

APPENDIX J

(Appendix J)

**FFY 2018 STATE PLAN
REFUGEE SERVICES**

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HUMAN SERVICES
OFFICE OF INCOME MAINTENANCE
BUREAU OF EMPLOYMENT PROGRAMS**

INTRODUCTION

Purpose and Limits

This State Plan is submitted to the Department of Health and Human Services (DHHS), Administration for Children and Families, Office of Refugee Resettlement (ORR), for the Commonwealth to receive Refugee Resettlement Assistance funds under Section 414 of the Immigration and Nationalities Act (INA), 42 U.S.C. 1501, et. seq. Provision of services included in this State Plan will be within the limits of available federal funds.

Legislative Authority

The Commonwealth's State Plan was developed in accordance with Title IV of the INA, as amended by the Refugee Act of 1980; (Public Law 96-212) and its regulations; and Title 45 Code of Federal Regulations (CFR) Chapter IV, Part 400. This State Plan describes the Refugee Resettlement Program's (RRP) administration and services to eligible refugees as issued by federal regulations at 45 CFR Part 400. This plan contains all necessary and required assurances.

Program Goals

The Commonwealth fully supports the goals of the ORR to promote economic self-sufficiency within the shortest possible time after a refugee's arrival into the commonwealth. The commonwealth's refugee program offers planned and coordinated support services, as well as cash assistance and Medical Assistance (MA) when necessary, as a transitional aid to self-sufficiency. The RRP's primary goal is to help refugees obtain employment and reach a level of self-sufficiency that meets the basic economic needs of the refugees and their families.

SECTION I – ADMINISTRATION

A. DESIGNATION OF AUTHORITY

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

Ms. Charlotte Fry, Human Services Program Specialist Supervisor, Pennsylvania 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.

DHS, Office of Income Maintenance (OIM), is responsible to ensure proper overall coordination and integration of the RRP. OIM has direct responsibility for the Refugee Social Services, Unaccompanied Refugee Minors (URM), Targeted Assistance 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 as per 45 CFR 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.

B. ORGANIZATION

Refugee resettlement in the Commonwealth requires the successful coordination of a complex set of inter-related services, and provided by a large number of 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 the DHS, Office of Income Maintenance, Bureau of Employment Programs (BEP). Refugee cash and MA is provided through DHS' 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:

1. Ensure that all eligible refugees receive a medical and mental health screening within 30 days of arrival.
2. Assist refugees in attaining self-sufficiency as soon as possible after arrival;
3. Provide culturally and linguistically appropriate employment and support services through contracted refugee service providers;
4. Coordinate cash and MA with employment and support services to promote early employment and economic self-sufficiency;
5. Assure effective use of available public and private resources; and,
6. Assist refugee community-based organizations to develop greater organizational capacity so that they are able to 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, Pennsylvania'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.

Towards this end, 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 Pennsylvania.

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 (iRADS) entry, and URM's Placement and Progress Reports.

DHS provides or 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 CFR §92.36b (8).

DHS' 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 as needed.

The Commonwealth's RRP includes the following components related to refugee cash and MA, employment service and social services:

Cash and Medical Assistance includes:

- Refugee Cash Assistance (RCA)
- Refugee Medical Assistance (RMA)

In accordance with Title 45 Code of Federal Regulations (CFR) Section 400.154(a), Refugee Employment Services must include the following:

- A Family Self-Sufficiency Plan
- An Individual Employability Plan (IEP)

In accordance with 45 CFR Section 400.154, Refugee Employability Social Services may include the following:

- Employment services
- 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 as per 45 CFR §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 CFR §400.81(b))

- Child care 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)

Other Social Services may 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)
- Child care 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

Unaccompanied Refugee Minors Program may include:

- Custodial Foster Care
- Child Welfare
- Case Planning
- Case Management Services
- Reunification with parents, when appropriate
- Indirect financial support for housing, food, clothing, medical care, and other necessities;
- Intensive case management by social workers;
- Independent living skills training;
- Educational supports;
- English language training;
- Career/college counseling and training;
- Mental health services;
- Assistance adjusting immigration status;
- Cultural activities;
- Recreational opportunities;
- Support for social integration; and
- Cultural and religious preservation

Targeted Assistance Formula Program (TAG-F)

Due to the high number of refugee arrivals, Targeted Assistance formula funds are received to provide employment services in Philadelphia, Lancaster, Dauphin, Allegheny, and Erie Counties. Services are provided in accordance with 45 CFR Section 400.314-318. All services are provided by contracted refugee service providers.

