



VIRGINIA
REFUGEE RESETTLEMENT
PROGRAM
STATE PLAN

FEDERAL FISCAL YEAR 2020

SUBMITTED AUGUST 15, 2019

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| I. <u>Administration</u> | |
| CFR 45, Part 400 | A. Organization |
| § 400.5 (a) | <p><u>1. Responsible State Agency</u> The Virginia Department of Social Services (VDSS) is the state agency responsible for developing and administering the Virginia Refugee Resettlement State Plan.</p> |
| § 400.5 (d) | <p><u>2. State Refugee Coordinator</u> Seyoum Berhe, Director of the Office of Newcomer Services (ONS), is the Virginia State Refugee Coordinator (SRC) and is responsible for developing, supervising, and administering the State Plan and for ensuring coordination of public and private resources in the resettlement of refugees and other eligible populations. The SRC is employed by the state and reports to the Director of the Division of Community and Volunteer Services (DCVS), who reports to Deputy Commissioner of Strategy and Engagement.</p> |
| § 400.22 (a) | <p>Virginia does not delegate responsibility for administering or supervising the administration of its state refugee plan beyond the Commissioner of the Department of Social Services and the State Refugee Coordinator.</p> |
| § 400.5 (a) | <p><u>3. Organizational Structure</u> The Governor of Virginia has twelve Secretariats that assist in managing the operations of state agencies. The Virginia Department of Social Services is in the Health and Human Resources (HHS) Secretariat. Each Secretariat has a Secretary who provides overall supervision and direction to the agencies within the Secretariat. By law, the Secretary resolves conflicts among agencies, directs preparation of budgets, and holds agency heads accountable for effective and efficient performance.</p> <p>VDSS is a state supervised and locally administered social services system. It provides oversight and guidance to 120 local offices across the state and delivers a wide variety of services and benefits to Virginians. The programs include Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance (SNAP), Medicaid, Adoption, Child Care Assistance, Refugee Resettlement Services, Child and Adult Protective Services, Volunteerism, Community Action, and Family Violence.</p> <p>The Virginia Social Services System is a partnership of three key organizations: the Virginia Department of Social Services (DSS); the Virginia League of Social Service Executives, which represents the 120 local departments of social services; and the Virginia Community Action Partnership, which is an association of community action programs across the state.</p> <p>VDSS' goal is to promote the well-being of its citizens through the delivery of essential services and benefits to ensure families are strengthened, and</p> |

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| | individuals achieve their highest level of self-sufficiency. The Office of Newcomer Services organizational placement within VDSS aids the day-to-day activities of its Refugee Resettlement Program and allows close coordination and communication with other service delivery programs. |
| CFR 45, Part 400 | B. Virginia Assures that its Refugee Resettlement Program |
| § 400.5 (i)(1) | 1. Complies with provisions of Title IV, Chapter 2 of the Refugee Resettlement Act (8 USC 1522), and official issuances from the Office of Refugee Resettlement. |
| § 400.5 (i)(2) | 2. Meets the requirements set forth in CFR 45, Part 400. |
| § 400.5 (i)(3) | 3. Complies with all other applicable federal statutes and regulations in effect during the time it receives grant funding. |
| § 400.5 (i)(4) | 4. Will amend its State Plan to comply with standards, goals, and priorities established by the Director of the HHS Office of Refugee Resettlement. |
| § 400.5(g) | 5. Provides services to all refugees without regard to race, religion, nationality, sex, or political opinion. |
| § 400.5 (h) | 6. Convenes planning meetings of public and private sector at least quarterly. <ul style="list-style-type: none"> ➤ Monthly Director’s Policy Committee Meetings with resettlement agency directors, the Virginia Refugee Health Coordinator, and a state refugee mental health representative. These meetings are 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. ➤ Virginia Community Capacity Initiative (VCCI) Dialog Group Meetings allow key community partners (business, government, education, health, safety, and economic) to discuss and promote refugee self-sufficiency, social and civic engagement and refugee population’s integration into the community. There are seven active VCCI Dialog Groups across the state with the goal of building community capacity and receptivity to Virginia’s refugee populations. Agencies that resettle refugees in Virginia are required to take the lead role in maintaining existing VCCI Dialogue Groups, in developing new ones as needed, and in facilitating these meetings. ➤ Periodic Issue-Driven Meetings are conducted with refugee resettlement providers, local affiliates of voluntary organizations, mutual assistance associations, local departments of health and social services, local area agencies on aging, and other local community organizations. These meetings educate community partners on resettlement trends and best practices in serving Virginia’s refugee population. ➤ As directed by the Virginia Department of Social Services Commissioner, the State Refugee Coordinator’s Office represents VDSS on refugee and immigrant working groups, task forces, councils, and committees. |
| | 7. Provides all ORR eligible populations with the benefits and services described in the Virginia Refugee Resettlement State Plan. |

