

October 15, 2013

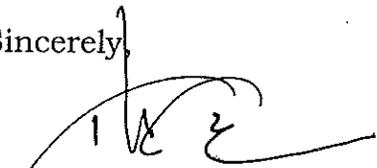
Eskinder Negash, Director
Administration for Children & Families
Office of Refugee Resettlement
Division of Refugee Assistance
370 L'Enfant Promenade, SW
Washington, D.C. 20447

Dear Mr. Negash:

The State of Nebraska, Department of Health and Human Services,
Refugee Resettlement Program, submits the enclosed proposed 2013-14
Nebraska Refugee State Plan.

Should you have any questions or concerns regarding the revised 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,



Thomas D. Pristow, MSW, ACSW, Director
Division of Children and Family Services
Department of Health and Human Services

enclosure

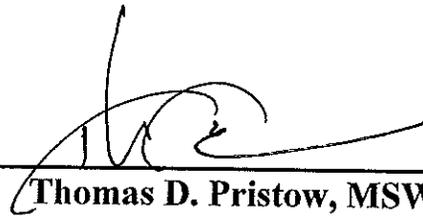
cc: Goran Debelnogich, ORR State Analyst

Nebraska Department of Health and Human Services

Refugee Resettlement Program

State Plan

Submitted October 2013
FY 2013-14



Thomas D. Pristow, MSW, ACSW
Director

Division of Children and Family Services
Department of Health and Human Services

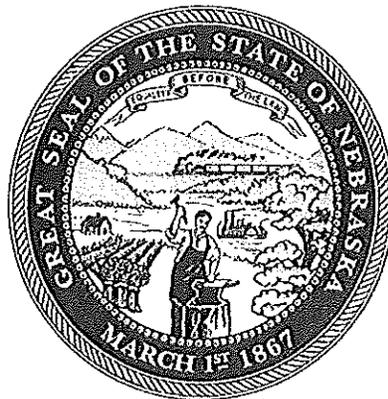


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ADMINISTRATION

Authority

Designates accountable State Agency.

The Nebraska Department of Health and Human Services, Division of Children and Family Services, is designated, by the Governor, to administer and coordinate the responsibilities of the Refugee Resettlement Program. Thomas D. Pristow, MSW, ACSW, the Director of the Division of Children and Family Services delegates to the Division's Policy Section administrative oversight of the Refugee Resettlement Program. Jill Schreck serves as the 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.

Identifies State Coordinator by title.

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

Organization

Describes organizational structure and functions.

The Division of Children and Family Services provides organizational leadership and administrative support and assumes accountability for all aspects of the Refugee Resettlement Program. 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 in Nebraska 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 Nebraska Department Regulations for the Refugee Resettlement and Refugee Medical Assistance Program are cited. To view 470 NAC, go to http://dhhs.ne.gov/Pages/reg_t470.aspx.

Assurances

These assurances are given by the Nebraska Department of Health and Human Services in consideration of and for the purpose of obtaining any and all Federal grants or other Federal financial assistance.

- a) 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.
- b) 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.
- c) 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.
- d) 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.
- e) 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.
- f) 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.
- g) 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 RCA

program, will use the same mediation/conciliation procedures as those for the TANF program.

- h) 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).

ASSISTANCE AND SERVICES

Describe how State will coordinate CMA with support services to promote employment and encourage refugee economic self-sufficiency.

Through policies and procedures developed and implemented specifically for the Refugee Resettlement Program, the Nebraska Department of Health and Human Services, 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. 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.

Transitional 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 by this time. Families with children under 18 years of age are eligible for Aid to Dependent Children. Policies and procedures related to the receipt of cash assistance are

conditioned on the registration of an employable refugee for employment services and acceptance of appropriate offers of employment as outlined in 470 NAC 2-009 to 2-009.01D. The Refugee Resettlement Program policies also 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.

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.

The Division of Children and Family Services assists in the provision of the essential social services to refugees during their resettlement. Such services are provided to assist refugees in their achievement of self-reliance and economic independence. The Refugee Resettlement Program promotes economic self-sufficiency and effective resettlement for refugees 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, for which funding is available under Title IV of the Act.

Describes 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.

