Refugee Resettlement Program
State Plan – FFY 2026

State of New Mexico
Health Care Authority

Michelle Lujan Grisham
Governor

Kari Armijo, *Secretary*

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Kari Armijo, HCA Secretary
New Mexico Health Care Authority

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State Plan Template for Grants to States and Replacement Designees for Refugee Resettlement

To receive Refugee Resettlement assistance, a State or Replacement Designee (RD) must submit a state plan that is signed by the Governor, the Governor's designee, or, in the case of an RD, by the RD's authorized representative, and that is approved by ORR. The state plan should outline detailed plans for a state's and RD's implementation of the required components. This template outlines the required components and mandatory sequence of a state plan. A State or RD may include additional information either at the end of the relevant section or as a separate attachment to the state plan.

ADMINISTRATION

A. Organization - 45 CFR Parts 75 and 400 Subpart C, 45 CFR § 400.5[1], and Policy Letter (PL) 16-01[2]

1. Designate the state agency or RD responsible for developing and administering or supervising the administration of the state plan.

The New Mexico Health Care Authority (HCA) has been designated as the single state agency responsible for administering the statewide refugee resettlement program. https://www.srca.nm.gov/parts/title08/08.119.0100.html is the section within the NM Administrative Code that certifies such designation and can be reviewed further in Attachment A.

Within HCA, the administration of the program is vested in the Refugee Resettlement Program within the Work and Family Support Bureau (WFSB) of the Income Support Division (ISD).

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[1] Applicable citations for the entirety of the section will be provided at the beginning of each section. An additional citation(s) may be provided after a subitem (e.g., B.7), if the subitem requires an additional reference.

[2] Citations may include ORR PLs or other guidance documents, which are subject to revision or being superseded by later guidance. If this occurs, ORR will notify states and RDs that the revised or subsequent guidance applies to the relevant section or item within this template.

2. Provide the name and title of the State Refugee Coordinator (SRC) designated by the Governor or the Governor's designee. Provide copies of the signed documentation showing the chain of designation from the Governor, through the Governor's designee, if applicable, to the SRC. For an RD, provide the name and title of the Statewide or Regional Refugee Coordinator (as applicable) and indicate whether the person is responsible for administering the entire Refugee Resettlement Program (RRP) or a specific element of it.

The Refugee Resettlement Program, through the State Refugee Coordinator (SRC), is responsible for coordinating all aspects of ISD services to refugees, including the provision of publicly administered cash and medical assistance and the monitoring of the activities of all HCA contractors serving refugees in the furtherance of the State Plan. Melissa Sisneros is currently serving as the Interim State Refugee Coordinator for New Mexico. Per Title 8, Chapter 119, Part 110, Paragraph 3B (8.119.110.3B) of the New Mexico Administrative Code (NMAC) and Executive Order 80-62 designates the State Refugee Coordinator to administer the program. (Please see Attachment 1.)

3. Provide the name, title, and agency of the State Refugee Health Coordinator (SRHC), as applicable.

Karen Gonzales is the State Refugee Health Coordinator and is currently the Program Manager at the New Mexico Department of Health (DOH).

4. Describe the organizational structure and functions of the state agency or RD.

Consistent with the intent of the ORR, HCA has established a network of relationships within local and state government entities and community organizations that seek to coordinate public and private efforts on behalf of refugees and to maximize the impact of services made available to refugees through the Refugee Resettlement Program (RRP).

A. Within the Health Care Authority

The New Mexico RRP is administered within the ISD of the New Mexico HCA, a Governor's Cabinet level Department. ISD coordinates the State's efforts in assisting refugees to achieve the earliest possible economic self-sufficiency through employment by facilitating access to required services and supports. The administrative structure of HCA is represented by the HCA Organization Chart (see Attachment B).

ISD field offices are responsible for determining eligibility and processing all applications for Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance Program (SNAP), the Low-Income Home Energy Assistance Program

(LIHEAP) and other public benefits as well as the Refugee Cash Assistance (RCA) and Refugee Medical Assistance (RMA) programs. This process places ISD in an important position to create and foster an environment in which refugees can access services they require during their initial resettlement period, while having their participation monitored, and resolve issues that could lead to a disruption in the resettlement process. The RRP utilizes the resources of several HCA divisions and bureaus to administer and manage the RRP.

i. The Grants Management Bureau within the Administrative Service Division (ASD) provides ISD with grant management and fiscal reporting support.

ii. The Financial Accounting Bureau within ASD tracks all RRP expenditures and ensures the accuracy of fiscal reports.

iii. The Contract Management Bureau within ASD assists in the development of contracts for the delivery of refugee social services.

iv. The Budget Bureau within ASD assists the RRP with budget projections and cost estimates.

v. HCA's Office of General Counsel (OGC) helps to ensure that the policies and regulations proposed by ISD are consistent with the laws and regulations of the State of New Mexico and the United States Government.

vi. The Medical Assistance Division (MAD) develops Medicaid policy and regulations for the provision of physical, behavioral, and long-term services and supports.

vii. The Policy and Program Development Bureau within ISD develops policies, procedures and regulations with respect to the delivery of TANF, SNAP, LIHEAP, RCA, and RMA.

viii. The Information Technology Division (ITD) within HCA manages the hardware and software used by ISD to administer the RRP.

ix. The Hearings Bureau within HCA's Office of the Secretary (OOS) establishes the rules for conducting fair hearings.

x. The Internal Audit Bureau within HCA's OIG conducts internal audits.

B. HCA has developed relationships with other departments within State and local governments to facilitate the objectives of the RRP.

i. DOH works closely with HCA to ensure refugee health screenings are being done timely, to distribute health education materials within refugee communities, and to develop plans in response to health emergencies that may affect refugees in the State of New Mexico.

ii. The Early Childhood Education and Care Department (ECECD) provides access to free childcare services.

iii. The Aging and Long-Term Services Department (ALTSD) makes supportive services available that enhance independence to older refugees. Such services may include Meals-on-Wheels, mentoring and transportation assistance as well as information to other program resources for which they may be eligible.

iv. The New Mexico Department of Workforce Solutions (NMDWS) provides employment and training services. DWS is also the established partner that HCA uses for TANF work program services.

v. Albuquerque Public School (APS) and Las Cruces Public Schools (LCPS) representatives work closely with Lutheran Family Services (LFS), the sole resettlement agency in New Mexico, in the placement and progress of refugee children enrolled in public school as well as with the provision of pre and post school hour childcare services.

vi. Local governments, particularly the City of Albuquerque, City of Santa Fe, and City of Las Cruces, consult with both ISD and LFS regarding refugee placement issues so that the profiles of the refugees placed in the area are matched to available resources.

C. Between HCA and Local Service Providers

HCA works with LFS leadership to facilitate the coordination of services as funded by ORR. As part of this coordination, LFS staff works with newly arrived refugees within the first few days of arrival to New Mexico to develop an Individual Resettlement Plan (IRP), which includes the refugee's Individual Employment Plan (IEP). LFS then assists refugees with enrollment in the services identified in his or her plan.

LFS assist all refugees with navigating the application process for RCA and RMA programs, which are administered through ISD. As required in 45 CFR§ 400.75, a referral to RCA is always coupled with a referral to the Refugee Employment Services Program administered through LFS. In some instances, the applicant may

be exempt from this requirement as described in the Financial Assistance section of this State Plan.

HCA works with LFS and other local service providers to enhance the level of coordination, scope, and quality of services made available to refugees served through the RRP. These efforts include assistance with securing funding for services, identifying barriers and/or gaps in service, training, and program monitoring to ensure meaningful outcomes are achieved.

D. Mutual Assistance Associations and Ethnic Community-Based Organizations

The focus of the State RRP is to encourage the formation of Refugee Mutual Associations (MAAs) and Ethnic Community-Based Organizations (ECBOs) to provide a wide range of supportive services within the local refugee communities. A consensus between language experts, professional service providers and volunteer organizations suggests that English language skills are necessary to succeed in work, school, and the community. It is important to ensure that refugees, including refugees who are Limited English Proficient (LEP), can participate fully in job searches, the workforce, education, and workforce training programs. The State will assist in the development of MAAs and ECBO's and encourage them to:

i. Identify and assess refugee populations and their needs in high impact areas, particularly the unemployed and pre-literate refugees; provide counseling and make referrals to HCA, English Language Training (ELT) projects and any other appropriate agencies. They also provide follow-up support to service agencies.

ii. Provide supplemental orientation programs to newly arrived, secondary migrant refugees, and the general refugee population in cooperation with HCA and the local refugee resettlement agency.

iii. Assist refugee designated staff with providing interpretation services to existing mental health agencies to serve the mental health needs of the refugee population

5. Describe the State's or RD's process for leading or co-leading with local resettlement agencies in the state, no less frequently than quarterly, in active coordination with the SRHC, the consultations described in § 400.5(h), which must address:

The New Mexico Refugee Advisory Committee (NMRAC) serves as the planning and coordinating body required as outlined in 45 CFR §400.5(h). The State Refugee Coordinator sends an email with a Microsoft TEAMS invite to a diverse group of stakeholders including ISD staff; Lutheran Family Services (LFS), the NM refugee resettlement agency; the Department of Health; the Refugee Mental Health Coordinator; Catholic Charities; community-based ethnic organizations; city staff; local senators' offices; health care providers; University of New Mexico; local school districts; local law enforcement official; the New Mexico Works TANF contractor; Medicaid Managed Care Organization Care Coordinators; the ORR Regional Representative and State Analyst; and community volunteers. NMRAC meetings will be held quarterly, virtually for Albuquerque and Las Cruces and serves as an advisor to the SRC and refugee service providers**.**

i. Assessing community capacity for placement and service provision and planning for appropriate placement and arrival planning.

The SRC, the SRHC, LFS, as well as other members of the NMRAC assess the community capacity for the planning and placement of new arrivals during the quarterly consultations. The meeting gives the stakeholders a chance to voice their opinions about the planning and placement of new arrivals, discuss where certain nationalities have strong ties in the community that will help them successfully resettle, as well as areas in the community where they may not have strong ties to the community and where they may struggle to resettle.

ii. Assessing needs of refugees for services and assistance; and

The SRC, the SRHC, LFS, as well as other members of the NMRAC can provide input regarding the needs for services and assistance in the refugee community, discuss the needs of the refugee community, allowing the committee a chance to provide solutions, or technical assistance so that the Refugees are receiving the services and assistance they are eligible for.

iii. Using the best available data to gauge the projected refugee services and benefits needs; and which are encouraged to address:

The SRC, the SRHC, LFS, collaborate regularly to review and discuss data used for multiple reports that are required by ORR in accordance with established due dates. These reports help determine the number of refugees eligible for ORR funded services and the amount of federal funding used for the federal fiscal year. NM uses these reports and service outcomes to identify areas that need improvement, areas of good

practice, and how to continuously improve service delivery and measure successful outcomes.

iv. Coordinating support and services for refugees.

The SRC, the SRHC, LFS, as well as other members of the NMRAC meet quarterly to discuss community capacity for the planning and placement of new arrivals, ongoing needs for services and assistance, challenges, areas that need improvement or areas of good practice, and success. Meeting quarterly to discuss what is happening in the community helps the State of New Mexico identify the needs of the refugee community and how to coordinate supports and services for the refugee population.

v. Ensuring that benefits and services are neither omitted nor duplicated.

The SRC, the SRHC, LFS, as well as other members of the NMRAC meet quarterly to discuss services to ensure benefits are neither omitted nor duplicated. LFS coordinators provide initial and follow-up assessments with every refugee client receiving RSS services. During these assessments LFS will verify and assess what benefits have been received, what benefits they are eligible for, and provide additional referrals or services based on the initial and follow-up assessments. LFS requires verification of services to ensure benefits and services are neither omitted nor duplicated. The SRC provides updates to LFS regarding state and federal requirements, and will conduct yearly monitoring evaluations to ensure benefits and services are neither omitted nor duplicated

vi. Developing a community strategy to support refugee integration and participation in civic life.

The SRC, the SRHC, LFS, as well as other members of the NMRAC meet quarterly to discuss support for refugee integration and civic engagement. World Refugee Day each year is celebrated in Albuquerque and Las Cruces, as well as smaller events throughout the year to promote refugee integration and participation in civic life. NMRAC meets quarterly to discuss current and future programs and events to support and promote civic engagement initiatives.

6. Describe program and fiscal oversight for the overall RRP delineating individual components as applicable (Refugee Cash Assistance, Refugee Medical Assistance and Medical Screening, and Refugee Support Services (RSS), and RSS Set-Aside programs). Include a detailed description of the state's or RD's protocol to monitor and evaluate subrecipient operations.

i. Fiscal control procedures, utilizing Generally Accepted Accounting Practices (GAAP), are employed to record and monitor all expenditures whether funds are allocated through the department for direct services or through contracted services.

ii. HCA's Administrative Services Division (ASD) provides all estimates and RRP expenditure reports.

iii. On a monthly basis the SRC completes a review of RCA reports to verify recipients' eligibility and benefit payment.

iv. On a weekly basis the SRC reviews RMA reports to verify recipients' eligibility.

v. ASD reviews all contracts and expenditures regularly. The ASD Grants Management Bureau provides audits of funding and expenditures. External independent audits are required of all service contracts. The SRC reviews and approves all contract expenditures prior to payment. ASD makes final authorization for payment after invoices have been reviewed.

vi. The SRC conducts yearly Monitoring Evaluations (ME) of LFS and DOH to ensure federal funds are being spent appropriately and in a manner that meets the goals and objectives of the program. At the LFS ME, the SRC and a designated Financial Coordinator review program and financial documents, the Monitoring and Assessment Report, conduct interviews with RSS and RSI program and fiscal staff, review case files, and observe program services when possible. At the DOH ME, the SRC and Financial Coordinator review financial documents, the Service Plan, the Refugee Health Protocol, and the Monitoring and Assessment Report.

7. Describe the procedures the state or RD uses to verify client immigration status or category to ensure initial and continued client eligibility for ORR funded refugee assistance and services.

Eligibility for the RRP is limited to applicants who can provide documentation, issued by the United States Customs and Immigration Service (USCIS) of having or having held one of the defined refugee statuses as defined in 45 CFR §400.43. Pursuant to ORR Policy Letter 22-01, authorized citizens or nationals of Afghanistan paroled into U.S. between July 31, 2021, and September 30, 2022, are eligible for the same benefits and services under the RRP. An applicant for asylum is not eligible for assistance unless otherwise provided by Federal Law [45 CFR §400.44]. Any national of Cuba or Haiti who has an application for asylum pending with the U.S. Department of

Homeland Security (DHS) and a final non-appealable and legally enforceable Order of Removal has not been entered, is eligible for services. If the State cannot verify eligibility based on the documentation provided, additional methods are used such as the USCIS SAVE online system and/or calling the Executive Office for Immigration Review (EOIR) phone line.

8. Describe the procedures the State or RD uses to safeguard the disclosure of client information.

The confidentiality of client records must be maintained in accordance with federal and state laws and regulations. Client information is stored electronically in HCA's Automated System Program and Eligibility Network (ASPEN), a secure database system. All client information that is shared electronically between HCA, DOH, and LFS is sent through encrypted email systems. Client information is not shared with anyone unless the release of information has been signed and is notated in the client's file.

9. Describe data systems used by the State or RD to collect and maintain records necessary for federal monitoring and how the State or RD reviews data to ensure accurate and timely submission of reports, including, but not limited to, the ORR-5 and ORR-6.

The State uses ASPEN to track RCA and RMA recipients' eligibility documents, case notes, benefit amount, and duration of benefits. The SRC runs reports from ASPEN that show more global information about recipients during ORR reporting periods. The SRC compiles information from ASPEN, LFS, DOH and ISD Data Team to complete the ORR-5 and ORR-6 Reports. The SRC compares the current report data with past reports to view trends and maintain accuracy, while working in collaboration with ISD data team.

10. Provide the location of the State or RD headquarters. For RDs, provide the location of both in-state and out-of-state headquarters, as applicable.

New Mexico Health Care Authority
Income Support Division
39B Plaza La Prensa
P.O. Box 2348
Santa Fe, NM 87507

11. Describe how the State's or RD's procurement process to acquire services supports a transparent (1) merit-based selection of subrecipients, and (2) distribution of funding between subrecipients based upon objective factors.

Every four years the RSS and RSI programs issue a Request for Proposal (RFP) to solicit agencies that would like to be considered as service providers. New Mexico State Statute 13-1-29 dictates the Procurement Code is to "provide for the fair and equitable treatment of all persons involved in public procurement, to maximize the purchasing value of public funds and to provide safeguards for maintaining a procurement system of quality and integrity." The Refugee Program RFP process is merit based so that the qualifications of the offeror are weighed more heavily than the cost alone. The RFP committee reviews proposals, scores them according to a point system, and this information is documented in an RFP Evaluation Committee report that is public information once the contract has been awarded. Typically, the contract is awarded to the single agency that scored the highest. Should two agencies score similarly, HCA would look at the level of need and costs of the proposals and consider doing multiple awards. The distribution of funding would be based on the agency's level of experience with refugee resettlement, experience in the geographic location where resettlement is proposed, and the ability to meet program outcomes.

12. Describe the State's or Replacement Designee's efforts to practice and encourage inclusion, through purposeful collaboration and engagement with ethnic communities and with individuals with lived experience, to inform service design and delivery.

The SRC, the SRHC, LFS, as well as other members of the NMRAC meet quarterly to promote and encourage inclusion through purposeful collaboration and engagement with ethnic communities. Many members of the NMRAC are individuals with lived experiences who help design and deliver services based on past experiences.

RDs should address items #12 and #13, per PL 18-03.

13. Briefly describe the RD's written code of conduct to ensure that administrative decisions, including the monitoring of a provider that is part of the same organizational structure as the RD, do not result in a conflict of interest that unduly benefits the RD.

New Mexico is not a Replacement Designee state.

14. Briefly describe the RD's policy for resolving disputes that may arise between the RD and subrecipient agencies, as well as between the RD, providers that are part of the same 501(c)(3) as the RD, and clients.

New Mexico is not a Replacement Designee state.

B. Assurances - 45 CFR § 400.5

Provide an assurance the State or RD will:

1. The State of New Mexico assures it will comply with the provisions of Title IV, Chapter 2 of the Refugee Act (8 U.S.C. § 1522), and all official issuances of the ORR Director (Director).

2. The State of New Mexico assures it will meet the requirements in 45 CFR Part 400.

3. The State of New Mexico assures it will comply with all other applicable federal statutes and regulations in effect during the time that it is receiving grant funding.

4. The State of New Mexico assures it will amend the state plan (as needed) to comply with ORR standards, goals, and priorities established by the Director.

5. The State of New Mexico assures it will provide that access to and provision of assistance and services funded under the plan will be provided equitably to refugees without discrimination on the basis of age, disability, ethnicity, race, color, religion, nationality, sex, sexual orientation, gender identity, political opinion, and category of eligible population.

6. The State of New Mexico assures it will convene, not less often than quarterly, meetings where representatives of local resettlement agencies, local community service agencies, and other agencies that serve refugees meet with representatives of state and local governments to coordinate the appropriate services for refugees in advance of the refugees' arrival. Such meetings shall include outreach and invitation to, at a minimum, public school officials, public health officials, welfare and social service agency officials, and police or other law enforcement officials, for jurisdictions in which refugees resettle.

7. The State of New Mexico assures it will act in accordance with 45 CFR §§ 75.351-75.360 and 400.22(b) (2) with regard to subrecipient monitoring and management.

8. The State of New Mexico assures it will act in accordance with 45 CFR §§ 75.371-75.380 for remedies for subrecipient noncompliance.

II. ASSISTANCE AND SERVICES

A. Coordination and Access - 45 CFR § 400.5

1. **Describe how the State or RD will coordinate Cash and Medical Assistance (CMA) with support services to promote employment and encourage economic self-sufficiency for ORR-eligible populations.**

   The State of New Mexico will use Cash and Medical Assistance (CMA) funding to publicly administer the Refugee Cash Assistance (RCA) program as provided in 45 CFR §400.65 through 45 CFR §400.68. All RCA recipients receive RSS services through LFS to assist them with finding employment and achieving economic self-sufficiency. RSS services are described more in depth on Page 41 (Section E).

2. **Describe how assistance and services will be coordinated among resettlement agencies, State and county agencies, and service providers in the community, and how the State or RD will communicate with subrecipients.**

   CMA benefits such as RCA and RMA is a collaborative effort between The State of New Mexico Income Support Division (ISD) and the local refugee service provider Lutheran Family Services (LFS).

   i. ISD accepts applications for assistance from refugees. Eligibility staff then review client eligibility, deliver benefits and services, and make referrals to other agencies and providers as appropriate based on the household's individual needs.

   ii. Upon approval of CMA benefits, a referral is sent to the local resettlement agency LFS for Refugee Support Services (RSS).

   iii. The provision of RCA is coordinated with supportive services to facilitate an effective refugee resettlement process with the goal of leading individuals to opportunities of employment and economic self- sufficiency.

   iv. LFS is responsible for monitoring the individual's progress and compliance with all aspects of the IRP as well as modifying the plan as progress is made and circumstances warrant. HCA is responsible for ensuring that service delivery requirements and expectations are met.

   v. The SRC and the Local resettlement agency LFS are in constant communication by phone, email, in-person, or virtual meetings.

   vi. The SRC relays policy updates from ORR to LFS by email, with an explanation of the update. LFS will communicate any questions to the SRC for further explanation. Meetings may also be scheduled as needed or requested by either party.

vii. The SRC will provide additional assistance by phone, email, in-person, or virtual meetings. If the SRC is unable to assist, the SRC will reach out for guidance from the assigned ORR representatives.

3. **Describe how ORR-eligible populations residing in the state or applicable region will have reasonable access to ORR cash assistance and services, including access to remote services.**

All ORR-eligible populations can apply for ORR cash assistance and services across the state by going in person to a local ISD field office, applying for benefits online, or calling the ISD Consolidated Customer Service Center. ORR-eligible individuals who are known to LFS receive direct support with applying for benefits. Asylees, Cubans, and secondary migrants who apply for benefits at a field office are referred to LFS for RSS services.

4. **Describe how ORR-eligible populations will have access to other programs in the community, such as childcare, older adult services, and other support programs for working families and individuals.**

As part of the RSS case management and employment programs, LFS assists clients with accessing other programs in the community such as Women Infant and Children's (WIC) benefits, childcare, older adult services, and other support programs.

5. **Describe how the State or RD will ensure that language training and employment services are made available to ORR-eligible populations, including efforts to actively encourage registration for employment services.**

i. English Language Training (ELT)

In many instances, successful integration and employability depends upon the acquisition of language and employment skills. Refugees are encouraged to continue their ELT even after employment is attained. Emphasis is placed on continued acquisition of English language skills to increase employment and advancement opportunities.

LFS provides EST classes on-site and virtually. For individuals whose language needs and work schedules cannot be accommodated by LFS, a referral is made to a local community program who may offer programs outside of traditional working hours.

New Mexico Adult Higher Education Department (HED) has Adult Basic Education (ABE) programs with the flexibility and resources to develop such courses throughout the State as needs arise. Monitoring and technical assistance programs offered by HED are essential in ensuring quality educational services are afforded to all New Mexicans, including refugees. Enrollment in the ELT programs are concurrent with employment services and are provided by the resettlement agency.

ii. Employment

LFS provides employment services to all refugees while they remain eligible for services through ORR. Clients are either initially resettled through the agency or are referred to LFS by ISD upon applying for public assistance benefits. One of LFS' priorities is economic self-sufficiency and the agency strives to assist clients achieve this through partnerships with employers in the community and individual development services intended to assist clients with self-sufficiency in obtaining employment for themselves. LFS provides dynamic supports for refugees to assist them with English as a second language, Adult Basic Education, Career Navigation, Financial Literacy, and more to provide support for resettlement to our community.

6. **Describe how the State or RD will prepare itself and subrecipients to continue services to the highest level possible in an emergency, including plans for collaboration with state emergency response agencies to ensure refugees' ongoing access to mainstream services during emergencies. Within your description, indicate if the state or RD is requesting to waive selected requirements of 45 CFR § 400.43 and ORR PL 16-01 regarding confirmation of applicants' eligibility, in cases of emergency or disaster, as per ORR PL 22-05. Also indicate if the State or RD is requesting to waive the 60-month eligibility period for RSS base and set-aside funds under 45 CFR § 400.152(b) to facilitate the provision of extended or additional support services and/or emergency assistance for ORR-eligible individuals in case of extreme circumstances, as per ORR PL 22-05.**

In the event of a public health crisis or pandemic, DOH will implement its Emergency Operations Plan. They will notify all partner agencies of the guidelines they have issued in conjunction with the Center for Disease Control (CDC), the World Health Organization (WHO) and other professional organizations.

Upon receipt of alerts and/or guidelines from the Governor's office, ISD will notify the local resettlement agency and begin processes to inform and educate the refugee community of the resources and services available during the emergency. The SRC will communicate all updates with the Refugee Health Coordinator as well as various community stakeholders to ensure there is continued collaboration in terms of

educating refugees with clear and consistent information and available resources or referrals as appropriate.

The SRC will apply for any allowable waivers when determined necessary to accommodate and adequately serve the refugee population. New Mexico has not applied for any waivers at this time.

Contact information for the individuals responsible for implementing and monitoring the activities conducted within the refugee communities in response to an emergency are:

Health Care Authority – Income Support Division		
Melissa Sisneros	Melissa.Sisneros2@hca.nm.gov	(505) 490-0922
Interim State Refugee Coordinator		
New Mexico Department of Health		
Chris Emory	Christopher.Emory@doh.nm.gov	(505) 476-8217
Bureau of Health Emergency Management		
Karen Gonzales	Karen.Gonzales@doh.nm.gov	(505) 476-3076
State Refugee Health Coordinator		
Lutheran Family Services		
Farid Sharifi	Farid.Sharifi@lfsrm.org	(505) 933-7016
LFS Albuquerque Program Director		
Linda Lardner	Linda.Lardner@lfsrm.org	(575) 265-0836
LFS Las Cruces Program Director		
James Horan	James.Horan@lfsrm.org	(303) 217-5182
LFS CEO and President		

B. Refugee Cash Assistance (RCA) and Employment Services - 45 CFR 400 Subparts E and F

1. Indicate whether RCA is publicly administered or is administered through an ORR-approved public/private partnership (PPP) program.

RCA is publicly administered by ISD field offices across the state.

2. If RCA is administered differently across the state, list the geographic service areas in which RCA is publicly administered and the geographic service areas in which RCA is administered under the PPP program.

This is not applicable. RCA is administered consistently across the state.

3. Describe how the State or RD will ensure that RCA participants are informed about the program in a language they understand.

All client documentation issued by HCA are currently available in English, Spanish, Vietnamese and simple Chinese. The department will conduct an annual assessment of language assistance needs using a survey of its existing and potential customer base for refugee services. HCA will survey the refugee resettlement agency and service providers to gather and provide statistical information on the refugee languages within the State. This survey will include, but may not be limited to, the local refugee resettlement agency, DOH, as well as Albuquerque Public Schools and Las Cruces Public School districts. The survey will assist in the following:

a. Identifying the languages encountered; and
b. Estimating the number of people eligible for services by each individual language group.

HCA will make written policies for the RMA and RCA programs available, including eligibility standards, duration, amounts of cash assistance payments, the requirements for participation in services, the penalties for non-cooperation, and client rights and responsibilities. For refugee language groups that constitute a small number of individuals, alternative methods, such as verbal translation as described below, will be employed to communicate HCA policies. When alternative methods are utilized, appropriate notations will be made in the electronic case file. Further steps taken to ensure that persons with LEP are provided with non-discriminatory service include

RCA recipients that speak a language other than English, Spanish or Vietnamese are informed about the program in a language they understand via the following methods:

a. Interpreter services, provided by the resettlement agency, to assist in the initial reception and application for services. The local resettlement agency is also contracted to provide interpreter services during the development of the refugee's employment plan.

b. Language identification cards are issued to the refugees and their families by the local resettlement agency. The ISD caseworker will identify the refugee's language needs in the case file for future reference.

c. The availability of interpretive services at all HCA offices is required by HCA. A person with Limited English Proficiency (LEP) may request to utilize his or her own interpreter as long as the interpreter is over the age of eighteen (18). HCA implements the following procedures in that instance:
    1. The refugee shall be informed that he/she has the right to use an interpreter provided by HCA. If the refugee provides his/her own interpreter who is unable to assist with interpreting, i.e., is not proficient in both languages and familiar with department terminology, unable to provide the refugee with a clear and correct interpretation of verbal information and translation of the documents, HCA will provide an appropriate language interpreter.
    2. If, after being informed of the right to a HCA provided interpreter, a refugee declines such services and requests the use of a family member or friend, the refugee may use the family member or friend, provided the use of such a person will not compromise eligibility or violate the refugee's confidentiality. The caseworker will document the offer of an HCA interpreter and the declination form for each contact in which the use of an HCA interpreter was declined.

d. Printed Notices
    1. All refugees are provided with written notification of their right to have all documents and notices translated orally at no cost to them.
    2. Written notices are computer generated by the State's eligibility system. These notices are mailed automatically to the customer from a centralized automated mailing system. Most of these notices deal with eligibility determination, benefit level, change in benefits, and notice of rights to appeal. Currently, all notices are printed in English with instructions written in Spanish and Vietnamese regarding how to obtain further assistance.

3. For refugee language groups that constitute a small number of individuals, alternative methods, such as verbal translation as described below, will be employed to communicate HCA policies. When alternative methods are utilized, appropriate notations will be made in the case file.
4. The department maintains a list of bilingual staff within each local ISD office that identifies the staff with second language capabilities. If bilingual staff with the appropriate language is not available at the local ISD office, the caseworker will employ the use of The Language Link.

e. Staff Training
    1. Training on LEP requirements is included in HCA's New Employee training program and refresher training is provided annual for all field staff.

f. Compliance Monitoring
    1. The SRC is responsible for reviewing eligibility dispositions for RCA and RMA. Both approvals and denials are reviewed to ensure field staff are applying correct policies when processing cases. This is done on a weekly basis
        i. Any cases that are found to be approved or denied in error are sent back to eligibility management and corrections are made within forty-eight (48) hours. If the case is not corrected within the stated timeframe, cases are then escalated.
    2. The SRC participates in monthly desk audits on reports submitted by LFS and DOH. This data is compared against the ISD ASPEN eligibility system. Any errors, discrepancies or needed corrections are communicated with eligibility management.
    3. The SRC conducts an annual onsite program monitoring evaluation for both RCA and RMA. Cases reviewed are evaluated for accurate dispositions, referrals and engagement efforts by the service providers and monitoring includes fiscal reviews to ensure expenditures are in line with program rules and allowable CFR regulations.
        i. The SRC has support staff that assist with this onsite monitoring to ensure all aspects of the program are accurately reviewed for compliance efforts.

