APPENDIX P

I. ADMINISTRATION

A. Organization. 45 C.F.R. § 400.5

1. The Department of Human Services (DHS) is the single state agency charged with the authority and responsibility for the administration and supervision of the Commonwealth of Pennsylvania's Refugee Resettlement Program (RRP).

2. Ms. Charlotte Fry, Human Services Program Specialist Supervisor, the Commonwealth's RRP, is the State Refugee Coordinator (SRC).

The SRC assures coordination of public and private resources for the RRP and implements the State Plan, in accordance with its State-Administered Program. DHS will not delegate responsibility of administering or supervising of this plan, other than to its own officials.

The SRC assures that DHS goals and objectives will not alter or infringe upon the goals and objectives of the RRP as specified in the Refugee Act of 1980, as amended; and official issuances of the Director of the Federal Office of Refugee Resettlement.

3. DHS's Office of Income Maintenance (OIM) is responsible to ensure proper overall coordination and integration of the RRP. OIM has direct responsibility for the Refugee Support Services, Unaccompanied Refugee Minors (URM), Refugee School Impact, Services to Older Refugees, and discretionary grant programs. It is also responsible for the administration of the Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) programs. The RRP is also responsible for ensuring that refugees receive an initial medical health (and mental health) screening in accordance with 45 C.F.R. § 400.107 and ORR State Letter #12-09. The RRP has management oversight and maintains programmatic and fiscal control of the contracts with health clinics that provide direct services.

The SRC will facilitate the coordination of RRP services within DHS and with other Commonwealth departments. RRP services are provided statewide.

Refugee resettlement in the Commonwealth requires the successful coordination of a complex set of interrelated services provided by many diverse public and private agencies. It is the responsibility of the designated RRP office to carry out the planning, administration, and coordination of the resettlement services.

The RRP is housed under the umbrella of OIM's Bureau of Employment Programs (BEP). Refugee cash and MA are administered through OIM's Bureau of Operations and issued at the County Assistance Office (CAO) level. The RRP subcontracts with the Pennsylvania Department of Education which provides programs for school-age refugees. The SRC (as part of the BEP) has been delegated the lead responsibility to ensure overall coordination and integration of the RRP and is responsible for the day-to-day overall management and coordination of this program.

DHS' overall objectives for the RRP are to:

- Ensure that all eligible refugees receive a medical and mental health screening within 30 days of arrival.

- Assist refugees in attaining self-sufficiency as soon as possible after arrival;

- Provide culturally and linguistically appropriate employment and support services through contracted refugee service providers;

- Coordinate cash and MA with employment and support services to promote early employment and economic self-sufficiency;

- Assure effective use of available public and private resources; and,

- Assist refugee community-based organizations to develop greater organizational capacity so that they can assume a larger role in the resettlement and adjustment of refugees, also to promote economic development efforts in refugee communities, where possible.

As the arrival numbers and demographics for refugees and asylees change, the Commonwealth's RRP must take advantage of special expertise in cultural, organizational, business, health, legal and technical matters in order to ensure flexibility, appropriateness, and where possible, advocacy in its planning and implementation of services for refugees and asylees seeking self-sufficiency through employment.

DHS coordinates regional collaborative meetings throughout the Commonwealth. At a minimum, these meetings must meet the federal requirement for quarterly consultations with volunteer agencies, federal agencies, service providers, community-based organizations, and others involved in refugee resettlement. DHS coordinates and arranges meetings of these various groups. Minutes are taken at each meeting and are included in the Trimester Performance Report to the ORR.

In addition, DHS coordinates and facilitates an annual statewide consultation to provide networking opportunities and training on current issues affecting refugees in the Commonwealth.

DHS performs all required monitoring of subcontracts, either on-site or by desk monitoring, to verify accuracy of performance data, completeness of case files, and reporting compliance with the subcontracts. Monitoring assures compliance relative to contract performance standards. Any subcontractors with program deficiencies will be required to submit corrective action plans. DHS staff will ensure that approved corrective action plans are implemented.

DHS also ensures that all federal and state record keeping, and reporting requirements are met. These include, but are not limited to, Trimester Performance Reports, Semi-Annual Performance Reports, Annual Service Plan, Annual Goal Plan, ORR 1 CMA Program Estimates, ORR 2 CMA Quarterly Report on Expenditures and Obligations, Refugee Arrivals Data System (RADS) entry, and URMs' Placement and Progress Reports.

DHS provides for technical assistance and training to agencies under subcontract, as required.

The SRC assures that all contracts and subcontracts meet the Requirements of 45 C.F.R. § 92.36b (8).

DHS'S establishment of the RRP website and the electronic mail system assures the proper receipt and transmittal of all appropriate federal regulations, policies, directives, and guidelines to all appropriate offices within the state. Applicable state regulations, directives and guidelines are reviewed by the SRC to ensure compliance with applicable federal statutes and regulations. Regular meetings and communications take place and will continue with all refugee liaisons and coordinators.

In addition, Refugee Program Guidelines have been developed to ensure that services are provided in a consistent way and according to federal regulation and state requirements. Guideline training is provided when there is staff turnover, statutory or regulatory changes, or when requested by contractors. The Commonwealth's RRP includes the following components related to refugee cash and MA, employment service and social services:

B. Assurances. 45 C.F.R. § 400.5

1. The Commonwealth assures that the Commonwealth will comply with all specific requirements of Title IV Chapter 2 of the Immigration and Nationality Act (8 U.S.C. §1522), and official issuances by the Director of the ORR.

2. The Commonwealth assures compliance with the requirements in this part (45 C.F.R. Part 400).

3. The Commonwealth assure~~s~~ compliance with all applicable federal regulations that are in effect during the time it is receiving grant funding.

4. The Commonwealth agrees to amend this plan as needed to comply with ORR standards, goals and priorities established by the ORR Director.

5. The Commonwealth assures that it will provide language and employment services to all refugees without regard to race, religion, country of origin, political opinion, gender identity, or sexual orientation, and will provide services in full compliance with Title VI, Section 601 of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et

seq.), Title V, Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq.), and in all applicable state and local civil rights requirements.

6. The Commonwealth assures that it will conduct quarterly meetings with the local Resettlement Agencies (RA), local community service agencies, and other agencies that serve refugees to plan and coordinate the appropriate placement of refugees in advance of the refugees' arrival as required by 45 C.F.R. § 400.5(h (see Section I (B)).

7. The Commonwealth assures that all ORR eligible populations will be provided with the benefits and services provided in the State Plan.

   Refugee Support Services are provided through contracts, grants, and subcontracts with agencies throughout the state and are required by contract to comply with Title VI of the Civil Rights Act. All service providers are monitored yearly for LEP compliance including the identification and assessment of the language needs of newly arriving refugees, how interpretation services are provided or secured for these refugees, how notices are provided to refugees, and how the agency's staff is trained on the LEP policy and Title VI requirements.

   Local CAOs use bilingual caseworkers and other language services for Limited English Proficiency (LEP) clients. Portions of the Common Application Form for cash, medical and other benefits, including RCA and RMA, have been translated into Vietnamese, Russian, Spanish, Chinese, and Cambodian. Taglines have been translated into six languages for inclusion with notices that are electronically generated.

II. ASSISTANCE AND SERVICES

A. Cash and Medical Assistance

(*see* **DHS** Supplemental Handbook, Chapter 730 (Refugee Assistance Program**):**

The Commonwealth assures that it will provide employment and employment-related activities to ORR-eligible populations with priority given to refugees enrolled in CMA-funded benefits. More specifically, these refugees enrolled will be offered targeted support services such as barrier-removal activities in conjunction with job search to aid in gainful and sustainable employment that leads to economic self-sufficiency.

B. English Language Training (ELT)

The lack of English proficiency can be a major barrier to securing and maintaining employment and, therefore, can impede a refugee's attainment of self-sufficiency. Participation in ELT is required for all employable refugees, if needed. As part of the Family Self-Sufficiency Plan (FSSP), ELT is made available to all eligible refugees in each region through contracted or mainstream ELT providers when they are enrolled in employment services.

