

California Department of Social Services

**CALIFORNIA STATE PLAN FOR
REFUGEE ASSISTANCE AND SERVICES**



Federal Fiscal Year 2013/14



EDMUND G. BROWN JR.
GOVERNOR

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SECTION I

ADMINISTRATION

A. DESIGNATIONS OF AUTHORITY, ADMINISTRATIVE OPERATIONS, AND ELIGIBILITY

1. The California Department of Social Services (CDSS) has been designated by the Governor of the State of California to be the agency responsible for the development of the State Plan for Refugee Assistance and Services, pursuant to Title 45 Code of Federal Regulations (CFR) Part 400.5. The plan governs the state's supervision of the Refugee Resettlement Program (RRP) and the Cuban/Haitian Entrant Program, which provide critical resources to assist participants to resettle and find employment in the United States (U.S.) so that they can become integrated and self-sufficient members of American society.

The RRP was established by the federal Refugee Act of 1980 to assist refugees and other eligible groups to resettle to the U.S. Eligible groups include refugees, asylees, Cuban/Haitian entrants, certain Amerasians from Vietnam, victims of a severe form of human trafficking who receive certification or eligibility letters from Office of Refugee Resettlement (ORR), eligible family members of certified trafficking victims, Havana parolees, Cuban medical professional parolees, and Afghan and Iraqi Special Immigrant Visa recipients. The term "refugee" used in this plan is intended to encompass all eligible groups listed above.

2. The Director of the CDSS has been designated as the State Refugee Coordinator and has the authority to ensure coordination of public and private resources for refugee resettlement in the State of California. However, Catholic Charities, Diocese of San Diego, operates a Wilson/Fish Program, as a direct grantee of the federal ORR. The Wilson/Fish Program provides cash assistance and employment services to newly-arriving refugee single adults and refugee families without children in San Diego County. The description of the Wilson/Fish Program is excluded from the State Plan because it is not subject to state supervision. However, Wilson/Fish program staff participates in state and county forums convened by the CDSS.

3. The Director of the CDSS has established the Refugee Programs Bureau (RPB) to provide day-to-day administrative and operational oversight for California's RRP.
4. While the CDSS State Refugee Coordinator has responsibility for the overall provision and oversight of RRP benefits and services statewide, the California Department of Public Health (CDPH) and the California Department of Health Care Services (CDHCS) have operational responsibility for the medical assistance portion of the RRP. On March 29, 1988, ORR granted approval for the transfer of this responsibility from the CDSS to the then-entitled California Department of Health Services, which reorganized as of July 1, 2007 into two departments, CDPH and CDHCS.

The CDPH is the state's liaison with ORR on refugee health program matters and coordinates refugee health services in California. It is the recipient of the Refugee Medical Assistance (RMA) grant, which is used to fund health screenings and RMA-funded health services. CDPH subcontracts with local health departments for the provision of health screenings, and with CDHCS for the provision of RMA-funded health services. The interagency agreement between CDPH and CDHCS that defines the scope of work and terms between these two departments regarding the provision of RMA-funded health-related services is attached (Exhibit A: Interagency Agreement/Health Departments).

The CDSS, CDPH, and CDHCS coordinate RRP activities and meet as needed to exchange information and discuss issues affecting California's program and refugee populations.

5. The State Coordinator:
 - a. Maintains a single State Plan for Refugee Assistance and Services, which includes information on medical benefits to refugees
 - b. Submits to the ORR required performance reports, which include refugee health program information

- c. Ensures that the CDPH and local health programs are represented on the State Advisory Council on Refugee Assistance and Services (SAC), a group comprised of individuals from various organizations that provides the CDSS with input on critical refugee issues and makes recommendations regarding RRP policy decisions
 - d. Shares data on refugee arrivals to California with the CDPH
 - e. Ensures that the CDSS is able to access information on aided refugees from the CDHCS Medi-Cal Eligibility Data System (MEDS)
6. The RRP in California is state-supervised and county-administered. State law (Welfare and Institutions [W&I] Code Section 10800) makes the administration of public social services a county function, with the administrative responsibility placed upon the County Boards of Supervisors.

The CDSS issues regulations, guidelines, and policy directives to counties regarding the RRP in California. For counties that receive Refugee Social Services (RSS) and Targeted Assistance (TA) monies, the CDSS requires a plan from the counties that describes their use of RSS and TA funds to provide employment and social services for refugee clients. The plan must be approved by the County Boards of Supervisors and certified by the CDSS. To prepare the county plan, the County Board of Supervisors is required by W&I Code Section 13277 to design a county planning process that facilitates refugee participation and public input. The plan, at a minimum, must address how services will be delivered to refugees receiving aid in the county and provide for priority consideration for funding refugee community-based organizations (CBOs), if they demonstrate the capacity to implement the proposed programs.

To further assist counties and service providers in setting and meeting performance goals, the CDSS provides technical assistance to counties on setting yearly performance goals on the Annual Outcome Goal Plan (AOGP), a document that must be submitted to ORR. The AOGP has been incorporated into the CDSS' annual county plan certification process to ensure that it is an integral part of county refugee program planning efforts. The CDSS' provision of technical assistance also includes training to counties on reporting accurate data

pertaining to performance goals.

Counties receiving RSS and TA monies designate a County Refugee Coordinator (CRC) who is responsible for planning and implementing their county's refugee program, including the Refugee Cash Assistance (RCA) program. The RCA program provides temporary cash aid to newly-arrived single adult refugees or refugee families without children that do not qualify for assistance under the California Work Opportunity and Responsibility to Kids (CalWORKs) program.

7. The CDSS, CDPH, CDHCS, and the counties that receive RSS, TA, and/or RMA monies perform monitoring activities to ensure that the administration and operation of the RRP in California is consistent with applicable federal and state laws, regulations, and policies. Those monitoring activities are described below.

- a. State Monitoring

In accordance with Title 45 CFR Part 92.40, the CDSS, CDPH, and CDHCS, will monitor grant subgrantees, subrecipients, and contract supported activities to ensure compliance with federal requirements and achievement of performance goals.

The CDSS, CDPH, and CDHCS notify each other of monitoring schedules, review findings, and county corrective action plans.

- 1) RCA Program

The CDSS is required by federal RRP regulations to conduct systematic monitoring of county RCA programs. Monitoring is accomplished through a review of randomly-selected RCA case files to determine if the county:

- a) Is serving only members of eligible target groups
- b) Requires and maintains proper verification of a recipient's immigration status

- c) Is adequately informing recipients of their rights and responsibilities
- d) Has standard procedures to calculate RCA grant amounts and determine overpayments and underpayments
- e) Follows required good cause determination, compliance, and sanctioning procedures when recipients fail or refuse to meet RCA requirements
- f) Provides adequate and timely notices of action (NOA) to inform individuals that their RCA is being granted, denied, reduced, suspended, or terminated

Each Federal Fiscal Year (FFY), the CDSS will review the RCA programs in two to three of the refugee-impacted counties on a rotating basis, in conjunction with RSS and TA monitoring visits. At a minimum, each refugee-impacted county will be reviewed once every three years. The RCA caseloads for the refugee-impacted counties (counties that receive at least 400 new arrivals in a five-year period) in California comprise approximately 89 percent of the state's total RCA cases. In addition, the CDSS will also conduct RCA reviews as needed, i.e., whenever requested by ORR, or when problems that need resolution are brought to the attention of RPB.

After completing an RCA program review, the CDSS prepares a report on findings, which is presented to the county. If significant problems are identified during a review, the report specifies the problems that were found and the steps that the county must take to remedy the problems and prevent them from recurring. The CDSS provides information regarding county reviews, findings, and the CDSS' responses and activities to the ORR in federally-required performance and progress reports.

2) RSS and TA Programs

The CDSS ensures that county refugee activities supported by RSS and TA funds comply with applicable RRP requirements. To fulfill that

responsibility, the CDSS requires each RSS- and TA-funded county to submit reports regarding the performance of its RSS and/or TA programs. The CDSS staff reviews these reports and, if problems are noted, contact the county to discuss their concerns and provide technical assistance, as needed, to resolve the problems. Information on the CDSS' analysis, technical assistance provided, and follow-up activities pertaining to these county reports are forwarded to ORR.

The CDSS also conducts systematic reviews of selected RSS/TA service providers to ensure services are being provided in compliance with RSS and TA requirements, and that progress is being made toward the goal of refugee self-sufficiency. On an annual basis, the CDSS monitors selected providers in two to three of the RSS- and/or TA-funded counties on a rotating basis, in conjunction with RCA monitoring visits. At a minimum, each county RSS/TA program will be reviewed once every three years. In addition, the CDSS will also conduct RSS/TA reviews as needed, i.e., whenever requested by ORR, or when problems that need resolution are brought to the attention of RPB.

When county RSS and TA reviews indicate that a service provider is not meeting contracted performance goals, the CDSS follows up with the county to ensure that appropriate corrective action is taken.

After completing a RSS and/or TA program review, the CDSS prepares a report on findings, which is presented to the county. If significant problems are identified during a review, the report specifies the problems that were found and the steps that the county must take to remedy the problems and prevent them from recurring. The CDSS provides information regarding county reviews, findings, and the CDSS' responses and activities to the ORR in federally-required performance progress reports.

3) Unaccompanied Refugee Minor (URM) Program

The URM Program is a federal program that provides culturally- and linguistically-appropriate child welfare, foster care, independent living, and other supportive services to refugee youth who include: refugees, asylees,

Cuban/Haitian entrants, victims of a severe form of human trafficking who receive an ORR eligibility letter, or youth granted Special Immigrant Juvenile Status (SIJS) while in ORR custody, with the goal of assisting youths to become self-sufficient. The CDSS operates the URM Program in Northern and Southern California and contracts with a grantee in each area to provide the above services. The CDSS Division of Community Care Licensing (CCL) conducts annual reviews of the URM grantees to ensure appropriate services are being provided in compliance with federal and state child welfare and licensing laws and regulations. RPB staff conduct periodic monitoring of the URM service providers to ensure that benefits and services are provided in compliance with federal/state laws, regulations, and policy guidelines for the URM Program. Copies of both the CCL and RPB reviews are provided to ORR.

4) RMA Program

The CDPH conducts annual on-site monitoring/auditing of contracted local refugee public health programs; reviews semi-annual progress reports submitted by local programs; and reviews monthly data from the Refugee Health Electronic Information System (RHEIS) to monitor program performance. The CDPH may also conduct ad-hoc monitoring/auditing visits, as needed, to ensure compliance with RMA grant rules. In addition, the CDHCS, in consultation with the CDPH, will continue to review RMA cases in any county, as needed, to ensure statewide compliance with RMA program rules.

b. County Monitoring of RSS and TA Programs

Counties are required by the CDSS to conduct reviews of their RSS and TA service providers on an annual basis. If counties identify any program deficiencies during their program reviews, they must take corrective action to remedy them. Counties must also send copies of their monitoring reports to the CDSS. The CDSS follows up on any corrective action that the county and/or service providers must take in response to findings that are identified during the annual reviews.

B. Organization, Interface, and Oversight in Refugee Resettlement

1. State Organizations

a. California Health and Human Services Agency (HHSA)

The HHSA oversees numerous state organizations that provide needy Californians with basic health, employment, rehabilitation, and welfare services. The departments and offices within HHSA are: Aging, Alcohol and Drug Programs, Child Support Services, Community Services and Development, Developmental Services, Emergency Medical Services Authority, CDHCS, Managed Health Care, Managed Risk Medical Insurance Board, CDPH, Rehabilitation, CDSS, State Hospitals, the Office of Statewide Health Planning and Development, Office of Health Information Integrity, Office of the Patient Advocate, and the Office of Systems Integration. The HHSA Secretary reports to the Governor on major program policy issues in the health and welfare areas.

b. CDSS

The CDSS coordinates with a number of other state departments to carry out the California State Plan for Refugee Assistance and Services. The CDSS oversees administration of the RRP and other county-administered programs serving refugees in California; URM, RCA, RSS, TA, CalWORKs, and the federal Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program (FSP). The CDSS is also responsible for community care licensing, disability evaluations, and other social services (e.g., child protective services). The emphasis in all the CDSS programs is to ensure efficiency, effectiveness, and equity in the delivery of benefits and services at reasonable administrative costs and in a manner that complies with federal and state regulations.

The RPB, in the Welfare to Work (WTW) Division of the CDSS, administers the RRP and the Cuban/Haitian Entrant Program within the applicable federal guidelines and funding constraints and the State Plan. Its mission is to provide state-level leadership and coordination of refugee programs and

services to achieve successful refugee resettlement and self-sufficiency. The RPB is committed to continuing California's leadership in the efficient administration of the RRP and the Cuban/Haitian Entrant Program.

c. CDPH

The CDPH, Refugee Health Program (RHP) works in partnership with local health jurisdictions, CBOs, community health providers, and local resettlement agencies to meet the health needs of arriving refugees in California. In order to assist refugees to improve their quality of life and promote self-sufficiency, the RHP has established the following objectives and services:

1) Objectives:

- a) Prevent and control health problems of public health significance among refugee populations in order to protect the health of all Californians
- b) Improve the general health of refugees through treatment and follow-up of medical conditions identified during the health assessment process
- c) Promote and facilitate a better understanding of, and access to the health care system in California by collaborating with local refugee health stakeholders to improve the cultural and linguistic competency of providers and to eliminate barriers to the utilization of the health care system
- d) Monitor and evaluate the health status of newly-arriving refugees for purposes of informing and improving national policy regarding the overseas and post-arrival health assessment process

2) Services

a) Refugee Health Assessment Program (RHAP)

Pursuant to 45 CFR Part 400.107, the RHP provides RMA funds to the following impacted local health jurisdictions, via contractual agreements, to coordinate and provide culturally and linguistically-appropriate comprehensive health assessments to newly arrived refugees, asylees, and other eligible populations: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, Santa Clara and Stanislaus. At each of the impacted local health jurisdictions a RMA funded county Refugee Health Assessment Program provides screening for and prevention of communicable diseases; early diagnosis of chronic diseases and other important health conditions; assessment of immunization status for children and adults; mental health screening; and referral to medical and mental health providers for continuity of care. The California Refugee Health Assessment, form CDPH 8418 (Exhibit B-California Refugee Health Assessment Form), is used to provide screening activities following the guidelines in the State Letter #12-09. Estimates for FY 2014 pertaining to the number of health assessments and anticipated costs are included in the ORR-1 for FY 2014 previously submitted to ORR (Exhibit C- State Plan Final 2014 RMA Medical Screening Cost Justification).

