

**STATE OF ARIZONA**

**Douglas A. Ducey**  
**Governor**



**DEPARTMENT OF ECONOMIC SECURITY**

*Your Partner For A Stronger Arizona*

**Designated State Agency**

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**ARIZONA STATE PLAN FOR REFUGEE RESETTLEMENT**

**Submitted: October 2022**

**Public comments concerning this plan should be addressed to:**

**Arizona Department of Economic Security**  
**Division of Aging and Adult Services**

**Arizona Refugee Resettlement Program**  
**P.O. Box 6123, Mail Drop 6287**  
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The intent of the Refugee Act of 1980 and subsequent amendments is for refugees to become economically self-sufficient and to be successfully resettled as soon as possible after their arrival in the United States (U.S.). The State of Arizona recognizes that refugees and other Office of Refugee Resettlement (ORR)-eligible beneficiaries (hereafter referred to as “refugee/s” for all general references to eligible groups) face many obstacles and challenges to reaching these two overarching goals. The Arizona State Plan for Refugee Resettlement (State Plan) sets forth coordinated assistance programs, services, and activities designed to provide support for refugees in Arizona as the endeavor to achieve these two overarching goals.

The State Plan (Plan) provides information on the types of coordinated assistance programs, services, and activities to be developed and administered by the State, and the characteristics of individuals to be served under the provisions of Section 412 (a) (6) B of the Immigration and Naturalization Act and the Refugee Act of 1980, as amended. Services will be directed toward the following federal goals:

- Promote economic self-sufficiency for refugees within the shortest possible time after arrival in the State or grant of qualifying status through coordinated and effective use of support services, cash, and medical assistance.
- Contribute to the effective resettlement of refugees within the shortest possible period after arrival in the State or grant of qualifying status through coordinated and effective use of support services and Cash and Medical Assistance (CMA).

## **I. ADMINISTRATION**

### **A. Organization**

1. In compliance with 45 Code of Federal Regulations (CFR) Part 400 § 400.5 (a), and Policy Letter (PL) 16-01 the Arizona Department of Economic Security (ADES/Department) has been designated by the Governor as the single State Agency responsible for the administration of this State Plan (Attachment G-1).
2. In compliance with 45 CFR Part 400 § 400.5 (d), ADES has authorized the State Refugee Coordinator (SRC) within the Department to oversee the Arizona Refugee Resettlement Program (RRP), who is designated with the responsibility and authority to ensure coordination of public and private resources in refugee resettlement in the State. The current SRC is Charles Shipman.
3. The State Refugee Health Coordinator (SRHC) resides within RRP as staffed by the Refugee Health Manager. The current SRHC is Juliana Shepherd Davis.
4. ADES and RRP Organizational Structure:

ADES provides Arizonans with employment and rehabilitation services, financial and nutritional assistance, and related “safety net” services for those in need. ADES’ Mission is making Arizona stronger by helping Arizonans reach their potential through temporary

assistance for those in need, and care for the vulnerable, with the True North that all Arizonans who qualify receive timely ADES services and achieve their potential. RRP resides within ADES' Division of Aging and Adult Services (DAAS). To provide effective services to qualifying refugees and other eligible beneficiaries in Arizona, key staff members are designated in other ADES Divisions and have unified their authorities in a coordinated Departmental effort to assist the SRC. For example, dedicated staff of the Family Assistance Administration (FAA) within the ADES Division of Benefits and Medical Eligibility (DBME) process applications for benefits for newly arrived refugees, such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Arizona Health Care Cost Containment System (AHCCCS). DBME's specialized training and knowledge of policies and eligibility requirements facilitates the eligibility determination process. Additionally, private vendors for the ADES Division of Employment and Rehabilitation Services' TANF Jobs Programs work with refugee families receiving TANF Cash Assistance (CA) to promote compliance with required work search activities.

In addition to the SRC, key RRP management, programmatic, and administrative staff assist with meeting statutory responsibilities for the overall management and operation of RRP, such as planning; coordination; policy and program development and implementation; monitoring; consultation and public outreach and education; addressing public inquiries and media requests; data collection, analyses, and management; reporting, and travel. Professional staff hold statewide responsibility for RRP Programs and are the contact persons and representatives for local forums, Local Resettlement Agencies (LRAs), Mutual Assistance Associations/Ethnic Community-based Organizations, and other key stakeholders. RRP may receive administrative support from other staff of DAAS, ADES, and other State personnel to carry out ORR-funded project-specific tasks. In compliance with Federal Regulations and State Letter 12-13, these costs will be charged to the Refugee Cash and Medical Assistance (RCMA) Grant and may be charged to other grant sources should RCMA become unavailable.

5. The State will conduct quarterly convenings with representatives of State and Local governments, as well as with private stakeholders to better coordinate services for populations served through the State's refugee-specific programs. Quarterly Meetings will be open meetings for which all required sectors will be invited. In these convenings, local governments, human service and benefits agencies, law enforcement, and school districts will be provided RRP's most up-to-date arrival data with stakeholder feedback solicited about program design, capacity, and challenges or successes.

In addition to Quarterly Meetings, RRP will convene topic specific convenings selected through an empirical analysis of Self-Sufficiency and Employability Plans (EP) as they present in the Arizona Refugee Resettlement Program Online Database (ARRPODS) along with such other data as Refugee Domestic Medical Screenings (Medical Screenings) data. On a quarterly basis, RRP will identify the top three service areas that present in Self-Sufficiency and EPs and will target engagement with mainstream human service agencies that work within the fields identified as high need areas.

RRP will engage with program administrations and direct service staff at partnering social service agencies and conduct joint critical path diagramming. This will support operationalizing the responsibilities of each party so that direct service workers in each respective field understand the process flow for serving joint clients. To engage in substantive evidence-based program design and optimization, RRP will engage in the following providers with RRP partners in each service area.

- a. Data Handshake: RRP and the partnering service agency will exchange service data on joint refugees as allowable under data sharing agreements to identify the scale of interaction among mainstream systems and refugee clients.
- b. Systems Mapping: RRP and partnering service providers will develop direct service diagrams showing a client's progression from refugee-specific services into mainstream services.
- c. Service Mapping: RRP and partnering service providers will attempt to map individual client's journeys through services to identify any discrepancies between intended systems mapping and actual services refugees receive. Particular attention will be paid to Limited English Proficient meaningful access provisions of the Civil Rights Act of 1964.
- d. Policy Remediation: During this process, RRP will engage with mainstream service providers to identify and suggest changes to respective sectors' policies that may unintentionally prolong or prevent refugees from obtaining service goals.

During this process, RRP will address partnering service agencies' concerns and, should a concern be raised about services or issues outside RRP's funding jurisdiction, such as those for the Reception and Placement Program (R&P) or the Voluntary Agency Matching Grant Program (MGP), RRP will invite the party responsible for the service area to provide input on the topic as part of the policy remediation discussion(s).

6. Program and fiscal oversight for Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), Medical Screenings, and Refugee Support Services (RSS) and RSS Set-Aside Programs is managed primarily by RRP with assistance from ADES support units. RMA, Medical Screening, and the RSS Refugee Health Promotion (RHP) Set-Aside are managed by the SRHC within RRP.

Arizona's RCA is administered under a Public Private Partnership (PPP) model. All Arizona LRAs operating under a U.S. Department to State R&P Cooperative Agreement are contracted to conduct intakes and monthly redeterminations to enroll and assist refugees with the self-sufficiency process. One LRA is contracted to distribute cash assistance. Monitoring for RCA compliance will be accomplished through a three-phase methodology.

Phase One: Through ARRPODS, RRP physically vets each payment prior to a PPP caseworker authorizing payment. ARRPODS monitors enrollment timeline compliance (less than 12 months), fiscal eligibility (non-balanced budget), an active employment task in the

Employment Plan (addressed in part II. B RCA and Employment Services) and ORR eligible beneficiary status.

Phase Two: RRP staff then pull monthly ARRPODS data reports for all payments to manually recheck the automated monitoring procedures. RRP staff monitor employment placements in ARRPODS to ensure that refugees do not receive undue time on the income disregard. RRP subsequently issues a payment list to the payment vendor, the source document for monthly payments. The payment vendor must then upload issued payments into ARRPODS to indicate task completion.

Phase Three: Each PPP contract will be physically monitored biennially for fiscal, human resource, and programmatic compliance pursuant to the specific contract-type.

Refugee Social Services (RSS) and RSS Set-aside contracts are provided through several contractors in Arizona, including LRAs, and other community and mainstream refugee serving providers. RSS monitoring operates through a two-phase methodology:

Phase One: Contracted service provider data will be collected monthly via ARRPODS desk monitoring and analyzed for deficiency. Deficiencies will be addressed in monthly Directors' call with contracted service providers and tallied for official monitoring.

Phase Two: RSS and RSS Set-aside funded contracts will be physically monitored biennially for fiscal, human resource, and programmatic compliance. The composite desk and physical monitoring report will be provided to contractors with a corrective action plan requested, as needed.

Newly executed Federal Fiscal Year (FFY) 2022 RSS and RSS Set-aside contracts, namely Afghanistan Supplemental Appropriation (ASA) contracts, will use rate-based payment methodology for allowable service data. RSS will use a three-phase monitoring approach as new contracts replace the RSS and RSS Set-aside contracts from FFYs 2022 through 2024.

RMA is fully administered by RRP, including intake, eligibility determination, benefit card issuance, claims processing and payments, and provider and member communications. There are no subrecipients and monitoring is conducted by the Arizona Auditor General's Office and ORR.

Medical Screening services are currently subcontracted to two entities; one under a direct contract with Revive Community Health and the other under an Intergovernmental Agreement (IGA) with the Maricopa County Department of Public Health (MCDPH). Revive Community Health operates two screening clinics, one each in Tempe and Tucson, Arizona for refugees in Maricopa and Pima Counties, respectively. MCDPH operates a screening clinic in Phoenix, Arizona. Contract monitoring occurs every other year, with the last monitoring in 2022. Monitoring activities include onsite visits from RRP and the DAAS Contracts Unit, Refugee Chart checklist reviews for activities on the Centers for Disease Control and Prevention (CDC) *Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees* (CDC Guidance) components, in-person interviews with program

staff, a Contract Compliance Review (CCR) that includes a fiscal component, a programmatic component, and a supplementary information checklist completed by the subcontractor prior to the monitoring visit. To ensure contract compliance, RRP also performs desk monitoring for required monthly narrative and aggregate data reports and the ARRPODS service entry data. Since the COVID-19 Pandemic onset in 2020, all onsite monitoring has been conducted virtually.

RHP service contracts are monitored every other year. Monitoring activities include onsite visits by fiscal and program managers, refugee case note reviews, in-person interviews with program staff, a CCR - including a fiscal section, a program section, and a supplementary information checklist completed by the subcontractor prior to the monitoring visit. RRP also performs desk monitoring of the contractually required narrative and aggregate data reports received from the contractors and the ARRPODS service entry data to ensure compliance with contract requirements.

7. RRP verifies the immigration status of all refugees receiving services offered through its programming. refugees must be entered into ARRPODS prior to the initiation of any service being offered under RRP funding. An application for services is developed for each refugee with their supporting eligibility documents uploaded. RRP staff then check each application to verify that refugees meet one qualifying immigration status and with supporting documentation required pursuant to the Status and Documentation Requirements for the ORR Refugee Resettlement Program PL. Once eligibility has been verified, RRP staff remove the master lock in ARRPODS, and contractor staff may physically enter work done for clients. Should an application not pass initial screening, RRP will work with the relevant service provider to try and obtain the correct decimation. Should the refugee or service provider be unable to provide the correct immigration documentation, the client's profile will remain locked in ARRPODS, and service providers may not physically enter work on the client.

In addition to the ARRPODS verification, as part of their intake process each refugee signs a written declaration, under penalty of perjury, certifying that they are an eligible ORR beneficiary.

8. RRP ensures the safeguarding of refugee information through a multi-pronged strategy. ARRPODS is considered the sole repository of refugee information under RRP contracts. At the initiation all contractors' sub-contractors must sign Data Share Agreements (DSAs) with the State to gain access to the database. DSAs are unique to the contract type and operate under the premise of ensuring that RRP funded activities data may only be used for the purpose of creating required reports per ORR and RRP contract requirements. Data may not be permanently stored outside of ARRPODS.

Access to ARRPODS is controlled by RRP and contracted agencies' staff may only gain access to the information via an account created by a designated RRP ARRPODS administrator. Only staff identified as working on RRP contracts in official budgets may have access to ARRPODS. When a staff member leaves a contracted agency, the provider must notify RRP so that RRP may deactivate the account. Accounts automatically time-out after

three months of inactivity to ensure that only those staff who need routine access to refugee level data have such access.

Within ARRPODS, data is protected by a hierarchical permission set. At the top-level staff at contracted agencies may only see information created by individuals who work on the same contract. Data is stratified based on contract type. Biographical refugees may be shared across contractors through the initiation of service referral within ARRPODS when a refugee has a valid Statement of Understanding (Release of Information (ROI)) signed and verbal consent granted to send the referral. Service specific information may only be shared with partnering RRP contractors in ARRPODS when refugees grant verbal consent. Verbal consent must be granted for each individual service task to be shared. refugees must be made aware of what service data is being transferred, to whom it is being transferred, and for what purpose. Tasks are shared from case worker to case worker when they work in joint care teams and are not visible to agencies as whole.

9. ARRPODS is considered the sole system of record for RRP. ARRPODS is a Salesforce-Based System that acts as an electronic case file system. contracted providers RRP contractor caseworkers enter service data directly into a web-based portal. All refugees and services rendered to them are documented in ARRPODS. For FFY 2022, only three service categories (RHP, Services to Older Refugees [SOR], and Refugee School Impact [RSI]) have service providers outside of ARRPODS. RRP is working with service providers to identify methodologies that support transitioning to ARRPODS or to provide data transfers that meet ARRPODS requirements throughout the year.

With ARRPODS, RRP possesses service level data that can be filtered to meet the reporting requirements of the ORR-5/6 and other reports. Utilizing ARRPODS is a cornerstone of all awarded RRP contracts since its inception and RRP will continue to make it the sole source of information as legacy contracts are retired and replaced.

RRP analyzes ARRPODS data monthly for contract compliance. Throughout FFY 2022, RRP will create algorithmically generated dashboards that will automatically monitor each contractor's performance vis-à-vis their contract requirements. Additionally, RRP will transition direct service contracts from service budget contracts to rate-based contracts where payment will be rendered to contractors based on data observed in ARRPODS to ensure that ORR regulations and contract requirements are followed and guarantee that providers enter all relevant service data into ARRPODS.

RRP also directly receives monthly narrative and aggregate reports from Medical Screening contractors with information required in the ORR-5 and ORR-6. This information is not collected in ARRPODS due to privacy concerns with handling personal medical information and the technical inability for providers to share sensitive health information directly with RRP without LRA staff having visibility. RRP reviews the Medical Screening reports for accuracy against service reports in ARRPODS.

RRP receives monthly refugee activity and narrative reports in excel spreadsheet format directly from RHP contractors through secure email.

10. RRP Headquarters Location: The Arizona Department of Economic Security, Central Office, 1789 West Jefferson Street, Phoenix Arizona 85007.

11. All RRP funding sources that do not specify required providers will be awarded pursuant to the Arizona Procurement Code. Among these processes is the Request for Proposal (RFP), a competitive bidding process open to all vendors that bid in the Arizona Procurement System. Only service areas required by ORR to have prescribed service providers, such as the PPP Program, will pursue direct contracts under a Competition Impracticable (CI). The ADES Procurement Chief reviews such requests and approves or disapproves pursuant to Federal or State policy.

RRP currently has one IGA and two direct contracts with three Medical Screening providers. One direct contract involved an FFY 2022 RFP process, and that contract will continue through FFY 2023 with the intent to renew. One direct contract was awarded without an RFP process in FFY 2005, and that contract will terminate at the end of FFY 2022.

12. Non-Applicable to Arizona.

13. Non-Applicable to Arizona.

**B. Assurances. 45 CFR 400.5**

1. The State will comply with the provisions of Title IV, Chapter 2 of the Refugee Act (8 U.S.C. § 1522), and official issuances of the ORR Director.
2. The State assures that it will meet all the requirements in Part 45 CFR Part 400.
3. The State will comply with all other applicable federal statutes and regulations in effect during the time that it is receiving federal funding.
4. The State will amend the State Plan as needed to comply with standards, goals, and priorities established by the ORR Director.
5. The State assures that assistance and services funded under the State Plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion.
6. The State assures that it will convene, not less often than quarterly, meetings where representatives of LRAs, local community service agencies, and other agencies that serve refugees meet with representatives of state and local governments to coordinate the appropriate services for refugees in advance of the refugees' arrival. Such meetings shall include outreach and invitation to, at a minimum, public school officials, public health officials, welfare and social service agency officials, and police or other law enforcement officials, for jurisdictions in which refugees resettle.

7. The State assures that it will act in accordance with 45 CFR §§ 75.351-75.360 and 400.22(b) (2) regarding subrecipient monitoring and management.
8. The State assures that it will act in accordance with 45 CFR §§ 75.371-75.380 for remedies for subrecipient noncompliance.

## **II. ASSISTANCE AND SERVICES**

### **A. CMA**

1. CMA benefits are provided for refugees who are not eligible for other public Cash Assistance Programs (such as TANF, Medicaid, and Supplemental Security Income). CMA is coordinated with support services in a manner that promotes employment; namely, employable refugees must enroll in employment services and comply with work search requirements as conditions of eligibility to receive CA. All refugees who receive RCA are eligible for RMA. In addition, refugees who present Medicaid ineligibility documents due to income and fall under 200 percent of the Federal Poverty Level (FPL) are eligible to apply for RMA through their respective LRA to continue receiving RMA through their twelfth month after arrival in the U.S. or grant of qualifying status.
2. Such CMA benefits as RCA and RMA are applied for and managed through ARRPODS. Each LRA may make an application for benefits through ARRPODS and has visibility to whether a refugee is currently receiving CMA benefits. When subrecipient end users are required to document the fulfillment of contractual duties, ARRPODS displays the status of each CMA benefit directly and emails all application creators about status changes, with RRP interfacing with and approving benefit applications.
3. To apply for CMA benefits, ORR eligible beneficiaries may go to any LRA operating in Arizona or to one of RRP's Phoenix or Tucson offices to apply for CMA benefits. Should the refugee live in a remote locale to an RRP office or LRA, a telephonic application may be considered.
4. ORR eligible populations access such community services as childcare, older adult services, and other support programs through the same enrollment mechanisms as the general Arizona population. RSS case management time is often utilized to support clients' understanding and completing of the enrollment processes.
5. English Language Training (ELT) is often a constituent goal of refugees' Self-Sufficiency Plan (SSPs) for removing barriers to employment. Depending on a client's English learning needs, an EP might contain ELT attendance as an action step to increase skills towards employability. ELT curriculum throughout the State is designed to promote early employment acquisition. Such training/classes are available to all ORR-eligible beneficiaries. RRP funded ELT focuses primarily on supporting entering and retaining employment and, secondarily, to increase clients' English-speaking levels over a longer-term to improve their likelihood of employability and economic self-sufficiency.

