FY 2025

State of Michigan, Department of Labor and Economic Opportunity, Office of Global Michigan

State Plan for Administration of the Refugee Program

Amended effective with Governor's signature;
Submitted for the FY25 period October 1, 2024 – September 30, 2025

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC OPPORTUNITY | GLOBAL MICHIGAN

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Introduction

The refugee program in Michigan exists to provide for the successful resettlement and integration of refugees[1] and unaccompanied minors, while assisting them to achieve economic and social self-sufficiency as quickly as possible. The refugee programs provide people in the utmost need, coming from unthinkable situations, with critical resources to assist them with integration to the United States. Global Michigan's Refugee Services program and its staff work to support the effective and equitable resettlement and integration of refugees in Michigan, ensuring their basic needs are met upon arrival and during their integration so that they can live in dignity and achieve their highest potential.
Global Michigan's Refugee Services program staff:

- Ensures coordination of all public and private resources in refugee resettlement in the State.
- Ensures access to refugee-specific services and mainstream programs for people with refugee and other humanitarian statuses.
- Distributes and oversees federal dollars to local agencies for direct service provision.
- Provides education and information about and for our new neighbors in Michigan.

[1] For purposes of this document, the term refugee refers broadly to all those humanitarian statuses eligible for participation in ORR-funded programming, unless otherwise noted.

I. ADMINISTRATION

A. Organization - 45 CFR Parts 75 and 400 Subpart C, and § 400.51

1. The Michigan Department of Labor and Economic Opportunity (LEO) will be the designated State agency responsible for the development, submission, and administration of the State Refugee Plan and Program. Housed within LEO is the Office of Global Michigan. The Refugee Services program staff within the Office of Global Michigan (OGM) will act as the lead in all areas of concern which relate to refugee programming and will be responsible for coordination of services to refugees with all other State agencies.

   As such, the refugee program will be publicly administered in the State of Michigan and services will be provided statewide. By Governor's executive order, OGM is charged with the responsibility for coordinating all executive branch programs related to the provision of services for immigrants, including the provision of services to refugees. OGM will work with the Michigan Department of Health and Human Services (MDHHS) for the execution of Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), and for localized field oversight of the Unaccompanied Refugee Minor (URM) program.

2. As the Deputy Director of OGM, Ben Cabanaw will be the designated State Refugee Coordinator. The State Refugee Coordinator will have the responsibility and authority to ensure coordination of public and private resources for refugee resettlement and refugee programming in the State of Michigan. As Refugee Services Administrative Manager, Nicole Adams will be designated as the Deputy State Refugee Coordinator.

3. Within LEO's OGM, Helen McGuirk will serve as the State Refugee Health Coordinator (RHC).

4. As stated, OGM is located within LEO. LEO is responsible for providing the connections, expertise, and innovative solutions to drive continued business growth, build vibrant communities, create affordable housing, and to attract and retain key talent to fill Michigan's vast pipeline of opportunities. LEO will ensure that every Michigander has opportunity through a path to skills that lead to a good job. LEO will increase focus on providing resources and supporting efforts to increase the skill levels of Michigan workers as the skills needed to compete for well-paying jobs are rapidly changing.

   OGM's mission statement is to make Michigan welcoming and inclusive. OGM supports immigrant and refugee integration initiatives for the state. It works with state agencies that provide services to immigrants and refugees and tries to minimize or eliminate barriers to accessing those state services. OGM analyzes and makes recommendations to the Governor on state and federal policies and programs. OGM partners closely with refugee resettlement agencies, economic development organizations, ethnic community-based organizations, universities, and many other partners and organizations around the state. OGM supports five ethnic and advocacy-based statewide commissions through their Commissions Administration division, lifting lived experiences voices and impacting state policy and systems. OGM also houses an Equity and Inclusion division supporting the DEI work, Language Access, and equitable access for immigrants in the state.

   The third and largest division in OGM is the Refugee Services program office. The function of OGM's Refugee Services program will be to plan, coordinate, and implement a statewide program of services designed to assist in the effective resettlement and integration of refugees in the State of

Michigan. The Refugee Services program office will be responsible for all administrative functions associated with the refugee program, unless otherwise noted, including administration, and monitoring of contractual agreements, federal reporting, data collection, and program development and implementation.

In addition to the State Refugee Coordinator (SRC) and the Refugee Health Coordinator (RHC), program analyst and specialist staff will be employed in OGM for the Refugee Services program to assist in meeting statutory responsibilities for the overall management and operation of the State's refugee program. This will include coordination, planning, and policy and program development. Refugee Services program staff will also be responsible for monitoring, consultation, data collection, data analysis, reporting, and outcome tracking for the whole array of refugee services. The SRC and Refugee Services program staff will be the contact persons and representatives for the resettlement agencies, contracted refugee service providers, Ethnic Community-based Organizations, and other key stakeholders.

OGM's Refugee Services program staff will have administrative and/or policy oversight for:

- RCA, RCA Employment & Training, and RMA policy.
- All Refugee Social Services (RSS) programming, including set-aside programs.
- Employability Services, including contracted services with appropriate agencies providing employment services.
- The URM program.
- All federal and state funding for refugee services and assistance.
- Training and technical assistance in the provision of refugee services.
- All federal reporting and outcome analysis.
- Coordination and planning of all services to refugees in the State.
- Refugee medical screening oversight and health programming.

The SRC and Refugee Services staff will collaborate with identified MDHHS staff for coordination of the programs, as delineated below, under a state Interagency Agreement. The function of the MDHHS is to aid the programs necessary to protect vulnerable residents of the State of Michigan and to enable families to become self-sufficient. MDHHS is the agency responsible for public benefits assistance, child welfare, and public health.

MDHHS will provide the following implementation of services for refugee populations:

- Eligibility determinations for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) will be completed by local MDHHS field staff.
- Field-level oversight of the URM program will continue to be implemented by local MDHHS Children's Services Administration field staff.

OGM and MDHHS will work in partnership to ensure efficient and allowable delivery of services, completion of federal reporting, and fiscal oversight as it relates to the RCA, RMA, and URM programs. The RHC and OGM will also work with MDHHS to ensure availability of public health data and partnership in outreach to local health departments and health systems.

5. To plan and coordinate the placement of and services to refugees in advance of their arrival per federal regulation under 400.5(h), OGM will ensure that meetings are convened on at least a quarterly basis. OGM will work with the Resettlement Agencies in meeting their cooperative agreement responsibility of holding stakeholder consultations. The quarterly meetings will include

representatives of local affiliate resettlement agencies, with invitation to state and local government agencies, public education and public health, law enforcement, and other community-based organizations which serve refugees. Resettlement patterns vary widely between the counties where refugees resettle in Michigan. Therefore, separate meetings will continue to be convened regionally across the state.

OGM will take the lead in organizing local consultations not less than quarterly. The OGM established Regional Community Collaboratives in four regions in Michigan to assist in effectively planning and coordinating the placement of and services to refugees in local communities. The collaboratives will organize and leverage resources and expertise of partnering local organizations to improve the quality of community engagement, coordination of services and partnerships, and address structural barriers to rapid and thriving integration of populations resettled in Michigan. They will advise and coordinate with the State Refugee Coordinator on local initiatives and needs. OGM's Community Engagement Specialist will work directly with identified organizations to lead the collaboratives and initiatives as designated by the SRC and OGM, and in partnership with the collaborative. The SRC and collaboratives will work with Michigan's refugee resettlement agencies, ethnic community-based agencies, State agencies, and other invested local/community partners to identify needs and areas for expansion or improvement, and in facilitating the quarterly and ongoing consultation work.

The quarterly schedule will include a combination of virtual and in-person regional meetings for the first three quarters of the fiscal year for, at minimum: Northern, West, Southwest, Central, South Central, and Southeast Michigan. OGM will host one statewide consultation and planning meeting in the 4th quarter of each fiscal year beginning with FFY25.

a. OGM is utilizing feedback from targeted discussions to establish specific capacity metrics to guide capacity and consultation planning. OGM held three statewide convenings to specifically garner feedback on housing, education, and health sector capacity. These convenings provided definitions and metrics that OGM is working to establish metric tools to measure and guide consultations for community capacity. As a result of these convenings, the State identified an agreed-upon purpose and goal for quarterly community consultations (QCCs):
   Purpose- To gather varied, diverse, and interested service providers and community stakeholders to discuss the intended and potential capacity for new arrivals to ensure supported community integration.
   Goal- To develop, coordinate, and foster an environment that proactively anticipates, collaborates, and reacts to changing needs of the whole community.

