



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Sorsha Anderson, Staff Associate  
Date: August 19, 2021  
Subject: Grant Request – JFO #3062

Enclosed please find one (1) item, which the Joint Fiscal Office has received from the Administration.

**JFO #3062** – One (1) limited-service position, Refugee Health Coordinator, to manage key aspects of providing initial health care to newly arriving refugees. Refugee settlement population numbers are projected to increase soon. This position is fully funded from a previously approved JFO grant and is valid through 9/20/2022.

*[Received August 13, 2021]*

Please review the enclosed materials and notify the Joint Fiscal Office (Sorsha Anderson: sanderson@leg.state.vt.us) if you have questions or would like this item held for legislative review. Unless we hear from you to the contrary by September 2, 2021 we will assume that you agree to consider as final the Governor's acceptance of this request.

MEMORANDUM

To: Michael K. Smith, Secretary of Human Services

From: Mark A. Levine, MD, Commissioner of Health 

Re: Refugee Health Coordinator Limited-Service Position Request

Date: June 29, 2021

Please find enclosed a request for one limited-service position required to serve as the Vermont Department of Health's Refugee Health Coordinator. This position is essential, especially as Vermont's refugee resettlement numbers are expected to increase soon. This position will manage key aspects of providing initial health care to the newly arriving refugees, and address refugee health concerns following resettlement in Vermont by collaborating with federal, state, and local partners.

This position will collaborate with the State Refugee Coordinator to:

- review and update the refugee health component of the State Plan.
- identify and address service delivery gaps and issues.
- manage and monitor the Refugee Health Prevention set-aside grant.

Funding for this position is from a Memorandum of Understanding (MOU) with the Agency of Human Services Central Office. The funding source of the MOU is a federal grant titled Refugee and Entrant Assistance State/Replacement Designee Administered Programs (Refugee Cash and Medical Assistance Program), from the Administration for Children & Families, CFDA # 93.566.

After review by your office and approval from the Secretary's Office, please forward to DHR Classification for review of the RFR.

Thank you in advance for your favorable consideration of this request.

Cc: Sarah Clark, AHS Chief Financial Officer



**STATE OF VERMONT  
Joint Fiscal Committee Review  
Limited Service - Grant Funded  
Position Request Form**

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: Vermont Department of Health Date: 6/29/21

Name and Phone (of the person completing this request): Paul Daley (802) 863-7284

Request is for:

- Positions funded and attached to a new grant.  
 Positions funded and attached to an existing grant approved by JFO # \_\_\_\_\_

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

The Agency of Human Services, Refugee Health Memorandum of Understanding, 03400-MOA-REFUGEE-VDH-FY21

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Refugee Health Coordinator	1 (1.0 FTE)	Administration	10/01/2020-09/20/2022

\*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

This position is essential, especially as Vermont's refugee resettlement numbers are expected to increase soon. This position will manage key aspects of providing initial health care to the newly arriving refugees. This position will manage key aspects of providing initial health care to the newly arriving refugees, and address refugee health concerns following resettlement in Vermont by collaborating with federal, state, and local partners.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

E-SIGNED by Jenney Samuelson  
on 2021-07-02 15:18:19 GMT

Signature of Agency or Department Head: Aimee Pope Date: \_\_\_\_\_  
Digitally signed by Aimee Pope  
Date: 2021.07.22  
11:42:30 -04'00'

Approved/Denied by Department of Human Resources: Adam Greshin Date: \_\_\_\_\_  
Digitally signed by Adam Greshin  
Date: 2021.07.29  
10:50:01 -04'00'

Approved/Denied by Finance and Management: Susanne R. Young Date: \_\_\_\_\_  
Digitally signed by Susanne R. Young  
Date: 2021.07.30 14:53:51 -04'00'

Approved/Denied by Secretary of Administration: \_\_\_\_\_ Date: 8/12/21

Approved/Denied by Governor (required as amended by 2019 Leg. Session) \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

E-SIGNED by Tracy O'Connell DHR - 08/12/2019  
on 2021-07-02 13:15:02 GMT

**Request for Classification Action**  
**New or Vacant Positions**  
**EXISTING Job Class/Title ONLY**  
**Position Description Form C/Notice of Action**  
**For Department of Personnel Use Only**

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____	New Class Code _____
Current Pay Grade _____	New Pay Grade _____
Current Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
New Mgt Level ____ B/U ____ OT Cat. ____ EEO Cat. ____ FLSA ____	
Classification Analyst _____ Date _____	Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____	
Working Conditions: _____ Total: _____	

**Position Information:**

Incumbent: **Vacant or New Position**

Position Number:  Current Job/Class Title:

Agency/Department/Unit:  GUC:

Pay Group:  Work Station:  Zip Code:

Position Type:  Permanent  Limited Service (end date )

Funding Source:  Core  Sponsored  Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

**Check the type of request (new or vacant position) and complete the appropriate section.**

**New Position(s):**

a. **REQUIRED:** Allocation requested: Existing Class Code  Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO #  Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

**Vacant Position:**

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code:  Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code:  Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes  No  If Yes, please provide detailed information:

**For All Requests:**

1. List the anticipated job duties and expectations; include all major job duties: Please see existing job specification (attached) for overall duties. This particular position will manage the Refugee Health Program which ensures that systems are in place to support newly arriving refugees in accessing health services and developing skills to effectively navigate the US health system.
2. Provide a brief justification/explanation of this request: For the State to receive refugee resettlement assistance from the Office of Refugee Resettlement, it must submit a plan that includes procedures to identify significant medical issues affecting refugees and that establishes procedures to ensure necessary treatment. To accomplish this, the Department maintains a Refugee Health Program and designates a Refugee Health Manager to manage key aspects of providing initial health care to newly arriving refugees and a range of supporting the activities. This position works closely with the AHS State Refugee Coordinator and funding for this position is through the AHS award CFDA Title: Refugee and Entrant Assistance State/Replacement Designee Administered Programs (Refugee Cash and Medical Assistance Program); .
3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). n/a

**Personnel Administrator's Section:**

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes  No
5. The name and title of the person who completed this form: Heidi Klein
6. Who should be contacted if there are questions about this position (provide name and phone number): Heidi Klein 802-652-2051
7. How many other positions are allocated to the requested class title in the department: 0

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) N/A

**Attachments:**

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).

*Trishia Brooks*

\_\_\_\_\_  
Personnel Administrator's Signature (**required**)\*

6/2/2021

\_\_\_\_\_  
Date

*Andrew G.*

\_\_\_\_\_  
Supervisor's Signature (**required**)\*

5/26/2021

\_\_\_\_\_  
Date

*Tracy Dolan*

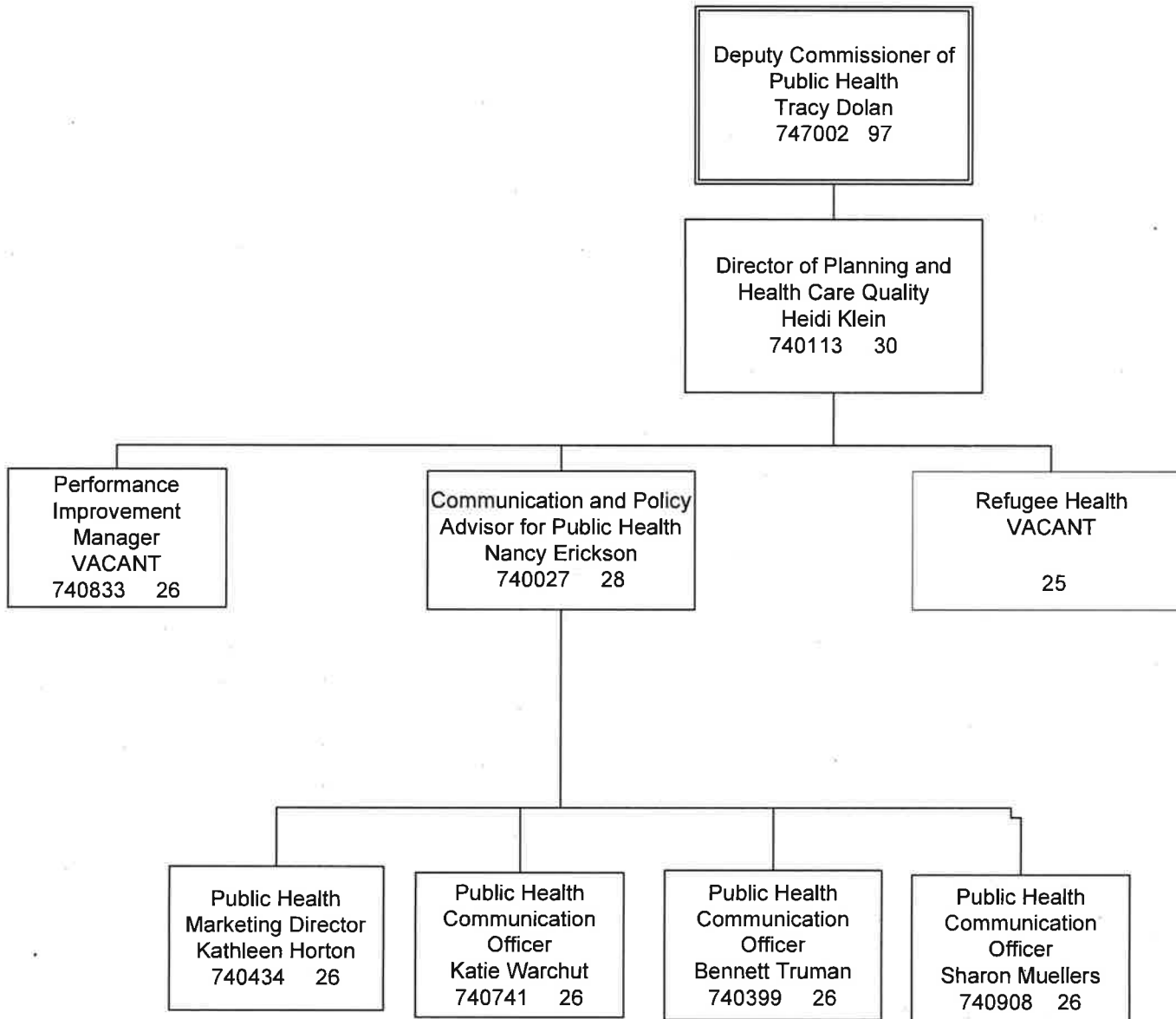
\_\_\_\_\_  
Appointing Authority or Authorized Representative Signature (**required**)\*

