



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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ARNOLD SCHWARZENEGGER
GOVERNOR

December 21, 2009

ALL-COUNTY INFORMATION NOTICE NO. I-92-09

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL CHILD WELFARE SERVICES
PROGRAM MANAGERS
ALL COUNTY ADULT PROTECTIVE SERVICES PROGRAM MANAGERS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: SERVICES AND REIMBURSEMENT FOR REPATRIATED CITIZENS

REFERENCE: TITLE XI, SECTION 1113, SOCIAL SECURITY ACT; CODE OF FEDERAL REGULATIONS 45, PARTS 211-212; MANUAL OF POLICIES AND PROCEDURES SECTION 68-100; ALL COUNTY LETTER NO. 00-65, DATED SEPTEMBER 21, 2000; and ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-43-09, DATED JUNE 3, 2009

This notice provides information and instructions on timelines for submitting reimbursement claims for the United States (U.S.) Repatriation Program. This is to also request that county repatriation programs provide updated contact information.

Repatriation Program Background

The U.S. Department of State (DOS) Office of American Citizens Services and Crisis Management and the U.S. Department of Health and Human Services (DHHS) Office of Refugee Resettlement (ORR) are responsible for providing temporary assistance to U.S. citizens and their dependents who become destitute or ill in a foreign country and require assistance to return to the U.S. Once repatriates return to this country, ORR determines their eligibility for repatriation social services and benefits and works with states and counties to ensure the delivery of needed services. Although administered by ORR, the Repatriation Program does not serve refugees; it only assists U.S. citizens returning from abroad. The California Department of Social Services (CDSS) Refugee Programs Bureau (RPB) is responsible for coordinating this program at the state level.

The ORR provides temporary assistance in the U.S. to certified repatriates through a contract with International Social Services – USA, Inc. (ISS), a nonprofit agency. The ISS is responsible for notifying RPB and the affected California counties when DOS-certified repatriates are arriving from overseas, providing information on the types of assistance they will need, and arranging payment for the services to be provided. The RPB is responsible for the coordination of payments for services and resolution of issues between ISS and California counties.

A fact sheet containing additional information on the Repatriation Program in California may be downloaded or printed from the CDSS webpage at: <http://www.cdss.ca.gov/refugeeprogram>.

County Reimbursements and Program Costs

The Repatriation Program is federally-funded and county agencies are reimbursed by the federal government, via RPB, for 100 percent of all reasonable and allowable program costs. These costs fall into two categories:

Costs of Direct Assistance to Repatriates

Direct assistance to repatriates includes services and benefits, such as lodging or medical assistance, that are provided to the client. The costs for direct assistance are considered to be a loan that must be repaid to the U.S. government by the repatriate. To receive direct assistance, repatriates must sign a *Privacy Act Statement and Repayment Agreement* form (Enclosure 1) and should be advised by the county or service provider of the total loan amount whenever services are provided. This assistance is provided to the eligible repatriate for up to 90 days and includes, but is not limited to, the following:

- Cash assistance (at the California Work Opportunity and Responsibility to Kids program grant levels)
- Food, lodging, and incidentals
- Domestic travel assistance to final repatriation destination
- Medical/psychiatric care - the Repatriation Program has the authority to reimburse counties for medical care at the third-party payer rate that is paid by MediCal. Medical costs exceeding the rate will not be reimbursed by the Repatriation Program.
- Assistance to unaccompanied minors
- Other services and benefits necessary for the health and well-being of the person (i.e., counseling, translation services, employment training and assistance, etc.)

Costs for County Administration and Case Management

County administration and case management costs are expenses for allowable program activities performed by caseworkers and administrators who work directly on repatriation cases. These costs are not subject to repayment by the repatriates, but are reimbursable to the county by ORR, via RPB. County personnel costs claimed to the Repatriation Program must be directly attributable to a specific repatriation case. Time spent on the program must be recorded, along with a description of the activities performed. The county is to apply its personnel rate to the number of recorded hours for computing the amount of personnel costs to be claimed.

Administration and case management costs incurred by counties in preparation for the arrival of an ISS-referred repatriate are eligible for reimbursement, even if the repatriate: refuses to sign the repayment agreement; refuses further services after initial contact; or, despite the referral by ISS, never arrives or meets with the county case worker. If a repatriate refuses assistance after arriving in the county, the caseworker should note the refusal on the *Privacy Act Statement and Repayment Agreement* and sign the form.

