



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Economic Services Administration
Post Office Box 45070, Olympia, WA 98504-5070

August 27, 2015

Mr. Robert Carey, Director
Office of Refugee Resettlement
US Dept. of Health and Human Services
370 L'Enfant Promenade SW
Washington, DC 20447

Dear Mr. Carey:

I have enclosed the State of Washington's State Plan for our Refugee Assistance Program for your approval. This year's State Plan follows the ORR's State Plan Approval Checklist released in 2014.

Please contact Sarah Peterson, Washington's State Refugee Coordinator and Office Chief, Office of Refugee and Immigrant Assistance if you would like more information about our State plan. She can be reached at (360) 890-0691 or by email at sarah.peterson@dshs.wa.gov.

Very truly yours,

David Stillman, Assistant Secretary
Economic Services Administration

DSHS: *Transforming Lives*

Enclosures

cc: Babs Roberts, ESA/CSD Director
Sarah Peterson, State Refugee Coordinator, ESA/CSD
Jordan Becker, Region 10 Representative, ACF/ORR



STATE OF WASHINGTON

PLAN FOR REFUGEE ASSISTANCE PROGRAM:

JAY INSLEE, GOVERNOR
STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Designated State Agency

KEVIN W. QUIGLEY, SECRETARY
DEPARTMENT OF SOCIAL & HEALTH SERVICES

DAVID STILLMAN, ASSISTANT SECRETARY
ECONOMIC SERVICES ADMINISTRATION

Certification of Approval:

David Stillman / ds

Date: 8/24/15

Public information concerning this plan and public comment should be addressed to the State Coordinator, Office of Refugee and Immigrant Assistance, Department of Social and Health Services, P.O. Box 45470, Olympia, WA 98504-5470.

STATE OF WASHINGTON
PLAN FOR REFUGEE ASSISTANCE PROGRAM

SECTION I – ADMINISTRATION

A. DESIGNATION OF AUTHORITY

In compliance with the Refugee Act of 1980, Public Law 96-212, the Office of the Governor designates the Department of Social and Health Services (DSHS) to act as the single agency that administers the Refugee Program in the State of Washington. The Office of Refugee and Immigrant Assistance (ORIA) in DSHS is responsible for the planning and administration of the provisions of Public Law 96-212 and 97-363.

The State of Washington designates Sarah Peterson as the State Refugee Coordinator. Ms. Peterson serves as the Chief of ORIA and is responsible for ensuring the coordination of public and private resources for refugee resettlement in the state.

The State of Washington has a publicly-administered refugee assistance program that operates statewide. Services funded by the federal Office of Refugee Resettlement are concentrated in the following five key areas of the State of Washington where there are high rates of refugee arrivals: King County (70% of arrivals), Spokane County (19%), Benton/Franklin Counties (8%), Clark County (4%), Snohomish County (2%), and Pierce County (1%).

DSHS contracts with the Washington State Department of Health for the position of State Refugee Health Coordinator. Jasmine Matheson serves in this role and works to ensure the coordination of health screening and ongoing medical care services for refugees in the state.

DSHS will not delegate to other than its own officials, the responsibility of administering or supervising the administration of this plan in accordance with 45 CFR 400.22.

B. ORGANIZATION

DSHS is one of the largest state agencies in Washington that works to transform people's lives by helping individuals and families become self-sufficient, meeting basic needs for food, shelter, and medical care, and addressing serious family issues like child abuse, domestic violence, substance abuse, and mental illness. Organizations within DSHS include:

- Economic Services Administration
- Financial Services Administration
- Children's Administration
- Aging and Long-Term Support Administration
- Juvenile Justice and Rehabilitation Administration
- Office of Indian Policy
- Developmental Disabilities Administration
- Behavioral Health and Service Integration Administration

The Office of Refugee and Immigrant Assistance is part of the Community Services Division within the Economic Services Administration (ESA) within DSHS. ESA's core services focus on helping low-income people meet their basic needs and achieve economic independence through cash grants, food assistance, employment-focused services, subsidized child care, and child support services. The coordination of medical assistance programs are done in conjunction with Washington State Health Care

Authority. Major programs include WorkFirst (Washington's Temporary Assistance for Needy Families Program), Washington Basic Food (the Supplemental Nutrition Assistance Program), the Aged, Blind, and Disabled program, Refugee Cash Assistance, and Child Support Enforcement.

