U.S. REPATRIATION PROGRAM
STATE REQUEST FOR FINANCIAL REIMBURSEMENT

Facilitated By:
Stephney Allen
Director of U.S. Repatriation Program and Internal Operations

International Social Service-USA Branch
22 Light Street
Suite 200
Baltimore, MD 21202
Phone: 443-451-1200 Fax: 443-451-1220

www.iss-usa.org
iss-usa@iss-usa.org
WELCOME TO OUR WEBINAR

Your facilitators for today’s training:

ISS-USA:

*Stephney Allen*
Director of U.S. Repatriation Program and Internal Operations

*Yalem Mulat*
Repatriation Program Manager

HHS:

*Elizabeth Russell*
U.S. Repatriation Program Coordinator
BY THE END OF THIS PRESENTATION YOU WILL HAVE RECEIVED INSTRUCTION ON:

1. Reasonable & Allowable reimbursable expenses
2. How to identify and complete reimbursement, high cost, extension or waiver documents and forms
3. How to submit accurate and compliant high cost and extension requests
Webinar agenda:

- Mini program overview
- Reimbursable expenses: reasonable & allowable
- How to submit a high cost request
- Sample Medical Expenses– Letter
- Sample administrative cost – Case Management hours
- Reimbursement Process:
  - Non-emergency Processing Claims (ISS)
  - Emergency: Processing Claims (HHS)
- When & How to submit a reimbursement request
- Forms required
- Debt to repatriates (Waivers)
- Program extensions
- Q & A Session
- Closing Remarks
Who is ISS and What do We do?

International Social Service was established in 1924 in Geneva, Switzerland. We are the American Branch, based in Baltimore, MD, of the International Social Work Federation, operating in more than 100 Countries. We are a Non profit, non governmental agency selected by ORR to collaborate with States, DOS and ORR to provide repatriation assistance to returning adults, children and families.
ISS-HHS Cooperative Agreement:

- The Department of Health and Human Services Administration for Children and Families, Office of Refugee Resettlement (HHS/ACF/ORR) and ISS-USA signed a cooperative agreement. Through this agreement ISS-USA provides support to the Repatriation Program Non-emergency activities.
- The new five-year agreement extends ISS's 15-year working relationship with the U.S. Repatriation Program.
REIMBURSEMENT:

The Repatriation Program is federally-funded and authorized service providers can be reimbursed by the Federal government for 100 percent of all reasonable and allowable program costs, contingent upon availability of funds.

These costs fall into two categories:

- **Direct services:** Costs of Direct Assistance to Repatriates (food voucher, hotel, taxi etc.)
- **Administrative services:** Case Management hours and other administrative costs
Provides periodic reports and/or case updates to ORR and/or its grantee

- Timely notify ISS-USA of any development on the case (change of address and benefits)

- Any assistance over $1500 is a high cost; ISS-USA needs ORR approval before proceeding with the plan.
What can be a high cost expense?

- Nursing homes
- Assisting living facilities (ALF)
- Medical escort
- Transportation (ambulance)

Rent, utilities, medical expenses and many more…
Hospital placements:

Please refer Medical Center Administrators or Social Workers to ISS-USA Financial for an explanation of the requirement of obtaining Medical Coverage.
Third party payment:

- Any medical care and hospital care will be paid in accordance with the State agency’s fee schedule or the average payment rate for other third party groups such as Blue Cross, Blue Shield and insurance carriers.*

- If the Repatriate is not eligible for medical coverage, (e.g. Medicaid) the Repatriation Program will cover those costs that are allowable, reasonable and allocable for up to 90 days.*

*Administration and Fiscal Procedures Policy (U.S. Repatriate Program Action Transmittal 89-B),
How to submit a high cost request

Send a tentative list of expenses with justification to the ISS-USA case manager:

Case number 000000 September 2014:
Rent $600 and security deposit $600
Furniture voucher $200 for Goodwill or Salvation Army
Utilities: $150
Prescription medication: $50
Total: $1600

