programs. Virginia has 120 local departments of social services which may determine eligibility for RCA and RMA. There is one application that includes RCA and RMA. There is one application determination process. Both the determination process and local oversight of that process are reimbursed through this PACAP.</p>
§400.107	E. Refugee Medical Screening Program
<p>§400.107 (a)(2) Attachment II E-1</p> <p>(note: ORR Checklist refers to this as 1 b)</p>	<p>1. Since 1997, the Virginia Department of Social Services (VDSS) has had written approval from the Director of the federal Office of Refugee Resettlement for its Refugee Medical Screening (RMS) Program Plan. In October 2004, the RMS Program Plan was incorporated into its State Plan.</p> <p>b) Virginia operates a medical screening program funded through the federal Cash and Medical Assistance grant.</p>

<p>§ 400.107 (a)(1) Attachment II E-2 Attachment II E 3</p>	<p>2. Virginia’s RMS Program services are those recommended by the Centers for Disease Control and Prevention and described in ORR State Letter 12-09. All RMS services are provided according to federal Office of Refugee Resettlement official guidance and are based on age and country of origin. Virginia also assures that any guidance issued by the Director in federal fiscal year 2016 will be incorporated into its RMS Program Plan.</p>
<p>ORR SL 12-09</p>	<p>a. RMS services that are covered by Virginia’s state Medicaid Plan are vaccinations for children. None of the other screening services are included in the Virginia’s Medicaid State Plan.</p>
<p>ORR SL 12-09</p>	<p>b. Virginia provides no services beyond those described in ORR State Letter 12-09.</p>
<p>ORR SL 12-09</p>	<p>c. The costs associated with the Virginia RMS Program are calculated based on ORR State Letter 12-13, <i>Guidance on Reporting and Estimating Administrative Costs for the Refugee Cash and Medical Assistance Program</i> and ORR SL 13-03, <i>ORR 1 and State Plan Submissions</i>.</p>
<p>§ 400.107 (b)</p>	<p>d. Virginia’s approved <i>Plan for Refugee Medical Screenings</i> requires that, when possible, the initial medical screening be conducted within 30 days of arrival or 30 days from the date a person receives a refugee-eligible immigration status. If necessary, screenings may be conducted up to 90 days after arrival without a Medicaid determination.</p>
<p>ORR SL 13-03</p>	<p>3. Virginia State Plan mirrors it ORR 1 Cash and Medical Assistance Program Estimate.</p>
<p>Attachment II E-4</p>	<p>a. RMS direct costs are paid to local health districts on a fee-for-service model for each refugee medical screening conducted. The cost for each screening procedure is based on the current Virginia Medicaid reimbursement rates. The non-medical direct service reimbursed costs include interpretation and translation.</p>
	<p>b. RMS administrative costs include the Refugee Health Coordinator Office staff, refugee health liaison staffs in the local resettlement offices, interpretation and transportation as defined in the Virginia Medicaid State Plan; training and skills development for the nursing staffs that provide refugee medical screening and the refugee health liaisons, and the development of a data system to track refugee health services.</p>

§ 400.140	F. Refugee Social Services
§ 400.154 § 400.155	<p>1. The Office of Newcomer Services (ONS) contracts with community based non-profit organizations to provide eligible refugee populations with services funded through the Refugee Social Services and Targeted Assistance Program grant funding. Virginia’s refugee employment program is called the <i>Refugee Social Services Employment Program</i> (RSSEP). RSSEP services assist participants in becoming and remaining employed.</p> <p>RSSEP does not operate with any waivers or withdrawals from existing federal regulatory requirements.</p>
§ 400.154 § 400.155	<p>2. RSSEP service providers are required to follow ONS written employment services and employability services guidance documents. These documents are consistent with the federal requirements in CFR 45, Part 400.</p>
	<p>a. RSSEP services allow for assistance with citizenship preparations and obtaining Employment Authorization Documents; however, they do not include the actual fees associated with obtaining those documents.</p>
§ 400.401	<p>G. Cuban and Haitian Entrants</p> <p>In Virginia, Cuban and Haitian entrants are eligible for cash and medical assistance from the same agencies and under the same conditions as other individuals with refugee-eligible immigration documents.</p>
§ 400.5 (e)	H. Unaccompanied Refugee Minors
	<p>1. Unaccompanied refugee minor (URM) children are present in Virginia.</p> <p>a. Virginia receives a Cash and Medical Assistance grant to provide for the care URM children.</p> <p>Note: Checklist item 1.a. 1) does not apply in Virginia.</p>
§ 400.117 § 400.120	<p>2. The Virginia Department of Social Services (VDSS), Office of Newcomer Services (ONS) has administrative and oversight responsibilities for the URM Program.</p> <p>a. Administration and oversight is accomplished under the following structure.</p>