06/02/2021

\_\_\_\_\_  
Date

\* Note: Attach additional information or comments if appropriate.

**Planning and Health Care Quality**  
June, 2021



**MEMORANDUM OF UNDERSTANDING**

**Between the  
Agency of Human Services  
Office of the Secretary**

**And the  
Vermont Department of Health**

**I. Purpose**

The Agency of Human Services, Central Office (Agency) and the Vermont Department of Health (Department) are entering into this agreement to maintain and enhance a system for addressing the health needs of newly arriving refugees. For the State to receive refugee resettlement assistance from the Office of Refugee Resettlement, it must submit a plan that includes procedures to identify significant medical issues affecting refugees and that establishes procedures to ensure necessary treatment. To accomplish this, the Department maintains a Refugee Health Program and designated a Refugee Health Coordinator to manage key aspects of providing initial health care to newly arriving refugees and supporting the activities described below.

**II. Terms of Agreement**

The period of performance is from October 1, 2020 through September 30, 2021.

**III. Deliverables and Timeline****The Department shall:**

1. Collaborate with the State Refugee Coordinator to a) review and update the refugee health component of the State Plan and its implementation and b) identify and address service delivery gaps and issues. Timeline: Annually or as needed. State Plan contribution due in a timely fashion, in consultation with the State Refugee Coordinator and according to federal established timeframe.
2. Develop and maintain systems to identify providers to conduct domestic health assessments, as well as medical homes to provide primary care for newly arriving refugees. Timeline: ongoing
3. Provide technical assistance and support to providers and medical homes to a) ensure the appropriate health screenings are performed b) promote the delivery of culturally appropriate and trauma-informed care to refugees. Timeline: monthly, ongoing
4. Manage the work of the staff responsible for Refugee Health Program (RHP) activities, including Domestic Health Assessment review, data collection and input, data analysis, and follow-up with medical providers. Timeline: ongoing
5. Maintain relationships with community-based refugee-serving organizations and coordinate communication among State, Agency, Department and community-based programs on a) refugee health issues and b) to respond to health-related emergencies at the individual or community level. Timeline: quarterly, as needed
6. Communicate and plan with providers, community-based organizations, and health systems to a) assure appropriate connections between health providers and community-based services and b) address emerging health issues. Timeline: newsletter/email to update partners on activities in the community.



7. Address refugee health concerns following resettlement in Vermont by collaborating with federal, state, and local partners, including, but not limited to:
  - i. Conduct Refugee Health Committee meetings, including leading meeting planning and follow-up. Timeline: bimonthly.
  - ii. Participate in Refugee and Immigrant Service Providers Network (RISPNet). Timeline: Participate in meetings generally as schedule allows and whenever needed to address health issues.
8. Collaborate with the Office of Refugee Resettlement (ORR), Association of Refugee Health Coordinators (ARHC), and New England Refugee Health Coordinators to develop new tools and programs to address health system and service delivery gaps. Timeline: monthly ARHC conference calls; monthly participation in an ARHC workgroup; other calls/meetings on an as-needed basis; annual North American Refugee Health Conference.
9. Analyze Domestic Health Assessment and other data, identify and report on trends, and provide written reports to the State Refugee Coordinator on RHP activities per ORR funding requirements and oversee all charges to the RHP code. Timeline: Activity reports annually; review of charges and submission of expense quarterly (no later than the 20<sup>th</sup> of the month following the end of each quarter, or the following business day). Annual data state match report on medical screening due two weeks before the federal report deadline.
10. Collaborate with the State Refugee Coordinator to manage and monitor the Refugee Health Prevention set-aside grant. Timeline: ongoing.

#### IV. Documentation

##### The Department agrees to:

1. Grant AHS access to any materials necessary to ensure the accuracy of invoices and the consistency of work products with AHS strategic objectives.
2. Electronically deliver the following quarterly (by the 20<sup>th</sup> day following the end of the quarter) the following supporting documentation:
  - i. VISION report VT\_ACCOUNT\_EXP\_ALLFIELDS\_DTL\_C in Excel format;
  - ii. VTHR report VT\_TL\_REPORTED\_HOURS in Excel format; and
  - iii. Copies of invoices paid for any item(s) listed on an invoice submitted pursuant to this MOU to enable AHS to assure the accuracy of all invoices submitted, and compliance with applicable contracts and Bulletins.
  - iv. Costs are coded to program code 39323 and are reported by the Department in the quarterly financial report of expenses.

#### V. Funding Source

Source of Funds: 100% Federal; CFDA Title: Refugee and Entrant Assistance State/Replacement Designee Administered Programs (Refugee Cash and Medical Assistance Program); CFDA Number: 93.566; Award Number: 2101VTRCMA; Federal Granting Agency: Administration for Children & Families

**VI. Payment Provisions**

The Agency will reimburse the Department’s actual costs, as described in the Refugee Health Program budget, which is attached and incorporated herein. If federal funding is insufficient, funding to the Department may be reduced. The Agency will notify the Department in writing if funding amount is reduced. The expectations for the Department will subsequently be adjusted and the Memorandum of Understanding amended accordingly.

This Agreement will be in effect from October 1, 2020 and will remain in effect until September 30, 2021 unless otherwise changed by mutual consent or by termination through thirty (30) day written notice by either party.

**By signing this agreement all parties agreed upon all the terms as stated above. Agree upon by:**

By: E-SIGNED by Jenney Samuelson  
on 2020-12-29 19:09:46 GMT  
Michael K. Smith, Secretary  
Secretary  
Agency of Human Services

By: E-SIGNED by Mark Levine  
on 2020-12-24 13:30:37 GMT  
Mark Levine, M.D.  
Commissioner  
Vermont Department of Health

PROGRAM MANAGER APPROVAL	AHS BUSINESS OFFICE APPROVAL	VDH BUSINESS OFFICE APPROVAL
E-SIGNED by Denise Lamoureux on 2020-12-23 16:50:38 GMT	E-SIGNED by Tracy O'Connell on 2020-12-23 18:39:14 GMT  E-SIGNED by Diane Irish on 2020-12-23 18:46:52 GMT	E-SIGNED by Paul Daley on 2020-12-23 21:44:04 GMT

**Vermont Department of Health  
Refugee Health Budget Estimates  
FFY 2020**

<b>Personnel</b>	<b>Annual Salary</b>	<b>FTE</b>	<b>Amount</b>
Refugee Health Coordinator	\$60,507	.50 (20 hours/week)	\$30,254
Refugee Health Nurse Consultant	\$104,125	.15 (6 hours/week)	\$15,619
Administrative Assistant	\$49,254	.05 (2 hours/week)	\$2,463
<b>Total Personnel</b>			<b>\$48,336</b>
<b>Fringe Benefits</b>			
40% personnel			<b>\$19,334</b>
<b>TOTAL PERSONNEL AND FRINGE</b>			<b>\$67,670</b>
<b>Operating</b>			
Training and conference fees			\$650
Out-of-state travel			\$2,000
In-state travel			\$400
Interpretation and translation services			\$500
Supplies and equipment			\$1,000
<b>Total Operating</b>			<b>\$4,550</b>
<b>TOTAL DIRECT</b>			<b>\$72,220</b>
Indirect Costs (10% of salary and fringe)			<b>\$6,767</b>
<b>TOTAL COSTS</b>			<b>\$78,987</b>

**Personnel**

- Refugee Health Coordinator, oversees the refugee health program at the Department of Health and leads the work as outlined in the Memorandum of Agreement, including all data analysis and reporting.
- Refugee Health Nurse Consultant Sally Cook, Health Surveillance Division, DOH, provides follow-up and ensures prompt evaluation for all refugees arriving with Class B or B1 TB conditions or TB concerns identified during the domestic health screening. She provides consultation to clinicians regarding latent TB infection treatment or for other uncommon infections and is the primary contact for federal agencies regarding health problems.
- Administrative Assistant, Karen Lapan, completes data entry for refugee medical screening forms.

