



**VIRGINIA**

**REFUGEE RESETTLEMENT**

**PROGRAM**

**STATE PLAN**

**FEDERAL FISCAL YEAR 2015**

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## REGULATORY REQUIREMENTS CROSS REFERENCE GUIDE FOR VIRGINIA STATE PLAN FFY 2014

CFR 45 Cite	VA State Office Use Only	CFR 45 Requirement	Location in State Plan
§ 400.4 (a)	✓◆	Submittal of Virginia Refugee Resettlement State Plan	Cover Letter
§ 400.4 (b)	*	Keeping the State Plan current	1.5.3
§ 400.5 (a)	✓◆	Describe organization of responsible state agency	1.2
§ 400.5 (b)	✓◆	Coordination of RCA & RMA with support services	2
§ 400.5 (c)	✓◆	Availability of language training and employment services	2.5 & 2.6.2
§ 400.5 (d)	✓◆	Designation of State Coordinator	1.1.2
§ 400.5 (e)	◆	Description of program for unaccompanied minors	6
§ 400.5 (f)(1)	✓◆	Description of medical screening	4.1; 4.3
§ 400.5 (f)(2)	✓◆	Description of medical follow-up	4.4
§ 400.5 (g)	✓◆	Statement of non-discrimination	1.5.1.e
§ 400.5 (h)	✓◆	Provision for state meetings with agencies serving refugees	1.5.2
§ 400.5 (i)(1)	✓◆	Compliance with the Refugee Resettlement Act of 1980	1.5.1.a
§ 400.5 (i)(2)	✓◆	Compliance with CFR 45, Part 400	1.5.1.b
§ 400.5 (i)(3)	✓◆	Compliance with federal statutes and regulations	1.5.1.c
§ 400.5 (i)(4)	✓◆*	Compliance with ORR Director's goals and priorities	1.5.1.d & 12
§ 400.7	*	Review of Virginia RR State Plan by Governor's designee	1.1.1
§ 400.22 (a)	◆	Delegation of administrative responsibility	1.1.3
§ 400.22 (b)(1)	◆	Method of disseminating policies & other information	1.4
§ 400.22 (b)(2)	◆	Systematic evaluation of local operation	9.2
§ 400.25	◆	No residency requirement	2.6.1.b
§ 400.27 (a)&(b)	◆	Safeguarding information	2.2.3
§ 400.28 (a)	◆	Maintenance of records	8.1
§ 400.28 (a)(1)	◆	Documentation of clients and services	8.2
§ 400.28 (a)(2)	◆	Records and tracking of unaccompanied minor refugees	6.6.2; 8.3
§ 400.28 (a)(3)	◆	Documentation of medical follow-up & monitoring	8.4
§ 400.28 (b)	*	Submittal of statistical and programmatic information	8.5
§ 400.43	◆	Refugee status documentation	2.1
§ 400.54	*	RCA Notice and hearings	3.3.7
§ 400.59 (d)	✓◆	State Refugee Coordinator Authorization	1.1
§ 400.65 (a)	*	Consistency of RCA & TANF program	3.3
§ 400.65 (b)	*	RCA amendments to State Plan	3
§ 400.66 (a)(1)	✓	RCA consistency w/TANF eligibility determination rules	3.3.1
§ 400.66 (a)(2)	✓	RCA consistency w/TANF benefit amounts rules	3.3.1
§ 400.66 (a)(3)	✓	RCA consistency w/TANF proration of shelter, etc, rules	3.3.1
§ 400.66 (a)(4)	✓	RCA consistency w/TANF other financial rules	3.3.1
§ 400.66 (b)	✓	RCA rules regarding home-country resources	3.3.2
§ 400.66 (c)	✓	RCA rules regarding sponsor income	3.3.2
§ 400.66 (d)	✓	RCA rules regarding cash grants from State Dept & JRP	3.3.2
§ 400.66 (e)	✓	RCA rules regarding date payments begin	3.3.3
§ 400.67	*	Non-applicable TANF requirements	3.4
§ 400.68 (a)	✓	Notification to resettlement agency of RCA application	3.3.5

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§ 400.68 (b)	✓	Notification to resettlement agency of employed (RCA)	1.4.1 & 8.2
§ 400.76	✓	Exemptions from registration for employment services	3.3.4
§ 400.83 (a)(2)	✓	RCA consistency w/TANF mediation/reconciliation	3.3.5
§ 400.83 (b)	✓	Contesting a determination regarding RCA & employment	3.3.6.b
§ 400.94	*	Determination of eligibility for Medicaid	5.1.4; 5.1.5
§ 400.100 (a)	✓	RMA eligibility	5.2
§ 400.100 (b)	*	RMA period of eligibility	5.3
§ 400.100 (c)	*	RMA not conditional on receipt of RCA	5.4
§ 400.100 (d)	*	RCA eligibility allows RMA eligibility	5.5
§ 400.101 (a)(1)	*	RMA consistency w/Medicaid financial eligibility	5.2
§ 400.101 (b)(1)	✓	Payment standards for states w/o medically needy program	N/A in Val
§ 400.101 (b)(2)	✓	200% of poverty for states w/o medically needy program	N/A in Val
§ 400.102 (c)	✓	RMA, R&P, MGP, RCA not counted as income	5, Attachment,#5
§ 400.102 (d)	✓	RMA resources on date of application	5, Attachment,#5
§ 400.104 (a)	*	Refugee earnings affect on RMA	5.6.1
§ 400.104 (b)	✓	Refugee earning affect on Medicaid – RMA eligibility	5.6.2
§ 400.104 (d)	*	RMA reduction when employer provides health insurance	5.6.3
§ 400.107 (a)(1)	✓	ORR medical screening requirements followed	1.5
§ 400.107 (a)(2)	✓	ORR written approval for medical screening	4.2
§ 400.111	*	Definition of URM Child	6.2
§ 400.112	*	Equality of child welfare services for refugee children	6.1
§ 400.113 (b)	*	Duration of Eligibility for UMR Program	6.3
§ 400.115(a)&(c)	*	Establishing legal responsibility	6.4; 6.5.2.d;
§ 400.116	*	Equality of services for unaccompanied minors	6.1
§ 400.117	◇	Oversight Responsibility For Contracted URM Services	6.1
§ 400.118	◇	Case Planning for URM Children	6.5; 6.6
§ 400.119	◇	Interstate Movement for URM Children	6.5.2.e
§ 400.120	◇	Reporting Requirements for URM Program	6.6.3
§ 400.147	*	Priority in provision of services	2.4
§ 400.205	*	ORR Funding Assistance for URM Program	6.6.2
§ 400.314	*	Targeted assistance program priority of service	2.4 & 2.8
§ 401	✓	EAD, provided under RSS, costs	7 & 1.5
ORR SL 10 03	☐	ORR 1, RCA	3.3; 3.3.1; 3.3.1 a
ORR SL 10 03	☐	ORR 1, RMA	
ORR SL 10 03	☐	ORR 1, Medical Screenings	4.1
ORR SL 10 03	☐	ORR 1, Administration	1.6.2
ORR SL 12 09	☐	Medical Screening Plan	4.1, 4.4.1 attachment

- ✓ State Plan Approval Check List
- ◇ Regulatory Framework Compliance Overview
- \* Other
- ☐ ORR State Letter Requirements

<b>1. <u>Administration</u></b>	
	<b>1.1 Authority</b>
CFR 45 Part 400.7  <i>Attachment 1-A</i>	<p><b>1.1.1 State Plan Signature Authorization</b></p> <p>Governor Terry McAuliffe re-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.</p>
CFR 45 Part 400.59 (d)	<p><b>1.1.2 State Refugee Coordinator Authorization</b></p> <p>Kathy Cooper, Director of the Office of Newcomer Services, is Virginia's State Refugee Coordinator and is responsible for developing and administering the Refugee Resettlement State Plan. The position reports to the Director of the Division of Community and Volunteer Services, who reports to Deputy Commissioner of Operations.</p>
CFR 45 Part 400.22 (a)	<p><b>1.1.3 Delegation of State Plan Administration</b></p> <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>
CFR 45 Part 400.5 (a)	<b>1.2 Organization</b>
	<p><b>1.2.1 Governor of Virginia</b></p> <p>The Governor of Virginia has twelve Secretariats that assist in managing the operations of state agencies. Each has a Secretary who provides overall supervision and direction to the agencies within the Secretariat. By law, a Secretary has the power to resolve conflicts among agencies, direct preparation of budgets, and hold agency heads accountable for effective and efficient performance.</p>
	<p><b>1.2.2 Health and Human Resources Secretariat</b></p> <p>The Secretary of Health and Human Resources oversees eleven state agencies. These agencies administer programs related to health, mental retardation, mental illness, substance abuse, physical disabilities; low-income working families; and the aging community.</p>

	<p><b>1.2.3 Virginia Department of Social Services</b></p> <p>The Virginia Department of Social Services is located within the Health and Human Resources Secretariat. The divisions and offices within the Department supervise the administration of federal and state human services programs including Benefits Programs, Child Care and Early Childhood Development, Child Support Enforcement, and Community and Volunteer Services.</p>
	<p><b>1.2.4 Office of Newcomer Services (ONS)</b></p> <p>The Office of Newcomer Services administers and manages Virginia's Refugee Resettlement Program. The Refugee Resettlement Program's 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 Programs.</p>
	<p><b>1.2.5 Virginia State Refugee Coordinator</b></p> <p>The Office of Newcomer Services Director is the Virginia State Refugee Coordinator (SRC). The SRC is responsible for the development, supervision, and administration of Virginia Refugee Resettlement State Plan.</p>
	<p><b>1.3 Geographic Service Area</b></p> <p>The Virginia Refugee Resettlement Program is a statewide program. Virginia uses two designations when referring to the geographic areas where national voluntary agencies resettle refugees: northern, central, eastern, and Piedmont areas of Virginia.</p>
<p>CFR 45 Part 400.22 (b)(1)</p>	<p><b>1.4 Operating Guidance Documents</b></p> <p>Four primary documents are referenced in this State Plan. These documents inform staff delivering refugee services of Virginia's policies, standards, and procedures.</p>
	<p><b>1.4.1 Virginia Refugee Resettlement Program Manual</b></p> <p>The Virginia Refugee Resettlement Program Manual contains the rules by which Virginia's public assistance program staff determine a refugee's eligibility for refugee cash and refugee medical assistance.</p>

	<p>The basis of the program manual is the regulations set out in 45 CFR 400 &amp; 401, ORR State Letters, and applicable public assistance programs regulations.</p>
	<p><b>1.4.2 Refugee Resettlement Program Provider Contract</b></p> <p>The contract the Office of the State Refugee Coordinator (SRC) has with refugee resettlement providers contains the rules by which Virginia's non-profit provider community delivers services to refugees. The contract obligates the providers to follow (i) the Virginia Refugee Resettlement Model and (ii) guidance documents and directives issued by the SRC. The basis of all guidance is 45 CFR 400 &amp; 401, ORR State Letters, and other applicable federal and state law and regulation.</p>
	<p><b>1.4.3 Virginia Refugee Health Program Agreement</b></p> <p>The Office of the State Refugee Coordinator has a memorandum of agreement with the Virginia Department of Health (VDH) for the delivery of refugee medical screening and needed follow-up services by local health districts (LHD). This agreement requires VDH to provide LHDs with guidance consistent with 45 CFR 400-107, ORR State Letter 12-09, and the ORR approved Virginia Plan for Refugee Medical Screenings, and directives from the Center for Disease Control and Prevention.</p>
	<p><b>1.4.4 Unaccompanied Refugee Minor Program Contract</b></p> <p>The Office of the State Refugee Coordinator has a contract with a Virginia foster care agency to provide services to children determined eligible by ORR to receive services under the Unaccompanied Refugee Minors Program. The contract defines rules by which services are to be provided. These rules are consistent with the Code of Virginia, Chapter 10, Child Welfare; with state regulations and policy; and with 45 CFR 400, Subpart H.</p>
<p>CFR 45 Parts 400.4 &amp; 400.5 Subpart G, Part 400.107 (a)(1)</p>	<p><b>1.5 Assurances</b></p>
	<p><b>1.5.1 Compliance with Federal Rules</b></p> <p>As stipulated by federal regulation, Virginia complies with the following rules and guidance.</p>
<p>CFR 45 Part 400.5 (i)(1)</p>	<p><b>1.5.1.a Provisions of the Refugee Resettlement Act of 1980 and official issuances from the federal Office of Refugee Resettlement</b></p>

