

FY 2019

**MICHIGAN STATE PLAN FOR ADMINISTRATION OF THE
REFUGEE PROGRAM**

Amended effective with Governor's signature

Submitted for the FY19 period October 1, 2018 – September 30, 2019

Refugee Program State Plan
State of Michigan
Department of Licensing and Regulatory Affairs
MI Office for New Americans

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INTRODUCTION

The refugee program exists to provide for the successful resettlement and integration of refugees and unaccompanied minors, while assisting them to achieve economic self-sufficiency as quickly as possible. It provides new residents with the opportunity to maximize their potential and to make a lasting contribution in the United States. The refugee programs provide people in the utmost need, coming from unthinkable situations, with critical resources to assist them in becoming integrated members of American society. Michigan's State Refugee Program is the designated entity to provide technical assistance and support to all stakeholders, while ensuring the State-wide, successful coordination of all services and programming for refugee and refugee-eligible populations.

ADMINISTRATION

1. Designation of State Agency

The Michigan Department of Licensing and Regulatory Affairs (LARA) will be the designated State agency responsible for the development, submission, and administration of the State Refugee Plan and Program. Housed within LARA is the Michigan Office for New Americans (MONA). Effective with the date of this update for the FY19 Michigan State Refugee Plan, MONA will act as the lead in all areas of concern which relate to refugee programming and will be responsible for coordination 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, MONA 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. MONA will work with the Michigan Department of Health and Human Services (MDHHS) for the execution of Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), health programming, and for localized field oversight of the URM program.

2. Organization

As stated, MONA is located within LARA. LARA is composed of a team of approximately 2,000 employees across the State of Michigan that follows the guiding principles of collaboration, inclusion, integrity, and measurable outcomes. LARA is responsible for the state's regulatory environment. LARA is customer-driven; it safeguards Michigan citizens; and, it supports business growth and job creation.

MONA supports immigration and immigrant 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. MONA analyzes and makes recommendations to the Governor on state

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and federal policies and programs. It also leads the Global Michigan and Ethnic Cabinet initiatives. MONA partners closely with refugee resettlement agencies, economic development organizations, ethnic service providers, universities, our state Ethnic Commissions, and many other organizations around the state. Additionally, it strives to make Michigan a more welcoming state. MONA's work touches the areas of licensing, workforce training, education, housing, healthcare, and quality of life.

MONA will house the Refugee Services program office. The function of Michigan's Refugee Services within MONA 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 contracts, federal reporting, data collection, and program development and implementation.

In addition to the State Refugee Coordinator (SRC), program analyst staff will be employed in MONA for Refugee Services 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.

MONA will provide administrative oversight for:

- All Refugee Social Services programming
- Employability Services, including contracted services with appropriate agencies providing employment services
- The Unaccompanied Refugee Minor (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

The SRC and Refugee Services staff will collaborate with identified MDHHS staff for coordination of the programs, as delineated below. The function of the MDHHS is to provide assistance and 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 assistance, child welfare, and public health. The Refugee Health Coordinator and any assigned staff will be responsible for health programming, including: monitoring of health contracts, federal reporting, data collection, and program development

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and implementation. Federal reports will be provided to the Refugee Services program office in MONA for submission to ORR.

MDHHS will provide the following implementation of services:

- Eligibility determinations for Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) will be completed by local MDHHS field staff
- MDHHS' Field Operations Administration (FOA) policy unit will maintain RCA, RCA Employment & Training, and RMA policy
- Field-level oversight of the Unaccompanied Refugee Minors (URM) program will continue to be implemented by local MDHHS field staff
- Refugee medical screening oversight and health programming

MONA 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, medical screening, and URM programs.

3. Designation of State Refugee Coordinator

As Director over the Refugee Services program in MONA, 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 programming in the State of Michigan.

4. Refugee Health Coordinator

The Refugee Health Coordinator (RHC) will be housed within MDHHS. MDHHS may employ one additional program analyst staff, if needed, for refugee medical programming.