6. As part of direct service contracts being developed in FFY 2022, RRP will be prescribing a threefold service delivery paradigm as follows:
  - a. Stabilization: Direct use of ORR resources to ensure a case situation upon exiting R&P, MGP, or the Preferred Communities (PC) Program. Service providers attempt to prevent deterioration of the state established in the preceding service Program.
  - b. Education: Individualized Knowledge Transfer to refugees efforts that seek to assist refugees with understanding the use of non-monetary resources leveraged by the RRP contracted caseworker to stabilize the clients' circumstances.
  - c. Monitoring: The refugee has agency over direct service operation under normal supervision of an RRP contracted caseworker.

The Education and Monitoring phases of service delivery are designed to support continuity in the progression of clients' service delivery under their own management/agency, once refugee-specific services are terminated due to the priority provision of services listed in 45 CFR § 400.147.

## **B. RCA and Employment Services - 45 CFR 400 Subparts E and F**

1. The State of Arizona will administer the RCA Program and its accompanying TANF payment differential through a PPP model as outlined in the ORR PL "Guidance for Public-Private RCA Programs" issued on December 16, 2019.
2. In Arizona, most refugee resettlement occurs in the Phoenix and Tucson Metropolitan Statistical Areas (MSA). LRAs operating in these MSAs hold the service mandates for conducting intake and monthly re-determinations for all refugees they are contracted to serve in those MSAs, including those refugees resettled outside of the U.S. Department of State, Bureau of Population, Refugees and Migration (PRM) approved 100-mile R&P radius. The International Rescue Committee (IRC) of Phoenix will hold responsibility for issuing all RCA payments for refugees resettling in Arizona. IRC maintains the capacity to create and distribute bank cards to all refugees receiving services under Arizona's RCA Public Private Partnership Program (PPP).
3. Meaningful language access to relevant materials will primarily be facilitated through language appropriate LRA caseworkers. Each LRA will maintain sufficient capacity for the primary groups of refugee arrival languages that they sponsor and resettle. For refugees speaking languages of lesser diffusion, LRAs will utilize professional language services that observe recognized standards of practice for language interpretation and translation, to ensure that every refugee receives the same accurate information in a manner understandable to the client. In addition to the use of compatible spoken language services, either in-person or telephonic, PPP will ensure that all relevant documents are translated into the top ten refugee languages with the top ten languages being reassessed quarterly to meet current language needs. Should a client's overseas-generated R&P Biodata reflect a refugee language need falling outside the existing translated document set, the clients' sponsoring LRA will be

responsible for notifying RRP so that translated documents are available in refugees' languages prior to their RCA enrollment. Clients may also request interpretation at any point of their RCA enrollment, and RRP will make refugee language-compatible translated documents available.

Refugees' understanding of all information presented on plans must be confirmed by a refugee signature. RRP will run normalized business intelligence reports to ensure that all required enrollment and participation documents indicate refugee acknowledgment with a valid refugee signature, documentation of the interpretation/translation method(s) used, and a verification signature of LRA staff certifying that, to the best of their knowledge, the information was provided in a linguistically compatible manner. This process will ensure that LRAs are consistently providing a standard of necessary meaningful language access and standard of care.

4. The State does not consider the State Department's R&P cash assistance as income in TANF determination; thus, TANF payment levels are not affected.
5. The State will adhere to the fair hearing standards and procedures outlined in 400 § 400.83/54 through the following process. The full hearing process is available in RCA-PPP Policy Manual to be distributed upon client request. Basics of the policy include:
  - a. Clients are required to provide accurate case information at the time of application. This information is acquired through the Affidavit of Household Size, PPP Applicant Acknowledgement, and ARRPOD's account creation.
  - b. Clients will develop an EP with their LRA caseworker. EPs will be documents of mutual accountability outlining non-divisible work units to be undertaken by each party targeting achieving goals established in tandem pursuant to obtaining the first reasonable employment offer. All action items must be accepted by the refugee and demonstrate their understanding and agreement with the items by signing the document. Plans are only valid when a client's signature is updated after the modification of any other items on the Plan.
  - c. Should a refugee fall out of compliance with defined action items in their SSP, the sponsoring LRA will provide a verbal warning to the refugee indicating that the refugee must come into compliance within ten business days. Should the refugee not comply within ten business days, the sponsoring LRA will schedule a reconciliation meeting. In this reconciliation meeting the LRA will investigate the reasons for SSP failure. The SSP will be updated to reflect any shortcomings in the initial planning process that may have led to items that are unactionable as a client's situation evolved. All parties must once again agree to Plan items and affix their signatures to the document demonstrating consent and understanding of the information contained within the Plan.
  - d. Once a Plan has been redeveloped, the refugee will have another ten days to come into compliance with the terms of the individual action plans.

- e. The sponsoring LRA will ensure delivery of a letter via certified mail or hand delivery stating that the appropriate corresponding sanction(s) will be imposed for RCA. The letter must comply with all meaningful access language provisions outlined in Section B3. The letter will contain information documenting how the client's RCA will be reduced, suspended, or terminated.
  - f. Should a refugee disagree with the sanction imposed due to non-compliance or presenting inaccurate information in benefits enrollment or monthly re-determination, they may grieve to the LRA PPP Supervisor. The LRA PPP Supervisor will conduct an informal hearing to determine the validity of the claim pursuant to RRP's RCA-PPP Policy Manual. The PPP Supervisor will make a determination and take action if within the confines of their Scope of Work (SOW) or notify RRP of action needing to be taken.
  - g. Should a refugee disagree with the PPP Supervisor's determination, they may appeal to RRP by mail, email, or verbal communication in their language of proficiency within ten days of the determination. RRP will follow the same steps, comparing the refugee's case to RCA-PPP Policy Manual EP/SSP. RRP will make a determination and take action pursuant to ORR PLs and federal regulation within 30 days of the client interaction.
  - h. Should a refugee disagree with RRP's judgment, the case will be elevated to the ADES Appellate Services Administration for a final hearing. This process is under development and the State Plan will be updated upon its completion. The Appellate Service Administration will serve as the third party for final adjudication.
6. In compliance with the general requirements of 45 CFR Part 400 § 400.75, refugees are subject to all RCA work participation requirements pursuant to their EP, unless otherwise exempt for one of the following reasons:
- a. Incapacitated, when determined by a physician or licensed or certified psychologist and verified by a caseworker that a physical or mental impairment, by itself or in conjunction with age, prevents the individual from engaging in employability activities. A health or mental health practitioner stating that the refugee is unable to participate and giving a timeframe for duration of the exemption or review of the exemption will complete the verification.
  - b. A pregnant woman in the last three months of her pregnancy is exempt from job search. She is exempt from all employability activities for 12 consecutive weeks following the birth of her baby. Medical verification of the last trimester of the pregnancy is required.
  - c. A parent with a child or children when there is no childcare available. Documentation stating that the family is unable to access the Arizona Child Care Assistance Program or other childcare programs will be reflected in the case file. This exemption applies only to one adult per household.

- d. Caretaker of a child who is unable to care for themselves under standards and precedent set by the Arizona Department of Child Safety (DCS). This exemption applies only to one adult per household.
  - e. Caretaker of a totally dependent person due to medical or mental health issues is exempt from employability activities if a medical or mental health provider has indicated that this person needs full-time care. This exemption applies to only one adult per household.
  - f. Working at least 30 hours a week in unsubsidized employment that is expected to last at least 30 days. This exemption continues to apply if there is a temporary break in full-time employment expected to last no longer than ten workdays.
  - g. Under age 16; or under age 18, but a full-time student (as defined in the TANF Program).
  - h. Participation in the Job Corps is considered a valid work search activity.
  - i. Age 65 or older and not receiving any Social Security benefits.
  - j. A victim of domestic violence where working or participation in employability activities will put them at further risk of harm.
  - k. A Cuban and Haitian Entrants without work authorization may be considered exempt from work search requirements until such time as they obtain the legal right to work pursuant to PL 19-06.
  - l. Any refugee who has applied for an I-765 Employment Authorization Document (EAD), but has not yet received their EAD.
7. Non-Applicable to Arizona.
8. Non-Applicable to Arizona.
9. The State Administered RCA PPP Program will determine eligibility and payment levels pursuant to 45 CFR 400.50 and 400.60 as follows:
- a. Eligible refugees may receive the RCA or TANF differential for a maximum of 12 calendar months from the date of eligibility, which is the date a refugee received a qualifying immigration status. The date of PPP enrollment is determined by the date a refugee signs a completed PPP Cash Benefits application, or the date on which a refugee is denied TANF benefits and is unable to successfully reapply within the ORR eligibility time frame. The PPP enrollment date is used to calculate the first month benefit payments may be issued.
    - Pursuant to 45 CFR § 400.50, *A State or its designee agency(s) must provide any individual wishing to do so, an opportunity to apply for cash assistance and must determine the eligibility of each refugee as promptly as possible within no more than 30*

*days from the date of application.*

- A refugee has 30 days from the date that the PPP application is signed to provide all required documents and to sign all required forms. If a refugee does not complete the application process within 30 days, the application will be denied and subject to reapplication.
- b. Initial RCA eligibility is determined by LRAs. Each contracted LRA provides PPP/RCA intake services for refugees sponsored for resettlement or for which they provide services under RSS contracts. Each RCA/PPP Program participant must contact an LRA to be referred to an employment team or to have an allowable exemption formally documented. Each LRA follows the following process to ensure eligibility for RCA and TANF PPP differential refugees:
- Collect Signed Application documents and verify TANF enrollment.
    - i. All refugees wishing to apply for PPP benefits, RCA or the PPP TANF differential, must present either in-person or virtually to an LRA operating a PPP contract.
    - ii. All refugees that present to a resettlement agency and are outside of the PRM approved 100-mile R&P radius are still eligible for remote and virtual PPP enrollment and must comply with employability requirements.
    - iii. At the time of presentation, the PPP refugee must sign the appropriate enrollment documentation, affidavits of household size, and a declaration indicating that they have not applied for other cash assistance programs.
    - iv. All cases with minor children who present for PPP enrollment at an LRA will need to sign the appropriate enrollment documentation, affidavits of household size, and a declaration they are not planning to apply for other cash assistance programs. The cash benefit application will need to be completed once the refugee receives TANF determination.
    - v. While the TANF application is pending completion, the caseworker will direct the refugee to the ADES FAA for TANF determination prior to any PPP benefits being issued.
    - vi. Upon successful enrollment into TANF, the refugee must present their positive ADES case number, as well as either a CA Notice of Benefits letter or Electronic Benefit Transfer Card with granted permission to the case worker to verify account status.
    - vii. LRA staff will upload the ADES Case Number to the refugee's PPP cash benefit program and scan copies of documents.
    - viii. PPP case workers will verify the appropriate differential payments are made and complete the refugees PPP differential Cash Program.

- Conduct Intake.

Each LRA will follow the outlined process in determining eligibility and enrollment of sponsored refugees for the PPP:

- i. Provide PPP applications to all refugees wishing to apply for the RCA benefit or presenting for the PPP TANF differential.
- ii. Attempt to find the refugee if they are entered into ARRPODS, and verify they are marked as an eligible ORR beneficiary. Eligibility for PPP programs begins the month of entry into the U.S. or the date of eligibility, whichever is later, but not before the date on which the PPP application is completed and signed.
- iii. If the refugee has not already been entered into ARRPODS, R&P Staff at the sponsoring LRA shall assist the refugee in enrolling into ARRPODS, uploading appropriate documentation confirming eligibility under relevant ORR PLs on admissible status and immigration documentation, and creating an ORR benefits application in ARRPODS.
- iv. Upon confirmation of ORR eligibility status by RRP, the PPP intake worker will ensure that the refugee meets the RCA/PPP enrollment criteria as delineated in the Plan, will review the Rights and Responsibilities (R&R) document and ascertain whether the refugee consents to the enrollment in the CA programming pursuant to the requirements detailed in the R&R, and review the Grievance Procedure and all other PPP documentation with the refugee. The R&R shall serve as the enrollment document delineating the benefits to be paid and the responsibilities of application. If refugees are enrolling into RCA, the case worker will have the refugee sign the above documents, including the R&R. The PPP intake worker will then begin the PPP Program in ARRPODS. In cases of TANF enrollment, an LRA caseworker will create a cash benefit application and have refugees sign the above documents, except the R&R until TANF benefits are issued. When the refugee is marked eligible for TANF benefits and presents an ADES Case Number, refugees will meet with a PPP staff member for an intake, sign the R&R, and enroll into ARRPODS for TANF PPP differential payments.
- v. If the refugee does not have a sponsoring LRA, the refugee will need to seek assistance and be enrolled into employment services with an RRP employment provider.

- Enrollment.

If the refugee consents to the R&R, the PPP caseworker shall obtain the signatures of each adult member of the case providing consent for enrollment. Enrollment shall consist of the following:

- i. Start the Refugee Cash Program in ARRPODS by creating a Cash Program Object Record for every member of the case. RCA and TANF cases will be made in accordance with the Affidavit of Household Size contained in the application documents.
  - ii. Pursuant to 45 CFR § 400.50, *A State or its designee agency(s) must provide any individual wishing to do so, an opportunity to apply for cash assistance and must determine the eligibility of each refugee as promptly as possible within no more than 30 days from the date of application.*
  - iii. A refugee has 30 days from the date that the PPP application is signed to provide all required documents and to sign all required forms. If a refugee does not complete the application process within 30 days, the application will be denied and subject to reapplication.
  - iv. In cases of TANF enrollment, the PPP intake workers follow the same RCA enrollment steps, but begin the TANF Program in ARRPODS for refugees with TANF eligibility enrollment documents and an ADES Case Number. TANF cases are established based on the household size and composition as identified by the TANF program, unless all TANF case members are not determined to be ORR eligible beneficiaries.
- If a refugee on TANF presents to an LRA and is already receiving TANF benefits, PPP case workers may backdate payments from the date they enrolled into TANF.
    - i. Contact the refugee's primary employment specialist and notify them of the refugee's enrollment and that an EP is required to be developed.
    - ii. Contact the refugee's primary case manager and notify them of enrollment.
    - iii. Create an initial cash case budget detailing the basic household expenses.

Refugees receiving RCA will have a monthly income eligibility redetermination done through the assessment of the cash units' budget and the point in time employment records contained in the ARRPODS. refugees will remain on RCA as long as their budgets present a net negative income or reach their 12 month time limit pursuant to their grant of qualifying status. Monthly payments are authorized by the LRAs for their refugees based on a client's continued compliance with their SSPs. ARRPODS automatically checks for the completion of activities assigned to refugees in their SSPs. When refugees have active tasks assigned to them and RSS-funded case workers indicate that they are in good standing with the plan, a positive payment status is established in the database. This positive payment status allows the RCA caseworkers to then approve the payment to each case. Should an active SSP task not be detected or a refugee not be in good standing with their plan pursuant to the established fair hearing standards, ARRPODS will not allow an RCA payment to be made. RCA payments will be held until

such time that a refugee comes into compliance, after which all held payments will be released.

- c. After consultation with the LRAs, RRP set the RCA income standard in relation to an RCA cases budget. So long as an RCA case maintains a net negative income and is within 12 months of their ORR eligible data, they will remain eligible for RCA. Net negative income is defined as a case wherein the basic expense needed for the maintenance of household exceeded available employment income. At program initiation and monthly, caseworkers will review the RCA case budget to ascertain whether there have been any changes in expenses and to set the household expenses of the case. For the purposes of the PPP basic maintenance of household, variables are defined as the following:

- Housing costs.
- Utilities costs.
- Basic transportation costs.
- Communication technology costs.
- Laundry and necessary household supplies.
- Medical costs not covered by State Medicaid and pursuant to physician/psychiatrist care directives.
- Documented childcare costs exceeding the rates provided by the State.

The cost of the aforementioned items is set as the cost of the accommodation/goods as established under R&P. Should a refugee not wish to utilize the accommodations/goods obtained by their sponsoring LRA, or should they not have a local sponsoring LRA, then the cost of expenses shall be capped at 25 percent above average expenses observed in the past Fiscal Year (FY) for a case of similar size. In circumstances where a refugee(s) arrives with substantive resources verified as accessible by a caseworker, they shall be made eligible for RCA when it is ascertained that the sum accessible to the refugee(s) is less than that required to maintain a household until entering employment. The sum required to maintain a household until income is obtained is defined as the monthly expenses established in the budget multiplied by the average amount of time it takes a refugee to obtain employment from their Arizona entry date, or six months in instances where the Arizona entry date to entering employment timeline surpasses six months.

On a monthly basis, ARRPODS will automatically collect employment placement data entered by the RSS contracts and compare that data against the monthly budget set by the caseworkers for RCA recipients. Once a positive income state has been verified, RCA recipients will be required to provide income verification to RCA caseworkers who will compare the post-employment earned income of the case to the cost of the maintenance of the household as established in the redetermination process. Cases will maintain full benefits until they have physically earned sufficient income from employment to assume the full payment of their monthly expenses. Once one month's worth of expenses has been acquired the refugee(s) shall be terminated from the RCA PPP Program. If the case

enters a positive income state prior to the average elapsed time from Arizona entry to employment acquisition for the past FFY, the case will receive an income disregard incentive. The income disregard incentive allows a refugee to remain on RCA until the average amount of time from Arizona entry to employment acquisition has elapsed. Once the average amount of time from Arizona entry to employment acquisition has elapsed the termination process described will commence. The average time from Arizona entry to employment acquisition will be calculated from ARRPODS records for the past FFY. For FFY 2022, the current time from Arizona entry to employment entry stands at just under four (3.96) months and for the purposes of this timeframe, this number will be rounded to four months. This timeframe shall be re-calculated annually. The income disregard will be capped at six months.

RRP and the LRAs choose to tie the income eligible of RCA cases to the case budget to ensure stability in housing and basic needs. The provision of CA to maintain household stability allows for the case to meaningfully participate in the SSPs and EPs without interruption and subsequent regression caused by basic needs not being met. Traditional income thresholds set at a certain percentage do not always consider outlier cases and lead to situations where refugees may lose stability in basic housing needs, thus altogether stopping or causing a refugee to regress in their progress towards self-sufficiency. The State TANF income eligibility standards are as follow:

- One hundred thirty percent of the current FPL for families in which the head-of-household is a non-parent relative requesting CA only for the dependent children. For example, a grandparent requests CA only for a grandchild. Living in the home are the grandparent, their spouse, and the grandchild. They are a family of three and their family's income may not exceed 130 percent of the current FPL.
- One hundred percent of the current FPL for all other families.

Note: The needy family income test does not apply to families requesting CA, only for a dependent child who is in the legal custody of the Arizona DCS and who is placed in unlicensed foster care.

- The PPP income eligibility standard is based on observed household budgets and, thus, is more representative of the actual cost of living in the State for those refugees receiving housing accommodations during the R&P period. The budget is updated monthly corresponding to housing accommodations secured under R&P. Correlating eligibility standards to observed cost arranged by LRAs, not a client, allows all arriving refugees the best likelihood of achieving self-sufficiency as it better supports stability in housing and basic needs that a fixed percent of the FPL cannot accurately account for.
- The increased PPP benefit does not preclude any family from SNAP or Medicaid Programs eligibility in Arizona. It does reduce the SNAP benefit by a small margin, however, utilizing the full PPP benefit amount still supports refugees receiving as much benefit as possible. RRP consulted with the LRAs on this approach, and it was

jointly decided that SNAP benefits are often underutilized due to the size of the allotments, and it was best to exchange a small portion of SNAP benefits for more liquid CA assets. This approach better addresses housing needs, as there is no other benefit available to support this need.

