

**VIRGINIA  
REFUGEE RESETTLEMENT  
PROGRAM  
STATE PLAN**

**FEDERAL FISCAL YEAR 2021**

**SUBMITTED AUGUST 15, 2020**

<b>I. <u>Administration</u></b>	
<b>CFR 45, Part 400</b>	<b>A. Organization</b>
§ 400.5 (a)	<p><b><u>1. Responsible State Agency</u></b> 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><b><u>2. State Refugee Coordinator</u></b> Seyoum Berhe is the Director of the Office of New Americans Refugee Services (ONA/RS) and 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><b><u>3. Organizational Structure</u></b> 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>

	individuals achieve their highest level of self-sufficiency. The Office of New Americans/Refugee 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.
<b>CFR 45, Part 400</b>	<b>B. Virginia Assures that its Refugee Resettlement Program</b>
<b>§ 400.5 (i)(1)</b>	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.
<b>§ 400.5 (i)(2)</b>	2. Meets the requirements set forth in CFR 45, Part 400.
<b>§ 400.5 (i)(3)</b>	3. Complies with all other applicable federal statutes and regulations in effect during the time it receives grant funding.
<b>§ 400.5 (i)(4)</b>	4. Will amend its State Plan to comply with standards, goals, and priorities established by the Director of the HHS Office of Refugee Resettlement.
<b>§ 400.5(g)</b>	5. Provides services to all refugees without regard to race, religion, nationality, sex, or political opinion.
<b>§ 400.5 (h)</b>	6. Convenes planning meetings of public and private sector at least quarterly. <ul style="list-style-type: none"> <li>➤ 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.</li> <li>➤ Virginia Community Capacity Initiative (VCCI) Dialogue 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 Dialogue 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.</li> <li>➤ 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.</li> </ul>

	<ul style="list-style-type: none"> <li>➤ 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.</li> </ul>
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	<p>7. Provides all ORR eligible populations with the benefits and services described in the Virginia Refugee Resettlement State Plan.</p>
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**II Assistance and Services**

<p><b>Attachment I</b></p>	<p>Virginia’s primary goal is to assist refugee eligible populations to become economically self-sufficient 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>
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<p><b>CFR 45 Subpart B §400.5(b)</b></p>	<p><b>A. Coordination of Cash and Medical Assistance (CMA) and Refugee Support Services (RSS)</b></p> <p>The Virginia State Refugee Coordinator (i) has contracts with non-profit resettlement agencies and memorandums of agreements (MOAs) with state agencies and (ii) issues policy guidances containing language that formalizes the collaboration needed to provide CMA and RSS 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"> <li>➤ 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.</li> <li>➤ The Virginia Refugee Resettlement Program Manual contains the rules for the delivery of refugee cash, medical, and employment services.</li> <li>➤ The Office of New Americans/Refugee 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.</li> <li>➤ 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.</li> </ul>
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<p>CFR 45, Subpart B §400.5(c)</p>	<p><b>B. Employment Services and Language Training for Cash Assistance Recipients</b></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"> <li>➤ For RCA, registration with the <i>Virginia Refugee Social Services Employment Program</i> (RSSEP) is required.</li> <li>➤ 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.</li> </ul>
<p>CFR 45, Subpart E</p>	<p><b>C. Refugee Cash Assistance (RCA)</b></p>
	<p>1. 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. Individuals apply for 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 16<sup>th</sup> 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 New Americans/Refugee Services to provide ORR funded employment services.</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 following 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 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"> <li>➤ The RCA and TANF benefit amounts are the same and are based on a legislatively established standard of need. There are two assistance standards depending on the geographical area where the applicant resides. Refugees in Virginia are resettled in both geographical areas.</li> <li>➤ Proration of shelter, utilities and similar needs are the same for TANF and RCA</li> <li>➤ RCA mirrors all State TANF rules relating to financial eligibility and payments.</li> </ul>																					
Attachment II	<p>b. The two TANF assistance standards amounts are legislated by the Virginia General Assembly, The locations for each group are listed in Attachment II</p> <table border="1" data-bbox="581 1041 1036 1352"> <thead> <tr> <th>Family Size</th> <th>Group II*</th> <th>Group III*</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>\$453</td> <td>\$631</td> </tr> <tr> <td>2</td> <td>\$663</td> <td>\$842</td> </tr> <tr> <td>3</td> <td>\$836</td> <td>\$1,017</td> </tr> <tr> <td>4</td> <td>\$997</td> <td>\$1,178</td> </tr> <tr> <td>5</td> <td>\$1,178</td> <td>\$1,403</td> </tr> <tr> <td colspan="3">*Note: There is no longer a Group I</td> </tr> </tbody> </table>	Family Size	Group II*	Group III*	1	\$453	\$631	2	\$663	\$842	3	\$836	\$1,017	4	\$997	\$1,178	5	\$1,178	\$1,403	*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>																					

