U.S. REPATRIATION PROGRAM TRAINING

Bringing U.S. Citizen’s Back Home.
The U.S. Repatriation Program Overview, Legal authorities and Goals
Webinar agenda:

- Welcome Remarks (Housekeeping)
- Repatriation Program background history
- Legal authorities & Regulations
- Temporary assistance
- The state’s responsibility
- Core services
- Q & A Session
- Closing Remarks
TODAY YOU WILL:

1. Learn about the Repatriation background
2. Learn about legal authorities and regulations
3. Learn how to implement the required core services
Who is ISS and What do We do?

- International Social Service (ISS) was established in 1924 in Geneva, Switzerland. Our ISS American Branch is based in Baltimore, Maryland*
- We are a Non profit, non governmental agency, part of an International Social Work Federation operating in 100 Countries around the world*
- We promote resolutions in the best interests of children, adults and families separated by international borders*
- We provide Intercountry social services, research, training, technical assistance and advocacy*

*From ISS-USA website
The Department of Health and Human Services Administration for Children and Families, Office of Refugee Resettlement and ISS-USA signed a cooperative agreement to provide repatriation services.

The new five-year agreement will extend ISS's 20-year working relationship with the U.S. Repatriation Program.

In the last fiscal year, the repatriation program assisted more than 600 repatriates from 80 different countries with travel and other services.
THE ISS-USA REPATRIATION TEAM

Julie Rosicky, Executive Director

Stephney Allen, Director of U.S. Repatriation Program & Internal Operations

Yalem Mulat, Repatriation Program Manager

Esther Keinkede, Finance Coordinator

Patricia Penn, Case Manager

Rachel Bruton, Case Manager

Selwyn Toa, Case Manager

Abigail Ayele, Operations Assistant

Nicole Johnson, Repatriation Database Coordinator

Amanda Reed, Repatriation Assistant
THE U.S. REPATRIATION PROGRAM:

- The Program was established in 1935 under Section 1113 of the Social Security Act.
- Congress established the Program to provide repayable assistance to eligible citizens and their dependents.
- The Program was instituted to meet the immediate need of repatriates until their existing resources became available.

* From the HHS, ACF website
THE U.S. REPATRIATION PROGRAM:

- In 1935 international travel for business or pleasure was limited by cost to an elite group of U.S. citizens.
- Ocean liners were the primary mode of intercontinental transportation and most traveled between the U.S. and Europe, with New York as the major Port.
- Worldwide communication networks were sparse and unreliable.
- Federal social services programs were just beginning.

* From the HHS, ACF website
THE U.S. REPATRIATION PROGRAM:

- The program is a repayable loan to the U.S. Government, not an entitlement.
- Temporary assistance provided for up to 90-days.
- Repatriates can request extensions and waivers/deferrals.
- And Program budget is capped at $1M. annually
- During emergencies Congress may increase the cap.

* From the HHS, ACF website
REPATRIATION PROGRAM TRENDS:

- The number of U.S. citizens and their dependents traveling overseas have increased in number and complexity.
- The amount and type of repatriates have changed, while Program jurisdictional authority and regulations remain the same.
The United States (U.S.) Repatriation Program is committed to helping eligible repatriates referred from the U.S. Department of State by providing them with a loan to cover for necessary temporary services upon their arrival to the United States.

* From the HHS, ACF website
Agencies working in the Repatriation Program in

SUCCESSFUL PARTNERSHIP
LEGAL AUTHORITIES:

**Statute:** The Program is authorized under the Social Security Act, Section 1313 (42 U.S.C. 1313) Title 42, Chapter 7, Subchapter XI, Part A, Assistance for United States CitizensReturned From Foreign Countries*.


**Regulation:** Title 45, Chapter II, Part 211 and 212 of the Code of Federal Regulations sets forth the rules which govern reception, provision of temporary services, temporary assistance and related services, and transportation to final destination for U.S. citizens and their dependents returned from foreign countries. It also contains the rules for repayment to the United States and other general rules such as confidentiality and nondiscrimination rights*.

* From the HHS, ACF website
THE REPATRIATION PROGRAM ACTIVITIES ARE BASED ON THE FOLLOWING REGULATIONS:

**General:** 42 USC Sec. 1313, Title 42, Chapter 7, Subchapter XI, Part A, Assistance for United States Citizens Returned From Foreign Countries

**Individual Activity,** 45 CFR 212, Assistance for United States Citizens Returned from Foreign Countries

Public Law 86-571, 24 USC Sec 321-329, Title 24, Chapter 9 – Hospitalization of Mentally Ill Nationals Returned from Foreign Countries.