The Refugee Resettlement Program focuses Office of Refugee Resettlement funded social services 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 for English language training programs for refugees. These classes focus on basic survival and employability skills of refugee participants (e.g., graduates from an English language training program will be able to acquire basic skills, understand basic instructions in the English language, and will be capable of completing an employment application). Part-time English language training 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.

Nebraska DHHS LEP Policy:

Five-Step LEP Language Assistance Implementation Guidance

1. Identify LEP persons by language group with whom the DHHS has contact, or with whom the DHHS 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 DHHS to provide language assistance: oral interpretation, either in person, via telephone or video conferencing, or via audio/video recordings; and written translation. DHHS 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 DHHS staff on LEP language assistance implementation.
4. Provide notice to LEP persons of DHHS services and the availability of language assistance at no cost.
5. Monitor and update LEP language assistance implementation.

Describes the elements of its TANF program which will be used in its RCA program.

The Division of Children and Family Services developed and implemented internal policies and procedures for the Refugee Resettlement Program based on elements of the Aid for Dependent Children program.

- a) Currently policy requires that eligibility be determined on an application within 45 days from the date of the request following the TANF program policy (470 NAC 1-009.03D). In practice, eligibility for most refugee cases is determined within 2 weeks. Nebraska is

- in the process of changing policy for the Refugee Resettlement Program to state that eligibility must be determined within 30 days.
- b) Initial and ongoing eligibility treatment of income (470 NAC 2-008 to 2-008.10) and resources (470 NAC 2-007 to 2-007.10), budgeting methodology (470 NAC 3-005.01), and standard of need will be determined (470 NAC 2-008.01A).
 - c) Benefit amounts will be determined (470 NAC 2-007 to 2-008.10).
 - d) Proration of shelter, utilities, and similar needs are not taken into consideration.
 - e) Any other State Aid for Dependent Children rules relating to financial eligibility and payments are parallel between the policies and procedures manuals of Aid for Dependent Children and the Refugee Resettlement Program.
 - f) Resources remaining in the country of origin of the applicant will not be considered (470 NAC 2-007.02A).
 - g) The income and resources of a sponsor as accessible to the refugee solely because the person is serving as a sponsor will not be considered (470 NAC 2-008.04A).
 - h) Any cash grant received by the applicant under the Department of State or Department of Justice Reception and Placement program will not be considered (470 NAC 2-008.04A).
 - i) The Division of Children and Family Services implemented internal programmatic policies and procedures for Refugee Cash Assistance in February 2002.
 - j) The criteria for exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment are outlined (470 NAC 2-009 to 2-009.03).
 - k) Local office workers will promptly notify local resettlement agencies whenever a refugee applies for Refugee Cash Assistance (470 NAC 1-009.03A).

- 1) Local office workers will contact the sponsor or local resettlement agency at the time the applicant makes application for Refugee Cash Assistance concerning offers of employment and the like (470 NAC 1-009.03A).

UNACCOMPANIED REFUGEE CHILDREN

The State of Nebraska does not currently serve any unaccompanied refugee children. Historically, Nebraska has not been an initial placement site for this refugee population.

MEDICAL AND MEDICAL SCREENING

Nebraska has chosen not to expand the Medicaid Program resulting in no significant changes to Refugee Medical and Medical Screening services.

Describes procedure for identifying newly arrived refugees in need of care. Describes system for provision of follow-up treatments or ongoing monitoring of medical conditions.

Nebraska's Division of Children and Family Services and the Division of Public Health have worked together to establish a Refugee Health Screening Assessment Program to be funded under Refugee Medical Assistance (RMA) to ensure identification of persons who, at the time of resettlement in the state, are determined to have medical conditions requiring, or a medical history indicating a need for treatment or observation. Nebraska plans to continue carving out RMA funds for this program.

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.

Immunization is one of the most effective public health strategies to protect the community against vaccine-preventable disease, a requirement for school entry, and a requirement for some types of employment. Cost is an identified barrier to the refugee community.