CFR 45 Part 400.5 (i)(2)	1.5.1.b	Requirements set forth in CFR 45, Part 400
CFR 45 Part 400.5 (i)(3)	1.5.1.c	All other applicable federal statutes and regulations
CFR 45 400.5 (i)(4)	1.5.1.d	Standards, goals, and priorities established by ORR
CFR 45 Part 400.5 (g)	1.5.1.e	Federal non-discrimination laws and statutes
CFR 45 Part 400.5 (h)	1.5.2	<p><b>Planning Meetings</b></p> <p>The Virginia Refugee Resettlement Program staff hold planning meetings according to the following schedule:</p>
	1.5.2. a	<p><i>Director's Policy Committee</i> The Virginia State Refugee Coordinator holds monthly policy advisory committee meetings 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. The committee includes resettlement agency directors and the Virginia Refugee Health Coordinator.</p>
	1.5.2. b	<p><i>Periodic Community Meetings</i> The Office of Newcomer Services conducts periodic community meetings. These meeting serve as a forum for education on refugee issues and an opportunity for discussion of resettlement trends and best practices in serving Virginia's refugee population. The meetings lead to the development of strategies to address unmet needs and effectively use resources. 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 attend these community meetings.</p>
	1.5.2.c	<p><i>Ad-hoc Consultation Meetings</i> The Office of Newcomer Services conducts periodic issue-driven local meetings. Depending on the issue, these meetings include business leaders, educators, employers, social services workers, and non-profit community organizations.</p>
	1.5.2.d	<p><i>Refugee and Immigrant Working Groups</i> As directed by the Commissioner, the State Refugee Coordinator represents refugee issues on task forces, councils, and committees.</p>

	<p><b>1.5.2.e Regional Refugee Dialogue Groups</b> Five regional Refugee Dialogue Groups, overseen by the Office of the State Refugee Coordinator and facilitated by the directors of the local refugee resettlement offices, meet periodically to collaborate on ensuring their communities are welcoming to refugees and to identify capacity building strategies. These dialogue groups provide the State Refugee Coordinator with information critical to the SRC oversight responsibilities of the Virginia Refugee Resettlement Program.</p>
CFR 45 Part 400.4 (b)	<p><b>1.5.3 Amendments to the State Plan</b> Virginia agrees to amend its Refugee Resettlement Program State Plan as requested by the federal Office of Refugee Resettlement.</p>
	<p><b>1.6 Administration, Planning, and Coordination</b></p>
	<p><b>1.6.1 State Refugee Coordinator's Office</b> The Virginia State Refugee Coordinator's (SRC) Office is responsible for (i) oversight of the Reception and Placement Program and the Matching Grant Program; (ii) oversight and administration of the Refugee Social Services grant, the Targeted Assistance grant, the Cash and Medical Assistance grant, and discretionary grants; and (iii) the administration and oversight of the Virginia Repatriation Program. The SRC has five professional staff and one administrative support staff who assist in the planning, coordination, implementation, and evaluation of all Virginia Refugee Resettlement Program activities. With the exception of the Virginia Repatriation Program, for which there is no grant funding, the salaries, benefits, travel, and supplies for staff are charged to ORR grants based on the percentage of time staff are assigned to each of program area.</p>
ORR SL 13-03 Relationship of State Plan to ORR 1 Administration	<p><b>1.6.2 Administrative Costs Charged to the ORR Cash and Medical Assistance Grant</b></p>
	<p><b>1.6.2 a</b> The State Refugee Coordinator position.</p>
	<p><b>1.6.2 b</b> Five full time staff positions for implementation, guidance and oversight of the refugee cash and medical assistance, and unaccompanied refugee minor programs; and contract administration and oversight of the refugee medical screening program.</p>

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ORR SL 12-13 and ORR SL 12 09	1.6.2 c Through a contractual arrangement with the Virginia Department of Health, three full time positions for the management of the Virginia Refugee Medical Screening Program. This includes the State Refugee Health Coordinator, an assistant to the SRHC, and an administrative staff position.
ORR SL 12-13 and ORR SL 12 09	1.6.2 d Through a contractual agreement with the national voluntary agencies affiliates that resettle refugees in Virginia, nine refugee health liaisons.

## ATTACHMENT 1 A



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, appearing to read 'Terence R. McAuliffe', written over a light-colored rectangular background.

Terence R. McAuliffe

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

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<b>2 Assistance and Services</b>	
CFR 45 Part 400.5 (b)	
CFR 45 Part 43 (a)	<p><b>2.1 Documentation of Refugee Status</b></p> <p>As a condition of receipt of services under Title IV of the Immigration and Nationality Act (as amended), applicants for assistance provide proof to the resettlement agency providing the assistance of their refugee or other refugee-eligible status. Persons eligible Virginia Refugee Resettlement Program services include those with immigration statuses allowed under §400.43 (a) and those eligible immigration statuses added by federal law.</p>
	<p><b>2.2 Service Provision Continuum</b></p> <p>Successful resettlement requires the involvement of many organizations and individuals. The Virginia resettlement model focuses on durable self-sufficiency while recognizing that service delivery addresses a continuum of changing refugee service needs. Integration into the new community requires a focus, from the time of initial arrival, on employment and improved English language skills. As refugees assimilate into new communities, their service needs change. The resettlement providers are the link between refugees' changing service needs and the community resources that can meet those needs.</p>
Attachment 2A	<p><b>2.2.1 Virginia's Refugee Resettlement Goal</b></p> <p>Virginia's primary goals for its newly arriving refugees are durable economic self-sufficiency and social integration into Virginia's communities.</p>
Attachment 2A.	<p><b>2.2.2 Virginia's Model for Refugee Resettlement</b></p> <p>Virginia accomplishes its two primary goals through its refugee resettlement model for comprehensive refugee resettlement services.</p>
CFR 45 Part 400.27(a)&(b)	<p><b>2.2.3 Safeguarding and Sharing of Information</b></p> <p>Except for purposes directly connected with the provision of services, the Department of Social Services and the resettlement providers do not share or disclose information about the refugee without the client's permission.</p>

	<p><b>2.3 Refugee Resettlement Case Management</b></p>
	<p><b>2.3.1 Case Manager</b></p> <p>A case manager is assigned to each refugee family or individual refugee served through the Virginia Refugee Resettlement Program. Case managers guide refugees through the process of assimilating into their new community. The tool used to guide this process is a comprehensive resettlement plan, or CRP.</p>
	<p><b>2.3.2 Comprehensive Resettlement Plan</b></p> <p>The case manager and the refugee jointly develop the CRP. The CRP defines both the strategies needed to meet the goal of self-sufficiency and the benchmarks that will measure progress toward self-sufficiency. Because each refugee arrives with different work skills, coping skills, education, English fluency, and family support systems service provision must have different strategies and the CRP must reflect these differences.</p>
	<p><b>2.3.3 Comprehensive Resettlement Plan Monitoring</b></p> <p>The case manager monitors activities related to the accomplishment of the CRP. If the refugee has not achieved self-sufficiency after 12 months, a new resettlement plan is developed. The case manager, with the refugee, identifies specialized, intensive services that may ensure economic independence and family stability as early as possible.</p>
	<p><b>2.3.4 Avoiding Reliance on Public Assistance</b></p> <p>The case manager balances meeting the unique and intensive service needs of a refugee with avoiding action that may lead to the refugee's reliance on and need for public assistance.</p>
	<p><b>2.3.5 Case Delivery Documentation</b></p> <p>The case manager maintains refugee case files and documents services and assistance provided both in the case file and in the Virginia Information Newcomer System (VNIS). [See Section 9.2, Contractor Performance Reviews.]</p>
<p>CFR 45 Part 400.147 &amp; Part 400.314</p>	<p><b>2.4 Prioritization of Service Delivery</b></p> <p>Refugee service needs are varied and extensive, and the funds available are not exhaustive. To make wise use of available refugee social service funds, the delivery of refugee social services is prioritized according to the following guidelines.</p>

	<p><b>2.4.1 Priority One</b></p> <p>The first priority is newly arriving refugees during the first year in the United States, who apply for services.</p>
	<p><b>2.4.2 Priority Two</b></p> <p>The second priority is refugees who are receiving cash assistance.</p>
	<p><b>2.4.3 Priority Three</b></p> <p>The third priority is unemployed refugees who are not receiving cash assistance.</p>
	<p><b>2.4.4 Priority Four</b></p> <p>The fourth priority is employed refugees in need of services to retain employment or attain economic independence. This includes services that may assist the refugee in job promotions or moving to a job that better matches his or her skills and interests. When necessary and funding is available, case managers may provide needed services for a maximum of 60 months from the date of entry into the United States.</p>
<p>§ 400.5 (c) State Letter 00-18</p>	<p><b>2.5 Limited English Proficiency</b></p> <p>Refugees, like all other Virginia residents, have the right to benefits and services to which they are entitled and the right to access those services.</p>
<p>Attachment 2B</p>	<p><b>2.5.1 Resettlement Provider Requirements</b></p> <p>Resettlement providers are required to have bi-lingual staff, language-specific materials, and other means of ensuring that refugees with limited English proficiency (LEP) have access to the services provided by the resettlement agencies. Evaluation of this requirement is part of each contractor's yearly performance review, which includes an examination of the native languages of refugees served by the resettlement providers, the staffing patterns of the resettlement providers, and the utilization of language resources available in the community.</p> <p>ORR State Letter SL00-8, <i>Policy Guidance on the Title VI Prohibition Against National Origin Discrimination As it Relates to Persons With Limited English</i>, is part of Office of the State Refugee Coordinator's contract with resettlement providers.</p>

	<p><b>2.5.2 Refugee Medical Screening Requirements</b></p> <p>The Virginia Department of Health Office of Minority Health and Health Equity (OMHHE) has the responsibility of ensuring that local health districts, which provide refugee medical screenings, follow the requirements of Title VI of the Civil Rights Act of 1964. OMHHE provides language resources including interpreter information and translated health information.</p>
Attachment 2C	<p><b>2.5.3 Local Departments of Social Services Requirements</b></p> <p>The Virginia Department of Social Services (VDSS) policy on “<i>Non-Discrimination on the Basis of National Origin: Individuals with Limited English Proficiency (LEP)</i>” provides guidance to local departments of social services to take adequate steps to ensure applicants and recipient receive the language assistance necessary to allow them meaningful access to all VDSS programs and services.</p>
	<p><b>2.5.4 Limited English Proficiency Training</b></p> <p>An explanation of limited English proficiency (LEP) requirements is an integral part of all formal and informal training offered by the Office of the State Refugee Coordinator (OSRC) and is an integral part of all meetings sponsored by the OSRC.</p>
	<p><b>2.6 Refugee Resettlement Services</b></p>
	<p><b>2.6.1 Durable Self-Sufficiency</b></p> <p>Resettlement providers direct all resources and funding toward the goal of durable self-sufficiency. For the first several months, services are intense and constant. Afterwards, while not as concentrated, services continue as needed.</p>
	<p>2.6.1. a The time limits on service delivery follow the limitations and exceptions set out in federal regulations.</p>
	<p>2.6.1. b No residency requirement is imposed as a condition of participation in the Virginia Refugee Resettlement Program.</p>
CFR 45 Parts 400.5 (c)	<p><b>2.6.2 Language Services</b></p> <p>Resettlement providers arrange English language training for limited English proficient refugees who are receiving cash assistance and those not receiving cash assistance.</p>

	<p><b>2.6.2. a Flexibility in Service Delivery</b> Resettlement providers arrange English instruction using varied approaches depending on the need of the refugee. Case managers arrange instruction at times and places convenient to refugees and in conjunction with employment services.</p>
	<p><b>2.6.2. b Language Service Options</b> Resettlement providers utilize formal adult education programs, computer assisted English training, on-site neighborhood training, one-on-one tutors and mentors, and work site training.</p>
	<p><b>2.6.2 c Progression in English Language Fluency</b> Case managers confer with their agency's English as a Second Language (ESL) staff to monitor the refugee's progress.</p>
CFR 45 Parts 400.5 (c)	<p><b>2.6.3 Employment Support</b></p>
	<p><b>2.6.3.a Level One</b> Providing job search and job retention training; orientation to the workplace and employer expectations; job placement assistance; and job referrals.</p>
	<p><b>2.6.3.b Level Two</b> Arranging vocational and skills training to assist the refugee with job advancement.</p>
	<p><b>2.6.3.c Level Three</b> Arranging certification for refugees who arrive with a specific job skill.</p>
	<p><b>2.6.3.d Level Four</b> Assisting the refugee with job retention and job upgrades. This involves contact with the refugee and employer on job progress and actively addressing any personal or work issues that have arisen.</p>
	<p><b>2.6.4 Refugee Employment Social Services</b></p>
	<p><b>2.6.4.a Transportation</b> The case manager arranges transportation for employment related activities. The delivery of this service is subject to available resources and funding.</p>
	<p><b>2.6.4 b Child Care for Children</b> The case manager identifies child care needed to allow adult refugees to participate in employment-related activities and works with the refugee on strategies to meet this need.</p>
	<p><b>2.6.4 c Social Adjustment Services</b> The case manager arranges assessment and short-term counseling, health-related services, home management services, routine budget maintenance, and other needed counseling.</p>

