



ADMINISTRATION FOR

CHILDREN & FAMILIES

**Administration for
Children & Families**

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Ms. Rachele King, State Refugee Coordinator
Resettlement Programs Office
Department of Human Services
Economic Assistance & Employment Supports Division
444 Lafayette Road North
Saint Paul, Minnesota 55155

MAR 29 2015

Dear Ms. King:

We are pleased to inform you that the fiscal year 2015 State Plan for the Minnesota Refugee Resettlement Program is approved. Based on our review, your State Plan is in compliance with the Office of Refugee Resettlement (ORR) regulations per 45 CFR Part 400.

This State Plan approval authorizes the Refugee Medical Assistance (RMA) program to provide medical screenings conducted in accordance with 45 CFR 400.107. Per 45 CFR 400.107(b), a screening conducted during the first 90 days *may* be provided without prior determination of the refugee's eligibility for Medicaid. However, ORR expects that medical screening services covered under Medicaid and other sources will be billed to Medicaid or those other sources when possible. If screening is necessary after 90 days, States must ensure RMA is only accessed when a refugee is determined ineligible for Medicaid. We would like to reiterate that screenings should strive for conformity with ORR's guidelines as detailed in State Letter 12-09.

To ensure equal and timely access to Medicaid, States should be in full compliance with State Letter 13-10.

We appreciate the work of your office to successfully resettle refugees in Minnesota and we look forward to continuing our partnership with the Minnesota Refugee Resettlement Program.

If you have any questions pertaining to this approval letter, please contact your Regional Representative or Carl Rubenstein, Director, Division of Refugee Assistance, by phone at (202) 205-5933 or by email at carl.rubenstein@acf.hhs.gov

Sincerely,

Kenneth Tota
Acting Director
Office of Refugee Resettlement



Minnesota Department of **Human Services**

February 13, 2015

Chandra Allgood-Foster
Regional Representative, Region V
Office of Refugee Resettlement
Administration for Children and Families U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 400
Chicago, Illinois 60601-5519

Dear Ms. Allgood-Foster,

Please find attached the Minnesota's REVISED State Plan for Refugee Resettlement. You will note revisions to the following two sections:

- Refugee Cash Assistance (Page 9)
- MNsure, Minnesota's Health Care Exchange (Page 12)
- An additional attachment (Attachment B) outlining the Designated Application Process through MNsure for New Arrivals to the United States.

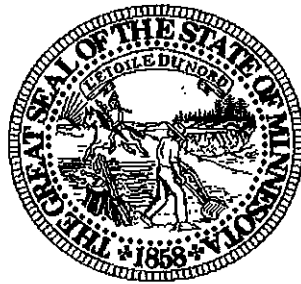
Please feel free to contact me directly if you have any questions or concerns about the information provided.

Thank you for your time and attention to this matter.

Rachele King
State Refugee Coordinator
Minnesota Department of Human Services

MINNESOTA'S STATE PLAN FOR REFUGEE RESETTLEMENT

[45 CFR 400.5 (a) – (i) and State Letter #13-03]



**DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
TRANSITION TO ECONOMIC STABILITY DIVISION**

RESETTLEMENT PROGRAMS OFFICE

OCTOBER 30, 2013

REVISED FEBRUARY 13, 2015

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Section I - Administration

A. Designation of Authority

The Minnesota State Department of Human Services (DHS) is designated as the State agency responsible for the administration of health care services, economic supports programs, and social services for refugees in Minnesota.

The Commissioner of the Department of Human Services has delegated the responsibility for developing the Refugee Resettlement State Plan, supervising the administration of the plan and designation of the State Coordinator, to the Assistant Commissioner for Children and Family Services (CFS).

Mr. Gus Avenido is designated as the State Coordinator for Minnesota. The State Coordinator has the responsibility and authority to ensure coordination of public and private resources in refugee resettlement in the State. The State Coordinator manages the Resettlement Programs Office (RPO), within the Transition to Economic Stability Division in CFS.

B. Organization

The Department of Human Services is responsible for the direct provision of services and the supervision of services provided by the eighty-seven counties in Minnesota. The major responsibilities include:

- Health care services, including Medicaid, health insurance, long term care, managed care, and chemical dependency programs.
- Economic supports programs, including cash assistance, supplemental nutrition assistance program, refugee social services, employment and training services, child care assistance, child support enforcement, and long term homelessness grants.
- Children's services, including child protection, foster care, homeless youth services, adoption, and children's mental health services.
- Social services, including aging and adult services, deaf and hard of hearing services, and services for people with developmental disabilities.
- Chemical and mental health services, including programs and services for adults and children.
- State operated services, including an array of residential and treatment programs serving people with mental illness, developmental disabilities, chemical dependency and

traumatic brain injury as well as people who pose a risk to society.