ASSURANCES

1. Compliance with Federal Requirements

The State of Michigan will:

- a) Comply with the provisions of Title IV, Chapter 2, of the Immigration and Nationalities Act;
- b) Comply with official issuances of the Director of the Office of Refugee Resettlement;
- c) Meet the requirements as outlined in 45 CFR, Parts 400 & 401;

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d) Comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding;

e) Amend this plan as necessary to comply with standards, goals, and priorities established by the Director of the Office of Refugee Resettlement (ORR) or as needed due to changes within the State of Michigan;

f) Provide services to eligible refugees, and equivalent designated alien statuses as outlined by federal regulation or ORR direction, including asylees, Iraqi and Afghan SIV recipients, Victims of Human Trafficking, Cuban/Haitian Entrants, Amerasians, and eligible unaccompanied minors

For purposes of the remainder of this document, the term refugee will be used for all of these statuses, unless otherwise noted.

g) Provide services to all refugees without regard to race, religion, nationality, gender, political opinion, or sexual orientation; and

h) Convene planning meetings of public/private sector partners at least quarterly

2. Quarterly Meetings and Stakeholder Engagement

As stated, in order to plan and coordinate the placement of and services to refugees in advance of their arrival per federal regulation, MONA will ensure that meetings are convened on at least a quarterly basis. MONA 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.

MONA will collaborate 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. In addition to quarterly consultations, MONA will meet regularly with these partners to ensure efficient and coordinated implementation of state-wide services. MONA will respond to emerging issues and take the lead to address challenges in the integration of incoming populations. MONA will ensure all of 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. Additionally, an annual conference for training and networking purposes is typically organized by the Michigan Committee on Refugee Resettlement.

3. Coordination of Cash and Medical Assistance with Support Services

Eligibility for public assistance is determined by caseworkers in the local MDHHS offices. Each office in the eight counties where the majority of refugees are placed, identifies specialized refugee workers. These specialized workers are trained in policy pertaining to refugee-specific programs as well as refugee-specific eligibility factors for all public assistance programs to ensure proper processing of applications and benefits. MONA will assist in developing and delivering training to MDHHS staff on refugee-specific practices and regulations. MDHHS policy directs the referral process and requirements for employment and training services for Refugee Cash Assistance (RCA) recipients per federal regulation. MONA will ensure contracts are in place with refugee service providers to deliver employment and training services for RCA recipients to meet their federal requirements for employment services.

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, MONA, MDHHS, and its contractors 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, whether administered through MONA or MDHHS, will be served by competent interpreters including bilingual staff, staff interpreters, individuals from qualified interpreter services, volunteers from the refugee community, or through the use of the language line.

MONA will also maintain contracts with refugee service providers to make available necessary employment and support services to refugees immediately upon their arrival into the service area. Contracts will include support services to be provided concurrently with employment services. RCA recipients and eligible individuals without cash assistance will be referred to the established, contracted refugee service provider for all employment services covered in CFR 45 400.154. Additionally, State contracted refugee agencies will provide required employment readiness and job placement services to relevant refugees on Time Limited Food Assistance (TLFA). For those receiving SNAP and RCA benefits concurrently, participation will be met for TLFA through the required participation for RCA.

Finally, State of Michigan protocol is to refer all required refugees receiving Temporary Assistance to Needy Families (TANF) benefits to local Michigan Works Associations (MWA). Refugees receiving TANF benefits will receive the same MWA services as a Michigan citizen receiving TANF benefits. The MWA (or their subcontractor), through agreement with the Michigan Talent Investment Agency (TIA), will be responsible to ensure the refugees' compliance with TANF employment and training requirements and work participation requirements. TIA already has an established working relationship with MONA on

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WIOA funded projects for refugees and immigrants, creating an opportunity for close partnership and oversight for services to refugees receiving TANF benefits. In partnership with TIA and local MWAs,

MONA will ensure culturally-sensitive job placement and support services are also available to refugees who are receiving TANF via the refugee service provider contracts through the allocation of a portion of RSS funding. In these instances, the refugee service provider and local MWA will collaborate to address clients' needs and ensure no duplication of services.

REFUGEE CASH ASSISTANCE

1. RCA Program

The RCA program uses all elements of the Michigan TANF 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.
- The state will contact the local resettlement agency when application is made for RCA. 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.
- 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.

2. RCA Eligibility

a) Assets

The family must have less than \$3,000 in countable liquid assets and the total assessed value of real property must be less than \$200,000. Cash assets, such as currency, savings and checking accounts, investments, retirement plans, and trusts, are countable.

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A sponsor's resources will not be considered accessible to the refugee solely because the person is serving as a sponsor. Any resources remaining in the applicant's country of origin will not be considered in determining eligibility for RCA.

b) Income

The monthly countable income minus disregards and allowable expenses must be less than the maximum monthly benefit amount for the group.