C. ASSURANCES

The Commonwealth assures that the RRP will comply with all specific requirements of Title IV of the Immigration and Nationality Act, and with all official issuances by the Director of the ORR.

The Commonwealth assures that the requirements in this part (45 CFR 400) will be met and assures compliance with all applicable federal regulations that are in effect during the time the state is receiving grant funding. The Commonwealth agrees to amend this plan as needed to comply with standards, goals and priorities established by the Director of the ORR.

The Commonwealth assures the maintenance of all operational records that are necessary for federal monitoring of the State's Refugee Program in accordance with 45 CFR 400.28.

The Commonwealth assures that it will provide 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.

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

Refugee Social 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.

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 CFR §400.5(h) (see Section I (B)).

The Commonwealth assures that it will allocate costs, both direct and indirect appropriately between the ORR-funded RRP and other non-ORR programs which it

administers. Costs will not exceed ten percent of the total grant. In addition, in accordance with 45 CFR §400.13(b), the Commonwealth assures that it will allocate costs appropriately among its CMA grant and any other ORR grants it administers. DHHS is the cognizant agency.

The Commonwealth will amend this plan as necessary in order to comply with standards, goals and priorities established by the Director.

SECTION II – ASSISTANCE AND SERVICES

A. CASH AND MEDICAL ASSISTANCE

(see [PA State Supplemental Handbook 730](#)):

Cash and Medical Assistance

DHS' OIM administers RCA and RMA through its CAOs. DHS administers these programs pursuant to 55 Pa. Code Chapter 293.1 (www.pacode.com) which incorporates regulations found at 45 CFR Chapter 400, Subparts E and G. More specifically, 16 refugee income maintenance caseworkers are DHS employees trained to administer RCA/RMA and TANF benefits to refugee populations in counties that see large refugee arrival numbers.

Refugee Cash Assistance

Pennsylvania will operate the RCA program consistent with the provisions of its TANF program as per 45 CFR Section 400.66.

Eligibility for RCA is limited to those individuals possessing a qualifying refugee status who:

1. Are new arrivals, who have resided in the United States less than the RCA eligibility period determined by the ORR Director in accordance with 45 CFR Section 400.211 and:
 - a. For refugees less than eight months from the initial date of entry with a qualifying status
 - b. For principal applicant asylees less than eight months from date asylum is granted.
 - c. For trafficking victims less than eight months from the date of the Trafficking Certification or Eligibility Letter issued by HHS/ACF.
2. Are residents of Pennsylvania;
3. Are ineligible for TANF, Supplemental Security Income (SSI), Retirement, Survivors, and Disability Insurance (RSDI), or State Blind Pension;
4. Are not enrolled in the ORR Matching Grant program;
5. Meet immigration status and identification requirements in 45 CFR, Part 400, Subpart D; or are the dependent children of, and part of the same family unit as, individuals who meet the requirements in Subpart D, subject to the limitations in 45 CFR Section 400.208 with respect to non-refugee children;
6. Have not quit or refused a reasonable job offer within 30 days prior to application without good cause;
7. Are not full-time students in institutions of higher education, as defined by the ORR Director;

8. Comply with employment and training requirements (enroll in employment and training activities, and participate in such activities after referral is made to a refugee employment provider) unless otherwise exempt;
9. Are determined financially eligible utilizing TANF income and resource limits.

The procedure used to determine eligibility for RCA is:

1. The CAO determines the refugee eligibility for TANF before determining eligibility for RCA. Eligibility is determined as it would be for any other TANF client.
2. Eligibility for SSI, OAA, AB, APTD or AABD must be determined for refugees who are 65 years of age or older, blind, or disabled. If the refugee is eligible for RCA, the CAO must furnish such assistance until eligibility for SSI, OAA, AB, APTD, or AABD is determined. If a refugee is exempted from employment requirements (65 or older (elderly), blind, or is an individual with a disability) the CAO MUST refer them to the disability advocacy program process and Social Security Administration to apply for SSI benefits.
3. Eligibility for RCA is determined using TANF income and resource requirements and need standards found at 55 Pa. Code Chapters 175.21, 183.11 and 183.101. Determination of initial and on-going eligibility treatment of income and resources, budgeting methods, and standard of need in accordance with 400.66(a)(1).