4. Describe how the State's Temporary Assistance for Needy Families (TANF) program considers the State Department's Reception and Placement cash assistance when determining eligibility for TANF and payment levels.

Refugee families that apply for cash assistance are evaluated under TANF program eligibility standards by the ISD eligibility staff. If approved, the family is then referred

to the NM Works Program, which is the name of our state's TANF program. The Department of Workforce Solutions (DWS) is currently our TANF work program service delivery partner.

As a refugee family is approved for TANF in the ASPEN system, a referral is made to DWS via alert in a secondary system referred to as WorkPath. DWS will assign the case to a Career Consultant who will then reach out to the head of household and schedule an Orientation to the program, an Assessment is completed with the parent, or both parents if the case is a two parent household, and the Career Consultant will collaborate with LFS to do the Individual Responsibility Plan (IRP) and Work Participation Agreement (WPA). The two agencies will work together to match the parents to activities and resources to help achieve self-sufficiency, mitigate barriers and ensure the family has the support they need to be successful while enrolled in TANF. Goals and participation is aligned to match the Family Self-Sufficiency Plan.

5. Describe how the State or RD will follow the mediation and fair hearing standards and procedures outlined at 45 CFR § 400.83.

HCA has established a hearing process that provides for an impartial review of HCA actions that adversely affect public assistance program applicants and participants. When a household submits a request for a fair hearing relevant to the DWS program, the service provider will be notified by the local ISD office. The department must reach out to the household and offer an Agency Review Conference (ARC). An ARC is an optional conference which is held prior to the fair hearing with the purpose of discussing the actions the department took against the participants' case. Should the household wish to withdraw the hearing, HCA will work with the participant to get a formal withdrawal submitted to the Fair Hearings Bureau (FHB). Should the participant want to continue with the appeal, HCA will complete a Summary of Evidence (SOE) and documentation in support of the adverse action, including any facts, information and department findings related to the issue in appeal. A SOE will be submitted to the FHB and to the participant for review prior to the fair hearing. The FHB is responsible for notifying all parties of the hearing date and time. The final hearing decision shall be issued to the household within ninety (90) days from the date that the department received the fair hearing request. Policies and procedures for Fair Hearing can be found at https://www.srca.nm.gov/parts/title08/08.100.0970.html as outlined in Attachment C.

6. Describe the criteria for an exemption from registration for employment services, participation in employability service programs, and acceptance of appropriate offers of employment.

a. An individual is considered employable unless he or she is a minor dependent child. A minor unmarried parent, acting as a head of household, is not considered to be a "dependent child," and is subject to participation as an adult. The inability to communicate in English does not exempt a refugee from registration for employment services, participation in employability service programs, carrying out job search, and acceptance of appropriate offers of employment.
b. As a condition for receipt of RCA, an employable refugee must participate in the Refugee Employment Program as provided for under the Refugee Social Services (RSS) section below [45 CFR §400.75(a)].
c. A refugee who is not otherwise exempt, or does not demonstrate good cause, must:
    1. Go to job interviews that are arranged by the contracted RSS service provider.
    2. Accept at any time, an offer of employment determined to be appropriate by the contracted RSS service provider.
    3. Participate in any employability service program which provides job or language training in the area in which the refugee resides, as deemed to be appropriate by the contracted RSS provider.
d. The resettlement agency seeks to place refugees in an appropriate job by making sure that:
    1. Employment placements are within the scope of the individual's IEP; the plan may be modified to reflect changes in services or employment conditions.
    2. Services and employment are related to the capability of the individual to perform the task on a regular basis. Claims by the individual of adverse effect on physical or mental health must be based on medical verification from a physician or licensed or certified psychologist.
    3. The total daily commuting time to and from home to the service or employment site must not normally exceed 2 hours.
    4. The service or employment site to which the individual is assigned must not be in violation of applicable federal, state, or local health and safety standards.
    5. Assignments may not be made that are discriminatory in terms of age, sex, race, creed, color, or national origin.
    6. Appropriate employment placements may be temporary, permanent, full-time, part-time, or seasonal employment if such employment meets the other standards of this section.
    7. The service or work site must comply with all applicable federal, state, and local labor laws and regulations.

8. The wage shall meet or exceed the federal or state minimum wage, whichever is applicable, or if such laws are not applicable, the wage shall not be substantially less favorable than the wage normally paid for similar work in that labor market.
9. The daily hours of work and the weekly hours of work shall not exceed those customaries to the occupation.
10. No individual may be required to accept employment if:
    i. The position offered is vacant due to a strike, lockout or other bona fide labor dispute; or
    ii. The individual would be required to work for an employer contrary to the conditions of his existing membership in the union governing that occupation; however, employment not governed by the rules of a union in which he or she has membership may be deemed appropriate.
11. The quality of training must meet local employers' requirements so that the individual will be in a competitive position within the labor market; the training must be likely to lead to employment which will meet the appropriate work criteria.
12. If an individual is a professional in need of professional refresher training and other recertification services to qualify to practice his or her profession in the U.S., the training may consist of full-time attendance in a college or professional training program.

e. Any job offers, if determined appropriate under the requirements of this section, must be accepted by the refugee without regard to whether such job would interrupt a program of services planned or in progress.

States and RDs that operate a publicly administered RCA program should address items #7 and #8.

7. **Eligibility and payment levels**

a. Provide a brief description of the provisions of the State's TANF program that will be used in the RCA program.

HCA administers both the TANF cash assistance program (NM Works) and the RCA program. The eligibility process for RCA shall be the same as for NM Works and other state funded financial assistance programs [45 CFR §400.66(a)]. This includes the following:

1. The determination of initial and ongoing eligibility.
2. The budgeting methods, including gross income, net income and standard of need budget.

3. The evaluation of income, assets and resources, including disregards.
4. The evaluation of shelter costs, utilities and similar needs.
5. The determination of benefit amounts.

Refugees applying for financial assistance must establish eligibility in the following priority [45 CFR §400.51]:

1. The NM Works program is the first choice; and
2. The RCA program is the secondary choice.
   i. If there is a minor dependent child in the household, the refugee family may qualify under the NM Works program. RCA is for adults without minor children. Refugees applying for NM Works must meet the same eligibility criteria as other non-refugee applicants except for citizenship and enumeration

b. If not addressed within item a., above, describe the State's or RD's policy and procedures regarding the beginning of RCA eligibility, the timing and frequency of RCA payments throughout the client's eligibility period, the method of distribution of RCA payments (e.g., check mailed, electronic benefits transfer, direct deposit), and the (optional) use of proration.

Eligibility for RCA is limited to those applicants who can provide documentation, issued by the United States Customs and Immigration Service (USCIS) of having or having held one of the defined refugee statuses as defined in 45 CFR §400.43. The time-eligibility period for refugee cash assistance and refugee medical assistance will be determined by the Director of ORR each year, based on appropriate funds available for the fiscal year. An applicant for asylum is not eligible for RCA assistance unless otherwise provided by Federal Law [45 CFR §400.44]. Any national of Cuba or Haiti who has an application for asylum pending with the U.S. Department of Homeland Security (DHS) and a final non-appealable and legally enforceable Order of Removal has not been entered, is eligible for RCA for a period determined by the Director of ORR [Public Law 96-422]. Benefits are electronically dispersed on the individual's Electronic Benefits Transfer (EBT) card the day after the cash assistance is approved and is pro-rated from the date of approval. The ongoing months are dispersed on the 1st of every month while the case is active. Eligibility for RCA is limited to those refugees who [45 CFR §400.53]:

1. Are new arrivals who have not resided in the U.S. for more than the time determined by the Director of ORR.
2. Are determined ineligible for NM Works or SSA benefits.

3. Meet the immigration status and identification requirements establishing refugee status.
4. Are not full-time students in institutions of higher education.
5. Meet the income eligibility standard established by the state. Complete and signed applications shall be registered with the date on which the application is received. Upon completion of the interview and receipt of required documentation the RCA application shall be processed. If RCA is approved, the benefit start date shall be the date of application [45 CFR §400.66(e)]. Benefits are prorated based on the date of approval for RCA.

c. Provide the RCA and TANF payment standards for case sizes 1-5.

The TANF Payment Standard is provided as described in Attachment 8.

d. Provide an assurance that the State or RD will consider resources and income as outlined in 45 CFR § 400.66(b)-(d).

1. HCA may not consider any resources remaining in the refugee's country of origin when determining eligibility [45 CFR §400.66(b)].
2. HCA may not consider a sponsor's income and resources to be accessible to the refugee solely because the person is serving as a sponsor [45 CFR §400.66(c)].
3. HCA may not consider any cash grant received by the applicant under the Department of State or Department of Justice Reception and Placement programs. [45 CFR §400.66(d)].

8. Notification to local resettlement agency

a. Describe how the State or RD will promptly notify the local resettlement agency whenever an individual applies for RCA.

The State shall promptly notify the local resettlement agency in writing whenever a refugee applies for RCA [45 CFR §400.68(a)]. The referral to the resettlement agency will ensure that all refugees receiving RCA are provided with English language training and employment services.

c. **Describe how the State or RD will contact an applicant's sponsor or local resettlement agency concerning offers of employment.**

HCA typically learns of applicants' offers of employment through LFS. If HCA is made aware of an applicant receiving an offer of employment, the SRC will notify LFS or the applicant's sponsor.

States and RDs that operate an ORR-approved PPP program should address item #9.

9. Eligibility and payment levels - 45 CFR §§ 400.56-400.63 and ORR's Guidance for Public-Private RCA Programs

a. Describe how the State or RD will determine initial eligibility for RCA, and the program's process for determining continued eligibility each month, on the basis of compliance with the client's Family Self-Sufficiency Plan and on the basis of the client's income from employment.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

b. Indicate and justify the income eligibility standard established by the State or RD after consultation with local resettlement agencies in the state. Describe how the standard meets the RCA program objective of economic self-sufficiency, indicate how the standard compares to the state TANF income eligibility standard, and whether the income eligibility standard will disqualify ORR-eligible populations for other means-tested benefit programs (e.g., SNAP, Medicaid). If the income eligibility standard will disqualify ORR-eligible populations for other means-tested benefit programs, thoroughly describe how the establishment of the standard represents the effective coordination of public and private resources in refugee resettlement in the state (45 CFR § 400.5(d)) and how the disadvantages to clients of being disqualified from those other means-tested benefit programs will be outweighed by the advantages of the proposed income eligibility standard

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

c. Provide the RCA and TANF payment standards for case sizes 1-5.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

d. Provide an assurance that the State or RD will follow public/private RCA program requirements related to financial eligibility and consideration of resources and income.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

e. If the PPP program received prior approval from ORR to provide a differential RCA payment to TANF clients, describe how the state or RD will administer the differential program.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

f. Describe the State's or RD's policy and procedures regarding the beginning of RCA eligibility, the timing and frequency of RCA payments throughout the client's eligibility period, how payment levels will be structured (including whether incentive payments and/or income disregards will be used), types of payment (e.g., direct cash, vendor payments), the method of distribution of RCA payments (e.g., check mailed, electronic benefits transfer, direct deposit), and the (optional) use of proration.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

g. Describe the systems that ensure the State or RD does not exceed prescribed client cash assistance levels and eligibility timeframes.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

h. Describe the monitoring timeframes for regular review and the reconciliation of RCA payments found not to be in compliance.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

i. List the geographic service area(s) of the state that PPP-administered RCA service providers cover. If RCA is administered differently across the state, disregard this question, as states and RDs will already have provided this response to II.B.2.

New Mexico does not operate a Public/Private Partnership (PPP) RCA program. This is not applicable.

States that operate a publicly administered RCA program, <u>and</u> states and RDs that operate a PPP program, should address item #10.

10. RCA program administration - 45 CFR § 400.13

a. Indicate which agency is responsible for determining RCA eligibility (e.g., State TANF office, private resettlement agency).

The HCA ISD offices are responsible for determining RCA eligibility.

b. If eligibility determinations occur at the state level, describe how staff is allocated between TANF and RCA.

Family Assistance Analysts (FAAs), or eligibility staff, employed by HCA spend time on all programs and are not designated specially to either RCA or TANF

c. Indicate which agency is responsible for distributing RCA benefits (e.g., state TANF office, private resettlement agency).

The HCA ISD is responsible for distributing RCA benefits.

d. Describe how many full-time equivalents are allocated to RCA administration (e.g., RCA eligibility determinations, RCA distribution).

HCA does not allocate any number of full-time equivalents to RCA; as stated above, FAAs are not designated specifically to RCA or TANF. All FAAs are trained in eligibility determination for RCA along with all other financial assistance programs.

e. If the agency charges indirect costs to CMA, provide the rate and describe how the rate is determined, what it covers, and if HHS is the cognizant agency.

There is no indirect cost rate; the Administrative Service Division Grants Management Bureau, as required by Health and Human Services, submits a Cost Allocation Plan.

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

RDs that collaborate with ORR's Medical Replacement Designee (MRD) for the provision of RMA should skip to and address item #5.

1. Describe the administration of the RMA program (e.g., agency responsible for RMA administration and distribution of benefits, SRC and/or SRHC responsibilities).

RMA is administered by HCA. On a weekly basis, the SRC reviews RMA cases to ensure eligibility and benefits were correctly approved. RMA will cover at least the same services, in the same manner, and to the same extent as Full Medicaid Coverage [45 CFR §400.105].

2. Applications, eligibility determinations, and furnishing medical assistance

a. Describe the process for determining eligibility for Medicaid and CHIP.

New arrivals are screened and assessed for Medicaid and CHIP based on Medicaid income eligibility guidelines, those refugees who do not qualify for Medicaid or CHIP based on income are eligible for RMA. Screening and eligibility assessment occurs during every application or interview with an FAA. Since January 1, 2014, newly arrived refugees have been enrolled into the Affordable Care Act (ACA) expanded Medicaid programs rather than in RMA. New Mexico anticipates that enrollment in RMA will be limited to individuals over the age of 65 who do not qualify for Medicaid and who lose eligibility for Adult Caretaker or Other Adult Medicaid categories due to earnings from employment in accordance with 45 CFR §400.104(b). If a refugee loses eligibility for Medicaid due to earnings from employment, the family will be transferred to Transitional Medicaid for a period determined by the Director of ORR. If a refugee is receiving Medicaid and has been residing in the U.S. fewer than the amount of time allowed by the Director of ORR and becomes ineligible for Medicaid due to earnings from employment, and is not eligible for Transitional Medicaid, the refugee must be transferred to RMA for the remainder of the allowed time determined by the Director of ORR without an RMA eligibility determination [45 CFR §400.104(b)].

b. Describe how new arrivals apply for RMA. Include a description of any procedural or programmatic changes to the administration of RMA that resulted from changes in federal, state, or local laws, regulations, or policies.

New arrivals who are not eligible for Medicaid are screened for eligibility for RMA. This occurs during their interview with a FAA. Since January 1, 2014, newly arrived refugees have been enrolled into the Affordable Care Act (ACA) expanded Medicaid programs rather than in RMA. New Mexico anticipates that enrollment in RMA will be limited to individuals over the age of 65 who do not qualify for Medicaid and who lose eligibility for Adult Caretaker or

Other Adult Medicaid categories due to earnings from employment in accordance with 45 CFR §400.104(b)

3. Eligibility for RMA

a. Describe the income standard and income methodology used to determine RMA eligibility. Income standard is the maximum income one can make and still qualify for RMA. Income methodology is the method used to count income (e.g., Aid to Families with Dependent Children (AFDC), Modified Adjusted Gross Income (MAGI)).

Eligibility for RMA will follow the regulations as outlined in 8.249.500 NMAC. Calculated gross income must be less than 185% of the standard of need. The income eligibility criteria are based on the Temporary Assistance for Needy Families (TANF) program. RMA is time limited determined by the Director of ORR from the refugee's date of arrival into the United States or, for asylees, from the date of the Grant of Asylum.

4. Scope of medical services

a. Does the State assure that RMA will cover at least the same services in the same manner and to the same extent as Medicaid? *Indicate Yes or No*.

New Mexico assures that RMA will cover at least the same services in the same manner and to the same extent as Medicaid.

b. Describe the RMA health coverage delivery system (e.g., managed care, fee-for-service).

RMA is a Fee for Service health insurance delivery system. Through Medicaid, clients have access to care coordinators, interpretation at each healthcare appointment and transportation to medical appointments. RMA clients do not, however, the RMA clients receive the same services through the public health office. Lutheran Family Services (LFS), provides referrals to primary health vision and dental providers, based on the language need of the client. Referrals are made to providers who have independent contracts with a language interpretation services or bilingual staff. LFS provides transportation to initial private care appointments, and they show clients how to utilize public transportation for subsequent appointments. The Refugee Health Program has partnered with Blue Cross Blue Shield, and Molina to implement refugee-specific care coordination teams. Presbyterian and United Health Care do not offer refugee specific care coordination teams, but they do accept referrals. By limiting their queues to only refugee populations, the care coordinators participate on refugee treatment teams, engage in refugee program planning

and resource development, help identify providers who are best suited to working with the populations, and gain a deep understanding of the challenges refugees face when resettling in NM. The care coordinators play a critical role in decreasing the number of no-show appointments, reducing unnecessary emergency room/urgent care visits, and helping clients manage medical appointments and needs for the entire family.

Indicate Yes or No in response to items c-f below.

c. Does the State provide interpretation as part of the RMA health coverage?

Yes, telephone-based language interpretations are provided during all health screenings, mental health screenings regardless of insurance status.

d. **Does the State provide transportation as part of the RMA health coverage?**

No, the State of New Mexico does not provide transportation as part of the RMA health coverage.

e. **Does the State provide any other non-medical services as part of the RMA health coverage? If yes, provide description of other non-medical services.**

No, the State of New Mexico does not provide any other non-medical services as part of the RMA health coverage.

f. **Does the State provide any additional medical services in accordance with 45 CFR § 400.106? If yes, justify the need to provide such services. If the service is provided as part of the Medical Screening program, describe it in the Medical Screening section of the state plan.**

No, the State of New Mexico does not provide any additional medical services in accordance with 45 CFR § 400.106.

RDs that collaborate with ORR's Medical Replacement Designee (MRD) for the provision of RMA should address item #5.

5. RD collaboration with the MRD for the provision of RMA

a. Describe the process to determine eligibility for Medicaid and CHIP.

New Mexico is a state-run program and not a Replacement Designee state. This question is not applicable.

Indicate Yes or No in response to items b-d below.

b. Does the RD assure that it will subcontract with local resettlement agencies for initial RMA eligibility determinations and monitor subcontract activities to ensure adherence with federal and MRD policies and procedures pertaining to RMA?

New Mexico is a state-run program and not a Replacement Designee state. This question is not applicable.

c. Does the RD assure that it will coordinate with the MRD regarding RMA policies and procedures to ensure refugees are enrolled in RMA in a timely manner, including establishing a process to identify refugees who are categorically ineligible for Medicaid?

New Mexico is a state-run program and not a Replacement Designee state. This question is not applicable.

d. Does the RD assure that RMA eligibility determinations will be conducted in accordance with 45 CFR §§ 400.100-400.104, as applicable, and PL 16-01?

New Mexico is a state-run program and not a Replacement Designee state. This question is not applicable.

D. Medical Screening - 45 CFR §§ 400.5(f), 400.107

1. Coordination of the Medical Screening program

LFS opened a new resettlement site in Las Cruces in Federal Fiscal Year 2022. New Mexico has seen an increase in the number of Cuban Entrants, asylees, and secondary migrants relocate to cities such as Deming, Hobbs, Carlsbad, and Las Cruces, which are in the southern portion of the state. Refugee health screening and referrals to primary and specialty care providers are accessed through the local public health offices. The Refugee Health Coordinator works closely with the Southwest Regional Public Health Director to identify and recruit a qualified refugee health nurse and refugee mental health coordinator. The goal of the refugee health positions is to

increase the capacity of local healthcare providers and create a specialty network to serve ORR eligible communities who live in the area.
The Refugee Health Nurse position is a full-time position. Qualified applicants must have licensure as a Registered Nurse with experience or demonstrated aptitude for serving refugee and immigrant populations. The position is based in Las Cruces, NM, with required travel to the surrounding public health clinics to help screen ORR eligible clients. A contract nurse remains on staff to support the Public Health nursing staff should NM DOH not have a person in the nursing position.

The Refugee Mental Health Coordinator (RMHC) is a 15-20 hour per week contract position. Applicants should be an independently licensed behavioral health provider (Licensed Professional Clinical Counselor or Social Worker) or a licensed behavioral health agency with experience providing trauma-informed and culturally sensitive screening, assessment, and educational services. Additionally, the RMHC will be responsible for cultivating a multidisciplinary network of providers to meet the varying needs of refugee clients. The RMHC will conduct behavioral health screening in conjunction with the medical screening visit. The Refugee Health Coordinator, Southwest Region Refugee Health Nurse, and RMHC will develop a screening schedule like the schedule that has been implemented in Albuquerque. Since LFS provides transportation for clients to the initial Public Health appointments, it has been determined that the number of mental health screen appointments that were missed due to transportation issues has decreased.

a. Describe the administration of the Medical Screening program (e.g., SRHC responsibilities).

HCA has arranged for all health screenings, including a mental health screening, to be conducted by DOH. A Governmental Services Agreement (GSA) between HCA and DOH, funded by CMA, is established to cover the costs of staffing and administrative costs. If the refugee is eligible for Medicaid, all medical expenses related to health screenings are billed to Medicaid. If the refugee is ineligible for Medicaid, and receives RMA, expenses are billed to RMA. With the implementation of the Medicaid expansion programs, most refugees are eligible upon arrival to New Mexico. HCA and DOH have reviewed ORR State Letter 12-09 and assure compliance with the medical screening and reimbursement framework defined therein. DOH has developed a Refugee Health Screening Protocol included in Attachment 5. The RHC manages the Refugee Health Program within NM DOH. Core responsibilities include:

- Coordinate and ensure provision of comprehensive health care services for ORR-eligible clients.

ii Collaborate with Regional Public Health leadership to establish and maintain refugee medical screening sites in geographic areas with higher numbers of refugee resettlement.

iii Monitor the number of new arrivals and case load of Refugee Health Nurses to ensure refugees are screened within 90-days of arrival to the United States [45 CFR §400.107(f)]. If additional capacity is needed, work with Public Health leadership and the SRC to secure additional resources to support increased clinical or administrative staff.

iv Develop and monitor contracts for refugee mental health coordination services, laboratory testing services, and language interpretation services.

v Establish and maintain partnerships with LFS and MCOs to ensure ORR-eligible clients have transportation to medical screening, PCP, vision, dental, and follow-up medical appointments.

vi Distribute overseas medical records received through EDN to appropriate public health office in advance of medical screening appointment.

vii Verify enrollment with the refugee's MCO and refer the client to appropriate MCO Refugee Care Coordination team for care coordinator assignment. Communicate care coordinator assignments with Refugee Health Nurses, RMHC, and LFS.

viii Participate in outreach efforts to primary care and behavioral health providers to expand the network of providers who provide culturally sensitive and trauma-informed services to refugee communities.

ix Participate within local and national advisory boards regarding refugee medical screening initiatives and requirements (NM refugee Advisory Committee, Association of Refugee Health Coordinators Executive Board).

b. Describe the procedure for identifying new arrivals in need of medical screenings and/or immediate medical care. Describe the procedure established to monitor any necessary treatment, observation, or follow-up care.

Newly arrived refugees are identified by the Refugee Health Program through monthly reports from LFS, notification through the CDC Electronic Disease Notification system (EDN), notification through Welcome Core, local resettlement agencies, and when refugees walk in at a public health office for medical care. Most refugees are identified through the LFS report, EDN or the monthly RCA approval report from ISD. ORR-eligible clients who present to

the clinics on their own are usually secondary migrants, Asylees or Cuban Entrants, or humanitarian parolees who arrived through the Uniting for Ukraine and Cuban/Haitian Parole Programs. As an eligible client is identified, the Refugee Health Program Manager will obtain copies of the overseas medical records, results of domestic health screens if they are conducted in other states and verify Medicaid eligibility. This information is shared with the RH Nurse and if necessary, the Refugee Mental Health Coordinator (RMHC). The Refugee Health Program Manager notifies the appropriate Managed Care Organization (MCO) that the refugee has been enrolled in and requests a Care Coordinator assignment. The Program strives to have the care coordination information available at the time of screening so the RH Nurses can begin introducing the concept of care coordination to the refugee and make them aware that a Care Coordinator will be contacting them for ongoing support.

Follow-up medical and mental health care is ensured through close collaboration between the Refugee Health Program, the MCO Care Coordination team, and a network of medical and mental health providers. Local providers in Albuquerque include the University of New Mexico (UNM) Southeast Heights Clinic, First Choice Community Health Source and UNM Young Children's Health Center, Southwest Care Center, and Ribera Family Health clinic. Clients in Las Cruces are referred to La Clinica de la Familia and Las Cruces Primary Care. The RH Nurse(s) provides a warm handoff to the Primary Care Provider (PCP). The PCP coordinates with the MCO to schedule the initial appointment. Initial medical appointment dates are communicated to the RH Nurse and LFS. If a refugee misses their initial appointment, the PCP will notify the RH Nurse, the MCO, and LFS to determine the reason and work together to reschedule the appointment. Subsequent medical appointments are scheduled by the MCO Care Coordinator. The RMHC collaborates closely with the MCO Care Coordinator, PCP and the refugee on all mental health referrals. The RMHC provides a warm hand-off to the mental health provider and works with providers to expedite appointments for acute and crisis-level cases.

c. Describe the access that the State or RD and clinic(s) have to the Centers for Disease Control and Prevention's Electronic Disease Notification (EDN) system and how this information is used during medical screening.

The Refugee Health Coordinator has access to the EDN which provides copies of the overseas medical exam and vaccination record, highlights significant physical and behavioral health concerns, and describes relevant medical history. This system often documents any medications the refugee has been prescribed and how long the medication is expected to last.

d. Describe the State's or RD's coordination of medical screenings with screening providers (e.g., contracts with providers). Describe any coordination that is provided to facilitate the medical screenings and how the coordination is funded.

HCA has arranged for all medical screenings, including all mental health screenings to be conducted by DOH. A Governmental Services Agreement (GSA) between HCA and DOH using CMA funds is used to support staffing and administrative costs. If the refugee is eligible for Medicaid, all medical expenses related to the health screening is billed to Medicaid. If the refugee is ineligible for Medicaid, and receives RMA, expenses are billed to RMA. With the implementation of ACA Medicaid expansion programs, most refugees are eligible upon arrival to New Mexico. HCA and DOH have reviewed ORR State Letter 12-09 and assure compliance with the medial screening and reimbursement framework defined therein. DOH has developed a Refugee Health Screening Protocol included in Attachment 5. Due to statewide nursing shortages and challenges recruiting and retaining nursing staff, refugee medical screening hubs have been established in Albuquerque, Las Cruces, and Carlsbad. Most refugee medical screenings are conducted out of the Southeast Heights (SEH) Public Health clinic located in Albuquerque and the Dona Ana Public Health Office in Las Cruces. The largest number of ORR-eligible clients are resettled in these areas due to the availability of health infrastructure, proximity to the local resettlement agency office, and availability of housing and wrap-around services. Carlsbad was identified as a central location to serve Cuban clients who may resettle in the southeastern portion of the state. The RH Program works with LFS, sponsors/volunteers, and MCOs to arrange transportation for clients to the nearest public health office that can provide refugee medical screening services. In most cases, this is the SEH public health office in Albuquerque or the Dona Ana Public Health Office in Las Cruces. If the client or sponsor/volunteer is not willing to travel, the Program works with a local primary care provider to administer screening services. The SEH clinic is staffed by one Refugee Health Nurse and one Nurse Supervisor and can comfortably serve between 250 and 350 new arrivals annually. Integrated physical and mental health screenings are conducted as part of a two-day screening visit. The first visits include review of overseas and other medical records, an interview with client, blood work for necessary diagnostic tests, and administration of age-appropriate vaccines. The second visit includes a review of lab results with the patient, and discussion of any primary or specialty care referrals. A referral is made to the refugee mental health coordinator to complete the initial behavioral health screen using the RHS-15 screening tool.

A narrative-based screening tool is available for clients with lower reading literacy or who are not comfortable with the RHS-15 tool. Clients with a positive RHS-15 score are offered an abbreviated assessment. The assessment helps the RMHC make an appropriate referral to a provider within the Refugee Mental Health Network. The RMHC and the MCO care coordinator collaborate to ensure the client has a timely and easy transition into services. Physical and mental health providers receive a packet that contains copies of appropriate lab results and clinical findings. Vaccination series are completed by the SEH Public Health Office. A similar integrated process for physical and mental health screenings will be implemented in Las Cruces once the RMHC is hired. A pilot initiative was introduced in Federal Fiscal Year 2024 to provide medical screening services to Cuban Entrants out of the Northwest Valley (NWV) Public Health office in Albuquerque. Cuban Entrants who call the clinic to schedule medical screening appointment and who have access to transportation are provided the option of receiving services at the NWV office. The refugee health program is working with the NW region to identify additional nursing staff to serve the Cuban population. ORR-eligible clients for whom LFS provides transportation by LFS are screened at the Southeast Heights office. The NWV Public Health Office is staffed by one Nurse Supervisor and a half time Public Health Nurse that are both funded by State General Funds. DOH, is partnering with Walgreens and Sam's Club Pharmacies to enable refugees to obtain vaccine at six sites in Albuquerque. The goal is to provide clients with flexibility to obtain needed vaccines without having to miss work or school. Pharmacists at the six participating locations have agreed to stock adult vaccines recommended as part of the medical screen and not require clients to schedule appointments if they present a referral form that has been signed by Public Health. Walgreens and Sam's Club Pharmacies will bill Medicaid directly for the cost of the vaccines and vaccine administration.

e. List the location and types of medical screening clinics:

Location (City or county)	**Type (e.g., FQHC, private clinics, local public health departments, university affiliated)**
Southeast Heights, Albuquerque	Public Health Office
Northwest Valley, Albuquerque	Public Health Office
Dona Ana, Las Cruces	Public Health Office
Santa Fe, Santa Fe	Public Health Office

2. Indicate if the State or RD is requesting to operate a Medical Screening program with RMA funding pursuant to 45 CFR § 400.107. This may either be a request to continue operating a Medical Screening program or a first-time request to use RMA funding.