Cash grants provided to the applicant under the Department of State or the Department of Justice reception and placement programs will not be considered in determining income eligibility for RCA. A sponsor's income will not be considered accessible to the refugee solely because the person is serving as a sponsor.

c) Income Budgeting

Income is budgeted prospectively based on a best estimate of the amount of countable, available income to be received in the benefit month. Income is available when it is actually received or can be reasonably anticipated. At application, MDHHS' integrated eligibility system performs the qualifying deficit test by subtracting budgetable income from the certified group's payment standard for the application month. The benefit month is the month an assistance payment covers. At application, the months subject to the qualifying deficit test are the first two application months in which the group could be eligible for an assistance payment.

d) Payment Standards

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 |

3. Employment Services Participation for RCA

a) Employment Participation

Clients who are not deferred from participating in employment services are automatically referred to attend an employment services orientation and design a self-sufficiency plan that includes participating

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in self-sufficiency activities. In order to maintain the RCA benefit, RCA recipients must participate in employment and/or self-sufficiency related activities to increase their employability and obtain employment. Mandatory participants in the RCA program must also comply with certain work-related requirements, including acceptance or continuation of employment. As mentioned above, all required participants will be referred to refugee service providers under contract with MONA. However, unlike TANF benefits, there are no hourly work participation requirements.

b) Non-compliance

Clients will not be terminated from RCA without first scheduling a triage meeting with the client and employment service provider to jointly discuss noncompliance and possible good cause. Notifications to the employment services provider of the triage day schedule, including scheduling guidelines are made by the local MDHHS office. A mandatory participant who refuses, without good cause, to participate in assigned employment and/or other self-sufficiency related activities is subject to penalties. The State of Michigan will use the same mediation and conciliation procedures as those for TANF benefits, as set forth in 400.83.

c) Deferrals

Some clients may be deferred from the employment services program for a time, 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 not referred to employment-related activities may volunteer to participate in other activities to overcome barriers.

4. RCA Program Administration

As mentioned, eligibility for public assistance is determined by caseworkers in the local MDHHS offices. Each office, in the eight counties where the majority of refugees are placed, identifies specialized refugee workers. These workers determine eligibility for RCA and Refugee Medical Assistance (RMA). Most of these specialized workers also provide determinations for other public benefits for refugees, including TANF and SNAP. Administrative costs for RCA, TANF, SNAP and other public assistance programs is determined through departmental time studies and cost allocation plans. Additionally, a portion of one full-time equivalent MDHHS employee within the program policy unit is responsible for RCA and RMA policy administration. The number of assigned specialized refugee workers for determining benefits varies by county and with the resettlement fluctuations. However, as mentioned, administrative costs are determined through cost allocation.

As mentioned, MONA's Refugee Services program will work closely with MDHHS to ensure RCA is implemented according to the State Plan and federal regulation. They will partner as needed to gather required data for federal reporting. MONA will collaborate with MDHHS FOA policy staff regarding changes to policy or the State's integrated eligibility system.

REFUGEE MEDICAL ASSISTANCE

1. RMA Program

Eligibility for Medicaid and the State Children's Health Insurance Program (SCHIP) will be determined prior to eligibility for RMA, including expanded Medicaid options as implemented as part of the Affordable Care Act (ACA). Medicaid and SCHIP eligibility is based on income, resources, and other individual eligibility factors.

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 appropriate eligibility standards as a result. Net income must be below 200% of the federal poverty level for eligibility to exist. 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.

Should an RMA-eligible client lose Medicaid coverage due to income during their initial eight months in the United States, they will receive RMA for the remainder of their 8 month period, or until that income is lost. If a client's income is lost, they will be re-evaluated for Medicaid eligibility.

2. RMA Administration

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.

RMA eligibility determinations are completed by the same staff and in the same manner as described above for RCA. The state's cost allocation plan determines the departmental administrative costs for RMA, as well.

As with administration of RCA, MONA's Refugee Services program will work closely with MDHHS to ensure RMA is implemented according to the State Plan and federal regulation. They will partner as

needed to gather required data for federal reporting. MONA will collaborate with MDHHS FOA policy staff regarding changes to policy or the State's integrated eligibility system.