The CAO will consider only those resources available at the time assistance is needed as follows:

- 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 as per 45 CFR 400.66(b).;
 - No resources made available from the resettlement agency, sponsor, or other community group as per 45 CFR 400.66(c);
 - No resources made available from the resettlement agency in terms of cash grant and/or through the U.S. Department of State as per 45 CFR 400.66(d).
4. The date of application is used as the date of RCA authorization, if eligible, regardless of the date that eligibility was determined.
 5. Each RCA applicant and recipient is informed about eligibility regulations and the rights and responsibilities of applicants and recipients of RCA. These rights and responsibilities are available in Spanish, Cambodian, Chinese, Russian and Vietnamese, and are translated into other languages as needed.
 6. Notices that clearly explain the reasons for TANF ineligibility are provided to refugees who apply for cash assistance and are found ineligible for TANF, but are found eligible for RCA. Notices of eligibility for RCA are also provided.

7. Determination of benefit amounts payment levels based on Family Size Allowance (FSA) as per TANF and RCA guidelines (varies by county in Pennsylvania) in accordance with 45 CFR 400(a)(2) and [55 Pa. Code § 175.21](#).

- Please also see attached RCA/RMA Training and Guidance, slide 65

8. DHS provides the following cash allowances and other benefits to meet the needs of persons and families: 55 Pa. Code § 175.21 The Family Size Allowance (FSA) which is granted to eligible persons or families to meet basic living expenses for food, clothing, shelter, utilities and incidentals. See PA Cash Assistance Handbook, Chapter 168, [Appendix B](#). *reference case size allowance.

9. Special allowances are available to qualified (mandatory participating or voluntary participating) refugee RCA recipients with the same amounts and limits as participating TANF clients and will be paid through CMA grant funding and detailed in RCA Recipient Costs. Allowances and benefits are found in the PA Cash Assistance Handbook (Allowances and Benefits 138) and State Plan as per 400.65 (a) with approval by ORR as per 400.65 (b):

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

Books / Supplies	<input type="checkbox"/>	<input type="checkbox"/>	X	
Fees	<input type="checkbox"/>	<input type="checkbox"/>	X	
Union Dues / Professional Fees	<input type="checkbox"/>	<input type="checkbox"/>	X	
Clothing	TANF	RCA	SNAP	Limits
Clothing for employment/training	<input type="checkbox"/>	<input type="checkbox"/>	X	\$150 annually; follows the state budget year (7/1-6/30)
Vehicle purchase	TANF	RCA	SNAP	
Vehicle purchase for employment/training	<input type="checkbox"/>	<input type="checkbox"/>	X	one vehicle up to \$1,500 in a lifetime

10. DHS assures that assistance and budget levels will remain as described in 45 CFR 400.45.

The State will notify the refugee's local resettlement agency which provided for the refugee's initial resettlement whenever the refugee applies for RCA as per 45 CFR Section 400.68. The State will contact the applicant's sponsor or the local resettlement agency concerning offers of employment 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 CFR Section 400.77.

Refugee Medical Assistance (RMA)

Effective October 1, 2013, the Commonwealth implemented Affordable Care Act provisions, including a single, streamlined application for all insurance affordability programs which include MA, RMA and the Children's Health Insurance Program (CHIP); and simplifying eligibility determination by using Modified Adjusted Gross Income (MAGI) rules for certain categories of individuals.

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 Pennsylvania, which gets routed to the CAO in the county/district where the applicant resides.

If an individual submits an application to the state and is not eligible for MA based on either MAGI or non-MAGI rules, the CAO transfers the electronic account to the FFM for the individual to be evaluated for other insurance affordability programs.

Eligibility for RMA is limited to those individuals possessing a qualifying refugee status who:

1. Are new arrivals, who have resided in the United States less than the RMA eligibility period determined by the ORR Director in accordance with 45 CFR Section 400.100 and:
 - For refugees less than eight months from the initial date of entry with a qualifying status.
 - For principal applicant asylees less than eight months from date asylum is granted.
 - For trafficking victims less than eight months from the date of the Trafficking Certification or Eligibility Letter issued by HHS/ACF.
2. Do not meet the categorical requirements for at any MAGI-related Medicaid, Social Security Income (SSI)-related Medicaid, TANF-related Medically Needy Only (MNO) or CHIP/SCHIP;
3. Are residents of Pennsylvania;
4. Are not full-time students in institutions of higher education, as defined by the ORR Director.