**Operating**

- Training and conference fees
  - Registration fees for North American Refugee Health Conference (location to be determined) estimated at \$650
- Out of state travel

- Travel to North American Refugee Health Conference budgeted at \$2,000, including travel, room, board, and incidentals.
- In-state travel
  - In-state mileage at applicable rates established by the State of Vermont, Bulletin 3.4.
- Interpretation and translation
  - Translation: \$0.3/word for 350 words = \$100
  - Translation review and in-person interpretation: \$50/hr. for 8 hours = \$400
- Supplies
  - General office supplies and computer needs

**From:** [Mcgrath, Jason \(ACF\)](#)  
**To:** [Lamoureux, Denise](#); [Raffonelli, Lisa \(ACF\) \(CTR\)](#)  
**Cc:** [Harte, Alison](#)  
**Subject:** RE: Refugee Health Coordinator position  
**Date:** Thursday, March 18, 2021 2:32:21 PM

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**EXTERNAL SENDER: Do not open attachments or click on links unless you recognize and trust the sender.**

Thank you Denise. Consider this confirmation that Vermont does not need to submit a revised ORR-1, as the funds to support the SRHC are already included in the ORR-1 estimate and have not been spent.

Best of luck filling the position. Let us know if there's anything we can do to be helpful.

Thanks,  
Jason

**From:** Lamoureux, Denise <Denise.Lamoureux@vermont.gov>  
**Sent:** Thursday, March 18, 2021 12:35 PM  
**To:** Mcgrath, Jason (ACF) <Jason.Mcgrath@acf.hhs.gov>; Raffonelli, Lisa (ACF) (CTR) <Lisa.Raffonelli@acf.hhs.gov>  
**Cc:** Harte, Alison <Alison.Harte@vermont.gov>  
**Subject:** Refugee Health Coordinator position

Dear Jason,

As you know the RHC permanent .5 FTE position has been vacant since September 2020, when Esther Doh resigned. The position is now covered by Ed DeMott from the VDH Burlington District Office on an interim basis.

As a follow-up to our conversation, this is to confirm our intention to fill the position on a full-time basis, if we obtain from the State the various permissions needed to go ahead with recruitment, and that there is no need to submit an amended ORR 1 because we have spent very little for Refugee Health for FFY 21 to date. Out of the \$78,987 budgeted for Refugee Health for FY 21, we anticipate spending no more than \$5,000 at the end of the second quarter.

There are obstacles to this project, as there is a moratorium on filling vacancies right now. But we are optimistic that with the anticipated increase in arrivals, we can get the necessary permissions.

Thank you for your continuous support.

Warm regards,

Denise

*Denise Lamoureux*  
Director, Refugee Office

State Refugee Coordinator  
Vermont Agency of Human Services  
(802) 585-9109  
[Denise.Lamoureux@Vermont.gov](mailto:Denise.Lamoureux@Vermont.gov)



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Grants Management, 330 C Street, S.W., Washington DC 20201

April 6, 2021

Secretary's Office - Fiscal Unit  
Vermont Agency of HS  
Center Building  
280 State Dr  
Waterbury, VT 05671-9501

**Re: Notice of Award Refugee Cash and Medical Assistance Program FY 2021**

Dear Grantee:

The amount indicated below is being awarded for Fiscal Year 2021 for the Refugee Cash and Medical Assistance Program in accordance with Section 412(e)(5) of P.L. 82-414, the Immigration and Nationality Act (8 USC 1522):

Appropriation Number	Common Accounting Number (CAN)	Grant Document Number (GDN)	This Grant Award	Reauthorized Prior Year Funds	Cumulative Fiscal Year Amount
75-2123-1503	2021 G99TCF1	2101VTRCMA	<b>\$115,935.00</b>		\$206,513.00
75-1921-1503	2021 G99TCF9	2101VTRCMA	<b>\$84,065.00</b>		\$84,065.00
75-2022-1503	2021 G99TCF0	2101VTRCMA			\$152,152.00
Entity Identification Number (EIN): <u>1036000274A8</u> Catalog of Federal Domestic Assistance (CFDA) Number: <u>93.566</u>			<b>Total Funds Available, FY :2021</b>		<b>\$442,730.00</b>

The following are important deadlines and due dates for this award. Any funds not obligated or liquidated by the applicable dates shown below will be recouped by this agency. Any funds indicated as being "reauthorized" from a prior fiscal year must be obligated prior to obligating funds awarded directly for Fiscal Year 2021.

- Project Period: Start:10/01/2020 End: 09/30/2022
- Funds Obligation Deadline: 09/30/2021 (For services to Unaccompanied Refugee Minors:09/30/2022)
- Funds Liquidation Deadline: 09/30/2022
- Quarterly Financial Reports Due: 30 days following each fiscal quarter
- Final Financial Report Due: 09/30/2022

This award may be used to fund only those items named as "Funding Priorities" in the Terms and Conditions for this program. Unaccompanied refugee minors' costs must be paid first from the total allocation.

With the acceptance of this award, you agree to administer this grant in compliance with all applicable Federal statutes, regulations and policies, including the Terms and Conditions for this program. In addition, you agree to comply with the Cash Management Improvement Act (31 CFR Part 205) requiring that you limit the amount and timing of your requests to draw Federal funds to the minimum amount necessary to meet actual and immediate program needs and requirements.

A copy of the General Terms and Conditions governing mandatory grant programs, and additional program-specific requirements for this program, are available at <https://www.acf.hhs.gov/grants/mandatory-formula-block-and-entitlement-grants>.

Grant funds are made available through the HHS Payment Management System (PMS). Questions concerning payments should be directed to the Division of Payment Management, PO Box 6021, Rockville, Maryland 20852, or to the PMS Help Desk (<https://pms.psc.gov/support/help-desk.html>) or (877) 614-5533. Questions concerning program or financial reporting requirements should be directed to the individuals designated as contacts in the Terms and Conditions addendum for this program found on the "terms-and-conditions" website address above.

Sincerely,

Mrs. Amy Menefee-Longs  
Grants Management Officer



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Office of Refugee Resettlement | 330 C Street, S.W., Washington, DC 20201  
[www.acf.hhs.gov/programs/orr](http://www.acf.hhs.gov/programs/orr)

January 4, 2021

Ms. Denise Lamoureux  
State Refugee Coordinator  
Vermont Agency of Human Services  
208 State Drive  
Waterbury, VT 05671

Dear Ms. Lamoureux,

We are pleased to inform you that the FY 2021 State Plan for the Vermont Refugee Resettlement Program is approved. Based on our review, your Plan is in compliance with the Office of Refugee Resettlement (ORR) regulations per 45 CFR Part 400. Please note that budget estimates will be reviewed and accepted in conjunction with a review of actual expenditure patterns, the refugee ceiling put forth in the Presidential Determination, finalization of the DOS/PRM capacity plan for FY 2021, and availability of ORR FY 2021 funding.

We appreciate the work of your office to successfully resettle refugees in Vermont and we look forward to continuing our partnership with the Vermont Refugee Resettlement Program.

If you have any questions pertaining to this approval letter, please contact Jason McGrath, your Regional Representative, at [Jason.McGrath@acf.hhs.gov](mailto:Jason.McGrath@acf.hhs.gov) or Carl Rubenstein, Director, the Division of Refugee Assistance, at [Carl.Rubenstein@acf.hhs.gov](mailto:Carl.Rubenstein@acf.hhs.gov).

Sincerely,

Kenneth Tota  
Deputy Director,  
Office of Refugee Resettlement



# STATE PLAN FOR REFUGEE RESETTLEMENT SERVICES



State of Vermont  
Agency of Human Services  
Refugee Office  
FFY 2021

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## INTRODUCTION

### Purpose

This State Plan is submitted by the State of Vermont to the Department of Health and Human Services, Administration for Children and Families, Office of Refugee Resettlement (ORR) as a requirement to receive refugee resettlement assistance funds. The Plan conforms to Title IV of the Refugee Act and 45 CFR § 400.5, "Content of the Plan," and to the revised ORR State Plan Approval Checklist OMB Control No: 0970-0351. Accordingly, provision of services included in this State Plan will be within the limits of available federal funds.