Brief Narrative in support of costs
Example of some Direct expenses:

- Food voucher, Meals
- Cash assistance (equivalent of the TANF rate)
- Clothing (weather appropriate clothing, uniforms, including shoes);
- Toiletries (personal hygiene)
- Medical care not covered by Medicare, Medicaid, or 3rd Party Insurance
- Medications for the use of the repatriate
- Lodging, Rent, security deposit
- Telephone and communication (prorate if not entire month)
- Training necessary for employment
- Counseling
- Transportation (weekly, monthly bus pass, taxi service or mobility service)
Direct expenses:

Medical Expenses – can be costly!

We advise all partners that repatriates when required be taken to Public Health service hospitals if available.

Immediately upon admission, hospital social workers and state case workers must work in conjunction to apply for medical benefits (State or Federal).
SAMPLE MEDICAL LETTER

Date XXXX, 2016

RE: XXXXXXXX

ISS Case# XXXXXX

To whom it may concern,

Thank you for accepting to provide medical services to Mr. XXXXXXXX, an eligible repatriated American citizen in need of care.

The U.S. Repatriation Program (Program) was established by Title XI, Section 1113 of the Social Security Act to provide temporary assistance to U.S. citizens and their dependents who have been identified by the Department of State (DOS) as having returned, or been brought from a foreign country, to the U.S. because of destitution, illness, war, threat of war, or a similar crisis. Temporary assistance is provided to eligible repatriated individuals, for up to 90 days, in the form of a loan repayable to the Federal Government (50 CFR 222.7). Temporary assistance may be extended beyond the 90 days if approved by the Department of Health and Human Services (HHS). If repatriation is found to be infeasible in attaining self support or self care for such reasons as age, disability or lack of vocational preparation. This extension can be provided for up to 9 additional months.

International Social Service USA operates under a cooperative agreement with the Department of Health and Human Services Office of Refugee Resettlement to complete a case of case management and administrative tasks in performance of the Repatriation contract.

Please be advised that the U.S. Repatriation Program is the provider of last resort for medical expenses. ISS thoroughly reviews International Social Service USA’s plans to cover medical expenses and/or arrange for outside sources, such as an insurance provider and Medicaid. In accordance with the U.S. Repatriation Program Administration and Fiscal Procedures Policy (U.S. Repatriation Program Administration and Fiscal Procedures Policy), medical care and hospital care will be paid in accordance with the State agency’s fee schedule or in the amount thereof, the average payment rate for other third party groups such as Blue Cross, Blue Shield and insurance carriers. Therefore, if Mr. XXXXXXXX is not eligible for medical coverage, (e.g., Medicaid) the Repatriation Program will cover these costs that are allowable, reasonable, and allocable for up to 90 days.

Please submit invoices which reflect either the State agency’s fee or, in some cases, the average payment rate for other third party groups such as Blue Cross, Blue Shield or insurance carriers to:

22 Light Street
Suite 200
Baltimore, MD 21202
Attention: Stephney Allen

Thank you so much for your cooperation. We look forward to hearing from you soon.

With best regards,

Stephney Allen, Director of Repatriation and Internal Operations
Phone: (410) 431-1204 ext 1304
Fax: (410) 431-1204
Email: SAllen@iss-usa.org
Sample administrative cost:

- **Unaccompanied minor cases** from 1 to 5 hours for planning meet and greet as well as placement with Child Protective Services (CPS);

- Planning and general coordination, includes meet and greet, family placement, CPS placement, the case close the day of arrival. Planning may take from one to two hours depending of the case.

- **Exemption:** if a receiving family member requests assistance on behalf of the minor, upon arrival to the U.S., and signs the repayment agreement the minor might be able to receive temporary assistance. ORR will make that determination and the state may or may not be involved.
Sample administrative cost:

- **Destitute cases** from 1 to 5 hours if placed in a shelter/motel: Including planning for a repatriate with no mental health issues: meet and greet, transportation, provide assistance with the application of public benefits (only if the repatriate is unable to do it by him/herself), referral to resources in the community and finding shelter.