	<ol style="list-style-type: none"> 1.) ONS contracts with a private non-profit 501(c) (3) social service agency to provide Unaccompanied Refugee Minor (URM) Program services. 2.) ONS has a staff person dedicated to the management of the URM contract who reviews placement and outcome reports and maintains a record of the identification, location, and status of each child placed in Virginia’s URM Program. 3.) The URM contract requires the contractor to operate under the standards and requirements of Virginia’s IV-B Plan, as defined in (i) <i>Code of Virginia, Chapter 10, Child Welfare, Homes, Agencies and Institutions</i> and (ii) the VDSS Foster Care Policy Manual. VDSS has responsibility for the oversight of care provided to children in foster care. 4.) ONS has responsibility for monitoring compliance with URM contract requirements. The VDSS Division of Licensing has responsibility for monitoring foster care providers.
	<p>b. Virginia assures that</p> <ol style="list-style-type: none"> 1.) Oversight of its URM contract includes a review of the accountability of all aspects of the program, including fiscal and program reporting. 2.) The contractor is accredited by the Council on Accreditation and Family Services and is licensed and authorized under Virginia law to accept custody of children for foster and adoptive placement and to provide supervision, custody, and case management services. 3.) ONS, which has oversight responsibilities for the URM Program Contract, holds bi-monthly conference calls with the contractor on both contract scope of services issues and on case specific issues.
<p>§400.115(a) ORR Statement, III. Program Standards, Legal Considerations</p>	<p>3. Legal Responsibility</p>
	<p>a. Procedures for legal responsibility, legal authority allowed by the state, court oversight, age parameters, older youth in care</p> <ol style="list-style-type: none"> 1.) The contract agency petitions a Virginia Juvenile and Domestic Relations Court for custody of the child within 24 hours of the child’s arrival in Virginia. The court

	<p>immediately gives the contractor temporary custody. The court gives the contractor permanent custody after a dispositional hearing that is held within 75 days of the date that temporary custody is granted.</p> <p>2.) The contract agency has legal responsibility of the URM child which includes custody, guardianship, and conservatorship.</p> <p>3.) The age parameters of URM children in Virginia are 0 to 18 years of age.</p> <p>4.) Participation in the URM program between the ages of 18 to 21 is a voluntary decision made with the child.</p>
<p>TVPA (2000), Sec. 107 (b) (1) (A); [2] TVPRA 2008, Sec. 235 (d) (4) (A); [3] VAWRA 2013, Sec. 1263; [4] §400.111; §400.113; §400.116; SL # 09-09; SL # 14-01</p>	<p>4. Eligibility</p>
	<p>a. Virginia serves all URM eligible populations approved for resettlement in Virginia by the federal Office of Refugee Resettlement (ORR). This includes children who are reclassified by the federal ORR as unaccompanied refugee minors after arrival in the U.S.</p> <ul style="list-style-type: none"> ➤ refugees in the U.S. who become unaccompanied due to a family breakdown ➤ asylees ➤ Cuban and Haitian entrants ➤ victims of human trafficking ➤ special immigrant juveniles ➤ U Status recipients
	<p>b. The URM contractor has legal custody of the children until age 21 or until voluntary release from the program after age 18.</p>
	<p>c. Regarding termination of URM eligibility</p> <p>1) There are no triggers that would terminate a URM child's eligibility for the URM program other than adoption or the child choosing to terminate after age 18.</p> <p>2) A foster care child who requests voluntary release from care after age 18 may be returned to the URM Program after 60 days.</p>