   Additionally, OGM's Community Engagement Specialist and RCCs are keeping an updated list of available resources and service providers by region. The SRC and OGM leadership will ensure all the information gathered and shared will be used to best allocate resources for the provision of needed services to refugees and for the communities where refugees resettle.
b. OGM utilizes data gathered from RSS service providers to guide future program development. Additionally, OGM is working with the Michigan Immigrant and Refugee Council (MIARC) to identify priority areas for immigrant communities and elicit input on how services are impacting them and their communities.

c. As mentioned, OGM is utilizing data gathered from program delivery and building capacity metric tools to make data informed decisions regarding implementation of programs and services.
d. The RCCs are supporting the SRC's office in ensuring local coordination of supports and services for refugees.
e. Through our QCCs, the work of the RCCs, and data collection, OGM is ensuring that benefits and services are neither omitted or duplicated; and
f. The work of our Community Engagement Specialist and RCCs are creating a continuum of partners and approaches that encourages collaboration rather than competition. OGM is highly focused on developing local, community-based strategies to support refugee integration and participation in civic life. The holistic system of data-informed decisions, community engagement, RCCs, and MIARC is helping to ensure success.

In addition to these quarterly consultations, the SRC will meet regularly with these partners to ensure efficient and coordinated implementation of statewide services. As mentioned, the SRC and Deputy SRC will continue to meet and provide support to the Michigan Immigrant and Refugee Council to ensure lived-experience voices and concerns of arriving(ed) and served populations are considered and implemented. OGM will respond to emerging issues and take the lead to address challenges in the integration of arriving populations.

6. Monitoring and Oversight

<u>Program Monitoring</u>

Program monitoring is completed to ensure grantees are in compliance with contractual agreements. Monitoring is also utilized for the purpose of identifying gaps in services, determining best practices, and interpreting agreement language to ensure refugees are receiving adequate services to integrate and become self-sufficient.

Monitoring is completed through a series of steps that include the following:

- Pre-monitoring.
- Monitoring review activities (ongoing, includes onsite/offsite and data management system [DMS] review).
- Monitoring Summary Report, including:
    1. Recommendations.
    2. Corrective Action Plan (CAP).
    3. Corrective Action Plan Follow-up Report (if CAP is necessary).

The purpose of pre-monitoring is to ensure monitoring activities cover all state and federal regulations and requirements of the grant and that grantees are fulfilling their responsibilities of grant requirements.

Monitoring activities include both onsite and offsite activities to review the following:

- Grant Agreement compliance
- Client files including those in the DMS
- Staff files
- Volunteer files
- Documentation
- Programmatic activities
- Program effectiveness/best practices
- Outcome measures

- Fiscal responsibility

Activities will vary and are based on individual agreement language and service expectations. Activities will be conducted on an ongoing basis and information obtained during each activity will be documented.

Once a monitoring review is completed, a Monitoring Summary Report is written. The report is completed by the Grant Administrator and includes cumulative information obtained during review activities. The report shall identify the criteria used to judge compliance, and a summary of highlighted strengths and concerns of the services provided. The report will include program recommendations as well as specific areas of noncompliance and the need for corrective action, when applicable. The report will be submitted to the OGM-RS Administrative Manager for approval and forwarded to the respective grantee authority (along with a cover letter signed by the Administrative Manager).

A plan for Corrective Action will be required for identified areas of noncompliance found during the review process. The Grantee will be required to submit a Corrective Action Plan to the Grant Administrator within thirty (30) days of receipt of the Monitoring Summary Report. Corrective Actions are tracked by the Grant Administrator to ensure appropriate and ongoing follow up with those Grantees who are required to submit a Corrective Action Plan. Based on the nature of specific areas of noncompliance, follow up may include additional correspondence with the Grantee, requests for additional verification and/or documentation, follow up visits, and increased monitoring reviews.

Fiscal Controls

Cash, Medical, and Administration (CMA): The State must obligate its CMA funds awarded for costs attributable to RCA, RMA, medical screening, and administration (including URM) during the federal fiscal year (FFY) in which the grant was awarded. Funds awarded for URM assistance remain available for obligation in the FFY following the FFY in which the grant was awarded. All CMA funds must be expended by the end of the FFY following the FFY in which the grant was awarded. Any of these remaining CMA funds are utilized on a draw down in the current year.

Refugee Social Services (RSS) Grants: The State must obligate its RSS funds within one year after the end of the FFY in which the grant was awarded and must liquidate these funds within two years after the end of the FFY in which the grant was awarded.

Each quarter, LEO Accounting works with OGM-RS staff and pulls expenditures from the state accounting system, SIGMA, using the agency coding block for direct cost. Accountant enters the amounts on the ORR-2, Financial Status Report as liquidated for CMA and on the SF-425 for RSS.

At fiscal year-end (end of grant year), the accountant reports the amount of RSS funding remaining as obligated because these services are under agreement. The budget for each RSS Grant Agreement is for one year based on the amount of the RSS allocation for that year. Each year a new budget is established for the grant/agreement and included in the agreement as an amendment.

When the grantee submits a bill, they include the year-to-date total expended for each line item. The OGM-RS' Grant Administrator responsible for the budget track the expenditures in the data management system (DMS). For each of the RSS (and RSS Set-aside grants) Grant Administrators

ensure budgeted amounts are not exceeded. In addition, SIGMA will not allow expenditures to exceed budgeted amounts that were entered into the system. OGM-RS also receives a report, which indicates what had been paid and if each bill submitted was paid. These reports are reviewed monthly and reconciled quarterly as a part of review for the ORR-2 submission.

7. All refugee assistance and contracted services require review and retention of copies of individuals immigration documents. Refugee assistance programs have policy items maintained, in part, by OGM that detail what specific documents are acceptable. The contractual agreements for ORR-funded services include a detailed outline for acceptable documents to receive services. OGM staff monitor for compliance of these documents as well as operating a policy inbox where questions pertaining to this, and other eligibility factors can be submitted.

8. Data collected by the State is safeguarded by using direct entry into the refugee program DMS, hosted by Salesforce. Both internal and external users of the DMS log into the system using MILOGIN, the state of Michigan Identity Management solution. To access the data management system, a two-factor identification login is also required.

   The DMS has built in functionality to safeguard data between external users at different organizations. The permissions for each user are tied to an organization and data is not shared across organizations.

9. OGM utilizes the abovementioned Salesforce platform to collect and maintain records, in part, for federal reporting. The state completes monthly reviews of the data input in the DMS to ensure accuracy. The data system has a custom-built reporting tool to generate federal reports.

   Data for RSS and RSS set-asides are directly entered into the Refugee Services DMS. The agencies providing the services have a community portal to enter client demographic information and services provided, including correlating dates.

   RCA, RMA, and TANF data is also collected for the ORR reports in the DMS via an interface from the Michigan Department of Health and Human Services data warehouse.

   The Narrative report is completed by each individual agency for each program administered and submitted to the grant administrators. The grant administrators extract the information to report out on statewide content. The data reported out to ORR is chosen by major statewide themes, promising practices, and continued or emerging challenges.

10. The headquarters for OGM Refugee Services is located at 105 W. Allegan Street, Lansing, Michigan 48933.

11. Procurement Process
    OGM goes through a competitive process via Requests for Proposals for all ORR funded programs. Information is posted on the OGM state website with alerts to a wide net of potential partners and stakeholders. The RFP denotes point totals for evaluation of proposal submissions. A rating committee of at least 2-3 people with knowledge of the program activities reviews RFPs and provides scores. OGM analyzes arrival trends and projections, prior numbers served, outcomes, total services provided, diversity of populations served, and funds utilization to come up with our final amounts by region and grant.

12. OGM leads the State's DEI work and supports five ethnic, immigrant, and/or advocacy-focused State commissions. We are braiding all of this work into all of our approaches ensuring lived-experience feedback, developing surveys for program feedback, and replicating promising practices across the state. Additionally, OGM has worked hard to build programming that promotes system's level change rather than simply reinventing mainstream programming for refugee populations strictly/only. Finally, we are administering new DEI expectations and training components into all of our provider agreements.

B. Assurances - 45 CFR § 400.5

1. The State of Michigan 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 (Director).

2. The State of Michigan Refugee Services program will meet the requirements in 45 CFR Part 400.

3. The State of Michigan will comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding.

4. The State of Michigan will amend the State Plan (as needed) to comply with ORR standards, goals, and priorities established by the ORR Director.

5. The State of Michigan will provide access to assistance and services, and provision of assistance and services funded under the plan will be provided equitably to refugees without discrimination on the basis of age, disability, ethnicity, race, color, religion, nationality, sex, sexual orientation, gender identity, political opinion, and category of eligible population.

6. The State Refugee Coordinator or a representative will convene, not less often than quarterly, meetings where representatives of local resettlement agencies, 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, police or other law enforcement officials, public school officials, public health officials, and welfare and social service agency officials for jurisdictions in which refugees resettle.

7. The State of Michigan will act in accordance with 45 CFR §§ 75.351-75.360 and 400.22(b) (2) regarding subrecipient monitoring and management.

8. The State of Michigan will act in accordance with 45 CFR §§ 75.371-75.380 for remedies for subrecipient noncompliance.

II. ASSISTANCE AND SERVICES

A. Coordination and Access - 45 CFR § 400.5

1. OGM oversees both RCA policy and RSS employment programs and can ensure coordination and regulation/policy compliance with those programs. RCA policy is designed to require individuals are referred to services that support and promote employment with the goal of self-sufficiency. OGM is committed to economic empowerment and has worked closely with other state agencies and stakeholders to advance the equity of services for ORR-eligible populations and other immigrants.

