



STATE OF NEBRASKA

Pete Ricketts
Governor

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August 15, 2015

Bob Carey, Director
The Office of Refugee Resettlement
U.S. Department of Health and Human Services
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Dear Director Carey:

As Chief Executive Officer of the State of Nebraska, I have exercised my authority to designate the Nebraska Department of Health and Human Services, Division of Children and Family Services (DHHS-CFS), to act as the lead agency for administration of the Refugee Resettlement Program. I have also designated DHHS-CFS as the agency to review, sign and submit the plan and assurances in regard to the Refugee Resettlement Program.

If you have any questions or concerns please feel free to contact Jodie Gibson, State Refugee Program Administrator at (402) 471-1069.

Sincerely,

A handwritten signature in blue ink that reads "Pete Ricketts".

Pete Ricketts
Governor

August 12, 2015

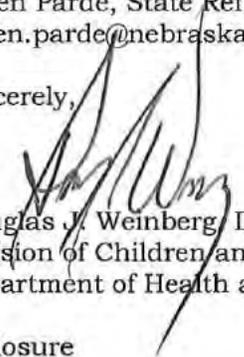
Robert Carey, Director
Office of Refugee Resettlement
Division of Refugee Assistance
Administration for Children & Families
370 L'Enfant Promenade, SW
Washington, D.C. 20447

Dear Mr. Carey:

The State of Nebraska, Department of Health and Human Services, Refugee Resettlement Program, submits the enclosed proposed 2015-16 Nebraska Refugee State Plan.

Should you have any questions or concerns regarding the State Plan, please feel free to contact Karen Parde, State Refugee Program Coordinator at (402) 471-9264 or via email at karen.parde@nebraska.gov.

Sincerely,



Douglas J. Weinberg, Director
Division of Children and Family Services
Department of Health and Human Services

enclosure

cc: Rezene Hagos, ORR State Analyst
Karen Parde, State Refugee Program Coordinator

Nebraska Department of Health and Human Services

Refugee Resettlement Program

State Plan

**Submitted August 2015
FY 2015-16**

**Douglas J. Weinberg
Director
Division of Children and Family Services
Department of Health and Human Services**



State Plan Approval Check List

I. ADMINISTRATION

A. Authority

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

The Nebraska Department of Health and Human Services (NDHHS), Division of Children and Family Services, is designated, by the Governor, to develop a plan to administer and coordinate the responsibilities of the Refugee Resettlement Program. Douglas J. Weinberg, the Director of the Division of Children and Family Services delegates to the Division's Policy Section administrative oversight of the Refugee Resettlement Program. Tony Green serves as the Acting Deputy Director of Economic Assistance and is the designated Authorized Official for electronic submission of applications. Within the Economic Assistance Unit, Teri Chasten serves as the Policy Chief. Jodie Gibson is the Administrator of the Refugee Resettlement Program. The Economic Assistance Unit has the responsibility of hiring and retaining a State Refugee Resettlement Coordinator.

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

Karen Parde, State Refugee Resettlement Coordinator, has the responsibility to ensure coordination of public and private resources for refugee resettlement in Nebraska.

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

- a. Describes if the program is statewide.

The program is publicly administered by NDHHS. Refugee cash and medical assistance is available to refugees throughout the state, but refugee Social Services are only available in Lincoln and Omaha.

- b. If the program is in certain locations only, provides list the locations.

Refugee Social Services are provided in the cities of Lincoln and Omaha. Refugee Social Services are provided by Southern Sudan Community Association and Lutheran Family Services in Omaha; and Lutheran Family Services, Catholic Social Services, and Lincoln Literacy in Lincoln. The need for services in the Lexington area are closely being monitored by the Refugee Resettlement Coordinator. Should enough refugees locate to that area to necessitate dispersing of Refugee Social Services in that area the Coordinator will work to secure an existing Refugee Social Services funded agency to deliver Social Services in that area.