The duration of the ELT will depend upon the proficiency level of the individual and their continued enrollment in employment services. Refugees are encouraged to continue their ELT after obtaining employment by attending classes available through employers (Vocational ELT) and at times that do not interfere with their work schedules. ELT is made available concurrently with employment or employment-related activities outside normal business hours when service providers are able to accommodate those individuals working different shifts.

C. Refugee Cash Assistance. 45 C.F.R. Part 400, Subpart E

1. The Commonwealth operates a publicly administered RCA program. Per 45 C.F.R § 400.52, should DHS determine that a refugee has an urgent need for cash assistance, it will process the application as timely as possible and issue payment(s) on an emergency basis.

2. In accordance with 45 C.F.R. § 400.55, participants in RCA will be notified of the program in their own native tongue using a contracted telephonic interpretation system.

3. The Commonwealth assures that its state program will follow the mediation and fair hearing standards and procedures as outline in 45 C.F.R. § 400.83.

4. Using DHS Cash Assistance Handbook § 135.3 (Exemptions from RESET Enrollment), the CAO will determine whether a refugee is exempt or required to cooperate with employment and training requirements. Good cause may also be reviewed using Cash Assistance Handbook § 135.4 (Good Cause). A refugee who is exempt from employment requirements may voluntarily participate in employment services provided by the employment service provider. http://services.dpw.state.pa.us/oimpolicymanuals/cash/index.htm

   Participation in employability services requires the completion of an Agreement of Mutual Responsibility to be reviewed by both the CAO staff and the RCA applicant. It details the role of the client in seeking alternatives to dependence upon welfare, as well as lists the goals, barriers, and any special allowances that are needed to engage in work activities. Upon enrollment into a program, clients will work with contractor case managers to find jobs by participating in job readiness programs and skills training. Through this process, refugees will be placed into sustainable work and on the path to self-sufficiency. Acceptable employment positions cannot be denied by clients.

5. Eligibility and payment levels. 45 C.F.R. § 400.66

   a. As it is consistent with the TANF program, the RCA program will use the provisions as outlined in 55 Pa. Code § 175.21 (Allowances and Benefits), 55 Pa. Code § 183 (Income) for determination of initial and ongoing eligibility, the determination of benefit amounts, the proration of shelter, utilities and similar needs, and any other rules that are related to financial eligibility and payment.

b. Please see Cash Assistance Handbook, Chapter 168, Appendix B (Family Size Allowances). DHS provides cash allowances and other benefits to meet the needs of persons and families: see 55 Pa. Code § 175.21 (Allowances and Benefits). The family size allowance (FSA) takes into account family size and costs for food, clothing, incidentals, shelter, and utilities.

c. The State will consider resources and income as outlined in 45 C.F.R. § 400.66(b) – (d). The CAO will not consider resources owned by the refugee or the refugee's legally responsible relative if the resource remains in the country of origin in accordance with 45 C.F.R. § 400.66(b), nor resources made available from the resettlement agency, sponsor, or other community group in accordance with 45 C.F.R. § 400.66(c), nor resources made available from the resettlement agency in terms of cash grant and/or through the U.S. Department of State in accordance with 45 C.F.R. § 400.66(d)

d. The date of application is used as the date of RCA authorization, if eligible, regardless of the date that eligibility was determined.

6. Notification to local resettlement agency. 45 C.F.R. § 400.68

a. The State will promptly notify the refugee's local resettlement agency that provided for the refugee's initial resettlement when the refugee applies for RCA in accordance with 45 C.F.R. § 400.68.

b. The State will contact the applicant's sponsor, or the local resettlement agency concerning offers of employment (45 C.F.R. § 400.68(b)) and inquire whether the applicant has voluntarily quit employment or has refused to accept an offer of employment within 30 consecutive days immediately prior to the date of application, in accordance with 45 C.F.R. § 400.77.

7. The Commonwealth does not operate a Public/Private Partnership in the administration of Refugee Cash Assistance.

8. RCA Program Administration. 45 C.F.R. § 400.13

a. The State TANF agency is responsible for determining eligibility for RCA. The State TANF agency will first determine if the refugee is eligible for TANF.

b. The State TANF agency is responsible for distributing RCA benefits.

c. There are CAO staff who work to administer both TANF and RCA at the state level. As noted in d. below, five full time staff administer RCA.

d. There are five full time equivalents who are allocated to RCA administration for RCA distribution.

e. The Commonwealth charges up to ten percent of its total RCA/RMA administration to indirect costs. These costs are associated with managerial staff time as well as overall program operations. DHHS is the cognizant agency.

Additional Information:

Special allowances are available for qualified (mandatory participating or voluntary participating) refugee RCA recipients with the same allowances and limits as participating TANF clients and are paid through CMA grant funding and detailed in RCA Recipient Costs. Allowances and benefits are found in Cash Assistance Handbook Chapter 138, (Allowances and Benefits) and State Plan in accordance with 45 C.F.R. § 400.65 (a) with approval by ORR in accordance with 45 C.F.R. § 400.65 (b):

Transportation	**TANF**	**RCA**	**SNAP**	**Limits**
Bus (may include subway, commuter rail, and para transit)	☐	☐	**X**	$1,500 annually; follows the state budget year 7/1 to 6/30
Taxi	☐	☐	**X**	
Mileage (may include parking and tolls if required). Paid at $0.20 per mile.	☐	☐	**X**	
Car/Van Pool	☐	☐	**X**	
Motor Vehicle Repair	☐	☐	**X**	
Motor Vehicle Expense (driver's license, state inspection fee, emission control, inspection fee, license plates, vehicle registration fee)	☐	☐	**X**	
Moving/Relocation	☐	☐	**X**	
Work, Education, and Training	**TANF**	**RCA**	**SNAP**	**Limits**
Tools/Equipment	☐	☐	**X**	$1,000 in a lifetime
Books / Supplies	☐	☐	**X**	
Fees	☐	☐	**X**	
Union Dues / Professional Fees	☐	☐	**X**	

Clothing	TANF	RCA	SNAP	Limits
Clothing for employment/training	□	□	**X**	$150 annually; follows the state budget year (7/1-6/30)
Vehicle purchase	**TANF**	**RCA**	**SNAP**	
Vehicle purchase for employment/training	□	□	**X**	one vehicle up to $1,500 in a lifetime

D. Refugee Medical Assistance (RMA). 45 C.F.R. Part 400, Subpart G

1. Application, determinations of eligibility, and furnishing medical assistance. 45 C.F.R. §§ 400.93 and 400.94

   a. The process for determining eligibility for Medicaid and CHIP:

      An individual may apply for MA via paper application, telephone, or online. Refugee status must be verified. The RMA category is considered a "category of last resort," so DHS first considers the refugee's eligibility for other federally funded categories. Categories reviewed prior to the RMA category are SSI-related MA categories for aged, blind and disabled; MAGI-related MA categories for children, pregnant women, parent/caretakers, and individuals ages 19-64; TANF-related MA categories for children, pregnant women, and parents/caretakers. Children must be reviewed for CHIP eligibility prior to RMA. If the individual is categorically eligible for RMA but ineligible for any other category, the individual is explored for RMA eligibility. If found eligible, the individual receives a full healthcare benefit package based upon their age (Adult or Children's HCBP) and is enrolled in a Managed Care Organization. Individuals who are 19 years of age or older and not eligible for RMA are referred to the Federally Facilitated Marketplace (FFM). Individuals are only eligible in the RMA category until the end of the 8th month of entrance to the US. The individual is sent a notice informing them of their MA eligibility.

   b. Newly arrived individuals submit MA applications through the Federally Facilitated Marketplace (FFM), Commonwealth of Pennsylvania Access to Social Services (COMPASS) system, CAOs, or by phone. A Consumer Service Center was established to assist individuals who wish to apply by phone for MA only.

      When the FFM assesses the individual potentially eligible for MA, it transmits the electronic account to the Commonwealth, and is routed to the CAO in the county/district where the applicant resides.

      If an individual submits an application to the state but is not eligible for MA based on either MAGI or non-MAGI rules, the electronic account is transferred to the FFM for the individual to be evaluated for other health insurance

affordability programs. Systematic changes have been made to ensure RCA benefits terminate at the 8-month limit. CAOs receive training to on all applicable they know policy and procedures.