Local health jurisdictions conduct the majority of all health assessments within the first 90 days from the date of arrival to the U.S. Thus, determination of eligibility is not required for refugees to receive health screenings, pursuant to CFR Part 400.107(b). However, if eligibility is determined during the health assessment process, costs for required laboratory services, treatments, and vaccinations (except for those available from the Vaccine for Children program) are charged to the California Medical Assistance Program, Medi-Cal. Since there are no state funds to support any activity of the RHAP, impacted local health jurisdictions contribute an estimated \$800,000 in in-kind support to the RHAP process.

b) RMA

The California Medical Assistance Program (Medi-Cal) is California's Medicaid program. The CDHCS/Medi-Cal Eligibility Division (MED) receives RMA funds from the RHP to provide RMA benefits to refugees who are not eligible for Medi-Cal. Medical benefits received under the RMA program are equivalent to the benefits provided under Medi-Cal, pursuant to 45 CFR Part 400.105. Furthermore, the state will use the 200 percent poverty option as an eligibility standard for RMA. RMA benefits are available for a maximum period of eight months.

Effective January 1, 2014 California will expand Medicaid coverage to childless, non-disabled, nonelderly adults (single or married) with incomes below 133 percent of the Federal Poverty Level in accordance to the Affordable Care Act (ACA). Thus, a majority of Refugees may be eligible for Medi-Cal or insurance affordability programs under ACA rule and no longer have time limited RMA. However, there might still be a few refugees (<10) who will need RMA.

c) Mental Health Services

Effective July 1, 2012, the California Department of Mental Health was abolished. Its services that are funded by Medi-Cal were transferred to CDHCS; licensing functions were transferred to CDSS; and a new Department of State Hospitals was created to oversee California's state mental hospitals.

The CDSS and CDPH have undertaken an effort to increase awareness and understanding of the special mental health needs of refugees. The CDSS and CDPH also coordinate with local CRCs and County Refugee Health Coordinators (CRHC) to identify strategies to reduce barriers to services and thereby increase refugee access to mental health services.

d. CDHCS

The CDHCS protects and promotes the health status of Californians through the financing and delivery of a number of individual health care service delivery programs, including Medi-Cal. The MED has responsibility for the administration of Medi-Cal, pursuant to the California State Plan for Medical Assistance and Title XIX of the Social Security Act (SSA). Medi-Cal is a public health insurance program that provides needed health care services for low-income individuals, including families with children, seniors, persons with disabilities, youth in foster care, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS. Medi-Cal is financed equally by the state and federal governments.

e. California Department of Developmental Services (CDDS)

The CDDS ensures that quality care is provided to persons with developmental disabilities or mental illnesses who have been admitted to a state hospital.

The CDHCS, using RMA funds, reimburses the CDDS for inpatient costs for time-eligible refugees when those costs are not already covered by other federal or private programs.

f. California Department of Aging (CDA)

The CDA administers a broad range of services for seniors 60 years of age and over. This is done through a statewide network of 33 Area Agencies on Aging that coordinate with local agencies to address concerns at the community level. Services include: in-home services to enable seniors to stay at home as long as possible; congregate and home-delivered meals and nutritional instruction; legal services for problems with Medicare, Supplemental Security Income (SSI), and consumer fraud; elder abuse protection; case management to link the frail elderly to community services such as transportation and housing assistance; respite care for caregivers; adult day care; and senior employment services.

The CDSS collaborates with CDA at the state level to bring about awareness of the needs of California's older refugees. The CDA provides information on services and resources for elderly refugees, which the CDSS makes available to interested organizations and local governments through the RPB website.

g. California Department of Education (CDE)

The CDE provides a wide variety of educational services to refugees, including traditional kindergarten through twelfth grade, adult education, English-as-a-Second Language (ESL), and vocational education.

2. Non-State Organizations

Successful refugee resettlement is a collaborative effort requiring the cooperation and coordination of a number of organizations outside of state government. These agencies are as follows:

a. County Welfare Departments (CWD)

California's welfare programs are supervised by the CDSS and administered in the 58 California counties by CWDs. The CWDs accept applications for assistance from refugees, determine client eligibility and need, deliver benefits and services, and make referrals to other agencies and providers, as appropriate. Allowable RRP services include cash assistance, medical assistance, and county social services. The CWDs may also provide RSS and TA services to refugees directly or through subcontracts, if they are the agencies designated by the County Board of Supervisors to administer the RRP funds. In addition, most CRCs are employed by the CWDs.

b. Employment Services Providers

Providers of RSS and TA services are selected by the counties through competitive contracting processes. The public and private non-profit providers that are awarded contracts accept referrals for services from the county and provide services based on the county's refugee assistance and services plan and the client's family self-sufficiency plan.

c. Resettlement Agencies (RAs)

The RAs provide resettlement services within the first 90 days of arrival, including the following core services: pre-arrival services, reception services, counseling, health referrals, and employment services. Each RA provides a variety of optional services beyond these core services as the individual agency's ability permits.

d. Private Foundations

A number of philanthropic foundations in California play an active role in refugee resettlement. They fund agencies to provide services and to perform functions for refugees that cannot be funded with public resources. The CDSS attempts to coordinate its activities with these foundations.

3. Stakeholder Groups

California's RRP consists of many stakeholders that the CDSS includes in the planning and coordination of refugee services. The CDSS meets regularly with stakeholder groups as required by 45 CFR Part 400.5(h). Among the major stakeholders are the following:

a. CRCs

Each county that receives RSS and TA monies designates a CRC, who is responsible for planning and implementing the county's refugee program, including RCA. The CDSS holds quarterly meetings with CRCs to discuss and resolve refugee issues. One CRC is selected by his or her peers to be a member of the SAC.

b. SAC

The CDSS established the SAC in accordance with the requirements of the Refugee Act of 1980. The SAC holds public meetings to analyze critical issues affecting refugees and to develop and submit recommendations to the CDSS for addressing those issues; ensures citizen involvement in policy

discussions that are crucial to the development of a cost-effective, sensitive, and comprehensive RRP; and advises the CDSS on matters pertaining to the administration of the RRP. Pursuant to 45 CFR Part 400.5(h), the SAC meets on a quarterly basis, and members include representatives from local government, RAs, service providers, other interested private organizations, and individuals who are involved in, or affected by, the refugee resettlement process.

To ensure that SAC membership is reflective of the communities it represents, the CDSS has implemented the following criteria for selecting members:

- 1) Seven public positions must be filled by individuals who are selected from nominations made by ethnic community based organizations (ECBOs), RAs, service providers, and other interested organizations or individuals on a statewide basis. The public members serve for a term of three years.
- 2) Eight organizational or agency positions are filled by individuals nominated by the following: The California State Refugee Forum; Joint Agencies Committee of California (JVCC); Chief, CDPH, Refugee Health Section; County Welfare Directors Association (CWDA); CRCs; local RHP Coordinators; RPB; and the Governor's Office. The organizational or agency members serve at the pleasure of the organization that they represent.

c. Local Forums on Refugee Affairs

Local forums on refugee affairs have been established in communities with large concentrations of refugees. Membership in these forums consists of CRCs, CRHCs, and representatives from RAs, ECBOs, and other public and private organizations interested in refugee resettlement matters. The mission of the forums is to support local efforts that assist refugees in becoming self-reliant and make them aware of their rights and responsibilities as residents of the U.S.

Major goals of the local forums are to: Identify strengths and needs of existing and proposed programs for refugees; coordinate and plan policy development; assess the resettlement needs of California's refugee population in their area; and obtain funds for effective programs to address unmet needs.

d. JVCC

The JVCC is comprised of representatives from each RA in California and coordinates with community and local officials on refugee matters.

4. CDSS Communications with Agencies and Refugees

The CDSS communicates through a variety of means with a wide audience, including public and private agencies, the Legislature, non-profit organizations, services providers, refugees, the general public, and other program stakeholders regarding the RRP. The CDSS uses the following methods to communicate with program stakeholders:

- All County Letters (ACLs) and All-County Information Notices (ACINs) – to provide program rule changes and policy guidance to California counties. These documents, which are subject to formal departmental review and approval, transmit information with appropriate references and background data. The ACLs and ACINs that relate to refugees are also sent to CRCs.
- Refugee Coordinator Letters – to provide information regarding refugee arrivals, refugee grant allocations, funding opportunities, and other RRP matters to CRCs.
- E-mails – to provide general RRP program information on funding opportunities, training opportunities, and refugee-related events to refugee program stakeholders.
- RPB website – to provide a wide range of RRP-related information, news, data, policies, and procedures to refugee program stakeholders and the general public.

In addition to the above, RPB and the CDSS Public Inquiry and Response Unit respond directly to correspondence, e-mails, and telephone calls regarding RRP issues and concerns from other agencies, the general public, and refugees.

C. Assurances

1. Pursuant to 45 CFR Part 400.5(i), which specifies the contents of the State Plan, the CDSS assures that it will:
 - a. Comply with the provisions of Title IV of the Immigration and Nationality Act of 1952, as amended, and official issuances of the Director of ORR.
 - b. Meet the requirements of 45 CFR Part 400.
 - c. Comply with all other applicable federal statutes and regulations in effect during the time the CDSS is receiving grant funding.
 - d. Amend the State Plan as necessary to comply with standards, goals, and priorities established by the Director of ORR.
2. The CDSS assures, as specified in 45 CFR Part 400.5(g), that assistance and services funded under the plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion.
3. The CDSS assures, as specified in 45 CFR Part 400.5(h), that unless exempted by the Director of ORR, it will convene meetings no less often than quarterly with representatives of: 1) local affiliates of RAs; 2) local community service agencies and other agencies that serve refugees; and 3) state and local governments to plan and coordinate the appropriate placement of refugees in advance of their arrival.
4. The CDSS assures, as specified under 45 CFR Part 400.145(c), that women have the same opportunities as men to participate in all services, including job placement services.
5. The CDSS assures the application of fair and equitable mediation/conciliation procedures as required by the California court decision, Dang, et al. v. McMahon, and implemented via state regulations in the CDSS Manual of Policies and Procedures (MPP) Sections 69-208 and 69-209.

6. The CDSS assures that the hearings standards and procedures as set forth in 45 CFR Part 400.54 will also be used for RCA.
7. The CDSS assures that it will comply with 45 CFR Part 401 – Cuban/Haitian Entrant Program requirements.
8. In accordance with 45 CFR Part 400.13(b), the CDSS assures that costs associated with the administration of the RRP in California are allocated appropriately among its CMA, RSS, TA, and Refugee School Impact grants. To determine RPB staff time attributed to each federal grant, RPB conducts time studies once each quarter, calculates the percentages of time for each grant in the quarter, and then averages the percentages of the time studies for the previous four quarters to arrive at a more accurate reflection of staff time per grant.

SECTION II

ASSISTANCE AND SERVICES

A. Cash and Medical Assistance Programs and Services

1. Cash Assistance

Eligible refugees may receive cash assistance benefits through the CDSS-supervised RCA, URM, and CalWORKs programs; the federally-administered Supplemental Security Income/State Supplementary Payment (SSI/SSP) program; and the county-administered General Assistance/General Relief (GA/GR) program. Eligible refugees may also receive SNAP benefits. Eligibility for the RCA and URM Programs is determined pursuant to requirements contained in 45 CFR Parts 400 and 401. Eligibility for CalWORKs, SSI/SSP, and SNAP benefits is determined for refugees in the same manner as that for nonrefugees. Eligible refugees and non-citizens may also receive cash assistance through two additional programs supervised by CDSS, the Cash Assistance Program for Immigrants (CAPI) and the Trafficking and Crime Victims Assistance Program (TCVAP). Following is a brief description of the cash assistance programs.

a. CalWORKs

Refugees who meet eligibility criteria for the CalWORKs program are provided time-limited cash aid and services such as employment services, skills training, adult basic education, child care, vocational assessments, mental health and substance abuse treatment, and domestic violence services to assist them find employment and become self-sufficient.

b. SSI/SSP

This combined federal/state program provides financial assistance to eligible aged, blind, or disabled recipients. The SSI portion of the grant is federally-funded under Title XVI of the SSA; the SSP portion is funded by the state. The federal Social Security Administration is responsible for determining

eligibility, computing grants, and issuing the combined federal/state payment.

c. Cash Assistance Program for Immigrants (CAPI)

The CAPI is a 100 percent state-funded program which provides monthly cash payments to aged, blind or disabled non-citizens who are ineligible for SSI/SSP solely due to their immigration status. Federal law allows certain qualified aliens, including refugees and other humanitarian immigrants, to receive SSI/SSP benefits for a maximum of seven years without becoming U.S. citizens. If an individual does not attain U.S. citizenship within the seven-year time period, he/she becomes ineligible to continue receiving SSI/SSP. Such an individual may be eligible to receive assistance through CAPI provided he/she meets all other CAPI eligibility requirements. To be eligible for CAPI, the individual must:

- 1) Be a non-citizen and meet the immigration status criteria in effect for SSI/SSP as of 8/21/96.
- 2) Be aged, blind or disabled.
- 3) Be ineligible for SSI/SSP solely due to immigration status. This means that a CAPI applicant must apply for SSI/SSP, or submit other proof of eligibility from the Social Security Administration (SSA).
- 4) Be a California resident.
- 5) Meet income and resource requirements.
- 6) File an application at a county welfare department and successfully complete the application process.

d. RCA

The RCA program provides cash assistance to eligible refugees for a maximum period of eight months. The program is limited to refugees who are determined ineligible for the CalWORKs or SSI/SSP programs.

The CDSS adopted regulations necessary to align the RCA program with the CalWORKs program with respect to the eligibility determination process and benefit levels.

Pursuant to 45 CFR Part 400.75, as a condition of RCA eligibility, clients, unless exempt, must: 1) work and/or participate in employment and training services that are designed to assist refugees in becoming employed; 2) go to job interviews as directed; and 3) accept any appropriate employment offer. These mandatory participation requirements, specified in MPP Section 69-207, are explained to clients by the CWD during program orientation.

At intake, the CWD informs clients of available employment and training services and supportive services (e.g., assistance with transportation and work-related expenses). Clients are then assessed for employment and training needs by the CWD or a contracted service provider. Employment and training services generally are provided by local service providers who have the language and cultural skills to provide effective services to refugees. These providers are required to report clients who fail to participate in employment and training services or accept appropriate employment to the CWD. If good cause is not found for non-participation, the CWD works with clients to develop compliance plans to meet participation requirements. If these clients continue to not participate, the CWD will impose financial sanctions.

Service providers offering case management and employment and training services employ staff who are culturally- and linguistically-proficient, so that the needs of their limited-English proficient refugee clientele are met. Through the arrival data provided by the U.S. Department of State (DOS) and disseminated by the RPB, counties are able to plan for the number of refugees that are resettled in their particular county. In compliance with the language requirements in 45 CFR Part 400.55, California uses this data to identify the languages of incoming refugees.