	<b>7. Eligibility Payment Levels [45 CFR 400.59 &amp; 60 do not apply to Virginia which operates a publicly administered RCA Program]</b>
§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.
<b>§ 400.13 ORR SL 12-13 ORR SL 13-03</b>	<b>8. The RCA Program Administration</b>  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 that determine eligibility for RCA and RMA. Both the application determination process and local oversight of that process are reimbursed through this PACAP.
	a. Local departments of social services TANF staff determine RCA.
	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 Office of New Americans/Refugee Services. There is no staff allocation between TANF and RCA at the state level.
	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.

<p><b>45 CFR 400 Subpart G</b></p>	<p><b>D. Refugee Medical Assistance (RMA)</b> VIRGINIA'S SCHIP IS CALLED FAMIS (FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PLAN).</p>
<p><b>§400.93 &amp; §400.94</b></p>	<p>1. Applications and Eligibility Determination Process</p>
<p><b>ORR SL 13-10</b></p>	<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>
<p><b>§400.100 - 104</b></p>	<p>2. Consideration of Eligibility for RMA</p>
	<p>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.</p>
<p><b>§400.102</b></p>	<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"> <li>➤ TANF, RCA, Match Grant, and Reception and Placement Program payments are excluded from RMA income calculations.</li> <li>➤ Wages from employment received after receipt of RMA and before the end of the eight-month eligibility period do not affect RMA eligibility.</li> <li>➤ 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.</li> </ul>



§400.104	<p>c. Virginia assures that RMA recipients continue coverage after employment</p> <ul style="list-style-type: none"> <li>➤ RMA benefits continue when an RMA recipient has increased earnings from employment.</li> <li>➤ A Medicaid recipient who becomes ineligible for Medicaid due to employment income is transferred to RMA.</li> <li>➤ RMA is provided for the full eight-month eligibility period when there is an increase in earnings from employment.</li> <li>➤ If a RMA recipient receives employer-provided or national health insurance, RMA is reduced by the amount of the third party payment.</li> </ul>
§400.105 - 106	3. Scope of Medical Services
	a. RMA recipients receive the same health coverage, in the same manner, and to the same extent as Virginia Medicaid recipients.
	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.
ORR SL 13-13	4. Virginia's State Plan mirrors its CMA budget.
	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>b. RMA administrative costs associated with</p> <ul style="list-style-type: none"> <li>➤ DMAS' administrative costs are covered through a Virginia Department of Social Services Memorandum of Agreement with the State Medicaid.</li> <li>➤ 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.</li> <li>➤ 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 that may determine eligibility for RCA and RMA. There is one application that includes RCA and RMA. There is one application</li> </ul>