**Mentally Ill Activity,** 45 CFR 211, Care and Treatment of Mentally Ill Nationals of the United States, Returned from Foreign Countries

**Group Activity,** 42 USC Sec.1313 and Executive Order 12656 (EO 12656)

**Emergency Activity,** 42 USC Sec. 1313 and EO 12656 National Emergency Repatriation Plan, November 18, 1998
ROLE OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES:

- HHS is the lead Federal agency within the U.S. for all Repatriation Activities*.

- Management, coordination and execution of Program regulations, provision of temporary services to eligible repatriates upon their arrival to the Continental United States (CONUSA) from overseas during both emergencies and non-emergency evacuations*.

- This responsibility was delegated by the HHS Secretary to the Administration for Children and Families (ACF) and later re-delegated to U.S. Office of Refugee Resettlement (ORR) within ACF.*
INDIVIDUAL ACTIVITY  45 CFR 212
ASSISTANCE FOR UNITED STATES CITIZENS RETURNED FROM FOREIGN COUNTRIES

1. Routine referrals
2. Eligibility: U.S. CITIZEN AND DEPENDENTS
3. Reception: initial determination, provision of temporary assistance
4. Periodic review and re-determination
5. Termination of temporary assistance
6. Duty to report
7. Repayment to the US
8. Federal payments
9. Disclosure of information
10. Non-discrimination
MENTALLY ILL: 45 CFR 211

2. Certificates
3. Notification to legal guardian, spouse, next of kin, or interested persons
4. Action under State law; appointment of guardian
5. Reception; temporary care, treatment, and assistance
6. Transfer and release of eligible person
7. Continuing hospitalization
8. Examination and reexamination
10. Request for release from hospitalization.
12. Financial responsibility of the eligible person; collections, compromise, or waiver of payment.
U.S. CITIZENS HAVE THE CONSTITUTIONAL RIGHT TO RELOCATE TO ANY DESTINATION OF THEIR CHOICE

50 states and US territories
“Temporary Assistance is defined as cash payment, medical care (including guidance, counseling, and other welfare services), furnished to them within the U.S. upon their arrival to the U.S. and for such period after their arrival, not exceeding 90 days as may be provided in Program regulations.*

* 42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A, (C)
WHO IS ELIGIBLE?

- Individuals identified by the Department of State as having returned, or been brought, from a foreign country to the United States because of the destitution of the citizen of the United States or the illness of such citizen or any of his dependents or because of war, threat of war, invasion, or similar crisis, and;

Are without available resources.*

*42 USC Sec.1313, Title 42, Chapter 7, Subchapter XI, Part A, 1
HOW IS ELIGIBILITY DETERMINED?

- Overseas by DOS
- Within the CONUSA by HHS
  - ISS-USA
  - States
FROM THE ELITE TO THE DESTITUTE, TODAY’S PROFILE OF REPATRIATES:

- Financial issues (destitution)
- Medical issues (Medical tourism, chronically ill)
- Psychiatric issues (Schizophrenia, bipolar)
- Family Crisis (Internet dating, divorce, break-up)
- Victim of crime (Domestic violence, assault)
- Arrest (criminals serving sentence overseas)
- War, civil unrest, natural disaster
- Unaccompanied minors
- Other (Deportation)
The Repatriation program helps the most vulnerable American Citizens who have no one else to turn... A large percentage of returning Americans in this program are children!!!
WHY THIS REPATRIATE WAS REFERRED TO OUR STATE?

- Repatriate will be deported to the closes port of entry (POE)
- It was requested by the repatriate
- Repatriate was born in the state
- Minor has relatives in the state
- Parent’s of the minor are resident’s of that state
- Repatriate used to live in your state (last residency)
  No logical reason at all
NON-EMERGENCY REFERRALS:

- **DOS**
  - Embassy
  - Washington DC

- **ISS-USA**
  - Assess the case and sends to ORR

- **ORR**
  - Approves or denies the case

- **State or CBO**
  - Receive the referral
  - Provide Direct services
UNCLASSIFIED

MEN: JERUSALEM
Date/Stg: Jan, 2012
From: AMCONSUL JERUSALEM
Actn: SECSTATE WASHDC ANDREWS
T/O: CASC, AFN, CPAS
Captvnt: SENSITIVE
File Class: CA/OS/AC/NEA
AC Saf: T1810111218489310