New Mexico requests to continue to operate a medical screening program with RMA funding pursuant to 45 CFR §400.107.

3. Scope of Medical Screening services - 45 CFR § 400.107

a. Does the State or RD assure that the Medical Screening program is operated in accordance with the requirements prescribed by the Director? *Indicate Yes or No.*

Yes, New Mexico assures that the Refugee Medical Services program is operated in accordance with the requirements prescribed by the Director.

b. Does the State or RD assure that medical screening costs are reasonable (e.g., comparable to Medicaid rates)? *Indicate Yes or No.*

Yes, New Mexico assures that medical screening costs are reasonable (e.g., comparable to Medicaid rates).

c. Describe the medical screening payment model (e.g., flat rate, fee-for-service).

The medical screening program uses a fee for service payment model. Services are reimbursed using the current Medicaid reimbursement rates.

d. Describe how the State or RD will ensure that medical screenings will be completed in the first 90 days after initial date of entry or eligibility, if any part of the screening is billed to RMA.

New Mexico will ensure medical screenings are completed in the first 90 days after initial entry or eligibility. DOH and LFS work closely together to communicate the arrival of ORR-eligible clients and schedule medical screening appointments in a timely manner. Additionally, DOH and LFS collaborate with the SRC to expedite Medicaid approvals and correct system errors that create delays in the approval process. Most clients who are screened after the 90-day period are Cuban entrants, asylees, and Ukrainian parolees who present to DOH or LFS outside of this window period.

The RHC is trying to identify primary care providers in areas with limited health infrastructure who are interested in providing medical screening to ORR-eligible populations who resettle in those areas. The challenge has been to find a provider who is willing to take on the additional screening and data sharing requirements with the Refugee Health Program.

e. Does the State or RD have a medical screening protocol that they recommend screening clinics follow? ***Indicate Yes or No and briefly explain.***

Yes, the State has a medical screening protocol that it recommends screening clinics follow.

f. Does the State medical screening follow the recommendations in CDC's ***Guidance for the U.S. Domestic Medical Examination for Newly Arriving Refugees? Indicate Yes or No and briefly explain.***

Yes, Medicaid covers all services outlined in ORR's medical screening checklist. Mental health screening is not billed to Medicaid because Public Health is not set up to bill Medicaid for behavioral health services.

g. Indicate which medical screening components are routinely offered as part of the medical screening in your state:

Medical Screening Component	***Indicate Yes if part of the medical screening protocol; enter No if not done during the medical screening***
Complete Blood Count (CBC)	Yes
History and Physical	History only, physical is referred to the PCP
HIV Testing	Yes
Hepatitis B Testing	Yes
Hepatitis C Testing	Yes
LTBI/TB Testing	Yes
Malaria Testing	If client is screened w/in 3 weeks of arrival and if they did not complete overseas treatment
Syphilis Testing	Yes
Chlamydia Testing	Yes
Gonorrhea Testing	Yes
Mental Health Screening	Yes
Lead Screening	Yes
Adult Immunizations	Yes

Medical Screening Component	***Indicate Yes if part of the medical screening protocol; enter No if not done during the medical screening***
Child Immunizations	Yes
Presumptive Parasite Treatment	Referred to PCP
Presumptive Malaria Treatment	Referred to PCP
Schistosoma Testing	Referred to PCP
Strongyloides Testing	Referred to PCP
Soil-Transmitted Helminth Testing	Referred to PCP
Referrals	Yes

h. Does the State or RD routinely provide additional medical services during the medical screening beyond those outlined in the CDC domestic medical examination guidance? If yes, list and justify the need to provide such services.
NM DOH Health Program has opted to repeat tests conducted as part of the overseas medical exam for conditions of public health concern. These conditions include Syphilis, Chlamydia, Gonorrhea, and Hepatitis B. STI screening is repeated because the Refugee Medical Screening is typically completed within the first 35-50 days after arrival. This also allows the clinic staff to develop the rapport for clients to feel comfortable reporting risk factors such as sexual activity or traumatic events. This is especially true of cultures where sexual activity outside of marriage is taboo. It is in the best interest of the client to normalize the STI tests as a routine part of the RMS and identify and treat any infections that may have occurred after the overseas medical exam, prevent transmission to other community members, and prevent negative health outcomes for the client.
Additional Hepatitis B markers are tested because the overseas medical exam typically only reports Hepatitis B surface antigen results. This does not indicate whether the client has developed immunity due to natural infection or through immunization. Clients with documentation of Hepatitis B vaccines will continue the series using a catch-up or regular vaccination schedule, as appropriate.

i. Describe services recommended in the CDC domestic medical examination guidance and included in the State or RD screening that are <u>not</u> covered by or billed to Medicaid. Describe why Medicaid is not paying for these services, if known.

Medicaid covers all services outlined in the ORR medical screening checklist. Mental health screening is not billed to Medicaid because Public Health is not set up to bill Medicaid for behavioral health services.

Indicate Yes or No to items j-l below.

e. Does the State or RD provide interpretation as part of the Medical Screening program?

Yes, telephone-based language interpretation services are provided during refugee health screening mental health screening and assessment visits.

f. Dos the State or RD provide transportation as part of the Medical Screening program?

Yes**,** Transportation is provided by the Resettlement Agency or the Managed Care Organization.

g. Does the State or RD provide any other non-medical services as part of the Medical Screening program? If yes, list and justify the need to provide such services.

No, the State does not provide any other non-medical services as part of the medical screening.

E. Refugee Support Services (RSS) - 45 CFR 400 Subpart I

a. List and describe the support services the state or RD provides. List services outlined in 45 CFR § 400.154, 45 CFR § 400.155, or PL 16-07, then any support services that are not outlined in policy. For all services, outline the strategy for service delivery, addressing program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, target population(s), and activities.

a. Service Delivery Strategy:

The State of NM will ensure that eligibility to Refugee Social Services is limited to the refugee population as described in 45 CFR §400.150 and 45 CFR §400.152. Have provided documented proof, issued by the United States Citizenship and Immigration Services, of having or having held one of the refugee statuses as defined in 45 CFR §400.43. Resided in the U.S. for sixty (60) months or less. Referral, interpretation, citizenship, and naturalization services may be provided to refugees regardless of their length of residence in the U.S. The State of New Mexico will request sub-awards, and conduct yearly monitoring evaluations to ensure services are provided to eligible clients

b. Program Structure:

LFS administers RSS services in accordance with ORR PL 16-07, and 24-03. LFS has one RSS Coordinator in Albuquerque and another in Las Cruces. The RSS coordinator is responsible for managing services and compiling reports for ORR to ensure beneficiaries served are eligible per regulation and policy.

c. Procurement time frames:

Every four years the State of New Mexico goes through a Request for Proposals (RFP) procurement process. It is a competitive bid; the most recent RFP was completed in 2024, and LFS was chosen as the service provider for the RSS program and Set-Asides.

d. Roles of the Contract Service Provider:

All eligible refugee populations will participate in the initial intake interview process with LFS. Family Self Sufficiency Plans and Individual Employment Plans will be developed with refugees during an intake interview. If the applicant needs additional services to meet the required specifications of the self-sufficiency or employability plans, case managers from LFS will facilitate referrals to the appropriate State agency/ies. The case manager will also make copies of the plan(s) available to them at the time of the application. LFS also manages the Refugee Employment Program. The purpose of the refugee employment program, administered by LFS, is to promote economic self-sufficiency through employment within the shortest possible time after entrance for refugees, asylees and Cuban/Haitian. The job developers with the resettlement agency will develop job opportunities and refer qualified refugees to these positions. Emphasis on job readiness and employment will continue to be the priority. The RSSP has the following objectives: To provide job development activities to enhance the number of employment positions available for refugees. To provide job coaching services and interview refugees to determine job needs and to refer refugees to jobs. To assist refugees to gain employment and achieve economic self-sufficiency as quickly as possible after arrival. Once employment has been secured, the employment specialist will follow up with the refugee's employer to determine if further assistance is needed. The Office of Refugee Resettlement has approved New Mexico's waiver to use RSS funding for emergency housing assistance. This support is intended for urgent situations and will be provided for a maximum of three months.

Payments will be made directly to the vendor or landlord, not to the individual recipient. Benefits will be dispensed to eligible ORR populations who arrived more than 90 days ago but are within the first year of arrival. Refugees will have to meet with the Refugee Social Service Provider and assistance will be determined on a case-by-case basis to receive assistance. Emergency situations

include but are not limited to newly born children, reduction or loss of employment, increase in rental cost, medical needs, urgent situations such as pending eviction, etc.

e. Geographic Service Areas:

Contracts operate in Albuquerque and Las Cruces. The RSI Coordinator in Albuquerque and Las Cruces work with eligible students across all Local School districts in the County.

f. Target Population:

Any refugee or other eligible beneficiary who does not receive the services listed under§400.154/5 from any other ORR funded program. Refugees may be served under Refugee Program employment services if they are actively enrolled in R&P or Preferred Comminutes and may receive all services offered under Refugee Program if they have exited R&P, MGP, and the PC Program.

g. Activities:

i. Participation in employability service program provided by the RSS contracted service provider
ii. Case Management
iii. The development of an Individual Employability Plan
iv. Job Development Services
v. Job Referrals Services
vi. Job Placement Services [45 CFR §400.154]
vii. Participation in available social adjustment
viii. (acculturation) services determined to be appropriate
ix. Participation in English Language Training (ELT) provided as a concurrent. activity to other employment activities
x. Refugee Employment Program
xi. Employment Assessment and Counseling
xii. Social Integration and Adjustment
xiii. Volunteerism
xiv. Training and Education
xv. Emergency housing assistance

h. Describe the plan for ensuring the completion and use of a Family Self-Sufficiency Plan (FSSP) for all refugees receiving RSS-funded employment-related services (and their family members living in the same household) to include initial assessment, referral, and follow-up, as delineated in ORR PL 21-06.

LFS uses the FSSP as a tool in tracking families' education and work experience, needs, and goals to support them with achieving economic self-sufficiency as quickly as possible. They assess each individual member of the family in the household, including children and/or any other member of the family in the household that can benefit from RSS to facilitate economic self-sufficiency, family stability and community integration for the household. The FSSP identifies services in the community such as benefits at ISD, Women Infant and Children's (WIC) program benefits, and childcare assistance which can reduce barriers to the family becoming self- sufficient. They contain a household budget which lists expenses like rent, utilities, travel loan repayment, and household expenses. The FSSPs are completed within 10 days of a family's arrival in the country. At six months and twelve months after arrival, the case manager reviews the FSSP, assesses if the goals are being met, updates the plan as needed, and refers the family to additional services if appropriate.

As required by 45 C.F.R. §400.55, LFS documents that an interpreter was provided if a client has limited English proficiency. The SRC reviews FSSPs during the ME to ensure compliance with this requirement as well as to validate services that are being provided that align with program outcomes and goals.

i. If the State or RD receives RSS set-aside funding for specific services or populations (e.g., Refugee School Impact, including Early Refugee School Impact services, if applicable; Services to Older Refugees; Youth Mentoring; and/or Refugee Health Promotion, including the Refugee Mental Health Initiative), describe those services, as outlined at 45 CFR § 400.155 and in the relevant policy letter(s) (e.g., ORR PLs 20-05, 22-06, 22-07, 22-08, and 22-09, or any subsequent policy letter pertaining to an RSS set-aside). Describe each set-aside's administrative structure, including projected roles of contracted providers, geographic service area(s), target population(s), and services. Describe how these set-aside services complement services provided under RSS base funding.

A. RSI

a. **Service Delivery Strategy:**
Refugee School Impact is a program New Mexico currently operating under a contractual Services Agreement with LFS. The overall goal of this program is to provide activities that lead to improvement of academic performance and social integration for refugee youth in accordance with ORR PL 22-07.

b. **Program Structure:**

LFS administers RSI services in accordance with ORR PL 22-07. RSI is complementary to the RSS base funding. LFS has one RSI Coordinator in Albuquerque and another in Las Cruces. The RSI coordinator is responsible for managing services and compiling reports for ORR to ensure beneficiaries served are eligible per regulation and policy.

c. **Procurement time frames:**
Every four (4) years the State of New Mexico goes through a Request For Proposals (RFP) procurement process. It is a competitive bid; the most recent RFP was completed in 2024, and LFS was chosen as the service provider for the RSS program and Set-Asides.

d. **Roles of the Contracted Service Provider:**
LFS in Albuquerque and Las Cruces staff an RSI Coordinator. This position is responsible for providing continuing education support to school districts serving refugee students and managing sub-contracts with the school districts to provide direct service interventions.

e. **Geographic Service Areas:**
LFS service areas are in operation primarily in Albuquerque and Las Cruces. The RSI Coordinator in Albuquerque and Las Cruces work with eligible students across both school districts in those areas.

f. **Target Population:**
To provide services to newly arrived refugee students between the ages of five (5) and eighteen (18) as well as their families. Students eligible for this program have been in the U.S. for three (3) years or less and continue to face serious challenges.

g. Activities:

i To create a comprehensive Individual Service Plan (ISP), approved by HCA, for each refugee student enrolled in the program. The ISP outlines the services the student and his/her family will receive, the steps necessary for academic success, and resources and referral information provided to the student and family.

ii To collaborate with the student's respective school district to ensure that students receive comprehensive English as a Second Language (ESL) assessment.

iii To provide students with support and to assist them with social adjustment and overall well-being.

iv Identify and maintain appropriate referrals for student mental health services.

v Provide summer school programs and academic year support where students participate in academic enrichment opportunities and receive one-on-one tutoring support to eliminate academic service gaps.

vi To provide Family Support workshops to educate parents about various aspects of American culture and the American academic system, as well as to provide support to parents who may be struggling with parental roles in America.

vii To provide case management to facilitate the refugees' utilization of appropriate programs and services that reduce barriers to success in school.

viii Assisting students and families to accomplish the goals set forth in the ISP.

ix Providing students and families with information about services available and referrals to community resources that support student academic success and acculturation.

x Assisting families as needed by coordinating and attending parent teacher conferences as well as coordinating interpretation and translation services.

xi Providing families with an orientation to the school and bus system.

xii Support and Training for Primary Impacted School District

xiii In collaboration with APS and LCPS, LFS conducts an annual needs assessment to understand the prevalent needs of refugee students. The needs assessment takes into consideration the differing needs of impacted schools within the district, student age group, and cultural, ethnic, and linguistic backgrounds of students enrolled in the district.

xiv Answer questions, provide support, and be available to provide annual training for APS and LCPS faculty and staff on understanding the refugee experience, identified needs, and cultural norms.

B. Youth Mentoring Program (YMP)

a. **Service Delivery Strategy**:

The YMP is a client-centered service delivery program whereby refugees can set their program goals within the constraints of ORR PL 22-09. All services are to be provided pursuant to individual Self-Sufficiency Plan (SSP) and Education Plan (EP). All youth in the program have their own plan with parents being signatories on minor plans. Plans are mutually developed documents of accountability between the refugee and case worker and are structured with a goal and task methodology. The individual's goals are identified while considering the tasks and strategies are outlined, establishing commitment responsibilities from both the refugee and the caseworker

that will support the youth to achieve the goal, pursuant to PL 22-09. Under the YMP, plans are a living document and will be updated throughout individual's participation in the program as goals and visions of the individual change. The SSP owners are the refugee and the YMP case managers, however, the YMP diverges from the Refugee Program in that the primary method for service delivery is through coordinated volunteer mentor time.

b. **Program Structure:**
Youth ages 15-24 are referred into the YMP. Upon refugee intake, the YMP identifies what the individual's goals are in accordance with ORR PL 22-09.

c. **Procurement time frames:**
Every four years the State of New Mexico goes through a Request for Proposals (RFP) procurement process. It is a competitive bid; the most recent RFP was completed in 2024, and LFS was chosen as the service provider for the RSS program and Set-Asides.

d. **Roles of the Contracted Service Provider:**
The YMP assists youth and young adults with the acquisition of soft social skills and career development. The YMP does not assist with education-related topics as outlined and offered in the RSI Program area of responsibility. YMP provides services in accordance with PL 22-09.

e. **Geographic Service Areas:**
Services are offered in Albuquerque and Las Cruces. Both LFS locations work with eligible population in their respective counties.

f. **Target Population:**
The YMP target population is youth and young adults ages 15-24 with a desire to work on integration or professional development goals, in accordance with PL 22-09.

g. Activities

i. Provide case management, which starts with an initial assessment of the needs and goals of the youth.
ii. Develop a plan to meet those needs through educational or vocational services, social services and relevant activities.
iii. Refer the youth and facilitate the individual to relevant services and activities.
iv. Document services provided and activities.
v. Assess the progress of each youth toward meeting their needs and goals.
vi. Recruit mentors, including members of relevant ethnic communities, as possible.
vii. Screen out potential mentors who may present risks to the youth, such as a criminal history, history of substance abuse, or

domestic violence and child welfare concerns, including being charged with or convicted of any crime or investigated for physical abuse, sexual abuse, neglect, or abandonment of a minor.

viii. Train mentors on how to support ORR-eligible youth.

ix. Pairing enrolled individuals with mentors.

C. Refugee Health Promotion Program

a. **Service Delivery Strategy:**
ISD has a General Services Agreement with the NM Department of Health (DOH) to offer Refugee Health Promotion services. Under the leadership of Karen Gonzales, Refugee Health Coordinator, DOH is the best suited entity to provide both Health Screening and Health Promotion programs. DOH has expanded services from Albuquerque to the southern part of New Mexico, based in Las Cruces. These services will complement RSS base funding by ensuring that refugees can take care of their health as they adjust to being in America, caring for their families and starting new employment.

b. **Program Structure:**
DOH designed this program to focus on increasing access to health resources, literacy and emotional well-being sessions for all refugees and trauma informed training for professionals subcontracted to serve this population. It should be noted that there is a clear separation within the contract that funding for the program identifies traditional RHP and that services and expenditures are tracked independently and separate of each other.

c. **Procurement time frames:**
The DOH is exempt from the procurement process as the State of New Mexico does not require procurement for State-to-State Entities.

d. **Roles of the Contract Service Provider:**
The Health Promotion Program provides refugee health literacy and access to health education and emotional wellness groups sessions, and support obtaining affordable ongoing health care through Medicaid, an employer, or the NM Health Exchange. This program also provides trauma-informed, culturally relevant training and support to refugee health and mental health providers in the communities that serve refugee populations.

e. **Geographic Service Areas:**
Albuquerque and Las Cruces.

f. **Target Population:**
The target population for the RHP efforts is for recent refugee arrivals with mental health and health literacy needs.

g. Activities

i. Deliver a range of health services including health orientations and education classes, support with accessing health services and assistance obtaining affordable ongoing health care.

ii. Facilitate access to affordable healthcare coverage programs for refugees who have been in the U.S. for less than two years.

iii. This program will identify eligible refugees who do not have healthcare insurance coverage. Clients will be educated about the importance of health care coverage and receive support with determining their eligibility for coverage through NM Health Insurance Exchange, Medicaid, or 3rd party insurance options.

iv. Provide high quality, trauma-informed, culturally relevant training to refugee medical and mental health providers.

j. List and describe the RSS services the state or RD provides using Afghan Supplemental Appropriation (ASA) funds. List services outlined in 45 CFR § 400.154, 45 CFR § 400.155, PL 16-07, PL 22-03, PL 22-11, or any support services that are not outlined in policy. For all services, outline the strategy for service delivery, describing program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, and activities, including any initiatives, and the related plans to distribute funding, for addressing emergency/short-term and long-term housing need

A. ASA RSS:

a. Strategy for Service Delivery:

The State of New Mexico has a contractual Services Agreement with Lutheran Family Services (LFS). LFS currently provides case management to all newly arrived Afghan refugees according to 45 CFR § 400.154, 45 CFR § 400.155 and ORR PL's 16-07, 22-03 and 22-11.

b. Program Structure:

LFS administers RSS and set-aside services in accordance with ORR PLs 16-07,22-03 and 22-11. LFS has one RSS Coordinator in Albuquerque and another in Las Cruces. The RSS coordinator is responsible for managing services and compiling reports for ORR to ensure beneficiaries served are eligible per regulation and policy.

c. Procurement time frames:

Every four years the State of New Mexico goes through a Request for Proposals (RFP) procurement process. It is a competitive bid; the most recent RFP was completed in 2024, and LFS was chosen as the service provider for the RSS program and Set-Asides.

d. Roles of the Contract Service Provider:

All eligible refugee populations will participate in the initial intake interview process with LFS. Family Self Sufficiency Plans and Individual Employment Plans will be developed with refugees during an intake interview. If the applicant needs additional services to meet the required specifications of the self-sufficiency or employability plans, case managers from LFS will facilitate referrals to the appropriate State agency/ies. The case manager will also make copies of the plan(s) available to them at the time of the application. LFS also manages the Refugee Employment Program. The purpose of the refugee employment program, administered by LFS, is to promote economic self-sufficiency through employment within the shortest possible time after entrance for Afghan refugees, asylees. The job developers with the resettlement agency will develop job opportunities and refer qualified refugees to these positions. Emphasis on job readiness and employment will continue to be the priority. The RSSP has the following objectives: To provide job development activities to enhance the number of employment positions available for refugees. To provide job coaching services and interview refugees to determine job needs and to refer refugees to jobs. To assist refugees to gain employment and achieve economic self-sufficiency as quickly as possible after arrival. Once employment has been secured, the employment specialist will follow up with the refugee's employer to determine if further assistance is needed. LFS will also follow up with the client to ensure legal assistance is provided according to PL 22-11.

e. Geographic Service Areas:

Services are offered in both Albuquerque and Las Cruces. Both locations work with the eligible population in their respective counties.

f. Target Population:

Afghan Nationals granted status under ORR PL 22-11 who do not receive the services listed under §400.154/5 from any other ORR funded program.

g. Activities

i. Assistance in applying for mainstream benefits such as SNAP, Medicaid, and Cash.
ii. Employment Services which include working with the individual and families to create the Family Self-Sufficiency Plan (FSSP).
iii. This plan helps assess the needs of the individual and the family and what steps need to be taken to help strengthen skills, mitigate barriers, and encourage social adjustment.
iv. Mitigation of barriers
v. Assisting families apply for childcare services
vi. Enrolling individuals into English Language Training courses

vii. Assistance in learning the public transportation schedule and routes.
viii. Translation and interpretation services to help accomplish essential tasks such as making appointments, applying for jobs, registering children in school, etc.
ix. Establishing a warm hand-off with local schools to ensure children are enrolled and have the support needed to adjust to their new learning environments.
x. Placement in activities such as vocational training, job search, on-the job training, etc.
xi. Assistance in obtaining Employment Authorization Documents.
xii. Legal Services.
xiii. Emergency/Short-term housing.
xiv. Long-term housing.
xv. Extended case management

k. **If the state or RD receives ASA set-aside funding for specific services or populations (e.g., Refugee School Impact, including Support to Schools (S2S) and Early Refugee School Impact services, if applicable; Services to Older Refugees; Youth Mentoring; and/or Refugee Health Promotion, including the Refugee Mental Health Initiative), describe those services, as outlined in the relevant policy letter(s) (e.g., ORR PLs 20-05, 22-06, 22-07, 22-08, 22-09, 22-12, or any subsequent policy letter pertaining to an ASA-funded RSS set-aside). Describe each ASA-funded set-aside's administrative structure, including projected roles of contracted providers, geographic service area(s), target population(s), and services.**

A. **ARSI S2S**

a. **Strategy for Service Delivery**:
Afghan Refugee School Impact S2S was a new program for New Mexico to implement. We faced challenges solidifying partnerships with the New Mexico Public Education Department (PED) Title III Section for the S2S program. New Mexico will be submitted a waiver to re-direct the S2S funds to the local resettlement agency.

b. **Program Structure:**
Afghan Refugee School Impact Support to Schools is a program New Mexico currently in the process of requesting a waiver to re-direct funding.

c. **Procurement time frames:**

New Mexico currently in the process of requesting a waiver to re-direct funding.

d. **Roles of the Contract Service Provider:**
LFS will provide direct service to the Afghan children and their parents in accordance with ORR PL 22-07. The providers are required to provide the educational services to the eligible Afghan children and parents of those children.

e. **Geographic Service Areas:**
Operations are available in Albuquerque and Las Cruces. Both locations work with the eligible population in their respective counties.

f. **Target Population:**
Afghan youth refugee between the ages of five (5) and eighteen (18).

g. Activities

i. Provide services to newly arrived refugee students who are within the age requirements of the program and who have been in the U.S. for three years or less and continue to face challenges.

ii. Create a comprehensive Individual Service Plan (ISP), approved by HCA, for each refugee student enrolled in the program. The ISP outlines the services the student and his/her family will receive, the steps necessary for academic success, and resource and referral information provided to the student and family.

iii. Collaborate with Albuquerque Public Schools (APS) and Las Cruces Public School (LCPS) to ensure that students receive comprehensive English as a Second Language (ESL) assessment.

iv. Provide students with support and assist with social adjustments.

v. Identify and follow up on referrals to mental health services as appropriate.

vi. Provide summer school programs and continued academic support during the school year for academic enrichment and/or individualized tutoring.

vii. Provide family support workshops to educate parents on the academic system and how to maintain their culture while balancing the transition to the American culture.

B. Youth Mentoring ASA

a. **Strategy for Service Delivery:**
The ASA YMP is a client-centered service delivery program whereby refugees can set their program goals within the constraints of ORR PL 22-09.

All services are to be provided pursuant to individual Self-Sufficiency and EPs. All youth in service have their own plan with parents being signatories on minor plans. Plans are mutually developed documents of accountability between the refugee and case worker and are structured in a goal and task methodology. The goal is to identify the service area to be worked on and the tasks are the individual non-divisible work responsibilities that both parties, the refugee and the caseworker, will undertake to achieve the goal, pursuant to PL 22-09. Under the YMP, plans are a living document to be updated throughout clients' duration in services. The SSP owners are the refugee and the YMP case managers, however, the YMP diverges from the Refugee Program in that the primary method for service delivery is through coordinated volunteer mentor time.

b. **Program Structure:**
Youth Mentoring is a new program for which NM has recently set up the foundation for. There are two small purchase contracts recently established with LFS. One is specific for traditional refugee youth, and the other is specific to Afghan youth to align with each specific funding source.

c. **Procurement time frames:**
Every four years the State of New Mexico goes through a Request for Proposals (RFP)procurement process. It is a competitive bid; the most recent RFP was completed in 2020, and LFS was chosen as the service provider for the RSS program and Set-Asides.

d. **Roles of the Contract Service Provider:**
The ASA YMP assists youth and young adults with the acquisition of soft social skills and career development. The ASA YMP does not assist with education-related topics as outlines in the RSI Program.

e. **Geographic Service Areas:**
Services are available in Albuquerque and Las Cruces. Both locations work with the eligible population in their respective counties.

f. **Target Population:**
The ASA YMP target population is Afghan youth and young adults ages16-24 with a desire to work on integration or professional development goals.

g. Activities

i. All participants are assigned to a designated case manager. This case manager works with the individual to:

ii. Develop a Self Sufficiency Plan (SSP) with each participant, match the individual with a mentor, document progress, identify avenues to meet needs and steps to achieve both short term (within 90 days) and long-term (longer than 90 days) goals

iii. Established goals will include a variety of educational, vocational, and social activities to be provided through case management, mentors and established programs within the community.
iv. This includes areas such as tutoring, job preparation, financial literacy, educational assistance such as applying for financial aid, volunteering activities, participation in community events, etc.
v. Meet with the participant on a regular basis to review program goals and objectives and adjust individual goals as needed.
vi. The SSP is a living document and should be updated as progress is made, or barriers are identified.

C. ARHP

a. **Service Delivery Strategy:**
ISD has a General Services Agreement with the NM Department of Health (DOH) to offer Refugee Health Promotion services. Under the leadership of Karen Gonzales, Refugee Health Coordinator, DOH is the best suited entity to provide both Health Screening and Health Promotion programs. DOH has expanded services from Albuquerque to the southern part of New Mexico, based in Las Cruces. These services will complement RSS base funding by ensuring that refugees can take care of their health as they adjust to being in America, caring for their families and starting new employment.

b. **Program Structure:**
NM DOH designed this program to focus on increasing access to health resources, literacy and emotional well-being sessions for all refugees and trauma informed training for professionals subcontracted to serve this population. It should be noted that there is a clear separation within the contract that funding for the program identifies traditional RHP as well as ARHP and URHP funds and that services and expenditures are tracked independently and separate from each other.

c. **Procurement time frames:**
DOH is exempt from the procurement process as the State of New Mexico does not require procurement for State-to-State Entities.

d. **Roles of the Contract Service Provider:**
The Health Promotion Program provides Afghan Humanitarian Parolees health literacy and access to health education and emotional wellness groups sessions, and support obtaining affordable ongoing health care through Medicaid, an employer, or the NM Health

Exchange. This program also provides trauma-informed, culturally relevant training and support to refugee health and mental health providers in the communities that serve refugee populations.

e. **Geographic Service Areas:**
Albuquerque and Las Cruces.

f. **Target Population:**
The target population for the ARHP efforts will be recent Afghan Humanitarian Parolees and refugee arrivals with mental health and health literacy needs.

g. Activities

i. Deliver a range of health services including health orientations and education classes, support with accessing health services and assistance obtaining affordable ongoing health care.

ii. Facilitate access to affordable healthcare coverage programs for refugees who have been in the U.S. for less than two years.

iii. This program will identify eligible refugees who do not have healthcare insurance coverage. Clients will be educated about the importance of health care coverage and receive support with determining their eligibility for coverage through NM Health Insurance Exchange, Medicaid, or 3rd party insurance options

iv. Provide high quality, trauma-informed, culturally relevant trainings to refugee medical and mental health providers.

l. List and describe the RSS services the state or RD provides using Additional Ukraine Supplemental Appropriations Act, 2022 (AUSAA) funds. List services outlined in 45 CFR § 400.154, 45 CFR § 400.155, PL 16-07, PL 22-15, or any subsequent policy letter pertaining to AUSAA RSS, and any support services that are not outlined in policy. For all services, outline the strategy for service delivery, describing program structure, procurement timeframes, the roles of contracted providers, geographic service areas projected, and activities.

