Cover Page and Authorized Signatures

State: Pennsylvania
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List State agency personnel who should be contacted with questions about the Refugee State plan.

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Certified By:

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Director, Bureau of Employment Programs

4/10/2025
Date

State Plan Template for Grants to States and Replacement Designees for Refugee Resettlement

In order to receive refugee resettlement assistance, a state or Replacement Designee (RD) must submit a State Plan that is signed by the Governor, the Governor's designee, or, in the case of an RD, by the RD's authorized representative, and that is approved by ORR. The State Plan should outline detailed plans for a state's and RD's implementation of the required components. This template outlines the required components and mandatory sequence of a State Plan. A state or RD may include additional information either at the end of the relevant section (e.g., additional information about medical screening after D.4) or as a separate attachment to the State Plan.

I. ADMINISTRATION

A. Organization - 45 CFR Parts 75 and 400 Subpart C, 45 CFR § 400.5[1], and Policy Letter (PL) 16-01[2]

1. Designate the state agency or RD responsible for developing and administering or supervising the administration of the State Plan.

   The Department of Human Services' (DHS) Office of Income Maintenance (OIM) is the state agency charged with the authority and responsibility of developing, administering, and supervising the State Plan for the Commonwealth of Pennsylvania's Refugee Resettlement Program (RRP).

2. Provide the name and title of the State Refugee Coordinator (SRC) designated by the Governor or the Governor's designee. Provide copies of the signed documentation showing the chain of designation from the Governor, through the Governor's designee, if applicable, to the SRC. For an RD, provide the name and title of the Statewide or Regional Refugee Coordinator (as applicable) and indicate whether the person is responsible for administering the entire Refugee Resettlement Program (RRP) or a specific element of it.

   Charlotte Fry, Human Services Analyst Supervisor for the RRP, has been designated as the State Refugee Coordinator (SRC).

[1] Applicable citations for the entirety of the section will be provided at the beginning of each section. An additional citation(s) may be provided after a subitem (e.g., B.7), if the subitem requires an additional reference.
[2] Citations may include ORR PLs or other guidance documents, which are subject to revision or being superseded by later guidance. If this occurs, ORR will notify states and RDs that the revised or subsequent guidance applies to the relevant section or item within this template.

3. Provide the name, title, and agency of the Refugee Health Coordinator (RHC), as applicable.

   Dr. Leena Anil, Epidemiologist, Pennsylvania Department of Health's (PA DOH) Bureau of Epidemiology is the State Refugee Health Coordinator (SRHC).

4. Describe the organizational structure and functions of the state agency or RD.

   The RRP is located within OIM's Bureau of Employment Programs (BEP). The RRP has direct responsibility for the Refugee Support Services (RSS), Unaccompanied Refugee Minors (URM), Services to Older Refugees, Youth Mentoring, Refugee Health Promotion, and Wilson Fish TANF Coordination programs. Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA), as with all other welfare benefits, are administered through OIM's Bureau of Operations (BoO) and issued at the County Assistance Office (CAO) level. DHS has a Memorandum of Understanding (MOU) with the Pennsylvania Department of Education (PDE) to provide services through ORR's Refugee School Impact funding, which provides programs for school-age refugees. The SRC has been delegated with the lead responsibility to ensure overall coordination and integration and is responsible for the day-to-day management and coordination of all ORR-funded programs.

5. Describe the State's or RD's process for leading or co-leading with local resettlement agencies in the state, no less frequently than quarterly, in active coordination with the SRHC, the consultations described in § 400.5(h), which must address:

   a. assessing community capacity for placement and service provision and planning for appropriate placement and arrival planning.

   The RRP convenes quarterly collaborative meetings in tandem with local resettlement agencies (LRAs) in each of its five primary service regions. At a minimum, attendees include providers of post-resettlement programming, community-based organizations, CAO staff, public service representatives, school district personnel, and healthcare workers. City and county government officials are often also in attendance. In addition, the RRP coordinates and facilitates an annual statewide consultation to provide networking opportunities and training directly related to ORR populations.

   b. assessing needs of refugees for services and assistance; and

LRAs lead the conversation surrounding proposed arrival numbers taking into consideration housing and sustainable employment opportunities. Other stakeholders provide input on barriers and successes surrounding access to health screening, school enrollment, benefits issuance, and community integration opportunities.

c. using the best available data to gauge the projected refugee services and benefits needs;

LRAs report expected arrivals through the US Refugee Assistance Program, and the State Office reports unanticipated arrivals as provided by USCIS, ORR Tableau, and private sponsorship data resources. CAO staff provide the numbers of ORR populations enrolling in RCA and RMA benefits and referral to regionally based programs.

and which are encouraged to address:

d. coordinating supports and services for refugees;

Regional collaborative meetings are used for the purpose of coordination of area stakeholders to provide impactful services to refugees such as stabilization, wellbeing, education and employment supports and services

e. ensuring that benefits and services are neither omitted or duplicated; and

All service delivery agencies have written referral procedures in place to avoid omission or duplication of benefits and services.

f. developing a community strategy to support refugee integration and participation in civic life.

The RRP will incorporate the development of a community strategy into quarterly collaborative meeting discussions to ensure that refugees are fully able to integrate, participate, and benefit from its institution.

6. Describe program and fiscal oversight for the overall RRP delineating individual components as applicable (Refugee Cash Assistance, Refugee Medical Assistance and Medical Screening, and Refugee Support Services (RSS), and RSS Set-Aside programs). Include a detailed description of the state's or RD's protocol to monitor and evaluate subrecipient operations.

The RRP in concert with OIM's Bureau of Program Support (BPS) performs all required programmatic and fiscal monitoring of subcontracts, either on-site or by desk monitoring, to verify accuracy of performance data, completeness of case files, and reporting compliance with subrecipients. Monitoring assures compliance relative to contract performance standards and requirements. Any subrecipients with program deficiencies are required to submit corrective action plans within 45 days of receipt of monitoring reports. RRP staff work with subrecipients to approve a corrective action plan (CAP), ensure that approved CAPs are implemented and follow up with targeted technical assistance, such as training or targeted file reviews, and additional monitoring to review that changes have been made and drive ongoing compliance. CAPs are reviewed throughout the program year to monitor progress on any identified deficiencies.

RRP also completes Quality Control (QC) random sample reviews of RMA and RCA budgets monthly for correct eligibility determinations. Following the reviews, the CAO must correct any noted deficiencies up through and including any required benefit overpayments. Monthly Refugee and CAO Collaboration calls are also conducted, and the most common errors found in the QC reviews are discussed and appropriate training is provided.

Using spreadsheets, OIM's Division of Office Services (DOS), BPS tracks subrecipients' program expenditures (RCA, RMA, and Medical Screening, and RSS Base, and RSS Set-Aside programs) as reported on their monthly Cost Reimbursement Invoices to ensure the expenditures and balances match what is being reported. Any discrepancies in reporting are returned to the sub-grantees for corrections and/or explanation.

Additionally, the OIM's Division of Management and Budget (DMB), BPS conducts quarterly expenditure reviews based on the Commonwealth's SAP Enterprise Resource Planning Systems and notifies DOS staff of any subrecipient deficiencies or irregularities that are out of compliance with specific grant terms and conditions.

7. Describe the procedures the state or RD uses to verify client immigration status or category to ensure initial and continued client eligibility for ORR funded refugee assistance and services.

Applicants for RCA and RMA, as well as those seeking services through RSS Base and RSS Set-Aside funding must provide proof of ORR eligibility status such as an I-94 record of arrival, letter of asylum grant, Certification of

Trafficking document, or any other qualifying United States Citizenship and Immigration Services (USCIS) documentation. In addition to obtaining the appropriate ORR eligibility document, CAO caseworkers initiate SAVE request to USCIS for individuals applying for RCA and RMA benefits.

8. Describe the procedures the state or RD uses to safeguard the disclosure of client information.

Should communication regarding clients need to be shared, Commonwealth email between state office, sub-grantees, or CAO staff is secured both outgoing and incoming. Further, for requests requiring Personally Identifiable Information (PII) involving more than one person, a password-protected file is sent using secure email and followed up with another email containing the password to view the file. The Commonwealth of Pennsylvania acknowledges that the use or disclosure of information concerning applicants or recipients of public assistance for purposes other than benefit eligibility and provision of services is strictly prohibited by state and federal law.

Each subgrantee is provided with language regarding safeguarding client information in their contract to include a Business Associate Addendum (BAA).

PA RRP also requires that subgrantees keep client information confidential and require all employees, subcontractors, and subgrantees that access confidential information received under contracts sign an acknowledgement to evidence their understanding and agreement with regard to the confidential nature of client information. Subgrantees shall use client information only as agreed to in the contracts and for no other purpose. Subgrantee shall properly instruct any person having access to client information as to security requirements and obligations, and to inform persons having access that they are bound by the confidentiality provisions of the contract. Subgrantee must inform all employees that violation of this Agreement may result in disciplinary action, including discharge or criminal prosecution if the employee knowingly uses the information for fraudulent purposes. Subgrantee and its employees have access to client information only as it pertains to the scope of work and services being provided. Clients agree via a Release of Information form to share protected information. The obligation to safeguard client information survives the expiration or termination of contracts.

Additionally, subgrantees are required to provide training to employees, subcontractors, and subgrantees annually. That training is provided by PA RRP. Training completion is documented and reviewed at annual monitoring.

9. Describe data systems used by the state or RD to collect and maintain records necessary for federal monitoring and how the state or RD reviews data to ensure accurate and timely submission of reports, including, but not limited to, the ORR-5 and ORR-6.

   Currently, most ORR-5 and ORR-6 data is sent to the RRP via spreadsheet from sub-grantees, then organized onto one report. Information not available in this manner is requested from OIM's Division of Data Analytics, BPS which in turn draws down information from DHS's Data Warehouse and forwards it to RRP staff. The RRP is consulting with the Bureau of Information Services to create its own web-based data collection system. This tool will allow for more efficient reporting, decrease the likelihood of data entry errors, and result in greater flexibility to generate reports with improved timeliness.

10. Provide the location of the state or RD headquarters. For RDs, provide the location of both in-state and out-of-state headquarters, as applicable.

    The RRP is centrally located in the capital city of Harrisburg, in the Health & Human Services Building. The building also houses OIM Headquarters, the Office of the DHS Secretary, and several Bureaus within PA DOH, including Epidemiology. The address is 625 Forster Street, Harrisburg PA 17105.

11. Describe how the state's or RD's procurement process to acquire services supports a transparent (1) merit-based selection of subrecipients, and (2) distribution of funding between subrecipients based upon objective factors.

    Requests for Application (RFA) stipulate the criteria for becoming successful sub-grantees. Applicants must be able to demonstrate both a successful history of serving ORR-eligible populations, as well the ability to provide appropriate activities or services relative to age, cultural, and linguistic need. At a minimum, the technical requirements of the RFA include a Project Narrative consisting of an Organizational Capacity, a Logic Model, the Need for Assistance, a practical Approach, the Expected Outcomes, and the Geographic Location where services will be provided. Historical and current data that demonstrate anticipated and unanticipated refugee arrivals in the community and the results of needs

assessments conducted are also vital inclusions. Following RFA publication and application receipt, five evaluators read and score applications, and meet to select successful applicants.

Funding is awarded based on the following factors: arrival percentages in heavily impacted cities, the applicant's ability to offer and deliver services that demonstrate successful outcomes as indicated by programmatic audits, evidence of fiscal responsibility, a diverse and language-rich staff, and historical evidence of service provision for a broad array of refugee groups as demographics change and new needs emerge.

12. Describe the State's or Replacement Designee's efforts to practice and encourage inclusion, through purposeful collaboration and engagement with ethnic communities and with individuals with lived experience, to inform service design and delivery.

All service delivery is designed with ORR-eligible populations at the forefront. Issues arising as the result of resettlement and integration such as housing needs, language access, addressing latent trauma, and community engagement. Ethnic groups are represented during quarterly collaborative and statewide provider meetings as most contracted partners employ former refugees and other immigrants. In other forums, they are sought out for planning and development as subject-matter experts.

Additionally in September 2023, Governor Shapiro signed Executive Order 2023-18 to increase opportunities for small and diverse businesses to qualify for state contracts.

The Contractor Partnership Program (CPP) also directs contractors holding contracts over 5 million dollars, to seek and hire TANF recipients. Refugee service providers are encouraged to seek refugee TANF recipients to fill positions within their organization.

RDs should address items #12 and #13, per PL 18-03.

13. Briefly describe the RD's written code of conduct to ensure that administrative decisions, including the monitoring of a provider that is part of the same 501(c)(3) organizational structure as the RD, do not result in a conflict of interest that unduly benefits the RD.

Not applicable.

14. Briefly describe the RD's policy for resolving disputes that may arise between the RD and subrecipient agencies, as well as between the RD, providers that are part of the same 501(c)(3) as the RD, and clients.

    Not applicable.

B. Assurances - 45 CFR § 400.5

Provide an assurance the state or RD will:

1. Comply with the provisions of Title IV, Chapter 2 of the Refugee Act (8 U.S.C. § 1522), and official issuances of the ORR Director (Director).

   DHS assures that it will comply with the provisions of Title IV, Chapter 2 of the Refugee Act (8 U.S.C. § 1522), and official issuances of the ORR Director (Director).

2. Meet the requirements in 45 CFR Part 400.

   DHS assures that it will meet the requirements in 45 CFR Part 400.

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

   DHS assures that it will comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding.

4. Amend the State Plan (as needed) to comply with ORR standards, goals, and priorities established by the Director.

   DHS assures that it will amend the State Plan (as needed) to comply with ORR standards, goals, and priorities established by the Director.

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

   DHS assures that access to and provision of assistance and services funded under the plan will be provided equitably to refugees without discrimination on the basis

of age, disability, ethnicity, race, color, religion, nationality, sex, sexual orientation, gender identity, political opinion, and category of eligible population.

6. Convene, not less often than quarterly, meetings where representatives of local resettlement agencies, local community service agencies, and other agencies that serve refugees meet with representatives of state and local governments to coordinate the appropriate services for refugees in advance of the refugees' arrival. Such meetings shall include outreach and invitation to, at a minimum, public school officials, public health officials, welfare and social service agency officials, and police or other law enforcement officials, for jurisdictions in which refugees resettle.

   DHS assures that it will convene, no less often than quarterly, meetings where representatives of local resettlement agencies, local community service agencies, and other agencies that serve refugees meet with representatives of state and local governments to coordinate the appropriate services for refugees in advance of the refugees' arrival. Such meetings shall include outreach and invitation to, at a minimum, public school officials, public health officials, welfare and social service agency officials, and police or other law enforcement officials, for jurisdictions in which refugees resettle.

7. Act in accordance with 45 CFR §§ 75.351-75.360 and 400.22(b) (2) with regard to subrecipient monitoring and management.

   DHS assures that it will act in accordance with 45 CFR §§ 75.351-75.360 and 400.22(b) (2) with regard to subrecipient monitoring and management.

8. Act in accordance with 45 CFR §§ 75.371-75.380 for remedies for subrecipient noncompliance.

   DHS assures that it will act in accordance with 45 CFR §§ 75.371-75.380 for remedies for subrecipient noncompliance.

II. ASSISTANCE AND SERVICES

A. Coordination and Access - 45 CFR § 400.5

1. Describe how the state or RD will coordinate Cash and Medical Assistance (CMA) with support services to promote employment and encourage economic self-sufficiency for ORR-eligible populations.

Through its sub-grantee partnerships, DHS will provide employment and employment-related services to ORR-eligible populations with priority given to refugees enrolled in CMA-funded benefits. Specifically, refugees enrolled in support services will be offered targeted barrier-removal activities in combination with job search to obtain gainful and sustainable employment. The RRP strives to offer programs that lead to the reduction or termination of welfare dependence, and places clients firmly on the path to family economic stability.