Subject: PMID: REPATRIATION OF Jane Smith

1. Name/POB: Jane Smith, 1 March 1930, Texas.
2. FTT: NO 757776900
3. Source of Funds/Contacted: N/A
4. Prior Post Action/NA
5. Privacy Act Waiver: Subject was unable to sign a PAA due mental incompetence. See Certificate of Mental incompetence.
6. Total Arrangements Required:
7. Desire to Return to U.S./Yes
8. ISS/Accessions ISS/Accessions assistance is requested in sending Ms. Smith to JFK Airport in New York. The psychiatric hospital that is currently treating her is willing to send a psychiatric escort to the POS in New York. She will need an escort from New York to final destination. She will need to be hospitalized upon arrival in Miami and has no health insurance.
10. Last Residence in U.S.: Unknown
11. Final Destination: Austin, Texas
12. Federal Benefits/SSN: 600-25-0000
13. Reason for Destination: Subject had a psychiatric and was involuntarily committed to a psychiatric hospital by Israeli authorities. The order is good until July 2012.
15. Present Location: Herzel Hospital, Jerusalem.
16. Attending Physician: Dr. Halpern
17. Date Able to Travel: January 6, 2012
18. Hospitalization Required: Possibly, will need diagnosed in Texas.
19. Medical Records: Medical records will be provided.
20. Medical Escort: Subject will be accompanied by a medical escort.
21. Escort to Final Destination: No, only to New York. Will need escort to Texas.
22. Special Requirements: Not yet known.
23. Remarks: According to Dr. Escher of Herzel hospital, Anet arrived in Israel on 1 December 2011. She was returned to the Psychiatry Ward on 2 December 2011. She is in an acute psychiatric state, violent and suicidal. This is most likely because she was on drugs and alcohol. Jane suffers from depression and apathy. She can have severe mood swings. She tried to take her medication in the past. Dr. Escher said that Jane can only travel to the U.S. with a medical escort.

This cable is UNCLASSIFIED.
CERTIFICATE OF MENTAL INCOMPETENCE

ABC Hospital
Plaza Building
Argo, Argentina
October 7

CERTIFICATE OF MENTAL INCOMPETENCE

1. TREATING PHYSICIAN: Dr. Joseph Mason, Chief of Psychiatry, ABC Hospital, Argro, Argentina. Tel: 123-456-7890.
2. PATIENT: John Smith, 3 years old, born on August 25, 1990, Chicago, Illinois, USA. Previous Address: 123 Main St., Chicago, IL 60606.
3. DIAGNOSIS: John Smith is afflicted with permanent brain damage and a mental condition that heavily influenced his ability to make decisions for his own protection and that of others. He is in a persistent vegetative state.
4. PROGNOSIS: John Smith is not expected to recover and is incapable of independent living at any time in the near future.
5. MEDICATIONS: Valproate sodium, 5 mg. twice daily, and Thalidomide, 10 mg. daily.
6. LOCATION OF PATIENT: ABC Hospital, Plaza Building, Argo, Argentina, Room 456.
7. CARE REQUIRED: John Smith requires full care and treatment in a qualified facility for the care and safety of the patient.
8. PHYSICIANS SIGNATURE: [Signature]

This certificate was prepared in compliance with the requirements of P.L. 92-56, 1993-94.
SAFETY AND MENTAL COMPETENCY:

- If the repatriate signs a decline of service form, upon arrival at POE or at his/hers final destination. No services can be provided beyond this day.

- If the repatriate is deemed mentally insane overseas a team of mental health providers should once again examine whether the repatriate is mentally competent to make decisions. **Follow your local procedure**

- People can change their minds, if they need assistance they can reapply to the program anytime during the eligibility period.
Personal Safety and aggressive repatriates:

- If repatriate exhibits aggressive behavior, follow your State’s established procedures for the situation.
- Notify the local police or call 911 for backup and assistance.
- If repatriate is taken into custody by the police, he/she would be released when no longer considered a threat to himself/herself or others.
FOR COMPETENT REPATRIATES:

- If the repatriate is found competent to make decisions, the repatriate should be asked, whether he/she consents to receive services;
- If he/she consents to receive services, he/she must sign the repayment agreement to proceed.
- Follow the core procedure.
PORT OF ENTRY OF FINAL DESTINATION?

