MINNESOTA'S STATE PLAN FOR REFUGEE RESETTLEMENT

[45 CFR 400.5 (a) – (i) and State Letter #13-03]

DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
ECONOMIC ASSISTANCE AND EMPLOYMENT SUPPORTS DIVISION
RESETTLEMENT PROGRAM OFFICE

AUGUST 15, 2017

Table of Contents

Section I – Administration

Section II – Assistance and Services

Section I – Administration

A. Designation of Authority

1. The Minnesota State Department of Human Services is designated as the State agency responsible for services contracted by the State of Minnesota designed to meet the resettlement needs of refugees funded through the US Health and Human Services Office of Refugee Resettlement.

2. Ms. Rachele King is designated as the State Coordinator for Minnesota. The State Coordinator has the responsibility and authority to ensure coordination of public and private resources for refugee resettlement statewide. The State Coordinator manages the Resettlement Programs Office within the Economic Assistance and Employment Supports Division.

3. Benefits are publically administered in all 87 counties of Minnesota with the exception of 8 counties approved as a Public-Private Partnership for Refugee Cash Assistance only. These counties are: Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott and Washington.

B. Organization

1. The Commissioner of the Minnesota Department of Human Services has delegated the responsibility for developing the Refugee Resettlement State Plan, supervising the administration of the plan and designation of the State Coordinator, to the Assistant Commissioner for Children and Family Services.

   The Minnesota's Refugee Resettlement Programs Office is responsible for administering the US Refugee Program in the State.[1] The Resettlement Programs Office mission, vision, and values are as follows:

   Mission: The Resettlement Programs Office works with many others to support the effective resettlement of refugees in Minnesota by helping meet their basic needs so that they can live in dignity and achieve their highest potential.

   Vision: Refugees and their families are healthy, stable, and live in strong, welcoming communities.

   Values:
   - We focus on people and use a holistic person-centered approach to refugee resettlement, recognizing the complexity for refugees individually to rebuild their lives.
   - We work to ensure ladders up and safety nets are both available and accessible to refugees in Minnesota because we recognize they have unique barriers to access and advancement.
   - We work in partnership with local community partners, counties, and other state agencies to enhance a welcoming environment for refugees because we value the assets that everyone contributes and acknowledge refugee integration is a two-way street.
   - We are accountable for results and strive to deliver services that are appropriate, effective and efficient because we hold ourselves accountable to meeting the needs of the refugees we serve.

   The major responsibilities of the Office include:

   - Coordination of various public and private programs affecting refugees, asylees, Cuban and Haitian entrants, unaccompanied minor children, and victims of severe

[1] In the Refugee Act of 1980, Pub.L. No. 96-212, Congress codified and strengthened the United States' historic policy of aiding individuals fleeing persecution in their homelands. The Refugee Act of 1980 provided a formal definition of "refugee" which is virtually identical to the definition in the 1967 United Nations Protocol relating to the Status of Refugees. This definition is found in the Immigration and Nationality Act (INA) at section 101(a) (42), In addition, the Act provided the foundation for today's asylum adjudication process and development of an Office of Refugee Resettlement within the Department of Health and Human Services. The Office of Refugee Resettlement mission is to assist refugees and other special populations, as outlined in Office Refugee Resettlement regulations (45 CFR Part 400), in obtaining economic and social self-sufficiency in their new homes in the United States.

form of trafficking.[2] This includes business continuity planning to prepare for state and federal government shutdowns.

- Communication with and organization of multiple partners in local sites to assess and address local capacities and resources needed to resettle and integrate refugees including such sites which are heavily impacted by arrivals from other states.
- Administer and oversee development and implementation of programs funded through the Office of Refugee Resettlement including Refugee Social Services, Refugee Student Impact Grants, Refugee Elders Program, and Cash and Medical Assistance grant.
- Administration of the Public-Private Refugee Cash Assistance programs in eight counties and the US Repatriation Program.[3]
- Liaison with the Office of Refugee Resettlement within the US Department of Health and Human Services; the Bureau of Population, Refugees and Migration (PRM) within the US Department of State; national resettlement agencies[4]; and other states.
- Provide input on development of state policies and programs to fully integrate refugees.
- Ensure Refugee Health Screenings policies and procedures are in place to guarantee access to screening for all new arrivals.
- Conduct outreach and engagement activities to increase understanding about refugees in Minnesota

C. Assurances

The Department of Human Services has the responsibility to:

[2]In future references, the term "refugees" is used to refer to refugees, asylees, Cuban and Haitian entrants, unaccompanied minor children, victims of severe form of trafficking and other populations defined in 45 CFR 400.43.