The CAO refers clients to Employment & Training (E&T) providers across the commonwealth to receive individualized employment and training services. The CAO will complete an Agreement of Mutual Responsibility (AMR) that outlines services and supports needed by the client to overcome barriers to self-sufficiency. Refugee providers then develop a family self-sufficiency plan to address needed supports and services
through community connections to assist in accomplishing goals. Support services such as special allowances, childcare services, job search, job readiness and retention services.

2. Describe how assistance and services will be coordinated among resettlement agencies, state and county agencies, and service providers in the community, and how the state or RD will communicate with subrecipients.

   CMA-funded benefits (RCA and RMA) are issued at all 67 counties via CAOs in Pennsylvania. Resettlement Agency (RA) staff apply for benefits on behalf of clients, post-arrival. All RAs in Pennsylvania have agreements with DHS to provide employment services through RSS Base funding. Following the CAO eligibility determination period, clients are notified in writing by the CAO of receipt of benefits and referred to local service providers for enrollment. Once the client has been enrolled and is engaging in an appropriate activity, the provider communicates AMR compliance to the CAO. Providers further submit to the RRP subsequent notice of client employment participation using a cumulative monthly Performance Requirement Report which tracks enrollment, job placement, wage, cash assistance status, and job retention. Providers through the use of regional quarterly collaboratives will meet with community agencies, CAOs and other community partners to share resources to better serve clients. Partners share new initiatives and opportunities to promote equitable services to all clients regardless of the service provider.

3. Describe how ORR-eligible populations residing in the state or applicable region will have reasonable access to ORR cash assistance and services, including access

to remote services.

ORR-eligible populations are able to apply for cash assistance within their county of residence. DHS accepts benefits applications via the online application system, COMPASS mobile app, walk-in and through the statewide customer service center. Although most live in heavily populated cities located within the RRP's five service regions, any ORR-eligible person may be served within reasonable proximity to existing services. With respect to remote service provision, all refugee contracted agencies have the resources to offer many of their programs using online platforms.

4. Describe how ORR-eligible populations will have access to other programs in the community, such as childcare, older adult services, and other support programs for working families and individuals.

   CAO staff and the RRP sub-grantee network are connected with state-funded, county-based organizations including Area Agencies on Aging and the Head Start Program. Both entities have offices located in all 67 counties in Pennsylvania and referrals are made as needed. For access specifically to TANF or SNAP programs, the RRP will assist with enrollment activities for the individual or family seeking services. The RRP informs providers of all eligible services available to participants from the Commonwealth. Supports and services such as childcare for work and work-related activities, disability and elder services such as waivers, long term care (LTC), Area Agency of Aging (AAA). Additional benefits such as Women, Infant and Children (WIC), free and reduced school lunches are also outlined to providers during regional calls and statewide meetings to make providers aware of client benefit availability.

5. Describe how the state or RD will ensure that language training and employment services are made available to ORR-eligible populations, including efforts to actively encourage registration for employment services.

   As part of the Family Self-Sufficiency Plan (FSSP), English Language Training (ELT) is made available to eligible ORR populations in all five of the Commonwealth's heavily resettled regions through sub-grantees or mainstream ELT providers when they are enrolled in employment services. If not authorized for employment, ELT is also made available as a support service through Policy Letter 20-01. ELT is performed concurrently with employment or employment-related activities outside normal business hours when service providers are able to accommodate varying work schedules. Outside of ORR-funded programming, TANF refugees have access to ELT from E&T programs including EARN,

KEYS, and ELECT. Subgrantees partner with literacy councils and intermediate units around the state to promote ELT to as many individuals as possible and attend all regional and statewide meetings to share their services. Employment and employability services registration is required if receiving RCA or TANF cash assistance. RRP-contracted employment providers are required to ensure that clients are offered an extensive range of services such as seeking competitive wages in initial job placement, employment at sites where health benefits are offered, skills and career-based job opportunities, and the ability to return to the provider for employment upgrading.

6. Describe how the state or RD will prepare itself and subrecipients to continue services to the highest level possible in an emergency, including plans for collaboration with state emergency response agencies to ensure refugees' ongoing access to mainstream services during emergencies. Within your description, indicate if the state or RD is requesting to waive selected requirements of 45 CFR § 400.43 and ORR PL 16-01 regarding confirmation of applicants' eligibility, in cases of emergency or disaster, as per ORR PL 22-05. Also indicate if the state or RD is requesting to waive the 60-month eligibility period for RSS base and set-aside funds under 45 CFR § 400.152(b) to facilitate the provision of extended or additional support services and/or emergency assistance for ORR-eligible individuals in case of extreme circumstances, as per ORR PL 22-05.

   In times of emergency, the RRP will coordinate services in accordance with federal, state, and local health ordinances and organizations such as but not limited to the Pennsylvania Emergency Management Agency as well as the Office of Emergency Management in Philadelphia. Information and dissemination of relevant health materials in languages most commonly spoken by refugees will be coordinated through the SRHC.

   In addition, and to ensure ongoing client participation, sub-grantees are required to provide remote services through the use of technology such as virtual platforms.

   Pennsylvania DHS requests the following waivers ORR made available through Policy Letter 22-05:

   Section I: a. Eligibility Determinations for ORR Benefits Services
   Section I. b. Refugee Support Services Extended Eligibility Period.

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

1. Indicate whether RCA is publicly administered or is administered through an ORR-approved public/private partnership (PPP) program.

   DHS operates a publicly administered RCA program.

2. If RCA is administered differently across the state, list the geographic service areas in which RCA is publicly administered and the geographic service areas in which RCA is administered under the PPP program.

   Not applicable.

3. Describe how the state or RD will ensure that RCA participants are informed about the program in a language they understand.

   RCA participants will be notified about the program in their native languages through a state-contracted service that utilizes a telephonic interpretation system. DHS also notifies all applicants and recipients, in their native language, all eligibility decisions. Notices are sent via mail and are also available on the COMPASS website and app.

4. Describe how the state's Temporary Assistance for Needy Families (TANF) program considers the State Department's Reception and Placement cash assistance when determining eligibility for TANF and payment levels.

   Reception and Placement cash assistance is considered excluded income when determining TANF eligibility and payment levels. Any expenses paid by the RA are not deducted from the monthly TANF allotment. Further, income that has been earmarked by the RA to be used for specific purposes such as rent, utilities, furniture, etc., is also excluded. Please see the Commonwealth of Pennsylvania's DHS Cash Assistance Handbook 150.5: Income Excluded in Computing Eligibility 11, 12, and 29.

5. Describe how the state or RD will follow the mediation and fair hearing standards and procedures outlined at 45 CFR § 400.83.

   Please see Supplemental Handbook Section 870: Appeal and Fair Hearing.

   Excerpts: "Each applicant and recipient has the right to ask for a hearing to appeal a decision or failure to act which affects his benefits, such as cash

assistance, medical assistance, Supplemental Nutrition Assistance Program (SNAP), Low Income Home Energy Assistance (LIHEAP), State Blind Pension (SBP), Refugee Assistance, and services. The client may appeal decisions of the County Assistance Office (CAO), the Department of Human Services (DHS), and any agency which provides services under contract with DHS. The CAO, agency, or provider is responsible for helping the client with the hearing request and may not limit or interfere with the right to appeal in any way. An explanation of the right to appeal appears on client notices, such as, but not limited to, the Notice to Applicant, Advance Notice, Confirming Notice, the PA/NH 162 series forms for level of care in a nursing home, Application for Benefits, Semiannual Reporting Form (PA 564) and Late/Incomplete Notice (PA 564-A). The CAO will explain the client's right to appeal at each application, redetermination, and recertification."

"An appeal and fair hearing: gives the client a chance for an impartial, objective review of decisions, actions, or failure to act; settles issues and clearly defines the decision issues raised by the client; helps DHS apply regulations consistently; gives the client an opportunity to challenge the evidence of basis for the agency's decision; and identifies regulations which are unfair, wrong, or not in agreement with the law."

"The Bureau of Hearings and Appeals (BHA) will designate an Administrative Law Judge (ALJ) who has the authority to make a decision on an appeal. The Director of BHA will affirm, amend, reverse, or remand the decision. The CAO, administering agency, or provider agency is bound by the decision, but may request reconsideration by the Secretary of Human Services, with the exception of SNAP issues. Only the client has the right to appeal to Commonwealth Court."

6. Describe the criteria for an exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment.

Using the DHS Cash Assistance Handbook § 135.3 Exemptions from RESET Enrollment, the CAO will determine whether a refugee is exempt or required to cooperate with employment and training requirements. Criteria for awarding Good Cause may also be reviewed using Cash Assistance Handbook § 135.4. A refugee who is exempt from employment requirements may voluntarily participate in employment services provided by the employment service provider.

Participation in employability services requires the completion of an AMR to be reviewed by both the CAO staff and the RCA applicant. It details the role of the client in seeking alternatives to dependence upon cash assistance, as well as lists the goals, barriers, and any special allowances that are needed to engage in work activities. Upon enrollment into a program, clients will work with contractor case managers to find jobs by participating in job readiness programs and skills training. Through this process, refugees will be placed into sustainable work and on the path to economic stability. Acceptable employment positions cannot be denied by clients.

States and RDs that operate a publicly administered RCA program should address items #7 and #8.

7. Eligibility and payment levels

a. Provide a brief description of the provisions of the state's TANF program that will be used in the RCA program.

Consistent with the Commonwealth of Pennsylvania's TANF program, the RCA program will use the provisions as outlined in 55 Pa. Code § 175.21: Allowances and Benefits Provisions for TANF, and 55 Pa. Code § 183: Income for determination of initial and ongoing eligibility, the determination of benefit amounts, the proration of shelter, utilities and similar needs, and any other rules that are related to financial eligibility and payment.

b. If not addressed within subpart a., above, describe the state's or RD's policy and procedures regarding the beginning of RCA eligibility, the timing and frequency of RCA payments throughout the client's eligibility period, the method of distribution of RCA payments (e.g., check mailed, electronic benefits transfer, direct deposit), and the (optional) use of proration.

The CAO will determine the refugee's eligibility for TANF cash assistance before determining eligibility for Refugee Cash Assistance. The date of application is used as the date of RCA authorization, if eligible, regardless of the date that eligibility was determined. Payments are made via an Electronic Benefits Transfer card twice per month and may be prorated until the cycle aligns with the designated payment dates.

Per ORR Dear Colleague Letter 25-13, DHS will ensure that the four-month time limit for RCA is implemented for arrivals who enter on or after May 5, 2025. While system changes are being implemented, an

interim manual process will be utilized by CAO caseworkers for beginning and terminating the benefit.

c. Provide the RCA and TANF payment standards for case sizes 1-5.

Payment standards vary by county. Please see the table below for case sizes up to 6 persons:

Group 1 (Bucks, Chester, Lancaster, Montgomery, Pike Counties)						**Resource Limit: $1000 for all households**
1	2	3	4	5	6	
$215	$330	$421	$514	$607	$687	add $83 for each additional person

Group 2 (Adams, Allegheny, Berks, Blair, Bradford, Butler, Centre, Columbia, Crawford, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Montour, Northampton, Philadelphia, Sullivan, Susquehanna, Union, Warren, Wayne, Westmoreland, Wyoming, York Counties)						**Resource Limit: $1000 for all households**
1	2	3	4	5	6	
$205	$316	$403	$497	$589	$670	add $83 for each additional person

Group 3 (Beaver, Cameron, Carbon, Clinton, Elk, Franklin, Indiana, Lawrence, McKean, Mercer, Mifflin, Perry, Potter, Snyder, Tioga, Venango, Washington Counties)						**Resource Limit: $1000 for all households**
1	2	3	4	5	6	
$195	$305	$393	$479	$569	$647	add $83 for each additional person

Group 4 (Armstrong, Bedford, Cambria, Clarion, Clearfield, Fayette, Forest, Fulton, Greene, Huntingdon, Jefferson, Juniata, Northumberland, Schuylkill, Somerset Counties)						**Resource Limit: $1000 for all households**
1	2	3	4	5	6	
$174	$279	$365	$454	$543	$614	add $83 for each additional person

d. Provide an assurance that the state or RD will consider resources and income as outlined in 45 CFR § 400.66(b)-(d).

DHS assures that it will consider resources and income as outlined in 45 CFR § 400.66(b)-(d).

8. Notification to local resettlement agency

   a. Describe how the state or RD will promptly notify the local resettlement agency whenever an individual applies for RCA.

      If self-referred for RCA and deemed eligible, the CAO will notify the RA via telephone or email and complete an AMR with the applicant. RAs assist individuals with the RCA application using the Commonwealth of Pennsylvania Access to Social Services (COMPASS) system or the paper form.

   b. Describe how the state or RD will contact an applicant's sponsor or local resettlement agency concerning offers of employment.

      DHS will contact the applicant's sponsor, or the local resettlement agency concerning offers of employment and inquire whether the applicant has voluntarily quit employment or has refused to accept an offer of employment.

States and RDs that operate an ORR-approved PPP program should address item #9.

9. Eligibility and payment levels - 45 CFR §§ 400.56-400.63 and ORR's Guidance for Public-Private RCA Programs

   a. Describe how the state or RD will determine initial eligibility for RCA, and the program's process for determining continued eligibility each month, on the basis of compliance with the client's Family Self-Sufficiency Plan and on the basis of the client's income from employment.

   b. Indicate and justify the income eligibility standard established by the state or RD after consultation with local resettlement agencies in the state. Describe how the standard meets the RCA program objective of economic self-sufficiency, indicate how the standard compares to the state TANF income eligibility standard, and whether the income eligibility standard will disqualify ORR-eligible populations for other means-tested benefit programs (e.g., SNAP, Medicaid). If the income eligibility standard will disqualify ORR-eligible populations for other means-tested benefit programs, thoroughly describe how the establishment of the standard represents the effective coordination of public and private resources in refugee resettlement in the state (45 CFR § 400.5(d)) and how the disadvantages to clients of being disqualified from those other means-tested benefit programs will be outweighed by the advantages of the proposed income eligibility standard.

   c. Provide the RCA and TANF payment standards for case sizes 1-5.

d. Provide an assurance that the state or RD will follow public/private RCA program requirements related to financial eligibility and consideration of resources and income.

e. If the PPP program received prior approval from ORR to provide a differential RCA payment to TANF clients, describe how the state or RD will administer the differential program.

f. Describe the state's or RD's policy and procedures regarding the beginning of RCA eligibility, the timing and frequency of RCA payments throughout the client's eligibility period, how payment levels will be structured (including whether incentive payments and/or income disregards will be used), types of payment (e.g., direct cash, vendor payments), the method of distribution of RCA payments (e.g., check mailed, electronic benefits transfer, direct deposit), and the (optional) use of proration.

g. Describe the systems that ensure the state or RD does not exceed prescribed client cash assistance levels and eligibility timeframes.

h. Describe the monitoring timeframes for regular review and the reconciliation of RCA payments found not to be in compliance.

i. List the geographic service area(s) of the state that PPP-administered RCA service providers cover. If RCA is administered differently across the state, disregard this question, as states and RDs will already have provided this response to II.B.2.

Not applicable to the Commonwealth of Pennsylvania, as it operates a publicly administered RCA program.

States that operate a publicly administered RCA program, <u>and</u> states and RDs that operate a PPP program, should address item #10.

10. RCA program administration - 45 CFR § 400.13

a. Indicate which agency is responsible for determining RCA eligibility (e.g., state TANF office, private resettlement agency).

The CAO is the agency responsible for determining RCA eligibility.

b. If eligibility determinations occur at the state level, describe how staff is allocated between TANF and RCA.

There are five 0.50 FTE staff strategically placed in counties with heavy refugee arrivals who determine RCA benefits. If there is an assigned refugee caseworker, any time spent authorizing TANF is charged to the

TANF grant.

c. Indicate which agency is responsible for distributing RCA benefits (e.g., state TANF office, private resettlement agency).

The CAO is the agency responsible for distributing RCA benefits.

d. Describe how many full-time equivalents are allocated to RCA administration (e.g., RCA eligibility determinations, RCA distribution).