2. Consideration of eligibility for RMA. 45 C.F.R. §§ 400.100 through 400.104

   a. The income methodology and income standard (income limit) used in determining RMA eligibility is as follows:

      The income methodology used for the RMA category follows TANF-related MA income rules. The only exception is that the earned income incentive deduction cannot be used when determining an individual's net income. The income limit when first determining eligibility for the RMA category is 185% of the Federal Poverty Level. Once found eligible, the individual may not be closed during the 8-month period due to income unless they are determined eligible for another federally funded category with a full healthcare benefit package. Some individuals are excluded from the income and resource tests due to their receipt of Refugee Cash Assistance (RCA) at any time during the 8-month limited timeframe

   b. The Commonwealth assures that it will continue to consider income and resources as outlined in 45 C.F.R. § 400.102.

   c. The Commonwealth assures that it will provide continued coverage of RMA recipients as required by 45 C.F.R. § 400.104.

3. Scope of medical services. 45 C.F.R. §§ 400.105 and 400.106

   a. The Commonwealth assures that RMA will cover at least the same services in the same manner and to the same extent as Medicaid.

   b. There are no additional RMA medical services other than those services under the Medical Screening program.

4. RMA program administration. 45 C.F.R. § 400.13

   a. Applicants are immediately authorized for medical coverage through a fee-for-service program while applications are pending. Once approved, they are automatically enrolled in regional managed care organizations of their choosing.

   b. RMA program administrative services are limited to eligibility determinations, and the State Refugee Coordinator ensures that DHS's Language Services contractor provides interpretation services.

E. REFUGEE MEDICAL SCREENING (RMS). 4 5 C.F.R. § 400.107

1. **Coordination of RMS program. 45 C.F.R. § 400.5(f)**

   a. For newly arrived refugees with specific health concerns, RAs are made aware of these conditions by their national affiliate, the Pennsylvania Department of Health (DOH), and the SRHC. If action is required, the SRHC and the RRP will work closely with the RAs to ensure that proper and timely care is given to the affected refugees. This may include (but is not limited to) notification of severity of the illness, in-clinic monitoring, treatment, database entry for information dissemination, and follow up.

   b. The SRHC monitors all information disseminated through the Electronic Disease Notification (EDN) system and works with clinics to address any issued identified before, during and after medical screenings. EDN is updated with any information relevant to medical issues and subsequent treatment provided.

   c. DHS ensures that refugees receive initial health assessments/medical screenings in a timely, culturally, and linguistically appropriate manner. To accomplish this task, the SRHC has established a standard health screening surveillance protocol for health clinics that contract with DHS. Contracted health clinics will provide screenings to all newly arriving refugees and submit a completed health screening report to DHS for reimbursement. Attached please find the following DHS documents for contracting with health clinics as they pertain to services provided:

      Health screening work statement 03-31-16
      RHA Screening Revised Version 08_23_2014
      Refugee Health Clinic Fee Schedule-Rider 2

   d. DHS has six contracted health care providers that provide medical screening for newly arrived refugees in all parts of the Commonwealth, except the city of Philadelphia. These providers are comprised of:
      - Four Federally Qualified Health Centers (FQHC)
      - One FQHC look-alike
      - One private clinic

2. The Commonwealth is requesting that all initial medical and mental health screenings be billed to RMA and would defer any other costs to Medicaid.

3. **Scope of RMS services. 45 C.F.R. § 400.107**

   a. The RMS program is operated in accordance with the requirements prescribed by the ORR Director. Resettlement caseworkers often accompany refugees to health screenings and follow-up appointments to provide interpretation and transportation if the refugees feel more comfortable with that arrangement.

b. In all parts of the state except the city of Philadelphia, screenings are fully funded by RMA and not billed to Medicaid. During FFY 2021, it is the intent of DHS to enter into a contractual agreement with one health clinic in Philadelphia to provide screenings in line with the rest of the state. Currently in Philadelphia, ten private clinics are able to cover the costs of the screening initially and wait for Medicaid reimbursement, a process that can take up to six months. Please reference the Office of Medical Assistance Program's Implementation of HealthChoices Medicaid Expansion Bulletin for a list of all eligible client services based on age and risk factors.
http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=99-15-05&o=N&po=OMAP&id=04/28/2015

c. Health Screening services not billed to Medicaid are as follows:

- Medical history and physical examination (include review of overseas documents)
- Tuberculosis screening
- Hepatitis panel
- Sexually transmitted infections and HIV screening
- Immunization (childhood and individuals with incomplete or missing immunization records)
- Lead screening (Children six months to 16 years; Pregnant and lactating women; Adolescent girls)
- Pregnancy (Women of childbearing age, girls of childbearing age)
- Mental health screening
- Parasite testing (based on country of origin)
- Referral for other services

Clinics are generally small and operate with few staff. Delays in Medicaid payments or shorter screening visit compromise both the refugee, and the extensive screening process received through RMA reimbursement.

d. Mental health screening is conducted for every newly arrived refugee in hopes of providing much-needed referrals for services to address those needs. Interpretation by licensed professionals, both telephonic and in person, are provided to ensure refugees fully understand the screening process, and that assessments are accurate.

e. The Commonwealth assures that medical screening costs are reasonable. Clinics that contract with the state Refugee Program offer a significantly longer, more comprehensive medical and mental health screening for a flat fee of $400 and $100 respectively. These payments cover the costs associated with ensuring that all health concerns raised by refugee patients are heard in earnest and attended to as necessary. Clinics may also charge fees for additional laboratory tests which are less expensive than or comparable to commercial laboratories.

f. The Commonwealth ensures health screenings are completed within 30 days of arrival. The Refugee Health Coordinator checks refugee arrival dates against the initial screening completion dates within the eSHARE system.

4. RMS program administration. 45 C.F.R. § 400.13

1. The medical screening payment model is a combination of both a flat rate for the screening, and fee-for service for each necessary medical test or immunization. The only other direct service provided through RMS is interpretation at appointments.

b. Medical screening program administrative services include telephonic or in person interpretation provided during medical appointments

The responsibilities of the SRHC are as follows:

- Planning and monitoring health care providers to ensure the proper implementation of health screenings for all newly arriving refugees and qualified immigrants.
- Identifying emerging health issues among newly arrived and longer-term resident refugees based upon the health assessment date; and recommend appropriate responses to preventing infections or addressing the problem.
- Training and providing consultation on all health-related issues pertaining to refugees.
- Overseeing the ongoing use of an electronic reporting system for refugee health screening called *PA eSHARE*.
- Providing eSHARE training, updates, and technical supports to all users.
- Including mental health screening as part of the general refugee health screening program.
- Collecting and disseminating health screening outcome reports.
- Collaborating with RAs in the ongoing implementation of refugee health goals.
- Providing technical assistance and CDC updates on medical examination guides on emergency preparedness needs of refugees and qualified immigrants.
- Assisting the RRP with site reviews of the health clinics and resolving any health-related issues affecting refugees in the Commonwealth.
- Overseeing the electronic transfer of refugees in or out of the Commonwealth.
- Writing grants to support the activities of the Refugee Health Program.
- Collaborating with or providing support to health care providers or community partners to promote refugee health.

The SRHC participates in monthly and quarterly conference calls held by the Association of Refugee Health Coordinators and ORR to keep apprised of refugee health issues. The SRHC also participates in the quarterly regional collaborative meetings to disseminate new information and to discuss any new health issues which arise. New and follow-up data provided in those calls/meetings are disseminated to refugee service providers. This enables agencies to better prepare

themselves for any health problems associated with their newly arrived or soon-to-be arriving refugees.

ADDITIONAL INITIATIVES

Health Promotion

The Refugee Health Promotion Coordinator will continue to be responsible for providing collaboration and support for implementing best public health practices to promote health literacy among refugee populations, increase advocacy and awareness of refugee health issues, create opportunities for targeted health education and outreach, improve efforts for mental and medical health navigation and support, and direct training and education to refugees, health providers, and all stakeholders involved in the direct and indirect care of refugees.

In particular, the goal of the program will be to:

- Continue to collaborate with community-based partners to create meaningful access to health and emotional wellness services.
- Support regional partners in implementing a statewide framework of streamlined healthcare services and health education to promote health literacy and refugees' self-sufficiency in healthcare practice.
- Quantify the Commonwealth's refugee health status through statewide programs focused on achieving measurable outcomes.
- Implement evidence-based interventions to prevent disease, promote wellness, and reduce gaps and barriers to healthcare services and access.