DSHS uses a Random Moment Time Sample (RMTS) process that allocates staff costs to various sources of program funding. RMTS randomly asks agency staff that work directly with clients to report on the programs and services they are working on at the time they are contacted. Based on the information reported in the sample, RMTS determines the amount of staff time being spent on various programs and charge the staffing costs to each program accordingly. In FFY 2015, DSHS began evaluating the overall effectiveness of this process, and once the evaluation is complete, DSHS will begin making modifications and changes to ensure accuracy of this process.

C. ASSURANCES

The State of Washington will comply with the provisions of Title IV, Chapter 2 of the Immigration and Nationality Act and official issuances of the Director of the Office of Refugee Resettlement (ORR). The State of Washington will comply with 45 CFR 400 and all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding and will amend the plan as necessary to comply with standards, goals, and priorities established by the ORR Director.

In administering services to refugees under this plan, the State of Washington will comply with Title VI of the Civil Rights Act of 1964 and its subsequent amendments and 45 CFR 400.5 (g). In addition, the Department's Non-Discrimination Plan follows similar laws passed by our own legislature found in Chapter 49.60 of the Revised Code of Washington (RCW). The State of Washington assures that assistance and services funded under this plan will be provided to refugees without regard to race, religion, nationality, sex, or political opinion. These non-discrimination policies are incorporated into the basic contract agreements with all refugee service providers.

The State of Washington assures that it will convene meetings not less than quarterly with representatives of: 1) local affiliates of voluntary agencies, 2) local community agencies that serve refugees, and 3) state and local governments, to plan and coordinate the appropriate placement of refugees in advance of their arrival. ORIA encourages input from local refugee forums, planning committees, Mutual Assistance Associations, and other interested organizations and persons on programs and services that help refugees successfully resettle.

The State of Washington will use the same mediation/reconciliation procedures as those for Temporary Assistance for Needy Families program (TANF) for the Refugee Cash Assistance program (RCA). Timely and adequate notices are sent to refugees in their target language and follow procedures set forth in 45 CFR 400.54. RCA recipients are provided an opportunity for a hearing to contest adverse actions on their assistance. Hearings are provided in accordance with RCW Chapter 34.05, the Administrative Procedures Act, and meet due process standards in *Goldberg v. Kelly*, 397 U.S. 254.

All refugee programs and populations are included in the State of Washington's pandemic influenza emergency plan and other emergency operational plans. Washington State Department of Health last updated the pandemic influenza plan in Feb 2011. The Refugee Health Coordinator with Washington State Department of Health is based within the Office of Communicable Disease Epidemiology and is co-located with the state's Influenza Coordinator. This facilitates sharing of information regarding novel influenza, influenza vaccination and pandemic planning and response for refugee populations in the State of Washington.

SECTION II – ASSISTANCE AND SERVICES

A. RCMA Coordination and Support Services

Washington State promotes employment and economic self-sufficiency to refugees receiving Refugee Cash Assistance (RCA) by providing services through the Limited English Proficiency (LEP) Pathway Program. Established in 1997, ORIA blends federal funds from ORR with TANF and general state dollars to be able to offer a full range of employment and educational services through the LEP Pathway. Because of this funding model, DSHS is able to offer wide range of support services that parallels those offered by the TANF program. These support services include goods and services purchased to help clients secure employment and attend educational programming, such as public transportation, gasoline, car repair, tools, clothing, educational expenses, licenses/fees, hygiene, and others.

B. Enrollment in Employment Services

ORIA contracts with local voluntary agencies, community-based organizations, community colleges, and other state agencies across the state to provide services through the LEP Pathway Program. These services include job search and employment placement activities, skills training, unsubsidized work experience opportunities, and a broad range of English as a Second Language classes. In January 2015, DSHS instituted a formal referral process for refugees receiving RCA to be connected to and register with employment services through the LEP Pathway. This process mirrors the TANF referral process to the Washington State WorkFirst Program. It requires an initial eligibility review as well as an employability assessment interview by a DSHS social worker. Once completed, refugees are referred to and encouraged to connect with an LEP Pathway contracted provider. Referrals and client progress are tracked by ORIA in DSHS’s eJAS database system.

C. Refugee Cash Assistance (RCA)

1. Elements of TANF program in RCA

The State of Washington uses TANF income and resource requirements in determining eligibility for RCA. TANF income disregards and payment levels, based on the size of the assistance unit, are also applied to RCA. The Department of State or Department of Justice Reception and Placement program cash grants are excluded from consideration for RCA eligibility. In addition, Washington excludes a sponsor’s income and resources as accessible to the refugee solely because the person is serving as a sponsor as well as resources in the refugee’s country of origin for RCA eligibility.