The following table represents the monthly payment levels available to PPP beneficiaries. The State will offer benefits for up to 12 months from the date of qualifying status and income thresholds according to the following benefit payment schedule:

Household Unit Size	Monthly Payment Ceiling
1	\$537
2	\$726
3	\$915
4	\$1,104
Add \$113 per family member after four	

- d. The State assures that it will follow PPP RCA Program requirements related to financial eligibility and consideration of resources and income.
- e. The PPP will include a cash differential for refugees who are TANF CA beneficiaries. The aim of this differential is to ensure parity of services between RCA refugees and TANF refugees in the State of Arizona and will be administered by the LRA awarded fiduciary responsibility of PPP.

Differential payment levels will eliminate the disparity between Arizona’s TANF payment levels and those offered under PPP as listed in Section B of this subsection and the current State of Arizona TANF benefit. Should the State of Arizona TANF benefit level be raised above the PPP payment amounts listed in section B of this subsection, the TANF differential payments will be ended. The TANF differential payments will follow the TANF State Plan. A TANF client’s PPP TANF differential will be removed when a case is removed from TANF or when the refugee reaches their twelfth month from date of qualifying status, whichever occurs first.

PPP differential payments will be issued to refugees one month after the State makes its normalized TANF payment to the shared client, and will be backdated to the start of the TANF Program, should it not predate the refugees ORR eligibility date. RRP receives monthly TANF payment records for all refugee TANF cases indicating the amount a case receives in a specific benefit month. Upon receipt of these payment records, RRP will subtract the benefit amount from the PPP benefit amount listed in Section B and will issue the PPP payment differential to the TANF refugee recipient via the PPP payment vendor.

- f. Once a refugee is established to meet initial eligibility verifications and is enrolled in the RCA Program by the RCA LRA caseworker, a cash payment object is made within ARRPODS. The creation of the cash payment object initiates an automated trigger that sets a formula to create a monthly payment up to the qualifying twelfth month from the refugee date of ORR eligibility. The creation of payments is controlled by the ARRPODS logic parameters and cannot be overridden by caseworkers. Only RRP may access the code base that sets the number of payments that may be made, thereby controlling the number of payments each refugee may receive. Creation of a CA Program in ARRPODS denotes the program start date and in and of itself does not carry the guarantee of payment. Payments are delivered according to the process below.

Each payment is made under retrospective budgeting practices pursuant to 45 CFR § 233.35. The monthly payment is verified against program requirements for that month and then paid at the beginning of the following month. The Program's complete parameters for payment recertification are as follow:

- ARRPODS undertakes a search to establish whether a refugee has an active SSPs.
- If the refugee has an active SSP, ARRPODS searches for the refugee being in good standing with a client-assigned employability task. Good standing is denoted in ARRPODS by RSS caseworkers engaging with the refugee in employment search activities. refugees are considered in good standing when they have an active client-assigned task. Tasks in ARRPODS automatically time-out after 31 days of inactivity, such that a caseworker must provide monthly SSP updates for the client's cash payment to be issued. This ensures that refugees are actively participating in their SSP for CA benefits to be issued. Should no active refugee task be observed by ARRPODS, the payment is held in an unpayable state until such time as the refugee comes into compliance with their SSP. When a refugee is deemed compliant with their SSP, ARRPODS releases the payments to the next step. Should they not be deemed compliant within one month, the client's respective LRA will begin the formal sanction process pursuant to 45 CFR § 233.35(d)(1). Good standing may also be documented by refugees being identified as exempt from work search requirements pursuant to the exceptions listed above.
- Once ARRPODS detects an SSP and establishes that a refugee is in good standing, that month's payment will be presented to the RCA caseworker for manual verification. The RCA caseworker must review each of the RCA payments and manually approve refugee payment. Once the RCA caseworker approves the payment, the RCA payment flag in the system changes from a payment pending verification to an active payment to be made. Each approved payment will be the full benefit amount described in Section 9c.
- Active payments are collected by ARRPODS at the end of each month and automatically report to the RCA payment vendor for the entire state (the IRC-Phoenix) on the first and third Tuesday monthly, indicating which refugees are to be paid and the corresponding amount. The RCA payment vendor enters the payment accounts

from the payment list into their banking system and instructs their banking subcontractor to create and issue refugee CA payments. The payment vendor contractually has five business days from receipt of the report to issue payment instructions to their banking entity.

- Payments are issued to RCA refugees on a debit card. When a new cash program is created a debit card is created and mailed to the LRA that conducted the RCA Program intake. That LRA will receive the debit card at their office and hand deliver to the RCA beneficiary. At the time of hand delivery, the LRA will assist the refugee with activating the debit card.
  - Once the refugee has the debit card in hand, RCA payments will be loaded onto the debit card.
  - Early employment will be incentivized through the use of income disregards. Should a refugee enter employment earlier than the mean amount of time from their U.S. entry or grant of qualifying status to their employment entry, the case will receive an income disregard incentive. Earned income will not count towards RCA determination until the mean time to employment entry is reached.
  - From FFY 2021 to the writing of this State Plan, the mean U.S. entry/grant of qualifying status to employment entry stands at just under four (3.96) months. The income disregard period will not extend beyond six months.
- g. The State will ensure that it does not exceed prescribed payment levels and eligible timeframes through controlling the database that creates payment requests, thus only releasing to the payment vendor the correct amount of monthly funding needed to issue payments.
- As described, ARRPODS itself creates payments to be verified which are then transformed by caseworker via verification into verified payments. ARRPODS, not caseworkers, controls payment creation. As such, RRP can ensure that inerrant payments are made as contracted providers are limited to approval authorization and cannot initiate payments.
  - ARRPODS is considered the single source of integrity on the creation of RCA payments and RRP knows exactly the monthly amount of funding needed to cover RCA payment obligations. When the payment receipt is transferred to the payment vendor on the first Tuesday of each month, RRP correspondingly advances the required CA payment amount to the RCA payment vendor. In this way, RRP ensures that no overpayments occur as the amount of funding made available precisely matches the RCA obligation and the backing data trail is an intrinsic byproduct of the system.
  - In the unlikely event that ARRPODS errs in a logic parameter that results in an inaccurate payment, or the refugee or contractors provide incorrect data the State will

correspondingly reduce future payments. Should there be no future payments obligated to the refugee or if the refugee has exited the program, the refugee will receive an over- or underpayment notification from RRP indicating the amount to add or the repayment required. The State and or the payment vendor will maintain capacity via their banking contracts to accept repayment.

- h. RRP reviews RCA payments monthly and data analytics staff identify any potential over- or underpayment situations caused by ARRPODS coding logic errors. After the payment vendor issued refugee payments, payment receipts must be uploaded into ARRPODS, thus compelling a full data trail for the lifespan of each payment. The complete data trail for each payment contains the pseudo-payment creation date, the verification records of plan compliance, the verification of the pseudo-payment and transformation to a payment request date, and the verification of payment date.
- i. The RCA PPP Program is administered in the same manner across the entire State of Arizona.
- j. Each LRA operating an R&P Program under contract with the State is responsible for determining RCA eligibility in conjunction with RRP. The LRAs create ARRPODS profiles for incoming arrivals. RRP then reviews each profile and grants eligibility for ORR services pursuant to ORR requirements. Once RRP grants eligibility for services, the LRAs follow the enrollment process outlined in Section 9A.

#### 10. RCA Program Administration - 45 CFR § 400.13

- a. As addressed in item “J” of section nine of this plan, RRP holds approval authority for State-administered ORR services and benefits, which is regulated via ARRPODS applications. The LRAs determine initial eligibility and then this is approved by RRP.
- b. The aforementioned process is fully divorced from the ADES DBME TANF intake process. There is no crossover between staff responsibilities or funding streams and, thus, ensures that there are no RCA monies dedicated to TANF intakes.
- c. Both RRP and RRP’s payment vendor are responsible for distributing RCA payment benefits. RRP creates and manages payment instructions and RRP’s payment vendor, the IRC-Phoenix, distributes payments to all refugees in the state.
- d. RRP maintains 1.65 Full-Time Equivalent (FTE) dedicated to overseeing the PPP Program. The LRAs operating the intake and payment vendor contracts maintain 21.54 FTE for the administration of the program described in this State Plan.
- e. The State charges an indirect cost rate of approximately 24.78 percent against direct State Charges for RCMA, through its central services cost allocation plan, for which the U.S. Department of Health and Human Services is the cognizant agency. Indirect costs for the LRA contractors are built into their contracts and charged at their federally negotiated indirect cost rates.

### **C. RMA. 45 CFR 400 Subpart G**

1. RMA Administration. RRP, within ADES DAAS, administers RMA in its entirety. This includes providing an online platform for applying for the RMA benefit, ARRPODS, which LRAs use to upload eligibility documentation and apply for RMA benefits on behalf of their clients, eligibility determinations, issuing member cards, provider enrollment, claims processing and payments to providers, dispute management, subcontracting with medical and dental consultants to provide expertise on pre-authorization requests, and member and provider communications. In late FFY 2022, RRP contracted with a transportation company to provide medical transportation services to members needing transportation to and from medical appointments as is provided for by Arizona's Medicaid Program, AHCCCS RRP will also administer the coordination of this new benefit. The SRHC is responsible for the everyday operations and high-level decisions for RMA, including providing technical assistance and troubleshooting support to the Eligibility Specialist and preparing ORR reports, while the SRC is responsible for supervising the SRHC and making long-term RMA administration decisions. RRP is pursuing a paradigm and corresponding agreement with DBME and AHCCCS or an AHCCCS Health Plan, whereby DBME would administer RMA benefits eligibility determinations and enrollment and AHCCCS or a specific AHCCCS health plan would administer member and provider communications and claims processing. This would support a seamless transition of benefits for refugees who lose their AHCCCS coverage due to earned income and subsequently are automatically eligible for RMA for the remainder of the 12 month eligibility period. RRP's RMA component struggles to provide parity of services with AHCCCS, in that AHCCCS provides interpretation to their members and RMA has yet to finalize contracts with providers to also offer these services. RMA has also faced challenges with engaging providers to come on as RMA providers, particularly since the full implementation of the Affordable Care Act (ACA). With AHCCCS administering RMA, members would have access to all providers within the AHCCCS system. RRP estimates that this RMA transition may take up to three years to complete due to intra- and interagency systems nuances and complexities, including those for alignment and transferring systems.
2. Applications, determinations of eligibility, and furnishing medical assistance. RRP administers RMA pursuant to 45 CFR Part 400 § 400.5 (f). Under the direction of the SRC, staff are responsible for the operation of the program that aids the coordination of benefits per 45 CFR Part 400 § 400.100.
  - a. With the implementation of ACA, all newly arrived refugees may apply for, and the vast majority will receive, medical benefits through AHCCCS. Newly arrived refugees receive support from designated FAA offices to apply for AHCCCS medical coverage. FAA eligibility specialists determine whether refugees are eligible based on income and other eligibility factors.
  - b. A refugee, asylee, or other eligible beneficiary determined ineligible for AHCCCS, or State Children's Health Insurance Program (SCHIP) may apply separately for RMA. LRAs assist refugees and other eligible beneficiaries with the RMA application process. RRP processes RMA applications submitted by LRAs through ARRPODS.

3. Eligibility for RMA. 45 CFR 400.100 through 400.104

- a. Pursuant to 45 CFR Part 400 § 400.101, refugees and other eligible beneficiaries determined ineligible for AHCCCS due to income or existing resources are eligible to apply for RMA. RMA refugees are means tested at a higher level than those standards established in the State's approved Title XIX State Medicaid Plan. The income standard for RMA is up to 200 percent of the FPL. The income methodology used for RMA eligibility is consistent with the AHCCCS - Arizona's Medicaid Program financial eligibility determination that uses Modified Adjusted Gross Income (MAGI) to determine income. For context, in Arizona, AHCCCS does not administer RMA or make RMA eligibility determinations. The state RRP administers RMA including RMA eligibility determinations. However, RRP does not have access to the employment and income information available to AHCCCS to make income eligibility determinations, and therefore makes financial eligibility determinations based on the client's income information on their AHCCCS termination or rejection letters. The income listed in the AHCCCS termination and rejections letters utilizes the MAGI methodology.
- b. In compliance with 45 CFR Part 400 § 400.100 and 45 CFR Part 400 § 400.102, RCA payments will not be considered in determining income eligibility for RMA. All RCA recipients who are ineligible for AHCCCS or SCHIP are deemed eligible for RMA. This applies to CA payments made under the publicly administered RCA Program, R&P, and MGP. The State will not consider in-kind services and shelter provided to a refugee by a sponsor or LRA in determining eligibility for and receipt of RMA.
- c. Pursuant to 45 CFR Part 400 § 400.104, earnings from employment will not affect a refugee's continued RMA eligibility if the refugee was receiving RMA and has resided in the U.S. less than 12 months. If a refugee who is receiving AHCCCS and has been residing in the U.S. less than 12 months becomes ineligible for Medicaid because of earnings from employment, the refugee is eligible to apply for RMA and will be enrolled without an income eligibility determination.

4. Scope of medical services. 45 CFR 400.105 and 400.106

- a. RMA services are provided at least to the same extent and in the same manner as Medicaid pursuant to 45 CFR Part 400 § 400.105, except for provider interpretation costs. RRP is working on securing contracts with language companies to offer these services to RMA members.
- b. The RMA payment model is fee-for-service using the AHCCCS provider fee schedule. Direct services provided through RMA that are non-medical include transportation services to and from appointments, a benefit provided by AHCCCS to AHCCCS members.
- c. None.

5. Not applicable.

## **D. Medical Screening. 45 CFR 400.107**

### **1. Coordination of Medical Screening Program. 45 CFR 400.5 (f)**

- a. The MS Program is administered by the SRHC within RRP. The SRHC is responsible for screening contract management including scope creation and contract monitoring, provider performance monitoring and troubleshooting, invoice approval, data management, ORR reporting, technical assistance, and convening Quarterly Screening Meetings among the LRAs and the screening clinic - as well as several other meetings and efforts that support refugee health efforts. Additional Medical Screening administrative services include the SRC, Deputy SRC, a Program Supervisor and Program Specialist percentage of effort related to intake and enrollment activities, claims processing and payment, contract and program development, reporting, records maintenance/retention, orientations, coordination, and technical assistance for public and private screening providers, and liaising with the State Medicaid system when necessary. They also include costs associated with production of RMA enrollment cards, In-State travel, OnBase System, ARRPODS data management system, and the cost of a new RMA enrollment card printer.
  
- b. Prior to refugees' arrival, local LRAs review biographical information and overseas medical information provided by the National LRAs with which they affiliate to identify individuals in need of additional medical care upon arrival. The LRA can arrange expedited care for these refugees through relationships established with medical facilities that agree to see new arrivals on short notice and before AHCCCS eligibility is determined. LRAs alert the SRHC of such cases, who in turn coordinate with the screening provider to take any necessary additional steps in administering the screening. The refugee medical screening provider is also alerted to patients with special medical needs by accessing the CDC Electronic Disease Notification (EDN) System. The screening clinics refer every refugee to a Preferred Care Provider (and specialists if indicated) to follow up on any conditions identified during the refugee medical screening. The sole state-contracted screening provider in Tucson, Revive Community Health, is a stand alone, private clinic with the sole purpose of providing the Medical Screening. This contract was established in late FFY 2022 and has not yet begun providing screening services, but the intention of the clinic is to establish relationships with healthcare providers who are known to provide culturally competent, linguistically appropriate services to refugees and will engage in warm referrals with these providers to ensure continuity of services and expedited medical record transfers with the presence of an ROI signed by the refugee. When an ROI is signed with the LRAs, Revive will communicate any need for follow-up and pertinent medical needs the refugee might have for LRA assistance in addressing. Currently, and until the end of FFY 2022 when their contract ends, the refugee screening clinic in Tucson is embedded in the Banner University Medical Center (BUMC) which can directly refer pediatric and pregnant patients to care within the facility. When a Medical ROI is signed with LRAs, clinics may communicate any need for follow-up care and monitoring to the patient's respective LRA, supporting LRAs' ability to assist their refugees with their medical needs. Upon arrival, LRAs may refer refugees to the Medicaid Plans for managed care coordination for certain complex

medical needs. These plans' Care Coordinators then work directly with refugees and the local LRA to expedite medical appointments and transportation. The Medical Screening provider in Phoenix is at the MCDPH. This clinic provides referrals as needed during the Medical Screening and, with a signed ROI, communicates any coordination needs with the LRA. The MCDPH clinic also performs warm internal referrals to the onsite Sexually Transmitted Disease (STD) Clinic and the County's Tuberculosis (TB) Control and Prevention Program for those in need of treatment to ensure follow up care. Revive Community Health in Phoenix will begin providing Medical Screening services for refugees in September 2022 and will also refer refugees as appropriate to MCDPH's Sexually Transmitted Infection and TB clinics and to culturally responsive and linguistically compatible providers in the community for follow up care, coordinating as necessary with the LRAs when a signed ROI is in place.

For Operation Allies Welcome (OAW) Afghans, the SRHC receives screening records from the Safe Havens through the Secure Management Services portal and distributes them to the appropriate clinic. For medically vulnerable individuals, the SRHC receives medical records on a case-by-case basis from Safe Haven medical coordinators.

- c. The SRHC has access to the CDC EDN System for information about arriving refugees' pertinent health statuses. Medical Screening providers also have access to the EDN, to which they refer prior to screenings to support the vaccine schedule being followed and to identify any conditions requiring follow up during the screening (such as Class A conditions). The Maricopa County and Pima County screening providers also update the state immunization database with overseas records for refugees.
- d. The State has an IGA with the MCDPH, a direct contract with BUMC, and a direct contract with Revive Community Health. The direct contract with BUMC expires at the end of FFY 2022 and will not be renewed. Under the agreement and contract, these health agencies provide coordination of a comprehensive health-screening process that identifies and leads to the treatment of diseases that could affect public health and/or personal well-being and successful resettlement of refugees pursuant to 45 CFR Part 400 § 400.5 [f]. Screenings are conducted by a physician (with a registered nurse) and a nurse practitioner at MCDPH and BUMC, respectively. Revive Community Health will begin providing screening services in September 2022, and a registered nurse and / or physician will conduct screenings. At each facility, a Screening Program Coordinator performs patient registration, ensures that appropriate interpretation services are provided during the screening, liaises with LRAs to schedule the screening appointments and transportation, accepts referrals for screening and reports services on ARRPODS, communicates with refugees to remind them of appointments, meets quarterly with LRA Medical Case Managers and the SRHC to discuss the screening, and provides aggregate monthly reports to RRP. These activities are funded under the agreements and contracts with MCDPH, BUMC, and Revive Community Health. Due to the increase in demand of screening services in FY 2022 and lack of capacity at BUMC, a Federally Qualified Health Center, El Rio Community Health Centers, began voluntarily providing screening services in Pima County to get through the backlog of OAW Afghans waiting for the screening and continued to provide the screening to newly arrived refugees. The SRHC is receiving individual-level data on who is receiving the screening but has yet to receive aggregate

medical data on screening outcomes. RRP is currently pursuing an IGA with El Rio whereby El Rio Community Health Centers would become a permanent, contracted screening provider for refugees in Pima County and provide data to RRP on screening outcomes..