	<p>d. Virginia provides supervised independent living services for youth between the ages of 18 to 20.</p>
<p>§400.115(c); §400.116(a); §400.118; SL # 09-09; ORR Statement, III. c</p>	<p>5. Services and Case Review</p> <p>The contract agency assesses each URM child’s needs and develops a case plan based on that assessment.</p>
	<p>a. Virginia’s State Plans under titles IV-B and IV-E of the Social Security Act apply to URM children in foster care. URM children receive the same benefits and services as all other Virginia children in foster care.</p>
	<p>b. The contract agency URM Program Managers and the Program Director review URM case records.</p> <ol style="list-style-type: none"> 1) Each case is reviewed monthly to ensure compliance with contractor internal program policies, with Virginia’s state foster care regulations, and to ensure continued appropriateness of the living arrangement. 2) Each case is reviewed quarterly to evaluate progress made towards permanency. The contractor follows the State’s Title IV-B Plan in assessing permanency options. In cases where a court finds that adoption is in the best interest of a child and parental rights have been terminated, a URM child may be adopted.
	<p>c. Under its contract with ONS, the contract agency develops a case plan for each child in the URM Program. The plan includes</p> <ol style="list-style-type: none"> 1) Family reunification [THE CONTRACT AGENCY COORDINATES WITH THE AMERICAN RED CROSS AND WITH THE U.S. COUNCIL OF CATHOLIC BISHOPS TO LOCATE SIBLINGS.] 2) Placement [WHEN REUNITING THE CHILD WITH FAMILY OR RELATIVES IS NOT IMMEDIATELY POSSIBLE, THE CONTRACTOR MAKES PLACEMENT DECISIONS BASED ON THE BEST INTEREST OF THE CHILD.] 3) Health screening and treatment 4) Mental health needs 5) Social adjustment 6) Education and training 7) English language training 8) Career Planning

	<p style="text-align: center;">9) Preparation of Independent living 10) Preservation of ethnic and religious heritage</p>
	<p>d. Placement Options and Physical Examinations</p> <ol style="list-style-type: none"> 1) Virginia contracts with one contractor for the placement and care of URM children. This contractor places children in two geographical locations in Virginia. There are no special arrangements for subcontracts or memorandums of understanding. 2) Physical examinations are provided to all children in the URM Program within 30 days of placement into Virginia URM Program. A routine physical examination is done once a year. Specialized medical care is provided through local providers and hospitals. Federal funding is used for the state costs of the delivery of Medicaid services during the child's period of eligibility for URM services.
<p>§400.119</p>	<p>6. Interstate Movement</p>
	<p>a. Virginia's <i>Interstate Compact on the Placement of Children</i> laws and regulations meet the federal statutory uniform law requirements for the protection of children who are placed across state lines for foster care and adoption. If a URM child moves to another state after initial placement in Virginia, the same procedures that govern Virginia's non refugee foster care cases apply to the movement of URM children.</p>

ATTACHMENT I A 1



Terence R. McAuliffe, Governor

COMMONWEALTH of VIRGINIA

Office of the Governor

October 31, 2014

Mr. Eskinder Negash, Director
Office of Refugee Resettlement
Administration for Children and Families
U.S. Department of Health & Human Services
901 D Street, SW
Washington, DC 20447

Dear Mr. Negash:

This letter designates Margaret Ross Schultze, Commissioner of the Virginia Department of Social Services, as the individual responsible for the review, comment, and signature of the Virginia Refugee Resettlement Program State Plan, as required by CFR 45, Part 400.7 A.

This designation includes giving Commissioner Schultze authority to delegate responsibility for the administration of the Virginia Refugee Resettlement Program to the State Refugee Coordinator. I reserve the right to amend or withdraw this designation at any time.

Thank you for the work you do to further the resettlement of refugees into this country and the support you give to the Commonwealth of Virginia as it welcomes those who come to resettle in our great State.

Sincerely,

A handwritten signature in black ink on a light yellow background, appearing to read "Terence R. McAuliffe".