<p>CFR 45 Parts 400.5 (c)</p>	<p><b>2.7 Public Assistance Employment Services</b></p> <p>Virginia has 120 local departments of social services (DSS) that administer the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) Program. Both have work requirements. Refugees receiving SNAP and TANF are subject to the work requirements of both programs.</p>
	<p><b>2.7.1 Temporary Assistance for Needy Families (TANF)</b></p> <p>In Virginia TANF provides cash assistance to persons responsible for children deprived of parental support due to the parent's death, absence, incapacity, or unemployment.</p>
	<p><b>2.7.1. a Virginia's TANF work component is called <i>Virginia Initiative for Employment not Welfare (VIEW)</i>. Noncompliance with VIEW work requirements results in a loss of TANF benefits. Refugees are subject to the VIEW work requirement and loss of benefits according to the same determinants as all other TANF recipients.</b></p>
<p><i>Attachment 2D</i></p>	<p><b>2.7.1.b Under Virginia's TANF policy, refugees receiving employment services provided by resettlement providers must meet the TANF hours of participation requirements</b></p>
	<p><b>2.7.2 Supplemental Nutrition Assistance Program (SNAP)</b></p> <p>In Virginia, SNAP supplements the food budgets of low-income households.</p>
	<p><b>2.7.2.a Virginia's SNAP work component is called the SNAP Employment and Training Program (SNAPET). It operates in those localities whose local governments have opted to provide SNAPET services.</b></p>
	<p><b>2.7.2.b Under a memorandum of agreement with Virginia's Supplemental Nutrition Assistance Employment and Training Program, a refugee's participation in employment services provided by resettlement providers meets the Virginia's SNAPET work requirements.</b></p>

<p>CFR 45 Part 400.310-319</p>	<p><b>2.8 Targeted Assistance Program</b></p>
	<p><b>2.8.1 Geographical Areas Served</b></p> <p>The geographic areas in Virginia that the Office of Refugee Resettlement designated as needing services in addition to Refugee Social Services Program services are the City of Alexandria and the counties Arlington and Fairfax.</p>
	<p><b>2.8.2 Use of Funding</b></p> <p>The contractual agreement between Office of Newcomer Services and the resettlement contractors that TAP funds are directed to supplement, and not replace, other funding. The contractors use the funds to direct intensive services to refugees in the targeted areas.</p>
	<p><b>2.9 Discretionary Grants</b></p> <p>To augment funding available for Virginia's refugee populations, the Office of Newcomer Services pursues discretionary grant funding from the Office of Refugee Resettlement and other funding sources.</p>
	<p><b>2.9.1 Pathway to English and Civic Engagement (PEACE)</b></p> <p>This project (i) assists Cuban entrants and refugees in preparing for the U.S. Citizenship test and (ii) encourages civic engagement.</p>
	<p><b>2.9.2 Virginia Refugee Student Achievement Project</b></p> <p>This project assists refugee children in the geographic areas covered under the grant to succeed in school. It assists (i) parents in understanding the U.S. education system and (ii) educators in understanding the needs of refugee children.</p>
	<p><b>2.9.3 Serving Older Adult Refugees</b></p> <p>This project assists older refugees in accessing community support networks and facilitates the older refugees becoming and remaining independent in the communities where they are resettled.</p>

## ATTACHMENT 2 A

### Virginia's Refugee Resettlement Goal

#### C. 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 2 B

### ONS Policy on Access for Refugees with Limited English Proficiency

#### D. Special Federal and State Requirements

##### 1. Access to Services by Persons With Limited English Proficiency

All state, local, and community agencies receiving funding directly and indirectly through the Office of Newcomer Services are to comply with Title VI of the Civil Rights Act, which requires that persons with limited English proficiency (LEP) have access to benefits and services for which they may be eligible. As they apply to refugee service delivery, these requirements include:

- a. Having a procedure for identifying the language needs of the refugee.
- b. Providing proficient interpreters in a timely manner during hours of operation.
- c. Having written guidance regarding interpreter and translation services.
- d. Disseminating agency LEP guidance to staff.

**Source:** *Virginia Refugee Resettlement Program Manual, Chapter 1, Page 5*

## ATTACHMENT 2 C

### VDSS Policy on Access for Individuals with Limited English Proficiency

#### *Non-Discrimination based on National Origin: Individuals With Limited English Proficiency (LEP)*

##### **Purpose**

The purpose of this policy is to ensure that limited-English-proficient individuals have meaningful access to program information and services in accordance with Title VI of the Civil Rights Act of 1964. All DSS agencies must take adequate steps to ensure that LEP individuals receive the language assistance necessary to allow them meaningful access to programs and services, free of charge.

##### **Definitions**

- A. *Limited-English-Proficient Individual* A limited-English-proficient (LEP) individual is a person whose primary language is not English and who cannot speak, read, write, or understand the English language at a level that permits him to interact effectively with social services agencies.
- B. *Meaningful Access* Meaningful access to programs and services is the standard of access to comply with Title VI's language access requirements. To ensure meaningful access for limited-English-proficient individuals, service providers must make available to applicant and recipients free language assistance that results in accurate and effective communication. Awareness of services provided and rights of service recipients are important parts of "meaningful access."

##### **Meaningful Access Policy**

- A. *Meaningful Access for LEP Individuals* No person will be denied access to program information because he or she does not speak or has limited proficiency in English. All staff, including contractors, will provide for effective communication between LEP individuals and staff by providing appropriate language assistance services when LEP individuals require these services. Staff will provide LEP individuals with meaningful access to programs and services in a timely manner and at no cost to the client.

Staff must ensure that the LEP individual is given adequate and accurate information, is able to understand the services and benefits available, and is able to receive those services and benefits for which s/he is eligible. In addition, staff must ensure that the LEP person can effectively communicate the relevant circumstances of their situation to staff.

Outreach should be conducted with appropriate community organizations to inform LEP individuals of important services and benefits available to them.

- B. *Affirmative Offer of Language Assistance* Staff will offer language assistance to clients who have difficulty communicating in English. Clients who request language assistance must be offered free interpretation or translation services in a language they understand; in a way that ensures meaningful access and preserves confidentiality; and in a timely manner. Whenever possible, staff are encouraged to follow a client's preferences.
- C. *Documentation and Sharing of Information* Each agency shall ensure that its case record documentation identifies the applicant or recipient's primary language. If one program area determines that an individual's limited English proficiency may affect his or her ability to meet program requirements, staff in that program area are to inform other staff who also may interact with the individual.
- D. *Competency of Interpreters* Interpreters must be competent. This means interpreters demonstrate proficiency in both English and the client's language. It means interpreters have knowledge of specialized terms or concepts; an understanding of confidentiality and impartiality; an understanding of the role of interpreter; the ability to act as an interpreter without acting as a counselor or legal advisor; and sensitivity to the client's culture. Interpreters shall disclose any real or perceived conflict of interest.
- E. *Translation of Written Materials* If the office regularly encounters certain languages other than English, then it is important to ensure that vital documents be translated into the non-English language of each regularly encountered LEP group eligible to be served or likely to be directly affected. In providing outreach to LEP persons, pamphlets advising them of program or service availability should be provided in appropriate languages.
- F. *Examples of Situations Where Meaningful Access Standard Is Not Satisfied*
1. A local office uses a Vietnamese janitor to interpret whenever Vietnamese applicants or recipients seek services. The janitor has been in the U.S. for six months, does not speak English well, and is not familiar with the terminology that is used. He may relay inaccurate information that results in the denial of benefits to clients.
  2. A local office does not advise a mother of her right to free language assistance and encourages her to use her eleven-year-old daughter to interpret for her. The daughter may not understand the terminology being used and may relay inaccurate information to her mother whose benefits are jeopardized by the failure to obtain accurate information.

3. A local office uses a college student as an interpreter based on her self-identification as bilingual. While in college, the student spent a semester in Spain as an exchange student. The student speaks Spanish haltingly and must often ask LEP individuals to speak slowly and to repeat their statements.

### **Interpreter Resources**

As much as possible, staff should use interpreter services as follows:

- A. Bilingual staff and staff interpreters – Agencies should use their best efforts to assign clients with LEP to bilingual staff that speak their language and can provide competent interpretation services.
- A. Contract Interpretation Services –In order to provide interpretation services during business hours and for written document translation needs, contractual arrangements should be made for competent interpreters.
- B. Telephone Interpreter Services
- C. Community Volunteers – Community volunteers must be competent and must be knowledgeable of confidentiality and impartiality regulations. Formal agreements with community-based organizations are encouraged to ensure the caliber and availability of services.

### **Use Of Family Members, Friends, and Minor Children**

- A. Staff will not require, suggest, or encourage an LEP individual to use friends, children, or family members as interpreters. Family and friends usually are not competent to act as interpreters, since they are often insufficiently proficient in both languages, unskilled in interpretation, and unfamiliar with DSS terminology. Use of such persons could result in a breach of confidentiality or reluctance on the part of individuals to reveal personal information that is important for staff to know.
- B. After staff has informed the LEP individual of the right to free interpreter services and the person declines the services and requests the use of a family member or friend, then the staff may use this individual if he or she does not compromise the effectiveness of the services or violate the LEP individual's confidentiality. The LEP individual shall sign a waiver stating that he or she has declined an offer from the agency for an interpreter. The agency should record the LEP service offer and the individual's decline in the case file. If an LEP individual elects to use a family member or friend, staff should suggest that a trained interpreter sit in on the encounter to ensure accurate interpretation.
- c. The agency may provide its own interpreter in addition to one selected by the person with LEP when the agency wants to ensure precise, complete, and accurate translations of testimony. This is might be done in the case of administrative hearings; adult or child protective services interviews; and interviews in which health, safety, or benefits are at stake.

**Source:** *VDSS LEP Project Manager*

## ATTACHMENT 2 D

### VDSS TANF Guidance on Work Requirements for Refugees Under its Virginia's Initiative for Employment not Welfare Program

#### TANF Manual, Chapter 1000

Note: When the VIEW client is a refugee in a locality served by a Refugee Resettlement agency, the local agency should initiate contact with the resettlement agency to coordinate employment and training services. (See Appendix I for refugee resettlement agency contact information and local agencies served.) The resettlement agency will be responsible for sending the local agency a copy of the refugee's Individual Employment Plan (IEP) which details the employment services the resettlement agency will provide. Some of these services may count toward the client's VIEW participation requirement, but the overall responsibility for insuring that the refugee meets VIEW program requirements, including assignment of additional hours if needed, and verification of participation, remains with the local agency.