- e. MCDPH is a local public health department where screening services are provided in the STD Clinic in the same facility as the County's TB Control and Prevention Program. Revive Community Health is a private clinic with two screening locations, one in Pima County and one in Maricopa County. BUMC is a private, non-profit hospital where screening services are provided in the Infectious Diseases Section in the Department of Medicine. El Rio Community Health Centers is a Federally Qualified Health Center in Pima County with various clinics around the county. In Maricopa County, the MCDPH screening clinic is in the city of Phoenix and Revive Community Health screening clinic is in Tempe. In Pima County, the BUMC screening clinic, the El Rio Community Health Center, and Revive Community Health clinic are located in the city of Tucson.
2. Pursuant to ORR State Letter #12-09 and ORR State Letter #13-03, RRP requests to continue to operate the Medical Screening using RMA funding - in accordance with 45 CFR § 400.107.
  3. Scope of Medical Screening services. 45 CFR 400.107
    - a. The State assures that the Medical Screening is administered in accordance with the requirements prescribed by the Director pursuant to 45 CFR Part 400 § 400.107 (a) (1).
    - b. The State assures that Medical Screening costs are reasonable, as they are based on the Medicaid fee schedule.
    - c. The Medical Screening payment model is a fee-for-service model, based on the state Medicaid fee schedule.
    - d. The State assures that all RMA-paid screenings will be done within the first 90 days of U.S. date of arrival or grant of qualifying status, by monitoring screening providers' monthly reports, except for those instances where ORR has made exception to this requirement for certain refugees and eligible beneficiaries who are beyond 90 days and not eligible for Medicaid.
    - e. Refugees are eligible for the following existing screening services covered under Medicaid and/or State/local public health programs:
      - Immunizations for children ages 18 years and younger under the State's Vaccines for Children Program.
      - Evaluation and treatment as necessary for suspected active or latent TB for all refugees under County Departments of Public Health TB Control Programs.
      - Evaluation and treatment, as necessary, for suspected STD for all refugees under the County Departments of Public Health STD Programs.

- Adult immunizations.
  - History, physical exam, and review of systems for all ages.
  - Complete blood count with differential.
  - Serum chemistries.
  - Urinalysis.
  - Cholesterol testing.
  - Pregnancy testing.
  - Blood Lead Level screening for children six months to 16 years old.
  - Mental health screening.
  - Presumptive treatment of parasites for those from at risk regions and who did not receive overseas presumptive treatment.
- f. If a refugee is eligible for AHCCCS, all services outlined in the CDC Guidance are covered under Medicaid and/or State/local public health programs, including preventive health lab tests, lab test diagnostics, basic screening costs, and adult immunization costs. In cases when a refugee client's AHCCCS eligibility has not yet been determined at the time of the screening, the MCDPH and BUMC screening clinics have agreed to place the refugee on an "AHCCCS Pending" list for future billing and reimbursement of costs. If after 30 days from the time of screening a refugee is not in the AHCCCS System, then MCDPH will assume the refugee is not eligible for AHCCCS and will bill RCMA Refugee Medical Screening (RMS) for the screening services. RRP checks all clients' AHCCCS statuses before paying Medical Screening claims. If a refugee is found to have AHCCCS, then the bill is rejected and sent back to the screening clinic with instructions to bill AHCCCS.

Screening costs not covered by AHCCCS are costs associated with screening services for refugees and other eligible beneficiaries denied by AHCCCS due to financial ineligibility, and allowable under RCMA RMS. This may include preventive health lab tests, lab test diagnostics, basic screening costs, and adult immunization costs.

- g. There are no additional direct service Medical Screening costs beyond those outlined in ORR State Letter #12-09. No direct services are provided through Medical Screening that are non-medical.
- h. Arizona screening clinics receive additional RCMA RMS funds to support key coordination activities, including the required data collection and reporting at the individual refugee level in ARRPODS and monthly aggregate outcome reports, coordination activities and quarterly meetings with RRP and LRAs, scheduling Medicaid- or RMA-covered medical transportation for refugees to and from appointments, appointment scheduling and reminders with refugees and LRA staff, refugee onsite navigation assistance during their appointments, referral coordination, and continuity of care activities with case managers who have ROI agreements with clients. These services

are necessary to comply with ORR-mandated reporting, to decrease no-shows, to ensure that refugees get to their appointments, and to ensure that screenings are conducted.

## **E. RSS. 45 CFR 400 subpart I**

### **1. RSS general funding is programmed as follows:**

- a. Refugee Program: Refugee Program is the primary case management and employment service in Arizona funded by RSS, providing broad ranging services pursuant to § 400.154/5. All services allowable under § 400.154/5 are available to clients, with specifically enumerated services in the enrollment document refugees sign as follow:
  - Refugee Program Enrollment - Upon enrollment in the Refugee Program, every member of a case will receive a customized SSP. The SSP shall reflect the client's particular needs rather than a normalized service delivery procedure. The SSP shall be jointly developed between the LRA and refugees and shall serve as a mutual agreement that documents specific needs and definite goals, timeframes, actions required to meet those goals, and the clear responsibilities of both parties.
  - Employment - Every employable member of a case will receive a customized EP. The EP will be developed to assist refugees in gaining employment as quickly as possible. The individual EP should include provisions for employment services that render an individual or household self-sufficient, including extended employment services that provide opportunities for an individual or family to maintain or increase their standards of living through job upgrade programs as appropriate. As necessary, assistance will be provided with developing a professional resume in search of appropriate employment, assistance with the new hire and onboarding processes upon securing employment, assistance with retaining employment. and assistance with any of the aforementioned employment supports for up to five years from a client's date of arrival or grant of qualifying status. The SSP and EP are guides for the implementation of RSS-funded services offered to refugees through their LRA.
  - The following services are offered throughout a client's first five years in the U.S. - from client's date of arrival or grant of qualifying status:
    - i. Health - Assistance will be provided with establishing and maintaining care with a primary care physician, obtaining specialist referrals from primary care physicians, obtaining services from medical specialists as appropriate, and with obtaining access to the State Medicaid Program (AHCCCS) as appropriate.
    - ii. Public Benefits - Assistance will be provided with maintaining a relationship with and completing the requirements for the TANF Jobs Program for the duration of client's enrollment in the TANF Jobs Programs and with complying with FAA (cash program) regulations. As needed, assistance will be provided with successfully applying for Supplemental Security Income, utilizing public housing as available, enrolling and successfully utilizing services from the ADES

Rehabilitation Services Administration as necessary, maintaining access to and successfully utilizing the SNAP and the Women, Infants and Children (WIC) Program, enrolling and successfully utilizing services from the ADES Division of Developmental Disabilities (DDD) as necessary, and enrolling and successfully utilizing childcare services through the ADES Division of Child Care (DCC).

- iii. Education - Assistance will be provided for enrolling and successfully utilizing ELT courses, enrolling children in the public school system as required, supporting children with maintaining meaningful access to the public school system, and enrolling economically self-sufficient adults in continuing education courses that do not affect their ability to obtain or retain employment.
  - iv. General Integration Services - Assistance with resolving problems concerning federal, state, and municipal/local laws; housing issues (e.g., landlord tenant issues, maintenance issues, lease renewal); other legal matters, such as child abuse and neglect, adult abuse and neglect, truancy, domestic violence, and immigration status-related responsibilities.
  - v. Long-term Integration Services - Assistance will be provided with referral to immigration services for adjustment to Lawful Permanent Residency and seeking U.S. Citizenship at the appropriate time intervals.
- Service Delivery Strategy: Refugee Program is a client-centered service delivery program whereby refugees can set their program goals pursuant to § 400.154/5. All services are to be provided according to individual Self-Sufficiency and EPs. All in service, whether adult or minor, are to have their own Plans, with parents being signatories on minors' plans. Plans are mutually developed documents of accountability between the refugee and caseworker and are structured in a goal and task methodology. The goal is the service area under § 400.154/5 that is to be worked on and the tasks are the individual non-divisible work items that both parties, the refugee and the caseworker, will undertake to achieve the goal. Under the Refugee Program, Plans are a living document updated throughout a client's duration in services. Individual Plans for each member of a case are to be designed to complement the Plans of other family members and towards the goal of assisting the family unit achieve economic self-sufficiency.
  - Program Structure: Refugee Program is currently structured to allow for continuity of services between R&P, MGP, and Refugee Program. Case workers often have shared salaries amongst multiple programs. The overriding design principle was to create a single point of entry for services for refugee clients. Each Arizona LRA currently holds a Refugee Program contract with corresponding RSS awards that are proportional to the number of refugees served per ARRPODS data.
  - Procurement Timeframe: RRP is in the process of extending Refugee Program contracts for another year, which will be effective in FFY 2023. During FFY 2023, the

Refugee Program contract will be redeveloped using ARRPODS data from the past four years and put out for competitive bid in FFY 2023.

- Roles of Contract Service Provider: The LRAs operating the Refugee Program are designed to be single points of entry for refugee clients. Refugee refugees can access Refugee Program services pursuant to § 400.154/5. While all services defined under § 400.154/5 are allowed under Refugee Program, the emphasis of programming is to assist refugees with securing and retaining durable employment. Case management activities defined under § 400.154 are to be undertaken in pursuit of securing employment for employable household members. Refugee Program contractors may refer refugees to more specialized RRP services, such as SOR, through ARRPODS. Should no refugee-specific program exist to meet a client's needs, the Refugee Program contract is to serve as a meaningful access intermediary to support refugee access to external social service programs. Refugee Program contractors are also the primary provider of employment services for RCA clients.
- Geographic Area: Refugee Program is administered under LRAs operating in the Phoenix and Tucson MSAs.
- Target Population: Any refugee or other eligible beneficiary who does not receive the services listed under § 400.154/5 from any other ORR funded program. refugees may be served under Refugee Program employment services if they are actively enrolled in R&P or Preferred Communitates and may receive all services offered under Refugee Program if they have exited R&P, MGP, and the PC Program. Should demand for Refugee Program resources, RRP enacts the priority provision of services clause pursuant to § 400.147.

b. Community Center (Program Development):

- Service Delivery Strategy: Community Center programming is a client-centered service delivery program, whereby contractors develop novel programming within the constraints of § 400.154. The Program goal is to develop programming for longer-term refugees based on community engagement intended to bring refugees back into the resettlement network. Longer-term refugees are defined as any refugee who has lost contact with their LRA for any reason.
- Program Structure: The Community Center contracts were designed to provide maximum flexibility to client-centered services allowable under § 400.154, whereby refugees can set their program goals within the service delivery parameters of § 400.154. The aim is to develop community focused refugee programming that appeals to and effectively serves longer-term clients. Community Center contracts prioritize community focused exploratory services that demonstrate the highest level of engagement.
- Procurement Timeframe: The Community Center Programming is not undergoing procurement activity during FFY 2023.

- Role of Contracted Service Providers: The role of contracted service providers is to deploy novel community-facing interventions designed to appeal to refugees and encourage them into service. Once refugees are in service, they are to iterate on program designs to learn how to best serve legacy clients.
- Geographic Area: The Community Centers operate in the Phoenix and Tucson MSAs.
- Target Population: The target population is any refugee or other eligible beneficiary within five years of their U.S. entry or grant of qualifying status and who have lost contact with their LRA and are not engaged in LRA contracted services.

c. English language training (ELT):

- Service Delivery Strategy: The ELT Program is designed to assist working refugees and those seeking employment and who are not enrolled in school full-time, with gaining as much English as is possible within a six-month timeframe from their date of qualifying status. The ELT Program is designed to allow continual enrollment throughout the year to accommodate all new arrivals with accessing programming without delay. ELT curricula prioritizes English acquisition for employment and targets refugees where they are in their English learning aptitudes. Refugees not actively pursuing employment may attend ELT, capacity permitting, with the intent of allowing them to better interact with their new setting and thereby removing familial integration barriers from family members seeking employment.
- Program Structure: Upon arrival, LRAs refer refugees to the ELT provider operating in their respective MSA. refugees are tested and placed in a course that matches their learning aptitude. Courses range from emerging learners (previously referred to as preliterate) to intermediate English courses. Advanced English speakers are generally referred to mainstream ELT or English Language Learning Programs, as most refugees require ELT for emerging learners and basic English levels.

In addition to direct ELT courses, ELT contractors provide a research component. There is a gap in curricula effectively designed to provide functional English proficiency levels in the expedited time frame of the U.S. Refugee Program, i.e., particularly as it relates to the economic implications of the goal for refugees and eligible beneficiaries to secure employment as soon as possible after arrival or grant of qualifying status. Thus, ELT providers operate Continuous Improvement research designed to develop curricula that best suits clients' needs within the constraints of the U.S. refugee resettlement scheme.

- Procurement Timeframe: RRP is currently working with the Office of Procurement on a competitive bid process for ELT programming, as it is coming to the end of its five-year contract life. ELT Contracts are expected to be operational in Quarter One of FFY 2023.

- Roles of Contracted Service Provider: Contracted service providers are to assist ORR eligible populations acquire as much conversational English as possible in a six-month timeframe.
- Geographic Area: There is an ELT provider in the Phoenix and Tucson MSAs.
- Target Population: The target population is any ORR eligible beneficiary seeking to improve their English. Should the program reach service capacity limits, those refugees actively seeking employment will take priority. Should arrival patterns continue to outstrip the capacity of the ELT Program, RRP will prioritize those refugees who have no other ELT resource, such as RSS clients, and may request the LRAs to assist using MGP resources or to identify other suitable ELT Programming.

## 2. SSP Completion and Follow-through

- a. SSP Completion: SSPs are the cornerstone of RSS programming. Upon entry into the Refugee Program, all refugees are provided orientation, during which they review the Refugee Program R&R document that outlines the types of services available to the refugee upon enrollment. The R&R also details that services are to be provided in a manner that addresses their needs and that services are to be delivered in accordance with their individual SSP. Every individual enrolled into the Refugee Program receives an SSP or EP if they are in search of employment. The SSP serves as the primary document of accountability between the caseworker and the refugee and contains definitive action steps for both parties. Plans are stored in ARRPODS and are considered the sole source of refugee facing service documentation. Case notes denoting refugee facing services are being retired as they were an unreliable data source for demonstrating SSP completion and in their stead SSPs and service notes are being merged into the same task object under SSPs where caseworkers can document planned and ad hoc tasks undertaken to assist refugees with achieving their SSP goals.

RRP complies with the check-in parameters set forth in ORR PL 19-07 by mandating six months of follow-up for all refugees who have exited the Refugee Program. Specific contract language is as follows:

*Attempt to contact individuals or families every six (6) months (using their last known contact information) after a refugee is considered self-sufficient to verify refugee status and offer continued services. Contact shall only be made for the duration of a client's eligibility. Should the Contractor be unable to contact a refugee for two (2) consecutive six (6) month periods, then this provision no longer applies. (Refugee Program Contract, Page 23)*

Contractors are to attempt to contact refugees who exited services every six months until a client's fifth year of eligible status and inquire whether positive condition state established upon exit of Refugee Program still exists and if not offer to re-enroll them

into services, should program capacity allow under the priority provisions of services to be served.

### **3. RSS Set-Aside Programming**

#### **a. Youth Mentoring Program (YMP)**

- **Service Delivery Strategy:** The YMP is a client-centered service delivery program whereby refugees can set their program goals within the constraints of ORR PL 22-09. All services are to be provided pursuant to individual Self-Sufficiency and EPs. All youth in service have their own plan with parents being signatories on minor plans. Plans are mutually developed documents of accountability between the refugee and caseworker and are structured in a goal and task methodology. The goal is the service area to be worked on and the tasks are the individual non-divisible work responsibilities that both parties, the refugee and the caseworker, will undertake to achieve the goal, pursuant to PL 22-09. Under the YMP, plans are a living document to be updated throughout clients' duration in services. The SSP owners are the refugee and the YMP case managers, however, the YMP diverges from the Refugee Program in that the primary method for service delivery is through coordinated volunteer mentor time.
- **Program Structure:** Youth ages 15-24 who would otherwise have been unable to work with Refugee Program staff due to capacity limits are referred to the YMP through ARRPODS. Upon refugee intake, the YMP ascertains what youths' goals are pursuant to ORR PL 22-09. YMP staff subsequently seek volunteer mentors in the field for which the youth seek assistance. Should no volunteer mentor be available, YMP staff will move into a direct service role.
- **Procurement Timeframe:** There are no procurement actions to be undertaken for the YMP during FFY 2023.
- **Role of Contracted Service Providers:** The YMP assists youth and young adults with the acquisition of soft social skills and career development. They own career and social development activities for youth in Arizona ages 16-24. The YMP does not assist with education-related topics as that is the RSI Program's area of responsibility.
- **Geographic Area:** The YMP operates in the Phoenix and Tucson MSAs.
- **Target Population:** The YMP target population is youth and young adults ages 16-24 with a desire to work on integration or professional development goals.

#### **b. Services to Older Refugees (SOR)**

- **Service Delivery Strategy:** The SOR operates from within the Area Agency on Aging (AAA), Region One for the Phoenix MSA and from an LRA for the Tucson MSA.

SOR accepts referrals from all RRP contractors to engage older refugees and to assist them with acquiring U.S. Citizenship and overcoming transitional barriers.

When operated by AAA, SOR funding supports outreach to qualifying beneficiaries to promote their access to mainstream aging services. SOR funding supports congregate mealtime for eligible beneficiaries to facilitate their engagement with AAA staff, an approach for which AAA appropriates almost 400 percent the amount of ORR SOR funds from its other funding resources in support of SOR efforts.

When operated by the LRAs in Tucson the SOR funding provides for direct case management due to non-investment from the local AAA in direct service mythology.

- Program Structure: SOR is complementary to the Refugee Program due to Refugee Program resource limitations and the primary mandate of employment for refugees and other eligible beneficiaries. Refugee Program staff do not have the capacity to engage with older refugees/eligible beneficiaries who are not looking to engage or enter the workforce. SOR assists older refugees with obtaining and maintaining access to benefits that support maintenance of their household and offer social programming to help alleviate social isolation. All services are provided pursuant to ORR PL 22-08.
- Procurement Timeframe: RRP in the process of extending SOR contracts for the Tucson MSA contract for another year, which will be effective in FFY 2023. The contract will be redeveloped and put out for competitive bid in FFY 2023.
- Roles of Contracted Service Provider: Both SOR contractors have a primary mandate to assist eligible refugees with obtaining U.S. Citizenship and a secondary mandate, resources permitting, to assist eligible refugees with obtaining mainstream social services and gaining specific benefits such as Section 8 Housing, Arizona Long-Term Care Assistance, Social Security Disability Insurance, and others when warranted.
- Geographic Area: The Phoenix and Tucson MSAs.
- Target Population: ORR eligible populations 60 years of age and older who are within five years from their date of qualifying status or in need of citizenship services.

c. Refugee School Impact Program (RSI)

- Service Delivery Strategy: The RSI Program offers services through direct contact with LRAs and subcontracts with Local School Districts. RSI is a complementary program to the Refugee Program. Due to resource limitations and the emphasis on early employment goals under RSS, the Refugee Program contract does not currently have capacity to engage with school-aged children. To help alleviate this gap, RSI accepts referrals for services from Arizona LRAs through ARRPODS.