2. OGM ensures coordination and communication of and between partners and their available services. As stated, quarterly consultations are conducted jointly with resettlement agencies, county officials, service providers and all other relevant stakeholders. Participants discuss the community and arriving populations' needs, as well as the available services and programming to address those needs, as a standing agenda item for every meeting. Six separate regional consultations are held each quarter. Referral systems have been established for RCA recipients, RSS service provision, and all set-aside programs. OGM provides technical assistance and oversight of these processes and has collaborated closely with both our funded partners and other state, local, and private partners to ensure coordination and communication. OGM conducts resource mapping and posts partners and available services on the OGM website.

3. ORR-eligible populations residing in Michigan can apply for cash benefits at MDHHS offices placed throughout the state. Offices in the areas with high resettlement have dedicated and trained staff for the ORR-eligible populations. In addition to the MDHHS offices, applications for assistance are available online and completed as part of the reception and placement process for those who are newly arrived.

   All ORR-eligible persons who apply for cash benefits are referred to ORR services in the fifteen counties where most individuals are resettled and reside.

4. ORR-eligible populations are connected to other community programs by referrals from RSS funded and contracted service providers. The connections are made after the service providers assess the individual or family needs through a self-sufficiency plan to identify barriers. Each barrier is addressed through direct services, referrals to other community services, or internal programs.

   OGM works diligently with other state agencies, local governments, and other partners to ensure continued communication, collaboration, and equity for available services.

5. The State of Michigan will refer all employable recipients of ORR cash assistance to refugee employment service providers when available in their residence county, or to Michigan Works Agencies when an RSS provider is not available for RCA clients. The service providers will register the individuals into the employment service program and confirm their participation as a condition of receiving ORR cash assistance. The employment service providers will ensure that language training in the form of English Language Instruction is offered or referred out to community programs. In addition, other services that encourage employment and self-sufficiency will be provided. OGM offers a Digital Literacy and Learning program that blend employment goals, language skills, digital skills, and training opportunities.

6. The State of Michigan and its subrecipients have prepared itself to continue services to the highest level possible in the event of an emergency. Plans are in place to communicate important information to refugees in multiple languages and using video messaging. Access to services is available to clients virtually, many through using a telephone as the electronic device. OGM has worked with local entities to ensure that refugees and immigrants are considered in emergency preparedness plans.

   The State of Michigan is requesting to waive selected requirements of 45 CFR § 400.43 and ORR PL 16-01 regarding confirmation of applicants' eligibility, in cases of emergency or disaster, as per ORR

PL 22-05. The state is also requesting to waive the 60-month eligibility period for RSS base and set-aside funds under 45 CFR § 400.152(b) to facilitate the provision of extended or additional support services and/or emergency assistance for ORR-eligible individuals in case of extreme circumstances, as per ORR PL 22-05.

B. Refugee Cash Assistance (RCA) and Employment Services - 45 CFR 400 Subparts E and F

1. RCA is a publicly administered program in the State of Michigan.

2. RCA is administered uniformly across the state and is available in all geographic areas.

   In areas where refugee support services are unavailable, RCA recipients are referred to the Michigan Works Agencies for employment and support services.

3. Assistance will be provided to refugees with Limited English Proficiency (LEP) in a manner that ensures the LEP individual can communicate effectively. When working with LEP clients, OGM, MDHHS, and its designees/grantees will assess the language needs of the refugees to be served and ensure interpretation and translation is provided, as necessary. MDHHS will maintain a written policy that will ensure effective communication, will train staff to ensure that policy is understood, and monitor the effectiveness of the policy. Additionally, MDHHS county offices and contractors will ensure interpretation/translation of policies and, whenever possible, materials in languages of those clients served. Refugees served with ORR funds, will be served by competent interpreters including bilingual staff, staff interpreters, individuals from qualified interpreter services, volunteers from the refugee community, or using phone interpretation via Linguistica and/or Bromberg & Associates, who are the current state contracted vendors.

4. Reception and Placement cash assistance is excluded as income when determining eligibility for TANF.

5. The State of Michigan has policy guiding and ensuring that mediation and fair hearing standards are followed for refugees. The policy guiding the hearing process is the same policy that guides all other MDHHS public benefit programs, including TANF. All refugees who received a closure or reduction in benefits are sent a notice and can request a hearing at the expense of the State of Michigan.

6. A client may be deferred from the employment services program for a period but will be required to participate in the employment services program if their circumstances change so that they are no longer deferred. Temporarily deferred RCA recipients who are not referred to employment-related activities may volunteer to participate in other activities to overcome barriers.

7. Eligibility and payment levels.
   a. The RCA program uses all elements of the Michigan TANF-funded program regarding eligibility requirements, grant amounts, due process, mediation, and hearings' standards and procedures, except as follows:
      - Eligibility determinations will be made within 30 days of application.
      - RCA grants will begin the pay period after the pay period that includes the application date for assistance.

- RCA participation requirements will be implemented in accordance with 45 CFR 400.75, as described below.
- RCA terminations and sanctions will be implemented in accordance with 45 CFR 400.77 and 400.82, as described below.
- RCA will include income of a spouse who joins the RCA group immediately following the date of the marriage.
- RCA will be available for a maximum of 12 months from date of ORR eligibility.
- RCA recipients will not be disqualified if determined to be a fleeing felon.

b. RCA payments are made to clients on a bi-monthly basis. The benefits are issued to clients using electronic benefits transfer to a debit card. RCA benefits are issued in the pay period following the application date and are not prorated.

c. The payment standard for RCA and TANF are the same. Income is subtracted from the payment standard to determine the grant amount. Financial need exists if there is at least a $10 deficit after income is budgeted.

Group Size	Eligible Grantee	Ineligible Grantee
One	$306	$158
Two	403	274
Three	492	420
Four	597	557
Five	694	694

d. The State of Michigan will consider resources and income as outlined in 45 CFR § 400.66(b)-(d).

8. Notification to local resettlement agency.
   a. There are multiple mechanisms in place for notice to resettlement agencies for application of RCA. Local MDHHS staff work closely on applications with all resettlement agencies. Resettlement agencies have been trained and are listed as community navigators for MDHHS public assistance processes.

   b. The state will inquire to determine whether the applicant has voluntarily quit employment or refused employment within the 30 consecutive days immediately prior to the date of application. The state will also receive information regarding participation in Matching Grant programs.

10. RCA program administration.
    a. Eligibility for public assistance, including RCA, is determined by caseworkers in the local MDHHS offices. In each of the seven county offices where most refugees are placed, management identifies specialized refugee workers.

    b. Specialized refugee staff also provide determinations for other public benefits for refugees, including TANF and SNAP benefits. Time allocation is determined through random moment time studies.

c. MDHHS is responsible for distributing RCA benefits.

d. The number of assigned specialized refugee workers for determining benefits varies by county and with fluctuations in refugee resettlement numbers.

e. Administrative costs for MDHHS' role in eligibility determination and distribution of RCA, TANF, SNAP and other public assistance programs are determined through departmental time studies and a federally approved cost allocation plan for MDHHS. RCA program policy and policy administration will be the responsibility of OGM and charged to CMA as a part of OGM staffing costs.

C. Refugee Medical Assistance (RMA) - 45 CFR 400 Subpart G

1. MDHHS is responsible for determining eligibility for RMA and distribution of benefits. MDHHS also has oversight of the system (CHAMPS) which medical providers use for billing client services and expenses to the RMA program.

   OGM is responsible for the policy items that guide the eligibility and administration of the program. OGM provides policy guidance to MDHHS eligibility specialists and ensures updates to policies per any federal or state regulation and policy changes.

2. Applications, eligibility determinations, and furnishing medical assistance.
   a. As part of the state's integrated eligibility system, eligibility for Medicaid and the state Children's Health Insurance Program (CHIP) will be determined prior to eligibility for RMA. Medicaid and CHIP eligibility are based on income, resources, and other individual eligibility factors.

   b. New arrivals who apply for medical assistance through MDHHS will first be considered for Medicaid eligibility prior to being approved for RMA. If a client is ineligible for Medicaid and qualifies for RMA, the client will be approved for RMA for the duration of their 12 months unless Medicaid eligibility is established during that time. Adults without children are eligible for Medicaid in the State of Michigan through the Medicaid expansion program Healthy Michigan. The State of Michigan has systems and policies to allow for up to 12 months from the date of ORR eligibility for RMA. Michigan was approved to waive 45 CFR § 400.100(a)(5) under conditions specified in PL 23-07, allowing full time students to access RMA through September 30, 2025.

3. Eligibility for RMA.
   a. MDHHS policy ensures RMA eligibility is based on applicant's reported income and resources on the date of application. Michigan's State Medicaid plan operates a medically needy program; RMA uses the corresponding eligibility standards as a result. Income must be below the protected income level base (200% of the Federal Poverty Level Limit) for RMA eligibility to exist. The protected income level is a set allowance for non-medical need items such as shelter, food, and incidental expenses. Reported income and resources are verified with wage match, pay stubs, employer statement, and/or bank statements. Reception and Placement (R&P), Matching Grant (MG), or RCA funds at the time of application, as well as denial or termination from RCA, will not be used as criteria to determine eligibility for RMA.