In addition, California has provided guidance through MPP Section 21-115 (“Civil Rights Nondiscrimination in Federally Assisted Programs, Title VI Civil Rights Act of 1964”) to ensure nondiscrimination toward limited-English

proficient persons so that they have meaningful access to benefits and services. The CDSS policy is that the language of the individual is to be recorded in the case file. In those instances where service provider staff are not proficient in the language of a refugee, arrangements must be made for interpreter services. Service providers identify resources to implement language access programs and make the necessary arrangements for the refugee to participate in English language training while concurrently participating in employment training services. Written materials may be translated into a language that the refugee understands.

1) Determination of Initial and Ongoing Eligibility

The treatment of income and resources for the RCA program follows CalWORKs requirements, except that reception and placement cash received by a refugee from a RA may not be considered in determining income eligibility for RCA.

California's RCA program also follows required CalWORKs reporting and prospective budgeting process to determine eligibility and grant amounts. The maximum aid payment (MAP) and the minimum basic standard of adequate care (MBSAC) levels for RCA are the same as those under CalWORKs.

California is divided into two regions for MAP and MBSAC purposes. Region 1 counties have a higher MAP and MBSAC due to the higher cost of living in these counties.

Table I. CalWORKs MAP and MBSAC Region 1 Counties

Region 1 Counties	
Alameda	San Luis Obispo
Contra Costa	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Monterey	Santa Cruz
Napa	Solano
Orange	Sonoma
San Diego	Ventura
San Francisco	

Table II. CalWORKs MAP and MBSAC Region 2 Counties

Region 2 Counties		
Alpine	Lake	San Bernardino
Amador	Lassen	San Joaquin
Butte	Madera	Shasta
Calaveras	Mariposa	Sierra
Colusa	Mendocino	Siskiyou
Del Norte	Merced	Stanislaus
El Dorado	Modoc	Sutter
Fresno	Mono	Tehama
Glenn	Nevada	Trinity
Humboldt	Placer	Tulare
Imperial	Plumas	Tuolumne
Inyo	Riverside	Yolo
Kern	Sacramento	Yuba
Kings	San Benito	

The attached Exhibit D-California's Policy and Procedures for the RRP, is a reference guide to California's MPP sections that pertain to the RRP. The MPP sections can be accessed on-line at: www.dss.cahwnet.gov.

2) Mandatory Participants Not Meeting Program Requirements

If RCA recipients do not meet the criteria to be exempt from RCA work registration requirements, pursuant to MPP Section 69-207.3, and fail to participate in employment and training services, go to a job interview, or accept an appropriate employment offer, the CWD must make a good cause determination. If no good cause exists, the CWD prepares a compliance plan that explains what participants must do to remain eligible for their grant. If the recipients fail to fulfill the plan requirements, the CWD sends a NOA regarding the termination of aid and imposes sanctions. The recipient may request a state hearing in accordance with MPP Section 69-210, should he or she disagree with a CWD determination.

3) RCA Exemption categories

Refugees Exempt from Registration, Employment and Employment-directed Education/Training Requirements include:

- a) A person under 16 years of age.
- b) A person age 60 or older.
- c) A person 16 or 17 years of age who is a full-time student as defined by the age chapter of the CalWORKs regulations.
- d) A person 18 years of age who is a full-time student in a secondary school (12th grade or below) or in equivalent level of vocational or technical training as defined by the age chapter of the CalWORKs regulations, if the person is expected to complete 12th grade or the training program prior to his/her 19th birthday.
- e) A person who is at least 16 but not yet 18 years and participating full time in vocational or technical school or training which is considered appropriate by the CWD.
- f) A person who is ill or injured, when his/her illness or injury is verified by a physician's written statement that the illness or injury is serious

enough to temporarily prevent his/her entry into employment or an employment-directed education/training program.

- g) A person who is incapacitated, when it is determined that the physical or mental impairment, by itself or in conjunction with age, prevents the individual from engaging in employment or participating in an employment-directed education/training program. The criteria for determination of incapacity as outlined in MPP Section 41-430.2 shall be applied.
- h) A person whose presence in the home is required on a substantially continuous basis because of the physical or mental impairment of another member in the household, when verified by a physician's written statement.
- i) The parent or other caretaker relative of a child under six months of age who is personally providing full-time care for the child with only very brief and infrequent absences from the child. Only one parent or other relative in a case may be exempt.
- j) A person who is working more than 32 hours a week in unsubsidized employment which is expected to last a minimum of 30 days. This exemption continues to apply if there is a temporary break in full-time employment which is expected to last no longer than 10 workdays.
- k) A woman who is pregnant and provides medical verification that the pregnancy impairs her ability to be regularly employed or participate in employment/training related activities. An exemption based on a medically-verified pregnancy may also be granted when the CWD determines that participation will not readily lead to employment or that a training activity is not appropriate.

In an effort to maintain alignment with CalWORKs, changes in CalWORKs regulations and exemption categories that effect RCA are included in Exhibit E-CalWORKs Exemption Categories, and Exhibit F-CalWORKs Program Changes 2012/13 and 2013/14, as noted in the CalWORKs State Plan 2013.

e. TCVAP

California Senate Bill 1569, Chapter 672, Statutes of 2006, established the state TCVAP, effective January 1, 2007, for noncitizen victims of a severe form of human trafficking, domestic violence, or other serious crimes. The TCVAP provides benefits and services (i.e., cash assistance, medical benefits, and employment services) equivalent to federally-funded benefits and services available to refugees. This program is not part of the RRP but is supervised by the CDSS. TCVAP is 100 percent state-funded and serves a population that generally has no legal immigration status.

f. GA/GR Programs

The GA/GR program requirements and benefits vary among California's 58 counties. Benefits may include cash and/or in-kind assistance. This program is solely administered at the county level and is funded with county monies. Refugees qualify for GA/GR on the same basis as other residents.

g. URM Program

The CDSS supervises the URM Program and contracts with licensed foster family agencies to provide foster care, independent living, and other supportive services to eligible refugee minors. These providers are selected by the United States Conference of Catholic Bishops (USCCB) and the Lutheran Immigration and Refugee Service (LIRS), who have cooperative agreements with the DOS Bureau of Population, Refugees and Migration to provide placement of URM's through their affiliated offices.

In accordance with 45 CFR Part 400.115, the California URM Program ensures that legal responsibility (guardianship) is established, as appropriate, for each unaccompanied minor who is placed in California.

In California, the state supervises the child welfare and foster care programs, but the resettlement agencies are responsible for administering these programs. The California Superior Courts, sitting as the Juvenile Court, have the responsibility to adjudicate juvenile dependency cases (abuse,

abandonment, or neglect) and juvenile delinquency cases (criminal); and issue orders granting legal guardianships for youth in these cases to parties that wish to assume financial and legal responsibility for the youth.

In cases of abuse, abandonment, or neglect, the county petitions the Juvenile Court to intervene with the family, and when appropriate, remove the youth from the custody of the parents. Then the court issues orders for the youth to be placed under the care, custody, and control of the county child welfare agency for suitable placement, and in most cases, orders that services be provided to the family in an effort to reunify the youth with the parent(s).

In cases where the youth has committed a crime or is deemed a delinquent by a Juvenile Court, the youth becomes a ward of the Juvenile Court. That court has the authority to make orders for foster care, in appropriate cases, and does not require a separate dependency proceeding.

The requirement of establishing legal responsibility for the children in the custody of the California URM Program may be met in the following manners:

- 1) Institutional Legal Guardianship: In accordance with California Probate Code Sections 1500 or 1501, protective legal guardianship may be established by the state contracted URM providers or a sub-contractor who is licensed to provide foster family services in California. The California URM Program will initiate institutional legal guardianship within 30 days of the child's placement into the URM Program.
- 2) Interstate Movement: Provisions under 45 CFR Part 400.119 state that California's Interstate Compact on Placement of Children (ICPC) process is required to be used when requesting placement of a URM into the state. However, California's URM program does not operate through the county Foster Care system. Additionally, in the URM program, the resettlement agencies generally determine whether or not California's URM program can take a child prior to placement of a child. Since arrangements are determined beforehand, states that are interested in sending a URM to California may do so with the approval of the Refugee Programs Bureau (RPB), which works in coordination with the contracted URM providers.

States would still use the ICPC 100A – Interstate Compact Placement Request form; however, they would send the request to RPB rather than the county involved. The RPB would review and approve the request. The RPB will confer with the contracted URM providers to arrange the necessary home visits and meet the other requirements, as stipulated by the sending state, for the placement of the child in California’s URM Program.

In accordance with 45 CFR Part 400.112, the California URM Program will ensure that each URM child receives the full range of child welfare benefits and services as provided to children in mainstream foster care in the state. These services may include foster care maintenance payments, medical assistance, support services, and any services identified as allowable in Title IV-B State Plan (Foster Care Services). The contracted providers for the California URM Program will have the primary responsibility for the URM children’s welfare.

The contracted providers are responsible for all case planning services in accordance with 45 CFR Part 400.118, which include: initial assessment and development of a service plan; coordination and supervision of the activities listed in the plan; referral to service activities; and selection and placement activities to ensure the appropriate placement of the child. Case planning for the URM will also include: family reunification services; orientation, assessment, and counseling to facilitate the adjustment of the child to American culture; health screening and treatment, including medical and dental examinations and treatment; preparation for participation in American society with special emphasis on English language instruction; and occupational and cultural training to facilitate the child’s social integration and to prepare the child for independent living and economic self-sufficiency.

In accordance with 45 CFR Part 400.118 (5-6), the California URM program provides tools and opportunities to prepare URMs for participation in American society. There is a special emphasis on American acculturation training to facilitate the URM’s social integration and prepare them for independent living and economic self-sufficiency. In addition, the program provides opportunities for cultural and religious preservation and incorporates

such activities as part of the youth's case plan.

On September 30, 2010, California enacted Assembly Bill (AB) 12 (Chapter 559, Statutes of 2010), *the California Fostering Connections to Success Act*, allowing California to implement the provisions of Public Law 110-351, the Fostering Connections to Success and Increasing Adoptions Act of 2008. Previously, California foster youth were eligible to remain in foster care until 18 years of age, unless an exception was made by the county for the youth to continue in foster care until age 19 in order to complete high school or general educational development requirements. Effective January 1, 2012, AB 12 allows California foster youth to voluntarily remain in foster care past their eighteenth birthday without a county exemption. Eventually, by January 1, 2014, youths will be able to voluntarily remain in foster care until age 21. As required by federal regulation, the URM Program will parallel the changes implemented in the mainstream foster care program by AB 12.

Mainstream foster youth ages 16-18 may receive supported housing through the state's Transitional Housing Program. The Transitional Housing Program—Plus (THP-Plus) is a housing program for emancipated foster youth at least age 18 and up to their twenty-fourth birthday if the county of their residence participates. The THP-Plus program provides for a maximum of 24 cumulative months of housing assistance. The URM Program mirrors Transitional Housing Program and the THP-Plus with a URM Supported Housing Program, which provides equivalent benefits and services. In addition, the URM Program also provides emancipation benefits equivalent to the state Chafee Education Voucher Program, which offers financial assistance to foster youth seeking post-secondary or vocational education, and Emancipated Youth Stipends, which provide emergency assistance (i.e., car repair, emergency housing) to assist former foster youth to continue on the path to employment and self-sufficiency.

In accordance with 45 CFR Part 400.120, California will submit the ORR 3 report (Refugee Minor Placement Report) to ORR within 30 days of initial placement of the URM into the program. If the URM's placement changes or the URM's legal responsibility is established or transferred, California will submit an updated ORR 3 report to ORR within 60 days of the change of

placement or status change. In addition, California will submit the ORR 4 report (Refugee Minor Outcomes Report) every 12 months for each URM based on the date of their initial ORR 3 report. California will submit a final ORR 4 report within 60 days for each URM upon their reunification with their parent; or the URM is united with an adult, other than a parent in accordance with 45 CFR Part 400.113(b) or 45 CFR Part 400.115(c); or the URM emancipates from the program.

2. Benefits and Services

a. SNAP

Pursuant to the federal Food Stamp Act of 1977 and the Food, Conservation and Energy Act of 2008, the CDSS supervises the provision of SNAP benefits so that low-income Californians can buy the food they need for good health and nutrition. As of October 1, 2008, the federal FSP was renamed SNAP to reflect the changes made to better meet the needs of clients by focusing on nutrition and increasing benefit amounts. SNAP benefits can be accessed using the Electronic Benefit Transfer card and are administered through the CWD.

b. California Food Assistance Program (CFAP)

In response to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and the subsequent passage of the Agricultural Research, Extension and Education Reform Act of 1998 (AREERA), the CDSS has implemented a food assistance program to cover those who cannot receive benefits under PRWORA and AREERA limitations. The CFAP provides benefits in the form of food vouchers that are equivalent to the federal SNAP benefits.

c. RMA Benefits

Each refugee is evaluated under Affordable Care Act eligibility rules to determine if they are eligible for Medi-Cal benefits or any other insurance affordability program without a share of cost. If they are ineligible for these

programs, then they are eligible for the RMA program for a period up to eight months and receive the same benefits as a Medi-Cal beneficiary. RMA eligibility procedures are contained in Article 24 of the Medi-Cal Eligibility Procedures Manual (Exhibit G).

A Refugee Indicator Code is used to identify all refugees in California receiving aid. This information is reported to the MEDS by the CWDs, and is used by the CDHCS to claim 100 percent federal financial participation (FFP) for medical assistance provided to time-eligible refugees receiving RMA. The CDSS uses this information to claim 100 percent FFP for RCA and for allocating RSS funds. Also, the MEDS has been programmed to terminate RCA and RMA benefits at the end of the eight-month eligibility period.

B. Employment Services

For the RSS and TA programs, administrative costs are defined to include, but not be limited to: monitoring, contracting, invoicing, performance, and progress statistical reporting.

There is no federal requirement to limit the amount allowed for administrative costs under RSS, for either the state or for the counties. W&I Code Section 13275 limits RSS funds that counties may spend for administration to the amount allowed under TA, which is currently 15 percent. The amount of TA administrative costs that the state may use is limited by federal regulation (45 CFR Part 400.319 [b]) to five percent. The federal TA Formula Final Funding Notice limits administrative costs for counties to 15 percent.

1. RSS

W&I Code Section 13276 requires the CDSS, after setting aside the necessary state administrative funds, to determine which counties are eligible to receive RSS funds and to establish RSS allocations for those eligible counties.

RSS allocations are based on the number of refugee adults on aid who have been in the U.S. 60 months or less in the refugee-impacted counties (obtained from MEDS). Pursuant to state law, effective January 1, 2006, funding is

allocated to these counties based on the current number of refugees receiving RCA and CalWORKs in each county, while assigning specific weights relative to each refugee's time in the U.S. When calculating each county's allocation, a weight of 1.50 is given to the number of refugees who have been in the U.S. one year or less; a weight of 1.25 is given to the number of refugees who have been in the U.S. two years or less, but more than one year; and a weight of 1.00 is given to the number of refugees who have been in the U.S. five years or less, but more than two years.