A. AUSAA RSS

a. **Strategy for Service Delivery:**
New Mexico has a contractual Services Agreement with Lutheran Family Services. LFS currently provides case management to all newly arrived Ukrainians according to 45 CFR § 400.154, 45 CFR § 400.155 and ORR PL's 16-07, 22-15. The AUSAA Program is funded by RSS and provides

broad ranging services. All services allowable under §400.154/5 are available to clients.

b. **Program Structure:**
New Mexico has a contractual Services Agreement with Lutheran Family Services. LFS currently provides case management to all newly arrived Ukrainian refugees. The most significant challenge with the Ukrainian population is that the SRC, SRHC nor LFS is aware of where these individuals are settling when they arrive in New Mexico unless they reach out to LFS for services, they appear in a public health office, or they apply for mainstream benefits.

c. **Procurement time frames:**
Every four years the State of New Mexico goes through a procurement process. It is a competitive bid; the most recent RFP was completed in 2020, and LFS was chosen as the service provider for the RSS program and Set-Asides.

d. **Roles of the Contract Service Provider:**
Ukrainian refugees can access the RSS AUSSAA for services pursuant to § 400.154/5 and PLs 16-07 and 22-15. While all services defined under§400.154/5 are allowed under RSS, the emphasis of programming is to assist refugees with securing and retaining durable employment. Case management activities defined under §400.154 are to be undertaken in pursuit of obtaining employment for employable household members.

e. **Geographic Service Areas:**
Contracts operate in Albuquerque and Las Cruces. LFS in Albuquerque and Las Cruces work with the eligible population in the County.

f. **Target Population:**
Ukrainian Nationals granted status under ORRPL22-13 who do not receive the services listed under §400.154/5 from any other ORR funded program.

g. Activities

i. Assistance in applying for mainstream benefits such as SNAP, Medicaid and Cash.
ii. Employment Services which include working with the individual and families to create the Family Self-Sufficiency Plan (FSSP).
iii. This plan helps assess the needs of the individual and the family and what steps need to be taken to help strengthen skills, mitigate barriers and encourage social adjustment.
iv. Mitigation of barriers
v. Assisting families apply for childcare services.

vi. Enrolling individuals into English Language Training courses
vii. Assistance in learning the public transportation schedule and routes.
viii. Translation and interpretation services to help accomplish essential tasks such as making appointments, applying for jobs, registering children in school, etc.
ix. Establishing a warm hand-off with local schools to ensure children are enrolled and have the support needed to adjust to their new learning environments.
x. Placement in activities such as vocational training, job search, on the job training, etc.
xi. Assistance in obtaining Employment Authorization Documents
xii. LFS recently hired additional case management staff, a Finance and Data Manager and two Housing Coordinators for the Albuquerque and Las Cruces area. The housing coordinator is responsible to: Work with case management team to identify housing needs.
xiii. Secure housing
xiv. Ensure short term shelter needs are met until long term, permanent housing needs are established. This can be done through long-term stay hotels, month-to-month leases, etc. ii. Work toward long term shelter needs by finding affordable housing and signing a lease agreement.
xv. Assist in establishing strong relationships with landlords.
xvi. Establish accounts for utilities.
xvii. Help obtain necessities for their new home.
xviii. Ensure financial obligations are met each month.
xix. Work with the Finance and Data Manager.
xx. Ensure financial obligations are met each month.
xxi. Identify potential costs such as monthly rental amounts and deposits.
xxii. Coordinate Emergency rental payments based on the needs of the household.
xxiii. Assist with managing financial data and outcome reports.
xxiv. Outreach

xxv. Identify potential rental properties.
xxvi. Maintain communication and positive relationships with landlords.
xxvii. Establish resources to help newly arrived families with their basic needs.
xxviii. Donations, utility assistance programs, etc.

m. **If the state or RD receives AUSAA set-aside funding for specific services or populations (e.g., Refugee School Impact, including Early Refugee School Impact services, if applicable; and/or Refugee Health Promotion, including the Refugee Mental Health Initiative), describe those services, as outlined in the relevant policy letter(s) (e.g., ORR PLs 20-05, 22-06, and 22-07, or any subsequent policy letter pertaining to an AUSAA-funded RSS set-aside). Describe each AUSAA-funded set-aside's administrative structure, including projected roles of contracted providers, geographic service area(s), target population(s), and services**.

A. URSI

a. **Strategy for Service Delivery:**
Ukrainian Refugee School Impact is a program New Mexico currently operates under a contractual Services Agreement with LFS. The overall goal of this program is to provide activities that lead to improvement of academic performance and social integration for refugee youth in accordance with ORR PLs 22-07 and 22-13.

b. **Program Structure:**
Lutheran Family Services (LFS) administers URSI services in accordance with ORR PL 22-07. LFS has one RSI Coordinator in Albuquerque and another in Las Cruces. The RSI coordinator is responsible for managing services and compiling reports for ORR to ensure beneficiaries served are eligible per regulation and policy.

c. **Procurement time frames:**
Every four years the State of New Mexico goes through a procurement process. It is a competitive bid; the most recent RFP was completed in 2020, and LFS was chosen as the service provider for the RSS program and Set-Asides.

d. **Roles of the Contracted Service Provider:**
LFS in Albuquerque and Las Cruces staff an RSI Coordinator. This position is responsible for providing continuing education to school districts serving refugee students and managing sub-contracts with the school districts to provide direct service interventions.

e. **Geographic Service Areas:**
Contracts operate in Albuquerque and Las Cruces. The RSI Coordinator in Albuquerque and Las Cruces work with eligible students across all Local School districts in the County.

f. **Target Population:**
To provide services to newly arrived Ukrainian Humanitarian Parolees students between the ages of five (5) and eighteen (18) and their families. Students eligible for this program have been in the U.S. for three (3) years or less and continue to face serious challenges.

g. Activities

i. To create a comprehensive Individual Service Plan (ISP), approved by HCA, for each refugee student enrolled in the program. The ISP outlines the services the student and his/her family will receive, the steps necessary for academic success, and resources and referral information provided to the student and family.

ii. To collaborate with Albuquerque Public Schools (APS) and Las Cruces Public School (LCPS) to ensure that students receive comprehensive English as a Second Language (ESL) assessment.

iii. To provide students with support and to assist them with social adjustment and well-being.

iv. To identify and maintain appropriate referrals for student mental health services.

v. Provide summer school programs and academic year support where students participate in academic enrichment opportunities and receive one-on-one tutoring support.

vi. To provide Family Support workshops to educate parents about various aspects of American culture and the American academic system, as well as to provide support to parents who may be struggling with parental roles in America.

B. URHP

a. URHP services are the same as the services listed under II.E.3/REA RHP.

F. Unaccompanied Refugee Minors (URM) Program

- 45 CFR 400 Subpart H, ORR Guide to Eligibility, Placement, and Services for Unaccompanied Refugee Minors (URM)

States and URM Replacement Designees (URDs) receiving funding to operate a URM program must address all items in this section, as applicable.

1. Administrative structure and state oversight - 45 CFR §§ 400.28, 400.117, 400.120

a. Describe administrative arrangements for the URM program in the state. Identify key state, county, URM provider agencies, and other private entities with which the state or URD coordinates to ensure proper administration of the URM program. (Provide a high-level description here. States and URDs can use cross-references to the legal responsibility, placement, and services sections below, where additional details are required.)

New Mexico does not operate a URM Program.

i. Briefly describe the roles of each agency identified;

New Mexico does not operate a URM Program.

ii. Indicate if the State or URD maintains a formal agreement with each agency identified, and if the agreement includes a budget that must be negotiated; and

New Mexico does not operate a URM Program.

iii. Identify the location(s) of URM provider agencies, including sub-office locations, under agreement with the state or its designee (e.g., county).

New Mexico does not operate a URM Program.

b. If a URD, describe coordination with any other RDs in the state, with a focus on how URM activities will be coordinated.

New Mexico does not operate a URM Program.

c. Does the State or URD assure that it assumes accountability for all aspects of the program, including fiscal and program reporting? *Indicate Yes or No.*

New Mexico does not operate a URM Program.

d. Does the State or URD assure that it has a procedure to ensure, on an ongoing basis, that URM provider agencies are licensed according to state requirements? *Indicate Yes or No.*

New Mexico does not operate a URM Program.

e. Describe how URM provider agencies are assessed for compliance with state foster care standards.

New Mexico does not operate a URM Program.

f. Describe program and fiscal oversight for the URM program. Include a detailed description of the State's or URD's protocol to monitor and evaluate subrecipient operations and compliance with ORR regulations and policy at least annually.

New Mexico does not operate a URM Program.

g. Does the State or URD assure that it consults with URM provider agencies and other key stakeholders annually, regarding each URM site or sub-site on the following topics?

New Mexico does not operate a URM Program.

i. Alignment between proposed and actual caseload (average per month, new arrivals, and types of cases) and capacity (placement options and numbers) in the past year;

New Mexico does not operate a URM Program.

ii. Trends in referrals not accepted/assured;

New Mexico does not operate a URM Program.

iii. The process in the state for reviewing referrals and placing new URM cases, including efficiency and timeliness of responses to ORR referrals;

New Mexico does not operate a URM Program.

iv. **Alignment between proposed and actual services and benefits in the past year;**

New Mexico does not operate a URM Program.

v. **Changes in capacity and/or program development needed to meet ORR's priorities and ensure that all populations eligible for the URM program can benefit from placement and services in the state; and**

New Mexico does not operate a URM Program.

vi. **Projections for average monthly caseload, types of cases, anticipated terminations, and the number of new cases to be served in the next fiscal year.**

New Mexico does not operate a URM Program.

Indicate Yes or No in response to item g. above.

h. **Describe how the State or URD exercises oversight responsibility for the care of URMs.**

New Mexico does not operate a URM Program.

i. **Describe the State's or URD's quality review process for the data URM provider agencies submit via URM placement (ORR-3) and outcome (ORR-4) reports, to ensure accuracy and timely submission to ORR.**

New Mexico does not operate a URM Program.

j. **Indicate the frequency with which the State or URD conducts case-specific oversight activities for the care of URM clients. Respond with a 1, 2, or 3, based on the following scale:**

1. **State or URD engages in case-specific oversight activities on an *ad hoc* basis, as issues arise and generally less often than once a month.**

New Mexico does not operate a URM Program.

2. **State or URD routinely engages in multiple case-specific oversight activities on a monthly basis.**

New Mexico does not operate a URM Program.

3. **State or URD routinely engages in multiple case-specific oversight activities on a weekly basis, or more frequently.**
Examples of case-specific oversight activities may include, but <u>are not limited to</u>, participating in case staffings, providing input on placement decisions or access to services or benefits, reviewing case/service plans or reports, approving client-specific cost requests (e.g., maintenance rates, stipends, additional service costs), and providing technical assistance or coordinating with public agencies to resolve client needs (e.g., medical coverage, education and training vouchers, Interstate Compact for the Placement of Children, etc.). ***Exclude ORR-3 and ORR-4 reporting from consideration for this scale.***

New Mexico does not operate a URM Program.

2. Legal responsibility - 45 CFR § 400.115

a. Describe State's or URD's procedures for initiating, within 30 days of a minor's arrival, the process of establishing legal responsibility. Include the:

i. Roles of individuals and/or entities involved in the process and the name of the entity that assumes legal responsibility of URM cases (e.g., state, county, private agency);

New Mexico does not operate a URM Program.

ii. The type(s) of legal authority allowed by the State or URD (e.g., custody, guardianship, conservatorship) for URM enrollment;

New Mexico does not operate a URM Program.

iii. Name(s) of court(s); and

New Mexico does not operate a URM Program.

iv. Typical range of time to establish legal responsibility for URM cases.

New Mexico does not operate a URM Program.

b. Procedure for establishing legal responsibility and placing a child in foster care:

i. Indicate the option which best applies:

1. State law requires court action to place a child in foster care in the state.

New Mexico does not operate a URM Program.

2. State law allows an alternative procedure, which does not require action by the court, for placing a child into foster care in the state.

New Mexico does not operate a URM Program.

States and URDs which select option 1. under i. should indicate that item ii. below is not applicable. States and URDs which select option 2. under i. should provide a descriptive response to ii. below.

ii. Describe any alternative procedure, which does not require action by the court, for placing a child into foster care in the state.

New Mexico does not operate a URM Program.

c. Describe ongoing court oversight and supervision of URM cases after legal responsibility has been established.

New Mexico does not operate a URM Program.

d. Indicate the maximum age at which legal responsibility and/or court oversight ends for URMs in the state.

New Mexico does not operate a URM Program.

3. URM services - 45 CFR §§ 400.113, 400.116, 400.118

a. General URM Assurances

Indicate Yes or No in response to items i., ii. and iii. below.

i. Does the State or URD assure it offers URMs the same range of benefits and services as available to other foster children in the state, including benefits and services identified under the State's Title IV-B and IV-E plans?

New Mexico does not operate a URM Program.

ii. **Does the State or URD assure it addresses the following elements in case plans: family reunification, placement, health screening and treatment, mental health needs, social adjustment, education/training, English language training, career planning, preparation for independent living and the transition to adulthood, and preservation of ethnic and religious heritage?**

New Mexico does not operate a URM Program.

iii. **Does the state or URD assure it will cease providing services and benefits to a URM child or youth, in the event the child or youth loses eligibility for the program? Specifically, that the child or youth:**

New Mexico does not operate a URM Program.

1. **No longer has an eligible immigration status or category (e.g., the youth has acquired U.S. citizenship);**

New Mexico does not operate a URM Program.

2. **Has reached the maximum age for all ORR-funded URM services and benefits indicated in the state plan;**

New Mexico does not operate a URM Program.

3. **Has reunited with a parent;**

New Mexico does not operate a URM Program.

4. **Has been adopted; and/or**

New Mexico does not operate a URM Program.

5. **Has united with a non-parental adult through legal custody or guardianship under state law.**

New Mexico does not operate a URM Program.

a. Placement

i. Describe the roles of the State or URD, subrecipients, and other stakeholders in reviewing and responding to case referrals from ORR, identifying available capacity, deciding on the most appropriate initial placement available for URM applicants, and providing a timely assurance of placement. Include an alternative process for urgent cases.

New Mexico does not operate a URM Program.

ii. Describe placement options available to URMs in the state following the placement type prompts below (items 1-5).
For each placement type, describe options provided by the State or URD and its subrecipients (e.g., URM provider agencies). Also describe placement options that are routinely available to URMs via agreements with other child-placing or supervised independent living agencies in the state, including any congregate setting where more than 50 percent of the capacity is supported by ORR through the CMA grant. Name the agencies which provide the identified placements. As applicable, such as for group care and supervised independent living, identify the focus and/or target population (e.g., behavioral therapy, medical needs, substance abuse treatment, trafficking victims, parenting teens, transition to independence) and licensing or other restrictions (e.g., age, history of assault) for each placement option.

1. Foster Family Home

New Mexico does not operate a URM Program.

2. Therapeutic Foster Home

New Mexico does not operate a URM Program.

3. Group Home

New Mexico does not operate a URM Program.

4. Supervised Independent Living

New Mexico does not operate a URM Program.

5. Residential Treatment

New Mexico does not operate a URM Program.

iii. Describe the process for extending foster care beyond the age of 18 years, and case-specific access to supervised independent living, as follows:

New Mexico does not operate a URM Program.

1. Describe state criteria and procedures for youth to access extended foster care and/or supervised independent living. Include the maximum age for access to extended foster care and/or supervised independent living.

New Mexico does not operate a URM Program.

2. Describe any provisions in the state that allow a youth who has left extended foster care and/or supervised independent living to return to placement.

New Mexico does not operate a URM Program.

3. Does the state or URD assure that extended foster care and/or supervised independent living are administered in accordance with state criteria and procedures, with the exception of variances approved by ORR? *Indicate Yes or No.*

New Mexico does not operate a URM Program.

4. Identify any proposed variances from the state's criteria and procedures for extended foster care and/or supervised independent living, for review by ORR.

New Mexico does not operate a URM Program.

5. Describe the State or URD's plan for administering or overseeing the administration of extended foster care and/or supervised independent living.

New Mexico does not operate a URM Program.

b. Health Coverage

i. Describe how medical assistance is provided to URMs, including the process to determine eligibility for Medicaid and CHIP. Identify any known gaps in Medicaid or CHIP coverage for URM youth, specifying eligibility type and age parameters. Include the state's or URD's arrangements for providing medical assistance to URM youth who are ineligible for Medicaid or CHIP in accordance with ORR policy.

New Mexico does not operate a URM Program.

ii. Does ORR's Medical Replacement Designee (MRD) provide medical assistance to URMs in the state, in collaboration with the state or URD? ***Indicate Yes or No. States which select No under ii. should indicate that iii. below is not applicable.***

New Mexico does not operate a URM Program.

iii. In states where the MRD provides medical assistance to URMs, does the state or URD assure the following statements? That:

1. Eligibility for Medicaid/CHIP and ORR-funded medical assistance is determined for all URMs in accordance with ORR regulations and policies;

New Mexico does not operate a URM Program.

2. Written agreements hold URM provider agencies responsible for conducting initial eligibility determinations for ORR-funded medical assistance;

New Mexico does not operate a URM Program.

3. The State or URD monitors URM provider agency activities to ensure adherence with federal and MRD policies and procedures pertaining to medical assistance for URMs; and

New Mexico does not operate a URM Program.

4. The State or URD coordinates with the MRD regarding policies and procedures for ORR-funded medical assistance to ensure URMs are enrolled in a timely manner.

Indicate Yes, No or Not Applicable in response to item iii. above.

New Mexico does not operate a URM Program.

c. Transition to Adulthood Services

i. Indicate the option which best applies:

New Mexico does not operate a URM Program.

1. **URMs have access to services and benefits provided through the state's Chafee Foster Care Program for a Successful Transition to Adulthood, including education and training vouchers (ETVs), and the state does not use ORR funding for such services and benefits;**

   New Mexico does not operate a URM Program.

2. **URMs are eligible for the state's Chafee Program, but due to documented funding barriers, the state anticipates using ORR funding to provide some of the services and benefits; or**

   New Mexico does not operate a URM Program.

3. **URMs are not eligible for the state's Chafee Program; therefore, comparable services and benefits, including ETVs, are provided with the use of ORR funding.**

   New Mexico does not operate a URM Program.

States which select option 1, under i. should indicate that items iii. and iv. below are not applicable, when responding to said items.

ii. Describe the array of services and benefits to support a successful transition to adulthood available in the state, including ETVs. Identify which services and benefits are funded by ORR. Indicate the maximum age for the availability of each of the indicated services and benefits, and other key criteria. ***(A description is required for ORR-funded services and encouraged for Chafee-funded services.)***

New Mexico does not operate a URM Program.

iii. **Does the State or URD assure that any ORR-funded URM services and benefits to support a successful transition to adulthood, including ETVs, are administered in accordance with state criteria and procedures, with the exception of variances approved by ORR?** ***Indicate Yes or No.***

New Mexico does not operate a URM Program.

iv. **Identify any proposed variances from the state's Chafee and ETV criteria and procedures, for review by ORR.**

New Mexico does not operate a URM Program.

v. **Describe the State's or URD's plan for administering or overseeing the administration of ORR-funded services/benefits and ETVs, if applicable, or how the state ensures that URMs have access to the state's Chafee Program and ETVs.**

New Mexico does not operate a URM Program.

d. **Additional information (*optional*)**

i. **Provide additional information on benefits and services available to URMs in the state.**

New Mexico does not operate a URM Program.

4. **Case review - 45 CFR § 400.118**

a. **Does the state or URD assure that each URM case is reviewed every 6 months, at a minimum, to assess the continuing appropriateness of the URM's placement and services?** ***Indicate Yes or No.***

New Mexico does not operate a URM Program.

b. **Describe the state's or URD's arrangements for permanency plan reviews that address the full range of permanency options, including but not limited to adoption.**

New Mexico does not operate a URM Program.

5. **Interstate movement - 45 CFR § 400.119**

a. Describe procedures in the state for the movement of a URM to another state, after an initial placement and the establishment of legal responsibility

New Mexico does not operate a URM Program.

HealthCare Authority	Melissa Sisneros Refugee Staff Manager-Interim State Refugee Coordinator Melissa.Sisneros2@hca.nm.gov
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	David Morgan David.Morgan@doh.nm.gov Public Information Officer
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	James Horan President and CEO James.Horan@lfsrm.org

ATTACHMENT 1

Policy 8.119.110.3 A of the NM Administrative Code is where the authority designation identified the NM Health Care Authority as the agency responsible for the administration of Refugee Resettlement Programs.

https://www.srca.nm.gov/parts/title08/08.119.0110.html

TITLE 8 SOCIAL SERVICES
CHAPTER 119 REFUGEE RESETTLEMENT PROGRAM
PART 110 GENERAL OPERATING POLICIES APPLICATIONS

8.119.110.1 ISSUING AGENCY: New Mexico Human Services Department [07/01/97; 8.119.110.1 NMAC - Rn, 8 NMAC 3.RRP.000.1, 03/14/2001]
8.119.110.2 SCOPE: The rule applies to the general public. [07/01/97; 8.119.110.2 NMAC - Rn, 8 NMAC 3.RRP.000.2, 03/14/2001] **8.119.110.3 STATUTORY AUTHORITY:**
A. The refugee resettlement program (RRP) is authorized under Title IV of the Immigration and Nationality Act of 1980. The act designates the federal department of health and human services (DHHS) as the federal administering agency. RRP regulations are issued by DHHS in the Code of Federal Regulations, Title 45, Part 400, which is supplemented by administrative and program instructions issued by the federal department from time to time. **B.** In accordance with authority granted to the department by NMSA 1978, section 27-1-3(J), and pursuant to Executive Order No. 80-62, dated 10/01/81, the governor of the state of New Mexico has designated the Human Services Department as the single state agency responsible for administering the program in New Mexico. [07/01/97; 8.119.110.3 NMAC - Rn, 8 NMAC 3.RRP.000.3, 03/14/2001; A, 11-01-2013] **8.119.110.4 DURATION:** Permanent. [07/01/97; 8.119.110.4 NMAC - Rn, 8 NMAC 3.RRP.000.4, 03/14/2001] **8.119.110.5 EFFECTIVE DATE:** July 1, 1997.
[07/01/97; 8.119.110.5 NMAC - Rn, 8 NMAC 3.RRP.000.5, 03/14/2001]
8.119.110.6 OBJECTIVE: The objective of the RRP is to assist refugees to become self-sufficient by providing a program of financial and medical assistance while, supportive services are provided, to ensure the effective resettlement of refugees in the state of New Mexico through programs designed to assist with integration, promotion of economic self-sufficiency, and protecting refugees and communities from infectious diseases and other health related issues. HCA has agreed to administer this program subject to the receipt of federal funds. Under the RRP, sponsors(s) and VOLAGs work closely with the federal government to coordinate support services authorized under the program. The RRP includes the provision of refugee cash assistance (RCA), refugee medical assistance (RMA), refugee social services (RSS) and additional support services funded by the office of refugee resettlement (ORR). [07/01/97; 8.119.110.6 NMAC - Rn, 8 NMAC 3.RRP.000.6, 03/14/2001; A, 11-01-2013]
8.119.110.7 DEFINITIONS: [Reserved]
[07/01/97; 8.119.110.7 NMAC - Rn, 8 NMAC 3.RRP.000.7, 03/14/2001] **8.119.110.8 APPLICATIONS:** A. **Processing applications:** Application processing requirements, timeliness and verification standards, procedures, forms, and notification requirements established for the DWS program are applicable to the RRP, unless otherwise noted.

B. If there are children nineteen and under included in the household, the applicant's eligibility will first be determined in accordance with all DWS program requirements, procedures and policies. If the applicant is not found eligible for DWS, eligibility shall then be determined under the RRP.

C. Refugees are not required to apply for cash assistance in order to apply for medical assistance.

D. For cash assistance applicants, only those sections of the form dealing with the following information must be completed:

1. identification and origin of the refugee applicants;
2. income and resources of the benefit group;
3. living arrangements; and
4. statement of agreement and understanding of the circumstances under which cash assistance is granted, signed by the applicant.

E. If an otherwise eligible refugee demonstrates an urgent and immediate need for cash assistance, the application will be processed with due diligence to expedite the initial RCA payment on an emergency basis. [07/01/97; 8.119.110.8 NMAC - Rn, 8 NMAC 3.RRP.114, 03/14/2001; A, 11-01-2013]

8.119.110.9 REFERRAL TO OTHER AGENCIES:

A. Referral to sponsoring agency: The county office is required to notify the refugee's sponsor or local affiliate which provided for the resettlement of the refugee whenever a refugee applies for RCA. This requirement applies to new arrival refugees and to second migration refugee cases. In the event the VOLAG does not have a local affiliate for the latter cases, the VOLAG will be notified. A response from the sponsor is not required and workers should not delay an application for this reason. A current list of VOLAGs is available on the ORR website. **B. Referral to SSI:**

1. All refugee applicants and recipients who are 65 years of age or older, or who are blind or disabled, will immediately be referred by the county office to the social security administration to apply for SSI benefits.
2. Such refugees will be included in the assistance grant, using the DWS standard of need until SSI benefits take effect. Refugees are advised to report SSI payments when received, to ISD.

[07/01/97; 8.119.110.9 NMAC - Rn, 8 NMAC 3.RRP.118, 03/14/2001; A, 11-01-2013]

History of 8.119.110 NMAC:

Pre-NMAC History: The material in this part was derived from that previously filed with the State Records Center and Archives:

ISD-IPP 81-8, Limiting Assistance to 36 Months After Arrival into U.S. to Refugees (ISD Categories 19 and 49), 4/10/81.

ISD-IPP 82-7, Limiting Refugee Assistance to 18 Months After Refugee's Arrival into U.S., 3/15/82.

ISD 281.0000, Refugee Eligibility Conditions, 6/29/82.

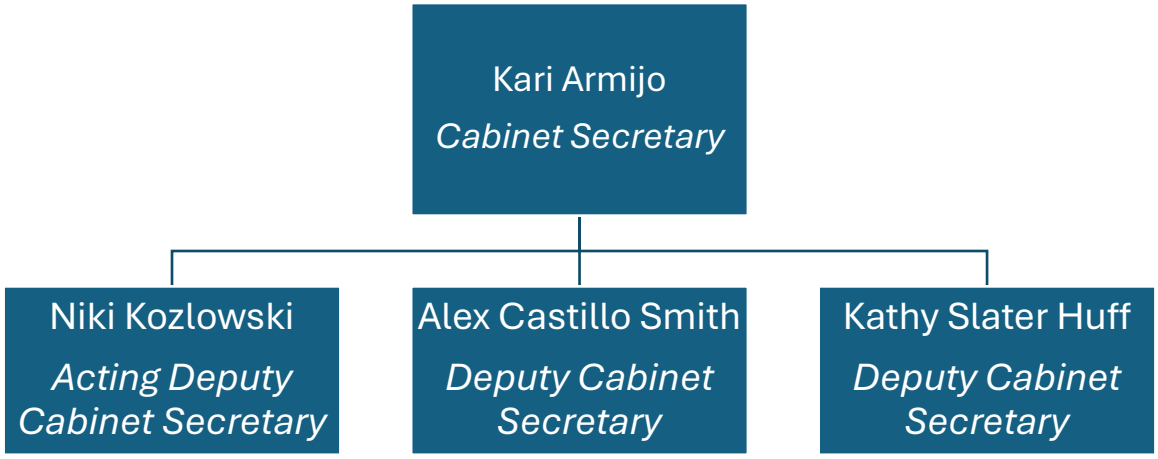
ISD FA 610, Refugee Resettlement Program, 2/11/88.

ISD FA 610, Refugee Resettlement Program, 7/2/90.

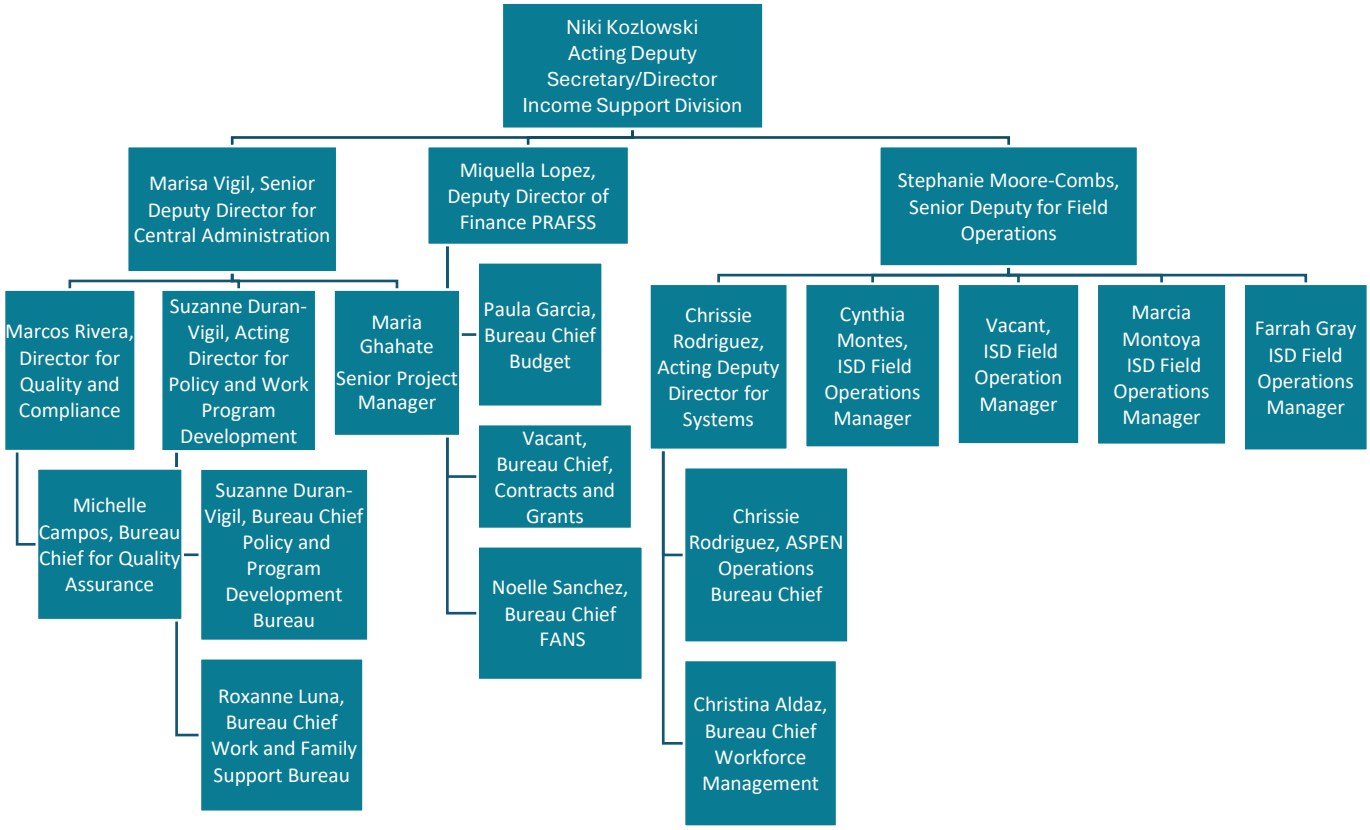
History of Repealed Material: 8 NMAC 3.RRP, Refugee Resettlement Program - Repealed, 07/01/97.