The procedure used to determine eligibility for RMA is:

1. The CAO will apply the Medically Needy Only (MNO) requirements and exclusions of the MA Eligibility Handbook, Chapter 350, Income, to determine the refugee's income eligibility. Therefore, the income limit is 185 percent of FPIG.
2. The CAO will apply the MNO requirements and exclusions of the MA Eligibility Handbook, Chapter 340, Resources, to determine the refugees resource eligibility. Therefore, the resource limits are \$2,400 for a household of one, \$3,200 for a two-person household, and resources are not counted if there is a child in the household under the age of 21.
3. In-kind services and shelter provided to an applicant by a sponsor or resettlement agency is excluded in determining eligibility for and receipt of RMA.
4. Cash assistance payments made under the RCA program and the Reception and Placement Programs are excluded and not counted when determining eligibility for RMA.
5. If a refugee, who is receiving RCA, TANF or Medicaid and meets the time-limited eight month eligibility period for RMA, becomes ineligible for RCA, TANF, or Medicaid because of earnings from employment, the refugee is reviewed for RMA benefits disregarding earned income.

Pennsylvania originally expanded Medicaid to adults ages 19-64 with income at or below 138 percent of Federal Poverty Level through the *Healthy PA* waiver, approved by the Centers for Medicare and Medicaid Services (CMS) on August 28, 2014. Full Medicaid expansion made several changes to the MA programs which were retroactively effective statewide, on January 1, 2015. Those seeking MA may apply online, by mail, by phone, or in person.

Cuban/Haitian Entrants

The Commonwealth of Pennsylvania extends to entrants under the Cuban/Haitian Entrant Program (CHEP) those same benefits and services available to refugees under Title IV of the Immigration and Nationality Act. For the purposes of determining the eligibility of Cuban/Haitian Entrants for cash and MA, the same standards and criteria shall be applied to entrants as are applied to refugees under 45 CFR §400.62. The same social services available to the refugees provided directly or purchased by the Commonwealth and funded with federal funds will also be made available to entrants.

Iraqi/Afghans with Special Immigrant Visas (SIVs)

The same benefits and services available to refugees under Title IV of the Immigration and Nationality Act are available to Iraqis and Afghans granted SIV status under section 101(a)(27) of the Immigration and Nationality Act, beginning on their date of entry or date of change in immigration status to the special immigrant status. Iraqi/Afghan SIVs are eligible for benefits to the same extent and for the same time period as refugees.

B. SERVICES

Per 45 CFR §400.154 and 155, Pennsylvania provides social services to eligible refugees. Services herein described are consistent with all applicable federal regulations.

Employment Services

The Road to Economic Self-Sufficiency through Employment and Training Program, is Pennsylvania's welfare reform program for helping clients move into the workforce and become self-sufficient. To this end, refugee service providers are engaged to supplement the CAOs efforts in assisting clients to find, retain and advance in employment so that they can become economically independent and self-sufficient.

All employable refugees receiving RCA or TANF are required to participate in an employment program administered by a refugee employment services provider and are referred to the appropriate contracted employment services program at the time of application by the CAO when feasible. There is a stopgap process in place to refer those unable to attend a refugee program due to distance to local Work Ready vendors with job development oversight by the nearest RSS refugee employment service provider. If the refugee has been in the U.S. for less than five years, he/she is referred to a refugee specific employment services program. Employment participation requirements are the same for and applied uniformly to refugee and non-refugee TANF recipients. These requirements are found in 55 Pa. Code Chapter 165 (www.pacode.com) (see Appendix B). However, as per Title 45 CFR Section 400.67, TANF work requirements may not apply to RCA recipients. Sanctions are applied to refugees who do not cooperate with refugee employment service providers.

A refugee who is not exempt from employment requirements must cooperate with the employment service provider designated to provide services to the refugee. To be exempt from employment requirements, a refugee must be:

- Under the age of 18 and pursuing a high school diploma or GED;
- Verified as an individual with a physical or mental disability and temporarily or permanently precluded from any form of employment or work-related activity;
- Caring for a child under one year old.