Pursuant to 45 CFR Parts 400.154 and 155, services provided to refugees by counties and their subcontractors may include:

- Employment services
- Employability assessment services
- On-the-job training
- English language instruction
- Vocational training
- Skills recertification
- Day care for children
- Transportation
- Translation and interpreter services
- Assistance in obtaining employment authorization documents
- Information and referral services
- Outreach services
- Social adjustment services
- Health-related Services

The RSS program focuses on the achievement of refugee family self-sufficiency. Therefore, in accordance with 45 CFR Part 400.156(g), RSS employability services must be provided within the framework of a family self-sufficiency plan, which consists of individual employability plans for each employable family member. In addition, the employability services must be designed to assist refugees in becoming employed within one year. Counties are also encouraged to develop services that supplement, and are coordinated with, mainstream employment services.

Pursuant to 45 CFR Part 400.152(b), eligibility for RSS services is limited to refugees who have been in the U.S. for 60 months or less. However, citizenship and naturalization preparation, and referral and interpreter services may be provided to refugees who have been in the U.S. for more than 60 months.

Pursuant to 45 CFR Part 400.147, priority for participation in RSS services is as follows: 1) refugees during their first year in the U.S.; 2) refugees receiving cash assistance; 3) unemployed refugees who are not receiving cash assistance; and 4) employed refugees who are in need of services to retain employment or attain economic independence. For the purposes of providing RSS services, the definition of cash assistance includes RCA and CalWORKs. Cash assistance recipients also include refugees who enter services while receiving cash aid but then lose their eligibility for aid during participation.

Counties ensure that refugees receive the maximum benefit and results from services provided during the time-limited service eligibility period. To accomplish this, services are provided in a manner that is culturally- and linguistically-compatible to all refugees. Staff of local refugee services agencies includes bilingual and bicultural women to ensure adequate access to services by refugee women. English language instruction is provided concurrently with employment-related services and is provided outside normal working hours, when feasible. Other strategies for the provision of services are outlined in the individual county plans, which are updated annually.

Agencies conducting intake services are designated by the county. It is the responsibility of the designated agencies to determine the services that a refugee needs to become self-sufficient and to manage the refugee through those services. Intake and assessment activities include the following:

- Determination of eligibility for services
- Assessment of employability
- Development of service plans
- Referrals to other services
- Monitoring participant progress in programs

Counties must ensure that refugee women have the same opportunities as men to participate in RRP services, including job placement. Child care is an allowable service under RSS; however, if a refugee is receiving CalWORKs, child care services should be utilized through the CalWORKs program given the amount of RSS funding is limited.

2. TA Program

The CDSS allocates TA funds to counties pursuant to the amounts determined by ORR. Pursuant to 45 CFR Part 400.315(b), counties are required to use their TA funds to provide employment-related services for refugees who have been in the U.S. 60 months or less, with the exception of referral and interpreter services. Additionally, 45 CFR Part 400.314, requires that TA programs serve refugees in the following order of priority: 1) cash assistance recipients; 2) unemployed refugees who are not receiving cash assistance; and 3) employed refugees in need of services to retain employment or attain economic independence.

Refugees may receive TA services after job placement as part of a family self-sufficiency plan to help the refugee retain employment and/or to obtain a higher paying job and move toward self-sufficiency.

3. Discretionary Projects

The CDSS competes for various refugee discretionary funds, such as the Older Refugee Discretionary Grant and the Refugee School Impact Grant, to help meet the special needs of California's refugee population.

C. Support of ECBOs

The ECBOs are private, non-profit organizations that have been established and operated by refugees. The ORR requires that not less than 51 percent of the Board of Directors or the governing board of the ECBO be comprised of both men and women who are recent refugee arrivals or former refugees.

The CDSS recognizes the strength and potential of refugee ECBOs as resources in the RRP and:

- Encourages counties to utilize ECBOs as service providers to the maximum extent possible
- Recognizes the special strengths of ECBOs to deliver services in a manner that is culturally-and linguistically-compatible with refugees
- Encourages sound working relationships among counties, ECBOs, and service providers to enhance communication and facilitate resolutions
- Encourages and assists ECBOs and other refugee community leaders to actively participate in the development of the county plan and to provide input to various local forums, coalitions, and community groups on refugee issues

SECTION III

PANDEMIC INFLUENZA PLANNING

The CDSS issued ACIN No. I-77-06, dated November 7, 2006, to inform the counties and the RRP stakeholders of pandemic influenza planning activities at the state level and to instruct counties to include the needs of refugees in county pandemic planning activities. The CDPH is the lead agency in California for pandemic planning and works with the county refugee health coordinators (CRHC) to ensure that refugee health-related issues are addressed. The CDSS will coordinate with the CDPH to develop refugee-related disaster and emergency response activities, which include pandemic flu planning and response procedures.

The CDSS and the CDPH will provide updates on California's pandemic flu planning activities to the ORR via the state's trimester performance reports, or as directed by the ORR.

CRHCs Responsibilities

The CRHCs will:

- Review and disseminate new or updated pandemic influenza educational materials and/or develop/translate information, including fact sheets, that are accurate and culturally- and linguistically-appropriate
- Continue ongoing activities to coordinate with County Offices of Emergency Services to streamline pandemic influenza planning activities and include procedures in local response plans that address the needs of refugees and other limited-English speaking persons
- Conduct health assessments, including screening to identify newly-arriving refugees who may be exhibiting flu-like symptoms. Pandemic flu prevention and education is provided at the point of initial health screening

CDPH/CDSS Responsibilities

The CDPH, in collaboration with the CDSS, will:

- Continue to network with program stakeholders to evaluate state planning activities related to development and translation of refugee-appropriate educational and other informational materials
- Continue to collaborate with the CDPH Emergency Preparedness Office to ensure statewide plans address the cultural and linguistic needs of refugees
- Provide any updated information to program stakeholders on protocols and procedures pertaining to surveillance, containment, and prevention of pandemic flu
- Continue to review and analyze existing RHEIS and MEDS data to determine the state's current and anticipated refugee populations. This data will be used to guide ongoing planning activities to ensure that they meet the needs of California's diverse refugee populations
- Implement training, as needed, to inform and educate program stakeholders about any updates on pandemic influenza and to encourage participation in the preparedness planning process at the state and local levels

Continue to work with refugee service providers to identify new community leaders and involve them in preparedness planning activities

- Encourage the CRHCs and CRCs to collaborate with local emergency preparedness coordinators. The goal will be to foster a state and local community network to ensure that refugee populations have a voice in the preparedness process
- Continue working with the national Association of Refugee Health Coordinators (ARHC), the Refugee Health Information Network (RHIN), the Centers for Disease Control and Prevention (CDC), and other stakeholders to promote culturally- and linguistically-appropriate outreach, education materials, and awareness activities for refugee populations

- Continue to offer ongoing technical assistance and consultation to the CRHCs, RAs, and ECBOs in the development and implementation of their Continuity of Operations plans to ensure that critical services to refugees continue uninterrupted during a pandemic flu or other emergency

CDSS' COOP/COG Plan

The California Emergency Management Agency, previously the Governor's Office of Emergency Services requires that each state department develop the COOP/COG plans to ensure that they are prepared to fulfill their essential functions in the event of a disaster.

In February 2004, the CDSS contracted with a consulting firm with expertise in the field of emergency management planning to prepare the CDSS' COOP/COG plan. Using this plan as a basis, the CDSS Welfare to Work (WTW) Division, which includes the RPB, developed a simplified COOP/COG plan to specify the actions that the WTW Division will take in response to a significant disaster or emergency. Depending on the severity of the incident and the response needed, the WTW Division management may be required to continually update federal officials on the state's situation, request federal program waivers, determine and implement alternative procedures to meet state and federal mandates, etc. (Refer to Exhibit H).

The CDSS will maintain a current list of the CRCs, which will be used to contact the CRCs during a disaster or emergency to provide counties with program information and assistance and/or to obtain information on refugee issues and needs at the county level.

SECTION IV

SUBMISSION OF THE STATE PLAN

Review and signature of Governor or designee

This plan was reviewed and signed by the Governor's designee, the California State Refugee Coordinator, California Department of Social Services.

Original signed by Stan Cagle for Todd Bland

10/15/13

TODD BLAND

Date

Deputy Director

Welfare to Work Division

California Department of Social Services

SECTION V

EXHIBITS

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Exhibit A Scope of Work

1. Service Overview

Under the authority of the Federal Refugee Act of 1980, and as required by 42 Code of Federal Regulations (CFR), Part 440, Section 400.105, "In providing Refugee Medical Assistance (RMA) to refugees, a State must provide at least the same services in the same manner and to the same extent as under the State's Medicaid Program", the Department of Health Care Services (DHCS) agrees to provide the following services for the California Department of Public Health (CDPH).

Provide Refugee Medical Assistance (RMA) benefits (same as for a Medi-Cal eligibles), to all eligible persons who are admitted to the United States as refugees, asylees, Cuban and Haitian entrants, victims of trafficking, and other eligible entrants (henceforth referred to as "eligible new entrants") who are resettled in California.

2. Projects Representatives

A. The project representatives during the term of this agreement will be:

California Department of Public Health Carlos Zavala Telephone: (916) 552-8252 Fax: (916) 552-8260 Email: Carlos.Zavala@cdph.ca.gov	Department of Health Care Services John Zapata, Contract Officer Telephone: (916) 552-9451 Fax: (916) 552-9477 Email: John.Zapata@dhcs.ca.gov
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B. Direct all inquiries to:

California Department of Public Health Refugee Health Section Attention: Beatrice Avis Mail Stop 5204 1616 Capitol Avenue P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 552-8009 Fax: (916) 552-8260 Email: Beatrice.Avis@cdph.ca.gov	Department of Health Care Services Medi-Cal Policy Division Administrative Support Unit Attention: Dalia Gouveia 1501 Capitol Avenue, MS 4612 P.O. Box 997413 Sacramento, CA 95899-7413 Telephone: (916) 552-9599 Fax: (916) 552-9141 Email: Dalia.Gouveia@dhcs.ca.gov
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C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

3. Services to be Performed

A. DHCS shall reimburse healthcare providers, health/mental health agencies, fee-for-service providers, hospitals, county clinics, community clinics and other health and mental health providers, etc., for services provided to beneficiaries eligible for Refugee Medical Assistance (RMA), pursuant to the policies and procedures contained in the Medi-Cal Provider Manual, which can be accessed at the following DHCS link: http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp.

Exhibit A

Scope of Work

B. All new eligible entrants must be determined ineligible for California Opportunity and Responsibility to Kids (CalWORKS), Healthy Families, Supplemental Security Income/State Supplementary Payment-based Medi-Cal or Medi-Cal only before they can be placed in RMA-based Medi-Cal. County Welfare Departments will determine eligibility based on guidelines provided by the Medi-Cal Eligibility Division (MCED) within DHCS. RMA benefits are time limited to eight months.

C. The DHCS/MCED shall:

1. Have oversight of the eligibility requirements of the Refugee Medical Assistance/Entrant Medical Assistance (RMA/EMA) Program.
2. Prepare All County Welfare Directors Letters to instruct counties on RMA/EMA requirements and procedures, as needed to address eligibility issues, changes or adjustments to federal regulations governing use of RMA, etc.
3. Prepare state regulations as needed.
4. Prepare any correspondence regarding RMA/EMA program eligibility requirements in response to inquiries from the federal Office of Refugee Resettlement (ORR), other states, local welfare departments, local health departments, etc., providing copies of such documents to the CDPH, Refugee Health Section (RHS) and the California Department of Social Services, Refugee Programs Bureau (CDSS/RPB).
5. Contribute to updating the annual State Refugee Plan with regard to RMA/EMA eligibility rules as needed.
6. Respond to county calls or other phone inquiries regarding RMA/EMA eligibility requirements.
7. Conduct annual RMA case monitoring/reviews on a sample basis in selected counties with large, medium, and small RMA population, to ensure compliance with RMA program rules and eligibility criteria. Prepare/submit a report to CDPH/RHS describing any county compliance issues, including corrective actions taken or planned to correct the issues identified. This activity requires onsite visits to counties and involves in-state travel.
8. Notify and collaborate with CDPH/RHS to resolve eligibility issues identified during RMA case reviews.
9. Respond to and resolve issues pertaining to RMA benefits irregularities identified by CDPH/RHS during monthly RMA beneficiary data reviews.
10. Implement enhancements to the DHCS Medi-Cal Eligibility Data System (MEDS) as needed to address changes in RMA eligibility requirements, changes in ORR regulations, and to obtain MEDS data for reporting purposes.
11. Provide to CDPH/RHS the most current available RMA enrollee data for reporting purposes. Data is due to CDHP/RHS as follows:
 - 1st trimester (October, November, December, and January) due on February 10;
 - 2nd trimester (February, March, April, and May) due on June 10;
 - 3rd trimester (June, July, August, and September) due on October 10.

Exhibit A Scope of Work

12. Provide training on RMA/EMA program eligibility requirements to local welfare departments staffs as needed. This activity requires in-state travel.
13. Participate in Refugee Health Program in-service trainings, workgroup meetings, etc., as requested by CDPH/RHS, to provide RMA eligibility updates to county refugee health coordinators. This activity requires in-state travel.

D. The DHCS shall:

1. Process and pay RMA claims for RMA covered services.
2. Pay administrative fees for claims processing for RMA-based claims.
3. Provide technical assistance for problems relating to the RMA-based claims.
4. Process and pay RMA-based claims from Department of Mental Health and Department of Developmental Services.
5. Provide CDPH/RHS annual cost projections for RMA claims and appropriate administrative charges including proper detailed justifications for RMA Program Estimates. Projections are due to CDPH/RHS on August 1st of each year.
6. Immediately notify CDPH/RHS of any anticipated increases in annual cost projections that will exceed what is reported in the program estimates for any given federal fiscal year.

E. Funding Agency Responsibilities

The CDPH shall:

1. Reimburse DHCS for costs associated with the provision of health services to eligible new entrants. These costs shall include costs for all RMA claims; and RMA-related claims from the Department of Mental Health and Department of Developmental Services.
2. Reimburse DHCS for claims processing fees and other claims processing costs.
3. Reimburse DHCS for administrative costs associated with the oversight and monitoring of the RMA/EMA Program.
4. Reimburse DHCS for costs associated with implementation of enhancements to the MEDS.

The CDPH/RHS shall:

5. Process all RMA based claims received from DHCS and submit to CDPH accounting for payment.
6. Coordinate with the DHCS and CDPH accounting sections in the preparation of quarterly and annual financial status reports ensuring accuracy of expenditures prior to timely submissions to ORR.