	<p>determination process. Both the determination process and local oversight of that process are reimbursed through this PACAP.</p> <p>➤ The Virginia Refugee Health Coordinator does not have responsibility for the determination of eligibility or the delivery of Medicaid or RMA services.</p>
§400.5 (f)	<b>E. Refugee Medical Screening (RMS)</b>
§ 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	c. Through a memorandum of agreement (MOA) with the Virginia Department of Health, local health districts (LHD) conduct refugee medical screenings. The Virginia Refugee Health Coordinator has LHD oversight responsibility, provides LHDs with guidance on medical screenings, and submits quarterly RMS reports to the SRC. RMS costs not covered by Medicaid are funded through CMA.
	d. Medical screening providers are local public health offices.
Attachment III	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.]
§ 400.107	3. Scope of RMS Services

<p><b>§ 400.107 (a)(1)</b> <b>Attachment III A</b> <b>Attachment III B</b></p>	<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 2021.</p>
	<p>b. If an RMS eligible individual has been approved for Medicaid prior to the screening tests, vaccinations, and other service costs covered by Virginia’s state Medicaid Plan are charged to Medicaid.</p>
	<p>c. A description of Virginia’s screening protocols are contained in Attachment III B.</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 reasonable and consistent with ORR guidance.</p>
<p><b>§ 400.107 (b)</b></p>	<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 eligible immigration status. If necessary, screenings may be conducted up to 90 days after arrival without a Medicaid determination.</p>
<p><b>ORR SL 13-03</b></p>	<p>3. RMS Program Administration</p>
	<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>
	<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>

<p><b>CFR 45, Subpart I</b></p>	<p><b>F. Refugee Social Services</b> RSSEP does not operate with any waivers or withdrawals from existing federal regulatory requirements.</p>
<p><b>§ 400.154 § 400.155</b></p>	<p>1. The Office of New Americans/Refugee Services 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>
<p><b>§ 400.154 § 400.155</b></p>	<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 four ORR set-aside funding grants: Refugee School Impact Grant, Youth Mentoring Program (YM), Refugee Health Promotion Grant (RHP), 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"> <li>➤ RSIG facilitates successful academic progress and achievement, social adjustment, and school completions of eligible youth between the ages of 5 and 18.</li> <li>➤ YM, through mentorship, promotes positive civic and social engagement and supports individual educational and vocational advancement</li> <li>➤ RHP promotes the health and well-being of eligible populations through increasing health literacy, coordinating health care, and organizing wellness activities.</li> <li>➤ SOR links refugees over the age of 60 to (i) community aging services, which reduces isolation by facilitating their integration into the community and (ii) to naturalization services.</li> </ul>
	<p>4. RSSEP services allow for assistance with citizenship preparation and obtaining Employment Authorization Documents; however, they do not include the actual fees associated with obtaining those documents.</p>