Source: *The Temporary Assistance for Needy Families Policy Manual, Chapter 1000 Virginia Initiative for Employment Not Welfare Program,, Item 1000.8 B, Note*

<b>3. <u>Refugee Cash Assistance</u></b>	
	<p><b>3.1 Consultative Process</b></p> <p>Virginia designed its refugee cash assistance (RCA) program with input from national voluntary organizations, state and local TANF staff, state and local health agency staff, and others involved with refugee resettlement. The program was implemented and is maintained through formal and informal consultation with these groups.</p>
<p>CFR 45 Part 400.65 (a)</p> <p><i>Attachment 3A</i></p>	<p><b>3.2 Publicly Administered Program</b></p> <p>Virginia operates a publicly administered refugee cash assistance program. The Virginia Refugee Resettlement Program Manual sets out the elements of Virginia's Temporary Assistance to Needy Families (TANF) Program used in its RCA Program.</p>
<p>CFR 45 Part 400.66 (a)</p> <p>ORR SL 13-03 Relationship of State Plan to ORR 1 Administration</p>	<p><b>3.3 Consistency with TANF Program Rules</b></p> <p>Virginia operates its RCA program consistent with its Temporary Assistance to Needy Family (TANF) program.</p>
<p>CFR 45 Part 400.66 (a) (1) (2) (3) (4)</p> <p>ORR SL 13-03 Relationship of State Plan to ORR 1 Administration</p>	<p><b>3.3.1 Determination of Financial Benefits</b></p> <p>TANF rules for the determination of initial and on-going financial eligibility; benefit amounts; and proration of shelter, utilities, and similar needs are the same as TANF rules.</p>
	<p><b>3.3.1 a</b> The staff costs associated with the intake and eligibility assessment determination are allocated to each local department of social services based on the Virginia Cost Allocation Plan approved by the federal Department of Health Human Services.</p>
<p>CFR 45 Part 400.66 (b) (c) (d)</p>	<p><b>3.3.2 Consideration of Resources</b></p> <p>Financial eligibility does not include resources remaining in the refugee's country of origin or a sponsor's income and resources or cash grants received from the U. S. Departments of State or Justice.</p>
<p>CFR 45 Part 400.66 (e)</p>	<p><b>3.3.3 RCA Eligibility Begin Date</b></p> <p>Virginia uses the first day of the month in which the application was made as the date RCA begins.</p>

CFR 45 Part 400.76	<p><b>3.3.4 Exemptions from Work Registration</b></p> <p>Refugee Cash Assistance applicants must be registered for the Refugee Social Services (RSS) Program or Targeted Assistance Program as a condition of eligibility for cash assistance. Virginia exemptions from this work registration requirement are based on the eligibility for the Refugee Social Services Program.</p>
	3.3.4.a 65 years of age or over
	3.3.4.b Will not reach his or her 16 <sup>th</sup> birthday within the eight month RCA eligibility period
	3.3.4.c Between the age of 16 and 18 and a full time student
CFR 45 Part 400.68 (a) & (b)	<p><b>3.3.5 Notification of a Refugee's Application for RCA</b></p> <p>Local departments of social services, which operate RCA, notify the resettlement agencies when a refugee applies for RCA and when a refugee receiving RCA becomes employed.</p>
CFR 45 Part 400.83 (a)(2)	<p><b>3.3.6 Mediation and Conciliation</b></p> <p>Virginia's TANF program does not have mediation and conciliation procedures separate from its TANF Program hearing procedures, which include a pre-hearing conference.</p>
	<b>3.3.7 Notices and Hearings</b>
CFR 45 Part 400.83 (b)	3.3.7.a Applicants and recipients of RCA have the same opportunity for notice of an adverse action and a hearing to contest an adverse action regarding receipt of an RCA benefit as Virginia's TANF applicants and recipients do for TANF benefits.
CFR 45 Part 400.83 (b)	3.3.7.b Applicants and recipients of RCA have the same opportunity for hearing to contest a determination concerning employability or failure or refusal to carry out job search as is set forth in § 400.54.
CFR 45 Part 400.67	<p><b>3.4 Non-applicable TANF Work Requirements</b></p> <p>In Virginia, the RCA program is modeled on its TANF Program; however, the TANF work requirements do not apply to RCA applicants and recipients. Refugees receive RCA employment services through the Refugee Social Services Program and are not subject to the TANF work requirements.</p>

## ATTACHMENT 3 A

### Refugee Cash Assistance Policy (Summary)

#### Introduction

Virginia's local departments of social services (LDSS) take and process applications for the Temporary Assistance for Needy Families (TANF) and Refugee Cash Assistance (RCA) Programs. Refugees who meet the financial criteria for TANF assistance but not the non-financial criteria are eligible for RCA for a limited time. In its benefits and responsibilities, RCA mirrors the TANF program. It is, however, a program of last resort. A refugee is eligible for RCA only after the LDSS TANF eligibility worker determines the refugee is not eligible for TANF and is not receiving Supplemental Security Income (SSI).

#### 1. RCA Eligibility

- a. TANF eligibility workers consider eligibility for RCA after determining the refugee:
  - 1) meets the financial requirements for TANF but not the non-financial requirements,
  - 2) applied for RCA within the established RCA time limit; and
  - 3) has met the RCA work registration requirement.
- b. TANF eligibility workers disqualify refugees who are full-time students in an institution of higher education unless the refugee is enrolled in a one-year re-certification program, which is part of a comprehensive resettlement plan (CRP) and the education is contributing to the refugee's self-sufficiency.
- c. The refugee gives the TANF eligibility worker the name of the sponsoring resettlement agency. Asylees and victims of trafficking are exempt from this requirement.

#### 2. Newborns

- a. A child born to refugee parents receiving RCA and meeting the financial requirements for RCA is eligible for RCA.

- b. Infants eligible for RCA may receive RCA until the end of the mothers' eight-month period of eligibility.
3. Time Limit
- a. RCA cash payments begin on the first day of the month in which the refugee, asylee, or other eligible person files the application for assistance.
  - b. Refugees and other eligible populations may receive RCA up to eight months from the month of arrival into the United States.
  - c. Asylees may receive RCA up to eight months from the date asylum was granted.
  - d. Victims of trafficking may receive RCA up to eight months from the date the federal Office of Refugee Resettlement (ORR) issued the victim of trafficking certification letter.
4. Rules
- a. A refugee is considered for RCA only after it has been determined the individual does not qualify for TANF or SSI. The TANF eligibility worker uses the same financial eligibility requirements for TANF to determine eligibility for RCA. The non-financial TANF rules do not apply to RCA.
  - b. TANF eligibility workers may approve RCA eligibility for a refugee who has a "temporary disability"; is waiting for SSI benefits to begin; or is in an emergency and needs immediate cash assistance until eligibility for TANF is determined.
  - c. The refugee must present documentation of his or her refugee status at the time of application. The refugee is not required to have a social security number to apply for RCA, but he or she should provide proof of application for a social security card.
  - d. The eligibility worker notifies the resettlement agency when a refugee applies for temporary assistance.
5. Income Considerations
- a. The TANF eligibility worker considers the income and resources on the date of application, not the average income over the application-processing period, when determining eligibility for RCA.
  - b. Asset considerations mirror the TANF stipulations and limits, except that the eligibility worker does not consider assets refugees hold in their country of origin.

- c. The eligibility worker does not consider income and resources of a refugee's sponsor(s) in determining eligibility for the RCA nor shelter or in-kind resources provided to the refugee by the sponsor.
- d. The eligibility worker does not count as income or assets the cash assistance payments paid to the refugee under the Department of State or Department of Justice Reception and Placement Program. (The eligibility worker does not consider reception and placement funds when determining income because they fall into the category of "in-kind benefits and vendor payments.")

#### 6. Work Requirements

The eligibility worker imposes no TANF work requirements on the refugee receiving RCA. The resettlement agency, which has responsibility for the RCA work registration and work participation requirements, notifies the eligibility worker when the refugee does not comply with RCA work requirements.

#### 7. Notification of Approval or Denial

- a. The eligibility worker notifies the refugee of the results of the RCA eligibility determination in a timely manner. In no case is this notice to exceed 45 days from the date of application.
- b. The notification clearly indicates that RCA has been denied or approved. If RCA is denied, the notice includes an explanation of ineligibility, along with a statement about the refugee's right to appeal the decision.
- c. The TANF eligibility worker notifies the refugee of RCA reductions, suspensions, and terminations a timely manner (at least 10 days before the action is to occur).
- d. The LDSS' written communication with the refugee is in English and in the individual's native language if the refugee language-group forms a significant portion of the recipient population. If the individual's native language does not fit this category, the LDSS provides verbal translation of the notice to the refugee.

## 8. Appeals

- a. Refugees who have applied for or are receiving RCA have a right to appeal in the following instances:
  - 1) When they have been denied RCA benefits;
  - 2) When they have not been notified of the RCA determination within 45 days of application;
  - 3) When they disagree with the amount of RCA financial assistance awarded; or
  - 4) When they disagree with a notice of RCA benefit reduction or termination.
- b. For the hearing officer to hear an appeal, the refugee must file the appeal within 30 days of receipt of a notice of negative action.
- c. The LDSS must ensure that access to the appeal process is not denied in any way because the refugee has limited English proficiency.
- d. If the refugee makes an appeal in a timely manner, the proposed action to change the status of the case will not take effect until after the appeal process is completed. If, however, the hearings process sustains the LDSS proposed action, the LDSS may recover the RCA benefits paid to the refugee.
- e. A hearings officer decides the case and issues the decision in writing within 60 days of the date that the refugee requests a hearing. The refugee may appeal the hearing officer's decision to the Administrative Review Panel of the Appeals & Fair Hearings Unit.
- f. The refugee may receive free legal advice through the local legal aid office.

**Source:** *Virginia Refugee Resettlement Program Manual, synopsis of pages 24 – 27*

<b>4     <u>Refugee Medical Screening</u></b>	
CFR 45 Part 400.5 (f)	<p><b>4.1    Identification, Treatment, and Observation of Medical Needs</b></p> <p>In Virginia, the identification of newly arrived refugees with medical conditions and medical histories requiring treatment or observation is accomplished through the coordinated efforts of the local affiliates of national voluntary agencies, which arrange for initial refugee medical screenings; the Virginia Department of Health, which conducts screenings and makes follow-up referrals as needed; and the Office of the Virginia State Refugee Coordinator, which reports on service delivery and facilitates collaboration and partnership meetings.</p>
CFR 45 Part 400.107 (a)(2)  ORR SL 13-03  Attachment 4 A	<p><b>4.2    Refugee Medical Screening Plan</b></p> <p>Since 1997, the Virginia Department of Social Services has had written approval from the Director of the federal Office of Refugee Resettlement for its Refugee Medical Screening Plan, which follows the requirements outlined in ORR State Letters 12-09.</p> <p>Virginia's Refugee Medical Screening Plan was incorporated into its Refugee Resettlement Program State Plan in October 2004.</p> <p>The costs associated with the Virginia Refugee Medical Screening Plan are calculated based on ORR State Letters 12-13 and 12-03.</p>
ORR State Letter 12-09	<p><b>4.3    Medical Screening Services Under Refugee Medical Assistance</b></p>
	<p><b>4.3.1    Covered by Medicaid</b></p> <p>Refugee medical screening services that are covered by Virginia's state Medicaid Program are vaccinations for children.</p>
ORR State Letter 13 03  Attachment 4 B	<p><b>4.3.2    Not Covered by Medicaid</b></p> <p>Except vaccinations for children, none of the refugee medical screening services, which are based on guidance and recommendations from the federal Office of Refugee Resettlement and the Centers for Disease Control and Prevention, are covered by Virginia's Medicaid Program.</p>
CFR 45 Part 400.107	<p><b>4.4    Medical Screening of Newly Arrived Refugees</b></p>
ORR SL 12-09	<p><b>4.4.1    Coordination of Health Services for Refugee Arrivals</b></p> <p>In Virginia, refugee medical screenings are conducted outside of a primary care setting. In Virginia, the Department of Health, which is</p>

	<p>charged with protecting the public's health, conducts the refugee medical screenings. It does this by ensuring that Virginia's local health districts (i) provide initial domestic medical screenings to all new refugees and (ii) refers refugees to another health provider.</p>
	<p>4.4.1 a Whenever possible, the primary care facility or other health provider is sent the results of (i) the overseas medical screening and (ii) the domestic medical screening.</p>
	<p>4.4.1 b The local health district and the local refugee resettlement office refugee health liaison staff collaborate on the referral of refugees to a primary health care facility or other community health provider.</p>
	<p><b>4.4.2 Medical Screening Protocol</b></p> <p>Virginia has established protocols for local health districts to follow when conducting refugee medical screenings and when follow-up treatment or referrals are needed which are based on the guidance in ORR State Letter 12-09. The screenings are conducted by a qualified licensed health care professional. Interpretation is provided for each refugee who does not speak English.</p>
	<p><b>4.4.3 Newly Arrived Refugee Health Documentation</b></p> <p>Local health districts receive electronic notifications whenever a refugee arrives in its jurisdictions and have direct access to a refugee's overseas medical examinations through the Centers for Disease Control and Prevention (CDC) Electronic Disease Notification System.</p> <p>In those situations where a primary health care facility or provider has been identified at the time the medical screening is conducted, the results of the domestic medical screening are provided to that entity.</p>
	<p><b>4.4.4 Time Requirement</b></p> <p>Virginia's refugee medical screening guidelines encourage local health district staff to conduct the screening within 30 days of the refugee's arrival in the U. S., with a 90 day time limit allowed when necessary.</p>
	<p><b>4.4.5 Private Assessments and Screenings</b></p> <p>When a refugee informs the local health district (LDH) that he or she prefers to arrange a private medical screening, the LHD requests that the doctor send the results of the screening to its office.</p>