Exhibit A
Scope of Work

7. Inform DHCS (MCED and Fiscal Forecasting) about any significant increases in RMA caseload in a given federal fiscal year.
8. Inform the DHCS/MCED about any pertinent meetings, information, publications, issues, legislation, and correspondence relating to the RMA/EMA program and/or refugees in California.

4. Information Sharing and Liaison

- A.** Each Department shall appoint a liaison to act in a monitoring capacity throughout the term of this Agreement.
- B.** DHCS/MCED and CDPH/RHS will share information and work together to assist each other in meeting the goals of the Refugee Resettlement Program and the Refugee Medical Assistance/Entrant Medical Assistance Program.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing

- A. For services satisfactorily rendered, and upon receipt and approval of the invoices, California Department of Public Health (CDPH) agrees to compensate the Department of Health Care Services (DHCS) for actual expenditures incurred in accordance with the budget(s) attached hereto.
- B. Invoices shall include the Agreement Number and shall be submitted in duplicate not more frequently than thirty (30) days. Each monthly invoice shall be submitted for payment no more than sixty (60) days following the close of each month, unless an alternate deadline is agreed to in writing by the program contract manager. Invoices should be submitted to:

Beatrice Avis
California Department of Public Health
Refugee Health Program
MS 5204
1616 Capitol Avenue, P.O. Box 997377
Sacramento, CA 95899-7377

The CDPH, at its discretion, may designate an alternate invoice submission address. A change in the invoice address shall be accomplished via a written notice to the DHCS by CDPH and shall not require an amendment to this agreement.

- C. Invoices shall:
 - 1) Be prepared on agency letterhead.
 - 2) Bear the name of the agency providing services as shown on the face of the Agreement.
 - 3) Identify the billing and/or performance period covered by the invoice.
 - 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the CDPH shall have no liability to pay any funds whatsoever to the DHCS or to furnish any other considerations under this Agreement and the DHCS shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDPH shall have the option to either cancel this Agreement with no liability occurring to CDPH, or offer an agreement amendment to the DHCS to reflect the reduced amount.

3. Payment

- A. Costs under this agreement shall be computed in accordance with State Administrative Manual Sections 8752 and 8752.1.
- B. As negotiated by the parties to this agreement, no advance payments shall be made under this agreement.

Exhibit B
Budget Detail and Payment Provisions

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) \$9,946,591 for the budget period of 07/01/12 through 06/30/13.
- 2) \$9,946,591 for the budget period of 07/01/13 through 06/30/14.
- 3) \$9,946,591 for the budget period of 07/01/14 through 06/30/15.
- 4) \$9,946,591 for the budget period of 07/01/15 through 06/30/16.
- 5) \$9,946,591 for the budget period of 07/01/16 through 06/30/17.

B. Reimbursement shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are performed and/or goods are received.

5. Federal Contract Funds

(Applicable only to that portion of an agreement funded in part or whole with federal funds.)

A. It is mutually understood between the parties that this agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.

B. This Agreement is valid and enforceable only if sufficient funds are made available to the CDPH by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress, which may affect the provisions, terms or funding of this Agreement in any manner.

C. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

D. The CDPH has the option to invalidate or cancel the agreement with 30-days advance written notice or to amend the Agreement to reflect any reduction in funds.

6. Recovery of Overpayments

A. The DHCS agrees that claims based upon a contractual agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the CDPH and/or Federal Government via one of the following options:

- 1) The DHCS' remittance to the CDPH of the full amount of the audit exception within 30 days following the CDPH' request for repayment;
- 2) A repayment schedule which is agreeable to both the CDPH and the DHCS.

B. The CDPH reserves the right to select the recovery option that will be employed and the DHCS will be notified by the CDPH in writing of the claim procedure to be utilized.

C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the California

Exhibit B
Budget Detail and Payment Provisions

Department of Public Health (CDPH), beginning 30 days after the DHCS' receipt of the CDPH' demand for repayment.

- D. If the CDPH and/or the DHCS has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the CDPH and/or the DHCS loses the final administrative appeal, the DHCS shall repay, to the CDPH, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the DHCS first receipt of the CDPH's notice requesting reimbursement of questioned audit costs or disallowed expenses.

Exhibit B, Attachment I
Budget
Year 1
(07/01/12 through 06/30/13)

Personnel

<u>Position Title and Number of each</u>	<u>Monthly Salary</u>	<u>FTE %</u>	<u>Annual Cost</u>
Staff Services Manager III (1)	\$ 7,474	10%	\$ 8,969
Staff Services Manager I (1)	\$ 6,127	25%	\$ 18,381
Associate Governmental Program Analyst (1)	\$ 5,348	100%	\$ 64,176

Subtotal Personnel \$ 91,526

Fringe Benefits (40.653% of Personnel)

\$ 37,208

Total Personnel and Fringe Benefits \$ 128,734

Operating Expenses

General Expense (supplies, copying, etc.)	\$ 3,000
Communications (state standard cost for 1.35 FTE)	\$ 1,620
Facilities Operations (state standard cost for 1.35 FTE)	\$ 13,500
Consolidated Data Center (state standard cost for 1.35 FTE)	\$ 405

Total Operating Expenses \$ 18,525

Travel (conducts in-state audits and provides in-service training to counties)

\$ 14,168

Other Costs

- RMA claims paid to health plans, fee-for service providers, county clinics, etc. \$8,423,524
- Department of Mental Health Services* \$ 143,388
- Department of Developmental Services* \$ 1,174,179
- Enhancements to MEDS \$ 20,000

Total Other Costs \$ 9,761,091

Total Direct Costs \$ 9,922,518

Indirect Costs (18.7% of Total Personnel and Fringe Benefits)

\$ 24,073

Total Budget \$ 9,946,591

*To process and pay RMA-based claims for mental health and developmental services provided to refugees.

Support - \$185,500
Local Assistance - \$9,761,091

Exhibit B, Attachment II
 Budget
 Year 2
 (07/01/13 through 06/30/14)

Personnel

<u>Position Title and Number of each</u>	<u>Monthly Salary</u>	<u>FTE %</u>	<u>Annual Cost</u>
Staff Services Manager III (1)	\$ 7,474	10%	\$ 8,969
Staff Services Manager I (1)	\$ 6,127	25%	\$ 18,381
Associate Governmental Program Analyst (1)	\$ 5,348	100%	\$ 64,176

Subtotal Personnel \$ 91,526

Fringe Benefits (40.653% of Personnel)

\$ 37,208

Total Personnel and Fringe Benefits \$ 128,734

Operating Expenses

General Expense (supplies, copying, etc.)	\$ 3,000
Communications (state standard cost for 1.35 FTE)	\$ 1,620
Facilities Operations (state standard cost for 1.35 FTE)	\$ 13,500
Consolidated Data Center (state standard cost for 1.35 FTE)	\$ 405

Total Operating Expenses \$ 18,525

Travel (conducts in-state audits and provides in-service training to counties)

\$ 14,168

Other Costs

- RMA claims paid to health plans, fee-for service providers, county clinics, etc. \$ 8,423,524
- Department of Mental Health Services* \$ 143,388
- Department of Developmental Services* \$ 1,174,179
- Enhancements to MEDS \$ 20,000

Total Other Costs \$ 9,761,091

Total Direct Costs \$ 9,922,518

Indirect Costs (18.7% of Total Personnel and Fringe Benefits)

\$ 24,073

Total Budget \$ 9,946,591

*To process and pay RMA-based claims for mental health and developmental services provided to refugees.

Support - \$185,500
 Local Assistance - \$9,761,091

Exhibit B
 Budget, Attachment III
 Year 3
 (07/01/14 through 06/30/15)

Personnel

<u>Position Title and Number of each</u>	<u>Monthly Salary</u>	<u>FTE %</u>	<u>Annual Cost</u>
Staff Services Manager III (1)	\$ 7,474	10%	\$ 8,969
Staff Services Manager I (1)	\$ 6,127	25%	\$ 18,381
Associate Governmental Program Analyst (1)	\$ 5,348	100%	\$ 64,176

Subtotal Personnel \$ 91,526

Fringe Benefits (40.653% of Personnel)

\$ 37,208

Total Personnel and Fringe Benefits \$ 128,734

Operating Expenses

General Expense (supplies, copying, etc.)	\$ 3,000
Communications (state standard cost for 1.35 FTE)	\$ 1,620
Facilities Operations (state standard cost for 1.35 FTE)	\$ 13,500
Consolidated Data Center (state standard cost for 1.35 FTE)	\$ 405

Total Operating Expenses \$ 18,525

Travel (conducts in-state audits and provides in-service training to counties)

\$ 14,168

Other Costs

- RMA claims paid to health plans, fee-for service providers, county clinics, etc. \$ 8,423,524
- Department of Mental Health Services* \$ 143,388
- Department of Developmental Services* \$ 1,174,179
- Enhancements to MEDS \$ 20,000

Total Other Costs \$ 9,761,091

Total Direct Costs \$ 9,922,518

Indirect Costs (18.7% of Total Personnel and Fringe Benefits)

\$ 24,073

Total Budget \$ 9,946,591

*To process and pay RMA-based claims for mental health and developmental services provided to refugees.

Support - \$185,500
 Local Assistance - \$9,761,091

Exhibit B
 Budget, Attachment IV
 Year 4
 (07/01/15 through 06/30/16)

Personnel

<u>Position Title and Number of each</u>	<u>Monthly Salary</u>	<u>FTE %</u>	<u>Annual Cost</u>
Staff Services Manager III (1)	\$ 7,474	10%	\$ 8,969
Staff Services Manager I (1)	\$ 6,127	25%	\$ 18,381
Associate Governmental Program Analyst (1)	\$ 5,348	100%	\$ 64,176

Subtotal Personnel \$ 91,526

Fringe Benefits (40.653% of Personnel) \$ 37,208

Total Personnel and Fringe Benefits \$ 128,734

Operating Expenses

General Expense (supplies, copying, etc.)	\$ 3,000
Communications (state standard cost for 1.35 FTE)	\$ 1,620
Facilities Operations (state standard cost for 1.35 FTE)	\$ 13,500
Consolidated Data Center (state standard cost for 1.35 FTE)	\$ 405

Total Operating Expenses \$ 18,525

Travel (conducts in-state audits and provides in-service training to counties) \$ 14,168

Other Costs

- RMA claims paid to health plans, fee-for service providers, county clinics, etc. \$ 8,423,524
- Department of Mental Health Services* \$ 143,388
- Department of Developmental Services* \$ 1,174,179
- Enhancements to MEDS \$ 20,000

Total Other Costs \$ 9,761,091

Total Direct Costs \$ 9,922,518

Indirect Costs (18.7% of Total Personnel and Fringe Benefits) \$ 24,073

Total Budget \$ 9,946,591

*To process and pay RMA-based claims for mental health and developmental services provided to refugees.

Support - \$185,500
 Local Assistance - \$9,761,091

Exhibit B
 Budget, Attachment V
 Year 5
 (07/01/16 through 06/30/17)

Personnel

<u>Position Title and Number of each</u>	<u>Monthly Salary</u>	<u>FTE %</u>	<u>Annual Cost</u>
Staff Services Manager III (1)	\$ 7,474	10%	\$ 8,969
Staff Services Manager I (1)	\$ 6,127	25%	\$ 18,381
Associate Governmental Program Analyst (1)	\$ 5,348	100%	\$ 64,176

Subtotal Personnel \$ 91,526

Fringe Benefits (40.653% of Personnel)

\$ 37,208

Total Personnel and Fringe Benefits \$ 128,734

Operating Expenses

General Expense (supplies, copying, etc.)	\$ 3,000
Communications (state standard cost for 1.35 FTE)	\$ 1,620
Facilities Operations (state standard cost for 1.35 FTE)	\$ 13,500
Consolidated Data Center (state standard cost for 1.35 FTE)	\$ 405

Total Operating Expenses \$ 18,525

Travel (conducts in-state audits and provides in-service training to counties)

\$ 14,168

Other Costs

- RMA claims paid to health plans, fee-for service providers, county clinics, etc. \$ 8,423,524
- Department of Mental Health Services* \$ 143,388
- Department of Developmental Services* \$ 1,174,179
- Enhancements to MEDS \$ 20,000

Total Other Costs \$ 9,761,091

Total Direct Costs \$ 9,922,518

Indirect Costs (18.7% of Total Personnel and Fringe Benefits)

\$ 24,073

Total Budget \$ 9,946,591

*To process and pay RMA-based claims for mental health and developmental services provided to refugees.

Support - \$185,500
 Local Assistance - \$9,761,091



California Refugee Health Assessment

1. Identification

Alien Number
or VOT HHS Tracking Number

Demographic Data

File Number

County Medical Record Number

Last Name

First Name

Male Female

_____/_____/_____
Date of Birth (MM/DD/YYYY) Approximate

Email

Current Address

Contact Phone Numbers

Street

Apartment #

Home

City

ZIP Code

Cell

2. Arrival Data

Entry Status

Is a copy of I-94 in file? Yes Not applicable

Refugee

Asylee

Parolee

Victim of trafficking

Other

_____/_____/_____
U.S. Arrival Date (I-94)
(MM/DD/YYYY)

_____/_____/_____
U.S. Arrival/
Adjudication Date
(MM/DD/YYYY)

_____/_____/_____
Paroled Date
(MM/DD/YYYY)

_____/_____/_____
Certification Date
(MM/DD/YYYY)

_____/_____/_____
U.S. Arrival Date
(MM/DD/YYYY)

Primary
 Secondary to State

Inside U.S.
 Outside U.S.