[3] Refugee Cash Assistance is administered in a Public-Private Partnership with Local Resettlement Affiliates in eight counties (Anoka, Carver, Dakota, Hennepin, Olmsted, Ramsey, Scott, Washington.) In the 79 remaining counties, Refugee Cash Assistance is administered by county human services. Refugee Cash Assistance policies are the same in all 87 Minnesota counties.

[4] There are six local agencies which are affiliated with seven National Resettlement Agencies approved to resettle refugees in the Minnesota. The local resettlement affiliates are: Catholic Charities of Archdiocese of Minneapolis/St. Paul, and Catholic Charities of the Diocese of Winona (affiliated with the United States Conference of Catholic Bishops); International Institute of Minnesota (affiliated with US Committee for Refugees and Immigrants); Lutheran Social Services (affiliated with Lutheran Immigration and Refugee Services); Minnesota Council of Churches (affiliated with Church World Services and Episcopal Migration Ministries); and Arrive Ministries (affiliated with World Relief). The Local Resettlement Affiliates are located in the metropolitan Twin Cities, Rochester and St. Cloud.

1. Comply with Title IV, Chapter 2 of the Immigration and Nationality Act and official issuances of the Office of Refugee Resettlement Director.

2. Meet the requirements of 45 Code of Federal Regulations (CFR) Part 400.

3. Comply with all applicable Federal statutes and regulations in effect during the time that Minnesota is receiving grant funding.

4. Amend this plan as necessary to comply with the standards, goals, and priorities established by the Office of Refugee Resettlement Director.

5. Ensure assistance and services funded under this plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion.

6. Convene meetings of public/private sectors at least quarterly unless exempted by the Office of Refugee Resettlement.

7. Use the same mediation/conciliation procedures as those for TANF for counties which have publically administered Refugee Cash Assistance program.

8. Use hearing standards & procedures listed in CFR 400.9 related to review of decisions on approval of the State plan and amendments.

9. Ensure refugee populations are included in the state emergency operational plans.

Section II – Assistance and Services

A. Cash and Medical Assistance Coordination

The Minnesota Department of Human Services administers an array of programs and services to help Minnesotans meet their basic needs so they can live in dignity and achieve their highest potential. Refugees are generally eligible for all programs and services under the same rules as US citizens.

With funding from the Office of Refugee Resettlement, The Minnesota Department of Human Services purchases additional services designed to complement mainstream services. These services provide additional help to refugees in their resettlement and integration – the initial steps refugees must experience on their road to achieving their highest potential.

Pursuant to the US Refugee Program's philosophy of early employment and economic self-sufficiency as quickly as possible, all procured services under this plan are designed to operationalize this philosophy. Additionally, the Resettlement Programs Office prioritizes services to refugees who are less than one year in the country and/or are receiving cash assistance. These priorities are upheld with contract and evaluation criteria stating at least 60% of outcomes must be for refugees less than one year in the country and weighting employment placements for participants receiving cash assistance higher than those not on assistance.

Additional Cash and Medical Assistance resources are used to promote integration and community awareness of refugee resettlement in Minnesota. This includes public engagement activities, community presentations and consultation, and publication of data and research related to impact of refugees in the state. In the next year, the Resettlement Programs Office will seek a contractor to analyze data to show a localized return on investment related to resettlement in the state and share this information.

B. Language Training and Employment Service Certification

Language training and employment services made available to all refugees through the Minnesota Adult Basic Education system which provides English Language Learner classes free of charge for adult learners who seek to improve their English skills in areas of speaking, reading, listening and writing. Under this system licensed adult education teachers deliver instruction to students and monitor student performance using state-approved standardized English tests. Work readiness and economic self-sufficiency content are an important part of the English Language Learner curricula. Programs are accessible statewide and are funded through a combination of state, federal and local resources. The state Adult Basic Education program is administered through the Minnesota Department of Education.