The Nebraska Health Screening Program is designed to offer services targeted to the unique medical needs of special refugee populations. Medical screenings and assessments are available upon the arrival of refugees to Nebraska. Due to living conditions, refugees may be at higher risk for contracting communicable diseases. In order to initiate the most timely and effective treatment, screening of each refugee is critical to achieving the most positive health outcomes.

As part of its RMA program, a State may provide a medical screening to a refugee provided (a) The screening is in accordance with the requirements prescribed by the Director, (b) Written approval for the screening program or project has been provided to the State by the Director.

Refugees will be screened within the first 90 days of arrival. The Refugee Health Screening Program will cover costs of such screening done during the first 90 days after a refugee's initial date of entry into the United States. These will be provided without prior determination of the refugee's eligibility under Sections 400.94 and 400.100 of 45 CFR Subpart G. Justification for continuing to utilize RMA funds for the Health Screening Program:

- *A description of existing health screening services that are covered under Medicaid and/or State/local public health programs:* The refugee Health Screening Program collaborates with other federal funding 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 onsite, per Nebraska state law. The Alegent-Creighton Florence Residency Clinic utilizes the program. Screening for infectious diseases such as TB is not reimbursable by Nebraska Medicaid for refugee adults. Coverage is limited under Nebraska Medicaid to coincide with ORR's 2012 Refugee Health Assessment Guidance. All refugee children receive vaccines through Vaccines For Children (VFC).

Nebraska Medicaid will not pay for routine physicals or lab services for refugee adults. The only exception to this would be for well woman exams which include breast and pelvic exams, but does not include other laboratory screening. Infectious disease screening is not covered. Nebraska Medicaid Managed Care will provide vaccinations for adults, but their enrollment period is often after 90 days in the U.S. Nebraska Refugee Medical Screening follows the Office of Resettlement's guidelines outlined in ORR State Letter #12-09. The costs are being reimbursed according to CMS pricing based upon a package rate calculation by averaging needed services based upon risk factors, comorbid conditions, sex, and ages of the refugee patients. Nebraska does contract with two other

providers with plans that Medicaid enrollees can choose in the urban areas. The two providers have plans that do cover some Health Screening and vaccination costs in Lincoln and Omaha. However, as stated previously, the enrollment period is often after 90 days in the U.S. The two providers do not go back and cover costs prior to the date of approval for their specific services, so Medicaid is not an option in most cases for adults.

Children are covered through Medicaid or SCHIPS on EPSDT (well child preventative visits). The EPSDT visits include comprehensive health and developmental history, physical examination, lab (lead and TB), health education, dental screening services, vision screening services, and health screening services. The EPSDT provides services to patients 20 years of age and younger. HIV, Hepatitis, and parasitic disease may be covered at the provider's discretion for children 20 years of age and younger. However, this is not guaranteed.

- *The identification of "additional" health screening services that a State wishes to cover but are not currently covered by existing health screening services that are covered under Medicaid and/or State/local public health programs, and an estimate of the associated costs:* As stated above, with the exception of children, in most cases, Nebraska Medicaid will not cover Health Screening and Vaccination services for adults. Nebraska proposes to continue covering all costs as outlined in the "Nebraska Health Screening Guidelines" (http://dhhs.ne.gov/children_family_services/Pages/refugees.aspx) through the RMA Health Screening Program. STD and TB services as discussed above will continue to be paid for through other sources.

Nebraska currently contracts with two providers to conduct Health Screening, the Alegent-Creighton Florence Residency Clinic (Omaha) and the Lincoln-Lancaster Health

Department (Lincoln). Due to large numbers of secondary migrants in rural Nebraska, Nebraska also contracts with Central District Health Department (Grand Island) to provide vaccinations only. The Alegent-Creighton Florence Residency Clinic is a Medicaid/SCHIP provider, but Lincoln-Lancaster Health Department and Central District Health Department are not. Though Nebraska may be able to make changes and cover all costs for children's health screening in the future at the Omaha location, this would not be possible in Lincoln unless a new provider can be located. Nebraska plans on continuing to provide Health Screening services to children through RMA funds.