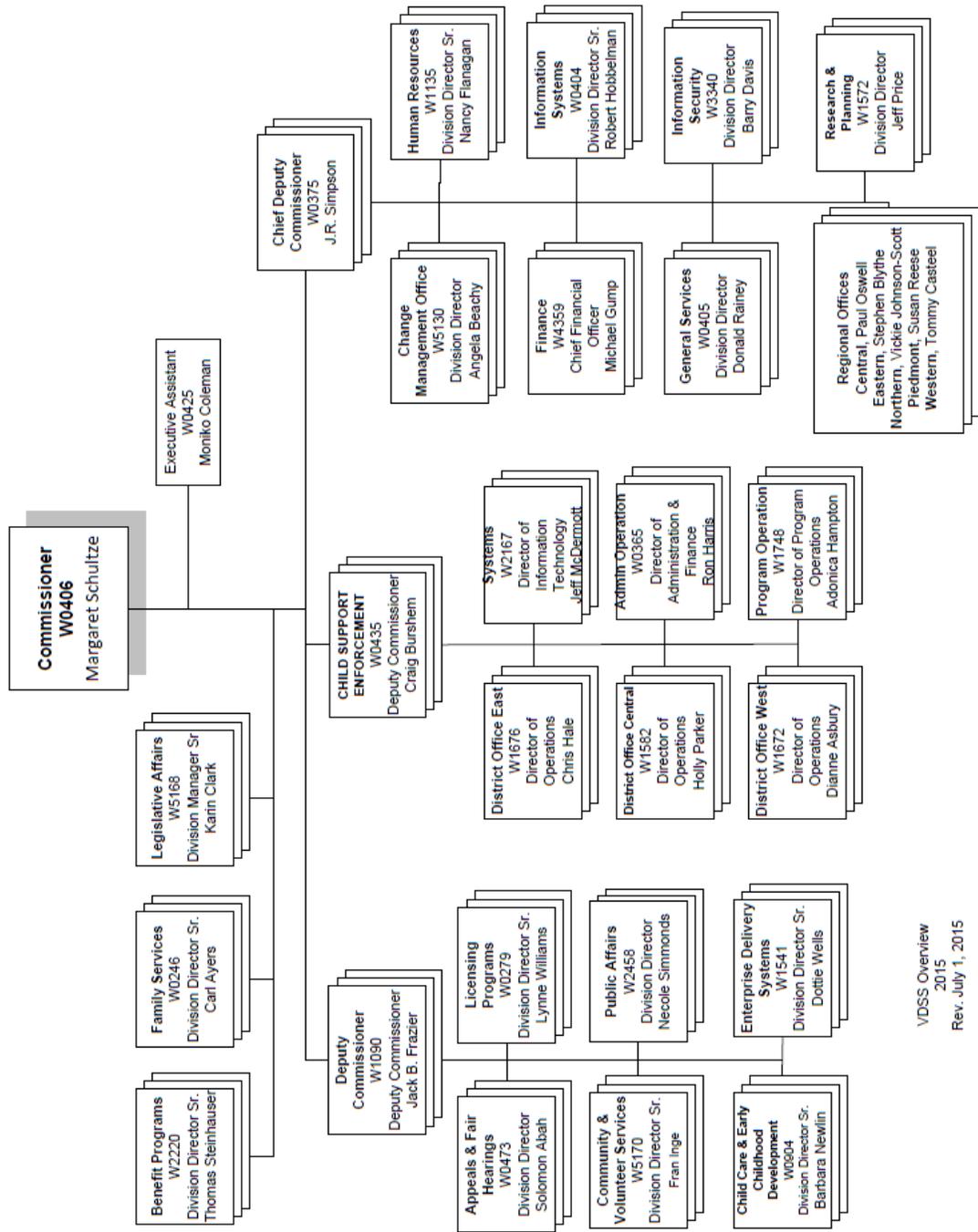
Terence R. McAuliffe

c: Margaret Ross Schultze, Commissioner, Virginia Department of Social Services

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ATTACHMENT I A 2

VIRGINIA DEPARTMENT OF SOCIAL SERVICES



VDSS Overview
 2015
 Rev. July 1, 2015

ATTACHMENT II A 1

Virginia's Refugee Resettlement Goal

Virginia's Model for Refugee Resettlement

Virginia's model for refugee resettlement is intended to promote effective resettlement through attainment of self-sufficiency as soon as possible after arrival. The model is based on the following principles:

- a. The Comprehensive Resettlement Plan is the root and center of all services to refugees.
- b. Long term public assistance utilization is not a way of life in America and is, therefore, not a resettlement option.
- c. A refugee's early employment promotes his/her earliest economic self-sufficiency.
- d. The physical and mental health needs of refugees must be addressed in a timely, coordinated, and integrated way to promote and ensure the well-being and health of refugee families.
- e. Community receptivity to refugees is a key factor in successful resettlement, therefore, refugee resettlement office must take the lead in creating a welcoming environment for refugees through community dialogs involving key stakeholders to provide local awareness of and input into the resettlement process and to ensure adequate levels of local support for the resettlement effort.
- f. Refugee resettlement involves many services that may be provided concurrently, progressively, or successively, but must always constitute a continuum of services beginning at the time of the refugee's arrival into the U.S. and continuing through self-sufficiency leading up to citizenship. Resettlement services are sensitive to cultural and ethnic issues, accessible regardless of English language fluency, link refugees to community services, are seamlessly delivered, and include Mutual Assistance Associations.