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| II Assistance and Services | |
| Attachment I | <p>Virginia’s primary goals for newly arriving refugees are durable economic self-sufficiency and social integration into Virginia’s communities. Virginia accomplishes these goals through its model of comprehensive resettlement service delivery. Virginia bases its framework for refugee resettlement on the guiding principle 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. The attachment has a brief description of the six key elements of the model.</p> |
| CFR 45 Subpart B §400.5(b) | <p>A. Coordination of Cash and Medical Assistance and Support Services</p> <p>The Virginia State Refugee Coordinator (i) has contracts with non-profit resettlement agencies and memorandums of agreements (MOAs) with state agency and (ii) issues policy guidances containing language that formalizes the collaboration needed to provide CMA and RSI services. The basis for the contracts, MOAs, and guidances are the regulations set out in 45 CFR 400, ORR State Letters and other guidances, and applicable public assistance programs regulations.</p> <ul style="list-style-type: none"> ➤ The contracts with resettlement agencies require the development of a family Comprehensive Resettlement Plan that identifies the cash, medical, employment, and support services needed for the family to attain economic self-sufficiency. ➤ The Virginia Refugee Resettlement Program Manual contains the rules for the delivery of refugee cash, medical, and employment services. ➤ The Office of Newcomer Services collaborates with the Virginia Department of Social Services Division of Benefit Programs on the inclusion of cash, medical, employment and support services for refugees in its Medicaid, SNAP, and TANF program guidance documents. ➤ Monitoring of effective delivery of these services and ensuring services are provided in accordance with federal regulation are done through the VDSS Sub-recipient Monitoring Program. |

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| <p>CFR 45, Subpart B §400.5(c)</p> | <p>B. Employment Services and Language Training for Cash Assistance Recipients</p> <p>Employment services and language training have been the primary focus of the Virginia Refugee Resettlement Program since it was established. These services are at the core of service delivery to all adult clients including those who receive cash assistance. For those receiving cash assistance, registration and participation in employment programs is a requirement for receipt of both Refugee Cash Assistance (RCA) and Temporary Assistance for Needy Families (TANF).</p> <ul style="list-style-type: none"> ➤ For RCA, registration with the <i>Virginia Refugee Social Services Employment Program (RSSEP)</i> is required. ➤ For TANF, completion of an <i>Agreement of Personal Responsibility</i> to participate in the Virginia Initiative for Education and Work (VIEW) Program, which is a TANF requirement. |
| <p>CFR 45, Subpart E</p> | <p>C. Refugee Cash Assistance (RCA)</p> |
| | <p>1. The Virginia operates a publicly administered Refugee Resettlement Program (VRRP). There is no difference in administration across the state.</p> |
| <p>§400.55</p> | <p>2. Individual apply both TANF and RCA on the same application. The application includes the applicant’s rights, responsibilities, and the penalties for non-cooperation. The applications are available on-line in English and Spanish. For in-person applications and assessment interviews, the VDSS has a contract for Language Interpretation which local DSS staff access for non-English speaking applicants.</p> |
| <p>§ 400.83 (2)</p> | <p>3. The Virginia RCA Program follows TANF mediation and reconciliation procedures.</p> |
| | <p>4. RCA applicants are exempt from registration for employment if they meet one of the four exemptions.</p> |
| | <p>a. Are 65 years of age or older</p> |
| | <p>b. Will not reach their 16th birthday within the eight-month RCA eligibility period.</p> |
| | <p>c. Are between the ages of 16 – 18 and full time students in a secondary school or a vocational or technical school.</p> |
| | <p>d. Live in a geographical area that is not served by RSS service providers under contract with the Office of Newcomer Services to provide ORR funded employment.</p> |
| | <p>When a non-exempt RCA recipient does not participate in employment activities or does not accept offers of employment, the RSS employment service provider determines if there is good cause. The provider to follow program guidance, which includes the requirements of CFR 45, Subpart F, Requirements for Employability Services and Employment.</p> |

| § 400.66) | <p>5. RCA Eligibility and Payment Levels</p> <p>Virginia operates its RCA consistent with its Temporary Assistance to Needy Family Program (TANF).</p> | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|-------------|-----------|------------|---|-------|-------|---|-------|-------|---|-------|-------|---|-------|--------|---|--------|--------|-------------------------------------|--|--|
| §400.66 (a) (1)-(4) | <p>a. RCA treatment of income and resources, budgeting methods, and need standards are the same as TANF, with the exception that income on the date of application, not the average income over the application-processing period, is counted.</p> <ul style="list-style-type: none"> ➤ The RCA and TANF benefit amounts are the same and are based on a legislatively established standard of need. There are two payment amounts depending on the geographical area where the applicant resides. Refugees in Virginia are resettled in both geographical areas. ➤ Proration of shelter, utilities and similar needs are the same for TANF and RCA ➤ RCA mirrors all State TANF rules relating to financial eligibility and payments. | | | | | | | | | | | | | | | | | | | | | |
| Attachment II | <p>b. There are two TANF payments standard depending on the geographic locations where the person resides. The locations for each group are listed in Attachment II</p> <table border="1" data-bbox="691 1041 1146 1352" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Family Size</th> <th>Group II*</th> <th>Group III*</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$394</td> <td>\$549</td> </tr> <tr> <td>2</td> <td>\$577</td> <td>\$733</td> </tr> <tr> <td>3</td> <td>\$727</td> <td>\$885</td> </tr> <tr> <td>4</td> <td>\$867</td> <td>\$1025</td> </tr> <tr> <td>5</td> <td>\$1025</td> <td>\$1220</td> </tr> <tr> <td colspan="3" style="text-align: center;">*Note: There is no longer a Group I</td> </tr> </tbody> </table> | Family Size | Group II* | Group III* | 1 | \$394 | \$549 | 2 | \$577 | \$733 | 3 | \$727 | \$885 | 4 | \$867 | \$1025 | 5 | \$1025 | \$1220 | *Note: There is no longer a Group I | | |
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| §400.66 (b) – (d) | <p>c. Resources and income <u>are not counted</u> in determining eligibility for the RCA Program. This includes resources remaining in the applicant’s country of origin; a sponsor’s income and resources; and cash payments made through the Department of State Reception and Placement Program.</p> | | | | | | | | | | | | | | | | | | | | | |
| §400.66(e) | <p>d. The period of coverage begins on the first day of the month in which the refugee submits an application for benefits.</p> | | | | | | | | | | | | | | | | | | | | | |
| §400.68 | <p>6. Notification to local resettlement agencies</p> | | | | | | | | | | | | | | | | | | | | | |
| §400.68(a) | <p>a. Local department of social services (LDSS) enter the RCA approval in the Virginia Newcomer Information System.</p> | | | | | | | | | | | | | | | | | | | | | |
| §400.68(b) | <p>b. The LDSS informs the local resettlement agency of employment electronically.</p> | | | | | | | | | | | | | | | | | | | | | |