### Resettlement Philosophy

The State of Vermont fully acknowledges the significant cultural and economic contributions refugees offer to our communities. Refugees come to Vermont for protection from persecution and in search of freedom, peace, and greater opportunities for their families and themselves. We aim to coordinate public and private resources and to maximize cooperation, collaboration, and information-sharing in order to best support refugees in their new life.

We believe that refugee resettlement is a collaborative effort between federal, state and local authorities, the resettlement agency, other non-profit organizations, the private sector and community volunteers. Refugees resettling in Vermont achieve economic self-sufficiency quickly and in high numbers. Integration is not limited to economic self-sufficiency, however; refugees must also have opportunities to participate fully in opportunities enjoyed by all Vermonters. In Vermont, this happens successfully because of the vibrant communities that open their hearts and their arms to refugees and make them feel welcome.

## I. ADMINISTRATION

### A. Organization. 45 CFR 400.5

1. The Governor has designated the Agency of Human Services (AHS) as the Agency responsible for developing and administering or supervising the administration of the State of Vermont Refugee Resettlement plan. [§400.5(a)].
2. Within the Agency of Human Services, Denise Lamoureux, a classified State employee, is the Director of the Refugee Office and State Refugee Coordinator (SRC). Ms. Lamoureux is given the responsibility and authority to ensure coordination of public and private resources in refugee resettlement in the State of Vermont. [§400.5(d)].

The Director of the Refugee Office/SRC reports to the AHS Director of Policy and Program Integration, located in the Office of the Secretary and the Director reports to the AHS Deputy Secretary. The Office of the Secretary oversees the operations of six departments providing refugees with important services. These departments are the Department of Health; the Department for Children and Families; the Department of Disabilities, Aging and Independent Living; the Department of Corrections; the Department of Mental Health and the Department of Vermont Health Access. The Director of the Refugee Office is ideally positioned in the Agency to carry out these responsibilities. Organizational charts of AHS and of AHS Policy and Planning are attached as Attachment A and B. [§400.5(a)]

3. The Refugee Program in Vermont is now operating a Public Private Partnership (PPP) with USCRI Vermont, the local office of the Voluntary Agency (Volag) of the U.S. Committee for Refugees and Immigrants (USCRI) for the refugee cash assistance (RCA) component of the program. USCRI Vermont is the only resettlement agency in Vermont.

The program is statewide, although refugees are only resettled in Chittenden county at this time.

**B. Assurances. 45 CFR 400.5**

*The State of Vermont assures that it will:*

1. Comply with the provisions of Title IV, Chapter 2 of the Refugee Act (8 USC 1522), and official issuances of the Director.
2. Meet the requirements in 45 CFR Part 400.
3. Comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding.
4. Amend the State Plan to comply with ORR standards, goals, and priorities established by the Director, as needed.
5. Provide services to all ORR-eligible populations without regard to race, religion, nationality, sex, or political opinion.
6. Convene planning meetings of public and private stakeholders at least quarterly. The Refugee and Immigrant Service Providers Network (RISPNet) meetings serve as the main coordinating fora regarding refugee resettlement issues. The group is chaired by the Director of the Refugee Office/SRC and meet every two months. They are an inclusive and open group of service providers composed of state and local authorities, USCRI-VT, the ECBO AALV, representatives from social services, education and health and other various sectors serving the refugee population.

7. Provide all ORR-eligible populations with the benefits and services described in the State Plan.

## II. ASSISTANCE AND SERVICES

- A. In Vermont, RMA is administered by the State. CMA will now be administered by the State, in partnership with USCRI. USCRI is the only resettlement agency in Vermont and provides employment services to all refugees in their first year in the US. The State, through the PPP, will ensure coordination of services with RCA and other support services to promote employment and encourage economic self-sufficiency for ORR-eligible populations.
- B. State will ensure that language training is available to all newly arrived refugees, including refugees receiving cash assistance under RCA, TANF or MG by sub-granting funding for English Language Instruction to refugees through the state procurement practices. ELL services are provided by USCRI at this time. State will ensure that refugees on cash assistance attend a minimum of hours of classes or private tutoring to be eligible to continue to receive refugee cash assistance. All refugees who have been in the U.S. less than five years are eligible to enroll in English classes funded by ORR.

State will ensure that all newly arrived refugees are registered for employment services through one of the several programs offered to refugees in Vermont. All TANF-eligible newly arrived refugees that are not enrolled in Match Grant are enrolled in Reach Up, the Vermont TANF program, where cash assistance is administered by the AHS Department for Children and Families (DCF) and support services provided by USCRI Vermont and by the Association of Africans Living in Vermont (AALV), if they have been in the US longer than one year.

For refugees who are not eligible for Reach Up, State sub-grants Support Services funding for employment services to local organizations by following State procurement practices. At this time, refugees not eligible for Reach Up and not on Match Grant are provided employment services by USCRI, if they have been in the U.S. less than one year, and by AALV if they have been in the U.S. between one and five years (§400.5 (c)).

- C. Refugee Cash Assistance (RCA). 45 CFR 400 subpart E
1. RCA is administered through a public/private partnership (PPP) between the State of Vermont and USCRI Vermont. The AHS Refugee Office is responsible for the management of the ORR CMA grant. Through a subgrant from the AHS Refugee Office, USCRI administers the eligibility component of the RCA. Cash payments will be issued to participants through EBT cards, a new feature to be implemented in collaboration with DCF / Economic Services as part of the new PPP RCA plan.
  2. USCRI provides interpretation in the spoken language of the applicant when they perform the eligibility calculation with the RCA participant. In addition to English, vital documents such as termination notices are translated into the languages most spoken by refugee participants. If a participant speaks a language for which the notices are not translated, an interpreter communicates the content of the document to the participant, and both sign a statement acknowledging that the information has been explained in a common language.
  3. The State assures that it will follow the mediation and fair hearing standards and procedures outlined at 45 CFR 400.83.
  4. The criteria for an exemption from registration for employment services and participation in employability services programs are:
    - Being at least 65 years old;
    - Being medically exempt, as certified by a health care provider;
    - Having reached the 3rd trimester of pregnancy;
    - Being the sole full-time caregiver for a child under the age of 2;
    - Being the sole full-time caregiver for a person with disability that requires FT care.
  7. Eligibility and payment levels. 45 CFR 400.50 and 400.60
    - a. Through a subgrant from the AHS Refugee Office, USCRI Vermont will determine initial and ongoing eligibility for RCA. USCRI Vermont will follow the income eligibility standard in use by the Vermont TANF (Reach Up) Program. It will then enter the RCA amount into the Department for Children and Families (DCF) computer ACCESS system. EBT cards will be issued by DCF and mailed to RCA recipients.

- b. Provide the RCA payment standard for case sizes 1-5.

RCA payment levels are determined using the State of Vermont Basic Needs formula for calculating Reach Up grant levels. Maximum RCA grants levels for case sizes 1-5 are as follows.

<b>Case Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Outside Chittenden County</b>	533	625	744	842	946
<b>Chittenden County</b>	558	650	769	867	971

- c. The State of Vermont follows the requirements related to financial eligibility and consideration of resources and income as outlined at 45 CFR 400.59.
- d. The PPP program utilizes 100% income disregards for RCA recipients, during the first 5 months of RCA eligibility, in order to provide Cash Incentive Benefits (CIB) to RCA recipients that enter employment, as an incentive for early employment. CIB payments are identical in amount to RCA payments:

<b>Case Size</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Outside Chittenden County</b>	533	625	744	842	946
<b>Chittenden County</b>	558	650	769	867	971

The PPP program also offers employment support service assistance for the first job: \$50 for transportation costs and reimbursement for up to \$100 of clothing, tools, equipment, manuals, etc. needed for the first job.

- e. The State will track the program budget levels and expenditures, reporting on a quarterly basis. USCRI Vermont will closely monitor its RCA program expenditures and regularly report them to the State. The RCA payment budget will be based upon expenditure projections formulated using an RCA payment loading chart.
8. RCA program administration. 45 CFR 400.13
- a. The resettlement agency USCRI Vermont is responsible for verifying RCA eligibility. USCRI Vermont will enter the cash assistance amount into the Department for Children and Families (DCF) computer ACCESS system. The

information will be transferred to the DCF EBT card system.

