



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHARLES SMITH
EXECUTIVE COMMISSIONER

June 17, 2016

Via email to DayBJ@state.gov

Ms. Barbara Day
Chief, Domestic Resettlement
Refugee Admissions
Bureau of Population, Refugees, and Migration
U.S. Department of State
2025 E Street, NW
Washington, D.C. 20520

Dear Ms. Day:

The Texas Health and Human Services Commission received your email notice on May 28, 2016, regarding the proposed fiscal year 2017 refugee placement plan for Texas. The total number of refugees proposed for placement in Texas under the Department of State Reception and Placement Program is 11,020, a 25 percent increase over your planned refugee placements in Texas for fiscal year 2016. The state objects to the proposed number and insists that no more refugees be placed in Texas than the amount you planned to place in Texas in fiscal year 2016. Additionally, Texas will only accept refugees who the Federal Bureau of Investigation, Department of Homeland Security (DHS), and the Director of National Intelligence can certify to Congress do not present a security threat in accordance with the plan amendment submitted to the U.S. Department of Health and Human Services (see attached).

Texas continues to have concerns about the safety of its citizens and the integrity of the overseas security and background vetting process of the federal resettlement program. Americans face an undeniable terrorist threat that is imported through new manipulations of our national security protocols each day. Just yesterday, CIA Director John Brennan testified before the Senate Intelligence Committee and said:

“We judge that ISIL is training and attempting to deploy operatives for further attacks. ISIL has a large cadre of Western fighters who could potentially serve as operatives for attacks in the West. And the group is probably exploring a variety of means for infiltrating operatives into the West, including **refugee flows**, smuggling routes, and legitimate methods of travel.”

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This very real threat, combined with your significant and sudden increase in proposed refugee placements in fiscal year 2017 only adds to our gravity of these security concerns.

Additionally, the formula funding for Refugee Social Services (RSS) provided by the U.S. Office of Refugee Resettlement (ORR) is not equivalent to the number of refugees proposed for placement in Texas and is not sufficient to ensure that refugees can be successfully integrated into their new communities. ORR considers the refugee arrival numbers for several previous years when determining formula funding allocations. The proposed refugee placement figure for fiscal year 2017 represents a significant increase over previous years' arrivals and would, therefore, exacerbate the discrepancy between funding for refugee social services and the number of individuals needing those services.

Due to the concerns articulated above, during discussions with local resettlement agencies regarding their fiscal year 2017 Reception and Placement Program applications, the state informed the agencies that we cannot accept a statewide number of refugees higher than the 8,797 originally planned for fiscal year 2016. Additionally, in response to local concerns, the state asks that the number of refugees to be placed in Amarillo be capped at a maximum number of 250. This would reduce the statewide number of refugee placements that the state would support in fiscal year 2017 to 8,605.

Please let me know if you have any questions or need additional information. Kara Crawford, State Refugee Coordinator, serves as the lead staff on this matter and she can be reached at (512) 424-6649 or by email at Kara.Crawford@hhsc.state.tx.us.

Sincerely,



Charles Smith

Attachment: State Plan for Refugee Program

State of Texas
State Plan for the Refugee Program
Effective Date: October 1, 2016

Section I. ADMINISTRATION

A. Authority

1. Designate accountable State Agency (§400.5(a)).

The Texas Health and Human Services Commission (HHSC) is the single state agency responsible for the development and administration of the State Plan for refugee resettlement services and benefits in Texas funded through the Office of Refugee Resettlement (ORR), Administration for Children and Families, United States Department of Health and Human Services (DHHS). HHSC refugee programs are managed by the HHSC Office of Immigration and Refugee Affairs (OIRA).

2. Identify State Coordinator by title (designated by Governor or designee) (§400.5(d)).

Kara Crawford, Chief of Staff, has been appointed as the State Refugee Coordinator.

3. Describe if the program is publicly-administered or a public-private partnership (PPP) program.

Texas elected to administer the Refugee Cash Assistance (RCA) program as a public/private partnership as allowed under 45 C.F.R. §400.56. In compliance with 45 C.F.R. § 400.58, ORR approved HHSC's plan describing how the state and local resettlement agencies administer and deliver RCA to eligible populations under the refugee program. The same public/private partnership is still in effect, and has been approved with each successive State Plan.

a. Describe if the program is statewide.

The RCA program is available in ten primary resettlement areas described below.

b. Describe if the program is in certain locations only; provide list of the locations.

The RCA program is administered through contracts with twenty resettlement agencies in ten primary resettlement areas of the state including Abilene, Amarillo, Austin, Corpus Christi, Dallas, El Paso, Fort Worth, Houston, Midland and San Antonio. OIRA oversees RCA, while refugee resettlement agencies are responsible for determining client eligibility and dispensing cash benefits.

B. Organization

1. Describe organizational structure and functions (§400.5(a)).

HHSC is the State Agency responsible for administering programs providing financial assistance, medical benefits, food and nutrition services, disaster assistance, and other social services to low income residents of the state. OIRA exists within the Office of Community Services (OCS) and is responsible for the administration of the Refugee Program (hereinafter “the program”). The Refugee Program Manager reports directly to the Director of Community Services. The Director of Community Services reports directly to the HHSC Associate Commissioner for Community and Access Services (CAS). The Associate Commissioner reports directly to the HHSC Deputy Executive Commissioner for the Office of Social Services (OSS).

There are ten core full time OIRA staff members dedicated solely to the program. OIRA staff members administer the statewide programs and are responsible for program development, coordination, monitoring, reporting, training, technical assistance, and management.

Eligibility for the Refugee Medical Assistance (RMA) program is overseen by the Centralized Benefit Services (CBS) unit, under the direction of Wayne Salter, Associate Commissioner for Eligibility Services within the OSS. CBS facilitates telephone interviews for the application and review process of RMA and associated Supplemental Nutrition Assistance Program (SNAP) and Temporary Aid for Needy Families (TANF) cases. RMA is the primary medical coverage for newly arriving adult single individuals and married couples without children.

HHSC contracts with the Department of State Health Services (DSHS) to provide Refugee Health Screening services and contracts with the Department of Family and Protective Services (DFPS) to administer the Unaccompanied Refugee Minor (URM) program.

Texas does not have a General Assistance program; RCA and TANF are the only cash assistance programs.

C. Assurances

1. State will comply with the provisions of Title IV, Chapter 2 of the Act, and official issuances of the Director (§400.5(i)(1)).

OIRA assures ORR that it will comply with all provisions of Title IV, Chapter 2 of the Act, and official issuances of the Director as required by §400.5(i)(1).

2. State will meet the requirements in Part 400 (§400.5(i)(2)).

OIRA assures ORR that it will meet the requirements specified in Title 45 of the Code of

Federal Regulations (CFR), Part 400 as required by §400.5(i)(2).

- 3. State will comply with all other applicable Federal statutes and regulations in effect during the time that it is receiving grant funding (§400.5(i)(3)).**

OIRA will comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding as required by §400.5(i)(3).