	<p><b>4.5 Follow-up Treatment for Newly Arrived Refugees</b></p>
	<p><b>4.5.1 Monitoring of Follow-up Treatment</b></p> <p>The Virginia Department of Health (VDH) maintains a record on each refugee including screening dates and results. The local health district (LHD) is responsible for keeping the State Refugee Health Coordinator (VRHC) informed of health actions taken. The VRHC is responsible for monitoring LHD compliance with the state requirement that follow-up referrals are made as appropriate.</p>
	<p><b>4.5.2 Monitoring Treatment of Refugees Who Relocate</b></p> <p>Records transfer processes follow the Virginia Department of Health records transfer policies. Completion of the initial medical screening, related follow-up activities, and required immigration vaccines are done by the local health district where the refugee moves.</p>
	<p><b>4.5.2 a</b> If a newly arrived refugee relocates from another state before the initial screening is conducted or completed, the Virginia Department of Health arranges the record transfer from the other state to the Virginia local health district where the refugee has moved.</p>
	<p><b>4.5.2 b</b> If a newly arrived refugee relocates within Virginia before the initial screening is conducted or completed, the local health district where the refugee moves coordinates with the other local health district the transfer of the CDC and Virginia medical screening records..</p>
ORR State Letter 12-09	<p><b>4.6 Effective Medical Screening Program</b></p>
	<p><b>4.6.1 Coordinating support services with reception and placement service providers</b></p> <p>The Virginia Refugee Resettlement Model is based on the guiding principles that refugees are best served by a community based system of care that is comprehensive, coordinated, and responsive to the strengths and needs of refugees and their families. Comprehensive case management includes connecting the refugee to the (i) local health district that conducts refugee medical screenings and (ii) primary health network for on-going health needs.</p>
ORR SL 13 -03	<p><b>4.6.1 a</b> Virginia's Reception and Placement Program staff have direct communications with the local health districts that conduct refugee medical screenings. The memorandum of agreement which the State Refugee Coordinator's office has with the Virginia</p>

	<p>Department of Health includes the requirement that the Refugee Health Coordinator provide oversight in the collaboration between the Reception and Placement Program staff and the local health district refugee medical screening staff.</p>
ORR SL 13 -03	<p>4.6.1 b The State Refugee Coordinator's Office funds nine refugee health liaisons position in the geographical areas where refugees are resettled. One function of the health liaisons is to (i) 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 (ii) to facilitate connecting refugees with a primary care health provider for on-going medical needs.</p>
	<p>4.6.2 Utilizing mainstream resources</p> <p>The refugee medical liaisons facilitate both the develop linkages with community health providers and training for community health providers .</p>
	<p>4.6.3 Ensuring cultural sensitivity of medical screening providers</p> <p>The State Refugee Health Coordinator's office has a memorandum of agreement with the Virginia Department of Behavioral Health and Developmental Services for the delivery of cultural sensitivity training to local health and mental health providers. This training is funded through the ORR Refugee Preventive Health grant.</p>
	<p>4.6.4 Collecting and reporting effective data</p> <p>Refugee medical screenings are tracked by the Department of Health. Refugee Medical Assistance is tracked by the Department of Medical Assistance Services (Virginia's Medicaid agency). Refugee mental health service delivery is tracked, on a limited basis, by the Department of Behavioral Health and Developmental Services. Facilitating better collection of refugee health data is a SRC priority.</p>

## ATTACHMENT 4 A

### 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 2006, Virginia made its Refugee Medical Screening Plan part of its State Plan.

Under a memorandum of agreement between VDSS 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, 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 and to protect the health of U.S. populations. Additionally, Virginia sees its refugee medical screenings as an orientation to Virginia's health care system.

#### **A. Description of Virginia's Medical Screening Protocols**

In Virginia, 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 provided, when possible within 30 days of arrival and can be provided up to 90 days of arrival. For other refugee eligible population, medical screenings are conducted within 30 to 90 days of determination of asylum, Cuban Entrant, or victim of human trafficking status.

Local health districts report to the Virginia Department of Health refugee arrivals who do not present or respond to outreach from the local health districts within 90 days and those who cannot be located. Those refugees who are located but do not present or respond to outreach are referred to a primary care provider for services.

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 CDC and APIC recommendations and refugee records. 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, Basis of Budget Estimate**

1. The number of medical screenings to be provided by the local health districts, including both the projected number of new arrivals and other eligible refugee populations in federal fiscal year 2015.
2. 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.
3. The costs associated with (i) the procedure codes for each assessment activity required by ORR and (ii) the current Virginia Medicaid reimbursement rates.

**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. VDH submits these costs to the Virginia Department of Social Services (DSS) through an interagency funds transfer process.

**D. Memorandum of Agreement**

The memorandum of agreement between VDH and DSS 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.

**E. Virginia State Refugee Health Coordinator (RHC) Responsibilities**

1. Coordination 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. Coordination with local health districts on matters related to conducting refugee medical screenings and arranging needed follow-up health services as needed
3. Monitoring local health districts' compliance with refugee medical screening protocols and federal timeframes
4. Providing 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.

## 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 I/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

- L182877  QuantiFERON IGRA
- TspotTB  T-Spot IGRA
- 86580  TST Admin or reading  mm

POS  NEG

(districts may leave V74.1 default diagnosis

code)

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

- 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

**Syphilis Screen** (>15 years of age ≤15 with risk factors)

- L12005  RPR Test with Reflex

**Chlamydia Testing** (Women  $\leq 25$  who are sexually active or those

with risk factors; Women  $> 25$  years with risk factors (new or multiple sexual partners)

L183194 \_\_\_ Chlamydia/ gonorrhea (urine)

**Serology**

L96206 \_\_\_ Varicella IgG (use for 19 years and up)

L58495 \_\_\_ Measles, Mumps, Rubella immunity

**Newborn Screening (within first 6 months of life)**

NBSCR \_\_\_ Newborn Screening Outpatient

} Send to DCL S

**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)

\_\_\_ Update Address and Phone number

**IMMUNIZATIONS** – use chargeable vaccines for adults and select FF price code

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

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

**MEDICATIONS** – to be used only with preapproval from the NHP. \*\*\*

RD603A Malarone Adult

(Atovaquone 250mg;

Proguanil 100mg)

\_\_\_ #of pills

RD604A Malarone Child (Atovaquone

62.5mg;

Proguanil 25mg)

\_\_\_ #of pills

RD611A Praziquantel

(Biltricide)600mg tabs

\_\_\_ #4 tabs

RD611B Praziquantel (Biltricide)600mg

tabs

\_\_\_ #of pills

RD763A Albenza

\_\_\_ #of pills

RD764 Stromectol bottle of 20 \_\_\_

RD764A Stromectol

\_\_\_ #of pills

\*\*\*For medication preapproval, please call Jill Grumbine at 804-864-7911. If Jill is not available, please contact Jane Moore at 804-864-7920.



**Newcomer Health Program  
Supplemental Data Collection Form**

Country of Origin: \_\_\_\_\_

Country of Exit: \_\_\_\_\_

Place Patient ENCOUNTER Label Here: Name: _____ DOB: _____ Pt #: _____ Encounter #: _____	Alien ID#: _____ Date of Arrival in US: _____ VOLAG: _____ Health District: _____
--	--

Did the patient receive an initial health screening?  Yes  No DATE OF INITIAL ASSESSMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the patient did not receive a screening, why not?  Moved  Refused  Never located  Missed multiple appts.  
 Unknown  Other

Assessment Findings: Is the patient:  Male  Female Country of Origin: \_\_\_\_\_

Was the dental evaluation WNL?  Yes  No  N/A Referral needed?  Yes  No

Was the hearing evaluation WNL?  Yes  No  N/A Referral needed?  Yes  No

Was the vision evaluation WNL?  Yes  No  N/A Referral needed?  Yes  No

Were nutritional abnormalities found?  Yes  No Referral needed?  Yes  No

For children, was the developmental assessment WNL?  Yes  No Referral needed?  Yes  No  N/A

(Please check yes for WNL regardless of age, unless there are any gross developmental abnormalities, even if you don't perform a "formal" developmental assessment.)

If female, was the pregnancy test:  Not Done  Pos  Neg. Referral needed?  Yes  No

Was the mental health screening WNL?  District not yet performing mental health screenings  
 Not Done  Yes  No Referral needed?  Yes  No

Was the patient referred for follow up on any of the following? (Check all that apply.)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> HTN	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Suicidal Thoughts	<input type="checkbox"/> Neurology
<input type="checkbox"/> GI Issues	<input type="checkbox"/> Orthopedics	<input type="checkbox"/> OBGYN	<input type="checkbox"/> Infectious Disease	<input type="checkbox"/> HIV
<input type="checkbox"/> Elevated Cholesterol	<input type="checkbox"/> Disability Services	<input type="checkbox"/> Other (specify) _____		

Was the client referred/linked to a Primary Care Provider?  Yes  No

Laboratory Findings:

Was the CBC WNL?  Not Done  Yes  No Referral needed?  Yes  No

Was the metabolic panel WNL?  Not Done  Yes  No Referral needed?  Yes  No

Were the Hepatitis B Results WNL?  Not Done  Yes  No Referral needed?  Yes  No

Was the HIV result WNL?  Not Done  Yes  No Referral needed?  Yes  No

Was the RPR result WNL?  Not Done  Yes  No Referral needed?  Yes  No

Was the Urinalysis WNL?  Not Done  Yes  No Referral needed?  Yes  No

Were the Hepatitis C results WNL?  Not Done  Yes  No Referral needed?  Yes  No

Tuberculosis Screening: \_\_\_\_\_ Comments: \_\_\_\_\_

Test for TB Infection (TST or IGRA)  Pos  Neg.  Not Done \_\_\_\_\_

If the patient was referred for a chest x-ray was it WNL?  Yes  No  Not Done \_\_\_\_\_

Was treatment recommended for: Active TB Disease?  Yes  No LTBI?  Yes  No \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Print Name (Last Name, First Name)

Forms **MUST** be returned within 30 days of assessment in order for the LHD to receive reimbursement.  
Please FAX completed forms to the Newcomer Health Program at (804)864-7913

Revised 7/3/2013

VDH - Newcomer Health Program Price List for Newcomer Health Screenings Effective 7/1/14

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	\$3.00
36416	Capillary Blood Sample	\$1.04
99000	Lab Handling Fee	\$3.20

<b>5 <u>Refugee Medical Assistance</u></b>	
	<b>5.1 Eligibility for Medicaid and FAMIS (SCHIP)</b>
	<p><b>5.1.1 Virginia's SCHIP (State Children's Health Insurance Program)</b></p> <p>Virginia's SCHIP is called FAMIS (Family Access to Medical Insurance Security Plan). To be eligible, a refugee child must be under 19 years of age, be ineligible for Medicaid due to excess income, be uninsured now and not have had health insurance in the past four months, unless there was good cause for dropping insurance, and have income below 200 percent of the federal poverty level.</p>
	<p><b>5.1.2 Medicaid and FAMIS (SCHIP) Administration</b></p> <p>The Department of Medical Assistance Services (DMAS) and the Virginia Department of Social Services (VDSS) share administration and operations of Medicaid Program and FAMIS Medical Assistance Program. DMAS sets Medicaid policy based on federal law and regulation; promulgates state regulations; and handles appeals. VDSS administers the eligibility determination process; provides written eligibility policy and guidance; and trains local departments of social services, which process applications and maintain case records.</p>
	<p><b>5.1.3 Application for Medicaid and FAMIS</b></p> <p>Resettlement offices, that provide Department of State Reception and Placement Program services, assist refugees in applying for medical assistance at the local departments of social services offices.</p>
<b>CFR 45 Part 400.94</b>	<p><b>5.1.4 Refugee Eligibility for Medicaid and FAMIS</b></p> <p>The local department of social services screen each individual in the refugee family unit for medical assistance eligibility and applies the same eligibility rules, including notice of appeals, to refugee applicants as it does all other applicants. Eligibility rules are based on federal regulations and on related Virginia statutes and regulations.</p>
<b>ORR SL 13 03</b>	<p><b>5.1.5 a 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.</b></p>