Prospective income is not used in determining income eligibility if no income has been received by the date of the application.

RMA recipients who receive earnings from employment will continue to receive RMA until the expiration of time-eligibility. Refugees who lost eligibility for Medicaid due to increased earnings will be automatically transferred to RMA without redetermination. The coverage on RMA is the same as coverage under Medicaid.

4. Scope of medical services.
    a. Yes, the State of Michigan will ensure that RMA will cover at least the same services in the same manner and to the same extent as Medicaid.

    b. RMA is delivered through the State of Michigan's Medicaid management system but is treated separately from all Medicaid programs. RMA is delivered as fee-for-service. Pharmaceutical costs charged to the state's Medicaid programs and RMA are handled through a contractor.

    c. Yes, the State provides interpretation as part of the RMA health coverage.

    d. No, the State does not provide transportation as part of the RMA health coverage.

    e. No, the State does not provide any other non-medical services as part of the RMA health coverage.

    f. No, the State does not provide any additional medical services in accordance with 45 CFR § 400.106.

D. Medical Screening - 45 CFR §§ 400.5(f), 400.107

1. Coordination of Medical Screening program.
    a. The RHC will be responsible for the following activities regarding coordination of the Medical Screening program:
        i. Provide technical support to the contracted Medical Screening providers, which administer the initial domestic Medical Screening.
        ii. Ensure the Medical Screening program is operated in accordance with the requirements prescribed by the Director and guidance provided by the CDC.
        iii. Attend quarterly consultations and recuring meetings with Medical Screening providers and their partner local resettlement agencies (LRA).
        iv. Monitor refugee arrivals by utilizing the Centers for Disease Control and Prevention's (CDC) Electronic Disease Notification System (EDN) and ensure completion of the initial Medical Screening provision by utilizing the MDHHS Michigan Disease Surveillance System (MDSS).
        v. Communicate and distribute arrival data, demographics, and health trends to MDHHS, Local Health Departments (LHD), health systems, and/or other health related entities as it relates to refugee health and Medical Screening.
        vi. Coordinate with OGMs Alternative Pathways Coordinator to ensure private sponsors and resettlement agencies supporting refugees through new reception and placement (R&P) pathways (such as Welcome Corps, Virtual R&P, and cash-based R&P) are aware

of the Medical Screening requirements, process, available resources, and have plans established to assist their refugee arrivals in completing the Medical Screening.

vii. Collaborate with local health providers in areas where humanitarian parolees and other ORR-eligible populations (i.e., Ukrainian Humanitarian Parolees, and Cuban and Haitian Entrants) arriving outside of the R&P program have access to Medical Screening services.

b. LRAs identify refugees in need of emergency medical care after they have been assured and prior to their U.S. arrival. In the event of a medically fragile case arriving in Michigan, the LRAs coordinate services with Medical Screening providers, local health providers, specialists, hospitals, and as necessary, in collaboration with the RHC, to ensure refugee clients in need of immediate care are provided emergency services. After a new arrival is assured and prior to their U.S. arrival, LRAs will coordinate with Medical Screening providers to schedule their initial domestic Medical Screening. Follow up care, treatment, and monitoring resulting from the initial Medical Screening or emergency medical services is coordinated through the Medical Screening providers. For arrivals arriving outside of the LRAs, the RHC will use EDN and work with OGM's Alternative Pathways Coordinator to identify new arrivals; those with Class A or B designation will be given urgent priority. The RHC will facilitate communication with the LHDs for those arriving with reportable conditions, or for those who need follow-up care.

c. Two OGM staff and at least one Medical Screening provider (per clinic) are granted access to the CDC's EDN system. OGM staff will facilitate case transfers and monitor arrival data in EDN. OGM staff will also utilize EDN to ensure new arrivals receive an initial domestic Medical Screening. OGM staff will share overseas immunization data from EDN with the Immunizations Division in the MDHHS for Michigan Care Improvement Registry (MCIR) integration, per CDC's Refugee Immunization Information Systems Exchange (RIISE) Project. Medical Screening providers will access EDN overseas medical records prior to a client's initial domestic exam to inform the Medical Screening.

d. OGM contracts with Medical Screening providers who coordinate with the LRAs and private sponsorship organizations to facilitate the initial domestic Medical Screening. Medical Screening providers in Michigan include LHDs, FQHCs, one non-profit ethnic community-based organization, and one LRA, which subcontracts with one FQHC and one regional health system. More information about the Medical Screening providers is given in point 1e below. OGM's Medical Screening program consists of two services, Administrative and Medical; the Medical Service is described in part 3 below. For the Administrative Service, providers will be reimbursed for actual costs with RMA. Medical Screening providers invoice OGM monthly with actual cost line-item invoices, which include salaries, fringes, communications, supplies, and indirect charges. The salary line is determined using hourly pay rate and number of hours spent on the administrative service.

   Medical Screening providers will invoice the following administration services:

   i. Coordination and scheduling the initial domestic Medical Screening with LRAs, including additional follow-up appointments resulting from an incomplete Medical Screening.

   ii. Provision of, and arrangement for, language-appropriate and culturally relevant Medical Screening services and resources, including interpretation services.

iii. Provision of, and arrangement for, transportation to and from all medical appointments required to complete the initial domestic Medical Screening.
iv. Maintenance of case files.
v. Data entry into MDSS.
vi. Reporting to OGM.

To ensure eligibility for RMA funds, the expenditure invoice will include a list of all clients seen by the Medical Screening provider, including the client's alien number, date of U.S. entry, and the first date of the Medical Screening appointment (for 90-day eligibility period).

e. OGM contracts with eight clinics or agencies for the provision of Medical Screening services in the ten main counties where refugees are resettled in Michigan.

Location (County)	Type (e.g., FQHC, private clinics, local public health departments, university affiliated)
Calhoun	Local public health department
Kent	Local public health department and private clinics
Kalamazoo	FQHC
Ingham	Local public health department / FQHC
Genesee	Free clinic (Administrative) and private clinic (Medical)
Grand Traverse	LRA (Administrative) and FQHC (Medical)
Washtenaw	LRA (Administrative) and private clinics (Medical)
Wayne, Oakland, and Macomb	Non-profit

2. The State of Michigan requests to continue operating a Medical Screening program with RMA funding pursuant to 45 CFR 400.107(b).

3. Scope of Medical Screening services - 45 CFR § 400.107
   a. Yes, OGM's Medical Screening program will be operated in accordance with the requirements prescribed by the Director.

   b. Yes, OGM will ensure that Medical Screening costs are reasonable and align with Michigan Medicaid rates.

   c. OGM's Medical Screening program consists of two services, Administrative and Medical; payment for and coordination of the administrative service is described in point 1d., above. The Medical Services portion is billed to Medicaid; this includes test/laboratory fees and provider time. Medical Services are billed to Medicaid using either the fee-for-service or flat fee rate, depending on the client's type of Medicaid at the time of the screening. When a client is enrolled in Michigan Medicaid they are automatically enrolled into Straight Medicaid, which uses a fee-for-service rate. If the client does not pick an HMO plan, then the HMO provider will automatically be picked for them. Michigan Medicaid HMO plans use a flat fee billing rate.

   RMA funds will only be utilized for Medical Screenings if the following two circumstances are met: 1) the client is found ineligible for Medicaid, as determined by local MDHHS; and 2) the Medical Screening services were provided within 90 days of U.S. arrival, or date of eligibility. If

this is the case, services will be reimbursed from RMA at the current Medicare rates. These costs are outlined in the most recent ORR-1, Budget Estimate.

d. To ensure Medical Screenings are completed within 90 days of entry to the U.S., the RHC will track EDN arrivals weekly and compare them with the Medical Screening data in the MDSS. The RHC will notify Medical Screening providers weekly if recent arrivals are not in the MDSS with a completed Medical Screening. Additionally, the RHC will attend recuring meetings with Medical Screening providers and resettlement agencies to ensure all refugees who enter the U.S. receive a timely Medical Screening. Additionally, the meetings will be used to discuss expected and new arrivals (using information from the resettlement agencies and EDN) and to identify barriers to completing the Medical Screening within 90 days of U.S. arrival. Lastly, Medical Screening providers are required to provide client data files that outline refugee data to include arrival dates and Medical Screening completion dates.

e. No, OGM does not have our own medical screening protocol that we recommend screening clinics follow.

f. Yes, OGM's Medical Screening program follows the recommendations in CDC's *Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees.*

g. Medical screening components routinely offered as part of OGM's Medical Screening program:

Medical Screening Component	*Indicate Yes if part of the medical screening protocol; enter No if not done during the medical screening*
Complete Blood Count (CBC)	Yes
History and Physical	Yes
HIV Testing	Yes
Hepatitis B Testing	Yes
Hepatitis C Testing	Yes
LTBI/TB Testing	Yes
Malaria Testing	Yes, if at risk and did not receive pre-departure treatment
Syphilis Testing	Yes, per CDC recommendations
Chlamydia Testing	Yes, per CDC recommendations
Gonorrhea Testing	Yes, per CDC recommendations
Mental Health Screening	Yes
Lead Screening	Yes, per CDC recommendations
Adult Immunizations	Yes
Child Immunizations	Yes
Presumptive Parasite Treatment	Yes, if at risk and did not receive pre-departure treatment.
Presumptive Malaria Treatment	Yes, if at risk and did not receive pre-departure treatment.
Schistosoma Testing	No, unless praziquantel is unavailable or contraindications and at risk. Will presumptively treat if at risk and no history of overseas treatment.