The Minnesota's Refugee Resettlement Programs Office is responsible for administering the US Refugee Program in the State.¹ The major responsibilities of the Office include:

- Coordination of various public and private programs affecting refugees, asylees, Cuban and Haitian entrants, unaccompanied minor children, and victims of severe form of trafficking.² This includes business continuity planning to prepare for state or federal government shutdowns.
- Communication with and organization of multiple partners in local sites to assess and address local capacities and resources needed to resettle and integrate refugees including such sites which are heavily impacted by arrivals from other states.
- Administration of the Public/Private Refugee Cash Assistance programs in eight counties and the US Repatriation Program.³
- Liaison with the Office of Refugee Resettlement (ORR) within the US Department of Health and Human Services; the Bureau of Population, Refugees and Migration (PRM) within the US Department of State; national resettlement agencies (VOLAGS)⁴; and other states.

1 In the Refugee Act of 1980, Pub. L. No. 96-212, Congress codified and strengthened the United States' historic policy of aiding individuals fleeing persecution in their homelands. The Refugee Act of 1980 provided a formal definition of "refugee", which is virtually identical to the definition in the 1967 United Nations Protocol relating to the Status of Refugees. This definition is found in the Immigration and Nationality Act (INA) at section 101(a)(42). In addition, the Act provided the foundation for today's asylum adjudication process and the development of an Office of Refugee Resettlement (ORR) within the Department of Health and Human Services. ORR's mission is to assist refugees and other special populations, as outlined in ORR regulations (45 CFR Part 400), in obtaining economic and social self-sufficiency in their new homes in the United States.

2 In future references, the term "refugees" is used to refer to refugees, asylees, Cuban and Haitian entrants, unaccompanied minor children, victims of severe form of trafficking and other populations defined in 45 CFR 400.43.

3 Refugee Cash Assistance (RCA) is administered or operationalized by VOLAG affiliates in eight counties (Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott, Washington). In the 79 remaining counties, RCA is administered by county human services. The RCA policies are the same in all 87 Minnesota counties.

4 In future references, the term "VOLAGS" is used to refer to the national resettlement agencies. "VOLAG affiliates" is used to refer to the local offices of VOLAGS. There are six local agencies which are affiliated with seven VOLAGS that are approved to resettle refugees in the State. The local affiliates are: Catholic Charities of Archdiocese of Minneapolis/St. Paul, and Catholic Charities of the Diocese of Winona (affiliated with the United States Conference of Catholic Bishops); International Institute of Minnesota (affiliated with US Committee for Refugees and Immigrants); Lutheran Social Services (affiliated with Lutheran Immigration and Refugee Services); MN Council of Churches (affiliated with Church World Service & Episcopal Migration Ministries); and World Relief of Minnesota (affiliated with World Relief). The VOLAG affiliates are located in the metropolitan Twin Cities, Rochester and St. Cloud.

- Development of state policies and programs to fully integrate refugees.

Minnesota's Refugee Resettlement Program operates as state-administered and a public-private partnership.⁵

C. Assurances

1. The Department of Human Services has the responsibility to insure that services provided to refugees in Minnesota will:
 - Comply with Title IV of the Immigration and Nationality Act and official issuances of the ORR Director.
 - Meet the requirements of 45 Code of Federal Regulations (CFR) Part 400.
 - Comply with all other applicable Federal statutes and regulations in effect during the time that Minnesota is receiving grant funding.

DHS will amend this plan as necessary to comply with the standards, goals, and priorities established by the ORR Director.

