

**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**

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

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

**Arizona Refugee Resettlement Program  
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The intent of the Refugee Act of 1980 and subsequent amendments is that refugees' most urgent problems be addressed by the States through programs that will enable such refugees to become gainfully employed and self-reliant as rapidly as possible. The State of Arizona recognizes that refugees face many obstacles and challenges to reaching that goal. The Arizona State Plan for Refugee Resettlement (State Plan) sets forth coordinated assistance programs, services, and activities designed to provide for the successful resettlement of refugees in Arizona.

This document 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 entrance into the State through coordinated and effective use of support services, cash, and medical assistance.
- Contribute to effective resettlement of refugees within the shortest possible period of time after entrance into the State through coordinated and effective use of support services and cash and medical assistance.

## **I. ADMINISTRATION**

### **A. Organization**

1. In compliance with 45 Code of Federal Regulations (C.F.R.) Part 400 § 400.5 (a), the Arizona Department of Economic Security (DES) 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 C.F.R. Part 400 § 400.5 (d), DES has established the State Refugee Coordinator 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 State Refugee Coordinator is Charles Shipman.
3. DES and RRP Organizational Structure:

DES provides Arizonans with employment and rehabilitation services, financial and nutritional assistance, and related “safety net” services for those in need. RRP is within DES’ Division of Aging and Adult Services (DAAS). In order to provide effective services to Arizona’s refugees, key staff members have been designated in other divisions within DES and have unified their authorities in a coordinated departmental effort to assist the State Refugee Coordinator. For example, dedicated staff within the Family Assistance Administration (FAA) of the Division of Benefits and Medical Eligibility process

applications for benefits for newly-arrived refugees. Their specialized training and knowledge of policies and eligibility requirements facilitates the eligibility determination process. In addition, dedicated staff members within the Temporary Assistance to Needy Families (TANF) Jobs Programs, within the Division of Employment and Rehabilitation Services, work with refugee families receiving TANF cash assistance to promote compliance with required work search activities.

In addition to the State Refugee Coordinator, key management, programmatic, and administrative staff are employed in RRP to assist with meeting statutory responsibilities for the overall management and operation of the State Refugee Program, such as coordination, planning, policy and program development and implementation, monitoring, consultation, data collection, reporting, and travel. Professional staff hold statewide responsibility for RRP programs and are the contact persons and representatives for local forums, Resettlement Agencies, Mutual Assistance Associations (MAAs)/Ethnic Community-based Organizations (ECBOs), and other key stakeholders. RRP may receive administrative support from other staff of the Division and other DES personnel to carry out Office of Refugee Resettlement-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 Grant (RCMA), and may be charged to other grant sources should RCMA become unavailable.

**B. Assurances. 45 C.F.R. 400.5**

1. The State will comply with the provisions of Title IV of the Immigration and Naturalization Act, official issuances of the Director of the United States (U.S.) Department of Health and Human Services (HHS), Office of Refugee Resettlement (ORR).
2. The State assures that it will meet all the requirements in Part 45 C.F.R. 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, as specified under 45 C.F.R. Part 400 § 400.5 (g) 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, as specified under 45 C.F.R. Part 400 § 400.5 (h) that, unless exempted from this requirement by the Director, it will convene meetings not less often than quarterly with representatives of: 1) local resettlement agencies (RAs), 2) local community service agencies and other agencies that serve refugees, and 3) State and local governments, to plan and coordinate the appropriate placement of refugees in advance of their arrival.

7. The State assures that all services contained in this document will be made available to all ORR-eligible populations.

## **II. ASSISTANCE AND SERVICES**

- A. Cash and Medical Assistance (CMA) is proportioned to refugees who are not eligible for other public cash and medical assistance programs (such as TANF, Medicaid, and Supplemental Security Income (SSI)). 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 to receive cash assistance.
- B. The State shall ensure that RCMA funding is utilized to promote and encourage economic self-sufficiency by making the receipt of Refugee Cash Assistance (RCA) contingent upon appropriate participation in case management, employment, English language training (ELT) and other supportive services. Such participation is defined and monitored through the development and implementation of Self-Sufficiency Plans (SSP) developed as the primary document of accountability for all members of the eligible beneficiary household participation in case management, employment and other supportive services. SSPs include, as appropriate, Employability Plans (EP). RCA recipients must maintain compliance with work search requirements by complying with the goals and action items set forth in their individual EP. Individual EPs are documents of mutual accountability developed by each client and their contracted RA. Each EP outlines goals and subsequent time limited action steps to which each party is accountable in order to achieve each goal. Each plan is signed and acknowledged by the client, a resettlement agency staff member, and, when utilized, an interpreter. SSP development parallels the mechanisms previously described for EP development, to assist ORR-eligible beneficiaries remove barriers that hinder their fulfilling EP goals and, thereby, promoting economic self-sufficiency. All parties involved; i.e., designated DES FAA field offices and RAs verify participants' work compliance.

ELT is often a constituent goal of refugees' SSPs for removing barriers to employment. Depending upon each individual's English learning needs, an EP may contain ELT attendance as an action step meant to increase skills towards employability. ELT curriculum throughout the State is designed to promote early employment acquisition. Such classes are available to all ORR-eligible beneficiaries. RRP funded ELT focuses primarily on promoting entering and retaining employment and, secondarily, to increase clients' English speaking levels over a longer-term to improve likelihood of employability and economic self-sufficiency.