The LRAs primarily focus on professional development and services not offered by districts. While the School Districts offer direct school interventions. The Subcontracts

with the districts are awarded through a competitive bid process managed by the LRAs yearly.

- **Program Structure:** LRAs hire one RSI Coordinator for each Arizona County of operation. The RSI Coordinator has the contract mandate to maintain the RSI pursuant to ORR PL 19-01. RSI contractors have a primary mandate for using subcontracts with Local School Districts to deliver services to eligible clients. RSI Coordinators may develop their own direct service programming when referral data and mandated refugee outreach efforts *...identifies that the needs of students referred to the RSI program who cannot be referred to a sub-contracted school district due to their geographic location not being covered, sub-contracted entities capacity being reached, or the scope of the need being outside the sub-contracted districts ability to provide services.* When this occurs, RSI Coordinators may recommend direct service interventions to RRP and, with RRP approval, pursue utilizing portions of RSI funding to directly facilitate the provision of services proportionate to the unmet need.

The RSI Coordinators also have a contractual mandate to manage data collection with the subcontracted entities to support service data being entered into ARRPODS for ORR mandated ORR reporting and to ensure that those beneficiaries served are eligible per regulation and policy.

- **Procurement Timeframe:** RRP is in the process of extending RSI contracts for another year, which will be effective in FFY 2023. The State of Arizona procurement process includes such things as having a new functioning contract, then on-boarding for the new contract typically takes close to two years. RRP is prioritizing procurement efforts for the ASA contracts. RRP anticipates that Early RSI services as outlined at 45 CFR § 400.155 and in the relevant PL, 22-07 will be included in RRP's renewal, pursuant to Arizona Procurement policies and procedures. The RSI contract will be competitively bid in FFY 2023. Upon receipt of FFY 2023 RSS set-aside funds, RRP will contract RSI funding with the designated LRAs, a process that generally takes one month.

Upon receipt of the RSI funding, the designated LRAs initiate their competitive bidding process which can take three to four months with those Local School Districts that will provide direct services. Protracted receipt of ORR RSS Set-aside awards typically results in a greatly reduced timeframe to support needed services in the year.

- **Roles of Contracted Service Provider:** The LRAs operating RSI contracts staff a School Impact Coordinator. This position is responsible for providing continuing education to school districts serving refugee students and to manage sub-contracts with the school districts to provide direct service interventions. If an RSI contractor can prove that subcontracting with school districts is harmful to the service of the population overall they may develop direct service programming with RRP's approval.
- **Geographic Area:** Contracts operate in the Phoenix and Tucson MSAs, however, due to resource limitations RSI can only contract with a limited number of Local School Districts with significant populations of qualifying students. The contracted Local

School Districts self-select RSI allowable services per subcontractor bidding processes. RSI Coordinators work with eligible students across all Local School Districts, however, due to resource limitations the same level of direct service interventions is not guaranteed.

- Target Population: Arizona Public K-12 school-aged eligible students residing in major resettlement communities.

d. Refugee Health Promotion (RHP)

- Service Delivery Strategy: At the end of FFY 2021, RRP issued an RFP for RHP services in Pima and Maricopa Counties, ultimately awarding the contract to Valleywise Health to provide health literacy classes and mental health case management to refugees and eligible beneficiaries in Maricopa County, as allowable under PL 20-5 and 22-06. Valleywise Health is well poised to administer RHP services as the hospital houses the Refugee Women’s Health Clinic and the Refugee Pediatric Clinic and has a nationally recognized refugee Clinical Health Navigator Program where former refugees are employed to provide care navigation, cultural brokerage services, health education, and interpretation to Limited English Proficient patients. Valleywise has received RHP funds in the past, including from 2016 to 2019, prior to the program becoming an RSS set-aside.
- Program Structure: Anyone in Maricopa County may refer refugees to the Valleywise RHP health literacy services and mental health case management services, including Resettlement Agencies, community organizations, healthcare providers, and self-referrals. Valleywise is facilitating health literacy classes on the medical campus and in locations in the community, including apartment complex community spaces, individual apartments/houses, Resettlement Agencies, and temporary congregate living settings including hotels. Cultural Health Navigators are performing case management for mental health needs remotely and in person on the medical campus and in partnership with Jewish Family and Child Services Behavioral Health Services. There are three Cultural Health Navigators that are providing 2.5 FTE to case management and health literacy efforts. Currently referrals to RHP mental health case management services are primarily coming internally from Valleywise providers and from Resettlement Agencies.
- Procurement Timeframe: During FFY 2021, RRP issued a Request for Information (RFI) to learn about community priorities and potential directions for the next RHP effort. RRP created a SOW based on RFI responses and issued an RFP at the end of FFY 2021. Beginning late FFY 2022 the selected provider, Valleywise Health, began to implement new RHP services focusing on mental health care navigation and group health literacy classes. This contract has been renewed for service continuation through FFY 2023.
- Roles of Contracted Service Provider: Valleywise Health will be an entry point for refugees entering RHP services. refugees will be referred by Resettlement Agencies,

community partners, healthcare providers, and self-referrals. Valleywise Health will engage in refugee outreach to ensure continuous refugee enrollment into RHP services. Valleywise Health will also solicit community survey responses around refugee health literacy to ensure that topics addressed in health literacy classes are relevant to community needs. Valleywise has established warm referral mechanisms to their hospital's mental health services and an outside culturally competent mental health provider where their Mental Health Case Managers will ensure their barriers to services are addressed, including but not limited to interpretation, transportation, setting up appointments, establishing expectations, and referrals to wrap around services.

- Geographic Area: In FFY 2023 the contract will operate in Maricopa County.
- Target Population: The target population for the FFY 2023 RHP efforts will be recent refugee arrivals with mental health and health literacy needs.

**4. Afghanistan Supplemental Appropriations (ASA) general funding is programmed as follows:**

- a. Refugee Program - ASA: Refugee Program is the primary case management and employment service in Arizona. The Refugee Program is funded by RSS and provides broad ranging services under § 400.154/5. All services allowable under § 400.154/5 are available to clients. Specifically enumerated services in the enrollment document refugees sign are as follows:
  - Upon Enrollment into the Refugee Program, every member of a case will receive a customized SSP. The SSP shall reflect the client's particular needs rather than a normalized service delivery procedure. The SSP shall be jointly developed between the LRA and refugees and shall serve as a mutual agreement that documents specific needs and definite goals, timeframes, actions required to meet those goals, and the clear responsibilities of both parties.
  - Upon enrollment in RSSP, every employable member of a case will receive a customized EP. The EP will be developed to assist refugees in gaining employment as quickly as possible. The Individual EP should include provisions for employment services that render an individual or household self-sufficient. It shall include extended employment services that provide opportunities for an individual or family to maintain or increase their standards of living through job upgrade programs as appropriate.
  - The SSP and EP are guides for the implementation of services offered to refugees by their LRAs through RSSP. The following is a list of services that are offered to refugees throughout September, 2024 in the U.S., from client's date of arrival or grant of qualifying status.
    - i. Employment: Receive assistance in developing a professional resume for job searches in the U.S. Receive assistance in searching for a culturally appropriate

job. Receive assistance through the new hire and onboarding processes upon securing employment. Receive assistance with retaining employment. Receive assistance with any of the aforementioned items in the employment section for a two-year duration from client's date of arrival or grant of qualifying status.

- ii. Health: Receive assistance with gaining access to treatment and care for latent physical and behavioral health concerns. Receive assistance in establishing and maintaining care with a primary care physician. Receive assistance in obtaining specialist referrals from your primary care physician. Receive assistance with obtaining services from medical specialists as appropriate. Receive assistance in obtaining access to the State Medicaid Program (AHCCCS) as appropriate.
- iii. Public Benefits: Receive assistance with maintaining a relationship with and completing the requirements for the TANF Jobs Program for the duration of client's enrollment in TANF Jobs Programs. Receive assistance with staying in compliance with all FAA (cash programs) regulations. Receive assistance with successfully applying for Supplemental Security Income. Receive assistance with applying for and successfully utilizing public housing on a limited basis. Receive assistance with enrolling and successfully utilizing services from the Rehabilitation Services Administration at ADES as necessary. Receive assistance with maintaining access to and successfully utilizing the SNAP and WIC Programs, as necessary. Receive assistance with enrolling and successfully utilizing services from the DDD at ADES as necessary. Receive assistance with enrolling and successfully utilizing childcare services through the DCC at ADES as necessary.
- iv. Education: Receive assistance with enrolling and successfully utilizing ELT courses. Receive assistance with enrolling children into the public school system as required. Receive assistance with enabling children to maintain meaningful access to the public school system. Receive assistance with enrolling economically self-sufficient adults in continuing education courses that do not affect their ability to obtain or retain employment.
- v. General Integration Services: Receive assistance with resolving problems related to the following when necessary: U.S., State, or local laws; Housing issues (e.g., landlord tenant issues, maintenance issue, lease renewal); Other legal matters involving such issues as child abuse and neglect, adult abuse and neglect, truancy, domestic violence, and immigration.
- vi. Long-term Integration Services: RRP will provide legal assistance to Afghan arrivals as delineated by 45 C.F.R. § 400.154 and 45 C.F.R. § 400.155(i) in accordance with the PL 22-03 under "Other Notable Activities Allowable Under" the ASA funding.
- vii. Long- and Short-term Housing: RRP will make housing vouchers available through the upcoming Afghan Refugee Placement contracts. Refugees and LRAs will apply for housing vouchers monthly based on the refugee's housing needs and

the failure of other housing assistance programs. The funding pool will not be separated preemptively between long- and short-term, it will rather be allocated to refugees based on incoming vouchers.

- **Service Delivery Strategy: Refugee Program - ASA** is a client-centered service delivery program through which refugees can set program goals pursuant to § 400.154/5. All services are to be provided according to individual Self-Sufficiency and EPs. All in service, whether adult or minor, are to have their own Plan, with parents as signatories for minors' Plans. Plans are mutually developed documents of accountability between the refugee and caseworker, structured in a goal and task methodology. The goal is the service area under § 400.154/5 to be worked on and tasks are the individual non-divisible work items that both parties, the refugee and the caseworker, will undertake to achieve the goal. Under the Refugee Program, Plans are living documents updated throughout a client's participation in services. Individual Plans for each member of a case are to be designed to complement the Plans of other family members and towards the goal of assisting the family unit achieve economic self-sufficiency.
- **Program Structure: Refugee Program - ASA** will be structured to allow for continuity of services between R&P, MGP, and Refugee Program. Case workers often have shared salaries amongst multiple programs. The chief design principle was to create a single point of entry for services for refugee clients. Each LRA currently holds a Refugee Program contract with corresponding RSS awards that are proportional to the number of refugees served per ARRPODS data. Additionally, non-refugee specific service providers are being solicited to be added to the ASA Refugee Program contract type, to help ameliorate LRAs' lack of capacity to connect with incoming and resettled Afghans, Cubans, and legacy populations, respectively. The Refugee Program ASA will also contain a unique voucher provision allowing LRAs to make voucher payments to Afghan nationals, when an RRP PL specifically enumerates available voucher benefits.
- **Procurement Timeframe: Refugee Program-ASA** was granted a CI in FFY 2022. The CI allows for the state to enter into direct contracts with providers avoiding a competitive bid process. ASA Refugee Program contracts are expected to be operational in Q1 of FFY 2023 in an Itemized Service Budget format with the current LRA providers transitioning to a rate-based contract in Q2 of FFY 2023 with additional providers.
- **Roles of Contract Service Provider: The LRAs and non-LRA refugee service providers** operating the Refugee Program are designed to be a single point of entry for refugee clients. ASA refugees can access the Refugee Program for services pursuant to § 400.154/5. While all services defined under § 400.154/5 are allowed under Refugee Program, the emphasis of programming is to assist refugees with securing and retaining durable employment. Case management activities defined under § 400.154 are to be undertaken in pursuit of obtaining employment for employable household members.

Refugee Program contractors may refer refugees to more specialized RRP Afghan services, such as the Afghan specific version of SOR, though ARRPODS. Should no refugee-specific program exist to meet a client's needs, the Refugee Program contract is to serve as a meaningful access intermediary to support refugee access to external social service programs. Refugee Program contractors are also the primary provider of employment services for RCA clients.

- Geographic Area: Refugee Program- ASA is administered under LRAs operating in the Phoenix and Tucson MSAs.
- Target Population: Afghan Nationals granted status under ORR PL 22-10 who do not receive the services listed under § 400.154/5 from any other ORR funded program. refugees may be served under Refugee Program employment services if they are actively enrolled in R&P or Preferred Communitates and may receive all services offered under Refugee Program if they have exited R&P, MGP, and the PC Program. Should demand for Refugee Program resources, RRP enacts the priority provision of services clause pursuant to § 400.147.

b. English Language Training (ELT):

- Service Delivery Strategy: The ELT Program is designed to assist working refugees and those seeking employment and who are not enrolled in school full-time, with gaining as much English as is possible within a six-month timeframe from their date of qualifying status. The ELT Program is designed to allow continual enrollment throughout the year to accommodate all new arrivals with accessing programming without delay. ELT curricula prioritizes English acquisition for employment and targets refugees where they are in their English learning aptitudes. Refugees not actively pursuing employment may attend ELT, capacity permitting, with the intent of allowing them to better interact with their new setting and thereby removing familial integration barriers from family members seeking employment.
- Program Structure: Upon arrival, LRAs refer refugees to the ELT provider operating in their respective MSA. Refugees are tested and placed in a course that matches their learning aptitude. Courses range from emerging learners (previously referred to as preliterate) to intermediate English courses. Advanced English speakers are generally referred to mainstream ELT, as most refugees require ELT for emerging learners and basic English levels.

In addition to direct ELT courses, ELT contractors provide a research component. There is a gap in curricula effectively designed to provide functional English proficiency levels in the expedited time frame of the U.S. Refugee Program, i.e., particularly as it relates to the economic implications of the goal for refugees and eligible beneficiaries to secure employment as soon as possible after arrival or grant of qualifying status. Thus, ELT providers operate Continuous Improvement research

designed to develop curricula that best suits clients' needs within the constraints of the U.S. refugee resettlement scheme.

- Procurement Timeframe: Refugee Program ASA ELT entered service in May of 2022 and is not expected to undergo any additional procurement.
- Roles of Contracted Service Provider: Contracted service providers are to assist ORR eligible populations acquire as much conversational English as possible in a six-month timeframe.
- Geographic Area: There is an ELT provider in the Phoenix and Tucson MSAs.
- Target Population: The target population is any Afghan National granted status under PL 22-10 seeking to improve their English. Should the program reach service capacity limits, those refugees actively seeking employment will take priority. Should arrival patterns continue to outstrip the capacity of the ELT Program, RRP will prioritize those refugees who have no other ELT resource, such as RSS clients, and may request the LRAs to assist using MGP resources or to identify other suitable ELT Programming.

c. SSP Completion and Follow-through

- SSPs are the cornerstone of Refugee Program ASA programming. Upon entry into the Refugee Program - ASA, all refugees are provided orientation, during which they review the Refugee Program R&R document that outlines the types of services available to the refugee upon enrollment. The R&R also details that services are to be provided in a manner that addresses their needs and that services are to be delivered in accordance with their individual SSP. Every individual enrolled into the Refugee Program receives an SSP or EP if they are in search of employment. The SSP serves as the primary document of accountability between the caseworker and the refugee and contains definitive action steps for both parties. Plans are stored in ARRPODS and are considered the sole source of refugee facing service documentation in FFY 2022. Case notes denoting refugee facing services are being retired as they were an unreliable data source for demonstrating SSP completion and in their stead SSPs and service notes are being merged into the same task object under SSPs where caseworkers can document planned and ad hoc tasks undertaken to assist refugees with achieving their SSP goals.

ARRPODS features a plan interface that adds activity timers into SSPs. Tasks that are not updated at least every 31 days will go inactive, demonstrating which plans have been left unattended. In this way RRP has a data trail that can be provided to LRA managers alerting them to those refugees needing follow up.

RRP complies with the check-in parameters set forth in ORR PL 19-07 by mandating six months of follow-up for all refugees who have exited the Refugee Program. Specific contract language is as follows:

*Attempt to contact individuals or families every six (6) months (using their last known contact information) after a refugee is considered self-sufficient to verify refugee status and offer continued services. Contact shall only be made for the duration of a client's eligibility. Should the Contractor be unable to contact a refugee for two (2) consecutive six (6) month periods, then this provision no longer applies. (Refugee Program Contract, Page 23)*

Contractors are to attempt to contact refugees who exited services every six months until a client's fifth year of eligible status and inquire whether positive condition state established upon exit of Refugee Program still exists and if not offer to re-enroll them into services, should program capacity allow under the priority provisions of services to be served.

**5. RSS ASA Set Aside funding is programmed in the following manner:**

a. YMP - ASA

- **Service Delivery Strategy:** The YMP-ASA is a client-centered service delivery program whereby refugees can set their program goals within the constraints of ORR PL 22-09. All services are to be provided pursuant to individual Self-Sufficiency and EPs. All youth in service have their own plan with parents being signatories on minor plans. Plans are mutually developed documents of accountability between the refugee and caseworker and are structured in a goal and task methodology. The goal is the service area to be worked on and the tasks are the individual non-divisible work responsibilities that both parties, the refugee and the caseworker, will undertake to achieve the goal, pursuant to PL 22-09. Under the YMP, plans are a living document to be updated throughout clients' duration in services.  
The SSP owners are the refugee and the YMP case managers, however, the YMP diverges from the Refugee Program in that the primary method for service delivery is through coordinated volunteer mentor time.
- **Program Structure:** Afghan Youth ages 15-24 who would otherwise have been unable to work with Refugee Program staff due to capacity limits are referred to the YMP through ARRPODS. Upon refugee intake, the YMP ascertains what youths' goals are pursuant to ORR PL 22-09. YMP staff subsequently seek volunteer mentors in the field for which the youth seek assistance. Should no volunteer mentor be available, YMP staff will move into a direct service role.
- **Procurement Timeframe:** ASA Refugee Program was granted a CI in FFY 2022. The CI allows for the state to enter direct contracts with providers avoiding a competitive bid process. ASA Refugee Program contracts are expected to be operational in Q1 of FFY 2023.
- **Roles of Contracted Service Provider:** The YMP-ASA assists youth and young adults with the acquisition of soft social skills and career development. They own career and social development activities for youth in Arizona ages 16-24. The YMP-ASA does

not assist with education-related topics as that is the RSI Program's area of responsibility.

- Geographic Area: The YMP operates in the Phoenix and Tucson MSAs.
- Target Population: The YMP target population is youth and young adults ages 16-24 with a desire to work on integration or professional development goals.

b. SOR - ASA

- Service Delivery Strategy: The SOR-ASA will operate from within the AAA, Region One for the Phoenix MSA and from an LRA for the Tucson MSA. SOR accepts referrals from all RRP contractors to engage older refugees and to assist them with acquiring U.S. Citizenship and overcoming transitional barriers.