Social Work

The Refugee Health Social Worker collaborates with Commonwealth–identified medical providers and resettlement agencies to ensure that health conditions or health-related issues which could interfere with successful resettlement of newly arrived refugees are addressed and that proper follow-up is provided. The social worker assists health care providers and resettlement agencies to provide and obtain equitable care for refugees in a variety of ways:

- Providing case management for complex cases which require advance planning and service coordination, such as refugees arriving with a medical escort.
- Problem-solving with resettlement case managers in any manner of difficulty that interferes with access to care.
- Providing referrals with a focus on using existing services which can be readily adapted to meet the needs of refugees. These referrals may also improve the efficiency of resettlement workers in serving refugees with medical and mental health issues.
- Working to increase capacity in areas that serve refugees by recruiting primary medical providers to the network of Commonwealth-identified culturally competent caregivers.
- Providing technical assistance to health care providers seeking to better understand cultural and linguistic factors as they affect patient relations and compliance.

- Identifying and collaborating with specialists accepting of RMA or MA, whose services are needed to assure a full continuum of care as recommended by the client's medical provider.
- Advocating for culturally and linguistically appropriate health services (CLAS) in the areas where the refugees reside and participating in statewide efforts to implement CLAS standards to better serve refugee communities.
- As needed, assigning access to DHS funded interpretation services to approved providers to guarantee meaningful and timely access to all illness-related and preventative services.
- Reducing barriers created by the social determinants of health, such as reliance upon transportation.
- Connecting refugee communities to culturally acceptable mental health services and facilitating the adoption of these practices on a widening basis through regular meetings with community health providers and grassroots organizations.
- Having regular face-to-face consultations with community stakeholders at regional collaborative meetings to identify gaps in services and learn of best practices which can be shared statewide.

Emergency Operational Planning for Pandemics

Introduction

Through discussions with relevant staff in the DOH, Bureau of Community Health Systems (BCHS), and the Office of Public Health Preparedness (OPHP), the RRP unit has identified the need to establish a working relationship with these offices to provide DHS with direction in emergency operational planning for refugees in the event of a pandemic, including pandemic influenza, as per SL# 09-30 and SL3 06-10.

Activities include planning, stakeholder notification, regional meetings, workgroup formation and reporting, and information dissemination to result in the creation of a Continuity of Operations Plan (COOP).

Program Access and Involvement in Governmental Planning

Through contact with DOH, the RRP will collaborate with and contribute to any relevant summits, forums, stakeholder meetings, planning, and implementation for emergency preparedness. In particular, the OPHP has invited staff from the RRP to attend and participate in their Special Populations Initiative which will directly address the needs of all disadvantaged persons throughout the Commonwealth, including refugees, who may be physically restricted and/or have Limited English Proficiency (LEP).

Assurance of Represented Refugee Populations in Emergency Planning

Using the Refugee Processing Center to identify arriving groups, the RRP will prepare refugee demographic profiles for the DOH. Staff in the RRP indicated to DOH that certain refugee populations may require special assistance due to potential physical and mental

health issues. Demographic, cultural, and religious affiliation data of refugee groups that have resettled to the Commonwealth in the last 60 months will also be made available to the DOH. The RRP will provide this all-encompassing approach to assist in narrowing the margin of error when considering the target population.

The SRHC is designated as a key person to support and coordinate public health and medical emergencies affecting refugee communities in Pennsylvania. During emergencies, the SRHC will coordinate with the state and federal level emergency response teams to develop strategies and recommendations to address these situations. The SRHC will take the lead in communicating appropriate strategies and recommendations with stakeholders in a timely manner during emergencies.

Avenues for Refugee Involvement in Preparedness Planning

With the DOH approval, through the DOH District Offices, and County Municipal Health Departments (CMHD), refugee clients will be involved in the Special Populations Initiative by being provided information relative to their ethnic backgrounds, personal experiences, and specific requirements. This involvement will include the dissemination of educational materials in various languages, as well as serve as a contact point to mobilize the refugee's community for vaccination or another emergency operation. Special attention will be placed on cultural and linguistic sensitivity for all refugee populations.

Implementing Public Health Measures

DOH District Health Offices, which oversee State Health Centers, have plans, which address containment procedures and infection control for all residents of the Commonwealth. State Health Centers are located in 60 counties with six District Offices in Jackson Center, Williamsport, Wilkes-Barre, Reading, Harrisburg, and Pittsburgh. In addition, practices such as personal hygiene habits, to help avoid the spread of infectious diseases, are regularly discussed with refugee clients through VOLAG RAs and contracted service providers.

Information Dissemination

The RRP will disseminate emergency planning to its refugee communities in the following manner:

- Supplying handouts (translated into principal refugee languages) from the Centers for Disease Control and Prevention and the DOH concerning a pandemic to include disease prevention and other health care information. Informational pamphlets that list local health care facilities such as Federally Qualified Health Centers, as well as the DOH State Health Centers across the state. The City of Philadelphia provides medical interpretation, on site, should refugees with LEP living in that area require that service.

- Sharing information regarding an impending pandemic that may affect individuals and service providers. Regular regional meetings with providers will be venues for

relaying new pandemic information from all significant government and media sources. Pending availability of DOH resources, training will be provided to health care provider staff to ensure the effective implementation of the RRP's devised COOP.

- Providing the DOH website as an informational resource for refugees with internet access.

- Disseminating up-to-the-moment printable internet materials for those who may receive information through outreach services in the form of leaflets, flyers, and brochures.

- Placing informational advertisements in ethnic newspapers and other publications distributed in areas with a large refugee population. Utilizing large-scale media sources to broadcast and publish information will be coordinated in conjunction with DOH strategies pertaining to communication with special needs populations.

The Continuity of Operations Plan (COOP)

The delegating authority for the Emergency Operational Plan in the Commonwealth rests on the SRC.

Following the receipt of a DOH warning that an emergency has occurred, the delegate will inform the RRP to advise refugee clients to immediately practice safety measures and to seek medical attention if needed. Provider agency staff will be on-call to assist with questions and concerns as they pertain to specific refugee issues and refugee-focused mental health referrals.

Contact Information

Dr. Leena Anil
State Refugee Health Coordinator
Pennsylvania Department of Health
Bureau of Epidemiology
625 Forster Street
Room 933 Health and Welfare Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 547-3486

Ms. Shakila Shah
Refugee Health Promotion Coordinator
Pennsylvania Department of Human Services
Bureau of Employment Programs
625 Health and Welfare Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 547-3398

Ms. Susan Miller
Social Worker
Pennsylvania Department of Human Services
Bureau of Employment Programs
625 Health and Welfare Building
Harrisburg, Pennsylvania 17120
Telephone: (717) 783-3901

F. Refugee Social/Support Services (RSS). 45 C.F.R. Part 400, Subpart 1

1. The Commonwealth provides social services as outlined in 45 C.F.R. §§ 400.154 and 155, and as described below:

Employment Services

For refugees enrolled in employment programs, the following services are either provided or offered:

- A Family Self-Sufficiency Plan
- An Individual Employability Plan (IEP)
- Employability Assessment services
- On-the-job training
- English language training (as it relates to obtaining and retaining a job and must be provided concurrently with employment/employment related services in accordance with 45 C.F.R. § 400.156)
- Vocational training (including driver education and training when provided as part of an individual employability plan)
- Skills recertification (when such training meets the criteria for appropriate training as described in 45 C.F.R. § 400.81(b))
- Childcare for children (when necessary for participation in employability services or for the acceptance or retention of employment)
- Transportation for employment service or for the acceptance or retention of employment
- Employment case management
- Interpretation and translation services (when necessary in connection with employment or participation in an employability service)
- Assistance with self-employment if a self-sufficiency plan indicates that this is viable
- Assistance in obtaining Employment Authorization Documents (EADs)

Priority of Service Provision

Except in certain extreme circumstances, the state provides RSS in the following order of priority:

1. All newly arriving refugees during their first year in the U.S. who apply for services;

2. Cash assistance recipients;

3. Refugees who are receiving cash assistance;

4. Unemployed refugees who are not receiving cash assistance; and,

5. Employed refugees in need of services to retain employment or to attain economic independence.

Time Eligibility

With the exception of translation/interpretation, referral and citizenship services, the refugee population's time-eligibility period for services is 60 months from their date of arrival. Fees charged by the U.S. Citizenship and Immigration Service for obtaining documents will not be permitted as part of the social service program.