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| | 7. Eligibility Payment Levels [45 CFR 400.59 & 60 do not apply to Virginia which operates a publicly administered RCA Program] |
| §400.50 | a. Any individual wishing to apply to apply for RCA may do so on-line through the Virginia CommonHelp benefit programs application processing system, by phone, or in person at a local department of social services. Income eligibility standards are the same as for the Virginia TANF program. See item C 5. |
| | b. RCA payment standards are listed in item C 5 b. |
| | c. This item does not apply to Virginia, which is a publicly administered state. |
| | d. This item does not apply to Virginia, which is a publicly administered state. |
| | e. Virginia is a publicly administered state and operates its RCA Program consistent with its TANF program in regards (i) to treatment of income and resources, budgeting method, and need standard and (ii) payment levels. |
| § 400.13 ORR SL 12-13 ORR SL 13-03 | 8. The RCA Program Administration The RCA Program is administered in accordance with 45 CFR Part 95, Subpart E. The Virginia Department of Social Services operates under a federally approved Public Assistance Cost Allocation Plan (PACAP), number VA DSS 07-02. This plan was effective July 1, 2007, with each amendment thereto also approved. This plan includes local level administration of both the RCA and RMA programs. Virginia has 120 local departments of social services, which may determine eligibility for RCA and RMA. There is one application that includes RCA and RMA. There is one application determination process. Both the determination process and local oversight of that process are reimbursed through this PACAP. |
| | a. Local department of social services TANF office staff determine RCA. The local administration costs associated with the RCA application intake and eligibility determination processes are reimbursed based on PACAP. |
| | b. RCA payments are made by local departments of social services' Business Offices through a local check writing process. |
| | c. State administration and oversight of the RCA Program is managed by the Director of the Office of Newcomer Services who is the Virginia State Refugee Coordinator. There is no staff allocation between TANF and RCA at the state level. |

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| | d. A portion of the time of one full time state staff position is allocated for administration, guidance, and oversight of the RCA Program. |
| | e. The indirect cost rate is charged to the CMA grant and is based on the U.S. Department of Health and Human Services approved PACAP approved rate. |
| 45 CFR 400 Subpart G | D. Refugee Medical Assistance (RMA) NOTE: VIRGINIA'S SCHIP IS CALLED FAMIS (FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PLAN). |
| §400.93 & §400.94 | 1. Applications and Eligibility Determination Process |
| ORR SL 13-10 | <p>a. The Department of Medical Assistance Services (DMAS) and the Virginia Department of Social Services (VDSS) share administration and operations of the Medicaid Program and FAMIS Medical Assistance Program. DMAS sets Medicaid policy based on federal law and regulation; promulgates state regulations; and handles appeals. Local departments of social services (LDSS) process applications and maintain case records. VDSS administers the eligibility determination process. The State Refugee Coordinator's Office provides written RMA guidance to LDSS staff on eligibility rules. The guidance is based on federal RMA rules and regulations. Medicaid and FAMIS eligibility rules and processes follow Virginia's approved Medicaid and FAMIS State Plans.</p> <p>b. The process for applying for RMA is the same as for Medicaid applications. RMA is included in the Benefits Program Medicaid application. Applications may be made on-line, by phone, or in person at a LDSS office. The LDSS assess eligibility for Medicaid and FAMIS for each individual in the refugee family included on the application prior to determining eligibility for RMA.</p> |
| §400.100 - 104 | 2. Consideration of Eligibility for RMA |
| | a. Virginia is a Medicaid Expansion state. Families with children and childless adults are screened according to the federal Affordable Care Act modified adjusted gross income (MAGI) rules. |
| §400.102 | <p>b. Virginia's income and resources requirements are the same as the Virginia's MAGI rules with the following exceptions</p> <ul style="list-style-type: none"> ➤ TANF, RCA, Match Grant, and Reception and Placement Program payments are excluded from RMA income calculations. ➤ Wages from employment received after receipt of RMA and before the end of the eight-month eligibility period do not affect RMA eligibility. ➤ A Medicaid or FAMIS eligible refugee who becomes ineligible due to employment earnings during the RMA eligibility period is eligible for RMA for the remainder of the eight-month eligibility period with no further screening for financial need. |