B. Organization

1. Describes organizational structure & functions (§400.5(a)).

The Division of Children and Family Services provides organizational leadership and administrative support and assumes accountability for all aspects of the 100% federally funded Refugee Resettlement Program. As the cash and medical assistance and health screening services are provided through 100% federal funding, in the case sufficient federal funding is not available, services will be shut down until additional federal funding is received. The Division of Children and

Family Services fosters intra-agency, inter-agency, and community partnerships to ensure compliance with Office of Refugee Resettlement requirements pertaining to refugee cash assistance, refugee medical assistance, and refugee social services.

The Refugee Health Program is coordinated with the Nebraska Department of Health and Human Services, Division of Public Health. The Division of Children and Family Services entered into a Memorandum of Understanding to share the responsibility of the Refugee Health Program with the Division of Public Health. Through the Memorandum of Understanding, the Division of Public Health provides organizational leadership and administrative support and assumes accountability for program aspects of the Refugee Health Program. The Division of Public Health fosters intra-agency, inter-agency, and community partnerships to ensure compliance with Centers for Disease Control and Prevention, Department of State, Office of Refugee Resettlement, and Substance Abuse and Mental Health Services Administration requirements related to refugee health issues.

The primary duties of the State Coordinator are to initiate, formulate, and implement refugee policies and procedures that enable the Division of Children and Family Services to establish eligibility and entitlement for refugee cash and medical assistance according to the provisions of the Refugee Act and other federal regulations; manage grants; and coordinate refugee services in the State.

Throughout the Refugee State Plan, the NDHHS Regulations for the Refugee Resettlement and Refugee Medical Assistance Program are cited. To view 470 NAC, go to http://dhhs.ne.gov/Pages/reg_1470.aspx.

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)).

The Nebraska Department of Health and Human Services, Division of Children and Family Services complies with the provisions of Title IV, Chapter 2, of the Immigrant and Nationality Act and all official issuances from the Director of the Office of Refugee Resettlement.

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

The Nebraska Department of Health and Human Services, Division of Children and Family Services assures it meets the requirements outlined in the Code of Federal Regulations, Title 45, Volume 2, Part 400.

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)).

The Nebraska Department of Health and Human Services, Division of Children and Family Services complies with all other applicable Federal statutes and regulations in effect during the time grant funding is received.

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

The Nebraska Department of Health and Human Services, Division of Children and Family Services will amend this plan as needed to comply with standards, goals, and priorities established by the Director of the Office of Refugee Resettlement.

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

Per 470 NAC 1-007, the Nebraska Department of Health and Human Services, Division of Children and Family Services asserts that assistance and services funded under this plan are provided to refugees without regard to race, religion, nationality, sex, or political opinion.

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

The Nebraska Department of Health and Human Services, Division of Children and Family Services assures the State Coordinator will convene planning meetings of the public/private sector at least quarterly, unless exempted by the Office of Refugee Resettlement.

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

Per 470 NAC 2-009.01C to 2-009.03, the Nebraska Department of Health and Human Services, Division of Children and Family Services, as a publicly-administered Refugee Cash Assistance (RCA) program, will use the same mediation/conciliation procedures as those for the TANF program.

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

Per 470 NAC 1-007, the Nebraska Department of Health and Human Services, Division of Children and Family Services, will use the hearing standards and procedures as set forth in 45 CFR 400.83(b)

- D.** 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).

The Nebraska Department of Health and Human Services, Division of Children and Family Services, assures that refugee programs and populations are included in the state pandemic influenza emergency and other emergency operational plans. The NDHHS Preparedness and Emergency Response section is responsible for state level planning for all hazards. The Preparedness and Emergency Response section provides coordination with other state agencies through Nebraska Emergency Management during an event that threatens the publics' health and safety. They rely on the 20 Local Health Departments in the state to provide direct support

to populations within their jurisdictions to include individuals with functional needs which would include refugees residing in their respective jurisdictions. Each Local Health Department, in their Emergency Response Plan (ERP) includes an annex/plan for identifying and addressing functional and special needs populations (Annex F of LHD ERP's).