Source: *Office of Newcomer Services RSS/TAP contract with refugee service providers*

ATTACHMENT II E 1

Virginia Plan for Refugee Medical Screenings

The Virginia Department of Social Services (VDSS) Office of Newcomer Services (ONS) administers the federal Cash and Medical Assistance (CMA) grant in Virginia. Since 1997, Virginia has had written approval from the Director of the Office of Refugee Resettlement to use CMA funds for refugee medical screenings. Virginia's Plan for Refugee Medical Screenings follows the requirements outlined in ORR State Letter 12-09. In 2004 Virginia made its Refugee Medical Screening Plan part of its State Plan.

Under a memorandum of agreement between VDSS/ONS and the Virginia Department of Health (VDH), VDH coordinates, facilitates, and monitors the delivery of refugee medical screenings at the local level.

These services are provided by the VDH, Office of Tuberculosis Control and Prevention and Newcomer Health Services, which is organizationally located under the Deputy Commissioner for Public Health, Office of Epidemiology's Division of Disease Prevention (DDP). DDP's mission is to maximize public health and safety through the elimination, prevention, and control of disease, disability, and death caused by HIV/AIDS, viral hepatitis, other sexually transmitted diseases, and tuberculosis. The Division ensures a basic level of health screening, which meets the federal Office of Refugee Resettlement and Centers for Disease Control and Prevention requirements, for all Virginia refugees.

The objective of Virginia's Refugee Medical Screening Program is to identify and eliminate health related barriers to successful refugee resettlement; to protect the public health; and to provide refugees with an orientation to Virginia's health care system.

A. Description of Virginia's Medical Screening Protocols

Refugee medical screenings may be performed or arranged at any one of Virginia's 35 local health district offices. The Community Health Services section of the Virginia Department of Health provides oversight and guidance to these local health districts. Depending on the size of the district offices, the offices may have licensed public health nurses, nurse practitioners, physician assistants, physicians, or some combination of these that either perform the screenings or refer the refugee to another local health district or provider.

Initial screenings are conducted, when possible, within 30 days of refugee arrival date or after the date determination of asylum, Cuban Entrant, or victim of human trafficking status and may be conducted up to 90 days. If there are extenuating circumstances, screenings may be conducted after 90 days with the approval of the VDH Refugee Health Coordinator. Application for Medicaid does not apply in Virginia as Virginia Medicaid does not cover any of the medical screening services with the exception of the vaccinations for children which are covered.

Local health district staffs report to the Refugee Health Coordinator the number refugee arrivals who are not screened within 90 days of arrival and those who cannot be located.

Referrals and follow up of services are provided or arranged for the refugee when the screening identifies a need for such follow-up.

Virginia's refugee medical screenings are based on federal ORR requirements defined in ORR State Letter 12-09 and on current Center for Disease Control and Prevention guidances. The screenings consist of: (i) a history and physical examination, (ii) assessment performed by a physician, nurse practitioner, physician's assistant, or public health nurse, and (iii) specific procedures based on the age and gender of the refugee:

1. Laboratory testing, including a complete blood count with differential, serum chemistries, urinalysis, TB screening, HIV testing and Hepatitis B testing
2. Additional testing and treatment, based on age, risk factors and overseas record of testing and treatment as appropriate, including presumptive treatment for individuals who did not receive pre-departure treatment for certain conditions..
3. Virginia Refugee Medical Screening immunizations are based on recommendations of the Centers for Disease Control and Prevention and the Association for Professionals in Infection Control and Epidemiology. Zoster and HPV will not be provided as these vaccines are not required for adjustment of status.
4. Allowable vaccines are provided to all eligible refugees. Vaccines covered under Medicaid are provided as part of the initial refugee screening, but are not charged to federal Cash and Medical Assistance grant.
5. Vaccines are reimbursable only during the first year post arrival and then only if Medicaid is not in effect or does not provide coverage.