- It is the responsibility of the repatriate to reach out to the local case worker to provide an update on his/her situation; this follow up must be done within an established time by phone or in person (Repatriate going to the case manager’s office).
Sample administrative cost:

- **Critically ill cases** from 1 to 10 hours if placed in hospital or nursing home: Including planning for a repatriate with medical issues placement, meet and greet, process the hospital medical evaluation, finding a most appropriate placement, transportation, ensure third party letter for hospital expenses is given to the hospital or nursing home facility.

- The social worker (SW) in the institution (e.g. hospital, nursing home, etc.) will develop a discharge planning, including the referral to public assistance and or other benefits. Depending on the condition of the client, a phone call to the SW or under rare circumstances, a follow up visit (only if necessary) to gather information that cannot be delivered electronically or via mail.
Sample administrative cost:

- **Certified mentally incompetent** from 1 to 15 hours for planning for a repatriate with mental health issues, including but not limited to: meet and greet, onsite or hospital mental health evaluation, transportation, ensure the facility social worker (SW) is applying for public benefits, contact the assigned SW at least once a month to get updates on benefits.

- If client is released, provide assistance with the application of public benefits (only if the repatriate is unable to do it by him/herself and assistance was not provided at the institution), referral to resources in the community, finding shelter, and follow up by phone or in person (Repatriate going to the case manager’s office).
Case management hours

Administration and case management costs are reimbursable to the local provider by HHS/ORR.

1. Local provider personnel costs claimed to the Repatriation Program must be directly attributable to a specific repatriation case.

2. Keep honest track of your time during case planning, follow up, and closing. Notes are carefully reviewed to ensure that claimed time is reasonable.

3. Time spent on the program must be properly recorded, along with a detailed description of the activities performed.
<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th>Time From to</th>
<th>Total Minutes</th>
<th>Mileage</th>
<th>Rate $/mile</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/10/2014</td>
<td>Phone and email communication with ISS, processed referral received.</td>
<td>10:30 to 10:45am</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2014</td>
<td>Phone call to hospital to arrange services for Repat, SW set up admission at the emergency dept.</td>
<td>11:20 to 11:35 am</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2014</td>
<td>Discussed plan for pick up at airport with ISS case manager</td>
<td>10:15 to 10:30 am</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2014</td>
<td>Phone call to ambulance to arrange for transport to airport to hospital</td>
<td>2:40 to 2:55 pm</td>
<td>15 min</td>
<td>N/A</td>
<td>$0.55/mile</td>
<td>$ 8.5</td>
</tr>
<tr>
<td>3/10/2014</td>
<td>Transportation to the airport to meet and greet</td>
<td>N/A</td>
<td>46 miles</td>
<td></td>
<td></td>
<td>$ 25.3</td>
</tr>
<tr>
<td>3/10/2014</td>
<td>Meet and greet at the airport</td>
<td>1:15 to 2:45 pm</td>
<td>1 Hour &amp; 30 min</td>
<td>N/A</td>
<td></td>
<td>$ 51</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>Hours:</td>
<td>2hrs 30 min</td>
<td></td>
<td></td>
<td>$ 110.3</td>
</tr>
</tbody>
</table>
How to document case management hours and rates?

- Find out the hourly rate for your state/county
- Keep track of your time in a database or a time log
- Print your agency case notes (if allowed)
- Take good notes of your interactions with the repatriate. For example: summarize phone conversations, visits etc.
- Print emails sent and received
- Keep record in proper locations

**Note:** If insufficient information is received, HHS/ORR may request additional documents to support your request.
## Administrative cost: Case Management

<table>
<thead>
<tr>
<th>Position</th>
<th>Hourly Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor</td>
<td>$34.00</td>
</tr>
<tr>
<td>Case Manager</td>
<td>$20.00</td>
</tr>
<tr>
<td>ISS Case #</td>
<td>Date: 2/12/14</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>From: 7:05 am to 9:20am</td>
<td>Total: 2 hours and 15 minutes</td>
</tr>
</tbody>
</table>