C. Refugee Cash Assistance 45CFR Part 400.45

The Minnesota Family Investment Program, is the state's Temporary Assistance to Needy Families (TANF) program for low-income families with children. The Minnesota Family Investment Program helps families transition to economic stability. Parents are expected to work, and are supported in working. Most families can get cash assistance for up to 60 months. The Refugee Cash Assistance is cash assistance available to refugees who are ineligible for TANF and SSI and not full time students. In Minnesota, Refugee Cash Assistance is utilized for single adults and childless couples to provide benefits for up to eight months after arrival to the US. In Minnesota individuals are able to attend high school until they are 21. Under current eligibility criteria, they are not Refugee Cash Assistance eligible because they are in school full time. In FY2018, the Resettlement Programs Office will study the feasibility and impact of expanding Refugee Cash Assistance eligibility to include individuals who are not eligible for TANF and SSI and are full time high school students.

a. Determination of initial and on-going eligibility for Refugee Cash Assistance is based on income and asset verification prospectively for any refugee less than 8 months in the country not eligible for the Minnesota Family Investment Program. Refugee Cash Assistance income and asset eligibility follow Minnesota Family Investment Program policy. Refugee Cash Assistance applies earned income disregards of the first $65 of earned income per wage earner plus 50% of the remaining earned income of the assistance unit, with a dollar for dollar reduction from benefit level for household size thereafter in determination of eligibility and budget. Counted assets must not exceed $10,000 to be eligible for Refugee Cash Assistance.

b. Assistance levels are based on the size of the assistance unit. Cash support levels are listed below for both the Minnesota Family Investment Program and Refugee Cash Assistance participants. Refugee Cash Assistance applies a $65 standard disregard per wage earner plus a 50% disregard on remaining earned income in the assistance unit, with a dollar for dollar reduction in cash benefits thereafter.

Household size	**Minnesota Family Investment Program payment standard**[5]	**Refugee Cash Assistance Payment Standard**
1	$360	$360
2	$547	$547
3	$642	N/A
4	$731	N/A
5	$807	N/A

[5] During the 2013 legislative session, a new Minnesota Family Investment Program benefit available to all Minnesota Family Investment Program eligible families was established. The benefit payments began July 1, 2015. Households receive an additional $110 housing grant monthly. Payment levels listed represent the sum of two separate payments made to Minnesota Family Investment Program participants which are a cash support and housing grant payment made to recipients on a monthly basis.

c. Proration of shelter, utilities and similar needs for Refugee Cash Assistance are based on Minnesota Family Investment Program policy.

d. Assets do not include resources remaining in the applicant's country of origin for eligibility determinations.

e. Income and resources of an applicant's sponsor is only considered when they are a part of a family unit such as spouse, or child living in the same household.

f. Cash grants received by applicant under the Federal resettlement program are not counted as income or assets for eligibility determination.

g. The date of application is used as the start date for Refugee Cash Assistance benefits.

h. Local resettlement agencies work with a Refugee Cash Assistance provider, either through in-house eligibility coordinators, or county administered programs for application for Refugee Cash Assistance.

i. Refugee Cash Assistance employment service providers coordinate with Refugee Cash Assistance eligibility coordinators on at least a monthly basis related to job search activities and within 10 days of any offer of employment.

j. The State annually develops budgets for direct assistance and administration costs of the Public-Private Partnership model for Refugee Cash Assistance, which are monitored to ensure spending is within approved limits.

k. The Public-Private Partnership administered model provides transportation assistance to participants who are actively seeking employment and engaged with their employment provider. Job search activities are verified on a monthly basis to ensure compliance prior to issuance of transportation assistance. Vouchers are purchased in the amount of $42.50 or $40 per month, depending on the local transit system.

l. Refugee Cash Assistance participants are required to enroll with Refugee Employment Services within 30 days of Refugee Cash Assistance eligibility approval. Each Refugee Cash Assistance recipient is required to develop and comply with RES employment plans unless he/she meets 1 of the following conditions:
    - Employed at least 30 hours per week
    - Age 60 or over
    - Temporarily or permanently ill or disabled (with verification from medical authority for any condition expected to last more than 30 days)
    - Responsible for the care of a spouse who is ill or disabled (with medical authority verification)

- Experiencing a personal or family crisis, as determined by the agency (re–assessed monthly)

As a condition for the receipt of Refugee Cash Assistance, a refugee who is not exempt must also:

- Accept at any time, from any source, an offer of suitable employment
- Comply with monthly reporting requirements if receiving earned income

m. The State meets the requirements regarding Limited English Proficient Guidance in both public and private Refugee Cash Assistance programs for access to services.