	<p>5.1.4 b 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 will be screened using the MN category rules.</p>
<p>ORR SL 13 03</p>	<p>5.1.4 c Virginia has not expanded Medicaid to include adults without children. There will be no change in Virginia estimate of the amount of Refugee Medical Assistance grant funding needed.</p>
<p>CFR 45 Part 400.94 (d)</p>	<p>5.1.6 Refugees Ineligible for Medicaid and FAMIS</p> <p>The local department of social services screens each refugee found ineligible for the Medicaid or FAMIS Program for the Refugee Medical Assistance Program.</p>
<p>CFR 45 Part 400.101 (a)(1)  <i>Attachment 5A</i></p>	<p><b>5.2 Eligibility for Refugee Medical Assistance</b></p> <p>The local departments of social services (LDSSs) determine refugees eligibility for Refugee Medical Assistance (RMA) based on Virginia's medically needy financial eligibility standards for the Medicaid and FAMIS Programs. The Office of Newcomer Services provides written guidance to LDSS staff on RMA eligibility rules that is based on federal RMA rules and regulations.</p>
<p>Part 400.100 (a)(1)  ORR SL 13-03</p>	<p>5.2.1 Financial Eligibility Rule</p> <p>Refugees who meet the Medicaid or FAMIS (SCHIP) financial eligibility standards for the medically needy category, but are otherwise ineligible for Medicaid or FAMIS, are eligible for RMA.</p>
<p>CFR 45 Part 400.100 (a)(2)</p>	<p>5.2.2 Immigration Status and Identification Requirements</p> <p>Applicants for Refugee Medical Assistance (RMA) must either provide documentation showing that their immigration status is RMA-eligible or provide proof that they are dependent children of a person eligible for RMA (subject to the limitations in §400.208)</p>
<p>CFR 45 Part 400.100 (a)(3)</p>	<p>5.2.3 Financial Eligibility Standards</p> <p>Refugees must meet the financial eligibility requirements set out in §400.101 to be eligible for RMA.</p>

<p>CFR 45 Part 400.100 (a)(4)</p>	<p><b>5.2.4 Notification to Resettlement Agency</b></p> <p>LDSSs providing RMA are given the name of the refugee resettlement agency serving the refugee applying for RMA.</p>
<p>CFR 45 Part 400.100 (a)(5)</p>	<p><b>5.2.5 Full-Time Students</b></p> <p>Refugees who are full-time students in institutions of higher education, which are not part of the refugee's individual employability plan or URM plan, are ineligible for RMA.</p>
<p>CFR 45 Part 400.100 (b)</p>	<p><b>5.3 Period of Eligibility</b></p> <p>Virginia policy is based on the ORR Director's yearly determination of period of eligibility, in accordance with § 400.211 (a).</p>
<p>CFR 45 Part 400.100 (c)</p>	<p><b>5.4 RCA Not a Condition of RMA</b></p> <p>A refugee may apply for RMA without also applying for RCA. Receipt of RCA is not an eligibility requirement for receiving RMA.</p>
<p>CFR 45 Part 400.100 (d)</p>	<p><b>5.5 RCA Eligibility Allows RMA Eligibility</b></p> <p>A refugee receiving RCA who is not eligible for Medicaid or SCHIP is eligible for RMA.</p>
	<p><b>5.6 Continued Coverage When Earnings Increase</b></p>
<p>CFR 45 Part 400.104 (a)  ORR SL 13 03</p>	<p><b>5.6.1 Earnings While Receiving RMA</b></p> <p>When refugees receiving RMA begin to receive earnings from employment, RMA continues until the end of their eligibility period or until they are approved for national health care through the Health Insurance Marketplace, whichever occurs first. .</p>
<p>CFR 45 Part 400.104 (b)  ORR SL 13 03</p>	<p><b>5.6.2 Medicaid Discontinuance</b></p> <p>When refugees receiving Medicaid are disqualified due to increased earnings, they are eligible to receive RMA until the end their RMA eligibility period or until they are approved for national health care through the Health Insurance Marketplace, whichever occurs first..</p>
<p>CFR 45 Part 400.104 (d)</p>	<p><b>5.6.3 Employer Provided Health Insurance</b></p> <p>When refugees receive employer-provided health insurance, RMA is reduced by the amount of the third party payment.</p>

## ATTACHMENT 5 A

### Refugee Medical Assistance Policy (Summary)

#### Introduction

Virginia's local departments of social services (LDSSs) administer Virginia's two primary public medical assistance programs: Medicaid and FAMIS (Family Access to Medical Insurance Plan). Refugees who meet the financial criteria for Medicaid or FAMIS but not the non-financial criteria are eligible for RMA for a limited time. It is, however, a program of last resort. A refugee is eligible for RMA only after a Medicaid eligibility worker determines the refugee is not eligible for Medicaid or FAMIS.

#### 1. RMA Eligibility

- a. Medicaid eligibility workers consider eligibility for RMA after determining the refugee:
  - 1) meets the financial requirements for Medicaid or FAMIS, but does not the non-financial requirements, and
  - 2) applied for Medicaid or FAMIS within the established RMA time limit.
- b. Medicaid eligibility workers disqualify refugees who are full-time students in an institution of higher education – unless the refugee is enrolled in a one-year re-certification program which is part of a comprehensive resettlement plan (CRP) and the education is contributing to the refugee's self-sufficiency.
- c. The refugee gives the Medicaid eligibility worker the name of the sponsoring resettlement agency. Asylees and victims of trafficking are exempt from this requirement.

#### 2. Newborns

- a. A child born to refugee parents meeting the financial requirements for RMA is eligible for RMA if the mother is receiving RMA when the child is born.

- b. Infants eligible for RMA may receive RMA until the end of the mothers' eight-month period of eligibility.

### 3. Time Limit

- a. The Medicaid eligibility worker calculates benefits for refugees from the first day of the month in which the refugee files the application for Medicaid. Eligible refugees may receive RMA up to eight months following the month of arrival into the United States.
- b. Refugees may be eligible for three months of retroactive coverage if he or she applies for Medicaid after the date of eligibility for RMA begins. For example, if the refugee arrives in the United States in January but does not apply for Medicaid until April, he may be reimbursed for a medical service rendered during the period between January and the Medicaid, FAMIS, or RMA approval date.
- c. The Medicaid eligibility worker calculates benefits for asylees from the date the asylee was granted asylee status. Eligible asylees may receive RMA up to eight months following the month asylee status was granted.
- d. The Medicaid eligibility worker calculates benefits for a victim of trafficking from the date the federal Office of Refugee Resettlement (ORR) issued the victim of trafficking certification letter.

### 4. Rules

- a. The Medicaid worker determines RMA eligibility only after it has been determined the refugee does not qualify for Medicaid or FAMIS. The same financial eligibility requirements used for Medicaid Medically Needy (MN) Category are used to determine eligibility for RMA. The non-financial Medicaid MN rules do not apply to RMA.
- b. The refugee must present documentation of his or her refugee status at the time of application. The refugee is not required to have a social security number to apply for RMA.
- c. The eligibility worker notifies the resettlement agency when a refugee applies for assistance.
- d. When a refugee receiving RMA or Medicaid obtains employment, the income is reported to the local department of social services. The RMA or Medicaid file is processed through the Health Insurance Marketplace (HIM) by the local department of social services. If the refugee obtain insurance through the HIM, RMA or Medicaid is terminated. If the refugee is not eligible for health insurance through the HIM , employment

income does not impact eligibility for RMA and refugees receiving Medicaid are transferred to RMA

- f. When the employer of a refugee receiving RMA enrolls the refugee in an employer-sponsored health insurance program, RMA becomes the secondary coverage option and picks up costs not covered by the employer sponsored insurance.

5. Income Considerations

- a. The Medicaid eligibility worker considers the income and resources on the date of application, not the average income over the application-processing period, when determining eligibility for RMA.
- b. Asset considerations mirror the Medicaid Medically Needy stipulations and limits, except that the eligibility worker does not consider assets refugees hold in their country of origin.
- c. The eligibility worker does not consider income and resources of a refugee's sponsor(s) in determining eligibility for the RMA nor shelter or in-kind resources provided to the refugee by the sponsor.
- d. The eligibility worker does not count as income or assets the cash assistance payments paid to the refugee through RCA or TANF or under the Department of State or Department of Justice Reception and Placement Program. (The eligibility worker does not consider reception and placement funds when determining income because they fall into the category of "in-kind benefits and vendor payments.")

6. Notification of Approval or Denial

- a. The Medicaid eligibility worker notifies the refugee of the results of the RMA eligibility determination in a timely manner. In no case is this notice to exceed 45 days from the date of application.
- b. The notification clearly indicates that RMA is denied or approved. If RMA is denied, the notice includes an explanation of ineligibility, along with a statement about the refugee's right to appeal the decision.
- c. The Medicaid eligibility worker notifies the refugee when a medical service is denied.
- d. LDSS written communication with the refugee complies with Title VI of the federal Civil Rights Act.

7. Appeals

- a. Refugees who have applied for or are receiving RMA have a right to appeal in the following instances:
  - 1) When they have been denied RMA benefits;
  - 2) When the LDSS has not notified them of their RMA determination within 45 days of application; or
  - 3) When they been denied a medical service that normally is covered under Medicaid, FAMIS or RMA.
- b. For a hearings office to hear an appeal, the refugee must file the appeal within 30 days of receipt of a notice of negative action.
- c. The LDSS must ensure that access to the appeal process is not denied in any way because the refugee has limited English proficiency.
- d. If the refugee makes an appeal in a timely manner, medical benefits will continue during the appeal period, unless it exceeds the period of RMA eligibility. If, however, the hearings process sustains the LDSS proposed action, the refugee repays the full amount of any medical bills paid during the appeal process.
- e. A hearings officer is to decide the case in writing within 90 days of the date that the refugee requests a hearing. The refugee may appeal the hearing officer's decision to the Circuit Court in the refugee's city or county of residence.
- f. The refugee may receive free legal advice through the local legal aid office.

**Source:** *Virginia Refugee Resettlement Program Manual, Chapter 4*

<b>6. <u>Unaccompanied Refugee Minor Program</u></b>	
CFR 45 Part 400.5 (e)	
CFR 45 Part 400. 112 Part 400. 116 Part 400. 117  <i>Attachment 6 A</i>	<p><b>6.1 Provision of Care and Services</b></p> <p>The Virginia Department of Social Services (VDSS) contracts with a private non-profit 501(c) (3) social service agency to provide Unaccompanied Refugee Minor (URM) Program services. 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.</p> <p>The URM social service agency operates 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.</p> <p>VDSS maintains oversight responsibility for the delivery of foster care services to children in the URM program and ensures, through its contract with the social service agency that service delivery is consistent with federal regulations. VDSS also conducts monthly meetings and yearly formal reviews with the contract agency.</p>
	<b>6.2 Eligible Children</b>
CFR 45 Part 400.111	6.2.1 <i>Unaccompanied Refugee Minor Children</i> Virginia's URM program serves children designated as unaccompanied refugee minors by the U.S. Citizen and Immigration Services Office prior to their entry into the U.S.
ORR State Letter Number 10-11	6.2.2 <i>Reclassified Minor Children</i> Virginia's URM Program serves children who are reclassified by the federal Office of Refugee Resettlement (ORR) as unaccompanied refugee minors after arrival in the U.S, for example children designated as victims of human trafficking, children receiving Cuban and Haitian entrant services, youth under 18 who are granted asylee status, and special immigrant juveniles.
CFR 45 Part 400.113(b)	<p><b>6.3 Duration of Eligibility</b></p> <p>Eligibility for URM services begins the first month the child arrives in Virginia or the date the child is designated a URM child by ORR. Eligibility for services ends when a parent or other adult is granted legal custody of the child or when the child reaches the age of</p>

	<p>emancipation under Virginia law, which is 21 years of age. Participation in the URM program between the ages of 18 to 21 is a voluntary decision made with the child.</p>
<p>CFR 45 Part 400.115 (a)</p>	<p><b>6.4 Establishing Legal Responsibility</b></p> <p>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 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>45 CFR Part 400.118</p>	<p><b>6.5 URM Case Planning</b></p> <p>The contract agency develops a case plan for each child in the program. The plan is based on an assessment of medical, dental, social, educational, behavioral, and mental health needs.</p> <p>Based on the assessment, the plan describes goals for the child's education, English language proficiency, vocational and occupational training, independent living, and mental and physical health. The plan takes into consideration the child's culture and ethnic and religious heritage.</p>
<p>45 CFR Part 400.118(b)(1)</p>	<p><b>6.5.1 Family Reunification</b></p> <p>The contract agency coordinates with the American Red Cross and with the U.S. Council of Catholic Bishops to locate siblings.</p>
<p>45 CFR Part 400.118(b)(2)</p>	<p><b>6.5.2 Placement Options</b></p> <p>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.</p>
	<p><b>6.5.2.a Foster Home</b>      The contractor recruits and trains foster parents for traditional and therapeutic foster care placements.</p>
	<p><b>6.5.2.b Group Homes</b>      When a URM child needs a more restrictive and therapeutic level of care, the contractor places the child in a group home that will provide care in a culturally sensitive manner. If the case assessment is that foster home placement is not in the best interest of the child, the contractor arranges, as appropriate, transitional independent living or residential facilities.</p>