Please see the explanation for RCA program administration (10.b).

e. If the agency is charging indirect costs to CMA, provide the rate and describe how the rate is determined, what it covers, and if HHS is the cognizant agency.

The Commonwealth charges up to ten percent of its total RCA administration to indirect costs. These costs are associated with managerial staff time as well as overall program operations. DHHS is the cognizant agency.

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

RDs that collaborate with ORR's Medical Replacement Designee (MRD) for the provision of RMA should skip to and address item #5.

1. Describe the administration of the RMA program (e.g., agency responsible for RMA administration and distribution of benefits, SRC and/or RHC responsibilities).

The CAO is responsible for the administration and distribution of RMA. The SRC reports RMA costs associated with benefits and administration on the ORR-1. The SRHC is not involved in any administrative responsibilities.

2. Applications, eligibility determinations, and furnishing medical assistance
   a. Describe the process for determining eligibility for Medicaid and CHIP.

The RMA category is considered a "category of last resort," so DHS first considers the refugee's eligibility for other federally funded categories. Categories reviewed prior to the RMA category are SSI-related MA categories for individuals who are aged, blind, and disabled; MAGI-

related MA categories for children, pregnant women, parent/caretakers, and individuals ages 19-64; TANF-related MA categories for children, pregnant women, and parents/caretakers. Children must be reviewed for CHIP eligibility prior to RMA. If the individual is categorically eligible for RMA but ineligible for any other category, the individual is explored for RMA eligibility. If found eligible, the individual receives a full healthcare benefit package (HCBP) based upon their age (adult or child) and is enrolled in a Managed Care Organization (MCO). Individuals who are 19 years of age or older and not eligible for RMA are referred to the State Based Exchange (SBE). Individuals are only eligible in the RMA category until the end of the 8th month of entrance to the U.S. The individual is sent a notice informing them of their MA eligibility.

b. Describe how new arrivals apply for RMA. Include a description of any procedural or programmatic changes to the administration of RMA that resulted from changes in federal, state, or local laws, regulations, or policies.

Newly arrived individuals submit MA applications through the SBE, COMPASS system, CAOs, or by telephone. A Consumer Service Center was established to assist individuals who wish to apply by phone for MA.

When the SBE assesses the individual potentially eligible for MA, it transmits the application to DHS, and it is routed to the CAO in the county/district where the applicant resides.

If an individual submits an application to the state but is not eligible for MA based on either MAGI or non-MAGI rules, the electronic account is transferred to the SBE for the individual to be evaluated for other health insurance affordability programs. Systematic changes have been made to ensure RMA benefits terminate at the 4-month limit, and CAO staff receive training so that they understand all applicable policy and procedures.

3. Eligibility for RMA

Describe the income standard and income methodology used to determine RMA eligibility. Income standard is the maximum income one can make and still qualify for RMA. Income methodology is the method used to count income (e.g., Aid to Families with Dependent Children (AFDC), Modified Adjusted Gross Income (MAGI)).

Per ORR Dear Colleague Letter 25-13, DHS will ensure that the four-month time limit for RMA is implemented for arrivals who enter on or after May 5, 2025. While system changes are being implemented, an interim manual process will be utilized by CAO caseworkers for beginning and terminating the benefit. The income methodology used for the RMA category follows Medically Needy Only-income rules. The TANF earned income incentive deduction is applied for RMA when determining the refugee's net income. Total net monthly income, with the earned income incentive deduction, must be less than or equal to the appropriate MA income limit or Family Size Allowance for the refugee to receive RMA benefits. The income limit when first determining eligibility for the RMA category is 185% of the Federal Poverty Level. Once found eligible, the individual may not be closed during the four-month period due to income unless they are determined eligible for another federally funded category with a full healthcare benefit package.

4. Scope of medical services

a. Does the State assure that RMA will cover at least the same services in the same manner and to the same extent as Medicaid? *Indicate Yes or No*.

Yes.

b. Describe the RMA health coverage delivery system (e.g., managed care, fee-for-service).

Once individuals are determined eligible for RMA, they are initially enrolled for medical coverage through a fee-for-service program. Following an initial period of 15 – 30 days, they are automatically enrolled in a Managed Care Organization (MCO) relative to where they reside. Individuals have the option to select their assigned MCO.

c. Does the State provide interpretation as part of the RMA health coverage?

Yes. Limited English Proficiency (LEP) Requirements During the Enrollment Process, the PH-MCO and/or the Department's Enrollment Specialists must seek to identify Members who speak a language other than English as their first language. Upon a Member's request, the PH-MCO must provide, at no cost to Members, oral interpretation services in the requested language or sign language interpreter services to meet the needs of the Members. These services must also include all services dictated by federal requirements for translation services designated to the

PHMCO providers if the provider is unable or unwilling to provide these services. The PH-MCO must make all vital documents disseminated to English speaking Members available in alternative languages, upon request of a Member. Documents may be deemed vital if related to the access to programs and services and may include informational material. Vital documents include but are not limited to Complaint and grievance notices, adverse benefit determinations and termination notices, and Provider Directories and Member Handbooks. The PH-MCO must include appropriate instructions on all materials about how to access, or receive assistance with accessing, desired materials in an alternate language. This information must also be posted on the PH-MCO's web site. The notice of nondiscrimination and the taglines must be posted on physical locations where PH-MCO, contractors, and entities interact with the public.

d. Does the State provide transportation as part of the RMA health coverage?

No.

e. Does the State provide any other non-medical services as part of the RMA health coverage? If yes, provide description of other non-medical services.

There are no additional non-medical services other than those described under the Medical Screening program.

f. Does the State provide any additional medical services in accordance with 45 CFR § 400.106? If yes, justify the need to provide such services. If the service is provided as part of the Medical Screening program, describe it in the Medical Screening section of the state plan.

Please see the Medical Screening section of the state plan.

RDs that collaborate with ORR's Medical Replacement Designee (MRD) for the provision of RMA should address item #5.

5. RD collaboration with the MRD for the provision of RMA
   a. Describe the process to determine eligibility for Medicaid and CHIP.
   b. Does the RD assure that it will subcontract with local resettlement agencies for initial RMA eligibility determinations and monitor subcontract activities to ensure adherence with federal and MRD policies and procedures pertaining to RMA?

c. Does the RD assure that it will coordinate with the MRD regarding RMA policies and procedures to ensure refugees are enrolled in RMA in a timely manner, including establishing a process to identify refugees who are categorically ineligible for Medicaid?

d. Does the RD assure that RMA eligibility determinations will be conducted in accordance with 45 CFR §§ 400.100-400.104, as applicable, and PL 16-01?

Not applicable.

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

1. Coordination of the Medical Screening program

a. Describe the administration of the Medical Screening program (e.g., SRHC responsibilities).

The responsibilities of the SRHC are as follows:

- Planning and monitoring health care providers to ensure the proper implementation of health screenings for all newly arriving refugees and qualified immigrants in collaboration with the Refugee Health Social Worker (RHSW).
- Identifying emerging health issues among newly arrived and longer-term resident refugees based upon the health assessment date, and recommending appropriate responses to preventing infections or addressing problems.
- Training and providing consultation on all health-related issues pertaining to refugees and all other ORR-eligible populations ;
- Overseeing the ongoing use of an electronic reporting system for refugee health screening called *PA* eSHARE;
- Providing eSHARE training, updates, and technical support to all users.
- Updating refugee medical screening forms (in paper and in *PA* eSHARE) based on updated Centers for Disease Control (CDC) domestic medical screening guidance.
- Including mental health screening as part of the general refugee health screening program.
- Conducting a daily review of medical records of newly arrived refugees in CDC's Electronic Disease Notification system (EDN).
- Collecting and disseminating health screening outcome reports.

- Collaborating with RAs in the ongoing implementation of refugee health goals.
- Providing technical assistance and CDC updates on medical examination guides on emergency preparedness needs of refugees and qualified immigrants.
- Assisting the RRP with site reviews of sub-grantee health clinics and resolving any health-related issues affecting refugees in the Commonwealth in collaboration with the RHSW.
- On boarding new refugee medical screening clinics in newly resettled refugee communities in underserved or rural counties.
- Overseeing the electronic transfer of refugee records in or out of the Commonwealth.
- Coordinating healthcare of medically fragile newly arriving refugees in collaboration with the RHSW.
- Writing grants to support the activities of the Refugee Health Program.
- Collaborating with or providing support to health care providers or community partners to promote refugee health in collaboration with the RHSW; and
- Collaborating with the CDC and Centers of Excellence in Newcomer Health on special projects for refugee health Project to assess the blood lead level screening prevalence among pregnant and/or lactating newcomer adolescents and women, Investigation of disease outbreaks among refugees).
- Responding to data request for program planning.

The SRHC and relevant staff participate in monthly and quarterly conference calls held by the Association of Refugee Health Coordinators (ARHC) and ORR to keep apprised of refugee health issues. The SRHC also participates in quarterly regional collaborative meetings to disseminate new information and to discuss any emerging health issues. New and follow-up data provided in those meetings are disseminated to refugee service providers. This enables agencies to better prepare themselves for any health problems associated with their newly arrived or soon-to-be arriving refugees.

b. Describe the procedure for identifying new arrivals in need of medical screenings and/or immediate medical care. Describe the procedure established to monitor any necessary treatment, observation, or follow-up care.

For newly arrived refugees with specific health concerns, RAs are made aware of these conditions by their national affiliate, PA DOH, and the

SRHC. If action is required, the SRHC and the RRP will work closely with RAs to ensure that proper and timely care is given to the affected persons. This may include, but is not limited to, notification of severity of the illness, in-clinic monitoring, treatment, database entry for information dissemination, and follow up. The coordination of services for medically fragile new arrivals between RAs and health care partners is performed by the RHSW. This includes medical transportation arrangements, hospital admissions upon arrival, and requesting expedited medical appointments.

c. Describe the access that the State or RD and clinic(s) have to the Centers for Disease Control and Prevention's Electronic Disease Notification (EDN) system and how this information is used during medical screening.

The SRHC and clinicians in the medical screening clinics (at least one clinician in each clinic) have access to the Electronic Disease Notification (EDN) system. The SRHC monitors all information disseminated through the EDN and works with clinics to address any issued identified before, during, and after medical screenings. The EDN is updated with any information relevant to medical issues and subsequent treatment provided.

d. Describe the State's or RD's coordination of medical screenings with screening providers (e.g., contracts with providers). Describe any coordination that is provided to facilitate the medical screenings and how the coordination is funded.

e. List the location and types of medical screening clinics:

Location (City or county)	Type (e.g., FQHC, private clinics, local public health departments, university affiliated)
Hamilton Health Center, Harrisburg	FQHC
Sadler Health Center, Carlisle, and Mechanicsburg	FQHC
Neighborhood Health Centers of the Lehigh Valley, Allentown	FQHC
RediCare Medical Center, Taylor	Private clinic
Union Community Care, Lancaster	FQHC
Squirrel Hill Health Center, Pittsburgh	FQHC

Multicultural Health Evaluation Delivery System, Erie	FQHC Look-Alike
Centerville Health Clinic, Fredericktown	FQHC

DHS ensures that refugees receive initial health assessments/medical screenings in a timely, culturally, and linguistically appropriate manner. To accomplish this, the SRHC has established a standard health screening surveillance protocol for health clinics that contract with DHS. Contracted health clinics provide screenings to all newly arrived refugees and submit a completed health screening report to DHS for reimbursement. Attached please find the following documents for contracting with health clinics as they pertain to services provided:

- Health screening work statement
- Pennsylvania Initial Refugee Health Assessment Form_1-1-2022
- Pennsylvania Initial Refugee Health Assessment Form_1-1-2022
- Medical Screening Checklist RFA 05-20 Refugee Medical
- MH Screening Final Refugee Health Clinic Fee Schedule-Rider

2. Indicate if the State or RD is requesting to operate a medical screening program with RMA funding pursuant to 45 CFR § 400.107. This may either be a request to continue operating a medical screening program or a first-time request to use RMA funding.

   DHS is requesting that all initial medical and mental health screenings continue to be billed to RMA and will defer any other costs to Medicaid.

3. Scope of Medical Screening services - 45 CFR § 400.107
   a. Does the State or RD assure that the Medical Screening program is operated in accordance with the requirements prescribed by the Director? *Indicate Yes or No.*

      Yes.

   b. Does the State or RD assure that medical screening costs are reasonable (e.g., comparable to Medicaid rates)? *Indicate Yes or No.*

      Yes.

c. Describe the medical screening payment model (e.g., flat rate, fee-for-service).

Clinics that contract with DHS offer medical and mental health screening for a flat fee of $400 and $100 respectively. Clinics may also charge fees for additional laboratory tests which are less expensive than or comparable to commercial laboratories.

d. Describe how the state or RD will ensure that medical screenings will be completed in the first 90 days after initial date of entry or eligibility, if any part of the screening is billed to RMA.

The Commonwealth ensures health screenings are completed within 90 days of arrival. The Refugee Health Coordinator checks refugee arrival dates against the initial screening completion dates within the *PA* eSHARE system.

e. Does the State or RD have a medical screening protocol that they recommend screening clinics follow? *Indicate Yes or No and briefly explain.*

Yes.

Medical screening services in line with CDC's recommendation for medical examination can be found here - https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic-guidelines.html - and are covered by Medicaid in Pennsylvania.

Please reference DHS' Office of Medical Assistance Program's Implementation of HealthChoices Medicaid Expansion Bulletin for a list of all eligible client services based on age and risk factors here.

f. Does the State medical screening follow the recommendations in CDC's *Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees? Indicate Yes or No and briefly explain.*

Yes.

Health Screening services not billed to Medicaid are as follows:

- Medical history and physical examination (including a review of overseas documents)
- Tuberculosis screening

- Hepatitis panel
- Sexually transmitted infections and HIV screening
- Immunization (childhood and individuals with incomplete or missing immunization records)
- Lead screening (Children six months to 16 years; Pregnant and lactating women; Adolescent girls)
- Pregnancy (Women of childbearing age, girls of childbearing age)
- Mental health screening
- Parasite testing (based on country of origin)
- Referral for other services

DHS' subcontracted clinics are generally small and operate with few staff. Delays in Medicaid payments or shorter screening visits compromise both the refugee and the extensive screening process received through RMA reimbursement.

g. Indicate which medical screening components are routinely offered as part of the medical screening in your state:

Medical Screening Component	*Indicate Yes if part of the medical screening protocol; enter No if not done during the medical screening*
Complete Blood Count (CBC)	Yes
History and Physical	Yes
HIV Testing	Yes
Hepatitis B Testing	Yes
Hepatitis C Testing	Yes
LTBI/TB Testing	Yes
Malaria Testing	Yes
Syphilis Testing	Yes
Chlamydia Testing	Yes
Gonorrhea Testing	Yes
Mental Health Screening	Yes
Lead Screening	Yes
Adult Immunizations	Yes
Child Immunizations	Yes
Presumptive Parasite Treatment	Yes*
Presumptive Malaria Treatment	No
Schistosoma Testing	Yes*
Strongyloides Testing	Yes*
Soil-Transmitted Helminth Testing	Yes*
Referrals	Yes

*Tests/treatments are offered to individuals who have not received presumptive treatment overseas.

Medical screening program administrative services include telephonic or in person interpretation provided during medical appointments, and transportation assistance to and from screening. Transportation is a major barrier to healthcare for many newly arrived refugees. Resources vary greatly in both urban and rural areas. The availability and reliability of public transportation may be highly dependent on where refugees are resettled in the state, and they are often not prepared to use public transportation independently by the time of the initial domestic medical and mental health screening. While the Medical Assistance Transportation Program (MATP) remains an option for individuals who receive Medicaid benefits, the service has proven difficult for refugees to navigate due to changing schedules and the inability to communicate with drivers. DHS has requested ORR funding to support medical transportation services.

h. Does the State or RD routinely provide additional medical services during the medical screening beyond those outlined in the CDC domestic medical examination guidance? If yes, list and justify the need to provide such services.

Yes.