REFUGEE MEDICAL SCREENING

1. Operation of Medical Screening Program

With the continued implementation of expanded Medicaid in Michigan, all refugee medical screenings, tests and immunizations will be billed to Medicaid. RMA funds for medical screenings will be utilized only if a refugee is found ineligible for Medicaid, as determined by local MDHHS. If this is the case, services will be reimbursed from RMA at the current Medicare rates. CMA funds will be used for reimbursement to providers for administrative services related to refugee medical screenings, as described below.

The SRC and/or a MONA designee will meet at least quarterly with the RHC or a MDHHS designee to discuss arrivals, medical screening procedures, and identified needs. MONA and MDHHS will collaborate to ensure coordination of necessary treatment and follow-up referrals for arriving refugees.

2. Medical Screening Providers

Local refugee resettlement agencies identify refugees in need of emergency medical care after they have been assured and prior to their arrival to the U.S. The resettlement agencies coordinate services with local health providers/hospitals to ensure refugee clients in need of immediate care are provided emergency services as well as ensure all refugees clients are scheduled for initial health screenings within 90 days of arrival. Any client needing follow up care/treatment is referred to contractors for coordination of follow-up treatment and monitoring of the case.

MDHHS will contract with local health departments and health clinics in each of the seven major geographic resettlement areas of the state (Ingham, Kalamazoo, Kent, Macomb, Oakland, Washtenaw and Wayne counties) to provide medical screenings to newly arriving refugees. All medical screenings are required to be completed within 90 days of the refugee's date of arrival into the U.S. The health departments and clinics are also required to arrange for or provide follow-up care as appropriate. The medical screening protocol will be in accordance with ORR's Domestic Medical Screening Guidelines Checklist as indicated in State Letter 12-09, Revised Medical Screening Guidelines for Newly Arriving Refugees. The contracted medical screening providers will be reimbursed an administrative rate through CMA for the administrative costs for coordination and planning to ensure medical screenings occur for each arriving refugee. The unit rate will include all costs associated with administrative services to include: coordination with resettlement agencies to receive referrals, scheduling of appointments, to provide or arrange for language-appropriate and culturally relevant medical screening services, maintenance of case files, and providing data for trimester narrative and data reports. An actual cost component of the contracts will include costs for interpretation services. Refugees are

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referred for these services by the local resettlement agencies in accordance with the cooperative agreements with the State Department.

Michigan currently has established contracts with three local public health departments for provision of medical screening services in Calhoun County (covering both Calhoun and Kalamazoo County), Ingham County, and Kent County. A competitive bid determined contracts for refugee medical screening services for the counties of Macomb, Oakland, Washtenaw, and Wayne. To date, these county/local health departments have not shown interest or capacity to provide refugee health screenings. All contractors shall have appropriately credentialed or trained staff, including contractor employees and/or subcontractors, to perform the medical screening services. A Medical Physician, Public Health Nurse, Registered Nurse, Nurse Practitioner, or a Physician Assistant currently certified by the appropriate medical or licensing authority shall administer the health assessment and immunization services. Medical translation/interpretation shall be provided by a certified medical translator/interpreter or an appropriately credentialed interpretation/translation service.

MDHHS staff and the health screening providers are granted access to CDC's Electronic Disease Notification (EDN) system. EDN case transfers, TB review, and arrival information is shared and coordinated at the state and local level between these partners.

3. Medical Screening Protocol

ORR's Domestic Medical Screening protocol shall be followed for refugee medical screening services. All services shall be billed to Medicaid for Medicaid-eligible clients. Services include:

- Medical history review including overseas medical exam
- Age appropriate physical exam with written medical history and head-to-toe review of body systems
- Administer age-appropriate immunizations
- Provide all required laboratory examinations to include urinalysis and complete blood check
- Provide or arrange for testing as appropriate for:
 - sexually transmitted diseases – HIV, syphilis, gonorrhea, chlamydia
 - Hepatitis B screening including HBsAg and HbcAb
 - Hepatitis C
 - parasites (stool for ova and parasites)
 - pregnancy
 - cholesterol
 - sickle cell disease
 - malaria
 - strongyloidiasis and schistosomiasis presumptive treatment as needed
- Provide tuberculosis testing to include diagnostic and follow up services
- Brief mental health assessment and referral as determined appropriate
- Make community referrals for follow-up care as needed.