- C. Refugee Cash Assistance (RCA). 45 C.F.R. 400 subpart E
  1. The State of Arizona is a publicly administered program. In Arizona, most refugee resettlement occurs in the Greater Phoenix and Tucson areas. Refugees living outside of

the Greater Phoenix and Tucson areas benefit from FAA identifying DES branches proximate to where clients live and educates relevant staff about service provision for refugees. Arizona RAs follow a similar procedure with their partners throughout Arizona to coordinate employment and social services for refugees residing outside of the predominant resettlement areas (e.g., remote placement).

2. The State of Arizona works to ensure that Limited English Proficient (LEP) refugees benefit from meaningful language access to services and benefits, i.e., that adequate information is provided such that they understand the services and benefits available to them in compliance with Title VI of the Civil Rights Act of 1964 and under the guidance of ORR State Letter #00-18, dated September 19, 2000. RRP has worked to ensure that FAA policy material and all notices required in 45 C.F.R. Part 400 § 400.55 are available in written form in English and appropriate refugee languages. With regard to language groups that constitute a relatively small number of refugee speakers, commonly referred to as languages of lesser or limited diffusion, alternative methods of communication (such as oral interpretation in a refugee's primary or secondary language) are used to convey such information.
3. The State of Arizona provides applicants for, and recipients of, assistance and services an opportunity for a fair hearing to contest adverse determinations, using hearing procedures set forth in 45 C.F.R. Part 400 § 400.83.
4. In compliance with the general requirements of 45 C.F.R. Part 400 § 400.75, applicants are subject to all RCA work participation requirements pursuant to their Employability Plan, unless otherwise exempt for one of the following reasons:
  - 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, shall complete the verification.
  - A pregnant woman in the last three months of her pregnancy is exempt from job search. She is exempt from all employability activities for twelve (12) consecutive weeks following the birth of her baby. Medical verification of the last trimester of the pregnancy is required.
  - A parent with a child or children over 12 weeks old 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 shall be reflected in the case file. This exemption applies only to one adult per household.
  - Caretaker of a child under age one. This exemption applies only to one adult per household.

- 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.
- Working at least 30 hours a week in unsubsidized employment 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.
- Under age 16; or under age 18, but a full time student (as defined in the TANF program).
- Participation in Job Corps is considered a valid work search activity.
- Age 65 or older.
- A victim of domestic violence where working or participation in employability activities will put them at further risk of harm.

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

- a. Arizona administers a public RCA program for the system of benefit and services coordination for refugees, which intersects with the administration of the Supplemental Nutrition Assistance Program (SNAP), Title XIX, Refugee Medical Assistance, and refugee-specific employment assistance and case management. The State coordinates with the applicant's sponsor or RA to complete the RCA application process. One-stop RCA/mainstream assistance is provided at two designated field offices, one each in Phoenix and Tucson, staffed by assigned FAA personnel to determine TANF, RCA, and SNAP eligibility. This delivery system promotes expedited interaction between the RCA eligibility determination worker and the RAs assisting new arrivals, and facilitates more ready resolution of problems, clarification of miscommunication, and exchange of program information. This system, through which FAA staff determine eligibility, ensures the following:
  - Pursuant to 45 C.F.R. Part 400 § 400.66 (a) 4, the State will provide any individual wishing to do so the opportunity to apply for RCA and will determine the eligibility of each applicant.
  - Initial and on-going eligibility determination are set by TANF eligibility tables. The tables may be found in attached document (Attachment G-2).
  - The determination of benefit amounts is set by TANF eligibility tables. The tables may be found in attached document (Attachment G-2).
  - The State does not provide for a proration of shelter, utilities and similar needs.

- Pursuant to 45 C.F.R. Part 400 § 400.66, in determining income eligibility the State will not consider resources remaining in the applicant’s country of origin unless the applicant receives funding that helps support the applicant with life in the U.S., or a sponsor’s income and resources.
  - The State will not consider a sponsor’s income and resources as accessible to the refugee solely because the person is serving as a sponsor.
  - The State will determine eligibility under the TANF Program for refugees applying for cash assistance (CA).
  - The State will not consider any cash grant received by a refugee under the U.S. Department of State (DOS) or U.S. Department of Justice (DOJ) Reception and Placement Programs.
- b. TANF payments are made in accordance with the State’s TANF benefits levels (Attachment G-2). The A1 Payment Standard is used when the participant has an obligation to pay such allowable shelter costs as rent, mortgage, taxes, etc. The A2 Payment Standard is used when the participant does not have such obligations.
  - c. The State assures that it will not consider resources and income pursuant to 45 C.F.R. Part 400 § 400.66 (b)-(d) in determining cash assistance levels.
  - d. The State will use the date of application as the date RCA begins.
6. Notification to local resettlement agency. 45 C.F.R. 400.68
    - a. Designated FAA field offices currently require RCA applicants to complete a standardized form in which RAs State whether RCA applicants are enrolled in the Matching Grant Program. Through this process, RAs are notified when refugees apply for cash assistance.
    - b. Currently, RAs and designated FAA field offices work with refugee cash assistance applicants to make them aware of the income change report requirements. RAs ask refugees to provide information related to offers of employment, and FAA staff have access to information maintained in various State employment databases to verify income - including Unemployment Insurance Administration sourced data. The RAs and designated FAA field offices work jointly to ensure compliance with work search and employment reporting requirements.
  7. The State is not currently a Public Private Partnership (PPP) Program.
  8. RCA program administration. 45 C.F.R. 400.13
    - a. FAA is the DES Administration responsible for determining RCA eligibility.