- 4. State will amend the Plan to comply with ORR standards, goals and priorities established by the Director, as needed (§400.5(i)(4)).**

OIRA will amend the Plan to comply with ORR standards, goals and priorities established by the Director as needed as required by §400.5(i)(4).

- 5. State assures provision of services to all refugees without regard to race, religion, nationality, sex, or political opinion (§400.5(g)).**

OIRA assures ORR that assistance and services funded under the plan will be provided to refugees without regard to race, religion, nationality, sex or political opinion as required by §400.5(g).

- 6. State assures it will convene planning meetings of public/private sector at least quarterly, unless exempted by ORR (§400.5(h)).**

In accordance with §400.5(h), OIRA, unless exempted, assures that meetings are convened, not less often than quarterly, whereby representatives of local resettlement agencies, local community services agencies, and other agencies that serve refugees meet with representatives of state and local governments to plan and coordinate the appropriate placement of refugees in advance of the refugees' arrival.

- 7. State will use the same mediation/conciliation procedures as those for TANF if a publicly-administered RCA program (§400.83(a)(2)).**

OIRA does not have a publicly administered RCA program, and therefore, it will not use the same mediation/conciliation procedures as those for TANF.

- 8. State will use the hearings standards & procedures as set forth in (§400.83(b)).**

OIRA will use the hearing standards and procedures as set forth in §400.54 and §400.83(a)(1) and (b) for the RCA program.

- 9. State provides assurance that refugee programs and populations are included in the state pandemic influenza emergency plan and other emergency operational plans (SL # 09-30 and SL # 06-10)**

OIRA provides assurance that refugee programs and populations are included in the State

pandemic influenza emergency plan and other emergency operational plans.

Section II. ASSISTANCE AND SERVICES

A. Describe how State will coordinate CMA with support services to promote employment and encourage refugee economic self-sufficiency (§400.5(b)).

In accordance with §400.5(b), OIRA will coordinate cash and medical assistance (CMA) with support services under the RCA program as follows.

OIRA is responsible for statewide contracts with existing local resettlement agencies for the administration of RCA funds. OIRA, in conjunction with local resettlement agencies and other refugee stakeholders, is responsible for the implementation and maintenance of the RCA program.

All resettlement agencies receive Refugee Social Service (RSS) funding designated to provide employment services to RCA recipients. Resettlement agencies providing employment services are required to provide referral services and follow up to other appropriate refugee social services including education, social adjustment, and integration services to improve employability and encourage self-sufficiency. RCA participants continue to be priority one clients in all refugee social services.

OIRA and local resettlement agencies must maintain ongoing coordination with other refugee organizations to ensure that the services provided under the RCA program are 1) appropriate to the linguistic and cultural needs of the incoming populations; and 2) coordinated with state refugee social services and longer-term resettlement services frequently provided by other refugee organizations.

Under RSS funding, OIRA contracts with community-based organization to provide Social Adjustment Services to connect refugees to mainstream health care services, assist in emergency situations, help enroll refugees into federal and state support programs that are important for their well-being (including RMA and Medicaid), and provide cultural orientation services designed to facilitate better social and cultural integration into local community, thus increasing self-sufficiency levels.

B. Describe how the State will ensure that language training and employment services are made available to refugees receiving cash assistance, including State efforts to actively encourage refugee registration for employment services (§400.5(c)).

As required by §400.5(c), OIRA assures ORR of the availability of language training and employment services for refugees receiving cash assistance, and other refugee populations, including efforts to encourage the use of employment services.

Refugees receiving RCA are a priority for ORR funded employability services. In order

to ensure that employment services are linked to RCA recipients, OIRA dedicates a percentage of the total available Refugee Social Service funding for the provision of employment services to RCA clients through enrollment contracts. These services are administered by the same resettlement agencies that also administer the RCA program. This ensures that contractors administering the RCA program will also receive dedicated employment funds for RCA recipients. RCA participants residing in areas of the state where there are resettlement agencies have access to employment services to ensure compliance with 45 C.F.R. §400.75, which requires refugees to register for employment services and accept appropriate employment offers.

Remaining social service funds are awarded competitively to refugee resettlement agencies and other faith-and community-based organizations in areas of the state that serve 100 or more refugees annually. These competitively procured services are provided in Taylor, Potter, Travis, Dallas, Tarrant, Harris, and Bexar counties and adjacent areas.

Contractors are also required to refer and help all eligible refugees to access other employability resources and services in their community including education (language training), social adjustment and integration services. All contractors are required to conduct outreach activities in the community, which includes notifying all local refugee resettlement offices of the availability of language and employment services.

OIRA also requires contractors to network with other agencies in the community, including language instruction and literacy groups, to make their services known and to develop additional resources for refugee services.

C. Refugee Cash Assistance (RCA) 45 CFR §400.45

45 CFR §400.45 and §400.66 refers to an AFDC-type RCA program which Texas does not have. Responses below will correspond to 45 CFR §400.56 and §400.59 which relate to public/private RCA programs.

1. Describe the elements of its TANF program which will be used in its RCA program (§400.65(b)).

a. Determination of initial and ongoing eligibility treatment of income and resources, budgeting methods, need standard (§400.66(a)(1)).

RCA contractors verify applicant's income at the time of application for months one through four and at the time of recertification for months five through eight. The income eligibility standard for enrollment in RCA benefits during months one through four is 125% of the Federal Poverty Income Limit (FPIL). The income eligibility standard for enrollment during months five through eight is 165% of the FPIL. All refugees found eligible at the date of application and who are in compliance with participation requirements will receive cash/vendor assistance through month four regardless of any changes

in income. For months five through eight, benefits will continue if the refugee is under 165% of the FPIL at the time of recertification. If an RCA recipient has any change in income during months five through eight, the recipient must report the change within 10 business days. The RCA staff will reevaluate eligibility, and if needed, stop payments on the RCA case.

b. Determination of benefit amounts (payment levels based on size of the assistance unit, income disregards) (§400.66(a)(2)).

1. TANF payment standards for case sizes 1-5

Temporary Assistance for Needy Families (TANF) Budgetary Allowances (October 1, 2015)

Family Size	Non-Caretaker Cases			Caretaker Cases Without Second Parent			Caretaker Cases With Second Parent		
	Bud Needs (100%)	Rec Needs (25%)	Max Grant	Bud Needs (100%)	Rec Needs (25%)	Max Grant	Bud Needs (100%)	Rec Needs (25%)	Max Grant
1	\$256	\$64	\$98	\$313	\$78*	\$119	---	---	---
2	369	92	140	650	163	247	498	125**	189
3	518	130	197	751	188	285	824	206	313
4	617	154	234	903	226	343	925	231	351
5	793	198	301	1003	251	381	1073	268	407

* Caretaker of child receiving Supplemental Security Income (SSI)

** Caretaker and second parent of child receiving SSI

"Bud Needs" is budgetary needs.

"Rec Needs" is recognizable needs.

2. RCA payment standards for case sizes 1-5

The following provides a detailed description of RCA payment standards including a description of employment incentives and/or income disregards to be used, if any, as well as methods of payments to be used, such as direct cash or vendor payments.