Medical Screening Component	*Indicate Yes if part of the medical screening protocol; enter No if not done during the medical screening*
Strongyloides Testing	No, unless ivermectin is unavailable or contraindications and at risk. Will presumptively treat if at risk and no history of overseas treatment.
Soil-Transmitted Helminth Testing	No, unless albendazole is unavailable or contraindications and at risk. Will presumptively treat if at risk and no history of overseas treatment.
Referrals	Yes

h. OGM does not recommend additional medical services that are not already recommended by the CDC in their *Refugee Health Domestic Guidance*.

i. All Medical Screening services are covered by Michigan Medicaid.

j. Yes, OGM provides interpretation as part of the Medical Screening program if the clinic does not have interpretation available and the resettlement agency did not provide interpretation**.**

k. Yes, OGM provides transportation as part of the Medical Screening program.

l. Yes, OGM provides non-medical services as part of the Medical Screening program. See point 1d. above for details on the Administrative Service for OGM's Medical Screening program.

E. Refugee Support Services (RSS) - 45 CFR 400 Subpart I

1. The contracted social services providers are responsible for the direct provision of all refugee-specific services to all refugees resettled in identified, impacted counties that immediately surround the provider's physical location. Each provider is responsible to provide at least limited services to refugees who are resettled in counties not in their main service area but are in the geographic region of the State for which they are responsible, as stated in their contracts. Thus, refugee providers cover all 83 counties in Michigan either fully or on a limited service (or consultation) basis for employment-related services. Services will be provided in the priority as outlined at 400.147 and 400.314.

   The contracts will require that the employment agency develop a family self-sufficiency plan for any refugee served under the contract. The DMS will house the FSSP and the DMS will be used as a program-wide data tracking system to ensure that services and payments are delivered and issued only for eligible refugees. The DMS will include the refugee's date of entry, secondary migration information, details on provided services, placement in employment, and other pertinent data. DMS data will be entered by contracted service providers and will be maintained, reviewed, and validated by OGM refugee program staff to ensure accuracy of reporting.

   The contracts for social services will continue to include the following services:

   Employability Services (CFR 400.154)

- Employment services including a family self-sufficiency and individual employability plan, and other direct employment services provided to all newly arriving refugees and to any refugee needing further assistance and who have been in the U.S. under five years.
- Job development, job placement, job retention, and job upgrades.
- Case management services.
- Assessment services, including aptitude and skills testing.
- English language training, interpretation and instruction emphasizing English, as it relates to obtaining and retaining employment.
- Vocational training focused on helping refugees become self-sufficient in the shortest time possible and to aid them in the integration process.
- Professional and skills recertification and assistance with courses leading to certification.
- Transportation services when necessary for participation in an employability service or for the acceptance or retention of employment.
- Translation and interpretation services as necessary in connection with employment or participation in an employability service.
- Assistance for refugees in obtaining Employment Authorization Documents (EADs) or official documents to maintain employment.

Other Services (CFR 400.155)

- Information and referral services
- Home-management/financial literacy services
- Social adjustment/integration services
- General case management services
- Citizenship and naturalization preparation

2. RSS funded employment service providers are contractually obligated to complete a Family Self-Sufficiency Plan (FSSP) for all refugees receiving RSS-funded employment related services within 30 days of enrollment. The FSSP includes all the members of family and/or household, addressing the unit a whole by providing referrals or addressing the entire family's needs through direct services. The FSSP process is completed using an initial assessment including strengths, barriers, plans to address barriers, goals, and ways to reach them. There is a FSSP follow up at both 6 and 12 months, to reevaluate and update the FSSP and revisit the initial goals. The FSSP is recorded and stored in the state's refugee program DMS. The completion and follow up of the FSSP is part of the annual contract monitoring.

3. RSS set-aside funding.
   All RSS set-aside funding is contracted out through a competitive process via a Request for Proposal for a minimum of 2-year grant cycles. Locations and allocations for each set-aside program is based on the total allocation available, and a series of data sets that OGM analyzes before distribution, including arrival trends and projections, prior numbers served, outcomes, total services provided, diversity of populations served, and funds utilization. RSS-base funded providers and RSS set-aside providers have referral process between them within each county with multiple programs. Contractual agreements listing of allowable services within a given county ensure there is no duplication of services. OGM has integrated multi-generational service requirements and can track service provision across multiple programs for a family in our DMS to ensure services are complementing one another and that there is holistic provision of services for families. RSS set-aside allowable services listed below:

School Impact Services

- Integration and orientation to the American school system for students and parents
- Peer support groups for students
- Family integration activities for parents and students
- Tutoring and English for Speakers of Other Languages
- Education and support for local school personnel
- Case management for alternative education options for High School completion

Early Refugee School Impact Services – Home Visiting

- Educate and inform home visiting programs about the refugee to home visiting connection initiative.
- Complete an environmental scan of refugee responsive home visiting practices.
- Conduct a needs assessment of home visiting programs and programs serving refugee families in the focus areas to understand factors that facilitate and stand in the way of linking refugee families to home visiting and sustaining engagement.
- Learn, understand, and respond to needs of home visiting programs so that they are better able to serve the needs of refugee families, including exploring model enhancements to improve cultural responsiveness and trauma informed practices.
- Establish strategies to track reach and effectiveness, including the number of refugee families served over time by home visiting programs in the focus areas and the capacity of home visiting programs to provide services responsive to the needs of refugees.
- OGM is in the planning stages for program development for additional early education programming.

Youth Mentoring Services

- Development of social and life skills, including financial literacy.
- Helping youth to learn American Culture while maintaining and celebrating the youth's cultural heritage.
- Providing opportunities for social engagement with peers.
- Providing information about opportunities to participate in civic and community services activities.
- Assisting with transitions in school such as the transition between high school to post-secondary education.
- Helping youth with career development including skill building, resume drafting, worker's rights, and training opportunities.

Services to Older Refugees

- Integration services
- Citizenship/Naturalization services
- Culturally appropriate delivery of existing services from Area Agencies on Aging
- Community education and awareness
- English for Speakers of Other Languages

Refugee Health Promotion

- Medical Referrals
- Medical Screening follow-up

- Interpretation & Translation Services
- Case Management
- Medical Case Interpretation assistance
- Medical/Health Education Programs
- Mental Health Assessment or Referrals

Refugee Mental Health Initiative

- OGM blended funding from ReMHI, ASA Health promotion, and ASA-RSS for refugee mental health programming that includes:
  - Behavioral Health Education
  - Social Supports for Afghan Mothers
  - Women's Empowerment Circles
  - Circles of Support
  - Mental Health Literacy, Wellness, and Support
  - Community Connection Support Group
  - Suicide Prevention
  - The Afghan Family Strengthening Initiative

4. Afghan Supplemental Appropriation (ASA) RSS
   - Permanent housing support
   - Support for post-resettlement integration
     - OGM expanded on existing contracts for employment retention and post-resettlement integration services (as listed above in the State Plan) to ensure adequate service provision to Afghan arrivals. In addition, two partners are providing integration services in a program designed specifically for Afghan women.
   - ASA Legal Services
     - OGM is providing legal services funds to partner immigration legal service providers to complete and file applications, conduct legal workshops, conduct prep work, including mock interviews, and reply to USCIS inquiries, as necessary. OGM was also able to acquire a private grant to provide support to one immigrant legal service provider to conduct pro-bono attorney recruitment and training for additional needed attorney staffing support. This private grant and some of the Preferred Communities funding for resettlement agencies will support interpretation needs and transportation supports.
   - Case management and support services as a part of the Afghan Family Strengthening Initiative programming.
   - Transportation supports.

5. ASA RSS Set-Aside Programs
   - ASA School Impact
     - OGM is funding a technical assistance grant to Wayne State University for support to school personnel, LRAs, and School Impact providers on serving and educating youth with conflict and war trauma.
   - ASA Support to Schools
     - OGM is funding six Newcomer Consultant positions in the six most impacted Intermediate School Districts to develop and grow culturally appropriate and evidence-based ELL and after school programming supports for Afghan students and school personnel.
   - ASA Health Promotion

- A portion of ASA-RHP funding was used for follow-up services and health education in each part of the state with APA arrivals.
- The balance will support the Refugee Mental Health Initiative efforts mentioned above specific to the Afghan population.

6. Additional Ukraine Supplemental Appropriations Act (AUSAA) RSS
   - OGM expanded on existing contracts for employment, retention, mental health, and post-arrival integration services (as listed above in the State Plan) to ensure adequate service provision to the large number of Ukraine arrivals in the metro-Detroit region.
   - OGM is funding a provider for employment, retention, and post-arrival integration services to outstate northern Michigan areas for Ukrainian humanitarian parolees.
   - OGM is funding a small Ukrainian ethnic community-based organization to build capacity and provide outreach on the west-side of Michigan.