When operated by AAA, SOR funding supports outreach to qualifying beneficiaries to promote their access to mainstream aging services. SOR-ASA funding supports congregate mealtime for eligible beneficiaries to facilitate their engaging with AAA staff, an approach for which AAA appropriates almost 400 percent the amount of ORR SOR-ASA funds from its other funding resources in support of SOR- ASA efforts.

When operated by the LRAs in Tucson the SOR-ASA funding provides for direct case management due to non-investment from the local AAA in direct service mythology.

- Program Structure: SOR-ASA is complementary to the Refugee Program due to Refugee Program resource limitations and the primary mandate of employment for refugees and other eligible beneficiaries. Refugee Program staff do not have the capacity to engage with older refugees/eligible beneficiaries who are not looking to engage or enter the workforce. SOR assists older refugees with obtaining and maintaining access to benefits that support maintenance of their household and offer social programming to help alleviate social isolation. All services are offered pursuant to ORR PL 22-08.
- Procurement Timeframe: ASA Refugee Program was granted a CI in FFY 2022. The CI allows for the state to enter direct contracts with providers avoiding a competitive bid process. ASA Refuge Program contracts are expected to be operational in Q1 of FFY 2023.
- Roles of Contracted Service Provider: Both SOR-ASA contractors have a primary mandate to assist eligible refugees with obtaining U.S. Citizenship and a secondary mandate, resources permitting, to assist eligible refugees with obtaining mainstream social services and gaining specific benefits such as Section 8 Housing, Arizona Long-Term Care Assistance, Social Security Disability Insurance, and others when warranted.
- Geographic Area: Phoenix and Tucson MSAs.

- Target Population: Afghan Nationals 60 years of age and older who are within five years from their date of qualifying status or in need of citizenship services.

c. RSI - ASA

- Service Delivery Strategy: The RSI-ASA Program offers services through direct contracts with LRAs and subcontracts with local school districts. RSI-ASA accepts referrals for services from Arizona LRAs and non-RA refugee service providers operating the Refugee Program through ARRPODS. All services are to be provided pursuant to individual Self-Sufficiency. All adult refugees and minors who are participating in services have their own plan. All minors with parents being signatories on minor plans. Plans are mutually developed documents of accountability between the refugee and caseworker and are structured in a goal and task methodology. The goal is the service area to be worked on and the tasks are the individual non-divisible work responsibilities that both parties, the refugee and the caseworker, will undertake to achieve the goal, pursuant to PL 22-07. Under the RSI-ASA, plans are a living document to be updated throughout clients' duration in services.
- Program Structure: LRAs will employ two-three RSI-ASA Coordinator for each Arizona County of operation. The RSI Coordinators have the contract mandate to maintain the RSI pursuant to ORR PL 22-07. The RSI Coordinators also have a contractual mandate to manage data collection with the subcontracted entities to support service data being entered into ARRPODS for ORR mandated ORR reporting and to ensure that those beneficiaries served are eligible per regulation and policy.
- Procurement Timeframe: RSI-ASA Program was granted a CI in FFY 2022. The CI allows for the state to enter direct contracts with providers avoiding a competitive bid process. RSI-ASA contracts are expected to be operational in Q1 of FFY 2023.
- Roles of Contracted Service Provider: The LRAs who operate RSI-ASA contracts will maintain a two to three FTE on staff. Their responsibility is to provide direct service to the Afghan children and their parents pursuant to ORR PL 22-07. The providers are required to provide the educational services to the eligible Afghan children and parents of those children.
- Geographic Area: Contracts operate in the Phoenix and Tucson MSAs.
- Target Population: Arizona Public Preschool 0-18 school-aged eligible Afghan Nationals residing in major resettlement communities.

d. RSI - Support to Schools Initiative (S2S) ASA

- Service Delivery Strategy: The RSI S2S-ASA Program will offer services through RRP's direct contract with the school districts in both the Phoenix and Tucson MSAs,

that work with other local school districts via either subcontracts or collaborative efforts. RSI S2S-ASA is a complementary program to the RSS-ASA. RSI S2S-ASA accepts referrals for services from Arizona LRAs and non-LRA refugee service providers operating the Refugee Program through ARRPODS.

- **Program Structure:** The school districts will hire two to three full-time RSI S2S-ASA Coordinators for each Arizona county of operation. The RSI S2S-ASA Coordinators have a contract mandate to maintain the RSI pursuant to ORR PL 22-12. RSI S2S-ASA contractors are encouraged to utilize subcontracts or collaborative efforts with other local school districts to deliver services to eligible refugees who are outside of their districts. RSI S2S-ASA Coordinators may develop their own direct service programming when referral data and mandated refugee outreach efforts identify needs of those students referred to the RSI S2S-ASA program who cannot be provided services or be referred to a sub-contracted school district. This condition arises when students reside in a geographic location not being covered, when sub-contracted entities reach capacity, or when the scope of the need exceeds the sub-contracted districts' ability to provide services. When this occurs, RSI S2S-ASA Coordinators may recommend direct service interventions to RRP and, with RRP approval, pursue utilizing portions of RSI S2S-ASA funding to directly facilitate the provision of services proportionate to the unmet need.

The RSI S2S-ASA Coordinators also have a contractual mandate to manage data collection with the subcontracted entities to support service data being entered into ARRPODS for ORR mandated ORR reporting and to ensure that those beneficiaries served are eligible per regulation and policy.

- **Procurement Timeframe:** The ASA-RSS Program was granted a CI in FFY 2022. The CI allows for the state to enter direct contracts with providers without requirement for a competitive bidding process. Additionally, as the school districts are Inter-Governmental/Interagency entities, this allows for the state to enter into IGAs/Interagency Service Agreements. Direct contracts with the school districts currently have an unspecified procurement timeframe.
- **Roles of Contracted Service Provider:** The school districts who will operate RSI S2S contracts maintain RSI S2S coordinators on staff. Their responsibility is to provide services to Afghan students and parents, pursuant to PL 22-12. Additionally, RSI S2S providers are encouraged either to develop sub-contracts, or create strategies through collaborative effort with other school districts to provide direct service interventions to eligible Afghan students and parents.
- **Geographic Area:** Contracts operate in the Phoenix and Tucson MSAs.
- **Target Population:** Arizona Public K-12 school-aged eligible students residing in major resettlement

e. RHP

- Service Delivery Strategy: The ASA RHP Program will offer services through direct contracts with five providers who currently serve Afghan Nationals. Two providers are located in Pima County, and three providers are located in Maricopa County. Two providers are LRAs, two providers are hospitals/clinics, and one provider is a mental health and adjustment support provider. Providers will be able to accept refugee self-referrals and referrals from RRP contractors to promote the wellbeing of Afghan Nationals through access to culturally responsive and linguistically compatible health education and health and emotional wellness services in accordance with PL 20-05 and PL 22-06.
- Program Structure: RRP contractors will be able to refer refugees and refugees will be able to self-refer to services directly with the ASA RHP Program (RHP) providers. Providers will be responsible for outreach and community engagement and will regularly meet with each other to share best and promising practices. Each of these providers is already known to the LRAs in their respective counties and have established referral mechanisms. Only one provider currently has a (non-ASA specific) RHP contract with RRP. Their SOW under that RHP contract is specific to delivering health education and mental health case management services to all refugees referred to the program. Due to capacity limitations and the extensive ASA - RHP funding and Afghan Nationals needing additional health promotion services beyond the RHP scope, RRP engaged other health providers experienced in serving refugees and already serving Afghan Nationals to create health promotion programming or expand existing health programs to include services exclusively for eligible Afghan Nationals.
- Procurement Timeframe: ASA RHP Program was granted a CI in FFY 2022. The CI allows for the state to enter into direct contracts with providers avoiding a competitive bid process. The ASA RHP contracts will be operational July of 2022 in an Itemized Service Budget format. One contract is currently out to one contractor for signature as of September 5th, 2022, and four contracts have been signed by the contractors and are routing internally at the state for final signature. The first contract will be for 13 months (August 2022 through September 2023) renewable for a second 12-month year.
- Roles of Contracted Service Provider: Individual ASA RHP providers will be offering prenatal health education and support, facilitation of adjustment support groups and group counseling, healthcare navigation through Clinical Health Navigators, health literacy skills training to families, and adjustment and mental health support groups through children's arts therapy and women's sewing groups. ASA RHP Service Providers will enroll refugees in their respective services and invoice RRP monthly upon submission of a monthly report outlining services provided and refugee specific information to RRP. Providers will be responsible to ensure refugees are Operation Allies Welcome Afghan Nationals and eligible for services.

- Geographic Area: ASA RHP is administered under service providers serving populations in the Phoenix and Tucson MSAs.
- Target Population: The target population is Afghan Nationals granted status under ORR PL 22-10 who are within two years of arrival in Arizona.

**6. Additional Ukraine Supplemental Appropriations Act (AUSAA) general funding is as follows:**

- a. RSS AUSAA Program: RSS AUSAA Program is the primary case management and employment service in Arizona. The AUSAA Program is funded by RSS and provides broad ranging services under § 400.154/5. All services allowable under § 400.154/5 are available to clients. Specifically enumerated services in the enrollment document refugees sign are as follows:
  - Upon Enrollment into the RSS AUSAA, every member of a case will receive a customized SSP. The SSP shall reflect the client's particular needs rather than a normalized service delivery procedure. The SSP shall be jointly developed between the LRA and refugees and shall serve as a mutual agreement that documents specific needs and definite goals, timeframes, actions required to meet those goals, and the clear responsibilities of both parties.
  - Upon enrollment in RSS, every employable member of a case will receive a customized EP. The EP will be developed to assist refugees in gaining employment as quickly as possible. The individual EP should include provisions for employment services that render an individual or household self-sufficient. It shall include extended employment services that provide opportunities for an individual or family to maintain or increase their standards of living through job upgrade programs as appropriate.
  - The SSP and EP are guides for the implementation of services offered to refugees through their LRA through RSS AUSAA. The following is a list of services that are offered throughout a client's first five years in the U.S., from client's date of arrival or grant of qualifying status.
    - i. Employment: Receive assistance in developing a professional resume for job searches in the U.S. Receive assistance in searching for a culturally appropriate job. Receive assistance through the new hire and onboarding processes upon securing employment. Receive assistance with retaining employment. Receive assistance with any of the aforementioned items in the employment section for a five-year duration from client's date of arrival or grant of qualifying status.
    - ii. Health: Receive assistance in establishing and maintaining care with a primary care physician. Receive assistance in obtaining specialist referrals from primary care physicians. Receive assistance with obtaining services from medical specialists as appropriate. Receive assistance in obtaining access to the State Medicaid Program (AHCCCS) as appropriate.

- iii. **Public Benefits:** Receive assistance with maintaining a relationship with and completing the requirements for the TANF Jobs Program for the duration of client's enrollment in TANF Jobs Programs. Receive assistance with staying in compliance with all FAA (cash programs) regulations. Receive assistance with successfully applying for Supplemental Security Income. Receive assistance with applying for and successfully utilizing public housing on a limited basis. Receive assistance with enrolling and successfully utilizing services from the Rehabilitation Services Administration at ADES as necessary. Receive assistance with maintaining access to and successfully utilizing the SNAP and WIC Programs, as necessary. Receive assistance with enrolling and successfully utilizing services from the DDD at the ADES as necessary. Receive assistance with enrolling and successfully utilizing childcare services through the DCC at ADES as necessary.
- iv. **Education:** Receive assistance with enrolling and successfully utilizing ELT courses. Receive assistance with enrolling children into the public school system as required. Receive assistance with enabling children to maintain meaningful access to the public school system. Receive assistance with enrolling economically self-sufficient adults in continuing education courses that do not affect their ability to obtain or retain employment.
- v. **General Integration Services:** Receive assistance with resolving problems related to the following when necessary: U.S., State, or local laws; Housing issues (e.g., landlord tenant issues, maintenance issue, lease renewal); Other legal matters involving such issues as child abuse and neglect, adult abuse and neglect, truancy, domestic violence, and immigration.
- vi. **Long-term Integration Services:** Referral to Immigration services for obtaining an employment authorization card, or a Green Card at the appropriate time intervals.
- vii. **Long-term & Short-term Housing:** RRP will be making housing vouchers available through the upcoming AUSAA Placement Contracts. Housing vouchers will be applied for monthly by the refugee & their resettlement agency service provider based on the refugees housing needs. The funding pool will not be separated preemptively between long term & short-term rather it will be allocated to refugees based upon incoming vouchers.
- **Service Delivery Strategy:** RSS Program – RSS AUSAA is a client-centered service delivery program whereby refugees can set their program goals within the constraints of § 400.154/5. All services are to be provided according to individual Self-Sufficiency and EPs. All in service, whether adult or minor, are to have their own Plan with parents being signatories on minor plans. Plans are mutually developed documents of accountability between the refugee and caseworker. They are structured in a goal and task methodology. The goal is the service area under § 400.154/5 that is to be worked on and the tasks are the individual non-divisible work items that both parties, the refugee and the caseworker, will undertake to achieve the goal. Under the Refugee Program, Plans are a living document that are updated throughout a client's duration in services.

Individual Plans for each member of a case are to be designed to complement the Plans of other family members and towards the goal of assisting the family unit achieve economic self-sufficiency.

- **Program Structure: RSS Program** - RSS AUSAA will be structured to allow for continuity of services between initial services that are provided by a Ukrainian Sponsor, MGP, and other services that are provided by the LRAs. Case workers often have shared salaries amongst multiple programs. The overriding design principle was to create a single point of entry for services for refugee clients. Each Arizona LRA currently holds a Refugee Program contract with corresponding RSS awards that are proportional to the number of refugees served per ARRPODS data. Additionally, non-refugee specific service providers are being solicited to be added to the RSS AUSAA contract type. This is being done to counter the lack of capacity amongst the Resettlement agencies to connect with incoming Afghans, Cubans, and Legacy populations, respectively. RSS AUSAA will also contain a voucher provision unique to this program. The voucher program will allow LRAs to make voucher payments to Ukrainian nationals, when the RRP PL specifically enumerates available voucher benefits.
- **Procurement Timeframe:** RRP is currently working on amending its CI established in FFY 2022 to include Ukrainian Humanitarian Parolees. The CI allows for the state to enter into direct contracts with providers avoiding a competitive bid process. Direct contracts with the potential providers currently have an unspecified procurement timeframe.
- **Roles of Contract Service Provider:** The LRAs and non-RA refugee service providers operating the Refugee Program are designed to be a single point of entry for Ukrainian clients. Ukrainian refugees can access the RSS AUSSAA for services pursuant to § 400.154/5. While all services defined under § 400.154/5 are allowed under Refugee Program, the emphasis of programming is to assist refugees with securing and retaining durable employment. Case management activities defined under § 400.154 are to be undertaken in pursuit of obtaining employment for employable household members.

RSS AUSAA Program exists to meet a client's needs, the program contract is to serve as a meaningful access intermediary to support Ukrainian refugee access to external social service programs. Refugee Program contractors are also the primary provider of employment services for RCA clients.

- **Geographic Area:** Refugee Program is administered under LRAs operating in the Phoenix and Tucson MSAs.
- **Target Population:** Ukrainian Nationals granted status under ORR PL 22-13 who do not receive the services listed under § 400.154/5 from any other ORR funded program. refugees may be served under RSS AUSAA Program employment services if they are actively enrolled in Preferred Communities and may receive all services offered under RSS AUSAA Program if they have exited MGP, and the PC Program. Should demand

for Refugee Program resources, RRP enacts the priority provision of services clause pursuant to § 400.147.

7. N/A

**F. Unaccompanied Refugee Minors (URM) Program - 45 CFR § 400 Subpart H, ORR  
Guide to Eligibility, Placement, and Services for URM**

<p><b>1. Administrative structure and state oversight - 45 CFR §§ 400.28, 400.117, 400.120</b></p> <p><b>a.</b> Describe administrative arrangements for the URM Program in the state. Identify key state, county, URM provider agencies, and other private entities with which the state or URD coordinates to ensure proper administration of the URM Program. (Provide a high-level description here. States and URDs can use cross-references to the legal responsibility, placement, and services sections below, where additional details are required.)</p>	<p>RRP is a private custody State and contracts for URM services with Catholic Charities Community Services (CCCS), a licensed child welfare agency in Phoenix, Arizona. The URM service provider is responsible for establishing legal responsibility for the minors, providing for appropriate placement opportunities and ongoing case management support, creating Individual Service Plans (ISPs) (Case Plans) and Independent Living (IL) Plans as required, submitting required placement and outcome reports, administering IL and Education and Training Voucher (ETV) opportunities, and conducting ongoing assessments of the appropriateness of placements through case reviews to be conducted no less frequently than every six months.</p> <p>RRP is responsible for approving required placement and outcome reports before submission to ORR, reviewing and approving ETV requests and such specialized placements as therapeutic placements, and providing additional, ongoing oversight of the program through monitoring.</p> <p>RRP regularly reviews ARRPODS where the URM service providers enter URM identification, progress of the youth, and documentation of the services and assistance provided to the youth, as outlined in 45C.F.R Part 400 § 400.28.</p> <p>RRP staff members also review the ORR database daily, as time permits, to review all placement and outcome reports submitted by the URM service provider, as quickly as possible upon receipt, prior to submission to ORR. The current URM contract requires the URM service provider to submit placement and outcome reports ten to 15 days prior to the deadlines specified in the reporting requirements outlined in 45 CFR Part 400 § 400.120 to allow RRP staff enough time to review and approve reports within the required timelines. Should changes be required, RRP staff reject the submission and request that the reports be corrected and resubmitted as quickly as possible. Upon a satisfactory review of reports, RRP staff then submit to ORR via the ORR database. RRP conducts regular training to the URM service provider regarding reporting requirements and timelines and tracks report due dates and issuing monthly reminders to the URM service provider about upcoming reports that are due.</p>
<p><b>1 (a) i.</b> Briefly describe the roles of each agency identified</p>	<p>RRP is a private custody Unaccompanied Refugee Minor Program (URMP) State for which it contracts with CCCS, a licensed child welfare agency in Phoenix, Arizona for services to URM's pursuant to Arizona Revised Statutes (A.R.S.) § 8-501 and A.R.S. § 8-505.</p>