- Interpretation services (in-person and telephonic) - In person and telephonic medically qualified interpretation services are needed to meet the need for timely equitable and meaningful access to services to meet the physical and mental health needs of new arrivals.
- Transportation services for medical screening (funding requested in ORR-1) - Transportation has been determined to be a major logistical barrier to timely follow up care as staff and volunteer availability for this purpose are insufficient.
- Refugee health social services - Health social services are shown to significantly improve health outcomes. Refugee health social services provide case coordination and advocacy support for resettlement agencies and health partners dealing with complex, urgent, and critical health care situations. This services also include community outreach and education and vital information and referral services frequently accessed by resettlement agencies and health partners of the RHP. The coordination of interpretation service falls under the purview of refugee health social services.

i. Describe services recommended in the CDC domestic medical examination guidance and included in the State or RD screening that are

not covered by or billed to Medicaid. Describe why Medicaid is not paying for these services, if known.

Health Screening services not billed to Medicaid are as follows:

- Medical history and physical examination (including a review of overseas documents)
- Tuberculosis screening
- Hepatitis panel
- Sexually transmitted infections and HIV screening
- Immunization (childhood and individuals with incomplete or missing immunization records)
- Lead screening (Children six months to 16 years; Pregnant and lactating women; Adolescent girls)
- Pregnancy (Women of childbearing age, girls of childbearing age)
- Mental health screening
- Parasite testing (based on country of origin)
- Referral for other services

DHS' subcontracted clinics are generally small and operate with limited staff capacity. Delays in Medicaid payments or shorter screening visits compromise both the refugee and the extensive screening process received through RMA reimbursement.

Indicate Yes or No to items j-l below.

j. Does the State or RD provide interpretation as part of the Medical Screening program?

Yes.

k. Does the State or RD provide transportation as part of the Medical Screening program?

Yes, as described in the ORR-1 CMA Budget Estimate.

l. Does the State or RD provide any other non-medical services as part of the Medical Screening program? If yes, list and justify the need to provide such services.

No.

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

1. List and describe the support services the state or RD provides. List services outlined in 45 CFR § 400.154, 45 CFR § 400.155, or PL 16-07, then any support services that are not outlined in policy. For all services, outline the strategy for service delivery, addressing program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, target population(s), and activities.

Service Delivery

RSS Base services comprise approximately 75 percent of refugee assistance in Pennsylvania. Direct services are sub-awarded to service providers located in areas of the state where ORR-eligible populations and other immigrants primarily reside - Erie, Pittsburgh, Lancaster, Harrisburg, Scranton, Allentown, and Philadelphia. During FFY 2023 and 2024, there was a substantial increase in unanticipated arrivals; primarily Haitian Parolees who arrived through the Cuban Haitian Nicaraguan Venezuelan Parole Program or crossed the U.S. southern border. In an effort to bring services to this quickly growing population, providers in Pittsburgh and Central PA expanded their respective coverage areas to incorporate surrounding counties, most notably Berks, Washington, and York. DHS expects this arrival trend to continue in FFY 2025. Sub-grantees are uniquely qualified to serve these populations as most also resettle refugees through the U.S. Reception and Placement Program. Individual programs vary in delivery, but all sub-grantees have statements of work that detail a range of employability and supportive services. Service design is interwoven with culturally and linguistically appropriate delivery intended to ease transition post-arrival with attention paid to navigating the workforce, education, and health systems. This has been very effective as sub-grantees rely not only on their own ORR-funded programs to serve refugees but also on their community partners, who themselves have proven to be supportive stakeholders in this effort.

Program Structure

With current RSS contracts set to expire on September 30, 2024, DHS intends to issue new awards to direct service applicants through a Request for Applications (RFA) who can successfully demonstrate their ability to provide meaningful services to ORR populations. The full program structure, procurement timelines, grant award obligations, expected outcomes, populations to be served, and geographic regions, are detailed within the RFA itself. Upon publication of the

RFA (expected Summer 2024), DHS will send a copy to ORR. The grant cycle will be October 1, 2024 through September 30, 2029.

Key activities for sub-grantees during Year 1 (FFY 2025) will consist of the following: *Certain activities may begin prior to the start of FFY 2025.*

OIM Bureau of Program Support/DHS Bureau of Procurement and Contract Management

- Notices sent to successful applicants (Sub-grantees)
- Awards process including contractual agreement signage and execution
- Assisting with the correct method for monthly invoice expenditures

RRP Engagement with Sub-grantees

- Review of all ORR and DHS policy as applicable
- Sub-grantee programmatic goals established
- Reporting requirements
- Technical assistance by regional program advisory staff for program start-up
- Six-month review of program compliance and outcomes
- Annual monitoring of Sub-grantees

Primary Services Provided through RSS Base Funding

The RRP provides the following employment support services in accordance with 45 CFR § 400.154:

- **Employment services** to obtain sustainable work, through job search, job readiness development and placement, and 12 months of retention case management services to address all FSSP goals at 6 and 12-months.
- **Employability assessment services** through capacity and skills testing.
- **ELT** in relation to obtaining and retaining a job. Classes will be offered concurrent to employment schedules and with every effort made to accommodate irregular timeframes.
- **Vocational training** to include driver education where possible, as well as training when provided as part of an individual employability plan or Family Self Sufficiency Plan (FSSP)
- **Skills recertification** when such training meets the criteria as described in 45 C.F.R. § 400.81(b).
- **Childcare for children** so that participation in employability services is made possible, or for obtaining and keeping employment.
- **Transportation** as part of the employment service, or for obtaining and remaining in employment.

- **Employment case management** to assist in the removal of barriers that prevent sustainable employment.
- **Interpretation and translation services** to ease the transition into the workplace or when engaged in job-seeking services.
- **Assistance with self-employment** should the FSSP suggest viability; and
- **Assistance in obtaining Employment Authorization Documents (EAD)**

The RRP provides the following additional support services where necessary in accordance with 45 CFR § 400.155:

- **Information and referral** to both refugee and mainstream service providers.
- **Outreach** designed to familiarize refugees with available services, to explain and facilitate access to these services.
- **Social adjustment** including: (a) Emergency services, as follows: Assessment and short-term counseling to persons or families in a perceived crisis; referral to appropriate resources; and the making of arrangements for necessary services. (b) Health-related services, as follows: Information; referral to appropriate resources; assistance in scheduling appointments and obtaining services; and counseling to individuals or families to help them understand and identify their physical and mental health needs and maintain or improve their physical and mental health. (c) Home management services, as follows: Formal or informal instruction to individuals or families in management of household budgets, home maintenance, nutrition, housing standards, tenants' rights, digital literacy, and other consumer education services.
- **Child daycare** for participation in programs other than an employment-related service.
- **Transportation** for participation in programs other than an employment-related service.
- **Translation and interpretation** for purposes other than employment when necessary.
- **Case management services** for purpose other than in connection with employment or participation in employability services.
- **Any additional service,** upon submission to and approval by the Director of ORR, aimed at strengthening and supporting the ability of a refugee individual, family, or refugee community to achieve and maintain economic self-sufficiency, family stability, or community integration which has been demonstrated as effective and is not available from any other funding source.
- **Citizenship and naturalization preparation services**, including ELT and civics instruction to prepare refugees for citizenship, application assistance for adjustment to legal permanent resident status and citizenship status, assistance to disabled refugees in obtaining disability

waivers from English and civics requirements for naturalization, and the provision of interpreter services for the citizenship interview; and
- **Transitional Housing Assistance** to support self-sufficiency when there is a need due to increased arrivals, in accordance with PL 16-07.

Primary Geographic Service Areas (by county)

Allegheny, Berks, Bucks, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lancaster, Lehigh, Montgomery, Philadelphia, Washington, Westmoreland, and York.

Primary Expanded Geographic Service Areas (by county)

Adams, Beaver, Butler, Franklin, Lebanon, Luzerne, and Perry. The comprehensive list of service coverage can be found in OIM Operations Memorandum #23-08-01 *Updates to Refugee Employment and Training (E&T) Provider Coverage Areas*

2. Describe the plan for ensuring the completion and use of a Family Self-sufficiency Plan (FSSP) for all refugees receiving RSS-funded employment-related services (and their family members living in the same household) to include initial assessment, referral, and follow-up, as delineated in ORR PL 21-06.

With the publication and dissemination of ORR PL 21-06 Family Self-Sufficiency Plan Requirements to Promote Self-Sufficiency and Integration, the RRP created an FSSP designed to assess, compile, and evaluate employment goals. For each employable refugee in the household, the FSSP includes an employment assessment as well as an Individual Employability Plan (IEP). The IEP delineates all support services that need to be provided, by whom, and how these services lead to employment and self-sufficiency. The IEP also includes specific timeframes for the provision and completion of all necessary employment support services. The IEP is the essential planning document around which all services, including case management, vocational training, and ELT, as well as employment services are provided. The IEP is updated every time an individual's goals change and if receiving cash assistance, a copy of the revised IEP is sent to the CAO caseworker. This copy to the CAO also forms a basis for continued eligibility for RCA and MA. If receiving cash assistance, and as part of the recipient's redetermination review, the refugee employment service provider is required to submit an updated IEP with a case management plan in order to ensure integration of the overall planning process for the refugee. The updated IEP and

case management plan is then made part of the refugee's public assistance case file and incorporated into the AMR.

In order to address the whole family, and within 30 days of enrollment, the FSSP is further designed to assess the needs and goals for all non-employable family members. Wherever possible, assistance will be provided through RSS and/or mainstream services. Such services may include ELT, case management to support integration, acculturation activities, fiscal accountability, digital literacy, health-related services, participation in community-based organizations, skills-training, youth development, services specific to older refugees, and civics involvement. Working with a case manager, personalized goals for individual family members are developed, with assessment as required at the six- and 12-month mark.

3. If the State or RD receives RSS set-aside funding for specific services or populations (e.g., Refugee School Impact, including Early Refugee School Impact services, if applicable; Services to Older Refugees, Youth Mentoring and Refugee Health Promotion, including the Refugee Mental Health Initiative), describe those services, as outlined at 45 CFR § 400.155 and in the relevant policy letter(s) (e.g., ORR PLs 22-07, 22-08, 22-09, 20-05 and 20-06, or any subsequent policy letter pertaining to an RSS set-aside). Describe each set-aside's program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, target population(s), and activities. Describe how these set-aside services complement services provided under RSS base funding.

   Set-aside programs are designed to complement existing and emerging RSS Base programs by addressing the educational, civic, social, and health factors that lead to self-sufficiency, both for individuals and family units. Several refugee service providers hold multiple contracts with DHS for RSS, RHP, RSI, and other set-aside funded programs. These are crafted to supplement rather than supplant any identified gaps in service that due to regulatory, age, or service restrictions, cannot be met with traditional RSS Base dollars.

   <u>Refugee School Impact (RSI)</u>

   RSI services are provided through a Memorandum of Understanding by the Pennsylvania Department of Education (PDE). Funding is further awarded by PDE through a competitive application process to Local Education Agencies (LEAs), Community Business Organizations (CBOs), and nonprofit groups to operate programs serving school-age refugee students (5-18 years of age) and their parents. Refugee students who have been in the country for less than 60

months at the beginning of the school year, and who still have academic and social adjustment needs are eligible for services funded by the RSI grant.

Solicitation for the FFY 2022 RSI Request for Applications was released in August 2021. PDE received applicants from all five service regions of Pennsylvania, with varied program narratives and goals based on specific needs of that area. RSI programs are, and will remain, unique to the sub-grantee and to the population they propose to serve.

There are nine RSI programs providing services in the Philadelphia, Lancaster, Harrisburg, Allentown, Scranton, Pittsburgh, and Erie areas. A new 3-year grant cycle began in FFY 2022, and PDE experienced a significant increase in applications due to increasing arrival numbers, as well as greater promotion of the RSI grant opportunity. PDE extended the grant by one year resulting in services and all contractual obligations for this grant cycle continuing into FFY 2025. This will be the last year for grants awarded through this RFA. PDE intends to announce a new RFA in late spring of FFY 2025 for another three-year cycle. Grant awards prioritize applicants who are based in- and serve counties with the highest number of refugee resettlements—Allegheny, Dauphin, Erie, Lackawanna, Lancaster, Lehigh, and Philadelphia—though applicants from all Pennsylvania counties are eligible for funding if they are serving ORR eligible populations.

Programs must demonstrate creative and supportive activities to remove barriers from refugee students that will result in optimum progress in academic and social development; implement a holistic view of refugee students and the families with consideration of their past experiences, living conditions, and current resettlement cultural change of environment; focus services on new arrivals who are making initial adjustments and those who have been in the country for one year or less**;** focus on those who have been here five years or less at the beginning of the school year and continue to face serious challenges; and strive for a culturally competent transition that is comfortable for all serviced refugee students and their families. This guided transition will enable refugees to move forward and adapt to a new and different cultural and linguistic environment.

Examples of programs considered for RSI funding include supplemental English Language Learning (ELL) instruction; intensive summer language programs and extended school year programs; after school or summer tutorials focusing on helping students understand and complete assignments; and after school or summer programs to foster engagement in constructive activities that are alternatives to potential negative behaviors such as gang membership and dropping out. These programs include mentoring and community service activities focused on refugee children and their families. Programs focused on

children will include access to enrichment programs and cultural immersion opportunities as well as formal education enrichment to mitigate the negative effects of interrupted formal education. Programs geared towards family and support structures will focus on community integration and guidance accessing publicly available resources to support families in their new community.

RSI funding is also utilized for support staff and supplies including bilingual/bicultural counselors, additional teachers, and aides to work exclusively with refugee students, supplemental materials, educational resources, and professional development for refugee grant personnel school administrators, teachers and staff that serve the enrolled refugee students and families in the school.

Early RSI Services:

RSI programs which have the capacity to serve eligible populations from birth will incorporate Early RSI programming into general RSI programs. Early RSI's goals are to promote access to childcare, to ensure that ORR-eligible children are prepared to succeed in formal schooling, and to holistically serve families of eligible children. PDE Bureau of School Support RSI Program will collaborate with various programs including the Bureau of Special Education, Office of Child Development and Early Learning (OCDEL), Early Intervention, Head Start, Migrant Education Program (MEP), the Department of Human Services (DHS) the Center for Schools and Communities, and Pennsylvania Training and Technical Assistance Network (PaTTAN) to aid RSI programs in developing community partnerships to support childcare services and other Early RSI needs.

Early RSI will encompass a variety of initiatives including:

- Kindergarten readiness and assisting with registration, and summer programs for pre-school students.
- Generating lists of available daycares in the area, and engaging with Head Start and similar programs to access subsidized childcare services.
- Parent programs focused on early literacy and numeracy, parent support encouraging school attendance and parent engagement in the school setting.
- Materials and resources including bilingual books to encourage reading in their native language to build literacy skills,
- In home visits, referral to Early Intervention, English as a Second Language (ESL) for preschool age children, and
- Partnership development to facilitate access to quality early childhood programs and evaluation for developmental delays.

Services to Older Refugees (SOR)

The SOR program in Pennsylvania seeks to provide older ORR-eligible populations with services that directly impact integration within their own families and broader communities. Post-arrival, as younger family members make gains more readily in English and community involvement, the subsequent language and social gaps between themselves and their older relatives contributes to the latter's feelings of isolation and loneliness. Further, the inability to learn enough English to successfully pass the citizenship test puts the elderly at a direct risk of losing valuable Social Security Income. Assimilation efforts such as language learning, social skills and norms in the U.S., civics education, and citizenship waivers are among the many core program activities needed to help overcome these barriers. As funding for this age-group is limited, the RRP currently sub-contracts with only two service providers; one each in Erie and Philadelphia, which have proven methods in identifying solutions to needs previously mentioned.