- b. DCF manages the State TANF and SNAP programs and is responsible for distributing RCA benefits through EBT cards issued and mailed directly to RCA recipients.
- c. DCF does not charge the Refugee Program to distribute the RCA benefits using its EBT system and does not request additional staff for that purpose. USCRI Vermont allocates staff to administer the RCA eligibility and financial reconciliation process between amounts paid by the State and eligibility documentation. They also allocate resources to produce and translate RCA notices of benefits to RCA clients and manage the appeals process.
- d. USCRI Vermont determined that they need a total of 1.70 FTE full-time equivalents to perform the eligibility and RCA administrative functions, including one FTE refugee cash assistance specialist. DCF is not requesting staff time to issue EBT cards to RCA clients.
- e. For the RCA Administration, USCRI uses the total direct cost allocation method for the allocation of indirect costs as permitted under 2 CFR 200. This indirect rate is applied to Personnel and Operating costs but not to Direct Refugee Assistance or Agency/Contractual. The USCRI Vermont indirect costs are 29.61%, a provisional rate approved by DHHS as the cognizant agency.

For the CMA Administration, the State indirect charges are per the quarterly Cost Allocation Plan (CAP), which is approved by the State's cognizant agency - U.S. Health and Human Services (HHS). There is no approved indirect rate. Rather U.S. HHS approves the cost allocation methodologies by which indirect cost centers are allocated to the federal programs.

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

1. Applications, determinations of eligibility, and furnishing medical assistance. 45 CFR 400.93 and 400.94

- a. With the implementation of the Affordable Care Act (ACA), Vermont adopted expanded Medicaid eligibility. All newly arrived refugees and their children are screened for Medicaid (§400.93). In Vermont, Medicaid benefits for children are called Dr. Dynasaur and offer comparable benefits to the national program of SCHIP. With VHC, both Medicaid and SCHIP have become more integrated.

Determination for Medicaid eligibility for refugees is not made through the state exchange website, Vermont Health Connect (VHC) (§400.94). A separate process has been created to administer RMA. Future planning will integrate RMA into the state exchange, as we develop a new



integrated eligibility system. The process has been initiated and is expected to take several years for complete implementation.

With the implementation of expanded Medicaid eligibility, the vast majority of new arrivals qualify for Medicaid. Refugees are enrolled in RMA only if their income put them over the threshold established by Medicaid in their first eight months after arrival in the U.S.

- b. Refugees are enrolled with the help of a USCRI casemanager by contacting the Health Access Eligibility Unit & Enrollment Unit of the Department of Vermont Health Access. To speed up the enrollment procedure, a temporary identification number is issued to new arrivals who are not yet in possession of a social security number so that they can be enrolled and provided access to health coverage as soon as possible.

2. Consideration of eligibility for RMA. 45 CFR 400.100 through 400.104

a. **Income standard and income methodology used to determine RMA eligibility.**

Initial financial eligibility for RMA is determined using Medicaid rules, except for allowing a 200% FPL rather than the standard Medicaid limit. The criteria used to determine financial eligibility is MAGI and for elderly or disabled adults is a non-MAGI (MABD – Medicaid for Aged, Blind, and Disabled) methodology.

b. **Assurance that the state will consider income and resources as outlined at 45 CFR 400.102.**

State assures that it complies with the consideration of income and resources as outlined at §400.102. The Vermont USCRI local office works collaboratively with the Department of Vermont Health Access to facilitate the appropriate health care coverage on arrival, based on the applicants' income and resources on the date of application. (§400.102(2)(d)).

State does not count in-kind services or shelter provided to an applicant by a sponsor or local resettlement agency or any cash assistance payments provided to an applicant in determining eligibility for and receipt of refugee medical assistance (§400.102 (2)(b) and (c)).

**c. Assurance that the state will provide continued coverage of recipients as required by 45 CFR 400.104.**

The State transfers clients who lose eligibility to Medicaid due to earnings during the first eight months to Refugee Medical Assistance without an eligibility redetermination (§400.104).

State assures that it complies with continued coverage of recipients per requirements at §400.104. Refugee employment counselors at USCRI are instructed to contact a designated individual in the Health Access Eligibility & Enrollment Unit of the Department of Vermont Health Access if a refugee loses eligibility to Medicaid due to earnings during the first eight months. The refugee would then be granted RMA.

3. Scope of medical services. 45 CFR 400.105 and 400.106

- a. State assures that RMA covers at least the same services, in the same manner, and to the same extent as Medicaid.
- b. Additional coverage and justify the need to provide such services. N/A

4. RMA program administration. 45 CFR 400.13

a. RMA health insurance delivery system

People enrolled in RMA in Vermont are included in the same delivery system as the state Medicaid population. Vermont's entire Medicaid population falls under the Global Commitment to Health 1115 waiver. Under this 1115 waiver, Vermont's delivery system is a publicly operated, non-risk bearing Prepaid Inpatient Health Plan (PIHP) model. As with Medicaid, interpretation costs are a covered benefit for health services to limited English proficiency refugee patients. Transportation costs may also be covered by Medicaid, in some circumstances.

b. Describe RMA program administrative services.

Vermont does not charge any administrative expenses to RMA for its administration.

- E. Refugee Medical Screening (RMS). 45 CFR 400.107
- 1. Coordination of RMS program. 45 CFR 400.5(f)

- a. **Procedure for identifying new arrivals in need of care. Procedure established to monitor any necessary treatment or observation.**

Specific medical practices with an interest and expertise in providing care to new Americans have been recruited to provide medical screenings. Medical screenings are paid by Medicaid. USCRI Vermont receives overseas medical records from refugees as they arrive, and case managers send arrival records to the appropriate practice to arrange appointments for the RMS. USCRI Vermont receives a copy of the Significant Medical Condition (SMC) form when the case is assured (assigned to Vermont) and Vermont accepts them. These forms are shared when available. Upon notification that a refugee has a SMC, an initial acute care appointment is scheduled at the Community Health Centers of Burlington for as shortly after arrival as possible in order to determine the appropriate course of care. (See attached flowchart).

Further coordination of health services happens through two regularly occurring meetings: a bimonthly Refugee Health Committee, focused on public health issues facing refugees, and an ad hoc refugee health primary care providers and providers who conduct the RMS quarterly. Both are chaired by the Refugee Health Coordinator.

Medical screenings for children take place within a hospital-based pediatrics clinic by a staff pediatrician. Children typically remain at that clinic for primary care after the initial RMS screening. For adults, RMS exams are conducted by a nurse practitioner in an Infectious Disease (ID) clinic located within a hospital; all patients are then referred to a Federally Qualified Health Care (FQHC) practice for primary care. Their initial primary care appointments are scheduled prior to RMS screening and the ID clinic provides a “warm handoff” during the RMS appointment by reminding individuals of their appointment times and locations. (See attached flowchart.) These procedures were designed and agreed upon by the Refugee Health Coordinator, USCRI Vermont and the clinical practices that conduct screenings and serve as initial medical homes. The Refugee Health Coordinator communicates regularly with USCRI Vermont and the clinics that provide RMS to ensure prompt assessment

upon arrival.

The Refugee Health Coordinator, who manages the Refugee Health Program at the Vermont Department of Health, receives notification of refugee arrivals through the CDC Division of Global Migration and Quarantine (DGMQ)'s Electronic Disease Notification (EDN) system. When refugees have been identified as having an infectious condition that is reportable to the health department, the Nurse Program Coordinator for Infectious Disease Epidemiology and Local Health Office Public Health Nurse work collaboratively with the Refugee Health Coordinator, the Refugee Health Program and the individual's provider practice to ensure that the client receives clinical management and needed follow-up. The PHN provides support to medical practices by providing education and guidance regarding the treatment of latent tuberculosis infection. Both Public Health Nurses interview and provide linkage to care for other reportable diseases identified by laboratory testing such as enteric infections or other intestinal diseases, hepatitis, and vaccine-preventable diseases.

**b. State and clinic access to the CDC's Electronic Database Notification (EDN) and how this information is used during medical screening.**

The Refugee Health Coordinator and members of the Department of Health's Infectious Disease Epidemiology Unit, including Program Coordinator for Infectious Disease Epidemiology, have access to EDN at a state level. This is used for identification of newly arriving refugees with acute medical and health needs. Clinics and medical providers who care for refugee patients can request clinic-level user access to EDN from the Refugee Health Coordinator. The pediatric clinic that provides RMS and the FQHC that provides primary care initially for adults currently have access to EDN and use it to review medical history and immunization records.

**c. State coordination of medical screenings with screening providers, coordination provided to facilitate the medical screenings and how this coordination is funded.**

All screening providers and screening clinics provide services at-will and without an official contract with the State. The resettlement agency and the screening clinics schedule exams and results of completed exams are shared with the State (see attached form). When RHS forms are not received by the Refugee Health Coordinator within 60 days of arrival, the

Refugee Health Coordinator works with the resettlement agency and the screening clinics to determine cause and to ensure prompt completion of any outstanding RHS exams. Funding for coordination of the system of care for refugees is funded through the CMA grant, administration part.