- b. FAA is the DES Administration responsible for administering RCA benefits.
- c. FAA staff allocate their time between TANF and RCA clients in keeping with respective caseload levels.
- d. The State charges an indirect cost rate of 26 percent against RCMA, for which HHS is the cognizant agency.

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

1. Applications, determinations of eligibility, and furnishing medical assistance. 45 C.F.R. 400.93 and 400.94 RRP administers RMA pursuant to 45 C.F.R. Part 400 § 400.5 (f). Under the direction of the State Refugee Coordinator, staff are responsible for the operation of the program that aids the coordination of benefits per 45 C.F.R. Part 400 § 400.100.
  - a. With the implementation of the Affordable Care Act (ACA), all newly-arrived refugees are able to apply for and receive medical benefits through Arizona's Medicaid, the Arizona Health Care Cost Containment System (AHCCCS). The AHCCCS application process aligns with the application for TANF and RCA, and newly-arrived refugees receive support from designated FAA offices to apply for AHCCCS medical coverage, and 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 for RMA. RAs assist refugees and other eligible beneficiaries with the RMA application process. RRP processes RMA applications submitted by RAs through the Arizona Refugee Resettlement Program Online Data System (ARRPODS). Upon acceptance of the RMA application, the client file is referred to Domestic Medical Examination for Newly Arrived Refugees providers through ARRPODS who coordinate the scheduling of the screenings with the respective sponsoring RA.
2. Consideration of eligibility for RMA. 45 C.F.R. 400.100 through 400.104
  - a. Pursuant to 45 C.F.R. Part 400 § 400.101, refugees and other eligible beneficiaries determined ineligible for AHCCCS due to income or existing resources will, effective FFY 2019, be means tested for RMA eligibility under standards established in the State's approved Title XIX State Medicaid Plan. For adults, the financial eligibility standard is up to 133 percent of the Federal Poverty Level and for children the financial eligibility standard is up to 147 percent of the Federal Poverty Level. RRP will adopt the Modified Adjusted Gross Income Standard as the income methodology to be used for determining RMA eligibility (consistent with AHCCCS), effective, October 2018.
  - b. In compliance with 45 C.F.R. Part 400 § 400.102, cash assistance payments will not be considered in determining eligibility for RMA. This applies to cash

assistance payments made under the publicly administered RCA program, the U.S. Department of State's Refugee Admissions Reception and Placement Program, and the Voluntary Agency Matching Grant Program. The State will not consider in-kind services and shelter provided to an applicant by a sponsor or RA in determining eligibility for and receipt of RMA.

- c. Pursuant to 45 C.F.R. Part 400 § 400.104, earnings from employment shall not affect a refugee's continued RMA eligibility if the refugee was receiving RMA and has resided in the U.S. less than eight months assistance. If a refugee, who is receiving AHCCCS and has been residing in the U.S. less than eight months, becomes ineligible for Medicaid because of earnings from employment, the refugee will be transferred to RMA without an eligibility determination.

3. Scope of medical services. 45 C.F.R. 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 C.F.R. Part 400 § 400.105. Towards this end, the State will ensure that due process standards are met as described by constitutional law.
- b. The State provides certain RMA-funded domestic medical examination for newly arrived refugees services pursuant to 45 C.F.R. 400 Part 400 § 400.107 that are explained in further detail under the Refugee Medical Screening section below.

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

- a. The RMA payment model is fee-for-service using the AHCCCS provider fee schedule. Non-medical direct costs are limited to interpretation costs.
- b. RMA program administrative costs include RRP's Deputy State Refugee Coordinator, Refugee Health Coordinator, and Program Specialist percent of effort for intake and enrollment activities, eligibility determinations, claims processing and payment, contract and program development, reporting, records maintenance/retention, orientations, coordination/technical assistance for public and private health providers, and liaising with the State Medicaid system. They also include QNXT claims processing system, foreign language services, medical and dental consultation for pre-treatment authorizations, and some out-of-State travel.

**a. Refugee Medical Screening (RMS). 45 C.F.R. 400.107**

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

- a. Prior to refugees' arrival, RAs review biographical information and overseas medical information provided by the National RAs with which they affiliate to identify individuals in need of additional medical care upon arrival. The RA is able to arrange expedited care for these clients through relationships established with medical facilities that agree to see new arrivals on short notice and before AHCCCS

eligibility is determined. RAs alert the Refugee Health Coordinator of such cases, and the Refugee Health Coordinator coordinates with the screening provider to take any necessary additional steps in administering the screening. The domestic medical examination for newly arrived refugees screening provider is also alerted to patients with special medical needs by accessing the Center for Disease Control and Prevention's (CDC) Electronic Database Notification system. The screening clinics refer every client to a PCP (and specialists if indicated) to follow up on any conditions identified during the domestic medical examination. The screening provider in Tucson is embedded in the Banner University Medical Center and is able to directly refer patients to care within the facility. Patients with conditions of public health concern are often able to be seen the same day they complete the domestic medical examination. The Maricopa County Department of Public Health (MCDPH) has a position dedicated to connecting clients to follow-up care and ensuring that patients can make appointments. In the event that a Medical Release of Information is signed with the RA, clinics may communicate any need for follow-up care and monitoring to the patient's respective RA, supporting RAs ability to assist their clients with their medical needs.