- Services at POE will be requested on case by case basis.
- Depending of the case repatriates can be deported to the nearest POE since the Foreign government is bearing the expenses for the repatriate returning.
- Client can remain in the POE until they are stable to travel on to their final destination and some cases full services can be provided.
CORE SERVICES AT THE STATE LEVEL:

1. Meet and greet at the Airport.
   a) Inform the repatriate about the program, especially that it is a loan.
   b) Provide a copy of the welcome package for the repatriate.
   c) Obtain signature on appropriate documents (e.g. repayment agreement form/decline service form)

**The program is voluntary they can refuse services**
PRIVACY AND REPAYMENT AGREEMENT
FORM (FORM RR-05)

U.S. REPATRIATION PROGRAM
PRIVACY AND REPAYMENT AGREEMENT FORM

[Check box if you are completing and signing this form on behalf of the repatriate. Please note that the repatriate must sign this form unless he is a minor or an adult with a physical or mental condition that prevents him from signing this form. You must be an authorized representative in order to sign on behalf of the repatriate. Print the below information if you are signing on behalf of the repatriate.

Representative Name: ___________________________ Relationship: ___________________________

Phone: ___________________________

Note: Filling the information on this form, including but not limited to the social security number, is voluntary. However, if you fail to provide the requested information, you may be found ineligible for repatriation assistance.

PRIVACY ACT STATEMENT

I, ___________________________, the ____________ of ___________________________, hereby authorize the Department of Health and Human Services (HHS), U.S. Repatriation Program (Program), to collect and have access to my protected health information (PHI) and to disclose my PHI to other Federal, State or private organizations, if necessary to enable the HHS to carry out its responsibilities under 42 U.S.C. 1311 and 24 U.S.C. Sections 231 through 329, or to enable another Federal agency to carry out any functions related to my return from a foreign country and entry into the United States, or as otherwise expressly authorized by appropriate HHS staff.

ACCEPTANCE OF REPATRIATION SERVICES AND REPAYMENT AGREEMENT

I understand that all financial, medical, transportation and other temporary assistance provided to me through the Program must be repaid, unless a waiver is granted by authorized HHS staff. I understand that I will be billed by the HHS directly or through its agents for the cost of this aid, and I agree to repay this amount in full. Repayment in full or my first installment payment is due 30 days after billing. If I pay by installment, or if I am delinquent in repayment, interest at the current rate fixed by the B.S. Secretary of Treasury for private consumer loans will accrue on the unpaid portion. Until I repay in full the aid received, I agree to report all changes in my address to HHS at 330 C Street S.W., Washington D.C. 20221, or 202-401-8245. Attention: U.S. Repatriation Program.

Repatriate’s Name (print) ___________________________ Last: ___________________________

First: ___________________________ MI: ___________________________

Address: ___________________________ City: ___________________________ State: ___________________________ Zip Code: ___________________________

Repatriate’s Social Security Number: ___________________________ Phone Number: ___________________________

I understand and agree to all terms and conditions of the Privacy Act Statement and the Repayment Agreement, and certify that the information provided above is correct. All payments must be sent to HHS/PBC U.S. Repatriation Program, Attention: Repatriation Collections Office, 12021 Arundel Drive, Suite 100, Rockville, MD 20857. Tel (301) 443-5950.

Signature: ___________________________

Date: ___________________________

THE PAPERWORK REDUCTION ACT of 1995 (Pub. L. 104-67): Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and preparing the data and completing and submitting the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Title 45 of the United States Code (3001) states that an individual who knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes or causes to be made any written or oral statement or representation, or (3) makes or causes to be written or oral statement or representation knowing the same to contain any intentional false, fictitious, or fraudulent matter or entry, shall be fined under this title, imprisonment not more than 5 years, or both.
2. TRANSPORTATION FROM THE AIRPORT TO THE FINAL DESTINATION

Arrange for transportation (by ambulance, van, car or Taxi) to go to hospital if POE is not final destination ensuring the repatriate is taken safely for placement in a shelter, hospital or nursing home.

3. Financial assistance (TANF)

Cash should be provided in accordance with program guidelines and should follow the equivalent TANF rate for the State (depending on family size per household).
4. Assistance finding a shelter or permanent housing

- If shelter is available, it is the first choice.

5. ASSISTANCE FINDING MEDICAL CARE OR PSYCHIATRIC CARE IF NEEDED:

- Arrange and ensure third party billing rate with the hospital / care facility
6. CASE MANAGEMENT FOLLOW-UP:

- Assistance under the program can be provided for up to 90 days (Day 1 is the arrival day and it ends on the 90th calendar day after arrival).

- Direct the client in applying for public benefits and provide referrals.

- Submit timely applications for all eligible & appropriate benefits (to cover immediate needs), Medicaid, Medicare, SSI, TANF (if eligible), Food Stamp, housing (shelter or permanent housing), job training etc.