II. ASSISTANCE AND SERVICES

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

Through policies and procedures developed and implemented specifically for the Refugee Resettlement Program, NDHHS, Division of Children and Family Services coordinates cash and medical assistance with social services to encourage effective refugee resettlement and to promote economic self-sufficiency as soon as possible.

Refugees are eligible for the same range of cash, medical, and non-cash benefits as other non-refugee Nebraskans. Cash assistance benefits are provided to refugees on the basis of family composition. Single adults and childless couples are eligible for refugee cash assistance for up to eight months after date of arrival. It is the expectation of the Refugee Resettlement Program that refugees be employed before the end of their eight months of RCA eligibility. Families with children under 18 years of age are eligible for Aid to Dependent Children.

Policies and procedures related to the receipt of refugee cash assistance are conditioned on the registration of an employable refugee for employment services within thirty days from the date of application and acceptance of appropriate offers of employment as outlined in 470 NAC 2-009 to 2-009.01D. The Division of Children and Family Services Subgrants with local agencies that assist in the provision of the essential social services to refugees. Services are provided that assist refugees in their achievement of self-reliance and economic independence. Nebraska's Refugee Resettlement Program promotes economic self-sufficiency within the shortest possible time after entrance into Nebraska. This is achieved through coordinated and effective use of social services and cash and medical assistance. Economic self-sufficiency is defined as earning a total family income at a level that enables a family unit to support itself without receipt of a cash assistance grant. Support services are designed to meet resettlement needs of refugees.

The Refugee Resettlement Program policies detail the process for terminating assistance when an appropriate offer of employment is refused without good cause. The process for re-determining refugee eligibility for cash and medical assistance is further delineated in policy. A part of the re-determination review is to assess the efforts of the recipient to participate in employment and training programs, as well as the willingness of the recipient to accept an appropriate offer of employment during the benefit period. (NAC 470 2-009.02A)

Single refugee adults and childless couples are eligible for refugee medical assistance for up to eight months after arrival. Families with minor children would access medical assistance, if eligible, through the Medicaid Program.

Supplemental Nutrition Assistance Program (SNAP) benefits are available to eligible low income individuals to buy food based on the net monthly income. Energy assistance, to offset

the costs of heating and cooling related expenses, is available to eligible low income individuals.

- B. Describes how the State will ensure the 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)).

Nebraska's three Refugee Resettlement Agencies provide refugee Social Service employment services. Reception and Placement caseworkers refer new arrival refugees to employment specialists located in their own agency. This results in all refugees receiving RCA registering for employment services in a timely fashion.

The Refugee Resettlement Program focuses social service funds on the provision of those services most likely to result in the earliest possible movement of refugees from public assistance to economic self-sufficiency. Activities incorporate language training and employment services to be provided within the scope of an employability plan which coordinates the services appropriate to the needs of the refugee. Development of a family self-sufficiency plan is required for any refugee participating in an employment-related funded program. Refugee men and women are afforded the same opportunities to participate in all services. Refugee social services are offered in a culturally and linguistically appropriate manner and involvement of bilingual and bicultural persons of both genders is encouraged.

Employment services targeted to refugee clients focus on job development and job placement efforts to employable adult refugees in the following order of priority: (1) all newly arrived refugees during their first year in the U.S. and who apply for services, (2) refugees who are receiving cash assistance, (3) unemployed refugees who are not receiving cash assistance, and (4) employed refugees in need of services to retain employment or to attain economic independence. The Refugee Resettlement Program requires that social services subrecipients project quantifiable outcomes in terms of the number of refugees who will be assisted; develop an employability plan; and provide employment counseling, job development, job referral, job placement, and follow-up. Job placements must be focused on non-subsidized employment with at least 90-day retention and earnings at the minimum wage or higher.