1. Refugee Cash Assistance Program Administration

a. In the 8 counties receiving most Refugee Cash Assistance arrivals, eligibility is completed through a Public-Private Partnership with private refugee agencies. The remaining 87 counties have county (public) administered Refugee Cash Assistance.

b. Refugee Cash Assistance benefit checks are issued by the state in all counties. In the 8 counties listed above which are Public-Private Partnerships, assistance payments are sent to contracted private refugee agencies who meet monthly with Refugee Cash Assistance participants and distribute benefit checks in person. In all other counties, payments are issued directly to Refugee Cash Assistance participants.

c. At the state level, there is one staff person that is responsible for the oversight and implementation of Refugee Cash Assistance programming statewide. This individual is responsible for the coordination of the Public-Private Partnership, and serves as a resource for all county administered programs and policy related questions.

d. Staff at the 6 private refugee agencies in the Public-Private Partnership currently total 6.05 FTEs. All counties who administer Refugee Cash Assistance do time studies tracking time spent on Refugee Cash Assistance activities on a regular basis. Based on these studies, the Resettlement Programs Office is billed quarterly based on time spent on Refugee Cash Assistance related activities for county eligibility workers.

e. The state charges a 10% indirect rate on all direct expenses for which HHH is the cognizant agency.

D. **Refugee Medical Assistance**

1. Medical Assistance is a federal program established under Title XIX of the Social Security Act to provide health care to needy people. Funding is a combination of Federal and

State monies. Individuals under 133 percent of the federal poverty level are eligible for MA with higher income thresholds for children and pregnant women.

a. A "Designated Application Process for New Arrivals to the United States" streamlines health care application processing for refugees who are newly arrived to the United States and who are resettled by affiliates in Minnesota. Since the start of this designated process in July of 2014 the average time for new arrivals to be approved for assistance is two weeks, and expedited requests are processed within 24 to 48 hours of submission.

   Refugee Medical Assistance is a program provided for in the Refugee Resettlement Act. It provides medical coverage for refugees without a basis of eligibility for MA. Coverage is limited to the first eight months a refugee is in the US.

b. All Minnesotans, including refugees, who apply for health care coverage through MNsure (the state health care exchange) are screened for eligibility for MA, state subsidized health insurance, and Refugee Medical Assistance. Minnesota's exchange includes Medicaid expansion as of 1/1/2014, expanding eligibility for all Minnesotans as described in D.1 above.

2. Income Standards:
   a. The financial eligibility standards for Refugee Medical Assistance is currently 100% of the federal poverty level. Since all refugees are screened first for Medical Assistance eligibility, all refugees who would qualify for Refugee Medical Assistance should also qualify for Medical Assistance. For this reason, there are no circumstances in which a new refugee would be ineligible for Medical Assistance and still meet the income guidelines.
   b. In the coming year, program staff will continue to explore the feasibility of increasing the income standard up to 200% of the federal poverty level for possible implementation in the next program year.
   c. For eligible populations without health coverage or whose health insurance does not cover the refugee health screening, a flat-fee reimbursement is made for the cost of the refugee health exam completed within the first three months after arrival in the US for the cost of the refugee health screening. The Minnesota Department of Health oversees this process as a part of health screening administration

3. Eligible individuals who receive increased earnings from employment are ensured continued coverage under Refugee Medical Assistance up to 8 months in the country, based on their eligibility at the time of application.

4. Refugee Medical Assistance will cover at least the same services in the same manner and to the same extent as Medicaid. This is administered in Minnesota on a fee for service basis for Refugee Medical Assistance recipients.

5. Additional Services: None to report.

6. The Minnesota Department of Health coordinates the medical screening of refugees and works with local refugee resettlement agencies to identify newly arrived refugees in need of care under an interagency agreement with the Minnesota Department of Human Services. Minnesota Department of Health responsibilities include:
    - Serving as the single point notification for primary refugees to Minnesota under the Reception and Placement program for electronic notification system managed by the Centers for Disease Control.
    - Providing clinical consultation, administrative guidance and training to local public health agencies and private health care providers which provide medical screening, ensuring standard implantation of the Office of Refugee Resettlement and Center for Disease Control refugee screening guidelines across the state.
    - Identifying health care entry points, systems and specialists to ensure refugees with acute and chronic health conditions are linked to care in a timely manner.
    - Maintaining a local public health nurse contact in each county health department who is responsible for coordination of health screenings for newly arrived refugees under their jurisdiction.
    - Providing assistance to local resettlement agencies in identifying refugees needing medical treatment or observations at the time of resettlement as needed and requested.
    - Maintaining and analyzing health screening data.

    a. Minnesota has a centralized refugee screening management model. The Minnesota Department of Health has been designated as the single point notification source for new arriving refugees into the state under the reception and placement program. The Centers for Disease Control notifies the Minnesota Department of Health of all arrivals via the Electronic Disease Notification system. The basic arrival information includes names of all persons in the household, their alien registration numbers, dates of birth, gender, place of birth, sponsoring resettlement agency or other sponsor (e.g., relative), and the date on which they arrived in the U.S. Accompanying their arrival information is a report of each person's overseas medical examination on Department of State forms DS-2053, DS-2054, DS-3024-3026, pre-departure medical screening form and Special Medical Case form. The Electronic Disease Notification system notifications are available for primary refugees, derivative asylees, parolees and special immigrant visa holders. Documentation for secondary refugee transfers is also available in the Electronic Disease Notification system.