- b. The Refugee Health Coordinator has access to the Centers for Disease Control and Prevention's (CDC) Electronic Database Notification system, used for information about arriving refugees' pertinent health status. Providers for the Domestic Medical Examination for Newly Arriving Refugees also have access to this data, to which they refer prior in the domestic medical examination to avoid duplication of services.
- c. The State has an Intergovernmental Agreement (IGA) with MCDPH and a direct contract with Banner University Medical Center (BUMC). Under the agreement and contract, these agencies provide coordination of a comprehensive health-screening process that identifies and leads to the treatment of diseases that could affect the general public health and/or personal well-being and successful resettlement of refugees pursuant to (45 C.F.R. Part 400 § 400.5 [f]). Domestic medical examinations are conducted by a physician (with a registered nurse) and a nurse practitioner at MCDPH and BUMC, respectively. At each facility, a Screening Program Coordinator performs patient registration, ensures that appropriate interpretation services are provided during the screening, liaises with RAs to schedule the screening appointments and transportation, accepts referrals for screening and reports services on ARRPODS, communicates with clients to remind them of appointments, meets quarterly with RA Medical Case Managers and the State Refugee Health Coordinator to discuss the screening, and provides aggregate monthly reports to RRP. These activities are funded under the agreement and contract with MCDPH and BUMC.
- d. MCDPH is a local public health department where refugee screening services are provided in the Sexually Transmitted Disease (STD) Clinic in the same facility as the county's Tuberculosis (TB) Control and Prevention program. BUMC is a

private, non-profit hospital where refugee screening services are provided in the Infectious Diseases Section in the Department of Medicine.

2. Pursuant to ORR State Letter #12-09 and ORR State Letter #13-03, RRP requests to continuing to operate the Domestic Medical Examination for Newly Arrived Refugees using RMA funding - in accordance with 5 C.F.R. § 400.107.
3. Scope of RMS services. 45 C.F.R. 400.107
  - a. The State assures that the RMS is administered in accordance with the requirements prescribed by the Director pursuant to 45 C.F.R. Part 400 § 400.107 (a) (1).
  - b. Refugees are eligible for the following existing domestic medical examination 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 tuberculosis for all refugees under County Departments of Public Health Tuberculosis Control Programs.
    - Evaluation and treatment, as necessary, for suspected sexually transmitted disease (STD) for all refugees under the County Departments of Public Health STD Programs.
    - Adult immunizations
    - Physical exam and review of systems for all ages
    - Complete blood count with differential
    - Serum chemistries
    - Urinalysis
    - Cholesterol
    - Pregnancy Testing
    - Blood Lead Level for children six months to 16 years old
  - c. If a client is eligible for AHCCCS, all services outlined in ORR State Letter #12-09 *OFF’s Domestic Medical Screening Guidelines Checklist* are covered under Medicaid and/or State/local public health programs including preventive health lab Tests, lab tests diagnostics, basic screening costs, and adult immunization costs. In cases in which AHCCCS eligibility has not yet been determined for a refugee at the time of the screening, the service provider places such refugees on an “AHCCCS pending” list for future billing and reimbursement of costs.
  - . There are no additional RMS costs beyond those outlined in ORR State Letter #12-09.
  - e. The State assures that medical screening costs are reasonable, as they are based on the Medicaid fee schedule.

- f. The State assures that screenings will be done within the first 90 days of U.S. date of arrival or grant of qualifying status, by monitoring both domestic medical examination providers' monthly reports.

2. RMS program administration. 45 C.F.R. 400.13

- a. Medical Screening Costs not covered by AHCCCS are costs associated with the domestic medical examination for newly arrived refugees, denied by AHCCCS due to financial ineligibility, and allowable under RMS. This may include preventive health lab tests, lab test diagnostics, basic screening costs, and adult immunization costs. The medical screening payment model is fee-for-service based on the AHCCCS provider fee schedule. Non-medical direct services provided through RMS are limited to interpretation costs.
- b. Medical screening program administrative services include State Refugee Coordinator, Deputy State Refugee Coordinator, Refugee Health Coordinator 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/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/S enrollment cards, in-State travel, OnBase system, Salesforce (ARRPODS) data management system and the cost of a new RMA/S enrollment card printer.

**F. Refugee Social Services (RSS). 45 C.F.R. 400 subpart I**

1. Allowable employability services reflect the broad array defined in 45 C.F.R. Part 400 § 400.154 and § 400.155, with particular emphasis on the following:

**Employment Services:**

The promotion of economic self-sufficiency for refugees as quickly as possible after arrival in the U.S., as Stated in Section A, Part I, Introduction, is an RRP priority and primary goal of employability services. RRP makes available refugee employment assistance through a network of contracted service providers with capacity to provide linguistically appropriate and culturally responsive employment and case management services. Providers assist clients with completing applications, initiating employer contact, understanding job-specific and employee requirements, and conducting necessary follow-up to support employment success, job retention, and positive employer-employee relations.

Employment services always include the development of individual Employability Plans and often include world of work and job orientation, job clubs, job workshops, job development, referral to job opportunities, job search and entry, and follow-up.

Employability assessment services are provided as part of contracted employment services.