<p><b>CFR 45, Subpart H</b></p>	<p><b>H. Unaccompanied Refugee Minor Program (URM)</b> URM program services are funded through the ORR CMA grant.</p>
	<p>1. Administrative Structure and Oversight</p>
	<p>a. The Commonwealth of Virginia receives federal funding to operate an Unaccompanied Refugee Minor (URM) program in the state. URM youth arrive in the state of Virginia through the resettlement process as refugees or after receiving a notice of eligibility approval by the Office of Refugee Resettlement (ORR) . Notice of Eligibility letters are sent from ORR to the State Refugee Coordinator and URM Program Staff.</p> <p>In FY 2021, Virginia will have URM contracts with two agencies, ONA/RS provides organizational leadership and administrative support for the URM programs in two locations in the state.</p> <ul style="list-style-type: none"> <li>➤ In Richmond, ONA/RS contracts with Commonwealth Catholic Charities, a private non-profit 501(c) (3) social service agency, licensed to provide URM foster care program services. CCC’s main office is in Richmond, but the agency has also placed children in Roanoke and Newport News. Although no new youth will be placed in Roanoke in the future, three URM continue to reside in Roanoke due to the presence of family ties in the area.</li> <li>➤ In Northern Virginia, effective October 1, 2020, ONA/RS will contract with Lutheran Social Services of the National Capital Area, which is a private, non-profit 501 (c)(3) agency licensed to provide URM foster care services in the greater Northern Virginia area.</li> <li>➤ The URM contract requires contractors 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. The Virginia Department of Social Services (VDSS) licenses two non-profit child-placing agencies [Commonwealth Catholic Charities (CCC) and Lutheran Social Services (LSS)] and ensures that they meet all state licensing standards. State licensing audits of both agencies are conducted in line with VDSS’s state requirements. ONA/RS is responsible for all programmatic and financial monitoring of the URM programs.</li> </ul>
	<p>b. ONA/RS has one staff member dedicated to the oversight of the URM contracts. This staff member oversees the administration of services, reviews ORR-3, ORR-4 and ORR-6 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 Foster Care Maintenance payments, Independent Living stipends and Education and Training Voucher funds. These rules are in the Code of Virginia, <i>Chapter 10: Child Welfare, Homes, Agencies and Institutions</i> and the foster care regulations established by the Virginia Department of Social Services (VDSS Policy Manual, V.7, sect. 3, Ch. B).</p>
	<p>d. VDSS has a Sub-Recipient Monitoring Plan that defines the monitoring activities and timeframes for each of its grant programs. For URM Programs, this includes:</p> <ul style="list-style-type: none"> <li>➤ Regular reviews of ORR-3 and ORR-4 reports</li> <li>➤ Bi-annual submission of the ORR-6 Report</li> <li>➤ Monthly review of reimbursement requests with supporting documentation, including financial tracking against appropriate budget lines.</li> <li>➤ Monthly desk reviews of program activities</li> <li>➤ Monthly calls between ONA/RS and URM Program Managers</li> <li>➤ Mid-year and Annual Performance Reviews with URM program managers and staff</li> <li>➤ Annual on-site case monitoring</li> <li>➤ Licensing audits are conducted by the Virginia Department of Social Services every six months. Licensing audit results are shared with ONA/RS.</li> </ul>
	<p>e. Virginia assures that ONA/RS has program accountability responsibilities of all aspects of Virginia's URM Program, including fiscal and program reporting.</p>
	<p>f. Virginia assures that the contractors are accredited by the Council on Accreditation and Family Services and are licensed and authorized under Virginia law to accept custody of children for foster placements and to provide supervision, custody, and case management services to youth.</p>
	<p>g. Virginia assures that it confers regularly with URM contract agencies.</p>
	<p>h. ONA/RS staff conduct monthly conference calls with URM Program Managers to discuss new arrivals, reporting issues, individual case issues, serious incident reports, foster family updates and state policy updates. Additional communication is carried out throughout the month on an as-needed basis.</p> <ul style="list-style-type: none"> <li>➤ URM contract agencies are required to participate in quarterly Virginia Community Capacity Initiative (VCCI) meetings</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Each year, ONA/RS staff conduct Mid-Year and Annual Review meetings with URM provider agency staff to discuss goals, challenges and successes.</li> </ul>
<b>§400.115(a)</b>	<b>2. Legal Responsibility</b>
	<p>a. Contract agencies petition a Virginia Juvenile and Domestic Relations Court for custody of the URM within 24 hours of the child’s arrival in Virginia. Temporary custody is generally provided to the agency until permanent custody is awarded at a dispositional hearing within 75 days of the preliminary hearing.</p>
	<p>b. The contract agencies (CCC and LSS) are awarded legal custody of the URM. Care and responsibility must be established with the agency before the child turns 18 years old. Legal custody ends on the youth’s 18<sup>th</sup> birthday, at which point the youth can opt to remain in the program until the age of 21 by signing a Voluntary Placement Agreement.</p>
	<p>c. In Richmond CCC is the contract agency. The court of jurisdiction is the Henrico County Juvenile and Domestic Relations Court. It seeks and obtains legal custody of refugee minors within the prescribed period of 30 days, and petitions for custody within 24 hours of arrival of the child into the URM program. Temporary custody is provided to the contract agency CCC until permanent custody is awarded at the dispositional hearing within 75 days of the preliminary hearing.</p> <p>In Northern Virginia, LSS is the contract agency. It plans to establish a similar relationship with a local court to ensure the ability to place children who are nearing their 18<sup>th</sup> birthdays and are at risk of aging out of URM eligibility.</p> <p>Legal custody and court oversight of a URM ends at age 18.</p>
	<p>d. Participation in the URM program between the ages of 18 to 21 is a voluntary decision made by the child. If a youth decides to remain in the URM program after 18, the youth signs a Voluntary Continuing Services and Support Agreement. 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>
<b>45 CFR 400.111 &amp; 113</b>	<b>3. Eligibility</b>
	<p>a. Virginia serves 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 ORR as unaccompanied refugee minors after arrival in the U.S. including asylees, certified victims of human trafficking, Special Immigrant Juvenile visa holders, U-visa recipients with URM status and</p>