2. Assistance and services funded under this plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion.
3. The State Coordinator will convene meetings or consultations at least quarterly, or as needed, among the VOLAG affiliates, local community service agencies, Mutual Assistance Associations (MAAs), representatives of state and local governments, private foundations, and other agencies to plan and coordinate the successful resettlement and integration of refugees. Working in partnership with key stakeholders, the State Coordinator assists the local VOLAG affiliates in determining local capacities for the successful placement and reception of newly arriving refugees and other refugees who move to the state.
4. The State Coordinator will participate in quarterly Reception and Placement Program Local Consultations as required by Program Announcement 2013-14 from the Bureau of

⁵ Other state refugee programs which are operated under a public-private partnership plans are Oklahoma, Oregon, Maryland and Texas. A third operational model is the Wilson/Fish Projects. This alternative model provides interim financial assistance, medical assistance, social services, and case management to refugees. Wilson/Fish states include Alabama, Alaska, Colorado, Idaho, Kentucky, Louisiana, Massachusetts, Nevada, North Dakota, South Dakota, San Diego County (California), Tennessee, Vermont.

Populations, Refugees, and Migration of the U.S. Department of State.

5. Pursuant to the US Refugee Program's philosophy of immediate employment and economic self-sufficiency as quickly as possible, all procured services under this plan are designed to operationalize this philosophy.

Section II -- Economic Support Programs, Health Care Services, Employment and Language Training Services, and Refugee Social Services.

DHS provides an array of programs and services to help Minnesotans meet their basic needs so they can live in dignity and achieve their highest potential. Refugees are generally eligible for all programs and services under the same rules as US citizens.

With funding from ORR, DHS purchases additional services designed to complement mainstream services. The services which are described in D. below are expected to provide additional help to refugees in their resettlement and integration -- the initial steps refugees must experience on their road to achieving their highest potential. DHS measures successful refugee resettlement and integration with key indicators around six outcome areas: housing, citizenship, living in safe environments, maximum and responsible utilization of economic support programs and social services, independent functioning and economic self-support. The list of the six outcome domains and their indicators are provided as Appendix A.

A. Economic Support Programs

Nearly all refugees arriving in Minnesota require some form of financial assistance. The nature of the refugee experience is such that there is little opportunity to hold onto what few resources they may have had when forced to leave their home, and many arrive with just the clothes they wear.

1. The Reception and Placement Program (R&P)

Under the Reception and Placement Program or R&P program, six VOLAG affiliates are approved to place refugees from overseas. They receive a per capita grant of \$1,850 to provide R&P core services and cash grants to newly arrived refugees within the R&P period. This period is equivalent to the initial 30-day period that can be extended up to 90 days after arrival should more than 30 days be required to complete R&P Program requirements.^{6,7}

⁶ The core R&P services include: Pre-arrival services, Reception Services, Case File Preparation and Maintenance, Intake Interview, Orientation, Assistance with Access to Health Care Services, Cash and nutrition assistance, Development of a 30-day service plan and case management. Section 8.C.5(a) -- (k) of the Cooperative Agreement between the US Department of State and the VOLAGS provides a detailed list of the required services.

The R&P program is funded under a Cooperative Agreement between the VOLAGS and the Bureau of Population, Refugees and Migration within the US Department of State. Since FY 2012 the Agreement has included outcome domains for the R&P core services.

The R&P program is a public-private partnership. The VOLAGS and their local affiliates are expected to combine the R&P funding provided by the US Department of State with private cash and/or in-kind resources.

Though some adults may obtain employment immediately and may not need additional financial assistance, most refugees apply within days of US arrival for public cash assistance for economic support, medical health services and supplemental nutrition assistance.

2. Minnesota Diversionary Work Program (DWP)

The Diversionary Work Program or DWP, is a four-month program that helps low-income Minnesota families find a job. The goal of DWP is to help parents immediately go to work rather than go on welfare. Parents are expected to sign an employment plan before their family is approved for DWP. After families have an employment plan, they can receive financial assistance to meet their basic needs and get other supports, such as food support and child and health care assistance. Benefits provided under DWP are based on the family's needs. They may include: vendor payment of shelter expenses, vendor payment of utility expenses, phone allowance and up to \$70/month per person for personal needs. The maximum monthly benefit a family may receive under DWP is the cash portion of the Minnesota Family Investment Program (MFIP) grant for a family of the same size.

Some families may be referred to MFIP when they first apply for assistance or prior to the end of the four months if the job seekers are determined unlikely to benefit from DWP or after they finish four months of DWP.

DWP began in July 2004.