Before referring the refugee to the employment services provider, CAOs are required to complete an Agreement of Mutual Responsibility (AMR) for each refugee and include the number of employment activity hours required to be completed by the client. For clients who have good cause to participate for fewer than the required hours per week, the CAO will include on the AMR, the number of hours required to be completed by the client. A copy of the AMR is given to the Service Provider. AMR forms are available in Spanish, French, Arabic, Swahili, and Nepali.

Refugee service providers assisting clients in the development of employment activities must ensure that both the federal and state requirements are met.

A refugee receiving RCA must accept, at any time, from any source, an offer of employment. The State will contact the recipient's sponsor or the local resettlement agency concerning offers of employment as per 45 CFR Section 400.68.

Eligibility Redetermination

Pennsylvania requires periodic redetermination of eligibility for all public assistance programs. Refugees are redetermined for cash and MA on the same schedule as non-refugee clients. These requirements are found in 55 Pa. Code Chapter 133 (www.pacode.com).

Notices

Pennsylvania will follow the procedures outlined in 45 CFR §400.54 and will provide the same notices listed in 55 Pa. Code Chapters 125 and 133 to the refugee as it provides to any other applicant/client (www.pacode.com). The notices will be available in English and in the appropriate language(s) of the respective recipient population.

Compliance Review

In accordance with 45 CFR Section 400.83 (a), Pennsylvania will follow the TANF compliance review procedures found at 55 Pa. Code 165.51. The compliance review takes the place of Mediation/Conciliation.

Right to Appeal

The refugee has the right to request a fair hearing when any benefit is denied, terminated, reduced or suspended. All hearing requests will be referred to DHS, Bureau of Hearings and Appeals and will be processed according to established regulations, policy and procedures found at 55 Pa. Code Chapter 275, Appeal and Fair Hearing; and as per 45 CFR Sections 400.54 and 400.83 (b).

If the refugee is appealing because they believe the CAO is using an incorrect date of entry, the CAO will resolve the issue by inspecting the refugee's United States Citizenship and Immigration Service (USCIS) documents and notifying USCIS that there is no need for a fair hearing.

Non-TANF Refugees

Refugees who have not obtained employment through Reception and Placement or Match Grant Programs are automatically referred to refugee employment service providers by those programs after they are terminated from those programs. In addition, outreach is conducted by all employment service providers to encourage refugees who are not receiving cash assistance to register for employment services, if desired.

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 only made available concurrently with employment or employment-related activities outside normal business hours when possible to accommodate those individuals working different shifts.

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. Refugees who are receiving cash assistance;
3. Unemployed refugees who are not receiving cash assistance; and,
4. Employed refugees in need of services to retain employment or to attain economic independence.

The Commonwealth provides services through Targeted Assistance funding in the following order of priority:

1. Cash assistance recipients;
2. Unemployed refugees who are not receiving cash assistance; and,

3. Employed refugees in need of services to retain or upgrade employment.

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.

C. UNACCOMPANIED REFUGEE MINOR CHILDREN

Unaccompanied Refugee Minors' Program (URMP)—(In accordance with 45 CFR Sections 400.110-120)

1. Presence of an Unaccompanied Refugee Minors Program

The URM foster care program in Pennsylvania is funded by the federal Office of Refugee Resettlement, and administered through the SRC's office in Harrisburg.

2. Administrative Structure and State Oversight §400.117; §400.120; ORR Statement [1] III. Program Standards, Administration/Management

*a. Administrative arrangements for the provision of services to URM*s

The URM program in Pennsylvania is part of a national effort to resettle URM 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 Pennsylvania 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) 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 corporate office for Bethany Christian Services is located in Grand Rapids Michigan, and there are 13 sub-office locations in PA. The URM Program is operated out of BCS' office in Roslyn, PA.

BCS is able to provide foster care services in Philadelphia, Montgomery, Chester, Delaware, Bucks, Lehigh, Lancaster, Dauphin, and Cumberland counties, although the majority of active foster homes are in Philadelphia and its surrounding communities.

As a licensed child placing agency, BCS is responsible to petition the Montgomery County circuit court to establish custody. 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 CFR 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."