Whenever a refugee applies for RCA program benefits, DSHS will notify the local resettlement agency that provided the refugee initial resettlement services. Applicants and recipients are informed of their benefit levels and rights and responsibilities in translated eligibility notices.

Effective July 1, 2015, Washington State Legislature approved a 9% payment standard increase for TANF and RCA cases. Below are the payment standards for TANF and RCA

TANF and RCA Payment Standards – Obligations to Pay Shelter Costs			
AU Size	July 1, 2015 Standard	AU Size	July 1, 2015 Standard
1	\$332	6	\$802

2	\$420	7	\$927
3	\$521	8	\$1,026
4	\$613	9	\$1,126 ((\$1,026 grant maximum))
5	\$706	10 or more	\$1,224 ((\$1,026 grant maximum))

TANF and RCA Payment Standards – Shelter Provided at No Cost			
AU Size	July 1, 2015 Standard	AU Size	July 1, 2015 Standard
1	\$202	6	\$487
2	\$256	7	\$564
3	\$316	8	\$623
4	\$373	9	\$685
5	\$429	10 or more	\$744

TANF and RCA Maximum Earned Income Limits			
AU Size	July 1, 2015 Standard	AU Size	July 1, 2015 Standard
1	\$665	6	\$1,604
2	\$839	7	\$1,853
3	\$1,042	8	\$2,051
4	\$1,225	9	\$2,252
5	\$1,413	10 or more	\$2,448

The State of Washington treats legally married same-sex couples in the same manner as opposite-sex couples in determining eligibility or availability of refugee services, including Refugee Cash and Medical Assistance.

The date RCA begins is the date eligibility is determined. Eligibility determinations will be made as quickly as possible but are not made more than 30 days from the date of application.

Refugees who are age 60 or older, are needed at home to care for a child less than three months old, or are disabled are considered to be exempt from participation in employment and training activities. However, exempt refugees may voluntarily choose to participate in employment and training programs.

All recipients of Refugee Cash Assistance (RCA) who are deemed non-exempt from participation in employment and training programs are required to participate in self-sufficiency activities as a condition of eligibility for cash assistance. Non-exempt refugees who do not actively participate in work search or training are sanctioned in accordance with 45 CFR 400.82 and Washington Administrative Code 388-466-0150. In addition, refugees must not, without good cause, have quit a job within 30 days of applying for RCA and must accept an offer of employment that is determined to be appropriate in accordance with the criteria set forth in 45 CFR 400.81.

The State of Washington meets all requirements regarding the Limited English Proficient Guidance and Language Materials. DSHS provides written policies, eligibility determinations, rights and responsibilities, and notices to RCA program participants in the recipients preferred language.

2. RCA Program Administration

As a publicly administered program, the State of Washington utilizes DSHS's Community Services Division eligibility personnel in determining RCA eligibility and in distributing RCA benefits to eligible clients. DSHS's Economic Services Administration utilizes a Random Moment Time Study (RMTS) system to allocate the staffing costs to various programs, including TANF and RCA.

Using this methodology, the number of full-time equivalents allocated to RCA administration for RCA distribution varies on a monthly basis. For example, 6.41 FTEs were charged to RCA in March 2015 and 5.98 FTEs were charged in April 2015.

Personnel within the Office of Refugee and Immigrant Assistance (ORIA), including the State Refugee Coordinator and core staff, are allocated to the RCA administration based on direct expenditures distributed during the previous year. For the current year, approximately 2.5 FTEs are assigned to the RCA administration.

DSHS charges indirect administrative costs to RCMA based on the total allocated distributed over the number of FTEs allocated to the program. This approach is recognized by HHS via Washington State DSHS Public Assistance Cost Allocation Plan.

D. Refugee Medical Assistance (RMA)

The State of Washington ensures that all refugees have the opportunity to apply for medical assistance. On January 1, 2014, under the implementation of the Affordable Care Act (ACA), the State of Washington expanded eligibility for Medicaid to include individuals between the ages of 19 up to 65 with income up to 138% FPL based on Modified Adjusted Gross Income (MAGI). The expansion also moved children, pregnant women and TANF eligible families to MAGI Medicaid effective October 1, 2013. Persons who are determined eligible for Medicaid or SCHIP are ineligible for Refugee Medical Assistance (RMA).