Successful applicants for SOR funding are chosen through a public, competitive procurement process. Applicants must be able to demonstrate both a successful history of serving this specific population and the ability to provide appropriate activities for older refugees. Further, each application must include a Project Summary, and Project Narrative consisting of Organizational Capacity, Logic Model, Approach, Expected Outcomes, and the Geographic Location where proposed services will be provided. Following receipt, evaluators read and score applications and meet to discuss and select successful entities. With current SOR contracts set to expire on September 30, 2024, DHS intends to issue new awards to direct service applicants through a Request for Applications (RFA) who can successfully demonstrate their ability to provide meaningful services to Older Refugees. The full program structure, procurement timelines, grant award obligations, expected outcomes, populations to be served, and geographic regions, are detailed within the RFA itself. Upon publication of the RFA (expected Summer 2024), DHS will send a copy to ORR. The grant cycle will be October 1, 2024 through September 30, 2029.

Core activities for sub-grantees during Year 1 (FFY 2025) will consist of the following: *Certain activities may begin prior to the start of FFY 2025.*

OIM Bureau of Program Support/DHS Bureau of Procurement and Contract Management

- Notices sent to successful applicants.
- Awards process including contractual agreement signage.
- Assisting with the correct method for monthly invoice expenditures.

RRP Engagement with sub-grantees

- Review of all ORR and DHS policy as applicable
- Sub-grantee programmatic goals established.
- Reporting requirements
- Technical assistance by regional program advisory staff for program start-up
- Six-month review of program compliance and outcomes
- Annual monitoring of sub-grantees

Youth Mentoring (YM)

YM initiatives in Pennsylvania offer a broad array of services as specified in ORR DCL 18-06 and Policy Letter 22-09 to promote positive engagement in social, educational, vocational, and civic activities. To this end, DHS has contracted with three refugee service providers with locations in central Philadelphia, Lancaster, and Pittsburgh to develop and implement programs to meet these requirements. Specifically, youth have been engaged in mentoring relationships, digital literacy classes, afterschool programs, career-building opportunities, post-secondary education activities, art and music programs, and university-led studies of their impact on the community.

In procuring YM services, the RRP selects applicants who can demonstrate their ability to assist ORR-eligible populations (ages 15-24) in achieving positive civic and social engagement, and provide support in their individual educational and vocational advancement. An applicant's top priority should be serving youth who have been in the United States for less than one year, where the needs for additional social, educational, vocational, and emotional support are more immediate. Overall programmatic objectives include:

- Development of social and life skills;
- Helping youth learn about culture in the United States while maintaining and celebrating the youth's cultural heritage;
- Providing opportunities for social engagement with peers;
- Providing information about opportunities to participate in civic and community services activities;
- Supporting youth in learning English, math, and other academic skills;
- Providing academic support such as helping with homework and assisting with transitions in school such as moving between middle and high schools or to tertiary education;
- Assisting youth with career development including skills building, resume creation, worker's rights, and training opportunities; and
- Support for youth's development in health and financial literacy.

Sub-grantees are required to (1) perform initial assessments of needs and goals, and develop a plan to address them through educational, vocational, and social activities, (2) recruit and train appropriate mentors, and (3) establish relationships

with community-based organizations to engage youth in activities that are of further benefit as well as advance personal or professional goals.

Refugee Health Promotion (RHP):

DHS solicited services through an RFA for the implementation of the Refugee Health Promotion Grant in FFY 2023. This resulted in awarding one grant to a community-based organization (CBO) which provides services on a statewide level. Specifically, the Sub-grantee administers critical public health interventions across Pennsylvania to address the currently understood health concerns of ORR-eligible populations; explore new areas of need; healthcare navigation, health literacy, and positive health behavior promotion; establish collaborative relationships with community partners; and assist existing partners in improving health programming to benefit refugee populations of all ages and backgrounds.

In addition to services directly impacting refugees' health and health behaviors, sub-grantees can also incorporate other social services to remove healthcare access barriers and ultimately promote optimal health and family self-sufficiency. Mainly, sub-grantees provide information and referral services and conduct outreach to familiarize refugees with health systems and available health, nutrition, mental health, and medical services. During the COVID-19 pandemic, many providers incorporated emergency services plans to address needs for mass distribution of personal protective equipment and cleaning supplies, raise awareness and understanding of COVID-19, and promote vaccination among refugee populations. Further, basic access issues are addressed in almost every client-facing refugee health promotion program through social adjustment services. These services include, but are not limited to, translation and interpretation, transportation, personal hygiene education, addressing home management, maintenance, and cleanliness, and health services navigation.

As such, key intentions of the planned services are to address barriers resulting in health inequity for refugee populations, help refugees overcome personal trauma stemming from experienced hardships; assist refugees in developing awareness and understanding of health issues; and empower refugees to take control of their own health to prevent injury and illness, resulting in a lifestyle of optimum health as self-sufficient, productive members of society.

Moreover, the goals of the program will be to:

- Collaborate with community-based partners to create meaningful access to health and emotional wellness services,

- Support regional partners in implementing a framework of streamlined healthcare services and health education to promote health literacy and refugees' self-sufficiency in healthcare practices,
- Quantify the Commonwealth's refugee health status through statewide programs focused on achieving measurable outcomes; and
- Implement evidence-based interventions to prevent disease, promote wellness, and reduce gaps and barriers to healthcare services and access.

The Program Coordinator will continue to be responsible for providing guidance for the intended goals and services, promote collaboration and support for implementing best public health practices to promote health literacy among refugee populations, increase advocacy and awareness of refugee health issues, create opportunities for targeted health education and outreach, improve efforts for mental and medical health navigation and support, and direct training and educational resources to refugees, health providers, and all stakeholders involved in the direct and indirect care of refugees.

Refugee Mental Health Initiative (ReMHI):

Program Structure

Through the procurement process for direct services that mirrors RSS grant funding and in keeping with Policy Letter 22-05, DHS awarded two grants for cost reimbursement programs to Erie-based organizations. Both agencies will offer statewide programs focused on meeting the needs of refugees with persistent, pressing or underserved mental health needs. To aid in this statewide effort, one of the Erie sub-grantees has partnered with an agency in Philadelphia and another in Pittsburgh.

In 2025, services will exist in localities with the greatest need for ReMHI services based on existing and emerging resources, and on the concentration of newly arrived ORR-eligible populations.

A three-part program structure will mirror the program priorities of the ReMHI in FFY 2025:

- Increasing Mental Health Literacy aimed at training for mental health service providers, interpreters, wellness liaisons, and school districts;
- Coordinating Mental Health Care (including a new telehealth option) that is trauma-informed, culturally sensitive, and linguistically accessible for refugee program participants; and

- Organizing Wellness Groups that reduce common barriers and stigmas surrounding mental health, empowering refugees with healthy behaviors that help them to achieve and maintain household stability.

The RRP is in the process of hiring a Mental Health Coordinator who will assume primary guidance and monitoring responsibilities for sub-grantees of the ReMHI.

Role of Contracted Providers

Sub-grantees will be responsible for building capacity across the state to address the mental health needs of refugee populations.

Sub-grantees will involve, to the greatest extent possible, members of the refugee community in setting priorities, mapping and mobilizing local assets, participating in the design and delivery of services and in the evaluation of services and initiatives.

Sub-grantees will track specific, measurable, achievable, relevant, and time-bound (SMART) results for all ReMHI activities, such as the number of participants, type and frequency of services provided, outcomes accomplishments and challenges, for inclusion in the various annual or semi-annual reports due to ORR.

Geographic Areas Targeted

Primarily, geographic areas targeted are those in which there are sizable groups of ORR-eligible populations. Specifically identified are those residing in Allegheny County, Central PA, the Greater Philadelphia area, Lehigh County, Lackawanna County, and Erie County.

Target Populations

As previously mentioned, this initiative focuses on populations with persistent, pressing or underserved mental health needs. The specific populations served will be defined by the sub-grantees in relation to the communities they serve. Below are examples of possible targeted populations :

- Individuals who would benefit from specialized interventions such as survivors of torture, trafficking victims and individuals persecuted for their sexual orientation or gender identity
- The elderly and pre-school children, the elderly for depression, isolation, and cognitive decline and the young for early intervention in emerging behavioral or development concerns.

- Individuals experiencing persistent significant life stressors or a potentially destabilizing life crisis for which they lack the knowledge, resources, or social capital to resolve. Currently, most intervention occurs after a significant mental health issue is evident. Services to this population would be preventative.
- Individuals with serious chronic mental illness, intellectual disabilities, or addictions, for example, who need connected to case management services beyond the scope or expertise of their resettlement agency.
- Couples and families within the refugee community, as opposed to individuals.
- Individuals who may have received health education on mental illness and are not interested in the clinical therapy but who would participate in alternative evidence-based treatments and supports, as well as those receiving clinical services but who are also interested in alternative care.

Activities

Specific activities are defined by sub-grantees in relation to the communities they serve. Below are examples of activities:

Increasing mental health literacy

- Develop training for certified interpreters and bilingual therapists. Training will cover mental health terminology and therapeutic interventions, mental health interpretation methodology, protocols and procedures, ethics, and self-care and secondary trauma.
- Provide accessible trauma-informed trainings that will prepare mental health service providers to work with immigrant and refugee communities. The training focus on multi-cultural, trauma-informed, client-centered, reflective learning and individual skill building.
- Offer trauma-informed mental health and system navigation education to clients to help destigmatize services.
- Increase the pool of Mental Health First Aid (MFHA) instructors in the resettlement network by sponsoring certification training of new MHFA instructors. These instructors would conduct trainings to build mental health capacity in refugee communities and refugee-serving providers.

Coordinating mental health care

- Identify and conduct outreach to mainstream mental health providers experienced with trauma-informed services to determine potential partners for the program.

- Develop direct linkages between mental health service providers and refugee-serving organizations to ensure a well-coordinated referral process.
- Use tele-therapy as a method to coordinate mental health care; and
- Improve access to a variety of mental services, such as couples, family, and group therapy on a par with that of non-refugee populations.

Wellness groups

- Organize culturally and linguistically aligned trauma-informed wellness group activities for specific interests and populations, as well as other opportunities for relationship building among refugee populations to overcome feelings of isolation. Examples of these are pre- and post-natal groups, a school-based group for refugee youth, and a support group for women; and
- Develop and implement healing activities such as yoga and meditation.

4. List and describe the RSS services the State or RD provides using Afghanistan Supplemental Appropriations Act, 2022 and Additional Afghanistan Supplemental Appropriations Act (ASA) funds. List services outlined in 45 CFR § 400.154, 45 CFR § 400.155, PL 16-07, PL 22-03, PL 22-11, or any subsequent policy letter pertaining to ASA RSS, and any support services that are not outlined in policy. For all services, outline the strategy for service delivery, describing program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, and activities, including any initiatives, and the related plans to distribute funding, for addressing emergency/short-term and long-term housing needs.

Afghanistan Supplemental Appropriations Act, 2022 and Additional Afghanistan Supplemental Appropriations Act (ASA) Funding

In response to funding offered through ASA, DHS will offer sub-grants to provide meaningful services to all eligible Afghans as outlined in PL 22-10 who have resettled in Pennsylvania. Programmatic models will meet all standards for effective use of this funding and will not duplicate or supplant other federally funded projects designed to provide the same types of services. In order to be considered, all sub-grantees will produce a statement of work that demonstrates their ability to track and report to DHS on SMART goals and results, having been developed using an equity and inclusion lens. All programs will be evaluated and monitored as required by ORR and DHS standards.

In order for funding to have timely impact, awards will be dispersed to existing RSS sub-grantees who express the need for support.

ASA RSS

DHS will administer all existing RSS services as outlined in 45 CFR § 400.154, 45 CFR § 400.155, PL 16-07, or PL 22-03. Based on expressed need by RSS sub-grantees, ASA RSS funds will continue to be disbursed through existing RFA-established RSS contracts to providers in the cities and border counties as listed and awarded below.

Service Delivery

Service delivery is designed around increasing access for individuals and families to long-term housing opportunities, legal assistance, employment and job skills training, ESL, case management, and community integration.

Roles of Contracted Providers

Existing service providers will continue to develop and implement programming ensuring that eligible Afghans receive fair treatment, access, and opportunities in all settings, including housing, job markets, and skills training. Programming will be offered in person wherever possible, but virtual as necessary or in times of pandemic and other emergency declaration.

With an ever-changing market, service providers are highly encouraged to hire dedicated housing coordinators or sub-contract with a similar entity to identify and secure emergency/short-term lodging, if necessary, but long-term housing solutions as soon as possible. Funding for housing coordination will support and not supplant staff already onboard to provide this service.

Providers will report to the RRP as required on program outcomes, challenges, best practices, and changing initiatives, to ensure that service delivery is being achieved.

PA RRP staff will continue to be responsible for providing technical assistance to, and monitoring of, service providers in implementing and achieving intended program goals as stated in their scopes of work.

Activities

The list of contractor-provided activities for proposed services is as follows:

- Short- and long-term housing solutions
- Direct payments for temporary housing
- Rental assistance including utilities
- Housing coordination efforts
- Additional staff support for employment/ESL
- Job supplies
- Enhanced translation and interpretation assistance
- Targeted ESL for Afghans
- Legal assistance
- Computer skills training
- Personal Protective Equipment
- Acculturation workshops
- Food assistance where SNAP benefits are not yet authorized
- Technology purchases and support
- Transportation
- Family mentoring match
- Prenatal and postnatal support for new mothers
- Anti-isolation programs
- After-school tutoring/mentorship
- Targeted collaborations with Afghan communities to consult and include in decision-making regarding service delivery

Primary Geographic Service Areas (by county)

Allegheny, Berks, Bucks, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lancaster, Lehigh, Montgomery, Philadelphia, and York.

ASA Legal Assistance

Through funding made available in DCL 22-11, legal assistance will be provided to eligible Afghans who request these services and live within reasonable distance to refugee providers. Sub-grantees will be required to submit scopes of work that reflect proposed services, and will be considered for approval based on allowable activities as outlined in PL 22-11, and with a focus on, but not limited to, the following:

- Legal orientation on immigration statuses and immigration protections under the law
- Seminars, trainings, or workshops on relevant immigration-related legal assistance topics
- Consulting with clients to determine immigration-related legal assistance needs
- Translating documents into clients' preferred languages to provide greater understanding of U.S. immigration systems and forms
- Representing clients in asylum interviews
- Assisting with filling out forms
- Helping to replace lost, damaged, or incorrect immigration documents
- Temporary Protected Status Application assistance
- Petitions for Alien Relatives
- Transportation and Lodging accommodations for clients to attend asylum interviews conducted by USCIS
- Allowable immigration fees per PL 22-11 Section III. B.
- Reparole Applications
- Costs associated with the administration of, and fees for, the immigration-related medical exam, or Form I-693, as required for an application for Legal Permanent Residency per ORR DCL 23-36

Primary Geographic Service Areas (by county)

Allegheny, Berks, Bucks, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lancaster, Lehigh, Montgomery, Philadelphia, and York.

Primary Expanded Geographic Service Areas (by county)

Adams, Beaver, Butler, Franklin, Lebanon, Luzerne, and Perry. The comprehensive list of service coverage can be found in OIM Operations Memorandum #23-08-01 *Updates to Refugee Employment and Training (E&T) Provider Coverage Areas*

5. If the State or RD receives ASA set-aside funding for specific services or populations (e.g., Refugee School Impact, including Support to Schools (S2S) and Early Refugee School Impact services, if applicable; Services to Older Refugees; Youth Mentoring; and/or Refugee Health Promotion, including the Refugee Mental Health Initiative), describe those services, as outlined in the relevant policy letter(s) (e.g., ORR PLs 20-05, 22-06, 22-07, 22-08, 22-09, 22-12, or any subsequent policy letter pertaining to an ASA-funded RSS set-aside). Describe

each ASA-funded set-aside's program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, target population(s), and activities.

ASA RSI

Due to the obligation period for ASA RSI funding ending on September 30, 2024, DHS will liquidate any remaining funding per ORR policy and DHS contractual requirements. Monitoring of the ASA RSI sub-grant recipients will be conducted by PDE in FFY 2025.