**d. Description of medical screening providers categorized by type.**

Medical screenings for adults are held at University of Vermont Medical Center Infectious Disease clinic, a clinic within an academic hospital, by a nurse practitioner with a doctorate in nursing. Medical screenings for children are held at University of Vermont Children's Hospital Pediatric New American Clinic, a clinic within an academic hospital, by pediatricians.

2. Vermont is not requesting to operate a medical screening program with RMA funding, per §400.107(a) (2). Rather, the State collaborates with local providers to conduct medical screenings paid by Medicaid.
3. Scope of RMS services. 45 CFR 400.107
  - a. State provides assurance that the RMS program is operated in accordance with the requirements prescribed by the Director.
  - b. In Vermont, all screening services outlined in SL # 12-09 are covered by Medicaid. All screening follows Centers of Disease Control and Prevention protocol. In Vermont this is a benefit covered by Medicaid for refugee and asylees who are Medicaid eligible. The Medical Screening consists of a series of examinations and tests described in the RMS form and billed by the health care providers to Medicaid using Medicaid medical codes. All medical tests completed as part of the screening are included in this coverage. The state medical screening protocol is attached.
  - c. In Vermont, all screening services outlined in SL # 12-09 are covered by Medicaid. There are not any screening services in ORR's medical screening checklist that are not covered by or billed to Medicaid.
  - d. There are no additional services beyond those outlined in ORR's medical screening checklist.
  - e. State provides assurance that medical screening costs are reasonable.
  - f. Screening is not billed to RMA. However, the Refugee Health Coordinator

partners closely with the resettlement agency to ensure that new arrivals receive medical screenings within 90 days of arrival. Case managers from the resettlement agency schedule RMS for all new arrivals. The State used to run monthly reports to ensure that new arrivals receive RMS as soon as possible and follows up with the resettlement agency and providers if any data is missing. Unfortunately, this is not possible anymore since PRM and USCRI stopped sharing detailed monthly arrival reports with the State.

3. RMS program administration. 45 CFR 400.13

- a. In Vermont RMS is billed to Medicaid using a fee-for-service model. It is only billed to RMA if an individual is ineligible for Medicaid. Non-medical direct services provided through RMS include interpretation, translation as necessary, and mental health screening. In addition to screening for adults during their own RMS appointment, parents are screened when they bring their children for pediatric RMS appointments.
- b. In order to administer RMS, the resettlement agency works in closely with the designated clinics to schedule appointments. Pediatric and adult clinics that perform RMS coordinate laboratory visits in advance of the RMS appointment so that families can get laboratory testing completed together and this information is shared with refugees by the resettlement agency. The clinics also schedule interpreters for the RMS appointments.

On the day of the appointment, the resettlement agency is responsible for transportation and ensuring that the refugee arrives to the appointment on time.

The State Refugee Health Coordinator conducts the following administrative services to ensure timely completion of RMS:

- i. Develop systems to identify providers to conduct RMS.
- ii. Provide technical assistance and support to the providers and medical homes to ensure the appropriate health screenings are performed to promote the delivery of culturally responsive care.
- iii. Supervise the work of the staff responsible for Refugee Health Program (RHP) activities, including Domestic Health Assessment review, data collection, data analysis, and follow-up with medical

providers.

- iv. Address refugee health concerns following resettlement in Vermont by collaborating with federal, state, and local partners, including, but not limited to:
  - a. Lead Refugee Health Committee meetings.
  - b. Participate in Refugee and Immigrant Service Providers Network (RISPNet) meetings chaired by the SRC.
- v. Analyze data, identify trends, and provide written reports to the State Refugee Coordinator on RHS activities.

F. Refugee Support Services (RSS). 45 CFR 400 subpart I

- 1. State provides support services as outlined at 45 CFR 400.154 and 400.155.

State provides employability services (§400.154) to refugees who have been in the U.S. up to five years. Funds are allocated following the State procurement process. English Language Training is provided by USCRI to all eligible refugees. Employment services are offered by USCRI to newly arrived refugees, up to one year after arrival. Refugees in need of employment services and who have been in the U.S. between one and five years are served by AALV.

Both agencies have a case management grant to serve their refugee clients. Reach Up and Match Grant clients receive their case management services through their respective programs.

In addition, Refugee Emergency Services grants were issued at the beginning of the pandemic and Stay at Home order, to address basic needs and housing insecurity due to the high number of refugees who lost their employment.

- 2. Support services are consistent with 45 CFR 400.154 and 400.155.
- 3. RSS set-aside funding for specific services or populations, target populations and services. How these set-aside services complement services provided under RSS base funding.

The SRC strives to foster partnerships and collaboration between refugee-specific and mainstream service providers in the provision of services to refugees. In a small state like Vermont, such cooperation is essential in building a seamless and

competent network of support services for refugees and ensure successful long-term self-sufficiency and integration.

Several programs complement the core support services offered to the refugee population. Currently, we have three set-aside grant amounts for services to older refugees, refugee school children and Refugee Health Prevention. Vermont did not qualify under the funding formula for youth mentoring programs.

The older refugee population is largely composed of Bhutanese Nepali. However, the subgrantees serve all eligible older refugees. Subgrantee Age Well (Agency on Aging) ensures that older refugees are linked to mainstream aging services and supports in the community and provides services enhancement for elderly refugees such as weekly nutrition programs and culturally and nutritionally appropriate meals. Age Well has an engagement coordinator of educational, social, and engagement activities to older refugees at each meal site. Age Well also employs a Community Health Worker whose role is to focus on helping Refugee clients reduce their risk factors for disease, manage their chronic conditions, link them with local resources and help clients access the health care system. In addition, Age Well, in partnership with Connecting Cultures, identifies refugee seniors and their families who might benefit from a psycho-social assessment, with ongoing therapies and referrals available to those in need and receptive to connections to a broader support structure.

Another sub-grantee of the elderly set-aside amount is AALV, who offers an older refugees citizenship program with a civics ESL component and an application preparation and filing component, both tailored to the specific needs and ability of older applicants. Attaining naturalization is crucial for this population because they lose their SSI benefits if they do not achieve citizenship before reaching seven years in the U.S.

The set-aside amount for refugee school impact is used to strengthen academic performance and facilitate social adjustment of recently resettled school-age refugees and their families, in accordance with 45 CFR 400.155. At this time, funding is sub-granted to two school districts with the largest number of new refugee arrivals, the Burlington and Winooski School Districts. The Winooski School District uses the funding for Swahili/French/Lingala Speaking Home-School Liaison and a partnership with Connecting Cultures at the Vermont Psychological Services to provide mental health training supports. The Burlington School District provides supplemental support to the refugee students through services for parents, teachers, Multilingual Liaisons, and directly to the students themselves.



The State is planning to issue a Request for Proposals for the new Refugee Health Prevention set-aside amount in the first quarter of FFY 21, with the intent to award the funding by early 2021. This schedule will allow us to determine in a more meaningful way what the needs are and where the gaps exist in the refugee health system than during the pandemic emergency period. Vermont only resettled two individuals in the last six months, 18 in total this FFY 20 and the COVID-19 emergency brought a variety of financial resources to address emergent health concerns.

In addition, Vermont is fortunate to benefit from a Survivors of Torture ORR grantee program; the Behavior, Therapy and Psychotherapy Center Connecting Cultures Program at UVM has developed expertise in serving refugees who experienced trauma.