7. AUSAA RSS Set-Aside Programs
   - AUSAA School Impact
     OGM has added AUSAA funds to two existing school impact agreements to support the provision of services to Ukrainian students.

F. Unaccompanied Refugee Minors (URM) Program - 45 CFR 400 Subpart H

1. Administrative structure and state oversight - 45 CFR §§ 400.28, 400.117, 400.120
   a. The State of Michigan receives federal funding to operate an Unaccompanied Refugee Minors (URM) program. OGM will provide organizational leadership and administrative support for the URM program. OGM will coordinate culturally sensitive and linguistically appropriate services with private agencies, while working with the MDHHS Children's Services Administration (CSA) to ensure compliance with the State of Michigan's Title IVB and IVE plans and policies. OGM's refugee program staff will liaison with the CSA to ensure that services to URMs are, at a minimum, provided to the same extent as services provided to youth in Michigan's foster care system. OGM will also work with the CSA to ensure appropriate access to Title IVE benefits, and in establishing Chafee funding allocations for URM youth.

      URM youth enter the State of Michigan through the resettlement process as refugees, or after receiving a notice of eligibility approval by the ORR. Notice of eligibility letters from ORR will be sent to the SRC and identified URM program staff. Bethany Christian Services (BCS) and Samaritas plans directly with national resettlement agencies, in partnership with ORR for overseas arrivals.

      i. Three agencies, Samaritas, BCS, and Catholic Charities of Ingham, Eaton and Clinton Counties will hold contractual agreements with OGM to provide services to URM youth. All Michigan agencies are duly licensed by the State of Michigan's child welfare state licensing authority, the Division of Child Welfare Licensing (DCWL), as child placing agencies, and all also operate a general foster care program for Michigan youth.

      ii. URM-specific administrative rates have been established to be consistent with the standard private agency foster care administrative rate, while also incorporating

additional costs for services to URM youth (e.g., interpretation/translation, maintenance of heritage, mentoring, refugee-specific training for foster parents, and for assistance with establishing Lawful Permanent Residence). Cost reports are provided for analysis on an annual basis, completed in partnership with MDHHS' Children's Services Administration (CSA).

iii. Michigan has three URM program agencies; Bethany Christian Services (BCS) in Grand Rapids with sub-offices in Kalamazoo, Traverse City, and Madison Heights; Samaritas in Lansing; and Catholic Charities Ingham, Eaton, and Clinton Counties in Lansing.

b. N/A

c. Yes, OGM will oversee the administration of services, URM-specific policies, track outcomes for the URM programs, and provide individual case and fiscal reporting to ORR via the ORR-3, ORR-4, and ORR-6 reports. The URM program will be monitored in several ways. A formal monitoring report for each agency will be conducted at least annually by OGM staff. A formal monitoring instrument based upon federal program guidelines and contractual requirements is used. Each review will involve comprehensive case reviews, and interviews with URM program management, agency staff, foster parents, and URM youth. Formal reports will be written and provided to the agency, DCWL, and ORR upon request. The URM agencies are also monitored by DCWL for state licensing, regulatory, and policy requirements. Communication and coordination of monitoring will occur between OGM URM program staff and DCWL. Thorough monitoring of billings will be conducted monthly, and review of case documentation will be conducted continually throughout the year. Finally, quarterly URM management meetings will continue to be held for all Samaritas and BCS supervision with OGM URM program staff and local county MDHHS foster care staff.

d. Yes, MDHHS' DCWL conducts licensing and compliance reviews on an ongoing basis to ensure provider agencies are licensed and in compliance with state licensing requirements. OGM continues to work with MDHHS to ensure that URM provider agencies are licensed according to state requirements. OGM also reviews licensing reviews as a part of our URM contract monitoring.

e. URM provider agencies undergo a licensing and compliance review for compliance with state foster care standards, laws, and policy by MDHHS' DCWL. Additionally, OGM monitors contractual and policy compliance items annually.

f. The State of Michigan receives federal funding to operate the Unaccompanied Refugee Minor program. OGM provides fiscal oversight for the URM program in various ways. Each month, URM providers submit expense invoices in the data management system (DMS). Each invoice includes a breakdown of costs by line item and cumulative totals. For URM, attached to the invoice is a breakdown of costs by youth. The list includes client's name, date-of-birth, dates in care/days served, service type, and total amount for each service. There is a list for Foster Care Administrative costs and Board and Care costs, Independent Living Administrative costs and Board and Care costs, and non-scheduled case services payments. After review, the OGM Grant Administrator approves the invoice and submits to the State Refugee Coordinator (SRC) for review.

   Steps in the process for receipt and processing of invoices:
   - Grant Administrator reviews invoices and supporting documents in the DMS for accuracy and allowability.

- The invoice is electronically signed by Grant Administrator and SRC.
- Once the invoice has been returned with all proper signatures, Grant Administrator saves a copy of the invoice and processes payment in SIGMA.
- Monthly state accounting system (SIGMA) expenditure reports are sent to OGM Program Manager for review.
- Using the SIGMA report, each grant payment date is recorded in the DMS.

Programmatic monitoring is also completed at least annually. Once a monitoring review is completed, a Monitoring Summary Report is written. The report is completed by the Grant Administrator and includes cumulative information obtained during review activities.

The report shall identify the criteria used to judge compliance, and a summary of highlighted strengths and concerns of the services provided. The report will include program recommendations as well as specific areas of noncompliance and the need for corrective action, when applicable. The report will be submitted to the OGM Program Manager for approval and forwarded to the respective grantee authority (along with a cover letter signed by the Program Manager).

g. Yes, the State of Michigan will ensure annually:
    i. 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.
    ii. Trends in referrals not accepted/assured.
    iii. The process in the state for reviewing referrals from ORR and placing new URM cases, including efficiency and timeliness of responses to ORR.
    iv. Alignment between proposed and actual services and benefits in the past year.
    v. Changes in capacity and/or program development needed to ensure that all populations eligible for the URM program can benefit from placement and services in the state, and to reflect priorities identified by ORR.
    vi. Projections for average monthly caseload, types of cases, anticipated terminations, and the number of new cases to be served in the next fiscal year.

h. OGM along with MDHHS is responsible for regulatory framework for foster care services to URM youth, consistent with care and services available to the rest of the foster care population, and in compliance with foster care policy. OGM oversees this by conducting annual monitoring. MDHHS oversight is provided more day to day with the review and approval of request, compliance with delivery of service as well as case reviews. As mentioned, another component includes the review by the Division of Child Welfare Licensing which also completes monitoring and compliance.

i. Agencies submit ORR-3 & 4 reports. OGM's URM Analyst reviews each ORR-3 and 4 and approves or rejects with requirement for corrections. OGM also tracks ORR-3 and 4 reports to ensure they are completed timely/annually (respectively) for each youth. A monthly notice is emailed to the agencies of late or overdue ORR-3 and 4 reports.

j. OGM routinely engages in multiple case-specific oversight activities on at least a monthly basis.

2. Legal responsibility - 45 CFR § 400.115

    a. The URM program agency must petition the local family court for an order of adjudication for temporary court wardship, placing the youth with MDHHS. The petition is to be filed as soon as

possible, but no later than 30 days after the minor is initially placed in the URM program with the agency.

i. Case managers file a petition for family court to take legal responsibility and make youth a temporary court ward. Legal responsibility for URM in Michigan is with the State child welfare agency, MDHHS; however, OGM has an Interagency Agreement with the child welfare agency within MDHHS because OGM oversees the private agency contract for URM service delivery. An LGAL (Lawyer-Guardian Ad Litem) is assigned, review hearings occur every 90 days, and ORR no longer has any jurisdiction over the case. OGM partners with MDHHS as they oversee the legal, licensing, and compliance pieces for care and supervision, while our office oversees the federal funding for the URM program and direct service delivery and needs.

ii. The State of Michigan establishes temporary court jurisdiction with legal authority granted to the county family court.

iii. Courts providing oversight include:
- Kent County Circuit Court – Family Division
- Ottawa County Circuit Court – Family Division
- Ingham County Circuit Court – Family Division
- Kalamazoo County Circuit Court – Family Division
- Grand Traverse County Circuit Court – Family Division
- Wayne County Circuit Court – Family Division

iv. OGM URM program staff will work closely with BCS and Samaritas when planning to accept a case in the State of Michigan. BCS and Samaritas complete all filings and court appearances necessary to establish placement and care supervision of URMs with the designated state child welfare agency, MDHHS. BCS and Samaritas will ensure a petition has been filed with the County Circuit Court-Family Division, establishing temporary court wardship. This will occur typically within a day or two of arrival, but no later than 30 days of arrival, for refugee youth. After the petition is accepted, BCS and Samaritas will ensure that placement and care responsibility are given to the State of Michigan's DHHS. Care and responsibility must be established with MDHHS prior to age 18. The County Circuit court may maintain jurisdiction up to age 20. However, at any time after age 18 the youth may be released via a best interest determination.

b. Establishing legal responsibility – as mentioned above, the URM provider agency petitions the court, and the youth is placed under the care and supervision of the MDHHS.
   i. State law requires court action to place a child in foster care in the state.

c. Review hearings occur every 90 days. Permanency planning and best interest findings are determined at each review hearing.

d. Legal responsibility typically ends at age 20 for most URM youth. However, legal responsibility can end between age 18-20. Voluntary foster care is optional at any time from age 18-21. URM youth in Michigan emancipate by age 21. Review hearings for best interest in determining ongoing care include review of youth's educational attainment, goals, living situation, and compliance with agreed-upon independent living goals.