b. The Minnesota Department of Health oversees and coordinates all aspects of the refugee medical screening to ensure refugee health screening policies are implemented statewide. Overseas medical records are reviewed by a nurse at the Minnesota Department of Health who highlights medical care needs and assists local refugee resettlement agencies to interpret medical information. Basic demographic information is then entered into a Minnesota Department of Health database. These services are federally funded through interagency agreement with the Minnesota Department of Human Services and paid for through Cash and Medical Assistance funds.

   Local resettlement agencies directly refer each new arrival to the local public health contact in the county of residence with biodata forms and any medical information received and forward this information to the Minnesota Department of Health. Once a county receives Electronic Disease Notification system notifications from the Minnesota Department of Health, they move forward with the localized process for scheduling health screenings.

   Screening results and referral information are returned to and tracked by the Minnesota Department of Health that monitors the screening status of new arrivals to ensure screenings are completed within 90 days. Local public health contacts are called and reminded if health screenings are delayed and are offered support or appropriate interventions.

c. The Minnesota Department of Health has a local public health nurse contact in each of the 87 county health department throughout the state. These local public health nurse contacts coordinate health screenings for all newly arrived refugees to their county. Refugees in Hennepin and Olmsted Counties are screened within public health clinics. All other counties utilize private clinics to deliver refugee health screenings. Local Public Health contacts have established relationships with these select private clinics and provide training to the clinicians providing refugee health screenings. Refugee health screenings require at least two clinic visits. The first visit is with a nurse and the second is with a physician, physician assistant or nurse practitioners depending on clinic staffing.

d. See “Attachment A” for description of service elements of the Refugee Health Screening covered by Medicaid.

7. Refugee Medical Assistance Costs
   a. Refugee Medical Assistance health insurance delivery is administered on a fee-for-service basis, including medical, interpretation, and transportation costs. The number of estimated monthly recipients/users of Refugee Medical Assistance includes:

- Adults without children with incomes at or above 133% of the federal poverty guideline (until 12/31/2013) or
- Adults without children with incomes at or above 133% of the federal poverty guideline (after 12/31/2013) or
- Adults without children who lose their MA eligibility due to earnings from employment

b. Refugee Medical Assistance administration costs include staffing with the Minnesota Department of Human Services to: ensure policies and systems are aligned with federal and state regulations; conduct outreach and training to counties as needed; trouble-shoot applications as needed; investigate the feasibility and system change requirements of increasing the income limit for Refugee Medical Assistance to 200% of poverty for the next fiscal year.

E. Refugee Medical Screening Program

1. N/A - Minnesota does not charge Refugee Medical Assistance for overall refugee medical screenings so is not required to have written approval from the Office of Refugee Resettlement Director.

2. Refugee Medical Assistance is administered in accordance with the Office of Refugee Resettlement's 2012 refugee screening guidelines.
   a. All required screening services are covered under MA and Refugee Medical Assistance benefits.

   b. Additional services provided:

   Complex Medical Systems Coordination: The Minnesota Department of Health has integrated health systems coordination to assist with care plans for refugees with acute or complex health care needs into its core activities through a medical social worker who works with local refugee resettlement agencies to develop care protocols and assure initial health care services for cases with significant health conditions are set up prior to arrival. The Minnesota Department of Health medical social worker identifies resources and communicates with Local Public Health, primary care providers and referral specialists to inform of the refugee's health status, and forwards relevant medical records to the appropriate health care facilities.

   Coordination of refugee health screening for secondary arrivals: According to the Office of Refugee Resettlement report issued in June 2015, Minnesota had a net migration of over 3,000 secondary refugees in FFY14 making it the number one destination in the US for secondary refugees. In CY2016, the Minnesota Department of Health received 978 secondary migrant referrals 44% of whom had

not had and were still eligible for a refugee health screening; and an additional 10% needed treatment follow-up for latent TB infection). Overseas medical records are transferred from primary arrival state and forwarded to local care providers, avoiding unnecessary repetition of screening or vaccinations. This coordinated approach has been embraced locally, but requires resources to support care access for secondary refugees who do not have the support of a local resettlement agency. Limited resources are built into the health screening budget to support screening coordination in the counties most impacted by secondary arrivals.

c. Refugee Medical Assistance uses the same Medicaid reimbursement rate for the components of the health screening. This cost is included in the $640 average unit cost on Line 2a in the FY 2018 Form ORR-1.

d. The Minnesota Department of Health regularly monitors the screening status of all new arrivals to ensure that all complete screening within 90 days. Local Public Health contacts are called and reminded if health screenings are delayed and are offered support or appropriate interventions.