Once repatriates are determined to be eligible for other federal, state, or local assistance programs (i.e., Social Security, MediCal, or General Assistance), the Repatriation Program case is closed, since the repatriate will receive services and benefits provided by other programs.

Limits on Repatriation Assistance

When the cost of direct assistance will exceed \$1,500 for a single repatriation case, ORR requires that counties obtain ORR approval before services are provided. Some examples of assistance that may require ORR preapproval include, but are not limited to, placement in long-term care for medically/mentally-impaired repatriates and domestic transportation arrangements. In the request, include: the name of the repatriate; a description of the service requested; why the service is required; service amount and length; and county contact information, including contact name, phone number, e-mail address, and the name of the county. Counties must submit such requests by e-mail to the California State Repatriation Coordinator, Jeanette Robbins, at Jeanette.Robbins@dss.ca.gov, and copy Jacqueline Hom at Jacqueline.Hom@dss.ca.gov. The CDSS will notify the county when ORR's response is received.

In circumstances when the repatriate requires repatriation services beyond 90 days after returning to the U.S., assistance may only be extended with the approval of ORR. To prevent a break in services, a county may request approval to extend services beyond the 90 days at any time that the county determines there is a need for extended services. The request must include the name of the repatriate; a description of the service(s) requested; why the service is required beyond the 90 days; service amount and length; and county contact information, including contact name, phone number, e-mail address, and the name of the county. The California State Repatriation Coordinator will forward the request to ORR, which considers each request individually, depending upon the circumstances. If any additional information is needed, the county will be contacted. Requests to provide assistance beyond the 90-day period should also be e-mailed to Ms. Robbins and Ms. Hom. CDSS will notify the county when an ORR response is received.

Deadline for Requests for Reimbursement Submittals

In accordance with instructions provided to counties in ACIN No. I-43-09, dated June 3, 2009, all requests for reimbursement for any federal fiscal year (FFY) not received by ISS by October 30th, 30 days after the end of the FFY, may not be reimbursed.

Requests for reimbursement should be submitted timely because, at the end of the FFY, all unused Repatriation Program funds for the year are returned by ISS to the U.S. Treasury and are no longer available to pay county claims.

The ORR has informed CDSS that county requests for reimbursements under the Repatriation Program should be submitted on a **monthly** basis to ensure reimbursement. Counties do not need to wait until a case is closed to submit requests for reimbursement.

Procedures and Required Documents for Reimbursement

To ensure that county reimbursement claims are processed as expeditiously as possible, reimbursement packets must contain the following:

- A properly completed and signed *Privacy Act Statement and Repayment Agreement*.

- A cover letter containing the name, address, telephone number, and e-mail address of the county contact person for the claim; the time period covered by the claim (i.e., November 15, 2008 – December 15, 2008); and the entity to which the reimbursement should be issued.
- A correctly completed SSA-2061, *Report on Referral form* (Enclosure 2), and SSA-3955, *Expenditure Statement and Claim for Reimbursement form* (Enclosure 3), with the **current address of the repatriate**; case notes; detailed explanations of all costs; and supporting documents, such as copies of checks, original receipts, and signed cash disbursement acknowledgment forms.

Submit Repatriation Program reimbursement packets to:

Jeanette Robbins, State Repatriation Coordinator
California Department of Social Services
Refugee Programs Bureau
744 P Street, MS 8-9-646
Sacramento, CA 95814

All blank forms and documents relating to the Repatriation Program may be downloaded or printed from the ISS website at <http://www.iss-usa.org>.

County Repatriation Program Contact

Although the number of repatriates to California each year is small, repatriates may be placed in any county. The CDSS is updating the list of county contacts that have been designated as the local repatriation coordinator (most counties delegate this function to an Adult Protective Services worker). Please complete the enclosed CDSS *Repatriation Contact Information* form (Enclosure 4) and submit it to Ms. Robbins, by mail at the address above or via FAX at (916) 654-7187, by **no later than December 31, 2009**.

If you have any questions regarding this letter, please contact Ms. Robbins, State Repatriation Coordinator, RPB, at (916) 653-8980 or Jeanette.Robbins@dss.ca.gov.