<p><b>1. (a) ii.</b> Indicate if the state or URD maintains a formal agreement with each agency identified, and if the agreement includes a budget that must be negotiated;</p>	<p>The URMP provider is responsible for creating and preparing the budget, which is accomplished through a combination of calculating year-to-date actual costs and comparing to the Arizona DCS payment levels and allowable costs. The budget is submitted to RRP and the assigned DAAS Contracts Specialist for review, assessment, and final approval. The budget is checked and adjusted through all stages of development to ensure that funding is justified, within contract requirements, and based on actual and reasonable costs. RRP is also exploring increased URMP capacity, including whether the URMP can hold foster beds open and what the associated costs for this approach are.</p>
<p><b>1. (a) iii.</b> Identify the location(s) of URM provider agencies, including sub-office locations, under agreement with the state or its designee (e.g., county).</p>	<p>The URMP provider agency location is 5151 North 19th Avenue, Phoenix, Arizona 85015 - in Maricopa County</p>
<p><b>1. b</b> If a URD, describe coordination with any other RDs in the state, with a focus on how URM activities will be coordinated.</p>	<p>N/A</p>
<p><b>1. c.</b> Provide an assurance that the state or URD will assume accountabilities for all aspects of the program, including fiscal and program reporting.</p>	<p>The State assumes program accountability for all aspects of the URMP, including fiscal and program reporting. RRP and the contracted URMP Provider confer at least annually, and typically more frequently, in administering the program. RRP annually receives a budget breakdown from the URMP and, upon receiving the budget proposal, reviews and considers allowable expenses, historical caseloads, trends reported in the ORR-6 Trimester Reports, review of ARRPODS data, and parity of service with the State foster care payments. RRP then reviews the budget and submits it as part of the ORR-1 budget and justification. Should any clarification be needed in the budget proposal, RRP immediately follows up with the URMP Provider for clarification.</p> <p>RRP collects and analyzes ARRPODS URMP data to account for and assess program performance outcomes. The RRP Program Specialist runs monthly desk monitoring reports that include data on IL Plans (ILPs, ISPs, Safety Plans, and ORR-3 and ORR-4 reports. During the desk monitoring, RRP reviews ILPs and ISPs to ensure that they are unique and meaningful to each youth and that they have been regularly updated.</p> <p>RRPs meet with the CCCS Refugee Program Director and Sr. Program Manager bi-weekly. During these meetings, the URMP service providers receive constructive feedback on those program areas that need improvement, and recognize those program areas that are achieving youths' goals.</p>

<p><b>1. d</b> Provide an assurance that the state or URD has a procedure for ensuring, on an ongoing basis, that URM provider agencies are licensed according to state requirements.</p>	<p>The URMP Provider is a licensed foster care agency through the Arizona Office of Licensing and Regulations (OLR), the same licensing entity for domestic/state requirements. As such, all foster homes that fall under the CCCS, including URM and Long Term Foster Care (LTFC) foster homes, are licensed with OLR. OLR conducts quarterly reviews of the URMP foster parent files and requirements to ensure ongoing compliance. RRP regularly conducts on-site monitoring reviews and has moved to monitoring all contracts no less frequently than every two years - including refugee home visits, URMP Provider compliance with the contract SOW - the contents of which are based on State foster care and ORR standards for URM services.</p>
<p><b>1. e</b> Describe how URM provider agencies are assessed for compliance with state foster care standards.</p>	<p>RRP contracts directly with CCCS which is required to follow the RRP SOW. The URMP SOW states that URM shall receive the same child welfare services and benefits as those provided to peer domestic youth in Arizona foster care, pursuant to 45 CFR, Subpart H. RRP periodically reviews the DCS's Policies and Procedures Manual, found at <a href="https://dcs.az.gov/about/policy">https://dcs.az.gov/about/policy</a>, to ensure that the URMP Provider administers child welfare services according to the State's child welfare standards.</p> <p>URM provider follows the procedure of consulting with RRP to ensure services are delivered within these standards should there be a question or new process, and as such RRP is able to directly reach out to DCS to consult. For example, RRP has been able to connect URM with the DCS Semi State Coordinator to consult and ensure service delivery is within standards. The service provider is also able to consult directly with its Domestic Foster Care Program for foster care services.</p>
<p><b>1. f</b> Describe program and fiscal oversight for the URMP. Include a detailed description of the state's or URD's protocol to monitor and evaluate subrecipient operations and compliance with ORR regulations and policy at least annually.</p>	<p>RRP and URM review Year to Date (YTD) expenses, identify trends, and clarify questions monthly. The URMP service provider's Program Director receives a monthly YTD statement from its accounting department to track and verify program costs. Budgets are submitted on an annual basis to RRP for approval and are likewise approved via agency leadership. URM Leadership and RRP have scheduled bi-monthly meetings to discuss Program updates, procedures, and any challenges faced. This can also include reviewing electronic database and report audits, as well as discussing and staffing any challenging cases. The URMP Provider, Director of Refugee Programs works directly with the URMP Sr. Program Manager who has URMP programmatic oversight and ensures that services are delivered per the SOW. CCCS reviews case files on a minimum quarterly basis and the URMP Provider conducts bimonthly Team meetings to allow for case staffing, training, and identification of best practices.</p>

	<p>The State regularly conducts on-site monitoring reviews and has moved to monitoring all contracts no less than every two years (including refugee home visits) of the URMP Provider for SOW compliance, the contents of which are based on State foster care and ORR standards for URM services. RRP conducts refugee case file reviews for compliance with ORR URMP requirements to account for URM progress towards successful independence. During the monitoring process, URMP managers and case managers are interviewed to help gain a deep understanding about how URMP staff follow the contract SOW and ORR requirements.</p> <p>Monitoring outcomes are reported to ORR as required, and the State monitoring tools are consistent with ADES contract monitoring requirements. Through ARRPODS, RRP has access to real-time oversight of ISPs, ILPs, document uploads, case notes, and other data. RRP also conducts monthly desk monitoring in addition to regularly scheduled on-site monitoring reviews.</p>
<p><b>1. g</b> Provide an assurance that the state or URD consults with URM provider agencies and other key stakeholders annually, regarding each URM site or subsite on:</p>	<p>The State assures consultation with the URMP in Arizona, which also regularly participates in the Arizona Refugee Resettlement Quarterly Meeting process. In doing so, the provider ensures that arrival updates and reports of populations and trends include both the Resettlement Program and URM/Long-term Foster Care populations. This information is shared with educators, social service providers, health providers, elected officials, and other required sectors. Additionally, the URMP Director participates in monthly LRA Director Meetings with the other four Arizona LRAs and RRP. This provides an ongoing opportunity to identify programs and services that URMs might access from other LRAs and community organizations. Some examples are the RRP-funded RSI, the RRP funded YMP, IRC Individual Development Account Programs, and the services of The Welcome to America Project (apartment set ups for Semi-IL)</p>
<p><b>1. g. (i)</b> Alignment between proposed and actual caseload (average per month, new arrivals, and types of cases) and capacity (placement options and numbers) in the past year;</p>	<p>None of the M4 cases planed to enter the program did so in FFY 2022 due to low M4 arrivals nationally. Three children of other immigriaton status and an ORR eligibility date post 10/1/2021 joined the program in FFY 2022.</p>
<p><b>1. g. (ii)</b> Trends in referrals not accepted/assured;</p>	<p>Currently, the URMP Provider has not had any internal LTFC to URM placements be denied or unable to be accepted. The current challenge is finding placement for youth with therapeutic needs or higher levels of care. The Program has proposed to hold one bed with therapeutic capacity for this purpose in FFY 2022.</p>
<p><b>1.g (iii)</b> The process in the state for reviewing referrals and placing new</p>	<p>The URMP Provider reviews M4 and Refugee Arrival Data System (RADS) referral cases. The RADS system is required to be reviewed with a determination within 48 hours of an external provider referral. If there are</p>

<p>URM cases, including efficiency and timeliness of responses to ORR referrals;</p>	<p>specific or unique behavioral and physical health needs of the youth that would need to be considered in a placement and service provision, the URMP’s onsite therapist and the URMP Director might additionally review the case along with the licensing team to determine whether the URMP Provider has capacity to address the needs. The URMP Provider may pose questions in the RADS Systems in this instance for clarification or additional information. In some cases, the URMP Provider consults the SRC and SRHC as appropriate and required. The URMP is also required to review and verify M4 cases in need of resettlement, in which the same process would be followed.</p>
<p><b>1. g (iv)</b> Alignment between proposed and actual services and benefits in the past year;</p>	<p>The COVID-19 Pandemic has significantly affected all programs. From the expansion of the URM’s service capacity to hiring additional case managers, much has been on hold throughout FFY 2021 just beginning in FFY 2022. There were no M4 arrivals, the foster parent recruitment plan was greatly impacted..</p> <p>The URMP Provider continues to struggle to secure foster homes, in part because the Program is competing with domestic youth foster care services for providers. The Governor of Arizona has voiced that, while he recognizes the need for additional space to place unaccompanied minors, he is concerned that essential space for the State’s abused and neglected youth is not greatly diminished as a solution to provide space for URM.</p> <p>The URM providers foster care licensing team has been established to recruit more foster families. Recruitment to foster care licensing takes approximately six to eight months in Arizona. With the licensing team coming online in Q3/4 of FFY 2022 anticipated outcomes for more individuals is expected in FFY 2023.</p>
<p><b>1. g (V)</b> Changes in capacity and/or program development needed to meet ORR’s priorities and ensure that all populations eligible for the URM Program can benefit from placement and services in the state; and</p>	<p>The URMP Provider has hired a Licensing and Development Specialist to conduct outreach to explore therapeutic and diverse placement options for foster youth. After reviewing the DCS standards, the Provider has determined that the URMP cannot have licensed therapeutic foster homes due to the specialized licensing requirements. The URMP Provider may establish Memorandum of Understanding (MOU) and contracts for Therapeutic Group Home placements. For FFY 2023, the URMP has proposed that it will hold one bed space for therapeutic placements and will look to accept one case with a possible need. Additionally, the URMP has established Specialized Placement agreements in which it offers a foster home a higher payment rate (Special 1 or 2) for foster homes willing to accept a youth with specialized behavioral health or physical health needs requiring additional support beyond standard foster parent requirements. These agreements are now available to any foster parent accepting a youth with additional needs. The Licensing Team is working to develop a foster</p>

	<p>parents annual training calendar focusing on more support and training to work with youth with behavioral needs and trauma history. This will increase capacity for foster homes to serve youth with past histories and to ensure that foster parents are provided tools and skills to enhance their ability to parent these youth.</p>
<p><b>1. g (vi)</b> Projections for average monthly caseload, types of cases, anticipated terminations, and the number of new cases to be served in the next FY.</p>	<p>The URMP is proposing to resettle seven M4 cases in FFY 2022, with a possible five internal LTFC to URMP transfers, and four external RADS cases to be accepted. The URMP anticipates that its M4 cases will be reflective of the general refugee population, to include Afghan, the Democratic Republic of the Congo (DRC), Eritrean, Ethiopian, Iraqi, Rohingya, and Somali refugees. For RADS referrals, the URMP has capacity to successfully serve youth from the Northern Triangle, and has had recent success with LTFC youth, refugees from Guinea and Cameroon, and one LGBTQ refugee. As the provider has a history with the Cuban-Haitian Program, the provider also continues to have capacity to resettle Cuban and Haitian youth. Additionally, as discussed with the URMP’s dependency attorneys, the URMP does have the ability to file emergency dependency petitions within seven business days (emergency cases may be considered on a case-by-case basis) prior to a youth turning 18, which has allowed the URMP to take youth close to aging out.</p>
<p><b>1. h</b> Describe how the state or URD exercises oversight responsibility for the care of URMs.</p>	<p>RRP provides oversight of the URMP through Arizona Refugee Resettlement Quarterly Meetings, trimester reporting of program activities and outcomes, review of required placement and outcome reports as outlined in 45 CFR Part 400 § 400.120, and bi-weekly consultations on issues relating to capacity, placement, and case management. URMP staff consult with RRP regarding specialized, high needs cases requiring group home or therapeutic foster care placements, as well as emerging refugee needs and trends. RRP also exercises oversight of URMP care through case file reviews, inclusive of case plans, ILPs, and/or permanency plans, as deemed necessary. ARRPODS includes a user interface for the URMP and, through ARRPODS, the RRP Program Specialist reviews monthly desk monitoring reports that include data on ILPs, ISPs, Safety Plans, and ORR-3 and ORR-4 reports. During the desk monitoring, RRP reviews ILPs and ISPs to ensure that Plans are unique and meaningful to each youth and that the Plans are being updated regularly.</p>
<p><b>1. i.</b> Describe the state’s or URD’s quality review process for the data URM provider agencies submit via URM placement (ORR-3) and outcome (ORR-4) reports, to ensure accuracy and timely submission to ORR.</p>	<p>RRP has developed an ARRPODS system alert that ORR-3 and ORR-4 reports are due in RADS. Once the URMP’s case managers submit reports, the RRP Program Specialist reviews the reports to ensure maximum accuracy per ORR regulations. Should discrepancy exist in the reports, the RRP Program Specialist returns the report to the URMP case manager. The Program Specialist then sends a follow up email stating the reason for the report's rejection.</p>

<p><b>J.</b> Indicate the frequency with which the state or URD conducts case-specific oversight activities for the care of URM clients. Respond with a 1, 2, or 3, based on the following scale:</p> <ol style="list-style-type: none"> <li>1. State or URD engages in case-specific oversight activities on an <i>ad hoc</i> basis, as issues arise and generally less often than once a month.</li> <li>2.State or URD routinely engages in multiple case-specific oversight activities monthly.</li> <li>3. State or URD routinely engages in multiple case-specific oversight activities on a weekly basis, or more frequently.</li> </ol> <p>Examples of case-specific oversight activities may include, but <u>are not limited to</u>, participating in case staffing, providing input on placement decisions or access to services or benefits, reviewing case/service plans or reports, approving client-specific cost requests (e.g., maintenance rates, stipends, additional service costs), and providing technical assistance or coordinating with public agencies to resolve refugee needs (e.g., medical coverage, ETV, Interstate Compact for the Placement of Children, etc.). <i>Exclude ORR-3 and ORR-4 reporting from consideration for this scale.</i></p>	<p>RRP chooses three on the scale as RRP routinely engages with service providers in multiple case-specific oversight activities on a biweekly and ad-hoc basis.</p>
<p><b>2. Legal responsibility - 45 CFR § 400.115</b></p> <p><b>a.</b> Describe state’s or URD’s procedures for initiating, within 30 days of a minor’s arrival, the process of establishing legal responsibility. Include the:</p>	<p>Within 30 days of arrival, a dependency petition is filed by legal service providers working with the URMP to establish legal responsibility. The dependency is filed and granted within the State of Arizona Superior Court, Juvenile Department.</p>
<p><b>2. a. i.</b> Roles of individuals and/or entities involved in the process and the name of the entity that assumes legal responsibility of URM cases (e.g., state, county, private agency).</p>	<p>The URMP has contracts with two private attorneys specializing in child custody within Arizona, attorneys Kristen Wright and Sara Smith, who directly assist the URMP with establishing legal responsibility. The URMP is responsible for communicating directly with the attorneys to provide them information about youth that are coming in the Program.The URMP</p>

	<p>has contracts with two private attorneys specializing in child custody within Arizona, attorneys Kristen Wright and Sara Smith, who directly assist the URMP with establishing legal responsibility. The URMP is responsible for communicating directly with the attorneys to provide them information about youth that are coming in the Program. The URMP Prover CCCS assumes legal custody of the URMP children.</p>
<p><b>2. a. ii.</b> The type(s) of legal authority allowed by the state or URD (e.g., custody, guardianship, conservatorship) for URM enrollment;</p>	<p>For youth entering the URMP with Special Immigrant Juvenile Status (SIJS), the pro bono lawyers work to file dependency for the minors and seek SIJS status prior to entering the Program. Once SIJS status and confirmation of URMP eligibility is received, the lawyers working with the SIJS youth reach out to the URMP and its lawyers to transfer legal custody, and sometimes physical custody, of the SIJS youth to the URMP. When transferring physical custody in addition to legal custody, the lawyers file a change in physical custody. As dependency has already been established and legal custody is solely being transferred, this process generally takes only one week including filing the motion, establishing parties' positions, and the court approving the transfer in custody. This process can be expedited for youth approaching their 18<sup>th</sup> birthday.</p> <p>For URM's arriving from overseas, the URMP shares biographical and historical data contained in Best Interest Determination (BID) documents with the URMP lawyers. Once the BID review is completed and the petition filed, the process takes about four weeks to complete. If the whereabouts of and contact information for the parents are known by the child, the parents are appointed a lawyer that provides information to the parents and accepts the motion to file dependency or not. If the whereabouts of the parents are unknown, the URMP lawyers are required to report on why parental contact would not be possible and then file a declaration to support publication and an affidavit of publication showing that they have published articles in local newspapers attempting to identify and locate anyone related to the minor, pursuant to the Arizona Rules of Civil Procedure. Only the first name of the minor is included to ensure the minor's safety, and no other identifiers, such as the minor's last name, date of birth, or Alien Number, are published. Safety of parents is considered, as publication is limited to local newspapers and no identifying information is used. Once this process is finished and it is decided that it isn't the Child's best interest, legal and physical custody of the URM is ordered to CCCS.</p>
<p><b>2. a. iii.</b> Name(s) of court(s); and</p>	<p>URMP utilize the Superior Court of Maricopa County, Juvenile Courts: <a href="https://superiorcourt.maricopa.gov/juvenile/">https://superiorcourt.maricopa.gov/juvenile/</a></p>
<p><b>2. a. iv.</b> Typical range of time to establish legal responsibility for URM cases.</p>	<p>Range of time to establish the legal responsibilities for URRM cases generally takes only one week including filing the motion, establishing</p>

	<p>parties’ positions, and the court approving the transfer in custody. This process can be expedited for youth approaching their 18<sup>th</sup> birthday.</p>
<p><b>2. b.</b> If the state or URD allows an alternative process for children to enter foster care (e.g., option to continue providing care through a voluntary placement agreement for a child without proper guardianship), describe the process.</p>	<p>The service provider allows for services to former foster youth up until the age of 21 years (26 for ETV only) through a voluntary agreement with the URMP, in compliance with A.R.S. § 8-521 and § 8-521.01. In such instances, the young adult will sign a voluntary agreement indicating their consent to remain in the URMP, either through the Semi-UIL Program or Extended Foster Care (if the youth consents and is best suited to youth needs), as comparable to the state Young Adult and Extended Foster Care Services.</p>
<p><b>2. c.</b> Describe ongoing court oversight and supervision of URM cases after legal responsibility has been established.</p>	<p>Each URM is appointed a Guardian Ad Litem (GAL) who can file a motion at any time to ask for a status conference, e.g., if the minor requires additional services. Cases are reviewed on an annual basis with the Arizona State Foster Care Review Board, with attorney representation. The case plan is presented and approved during the court hearings and is reviewed by the Foster Care Review Board, an outside entity working closely with the Court. Court review through Foster Care Review Boards and conversations with GAL occurs in the interim between the court hearings that occur every six months. The lawyer can also petition the court to have a review for any specific reason, most often if there is a plan for reunification of the child. Court Report and Review hearings and the involvement of both the Foster Care Review Board and the GAL end when court jurisdiction ends at age 18.</p>
<p><b>2. d.</b> Indicate the maximum age at which legal responsibility and/or court oversight ends for URM in the state and identify factors that determine case-specific decisions for terminating legal responsibility and/or court oversight.</p>	<p>In Arizona, the formal legal authority of the state is called dependency, i.e., the youth is dependent on the foster care agency for full provision of care and is assumed directly by the URMP (private). As stated earlier, the URM is a ward of the court until the age of 18, at which point URM is considered an adult and no longer a ward of the court. Legal responsibility also ends once a family is reunified, even if the URM is a minor. The courts work within the parameters of the State’s child welfare system to ensure that the child’s best interest is served.</p>
<p><b>3. URM services - 45 CFR §§ 400.113, 400.116, 400.118</b></p> <p><b>a. General URM Assurances</b></p> <p><b>i.</b> Provide an assurance that the state or URD will offer URM the same range of benefits and services as available to other foster children in the state, including benefits and services identified</p>	<p>To the extent possible, the URMP provides the same range of child welfare services and benefits to URM as those that are available to other foster care eligible minors in Arizona, as outlined in the State’s Title IV-E Plan and Child and Family Services Plan under Title IV-B of the Social Security Act.</p>