On the event date CW (name) picked up Repat at JFK airport. Repat arrived at 7:45am from X country. Upon arrival Repat right hand was wrapped in a bandage and it was black & blue. Mrs. S stated that she injured her hand on the conveyer belt in customs. She signed the repayment agreement. CW escorted Repat to (Name) Hospital at address and phone: (718) 600-3000. While at hospital the hospital social worker contacted the daughter, to get information regarding the Repat mental and physical health. The daughter stated that the Repat has been admitted in the past to a mental hospital, and she provided the doctor’s name and phone #. The Repat was given an x-ray and a psychological evaluation and was admitted into the hospital, where she currently remains. The social worker will send her entitlement applications by next week.
PLEASE REMEMBER

- Any assistance over $1500 is a high cost case:
- ORR must approve the request prior to proceeding with the plan.
- Submit a request for extension or waiver recommendation as soon as possible.
- Maintain repatriates’ file in order and in a secured location.
- Please keep the records for three years from the date of final submission of the final of reimbursable expenses… ask ISS-USA for exceptions.
REIMBURSEMENT PROCESS:

1. Requests from States and local providers sent to ISS-USA

2. ISS-USA receives, reviews, compiles & requests missing supporting information/documentation

3. ISS-USA submits complete claim to HHS for review and determination

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

5. With ORR Approval = ISS cuts the check
A complete reimbursement requests contains:

1. **Properly completed and signed** Privacy and Repayment Agreement Form (RR-05) or Refusal of Temporary Assistance Form (RR-06).

2. **Cover letter** containing the name, address, telephone number, and e-mail address of the county contact person for the claim; the time period covered by the claim (i.e., April 17, 2018 – May 16, 2018); and the agency to which the reimbursement should be issued.

3. **Properly completed RR-04, Non-Emergency Monthly Financial Statement**, detailed explanations of all costs; with the current address of the repatriate;

4. **All supporting documentation**, such as original receipts, copies of checks, and signed cash disbursement acknowledgment forms.

5. **Case notes** with detailed description of the activities performed and itemized the spent time in hours and minutes.
Reimbursement requests checklist

- Send requests on a monthly basis
- Cover letter
- Signed Privacy and Repayment Agreement Form or Refusal of Temporary Assistance Form
- Form RR-04
- Attach supporting documentation
- Original receipts, copies of checks, acknowledgement of support received etc.
- Detail case notes
- Other__________________________
- Fiscal year ends September 30th, 2018
PRIVACY AND REPAYMENT AGREEMENT (FORM RR-05)

DEPARTMENT OF HEALTH & HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES
330 C Street S.W., Washington D.C. 20201, Telephone: 202-401-9200

U.S. REPATRIATION PROGRAM
PRIVACY AND REPAYMENT AGREEMENT FORM

☐ Check this 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: Furnishing 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, (print repatriate’s name), 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. 1313 and 24 U.S.C. Sections 301 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 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 officer. I understand that I will be billed by the HHS directly or through its designee 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. I pay by installment, or with payment in repayment, interest at the current rate fixed by the U.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. 20201, or 202-401-9245, Attention: U.S. Repatriation Program.

Repatriate’s Name (print) Last: ___________________________ First: ___________________________
Address: ___________________________ Street: ___________________________
City: ___________________________ State: ___________________________ Zip Code: ___________________________
Repatriate 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/PHS: U.S. Repatriation Program, Attention: Repatriation Collections Office, 12501 Antennas Avenue, Suite 100, Rockville, MD 20857. Tel (301) 443-9250.

Signature: ___________________________ Date: ___________________________

This information is collected in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and is necessary for the purpose of providing assistance to the repatriate. Inquiries should be addressed to: U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201.