On-the-job training (OJT) may be provided when such training is provided at the employment site and when the employment is expected to result in durable full-time, unsubsidized employment at the on-the-job training site upon successful completion of the subsidized training period.

Translation and interpreter services are also provided when necessary in conjunction with employment or participation in an employability service.

Clients receive employment/employability and case management services from their respective sponsoring RA, Arizona's TANF Programs and contracted providers, FAA, MAAs, sponsors, other RRP service providers and other public and private community organizations. RRP service providers refer refugees to other social service programs as needed.

### **English Language Training:**

The State contracts with ELT service providers with an emphasis on obtaining and retaining employment. To advance accessibility by refugees, efforts are made to schedule classes at various levels and times in the day and evening. Group instruction is also provided at training or employment sites as appropriate. Job-related English instruction is correlated to daily work tasks and orientation that enables clients to enter the job market and/or lead to greater job potential.

ELT providers coordinate class sites and related activities with RAs, MAAs/ECBOs, other service providers, and other State and local agencies. Providers ensure that an effective and adequate system of client follow-up exists.

### **Vocational Training:**

Refugees may be provided vocational training as described in 45 C.F.R. Part 400 § 400.154 (c) or vocational training as described in 45 C.F.R. Part 400 § 400.154 (e), as appropriate and resources permit, and is being carried out as part of an approved employability plan and modified to reflect changed services or employment conditions.

### **Case Management Services:**

Refugees are provided case management services designed to familiarize them with conventional western systems and practices and to provide them with skills necessary for self-sufficiency and successful resettlement. These services facilitate the availability of information and access to human services and community resources. Individual Self-sufficiency Plans direct specialized case management services meant to remove barriers that would prevent refugees from fulfilling EP goals, thereby promoting economic self-sufficiency.

Pursuant to 45 C.F.R. Part 400 § 400.155, case management also includes:

Information and referral services;

Outreach services include activities to familiarize refugees with available services, to explain the purpose of these services, and to facilitate access to such services;

Linguistically appropriate and culturally responsive services coordination and support, such as:

Emergency services to include assessment and short-term counseling to persons or families in a perceived crisis, referral to appropriate resources and the making of arrangements for necessary services; and

Health-related services to include information, referral to appropriate resources, assistance with scheduling appointments and obtaining services, referral to counseling if needed to understand and identify their physical and mental health needs and maintain or improve their physical and mental health; and

Home management services to include formal or information instruction to individuals or families in management of household budgets, home maintenance, nutrition, housing standards, tenant rights, and other consumer education services; and

Transportation when necessary for participation in a service other than an employability service; and

Translation and interpretation services when necessary for a purpose other than in connection with employment or participation in employability services.

Assistance with adjusting status, referral 45 C.F.R. to immigration services.

2. The State assures that the services are consistent with § 400.154 and § 400.155.
3. RSS set-aside Funding:

### **Refugee School Impact Set Aside:**

The State receives Refugee School Impact Grant (RSIG) set-aside funding. The target population for RSIG funding is refugees and other eligible beneficiaries ages five to 18 who have resided in the U.S. for 36 months or less, RSIG funding may also be utilized for assisting the parents of the target population group in better understanding U.S. school systems.

RSIG funding supports local school districts with high concentrations of Arizona students who arrived as refugees to work with refugee parents and youth such that K-12 school-aged children can successfully transition to the U.S. school system and achieve academic success. RSIG funding is used to increase systems' knowledge of all involved parties, to promote an awareness of refugee student-specific challenges in a school context, and to

promote access to existing educational resources to address such challenges. RSIG funded activities also complement general RSS activities by assisting in reducing school related case management issues that would otherwise impede a parent/s ability to obtain economic self-sufficiency.

### **Services to Older Refugee Set-Aside.**

The State receives Services to Older Refugees (SOR) set-aside funding. The target population for SOR funding is ORR-eligible beneficiaries aged 60 and older. The primary intent of the SOR funding is to assist elder refugees with obtaining U.S. Citizenship and maintaining access to vital systems of support. Elderly refugees often face unique integration challenges that impede their or prevent them from obtaining United States Citizenship. The SOR Program provides specialized case management for elder refugees to surmount such challenges and improve their likelihood of obtaining citizenship. This case management often takes the form of assistance with registering for and attending citizenship and English Language Training courses and support for obtaining Medical Certification for Disability Exceptions (N-648). SOR services also leverage mainstream community elder services and benefits to help address general case management needs related to aging.

SOR services complement existing RSS activities by providing specialized case management for complex processes associated with elder refugees obtaining United States Citizenship. This helps general RSS case management resources from being diverted to such specialized needs, and supports refugees' access to services tailored to meet their specific needs, obtain citizenship, and maintain access to benefits after reaching seven years of arrival in the U.S.

## **G. Unaccompanied Refugee Minors (URM) Program. 45 C.F.R. 400 subpart H**

1. Administrative structure and State oversight. 45 C.F.R. 400.117
  - a. RRP is a private custody State and contracts for URM services with a licensed child welfare agency in Phoenix. 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 (Case Plans) and Independent Living Plans as required, submitting required placement and outcome reports, administering Independent Living 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. 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.