- *Identification of the mechanism(s) the State intends to use to implement the use of RMA reimbursement, such as Memoranda of Agreement/ Understanding with the State Health Department; contractual agreements /arrangements with State and/or local public health clinics or other health care providers in the community:* 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 has administrative duties and coordination of the Refugee Health Program. The Division of Public Health provides organizational leadership and administrative support and assumes accountability for all aspects of the Refugee Health Program. The Refugee Resettlement Program is in the process of renewing contracts with The Alegent-Creighton Florence Residency Clinic in Omaha, the Lincoln-Lancaster Health Department, and the Central District Health Department in Grand Island.

The Nebraska Division of Public Health, in cooperation with local resettlement programs and sponsors, will direct refugees soon after arrival to appropriate facilities for health

assessment. In collaboration with designated clinics/health departments, assessment services will be provided with the aid of qualified interpreters (hired by the clinic) to assist with the assessment and exam. In addition, Nebraska's Division of Public Health provides training and technical assistance to medical personnel and refugees and ensures follow-up services to refugees requiring treatment in compliance with the Title XIX Health Services Plan.

Additionally, Refugee Medical Assistance will be provided to eligible refugees in accordance with all sections of 45 CFR Subpart G. The Division of Children and Family Services, through the implementation of internal programmatic policies and procedures for Refugee Medical Assistance, assures the following:

- a) Refugee Medical Assistance is based on the income (470 NAC 4-006 to 4-008) and resources (470 NAC 4-005 to 4-005.03C) of the applicant on the date of application.
- b) Nebraska will use up to 200% of the national poverty level as an eligibility standard for Refugee Medical Assistance (470 NAC 4-008)
- c) Nebraska will not count Reception and Placement, match grant, or Refugee Cash Assistance on the date of application (470 NAC 2-008.04A).
- d) Nebraska will transfer clients who lose eligibility for Medicaid due to employment during the first eight (8) months after arrival in the United States to Refugee Medical Assistance without an eligibility re-determination (470 NAC 4-002.02).
- e) Nebraska does not use denial or termination from Refugee Cash Assistance as a criterion for determining that an applicant is ineligible for Refugee Medical Assistance (470 NAC 4-002 to 4-002.02).
- f) Nebraska's RMA program will support the same services as are available from Nebraska's Medicaid Program (470 NAC 4-000).

Refugee Health Screening Budget

As indicated in Nebraska's ORR1, Nebraska anticipates providing health screening to approximately 900 refugees. The average monthly unit cost for the screening is \$806.

Emergency Operational Planning for Pandemic Influenza

The Nebraska Department of Health and Human Services has been able to maximize limited public health and medical response resources. An "all hazards" or "full preparedness" approach is used. Contractual agreements, coordinated bioterrorism and collaborative preparedness, and response work efforts cross over public health, emergency and medical response agencies, and cross local and state geographic borders. Public and private response partners know each other, through their work-related and community activities, and respect each others' roles and responsibilities. The Nebraska Department of Health and Human Services and local public health departments are establishing collaborative working relationships with the community sector, including health care providers, private companies, community based agencies, and educational entities.

The Refugee Resettlement Program is meeting with internal sections, such as Public Health Assurance, Office of Minority Health, and Office of Public Health, to ensure access to and involvement in governmental planning and to ensure the inclusion of refugee populations in pandemic planning. Several avenues exist for refugee populations to participate in pandemic planning. Public meeting notices are distributed and posted by refugee resettlement agencies, faith-based groups, and community direct service providers. Second, refugees are able to, in a confidential setting; discuss health concerns and emergency planning with local health department staff. Should the discussion require further action, staff is responsible for following state and local protocols for reporting. Third, the local public health departments are currently in

the process of forming Community Coordinating Committees with representation from a broad array of relevant stakeholders in their jurisdictions to assist them to develop specific response activities for pandemic influenza. It is expected that representatives of the refugee community will also be involved in this capacity.

CUBAN/HAITIAN PROGRAM

Each State that wishes to provide CMA to C/H entrants with refugee funds must include C/H entrants in the plan. If CHEP is not included in the plan, according to guidance contained in State Letter 94-22 (a) State is serving C/H entrants and has included them in the Plan or (b) State is not serving C/H entrants.

The Nebraska Department of Health and Human Services, Division of Children and Family Services serves Cuban/Haitian entrants (470 NAC 2-002.03B).