ASA Support to Schools (S2S)

PDE utilizes ARSI S2S funding to work directly with Intermediate Units and two LEAs throughout the state. There are 29 Intermediate Units operating in the Commonwealth of Pennsylvania. Intermediate Units are "entrepreneurial, highly skilled, technology-rich, and agile providers of cost-effective, instructional, and operational services to school districts, charter schools, and over 2,400 non-public and private schools". Intermediate units directly provide quality instruction to over 50,000 Pennsylvania students.

Intermediate Units have identified school districts where funds are most beneficial and determine the best use of funding for the immediate and long-term needs of ASA-eligible school-aged children and their parent(s), from the age at which a child enters school, including pre-school or pre-kindergarten when applicable, until the age of 18. ASA S2S funding may be utilized to hire teachers, staff, counselors, and ELL supports; Develop and implement parent engagement and orientation activities; Build capacity and information exchange between schools and community partners; Rent or enhancing facilities; Provide educational resources, materials, parent engagement tools, technology, digital services, and other basic needs impacting education; Develop data collection platforms; and Out-of-School programming. ASA S2S sub-grantees will follow the same monitoring procedures and are expected to adhere to the same guidelines and policies as RSI programs. Per PL 23-25, ORR extended the obligation and liquidation periods for the ASA S2S initiative. All programming and monitoring will continue through FFY 2025.

ASA RHP

Funding will be solely disbursed to the sub-grantee that is providing statewide services. All activities will align with services as previously procured and described in the RHP section.

Primary Geographic Service Area

The primary sub-grantee is based in Philadelphia, but training and resources will incorporate services in areas of the state most heavily impacted by arrivals. Funding is TBD pending statewide needs assessments as the result of services provided in FFY 2024.

ASA Youth Mentoring

Due to the obligation period for ASA YM funding ending on September 30, 2024, DHS will liquidate any remaining funding per ORR policy and DHS contractual requirements. Monitoring of the ASA YM sub-grant recipients will occur in FFY 2025.

ASA Services to Older Refugees

Due to the obligation period for ASA SOR funding ending on September 30, 2024, DHS will liquidate any remaining funding per ORR policy and DHS contractual requirements. Monitoring of the ASA SOR sub-grant recipients will occur in FFY 2025.

6. List and describe the RSS services the state or RD provides using Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA) funds. List services outlined in 45 CFR § 400.154, 45 CFR § 400.155, PL 16-07, PL 22-15, or any subsequent policy letter pertaining to AUSAA RSS, and any support services that are not outlined in policy. For all services, outline the strategy for service delivery, describing program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, and activities.

AUSAA RSS

DHS will administer existing RSS services as outlined in 45 CFR § 400.154, 45 CFR § 400.155, PL 16-07, and PL 22-15 to eligible populations made possible through the AUSAA Act. Based on needs as identified by the PA RRP and RSS sub-grantees, AUSAA RSS funds will be disbursed through existing RFA-

procured RSS contracts to providers offering services in the cities as listed and awarded in the geographic services area section.

Service Delivery

Services are not intended to replace the support or assistance being provided by private sponsorship however programs for which Ukrainians are eligible will be made known through targeted outreach efforts. Delivery will be designed around increasing access for eligible individuals and families to employment programs, job skills training, ESL, mental health services, assistance in applying for EAD cards, and community integration.

Roles of Contracted Providers

Existing service providers will develop and implement programming ensuring that eligible Ukrainians receive fair treatment, access, and opportunities in all settings, including job markets, skills training programs, and all other mainstream services. Programming will be offered in person wherever possible, but virtual as necessary or in times of pandemic and other emergency declaration.

Providers will report to the RRP as required on program outcomes, challenges, best practices, and changing initiatives, to ensure that service delivery is being achieved.

PA RRP staff will continue to be responsible for providing technical assistance to, and monitoring of, service providers in implementing and achieving intended program goals as stated in their scopes of work.

Employment-related Activities

- **Employment services** to obtain sustainable work, through job search, development and placement, and retention follow up;
- **Employability assessment services** through capacity and skills testing;
- **ELT** in relation to obtaining and retaining a job.
- **Vocational training** when provided as part of an individual employability plan or Family Self Sufficiency Plan (FSSP);
- **Skills recertification** when such training meets the criteria as described in 45 C.F.R. § 400.81(b);
- **Employment case management** to assist in the removal of barriers that prevent sustainable employment;
- **Interpretation and translation services** to ease the transition into the workplace or when engaged in job-seeking services;

- **Assistance with self-employment** should the FSSP suggest viability;
- **Assistance in obtaining Employment Authorization Documents**
- **Information and referral** to both refugee and mainstream service providers;

AUSAA Legal Assistance

Per ORR Policy Letter 23-05, legal assistance will be provided to eligible Ukrainians who request these services, and live within reasonable distance to refugee providers. Sub-grantees will be required to submit scopes of work that reflect proposed services, and will be considered for approval based on allowable activities as outlined in the Policy Letter, and with a focus on, but not limited to, the following:

- Providing eligible populations with basic legal orientation on immigration status and immigration protections under the laws
- Conducting seminars, training, or workshops on relevant immigration-related legal assistance topics to eligible clients and/or eligible pro se applicants
- Consulting with a client to determine immigration-related legal assistance needs
- Interviewing the client to obtain relevant information
- Assisting in the replacement of lost or damaged immigration documents and/or assisting with the correction of incorrect immigration documents
- Providing interpretation services to engage the client's support in filling out relevant immigration forms
- Translating relevant documents into a client's preferred language to provide the client with a greater understanding of the forms and the U.S. Immigration systems
- Explaining relevant forms to the client
- Physically filling out relevant forms
- Retrieving and/or preparing supporting documentation for relevant forms
- Providing guidance on fee waivers
- Assisting in the logistics of securing fee waivers for forms
- Representing the client in an affirmative3 asylum interview or other mandatory in-person immigration-related legal assistance appointment
- Responding to U.S. Citizenship and Immigration Services
- Transportation and lodging in support of immigration legal assistance and attend USCIS appointments
- Allowable immigration fees
- Costs and associated fees for Form I-693, *Report of Medical Exam and Vaccination Record* required for an application for Legal Permanent Residency

Other Activities

- **Targeted outreach - which may include open and welcoming spaces -** designed to familiarize Ukrainians and private sponsors with available services, to explain and facilitate access to these services; this
- **Coordination on outreach efforts** to ensure that contracted providers are not duplicating services for identified Ukrainians with and without private sponsorship.
- **Expanded ESL** to provide both in-person and remote class attendance, as well as technical assistance, curriculum support, and training to area community-based organizations who also have ESL programs**;**
- **Statewide hotline** for information and referral services;
- **Targeted mental health services** to address the trauma associated with having fled Ukraine, family separation, and any other identified trauma-induced need;
- **Case management** for the medically fragile;
- **Transportation** for participation in programs other than an employment-related service;
- **Translation and interpretation** for purposes other than employment;
- **Social adjustment** including emergency services, assessment and short-term counseling to individuals or families in a perceived crisis; referral to appropriate resources; and the making of arrangements for necessary services.
- **Case management services** for purposes other than in connection with employment or participation in employability services;
- **Housing Assistance** to fill gaps in housing needs not met by private sponsors or support for those who arrived without a sponsor and cannot fully support housing costs.
- **Any additional service, including aid in the prevention of sponsorship breakdown** upon submission to and approval by the Director of ORR, aimed at strengthening and supporting the ability of a refugee individual, family, or refugee community to achieve and maintain economic self-sufficiency, family stability, or community integration which has been demonstrated as effective and is not available from any other funding source;

Primary Geographic Service Areas (by county)

Allegheny, Berks, Bucks, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lancaster, Lehigh, Montgomery, Philadelphia, and York.

Primary Expanded Geographic Service Areas (by county)

Adams, Beaver, Butler, Franklin, Lebanon, Luzerne, and Perry. The comprehensive list of service coverage can be found in OIM Operations Memorandum #23-08-01 *Updates to Refugee Employment and Training (E&T) Provider Coverage Areas*

7. If the State or RD receives AUSAA set-aside funding for specific services or populations (e.g., Refugee School Impact, including Early Refugee School Impact services, if applicable; and/or Refugee Health Promotion, including the Refugee Mental Health Initiative), describe those services, as outlined in the relevant policy letter(s) (e.g., ORR PLs 20-05, 22-06, and 22-07, or any subsequent policy letter pertaining to an AUSAA-funded RSS set-aside). Describe each AUSAA-funded set-aside's program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, target population(s), and activities.

AUSAA RSI

AUSAA funding has been provided to twenty school district sub-grantees across the Commonwealth. Program recipients will continue to utilize funding received in FFY 2023 for the exclusive purpose of providing educational programs and services for Ukrainian students and their families. Supplemental funds will be distributed based on the projected number of Ukrainian students a sub-grantee will serve. Programs developed with these funds are supplemental to the overall RSI programs and developed in conjunction with general RSI programming. Adherence to the RSI goals, objectives, expected outcomes, and reporting standards is required.

PDE will work collaboratively with sub-grantees to ensure the educational needs of Ukrainian students and families are being met by using funds to either enhance current RSI programming and/or develop and implement new initiatives specifically for recently arrived Ukrainian students. Types of projects include:

- Supplemental English Language Learning (ELL) instruction
- After school tutorials focusing on helping students understand and complete assignments
- After school programs to foster community engagement and/or provide cultural navigation services
- Programs focused on helping families understand and integrate into the public school system
- Programs for children with limited or interrupted formal schooling focused on bridging the gap between the Ukrainian students'

experience and elements of school and curriculum that are culture-based
- Parental outreach programs that involve and engage Ukrainian refugee parents in their child's education
- After school and/or summer clubs and activities that foster understanding of diverse cultures and cross-cultural activities that enrich the lives of all the children of the school and community where the Ukrainian family lives
- Bilingual/bicultural counselors, teachers, and aids to work exclusively with the Ukrainian students during general RSI programs and events
- Materials, resources, and staff development for supplemental grant personnel to better understand the unique needs of this population and provide services and support specific to those needs
- Outreach and diverse cultural professional development for school administrators, teachers and staff that serve the newly enrolled Ukrainian students and families in educational settings and
- Materials and resources needed to develop culturally appropriate practices and build a welcoming school environment.

Sub-grantees are expected to follow all RSI general guidelines and policies when delivering programming and utilizing funds. ORR's extension of the obligation and liquidation periods for AUSAA RSI will allow all programming to continue in FFY 2025.

AUSAA RHP/ReMHI

Funding will be disbursed to the three sub-grantees that are providing statewide services. All activities will align with services as previously procured and described in the RHP/ReMHI sections.

Geographic Service Area

The primary sub-grantees are based in Philadelphia (RHP) and Erie (ReMHI), with one partnering agency in Pittsburgh.

F. Unaccompanied Refugee Minors (URM) Program - 45 CFR 400 Subpart H, ORR Guide to Eligibility, Placement, and Services for Unaccompanied Refugee Minors (URM)

States and URM Replacement Designees (URDs) receiving funding to operate a URM program must address all items in this section, as applicable.

1. Administrative structure and state oversight - 45 CFR §§ 400.28, 400.117, 400.120
   a. Describe administrative arrangements for the URM program in the state. Identify key state, county, URM provider agencies, and other private entities with which the state or URD coordinates to ensure proper administration of the URM program. (Provide a high-level description here. States and URDs can use cross-references to the legal responsibility, placement, and services sections below, where additional details are required.)
      i. Briefly describe the roles of each agency identified;
      ii. Indicate if the State or URD maintains a formal agreement with each agency identified, and if the agreement includes a budget that must be negotiated; and
      iii. Identify the location(s) of URM provider agencies, including suboffice locations, under agreement with the state or its designee (e.g., county).

      The URM program is a component of Pennsylvania's RRP and is administered alongside other refugee-related programs by DHS's OIM.

      State Providers

      PA DHS' OIM:
      - Role: Provides administrative oversight for the RRP and the Unaccompanied Refugee Minor Program (URMP) oversees the operation of CAO offices within PA.
      - Formal arrangement exists between RRP and OIM
      - Budget must be negotiated
      - Location: Harrisburg, PA

      RRP:
      - Role: Contracting source and liaison to ORR. Oversees reporting. Provides technical assistance for Medical Assistance and child welfare issues. Participates in monthly staff meetings. Attends community trainings and events which impact or benefit the program. Assists in identifying and developing resources and trainings for youth and staff. Monitors compliance with ORR standards.
      - Location: Harrisburg, PA

Office of Children Youth and Families (OCYF)/Southeast Region:

- Role: Conducts annual licensure monitoring to assure compliance with foster care regulations in the Commonwealth of PA, Title 55 Pa. Code Chapter 3130. Provides technical assistance and distributes OCYF bulletins to the RRP to ensure parity with domestic services and expand capacity.
- Formal agreement exists between OCYF and URMP for licensure
- No budget must be negotiated
- No formal agreement exists between OCYF and RRP for technical assistance.
- Location: Philadelphia, PA

Montgomery CAO:

- Role: Process applications to connect youth to Medical Assistance and upon emancipation, former Foster Child Medical Assistance.
- No budget must be negotiated
- There is no formal agreement with the Montgomery CAO
- Location: Norristown, PA

NOTE: Philadelphia, Lehigh, Dauphin, Erie, and Allegheny CAOs have a refugee-dedicated CAO benefits worker. A URM placed in any of these locations would experience fewer delays and complications in the processing of applications and receipt of benefits.

- Formal agreement exists
- Budget must be negotiated

URM Provider:

- Bethany Christian Services (BCS) of the Greater Delaware Valley
- Role: Bethany Christian Services of the Greater Delaware Valley holds the contract to provide URM services.
- The state maintains a formal agreement with BCS as the placing agency. Legal custody of the youth in placement rests with BCS as the placing agency.
- The agreement includes a budget that must be negotiated.
- Location: Jenkintown, PA

Private entity:

- Blessed Oscar Romero House
- Role: Provides transitional living to URM youth in a congregate setting. Offers 12 beds to youth between the ages of 13-18. The youth are primarily from Central America, Africa, and Asia.
- DHS does not maintain a formal agreement with the Romero House.
  BCS subcontracts with the Romero House which they negotiate.
- Romero House expenses are outlined in the state budget.

b. If a URD, describe coordination with any other RDs in the state, with a focus on how URM activities will be coordinated.

Not applicable.

c. Does the State or URD assure that it assumes accountability for all aspects of the program, including fiscal and program reporting? *Indicate Yes or No.*

Yes.

d. Does the State or URD assure that it has a procedure to ensure, on an ongoing basis, that URM provider agencies are licensed according to state requirements? *Indicate Yes or No.*

Yes.

e. Describe how URM provider agencies are assessed for compliance with state foster care standards.

The RRP monitors the URM program for compliance with state foster care standards by:

- Maintaining familiarity with the states domestic foster care programs and requirements;
- Reviewing all pertinent bulletins provided by OCYF;
- Consultation with OCYF for technical assistance;
- Attending trainings and conferences related to domestic foster care;
- Monthly participation in BCS' URM staff meetings to maintain familiarity with operations;

- Participating in program development and capacity building to ensure parity; and
- Annual programmatic monitoring audit of BCS and the RRP for compliance with state foster care standards as well ORR regulations and standards.

Monitoring activities include a preliminary monitoring questionnaire, case file and document review, refugee minor interviews/home visits, resource parent interviews, and staff interviews. Monitoring ensures that there is continuous oversight by the Montgomery County Juvenile Court on individual cases through a permanency review hearing at least every six months.

NOTE: BCS is also evaluated annually for compliance with state foster care standards by the Pennsylvania's Office of Children Youth and Families (See 1a.i. Role of OCYF/Southeast region).

f. Describe program and fiscal oversight for the URM program. Include a detailed description of the State's or URD's protocol to monitor and evaluate subrecipient operations and compliance with ORR regulations and policy at least annually.

Financial accountability is conducted through reconciling monthly invoices against the total annual budget allocation in the subcontract with BCS. As with all other contracted service providers, BCS is required to sign an Audit Clause. Monitoring of operations and compliance with ORR regulations and policy is accomplished by the methods

Monitoring activities include a preliminary monitoring questionnaire, case file and document review, refugee minor interviews/home visits, resource parent interviews, and staff interviews. Monitoring ensures that there is continuous oversight by the Montgomery County Juvenile Court on individual cases through a permanency review hearing at least every six months.