1 person family unit	
\$2,680	Maximum allowable
-150	Incentive funds: \$150 cash for early employment. See qualifications below.
\$2,530	Remaining balance
-1,780	Available benefits for months 1-4.* 1. \$800 must be equally

	distributed in cash benefits during months 1-4 2. Remaining balance of \$980 will be dispersed in the form of vendor payments for rent and utility payments. 3. A total of \$1,930 (1,780 + 150) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$750	Remaining balance
-750	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

2 person family unit	
\$3,600	Maximum allowable
-202	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$52 for the second participant meeting requirements. See qualifications below.
\$ 3,398	Remaining balance
-2,390	Available benefits for months 1-4.* 1. \$1,600 must be equally distributed in cash benefits during months 1-4. 2. Remaining balance of \$790 will be dispersed in the form of vendor payments for rent and utilities. 3. A total of \$2,592 (2,390 +202) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,008	Remaining balance
-1,008	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

3 person family unit	
\$4,560	Maximum allowable
-259	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$54.50 for each additional participant meeting requirements. See qualifications below.
\$4,301	Remaining balance
-3,024	Available benefits for months 1-4.* 1. \$2,400 must be equally distributed in cash benefits during months 1-4. 2. Remaining balance \$624 will be dispersed in the form of vendor payments for rent and utilities. 3. A total of \$3,283 (3,024+ 259) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,277	Remaining balance
-1,277	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally

	distributed in the form of cash payments.
\$0	

4 person family unit	
\$5,480	Maximum allowable
-310	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$53.33 for each additional participant meeting requirements. See qualifications below.
\$5,170	Remaining balance
-3,636	Available benefits for months 1-4. * 1. \$3,200 must be equally distributed in cash benefits during months 1-4. 2. Remaining balance \$436 will be dispersed in the form of vendor payments for rent and utilities. 3. A total of \$3,946 (3,636+ 310) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,534	Remaining balance
-1,534	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

5 person family unit	
\$6,040	Maximum allowable
-341	Incentive funds: \$150 cash for early employment to first participant meeting requirements. \$47.75 for each additional participant meeting requirements. See qualifications below.
\$5,699	Remaining balance
-4,008	Available benefits for months 1-4. * 1. \$4,008 must be equally distributed in cash benefits during months 1-4. . A total of \$4,349 (4,008+341) is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$1,691	Remaining balance
-1,691	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

For family units greater than 5 persons, the payment ceiling will be increased by \$560 per additional person. Each increase of \$560 shall be divided following the chart below.

\$560	Maximum allowable
-33	Incentive funds: \$33 cash for early employment. See qualifications below.
\$529	Remaining balance
-343	Available benefits for months 1-4.* \$343 must be equally distributed

	in cash benefits during months 1-4. A total of \$343 is the maximum allowable benefit for months 1-4, and cannot be carried forward to months 5-8.
\$184	Remaining balance
-184	Available benefits for months 5-8.** Per ORR rule, funds must be available through month 8; therefore, remaining funds will be equally distributed in the form of cash payments.
\$0	

c. Proration of shelter, utilities and similar needs (§400.66(a)(3)).

Texas does not have a publicly administered RCA program, and therefore does not consider proration of shelter, utilities and similar needs under §400.66(a)(3).

d. Any other State TANF rules relating to financial eligibility and payments (§400.66(a)(4)).

All financial eligibility and payment rules are outlined in this section.

e. Will not consider resources remaining in the applicant’s country of origin (§400.66(b)).

In accordance with §400.59(b), OIRA assures ORR that the Texas RCA program will not consider resources remaining in the applicant’s country of origin.

f. Will not consider a sponsor’s income & resources as accessible to the refugee solely because the person is serving as sponsor (§400.66(d)).

In accordance with §400.59(c), OIRA assures ORR that the Texas RCA program will not consider a sponsor’s income and resources as accessible to the refugee solely because the person is serving as a sponsor.

g. Will not consider any cash grant received by the applicant under the DOS or DOJ R&P program (§400.66(d)).

In accordance with §400.59(d), OIRA assures ORR that the Texas RCA program will not consider any cash grant received by the applicant under the Department of State or Department of Justice Reception and Placement programs.

h. Will use date of application as the date RCA begins (not required) (§400.66(e)).

OIRA uses the date of application as the date RCA begins.

- i. State will notify promptly local resettlement agency whenever refugee applies for RCA (§400.68(a)).**

As a public/private RCA program, eligibility for RCA is determined by resettlement agencies, therefore there is no need to notify the resettlement agency when a refugee applies for RCA as required by §400.68(a).

- j. State will contact applicant's sponsor or local resettlement agency at time of application for RCA concerning offers of employment, etc (§400.68(b)).**

As a public/private RCA program, eligibility for RCA is determined by resettlement agencies, therefore there is no need to notify the resettlement agency regarding offers of employment as required by §400.68(a)

- k. State will stay within prescribed assistance and budget levels in Public-Private Partnership programs (§400.60).**

The Texas RCA program is within the prescribed assistance and budget levels as defined in 45 C.F.R. §400.60.

- l. Describe if program provides any type of differentials or incentive payments and describes types and levels of incentive payments.**

A RCA recipient who is employed within the first three months and has been employed at least 35 hours per week for at least 30 days is eligible to receive an early employment incentive payment. Note: To ensure encouragement of early employment, refugees who do attain early employment, also receive RCA payments through month four. Incentive payment levels are defined in the tables above.

- m. Describe the criteria for exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment (§400.76(b)).**

The Texas RCA program includes the following exemptions from participating in employability services. Since economic self-sufficiency is the ultimate goal of the refugee program, circumstances that allow for an employability exemption are limited, and provided for by agency rule, which includes:

- Age 15 or younger
- Age 16, 17 or 18 and attending elementary, secondary, vocational, or technical school full time
- Age 60 or older

- Permanently disabled. Permanently disabled means a mental or physical impairment that is expected last more than 90 days.
- Needed at home to care for an ill or disabled child/adult in the household. The caretaker must provide a current doctor's statement to claim this exemption unless the child/adult receives a permanent government disability benefit.
- Unable to work as a result of pregnancy
- A single parent or single caretaker relative for a child under age one at initial application. (Note: neither parent in a two-parent household may receive a caretaker exemption.)

The Texas RCA program includes a two-month exception from participating in employability services if the RCA participant has good cause. Service providers must maintain documentation of good cause, and must reassess the good cause every two months at a minimum. Since economic self-sufficiency is the ultimate goal of the program, circumstances that allow for a good cause exception will be very limited, and will be provided for by agency rule.

Examples include:

- Needed at home to care for an ill or temporarily disabled child/adult in the household. The caretaker must provide a current doctor's statement to claim this exemption unless the child/adult receives a temporary government disability benefit.
- Temporarily disabled. Incapacity expected to last 90 days or less. This includes mothers of newborn children for up to 90 days after the child's birth.
- A victim of family violence for whom participation would endanger the client and/or her children.