3. Costs of the medical screening program are listed in the Form ORR-1 Cash and Medical Assistance estimate.
   a. Refugee Medical Screening expenses are covered under MA or Refugee Medical Assistance. There are no direct expenses associated.

   b. All of the Medical Screening Administrative budget is paid to the Minnesota Department of Health to coordinate the refugee health screening related activities state wide, as described in Section D and E.1&2 above.

F. Refugee Social Services

1. Social services are provided to refugees consistent with Office of Refugee Resettlement priorities and guidelines. The Minnesota Department of Human Services uses formula social services grants and targeted assistance program formula allocation grants[6] to fund social services meet the Office of Refugee Resettlement prioritization criteria. Currently, these services include:

- Employment services
- Resettlement services for secondary migrants
- Housing search
- Outreach
- Information and referral to mainstream social services
- Case management
- Information and referral

[6] Hennepin and Ramsey Counties are counties qualified to receive Targeted Assistance Program (TAP) grants. Through agreement with both counties, The Minnesota Department of Human Services administers TAG locally. TAG funding is used exclusively for refugee employment services

- Interpretation services
- Citizenship and naturalization preparation services (services offered do not include any resources for fees paid to the United States Citizenship and Immigration Services (USCIS).[7]
- Academic supports for refugee students

Services are limited to refugees who have been in the US for less than five years, with priority given to new arrivals within the first year after arrival.[8] These services are equally available to women. The Minnesota Department of Human Services contracts with various consortia of providers with experience and expertise in providing linguistically and culturally compatible services at the point of service transaction. These include:

- Local resettlement agencies
- Mutual Assistance Associations
- Faith-based organizations
- School districts
- Social service agencies
- Legal aid agencies

The Resettlement Programs Office establishes annual minimum outcome benchmarks to measure performance during the contract negotiation process. A list of outcomes tracked are listed in Attachment B. Contracted performance indicators for each agency are reviewed by the Resettlement Programs Office on a quarterly basis. In addition to on-going outcome tracking, the Resettlement Programs Office conducts annual programmatic and fiscal reviews of each contracted agency.

G. Cuban Haitian Entrant Program: Minnesota is currently not a site for Cuban/Haitian entrants

H. Unaccompanied Refugee Children: Minnesota does not currently operate an Unaccompanied Refugee Children program. Children in need of protection may be referred to child protective services for assessment and referral to available interventions.

[7] In addition, several Local Resettlement Affiliates operate The Matching Grant Program (MGP). MGP is an alternative to public assistance, designed to make refugees self-sufficient within four months after arrival in the US. This program requires a match of an agency's private funds or in-kind goods and services. During the refugees' first four months in the US, Local Resettlement Affiliates which operate MGP are responsible for resettling refugees and assisting them to become self-sufficient through private initiative without recourse to public assistance.

[8] Citizenship and naturalization preparation services, referral and interpretation services are available to refugees who have been in the US more than 60 months.

ATTACHMENT A

Service Elements of the Refugee Health Assessment

Minnesota follows the Office of Refugee Resettlement's 2012 refugee screening guidelines. A Refugee Health Assessment consists of a series of two to three visits. Essential elements of the exam include a medical and physical assessment focused on the identification and treatment of infectious diseases and indicators of chronic conditions, according to standardized Office of Refugee Resettlement, Centers for Disease Control and Prevention and Minnesota Department of Health screening protocols. The exam also includes treatment for any conditions identified or referral to appropriate follow-up care and basic health education.

The providers of initial health assessments are expected to provide the following medical services to each refugee:

1. History- Overseas medical records are reviewed for all newly arrived refugees and necessary follow-up are initiated.

2. Physical Exam and Review of Systems: Refugees receive a complete physical exam (with special attention to suspected signs of Hansen's Disease), including assessment of acute mental health concerns, dental, hearing, vision, height/weight, nutritional assessment (Vitamin B12, D) with necessary referrals

3. Complete blood count with differential to identify hematologic disorders

4. Tuberculosis screening and follow-up: Refugees are screened for tuberculosis (TB) prior to leaving their country of origin and the TB component of overseas evaluations are determined by the individual's age, the prevalence of TB in the local population, and the resources in that country to implement CDC's enhanced screening protocol developed in 2007. Those found to have TB-related conditions are given a "TB Class" which is then reflected in the Electronic Disease Notification system notification of that arrival and documented on their DS forms. These TB Classes are:
   - Class A TB – active pulmonary TB disease, sputum smear or culture positive; requires a waiver (i.e., on treatment and smear-negative prior to travel).
   - Class B1 TB – evidence of pulmonary or extrapulmonary TB disease, sputum smear-negative; includes "old healed TB", and previously treated TB
   - Class B2 TB – Latent TB infection (LTBI) if TST ≥ 10 mm
   - Class B3 TB – Contact of a known TB disease case
   - No Class – none of the above.