Washington State Health Care Authority (HCA) administers the expanded Medicaid or Washington Apple Health via the Washington Healthplanfinder (www.wahealthplanfinder.org) (HPF) online application. As of Jan. 1, 2014, with the implementation of ACA, all newly arriving refugees must use HPF to apply for medical coverage. Due to technical challenges enrolling recently arrived refugees enrolling on HPF, DSHS and HCA developed a manual system. Resettlement agencies fax or email a paper application with supporting documentation (e.g. I-94 Document) to a dedicated staff member at HCA who is able to bypass system errors and ensure proper enrollment into the proper program, either Magi Medicaid or RMA.

The State of Washington provides RMA to refugees who are ineligible for Medicaid and have resided in the US for less than eight months. RCA receipt is not a requirement in determining eligibility for RMA or Medicaid.

In determining eligibility for RMA, The State of Washington will:

- Use the applicant's income and resources on the date of application;
- Not consider in-kind services and shelter provided by the resettlement agency;
- Using MAGI, monthly income standards above 138% and up to 200% of the federal poverty level (FPL); and
- Allow spenddown for applicants whose income exceeds 200% of FPL.

The State of Washington has implemented 45 CFR 400.104(a) which allows RMA recipients who receive earnings from employment to continue RMA, without an eligibility redetermination, until expiration of time eligibility and (b) which provides for refugees receiving Medicaid and becoming ineligible for Medicaid due to earnings from employment to be transferred to RMA without an RMA eligibility determination.

The State of Washington assures that RMA will provide the same mandatory services in the same manner that is covered under the Washington Apple Health Program (expanded Medicaid). Per Washington State Medicaid Plan determination, medical screening services are not allowable expenses. As a result of this determination, refugee health screening activities will be funded through RMA and may be considered as additional services.

Screening services covered by Medicaid and RMA are outlined below under the Refugee Medical Screening Program and on Attachment A – Medical Screening Plan.

Department of Health (DOH) identifies all newly arrived refugees in need of care and has established procedures to monitor any necessary treatment or observations. Both the DOH and all refugee screening providers have direct access to EDN, which provides all available overseas information regarding patient medical history, screening, vaccination and presumptive treatment. This information is utilized by screening providers to determine appropriate screening and follow-up at the domestic medical exam. Screening providers based within local health jurisdictions have health department level access to local records. Screening providers based within federally qualified health centers have clinic level access. Department of Health is responsible for oversight and coordination of records transfer. In addition Class B TB follow-up is recorded in EDN. Timeliness of receipt of information varies depending upon EDN capacity.

Beginning in the fall of 2014, Washington State used funding from ORR's Health Promotion Grant to institute a new process in King County (where 64% of refugee arrivals are medically screened) to identify all newly arrived refugees in need of care. The Washington State Refugee Health Promotion Project is a collaborative effort between the DSHS/ORIA, DOH, Lutheran Community Services NW International Counseling and Community Services (ICCS), Harborview Medical Center (HMC), Public Health- Seattle and King County and the five voluntary resettlement agencies (Volags) resettling refugees in King County, WA. Doctors at HMC have global health experience that informs their ability to screen all EDN data for refugees in King County and to flag any cases that may need immediate care and attention. DSHS-ORIA and DOH are seeking support from the CDC to help take this model statewide.

DSHS – ORIA contracts with six providers in Washington State to perform Refugee Health Screenings and Civil Surgeon Certifications. Three are local health jurisdictions, two are federally qualified health centers (FQHC), and one is a hybrid model that utilizes a local health jurisdiction to manage the screenings and an FQHC to administer the medical components. Medical screenings at the local public health departments are conducted by a registered nurse (RN) visit. FQHCs conduct the medical screenings in two visits: one by a RN, and a second by a physician.

DSHS ORIA has a core staff member that coordinates the contracts and billing procedures with the DOH and all of the medical screening providers. This position is funded in part by the RCMA grant. The Refugee Health Coordinator at DOH supports the medical screening providers and provides program monitoring ensuring that all refugees are screened in accordance with CDC Guidelines for the US Domestic Medical Examination for Newly Arriving Refugees and the Office of Refugee Resettlement (ORR) Domestic Medical Screening Guidelines Checklist.

Directs Costs allocated to RMA are based on a managed care insurance delivery system that mirrors Medicaid. No transportation costs are captured under RMA. Interpretation is included as an administrative cost for RMA expenditures.