Cuba
 Haiti

Special Immigrant
Visa
 Amerasian
 Other

Specify State

_____/_____/_____
Date to CA
(MM/DD/YYYY)

Voluntary Resettlement Agency Information

Voluntary Resettlement Agency Name

County

No Voluntary Agency

City

State

ZIP Code

Medi-Cal

Has Medi-Cal? Yes Pending No

Medi-Cal Number

Application Date (MM/DD/YYYY)

Reason

Interpreter

Was an interpreter used? Yes No

If yes, what type

In-Person Video
 Phone Other

Tuberculosis (continued)

U.S. TST

TST Placed

____ / ____ / ____ ____ / ____ / ____
 Date Placed Date Read
 (MM/DD/YYYY) (MM/DD/YYYY)

Results: + - Did not return for reading

_____ mm
 Induration

No TST

Reason:

Moved to _____ Declined
 Lost to follow-up Deceased
 Did not keep appointment Other _____
 IGRA performed

U.S. Chest X-Ray

U.S. Chest X-Ray Performed

____ / ____ / ____
 Date (MM/DD/YYYY)

Result:

Normal
 Abnormal (consistent with TB)
 Abnormal (NOT consistent with TB)
 Unavailable, reason _____

No U.S. Chest X-Ray Performed

Reason:

Moved to _____
 Lost to follow-up
 Did not keep appointment
 Declined
 Deceased
 Pregnancy
 Other _____

Disposition

Completed

Result:

TB Class 0 (No TB exposure, not infected) TB Class V (TB suspected, pending final diagnosis)
 TB Class I (TB exposure, no infection) Reason for retaining TB V classification:
 TB Class II (TB infection, no disease) Moved to _____
 TB Class III (TB, clinically active) Lost to follow-up
 TB Class IV (TB, not clinically active) Work-up in progress
 Deceased
 Other _____

Not Completed

Reason:

Moved to _____
 Lost to follow-up
 Did not keep appointment
 Declined
 Deceased
 Other _____

LTBI Treatment

LTBI Treatment

____ / ____ / ____ ____ / ____ / ____
 Started Date Stopped Date
 (MM/DD/YYYY) (MM/DD/YYYY)

Reason LTBI treatment stopped:

Treatment completed
 Moved to _____ Active TB developed
 Lost to follow-up Changed to outside provider
 Did not keep appointment Adverse effect of medicine
 Declined Other _____
 Deceased

No LTBI Treatment

Reason:

Moved to _____ Changed to outside provider
 Lost to follow-up Patient's age
 Did not keep appointment Medical contraindication
 Declined Prior adequate treatment
 Deceased Other _____
 Pregnancy

Comments _____

8. Laboratory Tests (Refer to RHAP protocol for specific guidelines)

If a lab test is not completed, provide reason in section 17.					
CBC with Differential	Hemoglobin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Value _____	<input type="checkbox"/> Not applicable
	Hematocrit	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Value _____	<input type="checkbox"/> Not applicable
	Absolute Eosinophil Count	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Value _____	<input type="checkbox"/> Not applicable
Chlamydia		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	
Fecal Occult Blood		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	
Hepatitis B - HBsAg		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
Hepatitis B - Anti-HBc		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
Hepatitis B - Anti-HBs		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
Hepatitis C - Anti HCV		<input type="checkbox"/> Reactive	<input type="checkbox"/> Non-reactive	<input type="checkbox"/> Not applicable	
HIV		<input type="checkbox"/> Positive <input type="checkbox"/> Type I <input type="checkbox"/> Type II	<input type="checkbox"/> Negative	<input type="checkbox"/> Inconclusive	<input type="checkbox"/> Declined <input type="checkbox"/> NA
Lipid Panel	Total Cholesterol	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
<input type="checkbox"/> Random	HDL	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
<input type="checkbox"/> Fasting	LDL	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
	Triglycerides	<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
Malaria		<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	
Pregnancy Test	<input type="checkbox"/> Urine <input type="checkbox"/> Serum	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	
		_____ / _____ / _____ EDC Date (MM/DD/YYYY)			
Serum Glucose		<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
<input type="checkbox"/> Random					
<input type="checkbox"/> Fasting					
Serum Lead		<input type="checkbox"/> Elevated	<input type="checkbox"/> Not elevated	<input type="checkbox"/> Not applicable	Value _____
Syphilis VDRL or RPR		<input type="checkbox"/> Reactive*	<input type="checkbox"/> Nonreactive	<input type="checkbox"/> Not applicable	Value _____
*If Reactive, which test	<input type="checkbox"/> FTA-ABS <input type="checkbox"/> TPPA <input type="checkbox"/> TP-MHA	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not applicable	Value _____
Parasitic Infection	Value	Findings / Treated			
Stool Sample 1	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	Parasite 1 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 2 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 3 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 4 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 5 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
Stool Sample 2	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	Parasite 1 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 2 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 3 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 4 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
		Parasite 5 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No, reason _____	
Serum Strongyloides	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____			
Serum Schistosomiasis	<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____			

9. Patient Medical History

Medical Condition	No History	Check All that Apply	If applicable, what type(s)	Taking Medications for Condition
Allergies	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Anemia	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Cancer	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Cardiovascular Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Hypertension	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Kidney Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Liver Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Lung Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Mental/Emotional	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Stroke	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Surgery(ies)	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Thyroid Dz	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/> Current <input type="checkbox"/> Past		<input type="checkbox"/> Yes, specify <input type="checkbox"/> No

Supplements (Vitamins, Herbs, Etc.)

Are you taking supplements? Yes No

 If yes, supplements taken

Menstrual History Not applicable (pre-puberty)

Menstruating / /
 Date of LMP
 (MM/DD/YYYY)

Menopausal _____
 Age stopped menstruating

Pregnancy History Not applicable (pre-puberty)

 Gravida Para SAB TAB

Female Genital Cutting Declined

Female genital cutting Yes No
 Clitoridectomy Infibulation Excision
 Other _____ Unknown

10. Family Medical History

Medical Condition	If applicable, what type(s)		
Cancer	<input type="checkbox"/> No history	Kidney Dz	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Cardiovascular Dz	<input type="checkbox"/> No history	Lung Dz	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Diabetes Mellitus	<input type="checkbox"/> No history	Mental/Emotional	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Hepatitis	<input type="checkbox"/> No history	Stroke	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
High Cholesterol	<input type="checkbox"/> No history	Thyroid Dz	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	
Hypertension	<input type="checkbox"/> No history	Tuberculosis	<input type="checkbox"/> No history
<input type="checkbox"/> Mother		<input type="checkbox"/> Mother	
<input type="checkbox"/> Father		<input type="checkbox"/> Father	
<input type="checkbox"/> Maternal grandmother		<input type="checkbox"/> Maternal grandmother	
<input type="checkbox"/> Maternal grandfather		<input type="checkbox"/> Maternal grandfather	
<input type="checkbox"/> Paternal grandmother		<input type="checkbox"/> Paternal grandmother	
<input type="checkbox"/> Paternal grandfather		<input type="checkbox"/> Paternal grandfather	
<input type="checkbox"/> Sibling(s)		<input type="checkbox"/> Sibling(s)	

11. Lifestyle Assessment (13 years of age and older)

Health Behaviors	Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Exercise		
During the last 30 days, did you exercise?	<input type="checkbox"/> Yes – Days per week _____ Minutes per day _____	<input type="checkbox"/> No
Smoking		
1. Have you ever smoked?	<input type="checkbox"/> Yes, age started _____	<input type="checkbox"/> No (skip to question 4)
2. Do you now smoke?	<input type="checkbox"/> Every day	<input type="checkbox"/> Some days
	<input type="checkbox"/> No, age stopped _____	
3. On average, how many or how long do/did you smoke a day?	# of Cigarettes _____	# of Pipes _____
	# of Cigars _____	# of Other Tobacco _____
	# of minutes per day of Hookah, Shisha, Galyān, Narghile or Chillin _____	
4. Is smoking ever allowed inside your home?	<input type="checkbox"/> Yes, # of hours per day _____	<input type="checkbox"/> No
Alcohol		
1. During the past 30 days, have you had at least one alcoholic drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (skip questions 2 and 3)
2. During the past 30 days, how many days per month did you have at least one alcoholic drink?	# of Days/Month _____	
3. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	# of Wine Drinks _____ <small>(3-5 oz)</small>	# of Beer Drinks _____ <small>(10-12 oz or 1 bottle)</small>
	# of Hard Liquor Drinks _____ <small>(1-1.5 oz)</small>	
Health Education		
Was health education provided on health behaviors (exercise, diet/nutrition, smoking, and alcohol)?	<input type="checkbox"/> Yes – <input type="checkbox"/> Written <input type="checkbox"/> Verbal	
	<input type="checkbox"/> No	

12. Mental Health (16 years of age and older. Refer to RHAP protocol for guidelines & scoring rubric.)

PTSD Screening					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:						
					Yes	No
1.	Have had nightmares about it or thought about it when you did not want to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Were constantly on guard, watchful, or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Felt numb or detached from others, activities, or your surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generalized Anxiety Disorder Screening					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Over the past 2 weeks, how often have you been bothered by the following problems?						
		Not at all (0)	Several days (1)	More than half of the days (2)	Nearly every day (3)	
1.	Feeling nervous, anxious, or on edge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Not being able to stop or control worrying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Over the past 2 weeks, how often have you been bothered by the following problems?						
		Not at all (0)	Several days (1)	More than half of the days (2)	Nearly every day (3)	
1.	Little interest or pleasure doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. Traumatic Events (16 years of age and older. Refer to RHAP protocol for guidelines & scoring rubric.)

Trauma					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Listed below are a number of difficult or stressful things that sometimes happen to people. For each event tell me if: a) it <i>happened to you personally</i>, b) you <i>witnessed it happen to someone else</i>, c) you <i>learned about it happening to someone close to you</i>, d) it <i>doesn't apply to you</i>. Be sure to consider your entire life (growing up as well as adulthood) as I go through the list of events.						
Check all that apply:						
		Happened to me	Witnessed it	Learned about it	Doesn't apply	
1.	Physical assault (for example, being attacked, hit, slapped, kicked, or beaten up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb, or land mine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Sexual assault (for example, rape, attempted rape, made to perform any type of sexual act through force or threat of harm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war, or forced labor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Sudden, violent death of a family member (for example, homicide, or suicide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Serious injury, harm, or death you caused to someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Any other very stressful event or experience which caused you to experience intense fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Sudden move or loss of home and possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Persecution					Declined to answer <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Have you experienced any type of persecution? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, check all that apply: <input type="checkbox"/> Religious <input type="checkbox"/> Political <input type="checkbox"/> Ethnic <input type="checkbox"/> Reproductive choices <input type="checkbox"/> Military service escapee <input type="checkbox"/> Other _____						

14. Vital Signs / Measurements

Vital Signs	
Temperature _____ <input type="checkbox"/> °F <input type="checkbox"/> °C	Pulse _____
B/P (6 years +) 1. _____ / _____ 2. _____ / _____ 3. _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> systolic diastolic systolic diastolic systolic diastolic </div>	
Measurements	
Height _____ <input type="checkbox"/> inches <input type="checkbox"/> cm	Weight _____ <input type="checkbox"/> lbs <input type="checkbox"/> kg
Head circumference _____ <input type="checkbox"/> inches <input type="checkbox"/> cm (2 years and under)	
Vision (6 years +) Glasses/contact lenses worn <input type="checkbox"/> Yes <input type="checkbox"/> No	
<div style="display: flex; justify-content: space-around; font-size: small;"> Left Right Both </div>	
Difficulty hearing (6 years +) <input type="checkbox"/> Yes <input type="checkbox"/> No	

15. Physical Exam

Findings	Comments
Abdomen <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Breast <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Ears <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Extremities <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Eyes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Genital <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Head <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Heart <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Lungs <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Lymph Nodes <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Mouth <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Neurologic <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Nose <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Rectal <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Skin <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Throat <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Other <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Declined <input type="checkbox"/> Deferred <input type="checkbox"/> Not appropriate	
Physical exam was not completed, why?	
<input type="checkbox"/> Declined <input type="checkbox"/> Other _____	

16. Diagnosis

Findings				
<input type="checkbox"/> No overseas findings, and no U.S. findings.				
ICD10	Diagnosis	Findings	Follow-up	Date Seen by Outside Provider (optional)
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
		<input type="checkbox"/> Overseas findings <input type="checkbox"/> New, U.S. findings	<input type="checkbox"/> Problem addressed or treated at refugee clinic <input type="checkbox"/> Problem referred to primary care <input type="checkbox"/> Problem referred to specialty clinic <input type="checkbox"/> Problem referred to emergency care <input type="checkbox"/> Follow-up for this problem not currently available under current medical insurance (such as optometry, dental, etc.)	_____ Date (MM/DD/YYYY) Check one: <input type="checkbox"/> Lost to follow-up <input type="checkbox"/> Declined follow-up
Is VOLAG follow-up assistance needed?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

**California Refugee Health Program
Estimates for Refugee Medical Assistance Medical Screening,
& Administration Costs ORR-1 Justification FY 2014**

Refugee Medical Assistance (RMA) for Medical Screening

a. RMA Recipient Costs:

1. Rationale for estimating the number of RMA Recipients:

Historically, California receives approximately 10%-12% of all new refugee admissions to the United States. In addition, according to the Department of Homeland Security (DHS), Office of Immigration Statistics for FY 2010-12, California received approximately 36-39% of all asylees adjudicated/admitted in the United States each year. The annual average number of asylees arriving in California during the last 3 years has been approximately 5,300.

According to the Department of State, Bureau of Population, Refugees, and Migration (PRM), in FY 2013, they expect to resettle up to 70,000 refugees in the United States from the following regions:

- Africa – 12,000
- East Asia – 17,000
- Europe and Central Asia – 2,000
- Latin America and Caribbean – 5,000
- Near East and South Asia – 31,000
- Unallocated Reserve – 3,000

According to estimates from resettlement agencies (RAs) in California, they expect to resettle an aggregate total of 8600 new refugees in 2014.

We also receive a nominal number of victims of trafficking (VOT) and Cuban and Haitian entrants. These numbers are difficult to predict since the numbers are so low, but we expect an average of 30 VOTs and 150 Cuban/Haitian entrants this year.

2. Arrival Estimates:

Based on projections by PRM, DHS - Office of Immigration Statistics, and RAs, California's arrival estimates for 2014 are as follows:

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• Refugees	8,600
• Asylees	5,300
• VOTs	30
• Parolees	<u>150</u>
Totals:	14,080

b. Medical Screening & County Administration Cost:

1. Breakdown of cost for each medical screenings provided:

California provides culturally and linguistically-appropriate comprehensive health assessments to newly arrived refugees, asylees, federally-certified victims of severe forms of trafficking, and other eligible entrants. The Refugee Health Assessment Program (RHAP) focuses not only on screening of and prevention of communicable diseases, but also on identification and diagnosis of chronic diseases and other important medical and mental health conditions. The assessment also includes assessment of immunization status for children and adults and referral to health providers for further medical evaluation, treatment, and follow-up of chronic and other important medical and mental health conditions.

Because of the large geographical area and the large volume of medical screenings conducted in California, contractual award agreements are required with nine impacted local health departments (Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, Santa Clara & Stanislaus) to provide services to new arrivals. Annual local subvention awards are allocated to these latter impacted counties based on anticipated number of arrivals, staffing needs for intake, nursing, medical provider and other factors, such as cost-of-living differentials. Thus, the cost per medical screening unit will always vary from county to county.

We calculated the estimated average cost per health assessment based on the following factors:

- a. Age brackets provided by ORR.
- b. Three-year arrival average broken down by adults/children (25% of all arrivals are children under 18 years of age; 75% of all arrivals are 18 years of age and older).