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| <p>§400.104</p> | <p>c. Virginia assures that RMA recipients continue coverage after employment</p> <ul style="list-style-type: none"> ➤ RMA benefits continue when an RMA recipient has increased earnings from employment. ➤ A Medicaid recipient who becomes ineligible for Medicaid due to employment income is transferred to RMA. ➤ RMA is provided for the full eight-month eligibility period when there is an increase in earnings from employment. ➤ If a RMA recipient receives employer-provided or national health insurance, RMA is reduced by the amount of the third party payment. |
| <p>§400.105 - 106</p> | <p>3. Scope of Medical Services</p> |
| | <p>a. RMA recipients receive the same health coverage, in the same manner, and to the same extent as Virginia Medicaid recipients.</p> |
| | <p>b. With the exception of Refugee Medical Screenings, which are not covered by Virginia Medicaid, Virginia does not provide medical services beyond the scope of its State Medicaid Program.</p> |
| <p>ORR SL 13-13</p> | <p>4. Virginia’s State Plan mirrors its CMA budget.</p> |
| | <p>a. The Department of Medical Assistance Services (DMAS) manages the RMA health insurance delivery system. RMA recipients are not assigned to a managed care organization. Medical costs are reimbursed on a fee-for-service basis. The CMA RMA direct cost estimate is based on a monthly unit cost provided by DMAS.</p> |
| | <p>b. RMA administrative costs associated with</p> <ul style="list-style-type: none"> ➤ DMAS’ administrative costs are covered through a Virginia Department of Social Services Memorandum of Agreement with the State Medicaid. ➤ LDSS activities related to application intake, assessment, determination, payment disbursement, and oversight of the eligibility process cannot be separated from the RCA eligibility administrative costs. ➤ In accordance with 45 CFR Part 95, Subpart E, the Virginia Department of Social Services operates under a federally approved Public Assistance Cost Allocation Plan (PACAP), number VA DSS 07-02. This plan was effective July 1, 2007, with each amendment thereto also approved. This plan includes local level administration of both the RCA and RMA |

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| | <p>programs. Virginia has 120 local departments of social services that may determine eligibility for RCA and RMA. There is one application that includes RCA and RMA. There is one application determination process. Both the determination process and local oversight of that process are reimbursed through this PACAP.</p> <ul style="list-style-type: none"> ➤ The Virginia Refugee Health Coordinator does not have responsibility for the determination of eligibility or the delivery of Medicaid or RMA services. |
| §400.5 (f) | E. Refugee Medical Screening (RMS) |
| § 400.107 (a)(b)(c) | 1. Coordination of RMS Program |
| | a. Local health departments in the geographic area where refugees are resettled conduct the screenings. Resettlement agencies notify screening sites of new arrivals and schedule appointments for initial health screenings. New arrivals who are in need of care or monitoring are handled on a case-by-case basis in consultation with local providers and the Refugee Health Coordinator (RHC). |
| | b. All local health department RMS staff have access to the Electronic Disease Notification System (EDN). When possible, local sites access overseas medical information prior to the health screening. This information is reviewed and a plan for providing the health screening is made accordingly. Any necessary referrals for conditions noted on the overseas medical exam are made as part of the initial refugee medical screening. |
| Attachment III | <p>c. The Virginia Department of Health, local health districts conduct RMSs. Through a memorandum of agreement between the Department of Social Services and the Department of Health, the RHC has oversight responsibility local health districts' delivery of RMS (CMA funded) services. The MOA formalizes RMS Program service delivery coordination.</p> <ul style="list-style-type: none"> ➤ a memorandum of agreement that is renewed yearly ➤ quarterly reports ➤ on-going as-needed communications and meetings |
| | d. Medical screening providers are local public health offices. |

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| Attachment III | <p>2. CMA/RMA Funded RMS Program Virginia’s CMA/RMA grant funds its RMS Program. [Note: In October 2004, Virginia incorporated the federally approved Refugee Medical Screening (RMS) Program Plan into its State Plan. The RMS Program Plan is reviewed and updated yearly as part of the State Plan submittal process.]</p> |
| § 400.107 | 3. Scope of RMS Services |
| § 400.107 (a)(1) Attachment III A Attachment III B | <p>a. Virginia’s RMS Program services are those recommended by the Centers for Disease Control and Prevention and described in ORR State Letter 12-09. Virginia provides all RMS services according to federal Office of Refugee Resettlement official guidance. Virginia assures it will incorporate into its RMS Program Plan all guidance issued by the Director in federal fiscal year 2020.</p> |
| | <p>b. RMS services that are covered by Virginia’s state Medicaid Plan are vaccinations for children.</p> |
| | <p>c. None of the other screening services is included in the Virginia’s Medicaid State Plan.</p> |
| | <p>d. Virginia provides no services beyond those described in ORR State Letter 12-09. Virginia calculates the costs associated with its RMS Program based on ORR State Letter 12-13, <i>Guidance on Reporting and Estimating Administrative Costs for the Refugee Cash and Medical Assistance Program</i> and ORR SL 13-03, <i>ORR 1 and State Plan Submissions</i>.</p> |
| | <p>e. Virginia’s medical screening costs are costs are reasonable and consistent with ORR guidance.</p> |
| § 400.107 (b) | <p>f. Virginia’s approved <i>Plan for Refugee Medical Screenings</i> requires that, when possible, the initial medical screening be conducted within 30 days of arrival or 30 days from the date a person receives a refugee-eligible immigration status. If necessary, screenings may be conducted up to 90 days after arrival without a Medicaid determination.</p> |
| ORR SL 13-03 | 3. RMS Program Administration |
| | <p>a. Virginia State Plan mirrors the Virginia ORR 1 Cash and Medical Assistance Program Estimate. RMS direct costs are paid to local health districts on a fee-for-service model for each refugee medical screening conducted. The cost for each screening procedure is based on the current Virginia Medicaid reimbursement rates and personnel costs associated with the screening and management. The non-medical direct service reimbursed costs include interpretation and translation.</p> |