CFR 45 Part 400.115 (c)	6.5.2.d <i>Adoption</i> 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.
CFR 45 Part 400.119	6.5.2.e <i>Interstate Movement</i> 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 nonrefugee foster care cases apply to the movement of URM children.
	<b>6.6 Medical Screening and Treatment</b>
45 CFR Part 400.118(b)(3)	6.6.1 <i>Physical Examination and Follow-up</i> The contractor arranges (i) physical examinations and mental assessment within 30 days of the child's placement program; (ii) follow-up medical services and treatment as needed; and (iii) yearly physical examinations.
45 CFR Part 400.205	6.6.2 <i>Allowable Use of Federal Funding</i> Federal funding is used for the state costs of the delivery of Medicaid services during the child's period of eligibility for URM services.
	<b>6.7 Oversight of URM Program Contract Agency</b>
	6.7.1 <i>State Title IV-B Compliance Monitoring</i>  The contractor is subject to the same Title IV-B compliance monitoring as all other certified state child-placing agencies. The Department of Social Services' Division of Licensing has responsibility for this monitoring.
CFR 45 Part 400.28 (a)(2)	6.6.2 <i>Maintenance of Records and Reports</i>  VDSS maintains a record of the identification, location, and status of each child placed in Virginia's URM Program.
CFR 45 Part 400.120	6.6.3 <i>Required Reports</i>  VDSS submit reports to the federal Office of Refugee Resettlement (ORR) as directed by the ORR Director.
ORR SL 13 03	6.6.4 <i>Services and Administrative Costs</i>  Virginia's URM cost estimate calculations follow ORR instructions specified in ORR SL 12 -13

Virginia Refugee Resettlement Program State Plan  
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	6.6.4 a Service cost is based on actual cost of foster care and independent living services.
	6.6.4 b Contracted service related cost is based on direct provision of all relevant foster care and independent living services.
	6.6.4 c Contractor administrative costs is separated from contractor service costs
	6.6.4 d State Refugee Coordinator office administrative costs include personnel and administrative costs associated with the program oversight, management, and monitoring.

ATTACHMENT 6 A

Commonwealth of Virginia



DEPARTMENT OF SOCIAL SERVICES  
LICENSE  
CHILD PLACING AGENCY

Issued to COMMONWEALTH CATHOLIC CHARITIES, INC.  
Address 1512 Willow Lawn Drive, Richmond, Virginia 23230

This license is issued in accordance with provisions of Chapters 1, 2, 17, and 18, Title 63.2, Code of Virginia as amended, the established rules and regulations of the State Board of Social Services and the specific limitations prescribed by the Commissioner of Social Services as follows:  
Each child in care age 18 or older is counted in the licensed capacity.

Maximum Number of Children 290	
AGE	AGE
18/17	Birth through seventeen

This agency is authorized to accept custody of children for foster and adoptive placement, conduct foster and adoptive home studies, and provide post placement supervision and to assist in the placement of children in the custody of others, including children from other countries. The agency has the authority to provide parental placement services.

The agency is certified to provide treatment foster care case management services and to place children in independent living placement settings.

This license permits child placing services to be conducted in the agency's branch offices located at 541 Park Avenue, SW, Suite 118, Rossmore, Virginia 24016; and 507 Park Avenue SW, Norton, Virginia 24373.

This license is not transferable and will be in effect from February 28, 2010 through February 27, 2012, unless revoked for violations of the provisions of law, or failure to comply with the limitations stated above.

ISSUING OFFICE:

Virginia Department of Social Services  
Division of Licensing Programs  
1604 Sand Run Road, Suite 130  
Richmond, Virginia 23229-5008  
Telephone: (804) 662-7029

By: Magaret Schlichter  
Director, Department of Social Services  
Title: Licensing Administrator  
Date: January 28, 2010

License Number: CD-38-10

<b>7 <u>Cuban/Haitian Entrant Program</u></b>	
CFR 45 Part 401	<b>7.1 Eligibility for Services</b>  Virginia extends to entrants under the Cuban/Haitian Entrant Program the same benefits and services available to refugees under Title IV of the Immigration and Nationality Act. When determining the eligibility of Cuban/Haitian Entrants for cash and medical assistance, the same standards and criteria are applied to entrants as are applied for refugees under section 400.62 of the regulations. The same social services available to refugees provided directly or purchased by the State of Virginia and funded with federal dollars are also available to these individuals.
CFR 45 Part 401.12	<b>7.2 Refugee Cash and Medical Assistance</b>  Cuban Haitian entrants are eligible for cash and medical assistance from the same agencies and under the same conditions as other individuals designated as refugees.

<b>8. Maintenance of Records</b>	
45 CFR Part 400.28 (a)	<p><b>8.1 Maintenance of Records</b></p> <p>The Office of the State Refugee Coordinator (OSRC), located in the Virginia Department of Social Services (DSS) maintains operational records for federal monitoring of its refugee resettlement program.</p>
45 CFR Part 400.28 (a) (1)	<p><b>8.2 Documentation of Services</b></p> <p>The Virginia Newcomer Information System (VNIS) is an automated case tracking system that collects data for use in federal reporting. VNIS is the primary data source for required federal statistical reporting on employment service delivery.</p> <p>Documentation on cash and medical services is maintained by three separate state agency data collection systems. The Department of Medical Assistance Services maintains data on refugee medical assistance. The Department of Health maintains data on refugee medical screenings. DSS maintains data on refugee cash assistance.</p>
	<p><b>8.2.1 VNIS Management</b></p> <p>The OSRC is the business owner for VNIS. The DSS Division of Information Systems does modifications and maintenance for the VNIS application. It also provides users with technical assistance.</p>
	<p><b>8.2.2 VNIS Security</b></p> <p>VNIS is a web-based system with access restricted to users authorized through the DSS Security Access Management System who follow required access protocols for user names and passwords.</p>
CFR 400 Part 400.28 (a) (2)	<p><b>8.3 Records on Unaccompanied Refugee Minors</b></p> <p>The URM contract agency maintains data on the location, progress, placement, status, and the last known address of parents. The OSRC maintains an electronic file and a physical case record on each child.</p>
CFR 400 Part 400.28 (a) (3)	<p><b>8.4 Documentation of Medical Follow-up</b></p> <p>The Virginia Department of Health tracks refugee medical screenings and needed follow-up services according to CDC requirements.</p>
CFR 400 Part 400.28 (b)	<p><b>8.5 Submittal of Statistical and Programmatic Information</b></p> <p>The OSCRC submits to Office of Refugee Resettlement, timely, thorough, and accurate reports on the number of refugees served and the associated costs.</p>

<b>9. Program Monitoring</b>	
	<p><b>9.1 Outcome Based Contracts</b></p> <p>Virginia's contract with each refugee resettlement provider establishes measurable performance outcomes based on federal performance requirements. Each provider's success in meeting its performance outcomes is the primary determining factor for continued funding.</p>
CFR 45 Part 400.22 (b) (2)	<p><b>9.2 Contractor Performance Reviews</b></p> <p>Virginia's contract with each refugee resettlement provider establishes two methods of reviewing performance. The first is an independent audit, paid for at the contractor's expense. The second is a series of compliance reviews conducted by ONS each trimester and at the end of each contract year.</p>
	<p><b>9.2.1 Site Visits</b></p> <p>Site visits include (1) interviews with both case managers and management staff, and (2) case record reviews.</p>
	<p><b>9.2.2 Data Reviews</b></p> <p>Data review consists of a review of case activities reported in the Virginia Newcomers Information System.</p>
	<p><b>9.2.3 Activity Monitoring</b></p> <p>Trimester project activities narrative reports are reviewed.</p>
	<p><b>9.2.4 Case Record Reviews</b></p> <p>Case records are reviewed for the purpose of monitoring development and implementation of the comprehensive resettlement plan that guides the refugee in reaching self-sufficiency and integration into the community.</p>
	<p><b>9.2.5 Other Components of Compliance Reviews</b></p>
	<p><b>9.2.5.a Equal access to services by men and women.</b></p>
	<p><b>9.2.5.b Use of bilingual and bicultural staff.</b></p>
	<p><b>9.2.5 c Collaboration with other community service providers to form a network of support for refugees.</b></p>

<i>Attachment 9A</i>	<b>9.3 Review Findings</b>  The Office of the State Refugee Coordinator provides its contract agencies with feedback of trimester reports both verbally and through written memoranda. Formal reviews are conducted yearly and feedback is given at annual evaluation meetings and through written reports.
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**ATTACHMENT 9 A**  
**ONS TRIMESTER REPORT FOLLOWUP**

**THESE ARE TWO SEPARATE DOCUMENTS**

**Part I: ONS Comments**



TPR: \_\_\_\_\_ (period)

YEAR: 20\_\_

CONTRACTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

ONS Comments

**ONS TRIMESTER REPORT FOLLOWUP**

**Part II: Follow-up to Items of Interest**



TPR: \_\_\_\_\_ (period)

YEAR: 20\_\_

CONTRACTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

Please respond in brief to the following questions/observations, and forward to (name), (e-mail) by  
\_\_\_\_\_(date)\_\_\_\_\_.

Items of Interest:

(If you wish, provide additional comments pertaining to the TPR here.)

<b>10 Fiscal Monitoring</b>	
<i>Attachment 10 A</i>	<p><b>10.1 Types of Fiscal Oversight</b></p> <p>The Office of the State Refugee Coordinator provides fiscal oversight of four primary types of fiscal reimbursements.</p>
	<p><b>10.1.1 Refugee Cash Assistance Payments</b></p> <p>Local departments of social services issue refugee cash assistance payments. Local checks are written. Reimbursement is requested through the Virginia Department of Social Services Local Agency Budget and Expenditure Report System (LASER). Oversight of these reimbursements is done through on-sight training of local staff and through <i>Local Finance Guidelines Manual</i>.</p>
	<p><b>10.1.2 Refugee Medical Assistance Payments</b></p> <p>The Virginia Department of Medical Assistance Services (DMAS) pays health providers for refugee medical assistance services provided to refugees. DMAS requests reimbursement for these costs through an interagency transfer (IAT) of funds process. Oversight of these reimbursements is done through monthly reviews of the IATs and periodic meetings with DMAS to review internal reports.</p>
	<p><b>10.1.3 Refugee Social Services and Targeted Assistance Payment</b></p> <p>Refugee employment providers under contract with the Office of the State Refugee Coordinator for delivery of employment and English language services are reimbursed for service delivery through a monthly invoice process. Oversight of these reimbursements is done through monthly reviews of the charges and comparison with the contract requirements.</p>
	<p><b>10.1.4 Refugee Medical Screening</b></p> <p>Local health districts conduct refugee medical screening. Reimbursement is requested through an interagency transfer of funds (IAT) process. Oversight of these reimbursements is done through periodic training and technical assistance provided by the Virginia Refugee Health Coordinator and by monthly reviews of the IATs done by the Office of the State Refugee Coordinator.</p>

**10.2 State Operations Administrative Costs**

Administrative costs for the administration and operation of the State Refugee Coordinator's Office are determined by the Virginia Department of Social Services' federally approved cost allocation plan. Oversight of that plan is done by the Virginia Department of Social Services Division of Finance.

## ATTACHMENT 10 A

### Contractor Audit and Performance Reviews

#### **Special Terms and Conditions**

**Office of Newcomer Services**

**Refugee Resettlement Program Contract**

**Refugee Social Services**

**Targeted Assistance Program**

1. **AUDIT:** The contractor shall retain all books, records, and other documents relative to this contract for five (5) years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period.