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- c. Estimated costs for physical exam for adults/children provided by ORR.
 - d. Medi-Cal reimbursement rates for laboratory tests – based on age, gender, and ethnic specific criteria.
 - e. Cost of confirmatory lab tests for positive screening tests, as appropriate (based on the last three years prevalence rates).
 - f. Costs for treatment of public health conditions (based on the last three years prevalence rates).
 - g. Costs for adult vaccinations/administration.
 - h. Cost for administering vaccinations to children less than 18 years of age (costs of vaccines is covered via the Vaccine for Children program).
2. Cost per health assessment -- based on the criteria listed above, the following costs were calculated per health assessment:
- a. Children (less than 18 years of age): \$336/assessment
 - b. Adults (18 years of age or greater): \$651/assessment

3. County Health Assessment Administrative FY 2014 cost – Responsible for coordinating the program planning and oversight activities at the local refugee health assessment programs to ensure the compliance with California State established guidelines during the delivery of post-arrival health assessments:

The total administrative cost to fund nine local Refugee health county programs (Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Francisco, Santa Clara, San Diego & Stanislaus) is \$1,059,757.

4. Projected 2014 caseload and anticipated carry over from 2013:

Currently, the average length of time between refugee arrival/adjudication date and scheduling of the first appointment to start the medical screening is approximately 10-20 days. The process period between the start and completion of the health assessment is approximately 15-25 days -- it takes at least two clinic visits for the completion of the medical screening and referrals. Therefore, the average time from refugee arrival/adjudication date to completion of health

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assessment is 30-50 days. We anticipate approximately 300 refugees to carry over from 2013. These screenings should be completed by October 31, 2014.

Table 2 below shows the monthly health assessment workloads for 2014, based on arrival projections by PRM, DHS- Office of Immigration Statistics and California RAs:

Table 2 – Health Assessment Monthly Workload

Refugees (8,600 ÷ 12)	717
Asylees* (5,300 x 50% = 2,650 ÷ 12)	221
Victims of Trafficking (30 ÷ 12)	3
Cuban/Haitian Entrants (150 ÷ 12)	13
Total Estimated Monthly Load for 2014	954
Total for FY 2014	(11,448)
Carry over from 2013	300

*The estimated monthly load for **asylees** is based on an average of actual number of asylees served during the last three years. This year we expect to serve approximately 2,650 new asylees in California, which represents about 50% of the total 5,300 expected to come to California. The reasons why more asylees don't seek our services may be because they already have jobs with medical insurance and do not require our screening services, or they may not be aware that they are entitled to medical screening services, which has been the case in several instances.

5. Cost per health assessment adjusted for county health assessment administrative cost:

Based on the total cost of county health assessment administrative cost (\$1,059,757) divided by the total estimation of refugee arrivals for FY 2014 (11,448), we calculated that the unit administrative cost per health assessment is \$93.

Thus, the adjusted cost (assessment cost minus administrative cost) per health assessment is:

- a. Children (less than 18 years of age): \$243/assessment
- b. Adults (18 years of age or greater): \$558/assessment

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These costs per assessment will be used in our estimates below.

Table 3 below shows the estimated monthly average of health assessments and costs for children less than 18 years of age (25% of total estimated arrivals). Approximately 75 children will arrive in late September 2013 and will be carried over into 2014.

Table 3 - Children (0-17 years of age) (25% of total refugees)

Month	Carry Over from 2013	Estimated Monthly Recipients in 2014	Estimated Assessment Cost	Estimated Monthly Cost
Oct	75	250	\$243	\$78,975
Nov		250	\$243	\$60,750
Dec		250	\$243	\$60,750
Jan		250	\$243	\$60,750
Feb		250	\$243	\$60,750
Mar		250	\$243	\$60,750
Apr		250	\$243	\$60,750
May		250	\$243	\$60,750
Jun		250	\$243	\$60,750
Jul		250	\$243	\$60,750
Aug		250	\$243	\$60,750
Sept*		175	\$243	\$42,525
Total Children	75	2925	\$243	\$729,000

Table 4 below shows the estimated monthly average of health assessments and costs for adults - 18 years of age or greater (75% of total estimated arrivals). Approximately 225 adults will arrive in late September 2013 and will be carried over into 2014.

Table 4 - Adults (≥18 years of age) (75% of total refugees)

Month	Carry Over from 2013	Estimated Monthly Recipients in 2014	Estimated Assessment Cost	Estimated Monthly Cost
Oct	225	704	\$558	\$518,382
Nov		704	\$558	\$392,832
Dec		704	\$558	\$392,832
Jan		704	\$558	\$392,832
Feb		704	\$558	\$392,832
Mar		704	\$558	\$392,832
Apr		704	\$558	\$392,832
May		704	\$558	\$392,832
Jun		704	\$558	\$392,832
Jul		704	\$558	\$392,832
Aug		704	\$558	\$392,832
Sept*		479	\$558	\$267,282
Total Adults	225	8,223	\$558	\$4,713,984

Table 5 – Total Estimated Health Assessment Costs for 2014

	Estimated Total Recipients Including carry over from 2013	Cost per assessment	Total 2014 Estimated Cost for Health Assessments
Child Totals	3000	\$243	\$729,000
Adult Totals	8,448	\$558	\$4,713,984
Grand Totals	11,448	\$475	\$5,442,984

* For the purpose of completing the 2014 ORR-1 Cash and Medical Assistance Program Estimates form, Section 2-c (Medical Screening), we used the following figures:

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- We derived the monthly workload by dividing the total 11,448 annual estimated recipients by 12 months = 954 average workload.
- Total estimated amount of \$5,442,984 divided by total number estimated recipients 11,448 = \$475 per assessment cost.

c. Total State Refugee Health Program Administration Cost:

<u>Personnel Services</u>	100% FTE	<u>Yearly Salary</u>
Research Scientist Supervisor I Filled – Chief of the Refugee Health Program. Establishes, implements, and oversees policy for the delivery of quality refugee health services in California.	100% FTE	\$ 95,832
Research Scientist III (Filled) – Provides leadership in assessing the state’s refugee health epidemiology workforce and infrastructure, and guiding statewide efforts to enhance local refugee health epidemiology capacity.	100% FTE	\$ 87,060
Research Scientist II (Filled) – Responsible for ensuring health assessment data quality; designing and responding to ad hoc data requests from local, state, and federal agencies serving refugees.	100% FTE	\$ 79,152
Health Program Specialist II (Filled) – Responsible for coordinating the program planning and oversight activities related to the local refugee health assessment programs to ensure the compliance with established guidelines during the delivery of post-arrival health assessments.	100% FTE	\$ 79,740
Health Program Specialist I (Filled) – Provides the most complex and technical administrative work to support operation of the program, including the areas of development and implementation of program policy and procedures, prepare budget change proposals, legislative analysis, and monitor and support funded grantees.	100% FTE	\$ 72,600
Associate Accounting Analyst (Filled) – Responsible for providing fiscal management. Develops funding proposals and grant applications; monitoring grant application expenditures to ensure they comply with grant requirements; submitting monthly, quarterly, and annual revenue, expenditure, and other cost reports; and reviewing and reconciling the program's financial records.	100% FTE	\$ 69,408
UC Davis Master of Public Health Student (Intern)		\$ -0-
Total Salaries		\$ 483,792

EXHIBIT C: State Plan Final 2014 RMA Medical Screening Cost Justification

Fringe Benefits (42.632%) \$ 206,250
 California requires a 42.632% fringe benefit rate based on total salaries and wages: \$483,792 x 42.632% = \$206,250

Total Salaries and Fringe Benefits \$ **690,042**

Indirect Cost (18.1%) \$ 124,898
 CDPH requires an indirect cost charge for all state positions that are federally funded. The current indirect cost rate for personnel services negotiated between the California Department of Public Health and the federal government is 18.1%. This rate is applicable to salaries and benefits.

Total Salaries, Fringe Benefits, and Indirect Cost \$ **814,940**

These positions are required for the overall management and oversight of the Refugee Medical Assistance Screening program.

Other Required Direct Costs

The following direct costs are required by CDPH for each federally-funded state employee housed in a State-owned/leased facility:

Communication \$1,300 x 7 positions	\$ 9,100
Facilities Operations \$10,300 x 7 positions	\$ 72,100
Office Automation \$2,000 x 7 positions	\$ 14,000
Total Other Required Direct Costs	\$ 95,200

Operating Expenses

Meetings/Conferences/Trainings with local health assessment providers and stakeholders	\$ 40,000
General Supplies	\$ 15,000
Printing/Reproduction of protocols, and other health materials	\$ 15,000
IT Maintenance and Support (\$4,300 x 7 positions)	\$ 30,100
Travel (for site visits and to attend out-of-state conferences and meetings)	\$ 10,330

In-State

1 staff x 9 trips x airfare at \$250 each = \$2,250
 1 staff x 9 trips x 2 days per diem at \$46 each = \$828
 1 staff x 9 trips x 2 nights lodging at \$125 each = \$2,250
 9 trips x 1 day rental car at \$65 each = \$585
 Total In-State = \$5,913

EXHIBIT C: State Plan Final 2014 RMA Medical Screening Cost Justification

Out of State Travel

2 staff x 1 trip x round trip airfare at \$1,066 = \$2,132

2 staff x 1 trip x 5 nights lodging at \$150 each = \$1,500

2 staff x 1 trip x 5 days per diem at \$46 each = \$460

1 trip x 5 days rental car at \$65 each = \$325

Total Out of State = \$4,417

Total Operating Expenses **\$ 110,430**

TOTAL ESTIMATED CDPH ADMINISTRATION COST **\$1,020,570**

EXHIBIT D: CDSS Manual of Policies and Procedures

California Department of Social Services Manual of Policies and Procedures (MPP)
RRP Refugee/Entrant Cash Assistance and Services & RCA Requirements

SUBJECT	MPP SECTION
State will use the hearings standards and procedures as set forth in 45 CFR Section 400.83(b)	69-210 – Notices and Hearings (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
Describe the elements of the TANF program which will be used in the RCA program. Determination of initial and on-going eligibility treatment of income and resources, budgeting methods, need standards. (45 CFR Section 400.66(a)(1)) Determination of benefit amounts/payment levels based on size of the assistance unit, income disregards. (45 CFR Section 400.66(a)(2)) Proration of shelter, utilities, and similar needs. (45 CFR Section 400.66(a)(3)) Any other State TANF rules relating to financial eligibility and payments. (45 CFR Section 400.66(a)(4))	69-206 – Income and Resources (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf) 42-200 – Property (MPP Section 42-200 through 42-223 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/eas4.PDF and http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/5EAS.pdf) 44-100 - Income (MPP Section 44-100 through 44-133 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/10EAS.pdf) 44-200 – Assistance Unit Composition and Need (MPP Section 44-200 through 44-212 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/11EAS.pdf) 44-300 – Aid Payments (MPP Section 44-300 through 44-355 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/12EAS.pdf and http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/12EASa.pdf)
Will not consider resources remaining in the applicant’s country of origin. (45 CFR Section 400.66(b))	69-206.21 (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
Will not consider a sponsor’s income and resources as accessible to the refugee solely because the person is serving as a sponsor. (45 CFR Section 400.66(c))	69-206.2 (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
Will not consider any cash grant received by the applicant under the DOS or DOJ R and P program (45 CFR Section 400.66(d))	69-206.11 (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
Will use date of application as the date RCA begins. (45 CFR Section	69-205.211 (MPP Sections 69-200 through 69-306 can be found at

EXHIBIT D: CDSS Manual of Policies and Procedures

California Department of Social Services Manual of Policies and Procedures (MPP)
RRP Refugee/Entrant Cash Assistance and Services & RCA Requirements

400.66(e))	http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf
Implementation must begin by 3/21/2002	69-200 Regulations became effective 2/1/02 (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
Describes the criteria for exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment.	69-207.3 – Refugees Exempt from Registration, Employment and Employment-Directed Education/Training Requirements (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
State will notify promptly local resettlement agency whenever refugee applies for RCA. (45 CFR Section 400.68(a))	69-203.2 – County Responsibilities (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
State will contact applicant’s sponsor or local resettlement agency at time of application for RCA concerning offers of employment, etc. (45 CFR Section 400.68(b))	69-203.2 – County Responsibilities (MPP Sections 69-200 through 69-306 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/spman.pdf)
Describes safeguards for limited English proficient persons as required by 45 CFR Section 400.55	21-115 – Provisions for Services to Applicants and Recipients Who Are Non-English Speaking or Who Have Disabilities (MPP Sections 21-100 through 21-205 can be found at http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/3cfcman.pdf)

EXHIBIT E-CalWORKs Exemption Categories

Welfare-To-Work (WTW) 24-Month Time Clock Exemptions/Good Cause

The chart below provides information regarding WTW 24-Month Time Clock exemptions and good cause for not participating, and shows what affect each have on the CalWORKs 48-Month Time Limit.

Exemption	Description	WTW 24-Month Time Clock Exemption?	CalWORKs 48-Month Time Limit Exemption?
Under 16 Years of Age	Client is under 16 years of age.	Yes	N/A ¹
Child Attending School	Client is 16, 17, or 18 years of age and is attending a school in grade twelve or below, or vocational, or technical school on a full-time basis.	Yes	N/A ¹
Cal-Learn Non-Head of Household	Client is receiving aid in their parent's Assistance Unit (AU), and is eligible for, participating in, or exempt from the Cal-Learn program.	Yes	Yes
Cal-Learn Head of Household	Client is receiving aid in their own AU, and is eligible for, participating, or exempt from the Cal-Learn program.	Yes	Yes
60 Years of Age or Older	Client who reaches age 60 or older.	Yes	Yes
Client Disability	Client has medical verification of a physical and/or mental disability expected to last at least 30 days and it significantly impairs the individual's ability to be employed or participate in WTW activities. ²	Yes	Yes
Needy Non-Parent Caretaker Relative	Client is a Non-Parent caretaker relative who has primary responsibility for caring for a child who is either a dependent, ward of the court, receiving Kin-GAP benefits or at risk for placement in foster care. These caretaking responsibilities must impair his/her ability to be employed or to participate in WTW activities.	Yes	Yes
Caring for Ill or Incapacitated Member of Household	Client is caring for an ill or incapacitated person residing in the home, has medical verification that the illness or incapacity is expected to last at least 30 days, and caretaking responsibility impairs the clients ability to be regularly employed or to participate in WTW activities.	Yes	Yes
Pregnant and Cannot Work or Participate in WTW Activities	Client is a woman who is pregnant with medical verification that the pregnancy impairs her ability to be regularly employed or participate in WTW activities, or the county determines that participation will not readily lead to employment or that a training activity is not appropriate.	Yes	No

¹ The CalWORKs 48-Month Time Limit does not apply to this population.

² This may include pregnancy if the 'Client Disability' criteria are found to apply.

Welfare-To-Work (WTW) 24-Month Time Clock Exemptions

The chart below provides information regarding WTW 24-Month Time Clock exemptions and shows what affect each of these exemptions has on the CalWORKs 48-Month Time Limit.