The Refugee Resettlement Program subgrants with local agencies to provide English language training programs for refugees. Classes focus on basic survival and employability skills of refugee participants. Part-time English language classes are generally offered beyond normal working hours to enable refugees to conduct job searches and to accept employment. English language classes are provided in a concurrent, rather than sequential, time period with employment or with other employment-related services.

Vocational skills training and educational programs provided to refugees receiving cash assistance are offered primarily within the scope of a coordinated employability plan. The content of such training is determined by the subrecipient as reasonably suitable to the language capability and skill level of the refugee client and the condition of the local job market. Activities other than language training and employment services, such as information and referral, interpretation and translation, social adjustment, and cultural orientation, shall be

provided to refugees only if it is shown how such services contribute to refugee acculturation and the economic self-sufficiency process.

The Refugee Resettlement Program, to the extent possible, coordinates Office of Refugee Resettlement funded programs with other federally funded programs, such as Department or State reception and placement grants administered by voluntary agencies and other programs in which refugees are eligible to participate (e.g., U.S. Department of Health and Human Services, Labor, Education, and Agriculture grants). The Refugee Resettlement Program subgrants with community based service providers in the provision of services to refugees and utilizes subrecipients as advisors on program planning and policy matters. These efforts assist in the enhancement of organizational capacity to assume an even greater role in supporting refugees, while avoiding duplicative programming.

C. Refugee Cash Assistance (RCA) 45 CFT Part §400.45

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

The Division of Children and Family Services developed and implemented internal policies and procedures for the Refugee Resettlement Program based on TANF's requirements in the areas of eligibility, applications, residence, requirement of Social Security numbers, resources and income.

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

The determination of initial and on-going eligibility treatment of income and resources is based on Nebraska's TANF Program. Details of Nebraska's TANF regulations can be found at: http://dhhs.ne.gov/Pages/reg_t468.aspx

Budgets for both TANF and RRP are run through Nebraska's NFOCUS system utilizing the same processes.

- Initial and ongoing eligibility treatment of income (470 NAC 2-008)
- Resources (470 NAC 2-007 to 2-007.10)
- Budgeting methodology (470 NAC 3-005.01)
- Standard of need (470 NAC 2-008.01A).

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

Nebraska's legislature increased the amount of TANF benefits. The new payment standard begins September 1, 2015. Nebraska regulations are in the process of being updated. RRP benefits are determined using the same guidelines as TANF. (470 NAC 2-007 to 2008.10).

1.Describes TANF payment standard for case sizes 1-5.

<u>Number in Unit</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Standard:</u>	298	367	436	505	575

2.Describes RCA payment standard for case sizes 1-5.

<u>Number in Unit</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
<u>Standard:</u>	298	367	436	505	575

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

Proration of shelter, utilities, and similar needs are not taken into consideration. (470 NAC 2-008)

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

None to report on.

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

Resources remaining in the applicant’s country of original are not considered available. (NAC 470 2-007.02A).

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

Supportive services provided by a sponsor is not considered as income or resources. 470 NAC2-008.04A

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

Cash assistance provided from voluntary resettlement agencies for resettlement are not counted as income. 470 NAC 2-008.04A.

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

The date of application is the date a refugee cash assistance begins. (470 NAC 3-002).

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

In cases where the initial sponsoring Voluntary Resettlement Agency is located in Nebraska, the Voluntary Resettlement Agency helps the refugee apply for services and is notified when eligibility is determined. In the case where the sponsoring Voluntary Resettlement Agency is located outside the city or state, the NDHHS caseworker refers

the refugee to the nearest Voluntary Resettlement Agency and notifies the agency of the arrival. (470 NAC 2-009)

- 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)).

NDHHS caseworkers contact 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 within 30 consecutive days immediately prior to the date of application.

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

Nebraska's monthly cash assistance payments do not exceed the RRP payment ceilings, according to the number of persons in the family unit. (NAC 470 3-006.05B4)

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

Nebraska's RRP does not have any type of differentials or incentive payments.