RCA program participants are required to register for employment services, participate in employability service programs and targeted assistance programs, job interviews, and to accept appropriate offers of employment. Under this plan, participation requirements set forth under 45 C.F.R. §400.75 are utilized as a basis for participation.

- n. Describe if the State meets the requirements regarding Limited English Proficient (LEP) Guidance and Language Materials (clarify that translations of written policies, notices, and determinations in refugee languages will be provided to recipients in both public/private RCA programs and publicly-administered programs (§400.55)).**

As required by 45 C.F.R. §400.55 OIRA assures ORR that the Texas RCA program meets requirements regarding Limited English Proficiency (LEP) guidance and language materials. Translations of written policies, notices, and determinations in refugee languages are provided to all participants through the contracted resettlement agencies administering the distribution of cash

benefits.

2. RCA Program Administration Part §400.13

- a. Describe if RCA eligibility is done by State TANF office staff, other agency staff or by private refugee agency (RA) (SL # 12-13, SL # 13-03)**

The Texas RCA program follows a public/private partnership model. Resettlement agencies are eligible to provide RCA services provided they meet minimum standards for state contracting.

HHSC procures RCA services through open enrollment contracts. Under the open enrollment process, any resettlement agency in the State of Texas is eligible to provide RCA services provided they meet minimum standards for state contracting. Each individual resettlement agency is responsible for determining program eligibility and providing cash assistance according to the RCA program.

Under the approved RCA program, all applicants for RCA must be categorically ineligible for TANF. In Texas, single individuals without children are not eligible for TANF. Families with children must submit an application for TANF to the centralized state office responsible for processing initial refugee applications to determine eligibility based on income and family composition. TANF is generally applied for simultaneously with SNAP, Medicaid/RMA, and CHIP.

- b. Describe if the RCA benefits distribution is done by State TANF office staff, other agency staff or by RA (SL # 12-13, SL # 13-03).**

Each individual resettlement agency is responsible for distributing cash assistance according to the RCA State Plan.

- c. Describe how staff is allocated between TANF and RCA at the state level (SL #12-13, SL #13-03).**

The Texas RCA program is a public/private partnership so state staff are not allocated between TANF and RCA.

- d. Describe how many full-time equivalents are allocated to RCA Administration for RCA distribution (SL #12-13, SL #13-03).**

There are 53.5 full-time equivalents at contracted resettlement agencies allocated to RCA administration.

- e. **Describe if the State is charging CMA an indirect cost rate, rate charged and if HHS is the cognizant agency (SL #12-13, SL #13-03).**

The share of state and federal funding for administrative and program support functions is determined according to an annual federally approved cost allocation methodology called a Public Assistance Cost Allocation Plan (PACAP). HHSC does not charge administrative federal funds through a flat indirect rate but rather through a plan in which factors are updated either monthly or quarterly (according to the PACAP). Each program area in which more than one federal fund can be charged has a specific cost allocation factor or combination of factors that determines the state share and federal share.

D. Refugee Medical Assistance (RMA) 45 CFR Part §400.90

- 1. **Opportunity to apply for medical assistance (§400.93), Determination of eligibility for Medicaid (§400.94).**

- a. **Describe process to determine eligibility for Medicaid and SCHIP. If applicable, include the transition process for refugees on RMA who qualify for Medicaid expansion (SL # 13-10).**

All refugees are given the opportunity to apply for medical assistance including Medicaid, and the Children's Health Insurance Program (CHIP) or RMA. Eligibility is determined by a centralized eligibility office responsible for all initial refugee applications in the state.

Eligibility caseworkers use the Texas Integrated Eligibility System (TIERS) which cascades through all possible Medicaid programs to check eligibility prior to enrolling refugee clients into RMA. Recertification for ongoing medical benefits is processed through regional eligibility offices. This can be done in person or online.

In determining RMA eligibility, the refugee must be determined ineligible for Medicaid and CHIP. If determined ineligible for Medicaid or CHIP, eligibility will then be determined for RMA. In the event that an individual is ineligible for RMA due to income, they will be referred to the Marketplace.

- b. **Describe process for new arrivals to apply for RMA. Include description of any procedural and programmatic changes to the administration of RMA as a result of changes in federal, state or local statutes and requirements (e.g. implementation of the Affordable Care Act).**

Newly arriving refugees who may be eligible for Medicaid, CHIP or RMA, SNAP, or TANF are assisted in preparing the HHSC

Application for Assistance and submitting the application to HHSC's Centralized Benefit Services (CBS). Resettlement agency staff are designated as authorized representatives for clients and assist with the phone interview and necessary follow up. CBS utilizes five full-time equivalents state office staff to determine eligibility for Medicaid, CHIP or RMA benefits and associated SNAP and TANF cases.

RMA will remain the primary medical coverage for many newly arriving adult refugees given that Texas did not opt to expand Medicaid under the Affordable Care Act.

2. Financial eligibility standards (§400.101), Consideration of income and resources (§400.102).

- a. 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. AFDC, MAGI).**

RMA eligibility is based on an applicant's income and resources on the date of application. Income and resource increases do not affect eligibility, unless the individual subsequently applies and qualifies for another type of Medicaid.

The Texas RMA standard is set at 200% of the Federal Poverty Income Limit. Texas uses modified adjusted gross income (MAGI) methodologies to determine RMA eligibility. Resources are applicable when determining eligibility for RMA.

- b. Provide assurance of compliance with the consideration of income and resources outlined at §400.102.**

In accordance with 45 C.F.R. §400.102, caseworkers do not consider any Match Grant or Reception & Placement (R&P) cash assistance payments, or in-kind services and shelter provided to an applicant by a sponsor or local resettlement agency in determining eligibility for RMA.

3. Continued Coverage of recipients who receive increased earnings from employment (§400.104).

OIRA provides assurance of compliance with continued coverage of recipients per requirements under 45 C.F.R. §400.104.

4. Mandatory Services (§400.105)

- a. Provide assurance that RMA will cover at least the same services in the same manner and to the same extent as Medicaid.**

RMA services are reimbursed on a fee-for-service basis and cover the same services as Medicaid as required by 45 C.F.R. §400.105.

5. Additional services (§400.106)

- a. Describe additional coverage and justify the need to provide such services. If the service is a medical screening service it must be stated in the Medical Screening Program §400.107 section of the State Plan.**

In addition to the components of the ORR Medical Screening Guidelines under 45 C.F.R. §400.107, the Texas Department of State Health Services (DSHS) Refugee Health Program (RHP) treats limited minor conditions not needing referrals (such as cuts, lice, scabies, etc.). These activities ensure that clients can be treated for minor conditions immediately upon arrival instead of referring clients to a primary care physician, which may take several weeks or months, and/or having the client utilize urgent care facilities. Screening and treating for intestinal parasites by providers familiar with the practice is essential for providing appropriate care for this patient population.

6. Describe procedure for identifying newly arrived refugees in need of care and procedure established to monitor any necessary treatment or observation (§400.5(f)).