The *domestic TB screening* of newly arriving refugees includes the following:

a. Administer a tuberculin skin test (TST) for all refugees six months or older or draw an interferon-gamma (IGRA) blood assay regardless of the refugees' BCG history unless the person has a reliable

history of previous treatment for TB or reliable documentation of a previous positive test. IGRA testing is approved and recommended for use in anyone ≥5 years of age. For most refugees, the TST is positive if ≥10 mm induration. A 5 mm cutoff is used if: (1) HIV+, (2) recent close contact to infectious TB case, (3) arrivals with TB Class A or B1 conditions, (4) chest X-ray (CXR) with fibrotic changes, (5) organ transplant, or (6) otherwise significantly immune-compromised.

b. Perform a chest x-ray for refugees with:
   - Positive TST (≥10mm induration) or IGRA results **or**
   - TB Class A or B1 designation from overseas exam, regardless of TST **or** IGRA results
   - Symptoms of tuberculosis, regardless of the TST or IGRA results.

c. Diagnose infection or rule out active/LTBI:
   - **Diagnosing TB disease, suspected or confirmed**: If the refugee arrives as a Class A TB, or the chest x-ray is abnormal and consistent with TB disease, or the individual has signs or symptoms of TB, regardless of the TST/IGRA results then sputum specimens should be collected for bacteriologic examination and a "TB suspect" reported to the Minnesota Department of Health TB Prevention and Control Program. Providers need to remember to consider extrapulmonary TB disease, which is also reportable to the Minnesota Department of Health. Further diagnostic testing may be necessary to confirm or rule out TB disease. Treatment for TB disease should be initiated as soon as possible and directly observed therapy (DOT) is the standard of practice for treating active TB.
   - **Diagnosing Latent TB infection (LTBI):** If the TST or IGRA is positive and the chest x-ray is normal or abnormal but tuberculosis disease is ruled out, then treatment for LTBI should be initiated. For specific treatment regimens, providers consult the CDC guidelines available on the Minnesota Department of Health TB Program website at: www.health.state.mn.us/tb.

5. Immunizations and follow-up: Clinics are advised to assess the immunization history of each refugee referring to the overseas records (if any) and any records brought by the refugee. All previous vaccinations should be recorded. Lab evidence of immunity may be obtained and recorded as is history of disease. All previous vaccinations are considered valid if they were given according to the Minnesota child or adult schedule.
   - If there is no documentation, assume the refugee is unvaccinated
   - All age appropriate vaccinations are given as recommended by the Advisory Committee on Immunization Practices (ACIP)
   - Documentation of all vaccination administrated is given to the refugee and entered into the state immunization information system (MIIC)

6. Hepatitis A, B, C and follow-up: All refugees receiving initial health assessments should be assessed for hepatitis B status with serologic screening for hepatitis B HBsAg, anti-HBs, anti-HBc. Household contacts of those identified as carriers of the virus (HBsAg) who are themselves HBsAg negative should have determination of their antibody status. All susceptible contacts should receive a three-dose series of hepatitis B vaccine. Pregnant women identified as carriers should have test results forwarded to their prenatal care provider for appropriate follow-up for their infant. The Minnesota Department of Health collaborates with hepatitis surveillance and perinatal hepatitis B prevention program to share all screening and demographic information to ensure follow-up.

Refugees may be screened for hepatitis C (anti-HCV and confirmatory), if indicated by risk of exposure. Routine screening for hepatitis A is not recommended for refugees.