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| | <p>b. RMS administrative costs include the Refugee Health Coordinator position, one office staff position; interpretation and transportation as defined in the Virginia Medicaid State Plan; and training and skills development for the nursing staffs that conduct refugee medical screenings.</p> |
| CFR 45, Subpart I | <p>F. Refugee Social Services RSSEP does not operate with any waivers or withdrawals from existing federal regulatory requirements.</p> |
| § 400.154 § 400.155 | <p>1. The Office of Newcomer Services (ONS) contracts with community based non-profit organizations to provide eligible refugee populations with services funded through the Refugee Social Services Program grant funding. Virginia's refugee employment program is called the <i>Refugee Social Services Employment Program</i> (RSSEP). RSSEP services assist participants in obtaining employment, remaining employed, and increasing their employment income.</p> |
| § 400.154 § 400.155 | <p>2. Contracts with RSSEP service providers for employment services and employability are consistent with the federal requirements in CFR 45, Part 400, Sections 400.154 and 400.155.</p> |
| | <p>3. Virginia receives three ORR set-aside funding grants: Refugee School Impact Grant, Youth Mentoring, Program (YM), and Services to Older Refugees (SOR). The targeted populations are school-aged children, youth 15 -24, and refugees over age 60. The program services funded through these set-aside grants are part of the holistic, comprehensive, coordinated model of refugee resettlement. The programs assist families in integrating into their communities.</p> <ul style="list-style-type: none"> ➤ RSIG facilitates successful academic progress and achievement, social adjustment, and school completions of eligible youth between the ages of 5 and 18. ➤ YM, through mentorship, promotes positive civic and social engagement and supports individual educational and vocational advancement ➤ SOR links refugees over the age of 60 to (i) communities aging services, which reduces isolation by facilitating their integration into the community and (ii) to naturalization services. |
| | <p>4. RSSEP services allow for assistance with citizenship preparations and obtaining Employment Authorization Documents; however, they do not include the actual fees associated with obtaining those documents.</p> |

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| CFR 45, Subpart H | <p>H. Unaccompanied Refugee Minors Program (URM) URM program services are funded through the ORR CMA grant.</p> |
| | 1. Administrative Structure and Oversight |
| | <p>a. The Virginia Department of Social Services (VDSS), Office of Newcomer Services (ONS) has administrative and oversight responsibilities for the URM Foster Care Program. Administration and oversight is accomplished under the following structure.</p> <ul style="list-style-type: none"> ➤ ONS contracts with Commonwealth Catholic Charities, which is a private non-profit 501(c) (3) social service agency, to provide URM foster care program services in Richmond, Roanoke, Newport News. Other possible locations are currently being assessed. No new youth will be sent to Roanoke during FY 2020. The youth currently in in care there who will remain until they age out. ➤ The URM contract requires the contractor to operate under the standards and requirements of Virginia’s IV-B Plan, as defined in (i) <i>Code of Virginia, Chapter 10, Child Welfare, Homes, Agencies and Institutions</i> and (ii) the VDSS Foster Care Policy Manual. VDSS has responsibility for the oversight of care provided to children in foster care, which includes children in the URM Program. |
| | <p>b. ONS has a staff member dedicated to the management of the URM contract. This manager reviews placement and outcome reports and maintains a record of the identification, location, and status of each child placed in Virginia’s URM Program.</p> |
| | <p>c. Virginia administers the URM Program in accordance with 45 CFR Parts 400.110 through 400.120 and operates under the standards and requirements that govern the larger framework of Virginia's foster care system, including the level of foster care maintenance payments, Independent Living stipends and Education and Training Voucher funds. These rules are in the Code of Virginia, Chapter 10: Child Welfare, Homes, Agencies and Institutions and the foster care regulations established by the Virginia Department of Social Services (VDSS Policy Manual, V.7, sect. 3, Ch. B).</p> |

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| | <p>d. VDSS has a Sub-Recipient Monitoring Plan that defines the monitoring activities and timeframes for each of its grant programs. For the URM Program, this includes:</p> <ul style="list-style-type: none"> ➤ Regular reviews of the ORR 3 and ORR 4 reports ➤ Monthly desk reviews of invoices ➤ Monthly desk reviews of program activities ➤ Mid-year and Annual performance reviews ➤ Yearly on-site case monitoring ➤ Year-end performance reviews |
| | <p>e. Virginia assures that ONS has program accountability responsibilities of all aspects of Virginia’s URM Program, including fiscal and program reporting</p> |
| | <p>f. Virginia assures that 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>g. Virginia assures that it confers with the URM contract agency:</p> <ul style="list-style-type: none"> ➤ as needed for specific case and program issues ➤ as needed based on monthly monitoring desk reviews ➤ monthly conference calls for discussion of placement issues and concerns yearly regarding progress of URM youth who have left or graduated from the program |
| §400.115(a) | 2. Legal Responsibility |
| | <p>a. 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. Temporary custody is provided to CCC until permanent custody is awarded at the dispositional hearing within 75 days of the preliminary hearing.</p> |
| | <p>b. The contract agency has legal custody of the URM child until the child turns 18 years old. Legal custody ends on the youth’s 18th birthday.</p> |
| | <p>c. The contract agency’s court of jurisdiction is the County Juvenile and Domestic Relations Court. The contract agency seeks and obtains legal custody of refugee minors within the prescribed period of 30 days. The contract agency petitions for custody within 24 hours of arrival of the child into the URM program. Temporary custody is provided to the contract agency until permanent custody is awarded at the dispositional hearing within 75 days of the preliminary hearing.</p> |