3. URM services - 45 CFR §§ 400.113, 400.116, 400.118

There are additional services that are now available to URM youth in Michigan.

MFCA is a non-profit organization based in Michigan established to improve the lives of Muslim foster children and provide a support network for foster parents. Services include education sessions for URM youth, cultural training sessions for agency staff, pre-placement interviews, ongoing consultation and support to agencies and foster parents and recruitment, retention, and support to Muslim foster parents.

Immigration Legal Services will provide specialized services, consistent with state and federal child welfare laws and practices for refugees and other ORR-eligible youth populations. Services include adjustment of status applications and representation for legal permanent residency, application for U.S. citizenship and continuation of legal services provided prior to approval into the URM program. Referrals for youth will be made to OGM who will then refer the case to a legal service provided. Bi-weekly meetings will also occur between OGM, legal service provides as well as BCs and Samaritas to discuss specific case and referral needs.

When a child is born outside the US and does not have an eligible status, they do not qualify for childcare assist. OGM gathers information as well as documents and submits these requests as a waiver under 45 CFR 400.116 to ORR for funding to cover the cost of Childcare. OGM will ensure that request with necessary documentation is submitted and reviewed to OGM with no further request being submitted to ORR.

a. General URM Assurances

i. Yes, OGM will ensure that services provided to URMs are offered, at a minimum, to the same extent as services provided to youth in Michigan's foster care system via the State of Michigan's Title IVB plan. Service plans are renewed every 90 days. Case status and permanency plans are reviewed every 90-180 days by the agencies involved, and at a court review hearing. Local MDHHS staff monitors these reports and reviews. Case plans address potential family reunification, placement, health, mental health, education, English language needs, independent living preparation, and preservation of ethnic and religious heritage.

ii. Yes, OGM will ensure that case plans address: family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, English language training, career planning, preparation for independent living and the transition to adulthood, and preservation of ethnic and religious heritage.

iii. Yes, OGM will ensure that services are available to youth identified as unaccompanied, and who hold one of the following statuses: refugees, asylees, Cuban and Haitian Entrants or parolees, certified Victims of Human Trafficking, those youth reclassified through SIJ status, or those holding a U-Visa with URM approval. A youth will retain URM status and continue to receive services until one of the following occurs:

- Reunification with a parent becomes possible.
- Placement with a fit and willing relative, or a nonrelative with an established relationship, to whom legal guardianship has been granted.
- Adoption of the youth.
- Citizenship.
- Attainment of age 18 when the court has released jurisdiction, and the youth has *not* signed a Young Adult Voluntary Foster Care (YAVFC) agreement -or-
- Attainment of age 20, when the youth has *not* signed a YAVFC agreement.
- Attainment of age 21.

b. Placement

i. Agencies hold weekly placement meetings to ensure review of placement, available options, and the best fit for approved placements. When the agency would like to place a case, but certain factors create a challenge, the agency will review with OGM to determine the feasibility of acceptance of a case. OGM continually reviews capacity with provider agencies based on ORR-1 projections and case size throughout the year. During the last year OGM has also ensured that the agencies have written URM referral procedures. This assist with non-urgent and urgent placements. Regarding urgent cases, OGM is available outside of scheduled placement calls to meet and discuss the placement of urgent cases.

ii. Michigan offers an array of placement options for URM youth, and continually looks to expand placement options to meet the needs of arriving URM populations. This is accomplished through two avenues. Michigan maintains a variety of URM-specific contracts with BCS and Samaritas for foster care, treatment foster care, independent living, supported independent living, and residential services and placements. BCS and Samaritas also partner with other residential, and treatment foster care programs to address specific high needs youth, as well as for tailored services to victims of trafficking.

The state refugee program currently contracts with BCS and Samaritas for six different placement/service types through eleven different contracts. OGM will continue contracts to include foster care, independent living (IL), male residential/IL preparation, female residential/IL preparation, IL-Plus (staff supported IL placements), and treatment foster care. BCS and Samaritas also utilize placements with several agencies through informal arrangements or MOUs for psychiatric care, behavioral health residential placements, and residential treatment placement for female victims of human trafficking.

<u>Placement Options</u>

Brief Description or Name	Location and URM Provider	Focus/Target Population	Licensing/Other Restrictions	At least 50% Funded by CMA (Y/N)
		Family Foster Home		
Foster Care	BCS-Grand Rapids	Family based placement. Prepare youth to transition to least restrictive IL placement	Up to age 19	Y

Foster Care	BCS-Kalamazoo	Family based placement. Prepare youth to transition to least restrictive IL placement	Up to age 19	Y
Foster Care	BCS-Traverse City	Family based placement. Prepare youth to transition to least restrictive IL placement	Up to age 19	Y
Foster Care	BCS-Madison Heights	Family based placement. Prepare youth to transition to least restrictive IL placement	Up to age 19	Y
Foster Care	Samaritas	Family based placement. Prepare youth to transition to least restrictive IL placement	Up to age 19	Y
		Treatment Foster Care		
Treatment Foster Care	BCS-Grand Rapids	Family based services that provides individual treatment for children. Behavioral, mental health needs and trauma-informed treatment. All in less restrictive, non-secure setting		Y
		Supervised Independent Living		
ILP Host Home & Staff Supported	BCS Grand Rapids	Independent Living Prep	Youth aged 16 through 19	Y
ILP Host Home & Staff Supported	BCS Kalamazoo	Independent Living Prep	Youth aged 16 through 19	Y
Mother/ baby	BCS Kalamazoo	Independent Living Prep, Parenting teens	Youth aged 16 through 19	Y
ILP Host Home & Staff Supported	Samaritas	Independent Living Prep	Youth aged 16 through 19	Y
SIL/YAVFC	BCS-Grand Rapids	Promote independence skills with case management oversight, while living in rental home. Some while under court supervisions and others in the voluntary program with caseworker supervision.	YAVFC- At least 18 but less than 21 years old SIL- Up to age 20	Y
SIL/YAVFC	BCS-Kalamazoo	Promote independence skills with case management oversight, while living in rental home. Some while under court supervisions and others in the voluntary program with caseworker supervision.	YAVFC- At least 18 but less than 21 years old SIL- Up to age 20	Y
SIL/YAVFC	BCS-Traverse City	Promote independence skills with case management oversight, while living in rental home. Some while under court	YAVFC- At least 18 but less than 21 years old SIL- Up to age 20	Y

		supervisions and others in the voluntary program with caseworker supervision.		
SIL/YAVFC	Samaritas	Promote independence skills with case management oversight, while living in rental home. Some while under court supervisions and others in the voluntary program with caseworker supervision.	YAVFC- At least 18 but less than 21 years old SIL- Up to age 20	Y
		Residential		
Transitional Living Center	BCS-Grand Rapids	Provide intensive services (treatment/therapeutic/multidisciplinary treatment) in a structured setting. Develop plan for youth to step down to least restrictive placement	No more than 15 children in placement Male Ages 13-18	Y
Bellaview	BCS-Grand Rapids	Provide intensive services (treatment/therapeutic/multidisciplinary treatment) in a structured setting. Develop plan for youth to step down to least restrictive placement	No more than 8 children in placement Female Ages 13-18	Y
Casa del Sol	BCS-Grand Rapids	Provide intensive services (treatment/therapeutic/multidisciplinary treatment) in a structured setting. Develop plan for youth to step down to least restrictive placement	No more than 13 children in placement Male Ages 15-18	Y
Hacienda de Luz (HDL)	BCS-Kalamazoo	Provide intensive services (treatment/therapeutic/multidisciplinary treatment) in a structured setting. Develop plan for youth to step down to least restrictive placement	No more than 12 children in placement Male Ages 16-18	Y
Residential	Catholic Charities of Ingham, Eaton, and Clinton Counties	Provide intensive services (treatment/therapeutic/multidisciplinary treatment) in a structured setting. Develop plan for youth to step down to least restrictive placement	No more than 20 children placement	Y

iii. Extension of foster care beyond the age of 18 years old

1. As mentioned, youth may remain in care up to age 21. Youth *will* remain under court jurisdiction until the age of 18. At the court's discretion, and per agency recommendation, the youth *may* remain under court jurisdiction up to age 20. At any time between the ages of 18 and 21 the court may release youth. However, youth have the option to voluntarily continue to receive services up to age 21 by signing and complying with a Young Adult Voluntary Foster Care Agreement.