ATTACHMENT 2

New Mexico Health Care Authority Organizational Chart Cabinet Level Leadership



New Mexico Health Care Authority Organizational Chart Income Support Division Leadership



ATTACHMENT 3

Mediation and Fair Hearing Processes

Recipients of RCA and RMA shall be sent or provided with a written Notice of Adverse Action when benefits are reduced, suspended, or terminated. This notice is provided at least thirteen (13) days prior to the effective date of the action. The notice will clearly explain the action taken on the case, the effective date and will inform the household they have the right to appeal the action via a Fair Hearing, and the notice provides instructions on how an appeal can be requested. The NM Administrative Code section found at https://www.srca.nm.gov/parts/title08/08.100.0970.html outlines the procedures for program participation hearings.

TITLE 8 SOCIAL SERVICES
CHAPTER 100 GENERAL PROVISIONS FOR PUBLIC ASSISTANCE PROGRAMS
PART 970 OVERSIGHT - PROGRAM PARTICIPATION HEARINGS

8.100.970.1 ISSUING AGENCY: New Mexico Health Care Authority.
[8.100.970.1 NMAC - Rp, 8.100.970.1 NMAC, 11/27/2013; A, 7/1/2024]

8.100.970.2 SCOPE: The rule applies to the general public.
[8.100.970.2 NMAC - Rp, 8.100.970.2 NMAC, 11/27/2013]

8.100.970.3 STATUTORY AUTHORITY:

A. Section 27 NMSA 1978 (1992 Repl.) provides for the department to "...adopt, amend and repeal bylaws, rules and regulations..." It also provides for administration of public assistance programs.

B. The income support division (ISD) of the Health Care Authority (HCA) was created by the secretary under authority granted by Paragraph (3) of Subsection B of Section 9-8-6 NMSA 1978.

C. The New Mexico health insurance exchange (NMHIX) was established by Section 59A-23F-1 of NMSA 1978 *et al*. Pursuant to 45 CFR 155.505(c) and 155.510(a), NMHIX has designated to the New Mexico health care authority the authority to conduct fair hearings of NMHIX eligibility appeals pursuant to 45 CFR 155 Subpart F.

[8.100.970.3 NMAC - Rp, 8.100.970.3 NMAC, 11/27/2013, A/E, 11/1/2021; A, 4/1/2022; A, 7/1/2024]

8.100.970.4 DURATION: Permanent.
[8.100.970.4 NMAC - Rp, 8.100.970.4 NMAC, 11/27/2013]

8.100.970.5 EFFECTIVE DATE: November 27, 2013, unless a later date is cited at the end of a section.
[8.100.970.5 NMAC - Rp, 8.100.970.5 NMAC, 11/27/2013]

8.100.970.6 OBJECTIVE: The objective of these regulations is to provide general policy and procedures for the public assistance programs administered by the department, as well as policy and procedures for the department to conduct hearings for claimants of adverse actions by NMHIX.
[8.100.970.6 NMAC - Rp, 8.100.970.6 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.7 DEFINITIONS:

A. Agency review conference (ARC): means an optional conference offered by the department to households adversely affected by a department action that is normally held prior to a fair hearing. An ARC may be attended by all parties responsible for and affected by the adverse action taken by the department, including but not limited to, the ISD field office staff, the child support enforcement division (CSED), a New Mexico works (NMW)

representative and the household or its authorized representative for the purpose of informally resolving the dispute. The ARC is optional and shall in no way delay or replace the fair hearing process. This subsection does not apply to appeals of adverse actions by NMHIX.

B. Authorized representative: means an individual designated by a household to represent and act on its behalf during the fair hearing process. The household must provide formal documentation authorizing the named individual(s) to access the identified case information for a specified purpose and time frame. An authorized representative may be an attorney representing a person or household, a person acting under the authority of a valid power of attorney, a guardian ad litem, or any other individual(s) designated by the household.

C. Claimant or Appellant: means the household requesting a fair hearing that is claiming to be adversely affected by an action(s) taken by the department or NMHIX.

D. Informal resolution process: means an opportunity for informal resolution between NMHIX and a household adversely affected by an NMHIX action in accordance with the requirements of 45 CFR section 155.535(a). The informal resolution process happens prior to a fair hearing. The appellant's right to a hearing is preserved in any case in which the appellant remains dissatisfied with the outcome of the informal resolution process. If the appeal does not advance to a hearing, the informal resolution is final and binding.

[8.100.970.7 NMAC - N, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.8 FAIR HEARINGS:

A. A household aggrieved by an adverse action taken by the department or NMHIX that affects the participation of the household in a department administered public assistance program or in the New Mexico health insurance exchange, if applicable, may appeal the department's or NMHIX's decision by requesting a fair hearing in accordance with federal and state laws and regulations.

(1) Medicaid recipients wanting to request a fair hearing due to termination, modification, reduction or suspension of services must do so in accordance with any applicable federal and state laws and regulations, including 8.200.430.12 NMAC and 8.352 NMAC, et seq.

(2) Fair hearings related to adverse actions by NMHIX shall be held in accordance with any applicable federal and state laws and regulations, including those set forth in 45 CFR 155 Subpart F.

B. A household may designate an authorized representative to request a hearing on its behalf and to represent them during the fair hearing process. The claimant or their authorized representative must complete a request for access to a case record each time they wish to have access to the record outside what is provided to the claimant in the summary of evidence (SOE). If the claimant wishes to have their authorized representative review the record in their absence, the claimant must provide formal documentation authorizing the named individual(s) to access the identified case information for a specified purpose and time frame.

C. Hearing rights: Each household has the right to request a fair hearing and:

(1) to be advised of the nature and availability of a fair hearing and an ARC, if applicable;

(2) to be represented by counsel or other authorized representative of the claimant's choice;

(3) to receive reasonable assistance in completing procedures necessary to request a fair hearing; and

(4) to receive a copy of the SOE and any document contained in the claimant's case record in order to prepare for the fair hearing in accordance with Subsection B of 8.100.970.8 NMAC; the department shall forward the SOE and any other document(s) submitted to the fair hearings bureau for admission into the fair hearing record to the claimant's authorized representative once the department or NMHIX becomes aware that an authorized representative has been designated by the claimant;

(5) to have a fair hearing that safeguards the claimant's opportunity to present a case;

(6) where applicable/for non-NMHIX matters, to elect to continue to receive the current level of benefit, provided the request for hearing is received by the department before the close of business of the 13th day immediately following the date of the notice of adverse action; a claimant that elects to continue to receive the same level of benefit pending the fair hearing decision shall be informed that a hearing decision in favor of the department may result in an overpayment of benefits and a requirement that the household repay the benefits; a claimant may waive a continuation of benefits pending the outcome of the fair hearing;

(7) in matters involving NMHIX, to be considered eligible while an appeal is pending, in accordance with the provisions of 45 CFR section 155.525;

(8) to have prompt notice and implementation of the final fair hearing decision; and

(9) to be advised that judicial review may be invoked to the extent such review is available under state or federal law; and

(10) in matters involving NMHIX, to be advised that a second-tier appeal to the United States department of health and human services is available.

D. The department and NMHIX will neither provide representation for, nor pay for any costs incurred by a claimant or the authorized representative in preparation for, or attendance at an ARC, fair hearings or judicial appeals.

E. Notice of rights:

(1) At the time of application for assistance, the department shall inform each applicant of the applicant's right to request a fair hearing if the applicant disagrees with an action taken by the department. In matters involving NMHIX, NMHIX shall provide notice of appeal rights and appeal procedures, including the right to request a fair hearing, at the time that the applicant submits an application and the notice of eligibility determination is sent under 45 CFR section 155.310(g), 155.330(e)(1)(ii), 155.335(h)(1)(ii), and 155.610(i). The applicant may choose to receive the notice by mail or in electronic format.

(2) The notice shall inform the applicant of the procedure by which a fair hearing may be requested and that the claimant's case may be presented by the claimant or an authorized representative.

(3) The department shall remind the household of its right to request a fair hearing any time the household expresses disagreement with an action taken on its case by the department.

(4) Each county office shall post a notice of the right to request a fair hearing and an ARC, and a copy shall be given, upon request, to any person that has requested a hearing.

(5) Each notice provided to a claimant pursuant to this section shall include a statement that free legal assistance, by an individual or organization outside of the department, may be available to assist with the fair hearing process.

(6) A claimant may request special accommodations for a disability or a language or speech interpreter be available during an informal resolution process, a fair hearing or ARC. An interpreter or special accommodations shall be provided by the department or NMHIX, as applicable, at no cost to the claimant. A request for a language interpreter, a speech interpreter or other disability accommodation must be made within 10 days of the date of the fair hearing. If an interpreter or disability accommodations are not requested timely, the claimant can request postponement of the hearing in accordance with Subsection B of 8.100.970.10 NMAC.

F. Special provisions pertaining to mass changes: Special provisions apply in situations involving mass changes. These provisions are contained at 8.100.180.12 and 15 NMAC, 8.139.120.13 NMAC, 8.139.500.8 and 9 NMAC, 8.106.630.10 and 11 NMAC, 8.102.501.9 NMAC and 8.102.630.10 NMAC.

G. Continuing benefit for cash assistance: If a claimant who is a cash assistance recipient requests a fair hearing before the close of business of the 13th day immediately following the date of the notice of adverse action, the claimant may elect to waive or continue receiving the same amount of cash assistance and services issued immediately prior to the notice of adverse action until a final decision is issued. If there is no indication that the claimant has waived a continuation of benefits, the department will assume a continuation of benefits is desired. The household is required to comply with the reporting and renewal provisions at 8.102.120 NMAC and 8.106.120 NMAC. Cash assistance recipients are to continue compliance with the NMW compliance requirements at 8.102.460 NMAC.

H. Continuing SNAP benefits: If a claimant who is a SNAP recipient requests a fair hearing before the close of business of the 13th day immediately following the date of the notice of adverse action, the claimant may elect to waive or continue receiving the same amount of SNAP benefits issued immediately prior to the adverse action until a final decision is issued. If there is no indication that the claimant has waived a continuation of benefits, the department will assume a continuation of benefits is desired. The claimant is required to comply with the reporting and renewal provisions at 8.139.120 NMAC.

I. Continuing eligibility for a medical assistance program: If a claimant who is a recipient of a medical assistance program requests a fair hearing before the close of business of the 13th day immediately following the date of the notice of adverse action, the claimant may elect to waive or continue receiving the same medical assistance benefit issued immediately prior to the adverse action until a final decision is issued. If there is no indication that the claimant has waived a continuation of benefits, the department will assume a continuation of benefits is desired. If the hearing is regarding the termination, modification, reduction or suspension of medical assistance program services, a continuation of services is governed by all applicable federal and state laws and regulations, including 8.352 NMAC, et seq.

J. Continuing eligibility in cases involving NMHIX: In matters involving NMHIX, eligibility pending appeal is governed by the provisions of 45 CFR section 155.525.

[8.100.970.8 NMAC - Rp, 8.100.970.8 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.9 THE HEARING PROCESS:

A. Initiation of the hearing process:

(1) A request for a fair hearing can be made by the claimant or an authorized representative orally or in writing.

(2) If a claimant requests a fair hearing orally, the department shall take such actions as are necessary to initiate the fair hearing process.

(3) The fair hearings bureau shall promptly send written acknowledgement to the claimant and the authorized representative upon its receipt of a written or oral hearing request.

B. Time limits:

(1) A household or its authorized representative shall request a fair hearing no later than close of business on the 90th day following the date of the notice of adverse action. If the 90th day falls on a weekend, holiday or other day the department is closed, a request received the next business day will be considered timely.

(2) The department shall assure that the fair hearing is conducted, a fair hearing decision is reached and the claimant and the authorized representative are notified of the decision within the specified program time limit set forth below, except in instances where the time limit may be extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.

(a) SNAP program: The final fair hearing decision shall be issued to the claimant and the authorized representative within 60 days from the date the department receives the hearing request unless extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.

(b) Cash assistance programs: The final fair hearing decision shall be issued to the claimant and the authorized representative within 90 days from the date that the department receives the hearing request unless extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.

(c) LIHEAP: The final fair hearing decision shall be issued to the claimant and the authorized representative within 60 days from the date that the department receives the hearing request unless extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC.

(d) Medical assistance programs: The final fair hearing decision shall be issued to the claimant and the authorized representative within 90 days from the date that the department receives the hearing request unless extended pursuant to Subsection B of 8.100.970.10 NMAC or Subsection G of 8.100.970.12 NMAC. Fair hearing decisions regarding the termination, modification, reduction or suspension of services is governed by all applicable federal and state laws and regulations, including 8.352 NMAC, et seq.

(e) NMHIX matters: The final fair hearing decision shall be issued to the claimant and the authorized representative within 90 days from the date of the appeal request. Fair hearing decisions regarding adverse actions by NMHIX are governed by all applicable federal and state laws and regulations, including 45 CFR 155 Subpart F. In the case of an appeal request submitted under 45 CFR 155.540 that the department determines meets the criteria for an expedited appeal, the department must issue the fair hearing decision notice as expeditiously as reasonably possible.

C. Jurisdiction of the fair hearings bureau:

(1) An applicant for, or recipient of, a department administered public assistance program may request a fair hearing, and the department's fair hearings bureau shall have jurisdiction over the matter, if:

(a) an application for benefits or services is denied in whole or in part, or not processed timely;

(b) assistance or services are reduced, modified, terminated, suspended or not provided, or the form of payment is changed;

(c) a good cause request for not participating in the work program or CSED is denied in whole or in part;

(d) the department refuses or fails to approve a work program participation plan, or the supportive services related to it, that have been developed by a participant; or

(e) the claimant is aggrieved by any other action affecting benefit level or participation in an assistance program administered by HSD.

(2) An applicant for, or enrollee in, health insurance coverage or insurance affordability programs through the New Mexico health insurance exchange may request a fair hearing, and the department's fair hearings bureau shall have jurisdiction over the matter, if the applicant or enrollee is appealing:

(a) An eligibility determination made in accordance with 45 CFR Subpart D, including:

(i) an initial determination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, made in accordance with the standards in 45 CFR section 155.305(a) through (h); and

(ii) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, made in accordance with 45 CFR section 155.330 and 155.335;

(iii) a determination of eligibility for an enrollment period, made in accordance with 45 CFR section 155.305(b); and

(b) A failure by NMHIX to provide timely notice of an eligibility determination in accordance with 45 CFR section 155.310(g), 45 CFR section 155.330(e)(1)(ii), 45 CFR section 155.335(h)(1)(ii), or 45 CFR section 155.610(i).

(3) Fair hearing requests submitted to the local county office shall be immediately forwarded to the fair hearings bureau for scheduling. The fair hearings bureau shall promptly inform the applicable local county office upon its receipt of a written or oral fair hearing request submitted directly to the fair hearings bureau to ensure timely scheduling of an ARC.

D. Denial or dismissal of request for hearing: The fair hearings bureau shall deny or dismiss, as applicable, a request for a fair hearing when:

(1) the request is not received by the close of business on the 90th day following the date of the notice of adverse action; in instances where the fair hearings bureau schedules a hearing prior to becoming aware of the lateness of the fair hearing request, the fair hearings bureau shall, upon learning of the late request, promptly dismiss the matter and provide notice thereof to all parties;

(2) the request for a fair hearing is withdrawn or canceled, either orally or in writing, by the claimant or claimant's authorized representative; if withdrawn orally, the claimant and the authorized representative shall be provided written verification of the withdrawal and given 10 calendar days from the date of the notification to request reinstatement of the hearing;

(3) the claimant fails to appear, without good cause, at a scheduled fair hearing;

(4) the same issue has already been appealed and a hearing decision made;

(5) there is no adverse action or delay of benefits or services for which a fair hearing may be requested; or

(6) the issue is one that the fair hearings bureau does not have jurisdiction as provided by federal or state laws and regulations;

(7) requests for fair hearings for medical assistance cases involving the termination, modification, reduction or suspension of services are governed by all applicable federal and state laws and regulations, including 8.352 NMAC, et seq;

(8) In matters involving NMHIX, an appeal will be dismissed if the appellant:

(a) withdraws the appeal request in writing or orally;

(b) fails to appear at a scheduled hearing without good cause;

(c) fails to submit a valid appeal request as specified in section 155.520(a)(4); or

(d) dies while the appeal is pending, except if the executor, administrator, or other duly authorized representative of the estate requests to continue the appeal.

E. Good cause for failing to appear:

(1) If the claimant or the claimant's authorized representative fails to appear for a fair hearing at the scheduled time and place, the claimant's appeal will be considered abandoned and the fair hearings bureau shall dismiss the matter, unless the claimant or authorized representative presents good cause. A claimant or authorized representative may present good cause for failing to appear to the scheduled fair hearing at any time no later than close of business on the 10th calendar day immediately following the scheduled hearing date. If the 10th calendar day falls on a weekend, holiday or other day that the department is closed, a request received the next business day will be considered timely. If good cause is submitted timely and permitted, the fair hearings bureau shall reschedule the hearing or, where appropriate, reinstate a matter previously dismissed.

(2) If the department fails to appear due to circumstances beyond its control, the department may present good cause within 10 calendar days after the scheduled hearing. If good cause is submitted timely and permitted, the fair hearings bureau shall reschedule the fair hearing.

(3) Good cause includes, but is not limited to, a death in the family, disabling personal illness, or other significant emergencies. At the discretion of the hearing officer, other exceptional circumstances may be considered good cause.

[8.100.970.9 NMAC - Rp, 8.100.970.9 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022, 7/1/2024]

8.100.970.10 PRE-HEARING PROCEDURE

A. Notice of hearing: Unless the claimant or authorized representative requests an expedited scheduling of a fair hearing, the fair hearings bureau shall provide written notice of the scheduling of a fair hearing to all parties not less than 10 calendar days prior to date of the fair hearing, or not less than 15 calendar days prior to the date of the fair hearing if the hearing involves an adverse action by the New Mexico health insurance exchange (NMHIX). The notice of hearing shall include:

(1) the date, time and place of the hearing;

(2) the name, address and phone number of the hearing officer;

(3) information regarding the fair hearing process and the procedures to be followed by the respective parties;

(4) the right of the claimant and the authorized representative to receive a copy of the SOE and any document, not specifically prohibited by federal and state law and regulation, contained in the claimant's case record in order to prepare for the fair hearing in accordance with Subsection B of 8.100.970.8 NMAC;

(5) notice that the appeal will be dismissed if the claimant or the authorized representative fails to appear without good cause;

(6) information about resources in the community that may provide free legal assistance with the fair hearing process; and

(7) notice that the department will not pay for any costs of the claimant or authorized representative, including legal counsel, that are incurred in the preparation for, or attendance at, an ARC, fair hearing or judicial appeal.

B. Postponement: A claimant or authorized representative is entitled to, and the fair hearings bureau shall grant, at least one postponement of a scheduled fair hearing. The department may request and be approved for one postponement at the discretion of the fair hearings bureau due to the unavailability of any department witness to appear at the scheduled fair hearing. Requests for more than one postponement are considered at the discretion of the fair hearings bureau, on a case-by-case basis. A request for postponement must be submitted not less than one business day prior to the scheduled fair hearing, unless otherwise allowed by the fair hearings bureau, and is subject to the following limitations:

(1) SNAP and LIHEAP cases: A postponement may not exceed 30 days and the time limit for action on the decision is extended for as many days as the fair hearing is postponed.

(2) Cash assistance cases: The fair hearing may be postponed, but must be rescheduled to assure a final decision is made no more than 90 days from the date of the request for fair hearing.

(3) Medical assistance cases: The fair hearing may be postponed, but must be rescheduled to assure a final decision is made no more than 90 days from the date of the request for fair hearing. Fair hearings for medical assistance cases involving the termination, modification, reduction or suspension of services are governed by all applicable federal and state laws and regulations, including 8.352 NMAC, et seq.

(4) NMHIX cases: The fair hearing may be postponed but must be rescheduled to assure a final decision is made not more than 90 days from the date of the appeal request.

(5) The fair hearings bureau shall issue notice of the rescheduling of a postponed fair hearing not less than 10 calendar days before the rescheduled date, unless oral agreements are obtained from all parties to reschedule the fair hearing with less notice in an effort to meet the required timeframes. Documentation of the oral agreement shall be maintained in the fair hearing record.

C. Expedited hearing:

(1) SNAP cases: Hearing requests from SNAP households, such as migrant farm workers that plan to move out of the state before the hearing decision would normally be made should be scheduled on an expedited basis.

(2) NMHIX cases: an appellant may request an expedited appeals process where there is an immediate need for health services because a standard appeal could jeopardize the appellant's life, health, or ability to attain, maintain, or regain maximum function. If the request for an expedited appeal is denied, the appeal request must be handled under the standard process and the appellant must be promptly informed of the denial, through electronic or oral notification, if possible. If notification is oral, the appeals entity must follow up with the appellant by written notice. Written notice of the denial must include:

(a) the reason for the denial;

(b) an explanation that the appeal request will be transferred to the standard process; and

(c) an explanation of the appellant's rights under the standard process.

D. Group hearings: A hearing officer may respond to a series of individual requests for hearings by conducting a single group hearing. Group hearing procedures apply only to cases in which individual issues of fact are not disputed and where related issues of state or federal law, regulation or policy are the sole issues being raised. In all group hearings, the regulations governing individual hearings are followed. Each individual claimant is permitted to present the claimant's own case or to be represented by an authorized representative. If a group hearing is scheduled, any individual claimant may withdraw from the group hearing and request an individual hearing. The confidentiality of client records is to be maintained in accordance with federal and state laws and regulations.

E. Agency review conference (ARC): Except in matters involving NMHIX, the department and the claimant are encouraged to meet for an ARC before the scheduled fair hearing to discuss the department's action(s) that the claimant has appealed. The ARC is optional and does not delay or replace the fair hearing process. An ARC will be held within 10 calendar days from the date of the fair hearing request. If the claimant submits a hearing request to the field office, in person or by telephone, the ARC may, at the claimant's option, be conducted at that time. An appeal may not be dismissed by the department for failure of the claimant or authorized representative to appear at a scheduled ARC.

(1) The department shall send a written notice of the scheduled ARC to the claimant and authorized representative. The claimant may choose to receive the notice by mail or in electronic format.

(2) An ARC may be attended by all parties responsible for and affected by the adverse action taken by the department, including but not limited to, the ISD field office staff, the CSED, a NMW representative and the claimant or its authorized representative.

(3) The purpose of the ARC is to informally review the adverse action taken by the department and to determine whether the dispute can be resolved in accordance with federal and state law and

regulation. The ARC is optional and shall in no way delay or replace the fair hearing process, unless the outcome of the ARC is the claimant withdrawing the fair hearing request.

(4) For cases in which the household appeals a denial of expedited SNAP service, the ARC shall be scheduled within two business days, unless the household requests that it be scheduled at a later date or does not wish to have an ARC.

(5) A household may request an ARC in order to discuss an adverse action taken by the department against the household, regardless of whether or not a fair hearing is requested.

F. Summary of evidence (SOE): An SOE shall be prepared by the department or NMHIX, if applicable, and submitted to the fair hearings bureau and the claimant and authorized representative no less than 10 calendar days prior to the date of the fair hearing. Failure to provide the SOE within the prescribed timeframe may result in its exclusion or a postponement or continuance of the hearing at the discretion of the hearing officer pursuant to Subsection B of 8.100.970.10 NMAC and Subsection D of 8.100.970.12 NMAC. Unless the hearing request is withdrawn by the claimant or authorized representative, an SOE shall be prepared and submitted in accordance with this paragraph, regardless of the results of an ARC. The SOE shall contain at least the following information:

(1) identifying information, including but not limited to, claimant's name, at least the last four digits of the claimant's social security number, the claimant's individual identification number, case identification number or reference identification number, the claimant's last known address, and the type of assistance involved, if applicable;

(2) the issue(s) on appeal that outlines the adverse action taken by the department against the household;

(3) documentation in support of the department's adverse action, including any facts, information and department findings related to the fair hearing issue(s);

(4) applicable federal and state laws and regulations, internal department policy documents, and any additional supportive legal documentation; and

(5) results of the ARC, if completed at the time of submission of the SOE.

G. Availability of information: The department staff shall:

(1) allow the claimant and the authorized representative to examine the case record and provide the claimant and the authorized representative a copy of the SOE and any document, not specifically prohibited by federal and state laws and regulations, contained in the claimant's case record in order to prepare for the fair hearing in accordance with Subsection B of 8.100.970.8 NMAC; and

(2) provide accommodations for a disability or a language or speech interpreter in accordance with Paragraph (6) of Subsection E of 8.100.970.8 NMAC and 45 CFR section 155.505(f), as applicable.

[8.100.970.10 NMAC - Rp, 8.100.970.10 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.11 HEARING STANDARDS

A. Rights during the fair hearing: The claimant or authorized representative shall be given an opportunity to:

(1) examine the SOE and case record prior to, and during, the hearing in accordance with Subsection B of 8.100.970.8 NMAC;

(2) present his or her case or have it presented by an authorized representative;

(3) introduce witnesses;

(4) establish all pertinent facts and circumstances;

(5) advance any arguments without undue interference; and

(6) question or refute any testimony or evidence, including an opportunity to confront and cross-examine the department's witnesses.

B. Hearing officer: Fair hearings are conducted by an impartial official who:

(1) does not have any personal stake or involvement in the case;

(2) was not directly involved in the initial determination of the action which is being contested;

(3) was not the immediate supervisor of the worker who took the action that is being contested and, in hearings involving adverse actions by NMHIX, has not been directly involved in the eligibility determination or any prior appeal decisions in the same matter;

(4) may not discuss the merits of any pending fair hearing with anyone outside the fair hearings bureau, unless all parties or their authorized representatives are present.

C. Disqualification and withdrawal: If the appointed hearing officer had any involvement with the department action(s) being appealed, including giving advice or consulting on the issue(s) presented, or is related in any relevant degree to the claimant, the claimant's authorized representative, or ISD worker that took the action being appealed, the appointed hearing officer shall be disqualified as the hearing officer for that case. In addition, an appointed hearing officer shall, prior to the date of the fair hearing, withdraw from participation in any proceedings that the hearing officer determines that he cannot afford a fair and impartial hearing or where allegations of bias have arisen and have not been resolved prior to the deadline for a fair hearing decision to be issued pursuant to Paragraph (2) of Subsection B of 8.100.970.9 NMAC.

D. Authority and duties of the hearing officer: The authority and duties of the hearing officer are to:

(1) explain how the fair hearing will be conducted to participants at the start of the hearing;

(2) administer oaths and affirmations;

(3) insure that all relevant issues are considered during the fair hearing;

(4) request, receive and make part of the fair hearing record all evidence necessary to decide the issues being raised;

(5) regulate the content, conduct and the course of the hearing to ensure an orderly hearing; if a claimant, the claimant's authorized representative, any witness or other participant in the fair hearing refuses to cooperate or comply with rulings on the procedures and issues as determined by the hearing officer, or acts in such a manner that an orderly fair hearing is not possible, the hearing officer may take appropriate measures to ensure that order is fully restored so that the claimant's opportunity to fairly present his or her case is safeguarded; such measures shall include, but not be limited to, excluding or otherwise limiting the presentation of irrelevant evidence, or terminating the fair hearing and making the recommendation based on the record that has been made up to the point that the fair hearing was terminated;

(6) limit cross-examination that is repetitive or harassing;

(7) request, if appropriate, and except in matters involving NMHIX, an independent medical assessment or professional evaluation from a source mutually satisfactory to the claimant and the department; and

(8) provide a fair hearing record and report and recommendation for review and final decision by the appropriate division director; and

(9) in matters involving adverse action by NMHIX, provide a written final decision.

E. Appointment of hearing officer: A hearing officer is appointed by the fair hearings bureau upon receipt of the request for hearing.

F. Process: Formal rules of evidence and civil procedure do not apply to the fair hearing process. All relevant evidence is admissible, subject to the hearing officer's authority to limit evidence that is repetitive or unduly cumulative. Evidence that is not available to the claimant may not be presented to the hearing officer or used in making the final fair hearing decision, unless the unavailability of evidence was in accordance with federal and state laws and regulations.

(1) Confidentiality: The confidentiality of client records is to be maintained in accordance with federal and state laws and regulations. Confidential information that is protected from release and other documents or records that the claimant will not otherwise have an opportunity to contest or challenge shall not be introduced at the fair hearing or affect the hearing officer's recommendation.

(2) Administrative notice: The hearing officer may take administrative notice of any matter for which judges of this state may take judicial notice.