Services provided for youth served through Bethany Christian Services' URM program include:

- Custodial foster care
- Group home placement
- Supervised semi-independent living
- Case management services

- Medical and cash assistance (Youth in foster care receive allowances for spending money and clothing. Semi-Independent Living youth are provided with funds they need to pay rent, and for food, clothing, transportation, and personal items).

BCS works cooperatively with other resettlement agencies and with the DHS Office of Children, Youth and Families (OCYF) to ensure that refugee minors receive appropriate care in parity with non-URM foster care programs. Catholic Social Services is subcontracted by Bethany Christian Services to provide residential group home services to 12 male URM at the Blessed Oscar Romero House. The Blessed Oscar Romero House operates under the umbrella of the Bensalem-based St. Francis-St. Vincent Homes for Children.

Lutheran Immigration and Refugee Services (LIRS) provides resettlement oversight and support to BCS at the national level. LIRS' role is a continuation of the one the agency fulfilled prior to the 2016 termination of the contract between DHS and Lutheran Children and Family Services' URM program. The LCFS program ended when Liberty Lutheran, an LIRS affiliate in the state changed the focus of their mission away from refugee services to the care of the elderly.

b. Process for states review of required placement and report outcomes in accordance with 45 CFR §400.120 and §400.28.

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 iRads 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.

Legal responsibility for 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, and conducting an annual programmatic audit. The

programmatic audit includes case file reviews, site visits and key interviews with clients and stakeholders.

As with all other contracted service providers, BCS' financial accountability is conducted through reconciling their monthly invoices against the total annual budget allocation in the contract, and is subject to an audit.

d. State monitoring of contracted URM providers

The State monitors the URM program by:

- Approval and implementation of the BCS budget and work statement
- Monthly participation in BCS' 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 monitoring visit with BCS and the RRP. 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.

3. Legal responsibility

Legal responsibility for the unaccompanied refugee minor is vested in BCS with close monitoring by the Refugee Resettlement program. BCS is licensed by the OCYF annually. Within 30 days of resettlement, BCS prepares a written service plan which identifies the daily care and treatment to be provided. BCS' URM case plans include the following elements: family reunification, placement, health screening/treatment, mental health needs (including psychotropic medications prescribed), social adjustment, education/training, English language training, career planning, preparation for independent living, and preservation of ethnic and religious heritage and any other records or information required by the court.

a. State procedures for initiating legal responsibility within 30 days

Custody is awarded by Montgomery County probate court to Bethany Christian services 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.

The process is as follows:

- Prior to or on the date of arrival to the URM program, the BCS worker 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 worker 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.
- Prior to the next hearing date, the BCS worker 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.

b. Court oversight for URM in the state

BCS URM program submits case plans for review by the Montgomery County court system at least every six months. This review is in keeping with PA Code Title 55 3680 and 3700 regulations for foster care which speak to review of the individual service plan and appropriate continued living arrangements. As directed by the court, case reviews for particular cases 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 pursuant to Rule 30 State Administrative Code
- 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

Per Pennsylvania regulation, 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.

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

Pennsylvania's Act 91 (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.

4. Eligibility

BCS social services are provided until the minor reaches the age of 21 years or until self-emancipation or family reunification occurs. Per Pennsylvania regulation, minors must be emancipated upon turning 21 years of age but may also voluntarily request that the court emancipate them once they have turned 18.

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.

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.

a. Triggers that terminate eligibility from the URM program in the state

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
- 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
- if pursuing post-secondary education, has reached age 23 or is no longer eligible for any services of the State's Titles IV-B and IV-E State Plan of the Social Security Act
- 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 or
- Is 18 or older relocating out of the service area

b. Available provisions in the state which allow former foster children to return to placement or services

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.

c. ORR funded Independent Living Services including Education Services and Support and Aftercare services

As the state of Pennsylvania 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 receive ORR funding to meet their needs the areas of Independent Living Services including Education 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.