Program eligible clients served by a refugee resettlement agency are referred to a local health department (LHD), RHP clinic for a health assessment. The RHP also works with resettlement agencies to coordinate care plans for medically complex cases. Newly arrived clients with complex health conditions will be linked with appropriate health-related resources (including screening, primary care, and specialist visits) in an expedited manner. When necessary, RHP clinic staff and the DSHS RHP will work with resettlement agency case management staff to monitor cases needing additional attention. Clients not sponsored by an agency (including secondary migrants) may self-refer to be seen at a RHP clinic if they are within the eligibility period for services.

- a. Describe State and clinic access to the CDC's Electronic Database Notification (EDN) and how this information is used during medical screening (SL # 12-09).**

The Centers for Disease Control and Prevention (CDC) sends arrival notifications via the Electronic Disease Notification System (EDN). The system also indicates if Class A conditions, communicable diseases of public health significance that would cause an applicant to be inadmissible; tuberculosis (TB) diseases, untreated syphilis, untreated gonorrhea, untreated Hansen's Disease, addiction or abuse of a specific substance, any physical or mental disorder with harmful behavior, or Class B Conditions: pulmonary or extra-pulmonary TB, latent TB evaluation, or TB contact evaluation, treated Hansen's Disease, treated syphilis, any physical or mental disorder without harmful behavior, and sustained, full remission of addiction or abuse of specific substance are identified during the refugee's overseas medical examination. Additionally, the system provides information on the following: medical history, vaccination records, Syphilis/HIV/TB testing, and presumptive parasite treatment. In Texas, the EDN system is divided into jurisdictions so that each LHD RHP clinic has direct access to overseas records which are used during the health assessment process to establish a client's health history, including any records of previous care, and pre-existing conditions.

- b. Describe State's coordination of medical screenings with screening providers (e.g., official contracts with providers). Includes a description of any coordination that is provided to facilitate the refugee medical screenings and describe how this coordination is funded (SL # 12-09).**

DSHS RHP officially contracts with seven LHDs to provide each eligible client with a culturally and linguistically appropriate comprehensive health assessment, including appropriate follow-up and referrals. Oversight, monitoring, and coordination of the local programs is provided by the DSHS RHP. LHD RHP clinics provide the following services: health histories, physical exams, screenings, vaccinations, laboratory services, limited treatment, interpreter services, health education, referrals, case management through initial referral appointment, outreach, and transportation services. All coordination is funded by RMA.

- c. Provide a description of medical screening providers categorized by type (e.g., FQHC, private clinics, local public health departments) and basic description of providers conducting the screening (e.g., registered nurse [RN], mid-level provider such as nurse practitioner [NP] or physician assistant [PA], or physician [PHYSICIAN/DO]) (SL # 12-09).**

The seven contracted LHD RHP clinics along with associated provider credentials, are as follows:

- Harris County Public Health and Environmental Services - Physician, Physician Asssitant
- Dallas County Department of Health and Human Services -- Nurse Practitioner
- Tarrant County Public Health Department - Physician, Nurse Practitioner
- City of Amarillo Department of Public Health (Potter County) – Nurse Practitioner
- City of Austin Health and Human Services Department (Travis County) - Physician
- University Health System (Bexar County) - Physician
- City of Abilene/Taylor County Public Health District - Physician, Nurse Practitioner

The DSHS RHP also contracts with the City of Midland Health Department to provide vaccination services.

- d. Describe screening services covered by Medicaid. Includes description of services provided based on age and risk factors. The medical screening protocol may be provided as an attachment for clarification (SL # 12-09).**

Local health department-based refugee health programs bill Medicaid when a billing infrastructure exists. Two LHDs have recently began to attempt to bill the majority of screening components to Medicaid, including office visits, vaccines, vaccine administration, and laboratory tests. One LHD is billing for laboratory tests and is beginning to explore other billing possibilities. One LHD is exploring billing for vaccines and will then explore other billing opportunities. Three other LHDs are not presently billing Medicaid, though they are taking steps in that direction (such as working towards the utilization of electronic medical records or creating a billing structure).

At the state level, the Texas DSHS RHP accesses Medicaid where possible and practical. DSHS currently has a contract with Oxford Laboratories for billing Medicaid for interferon-gamma release assay tuberculosis tests performed by Oxford Laboratories.

It should be noted that Medicaid in the state of Texas serves primarily low income families, children, related caretakers of dependent children, pregnant women, elderly, and people with disabilities. In general, state Medicaid policy does not include any coverage for individuals ages 18 to 44. Therefore, this segment of the refugee

population in Texas does not meet the eligibility criteria for state Medicaid. Medicaid expansion under the Affordable Care Act has not taken place in Texas. RMA provides the needed assistance during the first eight months of arrival and ensures necessary screening for public health concerns and the well-being of clients as they transition into becoming residents of the United States.

7. RMA Costs - State should submit a State Plan that mirrors their CMA budget estimate (SL # 13-03).

- a. RMA - Direct costs: Describes the RMA health insurance delivery system (e.g., managed care or fee-for-service). Describe services included in direct costs that are non-medical (e.g., interpretation and transportation).**

RMA direct costs are fee for service and include non-medical costs such as interpretation and transportation on an as needed basis to the same extent as Medicaid.

- b. RMA - Administrative costs: Describe administrative services that are included in administrative costs (e.g., interpretation, transportation, and RMA eligibility determination, and responsibilities of the Refugee Health Coordinator).**

RMA eligibility determination is administered through the HHSC Eligibility Operations Division within the Office of Social Services. Policy staff and Eligibility Operations staff administering RMA meet as needed with OIRA to discuss and address any pending issues.

The responsibilities of the Texas Refugee Health Coordinator include:

- Coordinating with contracted clinics (including guidance, oversight, and monitoring)
- Creating and maintaining the state screening protocol
- Facilitating contract and budget development
- Obtaining and maintaining grants
- Performing epidemiologic functions and data management
- Creating epidemiological reports, policies and procedures, and program manuals
- Serving as subject matter expert and lead for CDC projects
- Serving as program contact for ORR, PRM, CDC, etc.
- Collaborating with ORR, OIRA, and the State Refugee Coordinator
- Assigning duties to RHP staff
- Participating in the Association of Refugee Health Coordinators (Past Chair- 2017)

E. Refugee Medical Screening Program (RMS) 45 CFR Part §400.107

In accordance with 45 C.F.R. §400.5(f), this section provides for and describes (1) the procedures established to identify refugees who, at the time of resettlement in the State, are determined to have medical conditions requiring, or medical histories indicating a need for, treatment or observation, and (2) the procedures established to monitor any necessary treatment or observation.

- 1. Written approval for medical screening program (400.107(a) (2)).**
 - a. Describe if the state is requesting to operate a medical screening program per §400.107 with RMA funds. This may be re-approval to continue operating a §400.107 medical screening program or approval for the first time to use RMA for a §400.107 medical screening program.**

DSHS is requesting re-approval to continue to operate a medical screening program under 45 C.F.R. §400.107 with RMA funds. Refugee medical screening is performed in accordance with the requirements prescribed by the director of the ORR. OIRA has an Interagency Contract Agreement with DSHS RHP to provide health assessments for refugees and other program-eligible populations in Texas.