Sincerely,

Original Document Signed By:

VENUS GARTH, Chief
Child Care and Refugee Programs Branch

Enclosures

U.S. Department of Health and Human Services
Administration for Children and Families

OMB Control No. 0970-0125
Expires 12/31/95

U.S. REPATRIATE PROGRAM

Privacy Act Statement

The U.S. Repatriate Program provides funds for financial, medical, transportation and other assistance to individuals who are certified by the Department of State as repatriates in need. This assistance must be repaid to the U.S. Government by the repatriate. Section 1113 of the Social Security Act authorizes the collection of the information solicited on these repatriation forms for the purpose of determining your eligibility for such assistance.

The Department may disclose this information to other Federal, State or private organizations, if necessary to enable the Department of Health and Human Services to carry out its responsibilities under Section 1113 of the Act, or to enable another Federal agency to carry any functions related to your return from a foreign country and entry into the United States, or as otherwise expressly authorized by the Assistant Secretary for Children and Families. Furnishing the information on these forms is voluntary; however, if you fail to provide the requested information, such failure may result in your being found ineligible for repatriation assistance.

Repayment Agreement

I understand that all financial, medical, transportation and other assistance provided to me through the Repatriation Program must be repaid. I understand that I will be billed by the United States Department of Health and Human Services for the cost of this aid, and I agree to repay this amount in full. Repayment in full or my first installment payment is due 30 days after billing. If I pay by installment, or am delinquent in repayment, interest at the current rate fixed by the Secretary of Treasury for private consumer loans will accrue on the unpaid portion. Until I repay in full the aid received, I agree to report all changes in my address to the Department of Health and Human Services, Administration for Children and Families, ORR/DSLRL, 370 L'Enfant Promenade SW, Washington, DC 20447, Attention: Repatriation Branch.

Name (print) Last _____ First _____ MI _____

Address _____

Social Security Number _____ Phone Number _____

I understand and agree to all terms and conditions of the Privacy Act Statement and the Repayment Agreement, and certify that the information provided by me is correct.

Signed _____ Date _____

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Department of Health and Human Services
Administration for Children and Families
Reports Clearance Officer/OISM
370 L'Enfant Promenade SW
Washington, DC 20447

and to

Office of Management and Budget
Paperwork Reduction Project
OMS Control No. 0970--125
New Executive Office Building
725 17th Street NW
Washington, DC 20503

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Social Security Administration
 Office of Family Assistance

ASSISTANCE FOR UNITED STATES CITIZENS RETURNED FROM FOREIGN COUNTRIES - REPORT ON REFERRAL				
CASE NAME	COMPOSITION		BIRTH DATE OF FAMILY HEAD	SS NO.
	NO. ADULTS	NO. CHILDREN		
LAST U.S. RESIDENCE			DATE LEFT US	
CURRENT ADDRESS				
REPATRIATED BY DEPARTMENT OF STATE FROM:		BECAUSE OF:		
		<input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> DESTITUTION <input type="checkbox"/> INTERNATIONAL CRISIS <input type="checkbox"/> OTHER ILLNESS (DIAGNOSIS, IF KNOWN)		
DISPOSITION				
ARRIVED U.S. (DATE)		DHHS REFERRAL RECEIVED (DATE)		INITIAL AGENCY CONTACT (DATE)
(1) FINANCIAL ASSISTANCE AUTHORIZED		DATE OF INITIAL ASSISTANCE		<input type="checkbox"/> ONE MONTH OR LESS <input type="checkbox"/> MORE THAN ONE MONTH
TYPE OF ASSISTANCE	(A) AMOUNT - FIRST MONTH		(B) ESTIMATE - NEXT MONTH	
MAINTENANCE	\$			\$
TRANSPORTATION				
HOSPITAL				
NURSING HOME				
OTHER MEDICAL				
FOSTER CARE				
OTHER (SPECIFY)				
TOTAL				
RESOURCES AVAILABLE TOWARD CURRENT NEEDS <input type="checkbox"/> YES <input type="checkbox"/> NO				
(2) FUTURE PLAN	CHECK: WILL NEED ASSISTANCE UNTIL THE FOLLOWING RESOURCES WILL BE AVAILABLE			NUMBER OF MONTHS ASSISTANCE NEEDED
	<input type="checkbox"/> OWN OR RELATIVE <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> SSI <input type="checkbox"/> ANOTHER PUBLIC PROGRAM <input type="checkbox"/> OTHER			
(3) RECOMMENDATION AS TO REPAYMENT OF ASSISTANCE GRANTED				
(a) WILL BE ABLE TO REPAY		<input type="checkbox"/> ONE PAYMENT <input type="checkbox"/> INSTALLMENTS		DATE
(b) WAIVER RECOMMENDED (REASON)				
(c) ABILITY TO REPAY NOT DETERMINED (REASON)				
COMPLETED BY			TITLE	
STATE				DATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Social Security Administration
 Office of Family Assistance