- G. Unaccompanied Refugee Minors (URM) Program. 45 CFR 400  
subpart H  
N/A

# Refugee Domestic Health Assessment Form

## Vermont Department of Health/Agency of Human Services

Return completed form, within 30 days of exam date, to address listed on back

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle **EXAM DATE:** \_\_\_\_\_

Arrival Date: \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_ **Class A or B Arrival:**  Class A  Class B-1  Class B-2  Class B-3

Provider: \_\_\_\_\_ Practice Name: \_\_\_\_\_

### Required Screenings – See Reverse Side for Instructions

#### Tuberculosis Screen: Tuberculin Skin Test

(perform regardless of BCG history)

Date Placed \_\_\_\_\_

Date Read \_\_\_\_\_

Result \_\_\_\_\_ mm induration

- Given, not read  
 Not done – explain \_\_\_\_\_

Interferon-gamma release assay (IGRA) result

Date of Result: \_\_\_\_\_

Result:  Positive  Negative  Indeterminate

#### Chest X-Ray

Overseas CXR available?  Yes  No

U.S. interpretation of overseas CXR:

normal  abnormal

Date of U.S. CXR   /  /    Not done

Interpretation of U.S. CXR:

Normal  Abnormal

If abnormal, specify:

Abnormal, not consistent w/ TB

Other: \_\_\_\_\_

#### TB Therapy

Tx for suspected/confirmed active TB

Tx for latent TB infection (LTBI)

Date tx started: \_\_\_\_\_

Date completed: \_\_\_\_\_

No LTBI tx; reason:

- Completed tx overseas  
 Pregnancy  
 Patient declined tx  
 Medical condition – not pregnancy  
 Patient lost to follow-up  
 Further evaluation pending  
 Other: \_\_\_\_\_

**Syphilis Screen (RPR)**  Negative

Positive Tx:  Yes  No  N/A

**Urinalysis**  Normal  Abnormal

Not Done (ND)

**Stool O & P** Is patient symptomatic?

Screen Test #1 \_\_\_\_\_

24 Hours Apart Test #2 \_\_\_\_\_

Yes  No  Unknown

Negative  Positive \_\_\_\_\_

Negative  Positive \_\_\_\_\_

Tx:  Yes  No  N/A

Tx:  Yes  No  N/A

**CBC w/ Diff Screen** Eosinophils \_\_\_\_\_

Hemoglobin \_\_\_\_\_ Hematocrit \_\_\_\_\_ %

If hct < 30% or from a high risk area, order malaria screen

**Hemoglobinopathy**  Normal

Abnormal  Not Done (ND)

Lead \_\_\_\_\_  N/A

**Hepatitis B Panel** HBsAg  Negative  Positive

Anti-HBc  Negative  Positive

Anti-HBs  Negative  Positive

**Physical**  Normal  Abnormal

**Dental**  Normal  Abnormal

**Vision**  Normal  Abnormal

**Other Screenings:** (ND = Not Done) Pregnant  Yes  No  ND  Not applicable

Hep C  Neg  Pos  ND

Strongyloidiasis  Neg  Pos  ND Presumptive tx? \_\_\_\_\_

Gonorrhea  Neg  Pos  ND

Schistosomiasis  Neg  Pos  ND Presumptive tx? \_\_\_\_\_

Chlamydia  Neg  Pos  ND

HIV:  Neg  Pos  ND report positive results directly to HIV/AIDS Program 863-7572

**Immunization Record:** Patients should receive ALL RECOMMENDED VACCINES for their age group. IZ records are required for physical exams at end of first year in the U.S. Certain vaccines are not required if the individual has laboratory evidence of immunity (see chart below).

**Are this patient's immunizations recorded in the Vermont Immunization Registry?**  Yes  No

For the diseases listed below, record laboratory evidence of immunity if available, or immunization given during exam if the record is not in the Registry.

Vaccine Preventable Disease/ Immunization	Laboratory evidence of immunity (Y, N; UK)	Immunizations given during exam	Date
Measles			
Mumps			
Rubella			
Hepatitis A			
Hepatitis B			
Varicella			

#### Mental/Behavioral Health

Mental health concerns:  Yes  No  UK

Substance abuse concerns:  Yes  No  UK

Reports significant stress  Yes  No  UK

**Referrals:**  Dental  Vision

Mental Health  WIC Program

TB Program  Disability services

Other: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# REFUGEE DOMESTIC HEALTH ASSESSMENT FORM

## INSTRUCTIONS

**Name** Use name as it appears on other forms such as the temporary Medicaid card or the Overseas Examination. Remember to ask how the individual would prefer to be addressed as records may be incorrect, last name may be used first in some cultures, etc.

**Arrival Date:** USA Arrival date

### Required Screenings

**TB (Tuberculosis): Tuberculin Skin Test (TST)** should be administered to all persons over 6 months of age, **regardless of BCG history, unless there is a documented previous positive test. Result is positive** for refugees if **>10mm** of induration, regardless of BCG Hx. **IGRA (Interferon Gamma Release Assay):** alternative serologic test is option for individuals  $\geq 5$  years old, with a history of receiving BCG vaccination. **Chest X-ray (CXR)** in the U.S. is required for all Class B TB regardless of LTBI results. CXR should be conducted if LTBI test is positive. If CXR is negative: check for contraindications to treatment for latent tuberculosis infection. If there are no contraindications, proceed with treatment. If chest x-ray is suspicious for active TB, contact TB Program at 863-7240. Medications for LTBI and active TB are provided by the TB Program.

**Syphilis Test:** Recommended for age 15 and over. Report the result of the RPR test. If positive, report on history of syphilis and treatment to facilitate interpretation.

**Stool O&P:** Stool test for ova and parasites. Two tests must be conducted, collected at least 24 hours apart. Only report as "Positive" if finding is a pathogenic organism.

**CBC:** Complete blood count with differential. Report conditions identified (such as anemia), further tests needed, and plans for follow-up. If the hematocrit is less than 30%, a malaria smear is recommended for persons from regions where it is endemic (i.e. tropical areas in general, such as Sub-Saharan Africa, the Indian subcontinent, East Asia, Central America, Tropical South America, Middle-East.).

**Hemoglobinopathy screen:** Note: as of 2013, not required under national guidelines. Perform per provider discretion

**Lead screening:** Test all refugee children 6 months to 16 years old at entry to the US. Perform a follow-up screening at 3-6 months after arrival for all refugee children age 6 mo - 6 years.

**Hepatitis B:** Screen all pregnant women, household members of persons whose antigen test was positive, and persons from high or intermediate endemicity areas (Sub-Saharan Africa, most of Asia, the Pacific, tropical South America (the Amazon), southern parts of Eastern and Central Europe, and the Indian sub-continent.) Reportable to VDHD.

**Physical:** Use additional sheets if necessary. The physical examination should include:

- Basic evaluation, general condition (including heart, lungs, ENT, skin evaluation, blood pressure for patients 5 years and older).
- Gross evaluation of vision: Tumbling E or Landolt C charts may be used for vision screening of persons who use a different alphabet.
- Height, weight: note that children of different ethnic groups may not follow the growth pattern represented on standard US growth charts. Interpret unusual readings in the light of other health signs and parents' stature.

**Dental screening:** Gross evaluation. Check for decay, white spot lesions on teeth, poor oral health habits, bottle feeding in bed (infants). Refer as indicated.

**Mental health screening:** Assess patient's general orientation to date/place/time. Ask if patient is feeling "stress" (e.g., symptoms related to PTSD, anxiety or depression). If appropriate, ask if patient has substance use concerns. Questions on sensitive issues such as torture, rape, or family violence should be reserved for trained experts in a setting of a trusting relationship, but providers may help refugees access these services. Refer as indicated.

**Malaria testing:** Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pregnant, lactating, < 5 kg).

**Strongyloidiasis:** Individuals who did not receive pre-departure presumptive treatment. Currently, only Burmese refugees originating from Thailand are treated prior to arrival. Therefore, all groups of refugees PLUS Burmese originating from Thailand who had contraindications at departure (e.g., pregnant; <15 kg) should have serologic testing or presumptive treatment after arrival.

**Schistosomiasis:** Individuals from sub-Saharan Africa who had contraindications to presumptive treatment at pre-departure (e.g., pre-existing seizures; under age 4 years) that are not resolvable should be tested rather than treated. Serologic testing is an acceptable alternative. Presumptive treatment is only recommended in refugees from sub-Saharan Africa. Currently all sub-Saharan refugees without contraindications are receiving pre-departure treatment.

Provider should exert his/her professional judgment in deciding which additional screenings may be appropriate as indicated by age, origin, history, any current symptoms, prior laboratory results, and cultural mores. For further reference, the ORR Domestic Medical Screening Guidelines Checklist and Indicative list of Health Risks, by Country and by Disease, or consult CDC website at [www.cdc.gov](http://www.cdc.gov). As with all tests, providers must obtain informed consent from the patient, particularly for HIV testing.

### Immunizations

It is not uncommon for refugees to arrive without immunization records, due to the circumstances of their flight from their country of origin.

If no immunization records are available at the time of the health screening appointment(s), provider should initiate the immunization series according to CDC guidelines or draw titers to determine protection. These guidelines may be accessed at [www.cdc.gov/nip/](http://www.cdc.gov/nip/), or by calling the Vermont Immunization Program at 1-800-640-4374 (VT only).

**Hepatitis B instructions:** Vaccinate all children 11-12 years of age who did not receive the primary series as infants. Vaccinate household contacts of persons whose surface antigen test is positive (HbsAg). Screen all pregnant women for HbsAg; If at risk, repeat screening closer to term.

**MMR:** Vaccine is provided at **no cost** by the Vermont Department of Health. Please note: trivalent vaccines may not be available abroad and refugees may not be fully immunized.