F. REFUGEE MEDICAL SCREENING PROGRAM

The State of Washington conducts the Refugee Medical Screening Program as part of its medical assistance program using RMA dollars as approved by the Director. The State of Washington assures that refugee medical screenings are conducted in accordance with the requirements prescribed by the Director.

ORIA provides refugee medical screening services for newly arriving refugees through contracts with a hybrid approach utilizing four public health departments and two community health providers or federally qualified health centers. The purposes of the refugee medical screening are:

1. To ensure follow-up with medical issues identified in an overseas medical screening.
2. To identify persons with communicable diseases of potential public health importance.
3. To enable a refugee to successfully resettle by identifying personal health conditions that if left unidentified, could adversely impact his or her ability to resettle.
4. To refer refugees to primary care providers for ongoing healthcare.

The Refugee Health Coordinator ensures that refugee health screening services are provided in accordance with the Washington Domestic Medical Screening Guidelines Checklist for Newly Arriving Refugees (Attachment A). These guidelines are based upon the CDC Guidelines for the US Domestic Medical Examination for Newly Arriving Refugees and the ORR Domestic Medical Screening Guidelines Checklist.

Health screenings are provided within the first 90 days of a refugee's arrival. Service providers are encouraged to complete a health screening within the first 30 days of arrival. Contracts with each service provider clearly identify eligibility for health screening services and the services provided during the screening and costs.

Refugee health screening services that are covered under Medicaid are billed to Medicaid. Washington's Medicaid State Plan provides a description of services covered and can be viewed at the following link: <http://www.hca.wa.gov/medicaid/medicaidsp/Pages/index.aspx>

Refugee Health Screening services not covered under Washington State Medicaid will be funded through Refugee Medical Assistance (RMA). Services not covered through Medicaid include:

- Interpreter services
- Travel
- Health education
- Data collection
- Recommended health screening services not otherwise covered

Voluntary refugee resettlement agencies work closely with contracted health departments and clinics to ensure newly arrived refugees receive their health screening within 90 days of arrival. Health screening contracts require that medical interpreters are provided for the refugee when they are screened.

Screening providers report screening tests performed and results to the The State of Washington Department of Health (DOH) by submitting a screening form for each client. The form is submitted upon completion of the exam and the data is entered into the Refugee Health Screening Database. Monthly billing records are submitted to DSHS. Billing and screening records are compared monthly for each screening clinic to ensure completeness.

Screening data is used for program monitoring and evaluation. It is also used to guide testing practices, identify new trends and provide evidence based program improvement.

ORIA and DOH meet with screening providers at least twice a year to plan and evaluate screening program objectives, results, and procedures.

The Medical Screening Costs are estimated to cost \$550 per person, which is based on actual health screening data, costs, and projected arrival numbers. These direct costs are expended using two different payment models. Five out of six providers are paid on a fee-for-services model. Providers receive direct payment for each screening complete, which is tiered based on the age of the client and includes lab fees. They receive monthly payment for each Refugee Health Domestic Screening form completed. In addition, these providers receive a flat monthly rate to cover the cost of clinic operations.

One local health jurisdiction receives payment based on a direct cost reimbursement model with a 29% indirect. Interpreter expenses are reimbursed based on actual costs and includes interpreter travel.

DSHS/ORIA contracts with the Washington State Department of Health's Refugee Health Program to fund the State Refugee Health Coordinator, support epidemiologic surveillance of the refugee health program, disease investigation and education for preventing, detecting and controlling communicable diseases in Washington State. RMA administrative costs cover the following:

- Serve as the Refugee Health Coordinator for Washington State, supporting the Local Health Jurisdictions, Community Health Care clinics, Voluntary Agencies and DSHS as the subject matter experts.
- Serve as the primary point of contact for CDC, ORR and other state and federal partners for refugee health issues in Washington.
- Provide program monitoring for clinics and health jurisdictions, ensuring that refugees are screened in accordance with guidelines. Initiate training and communication with clinics as requested.
- Collaborate with federal, state and local partners including clinicians, community based organizations, health coalitions, state agencies, voluntary agencies and other to address refugee health issues.
- Work closely with the Washington State Refugee Coordinator and the DSHS Refugee Health Screening program manager to ensure federal reporting requirements are met and that health issues are represented.
- Act as the lead for any grant funding related to refugee health.
- Serve as the lead for refugee health surveillance activities, including program evaluation, consultation and coordination of data collection and analysis.
- Coordinates response to electronic disease notifications (EDN) received from the CDC Division of Global Migration and Quarantine regarding Washington residents.
- Represents Washington State at the national level by attending refugee health related conferences as requested by the Washington State Refugee Coordinator.