NOTE: BCS is also evaluated annually for compliance with state foster care standards by the Pennsylvania's Office of Children Youth and Families (See 1a.i. Role of OCYF/Southeast region).

The RRP's Program Advisor and Director also conduct biweekly teleconferences with the ORR Program Analyst assigned to Pennsylvania.

g. Does the State or URD assure that it consults with URM provider agencies and other key stakeholders annually, regarding each URM site or sub-site on the following topics?

i. Alignment between proposed and actual caseload (average per month, new arrivals, and types of cases) and capacity (placement options and numbers) in the past year;
Yes.

ii. Trends in referrals not accepted/assured;
Yes.

iii. The process in the state for reviewing referrals and placing new URM cases, including efficiency and timeliness of responses to ORR referrals;
Yes.

iv. Alignment between proposed and actual services and benefits in the past year;
Yes.

v. Changes in capacity and/or program development needed to meet ORR's priorities and ensure that all populations eligible for the URM program can benefit from placement and services in the state;
Yes.

and;

vi. Projections for average monthly caseload, types of cases, anticipated terminations, and the number of new cases to be served in the next fiscal year.
Yes.

Indicate Yes or No in response to item g. above.

h. Describe how the State or URD exercises oversight responsibility for the care of URMs.

The RRP exercises oversight responsibility for the care of the URMs by:

- Maintaining familiarity with the states domestic foster care programs and requirements;
- Reviewing all pertinent bulletins provided by OCYF;
- Consultation with OCYF for technical assistance;
- Attending trainings and conferences related to domestic foster care;

- Monthly participation in BCS' URM staff meetings to maintain familiarity with operations;
- Participating in program development and capacity building to ensure parity; and
- Annual programmatic monitoring audit of BCS and the RRP for compliance with state foster care standards as well ORR regulations and standards.
- Regular communication with the Director and Supervisor of the placing agency;
- Provision of technical assistance, research, and policy clarification as needed; and
- Desk review and approval of ORR3 and ORR 4 forms on the federal database.

Monitoring activities include a preliminary monitoring questionnaire, case file and document review, refugee minor interviews/home visits, resource parent interviews, and staff interviews. Monitoring ensures that there is continuous oversight by the Montgomery County Juvenile Court on individual cases through a permanency review hearing at least every six months.

i. Describe the State's or URD's quality review process for the data URM provider agencies submit via URM placement (ORR-3) and outcome (ORR-4) reports, to ensure accuracy and timely submission to ORR.

BCS' data management system, "Extended Reach," provides prompts to staff with due dates for pending ORR-3s and 4s and any outstanding reports are discussed with caseworkers during weekly supervision. The Program Advisor periodically generates a report from ORR's Refugee Arrivals Data System (RADS) of missing reports and confers with BCS. The RRP monitors emails for incoming ORR-3s and ORR-4s and strives to process them on the same day. Timely communication occurs with both ORR and BCS if there is a question or concern regarding either report. When appropriate, the Program Advisor will supply portions of ORRs instructions for completion when returning a report for correction. BCS' retired data manager has volunteered to onboard new staff in reporting on the ORR-3 and 4 as well as complete a monthly reconciliation of data between the RADS system and the BCS database. The data are reconciled on an annual basis with the state and the results submitted to ORR.

j. Indicate the frequency with which the State or URD conducts case-specific oversight activities for the care of URM clients. Respond with a

1, 2, or 3, based on the following scale:

1. State or URD engages in case-specific oversight activities on an *ad hoc* basis, as issues arise and generally less often than once a month.
2. State or URD routinely engages in multiple case-specific oversight activities on a monthly basis.
3. State or URD routinely engages in multiple case-specific oversight activities on a weekly basis, or more frequently.

Two.

Examples of case-specific oversight activities may include, but are not limited to, participating in case staffing, providing input on placement decisions or access to services or benefits, reviewing case/service plans or reports, approving client-specific cost requests (e.g., maintenance rates, stipends, additional service costs), and providing technical assistance or coordinating with public agencies to resolve client needs (e.g., medical coverage, education and training vouchers, Interstate Compact for the Placement of Children, etc.). *Exclude ORR-3 and ORR-4 reporting from consideration for this scale.*

2. Legal responsibility - 45 CFR § 400.115
   a. Describe state's or URD's procedures for initiating, within 30 days of a minor's arrival, the process of establishing legal responsibility. Include the:

      i. Roles of individuals and/or entities involved in the process and the name of the entity that assumes legal responsibility of URM cases (e.g., state, county, private agency);

      The roles of individuals in addition to the BCS case managers and the PA Office of Children Youth and Families' attorneys involved in initiating the process for establishing legal responsibility are described below:

      Presiding Judge:
      Oversees and manages the progress of individual cases. Promotes collaborative efforts between the custodial agency and the community.

      Hearing Officer:
      Receives evidence, hears arguments, and enters a court order

BCS Foster Care Case Manager:
Prepares agency court summary petitioning for custody.

BSC Attorneys:
Represent BCS and presents agency's court summary and recommendations to the court for consideration.

Guardians Ad Litem:
Presents what they consider to be the best interests of the child to the court.

ii. The type(s) of legal authority allowed by the State or URD (e.g., custody, guardianship, conservatorship) for URM enrollment;

- Private Custody- Legal responsibility of the youth is vested with the placing agency. The Commonwealth is a private custody state for URM youth and BSC is the legal custodian.
- County custody: Legal responsibility is vested in the county Children and Youth agency as is typical in domestic foster care programs.
- Adoption- Possible for youth whose parents are known to be deceased or who have relinquished parental rights with due process.
- Permanent Legal Custody (PLC) – Possible with due process which includes parental notification. Unfortunately, the existence or whereabouts of parents often cannot be determined, despite due diligence in ongoing family-finding efforts, due to the chaotic conditions in countries of origin. A home study of the prospective legal custodian is also required. While a home for a prospective foster parent is provided at no cost by the placing agency. a private home study for Permanent Legal Custodianship would likely cost between one and three thousand dollars.
- Petitions for PLC are addressed to the Montgomery County Orphans court, Coordination between these Juvenile and Orphans Court would need to be established.
- Adoption is possible for any youth over 18 who consents to his or her own adoption. Once a youth turns 18, parents' rights do not need to be terminated nor is it necessary to show that parents are deceased.
- Adoption is possible for youth under 18 if parents' rights have been terminated or if it can be shown to the court that both parents are deceased.
- Adoption cases in the Commonwealth may proceed on a closed or open basis as determined to be in the best interest of the child.

iii. Name(s) of court(s);
Court of Common Pleas of Montgomery County

iv. Typical range of time to establish legal responsibility for URM cases. State procedures for initiating legal responsibility are completed within 30 days. The Montgomery County Court of Common Pleas is rather unique in that it backdates the custody order to the youth's date of arrival which is especially beneficial to those very near their 18th birthday.

b. Procedure for establishing legal responsibility and placing a child in foster care:

i. Indicate the option which best applies:

1. State law requires court action to place a child in foster care in the state.

2. State law allows an alternative procedure, which does not require action by the court, for placing a child into foster care in the state. *States and URDs which select option 1. under i. should indicate that item ii. below is not applicable. States and URDs which select option 2. under i. should provide a descriptive response to ii. below.*

ii. Describe any alternative procedure, which does not require action by the court, for placing a child into foster care in the state.

The state allows youth who have turned 18 to sign a Voluntary Placement Agreement (which BCS terms an Extended Board Agreement) which permits them to receive services until age 21. Extended board agreements are submitted to the court for approval.

c. Describe ongoing court oversight and supervision of URM cases after legal responsibility has been established.

A custody order is granted to BCS at the time of the first permanency hearing. This order is made retroactive to the date of the youth's arrival to the program. This practice prevents any gap in time during which the youth would not be in the care and custody of the agency and a court date for a permanent custody hearing. Subsequent review hearings for new arrivals occur more frequently than normal. A second hearing is held at

three months from the initial hearing and a third hearing, five months from the second.

Permanency review hearings are subsequently conducted in at least six-month intervals. Prior to the next hearing date, the BCS case manager sends an updated court report. Once BCS receives permanent custody the next court date is set - either a permanency hearing or other review as ordered by the judge. BCS case managers are responsible for submitting reports to DCF attorneys prior to all reviews.

d. Indicate the maximum age at which legal responsibility and/or court oversight ends for URMs in the state, and identify factors that determine case-specific decisions for terminating legal responsibility and/or court oversight.

The maximum age at which legal responsibility and court oversight ends is 21 provided the youth has signed a Voluntary Placement Agreement, otherwise the maximum age is 18 years. Factors that determine case specific decisions for terminating legal responsibility and/or court oversight include self-emancipation, reunification with a certified family member, interstate transfer, and the need for a higher level of care (such as residential, or long term psychiatric in-patient care) which currently cannot be addressed by BCS. Serious legal offenses might result in transfer of custody to the juvenile justice system.

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

a. General URM Assurances
Indicate Yes or No in response to items i., ii. and iii. below.

i. Does the State or URD assure it offers URMs the same range of benefits and services as available to other foster children in the state, including benefits and services identified under the State's Title IV-B and IV-E plans?

Yes.

ii. Does the State or URD assure it addresses the following elements in case plans: family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, English language training, career planning, preparation for independent living and

the transition to adulthood, and preservation of ethnic and religious heritage?

Yes.

iii. Does the state or URD assure it will cease providing services and benefits to a URM child or youth, in the event the child or youth loses eligibility for the program? Specifically, that the child or youth:

1. No longer has an eligible immigration status or category (e.g., the youth has acquired U.S. citizenship);
   Yes.
2. Has reached the maximum age for all ORR-funded URM services and benefits indicated in the state plan;
   Yes.
3. Has reunited with a parent;
   Yes.
4. Has been adopted;
   Yes.
   and/or
5. Has united with a non-parental adult through legal custody or guardianship under state law.
   Yes.

b. Placement

i. Describe the roles of the State or URD, subrecipients, and other stakeholders in reviewing and responding to case referrals from ORR, identifying available capacity, deciding on the most appropriate initial placement available for URM applicants, and providing a timely assurance of placement. Include an alternative process for urgent cases.

BCS' URMP Community Resource Developers (CRD) are responsible for matching the referrals received with the available placement beds the program has. The CRDs along with program staff keep a list of available beds and the type of placements the foster parents or group home are able to accommodate. When referrals are made, CRDs review the materials supplied by ORR (via RADS) for UC Referrals or PRM (via LIRS) for M-4 referrals and make decisions on the best placement options for the youth among those available. If there is a possible match, the CRD contacts the foster parent or the group home manager providing full summary of the information about the youth available. If no match is found, the CRD

replies to ORR (RADS) or PRM (via email to LIRS) regarding that fact. If a match is found, the CRD completes and uploads a placement memo to RADS or emails one to LIRS (for PRM cases) to let them know a match has been identified. In some cases, the CRD will consult with other staff including the Program Director, supervisors, or case managers. Referrals that fall outside of the capacity of the program are deferred.

The State Program Advisor reviews applications from ORR submitted through RADs and receives monthly information from BCS on the number of beds in regular foster homes, therapeutic foster homes, mother/baby homes and the group home. This data informs discussions about capacity building which may occur as needed during the State Program Advisor's attendance at monthly staff meetings and biweekly calls with the ORR Program Analyst.

The Oscar Romero group home, a licensed facility always staffed, is useful for housing urgent cases if beds are available. Also, the Montgomery County Court of Common Pleas grants permanent custody retroactive to the date of arrival, which allows youth who are on the cusp of their 18th birthday to be admitted to the program when otherwise they might not eligible.

ii. Describe placement options available to URMs in the state following the placement type prompts below (items 1-5). For each placement type, describe options provided by the state or URD and its subrecipients (e.g., URM provider agencies). Also describe placement options that are routinely available to URMs via agreements with other child-placing or supervised independent living agencies in the state, including any congregate setting where more than 50 percent of the capacity is supported by ORR through the CMA grant. Name the agencies which provide the identified placements. As applicable, such as for group care and supervised independent living, identify the focus and/or target population (e.g., behavioral therapy, medical needs, substance abuse treatment, trafficking victims, parenting teens, transition to independence) and licensing or other restrictions (e.g., age, history of assault) for each placement option.

1. Foster Family Home: (33) Licensed foster care homes all of which are trained in trauma-informed care.
   Target population: All refugee youth without extraordinary needs, younger refugee youth formerly of UC status, youth transitioning to independence

Restrictions: Serious mental and behavioral health

(2) Parent/baby homes (one foster home and one SIL)
Target population: Young parent and child needing extra help and advice until they can safely care for their baby on their own.
Restrictions: other than being the parent of a baby, none

2. Therapeutic Foster Home: (3) Licensed Therapeutic Foster Homes
   Target population: Youth with emotional and behavioral challenges that require a more structured home environment. Additional training and supports for the family are required to create a healing environment.
   Restrictions: Must meet eligibility criteria for licensed therapeutic foster home. Behaviors must not constitute a threat to self or others.

3. Group Home: (1) Group Home - 12 beds
   Blessed Oscar Romero Home
   See 1a.ii, Private Entity
   Target population: Youth Transitioning to Independent Living, exclusive to males, ages 14 –18 from the Northern Triangle, African and Asian nations, youth in need or urgent placement.
   Restrictions: age 14 and above

4. Supervised Independent Living: (35) Supervised Independent Living Placements
   Target Population: Transition to Independent Living

5. Residential Treatment: (0) Residential Treatment facilities

iii. Describe the process for extending foster care beyond the age of 18 years old, and case-specific access to supervised independent living, as follows:

1. Describe state criteria and procedures for youth to access extended foster care and/or supervised independent living. Include the maximum age for access to extended foster care and/or supervised independent living.

   To extend a foster care placement up to age 21, youth are required to sign BCS' Extended Board Agreement, also known as a Voluntary Placement Agreement (VPA), when they reach the age of majority at 18. Any youth whose behavior has not presented a danger to themselves, or others is likely to be approved for this extension.

Approximately 98% of youth avail themselves of the opportunity for extended foster care. Regarding case specific access to supervised independent living, youth must be age 18 or above. The maximum age for participation is 26. The selection criteria include a positive assessment of readiness on a three-part life skills questionnaire, to be completed by the youth, foster parent, and assigned caseworker. In addition, the caseworker completes an evaluation which is reviewed by the supervisor. The youth's Guardian ad Litem must also approve the plan. If all factors indicate the youth's best interest would be served in a semi-independent living placement, and the youth expresses a determination to enter this arrangement, a contract between BCS and the youth is developed. The contract presents clear mutual expectations and responsibilities. Adherence to contract is monitored monthly by the case manager and biannually during review hearings.

2. Describe any provisions in the state that allow a youth who has left extended foster care and/or supervised independent living to return to placement.

   Youth who leave care following their 18th birthday and wish to return may do so prior to their 21st birthday. All that is necessary for the youth to re-enter care is for them to contact the program and request re-entry. BCS will assist the youth in any requirements necessary to re-enter care and will request a court date from the Montgomery County juvenile court system.

3. Does the state or URD assure that extended foster care and/or supervised independent living are administered in accordance with state criteria and procedures, with the exception of variances approved by ORR? *Indicate Yes or No.*

   Yes.

4. Identify any proposed variances from the state's criteria and procedures for extended foster care and/or supervised independent living, for review by ORR.

   Not Applicable.

5. Describe the State or URD's plan for administering or overseeing the administration of extended foster care and/or supervised independent living.