- b. RRP staff members review the ORR database on a daily basis, 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. Placement and outcome reports are submitted in accordance with the reporting requirements outlined in 45 C.F.R. Part 400 § 400.120. 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 has increasingly conducted training to the URM service provider regarding the reporting requirements and timelines and has begun tracking report due dates and issuing monthly reminders to the URM service provider about upcoming reports that are due.
- c. RRP exercises oversight of the URM service provider through RRP contractors' public quarterly meeting presentations, trimester reporting of program activities and outcomes, review of required placement and outcome reports as outlined in 45 C.F.R. Part 400 § 400.120, and frequent consultation on issues relating to capacity, placement, and case management. URM staff consult with RRP regarding specialized, high needs cases requiring group home or therapeutic foster care placements, as well as emerging client needs and trends. RRP also exercises oversight of URM care through case file reviews, inclusive of case plans, independent living plans, and/or permanency plans, as deemed necessary.
- d. Pursuant to 45 C.F.R. Part 400 § 400.120, the State regularly conducts on-site monitoring reviews, including client home visits, of the URM service provider for compliance with the contract Scope of Work, the contents of which are based on State foster care and ORR standards for URM services. RRP conducts client case file reviews for compliance with ORR requirements relating to URM progress towards successful independence. Monitoring outcomes are reported to ORR as required, and the State monitoring tools are consistent with DES contract monitoring requirements.
- e. The State assumes program accountability for all aspects of the program, including fiscal and program reporting.
- f. RRP contracts with a licensed child welfare agency for services to URM in accordance with Arizona Revised Statutes (A.R.S.) § 8-501 and A.R.S. § 8-505.
- g. RRP and the contracted URM service provider confer at least annually, and typically more frequently, in the course of administering the program.

2. Legal responsibility. 45 C.F.R. 400.115(a)
  - a. Within 30 days of arrival, a dependency petition is filed by legal service providers working with the URM service provider to establish legal responsibility. For Special Immigrant Juvenile Status (SIJS) youth, prior to entering the URMP, pro bono lawyers work to file dependency for the children and to seek SIJS status. Once SIJS status is received, the pro bono lawyers working with the SIJS youth reach out to the URM service provider and their lawyers, to transfer legal custody, and sometimes physical custody, of the SIJS youth to the URM service provider. 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. For URM's arriving from overseas, the URM service provider shares biographical and historical data contained in Best Interest Determination (BID) documents with the lawyers working with the program. A dependency petition is then filed for the URM service provider to establish legal and physical custody. Once the review of the BID is completed and the petition filed, the process takes about four weeks on average 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, lawyers working with the URM service provider 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, in accordance with 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.
  - b. The URM service provider takes legal responsibility of the URM through legal and physical custody following the processes normally required by State law, as outlined in A.R.S. § 8-842 through § 8-847.
  - c. The court has oversight of a URM until the age of 18, at which point URM's are considered adults and no longer wards of the court. Legal responsibility would also end 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. Each URM is appointed a Guardian Ad Litem (GAL) who could file a motion at any time to ask for a status conference, for example if the child is requiring additional services. Report and Review hearings occur every six months, after custody is

granted, until dependency is dismissed at the age of 18. The case plan is presented and approved during the court hearings and is also 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.

- d. Beginning at age 18, youth may elect to remain in the program up to age 21 through a voluntary agreement with the contracted URM service provider, in compliance with A.R.S. § 8-521 and § 8-521.01. Following initial completion of the voluntary agreement, youth continue receiving monthly home visits, following Individual Service Plans that are reviewed every six months, and receiving case management with Independent Living as the main goal.
3. Eligibility. 45 C.F.R. 400.111 and 45 C.F.R. 400.113
    - a. The State serves all URM-eligible populations, including survivors of trafficking, youth with SIJS status who have been approved for entry into the URM Program by ORR, refugee URM from overseas, and others as further outlined in 45 C.F.R. §400.43, ORR’s Statement of Goals, Priorities, Standards, and Guidelines for the Unaccompanied Minor Refugee and Cuban/Haitian Entrant Programs, and ORR’s Unaccompanied Refugee Minors) Program (URMP) Policy Guide.
    - b. URM remain wards of the court under the responsibility of the URM service provider, until they reach the age of 18. If the minor is over 18, the minor is considered to be an adult, though they may elect to remain in the URMP the program by signing a voluntary placement agreement. URM can opt to remain in the program until age 21, typically in Independent Living settings, though they may elect to remain in foster care settings if they so wish, and they may receive ETVs until age 23.
    - c. URM may remain in the URM program until the URM: is reunified with his/her parents; is placed with a non-parental adult (relative or non-relative) willing and able to care for the URM to whom permanent legal custody is granted under State law; has attained 18 years of age and chooses to leave foster care (youth will have the opportunity to voluntarily remain in the URM program until age 21 or receive educational support until age 23), has attained age 21 and is not enrolled in postsecondary education, or, if pursuing post-secondary education, has reached age 23 or is no longer eligible for any services under services equivalent to the State’s Titles IV-

B and IV-E State Plan of the Social Security Act; becomes a U.S. Citizen; is adopted; or is 18 or older and relocating out of the service area.

- d. Youth up to age 21 are eligible to return to placement and services on a case-by case basis as determined by the contracted URM service provider in consultation with RRP. Youth choosing to end program involvement after attaining 18 years of age and later wishing to reapply for support and services through Independent Living services without returning to foster care, may do so in accordance with the State's Child and Family Services Plan. Youth older than 18, but younger than 21, may also return to the program to apply for ETV support, and may continue to receive such support to age 23, within the parameters defined below.
- e. URMs that were in foster care while age 16, 17, or 18 and under age 21 are offered ETVs for post-secondary education and training in accordance with 45 C.F.R. Part 400 § 400.112 and the State's Child and Family Services Plan. Each student receiving Education and Training Vouchers (ETVs) at age 21 may continue to receive the vouchers up to age 23. URMs age 17 to 21 are eligible to receive Independent Living subsidies aimed at supporting their transition to independence.