(3) Privilege: The rules of privilege apply to the extent that they are requested and recognized in civil actions in New Mexico.

(4) Medical issues: In a case involving medical care or a medical condition, the claimant waives confidentiality and both parties shall have the right to examine any medical documents that are admitted into evidence.

(5) When the evidence presented at the fair hearing does not adequately address the relevant medical issues, additional medical information may be obtained at the discretion of the hearing officer. The additional medical information may include, but is not limited to, a medical evaluation or analysis obtained at the department's expense, from a source satisfactory to the claimant.

G. Motions: Motions shall be decided by the hearing officer without a hearing, unless permitted by the hearing officer upon written request of the department, the claimant or the authorized representative.

H. Burden of proof: The department has the burden of proving the basis for its action, proposed action or inaction by a preponderance of the evidence.

I. Record of the fair hearing: A record of each fair hearing shall be made by the hearing officer, in accordance with the following.

(1) The fair hearing proceedings, including testimony and exhibits, shall be recorded electronically.

(2) The hearing officer's electronic recording shall be the official transcript of the fair hearing, and shall be retained by the fair hearings bureau in accordance with all federal and state laws and regulations.

(3) The record of the fair hearing includes: the recorded fair hearing, including testimony and exhibits, any pleadings filed in the proceeding, any and all papers and requests filed in the proceeding, the report and recommendation of the hearing officer, except in matters involving NMHIX; and, the final fair hearing decision made by the division director, or the hearing officer in matters involving NMHIX. The fair hearing record will be maintained in the department's secure electronic data management system, but may be made available to the claimant or the authorized representative for copying and inspection at a reasonable time.

(4) If a final fair hearing decision is appealed, a written verbatim transcript of the fair hearing shall be prepared by the department and a copy of the transcript shall be provided to the claimant or authorized representative, free of charge.

[8.100.970.11 NMAC - Rp, 8.100.970.11 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.12 CONDUCTING THE FAIR HEARING: A fair hearing is conducted in an orderly manner and in an informal atmosphere. The fair hearing is not open to the public. The fair hearing is conducted by telephone, unless the claimant or the authorized representative makes a special request for the fair hearing to be held in person and the request is justified by special circumstances, as determined by the hearing officer on a case-by-case basis. In cases involving NMHIX, the fair hearings shall also be conducted in accordance with 45 CFR 155.535(c)-(f).

A. Opening the fair hearing: The fair hearing is opened by the hearing officer who will explain the telephonic fair hearing procedures to all present at the fair hearing. The hearing officer will then explain their role in the proceedings, and that the final fair hearing decision on the issue(s) appealed will be made by the appropriate department division director after review of the hearing officer's report and recommendation, including the fair hearing record. On the record, the individuals present are asked to identify themselves, the order of testimony is explained, the oath is administered to all witnesses who will testify during the hearing, the issue is identified, and all pleadings, papers, and requests, including but not limited to, the SOE and any evidence being presented, will be identified and entered into the record with any objections handled in accordance with applicable federal and state laws and regulations.

B. Order of testimony: The order of testimony is as follows:

(1) Presentation of the department's case: The department or NMHIX will present its case and the evidence, including testimony and exhibits, in support of the adverse action taken against the household, and:

(a) the claimant or authorized representative may cross-examine the department representative;

(b) the hearing officer may ask further clarifying questions; and

(c) if the department calls other witnesses, the order of examination of each witness is as follows:

(i) direct testimony by the witness(es);

(ii) cross-examination by the claimant or the authorized representative; and

(iii) examination or further clarifying questions by the hearing officer or, if requested, follow up questions from the department representative.

(2) Presentation of the claimant's/appellant's case: The claimant or the authorized representative will present its case and the evidence, including testimony and exhibits, in support of its position, and:

(a) the department may cross-examine the claimant or the authorized representative;

(b) the hearing officer may ask further clarifying questions; and,

(c) if the claimant calls other witnesses, the order of examination of each witness is as follows:

(i) direct testimony by the witness(es);

(ii) cross-examination by the department representative; and

(iii) examination or further clarifying questions by the hearing officer or, if requested, follow up questions from the claimant or the authorized representative.

(3) The claimant may offer evidence on the points at issue without undue interference, may request proof or verification of evidence or statements submitted by the department or its witnesses, and may present evidence in rebuttal.

(4) The hearing officer may ask the parties to summarize and present closing arguments.

C. Written closing argument: If the claimant or the department is represented by legal counsel, the hearing officer may request that the closing argument be submitted in writing to the fair hearings bureau.

D. Continuance: The hearing officer may continue the hearing upon the request of either party, or on the hearing officer's own motion, for admission of additional testimony or evidence. A party seeking a continuance in order to obtain additional evidence must make a showing that the evidence was not available at the time of the hearing despite a reasonable attempt having been made to obtain it. The granting of a continuance is at the discretion of the hearing officer is subject to the same limitations set forth in Subsection B of 8.100.970.10 NMAC. The reason(s) for the continuance and if any oral agreements were reached in regards to the continuance shall be stated for the hearing record. The fair hearings bureau shall issue notice of the rescheduling of a continued fair hearing not less than 10 calendar days before the rescheduled date, unless oral agreements are obtained from all parties to reschedule the fair hearing with less notice in an effort to meet the required timeframes.

E. Additional documentary evidence: If the hearing officer requests additional documentary evidence based on testimony heard during the fair hearing, the hearing officer may close the fair hearing but keep the record open subject to production of the additional evidence being submitted by a party or parties.

(1) The hearing officer shall set a date and time for production of the requested evidence, not to exceed 10 calendar days; the party producing the additional evidence shall submit copies to the hearing officer and each party.

(2) Within 10 calendar days of its receipt of the additional evidence, the non-producing party may submit a written response to the hearing officer and each party that will become part of the fair hearing record; or, the hearing officer may continue the hearing until such a date and time that the non-producing party may respond to the additional evidence on the record.

(3) The hearing officer shall close the record at the close of business on the 10th calendar day following its receipt of the additional evidence.

(4) The hearing officer may only request additional evidence pursuant to this paragraph if it will not result in a violation of the limitations set forth in Subsection B of 8.100.970.10 NMAC.

F. Re-opening a fair hearing: The hearing officer, at the hearing officer's discretion, may re-open a fair hearing when the evidentiary record fails to address an issue that is relevant to resolution of a fair hearing request. The fair hearing can only be re-opened if the parties have agreed to an extension of the timeframes in

accordance with Paragraph (2) of Subsection B of 8.100.970.9 NMAC and the limitations set forth in Subsection B of 8.100.970.10 NMAC. Written notice of the date, time and place of the re-opened fair hearing is sent to the parties, not less than 10 days before the date of the re-opened hearing, or not less than 15 days in matters involving NMHIX, unless oral agreements are obtained from all parties to reschedule the fair hearing with less notice in an effort to meet the required timeframes.
[8.100.970.12 NMAC - Rp, 8.100.970.12 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.13 FAIR HEARING DECISION: The final fair hearing decision shall be made by the appropriate department division director after review of the fair hearing record and the hearing officer's report and recommendation.

A. Hearing officer recommendation: The hearing officer reviews the record of the fair hearing and all appropriate regulations, and evaluates the testimony and evidence admitted during the hearing. The hearing officer submits the complete record of the fair hearing, along with the hearing officer's report and recommendation, in a standard format to the appropriate division director(s) within 15 days of the hearing, or sooner, to ensure the timeframes set forth in Paragraph (2) of Subsection B of 8.100.970.9 NMAC are met.

B. Content of recommendation: The hearing officer specifies the reason(s) for all factual conclusions, identifies the supporting evidence, references the relevant federal and state laws and regulations, along with appropriate department policy and procedural guidance, and responds to the arguments of the parties in a written report and recommendation. The hearing officer shall submit a recommendation:

(1) in favor of the claimant when the adverse action taken by the department is not supported by a preponderance of the evidence available as a result of the fair hearing;

(2) in favor of the department when the preponderance of the evidence, available as a result of the fair hearing, supports the adverse action taken by the department is in accordance with federal and state laws and regulations; or

(3) any other result supported by the fair hearing record.

C. Review of recommendation: The fair hearing record and report and recommendation are reviewed by the appropriate department division director(s) or designee to ensure conformity with applicable federal and state laws and regulations.

D. Final decision: The hearing officer's recommendation may be adopted or rejected, in whole or in part, in a final written decision by the appropriate department division director. The final fair hearing decision shall be based solely on the fair hearing record as defined in Paragraph (3) of Subsection I of 8.100.970.11 NMAC. The final fair hearing decision must summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and relevant federal and state laws and regulations. No person who participated in the original action under appeal may participate in arriving at the final fair hearing decision. The final fair hearing decision becomes part of the fair hearing record.

E. Notice to claimant: The claimant, the authorized representative and the department shall be notified in writing of the final fair hearing decision and its effect on the benefits. If a claimant has an authorized representative, the authorized representative is mailed a copy of the final fair hearing decision. When a final fair hearing decision is adverse to the claimant, the decision shall include:

(1) a statement that the claimant has exhausted all administrative remedies available;

(2) the claimant's right to pursue judicial review of the final fair hearing decision; and

(3) information on how to file an appeal of the final fair hearing decision, the timeframe for filing an appeal and where the appeal may be filed.

F. Fair hearing decisions involving adverse actions by NMHIX: The provisions of Subsections A through E of 8.100.970.13 NMAC do not apply to fair hearings involving adverse actions by NMHIX. For hearings involving adverse actions by NMHIX, there shall be no recommendation by the hearing officer. The hearing officer shall instead issue a written final fair hearing decision, which shall become part of the fair hearing record, and which shall:

(1) be based exclusively on:

(a) the information used to determine the appellant's eligibility as well as any additional relevant evidence presented during the course of the appeals process, including at the hearing; and

(b) the eligibility requirements under Subpart D or G of 45 CFR Part 155, as applicable.

(2) state the decision, including a plain language description of the effect of the decision on the appellant's eligibility;

(3) summarize the facts relevant to the appeal;

(4) identify the legal basis, including the regulations that support the decision;

(5) state the effective date of the decision;

(6) provide an explanation of the appellant's right to pursue the appeal before the HHS appeals entity, including the applicable timeframe, if the appellant remains dissatisfied with the eligibility determination; and

(7) indicate that the decision of the fair hearing officer is final, unless the appellant pursues a second-tier appeal before the United States department of health and human services.

[8.100.970.13 NMAC - Rp, 8.100.970.13 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.14 IMPLEMENTATION OF DECISION: Unless stayed by court order, the department's final fair hearing decision is binding on all issues that have been the subject of the fair hearing as to that claimant. The local county office is responsible for assuring that decisions are implemented within the timeframes specified below. The final fair hearing decision serves as advanced notice for changes in benefits or services.

A. Decision favorable to the department: If assistance or benefits have been continued pending the outcome of the fair hearing and the decision is favorable to the department, the department shall take immediate action to adjust the payment and submit a claim for the excess benefit amount(s) paid pending the outcome of the fair hearing.

B. Decision favorable to the claimant:

(1) Cash assistance programs: When a fair hearing decision is favorable to the claimant, the department authorizes corrective payment. For incorrectly denied cases, corrected benefits are issued retroactively in the following manner:

(a) to the date of adverse action or to the 30th day from the application date, whichever is earlier; or

(b) to the first day of the month that the case is actually eligible for benefits;

(c) for ongoing cases, the corrected cash assistance payments are retroactive to the first day of the month that the incorrect action became effective.

(2) SNAP: Decisions that result in an increased benefit shall be reflected in the claimant's next authorized allotment. The final fair hearing decision serves as verification for increased benefits.

(3) Medical assistance programs: When a fair hearing decision is favorable to the claimant and a case was incorrectly denied, corrected benefits are issued retroactively in the following manner:

(a) to the date of adverse action or to the 30th day from the application date, whichever is earlier; or

(b) to the first day of the month that the case is actually eligible for benefits;

(c) for ongoing cases, the corrected benefit is retroactive to the first day of the month that the incorrect action became effective;

(d) fair hearings for medical assistance programs involving the termination, modification, reduction or suspension of services are governed by applicable federal and state law and regulations, including 8.352 NMAC, et seq.

C. Implementation of decisions related to NMHIX: Unless stated by court order, the department's final fair hearing decision is binding on all issues that have been the subject of the fair hearings as to that claimant. NMHIX, upon receiving notice of the final fair hearing decision, must promptly:

(1) Implement the decision effective:

(a) Prospectively, on the first day of the month following the date of the notice of appeal decision, or consistent with 45 CFR section 155.330(f)(2), (3), (4), or (5), if applicable; or

(b) Retroactively, to the coverage effective date the appellant did receive or would have received if the appellant had enrolled in coverage under incorrect eligibility determination that is the subject of the appeal, at the option of the appellant.

(2) Redetermine the eligibility or household members who have not appealed their own eligibility determinations but whose eligibility may be affected by the appeal decision, in accordance with the standards specified in 45 CFR section 155.305.

[8.100.970.14 NMAC - Rp, 8.100.970.14 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

8.100.970.15 JUDICIAL REVIEW

A. Right of appeal: If a final fair hearing decision upholds the department's or NMHIX's original action, the claimant has the right to pursue judicial review of the final fair hearing decision and is notified of that right in the department's final fair hearing decision. In matters involving NMHIX, the claimant may submit a second-tier appeal to the United States department of health and human services and is notified of that right in the department's final fair hearing decision.

B. Timeliness:

(1) SNAP, LIHEAP, general assistance (GA), and medical assistance programs: Unless otherwise provided by law, within 30 days of the issuance of the department's final fair hearing decision, the claimant may appeal the final fair hearing decision by filing a notice of appeal with the appropriate district court pursuant to the provisions of Section 39-3-1.1 NMSA 1978.

(2) NMW: Unless otherwise provided by law, within 30 days of the issuance of the department's final fair hearing decision, the claimant may appeal the final fair hearing decision by filing a notice of appeal with the court of appeals pursuant to the provisions of Section 27-2B-13 NMSA 1978.

C. Jurisdiction and standard of review:

(1) The district court's jurisdiction is defined by statute at Section 27-3-3 NMSA 1978 and Section 39-3-1.1 NMSA 1978. The court of appeals jurisdiction is defined by statute at Section 27-2B-13 NMSA 1978.

(2) The court of appeals or district court may set aside, reverse or remand the department's final fair hearing decision if it determines that:

(a) the department acted fraudulently, arbitrarily or capriciously;

(b) the final fair hearing decision was not supported by substantial evidence; or,

(c) the department did not act in accordance with federal and state laws and regulations.

D. Benefits pending an appeal: If the court decides in favor of the claimant, the department must immediately act in accordance with the court's final hearing decision. If the decision is in favor of the department, the department shall take any and all appropriate actions in accordance with Subsection A of 8.100.970.14 NMAC and 8.100.640 NMAC.

E. Effect of appeal: If the court of appeals decides in favor of the claimant, the HSD office of general counsel immediately notifies the county office as to the appropriate benefit issuance and adjustments, if any. If the decision is in favor of HSD, and a reduction has been pending the decision on appeal, an overpayment claim retroactive to the date the change should have been made is filed.

F. Appealing the appellant court's decision:

(1) SNAP, LIHEAP, GA and medical assistance programs: A party to the appeal to district court may appeal the district court's decision by filing a petition for writ of certiorari with the court of appeals, which may exercise its discretion to grant review. A party may seek further review by filing a petition for writ of certiorari with the supreme court. Section 39-3-1.1 NMSA 1978.

(2) NMW: A party may seek further review by filing a petition for writ of certiorari with the supreme court.

[8.100.970.15 NMAC - Rp, 8.100.970.15 NMAC, 11/27/2013; A/E, 11/1/2021; A, 4/1/2022]

History of 8.100.970 NMAC:

History of Repealed Material: 8 NMAC 3.ISD General Provisions, filed 12/30/1994 - Repealed effective 7/1/1997
8.100.970 NMAC Oversight - Program Participation Hearings, filed 3/26/2001 - Repealed effective 11/27/2013.

ATTACHMENT 4

New Mexico Human Services Department

Bill Richardson, Governor
Pamela S. Hyde, J.D., Secretary

Income Support Division
PO Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-7250; Fax: (505) 827-7203

INCOME SUPPORT DIVISION
INTERDEPARTMENTAL MEMORANDUM

ISD-GI 07- 57
DATE: September 18, 2007

TO: **ISD Staff**

FROM: **Fredrick Sandoval, Director, Income Support Division**
Carolyn Ingram, Director, Medical Assistance Division

RE: **Eligibility Determinations for Refugee Medical Assistance (Category 049)**

The U.S. Department of Health and Human Services (HHS) Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) has notified us that the current procedures used for determining eligibility for Refugee Medical Assistance (RMA), Category 049, are not in compliance with 45 CFR 400.94, the regulation governing RMA eligibility determinations.

RMA (Category 49) is not funded through Medicaid. It is funded through a grant from ORR and therefore RMA should be the medical coverage of last resort. ORR regulations specify that each family member receive an individual Family Medicaid and/or State Children's Health Insurance Program (SCHIP) eligibility determination and only those individuals found ineligible may then be considered for RMA eligibility.

To insure compliance with federal regulations and NMAC 8.249.400.9 which requires that "to be eligible for refugee medical assistance, a refugee must not be eligible for Medicaid under any other category," effective immediately, all field staff must follow the following procedure when determining eligibility for RMA:

1. An applicant must present documentation issued by the U.S. Department of Homeland Security (DHS) Customs and Immigration Service (USCIS) or its predecessor agency the Immigration and Naturalization Service (INS) of one of the following immigration statuses as a condition of eligibility:

    a. Paroled as a refugee or asylee under section 212(d)5 of the Immigration and Naturalization Act (INA);

b. Admitted as a refugee under section 207 of the INA;
c. Granted asylum under section 208 of the INA;
d. Cuban and Haitian entrants in accordance with 45 CFR part 401;
e. Victims of Severe forms of Human Trafficking who present Letters of Certification from ORR;
f. Certain Amerasians from Vietnam who are admitted to the U.S. as immigrants pursuant to section 584 of the Foreign Operations, Export Financing, and Related Programs Act of 1988;
g. Persons admitted for permanent residence, provided the individual previously held one of the statuses identified above.

2. Each individual member of a family unit applying for medical assistance must first be assessed for eligibility for Family Medicaid (Category 72) and/or Category 32 including the State Children's Health Insurance Program (SCHIP) before eligibility for RMA is determined.

3. If there is no Family Medicaid eligibility but a child is eligible for Category 32, this case must be registered and approved for Category 32 along with a Category 049 for the adult household members. Remember that a child enrolled in Category 32 must be a nonmember of Category 049 cases.

4. Those found ineligible for Medicaid or Category 32 including SCHIP must then be assessed for RMA eligibility utilizing the current procedures.

5. Case files for all RMA applicants must contain documentation that the assessment for Medicaid and Category 32 including SCHIP eligibility was completed as part of the initial intake.

6. Remember to open a Medicaid Category 28 when a Medicaid Category 72 case is closed due to income.

If there are questions regarding the Refugee Medical Assistance Program contact Norman Levine (norman.levine@state.nm.us), or by phone at (505) 827-1343.

ATTACHMENT 5

Protocol for Refugee Health Screening

Refugee Health Screening Protocol and Standing Orders for Nurses

Revised April 2023

Public Health Division

New Mexico Department of Health

1190 South St. Francis Drive Santa Fe, New Mexico 87505 **Table of Contents**

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INTRODUCTION:
There are over 50 million refugees and internally displaced people around the world.

The Office of Refugee Resettlement (ORR) within the United States Department of Health and Human Services provides fiscal support to state and local governments and Refugee Resettlement Agencies (RA) to promote self-sufficiency among ORR-eligible individuals through connection to services such as housing, healthcare, and social services during the initial time of arrival into the United States (U.S.). Up to the amount of time determined by the Director of ORR for federal Refugee Medical Assistance (RMA) is made available through the Income Support Division, NM Human Services Department, to refugees, asylees and
Cuban/Haitian Entrants who are not otherwise eligible for Social Security Insurance (SSI), or Medicaid. ORR-funded refugee medical screening services are conducted domestically and are made available to ORR-eligible persons to serve as an introduction to the U.S. healthcare system and promote healthy communities. Identifying existing healthcare conditions enables newcomers to participate in work and school and better integrate into their new communities.

ORR-eligible persons enter the U.S. at ports of entry around the country. Most new arrivals relocate in Albuquerque or Las Cruces, however, people may resettle anywhere in NM. Lutheran Family Services is the designated RA in New Mexico and assists individuals in applying for mainstream benefits; provides initial housing and employment placement; enrolls children in school; and provides an array of social service support programs.

ORR-eligible clients who resettle in Albuquerque will receive refugee medical screening services at the Southeast Heights Public Health Office (SEH PHO). Clients who resettle in Las Cruces or surrounding counties will receive refugee medical screening services at the Dona Ana Public Health Office in Las Cruces. The Eddy County Public Health Office in Carlsbad will serve as the hub in the Southeast Public Health Region for Refugee Health vaccine storage and refugee medical screening services. The Refugee Health Program will collaborate with local PHOs and Regions to support provision of refugee medical screening services to clients who are not able to travel to the designated screening sites. In most cases, clients will travel to SEH PHO, Dona Ana PHO or Eddy County PHO for screening services. However, if this is not feasible, the Refugee Health Program Manager will coordinate with the local PHO and Region to identify the next closest screening location. The Refugee Health Program (RHP), the Refugee Health Nurse (SEH PHO and Dona Ana PHO), and the Refugee Mental Health Coordinator (RMHC) may be contacted for consultation.

The Refugee Health Program works collaboratively with the NM Human Services Department, resettlement agency, Public Health Offices, Managed Care Organizations (MCO), and private sponsorship groups to ensure that newly arrived refugees have access to refugee medical screening, comprehensive mental health services, culturally

and linguistically appropriate language interpretation, translation of relevant written materials, and transportation to and from health/mental health screening.

Definitions

There are several types of immigrant classifications that are eligible for ORR-funded refugee medical screening services. These include:

1. **Refugee**:
   - A person granted refugee status while residing abroad because they were unable to return to their native land because of past persecution or a well-founded fear of persecution based on race, religion, nationality, political opinion, or membership in a particular social group.
   - Each year, the U.S. President, in consultation with Congress, determines the number of refugees who may be admitted to the U.S. from overseas. The State Department, in cooperation with RAs, facilitates the legal entry of these refugees to the U.S. after they have been granted refugee status by the Department of Homeland Security.

2. **Asylee:**
   - An individual who, while physically present in the U.S., has been granted asylum by an United States Citizenship and Immigration Service (USCIS) asylum officer or an immigration judge, as a result of a fear of returning to their native land because of past persecution or a well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group.
   - U.S. policy, in accordance with relevant international law, recognizes that persons fleeing persecution must often rely on irregular means of escape and may lack proper documents for arrival in a country of asylum.
   - Similar to refugees who are admitted from overseas, persons granted asylum must meet the U.S. refugee definition, based on persecution. Persons granted asylum, known as "asylees", are eligible for permanent residence and eventual citizenship.

3. **Cuban/Haitian Entrant**:
   - Any individual from Cuba or Haiti granted parole status as a Cuban/Haitian Entrant (status pending) or granted any other special status subsequently established, or any Cuban National who enters the U.S. at any location other than Miami, Florida, and placed by Immigration and Customs Enforcement (ICE) into Section 240 proceedings.

4. **Cuban/Haitian Humanitarian Parolee**
   - Beginning in January 2023, U.S.-based supporters may submit online applications to the U.S. Department of Homeland Security on behalf of Cuban and Haitian nationals and their immediate family members who are outside of the United States and lack U.S. entry documents. Individuals will be considered on

a case-by-case basis for advanced authorization to travel to the United States for a temporary period of parole for up to two years.

- Cubans and Haitians paroled under this supporter-based process are eligible for ORR refugee benefits and services, including refugee medical screening.

5. **Iraqi or Afghan Special Immigrant Visa (S.I.V.):**
   - An Iraqi or Afghan translator or other employee of the U.S. military or government agency who is admitted to the U.S. for Lawful Permanent Residence as a result of a threat to their well-being if they remain in their homeland.
   - These Special Immigrants are eligible for the Refugee Resettlement Program as a result of an Act of Congress.
   - This population may arrive **without** any copies of the overseas medical exam. They are issued a green card before arrival in the U.S.

6. **Afghan Humanitarian Parolee**
   - Citizens or nationals of Afghanistan who were paroled into the U.S. under section 212(d)(5) of the Immigration and Nationality Act between **July 31, 2021 and September 30, 2023**, due to urgent humanitarian reasons or significant public benefit.
   - A spouse or child of any individual described above, who is paroled into the U.S. **after September 30, 2023**
   - Parent or legal guardian of any individual described above, who is determined to be an unaccompanied child as defined by 6 U.S.C. Section 279(g)(2), who is paroled into the U.S. **after September 30, 2023**.

7. **Uniting for Ukraine Humanitarian Parolee**

   In April 2022, President Biden announced Uniting for Ukraine (U4U), as a new streamlined process providing Ukrainian citizens who were displaced as a result the war between Russia and Ukraine a pathway to come to the U.S. and remain for a period of up to two years. The following groups are eligible for parole under U4U:
   - Ukrainian citizens or nationals who were paroled into the U.S. between **February 24, 2022 and September 30, 2023.**
   - Non-Ukrainian individuals who last habitually resided in Ukraine who were paroled into the U.S. between **February 24, 2022 and September 30, 2023**.
   - Ukrainian individual or select non-Ukrainian individual who received humanitarian parole between **February 24, 2022 and September 30, 2023**, separate from Uniting for Ukraine Program (U4U).
   - Spouse or child of individual described above who is paroled into the U.S. **after September 30, 2023.**
   - Parent, legal guardian, primary care giver of an unaccompanied refugee minor or unaccompanied minor described above who is paroled in the **U.S. after September 30, 2023**

8. **Amerasian**:
   - An individual born in Vietnam between January 1,1962 and January 1,1976, who was fathered by a U.S. citizen and admitted under special provisions of U.S. law *(Section 584 of Public Law 100-102 as amended by Public Law 100- 461).* Spouses, children, and parent or guardian may accompany the approved individual.
9. **Child or Adult Victim of Severe Forms of Human Trafficking:**
   - A person over the age of 18 who has been certified as a victim of severe forms of human trafficking as defined in the *Trafficking* of *Victims Protection Act* of *2000,* such as:
     a. **Sex trafficking:** the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion or in which the person forced to perform such an act is under the age of 18 years; or
     b. **Labor trafficking**: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

10. **Conditional Entrant:**

A refugee-like person who obtained such status on the basis of the immigration laws that existed prior to the *Refugee Act of 1980.*

Lawful Permanent Resident (immigrant "green card" holder):

An individual admitted to the U.S. for permanent residence with the ability to apply for citizenship after five years of physical residence in the U.S., including all the refugee and refugee-like classifications listed above, and family reunification immigrants.

- Lawful Permanent Residents are not eligible for refugee medical screening services. This does not apply to Afghan or Iraqi SIV holders or Amerasians.
- **For Refugee (group 1 above) applications only:** Department of Health is authorized to serve as a civil surgeon and verify the vaccination portion of the I-693 Application to Register Permanent Residence or Adjust Status form. Instruction on how to complete the I-693 form can be found on the USCIS website https://www.uscis.gov/sites/default/files/document/forms/i-693instr.pdf. ○ I-693 services are only available at Southeast Heights Public Health Office and Dona Ana Public Health Office.
- All other immigrant groups must complete the I-693 application through a Civil Surgeon.
- Refugees **must** apply for Lawful Permanent Residency after one year of arriving in the U.S.
- Asylees **may** apply for Lawful Permanent Residency one year after being granted asylum.

Non-immigrant Visa Holder (tourists, students, temporary workers, etc.): An individual admitted to the U.S. on a temporary basis that may or may not have permission to work and cannot overstay the time frame for which their visa was approved or apply for citizenship. Under certain circumstances, they may apply to change status to Lawful Permanent Resident.

- Non-immigrants **may not** receive a refugee medical screening.

Venezuelan and Nicaraguan Humanitarian Parolees

Beginning January 6, 2023, U.S.-based supporters may initiate an online application process on behalf of eligible Nicaraguan and Venezuelan nationals and their immediate family members, who are outside of the U.S. and lack U.S. entry documents.

- **Persons paroled into the U.S. under this program are not eligible for refugee medical screening services or Refugee Health Program purchased vaccine.**

OBJECTIVE

The purpose of the domestic refugee health screening is to ensure that ORR-eligible persons receive treatment and care for conditions of public health significance and mental health conditions, and that such conditions do not prevent successful resettlement in the U.S.

SERVICE POPULATION

The Refugee Health Program (RHP) provides integrated physical and mental health screening for refugees, asylees, Iraqi/Afghan Special Immigrant Visa holders, Cuban/Haitian Entrants, Cuban/Haitian Humanitarian Parolees, Afghan Humanitarian Parolees, Uniting for Ukraine (U4U) Humanitarian Parolees, Amerasians, and victims of extreme forms of human trafficking.

RHP **does not** provide screening or related services for other types of immigrants or non-immigrants.

POLICY

All immigrants, including refugees are required to have a medical examination before leaving the country they resided in prior to arrival to the U.S. Some asylees, Cuban/Haitian Entrants, and humanitarian parolees may not have received an overseas medical exam or immunizations because services were not available prior to travel or asylum was granted after the person was already in the U.S. Contact the Refugee Health Program Manager if the client lacks documentation of an overseas medical examination. The ***pre-departure medical examination*** procedure consists of a physical examination, an evaluation for tuberculosis and blood test for syphilis for persons 18 years or older. Applicants under the age of 18 years may be tested if there is reason to suspect any of these diseases. The vaccination requirements include vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).

Note: administration of vaccine overseas vaccine is subject to availability.

1. Class A conditions: Any untreated communicable disease of public health significance is a Class A condition. Potential immigrants found to have Class A conditions are not admissible to the U.S. until treated and documentation proving treatment is approved by immigration officials. ○ Examples of Class A conditions are active, infectious tuberculosis; Hansen's disease; yellow fever; and current physical or mental disorder with associated harmful behavior.
2. Class B conditions: Examples of Class B conditions include active, non-infectious tuberculosis (TB), latent TB infection, and current evidence of a physical or mental disorder but no history of associated harmful behavior. ○ A follow-up medical examination should be done **within 30 days** after arrival to the U.S. but **is not** required by law.
    - ○ Persons with a Class B condition may be from any of the immigrant categories mentioned above and are not specific to refugees.