4. Medical Screening Costs

As described above, CMA will be used for payment of refugee medical screening administrative services for the initial refugee specific medical screening if received within 90 days of arrival into the country. These costs are outlined in the most recent ORR-1, Budget Estimate. A refugee medical screening will only be billed to RMA if a client is ineligible for Medicaid as determined by local MDHHS staff. All medical screening services billed to the contract will be reimbursed at the established Medicare rate.

5. Medical Screening Oversight and Billing

The RHC will provide oversight of the Refugee Medical Screening Program to ensure protocol is followed. MDHHS staff will perform formal annual contract monitoring visits to each medical screening provider. In addition, informal visits may be conducted throughout the year by MDHHS staff. These visits are less structured and may be focused on general operations or specific issues. Thorough review of expenditures will also be conducted on a monthly basis. Contractors will submit monthly expenditures for administrative costs to the MDHHS for review and payment approval. The bill will include a list of all refugees screened by that provider or its subcontractor that month, the refugees alien number that establishes eligibility for service, a date of entry, and date of screening to ensure screening was provided within the 90-day eligibility period.

The RHC or a designee will participate in committees and/or meetings that may be convened by the MDHHS, Local Departments of Public Health (LDPH), or other health related entities as it relates to refugee health, mental health, and health screening planning. The RHC will meet once a quarter with the State Epidemiologist's office to review refugee arrival and conditions trend data. The RHC will distribute arrival and other data to the 47 LDPH's and other health related organizations upon request.

6. Pandemic Planning

Each State of Michigan department has an emergency planning committee and written plan that includes pandemic planning. The Michigan Department of Health and Human Services (MDHHS) houses Michigan Public Health, the State Epidemiologist's office, and is responsible for the primary response plan for all epidemics. Contained in the primary plan is a section on pandemic influenza. There are 47 local public health departments within Michigan. Each of the Local Departments of Public Health (LDPH) is responsible for developing the pandemic plan for their jurisdictional area. It is at the LDPH level that specific implementation details are developed and described. The 47 LDPH are part of eight regional coordination groups composed of representatives from hospitals, police departments, fire departments and others who would be involved in a response to an emergency.

The SRC and RHC or a designee will participate in committees and/or meetings that may be convened by the MDHHS or LDPH as it relates to pandemic/emergency planning. The SRC and the RHC will coordinate to ensure that contracted providers, resettlement agencies, community agencies, Mutual Assistance

Associations (MAAs), and medical screening providers are engaged in the development of a response plan specific to refugees in each area.

MONA will ensure that current and anticipated refugee populations are clearly represented in Michigan's State demographic profiling for pandemic planning. Refugee arrival data is periodically reviewed with the State Epidemiologist's office. Data will also be distributed to the 47 LDPH, upon request.

REFUGEE SOCIAL SERVICES

1. Access to Services

MONA will maintain contracts with private agencies to provide a variety of refugee-specific, employment, integration, educational, and health-related services, in accordance with CFR 400.154 & 155 to eligible refugees in areas where the majority of refugees are resettled. Contracts require that employment services can be provided regardless of whether the refugee receives cash assistance, and that the contractor performs outreach activities within the refugee communities and coordinates services with the local resettlement and ethnic/community-based agencies in the respective service areas.

2. Provision of Services

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 located 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. A client data file (CDF) will be used as a data tracking system to ensure that services and payments are delivered and issued only for eligible refugees. The CDF will include the refugee's date of entry, secondary migration information, details on provided services, placement in employment, and other pertinent data. The CDF will be maintained by the contractors and reviewed and validated by MONA to ensure accuracy of reporting. During FY19, MONA Refugee Services program staff will be working on the development of a comprehensive database to gather all refugee services information in one place.

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

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

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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

3. Monitoring of Services

The contracts will be monitored in a variety of ways. Formal monitoring visits to the contractors will be conducted at least annually by MONA staff. Formal monitoring instruments, designed and regularly updated by MONA staff, will be utilized to document findings. Formal reports are written and sent to the contractor, and ORR upon request. Additionally, informal visits are conducted throughout the year. These visits are less structured and may be focused on general operations or specific issues. Finally, reviews of the data on the CDF and contract billings will be conducted on a monthly basis.

UNACCOMPANIED REFUGEE MINORS

1. URM Program

The State of Michigan receives federal funding to operate an Unaccompanied Refugee Minors (URM) program. MONA will provide organizational leadership and administrative support for the URM

program. MONA 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. MONA will liaison with the CSA to ensure that services provided to URM youth are, at a minimum, to the same extent as services provided to youth in Michigan's foster care system. MONA will also work with the CSA to ensure appropriate access to Title IVE benefits, and in establishing Chafee funding allocations for URM youth.