ASSISTANCE FOR UNITED STATES CITIZENS RETURNED FROM FOREIGN COUNTRIES Expenditure Statement and Claim for Reimbursement		
(1) NAME OF AGENCY	STATE	FOR THE PERIOD
		From: _____, 20____ To: _____, 20____
THE FOLLOWING EXPENDITURES HAVE BEEN MADE BY THIS AGENCY FOR ASSISTANCE TO A UNITED STATES CITIZEN RETURNED FROM A FOREIGN COUNTRY. ASSISTANCE AND SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICY AND PROCEDURES PRESCRIBED FOR THIS PROGRAM.		
(2) CASE NAME (FIRST NAMES OF MAN AND WIFE, IF A COUPLE):		NO. OF PERSONS:
REPATRIATED FROM (COUNTRY):		CURRENT ADDRESS
(3) A. CLASSIFICATION/AUTHORITY PUBLIC LAW 86-571 (MENTALLY ILL) <input type="checkbox"/>	C. EXPENDITURES	
SECTION 1113, SOCIAL SECURITY ACT (OTHER THAN MENTALLY ILL) <input type="checkbox"/>	MEDICAL CARE \$ _____	
B. NATURE OF THIS ACTION: INITIAL CLAIM <input type="checkbox"/>	HOSPITALIZATION \$ _____	
INTERIM CLAIM <input type="checkbox"/>	NURSING HOME \$ _____	
ESTIMATED FUTHER CLAIMS \$ _____	MAINTENANCE \$ _____	
1. DATE CASE CLOSED	TRANSPORTATION \$ _____	
2. REASON CASE CLOSED	FOSTER CARE \$ _____	
3. REPAYMENT RECOMMENDED <input type="checkbox"/>	OTHER (SPECIFY) \$ _____	
4. WAIVER RECOMMENDED <input type="checkbox"/>	TOTAL \$ _____	
(4) DESIGNATION OF STATE OFFICIAL AUTHORIZED TO RECEIVE FEDERAL FUNDS AS REIMBURSEMENT OF THIS CLAIM		
TITLE	ADDRESS	
(5) THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT FOR THESE EXPENDITURES HAS NOT BEEN RECEIVED.		
SIGNATURE OF OFFICIAL OF AGENCY	TITLE	DATE

California Department of Social Services
Repatriation Program Contact Information Form

Authorized under the Social Security Act, the United States (U.S.) Repatriation Program provides temporary assistance to citizens and their dependents who are returning from a foreign country because of destitution, illness, or emergency crisis. Repatriation cases are referred to the local county agencies by International Social Services, who provides national administration of the program through a cooperative agreement with the U.S. Department of Health and Human Services, Office of Refugee Resettlement. The California Department of Social Services, Refugee Programs Bureau is responsible for administration of this program for California and compiles a list of county contacts for the Repatriation Program. This form is provided so counties may confirm or update information regarding county contact information.

COUNTY:		
NAME OF COUNTY CONTACT	Telephone:	
	()	
Title/ Agency	Mobile Phone:	
	()	
E-mail Address	FAX Number:	
	()	
Mailing Address		
City/ State	Zip Code	
NAME OF SUPERVISOR	Telephone:	
	()	
Title/ Agency	Mobile Phone:	
	()	
E-mail Address	FAX Number:	
	()	
PLEASE SUBMIT THIS FORM WITH UPDATED COUNTY CONTACT INFORMATION TO:		
<p>CALIFORNIA DEPARTMENT OF SOCIAL SERVICES REFUGEE PROGRAMS BUREAU 744 P Street, MS 08-09-646 Sacramento, CA 95814 FAX: 916-654-7187</p>		