B, Budget Estimate

1. The ORR 1 *Cash and Medical Assistance Estimate* for Refugee Medical Screenings
 - a. The number of medical screenings estimate is based on the Department of State estimated number arrivals and an estimate of other eligible refugee populations based on prior years numbers.
 - b. The number of individuals in each age group that will receive testing and treatment as required and defined by the federal Office of Refugee Resettlement.

- c. The costs associated with (i) the procedure codes for each assessment activity required by ORR and (ii) the current Virginia Medicaid reimbursement rates.
2. The ORR 1 *Cash and Medical Assistance Estimate* for Refugee Medical Screenings Administration.

C. Mechanism Used For RMA Reimbursement

Local health districts submit to the Virginia Department of Health (VDH) monthly invoices for the costs of medical screenings conducted during that month. Through an interagency funds transfer process, VDH is reimbursed for these costs by the Virginia Department of Social Services (VDSS).

D. Memorandum of Agreement

The memorandum of agreement between VDH and VDSS is reviewed and updated annually. VDSS oversight of the MOA is done through review of monthly interagency transfer requests and accompanying invoices; VDH trimester reporting; and assessment of timeliness of medical screenings.

Virginia's Reception and Placement Program staffs have direct communications with the local health districts that conduct refugee medical screenings. The memorandum of agreement which the State Refugee Coordinator's ((SRC) Office has with the Virginia Department of Health includes the requirement that the Refugee Health Coordinator (RHC) provide oversight in the collaboration between the Reception and Placement Program staff and the local health district refugee medical screening staff. This oversight is facilitated by eight refugee health liaisons RHC n the geographical areas where refugees are resettled. These positions are funded by the SRC through the Cash and Medical Assistance Grant, supervised by the resettlement office directors, and managed by the RHC. The RHC provides guidance to the health liaisons who coordinate with resettlement and medical screening staffs the timely and effective delivery of initial medical screenings when a refugee arrives with a serious medical condition and facilitates connecting refugees with a primary care health provider for on-going medical needs.

E. Virginia State Refugee Health Coordinator (RHC) Responsibilities

1. Coordinates with the Center for Disease Control and Prevention on matters related to refugee medical screenings and contagious diseases and other health issues as they relate to refugee populations.
2. Provides oversight and guidance to local health districts on matters related to conducting refugee medical screenings and arranging needed follow-up health services as needed.

3. Monitors local health districts' compliance with refugee medical screening protocols and federal timeframes.
4. Provides training and technical assistance to local health districts on matters related to refugee medical screening.

F. State Level Coordination

1. The State Refugee Coordinator and the State Refugee Health Coordinator meet monthly.
2. The State Refugee Health Coordinator is a member of the State Refugee Coordinator's Policy Committee.

ATTACHMENT II E 2
Newcomer Health Encounter Form

Place encounter label here:
 Date: _____
 Name: _____
 DOB: _____ Pt #: _____
 Encounter #: _____

Subprogram: RF Diagnosis Code: V70.5
 Setting: _____
 Provider #: _____ Provider Time: _____

HISTORY AND PHYSICAL EXAM/ASSESSMENT

_____ Performed by MD
 _____ Performed by NP*
 _____ Performed by PHN †

99381 _____ H&PA <1 year
 99382 _____ H&PA 1-4 years
 99383 _____ H&PA 5-11 years
 99384 _____ H&PA 12-17 years
 99385 _____ H&PA 18-39 years
 99386 _____ H&PA 40-64 years
 99387 _____ H&PA ≥65 years

*For exams performed by NP use NP exception code
 †For exams performed by PHN use PHN exception code

LABORATORY TESTS FOR ALL PATIENTS

CBC
 L5009 _____ CBC w/Plate and Diff

Serum Chemistries
 L322758 _____ Basic metabolic panel

Urinalysis
 For all able to provide clean catch specimen; only select one of the below.

81000 _____ Urine Dip, (non-automated, with microscopy)
 81001 _____ Urine Dip, (automated, with microscopy)
 81002 _____ Urine Dip, (non-automated, without microscopy)
 81003 _____ Urine Dip, (automated, without microscopy)

HIV Testing
 L83824 _____ HIV 1/O/2

Hepatitis B Testing
 Choose Hepatitis B Panel for adults; choose Hepatitis B Surface Antigen only for children <18 years if from low to intermediate endemic areas.