3. Minnesota Family Investment Program (MFIP)

⁷ Various cities in Minnesota have become resettlement sites for newly arrived refugees who move from other states for various reasons. Although they move within 30-90 days of US arrival, they are not eligible for the R&P program in Minnesota. These secondary resettlement sites include the Twin Cities, Faribault (52 miles south of Minneapolis/St. Paul) Mankato (87 miles southwest of Minneapolis/St. Paul), Marshall (162 miles southwest of Minneapolis/St. Paul), Worthington (184 miles southwest of Minneapolis/St. Paul), Willmar (104 miles west of Minneapolis/St. Paul) and Moorhead (244 miles northwest of Minneapolis/St. Paul). In FY 2013, ORR reported that 2,133 migrated to Minnesota while 107 out migrated. The net 2,026 represents 20 percent of the 10,060 who moved in FY 2013.

The Minnesota Family Investment Program, or MFIP, is the state's Temporary Assistance to Needy Families (TANF) program for low-income families with children. MFIP helps families move to work and focuses on helping families. It includes both cash and food assistance. The transitional grant standards are \$417 (\$250 cash portion and \$167 food portion) and \$745 (\$408 cash portion and \$327 food portion) for household sizes of one or two respectively.

MFIP helps families transition to economic stability. Parents are expected to work, and are supported in working. Most families can get cash assistance for only 60 months.

Although it is a single program with one set of rules, monthly assistance-the "Transitional Standard" - is issued as a cash portion, funded by TANF block grant and state funds, and a food portion, funded by the supplemental nutrition assistance program. Benefits in Minnesota are issued electronically.

A chief aspect of the MFIP is that it is an anti-poverty program. Up to 43 percent of earned income is disregarded when determining the net income for computing monthly benefits, the remaining income is then applied against the "Family Wage Level", which is 110 percent of the Transitional Standard. With these provisions, families do not exit the program until income reaches approximately 115 percent of the 2013 federal poverty guidelines. However, the cash portion is the first to be reduced, and only when countable income reduces the cash portion to zero is the food portion impacted. Families that receive only the food portion are still in MFIP, but those months are not counted against the five-year lifetime limit for TANF.

4. Refugee Cash Assistance (RCA)

The Refugee Cash Assistance or RCA is cash assistance available to refugees who are ineligible for DWP or MFIP benefits for up to eight months after arrival to the US. RCA is funded by Cash and Medical Assistance (CMA) grant. The monthly grant standard for a person is 250 and \$437 for childless couples.

In January 2003, the ORR Director approved Minnesota's Public/Private Partnership (PPP) RCA program for eight counties in Minnesota. These counties include Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott and Washington. While RCA is provided by VOLAG affiliates in the eight counties, RCA continues to be county-administered in the seventy-nine remaining counties.

In September of 2014 ORR conducted a site visit to evaluate the effectiveness of the Minnesota PPP model for Refugee Cash Assistance. Based on feedback from that visit, several adjustments have been made to the service model for this program to both bring it into compliance with federal regulations including the following:

- Ongoing training by RPO RCA manager implemented for RCA coordinators and supervisors
- Standard documentation and casefile formats and practices implemented across all agencies.
- On-site and database review protocol implemented to ensure consistency and compliance across agencies.
- Regular ongoing meetings scheduled with staff and supervisors and RPO RCA manager to discuss ongoing program improvement, review outcomes, and progress other recommendations discussed in the ORR monitoring report.

For the remainder of the year, RPO staff and partner VOLAG agencies will continue to review the program within this updated framework and evaluate the benefits of this design and viability moving forward. Any substantive changes will be implemented in the next program year.

5. General Assistance (GA)

General Assistance or GA is a State authorized and funded cash assistance program for persons who do not receive cash assistance from Federally funded programs. It provides monthly cash benefits for individuals who are not available for employment and families that do not qualify for MFIP

Individuals must qualify for GA by having a specific basis of eligibility. These bases are related to an individual's temporary or permanent unavailability for employment. There is very limited provision for cash assistance for individuals who are determined to be employable. The monthly grant standard for a person on GA is \$203.

6. Supplemental Security Income (SSI) and Minnesota Supplemental Aid (MSA)

Supplemental Security Income or SSI is a Federal program operated by the Social Security Administration that provides monthly cash assistance to low income aged, blind, and disabled persons. Minnesota Supplemental Aid or MSA is a state funded program that provides a monthly cash supplement to people who are aged, blind or disabled and who receive SSI benefits.⁹

7. Supplemental Nutrition Assistance Program

With proper nutrition, children learn more easily, adults work more productively, and seniors are healthier and more apt to maintain their independence. Federally funded through the U.S. Department of Agriculture, the Supplemental Nutrition Assistance Program (SNAP) helps people with low incomes buy food, and buy plants and seeds to grow food to eat. The program was formerly called Food Stamps by the federal government. Household size, income and other factors determine program eligibility and benefit amounts.