	<p>refugees in the U.S. who become unaccompanied due to a family breakdown.</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"> <li>➤ Youth choosing to voluntarily remain in care sign a Voluntary Placement Agreement and are eligible for foster care or semi-independent living services until age 21, at which point they age out of voluntary care.</li> <li>➤ Youth age out from voluntary placements at age 21 but remain eligible for Education and Training Vouchers (ETV), which fund their education or vocational goals through the age of 26. Eligible youth may receive a maximum of \$5000 in ETV funds per year for a total of 5 years. There is no requirement in Virginia that youth must access ETV funds by the age of 21.</li> </ul>
	<p>c. Termination of URM eligibility</p> <p>URM youth retain eligibility and continue to receive services until one of the following occurs: family reunification with a parent or a non-parental adult who obtains legal responsibility for the youth, adoption, receipt of US citizenship, voluntary emancipation at age 18 or attainment of age 21.</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, in parity with Virginia’s state foster care policy.</p> <p>Youth in the URM program are eligible for ETV under the 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>f. Virginia provides semi-independent and 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, for a maximum of five total years</p>
<p><b>§400.115(c); §400.116(a); §400.118; SL # 09-09; ORR Statement, III. c</b></p>	<p>4. Scope of URM Services</p> <p>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 two agencies for the placement and care of URM children. These agencies place children in geographical locations in Virginia where they have certified foster families for care of URM children. Youth may be placed in foster homes or in semi-independent living placements. 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 ONA/RS and individual group homes. However, CCC in Richmond has a strong relationship with the Virginia Home for Boys and Girls that enables them to place eligible youth into supervised independent living apartments on the VHBG campus when deemed in the best interest of the child.</p>
	<p>c. URM youth in Virginia are eligible for Medicaid.</p> <p>Medical care including physical and dental exams are routinely provided to all children in care. All URM 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 the same independent living services and the same ETV services available to other foster children in state custody. ORR funds ETV benefits for URM youth in Virginia. ORR funded independent living services and benefits are comparable to those provided to other foster youth through the state's Chafee and ETV programs. All URM youth are provided with access to age and developmentally appropriate activities. They may be referred to mentors when needed to build relationships with caring adults when needed to build relationships with caring adults.</p> <p>As per State Licensing requirements starting at age 14 URM youth are enrolled in IL Skills Training. Youth learn daily life skills, financial literacy, career planning, insurance options and other supportive services and benefits.</p>

	<p>All services and benefits, including ETVs, are administered by the URM provider in accordance with their contractual agreement with ONA/RS.</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"> <li>➤ 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.</li> <li>➤ 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.</li> </ul>
	<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 ONA/RS, 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"> <li>➤ Family Reunification</li> <li>➤ Placement</li> <li>➤ Health screening and treatment</li> <li>➤ Mental health needs</li> <li>➤ Social adjustment</li> <li>➤ Education and training</li> <li>➤ English language training</li> <li>➤ Career Planning</li> <li>➤ Preparation for Independent living</li> <li>➤ Preservation of ethnic and religious heritage</li> </ul> <p>The contract agency completes quarterly treatment plans. These plans address specific needs of the youth and evaluate progress made towards permanency. These plans also evaluate the quality of 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 multi-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><b>§400.119</b></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 New Americans/Refugee Services contract with refugee service providers*