Bilingual/Bicultural Requirements

To the maximum extent possible, all refugee service providers provide services in a manner that is culturally and linguistically appropriate and includes the use of bilingual/bicultural women on agency staff.

To further ensure that services are provided in a culturally and linguistically appropriate manner, the Commonwealth enters into contracts with Mutual Assistance Associations (MAAs), which provide services to specific ethnic groups. In addition, many refugee service providers have collaborations with MAAs throughout the Commonwealth.

Family Self-Sufficiency Plan (FSSP)

All refugee employment service providers must complete a FSSP for each refugee participating in employment services. This plan must include a series of well-planned activities that enhance vocational, educational, and personal strengths while addressing linguistic and cultural barriers to self-sufficiency. Achieving independence for refugee families through long-term employment in a non-subsidized job is the goal of the FSSP.

The FSSP includes an employment assessment and an Employability Plan (EP) for each employable refugee. The EP includes all support services that need to be provided, by whom, and how these services will lead to employment and self-sufficiency. The EP must include specific time frames for the provision and completion of all necessary support services. The EP is the essential planning document around which all services, including case management, vocational training, and ELT, as well as employment services, are provided. The EP is updated every time an individual's goals change and a copy of the revised EP is given to the CAO if the individual is receiving cash assistance.

If an individual is receiving cash assistance, the copy of the EP forms a basis for continued eligibility for refugee cash and MA. As part of the cash and MA recipient's re-determination review, the refugee employment service provider is required to submit an updated EP with a case management plan in order to ensure integration of the overall planning process for the refugee. The updated EP and case management plan is then made part of the refugee's public assistance case file and incorporated into the AMR.

Other Social Services include:

- Information and referral services
- Outreach services to facilitate access to services
- Emergency services to persons or families in a crisis
- Health-related services and referrals, including domestic violence
- Home management services (including tenant rights and consumer education)
- Childcare for children (when necessary for participation in a service other than an employability service)
- Transportation (when necessary for participation in a service other than an employability service)

- Case management services (when necessary for participation in a service other than in connection with employment or an employability service)
- Citizenship services

2. The social services described are consistent with 45 C.F.R. §§ 400.154 and 155.

3. RSS set-aside funding for specific services:

   The Commonwealth receives set-aside funding for services to address the needs of three vulnerable populations: school-aged refugees, youth/young adults, and aging refugees. The Commonwealth provides these services through the Refugee School Impact (K-12), Youth Mentoring (ages 15-24), and Services to Older Refugees (ages 60 and older) grants, respectively. All three populations can benefit greatly with added services that are consistent with but fall outside of the realm of most RSS base services.

   To complement RSS base services, all implemented set-aside programs seek to ease the transition from one programmatic goal or learned life skill to the next. Examples of this include:
   - Refugee School Impact Grant which aims to bridge the communication gap between parent and the school institution through open dialogue and participation in a child's learning,
   - Youth Mentoring Program which helps youth navigate the wide array of skills training or higher education options to better job attainment, finding self-sustaining employment as a result of earlier preparation,
   - Services to Older Refugees programs which provide pathways to citizenship through civics and community integration for the entire family structure.

G. Unaccompanied Refugee Minors (URM) Program. 45 C.F.R. Part 400, Subpart H

1. Administrative structure and state oversight. 45 C.F.R. § 400.117

a. Administrative arrangements for the provision of services for URMs for any public or private agency in the state, and the names and roles of the agencies involved in the URM program. Provide locations(s) of URM providers, including sub-office locations

   The Unaccompanied Refugee Minor Program (URMP) in the Commonwealth is funded by the federal Office of Refugee Resettlement.
   The URMP is part of a national effort to resettle youth identified as eligible for URM status in the U.S, and those arriving from overseas. Often, children are identified for resettlement because of humanitarian concern. Minors are selected through a process administered by the U.S. Citizenship and Immigration Service (USCIS) and the U.S. Department of State. A joint committee of resettlement agencies assigns minors to their respective state affiliates.

The URMP in the Commonwealth is administered by the Department of Human Services' (DHS) Office of Income Maintenance of which the state's Refugee Resettlement Program is a component.

DHS has awarded Bethany Christian Services (BCS) of the Greater Delaware Valley the contract to provide URM services in the state. BCS is a private, non-profit, global agency which has been in existence since 1944. BCS offers family services within a wide range, of which refugee foster care is but one aspect. The foster care ministry, in general, assists more than 100,000 children annually.

The names and roles of the agencies involved in the URM program are as follows:

RRP:

Role: Contracting source and liaison to ORR. Oversees reporting Provides technical assistance for Medical Assistance and child welfare issues. Participates in monthly staff meetings. Attends community trainings and events which impact or benefit the program. Assists in identifying and developing resources and trainings for youth and staff. Monitors compliance with ORR standards.
Location: Harrisburg, PA

OIM

Role: Oversees operation of Montgomery CAO
Location: Harrisburg, PA

Montgomery CAO

Role: Process applications to connect youth to Medical Assistance and, upon emancipation, Former Foster Child Medical Assistance.
Location: Norristown, PA

United States Conference of Catholic Bishops (USCCB)

Role: Provides funding through a subcontract with ORR for the ~~newly established~~ Trafficking Victims Assistance Program within the BCS URM program.
Location**:** Jenkintown, PA

Catholic Social Services

Role: Formally subcontracts with BCS to provide transitional group care to up to 12 URM males in the Blessed Oscar Romero Group Home. the home is a licensed facility with trained staff under clear ongoing supervision. The home provides for the youth's basic daily needs and specialty care.
Location: Bensalem, PA.

Einstein Hospital, Pediatric Refugee Clinic

Role: Provides pediatric initial health screenings for most refugee youth.
Location: Philadelphia, PA

La Puerta Abierta (The Open Door)

Role: Informal partnership as a bicultural community provider of behavioral health services to Central American youth, as well as pro bono trauma-informed mental health care.
Location: Philadelphia, PA
NO
COMHAR

Role: Bicultural provider of a wide range of behavioral health and recovery services including psychiatric supports.
Location: Philadelphia, PA

Bethanna

Role: Behavioral health service to youth and families. Treatment modalities include the provision of service in office, school, and community settings. Services support children and youth who experience various forms of trauma, difficulty maintaining secure attachments with their primary caregivers, need specialized parenting skills support, and experience challenges across settings.

No formal agreement with the state

Children's Hospital of Philadelphia (CHOP)

Role: Children's Hospital of Philadelphia is ranked in the top three in the nation for every pediatric specialty evaluated by US News and World Report. Within CHOP's Department of Global Medicine, multilingual Global Patient Service Representatives can help patients to understand and plan every aspect of their care. CHOP is a valued partner able to provide excellent diagnostic and follow up care for any URM youth with critical or medically complex needs.
Location: Philadelphia, PA

School district enrollments

Philadelphia, Souderton, North Penn, Bensalem, Upper Darby, Cheltenham, William Penn, Allentown, Lancaster, Quakertown, and West Chester.
There are many other community resources, publicly or privately funded, which are currently in use although accessed on a more occasional basis. Staff routinely shares information on successful collaborations they have established with community resources, so this list is continually expanding.