7. Intestinal Parasites and follow-up: Evaluation for significant parasitic disease or infestation followed by appropriate treatment:
   - Confirm pre-departure presumptive treatment
   - Routine eosinophil count

PLUS

If **no documented** pre-departure parasite treatment:

- Collect 2 stool specimens more than 24 hours apart for Ova and Parasites
- Strongyloides serology (all refugees)
- Schisotosoma serology for sub-Saharan Africans
- or presumptive domestic treatment

If **documented** pre-departure parasite treatment:

- *Single-dose* pre-departure with no praziquantel treatment requires strongyloides serology (all refugees) and schistosoma serology for Sub-Saharan Africans or presumptive domestic treatment
- *Single-dose* pre-departure with praziquantel treatment requires strongyloides serology (all refugees) or presumptive domestic treatment
- Eosinophilia with *high dose* pre-departure treatment requires either ova and parasite testing or a repeat eosinophil count in 3-6 months after arrival.

Treatment should be provided according to approved treatment schedules for any and all pathogenic parasites identified.

8. Malaria screening and follow-up:
   - Screen if symptomatic or suspicious history
   - Screen or presumptively treat if asymptomatic, from highly endemic areas (Sub-Saharan Africa) and **no documented** pre-departure therapy.
   - Obtain 3 thick and thin smears to screen or use PCR.

9. Sexually transmitted diseases screening and follow-up:

Universal testing of HIV and syphilis for arrivals from mid-high HIV prevalence regions

- Screen for syphilis with VDRL or RPR, confirm
- Screen for HIV if 13-64 years and from non-endemic region; screen all family members if person is positive, confirm
- Screen sexually active patients for other STIs, if appropriate, using urine testing for GC/Chlamydia, if possible.

10. Lead Screening:
    - Screen all children < 17 years old

- Refer to Public Health and medical follow up if BLL >10mg/dl.

11. Pregnancy test should also be performed when indicated.

12. Additional components include:
    - Basic metabolic panel, if indicated (especially if screening if occurring in a primary clinic setting)

13. Refugee Health Orientation: It is also essential to help orient the new refugee arrival to the need for the domestic health assessment and how to access health care services here in the U.S. Examples of topics addressed by Local Public Health with new refugee arrivals include;
    - knowing when to call the doctor
    - how to recognize an urgent medical problem
    - how to recognize a medical emergency
    - how to utilize the 911 system
    - how to ask for an interpreter
    - how to utilize Emergency Rooms
    - how to use prescription medications, etc.

Local Public Health provides most of this education, but providers in private clinics provide this education as well. Minnesota Department of Health provides technical assistance, resources or guidance as requested. In collaboration with Local Public Health, health care providers and local resettlement agencies, Minnesota Department of Health is assisting with the development of an orientation tool kit for newly arrived refugees.

ATTACHMENT B: Refugee Social Services Outcomes

ECONOMIC STABILITY
Individual who was not working is placed into employment.
HOUSING STABLITY: *Only one head of household per unit can be claimed and the participant must be 16 years of age or older.*
Housing stabilized through **unsubsidized housing**
Housing stabilized through **subsidized housing**
Households who were **at risk of losing housing** are stabilized in same house.
SECONDARY RESETTLEMENT: *One head of household per unit, 16 years of age or older. Participant must have relocated from another state OR relocated within Minnesota between a metro/greater MN areas.*
Refugee households who were assessed to be lacking in one or more of the following initial resettlement needs who have ALL services needed met after program participation. Access to public benefits: • Basic needs support (food, clothing, furniture, household items) • Enrollment in Health Plan • Incomplete Refugee Health Assessment • Registration for children in school, **if needed**
TRANSPORTATION INDEPENDENCE: *Participant must be 16 years of age or older.*
Refugees achieve transportation independence through public transportation.
Refugees achieve transportation independence through obtaining a driver's permit or obtaining a driver's license.
CONNECTION TO ONGOING COMMUNITY RESOURCES:
Refugee parents in need of child care services have ongoing access to childcare after program participation ends ***(one parent per household unit, 16 years or older).***
Refugees with health conditions are receiving ongoing health services which improve well-being and are able to maintain these after program services end ***(any age with health condition which requires ongoing treatment).***
Refugees are *regularly participating* in *ongoing social groups/programs leading to improved social connections and are able to maintain participation after program services end ***(any age refugee connected to and regularly participating in ongoing programming).*** **i.e.: wellness programs, recreation programs, mentor programs, continuing education, family programs*
Refugees in need of *emergency and/or crisis services are connected to appropriate resources to meet their needs (***any age refugee in need of emergency and/or crisis services).*** **i.e.: shelter, domestic violence*
PROGRESS TOWARDS CITIZENSHIP:
Individuals submit application for permanent residence through program ***(assistance for any follow up issues that arise based on that application is required).***
Individuals submit application for citizenship through program ***(assistance for any follow up issues that arise based on that application is required).***
Individuals submit application outside of RPO funded agency who were assisted to resolve issue with application leading to a successful outcome for their case.