**ATTACHMENT II**

**Virginia Local Departments of Social Services Locality Groupings**

<u>Group II</u> <b>Counties</b>	<u>Group II</u>	<u>Group II</u> <b>Cities</b>	<u>Group II</u>	<u>Group II</u> <b>Counties</b>	<u>Group III</u>
Accomack	Lancaster	Bristol		<b>Albemarle</b>	
Alleghany	Lee	Buena Vista		Augusta	
Amelia	Loudoun	Chesapeake		Caroline	
Amherst	Louisa	Clifton Forge		<b>Fairfax</b>	
Bath	Lunenburg	Covington		Fauquier	
Bedford	Madison	Danville		James City	
Bland	Mathews	Emporia		King George	
Botetourt	Mecklenburg	Franklin		Montgomery	
Brunswick	Middlesex	Galax		Prince William	
Buchanan	Nelson	Harrisonburg		Spotsylvania	
Buckingham	New Kent	Hopewell		Stafford	
Campbell	Northampton	Lexington		York	
Carroll	Northumberland	Lynchburg			
Charles City	Nottoway	Martinsville			
Charlotte	Orange	Norfolk		<u>Cities</u>	
Chesterfield	Page	Norton		Alexandria	
Clarke	Patrick	Petersburg		Charlottesville	
Craig	Pittsylvania	Portsmouth		Colonial Heights	
Culpeper	Powhatan	Radford		<b>Fairfax</b>	
Cumberland	Prince Edward	Richmond		Falls Church	
Dickenson	Prince George	Roanoke		Fredericksburg	
Dinwiddie	Pulaski	Suffolk		Hampton	
Essex	Rappahannock	Virginia Beach		Manassas	
Floyd	Richmond County	Williamsburg		Manassas Park	
Fluvanna	Roanoke	Winchester		Newport News	
Franklin	Rockingham			Poquoson	
Frederick	Rockbridge			Staunton	
Giles	Russell			Waynesboro	
Gloucester	Scott				
Goochland	Shenandoah				
Grayson	Smyth				
Greene	Southampton				
Greensville	Surry				
Halifax	Sussex				
Hanover	Tazewell				
Henrico	Warren				
Highland	Washington				
Isle of Wright	Westmoreland				
King and Queen	Wise				
King William	Wythe				

Note: Effective 7/1/17, Group I was eliminated; the localities were moved to Group II.TANF

## **ATTACHMENT III**

### **Virginia Plan for Refugee Medical Screenings**

The Virginia Department of Social Services (VDSS) Office of New Americans/Refugee Services (ONA/RS) 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
  - 71046 \_\_\_\_\_ Chest x-ray, PA and lateral
- } Use RF exception code

- TBSPEC1 \_\_\_\_\_ TB Culture AFB & Smear
  - TBSPEC2 \_\_\_\_\_ TB Culture AFB & Smear
  - TBSPEC3 \_\_\_\_\_ TB Culture AFB & Smear
- } Send to 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<sup>£</sup> Free/Charge
- 90651 \_\_\_\_\_ HPV9
- 90713 \_\_\_\_\_ IPV
- 90696 \_\_\_\_\_ Kinrix (DTaP/IPV)
- 90734 \_\_\_\_\_ MCV4
- 90707 \_\_\_\_\_ MMR<sup>£</sup> Free/Charge
- 90710 \_\_\_\_\_ <sup>IVIVIVV</sup>
- 90670 \_\_\_\_\_ PCV13<sup>£</sup>
- 90723 \_\_\_\_\_ Pediarix (DTaP/IPV/Hep-B)
- 90698 \_\_\_\_\_ Pentacel (DTaP/IPV/Hib)
- 90732 \_\_\_\_\_ PPV23<sup>£</sup>
- 90681 \_\_\_\_\_ Rotarix
- 90680 \_\_\_\_\_ Rotateq
- 90714 \_\_\_\_\_ Td<sup>£</sup> Free/Charge
- 90715 \_\_\_\_\_ Tdap<sup>£</sup> Free/Charge
- 90716 \_\_\_\_\_ Varicella<sup>£</sup> 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**  
Newcomer Health Program  
Initial Health Screening Report