F. REFUGEE SOCIAL SERVICES

The provision of social services is essential to assisting refugees achieve self-sufficiency. The social services available to refugees, provided directly or purchased by the State of Washington are funded with state and federal funds. A family self-sufficiency plan will be developed for those who are required to participate in work readiness activities. It includes an individual employability plan that details the specific activities the refugee must participate in. Required activities are intended to facilitate entry into the labor force as quickly as possible.

The State of Washington will take into account the reception and placement services provided by voluntary agencies in order to ensure the provision of seamless, coordinated services to refugees that are not duplicative.

Employable refugees who receive RCA as well as refugees who have resided in the US for less than 60 months who request employment assistance are referred to the Limited English Proficient (LEP) Pathway program for employment and training services. ORIA administers contracts with community based organizations, local government agencies, and local community and technical colleges for the delivery of LEP Pathway services. In accordance with 45 CFR 400.154 and 400.155, these services include case management, English as a Second Language (ESL) provided concurrently with work or work preparation activities, job search, work preparation services, and full or part-time employment. Services are planned in partnership with the refugee, contracted service providers, and DSHS staff.

The State of Washington supplements the Refugee Social Services (RSS) Grant from ORR with state funding for employment and ESL services to refugees. Program outcomes and projected outcomes submitted to ORR in the ORR-6 Performance Report (schedule C), the Annual Service Plan, and the Annual Goal Plan only reflect outcomes accomplished with ORR funds and do not include outcomes achieved only with state funding.

DSHS also provides non-employment social services intended to help refugees successfully resettle including Information and Referral, Outreach and Access services, Emergency services, Health related services, Home Management, Case Management, and Naturalization preparation services consistent with 45CFR 400.155.

Services administered by ORIA are provided in a manner that is culturally and linguistically compatible with the refugee population being served. Refugee women have the same opportunity as men to participate in all social services programs.

G. CUBAN-HAITIAN ENTRANT PROGRAM

The State of Washington provides refugee benefits to Cuban and Haitian entrants in accordance with 45 CFR Part 401. For the purpose of determining the eligibility of Cuban and Haitian entrants for cash and medical assistance, the same standards and criteria are applied to entrants as are applied to refugees under 45 CFR sections 400.45 and 400.100.

H. UNACCOMPANIED REFUGEE MINORS

DSHS - ORIA receives funding from ORR to operate an Unaccompanied Refugee Minors (URM) Program. One of ORIA's core program managers administers the provision of services for URM's by contracting with two nonprofit organizations: Catholic Community Services of Western Washington (CCS) and Lutheran Community Services Northwest (LCSNW). Both contracted service providers recruit and train foster parents to the unique challenges of placing a child from a different country and culture in their home. They specialize in international foster care, providing a safe and nurturing environment. Both agencies are accredited and licensed by the Council on Accreditation for their child welfare services and continue to meet the standards every year.

ORIA's URM Program Manager works closely with each contracted service provider to ensure the Refugee and Entrant Unaccompanied Minor Placement Report (ORR Report 3) and the Refugee and Entrant Unaccompanied Minor Progress Report (ORR Report 4) are submitted within 30 days for all new arrivals and within 60 days for all changes reviews and submits.

URM providers are required to submit a monthly narrative to address the ORR-6 Performance Report and Schedule D Narrative questions. DSHS also receives Quarterly Progress Reports on each child for whom DSHS is making a payment and the court documents necessary for establishing dependency and continuance of care. This report is used to ensure proper placement and care is provided to each youth and services delivered by the agency are in line with the goals of the program.

The state exercises oversight responsibility for the care of URM's by ensuring the placement agencies have current licenses and are up to date with all of Washington State's Child Welfare laws, policy and practices. The URM program manager has regular contact with DSHS's Children's Administration (CA) and the Health Care Authority (HCA) to ensure all parties are aware of any state regulation or policy change for child welfare services and has regular meetings to discuss such changes. Often, CA or HCA experts will provide an in-depth training of policy changes effecting services to youth or program changes to the placement agency staff.

The URM program manager has regular contact via email, phone or in-person to discuss case specific issues or program problems and to share best practices. Monitoring site visits are conducted twice a year to monitor a particular topic, area of concern or learning objective and review records and invoiced receipts. Other periodic monitoring includes scheduled foster homes visits, group independent living trainings and holiday or program specific events.