STANDING ORDERS

METHODOLOGY

Clinical assessment, lab testing, and immunizations outlined in this protocol will be performed by the Refugee Health Nurse. When a Refugee Health Nurse is not available, PHD nurses may be asked to complete these tasks. Services provided as part of the refugee medical screen are listed in the NMDOH Refugee Health Domestic Screening Guidelines (***see Appendix A).*** Refugee medical screening should take place **within the first 30 to 45 days** after arrival to New Mexico.

Laboratory Testing

The refugee health program has a contract with CDD for most of the labs required for the medical screening exam. The program also works with the State Laboratory Division (SLD) for some testing (see standing orders for details). In situations where the client is difficult to draw, including pediatric clients, consider referral to a Program-approved laboratory. Only clients with active Medicaid may be referred to a third-party laboratory.

Program approved laboratories include: TriCore Laboratory in Albuquerque, Las Cruces, and Santa Fe. Contact the Refugee Health Program Manager if a clinic needs to be set up with TriCore or to discuss alternatives if TriCore Laboratory is not available in your city.

Refer to the NMDOH Laboratory Standard Operating Procedures for instructions on how to collect specimens and submit to laboratory: CHILEnet-PHD - PHDLabSOP20232.14.23.pdf - Latest First (sharepoint.com).

Refugee Medical Screening Exams

Refugee medical screening exams are usually conducted over the course of two office visits. that are separated by one week. This allows time for clinics to receive laboratory results.

- **Prior to first visit** –□ ○ **Review Medical Records:** Resettlement Agency (RA) will provide copies of overseas medical exams or other medical documentation to the clinic prior to the first scheduled appointment. Contact Refugee Health Program Manager for assistance locating overseas medical records or laboratory results from health screenings that were conducted in other states.
    - Secondary migrants, Cuban/Haitian Entrants, ORR-eligible humanitarian parolees, or other clients who are not enrolled with the Resettlement Agency may present to the clinic independently for services. Clinic staff should request from clients copies of overseas medical exams, medical records from other states, and copies of immunization cards. Medical screening visits need not be delayed because medical records are not available. Laboratory testing and immunizations will need to be repeated if documentation is not available.
    - **Verify Immigration Documentation:** Clinic staff (Refugee Health Nurse, PHD nurse, or clerk) must review immigration documentation to determine client's eligibility for Refugee Health services. Immigration status may be a sensitive topic for some clients. Clinic staff should assure clients that the reason they are inquiring about immigration status is to determine if the client is eligible for additional resources. NM DOH does not discriminate or report immigration status to law enforcement agencies.
    - **Verify Medicaid:** Contact the Refugee Health Program Manager if clinic staff are not able to verify active Medicaid for clients. Program Manager will consult with NM HCA to determine the reason Medicaid/RMA has not been approved and identify a timeline for resolution.
- **First Visit**□ ○ If historical medical records were not available prior to the first visit, the nurse shall review past medical history, including overseas medical records and medical records from other health departments during the first visit.
    - Conduct patient interview and health assessment to identify existing medical conditions and current healthcare concerns. Common health problems include hypertension, dental carries, nutritional deficiencies, ophthalmologic problems; and to a lesser extent hematological disorders (eosinophilia, anemia, sickle cell, and microcytosis). If history suggests these, indicate on summary sheet that is sent to PCP.
    - Draw blood for laboratory tests outlined in this protocol.
        - If sending the client to an outside lab, complete the requisition form with client's name, date of birth (DOB), and Medicaid number as it appears on the Medicaid card. Instruct clients to take their Medicaid card to the laboratory so Medicaid may be billed directly for the lab services. Inconsistencies in spelling of name, DOB or Medicaid number on the requisition form may result in clients receiving a bill for services. ○ Administer

any recommended vaccines as outlined in Section 1 Immunization Procedure of this protocol.
  - Schedule follow-up appointment (second Refugee Health visit)
- **Second Visit** ○ Review laboratory results with the client and provide a hard copy of the results. Instruct clients to keep lab results in the IOM bag with their overseas medical records. ○ Discuss referrals for Primary Care, dental, vision and specialty care services. MCO Care Coordinator will schedule appointments for primary care, vision, dental, and specialty care services for their members. RH nurses will make referrals for clients to be scheduled on UNM refugee panel, at UNM Young Children's Health Clinic, and for clients who do not have an assigned MCO care coordinator. Consult with the Refugee Health Program Manager for all other referral needs. ○ Educate clients about MCO care coordination services and inform them that a care coordinator will be contacting them. If available, give client the name and contact information for their assigned care coordinator. ○ Educate client about availability of emotional support services/behavioral health services. Where available, clients will be screened by a Refugee Mental Health Coordinator (RMHC). **NOTE:** if there is not a RMHC in your region, please contact Karen Gonzales at 505-476-3076 or Karen.Gonzales@doh.nm.gov to discuss options.
- **Subsequent PH visits:** ○ It is recommended that clients return to the PHO to complete vaccination series, TB workup/treatment, and mental health screening/assessment as necessary.
  - If clients are referred to a non-DOH provider for vaccine, clinic staff should communicate with patients, care coordinators, case managers regarding missed vaccine appointments to minimize barriers to service access.
  - Educate clients that not completing vaccine series in a timely manner may result in missed deadlines to submit applications to register permanent residence or adjust status.

Reporting Abnormal and Normal Laboratory Results

- Abnormal lab results are determined by the criteria established by the performing laboratory.
- Results reported in the laboratory's 'abnormal' range must be reported and tasked to the Regional Health Officer (RHO) for review and signature.
- Provide copies of all laboratory results to the primary care provider (PCP). The abnormal lab results must be conveyed to the (PCP) for further evaluation and treatment. Lab results can be sent to the PCP prior to being verified by the RHO.
- All normal lab results will be reviewed and verified by the nurse who ordered the lab.

Referral to Emergency Room and Urgent Care

- Call the RHO if client is being referred to ER. When possible, patient should be sent with any relevant lab work or medical history, although no specific referral form is needed. RHO or nurse should call ER to let them know about the patient.
- If client is being referred to urgent care, task the note to the RHO in BEHR.
- If client has not received their Medicaid card, referral to Urgent Care and ER can still be made. Contact Refugee Health Program Manager to expedite approval or identify interim process.
- Patients should notify MCO Care Coordinator or RH Nurse if they receive a bill for the visit. The RH Program will work with HCA and the provider to resubmit charges to Medicaid.
- Notify Refugee Health Program Manger if clients are referred to urgent care or the Emergency Room for tracking purposes.

Documentation in BEHR

- Document visits using the Refugee Health templates in BEHR. It is important to document client's country or origin, household/family composition, use of language interpretation, name of Resettlement Agency case manager and MCO care coordinator, name of provider/facility that client was referred to for primary care services.
- Document any refusals and the client's reason(s) for declining any screening/immunization services or reasons why services could not be provided.
- All outside laboratory results associated with the domestic health screening must be scanned into the Laboratory section of BEHR.
- Copies of immigration documentation, 90-day attestation requirements, overseas medical records, medical records from other states, immunization records from other countries or states, and Medicaid cards must be scanned into the Historical section in BEHR.

Communication of Medical Screening

- Nurse shall compile a packet containing copies of laboratory results/reports, clinical findings, and copy of the overseas medical record to the identified PCP. The packet should also contain a coversheet that includes the client's name, DOB, Medicaid number, name of MCO care coordinator, address, phone number, and language spoken by the client. The packet shall be delivered via email, fax, or hand delivered at least one week prior to the initial PCP appointment.
- Nurse shall email the assigned MCO care coordinator a summary sheet containing patient demographics, language spoken by client, and any medical findings that the client will need to follow-up on. This will assist the care

coordinator in knowing which type of specialty or medical appointments are needed.

- Nurse shall oversee completion of the Refugee Health Program tracking sheet with information required for program reporting to ORR. ○ Demographic information, Medicaid number, name of MCO care coordinator, and immigration status should be entered as soon as it is available. ○ Lab results and referral information should be entered within one week of completing refugee medical screen. ○ All ORR-eligible clients should be recorded on the tracking sheet, even those who received immunizations or services to complete the 90-day attestation requirements.

SECTION 1: STANDING ORDERS FOR IMMUNIZATION PROCEDURE

Description of Condition

Refugees are not required to have any vaccinations prior to arrival in the United States. Since developing countries or refugee settings have limited or no access to vaccine, most refugees will not have had completed ACIP recommended vaccinations when they arrive in the U.S.

Beginning in December 2012, the Division of Global Migration and Quarantine (DGMQ) of the CDC, the Bureau of Population, Refugees and Migration (PRM) of the U.S. Department of State, and the International Organization of Migration (IOM) initiated a vaccination program for approved refugee applicants in the U.S. Refugee Admissions Program (USRAP).

- The goal of the Vaccination Program is to provide cost-effective public health interventions, improve refugee health, and limit the number of vaccinations refugees require after their arrival in the U.S. Refugees departing from Ethiopia, Kenya, Malaysia, Nepal, Thailand, and Uganda will receive vaccine doses at the time of initial migration health assessment, followed by doses 2 and 3 as appropriate. IOM will review vaccination records and determine whether they meet set standards. Unless medically contraindicated, refugees departing from participating sites will receive the following immunizations prior to arriving in the U.S. ○ Diphtheria, Tetanus, and Pertussis (DTP) ○ Hepatitis B ○ Haemophilus Influenza Type B (Hib) ○ Measles, Mumps and Rubella (MMR) ○ Poliovirus (OPV, IPV, or one of each)) ○ Pneumococcal Conjugate 13 (PCV-13) ○ Rotavirus
    - Tetanus, Diphtheria (Td) ○ Varicella
    - COVID 19: - only COVID-19 vaccine under the approval or emergency use authorization of FDA or WHO are counted toward the USRAP vaccination schedule.

- Vaccinations will be documented on the refugee's Vaccination Documentation Worksheet (DS-3025) as well as in the Electronic Disease Notification (EDN) System. Contact the Refugee Health Program Manager if documentation of vaccinations listed above is incomplete.

Note: All live-virus vaccines will be administered in advance of departure so that refugees, if eligible, can receive live-virus vaccine and tuberculosis testing immediately after arrival in the U.S.

Clinical Assessment

All children aged birth through 18 years are eligible for immunization using NMDOH PHD Vaccine for Children (VFC) Program funded vaccine. Use the CDC routine vaccination or "catch-up schedule" and NMDOH Immunization Protocol.

Adult ORR-eligible clients should be immunized using the adult vaccine purchased through the RHP. If RHP vaccine is not available, contact the Refugee Health Program Manager to discuss other options. Clients may be vaccinated using vaccine procured by the Immunization Program on an as needed basis. Advanced approval must be obtained from the Refugee Health and Immunization Program Managers.

The Refugee Health Program provides the following adult vaccines as part of the refugee medical screening:

- Tdap/Td
- MMR
- Varicella
- Hepatitis A
- Hepatitis B
- **Adult Inactivated Poliovirus (IPV) for Cuban/Haitian Humanitarian Parolees with 90-day attestation requirement ONLY** ○ Administer 1 to 2 doses based on documentation of doses received prior to entering the U.S.
    - Use Refugee Health Purchased vaccine or refer to commercial pharmacy.

Vaccine procured by the NMDOH Immunization Program may be used for the following:

- COVID-19 – Completion of primary doses prior to 4/18/2023 or receipt of a one bivalent dose is required to adjust immigration status. Additional doses should be offered to individuals who are eligible.
- Influenza – administered per NMDOH Immunization Protocol
- **Adult Inactivated Poliovirus Vaccine for Uniting for Ukraine (U4U) Humanitarian Parolees with 90-day attestation requirement - ONLY** ○ 1-2 doses should be administered based on documentation of doses received prior to entering the U.S.

    - Contact the Refugee Health Program Manager at Karen.Gonzales@doh.nm.gov to request an order form.
- Pneumococcal – persons 65 years and older should receive vaccine per ACIP guidelines.

See the Immunization Protocol for appropriate dosage, administration schedule, and standing orders: CHILEnet-PHD - UpdatedIZprotocol202202.02.23.pdf - Latest First (sharepoint.com)

For COVID-19 vaccine administration and standing orders, follow the COVID-19 Vaccine protocol located in the "Immunization Documents" under "Clinical Protocols" on the PHD CHILEnet: Clinical Protocols (sharepoint.com). No direct link is provided since the protocol is updated frequently.

Follow-up:

- Varicella vaccine should be administered to all adults who cannot provide a reliable history of clinical chickenpox, positive serological test for immunity (not offered through PHD), or who cannot provide documentation of having received two doses of Varicella vaccine at least 28 days apart. In case of doubt, vaccine should be provided.
- Provide clients with a copy of the appropriate Vaccine Information Statement (VIS) written in their primary language/language of choice: ***https://www.cdc.gov/vaccines/hcp/vis/index.html***
- Report all adverse reactions to vaccine to the Federal Vaccine Adverse Event Reporting System (VAERS) at ***https://vaers.hhs.gov*** or by calling **1**-(**800)-822-7967.**
- Document all historical and current vaccination data in NMSIIS and provide the refugee a copy of their immunization record.

SECTION 2: STANDING ORDERS for NON-SPECIFIC BLOODWORK

Description of Condition

As part of the medical screening exam, all refugees should have CBC and CMP tests to assess liver and kidney function, evaluate for anemia and help with evaluation of nutritional status. In addition, this often information is important to know before prescribing medications. This order covers general lab testing not covered in standing orders for disease specific evaluations.

Clinical Assessment

Review any previous blood work in the client's overseas medical record. Comparison to previous bloodwork can be helpful in interpreting any current abnormal values.

Standing Order

Test all refugees with a CMP and CBC as part of the medical screening exam.

Normal and Abnormal Findings: See **Methodology Section** on page 11.

Follow-up and Evaluation for Treatment and Care

- Refer to PCP for follow up of abnormal labs.
- Based on the results of these tests, additional, more focused laboratory testing may be warranted such as a workup for inherited anemias, iron deficiency, infections, hepatitis, etc.

SECTION 3: STANDING ORDER FOR HEPATITIS SCREENING

Description of Condition

Viral hepatitis is a group of viral infections of the liver. Typically, hepatitis B and C are chronic infections that are much more common in the source countries of the refugee program.

Clinical Assessment

1. **Hepatitis B (HBV):**
   - New arrivals from certain countries may have been tested for hepatitis B surface antigen (HBsAg) and received 1-2 doses of hepatitis B vaccine through the Vaccination Program for US-bound Refugees. ○ **All** Refugees aged 18 months and older who were tested for only HBsAg as part of the overseas medical exam should be tested for the following additional hepatitis B markers:
     - hepatitis B surface antibody (anti-HBs),
     - total hepatitis B core antibody (total Anti-HBc),
     - IgM antibody to hepatitis B core antigen (IgM anti-HBc) ○ If client does not have documentation of HBsAg, test for all 4 markers.
   - Hepatitis B vaccination series started during the oversea medical screening should be continued.

2. **Hepatitis C (HCV):**
   - The preferred test for HCV is the **HCV antibody with reflex to RNA** test. This provides the most complete information on the need for HCV treatment.
   - This test should be sent to SLD and can be found in the STD menu: STD hepatitis C antibody with reflex to RNA-SLD.
   - Testing should be provided to the following individuals:
   - ○ **All** refugees aged 18 years and older should be tested for HCV. ○ All pregnant persons should be tested for HCV.
   - ○ In persons less than 18 years of age, testing for HCV is recommended for:
     - unaccompanied refugee minors
     - children with risk factors

- children born to HCV-positive mothers ○ HCV RNA test should be used for children younger than 18 months of age to avoid a false positive test due to detection of passively acquired maternal antibodies.

3. **Hepatitis D:**
   - HDV testing is recommended for persons who are HBsAg-positive. However, CDD does not run this test currently, so refer patient to the primary care provider if testing is indicated.

Normal and Abnormal Findings: See **Methodology** Section on page 11.
- Clients with a positive HCV antibody and negative RNA do not have a current infection. This lab combination reflects an infection that has spontaneously cleared or has already been treated. HCV antibodies persist for life.
- Clients with both positive HCV antibody and RNA will need treatment for HCV.
- Clients with a negative HCV antibody have no evidence of infection.

Follow-up and Evaluation for Treatment and Care
- Refer client to PCP for follow-up and or treatment of positive hepatitis serology.
- Follow-up of females of childbearing age who are hepatitis B surface antigen positive is of **highest priority** to prevent perinatal transmission of the infection.
- **Notify the RHO and Perinatal Hepatitis B Program if you identify a pregnant female who is HBV surface antigen (HBsAg) positive.**
- Provide client-centered education regarding disease process, prevention of transmission and re-infection, available harm reduction resources, importance of liver wellness, and referrals to specialty care for chronic disease management and/or treatment.
- PHD does not routinely provide hepatitis A screening.

SECTION 4: STANDING ORDERS FOR HIV SCREENING

Description of Condition
Beginning January 4, 2010, refugees are no longer tested for HIV infection prior to arrival in the U.S. While HIV/AIDS affects individuals throughout the world, certain regions, such as sub-Sharan Africa, have disproportionally high prevalence rates (exceeding 20% in some countries). In addition, HIV/AIDS disproportionately affects certain vulnerable population groups, such as young adults, women, and children.

HIV screening should be offered to all refugees as part of the medical screening exam. Refugees should be clearly informed orally or in writing that HIV testing will be performed. NM does not require written consent for HIV testing.

Known HIV Positive Clients

Persons who are identified on the overseas medical record or who present documentation of HIV infections should be referred to a local HIV Service Provider for follow-up care. Coordinate with the HIV Service Provider to obtain copies of lab results for tests that are normally part of the refugee medical screen.

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Clinical Assessment for Clients Not Known to be HIV Positive

- All persons will receive HIV testing unless they opt out.
- Children less than 13 years of age should be screened unless negative HIV status of the mother can be confirmed and the child is otherwise thought to be at low risk of infection (no history of high-risk exposures such as previous blood product transfusions, early sexual activity, or history of sexual violence or abuse.
- Repeat screening 3-6 months following resettlement is recommended for refugees with a recent known exposure or increased risk for disease acquisition. These individuals may be in the “window period” when they arrive in the U.S. This includes persons who engaged in unprotected sexual intercourse or injection drug use within 60 days of the initial medical screening HIV test. When using a 4th generation HIV test, the window period is shorter (30 – 45 days). **Follow-up HIV testing can be done through the PCP**.
- Refugees who have lived in or transited through the following countries should be tested for both HIV-1 and HIV-2 RNA if they test positive for HIV on the 4th generation Ag/Ab screening test: Angola, Benin, Burkina Faso, Cape Verde, Cote d’Ivoire (Ivory Coast), Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Mozambique, Niger, Sao Tome, Senegal, Sierra Leone, and Togo.

Standing Order

Test all eligible clients for HIV using a 4th generation Ag/Ab test.

Normal and Abnormal Findings: See **Methodology Section** on page 11.

Follow-up and Evaluation for Treatment and Care

- Counseling, testing, and referral services should be provided to persons identified as HIV positive in accordance with the NMDOH **Protocol for HIV Linkage-to- Care**: (update pending)
- Contact the regional HIV Health Educator for help referring the client to a local HIV Service Provider. The RHO can also be contacted for support in connecting a client with services.
- Provide client-centered education regarding disease process, prevention of disease transmission, and available harm reduction resources and case management/treatment services.
- Children less than 18 months of age who test positive for HIV antibodies should be referred to an HIV Service Provider for further RNA testing.

- All children born to or breast-fed by an HIV-infected mother should be referred to an HIV Service Provider to receive chemoprophylactic trimethoprim/sulfamethoxazole beginning at greater than 6 weeks of age until they are confirmed to be uninfected.

SECTION 5: STANDING ORDERS FOR LEAD SCREENING

Description of Condition

Lead screening should be provided to all newly arrived refugees aged birth through 16 years and pregnant and lactating persons as part of the medical screening exam.

Clinical Assessment

- Infants and children (birth through 16 years of age) should be screened for lead to assess lead burden due to their situation in their country of prior residence.
- Adolescents age of 16 through 18 years should receive a blood lead test if there is a high index of suspicion or there are clinical signs/symptoms of lead exposure.
- All pregnant and lactating persons should be screened for lead.
- Available Lead tests:
    - **Lead (blood) test may be ordered through CDD** (or other reference lab if sending the client for other lab work)
    - Filter paper tests are available through **Medtox**. On the requisition, include client's name, date of birth and Medicaid number as it appears on the Medicaid card to ensure that Medicaid is billed directly. Contact the Refugee Health Program Manger to enable clinic to order tests through Medtox.
    - Confirmatory blood lead test must be ordered for all Medtox results that are 3.5 µg/dL or greater.

Normal and Abnormal Findings: See **Methodology Section** on page 11. Abnormal results: greater than 3.5 µg/dL

Follow-up and Evaluation for Treatment and Care

Elevated BLLs should be reported to the NMDOH Lead Prevention Program. Educate clients and their parents/guardians about ways to reduce exposure to lead-based products. **See Appendix B: Examples of Regional and Culture-Specific Exposures Associated with Elevated Blood Lead Levels in Children.** Additional resources can be found on the NM Lead Poisoning Prevention Website: Lead Poisoning Prevention (nmhealth.org).

The following clients should be referred to their PCP for follow-up blood test 3-6 months after initial testing.

- All infants and children 6 years of age and under, regardless of initial screening result.

- Children and adolescents 7-16 years who had BLLs at or above 3.5 µg/dL.
- Children 7 – 16 years of age who have a risk factor (e.g., sibling with BLL at or above 3.5 µg/dL, environmental exposure risk factors) regardless of initial test result.
- Pregnant or lactating adolescents (under 18 years of age) who had BLLS at or above 3.5 µg/dL at initial screening.
- All newly arrived pregnant or breastfeeding women should be prescribed a prenatal or multivitamin with adequate iron and calcium by the PCP or prenatal provider. Referral to a healthcare provider with expertise in high-risk lead exposure treatment and management may be indicated for elevated BLLs.

SECTION 6: STANDING ORDERS FOR MALARIA SCREENING

Description of Condition

Refugees from sub-Saharan Africa who are relocating to the United States receive presumptive treatment of asymptomatic *P. falciparum* prior to departing from their home country.

Refugees who have received pre-departure treatment with a recommended antimalarial drug or drug combination (Atovaquone-proguanil, trade name Malarone, or artemether-lumefantrine, trade names Coartem, Riamet) do not need further evaluation or treatment for malaria unless they have clinical symptoms.

Clinical Assessment

- Refugees originating from sub-Saharan Africa who did not complete pre-departure treatment with a recommended regimen or who had contraindications at time of departure should be screened for malaria as part of the medical screening exam if they are within 3 months of arrival.
- Presumptive treatment is contraindicated for the following groups:
  - ○ Pregnant women in their first trimester of pregnancy ○ Infants weighing less than 5 kilograms (kg) ○ Those with known allergy to the medication being used.
- Subclinical *P. falciparum* malaria may be present in refugees from highly endemic regions of sub-Saharan Africa. If a refugee has been in a non-endemic region for more than 3 months, falciparum malaria is unlikely.
- Refugees from areas other than sub-Saharan Africa are not routinely presumptively treated or tested and do not need to be tested.
- Refugees with signs or symptoms of malaria who have been in endemic areas should be evaluated promptly for malaria with testing and/or appropriate referral.

Note: 1. All Malaria tests must have the collection date and time clearly written on the label.
2. The laboratory must receive the specimen **within 48 hours** of collection or it will be rejected.

Normal and Abnormal Findings: See **Methodology Section** on page 11.

Follow-up and Evaluation for Treatment and Care
A positive smear should also identify the species of malaria infecting the patient. Falciparum malaria should be treated with atovaqone-proguanil or artemether-lumefantrine (alternatives can be discussed on a case-by-case basis). If identified, non-falciparum malaria may include infection with *P. ovale* and *P. vivax* that have dormant phases that also require treatment with a 14-day course of primaquine for eradication. **Contact the RHO or Infectious Disease Medical Director to discuss referral recommendations.**

Previous malaria history (especially within the last 1-2 years) should be noted in the medical record. New arrivals should be counseled to seek medical care if signs/symptoms develop suggestive of recurrence. These symptoms include fever, anemia, splenomegaly, chills, headache, backache, and malaise. **If these symptoms are present during initial screening, contact the RHO or Infectious Disease Medical Director to discuss most appropriate referral (emergency department or PCP for specialty referral)**

SECTION 7: STANDING ORDERS FOR NUTRITIONAL ASSESSMENT

Description of Condition
Studies have documented under-nutrition and poor growth among refugee children arriving in the United States. Similarly, some refugee children are noted to be overweight upon arrival to the U.S. or become overweight after having lived here for a short period of time.

A nutritional assessment should be conducted as part of the medical screening exam to identify any related health issues.

Clinical Assessment

- Conduct a complete review of systems with particular attention to a history of chronic diarrhea, wasting, weight loss, failure to thrive, skin rashes, and vision or hearing difficulties.
- Calculate body mass index (BMI)
- Review CBC and CMP results, especially in children birth through 14 years.
- Assess immediate needs for food.

Normal and Abnormal Findings: See Methodology Section on page 11.

Follow-up and Evaluation for Treatment and Care

- Refer to PCP for follow up of abnormal labs. A common finding is iron deficient anemia (low H/H and low MCV on the CBC).
- If applicable, provide the client with information regarding nutritional support services, such as WIC.

SECTION 8: STANDING ORDERS FOR PREGNANCY SCREENING

Description of Condition

Knowledge of pregnancy status is critical prior to treating women for any health conditions including intestinal parasites and malaria. Women who are diagnosed with hepatitis, HIV, and STIs should be referred to care to prevent transmission of infections to the fetus.

Clinical Assessment

Females of child-bearing age should be assessed to determine the need for a pregnancy test following the Family Planning Protocol which is located in the clinical Protocols Section of the PHD intranet https://nmhealth.org/about/phd/fhb/fpp/pvdr

Standing Order:

- If history or symptoms warrant, perform an hCG test.

Normal and Abnormal Findings: See **Methodology Section on page 11**.

Follow-up and Evaluation for Treatment and Care

- Follow the Family Planning Protocol for guidance in determining pregnancy status and providing follow-up services.

- **RHO and/or Infectious Disease Bureau Medical Director should be notified of pregnancy status when abnormal lab results are reported.**
- Provide pregnant women with educational material regarding the importance and availability of prenatal care.
  Provide women with a negative pregnancy test and information on contraceptive options.

SECTION 9: STANDING ORDERS FOR SCREENING OF SEXUALLY TRANSMITTED INFECTIONS (STIs)

Description of Condition

The prevalence of STIs in refugee populations is not well characterized and varies among populations. Because certain refugee groups are at potentially high risk for STIs, it is important to screen in order to minimize or prevent acute and chronic sequalae, as well as prevent transmission to others. Many times, refugees are the victims of sexual violence and are not forthcoming about reporting this risk.

As of March 2016, chancroid, lymphogranuloma venerum, and granuloma inguinale were removed from the list of communicable diseases of public health significance. Evaluation for these diseases is no longer performed as part of the overseas U.S. immigration medical screening process.

Clinical Assessment and Testing

- Persons birth through 14 years of age: ○ Test for syphilis if person is sexually active or has risk factors such as history of sexual abuse or mother with positive syphilis diagnosis (risk of congenital syphilis)
  - Test for chlamydia and gonorrhea (CT/GC) if person is sexually active or reports a history of sexual abuse.
- Persons 15 years of age and older (regardless of risk factors or overseas medical history): ○ Test for syphilis infection
  - Test for chlamydia and gonorrhea (CT/GC) infections

Standing Order:

1. Test for syphilis using the **RH syphilis** order (goes to CDD) per above guidelines. This is the “reverse algorithm testing” that PHD is currently using.
2. Test for GC/CT using the **urine NAAT testing for GC and CT** order in the RH lab order menu per above guidelines.
3. Test for GC/CT at other exposed sites (rectal and pharyngeal) if appropriate. Use orders in the STD menu.

See the DOH STD Protocol for further details and methods of testing. **CHILEnet-PHD - STD Standing Orders_3.6.23_final.pdf - Latest First (sharepoint.com)**

Normal and Abnormal Findings: See **Methodology Section on page 11**.

Follow-up and Evaluation for Treatment and Care

- Follow the DOH STD Protocol and Standing orders (noted above) for treatment of CT and GC infections for both the client and partners.
  Follow guidelines for addressing syphilis diagnosis (client may need further evaluation).
- Provide client-centered education regarding the infection, prevention of transmission and re-infection, available harm reduction and family planning services.

SECTION 10: STANDING ORDERS FOR TUBERCULOSIS SCREENING

Description of Condition

All refugees who are 2 years of age and older receive an overseas medical evaluation for Tuberculosis prior to their departure for the U.S. This examination is to identify individuals with conditions that, by law, necessitate exclusion from, or treatment before, departure for the U.S. Pre-departure screening, chest x-ray, diagnostic results, treatment, and clinical course is included in the refugee's overseas medical forms. Refer to the Tuberculosis Protocols located in the Clinical Protocols Section of the PHD
Intranet for specific guidance regarding testing, treatment and follow-up services. NM Department of Health (NMDOH) Public Health DIVISION (PHD) Protocol and Standing Orders for Public Health Nurses Testing, Evaluation and Treatment for TB Infection.

Clinical Assessment

- Contact the Refugee Health Program Manager if the refugee does not have copies of their overseas medical evaluation forms.

Persons aged birth - 2 years:

- Place a Mantoux skin test (TST) and read within 48-72 hours. ○ **Note:** A one-step test is sufficient for screening in this age group. ○ A negative TST is considered unreliable in infants younger than 3 months and should be repeated when the infant is older than 3 months of age. ○ A ***positive*** TST result in this age group is considered reliable.

Persons aged 2 years and older:

- An IGRA test is indicated if:□ ○ IGRA was not performed as part of overseas medical exam, **or** ○ Negative IGRA was documented more than 6 months prior to refugee medical screen date.
    - ○ For those with a positive IGRA test, treatment for latent TB infection (LTBI) should be considered after TB disease is ruled out unless TB disease or LTBI treatment was completed prior to arrival.