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

Exemptions for registration for employment services include:

- Has an illness or injury serious enough to temporarily prevent the individual from entering employment or participating in employment activities. The illness or injury must be evaluated in the context of activities available. A doctor's statement is required.
- Is incapacitated with a medically determinable physical or mental impairment which, by itself or in conjunction with age, prevents the individual from entering employment or participating in another activity.
- A victim of domestic violence. A victim of domestic violence:
 - Is defined as someone who is battered or subject to extreme cruelty.
 - For an individual to qualify for this exemption, the case manager must determine that participation would make it:
 - more difficult for the individual to escape domestic violence,
 - would penalize the individual,
 - or would put him/her at risk of further domestic violence.

- n. Describes 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)

Five-Step LEP Language Assistance Implementation Guidance

- 1) Identify LEP persons by language group with whom the NDHHS has contact, or with whom the NDHHS might reasonably predict contact, and who may require language assistance for meaningful access to services.
- 2) Explore methods of LEP language assistance. There are two ways for the NDHHS to provide language assistance: oral interpretation, either in person, via telephone or video conferencing, or via audio/video recordings; and written translation. NDHHS programs have substantial flexibility in determining the appropriate mix of interpretation and translation language assistance provided. The correct mix of language assistance is based on reasonable steps to ensure meaningful access to services based on the four-factor analysis.
 - o Interpretation is the act of listening to something in one language (source language) and orally translating it into another language (target language).
 - o Translation is the replacement of a written text from one language (source language) into an equivalent written text in another language (target language).
- 3) Train selected NDHHS staff on LEP language assistance implementation.
- 4) Provide notice to LEP persons of NDHHS services and the availability of language assistance at no cost.
- 5) Monitor and update LEP language assistance implementation.

2. RCA program administration 45 CFR Part §400.13

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

NDHHS has a specialized refugee unit that determine eligibility for RCA and new arrival refugee TANF cases.

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

Refugee Cash Assistance benefits are distributed through Nebraska's NFocus system.

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

All economic assistance social service workers are in a pool of personnel that complete Random Moment Time Studies (RMTS). Quarterly, the RMTS statistics are utilized to allocate social service workers cost including social service workers' administration cost.

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

NDHHS has 3 full-time equivalents allocated to RCA administration for RCA distribution.

- e. Describes 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 State of Nebraska does not charge CMA an indirect cost rate. Nebraska uses a cost allocation methodology for CMA. The State submits Public Assistance Cost Allocation Plan to the Federal Department of Health and Human Services Office of Allocation Services.

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).

All eligible populations are allowed to complete and submit an application (470 NAC 1-005.01). Refugee caseworkers ensure that all refugees that meet Medicaid categories (parents with children and aged/disabled) submit a separate Medicaid application. Caseworkers determine RMA eligibility for those refugees that do not meet Medicaid eligible categories (single adults and childless couples that are not aged or disabled). Any person categorically eligible for Medicaid but are found not eligible for other reasons, are referred back to the RMA program for eligibility determination under RMA.

- a. Describes 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).

Nebraska did not expand Medicaid. There were no changes to the RMA application process. Refugee Resettlement agencies continue to help new arrival refugees apply for Medicaid/RMA/RCA. Refugees complete one application for RCA/RMA. Those refugees that meet the categorical guidelines of Medicaid complete a separate application for Medicaid. Those newly arrived refugees not eligible for Medicaid are referred back to RMA for eligibility determination.

- b. Describes process for new arrivals to apply for RMA. Includes 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).

Refugee Resettlement agencies provide newly arrived refugees assistance in completing the RMA application. Nebraska did not expand Medicaid so no procedural and programmatic changes occurred in the administration of RMA.

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

- a. Describes 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)

Refugees who receive a cash assistance grant are automatically eligible for RMA without separate eligibility determination (NAC 470 – 4-001). In determining eligibility for a refugee not receiving a cash assistance grant, Nebraska’s medically needy financial eligibility standards are used as reflected in Nebraska’s approved title XIX State Medicaid plan.