ORIA assumes program accountability for all aspects of the program, including fiscal and program reporting. The URM Program Manager performs a monthly desk audit of all services provided to all youth. The state receives monthly invoices for the care of all youth in the program. The invoices are reviewed and the proper administrative checks are performed to ensure the costs are within the allowable amounts. The URM Program Manager authorizes the monthly foster parent reimbursement as well as monitors the fees paid directly to the placement agencies for all direct services provided to youth.

ORIA checks with DSHS's Children's Administration Division of Licensing (DLR) yearly to ensure both placement agencies are in good standing. DLR licenses and monitors foster homes, placement agencies and group care facilities. In addition, each agency has a Licensor that has been trained and approved by DLR to certify and monitor the licensed foster homes or group homes where the youth are placed. This placement agency Licensor also conducts the necessary required training for the foster home parent(s).

The State Coordinator and URM program manager confers with each agency annually for the annual consultation. This meeting projects caseloads for the future and includes a brief program update from all parties. The URM program manager meets at least twice a year with each placement agency to review program changes, updates and best practices.

Each placement agency takes the lead for assuring any new cases into the program, and their legal team requests the Dependency Petition as soon as possible. The petition is submitted electronically and private agency cases are only heard on Fridays. This can mean that the placement agency is very close to 30 days when they file the 72-hour Shelter Care Hearing, due to the scheduling conflicts that can happen. Court is also assigned by where the youth lives so cases can be heard in Snohomish County or Pierce County for youth in LCSNW care. Cases placed with in CCS care can be heard in King, Pierce, Lewis or Thurston County.

In Washington, the placement agency (LCSNW and CCS) takes custody and supervision of the URM under the Dependency Order. They are allowed authority for all licensed care, social worker services, education and cultural support and referrals for medical, psychological and dental care. The placement agency continues to make reasonable efforts to locate an appropriate relative willing to care for the child if feasible. Children over the age of 12 are assigned council as well.

The Washington State Supreme Court provides oversight for all children placed in foster care. Each Juvenile Court system in each County is a separate entity that functions differently. Washington State adopted the Extended Foster Care legislation where youth to remain “dependent” on the state until age 21 if they choose to do so. Youth in care may also be assigned a CASA or Court Appointed Special Advocate to ensure progress is made towards establishing permanency. These are voluntary assignments and usually cases in stress are assigned a CASA.

Youth who elect to remain in care beyond age 18 may choose Extended Foster Care (EFC) services. At age 17.5 all youth in the program are instructed on the program goals and requirements. An EFC Agreement is signed that outlines participant roles and responsibilities. If a youth elects to remain in EFC, their dependency does not get dismissed, and it remains in effect until age 21. Youth may leave EFC at any time. Youth who elect not to participate in EFC may return to care prior to age 19 and dependency will be re-established. A Voluntary Placement Agreement is then signed and services can be provided.

Washington State serves all children eligible for URM foster care services, including unaccompanied minor refugees, asylees, Cuban-Haitian entrants, special immigrant juveniles, victims of human trafficking as well as children with U-Visas. URM contractors (LCSNW and CCS) assume custody of these minors and provide case management services. In rare cases, ORIA may apply for URM eligibility for family breakdown situations for refugee youth who originally arrived to the United States accompanied but is no longer cared for by the adult.

Foster care and placement services are allowed for all youth until age 18. At age 18 they can remain in care and receive services until age 21 with the signed EFC Agreement. All youth in higher education can receive ORR funded Educational, Training Vouchers (ETV) funding until age 23. URM's age out of care by age 21.

After age 18, youth may voluntarily terminate foster care. Other factors that relate to termination is reuniting with a family member, leaving the country or the state and choosing not to remain in the URM program, dying, running away and getting dependency dismissed.

Youth in EFC may return prior to age 19. It may be possible to be re-united with a family member and a breakdown happens and the youth returns to care. This would be very rare and a reclassification would be necessary.

Washington State provides ORR-funded independent living services and educational benefits, mirroring what is available to domestic youth in care. There are several different options for youth that are described below.

- ETV funding is allowed for youth in an accredited two- or four-year college or technical/vocational college up to age 23.
- Independent Living Program is available to all youth ages 15-21. This program helps youth to get ready to live independently. A once in a lifetime funding limit of \$500 is available to help youth achieve goals as set out on their IL assessment. On occasion and depending on the topic youth younger than 15 have been allowed to attend the life skills classes.