15. **OFFEROR PERFORMANCE:** The purchasing agency may monitor and evaluate the contractor's performance through analysis of required reports, expenditure statements, site visits, interviews with or surveys of relevant agencies/ organizations and individuals having knowledge of the contractor's services or operations, audit reports, and other mechanisms deemed appropriate by the purchasing agency. Performance under this contract shall be a primary consideration for renewal of this contract and may be a consideration in future contract awards and negotiations.

**Source:** *ONS Program Contract, page 49 and 51 of 72*

<b>11 Waivers And Withdrawals</b>	
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	The Virginia Refugee Resettlement Program does not operate its program with any waivers or withdrawals from existing federal regulatory requirements.
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<b>12 Pandemic Influenza Preparedness Planning</b>	
CFR 45 Part 400.5 (i)(4)	
(ORR SL 06-10)	<b>12.1 Governmental Planning</b>
Attachment 12 A	<p>12.1.1 Authority and Infrastructure</p> <p>U.S. Secretary of Health and Human Services (HHS) approved Virginia's initial pandemic influenza plan which defined both the shared and independent responsibilities of HHS and Virginia for pandemic influenza planning and preparedness.</p>
	<p>12.1.1. a <i>State Legislative Authority</i> 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.</p>
	<p>12.1.1. b <i>State Infrastructure</i> 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.</p>
	<p>12.1.1.c <i>Pandemic Plan Infrastructure</i> The Virginia Emergency Operations Plan has hazard-specific operational plans, called Annexes. One of these Annexes is the <i>Virginia Pandemic Influenza Infection Control Public Health Guidance for State and Local Partners</i>. This Annex contains 13 supplements which mirror the supplements to the federal Health and Human Services Pandemic Plan.</p>
	<p>12.1.1.d <i>Continuity of Operational Plans</i> 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.</p>

	<p><b>12.1.2 Access and Involvement</b></p> <p>The State Refugee Coordinator and the State Newcomer Health Coordinator are both appointees to the Virginia Department of Health Pandemic Influenza Advisory Committee. Their role is to ensure that Virginia’s refugee populations are included in all aspects of pandemic planning.</p>
ORR SL 06-10 Item Two	<p><b>12.2 Demographic Profiling</b></p> <p>The Office of Newcomer Services maintains a demographic profile of (i) the refugee populations currently served by its refugee resettlement providers and those served over the past two years; (ii) the refugee populations that may have migrated to Virginia within the last two years; and (iii) the refugee populations Virginia anticipates serving.</p>
	<p><b>12.2.1 Representation in State Demographic Profiling</b></p> <p>In Virginia, non-English speakers are one of the populations included in the Department of Emergency Management’s (VDEM) Vulnerable Populations Advisory Committee. The Office of Newcomer Services (ONS) holds membership on this committee.</p>
	<p><b>12.2.2 Representation in Local Demographic Profiling</b></p> <p>Local refugee resettlement offices under contract with ONS are required under their contract with the Office of Newcomer Services to coordinate with local emergency organizers for the purpose of ensuring local responders and the Virginia Citizen Corps are aware of the refugee in their communities.</p>
Attachment 12 B	<p><b>12.2.3 Sharing Refugee Demographic Information</b></p> <p>Demographic data on the size and location of refugee populations and their language is provided to VDEM upon its request.</p>
ORR SL 06-10 Item Three	<p><b>12.3 Refugee Populations Participation</b></p> <p>Each refugee resettlement provider under contract with the OSRC includes and involves its refugee populations in pandemic preparedness activities</p>

<p>ORR SL 06-10 Item Four</p>	<p><b>12.3 Refugee Health Program Role</b></p>
	<p><b>12.4.1 Designing Public Health Measures</b></p> <p>As a member of the Virginia Pandemic Planning Advisory Committee, the Virginia Department of Health Newcomer Health Coordinator (VDH/NHC) ensures (i) Virginia's pandemic influenza public health measures take into account the cultural and linguistic backgrounds of refugee populations; (ii) existing health protocols are revised to include refugee populations; and (iii) public health nurses who serve refugee populations are informed and knowledgeable about pandemic protocols.</p>
	<p><b>12.4.2 Implementing Public Health Measures</b></p> <p>The VDH/NHC ensures that refugee resettlement staff and refugee populations are informed about (i) personal hygiene; (ii) surveillance and containment of contagious diseases; and (iii) and infection control, vaccine distribution, and anti-viral treatments.</p>
<p>ORR SL 06-10 Item Five</p>	<p><b>12.4 Information Dissemination</b></p> <p>In addition to information dissemination that will occur under the Virginia Emergency Operations Plan, Virginia Pandemic Influenza Infection Control supplement, the VDH/NHC disseminates information to the refugee resettlement offices.</p>
	<p><b>12.5.1 Refugee Understanding of Pandemic Preparedness</b></p> <p>The VDH/NHC provides refugee resettlement offices with instructional materials on influenza for use in new arrival orientation.</p>
	<p><b>12.5.2 Refugee Access to Information About Pandemic Preparedness</b></p> <p>The VDH/NHC provides refugee resettlement offices with information on state and federal websites which maintain updated and multi-lingual information on both on preparedness and on disease control.</p>
	<p><b>12.5.3 Informing Refugees of Pandemic an Influenza Outbreak</b></p> <p>When a pandemic influenza is declared by state officials, the VDH/NHC communicates, on an on-going basis, with refugee resettlement offices about mitigation and infection control.</p>

<p>ORR SL 06-10 Item Six</p>	<p><b>12.6 Continuity of Operations Plan</b></p> <p>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.</p>
	<p><b>12.6.1 Delegation of Authority</b></p> <p>The Virginia Department of Social Services Continuity of Operations Plan (VDSS/COP) defines under what conditions management decision making authority will be delegated to other individuals both at both the state and local level.</p>
	<p><b>12.6.2 Infrastructure to Ensure Coordination of Services</b></p> <p>The VDSS/COP defines protocols for state and local refugee resettlement program staff to follow to ensure service delivery to refugees during a pandemic influenza, including coordination with state and local government emergency management officials.</p>
	<p><b>12.6.3 Contacts and Emergency Communication</b></p> <p>The VDSS/COP lists federal, state, and local officials and organizations with whom ONS and refugee resettlement providers will communicate before and during a pandemic influenza outbreak, including, including what information is to be provided; by whom; to whom; and how. It also specifies how emergency communication is handled in the event normal communications channels are not available; including a mechanism for communication between the federal Office of Refugee Resettlement and Virginia's Office of Newcomer Services.</p>

**Attachment 12 A**  
**TEXT OF PANDEMIC INFLUENZA RESOLUTION**  
**BETWEEN**  
**U.S. SECRETARY OF HEALTH AND HUMAN SERVICES**  
**AND VIRGINIA**

Planning Resolution between Secretary of Health and Human Services and Virginia

**Whereas:**

1. Influenza pandemics have occurred three times in the last century, and history and science suggest that the country and the world could face one or more pandemics in this century;
2. A pandemic can cause severe illness, death and disruption throughout the country and the world, and outbreaks can occur in many different locations all at the same time;
3. Preparing for an influenza pandemic requires coordinated action at all levels of government - federal, state, local, tribal - and all sectors of society, including businesses, schools, faith-based and community organizations, families and individuals;
4. The federal government has committed to taking a leadership role in creating a prepared Nation by monitoring international and domestic outbreaks, providing funding and technical assistance to foster local and state preparedness, stockpiling and distributing countermeasures, developing new treatments, and coordinating the national response;
5. The Secretary of the United States Department of Health and Human Services (HHS) has committed to holding pandemic planning summits in all 50 states, assisting states to improve their level of preparedness;
6. President George W. Bush asked Congress for emergency spending authority to prepare the United States against the possibility of a pandemic. The Congress has provided over \$3 billion for that purpose in the Defense Appropriations Act for 2006, including funding for state and local planning purposes;
7. States and local communities are responsible under their own authorities for responding to an outbreak within their jurisdictions and having comprehensive pandemic preparedness plans and measures in place to protect their citizens;
8. Consistent with its authorities and availability of funding, HHS may provide additional resources for State and local influenza planning and preparedness activities, and require specific preparedness goals and achievement of these goals from States and localities as a condition of financial assistance;
9. Preparedness plans must be continuously exercised and updated to make sure they work and to achieve a stronger level of preparedness; and
10. Pandemic preparedness will help communities deal with any type of medical emergency and will have lasting benefits for the health of our Nation;

11. HHS and [State] share common goals, and have shared and independent responsibilities for influenza planning and preparedness.

**Be it resolved:**

1. HHS will be responsible for:

- a) Continuing to provide substantial guidance and technical assistance to Virginia as it prepares to respond to a possible influenza pandemic. Among other things, HHS, and its operating divisions, coordinates pandemic response activities with state, local and tribal public health and health care agencies; supports state pandemic planning efforts; communicates and disseminates timely influenza pandemic information and technical guidance to state and local public health departments and health care agencies; and provides direct support and technical guidance for epidemiological investigations and diagnostic services through the Centers for Disease Control and Prevention (CDC)..
- b) Consistent with its statutory authorities, direction from Congress, and Departmental regulations and policy, and subject to available funding, providing States financial assistance through funds appropriated as part of the FY 2006 Defense Appropriations Act for the purposes of pandemic planning. Although a portion of those funds will be made available to the state immediately upon receipt of a self assessment of readiness, receipt by Virginia of additional amounts will depend upon achievement of specific preparedness goals as agreed to by HHS and Virginia.
- c) Within six months, reviewing Virginia's plans for use, storage and distribution of antiviral and notifying Virginia of its portion of the federal stockpile of pandemic influenza antiviral drugs.

2. Virginia will be responsible for:

- a) Augmenting state and local planning with a State and Local Pandemic Preparedness Summit.
- b) Updating state pandemic influenza plans based on guidance given in the HHS Pandemic Influenza Plan and the National Strategy for Pandemic Influenza both released in November 2005 and any guidance the Secretary may provide concerning the use of countermeasures necessary to address a pandemic.
- c) Assuring that the operational plan for pandemic influenza response is an integral element of the overall state and local emergency response plan that will coordinate effectively with Emergency Support Function 8, Health and Medical Services, of the National Response Plan and the National Incident Management System.
- d) Establishing a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, community based, and faith-based sectors, as well as private citizens) and that will assist the State in articulating strategic priorities and overseeing the development and execution of the jurisdiction's operational pandemic plan.

- e) No later than July 1, 2006 notifying HHS of the amount, if any, of additional pandemic influenza antiviral drugs that Virginia will plan to purchase in coordination with HHS, subject to the availability of funding.
- f) Exercising the state's preparedness plan within eight months of the date of the state planning summit between the HHS Secretary and the Governor of Virginia, and participating in a nationwide pandemic planning exercise within twelve months of that date. These planning and response exercises should enable public health and law enforcement officials to establish procedures and locations for quarantine, surge capacity, diagnostics, and communication.
- g) Providing CDC a self-assessment of readiness on the part of Virginia to receive a portion of funds referenced in 1.b) immediately
- h) Achieving specific preparedness goals, targets, and timelines as agreed to by HHS, CDC and Virginia in order to receive additional funds referenced in 1.b).

## Attachment 12 B

**Virginia Department of Social Services  
Office of Newcomer Services  
Refugee Resettlement Program  
*Demographic Data for Pandemic Influenza Demographic Profiling***

### Memorandum

Date:

To: [name]  
Virginia Department of Emergency Management

From: Kathy Cooper  
Director, Office of Newcomer Services

Subject: **Demographic Data on Virginia Refugee Populations**

The Virginia Department of Social Services is required by the federal Office of Refugee Resettlement to ensure that refugee populations are included in State pandemic influenza emergency operational plans. One of the requirements is that "current and anticipated refugee populations are clearly represented in [Virginia's] demographic profiling for pandemic planning."

The demographic data attached to this memorandum is for that purpose.

The term refugee populations include: refugees, asylees, Cuban/Haitian entrants, victims of human trafficking, Amerasians, unaccompanied refugee minors, and Afghans and Iraqis with special immigrant visas. For a definition of these terms, please see <http://www.dss.virginia.gov/family/ons/policy.cgi>.

These populations arrive in the U. S. through different federal programs. The Office of Newcomer Services (ONS) gathers the data in this report from a variety of federal sources.

If you have any questions about this data, please contact Kent Harrison at [kent.harrison@dss.virginia.gov](mailto:kent.harrison@dss.virginia.gov) or 804-726-7931

Attachments:

1. Virginia Refugee Resettlement Program Monthly Arrivals and New Cases
2. Virginia Refugee Arrivals by World Region
3. Virginia Refugee Arrivals by State Region
- 4.