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| | <p>d. Participation in the URM program between the ages of 18 to 21 is a voluntary decision made with the child. If the youth decides to remain in the URM program, the youth signs a Voluntary Continuing Services and Support Agreement, which covers both independent living and remaining with the foster family. Virginia’s program for extending foster care financial and social support and services for foster youth between the ages of 18-21 is called Fostering Futures.</p> |
| 45 CFR 400.111 & 113 | 3. Eligibility |
| | <p>a. Virginia assures it will serve all eligible populations approved for URM services by the federal Office of Refugee Resettlement (ORR). This includes refugees identified overseas as unaccompanied refugee minors and youth who are reclassified by the federal ORR as unaccompanied refugee minors after arrival in the U.S. including refugees in the U.S. who become unaccompanied due to a family breakdown; asylees; victims of human trafficking; special immigrant juveniles; U Status recipients.</p> |
| | <p>b. Youth age out of foster care at age 18 unless they choose to voluntarily remain in care.</p> <ul style="list-style-type: none"> ➤ Youth choosing to voluntarily remain in care sign a Voluntary Placement Agreement and are eligible for foster care or independent living services until age 21. ➤ Youth age out from voluntary placements at age 21 but remain eligible for ETV funds to support their education or vocational goals through the age of 26. |
| | <p>c. Termination of URM eligibility</p> <p>There are no triggers that would terminate a URM child’s eligibility for the URM program other than adoption, receipt of US citizenship or voluntary emancipation at age 18.</p> |
| | <p>d. A foster care child who requests voluntary release from care after age 18 may return to the URM Program within 60 days.</p> <p>Youth in the URM program are eligible for education and training vouchers (ETV) until the age of 26 under the same guidelines that apply to all youth in foster care in Virginia under the Family First Prevention Services Act of 2018 which allowed Virginia to extend ETV benefits up to age 26 for eligible youth.</p> |
| | <p>e. Virginia provides supervised independent living services for youth up to the age of 21. Youth are eligible to receive ETV funds through the age of 26 years old.</p> |

| | |
|--|---|
| <p>§400.115(c); §400.116(a); §400.118; SL # 09-09; ORR Statement, III. c</p> | <p>4. Scope of URM Services The URM contract agency assesses each URM youth's needs and develops a case plan based on that assessment.</p> |
| | <p>a. Virginia's State Plans under titles IV-B and IV-E of the Social Security Act apply to URM children in foster care. URM children receive the same benefits and services as all other Virginia children in domestic foster care.</p> |
| | <p>b. Placement Options: Virginia contracts with one contractor for the placement and care of URM children. This contractor places children in geographical locations in Virginia where they have certified foster families for care of URM children. Youth may be placed in foster homes, supervised independent living or independent living. Youth who require a more restrictive or therapeutic level of care may be placed in group homes or residential facilities. There are no special arrangements for subcontracts or memorandums of understanding between the ONS and individual group homes.</p> |
| | <p>c. URM youth in Virginia are eligible for Medicaid, with one exception explained below. Medical care including physical and dental exams shall be routinely provided to all children in care. All children shall receive a physical health assessment within 30 days of placement into the program. The contract agency applies for Medicaid within 10 days of a youth's arrival and works closely with medical personnel to obtain needed medical services. All children receive a routine physical exam at least once a year. Specialized medical care is provided through local providers and hospitals.</p> <p>Effective June 1, 2016, URM youth who age out of foster care continue to be eligible for Medicaid until age 26, with one exception explained below.</p> <p><i>Exception:</i> Virginia has categorical requirements that apply to all Medicaid recipients over the age of 19 who have been in the U.S. for more than seven years. For URM youth over the age of 19 who do not meet these categorical requirements, Virginia follows §400.116 and §400.205.</p> |
| | <p>d. Youth who have emancipated from foster care placement services are eligible for and receive independent living services and ETV funds available to other foster children in state or county custody.</p> |
| | <p>5. Case Review and Planning</p> |
| | <p>a. The contract agency URM Program Managers and Program Director review URM case records regularly to ensure the continuing appropriateness of living arrangements and services.</p> |

| | |
|--|--|
| | <ul style="list-style-type: none">➤ Each case is reviewed monthly to ensure compliance with the contractor’s internal program policies, Virginia’s state foster care regulations, and to ensure continued appropriateness of the living arrangement.➤ The status of children who are placed in group homes or at therapeutic levels of foster care is reviewed by supervisors and the program manager at least every six months to assess services and to determine the child's readiness for lower levels of care. |
| | <p>b. Each case is reviewed quarterly to evaluate progress made towards permanency. The contractor follows the State’s Title IV-B Plan in assessing permanency options. In cases where a court finds that adoption is in the best interest of a child and parental rights have been terminated, a URM child may be adopted.</p> <p>Under its contract with ONS, the contract agency develops a case plan for each child in the URM Program which includes the following elements:</p> <ul style="list-style-type: none">➤ Family Reunification➤ Placement➤ Health screening and treatment➤ Mental health needs➤ Social adjustment➤ Education and training➤ English language training➤ Career Planning➤ Preparation of Independent living➤ Preservation of ethnic and religious heritage <p>The contract agency completes quarterly treatment plans. The plans address specific needs of the youth and evaluate progress made towards permanency. The plans evaluate services provided to the youth.</p> |