- 2. Provide assurance that the RMS is in accordance with the requirements prescribed by the Director (§400.107(a) (1)).**

HHSC OIRA and DSHS RHP assures that Refugee Medical Screening is in accordance with the requirements prescribed by the Director under 45 C.F.R. §400.107(a) (1).

- a. Describe screening services outlined in SL # 12-09 that are not covered by or billed to Medicaid. Include description of services provided based on age and country of origin. Describes why Medicaid is not paying for these services (SL # 12-09).**

Please refer to item 6d under section D. Refugee Medical Assistance (RMA) 45 CFR Part §400.90.

- b. Describe additional services beyond SL # 12-09 and justify the need to provide such services (SL # 12-09).**

Please refer to item 5a under Section D. Refugee Medical Assistance (RMA) 45 CFR Part §400.90.

- c. Provide assurance that medical screening costs are reasonable (SL # 12-09).**

Medical screening costs are based on negotiated budgets with contracted LHD RHP clinics. In turn, each LHD has negotiated contract prices for laboratory services, vaccines, etc. However, the State of Texas is serving an increasing number of Cuban parolees who have received no overseas medical care (including presumptive treatment for intestinal parasites) or have documentation of vaccine histories. These factors have contributed to the increased overall cost in comparison to the federal fiscal year 2016.

d. Describe how to ensure that screenings will be done in the first 90 days to comply with (§400.107(b)).

Program-eligible clients served by a refugee resettlement agency are referred to a RHP clinic for a health assessment by their agency. Health assessments are performed within 90 days of arrival or eligibility date, with a goal of providing the health assessment within 30 days of arrival or eligibility date. Desk audits are performed on a tri-annual basis to ensure that LHD refugee program clinics are not initiating care beyond the 90 day mark. 100 percent of clients screened in the first tri-annual period of federal fiscal year 2016 were seen within 90 days.

3. Medical Screening Costs - State should submit a State Plan that mirrors their budget estimate (SL # 13-03).

a. Medical Screening Direct Costs: Describe the medical screening payment model (flat rate or fee-for-service). Describe services included in direct costs that are non-medical (e.g., interpretation and transportation).

The medical screening payment model is based on negotiated contract budgets.

Medical Screening Direct Costs

The majority of funds will support contractual services at the seven local health departments (LHDs), as well as DSHS laboratory services and medications distributed through the DSHS pharmacy. A breakdown of LHD costs is as follows: \$6,072,411 for personnel, \$2,723,735 for fringe, \$34,119 for local travel, \$1,545,000 for equipment (move costs, furnishings, medical equipment, a vehicle), \$5,885,790 for supplies (medical supplies, general supplies, vaccines), \$4,015,513 for contractual services (lab services, physician time, interpreting costs), \$1,644,510 for other costs (postage, printing, transportation), and \$842,915 in indirect costs.

A breakdown of estimated RMA direct costs of health assessments in federal fiscal year 2017 also includes \$1,247,340 for state laboratory costs for refugee health assessment activities. The increase from federal fiscal year 2016 in this category is due to the fact that all lab costs will be transferred from state general revenue funding to federal Office of Refugee Resettlement funding. Laboratory costs are for Ova and Parasite (O&P) and schistosomiasis testing. \$21,848,988

will be allocated for pharmacy costs for medications. Medication costs are for limited treatments provided to program-eligible clients (the medications are mainly vitamins and anti-parasitics). In federal fiscal year 2017, the two largest local RHPs will continue to implement presumptively treating for parasites. These clinics, located within Dallas County Health and Human Services and Harris County Public Health and Environmental Services, account for sixty percent of the client population in the state. Despite an increase in overseas presumptive treatment, domestic medication costs remain high due to the fact that the anti-helminth albendazole has increased from \$2.00 per tablet (in federal fiscal year 2008) to the current price of \$168.00 per tablet. Additionally, the state of Texas is serving an increasing number of Cuban parolee clients who have received no overseas screenings and most often do not bring vaccination records. Harris Co. has served sixty six percent of the Cuban parolee population served in Texas from October 1, 2015 to April 30, 2016.

In federal fiscal year 2017, the DSHS Tuberculosis program will no longer provide funding for tuberculosis testing within the RHP. The RHP will be utilizing the T-Spot interferon-gamma release assay tests performed by Oxford Laboratories and will implement billing Medicaid for the tests.

Funding will also be used for vaccination services in the City of Midland, where there is no local refugee health clinic. Program-eligible clients resettled in Midland obtain health assessments and their first set of vaccinations through the City of Abilene/Taylor County Public Health District. Subsequent vaccinations are provided by the City of Midland. The funding for this purpose is \$51,894 for adult vaccines and staff. In order to apply for Legal Permanent Residency, refugees are required to obtain a current set of vaccinations. Vaccines are also provided by contracted LHDs for Adjustment of Status purposes (within one year of arrival). These costs are included in the information provided above.

Total Direct Costs: \$46,283,851

Medical Screening Administrative Costs

Refugee Medical Assistance (RMA) funds support personnel costs in the amount of \$214,188 to cover salaries and \$75,780 in fringe for the refugee health coordinator, data clerk, business analyst, community liaison, and also a pharmacy branch employee. RMA funds are also used for in-state program monitoring, technical assistance visits, travel to quarterly meetings, and attendance at conferences. The amount of funding for these purposes is \$26,125. \$1000 is used for general office supplies. \$64,600 will be used for a contractor to perform enhancement and routine maintenance of the program's Electronic System for the Health Assessment of Refugees (eSHARE) database system (including repairs to database, importer, extract process, reports, field changes, additions and deletions). Under the category "Other", \$240 is used for postage \$10,000 is used for printing of educational materials and demographic reports, \$5,000 is used for

document translations, and \$27,803 is used (as per agency requirements) for the Contract Management Unit. \$77,280 will be used for temporary data entry operators to meet increasing data entry needs, \$1,289 is used for the State Office of Risk Management and \$1,832 is used for a copier lease. \$5,346 will be used for attorney support. Indirect charges equal \$3,591,447

Total Administrative Costs: \$4,101,930

F. Refugee Social Services (RSS) 45 CFR §400.140

- 1. Describe if the State provides social services (§400.154 or §400.155). If not, the State needs to submit a waiver request as described in §400.155(h).**

OIRA assures the ORR that social services are provided as described under §400.154 and §400.155. Services include employability services, English language instruction, vocational training, skills recertification, transportation, translation and interpretation services, case management services, assistance with obtaining Employment Authorization Documents, information and referral services, social adjustment services, emergency and health related services, home management, day care services, and citizenship and naturalization preparation services.

- 2. Describe if services described are consistent with §400.154 or §400.155.**

All social services are consistent with §400.154 and §400.155. Contractors are also required to refer and help all eligible refugees to access other employability services in their community and to conduct outreach activities in the community.

- a) Citizenship and naturalization preparation services and assistance in obtaining Employment Authorization Documents (EADs) may be provided under social services, but cannot include the actual fee to USCIS as part of the cost.**

Citizenship and naturalization preparation services and assistance with obtaining EADs do not include the application fee to the United States Citizenship and Immigration Services (USCIS).