2. Administration and State Oversight

a) Administration of Services

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 make arrangements directly with national resettlement agencies, in partnership with ORR for overseas arrivals. Two agencies, Samaritas and BCS, will hold contracts with MONA to provide services to URM youth. Both of

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these 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 both also operate a general foster care program for Michigan youth.

b) State Oversight

MONA 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 MONA 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 MONA 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 MONA URM program staff and local county MDHHS foster care staff.

A URM-specific administrative rate has 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). Additionally, URM cases are incorporated into Michigan's SACWIS system (MISACWIS). URM cases are maintained in MISACWIS by MDHHS foster care staff in Ingham and Kent County. The workers will be responsible for review and approval of payment requests for non-scheduled case services, Chafee-funded YIT payment approvals, legal reports and court orders, and maintaining compliance with due dates, among other functions within MISACWIS. They will also complete funding determinations to determine potential eligibility for Title IVE funding. As mentioned above, MONA will maintain contractual, federal reporting, and administrative responsibility. MONA will also maintain final approval of all billing and expenditures of ORR funded services.

c) State-Administered Educational Oversight

MONA 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. MONA will also continue to administer educational planning for URM youth to ensure smooth transitions in school changes, to assist in any challenges within the education/school system, and to assist in the transition for youth attending college or university.

3. Legal Responsibility

MONA 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 URM's 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. At any time between the age of 18 and 21 a youth may voluntarily continue with MDHHS oversight by signing a Young Adult Voluntary Foster Care (YAVFC) agreement, as described below.

4. Eligibility

a) Duration of Eligibility

MONA 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 the age 20, when the youth has *not* signed a YAVFC agreement
- Attainment of age 21

b) Continued Care in YAVFC

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.

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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 child care 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.

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.

5. Services and Case Planning

a) Access to Services

MONA will ensure that services provided to URM youth 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.

b) Placement Options

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.

MDHHS currently contracts with BCS and Samaritas for six different placement/service types through eleven different contracts. MONA will continue contracts to include foster care, independent living, 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.

c) Healthcare Coverage

All qualified-alien URM youth with humanitarian status are eligible for foster care related Medicaid in the State of Michigan. For SIJS youth without LPR and who have not met the five year bar, BCS and Samaritas assist youth in applying for health coverage via the federal Marketplace, per State Letter 15-

02. While applications are pending Marketplace coverage for new youth, MDHHS reviews medical expense requests and reimburses necessary medical services from the Cash, Medical, and Administration (CMA) budget.

d) Independent Living Services and Education and Training Vouchers

Independent Living and Closed Case Services will continue to be overseen by MONA for URM youth but are primarily funded through Chafee funding. For youth still in URM care up to age 21, ORR funds are used for daily stipend, or maintenance payments, to youth in independent living placements. All independent living supportive, or Youth in Transition (YIT), services (e.g. first month's rent, college or employment prep, transportation, etc.) are paid from a Chafee allocation for URM youth which will be managed in partnership between MONA and CSA staff. Closed case services are available to former URM youth up to the age of 21. 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.

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Education and Training Voucher (ETV) assistance for youth in secondary education or vocational training is available from the ages of 21-23. If eligibility for ETV in Michigan is extended to 26 per the Families First Prevention Services Act, MONA staff will continue to work with eligible individuals. MONA staff will continue to assist former URM youth with ETV and college applications. All ETV payments are Chafee funded.

e) Case Planning and Reviews

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, 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.

MONA URM program staff will be implementing outcome assessments with youth exiting URM care. MONA staff will complete 6-month follow-ups with youth to track progress and changes in their situation. MONA 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.

6. Interstate Movement

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. MONA 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.

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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-

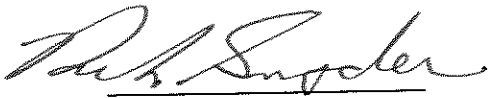
placement planning. The final decision regarding the proposed placement must be made by the local MDHHS staff with supervisory approval. Staff must consider the safety of the child in placement decisions. The thoroughness of the home study must be examined closely in making this decision. Parental consent must be obtained if at all 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.

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



Rick Snyder, Governor
State of Michigan

7-25-18

Date