INTERNATIONAL SOCIAL SERVICE-USA BRANCH

29
Your organization's letterhead

Date

Stephanie Allen
Director of the Repatriation Program and Internal Operations
22 Light Street, Suite 200
Baltimore, MD 21202

Dear Ms. Allen:

Please find enclosed documents: the signed U.S. Repatriation Program RR-05 Provac
and Repayment Agreement form and the RR-04 Non-Emergency Monthly Financial
Statement form with case notes supporting administrative hours, copies of all receipts,
signed cash disbursement acknowledgment forms and vouchers copies regarding the
repatriation case #

The attached reimbursement request covers the dates: from
to

with (summary of the expenses) total amount of $

Please make the check payable to: name of the person or organization.

If you have any questions or concerns in regards to this request, please don’t hesitate to
contact: the name, telephone number, email address, address.

Thank you for your prompt attention to this request.

Sincerely,

Signature
Company/Agency name:
Contact Person:
Address:
City, State, Zip
The Non-Emergency Monthly Financial Statement (RR-04)
TWO LOANS

Any Embassy, DOS

Loan with DOS; International travel expenses
Promissory note signed overseas

Anywhere in the USA

Loan with HHS/ORR; Domestic travel and direct services expenses.
Repayment agreement signed on the day of the arrival
You can assist the repatriate with their request for repatriation loan waivers, deferrals, and/or payment plans.

Explain that the 2 loans were created, but we can only assist with HHS domestic portion of the repatriation loan. HHS has no authority over the Department of State international portion of the loan.
WAIVERS AND DEFERRALS

▪ A formal written request must be submitted to ISS-USA for a waiver. (Client or local case worker)

▪ Demographic and identifiable information must be provided

▪ The requests are evaluated based on financial needs and income available to repay the debt. In addition, ORR looks at the potential for future collection
EXTENSIONS

- Temporary assistance may be extended beyond the 90 days period if the eligible repatriate is handicapped in attaining self-support or self-care for such reasons as age, disability, or lack of vocational preparation.
- Extension must be authorized by HHS/ORR
- Services can be extended for up to 9 months.
Extensions are granted if

Repatriate is handicapped in attaining self-support or self-care for the following reason/s:

- Age (For example: copy of birth certificate, passport, state ID, etc.)
- Disability (For e.g.: a letter from the attending physician with diagnosis and treatment, social security letter etc.)
- Lack of vocational preparation (For e.g.: a letter from the unemployment office)
- Other reasons (specify) ____________________________________________

Requested Temporary Assistance: Please describe: _________________
For how many days/months is this assistance requested? ______________
How much Administrative cost you are requesting: $______________
Total amount estimated on temporary assistance: $______________
Extensions

- A formal written request must be submitted to ISS-USA by the case worker on behalf of the repatriate or by the repatriate. This request must include the Temporary Assistance Extension Form (RR-07) along with supportive documentation.

You can assist the repatriate on requesting an extension.
EXTENSIONS

- Extension requests for temporary assistance must be submitted to ORR before the 90-eligibility day expires.
- At least two weeks before the 90-day expiration.
- The 90 days is counted from the date of arrival to the U.S. and includes each calendar day (including holidays and weekends).
ISS-USA does not have the authority to approve or deny repatriation reimbursement, waiver, extension, or high cost requests. This is an exclusive function of HHS/ORR.

HHS reviews, grants, defers, suggest payment plans, or denies all reimbursement waiver, extension, and high cost requests.
Mark your calendar

All reimbursement requests must be received during the allowable time on or before the fiscal year (FY) is over.

Our current fiscal year 2018 ends on September 30th, 2018.

At the end of the FY, all unused Repatriation Program funds for the year are returned by ISS to the U.S. Treasury and are no longer available to pay state/local providers’ claims.
Question/answer session

- Now taking questions – use the Question area on the Control Panel
- We will review and answer questions at the end of the webinar
- Answers will be given directly (if time permits)
- Today’s materials and a recording of the webinar will be posted to the ISS-USA website.
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 major difference in the lives of our repatriates.