G. Cuban/Haitian Entrant Program (C/H) 45 CFR Part §401

Each State that wishes to provide CMA to C/H entrants with refugee funds must include C/H entrants in the plan.

- 1. Describe if the state is serving C/H entrants and if it has included them in the Plan.**

OIRA will include Cuban and Haitian entrants as one of the populations served in the

refugee program.

2. Describe if State Cuban/Haitian Entrant Program is consistent with 45 CFR Part §401 and State Letter #94-22.

OIRA assures ORR that the Cuban/Haitian Entrant Program is consistent with 45 CFR Part §401 and State Letter #94-22.

H. Unaccompanied Refugee Children (URM) 45 CFR Part §400.5(e)

The correct authority for URM services is 45 CFR §400.110 (not §400.5(e)). Responses below will correspond to 45 CFR §400.110.

1. Presence of Unaccompanied Refugee Minors Program

a. Indicate whether the State is receiving funds to operate an Unaccompanied Refugee Minors (URM) program.

- 1. If the State is not receiving funds to operate a URM program, describe the State's plan for care and supervision of, and legal responsibility for, refugee children who become unaccompanied in the State.**

N/A

- 2. If the State is receiving funds to operate a URM program, respond to all additional elements in this section.**

The State of Texas receives URM funding to operate programs in Houston and Fort Worth. In accordance with 45 C.F.R. §400.110, this section provides for, and describes the procedures established for, the care and supervision of, and legal responsibility (including legal custody and/or guardianship under State law, as appropriate) for, unaccompanied refugee children in the State.

2. The Administrative Structure and State Oversight §400.117; §400.120; ORR Statement [1] III. Program Standards, Administration/Management

a) Describe:

- 1. The administrative arrangements for provision of services for URM's with any public or private agency in the State, and the roles of agencies involved in the URM program.**

HHSC has an interagency agreement with the Texas Department of Family and Protective Services (DFPS) for administration of the URM Program. DFPS is the State agency responsible for foster care, licensing and child welfare services in the State. DFPS contracts with

Catholic Charities Archdiocese of Galveston-Houston and Catholic Charities Diocese of Fort Worth to operate the URM program in Texas. Per the contract, both Catholic Charities of Houston and Fort Worth assume legal responsibility for the children assigned to their agency and must provide the full range of assistance, care, and services to which these children are entitled. DFPS monitors the contract to ensure services comply with federal regulations and consults with HHSC regarding any discrepancies.

2. The process for the State's review of required placement and outcome reports for URMs.

Placement and outcome reports such as ORR 3 and ORR 4 are to be submitted directly through the ORR website database every Friday by the two provider agencies (Catholic Charities). The State (HHSC and DFPS) receives the notification of submission and will review and approve these reports within five business days. Upon State's approval, the system immediately submits the approved reports to ORR.

3. How the State exercises oversight responsibility for the care of URMs.

Legal responsibility is established under the Texas Family Code (TFC): Title 1 of the Texas Administrative Code, Chapter 376, Subchapter I, §376.903 ensures the eligibility of unaccompanied refugee minors for the full range of assistance, care, and services to which all minors in foster care in the state are entitled, as required by 45 C.F.R. §400.112.

4. How the State conducts monitoring of contracted URM providers.

On site DFPS contract monitoring reviews are conducted annually or more frequently, if deemed necessary. These monitoring reviews include a team consisting of the DFPS Contract Manager, the DFPS URM Program Specialist, the Contract Manager for the HHSC/DFPS contract, and the OIRA Program Specialist. The Texas URM Programs are also monitored annually by Residential Child Care Licensing (RCCL), a division of the Texas Department of Family and Protective Services. In addition, the state child welfare agency monitors activity of the URM provider through various other means including:

- Monthly and trimester reports
- Monthly scan calls with both programs
- Quarterly visits to the program providing Technical Assistance as needed

- Contractual reporting requirements
- Annual contract/program monitoring
- Monthly meetings with URM Program Provider officials and OIRA.

b) Assures the following:

- 1. The state assumes program accountability for all aspects of the program, including fiscal and program reporting.**

OIRA assures ORR program accountability for all aspects of the program, including fiscal and program reporting.

- 2. URM service providers are licensed according to State requirements.**

OIRA assures ORR that URM service providers in Texas are licensed according to State requirements.

- 3. The State or county supervising and or contracting agency for URM's confer at least annually with provider agencies.**

OIRA assures ORR that, at a minimum, DFPS Program and Contract staff annually confers with URM provider agencies.

3. Legal Responsibility - §400.115(a) and ORR Statement, III. Program Standards, Legal Considerations

a) Describe

- 1. The State's procedures for initiating within 30 days the process of establishing legal responsibility.**

The provider agencies initiate the process of establishing legal responsibilities within 30 days and assume legal responsibility, while adhering to the State's policies and timelines in the Texas Family Code, Title 5, Subtitle B, Chapter 153, Conservatorship, Possession, and Access in establishing conservatorship of youth in the URM program.

- 2. The entity that takes legal responsibility of the URM and the types of legal authority allowed by the State (e.g. custody, guardianship, conservatorship, etc.) for URM enrollment.**

The provider agencies (Catholic Charities), who contract with DFPS, assume legal authority for the URM's. Family court

awards legal authority/conservatorship of the youth in the URM program to the private agencies.

3. Court oversight for URM in the State, and related age parameters.

The provider agencies file an annual review for each URM case with the court.

4. Any voluntary placement process for older youth to remain in care beyond age 18.

After legal responsibility ends, youth can remain in foster care on a voluntary agreement until they turn 21 years old if they have a high school diploma or equivalent or 22 years old if they do not have a high school diploma or equivalent.

The 18+ age group represents a large portion of the youth in the URM Programs in Texas. DFPS is actively working on developing parity in the Extended Care Program for youth in this age group. Youth who meet eligibility requirements are available to access independent living skills classes, transitional living services and placements, and a supervised independent living program.

4. Eligibility - §400.111; TVPA (2000), Sec. 107 (b) (1) (A); [2] TVPRA 2008, Sec. 235 (d) (4) (A); VAWRA 2013, Sec. 1263; [4] §400.113; §400.116; SL # 09-09; SL # 14-01.

a. Assure that the State serves all URM-eligible populations.

The State assures service provision to all URM - eligible populations in accordance with §400.111; TVPA (2000), Sec. 107 (b) (1) (A); [2] TVPRA 2008, Sec. 235 (d) (4) (A); VAWRA 2013, Sec. 1263; [4] §400.113; §400.116; SL # 09-09; SL # 14-01[3]; and SL #15-07.

b. Indicates the ages that:

1. Foster care or other placement services end (absent continued placement on a voluntary basis).

After legal responsibility ends, youth can remain in foster care on a voluntary agreement until they turn 21 years old if they have a high school diploma or equivalent or 22 years old if they do not have a high school diploma or equivalent.