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

NDHHS assures it utilizes the medically needy income standard as reflected in the State’s approved title XIX State Medicaid plan.

- 3. Continued Coverage of recipients who receive increased earnings from employment (§400.104)
 - a. Provides assurance of compliance with continued coverage of recipients per requirements at §400.104.

Refugees that become ineligible for cash assistance because of increased earnings or increased hours of employment are eligible for medical assistance for the remaining months of eligibility without regard to income. (NAC 470 4-002.02)

- 4. Mandatory services (§400.105)
 - a. Provides assurance that RMA will cover at least the same services in the same manner and to the same extent as Medicaid.

RMA is governed by the requirements and limitations of the Nebraska Medical Assistance Program as outlined in NAC 471. (470 NAC 4-000)
http://dhhs.ne.gov/Pages/reg_1471.aspx

- 5. Additional services (§400.106)
 - a. Describes 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.

Nebraska provides Medical Screening because coverage is limited under Nebraska’s Medicaid and does not coincide with ORR and CDC’s refugee health assessment guidance. See more information in the Medical Screening Program section of this plan.

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

The purpose of the Nebraska Refugee Health Screening Program is to provide for the early detection of illness and disease, allow for follow-up on conditions detected during the health screening, provide continuity of care, and promote healthy lifestyles. It is intended to ensure that appropriate screening is available to all newly arrived refugees; that treatment, as indicated, is received by those in need; and that a follow-up system is in place to prevent

additional health problems. The Screening Program targets early identification of health problems. The Refugee Health Screening Program partners with local providers who are knowledgeable and have a network of resources for the treatment and follow-up that is critical in assuring the promotion and maintenance of refugee health.

Refugee resettlement staff notify the state refugee health coordinator of any refugees arriving with significant medical needs. A notice is also sent to the refugee resettlement health screening site with confirmation of identified needs. In the event of short notice or lack of communication with the health screening provider, the state refugee health coordinator will assist to make sure follow up is planned for in accordance with medical needs identified overseas. Follow up will vary as identified by medical need but may include follow up with medical providers, refugee resettlement agency, local public health department or refugee health screening provider to make sure appropriate services are being provided.

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

NDHHS utilizes the Center for Disease Control's (CDC) Electronic Disease Notification System (EDN). Local level access is granted to refugee health screening sites to review overseas medical records and to prevent the duplication of vaccinations before entering the U.S. health screening. Clinic level users have access to refugee overseas health information via EDN. Refugee screening sites with EDN access include the Catholic Health Initiatives (CHI) Alegent Creighton Florence Residency Clinic in Omaha, Lincoln Lancaster County Health Department in Lincoln, and at the Central District Health Department in Grand Island. Douglas County Health Department also has access to the EDN system to assist with any disease outbreak situations involving newly arrived refugee populations.

- b. Describes 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).

The Refugee Health Program in Nebraska is coordinated with the NDHHS, Division of Public Health. Nebraska's Division of Children and Family Services and the Division of Public Health work together to coordinate the refugee medical screenings. This is funded through RMA funds. RMA covers a portion of the state refugee health coordinator's salary, administrative costs of the health screening, and most portions of the refugee health exam. Regular communication with refugee health screening sites occurs via phone, email, and regular meetings with all community partners to ensure medical screening is being completed effectively and timely.

- c. Provides 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 [MD/DO] (SL#12-09).

The Nebraska Refugee Health Program works with three medical providers.

- The Omaha site is operated by CHI-Alegent Creighton Health Creighton Residency Clinic. The clinic employs physicians, residents, nurses and medical assistants to perform the refugee health screening. Medical residents perform the health screenings at this location with support from other health care professionals. This clinic is a private clinic.
- The Lincoln site is operated by the Lincoln Lancaster County Health Department (LLCHD). At LLCHD, a nurse practitioner examines patients and the nurse assists with the other ancillary duties related to refugee health screening. This clinical site is a public health clinic.
- The Grand Island area site is the Central District Health Department. Only vaccinations are done at this site and are performed by professional nursing staff.