L37184 _____ Hepatitis B Panel
 L6510 _____ Hepatitis B surface antigen

Lab Charges

36415 _____ Venipuncture
 36416 _____ Capillary Blood Sample
 99000 _____ Lab Handling Fee

TB TESTING

L182873 _____ QuantiFERON IGRA
 86480A _____ QuantiFERON Gold Test (NOVA price code)
 TspotTB _____ T-Spot IGRA

86580 _____ TST Admin
 PPREAD _____ mm POS NEG
 (Districts may leave V74.1 default diagnosis code)

71010 _____ Chest x-ray, frontal
 71020 _____ Chest x-ray, PA and lateral } Use RF exception code

TBSPEC1 _____ TB Culture AFB & Smear } Send to DCLS
 TBSPEC2 _____ TB Culture AFB & Smear }
 TBSPEC3 _____ TB Culture AFB & Smear }

LABORATORY TESTS FOR SPECIFIC PATIENTS

Cholesterol
 Screen men ≥35 years and women ≥45 years; can be checked non-fasting. Screen beginning at age 20 individuals at increased risk for CAD (diabetes, tobacco use, HTN, familial history of cardiovascular disease)
 L303756 _____ Lipid Profile

Pregnancy Testing
 For females of childbearing age
 81025 _____ UPT (use secondary diagnosis code depending on result) _____ Pos (V72.42) _____ Neg (V72.41)

Blood Lead Level/Iron studies
 Choose 717009 for children 6 months – 16 years; and one or more of the nutritional tests if < 6 years if needed
 L717009 _____ Assay of lead

L1339 _____ Serum Iron
 L5280 _____ Reticulocyte/Hgb count

Hepatitis C Testing
 Only test if from high risk group – body art, blood transfusion recipient, etc.
 L140659 _____ Hepatitis C antibody

<p>Syphilis Screen >15 years of age ≤15 with risk factors</p> <p>L12005 ___ RPR Test with Reflex</p> <p>Chlamydia Testing Women ≤25 who are sexually active or those with risk factors; women >25 years with risk factors (new or multiple sexual partners). L183194 ___ Chlamydia/ gonorrhea (urine)</p> <p>Serology L96206 ___ Varicella IgG (use for 19 years and up)</p> <p>L58495 ___ Measles, Mumps, Rubella immunity</p> <p>Newborn Screening (within first 6 months of life) NBSCR ___ Newborn Screening Outpatient</p>	<p>OTHER 99213 ___ Clinician Visit 2 (use if pt is seen for a f/u visit) 99211 ___ Nurse Visit RFGINTP ___ Refugee Interpretation Services (1 time charge only) RFGMHSC ___ Refugee Mental Health Screening (only for districts participating in the RHS-15 pilot program)</p> <p>___ Update Address and Phone number</p> <hr/> <hr/> <hr/>
<p>IMMUNIZATIONS Use chargeable vaccines for adults and select FF price code</p> <p>90700 ___ DTaP 90632 ___ Hepatitis A adult 90633 ___ Hepatitis A pediatric 90746 ___ Hepatitis B adult Free/Charge/Study 90744 ___ Hepatitis B pediatric 90636 ___ HepA/Hep B (Twinrix) Free/Charge/Study 90648 ___ Hib Varies ___ Influenza Free/Charge 90649 ___ HPV4 90713 ___ IPV 90696 ___ Kinrix (DTaP/IPV) 90734 ___ MCV4 90707 ___ MMR Free/Charge 90710 ___ MMRV 90670 ___ PCV13 90723 ___ Pediarix (DTaP/IPV/Hep-B) 90698 ___ Pentacel (DTaP/IPV/Hib) 90732 ___ PPV23 90681 ___ Rotarix 90680 ___ Rotateq 90714 ___ Td Free/Charge 90715 ___ Tdap Free/Charge 90716 ___ Varicella Free/Charge</p> <p>90471 ___ First Injectable Vaccine Admin. Fee 90472 ___ Each Add'l Injectable Vaccine Admin. Fee 90473 ___ First Oral/Nasal Vaccine Admin. Fee 90474 ___ Each Add'l Oral/Nasal Vaccine Admin. Fee</p>	<p>Send to DCL</p> <p>MEDICATIONS – to be used only with preapproval from the NHP. ***</p> <p>RD603A Malarone Adult (Atovaquone 250mg; Proguanil 100mg) ___ #of pills</p> <p>RD604A Malarone Child (Atovaquone 62.5mg; Proguanil 25mg) ___ #of pills</p> <p>RD611B Praziquantel (Biltricide) 600mg ___ # tabs</p> <p>RD675 Praziquantel (Biltricide)600mg 6tabs</p> <p>RD763A Albenza ___ #of pills</p> <p>RD764 Stromectol bottle of 20___</p> <p>RD764A Stromectol ___ #of pills</p> <p>FOLIC ACID FAC ___ Folic Acid Counseling R886 ___ Folic Acid – 400 MCG 100's MVC ___ Multivitamin w/Folic Acid Counsel R593 ___ Vitamins w/.8mg Folic Acid</p> <p>***For medication preapproval, please call Jill Grumbine at 804-864-7911. If Jill is not available, please contact Jane Moore at 804-864-7920.</p>