B. Health Care Services

Besides the need for monthly cash assistance, nearly all refugees require health care services. Recipients of cash assistance are usually automatically eligible for medical coverage, with a few exceptions. The income and asset limits vary widely depending upon a person's basis of eligibility. A person with excess income may also be eligible for partial coverage by being responsible for medical bills in the amount of the excess.

Eligible persons receive an identification card that they may present to a medical provider to receive services. Some services require prior approval by the State. Persons may generally

⁹ Generally, refugees who arrived in the United States after August 22, 1996 may get SSI for seven years. After this period, citizenship is required.

choose their own provider. However, in some localities the choice is limited to the selection of a Health Maintenance Organization (HMO).

1. Medical Assistance (MA)

Medical Assistance or MA is a Federal program established under Title XIX of the Social Security Act to provide health care to needy people. Funding is a combination of Federal and State monies. Eligibility is generally limited to persons under age 21, over age 65, blind persons, disabled persons, pregnant women, and persons receiving MFIP. Adults without children with incomes at or below 75 percent of the federal poverty guideline became eligible for MA March 1, 2011. Effective January 1, 2014, adults without children with incomes at or below 133 percent federal poverty guideline are eligible for MA. As well, effective January 1, 2014, adults with children age 19 and 20 (under age 65, not pregnant, not receiving SSI and having incomes below 133 percent of the federal poverty guideline) are eligible for MA.

DHS has implemented the Pre-paid Medical Assistance Program (sometimes referred to as MA-managed care) in the major metropolitan counties as an alternative mechanism to provide payment and delivery of Medicaid services. Enrollees are asked to select one of the participating Health Maintenance Organizations (HMOs) after receiving written materials about the health plans in the mail and/or attending an half hour presentation about the HMO choices.

Recipients of MFIP are generally eligible for MA. Persons who lose eligibility due to employment may be eligible for up to 12 months of additional MA coverage.

2. Refugee Medical Assistance (RMA)

Refugee Medical Assistance or RMA is a program provided for in the Refugee Resettlement Act. It provides medical coverage for refugees without a basis of eligibility for MA.

Effective January 1, 2014, RMA provides medical coverage for adults without children with incomes above 133 percent of the federal poverty guideline or if they lose their MA eligibility due to earnings from employment.

Coverage is limited to the first eight months a refugee resides in the US. Refugees may also apply for RMA without having to apply for cash assistance.

3. MinnesotaCare

MinnesotaCare is a health care plan subsidized by the State of Minnesota. Persons not covered by any other health insurance, and who have not had access to employer-

Subsidized health insurance may apply. Income limits are 275 percent of federal poverty guideline for families and 250 percent of the federal poverty guideline for singles and childless couples. Enrollees pay a monthly premium based on income and family size. There are also some copayments for adults.

4. MNsure

MNsure is the health insurance marketplace in Minnesota. The website (<http://mnsure.org>) provides instant and easy access to coverage options. It provides a searchable directory of certified assisters (navigators and brokers). Several organizations which are contracted as navigators and assisters are also refugee services providers under contract with RPO/DHS for refugee social services.

As of July 2014 a "Designated Application Process for New Arrivals to the United States" was implemented to streamline health care application processing for refugees who are newly arrived to the United States and who are sponsored by affiliates in Minnesota. A summary of this process is listed in Attachment B. Since the start of this designated process, the average time for new arrivals have been approved for assistance is two weeks, and expedited requests can be processed in 24 to 48 hours of submission.

5. Refugee Health Screening Services

Health screening services are covered under MA or RMA. Details regarding health screening are found on page 16.

C. Employment and Language Training Services

1. Employment Services (ES)

Employment services are components of DWP and MFIP. Employment Services are provided by various providers who are contracted to help DWP and MFIP participants become employed and self-sufficient. Most DWP and MFIP ES providers are located in Minnesota's Work Force Centers.

As a condition of receiving cash assistance under the DWP or MFIP or RCA as a refugee who is not exempt is required to enroll and perform employment activities described in their employment plan. DWP and MFIP ES providers and additional refugee employment services (described in section D, 1 below) assist refugees in performing activities described in employment plans.