<p>under the state’s Title IV-B and IV-E plans.</p>	
<p><b>3. a. ii.</b> Provide an assurance that the state or URD will address the following elements in case plans: family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, English language training, career planning, preparation for IL and the transition to adulthood, and preservation of ethnic and religious heritage.</p>	<p>The URMP is required to adhere to the RRP URM SOW that requires that case plans incorporate family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, ELT, career planning, preparation for IL, adulthood transition, and preservation of ethnic and religious heritage. Additionally, RRP’s Program Specialist conducts desk monitoring to ensure that all case plans are unique and meaningful to the youth and their needs.</p>
<p><b>3. a. iii</b> Provide an assurance that the state or URD will cease providing services and benefits to a URM child or youth, in the event the child or youth loses eligibility for the program. Specifically, that the child or youth:</p> <ol style="list-style-type: none"> <li>1. No longer has an eligible immigration status or category (e.g., the youth has acquired United States citizenship).</li> <li>2. Has reached the maximum age for all ORR-funded URM services and benefits indicated in the Plan; Has reunited with a parent;</li> <li>3. Has been adopted; and/or Has united with a non-parental adult through legal custody or guardianship under state law.</li> </ol>	<p>The State assures that children who no longer possess eligible immigration status will be exited from the URM program.</p> <p>The State assures that URM participants who have reached the maximum age for all ORR-funded URM services and benefits indicated in the Plan; or has reunited with a parent; will be exited from the program. Youth who reach age 21 are exited out of the URMP as required, with the exception being those receiving ETV Services.</p> <p>The State assures that URM participants who have been adopted; and/or has united with a non-parental adult through legal custody or guardianship under state law will be exited from the program.</p>
<p><b>3. b. Placement</b> <b>i.</b> Describe the roles of the state or URD, subrecipients, and other stakeholders in reviewing and responding to case referrals from ORR, identifying available capacity, deciding on the most appropriate initial placement available for URM applicants, and providing a timely assurance of placement. Include any alternative process for urgent cases.</p>	<p>The URMP reviews RADS and M4 cases within 24 hours of referral. The URMP consults with Licensing to determine capacity for youth around bed space availability, foster parent capacity (culture, language, training, behavioral health, etc.). Any youth with behavioral or medical needs are evaluated by the URMP’s onsite therapist to determine any additional support or referrals needed. The SRC and SRHC are notified about Class A or B cases within the M4 population, as well as urgent or vulnerable cases in RADS. If a placement is determined to be viable, the URMP Director provides a final review and approval, with verification and/or placement memo completed. LTFC or RADS referrals aging out or turning 18 in less</p>

	<p>than two weeks are required a legal consult with dependency attorneys to assure that emergency dependency can be filed and granted after youth arrival and prior to their turning 18 years of age. Urgent ORR or RRP requests require an emergency case staffing (virtual or in person) with the Director, Sr. Program Manager, Therapist, Licensing team, and RRP.</p>
<p><b>3. b ii.</b> Describe placement options available to URM in the state following the placement type prompts below (items 1-5). For each placement type, describe options provided by the state or URD and its subrecipients (e.g., URM provider agencies). Also describe placement options that are routinely available to URM via agreements with other child-placing or supervised IL agencies in the state, including any congregate setting where more than 50 percent of the capacity is supported by ORR through the CMA grant. Name the agencies which provide the identified placements. As applicable, such as for group care and supervised IL, identify the focus and/or target population (e.g., behavioral therapy, medical needs, substance abuse treatment, trafficking victims, parenting teens, transition to independence) and licensing or other restrictions (e.g., age, history of assault) for each placement option.</p>	<p>The URMP works with a range of available placement options designed to meet the needs of URM, including foster care homes, group homes, therapeutic foster care, residential treatment centers, and placement options through the ADES, DDD. The URMP does partner with behavioral health providers such as their in-house Catholic Charities counseling program, Jewish Child and Family Services, EMPACT and TERROS. The program also utilizes the Valleywise Refugee Pediatric Clinic and Phoenix Children’s Hospital for medical care. Youth with disabilities can be assisted through the ADES DDD for specialized services and programs.</p>
<p><b>3. b ii. 1.</b> Foster Family Home</p>	<p>As a private Foster Care Program, the URMP is able to place youth into licensed foster homes. Each home is licensed through the Arizona Office of Licensing and Registration, the same state organization to license all foster homes in Arizona. To be on par with local DCS foster home programs, the URMP program is able to provide a standard licensed foster home for each youth, while providing additional training to foster parents that will enable them to support the cultural, linguistic, and other unique needs of each unaccompanied refugee minor in care. The URMP has established Specialized Placement agreements that support offering a higher payment rate (Special 1 or 2) for foster homes who will accept a youth with specialized behaviors or physical health needs requiring additional support beyond standard foster parent requirements. These agreements are now available to any foster parent accepting a youth with additional needs. The Licensing Team is working to develop a foster parents annual training</p>

	<p>calendar focusing on more support and training to work with youth with behavioral needs and trauma history. This will increase capacity for foster homes to serve youth with past histories and to ensure that foster parents are provided tools and skills to enhance their ability to parent these youth. In Arizona, group homes and therapeutic homes are licensed separately, therefore those placements cannot be provided directly through the program.</p>
<b>3. b ii. 2. Therapeutic Foster Home</b>	<p>Within the URMP, the Licensing and Development Specialist is to conduct outreach to explore therapeutic and diverse placement options for foster youth. After reviewing DCS standards, the service provider has determined that the URMP is unable to have Licensed Therapeutic Foster Homes, due to specialized licensing requirements. The URMP may establish MOUs and contracts for Therapeutic Group Home placements in FFYs 2022 and 2023.</p>
<b>3. b ii. 3. Group Home</b>	<p>Within the URMP, special arrangements to diversify the range of placement options are coordinated through Memoranda of Understanding with such service providers as specialized group homes focused on providing care for behavioral health needs. Currently, URMP has not placed any youth in a Group Home setting.</p>
<b>3. b ii. 4. Supervised IL</b>	N/A
<b>3. b ii. 5. Residential Treatment</b>	N/A
<p><b>3. b. iii</b> Describe the process for extending foster care beyond the age of 18 years old, and case-specific access to supervised IL, as follows:  <b>1.</b> Describe state criteria and procedures for youth to access extended foster care and/or supervised IL. Include the maximum age for access to extended foster care and/or supervised IL.</p>	<p>Per DCS guidance, youth may remain in IL or extended foster care until the age of 21 years (ETV only until 26). At the age of 16 each youth has an ILP developed, and for youth who enter the URMP just prior to the age of 18 sign a voluntary agreement to participate in the IL Program. For youth who require extended foster care beyond the age of 18, an ILP is developed as required, however, the Plan will include actions and tasks for foster parents in preparing youth for IL and identified target dates for their appropriate transition into either community placement or apartment living. Examples for youth in need of extended foster care are youth with who are parenting, and youth with behavioral health or medical issues that have delayed their ability to learn IL skills by the age of 18. An additional example is M4 cases who are resettled at age 17 and require additional parental support and community orientation/skills, before transitioning to IL. For youth entering IL, youth may be placed into a community placement (required for SIJS without EADs). Only youth who are employed are eligible to transition to apartment living.</p>

<p><b>3. b. (iii) 2.</b> Describe any provisions in the state that allow a youth who has left extended foster care and/or supervised IL to return to placement.</p>	<p>Youth up to age 21 are eligible to return to placement and services on a case-by-case basis as determined by the URMP in consultation with RRP. Youth choosing to end program involvement after reaching age 18 and later wishing to reapply for support and services through IL Services without returning to foster care, may do so pursuant to the State’s Child and Family Services Plan. Youth older than age 18, but younger than age 21, may also return to the program to apply for ETV support and may continue to receive such support until age 23 within the parameters defined below. Youth will be required to sign, acknowledge, and agree to abide by Program rules and refugee responsibilities.</p>
<p><b>3. b. (iii) 3.</b> Provide an assurance that extended foster care and/or supervised IL will be administered in accordance with state criteria and procedures, except for variances approved by ORR.</p>	<p>RRP and the URMP have recently established a contact, with a subsequent meeting on June 22, 2021, with Megan Conrad, Statewide IL Coordinator with DCS. Both RRP and the URMP have been invited to participate in quarterly meetings with the Semi Independent Living departments across the state, enabling the URMP and RRP to keep abreast of state IL practices and updates. RRP is also working with URMP to establish additional written procedures for refugees exiting IL.</p>
<p><b>3. b. (iii) 4.</b> Identify any proposed variances from the state’s criteria and procedures for extended foster care and/or supervised IL, for review by ORR.</p>	<p>There are no current proposed variances from the State’s proposed criteria.</p> <p>Any proposed variances in care are required to be presented in writing and submitted to RRP for review and approval. First, RRP reviews the DCS Policies and Procedures Manual at <a href="https://dcs.az.gov/about/policy">https://dcs.az.gov/about/policy</a> to support alignment with the State's domestic foster youth program. In some instances, however, alignment is not possible, such as when youth travel out of the country or in cases of arranged marriages that occur in some refugees' cultures. In such instances, RRP consults with the ORR Program Specialist before approving the URMP’s request.</p>
<p><b>3. b. (iii) 5.</b> Describe the state or URD’s plan for administering or overseeing the administration of extended foster care and/or supervised IL.</p>	<p>Each case is handled on an individual basis pursuant to individual unique needs. URMs who are age 16 and older are required to have an ILP developed that has clear action steps, goals, timeframes, and responsible parties, that cover various aspects of young adult living such as work and study, daily living, self-Care/relationships and communication, housing and management and permanency as outlined in ORR and RRP. The ILP serves as the overall guide for youth transitioning into Semi-IL and extended foster care. The URMP currently has SIL procedures in place and will be working on extended foster care procedures with extended foster care agreements. The URMP will additionally partner with RRP to ensure appropriate procedures for program exit, return, and staffing of cases.</p>

<p><b>3. c. Health Coverage</b></p> <p><b>3. c. (i).</b> Describe how medical assistance is provided to URMs, including the process to determine eligibility for Medicaid and CHIP. Identify any known gaps in Medicaid or CHIP coverage for URM youth, specifying eligibility type and age parameters. Include the state’s or URD’s arrangements for providing medical assistance to URM youth who are ineligible for Medicaid or CHIP in accordance with ORR policy.</p>	<p>All URMs with refugee status and who are survivors of trafficking are eligible for AHCCCS medical coverage. URM participants with SIJS status are covered under the Refugee Medical Assistance program to the same extent as what is offered under AHCCCS. RMA for SIJS children is administered for the State by Medical Replacement Designee starting in FFY 2023.</p> <p>Such URMs with qualifying non-citizen statuses are now eligible for the Young Adult Transitional Insurance (YATI) for former foster care youth up to age 26. Youth with SIJ status are currently enrolling in the AHCCCS Federal Emergency Services (FES) coverage while in placement services, and they may become eligible for either YATI FES coverage or full YATI coverage when they emancipate from or age out of placement services, depending on the timeframe in which they reach five years of Lawful Permanent Residence.</p> <p>RRP will collaborate with ORR’s Medical Replacement Designee (MRD) for the provision of medical assistance for youth with SIJS status.</p>
<p><b>3. c. (ii)</b> For states and URDs that collaborate with ORR’s Medical Replacement Designee (MRD) for the provision of medical assistance, provide assurances that:</p> <p><b>3. c. (ii) 1.</b> Eligibility for Medicaid/CHIP and ORR-funded medical assistance is determined for all URMs in accordance with ORR regulations and policies;</p>	<p>RRP assures that eligibility for Medicaid/Children's Health Insurance Program and ORR-funded medical assistance will be determined for all URMs in accordance with ORR regulations and policies.</p>
<p><b>3c. (ii)2.</b> Written agreements hold URM provider agencies responsible for conducting initial eligibility determinations for ORR-funded medical assistance;</p>	<p>RRP assures that a written agreement will hold the URM provider in Arizona, CCCS, responsible for conducting initial eligibility determinations for ORR-funded medical assistance.</p>
<p><b>3c. (ii) 3.</b> The state or URD monitors URM provider agency activities to ensure adherence with federal and MRD</p>	<p>RRP assures that CCCS activities will be monitored to ensure adherence with federal and MRD policies and procedures pertaining to medical assistance for URMs</p>

<p>policies and procedures pertaining to medical assistance for URM; and</p>	
<p><b>3c. (ii) 4.</b> The state or URD coordinates with the MRD regarding policies and procedures for ORR-funded medical assistance to ensure URM are enrolled in a timely manner.</p>	<p>The state assures that it will coordinate with the MRD regarding policies and procedures for ORR-funded medical assistance to ensure URM are enrolled in a timely manner.</p>
<p><b>3. d Transition to Adulthood Services</b></p> <p>i. Select the option which best applies:</p> <p>1. URM have access to services and benefits provided through the state’s Chafee Foster Care Program for a Successful Transition to Adulthood, including ETVs, and the state does not use ORR funding for such services and benefits;</p> <p>2. URM are eligible for the state’s Chafee Program, but due to documented funding barriers, the state anticipates using ORR funding to provide some of the services and benefits; or</p> <p>3. URM are not eligible for the state’s Chafee Program; therefore, comparable services and benefits, including ETVs, are provided with the use of ORR funding.</p> <p>URM are in the custody of a private agency and not the DCS, youth who have emancipated from foster care placement services are not eligible for the IL Services or ETVs available to other foster children in State custody. In accordance with 45 CFR Part 400 § 400.112 and the State’s Child and Family Services Plan, the URMP provides the same range of IL Services and ETVs as those provided to children in domestic</p>	<p>d. i. (3). URM are not eligible for the Arizona’s Chafee Program; therefore, comparable services and benefits, including ETVs, are provided with the use of ORR funding.</p>

<p>foster care, as defined by the State’s Child and Family Services Plan. Costs for IL Services and ETVs administered through the URMP and tracked, charged, and reported to ORR as URM service costs.</p>	
<p><b>3. d. i. (3). ii.</b> Describe the array of services and benefits to support a successful transition to adulthood available in the state, including ETVs. Identify which services and benefits are funded by ORR. Indicate the maximum age for the availability of each of the indicated services and benefits, and other key criteria. <i>(A description is required for ORR-funded services and encouraged for Chafee-funded services.)</i></p>	<p>URMs are in the care, custody, and control of a private agency (CCCS) and not DCS, and DCS has informed RRP that URM’s emancipated from URMP foster care placement services are not eligible for the IL Services or ETVs available to other foster children in State custody. In accordance with 45 CFR Part 400 § 400.112 and the State’s Child and Family Services Plan, the URMP provides the same range of IL Services and ETVs as those provided to children in domestic foster care, as defined by the State’s Child and Family Services Plan. URMP costs for IL Services and ETVs are tracked, charged, and reported to ORR as URM service costs. Each student receiving ETVs at age 21 may continue to receive the vouchers up to age 26. URMs aged 17 to 21 are eligible to receive IL subsidies aimed at supporting their transition to independence.</p>
<p><b>3. d. i. (3). iii.</b> Provide an assurance that any ORR-funded URM services and benefits to support a successful transition to adulthood, including ETVs, will be administered in accordance with state criteria and procedures, except for variances approved by ORR.</p>	<p>The State assures that ORR-funded URM services and benefits to support successful transition to adulthood will be administered in accordance with state criteria &amp; procedures.</p>
<p><b>3. d. i. (3). iv.</b> Identify any proposed variances from the state’s Chafee and ETV criteria and procedures, for review by ORR.</p>	<p>There are no proposed variances from State Chafee or ETV criteria.</p>
<p><b>3. d. i. (3). iv. 1.</b> Describe the state’s or URD’s plan for administering or overseeing the administration of ORR-funded services/benefits and ETVs, if applicable, or how the state ensures that URMs have access to the state’s Chafee Program and ETVs.</p>	<p>The State has obtained source training material from the mainstream foster care ETV Program and applies the same logic set to the determination of each ETV for URMP participants.</p>
<p><b>3. d. i. (3). e.</b> Additional information <i>(optional)</i> Provide additional information on benefits and services available to URMs in the state.</p>	<p>The URMP will avail itself of immigration assistance opportunities made available to URMP participants pursuant to the most recent Policy or Dear Colleague Letters such as (DCL 22-22) to the extent made available under each correspondence.</p>

<p><b>4. Case review - 45 CFR § 400.118</b></p> <p>a. Provide an assurance that each URM case is reviewed every six months, at a minimum, to assess the continuing appropriateness of the URM’s placement and services.</p>	<p>URM cases are reviewed by the URMP staff every six months (or when there is a change in the URM’s status) for continuing appropriateness of placement and services, including options for adoption when possible. Also, URMP staff conduct additional monthly home visits to the URM’s place of residence. Cases of youth up to age 18 are reviewed by the Foster Care Review Board and the State court as outlined in A.R.S. § 8-515 through § 8-515.05. Case reviews monitor the continuing appropriateness of living arrangements and services.</p>
<p><b>4.b.</b> Describe the state’s or URD’s arrangements for permanency plan reviews that address the full range of permanency options, including but not limited to adoption.</p>	<p>Permanency plan reviews are conducted in accordance with the State’s Title IV-B plan and A.R.S. § 8-861 through § 8-864 that address the full range of permanency options for URMs, including reunification with the parent(s), adoption with placement preference to a relative or current foster parent, permanent placement, and legal guardianship with a fit and willing relative (kinship care), legal guardianship or custody with another adult, or another planned permanent living arrangement.</p> <p>The URMP case worker assigned to the case develops and implements an ISP (Case Plan) with the foster parents and the minor for the care and services appropriate to the needs of the child. Case Plan elements include, at minimum, social adjustment, ELT, career planning, education/training as appropriate, health needs, suitable mode(s) of care in the least restrictive setting, development of socialization skills, family reunification, preservation of ethnic and religious heritage, and mental health needs as necessary.</p>
<p><b>5. Interstate movement - 45 CFR § 400.119</b></p> <p>a. Describe procedures in the state for the movement of a URM to another state, after an initial placement and the establishment of legal responsibility.</p>	<p>The URMP works within the Interstate Compact on the Placement of Children (ICPC) as described in A.R.S. § 8-548 through § 8-548.06 to coordinate the placement of youth transferring to a URMP in another State or who arrive to the URMP from another State. Legal counsel will initiate the ICPC movement, and the placement will be approved should reports be favorable and all the requirements of the receiving State’s laws having been met. Six weeks, or 30 working days, is the recommended processing time from the date the receiving State receives the notice of the placement until the date that the placement is approved or denied. Upon approval, the sending agency and receiving parties will work together to arrange the final details of the placement.</p>