Country of
Origin: _____



Attachment II E 3
Newcomer Health Program
Supplemental Data Collection Form

Name _____
DOB _____
Encounter # _____

Alien # _____
Date of U.S. Arrival _____
VOLAG _____

Did the patient receive an initial health screening? <input type="checkbox"/> Yes <input type="checkbox"/> No DATE OF INITIAL ASSESSMENT: ____/____/____	
If the patient did not receive a screening, why not? <input type="checkbox"/> Moved <input type="checkbox"/> Refused <input type="checkbox"/> Never located <input type="checkbox"/> Missed multiple appts. <input type="checkbox"/> Unknown	
Please provide an appropriate response to each question. Status (circle 1) Refugee Asylee SIV Cuban/Haitian T-Visa	
Assessment Findings: Is the patient: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Was the dental evaluation WNL? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Referral needed?
Was the hearing evaluation WNL? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Referral needed?
Was the vision evaluation WNL? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Referral needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were nutritional abnormalities found? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Referral needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
For children, was the developmental assessment WNL? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Referral needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Laboratory Findings:	
Was the CBC WNL? <input type="checkbox"/> Not Done <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Done <input type="checkbox"/> Yes <input type="checkbox"/> No Referral needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the metabolic panel WNL? <input type="checkbox"/> Not Done <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Done <input type="checkbox"/> Yes <input type="checkbox"/> No Referral needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were the HepB Surface Antigen Results WNL? <input type="checkbox"/> Not Done <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not Done <input type="checkbox"/> Yes <input type="checkbox"/> No Referral needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis Screening:	
Test for TB infection (TST or IGRA) <input type="checkbox"/> Pos <input type="checkbox"/> Neg. <input type="checkbox"/> Not Done	
If the patient was referred for a chest x-ray was it WNL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Done	Was treatment

Person Completing Form: _____ Phone #: (____) _____

ATTACHMENT II E 4

VDH Newcomer Health Program Price List For Newcomer Health Screening

Procedure Code	Test	Web Vision Price
85025	CBC w/diff	\$2.54
80048	Basic Metabolic Prof	\$2.62
81000	Urine Dip, non automated with microscopy	\$4.15
81001	Urine Dip, automated with microscopy	\$3.76
81002	Urine Dip, non automated without microscopy	\$3.36
81003	Urine Dip, automated without microscopy	\$2.95
86707	HIV1/O/2	\$3.84
87340, 86704, 86706	Hepatitis B Panel	\$11.23
87340	Hepatitis B Surface Antigen	\$3.22
86481	T-Spot IGRA	\$47.50
86480	QuantiFERON IGRA	\$59.49
86580	TST/PPD Reading	\$7.00
71010	Chest x-ray, frontal	\$35.00
71020	Chest x-ray, PA and lateral	\$35.00
80061	Lipid Profile	\$3.51
81025	UPT	\$8.30
83655	Assay of Lead	\$5.19
83540	Serum Iron	\$1.73
85046	Retic/Hgb Count	\$3.24
86803	Hepatitis C Antibody	\$7.03
86592	RPR with Reflex	\$2.05
87491, 87591	Chlamydia/GC - urine	\$15.00
86787	Varicella IgG	\$3.99
86735	MMR Immunity Panel	\$12.99
36415	Venipuncture	\$3.34
36416	Capillary Blood Sample	\$1.06
99000	Lab Handling Fee	\$3.53