2. English Language Classes (ESL)

The Minnesota Adult Basic Education system provides English as a Second Language classes free of charge for adult learners who seek to improve their English skills in areas of speaking, reading, listening and writing. Under this system licensed adult education teachers deliver instruction to ESL students and monitor student performance using state-approved standardized English tests. Work readiness and economic self-sufficiency

content are an important part of the ESL curricula. Programs are accessible statewide and are funded through a combination of state, federal and local resources. The state Adult Basic Education program is administered through the Minnesota Department of Education (MDE).

Using ORR formula social services funding, RPO purchases additional slots from MDE to ensure that refugees are not on waiting lists.

D. Prioritization Criteria, ORR funded Social Services, and Performance Outcome Indicators

1. Prioritization Criteria

RPO uses three criteria to select social services for refugees. Selected services must fill service gaps in the community, enhance mainstream services and result in performance measures described in Appendix A. Services like housing search; citizenship and naturalization preparation services; outreach, information and referral to mainstream social services are examples of refugee specific services that fill service gaps. Services like supported job search; employment case management; on-site job coaching/problem solving; client advocacy (vis-à-vis MFIP and DWP job counselors); and purchase of ESL slots are examples of services which are intended to enhance mainstream services.

2. ORR funded Social Services

DHS uses formula social services grants and targeted assistance program formula allocation grants¹¹ to fund social services that meet the prioritization criteria above. Currently, these services include employment services; English language training; housing search; outreach, information and referral to mainstream social services; case management; information and referral, interpretation services; citizenship and naturalization preparation services.¹²

Services are limited to refugees who have been in the US for less than five years, with priority given to new arrivals within the first year here.¹³ These services are equally

11 Hennepin and Ramsey Counties are counties qualified to receive Targeted Assistance Program (TAP) grants. Through agreements with both counties, DHS administers TAP locally. TAP funding is used exclusively for refugee employment services.

12 In addition, several VOLAG affiliates operate The Matching Grant Program (MGP). MGP is an alternative to public assistance, designed to make refugees self-sufficient within four months after arrival in the US. This program requires a match of an agency's private funds or in-kind goods and services. During the refugees' first four months in the US, VOLAG affiliates which operate MGP are responsible for resettling refugees and assisting them to become self-sufficient through private initiative without recourse to public assistance.

13 Citizenship and naturalization preparation services, referral and interpretation services are available to refugees who have been in the US more than 60 months.

available to women.

DHS contracts with various consortia of providers. The consortia include VOLAG affiliates, Mutual Assistance Associations, faith-based organizations, school districts, social service agencies and legal aid agencies -- all with significant experience and expertise in providing linguistically and culturally compatible services at the point of service transaction.

3. Performance Outcomes Indicators

To meet the third criteria mentioned in #1 above, RPO establishes annual goals and quarterly benchmarks to measure contract performance for each contract during the contract negotiation process. Contract performance indicators are based the Employment and Resettlement Outcomes which are found in Appendix A. RPO provides "Quarterly Report Cards" that indicate contract performance.

In addition to the on-going performance outcomes monitoring, RPO conducts formal programmatic and fiscal reviews of all contracts annually.

Section III - Procedures For Refugees Needing Medical Treatment Or Observation At The Time Of Resettlement; Administration of Health Screening & Health Screening

A. Refugees needing medical treatment or observations at the time of resettlement

Under the requirements established in the Cooperative Agreement between the US State Department and VOLAGS, the VOLAGS and their local affiliates are required to assist refugees in accessing appropriate providers of continued therapy or preventive treatment for health conditions. As well, VOLAG affiliates are required to assist refugees obtain health screening and other health care services, as needed, during the R&P period.¹⁴

The procedures for identifying refugees who, at the time of resettlement in the State, are determined to have medical conditions requiring treatment or observation starts at the weekly placement process. VOLAGS choose their cases from a weekly caseload of new, adjudicated cases which are broken down into different pools (Predestined Pool, No US Ties Medical Pool, No US Ties Pool and US Ties pool). After the case is allocated and during the assurance process, each VOLAG affiliate determines the need for medical treatment (at the time of resettlement) from information included in the bio data, Significant Medical Conditions Form, and/or UNHCR Medical Assessment Form and other information obtained from the national

¹⁴ See section 8.C.5.f and g under the basic terms of the Cooperative Agreement between PRM and the VOLAGS.

agencies (Medical Pool Case Cross Referencing Report) and overseas. As needed, the VOLAG affiliate may receive medical consultation from local public health nurse, county social services and the Department of Health.