Place Patient Encounter Label Here:		Alien ID #:	Gender:
Name (last,first): _____		Admission Status:	Date of Arrival to US:
DOB: _____		Country of Origin:	
Pt#: _____ <small>(Web Vision or Avatar Number)</small>		Resettlement Agency:	
Health District:		Was an initial health screening provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Health Screening:		If no screening provided, why?	
<b>TB Classification</b>	Does the client have a Class A, B0, B1, B2, or B3 TB condition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Lead</b>	If age appropriate, was lead screening performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If performed, was the lead result elevated? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Mental Health</b>	Was a mental health screening performed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the client referred for additional follow up? <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<b>Parasitic Infections</b>	Was testing performed for parasitic infections? <small>(not needed if treatment provided overseas)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  Was <b>presumptive</b> treatment provided for any of the following: <input type="checkbox"/> Schistosomiasis <input type="checkbox"/> Strongyloidiasis <input type="checkbox"/> Soil Transmitted Helminths <small>(Ascaris lumbricoides, trichuris trichiura, hookworms)</small> <input type="checkbox"/> Malaria <input type="checkbox"/> No presumptive treatment provided		
<b>HIV</b>	Was the client tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No    HIV result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive		
<b>Tuberculosis</b>	Was a TST Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No    TST Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> N/A Was an IGRA drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No    IGRA Result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Borderline/Indeterminate <input type="checkbox"/> N/A Was treatment recommended for: <input type="checkbox"/> TB Disease <input type="checkbox"/> LTBI <input type="checkbox"/> Neither		
<b>Hepatitis B</b>	Was a Hepatitis B Surface Antigen Drawn? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Hepatitis B Surface Antigen: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> N/A		

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<b>Hepatitis C</b>	Was Hepatitis C (HCV antibody) performed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the Hepatitis C antibody: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> N/A						
<b>STI</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Was the client tested for: Syphilis?        <input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td style="width: 20%;">Chlamydia?                            <input type="checkbox"/>No</td> <td style="width: 40%;">Gonorrhea? <input type="checkbox"/>Yes    <input type="checkbox"/>No</td> </tr> <tr> <td><input type="checkbox"/>Yes Treatment needed for: Syphilis?        <input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td>Chlamydia?    <input type="checkbox"/>Yes    <input type="checkbox"/>No</td> <td>Gonorrhea? <input type="checkbox"/>Yes    <input type="checkbox"/>No</td> </tr> </table>	Was the client tested for: Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chlamydia? <input type="checkbox"/> No	Gonorrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes Treatment needed for: Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chlamydia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gonorrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the client tested for: Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chlamydia? <input type="checkbox"/> No	Gonorrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Yes Treatment needed for: Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Chlamydia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gonorrhea? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Primary Care</b>	Was the client referred to primary care? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Testing</b> (indicate which procedures the patient had)	<input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> U/A <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> CXR						

**Person Completing Form:** \_\_\_\_\_ **Phone # :**( \_\_\_\_\_ )

Print Name (Last Name, First Name)

Forms **MUST** be returned by encrypted email or fax (804-864-7913) by the 20<sup>th</sup> of the month following the screening date (i.e. January screening forms must be submitted by February 20.) Retain the original in the client's record.

Revised 11/2019