2. Youth 'age-out' from voluntary placements.

Youth in the URM Program may "age out" at age 18 or continue in the URM Program on a voluntary basis until the age of 21 or 22, depending on educational

needs.

c. Describe:

1. The triggers that would terminate eligibility from the URM program in the State.

There are no triggers that would terminate eligibility from the URM program in the State other than death, imprisonment or emancipation without signing an Extended Voluntary Foster Care Agreement (EVFCA).

2. Available provisions in the State which allow former foster children to return to placement and/or services.

Youth may remain or return to the URM Program beyond their 18th birthday, if they sign an Extended Voluntary Foster Care Agreement and meet the requirements by age and activity as listed below:

A youth must be...	and...	may remain eligible until...
18 - 21 years of age	<p>regularly attending high school or enrolled in a program leading to a high school diploma or a high school equivalency certificate (GED).</p> <p>A youth who just completed his or her high school diploma or GED and is accepted into a higher educational program, or other post-secondary vocational or technical program with regular terms, will remain eligible for extended foster care up to the month of the 22nd birthday provided the youth begins taking the required number of class hours as specified below.</p>	he or she completes or withdraws from the program or the end of the month in which the youth turns 22 years old, whichever comes first.
18 - 20 years of age	<ul style="list-style-type: none"> • regularly attending an institution of higher learning or postsecondary vocational or technical program (minimum six hours per semester); or • participating in a program or activity that promotes or removes barriers to employment; or • employed at least 80 hours a month; or 	<p>he or she completes or withdraws from the program or the end of the month in which the youth turns 21 years old, whichever comes first.</p> <p>Youth no longer engaged required activities will have a maximum of 30 days in which to begin participation in another educational or work related activity in order to remain continuously eligible for extended foster care.</p>
18 - 20 years of age	incapable of performing the activities described above due to a documented	he or she withdraws from the program or the end of the month

	<p>medical condition</p> <p>Acceptable documentation of eligibility criteria may include either of the following:</p> <ul style="list-style-type: none"> • A statement from one or more medical doctors that documents the youth's medical condition, including the activities of daily living that the youth is incapable of doing as a result of that medical condition • Determination of a disability from the Social Security Administration 	<p>in which the youth turns 21 years old (annual documentation required).</p>
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d. If the State provides ORR-funded independent living services or education benefits (to be indicated below), indicate the higher age that eligibility for such services and benefits end.

The chart above outlines independent living services or education benefits and the higher age that eligibility for such services and benefits end.

5. Services and Case Review/Planning - §400.115(c); §400.116(a); §400.118; SL # 09-09; ORR Statement III. Program Standards, Legal Considerations and Programmatic.

a. Assure provision of benefits and services with the same range as available to other foster children in the State, including the State's plans under titles IV-B and IV-E of the Social Security Act.

The State assures that youth in the Texas URM program are eligible for the same range of child welfare benefits and services that are available to other children in the state per titles IV-B and IV-E of the Social Security Act.

Mainstream Child Protective Service foster care children that age out of care have access to:

- Federal Chafee benefits
- Education stipends at state universities
- Transitional Living Allowance
- Aftercare Room and Board and Case Management Assistance
- Extended Care and Supervised Independent Living

These services are being established as parity services utilizing URM dollars with the exception of education stipends to state universities. Education stipends are state funded benefits available to youth who age out of the Texas foster care system.

b. Case Review

- 1. Assure that cases are reviewed every six months for the continuing appropriateness of living arrangements and services.**

The State assures youth in the URM program have a case review every six months, or sooner if deemed necessary, to review the continuing appropriateness of living arrangements and services.

- 2. Describe the State's arrangements for permanency plan reviews, including those conducted in parity with the State's Title IV-B plan, addressing the full range of permanency options, including but not limited to adoption.**

Individual service plans are currently reviewed by child placement management staff and treatment teams. Currently service plans are reviewed every 90-180 days depending upon the service level of the client. Permanency plan reviews are scheduled annually. Texas URM programs have added the position of Permanency Specialist to their URM Program staff. This position is responsible for the Permanency Plan reviews.

The private agencies consider all permanency plan options when developing an appropriate permanency goal and adhere to the four permanency goals specified in The Texas Family Code §263.3026 listed below:

- Reunification;
- Adoption by a relative or other suitable individual;
- Permanent managing conservatorship to a relative or other suitable individual; or
- Another planned permanent living arrangement for the child.

c. Assure that the following elements are addressed in case plans:

- 1. Family Reunification**
- 2. Placement**
- 3. Health Screening and Treatment**
- 4. Mental Health Needs**
- 5. Social Adjustment**
- 6. Education/Training**
- 7. English Language Training**
- 8. Career Planning**
- 9. Preparation for Independent Living**
- 10. Preservation of Ethnic and Religious Heritage**

The State assures that the following elements are addressed in case plans and reviewed during DFPS monitoring visits: Family Reunification; Placement;

Health Screening and Treatment; Mental Health Needs; Social Adjustment; Education/Training; English Language Training; Career Planning; Preparation for Independent Living; and Preservation of Ethnic and Religious Heritage

d. Describe

1. Placement options available in the State, including any special arrangements to diversify the range of placement (e.g. through subcontracts, memoranda of understanding, etc.).

Placement options include but are not limited to family foster homes, ethnically matched foster homes, transitional agency homes, agency homes, Residential Treatment Centers, and Supervised Independent Living.

2. How health coverage is provided for URMs.

Health coverage and payment is provided for URMs through the State Medicaid programs up to the age of 19. Continued medical coverage is provided if the minor opts to remain in the program and is funded through the Office of Refugee Resettlement.

e. Indicate if youth who have emancipated from foster care placement services are eligible for and receive independent living services and educational training vouchers (ETVs) available to other foster children in State or county custody.

Young adults in the Texas URM Programs can apply for educational training vouchers (ETV) as applicable. Young adults in the Texas URM Programs who meet eligibility requirements are able to access independent living skills classes, Transitional Living Services and placements, and a Supervised Independent Living Program.

f. Provide additional information on available benefits and services, if desired.
N/A

6. Interstate Movement - §400.119

- a) The Texas URM Programs follow the Interstate Compact for the Placement of Children (ICPC) in parity with DFPS.

Section III. Qualifications

- A. In addition to the Department of Homeland Security (DHS) screening, the Federal Bureau of Investigation (FBI) shall take all actions necessary to ensure that each potential refugee receives a background investigation and ensure that the potential refugee is not a security threat before U.S. refugee admission.

Specifically, a potential refugee may not be admitted as a refugee until the FBI certifies to DHS and the Director of National Intelligence (DNI) that he or she has received a background investigation sufficient to determine whether the potential refugee is a U.S. security threat; and may only be admitted to the United States after DHS, with the unanimous concurrence of the FBI and the DNI, certifies to Congress that he or she is not such a threat.

- B. In fiscal year 2017, the Office of Refugee Resettlement will not place or resettle in Texas any refugees in excess of the State's original allocation for fiscal year 2016.

Section IV. Approval

As specified by 400.8, the Governor of the State of Texas or his designee hereby approves the content of the plan:



Kara Crawford, Chief of Staff