Once the need for immediate treatment is established, each VOLAG affiliate develops a care plan to assist refugees to obtain needed health care services. As needed, the VOLAG affiliate engages others (the Department of Health, local public health, US ties, and county social services) in the development and implementation of the care plan. The affiliate monitors the care plan at least weekly or as needed during the R&P period.

B. Administration of medical health screening

Under an interagency agreement between the Department of Human Services and the Department of Health (MDH), MDH is designated to administer and coordinate the medical screening of refugees. The major responsibilities include:

- Provide clinical consultation, administrative guidance and training to local public health agencies and private health care providers which provide medical screening.
- Serve as the single point notification for the pending arrival of new arriving refugees into the state under the R&P program. This notification is provided via an electronic notification system managed by the Centers for Disease Control (CDC).
- Establish a "refugee contact" in each county health department throughout the state who is responsible for coordinating health screenings for all newly arrived refugees to their county.
- Provide assistance to VOLAG affiliates in identifying refugees needing medical treatment or observations at the time of resettlement as described in A. above, as needed and requested.
- Maintain data collection and analysis of health screening information.

C. Health Screening Coverage, Costs, Providers and Activities

1. Summary of Health Care Coverage

MA covers: Alcohol and drug treatment; Chiropractic care; Dental care (limited for non-pregnant adults); Doctor/clinic visits; Emergency room care (ER); Eyeglasses; Family planning services; Hearing aids; Home care; Hospice care; Hospital services (inpatient and outpatient); Immunizations and vaccines; Interpreter services; Lab and X-ray;

Licensed birth center services; Medical equipment and supplies; Medical transportation (access, ambulance and special); Mental health care; Nursing homes and ICF-DD facilities; Outpatient surgery; Prescriptions and Medication Therapy Management; Rehabilitative therapy; Urgent care.

RMA covers the same services as above.

Health screening is a covered benefit under MA or RMA.

2. Costs

RMA uses the same Medicaid reimbursement rate for the components of the health screening which is about \$505.32 per individual. This cost is included in the \$640 average unit cost on Line 2a in the FY 2014 ORR-1.

The number of estimated monthly recipients/users (10 per month) of RMA on Line 2a in ORR-1 includes: 1) adults without children with incomes at or above 75 percent of the federal poverty guideline (until 12/31/2013) or 2) adults without children with incomes at or above 133 percent of the federal poverty guideline (after 12/31/2013) or 3) adults without children who lose their MA eligibility due to earnings from employment or 4) adults with children age 19 and 20 (under age 65, not pregnant, not receiving SSI). As FY 2014 is the year to fully implement the federal Patient Protection and Affordable Care Act (ACA) and MNsure, the estimate will be more accurate.

3. Providers

In Hennepin and Olmsted Counties, health screening is provided by the county local public health. In all other counties, private clinics provide health screening with assistance from the county local public health.

4. Activities

Health assessments include: tuberculosis screening and follow-up; immunizations and follow-up; hepatitis B, C and follow-up; intestinal parasites and follow-up; malaria screening and follow-up; sexually transmitted diseases screening and follow-up; lead screening; and other examinations such as oral inspection for dental problems, and referral for care as indicated; determination of height and weight; vision and hearing exam; complete physical exam (with special attention to suspected signs of Hansen's Disease); complete blood count with differential to identify hematologic disorders; nutritional assessment (Vitamin B12, D); pregnancy test when indicated; and assessment for acute mental health concerns.

**MINNESOTA DEPARTMENT OF HUMAN SERVICES
RESETTLEMENT PROGRAMS OFFICE**

EMPLOYMENT AND RESETTLEMENT OUTCOMES AND INDICATORS

Outcome Domain 1: Refugee families have stable housing.

Indicators (Are we there yet?)

- Families have unsubsidized housing.
- Families have subsidized housing.
- Families own their homes.

Outcome Domain 2: Refugees have adjusted their immigration status.

Indicators (Are we there yet?)

- Completion and submission of I-485 or receipt of green card.
- Completion and submission of N-400 or N-600; or receipt of naturalization documents.

Outcome Domain 3: Refugee families are living in safe environments.

Indicators (Are we there yet?)

- Parent feeling their children are not at-risk for criminal activities.
- Parents feeling their children are not harassed in schools.
- Parents feeling safe in their homes.
- Parents feeling safe in their neighborhood.