- Create and oversee a plan to meet their immediate needs for the repatriate, assisting them towards becoming independent in 90 days or less.
OTHER SERVICES...

7) Monitor case at different intervals to ensure eligibility.
8) Timely notification to ISS of any development on the case (change of address and benefits)
9) Close the case on or before 90 days
10) Provide feedback to ISS through a follow-up survey
POST-ARRIVAL

- After arrival ISS will contact the State Coordinators or local provider on the first business day after the repatriate arrives to confirm that all went as planned.
- ISS will remind the state or local service provider to have all loan repayment forms signed by the repatriate and forwarded to ISS-USA case manager.
- ISS will inform DOS about the repatriate’s arrival.
Assistance Required

- Medical Costs: 56%
- Rent: 17%
- Escorts: 11%
- Transportation: 9%
- Cash Assistance: 4%
- Administrative Costs: 3%
PLEASE REMEMBER

- **Any assistance** over $1500 is a high cost case
- ORR must approve the request prior to proceeding with the plan.
- Submit request for extension or waiver recommendation as soon as possible.
CASES ARE CLOSED BEFORE 90 DAYS TYPICALLY WHEN:

- The repatriate immediate needs are met, they have access to benefits, housing and appropriate care.
- HHS/ACF/ORR discovers that the repatriate has access to other sources of income.
- The repatriate who was destitute or without available resources overseas and upon arrival, is able to regain access to financial resources. (Example the Repatriate is receiving SSI, lost bank card and/or is a Veteran with benefits)
- The Repatriate dies upon arrival to the U.S.
Certain temporary assistance may be furnished beyond the 90 day eligibility period if prior authorization is approved by ORR.

Temporary assistance may be extended if the eligible repatriate is handicapped in attaining self-support or self-care for reasons such as age, disability, or lack of vocational preparation;

Extension requests for temporary assistance must be submitted to ORR or its grantee before the 90-eligibility day expires. (Form RR-07)

Services can be extended for up to 9 months.
REPATRIATION FILES:

- Files and Boxes must be identified and an electronic posted must accompany each box.
- Send to ISS any paper files or printed electronic records kept (older than 3 years) on any repatriates that you served during the last years. ISS-USA will cover shipping costs for these case files to be submitted to:
  - 22 Light Street,
  - Suite 200
  - Baltimore, MD 21202
WAIVERS AND DEFERRALS

- A formal request in writing must be submitted to ISS requesting a waiver. (Client or local case worker)

- Demographic and identifiable information must be provided along with completion of the Loan Waiver and Deferral Form (Form RR-03).

- The requests are evaluated based on financial need; Mandated by federal regulations
  - Public Law Title 45
  - Sec 211 and 212

Insufficient income available to repay debts.

HHS reviews, grants, defers, suggest payment plans, and denies all waiver requests.
REIMBURSEMENT PROCESS:

1. Requests from States and CBO’s arrives at ISS

2. ISS reviews, compiles & request supporting and or missing documentation

3. HHS reviews, approves, denies, or holds request

3. ISS submits to HHS For review and determination

4. With ORR Approval = ISS cuts the check
REIMBURSEMENT

- Reimbursement Payment Requests
- Documents required Monthly
- Cover letter
- Signed Privacy and Repayment Agreement Form
- Form RR-04
- Support documentation
- Original receipts, copies of checks, acknowledgement of support received etc.
- Detail case notes

Link below for forms and instructions:
RESOURCES AVAILABLE:

- ISS List Serve, please add your name to our mailing list on the website if you haven’t already.
- ISS Website: [www.iss-usa.org](http://www.iss-usa.org)
- HHS ACF Website: [https://www.acf.hhs.gov/orr/programs/repatriation](https://www.acf.hhs.gov/orr/programs/repatriation)
- ISS Staff
- 24 Hour emergency repatriation assistance by cell phone 410-591-4998
FOR MORE INFORMATION:

Financial Information
Stephney Allen
Director of U.S. Repatriation Program & Internal Operations
Phone: 443-451-1204
Email: sallen@iss-usa.org

Case Management Information
Yalemzewd Bekele-Mulat
Repatriation Program Manager
Phone: 443-451-1216
Email: ymulat@iss-usa.org

International Social Service-USA
22 Light Street, Suite 200
Baltimore, MD 21202
Fax: 443-451-1220
Skype: iss-usa
www.iss-usa.org

“Bringing resolution across borders
Trayendo resoluciones entre fronteras”
Thank you!
With your help we are making a huge difference in the life of our repatriates.