5. Services and Case Review/Planning

a. State arrangements for permanency plan review

Montgomery County Court oversight and review occurs at least every six months as per established state regulations until the URM's 21st birthday. 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

Permanency plans are reviewed during Individual Service Planning meetings as well as at 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 PA Code Title 55 Chapters 3680 and 3700 regulations. These reviews are conducted in parity with the State's Title IV-B Plan, and address the full range of permanency options, including but not limited to adoption. As directed by the court, case reviews for particular cases may occur more frequently. Written documentation of court proceedings are 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.

b. Placement options available in the state

In Pennsylvania, the placement options for URM youth include:

- Foster care
- Residential group home care
- Semi-independent living

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

There is a recognized need to diversify the range of placements, especially to provide therapeutic services. A plan to provide enhanced services in the foster home and group home setting was to hire two behavioral health staff who would be available to youth in need of these services. Unfortunately, funding for these staff positions became unavailable in the current fiscal year.

c. Provision of health coverage to URM

The implementation of a new MA eligibility group for individuals under age 26 who were in foster care and enrolled in MA at any time on or after their 18th birthday occurred on January 1, 2014. Individuals eligible for MA coverage under the Former Foster Care category are those who:

- Are under age 26
- Are not eligible and enrolled in MA
- Were receiving MA in federal or state-funded foster care on or after their 18th birthday

d. Educational Support Services and Independent Living Services available to youth who have emancipated from foster care

Educational Support Services are funded through ORR directly, as URM youth in Pennsylvania are in the private custody of the placement agency rather than the state. Therefore not eligible for State/Chafee funding. In Pennsylvania, ORR funding can be extended until the age of 23 provided the youth has 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.

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 per 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 may continue until the age of 23.

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.

6. Interstate Compact on the Placement of Children (ICPC)–400.119

The procedures in the State of Pennsylvania 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.

D. REFUGEE SCHOOL IMPACT GRANT (RSIG)

The Pennsylvania Department of Education (PDE), through a Notification of Subgrant (NOS) with DHS, provides federal funding to school districts that experience the greatest impact of refugee students in their schools and communities. There will continue to be six providers throughout the Commonwealth that provide services to refugee students.

The goal of this program is to support refugee students so they can graduate from high school. The objectives of the program are to:

- Enhance refugee children's educational achievement and offset the financial impact of these students on local schools;
- Build the capacity of districts to respond to the needs of refugee students, families and community by improving their ability to meet goals and the mission more effectively;
- Foster the development of partnerships among schools, voluntary resettlement agencies and community support/social services;
- Expand cooperation and coordination efforts among state, local and federal programs designed to meet the needs of the refugee population; and
- Facilitate students' and families' integration into the community and increase their access to services and resources.

The program is divided into four components with corresponding activities:

1. **Overcoming Barriers:** Raise awareness in the community, support teachers with professional development, provide opportunities for cultural exchange opportunities and help administrators understand their role and ways they can promote tolerance and diversity.
2. **Coordinating Services:** Develop relationships with competent, reliable providers; communicate effectively between families and schools; and assess students accurately and in a timely manner.
3. **Participating in the Community:** Forge partnerships with community-based organizations, provide enrichment opportunities for all students and strengthen the community as a whole.
4. **High School Graduation:** Provide career exploration, job shadowing, tutoring, summer programs and community service.

PDE provides technical assistance and supports districts' capacity to:

- Connect school districts to the appropriate refugee resettlement agency in their areas;
- Identify refugee students at enrollment;
- Record the achievement of refugee students to contribute in increasing the overall achievement of the district;
- Provide a free and appropriate education for refugee students in the least restrictive environment;
- Facilitate school districts' requirements to provide translators and interpreters in their native languages for refugee parents;
- Link refugee students to appropriate programs within the district to help them achieve academic and social success;
- Work with community-based organizations to support refugee youth;
- Involve refugee parents in the education of their children; and
- Help schools value and use the diversity that exists within the refugee community to prepare all students for global service and leadership.

E. REFUGEE HEALTH SERVICES

1. Screening

In accordance with 45 CFR §400.107, Pennsylvania utilizes Medicaid funds for refugee families and RMA funds to provide medical benefits for individuals who do not qualify for Medicaid. The health screening procedure is also funded through these benefits. Medicaid funds are not currently used to reimburse health screening costs as several clinics are small and unable to wait for reimbursement through Medicaid funding which can take as long as six or more months. Larger facilities seek Medicaid reimbursement as much as possible. Ongoing dialogue with both large and small clinics who screen refugees has been clear that reimbursement through Medicaid is highly desired by the State Refugee Coordinator and that all efforts should be undertaken to achieve this goal.