A sampling of these is as follows:

Medical resources:

- St. Christopher's Hospital for Children, Philadelphia, PA

Behavioral Health, Drug and Alcohol treatment

- Northwest Human Services, Philadelphia, PA
- Central Montgomery Mental Health Center, Norristown, PA
- Warren E Smith Mental Health Center, Philadelphia, PA
- Frankford Hospital Drug and Alcohol, Philadelphia, PA
- Tree of Life Behavior Health, Philadelphia, PA
- NOVA (Sexual abuse treatment), Jamison, PA
- Belmont Behavioral Health Hospital, Philadelphia, PA
- Horsham Clinic, Ambler, PA
- Philadelphia Child Guidance Center, Philadelphia, PA
- KidsPeace, Philadelphia, PA
- COHMAR

Educational and training resources:

- Youth Build (Training program for low-income youth ages 16-24 who are neither working or in school. The program teaches construction skills and assists youth to obtain their GED and so become financially self-supporting), Philadelphia, PA
- Eastern Montgomery County Technical School, Willow Grove, PA
- Lincoln Tech, Philadelphia, PA

Private community resources for spiritual and civic support

- Islamic Center of Lancaster, Lancaster, PA
- Muslim Youth Center of Philadelphia, Philadelphia, PA
- The Attic Youth Center (Creates opportunities for LGBTQ youth to develop into independent, civic-minded adults within a safe community) Philadelphia, PA
- Our Lady of Fatima Catholic Church, Bensalem, PA

The corporate office for Bethany Christian Services is in Grand Rapids Michigan, and there are 13 sub-office locations in PA. The URM Program is operated out of BCS' office in Jenkintown, PA.

BCS can provide foster care services in Philadelphia, Montgomery, Chester, Delaware, Bucks, Lehigh, Lancaster, Dauphin, and Cumberland counties, although most active foster homes are in Philadelphia and its surrounding communities.

b. Process for the state's review of required placement and outcome reports for URMs.

BCS submits an ORR-3 Baseline Placement Report to the RRP within 30 days of placement. After verifying this report's accuracy, RRP forwards it to ORR's URM staff. In addition, BCS reports changes in status, such as a change in placement or legal status to the RRP within 60 days of the action. Likewise, RRP verifies these reports and forward them to ORR's URM staff. Changes in status ORR-3s are

submitted by BCS to the RRP within 60 days of a change such as a new placement or in legal status.

ORR-4 Progress Reports for URM are submitted by BCS to the RRP at least every 12 months after the date of the initial placement. After verification by the RRP, progress reports are sent to ORR's URM Program staff.

The state monitors emails for incoming ORR-3s and ORR-4s and strives to process them that same day. The state communicates with both ORR and the provider if there is a question or concern regarding any of these forms.

BCS has appointed their data manager to complete a monthly reconciliation of data between the RADS system and the BCS database. The data is reconciled on an annual basis with the state and the results submitted to ORR.

c. State oversight responsibility for the care of URM.

Custody of the unaccompanied refugee minor is vested in BCS, with close monitoring by the RRP. RRP oversight for the care of the URM is accomplished by review of all ORR-3 and ORR-4 reports prior to submission to ORR. State attendance at monthly meetings, provision of ongoing technical assistance and training, regular communication with the Director and case managers

d. State monitoring of contracted URM provider separate from state licensing reviews.
The State monitors the URM program by:

- Approval and implementation of the BCS budget and work statement
- Monthly participation in BCS'S URM meetings
- Regular communication with the Director and case managers
- Providing technical assistance as needed
- Participating in program development
- Desk review and approval of ORR3 and ORR 4 forms on the federal database
- Annual programmatic monitoring audit for with BCS and the RRP for compliance with for state foster care standards and ORR regulations and standards. Monitoring activities include staff interviews, refugee minor file reviews, foster family interviews, refugee minor interviews/home visits and monitoring questionnaire
- Financial accountability is conducted through reconciling monthly invoices against the total annual budget allocation in the subcontract with BCS and as with all other contracted service providers, BCS is required to sign an Audit Clause

e. The state will assume program accountability for all aspects of the program, including fiscal and program reporting.

f. URM service providers are licensed according to state requirements.

g. The state contracting and supervising agency for URMs, the PA Department of Human Services' Refugee Resettlement Program, will confer at least annually with Bethany Christian Services.

2. **Legal responsibility. 45 C.F.R. § 400.115(a)**

a. State procedures for initiating legal responsibility within 30 days:

- Prior to or on the date of arrival to the URM program, the BCS case manager submits a court report to the DCF legal office.
- The DCF attorneys file for custody with the Montgomery County Probate Court, a court date is set, and an attorney is assigned to the child.
- The BCS case manager sends an updated court report prior to the date of the hearing.
- At the court hearing, temporary custody is granted to BCS and a court date for permanent custody is set. The permanent custody order is made retroactive to the date of the youth's arrival to the program. This practice prevents any gap in time during which the youth would not be in the care and custody of the agency.
- Prior to the next hearing date, the BCS case manager sends an updated court report.
- Once DCF received permanent custody the next court date is set-either a permanency hearing or other review as ordered by the judge.
- BCS case managers are responsible for submitting reports to DCF attorneys prior to all reviews.

The roles of individuals in addition to the BCS case managers and DCF attorneys involved in initiating the process for establishing legal responsibility are described below:

Presiding Judge:
Oversees and manages the progress of individual cases. Promotes collaborative efforts between the custodial agency and the community.
Hearing Officer:
Receives evidence, hears arguments, and enters a court order

BSC Attorneys:
Represents BCS and presents agency's court summary and recommendations to the court for consideration

Guardians Ad Litem
Presents what they consider to be the best interests of the child to the court.

b. In the state of PA, legal custody of URM foster children lies with the placing agency rather than the county's children and youth office. Justification for assigning legal custody of URM youth to the placing agency is addressed in ORR regulation 45 C.F.R.

§ 400.117(a) [which] states that "A State may provide care and services to an unaccompanied minor directly or through arrangements with a public or private child welfare agency approved or licensed under State Law."

The youth is adjudicated dependent, and custody of the youth is vested in BCS at the dependency petition hearing conducted in the Court of Common Pleas of Montgomery County. Custody is awarded by Montgomery County probate court to BCS based on petitions filed by Montgomery County Department of Children and Families (DCF) attorneys. The Montgomery County Court reviews all youth placed under BCS' care in this Program.

Types of legal authority allowed by the state for URM enrollment are as follows:

- Private Custody- Legal responsibility of the youth is vested with the placing agency. The Commonwealth is a private custody state for URM youth and BSC is the legal custodian.
- County custody: Legal responsibility is vested in the county Children and Youth agency as is typical in domestic foster care programs.
- Adoption- Possible for youth whose parents are known to be deceased or who have relinquished parental rights with due process.
- Permanent Legal Custody (PLC) – Possible with due process which includes parental notification. Unfortunately, the existence or whereabouts of parents often cannot be determined, despite due diligence in ongoing family-finding efforts, due to the chaotic conditions in countries of origin. A home study of the prospective legal custodian is also required. While a home for a prospective foster parent is provided at no cost by the placing agency. a private home study for Permanent Legal Custodianship would likely cost between one and three thousand dollars.
- Petitions for PLC would be addressed to the Montgomery County Orphans court, Coordination between these Juvenile and Orphans Court would need to be established.
- Adoption is possible for any youth over 18 who consents to his or her own adoption. Once a youth turns 18, parent's rights do not need to be terminated nor is it necessary to show that parents are deceased.
- Adoption is possible for youth under 18 if parents' rights have been terminated or if it can be shown to the court that both parents are deceased.
- Adoption cases in the Commonwealth may proceed on a closed or open basis as determined to be in the best interest of the child.

c. Court review and oversight process for legal responsibility that has been established and when legal responsibility ends. Includes the name of the court.

BCS URM program submits case plans for review by the Montgomery County court system at least every six months. This review is done in accordance with foster care regulations (which include foster care provisions) at. 55 Pa. Code Chapters 3680 and 3700, which address individual service plans and appropriate continued living arrangements. As directed by the court, case reviews for may occur more frequently.

These reviews are conducted in parity with the State's Title IV-B Plan, and must address the full range of permanency options, including but not limited to adoption.

Additionally, the contracted URM program is expected to inform the court of critical junctures, including but not limited to:

- Any termination or reduction of benefits or services to a young adult URM age 18 or older for non-compliance/inactive.
- Any determination that the URM requires medical or mental health treatment.
- Any determination that URM requires psychotropic medications
- Any URM youth involvement with the juvenile justice system
- Any voluntary request for extended jurisdiction and/or
- Any Specialized Foster Care or relative caregiver placement

Minors must be emancipated upon turning 21 years of age or until family reunification or self-emancipation occurs. Self- emancipation is possible when the youth voluntarily requests that the court release them for custody after they have turned 18.

d. Voluntary placement process for older youth to remain in care beyond age 18.