The BCS URMP does not support the daily care of youth in independent living but provides case management on an as needed basis and issues Educational Training Vouchers (ETVs) once each semester. Independent Living Services at this level are available to youth who have left the program at the age of either 18 (emancipation) or 21 (aging out). The services previously offered to the age of 23, will be extended to the age of 26 to allow youth participating in post-secondary education, training, or certification to receive administrative and academic retention support. The BCS URM program's Life Skills staff work with youth who have an issue or problem that they bring to the attention of the agency. Most issues are short-term and, once resolved, monitoring by Life Skills staff discontinues.

c. Health Coverage

i. Describe how medical assistance is provided to URMs, including the process to determine eligibility for Medicaid and CHIP. Identify any known gaps in Medicaid or CHIP coverage for URM youth, specifying eligibility type and age parameters. Include the State's or URD's arrangements for providing medical assistance to URM youth who are ineligible for Medicaid or CHIP in accordance with ORR policy.

DHS ensures that youth have access to health coverage until they turn 18 years old, or a higher age prescribed by the state for the availability of foster care. In addition to health coverage, the state provides information about coverage options or assistance filling out applications and forms. The state ensures that URM youth, caregivers and provider staff have access to information on coverage rules. Information about health insurance coverage is provided to youth who are considering leaving URM placement before attaining the highest age for foster care. Emancipating youth are assisted to apply for "Former Foster Care Youth" MA. Through this plan, MA coverage to former foster youth is extended to age 26, regardless of income. Both URM and domestic foster youth have their own eligibility categories for medical coverage. Since the URMP is a federal foster care system, distinct from the state's domestic foster system, by state interpretation URM youth are not considered eligible for MA. RMA provides for the medical benefits of URM youth in PA. The RRP is aware that this is not consistent with other private custody states surveyed. Therefore, an Operational Memorandum will be developed and shared with CAOs to correct any errors in the process of eligibility assessment, and to bring the URM program into alignment with the practices of other private custody states.

Continuity of service is a concern when a youth in need of behavioral services moves from one county to another where their previous behavioral health plan is not accepted. In counties where the Refugee Resettlement Program funds a position in the CAO office to administer benefits to refugees, the transfer from one plan to another usually occurs without significant delay.

When a transfer cannot be addressed in a timely manner for whatever reason, the situation may be addressed through a nonparticipation agreement between Pennsylvania's MCOs involved, which is more time consuming and voluntary on the part of the MCOs.

The most significant delays occur when there is no dedicated refugee benefits CAO worker and no non-participation agreement. Especially when there is a critical need, the refugee health program advocates on behalf of the client with the state entities responsible for administering medical benefits.

ii. Does ORR's Medical Replacement Designee (MRD) provide medical assistance to URMs in the state, in collaboration with the state or URD? Indicate Yes or No. States which select No under ii. should indicate that iii. below is not applicable.

No.

iii. In states where the MRD provides medical assistance to URMs, does the state or URD assure the following statements? That:

1. Eligibility for Medicaid/CHIP and ORR-funded medical assistance is determined for all URMs in accordance with ORR regulations and policies;
2. Written agreements hold URM provider agencies responsible for conducting initial eligibility determinations for ORR-funded medical assistance;
3. The state or URD monitors URM provider agency activities to ensure adherence with federal and MRD policies and procedures pertaining to medical assistance for URMs; and
4. The state or URD coordinates with the MRD regarding policies and procedures for ORR-funded medical assistance to ensure URMs are enrolled in a timely manner.

Indicate Yes, No or Not Applicable in response to item iii. above.

Not Applicable.

d. Transition to Adulthood Services
   i. Select the option which best applies:

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

         No.

      2. URMs are eligible for the state's Chafee Program, but due to documented funding barriers, the state anticipates using ORR funding to provide some of the services and benefits; or

         No.

      3. URMs are not eligible for the state's Chafee Program; therefore, comparable services and benefits, including ETVs, are provided with the use of ORR funding.

         Yes.

         States which select option 1 under i. should indicate that items iii. and iv. below are not applicable, when responding to said items.

   ii. Describe the array of services and benefits to support a successful transition to adulthood available in the state, including ETVs. Identify which services and benefits are funded by ORR. Indicate the maximum age for the availability of each of the indicated services and benefits, and other key criteria. *(A description is required for ORR-funded services and encouraged for Chafee funded services.)*

      <u>ORR-funded services</u>:

      The services of BCS' case managers are funded by ORR and provide the following to support youth who are aged 18 years and older and who are

seeking post-secondary education and training:

- Access to tutors recruited and vetted by BCS staff;
- Access to community college ESL classes for high school students though cooperative agreements developed by staff;
- Assistance to complete financial aid applications, including for ORR-funded ETVs equivalent to the states Chaffee program;
- Life Skills Training for youth from 16 to 21 years of age. The independent living skills are based on the youths' needs as formally assessed by FP, CM, and youth;
- The life skills program also includes enriching events such as tours to employment sites and schools, and recreation activities such as therapeutic outings; and
- Career and trade exposure opportunities as a volunteer or part-time employee prior to enrolling in an educational program. These opportunities are recruited and negotiated by BCS staff.
- Aftercare services for older youth who have left foster care to age 23, in accordance with the policy implemented by PA DHS for the domestic foster care program. After care services were mandated by PA DHS in 2020 under the Families First Preservation Act. The Aftercare Case Manager will follow the progress of Educational Training Voucher (ETV) recipients up to age 23. Their duties include verifying enrollment on at least a half-time basis, assisting them with life adjustment issues, and promoting retention. The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) constrains the agency's ability to provide this level of oversight from ages 22 to 26 years old. Under Chaffee guidelines, the educational institution in which the youth is enrolled will return to BCS a prorated amount when a youth discontinues their education without attaining a degree or certificate.
- The BCS Director is now a regular attendee at periodic meetings of the University of Pennsylvania's Foster Care to College Program Foster Care to College (FC2C) - The Field Center (fieldcenteratpenn.org) . These meetings provide the program access to the latest information on educational assistance to foster youth in the state.

<u>Services funded by public and private sources other than ORR</u>:

These services include community educational and training resources which facilitate transition to adulthood such as:

- YouthBuild (Training program for low-income youth ages 16-24 who are neither working or in school. The program teaches construction skills and assists youth to obtain their GED and so become financially self-supporting), Philadelphia, PA
- Eastern Montgomery County Technical School, Willow Grove, PA
- Lincoln Tech, Philadelphia, PA

Additional resources in this category for spiritual and civic support which facilitate transition to adulthood include:

- Islamic Center of Lancaster, Lancaster, PA
- Muslim Youth Center of Philadelphia, Philadelphia, PA
- The Attic Youth Center (Creates opportunities for LGBTQ youth to develop into independent, civic-minded adults within a safe community) Philadelphia, PA
- Our Lady of Fatima Catholic Church, Bensalem, PA
- Salem Baptist Church, Abington, PA creates opportunity for employment, mentor, networking)
- Alpha Kappa Alpha (AKA), of Philadelphia provides training for youth on topics such as emotional intelligence.

iii. Does the State or URD assure that any ORR-funded URM services and benefits to support a successful transition to adulthood, including ETVs, are administered in accordance with state criteria and procedures, with the exception of variances approved by ORR? *Indicate Yes or No.*

Yes.

iv. Identify any proposed variances from the state's Chafee and ETV criteria and procedures, for review by ORR.

Not Applicable.

v. Describe the state's or URD's plan for administering or overseeing the administration of ORR-funded services/benefits and ETVs, if applicable, or how the state ensures that URMs have access to the state's Chafee Program and ETVs.

As the Commonwealth is a private custody state, URM foster youth are not eligible to participate in the Pennsylvania Chafee Education and Training Grant Program for Independent Living Services (ILS), Educational Services and Support (ESS), or aftercare services. Rather, URM foster youth in the state are eligible to receive ORR funding to meet their needs in these areas. Students aging

out of foster care but who are attending eligible post-secondary institution are among those eligible for this ORR grant funding. Youth who leave care following their 18th birthday and who return to the program prior to their 21st birthday are likewise eligible for ETVs.

In Pennsylvania, Educational Training Vouchers are provided by ORR in a manner that closely mirrors that of Pennsylvania's Chafee ETV grant program, for which Pennsylvania's URM youth are ineligible. Currently, ORR-funded ETVs are extended until the age of 26 due to COVID relief implemented by the state under the Consolidated Appropriations Act, provided the youth have already been a recipient of at least one ETV before leaving care. One voucher per semester is available during this extended period of eligibility.

e. Additional information (*optional*)
   i. Provide additional information on benefits and services available to URMs in the state.

Therapeutic Foster Care

Having been licensed as the provider of therapeutic foster care, BCS looks forward to expanding its capacity, putting additional approved foster homes to use, recruitment of new homes. BCS has filled a full-time behavioral health specialist position and has plans to create a Clinical Leadership Team with one member assigned to the URM program, available for regular consultation with staff. Furthermore, BCS will be creating its own counseling service which will make referral very easy for those individuals appropriate for the service.

The program currently has working relationships with many culturally and linguistically appropriate mental health providers such as:

- Northwest Human Services, Philadelphia, PA
- Central Montgomery Mental Health Center, Norristown, PA
- Warren E Smith Mental Health Center, Philadelphia, PA
- Frankford Hospital Drug and Alcohol, Philadelphia, PA
- Tree of Life Behavior Health, Philadelphia, PA
- NOVA (Sexual abuse treatment), Jamison, PA
- Belmont Behavioral Health Hospital, Philadelphia, PA
- Horsham Clinic, Ambler, PA
- Philadelphia Child Guidance Center, Philadelphia, PA
- KidsPeace, Philadelphia, PA
- COHMAR, Philadelphia, PA

Enhanced Mental Health Response

- All youth now receive a mental health screening using the RHS-15 screening tool 30 days from the date of arrival and again at six months from this date.
- BCS is in the process of hiring a Lead Clinical Case Manager who will carry a similar caseload to the Behavioral Health Specialist and will also provide supervision to staff on mental health issues.

All qualified foster homes are asked and encouraged to consider certification as therapeutic foster care homes at the time of annual relicensing.

Aftercare Program

On July 1, 2020, eligibility for Aftercare services for older Pennsylvania youth exiting domestic foster care was expanded from age 21 to age 23. This option was adopted by PA DHS under the provisions the federal Family First Prevention Services Act.

Aftercare is a mandated service within the Pennsylvania domestic foster care system. Therefore, the PA URM program is required, as a condition of maintaining parity, to offer similar supports.

For this reason, BCS has established an Aftercare Program with a dedicated Aftercare Case Manager. Services provided by the Aftercare program mirror those of the domestic program and include needs assessment/case planning, life skills training, mentoring, prevention services, education, support services, employment, location of housing, emergency room and board, retreats and camps, indirect services, and program administration. The Aftercare Case Manager assesses the adjustment of youth who have exited the URM program on or after their 14th birthday at a 3- and 6-month interval post care.

Aftercare services are offered on a voluntary basis; however, the state anticipates that the majority of youth leaving care will avail themselves of this support. For those youth who choose to participate in the program, the first six months of care are offered by the Aftercare Case Manager based on two periodic formal needs assessments. Subsequently, eligible participating youth may access services from the Aftercare Program on request up to age 23.

Youth who age out or leave foster care without a permanent family/connection experience worse outcomes than that of their peers in the general population.

Former foster youth are disproportionately represented among young adults entering the mental health and substance use disorder systems, homeless services, employment services and criminal justice systems. It is certain that Unaccompanied Refugee Minors face many of the same challenges as youth exiting the domestic foster care system and likely to a greater degree. Pennsylvania DHS views the addition of the Aftercare Program as a critical step forward in serving older URM foster youth and preventing the outcomes seen nationally for foster youth who age out of the foster-care system.

Legal Services to URM youth who are eligible Afghan and Ukrainian Humanitarian Parolees

In accordance with PL 22-11, BCS will utilize ASA-funded CMA for immigration-related legal assistance to Afghan Humanitarian Parolees entering the URM program in FFY 2023. BCS will also offer immigration-related legal assistance to eligible Ukrainian Humanitarian Parolees through the use of CMA funding in accordance with ORR-DCL-22-22, which authorizes CMA funding for immigration-related expenses for Ukrainian youth. DHS will utilize available CMA funding to provide immigration-related legal assistance to any URM client who is legally present in the US with humanitarian parolee status or who has a pending application through FFY 2025. Use of CMA funds for the purpose of immigration-related legal assistance will be consistent with ORR PL 24-01 and ORR PL 22-13.

BCS partners with HIAS PA in Philadelphia to provide immigration–related legal services. HIAS PA has an established contract with the Vera Institute of Justice to offer these services. Under this arrangement, youth are referred to HIAS PA at the time they are assured by BCS. The initial intake with HIAS PA occurs shortly after arrival.

Expansion plans

The PA URM Program intends to establish an Independent Living Plus cluster of apartments in the Philadelphia area. These apartments located within one complex will allow youth to move out of the group home and receive the intermediate level of staff support and supervision deemed necessary to transition to full independence.

Efforts have also begun to establish URM foster homes in the Pittsburgh area. A supervisor has been identified to oversee the URM foster care expansion in the

area and the process of hiring a foster parent recruiter has begun. These positions will be based in the Pittsburgh area.

In addition, discussion has begun concerning identifying a sub-contractor for therapeutic foster care, as a solution to increase capacity in this area. In the future, therapeutic homes will be reserved for those youth requiring this level of care. Allowing youth who do not require this level of care to be housed in licensed therapeutic homes has created issues when foster parents choose not to expand the number of youths for which they care.

Finally, the PA URM Program is discussing formalizing the mentorship program within the recently established Aftercare Program, which will bring the PA URM program into parity with PA domestic foster care Aftercare programs.

4. Case review - 45 CFR § 400.118
   a. Does the state or URD assure that each URM case is reviewed every 6 months, at a minimum, to assess the continuing appropriateness of the URM's placement and services? *Indicate Yes or No.*

      Yes.

   b. Describe the state's or URD's arrangements for permanency plan reviews that address the full range of permanency options, including but not limited to adoption.

      BCS URM program submits case plans for review by the Montgomery County court system at least every six months. This review is done in accordance with foster care regulations (which include foster care provisions) at. 55 Pa. Code Chapters 3680 and 3700, which address individual service plans and appropriate continued living arrangements. As directed by the court, case reviews may occur more frequently. These reviews are conducted in parity with the State's Title IV-B Plan, and must address the full range of permanency options, including but not limited to, adoption.

      Additionally, the contracted URM program is expected to inform the court of critical junctures, including but not limited to:

      - Any termination or reduction of benefits or services to a young adult URM age 18 or older for non-compliance/inactive;
      - Any determination that the URM requires medical or mental health treatment;
      - Any determination that URM requires psychotropic medications;
      - Any URM youth involvement with the juvenile justice system;

- Any voluntary request for extended jurisdiction and/or
- Any Specialized Foster Care or relative caregiver placement.

5. Interstate movement - 45 CFR § 400.119

a. Describe procedures in the state for the movement of a URM to another state, after an initial placement and the establishment of legal responsibility.

The Commonwealth's procedures for the movement of URMs to other states are as follows:

To begin an Interstate Compact on the Placement of Children (ICPC) placement request, a BSC caseworker creates a packet that includes such items as the child's social, medical, and educational history and the status of any court case involving the child. The packet also includes information about the person or family who is being considered for placement of the child in the receiving state so that the receiving state will know who they should be evaluating for possible placement.

Once the placement request packet is created by the BCS caseworker, it is sent to the central ICPC office in PA, at the following address:

Wendy Lautsbaugh
PA Interstate Compact Unit
DHS/OCYF/BPPO/Division of Operations
RA-PA-ICPC@pa.gov

The ICPC central office inspects the packet for completeness, approves it for sending, and transmits it to the ICPC central office in the state in which the child would be placed. Once it arrives to the central office of the receiving state, further inspection of the packet is conducted. If in order, the office forwards the packet to the social services agency office in the community where the prospective placement resides. Social services staff then visit the home and meet with everyone in the household, conduct background screening, and make the conclusive determination as to whether the home is appropriate for placement.

Public reporting burden for this collection of information is estimated to average 18 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information, per 45 CFR § 400.4(a).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0351 and the expiration date is XX/XX/XXX. If you have any comments on this collection of information, please contact draprograms@acf.hhs.gov.