**RETURN COMPLETED FORM TO:**

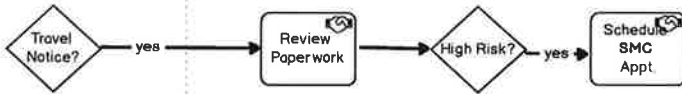
Refugee Health Coordinator  
Vermont Department of Health  
108 Cherry Street, PO Box 70,  
Burlington, VT 05402-0070

**QUESTIONS:** Call 802-863-7240.

  
Refugees

  
Care Providers

Pre-Departure



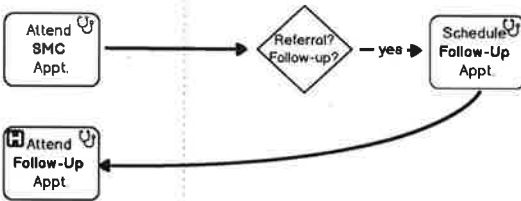
Arrival



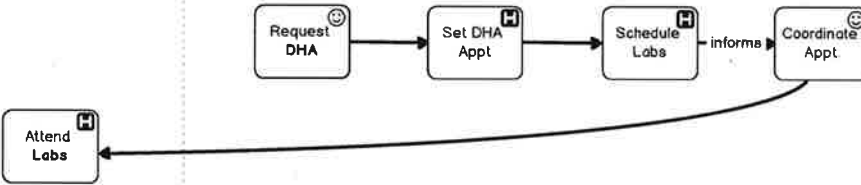
Urgent Need



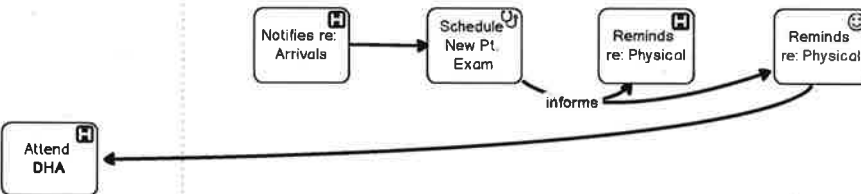
SMC



Set Up DHA



DHA



Review DHA



Primary Care








Chart Symbols



Acronyms & Terminology

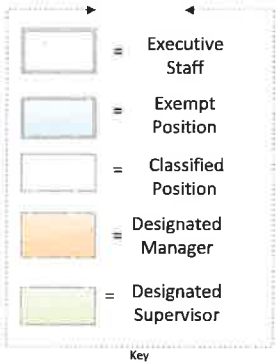
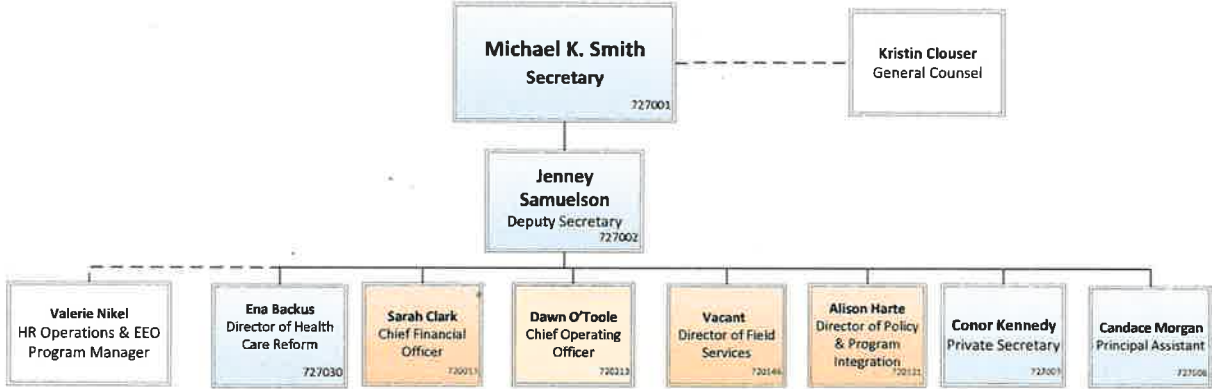
SMC - Significant Medical Condition  
DHA - Domestic Health Assessment  
ORR - Office of Refugee Resettlement

Care Providers

 USCRI Vermont (Resettlement Agency)  
 Case Manager  
 Community Health Centers of Burlington  
 UVM MC - Infectious Disease Clinic / Other Specialist  
 Vermont Department of Health - Refugee Health Program

# Agency of Human Services Secretary's Office

## Executive Team

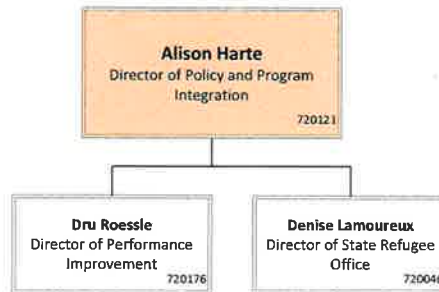


Updated 02/12/2020



Agency of Human Services  
Secretary's Office

Policy



Updated 02/12/2020

August 15, 2019

Jonathan H. Hayes  
Director  
Office of Refugee Resettlement  
330 C Street, S.W.  
Washington, DC 20201

Dear Mr. Hayes,

I am writing to you to indicate that USCRI is in full support of entering into a Public Private Partnership with the State of Vermont to provide Refugee Cash Assistance services to eligible populations. USCRI agrees to abide by and fulfill the conditions detailed under CFR 400.57 and CFR 400.58 (12)

**Officers**

Katharine Crost  
*Chair*  
Katharine Laud  
*Vice Chair*  
Gene DeFelice  
*Secretary*  
Scott Wu  
*Treasurer*

Sincerely,



Eskinder Negash  
President and CEO

**Board of Directors**

Kenneth Blackman  
Diann Dawson  
Earl Johnson  
Jeffrey Metzger  
John Monahan  
William Shriey  
Sam Udani

**President and CEO**

Eskinder Negash

**Local Office**

462 Hegeman Avenue  
Suite 101  
Colchester, VT 05446  
p/ 802-655-1963  
f/ 802-655-4020

**From:** [Daley, Paul](#)  
**To:** [Pope, Aimee](#)  
**Cc:** [Harrison, Connie](#); [Small, Sara](#)  
**Subject:** FW: Limited Service Position Request for AHS VDH  
**Date:** Monday, July 12, 2021 6:21:51 PM  
**Importance:** High

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Hi Aimée,

Thanks for your questions about this request. It is a bit unusual, a long time grant that AHS gets, with some funding and activity commitment from us at Health. Here are the answers to your questions.

1. The email on page 12 provides documentation that the Administration for Children and Families has agreed to a budget revision that increases the funding for the refugee health coordinator to 1.0 FTE. My understanding is that the federal funder and the state refugee coordinator at AHS both want to see a full time and consistent commitment from us for the refugee health coordinator role.
2. The 0.5 refugee health coordinator in the budget (p.10 of the package) has always been an “other duties as assigned” role, there was never a position authorized and assigned specifically to this role. With AHS refugee office wanting a full time commitment, a new position is needed.
3. We don’t know the original JFO number for the refugee resettlement grant. The grant award is made to AHS, so the Health Department doesn’t have records documenting the grant’s history. We’ve asked AHS-CO and they came up empty. We had the same experience with the Governor’s Highway Safety Program when they asked us to carry out several projects. When a grant has been around a decade or more, the original documents get lost and the JFO records aren’t complete enough to fill in the gaps. We need to keep a more complete provenance of our grants in order to document our limited service position extensions, so we can go back pretty far for our direct grants. Molly’s mass conversion a few years back was a big help, but we still need to go back to 2000 for some of our positions/grants.

Hope this helps.

Regards,  
Paul Daley

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**From:** Small, Sara <[Sara.Small@vermont.gov](mailto:Sara.Small@vermont.gov)>  
**Sent:** Friday, July 9, 2021 11:21 AM  
**To:** Daley, Paul <[Paul.Daley@vermont.gov](mailto:Paul.Daley@vermont.gov)>; Harrison, Connie <[Connie.Harrison@vermont.gov](mailto:Connie.Harrison@vermont.gov)>  
**Subject:** Limited Service Position Request for AHS VDH  
**Importance:** High



Good morning Paul and Connie,

I need assistance with answering the following questions from Aimee Pope at DHR.

*I'm hoping someone can assist with helping me understand the request. There is an e-mail on page 12 that outlines there is a 0.5 position doing the RHC position, and that it was covered by Ed Demott. I'm wondering if the Request for the Refugee Health Coordinator at 1.0 can be covered by any of these positions? Why is a new position needed at this time? Also, does anyone from VDH know what the JFO number is for the existing grant?*

Thank you,

Sara

Sara Small

Agency of Human Services

Office of the Secretary

280 State Drive, Center Bldg

Waterbury, VT 05671-1000

802-798-9332

[Sara.Small@vermont.gov](mailto:Sara.Small@vermont.gov)