Exemption	Description	WTW 24-Month Time Clock Exemption?	CalWORKs 48-Month Time Limit Exemption?
Child 0-23 Months of Age	Client has primary responsibility for personally providing care to a child from birth to 23 months, inclusive. This exemption shall be available in addition to any other child related exemption outlined below. An individual may be exempt only once in a lifetime under this exemption.	Yes	Yes
Exemption for Child Six Months of Age or Younger	Client is caring for a child six months of age or younger. County may lower age to 12 weeks, or extend the age to one year depending on availability of child care and/or job opportunities. An individual may be exempt only once in a lifetime under this exemption.	Yes	No
Subsequent Exemption for Child 12 Weeks of Age or Younger	Subsequent Exemption: Client is caring for a child 12 weeks of age or younger. County may extend the age to six months depending on availability of child care and job opportunities.	Yes	No
Short-Term Young Child Exemption ³	Client has responsibility for personally providing care for one child between 12-23 months of age or two or more children less than six years of age. ³	Yes	Yes
VISTA Volunteer	Client is a full-time volunteer in the Volunteers in Services to America (VISTA) Program	Yes	No
Domestic Abuse	Client is a past or present victim of domestic abuse.	Yes	Yes
Good Cause	Client has good cause for not participating in WTW.	Yes	No

³ This exemption will no longer be available for clients to use as of 01/01/2013. Clients who are taking this exemption as of 12/31/2012 will no longer have the exemption as of 01/01/2013, but will not be required to participate in WTW activities and their WTW 24-Month Time Clock and CalWORKs 48-Month Time Limit will remain stopped until they are reengaged by the county. The counties must reengage this population by 01/01/2015. For further information on reengagement, please see the 'Reengagement of CalWORKs Short Term Exempt Individuals in WTW Activities' ACL.

2012/13 UPDATES TO TANF STATE PLAN

- Restoration of the Cal-Learn program. Effective July 1, 2012, restores funding for Cal-Learn administration, state support for automation, transportation and ancillary expenses.
- Cal Grant Funding. Effective July 1, 2012, TANF funds will be allocated to the California Student Aid Commission for the purpose of funding Cal Grants to help cover part of the expense of college and other approved training programs for TANF eligible recipients.
- Change for CalWORKs assistance unit that does not include an eligible adult and is not in sanction status. Effective October 1, 2012, most child-only CalWORKs cases in which there are no aided adults in the home including cases where the adult has reached the 48-month CalWORKs time limit will transition from Quarterly Reporting (QR) to Annual Reporting (AR).
- Revisions to Welfare-to-Work (WTW) requirements. Effective on and after January 1, 2013, new recipients could receive up to 24 months of specified WTW services and activities. After exhausting their 24-month time clock, recipients are required to meet federal TANF work participation requirements.
- Implementation of extension beyond 24 months. Effective January 1, 2013, a county may grant extensions for a number of assistance units equal to no more than 20 percent of the assistance units in the county in which all adult members have been provided aid for at least 24 months, but no more than 48 months.
- Kin-Gap revisions. The new Kin-Gap program has two components: A federally funded component for children eligible for Title IV-E foster care, and a state funded component funded under the CalWORKs program. Foster children under the age of 19 who are ineligible for Title IV-E federal foster care or Kin-Gap benefits will continue to be served under the solely state funded component of the CalWORKs program. As of January 1, 2012, eligibility for solely state funded CalWORKs benefits is extended to the eligible youths, referred to as non-minor dependents, up to age 21.
- Restoration of the CalWORKs “earned income disregard”. Effective October 1, 2013, earned income disregard will be restored to \$225 plus 50 percent of additional income for all cases.

2013/14 UPDATES TO TANF STATE PLAN

- Effective October 1, 2013, Non- MOE State General Fund (GF) outside of the federal TANF and state MOE funding structure will be used to fund CalWORKs assistance and administration costs for current work-eligible cases where the adult in a single-parent family or both adults in a two-parent family has/have reached the 48-month CalWORKs limit for cash aid (Safety Net cases), or are a drug or fleeing felon, who reside with an eligible child that continues to receive assistance.
- Effective October 1, 2013, as a result of California Assembly Bill (AB) 6 (Chapter 501, Statutes of 2011), California replaced its current Quarterly Reporting/Prospective Budgeting (QR/PB) system with a Semi-Annual Reporting (SAR) system for the CalWORKs program. SAR is similar to QR/PB in most of its reporting requirements and budgeting methodology. Under SAR, recipients will be required to submit one Semi-Annual Eligibility Report (SAR 7) once a year followed by a redetermination (RD) form at the time the annual RD is due.
- Effective January 1, 2014, counties shall start implementing the Work Incentive Nutritional Supplement (WINS) program, with full implementation statewide no later than July 1, 2014. The WINS program will provide working families who are receiving CalFresh benefits, but not receiving CalWORKs cash assistance, with a ten dollars (\$10) supplemental food assistance benefit if there is a work eligible individual, with a child under age 18 in the household, who is working sufficient hours in subsidized or unsubsidized employment to meet TANF work requirements.
- Effective January 1, 2014, family stabilization services will be available to CalWORKs participants, which include intensive case management services to address immediate crisis situations and needs, such as housing instability or family safety issues. These services will ensure a basic level of stability within the family so that future participation in welfare-to-work activities that lead to self-sufficiency may be more successful.
- Effective January 1, 2014, as a result of Assembly Bill 419 (Chapter 293, Statutes of 2013), a child who is a patient in a public or private hospital for medical or surgical care shall be considered temporarily absent from the home for the duration of the hospital stay.
- Executive Order (EO) S-09-10, issued June 24, 2010, directed the California Department of Social Services (CDSS), in part, to take all necessary steps to ensure that CalWORKs recipients may not access state-provided cash benefits from automated teller machines (ATMs) in gambling establishments, liquor stores that are not authorized by the Food and Nutrition Service, retail establishments which provide adult-oriented entertainment, bail bonds, bingo halls, cruise ships, smoke shops, cannabis shops, ammunition stores, night clubs/saloons/taverns, psychic reader, race tracks, spa/massage salons and tattoo/piercing shops. CDSS reviews

EXHIBIT F: CalWORKs Program Changes 2012/13 and 2013/14

its counties' cash access plans to ensure that the areas affected by the EO mandate continue to have adequate access points for cash assistance recipients. Moreover, CDSS on a regular basis continues to monitor establishments and remove access to those businesses that meet the criteria for removal.

- Language reflecting the changes SB 72 made to AB 98 subsidized employment program that became effective March 24, 2011, which increased the state's maximum contribution (outside of the Single Allocation) toward wage subsidies under AB 98 to 100 percent of the computed grant for the participant's assistance unit (AU) in the month prior to participation in subsidized employment.
- Mental health, substance abuse and domestic violence treatment hours (WTW activities 16 through 18) and/or classroom, lab and internship hours in WTW activities (10), (11), (14), and (15) may be counted as core activities if participation in the treatment services are necessary for the individual to participate in CalWORKs core activities and participation in the specified educational activities meet the following criteria:
 - The county has determined that the program leads to a self-supporting job.
 - The individual is making satisfactory progress.
 - The individual does not possess a baccalaureate degree unless he/she is pursuing a California regular classroom teaching credential.
 - The program is on the county list of programs that the county and local agencies agree will lead to employment.
- After careful review considering the outcome data and the number of families diverted from CalWORKs in conjunction with the costs of the project, the *Ready, Set, WORK! (RSW!) Project* will not be continued in the two pilot areas nor will it be implemented county-wide as originally planned. The control groups used to evaluate the program were inequitable and no usable data could be gleaned from the final report to satisfactorily determine the outcome of the pilot program.

CALIFORNIA STATE PLAN FOR REFUGEE/ENTRANT
ASSISTANCE AND SERVICES
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
MEDI-CAL ELIGIBILITY PROCEDURES MANUAL *ARTICLE 24*

ORR REQUIREMENT	MEPM SECTION
The state will base RMA/EMA on the applicant's income and resources on the date of application.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(4)
The state will use the 200 percent poverty option as an eligibility standard for RMA/EMA.	Article 24B-3, Section 2. RMA/EMA Eligibility Requirements, a.(2) and (3)
The state will allow refugees who do not meet the financial eligibility standards for RMA/EMA to spend down as is done for Medi-Cal.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(6)
The state will determine eligibility for RMA/EMA applicants as individuals and not as a family or assistance unit.	Article 24B-3, Section 2. RMA/EMA Eligibility Requirements, a.(1)
The state will not count the Reception and Placement grant, matching grant, or RCA when determining RMA/EMA eligibility on the date of application.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(5)
The state will not count any property remaining in the refugee's country of origin.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(5)
The state will not count any income earned after the date of application.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(4)
The state will not consider in-kind services and shelter provided by a sponsor or local resettlement agency when determining eligibility for RMA/EMA.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(5)
The state must comply with regulations governing applications, determination of eligibility and furnishing Medicaid (including opportunity for fair hearings).	Title 22, California Code of Regulations, Section 50257(b)(2); Article 24B-11, Section 9. Notice of Action
Notify the agency which provided for the initial resettlement of a refugee whenever the refugee applies for medical assistance.	Article 24B-5, Section 4. Resettlement Agency Identification
The state will transfer clients who lose eligibility for Medi-Cal due to employment during their first 8 months in the U.S. to RMA/EMA without an eligibility determination.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(9) and (10)
The state will not use denial or termination from RCA as criterion for eligibility for RMA/EMA.	Article 24B-4, Section 2. RMA/EMA Eligibility Requirements, a.(9)

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
WELFARE TO WORK DIVISION**

**Continuity of Government/Continuity of Operations (COG/COOP) Plan
Disaster Management Procedures – Pandemic Flu Preparation**

Task-Event/Activity	Responsible Team Member	Detail or Reference
Maintain telephone trees	WTW Management Team	Each manager responsible for his/her staff.
Conference Call Capability	WTW Management Team	Obtain conference call lines to be used as needed.
Dial-Up Access	WTW Branch Chiefs	If Dial-Up PC access becomes necessary, Branch Chiefs would work with managers to determine who needs access. ISD would then be requested to set up accounts.
Communication Plan for Stakeholders	WTW Deputy & Branch Chiefs	Inform stakeholders to refer to website for daily updates on issues. Branch Chiefs would review web content prior to posting.
Contact with Federal Government	WTW Deputy & Branch Chiefs	Keep federal officials informed of limitations by program and geographic area.
Request Waivers	WTW Management Team	If mandated program activities cannot be performed, e.g., face-to-face interviews, then waivers would be requested from federal entities.
Seek Executive Order	WTW Deputy Director	If State mandates cannot be carried out, e.g., fingerprint imaging, request an Executive Order to suspend mandate.
Alternative Operational Guidelines	WTW Management Team	Develop alternative program procedures for mandated activities that cannot be performed.

REFERENCES

Information by Government – U.S. Department of Health and Human Services
<http://www.pandemicflu.org>.

Pandemic Influenza Fact Sheet
<http://cdc.gov/flu/avian/gen-info/pandemics.htm>

California Department of Health Services
<http://www.dhs.ca.gov>

Governor's Office of Emergency Services
<http://www.oes.ca.gov>

World Health Organization
<http://www.who.org>

ACRONYMS

AB – Assembly Bill

ACA -- Affordable Care Act

ACIN -- All County Information Notice

ACL -- All County Letter

AOGP-- Annual Outcome Goal Plan

AREERA -- Agricultural Research, Extension and Education Reform Act

ARHC -- Association of Refugee Health Coordinators

Cal EMA – California Emergency Management Agency

CalWORKs -- California Work Opportunity and Responsibility to Kids

CAP -- Cash Assistance Program for Immigrants

CBO -- Community-Based Organization

CCL -- CDSS Division of Community Care Licensing

CDA -- California Department of Aging

CDC -- Centers for Disease Control and Prevention

CDDS -- California Department of Developmental Services

CDE -- California Department of Education

CDHCS -- California Department of Health Care Services

CDMH -- California Department of Mental Health

CDPH -- California Department of Public Health

CDSS -- California Department of Social Services

CFAP -- California Food Assistance Program

CFR -- Code of Federal Regulations

CMA -- Cash, Medical, and Administration

COG -- Continuity of Government

COOP -- Continuity of Operations Plan

CRC -- County Refugee Coordinator

CRHC -- County Refugee Health Coordinator

CWD -- County Welfare Department

CWDA -- County Welfare Directors Association

DCDC -- Division of Communicable Disease Control

DOJ -- Department of Justice

DOS -- Department of State

ECA -- Entrant Cash Assistance

ECBOs -- Ethnic Community Based Organizations

EPO -- Office of Emergency Preparedness

ESL -- English-as-a-Second Language

FFP -- Federal Financial Participation

FFY -- Federal Fiscal Year

FSP -- Food Stamps Program

GA/GR -- General Assistance/General Relief

HFP -- Healthy Families Program

HHSA -- Health and Human Services Agency

ICPC -- Interstate Compact on Placement of Children

JVCC -- Joint Voluntary Agencies Committee of California

LEP -- Limited English Proficient

LIRS -- Lutheran Immigration and Refugee Service

MAA -- Mutual Assistance Association

MAP -- Maximum Aid Payment

MBSAC -- Minimum Basic Standard of Adequate Care

MEB -- Medical Eligibility Branch

MEDS -- Medi-Cal Eligibility Data System

MPP -- Manual of Policies and Procedures

NOA -- Notices of Action

OES -- Office of Emergency Services

ORR -- Office of Refugee Resettlement

PIPRP -- Pandemic Influenza Preparedness and Response Plan

PIWG -- Pandemic Influenza Work Group

PRWORA -- Personal Responsibility and Work Opportunity Reconciliation Act

R&P -- Reception and Placement

RAs -- Resettlement Agencies

RCA -- Refugee Cash Assistance

RHA -- Refugee Health Assessment

RHAP -- Refugee Health Assessment Program

RHEIS -- Refugee Health Electronic Information System

RHIN -- Refugee Health Information Network

RHP -- Refugee Health Program

RHS -- Refugee Health Section

RMA -- Refugee Medical Assistance

RPHDG -- Refugee Preventive Health Discretionary Grant

RPB -- Refugee Programs Bureau

RRP -- Refugee Resettlement Program

RSS -- Refugee Social Services

SAC -- State Advisory Council on Refugee Assistance and Services

SIJS -- Special Immigrant Juvenile Status

SNAP -- Supplemental Nutrition Assistance Program

SSA -- Social Security Act

SSI/SSP -- Supplemental Security Income/State Supplementary Payment

TA -- Targeted Assistance

TANF -- Temporary Assistance to Needy Families

TB -- Tuberculosis

TCVAP -- Trafficking and Crime Victims Assistance Program

THP-Plus -- Transitional Housing Program--Plus

URM -- Unaccompanied Refugee Minors Program

U.S. -- United States

USCCB -- United States Conference of Catholic Bishops

VOLAG -- Voluntary Agency

W&I Code -- Welfare and Institutions Code

WTW -- Welfare to Work