2. Scope of URM services. 45 C.F.R. 400.116

- a. The contracted URM Provider provides the same range of child welfare services and benefits to URMs 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.
- b. 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 Division of Development Disabilities (DDD). Special arrangements to diversify the range of placement options are coordinated through Memoranda of Understanding with such service providers as specialized group home providers focused on providing care for behavioral health needs.
- c. All URM youth with refugee status and youth who are survivors of trafficking are eligible for AHCCCS medical coverage, unless income from employment exceeds the AHCCCS income eligibility requirements. URM youth are not eligible for the Young Adult Transitional Insurance for former foster care youth up to age 26 due to current policy understandings of the definition of foster and former foster care youth as solely those youth having been in the custody of the Department of Child Safety. Most youth in independent living are still enrolled in high school or college, and they work part-time. Emancipated clients continue to be covered by AHCCCS until

their income reaches the maximum income eligibility level. At that point, many of the URM's are able to enroll in employer insurance options.

- d. SIJS/URM clients currently are covered by the Refugee Medical Assistance (RMA) Program through RRP while they remain in care or continue to receive ORR-funded services. RMA for URM's is funded by URM service funds. All RMA services are provided in parity with AHCCCS services, and are tracked through a claims processing database called QNXT. Through QNXT, RMA services covered by URM service dollars can be isolated and reported separately, if requested.
- e. Because youth are in the custody of a private agency and not the Department of Child Safety, youth who have emancipated from foster care placement services are not eligible for the Independent Living Services or ETVs available to other foster children in State custody. In accordance with 45 C.F.R. Part 400 § 400.112 and the State's Child and Family Services Plan, the URMP provides the same range of Independent Living Services and ETVs as those provided to children in domestic foster care, as defined by the State's Child and Family Services Plan. Costs for Independent Living Services and ETVs administered through the URMP and tracked, charged and reported to ORR as URM service costs.

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

- a. URM cases are reviewed by URM service provider staff every six months (or when there is a change in the child's status) for continuing appropriateness of placement and services, including options for adoption when possible. In addition, URM service provider staff conduct additional monthly home visits to the youth'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.
- b. 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 URM's, 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.
- c. The worker assigned to the case develops and implements an Individual Service Plan (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, family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, ELT,

career planning, preparation for independent living, preservation of ethnic and religious heritage.

6. Interstate movement. 45 C.F.R. 400.119
  - a. The contracted URM service provider works with 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 who transfer 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 if the reports are favorable and all the requirements of the receiving State's laws have 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.

## **Pandemic Influenza Planning For Arizona**

The State Plan for the possible arrival of pandemic influenza/H1N1 is part of the State Emergency Response and Recovery Plan. Each State agency has responsibility to develop and maintain a Business Continuity Plan that is part of the overall State Plan. Specific programs within State agencies develop and maintain plans for assistance to vulnerable populations.

DES has a comprehensive Business Continuity Plan that was adopted in October 2005. The Plan is updated regularly to include new guidance developed by the Business Continuity Planning Group. The DES Business Continuity Plan includes reference to specific plans at the program level.

The Arizona Department of Health Services (ADHS) has the lead responsibility for the portion of the State Emergency Response and Recovery Plan that includes plans for pandemic influenza/H1N1 pandemic.

### **I. Refugee Resettlement Program Involvement In State Pandemic Influenza Planning**

RRP is represented on the DES Business Continuity Planning Group. The lead planners of the group also participate on the State Emergency Response and Recovery Planning Group.

RRP has provided the Business Continuity Planning Group with a demographic profile of its clients that includes countries of origin, languages spoken, medical insurance coverages, and cultural characteristics. The profile is updated annually and included in the Pandemic Influenza Plan.

### **II. Including Refugees And Refugee Service Providers In Planning**

RRP's Pandemic Influenza Plan is reviewed and updated annually, with input from refugee service providers, Voluntary Resettlement Agencies (VOLAGs), and Mutual Assistance Associations (MAAs).

### **III. Role of Refugee Health Program in Designing and Implementing Public Health Measures**

The Refugee Health Coordinator will assist with the development of educational programs and materials for refugees that include personal hygiene in disease prevention, the use of masks and social distancing to reduce the spread of disease, accessing vaccines and anti-viral medications, and navigating the health care system.

Planning for the distribution of vaccines and anti-virals in Arizona is the responsibility of ADHS; priorities for prophylaxis and treatment are based on the Department of Health and Human Services Pandemic Influenza Plan and identify as high priority:

- Patients in hospitals;

- Health care workers with direct patient contact;
- Immunocompromised persons; and
- Pregnant women.

Priorities will be reconsidered in the event of a pandemic as information becomes available regarding availability of drugs, epidemiology, and probable social impacts.

## **V. Information Dissemination During a Pandemic**

During an influenza pandemic, it will be necessary to quickly provide information to refugees, refugee service providers, and MAAs/ECBOs. RRP will disseminate information as it becomes available. Materials will be translated as appropriate, time permitting prior to dissemination.