The purpose of the medical screening program is to control communicable diseases among and resulting from the arrival of new refugees and to assist health care providers and refugees in managing identified health problems and issues. The state has received written approval for the medical screening program.

Health screenings and follow-up care procedures are issued medical codes so that the appropriate federal program is billed. The Refugee Health Assessment Fee Schedule (attached) assures that charges for health screenings and follow-up care procedures are uniform between contracted providers. Charged fees are approved by DOH. Medical screening direct costs follow a cost reimbursement model. Non-medical screening direct costs include the provision of interpretation services. This additional coverage is needed to ensure prompt and meaningful access to health care by allowing newly arrived refugees to communicate in their native language. Medical screening costs submitted in this State Plan mirror the state's current budget estimate for this purpose.

The commonwealth assures that recipients of RMA qualify for at least the same services, in the same manner and to the same extent as Medicaid. RMA costs submitted in this state plan are consistent with the CMA budget estimate. RMA administrative costs are associated with the RMA eligibility determination. RMA determination is completed by dedicated refugee caseworkers strategically situated in select CAO offices. Please refer to the section on RCA/RMA administrative costs found on pages 1 and 4 of the ORR 1 Budget Justification for additional information.

Administrative costs associated with the responsibilities of the Refugee Health Coordinator such as salary, benefits, operating, and travel are charged to RMA, and detailed in the ORR-1 CMA Program Estimate under Medical Screening Administration.

The RRP defers to the RAs who receive information pertaining to medical needs as these organizations are the first point of contact for arriving refugees. Medical examinations performed overseas are forwarded to resettlement agencies for reference. The Pennsylvania Department of Health (DOH) State Refugee Health Coordinator (SRHC), within the Bureau of Epidemiology, Division of Infectious Diseases, will also be notified of other infectious diseases of significance including cases pertaining to tuberculosis by the

SRC. If refugees are arriving with specific health concerns, RAs are made aware of these conditions by their national affiliate, the DOH, and the State Refugee Health Coordinator. Health screenings are scheduled within 30 days of arrival to provide for the continuity of care. 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.

DHS ensures that refugees receive initial health assessments 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_RevisedVersion 08_23_2014
Refugee Health Clinic Fee Schedule-Rider 2

The components of the Health Screening are as follows:

- Medical history and physical examination (Includes 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)
- Pregnancy (Women of child bearing age, girls of child bearing age)
- Mental health screening
- Parasite testing (based on country of origin)
- Referral for other services

The Refugee Medical Screening is in accordance with the requirements prescribed by the Director of ORR. The SRC continues discussion with DHS' Office of Medical Assistance Programs staff to identify viable means of increasing reimbursements for health screenings through MA. There are no additional screening services in the current State Plan beyond those provided for SL#12-09.

The SRHC is responsible for:

- Monitoring all information disseminated through the Epi-X and Electronic Disease Notification (EDN) systems. These notices serve the purpose of alerting the DOH and the RRP to arriving refugee groups with specific health issues that may require special attention. If action is required by the CDC, the SRHC, and the RRP will

work closely with the RAs to ensure that proper and timely care is given to the affected refugees.

- 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.
- Ensuring interpretation services through the DHS Language Services contractor.
- 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 Pennsylvania.
- Overseeing the electronic transfer of refugees in or out of Pennsylvania.
- 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.

2. Health Promotion

If awarded with discretionary funding to continue the efforts of the Refugee Health Program (RHP), the project coordinator will be responsible for providing collaboration and support for best practices in health promotion, public health interventions, and direct training and education to refugees, health providers, and all stakeholders involved in the direct and indirect care of refugees.

In particular, the RHP will:

- 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 health services and health education to promote health literacy and refugees' self-sufficiency in health practice.
- Quantify Pennsylvania's refugee health status through a Statewide Refugee Health Assessment.
- Implement evidence-based interventions to prevent disease, promote wellness, and reduce gaps and barriers to health services and access.

3. 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.
- Regular face-to-face consultation with community stakeholders at regional collaborative meetings to identify gaps in services and learn of best practices which can be shared statewide.

Contact Information

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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 Pennsylvania, 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 Pennsylvania 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.

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 Pennsylvania.

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 Pennsylvania 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.

Designated State Agency:
Designated Authority:

Department of Human Services
Ms. Charlotte Fry
State Refugee Coordinator

Signature

Date