

OFFICE OF REFUGEE RESETTLEMENT

An Office of the Administration for Children & Families

State Letter 13-03

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TO: State Refugee Coordinators
State Refugee Health Coordinators
National Voluntary Agencies
Other Interested Parties

FROM: Eskinder Negash
Director
Office of Refugee Resettlement

SUBJECT: FY 14 - ORR-1 and State Plan Submissions

In 2010, ORR established data-driven decision making as one of the six guiding principles to effective resettlement. Towards that end, ORR has taken steps to improve financial reporting systems in order to ensure transparency, accountability, and improve management of program funds. ORR has revised the ORR-1 and ORR-2 forms to separate program costs from administrative costs, updated guidance on estimating and reporting administrative costs in **State Letter 12-13** (https://web.archive.org/web/20191114142950/https://www.acf.hhs.gov/sites/default/files/orr/state_letter_12_13.pdf), and issued revised Medical Screening Guidelines with corresponding reimbursement rates in **State Letter 12-09** (https://web.archive.org/web/20191114142950/https://www.acf.hhs.gov/sites/default/files/orr/state_letter_12_09_revised_medical_screening_guidelines_for_newly.pdf). These steps represent a concerted effort by ORR to provide guidance related to program costs in order to facilitate greater consistency in reporting, accountability and parity in services across states' Refugee Cash and Medical Assistance (CMA) programs.

The release of the Administrative Cost Guidance and Medical Screening Guidelines may not have allowed states sufficient time to adhere to the guidelines or apply the instructions therein to their FY 13 ORR-1 and State Plan submissions. In FY 14, ORR expects states to utilize these guidelines in creating their ORR-1 and State Plan submissions.

ORR regulation 45 CFR 400.5(i)(4), requires states to amend the State Plan to comply with standards, goals and priorities established by the Director. ORR is establishing the following priorities for FY 14 submissions.

1. Implementation of the Administrative Costs Guidance and the attached chart on administrative costs
2. Implementation of the Medical Screening Guidelines and corresponding reimbursement rates
3. Ensuring that refugees and other eligible groups are enrolled in the expanded Medicaid program (where available) instead of the short-term Refugee Medical Assistance program

These priorities should be reflected in the ORR-1 and State Plan submission as detailed in each section below.

ORR-1

The ORR-1 is due August 15, 2013. All states should submit an ORR-1 with a detailed justification statement accounting for projected arrivals that fully delineates the personnel and administrative costs for Refugee Cash Assistance (RCA), Refugee Medical Assistance (RMA), Unaccompanied Refugee Minors (URM) (where applicable), and Overall Program Coordination and Planning. For the RMA lines on the ORR-1, states should ensure that the proposed administrative and service costs reflect implementation of the Affordable Care Act (ACA) effective January 1, 2014. In some states this may signify decreased administrative and service costs as more refugees access health insurance through Medicaid and RMA eligibility is calculated for fewer refugees. Notwithstanding, contingent upon our FY14 budget request, ORR anticipates providing full RMA benefits per ORR regulations to refugees and all other eligible populations who will not be insured under Medicaid. ORR also anticipates supporting medical screening costs for newly arriving refugees and RCA, including the administrative costs associated with each.

As a tool to assist states, ORR created the **attached chart**

(<https://web.archive.org/web/20191114142950/https://www.acf.hhs.gov/programs/orr/resource/state-letter-12-13-guidance-clarification>) that synchronizes the Administrative Cost Guidance (State Letter #12-13) with the ORR-1 and ORR-2 forms by budget line. The chart gives examples of allowable costs and defines what category they should be placed in. For example, interpretation and transportation can be placed under RMA administration if approved under a state's Medicaid Plan; or actual cash assistance costs should be listed under RCA Recipient costs. ORR hopes that this tool will assist states in planning costs and allow for more consistent financial reporting nationwide.

State Plan

State plans are due on October 15, 2013. A state should submit an updated State Plan that mirrors their ORR-1. Specifically, what differences will there be in the overall program structure and service provision for FY 14. This includes a description of how the state will coordinate CMA with support services to encourage effective refugee resettlement. This description should reflect all programmatic changes since the previous year, including any changes to the RMA program as a result of full ACA implementation and/or changes to the medical screening program as a result of the Medical Screening Guidelines.

As stated in the Medical Screening Guidelines (State Letter #12-09), states who wish to use RMA funds for medical screening must submit a medical screening plan as a component of their State Plan. The medical screening plan should clearly identify the following:

1. A description of existing medical screening services that are covered under Medicaid, state or local public health programs, and/or other non-RMA resources; and
2. A budget breakdown (as reflected in the ORR-1), and a description of how the state will use RMA for medical screening (i.e. list of providers, mechanism used for reimbursement, screening locations, activities).

Updates and Amendments

ORR expects to receive a complete description of a state's proposed administrative and operational structure through the ORR-1 and State Plan submission process each year. ORR also recognizes that circumstances within a state may change during the course of a program year. As in the past, states have the flexibility to submit updates to the ORR-1 and amendments to the State Plan in response to new information that impacts operations. ORR encourages states to use this flexibility in consultation with the respective State Analyst, especially as new and official information is released about which states will choose to expand the Medicaid program. Any amendments to the ORR-1 or State Plan should be submitted to the ORR State Analyst through the end of the fiscal year. Please note, beginning October 1, 2013, revisions to the ORR-1 must be submitted through OLDC.

The Division of Refugee Assistance (DRA) is available to work with any state to develop and complete the ORR-1 and State Plan. DRA will also consult with the Division of Refugee Health, Divisions of Refugee Health and Children's Services, and the Budget and Policy Unit within the Office of the Director to support the review process of state submissions. Please direct any questions on this State Letter to Mitiku Ashebir, DRA Director at mitiku.ashebir@acf.hhs.gov (<https://web.archive.org/web/20191114142950/mailto:mitiku.ashebir@acf.hhs.gov>) or 202-205-3602.