Pennsylvania's Act 91 of 2012 allows youth to elect to remain in care beyond the age of 18 until the age of 21 if they are:

- completing secondary education or a program leading to an equivalent credential;
- enrolled in an institution which provides post-secondary or vocational education;
- participating in a program or activity designed to promote, or remove barriers to, employment;
- employed for at least 80 hours per month, or;
  incapable of doing any [of the above] due to a medical condition.

3. Eligibility. 45 C.F.R. §§ 400.111 and 45 C.F.R. 400.113

a. The state assures that any minor under the age of 18 who has entered the US and been placed in care by the Department of State as they seek to establish permanent residency is eligible for these services, such youth are classified as URM.

b. Age that foster care or other placement services end

Relative to age, foster care and other placement services may end (absent continued placement on a voluntary basis) when a youth:

- has attained 18 years of age and chooses to leave foster care (youth will have the opportunity to return to the URM program until age 21)
- has attained age 21 and is not enrolled in post-secondary education

c. A URM who enters the U.S. prior to age 18 can remain in the URM program until the URM:

- Is reunified with his/her parents
- Is placed with a non-parental adult (relative or non-relative) willing and able to care for the URM to whom permanent legal custody and/or guardianship is granted under state law
- If a case has been rendered inactive because after documented good faith effort the provider has been unable to provide services to the young adult URM age 18 or older in more than thirty (30) consecutive days
- Becomes a US Citizen
- Is adopted
- Is 18 or older relocating out of the service area
- Requires a higher level of care, such as a psychiatric residential placement, which cannot be safely provided within the foster care setting

d. Available provisions in the state which allow former foster children to return to placement or services and state policy on education and training voucher (ETV) eligibility and participation are as follows:

Those youth who leave care following their 18th birthday and wish to return may do so prior to their 21st birthday. All that is necessary for the youth to re-enter care is for them to contact the program and request re-entry. BCS will assist the youth in any requirements necessary to re-enter care and will request a court date from the Montgomery County juvenile court system.

As the Commonwealth is a private custody state, URM foster youth are not eligible to participate in the Pennsylvania Chafee Education and Training Grant Program for ILS, ESS or aftercare services Rather, URM foster youth in the state are eligible to receive ORR funding to meet their needs the areas of Independent Living Services including Educational Services and Support and Aftercare services. Students aging out of foster care but who are attending an eligible post-secondary institution are among those eligible for this ORR grant funding. Youth who leave care following their 18th birthday and who return to the program prior to their 21st birthday are likewise eligible for ETVs.

In Pennsylvania, Educational Training Vouchers are provided by ORR in a manner that closely mirrors that of Pennsylvania's Chafee Education and Training Voucher (ETV) grant program, for which Pennsylvania's URM youth are ineligible. One significant difference between the administration of ORR's ETV program and that of the state's Chafee program is that the state has elected to extend Chafee eligibility for ETVs to the age of 26 for youth in domestic foster care, as described in *Section G 4 d.*

below, whereas the Office of Refugee Resettlement has not yet determined whether they are able to do the same. Currently, ORR funded ETVs can be extended until the age of 23 provided the youth have already been a recipient of at least one Educational Training Voucher (ETV) before leaving care. One voucher per semester is available during this extended period of eligibility.

e. The age eligibility for ORR-funded independent living or education services is age 23. It should be noted that the Commonwealth has extended the age availability for State/Chafee ETVs for youth in domestic foster care to 26 years if age.

Categories of eligible minors include:

- Refugees
- Entrants
- Asylees
- Victims of trafficking
- Certain minors with Special Immigrant Juvenile Status (SIJS)
- U visa holders

Refugee youth may be reclassified as URM when a refugee enters the U.S. attached and the placement disrupts. In this instance, DHS requests a reclassification from ORR. The state child welfare agency may also identify a refugee minor in need of URM placement. In this instance, the DHS refugee resettlement program follows the procedures described in ORR state letters 01-2, 02-07 and 10-06.

4. Scope of URM services. 45 C.F.R. § 400.116

a. The state assures that it will provide URMs with the same range of benefits and services as available to other foster children in the state, including services identified under the state's Title IV-B and IV-E plans.

b. Placement options available in the state

In the Commonwealth, the placement options for URM youth include:

- Foster care
- Residential group home care
- Semi-independent living
- All of the above with mobile, trauma -informed behavioral health case management services

There is a recognized need to diversify the range of placements, especially to provide therapeutic services. Toward this end, BCS is in discussions with a local domestic foster care agency seeking guidance on state and federal regulations and standards that govern the provision of therapeutic resource homes. At this time BSC, has hired a

behavioral health staff dedicated to enhancing services in the foster home and group home settings. for. This individual will also work with youth in the therapeutic homes if and when these become available.

Patience Lee, URM Supervisor, has been selected to participate in discussions coordinated by BCS' national office. These discussions are focused on improving capacity to meet the behavioral health needs of traumatized youth in care. Ms. Lee's involvement in this process is likely to facilitate efforts at diversification. The program is exploring the feasibility of offering evidence-based psychoeducational groups within the group home setting. These groups would assist youth in processing trauma and loss.

Residential group home care is provided through a subcontract with Catholic Social Services Blessed Oscar Romero House group home. A standard level of care is provided to 12 male URMs under this subcontract with BCS

c. Provision of health coverage to URM

URM youth are enrolled in Medical Assistance the Philadelphia County Assistance Office upon arrival and remain eligible while in the custody of Bethany Christian Services. Unless a youth relocates to another state or country, all URM youth are covered by MA until the age of 18 years. Most youth sign Board Extension Agreements (the name assigned to Voluntary Placement Agreements in PA) and continue to receive MA through age 21, the date of legal emancipation in PA.

In accordance with the Affordable Care Act, an MA eligibility category for former foster care youth has become available. Individuals under age 26 who were in foster care and enrolled in MA at any time on or after their 18th birthday fall under the Former Foster Youth category. Youth in this category are eligible for MA coverage until they reach the age of 26. There is no income requirement for this coverage, meaning that a youth can be employed and still qualify for this coverage.

Eligibility requirements for Former Foster Youth on MA are as follows:

- Under age 26
- Not eligible and enrolled in MA
- Receiving MA in federal or state-funded foster care on or after their 18th birthday

Enrollment assistance for Former Foster Youth MA is provided by case managers to youth who are either approaching the date of legal emancipation at age 21 or who plan to discharge from the program voluntarily after age 18. Coordination between the case manager and youth of the Former Foster Youth application process begins approximately one month prior to the date when existing MA coverage is due to end.

The Philadelphia County Assistance Office has developed a tickler system to identify youth nearing age 21 who may transfer to Former Foster Youth MA. This information is shared with BCS. The combined efforts between the BCS case manager and the

Philadelphia County Assistance Office help to assure that there is no lapse in coverage for eligible youth.

d. Educational Support Services are funded through ORR directly, as URM youth in the Commonwealth are in the private custody of the placement agency rather than the state. Therefore, URM youth are not eligible for State/Chafee funding. Both youth who have emancipated and youth who have aged out of the URM foster care program are eligible to benefit from ORR-funded Educational Training Vouchers (ETVs), such as are available to domestic foster youth in state or county custody.

   The states arrangement for providing ORR-funded ETV services is as follows: BCS provides an ORR-funded ETV application, which they have developed, to the financial aid office of educational institution to which the youth is applying. This BCS created form mirrors that of the PHEAA application which serves a similar purpose for the domestic foster youth enrolling through the Chafee program. The application is filled out by the financial aid office of the institution and is returned to BSC, enrolling the youth.in the ORR-funded ETV program. Subsequently, the financial aid office submits invoices for payment to BCS. BCS processes these payments and releases money to the school, which distributes it to the youth by semester.

   In the Commonwealth, ORR-funded ETVs can be extended until the age of 23 provided the youth has already been a recipient of at least one ETV before leaving care. One voucher per semester is available during this extended period of eligibility.

   Youth receiving ORR-funded ETVs benefit from independent living services throughout the course of their education. These services support their daily needs and long-term well-being. BCS considers these services as ETV support services, but they can also be legitimately characterized as independent living services. The BCS URM program does not support and monitor the daily care of youth but provides case management on an as needed basis and oversees the issuing of ETVs once per semester. In the Commonwealth, these independent living services may continue until the youth reaches the age of 23.