- Transitional Living Program is for youth ages 18-21 and are exiting the program. A \$1,500 per year funding limit is for services that will help them to live independently.
- Extended Foster Care program is an opportunity for youth ages 18 - 21 to receive placement services and foster care services and remain in the program. To be eligible youth must be enrolled in high school or a GED program, enroll or intend to enroll in a college or vocational program, or participate in a program designed to promote employment or be employed 80 hours or more per month. Beginning in March 2016, youth with a medical condition can also be enrolled in EFC based on any documented medical condition.

Children in the URM program are generally not eligible for adoption, because of the lack of access adoption support services. Without adoption support it becomes a burden for the potential adoptive family to pay for the needs of the youth.

Where possible family tracing continues, efforts are made to reunite youth with family. On many occasions the agency has successfully licensed the family member to care for the youth when finances prevent outright legal authority to care for the youth. This has been very successful for permanency planning.

ORIA works closely with each placement agency to ensure that an appropriate plan for the care and supervision of each youth is in place. This includes an appropriate housing situation, medical/mental health services and their educational needs are met. While the goal of the program is family reunification, ORIA ensures a connection to an appropriate adult is made, progress in school is achieved and they leave the program with an employable skill.

Each youth's court appearance for continued dependency is accompanied by an Independent Living Learning Plan and Progress Report outlining the goals and objectives to prepare for independence for the next six month. This report ensures not only the appropriateness of the living arrangement but also the plan for permanency.

As much as possible, youth are matched to a cultural appropriate foster home. Foster families with different cultural backgrounds ensure the youth is connected to members of their ethnic community. This sometimes means foster parents are traveling from the south part of our state to Seattle to continue the religious preservation. This also attributes positively to the social adjustment of the youth. All youth are encouraged to participate in extracurricular activities and social events in their community as well as at school.

All overseas arrivals and new to the program receive a health screening exam within the first 30-90 days. This includes referrals to dentists and a mental health wellness exam. If a child arrives with an emergent medical need, they are seen as soon as possible. Foster care medical is set up as soon as the URM program manager is notified. Youth are seen on a regular basis for medical and dental needs. All mental health needs are either provided in house or referred depending on the needs of the youth.

Each placement agency provides an orientation to help facilitate adjustment to American culture. This often includes learning about not only US traditions but the different cultures of the many youth in the program. Each agency provides cultural events not only to practice and study American culture and norms, but also the various food, dance and music of each nationality.

Youth arriving at the high school educational level with limited English are enrolled in one of the state's ELL schools. This helps facilitate the language level gains necessary to attend a "mainstream" high school as quickly as possible. Youth are also enrolled in the Independent Living (IL) program where they are assessed on their IL strengths and needs and a plan is developed to address any needs. A vocational aptitude is included in the IL program. Youth have an opportunity to meet with various employers,

mock interviews and tour different job sites through the IL program. A variety of topics are covered to ensure all youth have a smooth transition plan from foster care to independence.

ORIA provides services to all URM that closely mirror what is available to children in State care under title IV-B and IV-E of the Social Security Act and services that are allowable under title XX of the Social Security Act. This includes foster care maintenance payments equal to what CA pays their foster parents, support services including; case management, independent living and transitional living programs and foster care medical.

Washington State's URM program has several placement options for youth: traditional foster homes, therapeutic foster homes, group home care, and independent living (IL) settings. The IL settings include a supervised setting home for four youth and dorm, shared living and apartment living. Washington State also provides two therapeutic group homes for youth who have higher needs. All the group homes are subcontracted with Friends of Youth by LCSNW and have a resident mental health counselor on site.

The URM Program Manager notifies the medical team at Health Care Authority (HCA) of all new arrivals into the program. Under a Memorandum of Understanding, HCA opens foster care medical, a fee for service reimbursement plan. Beginning October 1, 2015 all foster care medical plans will be with one single HMO. URM also are not eligible to receive foster care medical after receiving their high school diploma or GED certificate. Once they graduate, they are placed on a low cost medical plan through Washington State's Health Plan Finder.

Washington offers ETV and Transitional Living services to youth who have elected to leave foster care. They are eligible to receive these services as long as they continue to meet the eligibility criteria for the service.

Washington follows the State's procedures for the Interstate Compact for Placement of Children (ICPC) for all youth who leave Washington State. DSHS's Children's Administration files the completed application package on behalf of the URM program. If a youth is moving to another state to participate in the program at that state, not only is the ICPC done but the placement agency in both states must agree to the move.