| | |
|------------------------|---|
| | <p>c. The contract agency develops a case plan that addresses family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, English language training, career planning, preparation for independent living, preservation of ethnic and religious heritage.</p> <p>The contract agency directs efforts in recruiting foster homes within specific ethnic communities that are bi-lingual. On a regular basis, the agency notifies foster parents about community cultural events to provide youth the opportunity to participate; foster parents are encouraged and expected to provide access to these events. To the extent possible, the contract agency places children within ethnically similar foster homes.</p> |
| <p>§400.119</p> | <p>6. Interstate Movement</p> |
| | <p>a. Virginia's <i>Interstate Compact on the Placement of Children</i> laws and regulations meet the federal statutory uniform law requirements for the protection of children who are placed across state lines for foster care and adoption. If a URM child moves to another state after initial placement in Virginia, the same procedures that govern Virginia's domestic foster care cases apply to the movement of URM children.</p> |

ATTACHMENT I

Virginia's Refugee Resettlement Goal

Virginia's Model for Refugee Resettlement

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

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

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

ATTACHMENT II

NEED AND AMOUNT OF ASSISTANCE TAFB MANUAL SECTION 304

STANDARDS OF ASSISTANCE 7/17 APPENDIX 1

GROUPING OF LOCALITIES

GROUP II

Counties

Accomack
Albemarle
Alleghany
Amelia
Amherst
Appomattox
Bath
Bedford
Bland
Botetourt
Brunswick
Buchanan
Buckingham
Campbell
Carroll
Charles City
Charlotte
Chesterfield
Clarke
Craig
Culpeper
Cumberland
Dickenson
Dinwiddie
Essex
Floyd
Fluvanna
Franklin
Frederick
Giles
Gloucester
Goochland
Grayson
Greene
Greensville
Halifax
Hanover
Henrico
Highland
Isle of Wright
King and Queen
King William
Lancaster
Lee

Loudoun
Louisa
Lunenburg
Madison
Mathews
Mecklenburg
Middlesex
Nelson
New Kent
Northampton
Northumberland
Nottoway
Orange
Paige
Patrick
Pittsylvania
Powhatan
Prince Edward
Prince George
Pulaski
Rappahanno
Richmond County
Roanoke
Rockingham
Rockbridge
Russell
Scott
Shenandoah
Smyth
Southampton
Surry
Sussex
Tazewell
Warren
Washington
Westmoreland
Wise
Wythe

Cities

Bristol
Buena Vista
Chesapeake
Clifton Forge

GROUP II

Cities, cont.

Covington
Danville
Emporia
Franklin
Galax
Harrisonburg
Hopewell
Lexington
Lynchburg
Martinsville
Norfolk
Norton
Petersburg
Portsmouth
Radford
Richmond
Roanoke
Suffolk
Virginia Beach
Williamsburg
Winchester

GROUP III

Counties

Arlington
Augusta
Caroline
Fairfax
Fauquier
James City
King George
Montgomery
Prince William
Spotsylvania
Stafford
York

Cities

Alexandria
Charlottesville
Colonial Heights
Fredericksburg
Hampton
Manassas
Manassas Park
Newport News
Poquoson
Staunton
Waynesboro

NOTE: Group I has
been eliminated
Effective 7/1/17

Transmittal 62

ATTACHMENT III

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 1209. In 2004, Virginia made its Refugee Medical Screening Plan part of its State Plan.

The Virginia Department of Health (VDH), Division of Tuberculosis and Newcomer Health (DTNH) coordinates, facilitates, and monitors the delivery of refugee medical screenings at the local level under a memorandum of agreement (MOA) between the two agencies. The MOA 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 MOA requires coordination between the State Refugee Health Coordinator and the refugee resettlement directors for ensuring (i) medical screenings are conducted within 30 days; (ii) needed refugee medical screening follow-up services are provided; and (iii) refugees are connected with a primary care health provider for on-going medical needs. Virginia's Reception and Placement Program staffs have direct communications with the local health districts that conduct refugee medical screenings.

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

A. Description of Virginia's Medical Screening Protocols

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

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

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, gender, and underlying risk factors of each refugee:

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

B. Budget Estimate

The ORR 1 *Cash and Medical Assistance Estimate* for Refugee Medical Screenings

1. The number of medical screenings estimate is based on the Department of State estimated number arrivals and an estimate of other eligible refugee populations based on prior years' numbers.
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. Through an interagency funds transfer process, the Virginia Department of Social Services (VDSS) reimburses VDH for these costs.

D. Memorandum of Agreement

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

E. Virginia State Refugee Health Coordinator (RHC) Responsibilities

1. Coordinates with the Center for Disease Control and Prevention on matters related to refugee medical screenings and contagious diseases and other health issues as they relate to refugee populations.
2. Provides oversight and guidance to local health districts on matters related to conducting refugee medical screenings and arranging needed follow-up health services as needed.
3. Monitors local health districts' compliance with refugee medical screening protocols and federal timeframes.
4. Provides training and technical assistance to local health districts on matters related to refugee medical screening.

F. State Level Coordination

1. The State Refugee Coordinator and the State Refugee Health Coordinator meet monthly.
2. The State Refugee Health Coordinator participates in the State Refugee Coordinator's Directors Meetings.
3. The State Refugee Health Coordinator ensures that the local health district management staff is included in the Virginia Community Capacity Initiative.