   Regarding the nature of these independent living services, the BCS' Life Skills program staff work with youth who disclose a particular issue or problem to the agency. Most issues are short-term and once resolved, monitoring by the Life Skills staff discontinues. Examples of issues addressed include concerns with housing, medical assistance, and immigration issues. Life skills staff works in the role of a consultant to assist the youth to resolve these matters. BCS has verified that this level of independent living service is consistent with that provided youth in domestic foster care who are receiving state Chafee funds in Montgomery and neighboring counties.

   For the domestic foster system, the state has extended the age parameter of eligibility for State/Chafee ETVs to 26 years of age. The state would be interested to see parity between the Commonwealth's domestic foster care programs and the private custody URM foster care program with respect to the age parameters for independent living s services and ETVs

The expanded age eligibility criteria for youth in the domestic foster care program to 26 years of age came as a result of the "Family First Preservation Act" (FFPSA), federal legislation passed in 2018. FFPSA included opportunities to promote positive outcomes for youth transitioning to adulthood. One opportunity was the ability for states to extend ETV benefits. In Pennsylvania, Chafee Education and Training Vouchers had been available to youth up to age 23 but FFPSA allowed the state to extend that opportunity to age 26, which the state has done.

In addition to the FFSPA, there is a second piece of legislation passed at the state level that has greatly improved access higher education for foster youth in Pennsylvania generally and which will directly benefit URM foster youth in the state. This second piece of state legislation, the "Fostering Independence through Education Act" was signed in June of 2019. This allowed for Chafee-eligible youth in PA to receive tuition waivers at Pennsylvania colleges and universities.

The PA URM program, in discussion with the PA Office of Children Youth and Families and the Pennsylvania Higher Education Assistance Agency (PHEAA) and admissions personnel from a local university, has validated the eligibility of URM youth to receive tuition waivers through the "Fostering Independence through Education Act". These waivers can be applied to tuition at all in-state institutions offering post-secondary education and accepting federal aid. The waivers are funded by the educational institutions themselves, can be used over five years and need not be completed in consecutive semesters. For colleges and universities, the tuition is limited to the attainment of a baccalaureate degree. In addition to colleges and universities, the waivers may be used for vocational training and certificate programs, provided they accept federal aid for tuition. The tuition waiver does not cover room and board and is applied after all other gift/ grant monies determinations have been made. The tuition waivers will be available to the age of 26 years.

The BCS URM program does not support the daily care of youth in Independent Living but provides case management on an as needed basis and issues ETVs once each semester. Independent Living Services at this level are available to youth who have left the program at the age of either 18 (emancipation) or 21 (aging out). The services previously offered to the age of 23, will be extended to the age of 26 to allow youth participating in the tuition waiver program to receive administrative and academic retention support. The BCS URM program's Life Skills staff work with the youth who have an issue or problem that they bring to the attention of the agency. Most issues are short-term and once resolved, monitoring by Life Skills staff discontinues.

5. Case review/planning. 45 C.F.R. § 400.118

a. Assurance: Cases are reviewed every six months of the continuing appropriateness of living arrangements and services.

Montgomery County Court oversight and review occurs at least every six months until the URM's 21st birthday. Placements are assessed for appropriateness of living arrangements and services based on the best interests of the youth.

b. State's arrangement for permanency plan reviews, including those conducted in parity with the states Title IV-B plan, addressing the full range of permanency options, including but not limited to adoption.

Permanency plans are reviewed during Individual Service Planning meetings as well as the review hearings in court. Regarding court reviews, the Unaccompanied Minors Program assures that all BSC URM cases are reviewed at six-month intervals by the county juvenile court system. The reviews assess the continuing appropriateness of living arrangements and services in compliance with regulations at 55 Pa. Code Chapters 3680 and 3700. These reviews are conducted in parity with the State's Title IV-B Plan. Consideration is given to a full range of family reunification options, including but not limited to adoption as well as the obligation to provide services in the least restrictive environment. As directed by the court, case reviews for particular cases may occur more frequently. Written documentation of court proceedings is reviewed at annually scheduled state monitoring visits.

Information related to permanency planning for youth is also reviewed by the state when BCS submits ORR-3 Placement Reports and ORR-4 Progress Reports. After verifying the accuracy of the reports, the state forwards the reports to ORR's URM staff.

c. Assurance: The BCS' URM case plans include the following elements: family reunification, placement, health screening/treatment, mental health needs, social adjustment, education/training, English language training, career planning, preparation for independent living, and preservation of ethnic and religious heritage.

d. Additional information on available benefits and services

Trafficking Victims Assistance Program (TVAP) BCS' TVAP is a new initiative funded through a subcontract with USCCB in response to the growing need for expertise in supporting youth who are survivors of severe forms of human trafficking. The program will provide enhanced direct services as well as consultation and case management coordination with URM stakeholders. Some participants may be eligible for TVAP services after aging out of URM foster care services.

Dedicated Behavioral Health Case Manager- BSC has on staff a case manager specializing in trauma informed supportive and referral services to youth in any setting where they may reside. This staff member works with caregivers as well to reduce the frequency of disrupted placements.

Support for Educational and Vocational Success: BCS continues to achieve excellent results in assisting youth as they strive to attain their educational and vocational goals.

High school graduation rates remain high: In the last three years an average of twenty URM youth per year have earned their High School diplomas

Vocational programming: URM youth arrive with a variety of aptitudes and interests. BCS' URM program recognizes this fact and is focused on connecting youth who express interest in vocational/technical training to formal education in vocational/technical high schools to certificate programs in local community colleges, to private nonprofit initiatives such as Youth Build.

Youth Build focuses on assisting high risk youth obtain the skills they need to be self-supporting and contribute to their communities. Three URM youth completed youth build training the previous year and an additional three are expected to complete the program this year.

College enrollment: Two youth were assisted to apply to Cabrini University in Radnor PA. They were accepted into this four-year college. Upon graduation, these youths will owe only several thousand dollars a year in school loan repayments due to the significant amounts of financial aid and scholarship awards. See attached article.

Cultural Outreach: In consideration of the cultural and social needs of specialized populations, PBCS conducts ongoing outreach to the Islamic community. Through these efforts a Rohingya couple has partnered with the agency to offer cultural and emotional support resources to Rohingya youth. They have also decided to support these youth as new foster parent recruits.

Community support through charitable organizations and private individuals: Bethany received a grant from Austelle Foundation to provide educational support, transportation or driving lessons to Muslim URM youth. In addition, a private individual donated funds to provide for URM sewing classes. Thus far six sewing machines in good working order have been donated to the program.

6. Interstate Movement. 45 C.F.R. § 400.119

a. Procedures in the state for the movement of minors to other states (after initial placement and legal responsibility has been established.)

The Commonwealth's procedures for the movement of URMs to other states are as follows:

To begin an ICPC placement request, a BSC caseworker creates a packet that includes such items as the child's social, medical, and educational history and the status of any court case involving the child. The packet will also include information about the person or family who is being considered for placement of the child in the receiving state so that the receiving state will know who they should be evaluating for possible placement.

Once the placement request packet is created by the BCS caseworker, it is sent to the central ICPC office in PA, at the following address:

Wendy Lautsbaugh
PA Interstate Compact Unit
DHS/OCYF/BPPO/Division of Operations
Willow Oak Building #43, room 430
1006 Hemlock Drive
Harrisburg, PA 17105
Tel: (717) 772-5501
Fax: (717) 425-5562
Email: wlautsbaug@pa.gov

The ICPC central office makes sure everything is in the packet, approves it for sending out, and then transmits it to the ICPC central office in the state where the child would be sent. Once it arrives in the central office of the receiving state of the proposed placement, that office also looks at the packet and if all is in order, the central office will send it down to the social services agency office in the local community where the prospective placement lives. The social services agency will then go out to the home, meet with everyone in the home, do background screening, and decide whether the home should be approved for the child to come and live there.

Designated State Agency: Department of Human Services
Designated Authority: Tanoa Fagan, Bureau Director
Bureau of Employment Programs

Tanoa C. Fagan
Signature

09/01/2020
Date