RRP obtains addresses of clients upon application for the Refugee Medical Assistance and many refugees move within a few months of arrival. RRP will work with RAs and refugee service providers to relay information to refugees. An emergency key staff contact roster for RAs and refugee service providers is available to RRP staff.

## **VI. Continuity of Operations Plan (COOP)**

The DES Business Continuity Plan includes guidance for continuing essential functions during an emergency. Plans are included for implementing an incident command structure, maintaining continuity of leadership within DES, personnel functions, electronic data and communication systems, and identifying alternative staffing.

The DES Business Continuity Plan also includes a plan by the Division of Benefits and Medical Eligibility (DBME) for providing clients, including refugees, with SNAP, cash benefits and eligibility determination for AHCCCS during an emergency.

DELEGATION OF AUTHORITY  
FOR THE  
ARIZONA REFUGEE RESETTLEMENT PROGRAM

BY THE POWER INVESTED IN ME, and in compliance with 45 CFR Part 400.5(a), I, Douglas A. Ducey, Governor of the State of Arizona, hereby designate the Arizona Department of Economic Security as the single State Agency responsible for the development of the State Plan of the Arizona Refugee Resettlement Program and for the administration of such State Plan for the said program.

The Director of the Arizona Department of Economic Security is hereby instructed to take the necessary steps to ensure the efficient and effective management of the Arizona Refugee Resettlement Program with fundings from the Federal government and other sources.

Also, in compliance with 45 CFR Part 400.5(d), the Director of the Arizona Department of Economic Security is empowered to assign the duties of the Arizona Refugee Resettlement Program State Coordinator to whomever the Director deems qualified within the Department.

2/24/2015  
Date

Douglas A. Ducey  
Douglas A. Ducey  
GOVERNOR

Attest: Michele Reagan  
Michele Reagan  
Secretary of State

Attachment G-2

Income Maximum, Need and Payment Standards

(Effective March 2009)

<b>A1 Need Standards</b>			
<b>Number of Participants</b>	<b>185% CA Income Maximum</b>	<b>Need Standard</b>	<b>CA Payment Standard</b>
1	\$1,046	\$567	\$164
2	\$1,415	\$765	\$220
3	\$1,783	\$964	\$278
4	\$2,149	\$1,162	\$335
5	\$2,516	\$1,360	\$392
6	\$2,884	\$1,559	\$449
7	\$3,250	\$1,757	\$506
8	\$3,616	\$1,955	\$563
9	\$3,983	\$2,153	\$620
10	\$4,349	\$2,351	\$677
11	\$4,715	\$2,549	\$734
12	\$5,081	\$2,747	\$791
Each Additional			+ \$158

<b>A2 Need Standards</b>				
<b>Number of Participants</b>	<b>185% CA Income Maximum</b>	<b>CA Income</b>	<b>Need Standard</b>	<b>CA Payment Standard</b>
1	\$660		\$357	\$103
2	\$889		\$481	\$139
3	\$1,122		\$607	\$175
4	\$1,354		\$732	\$211
5	\$1,583		\$856	\$247
6	\$1,816		\$982	\$283
7	\$2,046		\$1,106	\$319
8	\$2,277		\$1,231	\$355
9	\$2,508		\$1,356	\$391
10	\$2,739		\$1,481	\$427
11	\$2,971		\$1,606	\$463
12	\$3,202		\$1,731	\$499
Each Additional				+ \$158

These Payment Standards are 36 percent of the 1992 Federal Poverty Level adjusted for family size and a shelter cost factor.

Attachment G-3

Pandemic Influenza Plan

RRP Continuity of Operations Plan (COOP)

### **I. Introduction**

DES has a comprehensive Business Continuity Plan that identifies critical business functions, applications, risks, risk mitigation strategies and alternative solutions operational during an emergency.

RRP has submitted to DES documentation of critical functions and strategies for continuity of the critical functions for inclusion in the Business Continuity Plan.

### **II. Direction and Control Within RRP**

The State Refugee Coordinator has overall authority for the operation of the unit. Contact information for the State Refugee Coordinator and key staff are as follows:

Charles Shipman  
State Refugee Coordinator  
602-542-6614 (office)

602-309-8670 (mobile)  
chshipman@aol.com

Asmeen Hamkar  
Deputy State Refugee Coordinator  
602-542-6604 (office)  
ahamkar@azdes.gov  
602-653-6447 (mobile)  
N\_Hamkar@cox.net

Mary Kingston  
Program Specialist  
602-542-6609 (office)  
[mkingston@azdes.gov](mailto:mkingston@azdes.gov)  
602-448-3321 (mobile)  
[kingstons4@aol.com](mailto:kingstons4@aol.com)

### **III. Critical Functions**

Certain critical functions are those processes that must continue with minimal interruption to ensure client safety and access to health care. Alternative methods for completing these processes are listed in order of preference:

- A. Eligibility verification for health services will be determined by contacting the Refugee Health Social Services Administrator II primary or alternate contact number or email for refugees who are not in possession of their RMA identification card.
- B. Processing of application information for new refugee arrivals will be performed by RAs faxing or scanning/emailing applications to RRP health staff or to the Refugee Health Social Services Administrator II by alternate email contact.
- C. Authorization of non-routine medical services will be completed by provider fax of prior authorization request and supporting documentation to RRP health staff for review or through verbal approval by the Refugee Health Services Manager via phone.