Attachment III A

Newcomer Health Encounter Form

| | | | |
|-----------------------------------|-------------|------------------|------------------------|
| Place encounter label here: _____ | Date: _____ | Subprogram: RF | Diagnosis Code: Z02.89 |
| Name: _____ | | Setting: _____ | ORG ID: 135807260 |
| DOB: _____ | Pt #: _____ | Provider # _____ | Provider Time: _____ |
| Encounter # _____ | | Provider # _____ | Provider Time: _____ |

HISTORY AND PHYSICAL EXAM/ASSESSMENT

- _____ Performed by MD
 - _____ Performed by NP*
 - _____ Performed by PHN†
 - 99381 _____ H&PA <1 year
 - 99382 _____ H&PA 1-4 years
 - 99383 _____ H&PA 5-11 years
 - 99384 _____ H&PA 12-17 years
 - 99385 _____ H&PA 18-39 years
 - 99386 _____ H&PA 40-64 years
 - 99387 _____ H&PA ≥65 years
- *For exams performed by NP use NP exception code
†For exams performed by PHN use PHN exception code

LABORATORY TESTS FOR ALL PATIENTS

- CBC**
L5009 _____ CBC w/Plate and Diff

- Serum Chemistries**
L322758 _____ Basic metabolic panel

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

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

- HIV Testing**
For all persons 13-64 years of age; testing for those ≤12 and ≥64 encouraged
L83935 _____ HIV 1/O/2

- Hepatitis B Testing**
Choose Hepatitis B Panel for adults; choose Hepatitis B Surface Antigen only for children <18 years, if from low to intermediate endemic areas. Testing performed overseas does not need to be repeated.

- L219949 _____ Hepatitis B Panel
- L6510 _____ Hepatitis B surface antigen

Updated: 5/7/2019

Lab Charges

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

TB TESTING

- L182879 _____ QuantiFERON TB Gold 4 tube IGRA
 - 86480A _____ QuantiFERON Gold Test (NOVA price code)
 - TspotTB _____ T-Spot IGRA
 - 86580 _____ TST Admin
 - PPREAD _____ mm POS NEG
- (Districts may leave Z11.1 default diagnosis code)
- 71045 _____ Chest x-ray, frontal } Use RF
 - 71046 _____ Chest x-ray, PA and lateral } exception code

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

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 (Z32.01) _____ Neg (Z32.02)

- 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**
All refugees born from 1945-1965 and those with risk factors – injection drug use, body art, blood transfusion recipient, HIV, known exposure, etc.
L144045 _____ Hepatitis C antibody

Syphilis Screen

If no documentation, Test all refugees >15 years of age and ≤15 with risk factors
L82345 _____ T Pallidum Screening Cascade

Chlamydia Testing

Women ≤25 who are sexually active or those with risk factors; women >25 years with risk factors; Leucoesterase + on urine sample; any refugee with symptoms
L183194 _____ Chlamydia/ gonorrhea (urine)

Serology – use for 19 years and older if no documentation of vaccine receipt

L96206 _____ Varicella IgG
L58495 _____ Measles, Mumps, Rubella immunity

Newborn Screening (within first 6 months of life) } Send
NBSCR _____ Newborn Screening Outpatient } to DCLS

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
- 90651 _____ HPV9
- 90713 _____ IPV
- 90696 _____ Kinrix (DTaP/IPV)
- 90734 _____ MCV4
- 90707 _____ MMR[£] Free/Charge
- 90710 _____ ^{IVIVIVV}
- 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

Updated: 5/7/2019

**£ = Newcomer Health will cover charges for these vaccines provided to adults.
Vaccines for children should be billed to Medicaid.**

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
- _____ Update Address and Phone number

OVA and PARASITE

***Pt's in need of presumptive treatment should be given a RX to have filled at a pharmacy. Clinicians should write the following on the RX: "CDC directed therapy for refugees"

L8623 _____ O&P Stool Testing

MEDICATIONS – to be used only with preapproval from the NHP. * (Reserved for those who don't qualify for Medicaid.)**

RD603A _____ Malarone Adult (Atovaquone 250mg; Proguanil 100mg) _____ #of pills

RD604A _____ Malarone Child (Atovaquone 62.5mg; Proguanil 25mg) _____ #of pills

Refugees who did not receive pre-departure treatment for malaria should be treated within 3 months of arrival

RD611B _____ Praziquantel (Biltricide) 600mg _____ # tabs

RD765 _____ Praziquantel (Biltricide) 600mg 6tabs

RD763A _____ Albenza _____ #of pills

RD764 _____ Stromectol bottle of 20

RD764A _____ Stromectol _____ #of pills

***For medication preapproval, please call Jill Grumbine at 804-864-7911.

FOLIC ACID

- FAC _____ Folic Acid Counseling
- R886 _____ Folic Acid – 400 MCG 100's
- MVC _____ Multivitamin w/Folic Acid Counsel
- R593 _____ Vitamins w/.8mg Folic Acid

Attachment III B

Fax to Newcomer Health Program and retain in records



**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 _____

Please provide an appropriate response to each question. Status (circle 1) Refugee Asylee SIV Cuban/Haitian T-Visa

Assessment Findings: Is the patient: Male Female

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
If female, was the pregnancy test: Not Done Pos Neg. Referral needed? Yes No
Was the mental health screening WNL? Not Done Yes No Referral needed? Yes No

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

- Diabetes HTN Mental Health Suicidal Thoughts Neurology
 GI Issues Orthopedics OBGYN Infectious Disease HIV
 Elevated Cholesterol Disability Services 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 HepB Surface Antigen 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:

Test for TB infection (TST or IGRA) Pos Neg. Not Done Comments: _____
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