   As a part of implementation of The Fostering Connections to Success and Increasing Adoptions Act of 2008, Michigan passed the Young Adult Voluntary Foster Care Act, which offers 18-, 19- and 20-year-olds who were in state-supervised foster care at the age of 18 or

older the option of living in a licensed foster family home, a childcare institution, or an approved setting in which the youth is living independently, until age 21.

Consideration for YAVFC is available to youth, who were in out-of-home placement after being referred or committed to the MDHHS for care and supervision, at the age of 18-years-old. Youth requesting to participate in YAVFC must meet either of the following criteria:

- Extending an open foster care case, in which the youth is currently receiving foster care services and is at least 18 years old, but less than 21-years-old.
- Entering/Re-entering YAVFC after case closure, in which the youth exited foster care/YAVFC after reaching 18 years old but is less than 21 years old.

2. Regardless of the reason for a prior YAVFC case closure, youth may re-enter YAVFC, before the age of 21, if eligibility requirements are met.

3. Yes, OGM ensures that extension of foster care is provided to the same extent as under state foster care standards.

To qualify for an extension of foster care services and receive foster care or independent living maintenance payments the youth must meet one of the following conditions:

- Actively completing high school or a program leading to a general equivalency diploma (GED).
- Enrolled at least part-time in a college, university, vocational program, or trade school.
- Employed in either full- or part-time work or participating in a program that promotes employment (such as Job Corps, Michigan Works!, or another employment skill-building program). Participation must be at least 80 hours per month and may be at one or more places of employment and/or a combination of the above activities.
- Incapable of the above educational or employment activities due to a documented medical condition. If eligibility is based on incapacity, the caseworker must assist the youth in applying for Supplemental Security Income (SSI) if applicable.

Funding determinations are completed as a new placement/removal record for YAVFC. In many instances, URM youth who have LPR are eligible for Title IVE funding for administrative and maintenance payments after entering YAVFC.

4. N/A

5. OGM oversees the administration of extended foster care and supervised independent living through monitoring of grant agreements. OGM annually selects random cases which range from youth placed in FC, IL, TFC and Residential to review and make sure that each agency is not only providing services to the same extend as domestic youth in foster care but are also meeting federal standards.

MDHHS also does random case reviews each month. A combination of oversight by OGM as well at MDHHS ensure that the program is being administered as it is intended so youth can receive the best support and services. See also Section 3(b)iii, 1-3

c. Health Coverage

i. All qualified immigrant URM youth with a humanitarian status are eligible for foster care related Medicaid in the State of Michigan. Beginning August 1, 2024, SIJS youth are eligible under CHIPRA coverage in the state. This occurs automatically with enrollment in the state child welfare system.
If a medical service isn't covered under Medicaid, OGM will review Medicaid request and approve if the service is eligible for approval. This will be determined by following State Foster Care policy and law as well as is allowable under 45 CFR 400.100.

ii. No, ORR's Medical Replacement Designee (MRD) does not provide medical assistance to URMs in Michigan.

iii. n/a

d. Transition to Adulthood Services

i. URMs have access to services and benefits provided through the state's Chafee Foster Care Program for a Successful Transition to Adulthood, including education and training vouchers (ETVs), and the state does not use CMA funding for such services and benefits;

ii. OGM URM program staff will work in coordination with the identified MDHHS provider contracted to administer the Educational and Training Voucher (ETV) program for URM youth in compliance with the ETV policy. ETV for URM youth will continue to be funded through Chafee program funds. OGM will also continue to administer educational planning support for URM youth to ensure smooth transitions in school changes, to assist in any challenges within the educational/school system, and to assist in the transition for youth attending college or university.

OGM's refugee program staff work with the MDHHS-CSA to ensure that services to URMs are, at a minimum, provided to the same extent as services provided to youth in Michigan's foster care system. OGM will also work with the CSA to ensure appropriate access to Title IVE benefits, and in establishing Chafee funding allocations for URM youth, including both ETV and Youth in Transition (YIT) Chafee-funded services. Per the Family First Prevention Services Act of 2017, closed case services are available to former URM youth up to the age of 23. For youth who left URM care and want to access YIT services without reentering care, they can access the funding for such services through the local MDHHS.

Education and Training Voucher (ETV) assistance for youth in secondary education or vocational training is available from the ages of 21-26, not to exceed more than 5 years of funding. OGM staff will continue to assist former URM youth with ETV and college applications. All ETV payments are Chafee funded.

iii. Yes, the State assures that any ORR-funded URM services and benefits to support a successful transition to adulthood, including ETVs, are administered in accordance with state criteria and procedures, with the exception of variances approved by ORR.

iv. N/A

v. The SRC's office administers ETV in partnership with the state contracted ETV provider.

e. N/A

4. Case review - 45 CFR § 400.118

a. Yes, cases are reviewed by the court at least every six months, including review of the available services being offered, current placement suitability, and a review of the permanency plan for each youth. Permanency plans considered for all youth include reunification (when possible), adoption (if viable and parents have lost parental rights or are known to be deceased), placement with a fit and willing relative, guardianship, adoption, Another Planned Permanent Living Arrangement (APPLA).

   Service Plans are completed within 30 days of placement into URM and updated every 90 days thereafter. Service plans are expected to address an assessment of youth's strengths and needs. A treatment plan is completed to address any needs. In addition to the needs assessment and corresponding treatment plan, for URM youth service plans review appropriateness of placements, health, educational goals/needs, English as a Second or Other Language (ESOL) needs/attendance, IL preparation, and preservation of heritage at minimum. Local MDHHS staff review case service plans and placement options to review for compliance with policy and contractual requirements.

   OGM URM program staff will be implementing outcome assessments with youth exiting URM care. OGM staff will complete 6-month follow-ups with youth to track progress and changes in their situation. OGM staff will be utilizing this information to analyze the long-term outcomes for youth, in relation to the programming and placement structures they were involved with during their placement in the URM program.

b. Generally, the URM program pursues the concurrent goals of reunification and Permanent Placement with a Fit and Willing Relative or APPLA.

   When a youth reaches 16 years old, APPLA is typically the most utilized permanency goal, as it allows an unaccompanied minor to develop appropriate skills to enter adulthood and to achieve economic and social self-sufficiency, through the delivery of child welfare services in a culturally sensitive manner.

   URMs are not generally eligible for adoption, however, in certain situations; for example, when the parents are known to be deceased, or missing and presumed dead, adoption may be permitted pursuant to state adoption laws. The child must express an interest/desire to be adopted, the court must find that adoption would be in the best interest of the minor, and there must be a termination of parental rights. When adoption occurs, the URM classification ends.

5. Interstate movement - 45 CFR § 400.119

a. All interstate placements will be handled in accordance with the Interstate Compact on the Placement of Children (ICPC). All requests for ICPC services must be routed through the Interstate Compact Office in MDHHS. The local agency and local MDHHS coordinate with the compact office for responding to inquiries and requests for services from other states. OGM

URM program staff will be consulted regarding any disputes or concerns around funding for URM youth.

A referral packet for placement of a youth in another state is submitted to the ICPC office by the local MDHHS after collaboration with BCS or Samaritas.

Under the ICPC, the following requests must be referred to local MDHHS offices for services:

- Home studies and licensing of a prospective placement resource for a foster child under court or state supervision in another state.
- Supervision of the placement of a child with a parent/relative in another state.
- Evaluation and supervision of a family foster care placement in another state.

Out of State Youth Placed in Michigan

When a sending state is requesting a home study of a relative in Michigan, the local MDHHS or private agency must follow the procedures outlined in policy for foster home development. Criminal background and central registry checks are mandatory for all adults living in the home. The sending state maintains the following case responsibilities:

- Legal jurisdiction and financial responsibility for the child.
- Responsibility for long-range planning and permanency.

Any out-of-state child is bound by Michigan law while present in the state of Michigan. However, the laws and policies of the state where the child came under legal jurisdiction govern the conditions of wardship and discharge. If the placement is unsuccessful, Michigan may request that the child be returned to the state in which the child came under legal jurisdiction. That state is then responsible for planning and financing the return of the child. If removal of the child from the placement becomes necessary, MDHHS may petition a Michigan court for detention or temporary foster care, but arrangements will need to be made with the sending state for a permanent placement.
If any legal action is pending against a child in Michigan, it must be resolved prior to the child's departure from Michigan.

Placing a Michigan Youth in another State

In considering an out-of-state placement for a child, the proposed placement and any alternatives must be considered. Attention must be given to the distance factor, which may impede treatment and post-placement planning. The final decision regarding the proposed placement must be made by the local MDHHS staff with supervisory approval. Staff must consider the safety of the child in placement decisions. The thoroughness of the home study must be examined closely in making this decision. Parental consent must be obtained if possible. Michigan children may be placed in out-of-state placements only after approval by the receiving state's interstate compact office.

Payment for Out of State Placement

When a departmental ward is placed in an out-of-state family foster care or residential care placement, the local Michigan agency must authorize payments. Payment cannot be generated for an out-of-state placement until confirmation of the placement is made.

This state plan is submitted in accordance with 45 CFR Part 400.5 - 400.8;

8/13/2024

Gretchen Whitmer, Governor
State of Michigan

Date