- d. Describes 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)

Coverage is limited under Nebraska's Medicaid and does not coincide with ORR and CDC's refugee health assessment guidance. Nebraska Medicaid covers the cost of the health exams for children. Medicaid Managed Care provides some, but not all preventive adult vaccinations for refugee adults that receive Medicaid.

The refugee Health Screening Program collaborates with other federal partners for refugee health screening services. One of those partnerships is with the Nebraska Infertility Prevention Project to provide Chlamydia and Gonorrhea testing for patients that need sexually transmitted disease testing. The Nebraska STD Program provides Benzathine Penicillin G for cases of Early or Latent Syphilis. Active TB patients are not covered under Nebraska Medicaid. The State TB Program provides free Latent Tuberculosis Medication (LTBI) to TB screening sites with a Physician Assistant or Physician on site, per Nebraska state law. The CHI Alegent-Creighton Florence Residency Clinic utilizes the LTBI medication program.

A complete description of services provided during a health screening based on age and risk factors can be found on pages 12-15 of Nebraska's medical protocol found at: http://dhhs.ne.gov/children_family_services/Pages/refugees.aspx

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). Describes services included in direct costs that are non-medical (e.g., interpretation and transportation).

Nebraska's RMA health insurance is based on fee-for services. Transportation is the only non-medical service provided.

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

Administrative costs covered under RMA include:

- A portion of the Refugee Coordinator’s salary
- Cost allocation which includes salaries of eligibility determination staff

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

1. Written approval for medical screening program (§400.107(1) (2))

- a. Describes 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.

NDHHS is requesting reapproval to operate a refugee medical screening program per §400.107.

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

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

Coverage is limited under Nebraska’s Medicaid and does not coincide with ORR and CDC’s refugee health assessment guidance. Services not covered by or billed to Medicaid include:

- Routine physicals for refugee adults.
- Lab services for adults and children.
- Adult vaccinations not covered by Medicaid Managed Care.

A complete description of services provided during a health screening based on age and risk factors can be found on pages 12-15 of Nebraska’s medical protocol found at: http://dhhs.ne.gov/children_family_services/Pages/refugees.aspx

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

NDHHS does not provide additional services beyond SL #12-09.

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

Medical screening costs are based on current Medicaid costs and are reviewed on an annual basis.

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

Contracts with health screening providers require that health screenings are completed within the first 90 days after arrival. 15-20% of health screening billings are reviewed. Part of this review is checking the date of completion of the health assessment. In addition, contractors are required to report when this goal is not met and the reason for not meeting the goal. If the goal is not met and the State Coordinator determines the reasoning is not acceptable or justifiable the contractor, under terms of the contracts, is to develop and submit a plan to come in to compliance with the 90 day requirement.

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

Nebraska's State Plan mirrors the budget estimate submitted in the ORR1.

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

NDHHS provides the following employability services: employment services, employability assessment services, English language instruction, day care and transportation for participation in employment services, and case management services. Information and referral services, social adjustment services, and translation interpreter services are also provided.

2. Describe if services described are consistent with §400.154 and §400.155.
 - 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 INS as part of the cost.

Nebraska does not provide citizenship and naturalization preparation services with Social Service funds.

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

Nebraska provides cash and medical services to Cuban/Haitian Entrants under the same conditions and to the same extent as assistance is provided to refugees. (470 NAC 2-002)

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

Nebraska does not have a URM program.

[1] Statement of Goals, Priorities, Standards and Guidelines for the Unaccompanied Minor Refugee and Cuban/Haitian Entrant Program, (Federal Register Vol. 52 No. 198, October 14, 1987, Notices 3814. Abbreviated above as "ORR Statement"

- [2] Trafficking Victims Protection Act (2000, Section 107 (b) (1) (A)
- [3] Trafficking Victims Protection Reauthorization Act (2008), Section 235 (d) (4) (A)
- [4] Violence against Women Reauthorization Act (2013), Section 1263