Outcome Domain 4: Refugee families are engaged in services and other programs.

Indicators (Are we there yet?)

- Families or individuals are participating in mental health services.
- Families have acceptable and culturally appropriate child care services.
- Youth are participating in mainstream after school or community programs.
- Parents are enrolled in ECFE or other child development programs.

Outcome Domain 5: Refugee families are independently functioning.

Indicators (Are we there yet?)

- Families or individuals have reliable transportation.
- Families participate in school or other organizations' activities.
- Families, enrolled in previous quarters, provide transportation or translation to other families.

Outcome Domain 6: Refugee families have earned income.

Indicators (Are we there yet?)

- Placement in unsubsidized or subsidized jobs.
- Placement in transitional jobs.

- Completion of short-term training leading to high demand jobs or “green jobs”.

For “Secondary Arrivals”

Outcome Domain #4A. Refugees who have moved to Minnesota from other states within 12 months of US arrival are successfully re-resettled in a Minnesota city/municipality.

Indicators (Are we there yet?)

- Refugees are placed in a safe and affordable housing.
- Refugees have appropriate transportation.
- Refugees are enrolled in a health plan.
- Refugee are able to procure their own food and other basic necessities.
- Refugee children are enrolled in school within 30 days of arrival to the state.
- Refugees can arrange interpretation as needed.
- Refugees are connected or enrolled in basic programs and services.
- Refugees are financially supported or economically self-sufficient.

Revised: October 1, 2012

Designated Application Process for New Arrivals to the United States

Purpose of Process

This process has been established to streamline health care application processing for Refugees who are newly-arrived into the United States and who are sponsored by affiliates in Minnesota.

Application Process

Follow these steps to complete the application process:

1. Complete the MNSure Application for Health Coverage and Help Paying Costs (DHS-6696), including Appendix C, as needed.

Note: The Case Association/Designations section of this document has more information about when to use Appendix C of the DHS-6696.

2. Determine which case association form(s) is needed to associate you and/or your agency with the application. Ensure the correct forms are complete and signed by the consumer.
3. Gather verifications that should be submitted with the application. These include:
 - Proof of consumer's application for a Social Security Number.
 - Copy of the consumer's I-94 immigration documentation.

Note: Immigration status verification is not required prior to the determination; however, if it is available please include it with the application packet. If it is not received with the application, submit it to the servicing agency after the determination is made. Contact the Assister Resource Center (ARC) or the DHS Resettlement Programs Office (RPO) for help determining the servicing agency.

4. Complete the Cover Sheet for New Arrival Refugee Applications.
5. Fax the application packet to MNSure Operations at 651-431-7750. The application packet should include the following:
 - Cover sheet.
 - Complete and signed application form, including signed Appendix C, as needed.
 - Verification.
 - Signed release of information form (optional).

Note: If faxing additional information after the application has been submitted, include the Cover Sheet for New Arrival Refugee Applications with your submission.

Case Associations/Designations

Servicing agencies require a signed consent for release from the consumer to discuss case information with people external to the case including case managers, certified navigators and certified application counselors (CACs).

Form	Intended for Association	Use This Form When
Appendix C – Authorized Representative Section	<ul style="list-style-type: none">• Case Manager• Other person being designated	Designating a person to act on behalf of consumers listed on the application. Note: Navigators/CACs should not be authorized representatives unless working with consumer in another capacity.
Appendix C – CAC, Navigator, In-Person Assistor, Agent/Broker Section	<ul style="list-style-type: none">• Certified Navigators/CACs• Certified Agent or Broker	Associating a certified navigator or CAC to the case. Note: This association is required for navigator payment.
Consent for Release of Information	<ul style="list-style-type: none">• Case Manager• Other people as designated by the release	Requesting that a specific person or general agency staff be allowed to discuss case information. This is needed specifically when an authorized representative is not designated, a certified navigator or CAC is not associated, or more than one person at agency will be contacting the servicing agency.

Application Status Requests

Allow at least five business days from the date an application is faxed to check on its status. Who you contact to check on the status is dependent on your role:

- Certified navigators and CACs - contact the ARC following the established case status request procedures.
- Others – contact the DHS Resettlement Programs Office.

Follow current processes for all other actions needed.

Urgent Medical Need before Application Processed

Send email to gus.avenido@state.mn.us and cc mary.ruebel@state.mn.us with required attachments.