Normal and Abnormal Findings: See **Methodology Section on page 11.**

Follow-up and Evaluation for Treatment and Care

- Order chest x-ray (PA and lateral) for all patients with a positive IGRA or TST result.□
  Complete the TB Record for clients with positive IGRA or TST results and immediately notify the TB Program to discuss follow-up. The TB Nurse Consultants can answer questions regarding testing, evaluation and treatment.□ □ Provide client education regarding the test results and ways to minimize transmission of TB infection.□
- The TB Program can be reached at: DOH-TB-Program@state.nm.us or the TB call line: 505-827-2471 (leave a message and they will return the call).□

SECTION 11: STANDING ORDERS FOR INTESTINAL PARASITE TREATMENT

Description of Condition

Presumptive treatment for parasitic infections is not provided by the RH Program. Nurses will review the medical record for documentation of completed overseas treatment and notify the primary care provider (PCP) of any needed follow-up.

Common symptoms of parasitic intestinal infections include nausea, diarrhea, abdominal pain, and cramps.

Clinical Assessment

- Assess all newly arrived refugees for completion of overseas presumptive treatment for intestinal parasites**, *See Appendix C: Recommended Medication***
  Regimen for Presumptive Treatment or Treatment of Identified Parasitic Infections in Adults, Pregnant Women, and Children.□

- Documentation of pre-departure presumptive treatment for intestinal parasites can be found in the refugee's IOM bag (bag containing all overseas documentation). If documentation is not included in the IOM bag, contact the Refugee Health Program Manager and request a search of the EDN System.

Follow-up and Evaluation for Treatment and Care

- Indicate on the coversheet to PCP if presumptive treatment is recommended based on the following guidelines: ○ Persons aged 2 years and older who did not receive pre-departure presumptive treatment, did not complete the recommended treatment regimen, or who are not listed in **Appendix C** should be evaluated for contraindications and receive 400mg of albendazole, orally in a single dose. ○ Refugees aged 12 months through 23 months, who did not complete recommended treatment regimens should be evaluated for contraindications and receive 200 mg of albendazole, orally in a single dose. ○ Refugees who did not complete the presumptive treatment for strongyloidiasis or schistosomiasis should be referred to a PCP for follow- up and treatment.
- Refugees who are symptomatic, regardless of presumptive treatment, should be referred to PCP for further evaluation and treatment.
  Some parasitic infections. such as schistosomiasis, may present with cough (not improving, TB screen is negative) or central nervous system symptoms in addition to gastrointestinal complaints.

- If concerning symptoms are present during initial screening, discuss with RHO or Infectious Disease Medical Director most appropriate referral (emergency department or PCP for specialty referral).
- Educate clients on the importance of proper hand washing techniques to prevent the spread of infection.

SECTION 12: STANDING ORDERS FOR MENTAL HEALTH SERVICES

Description of Condition

Many refugees will have experienced some form of violence, atrocity, or human rights abuse. Due to issues of language, culture, and the nature of traumatic experience, many of these issues can go undetected as refugees try to assimilate into a new country and culture. Such dynamics increase the likelihood of ongoing vulnerability and marginalization within refugee populations. These issues also require that treatment or service provision be tailored to the population.

The Refugee Health Program has implemented a comprehensive refugee mental health component to identify mental health issues and provide referrals for trauma-informed and linguistically appropriate follow-up and treatment services to support successful resettlement in NM. RMHC will provide initial mental health screening, referral to a behavioral health provider within the refugee health network, and individual or group-based psycho-education sessions to ORR-eligible clients.

Process for Referring Refugees for Mental Health Screening Services

Mental health screening will be provided to eligible refugees according to the following procedure:

- Nurse or RMHC will review available medical records for documentation of: o any trauma or abuse
  - physical and/or behavioral health diagnosis with associated harmful behaviors
  - substance use disorders
- Nurses should screen clients by asking about any changes in appetite, sleeping patterns, energy levels, or if they are experiencing nightmares, pain (headache and/or diffuse body pain with no known etiology) or muscle tension.
- The RHS-15 screening tool is not required but may be administered by the nurse in areas where an RMHC is not available. o Anyone administering the RHS-15 should complete the training on this tool. Contact the Refugee Health Program Manager to arrange training.
  - RHS-15 tool is verified for persons 14 years of age and older.
  - Refer any persons 13 years and younger who identify a need for behavioral health services or whose parents identify such a need to the RMHC.

    - If RMHC is not available, contact the MCO care coordinator or Refugee Health Program Manager to facilitate referrals to behavioral health services.
- The RMHC will evaluate all clients using either the RHS-15 screener or a narrative-based screening tool.
- Notify the RMHC of any ORR-eligible clients who are experiencing the symptoms noted above, have documented history of trauma or behavioral health diagnosis, or who request behavioral health support.

SECTION 13: STANDING ORDERS FOR TESTING AND VACCINATION OF SPECIAL POPULATIONS

Description of Condition

Persons over the age of 2 years who were paroled into the US under the humanitarian parole programs listed below. **See Appendix D: Refugee Health Services Flow Chart for Special Populations.**

As a condition of parole, individuals aged 2 years and older must complete the following services within 90 days of arrival to the U.S. Individuals should set up a user account on the USCIS website at www.uscis.gov to attest that services were completed.

- Receipt of at least 1 measles containing vaccine prior to travel to the U.S.
- Receipt of at least 1 polio containing vaccine prior to travel to the U.S.
- Completion of the primary series of COVID-19 vaccine within 90 days of arrival to the U.S.
- Completion of TB IGRA test within 90 days of arrival to the U.S.

Cuban/Haitian Humanitarian Parole

Clinical Assessment

- Clients are eligible for refugee medical and mental health screening and should be educated about the programs and services that are available (care coordination, mental health evaluation and follow-up services, referral to a primary care provider).
- Refugee medical screening and services required for attestation should be completed simultaneously, unless: ○ Next available appointment for medical screening is later than due date for attestation.
    - Client declines refugee medical screening. Document declination of services in BEHR and on the Refugee Health tracking form.
- Services to complete attestation **only** ○ TB IGRA test ordered through SLD
    - Clients who did not receive vaccine prior to arriving in the U.S. or who lack documentation of vaccine history may receive:
        - MMR - Administer 1-2 doses of adult MMR vaccine purchased by the Refugee Health Program; children should be vaccinated as described in the Immunization Section of this protocol.

- Inactivated Poliovirus Vaccine - Administer 1-2 doses of adult vaccine purchased by the Refugee Health Program or refer client to a commercial pharmacy; children may be vaccinated as described in the Immunization Section of this protocol.
- COVID-19 vaccine as described in the Immunization Section of this protocol.

Normal and Abnormal Findings: See **Methodology Section on page 11.**

Follow-up and Evaluation for Treatment and Care See TB Section 10.

Ukrainian Humanitarian Parole Clinical Assessment

- Clients are eligible for refugee medical and mental health screening and should be educated about the programs and services that are available (care coordination, mental health evaluation and follow-up services, referral to a primary care provider).
- Refugee medical screening and services required for attestation should be completed simultaneously, unless: ○ Next available appointment for medical screening is later than due date for attestation.
    - Client declines refugee medical screening. Document declination of services in BEHR and on the Refugee Health tracking form.
- Ask if client is experiencing pain or changes in appetite or sleeping patterns.
- Services to complete attestation **only** ○ TB IGRA test = ordered through SLD (TB Program). Write “U4U” across the top of the requisition form.
    - Clients who lack documentation of vaccine history should receive:
        - Adult MMR Vaccine - administer 1-2 doses as indicated to complete series. Use vaccine purchased by the Refugee Health Program; pediatric vaccine should be administered as described in the Immunization Section of this protocol.
        - Adult Inactivated Poliovirus Vaccine utilizing 317 vaccine which has been earmarked for Uniting for Ukrainian Parolees – administer 1-2 doses as indicated to complete vaccine series; pediatric vaccine should be administered as described in the Immunization Section of this protocol.
        - COVID-19 vaccine as described in the Immunization Section of this protocol.

Normal and Abnormal Findings: See **Methodology Section on page 11.**

Follow-up and Evaluation for Treatment and Care

- See TB Section 9

- Provide client with copy of lab results and immunization card.
- Provide client with name and phone number of MCO care coordinator, if available
- Provide referral to RMHC for mental health screening and referral for follow-up services.

Venezuelan and Nicaraguan Humanitarian Parole
Clinical Assessment

- Services to complete attestation **only** ○ **Persons paroled into the US under this program are not eligible for refugee medical screening services or Refugee Health purchased vaccine.**
    - TB IGRA test may be ordered through SLD (TB Program). ○ COVID-19 vaccine as described in the Immunization Section of this protocol.
    - Refer clients to commercial pharmacy for adult MMR and Poliovirus vaccine; pediatric clients may be immunized as described in the Immunization Section of this protocol.

Normal and Abnormal Findings: See **Methodology Section on page 11.**

Follow-up and Evaluation for Treatment and Care

- See TB Section 9
- Provide client with copy of lab results and immunization card.

This protocol shall remain in effect for all clients/patients of the New Mexico Department of Health until rescinded.

References

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Global Migration and Quarantine. Domestic Refugee Health Guidelines:
https://www.cdc.gov/immigrantrefugeehealth/guidelines/refugee-guidelines.html
http://www.cdc.gov/immigrantrefugeehealth/pdf/malaria-domestic.pdf.

Appendix A: NMDOH Refugee Medical Screening Guidelines

Activity	Services Provided by PHD
History	
History Includes review of overseas medical exam	Overseas medical records and other available medical records should be reviewed for all newly-arrived ORR-eligible clients.
Review of Systems Includes asking about mental health, dental, hearing, vision, nutrition, and reproductive health.	All clients should be referred to a primary care provider (PCP) or specialty care for hematological disorders, hypertension, dental carries, nutritional deficiencies, and ophthalmologic problems. Coordinate with MCO Care Coordinators for clients as applicable.
Health Education Includes anticipatory guidance, etc.	RH nurses will make referrals for clients to be scheduled on UNM refugee panel, at UNM Young Children's Health Clinic, and for clients who do not have an assigned MCO care coordinator. Inform client that MCO care coordinator will contact them to schedule additional appointments. If available, provide care coordinator's contact information.
Laboratory Tests	
Blood Lead Level	**Children age birth to 6 years and lactating or pregnant persons:** Test as part of refugee medical screening. **Individuals 16 - 18 years:** Test if there is a high index of suspicion or clinical signs/symptoms of lead exposure are present.
Chlamydia/Gonorrhea Testing	Individuals **≥ 15 years** of age, regardless of reported risk factor
Complete Blood Count w/Differential	All individuals should be tested for CBC with Differential.
Complete Metabolic Panel	All individuals should be tested for CMP.
Hepatitis B Testing	Individuals **≥ 18** months of age who were tested for Hepatitis B surface antigen **(HBsAg**) during overseas medical exam: Test for Hepatitis B surface antibody **(Anti-HBs)**; Hepatitis B core antibody, total **(Anti-HBc**); and Hepatitis B core IgM antibody **(Anti-HBc IgM).** **Individuals without documented HBV serology:** Test for all 4 markers.
Hepatitis C Testing	Individuals **≥ 18 years** of age and **pregnant persons**: Universal testing, regardless of reported risk factors. Individuals **< 18** years of age: Test Unaccompanied Refugee Minors, children with risk factors, and children born to HCV-positive mothers Children **≤ 18 months of age who are in high-risk categories** above should be tested for HCV RNA to avoid false positivity due to detection of passively acquired maternal antibodies.
Hepatitis D Testing	Refer individuals who are HBsAg positive to PCP for testing
HIV Testing	Individuals **≥ 13 years:** Test regardless of reported risk factor; use opt-out approach. Individuals **< 13 years:** Do not need to be tested **if** negative HIV status of mother is confirmed **and** the child is otherwise low risk of infection. **Refer to PCP for repeat testing 3-6 months after resettlement** to identify people who may have been in "window period" at time of screening. Refer HIV positive clients to HIV Service Provider for follow-up and treatment.
Malaria Blood Smear	If within 3 months of arrival to US, test individuals from sub-Saharan Africa who did not complete pre-departure treatment or had contraindications at time of departure.

Appendix A: NMDOH Refugee Medical Screening Guidelines

Activity	Services Provided by PHD
Laboratory Tests	
Pregnancy Test	Test individuals of childbearing age; use opt-out approach
Syphilis Testing	Individuals **≥ 15 years** of age regardless of reported risk factors or overseas medical history.
Tuberculosis Screening	I**ndividuals aged birth - 2 years old**: TST to be placed. **Individuals > 2 years should receive IGRA test if:** IGRA was not performed during overseas medical screening, **or** if negative IGRA was documented more than 6 months prior to refugee medical screen date, **or** client has signs/symptoms of TB disease. Treatment for LTBI should be considered after TB disease is ruled out for those with positive IGRA test unless treatment for TB disease or LTBI was completed prior to arrival. **Order PA and lateral CXR** for all clients with positive IGRA or TST result.
Preventive Health Interventions & Other Screening Activities	
Immunizations	Individuals with incomplete or missing immunization records should be immunized according to ACIP recommendations. **Adults ≥ 19 years** should be vaccinated using RHP purchased vaccine, unless otherwise noted. **Children ≤ 18 years** should be vaccinated using VFC purchased vaccine.
Intestinal Parasites	PHD will assess for completion of over-seas treatment and notify the PCP if needed.
Mental Health Screening	**All** individuals should receive mental health screening. Refer clients to the Refugee Health Mental Health Coordinator for comprehensive assessment and support services. The RMHC will facilitate appropriate referrals for treatment and follow-up services.
Nutritional Assessment	Conduct review of symptoms with particular attention to history of chronic diarrhea, wasting, weight loss, failure to thrive, skin rashes, and vision/hearing difficulties. Calculate BMI. Assess immediate need for food resources.
Sickle Cell Index	Routine testing is no longer recommended for newly arrived individuals from sub-Saharan Africa. All anemic persons should be referred to PCP for further evaluation.

Appendix B: Examples of Regional or Culture-Specific Exposures Associated with Elevated Blood Lead Levels in Children

Exposure	Region or Culture of Origin	Reported Uses and Treatment	Description

Azarcon or greta (alarcon, azoque, coral, liga, maria luisa, or rueda) or albayalde	Central America and Mexico	Treatment believed to alleviate digestive problems such as upset stomach, infantile colic, constipation, diarrhea, or vomiting. Also used to soothe teething babies.	Yellow or orange powder added to oil, milk, sugar, tea, or tortilla dough. It may also be present in lead-glazed ceramic ware or baby bottles.
Ba-baw-san, Bo Ying	China	Believed to treat colic or respiratory symptoms	Herbal medicine or gray powder
Bint Al Zahab (Daughter of Gold)	Iran	Believed to treat colic and trigger early passage of meconium after birth	Rock ground into a powder and mixed with honey and butter
Daw tway (Daw Tway Go Mo Dah), gaw mo dah	Burma	General infant remedy believed to treat digestive symptoms	Brown pellets taken orally or topically
Kajal, kohl, and surma	Afghanistan, India, Pakistan	Believed to improve eyesight, protect the eyes, and/or prevent the evil eye.	Black powder mixed into a liquid and applied at eyebrow or periorbitally
Litargirio	Dominican Republic	Used as a deodorant or antiperspirant, or as a burn or fungal (usually foot) treatment	Yellow or peach-colored powder applied to the skin
Lozeena	Iraq	Flavoring	Bright orange spice added to foods for flavor, particularly rice and meat dishes
Pay-loo-ah[1]	Southeast Asia	Treatment believed to treat fever and rash	Orange-red powder administered by itself or mixed in tea
Select Ayurvedic preparations	India	Treatment for wide range of ailments	Preparations vary in appearance and how they are administered.
Tamarind candies (and packaging)	Mexico	Candies often consumed by young children	Candy often brought by visiting family members, sold by ethnic markets (embargoed in California), and available through itinerant vendors. “Bolirindo” lollipops by Dulmex™ are soft and dark brown. Candied jams are typically packaged in ceramic jars.
***Tiro* (*tozali* and *kwalli*)**	Nigeria	Eye cosmetic used to improve vision or ward off the evil eye	Fine powder often applied to the eyelid

Appendix C: Recommended Medication Regimen Presumptive Treatment or Treatment of Identified Parasitic Infections in Adults, Pregnant Women and Children

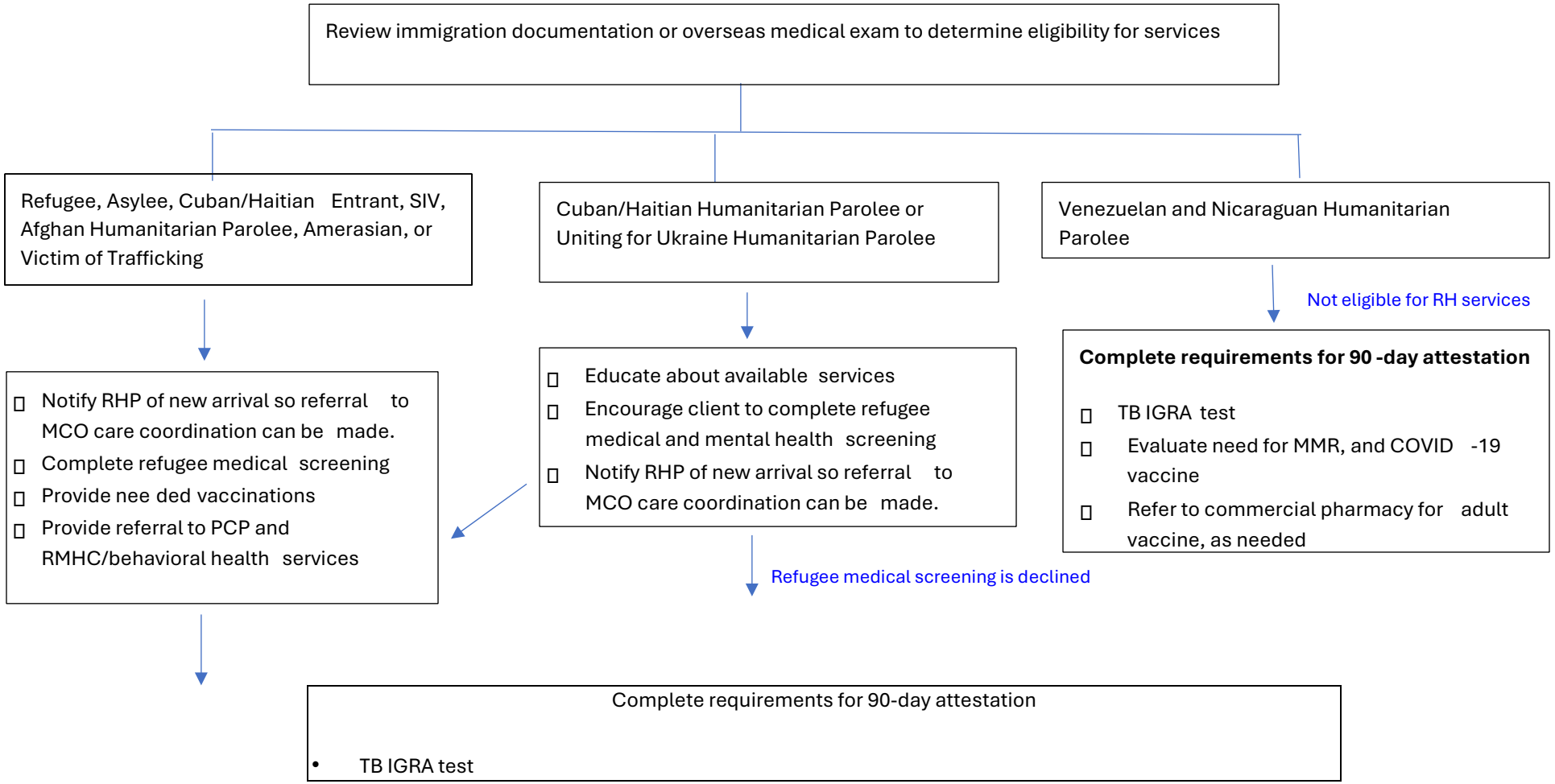
Adults			
Refugee Population	Treatment Regimens by Pathogen		
	Albendazole for Soil-transmitted Helminths	*Ivermectin for Strongyloidiasis*	*Praziquantel for Schistosomiasis*
Asia, Middle East, North Africa, Latin America, and Caribbean	400 mg orally as a single dose	200 µg/kg orally once a day for 2 days	Not recommended
Sub-Saharan Africa (non *Loa loa*-endemic)	400 mg orally as a single dose	200 µg/kg orally once a day for 2 days	40 mg/kg‡ orally for one day
Sub-Saharan Africa (*Loa loa*–endemic)	400 mg orally as a single dose	200 µg/kg orally once a day for 2 days if no Loa loa infection	40 mg/kg‡ orally for one day

Pregnant Women§			
Refugee Population	Treatment Regimens by Pathogen		
	Albendazole for Soil-transmitted Helminths	*Ivermectin for Strongyloidiasis*	*Praziquantel for Schistosomiasis*
Asia, Middle East, North Africa, Latin America, and Caribbean	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	Not recommended
Sub-Saharan Africa	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	Not recommended for presumptive treatment. Relative contraindication for diagnosed infection	40 mg/kg‡ orally for one day

Appendix C: Recommended Medication Regimen Presumptive Treatment or Treatment of Identified Parasitic Infections in Adults, Pregnant Women and Children

Children‖			
Refugee Population	Treatment Regimens by Pathogen		
	Albendazole for Soil-transmitted Helminths	*Ivermectin or High-dose Albendazole for Strongyloidiasis*	*Praziquantel for Schistosomiasis*
Asia, Middle East, North Africa, Latin America, and Caribbean	Presumptive therapy is not recommended for any infant less than 12 months of age. 12–23 months of age: 200 mg orally for 1 day >2 years: 400 mg orally for 1 day	200 µg/kg orally once a day for 2 days Should not be used *presumptively* if child is <15 kg or from *Loa loa*-endemic country	Not recommended
Sub-Saharan Africa	*Presumptive* therapy is not recommended for any infant less than 12 months of age. 12–23 months of age: 200 mg orally for 1 day ≥2 years: 400 mg orally for 1 day	200 µg/kg orally once a day for 2 days Should not be used *presumptively* if ≤15 kg or from *Loa loa*-endemic country	Presumptive treatment is not recommended for children < 4 years of age. ≥ 4 years: 40 mg/kg‡ orally for one day.

Appendix D: Refugee Health Services Flow Chart for Special Populations



- Educate client about care coordination services and that care coordinator will be contacting them.
- Provide care coordinator contact info, if available.

- Evaluate need for MMR, IPV, and COVID-19 vaccine

- Educate client about care coordination services and that care coordinator will be contacting them.
- Provide care coordinator contact info, if available.

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PUBLIC HEALTH DIVISION
CLINICAL PROTOCOL/MANUAL APPROVAL SHEET

PROGRAM/BUREAU: **Refugee Health Program**

CLINICAL PROTOCOL TITLE: **Refugee Health Protocol and Standing Orders for Nurses, Revised April 2023**

Reviewed by: (Must have a signature from at least one clinical user of the Protocol)

Name:	Lia Martinez	Date: 5/8/2023
Name:		Date: 5/9/2023
Name:		Date: / /

Approved by:

Program Manager	Karen E. Gonzales	Date: 4/20/2023
Bureau Chief		Date: 5/1/23
Bureau Medical Director	MDurham, MD	Date: 5/ 01/23
PHD Medical Director		Date: 05/02/23
Regional Health Officer	Eugene Maximiuk, MD.	Date: 4/ 28/23
PHD Chief Nurse		Date: 5/ 22/23
(Other)		Date:

\

(Other)
/

Date:
/

PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL

PROGRAM/BUREAU: Refugee Health Program

CLINICAL PROTOCOL TITLE: Refugee Health Protocol and Standing Orders for Nurses, revised April 2023

I have reviewed the document listed above and I approve it for practice ____ Region.

Regional Director _____ Date: / /

Regional Health Officer Savanna Bustos, MD Date: 5/1/23

Regional DNS _____ Date: / /

Regional DNS _____ Date: /
/

I have received, reviewed, and will follow this Clinical Protocol and its Standing Orders. Staff (Clinicians, PHNs, DPSs, etc.):

Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

Name: _____ Date: / /

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Name: _____ Date: / /

Each clinician and PHN must review the document mentioned above and sign this sheet (use additional sheets as necessary). The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.

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ATTACHMENT 6

NM DOH Refugee Health Protocol Addendum

The Refugee Health Program is in the process of updating the Refugee Health Protocol dated 2015. Below are changes/updates that CDC has made to domestic screening requirements that will be incorporated into the revised NMDOH Refugee Health protocol.

Immunizations

- COVID 19 vaccinations added to list of required immunizations. Primary doses are required for persons aged 5 years and older. Vaccine should be provided if parents wish to vaccinate children aged 6 months – 5years. COVD-19 vaccination is required to adjust immigration status.

Lead Test

- Lead screening is available to refugee children aged 6 months -6 years
- Lead screening also available to pregnant and lactating women and girls
- Reduced threshold form 5ug/dL to 3.5 ug/dL
- Can use filter paper (Medtox) or serum-based test (CDD). Serum-based confirmatory test required if BLL is greater than 3.5 ug/dL using filter paper.

Hepatitis C Testing

- Universal screening of refugees aged 18 years and greater, regardless of reported risk · Testing recommended for refugee under age18 years with risk factors

Malaria Test

- Malaria serology should be provided to refugees originating from sub-Saharan Africa who did not complete predeparture treatment or had contraindications at time of departure.

Tuberculosis Test

- TST should be placed on refugees aged birth through age 1year
- If between ages 2 years and 14 years, no further evaluation needed if overseas IGRA is negative and performed within last 6 months and client has no signs/symptoms of TB disease.
- Repeat IGRA if overseas IGRA is negative but was performed more than 6 months prior

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- Persons greater than 15 years of age should receive IGRA if: o IGRA not performed overseas
- Negative IGRA is documented more than 6 months prior to Refugee Health screen date

United for Ukraine (U4U) Services

Ukrainian citizens and non-citizen habitual residents who were paroled into the United States between 2/24/2022 through 9/30/2023 are eligible to receive refugee health screening services through the Refugee Health Program. U4U participants are required to provide attestation of IGRA testing and immunizations within 90 days of arrival into the US.

- Tuberculosis Test – are available at any public health office and should be ordered through the State Laboratory Division (SLD) by writing U4U on the requisition form.
- Immunizations – Pediatric vaccine may be provided to children through age 19 years using VFC purchased vaccine
- Adult vaccine – MMR, Varicella, and Hepatitis B vaccine may be administered using

Refugee Health vaccine stock. Clinics may request IPV vaccine by emailing the Refugee Health Program at Karen.Gonzales@doh.nm.gov and providing the clinic's VFC pin number and number of doses needed.

All Ukrainian clients should be encouraged to participate in the full refugee screening process. Please notify Karen Gonzales, at Karen.Gonzales@doh.nm.gov, so clients may be assisted with applications for mainstream programs such as SNAP, TANF, Medicaid. Additionally, clients will be referred to Lutheran Family Services where they can receive case management and employment readiness services.

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ATTACHMENT 7

Income Eligibility Guidelines for SNAP & Financial Assistance

Supplemental Nutrition Assistance Program - SNAP October 1, 2025 – September 30, 2026					
House-Hold Size	Federal Poverty Guidelines (FPG) Monthly Income Standards			Maximum SNAP Monthly Allotment	LIHEAP 150%FPG
	100% FPG Net income	130% FPG Gross Income	200% FPG Gross Income for Categorical Eligibility		
1	$1,305	$1,696	$2,610	$298	$1,956
2	$1,763	$2,292	$3,526	$546	$2,644
3	$2,221	$2,888	$4,442	$785	$3,331
4	$2,680	$3,483	$5,360	$994	$4,019
5	$3,138	$4,079	$6,276	$1,183	$4,706
6	$3,596	$4,675	$7,192	$1,421	$5,394
7	$4,055	$5,271	$8,110	$1,571	$6,081
8	$4,513	$5,867	$9,026	$1,789	$6,769
+ Each Person	+$459	+$596	+$918	+$218	+$688
Minimum Allotment $24					

DEDUCTIONS:	Asset Limits:
◆ Standard Deduction: For HH size 1-3 = $209; 4 = $223; 5 = $261; 6 or more = $299 ◆ Excess Shelter Deduction Limit: $744 ◆ Heating and Cooling Standard Utility Allowance: $419 (HCSUA) Limited Utility Allowance: $289 (LUA) ◆ Telephone Standard: $51 ◆ Dependent Care: Actual Amount (No Limit) ◆ Earned Income Deduction: 20% ◆ Homeless Shelter Standard: $198.99 ◆ LIHEAP (only) Energy Standard Allowance (ESA): $291	♦ Asset Limit for HH with at least one member who is age 60 or older or is disabled: $4,500 ♦ Asset Limit for all other HH: $3,000

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ATTACHMENT 8
Income Eligibility Guidelines for CASH & Financial Assistance

Cash Assistance & Support Services October 1, 2025 – September 30, 2026					
Household size	Federal Poverty Guidelines (FPG) Monthly Income Standards			Maximum Monthly Benefit	
	85% FPG Limit	100% FPG Limit	150% FPG Limit Transition Bonus Program*	NM Works Cash Net Income	General Assistance
1	$1,109	$1,305	$1,956	$327	$301
2	$1,499	$1,763	$2,644	$439	$405
3	$1,888	$2,221	$3,331	$550	$507
4	$2,278	$2,680	$4,019	$663	$610
5	$2,667	$3,138	$4,706	$775	$713
6	$3,057	$3,596	$5,394	$887	$817
7	$3,447	$4,055	$6,081	$999	$920
8	$3,836	$4,513	$6,769	$1,134	$1,044
+1	+$390	+$459	+$688	+$112	+$103
Deduction			**Resource limits**		**WORK INCENTIVES**
Dependent Care: For a child under age 2 = $200 For a child aged 2 and over = $175 * Transition Bonus Program Benefit Amount is $200			Liquid Asset limit: $1,500 Non-Liquid Resource limit: $2,000		Earned Income Disregard: Single - Parent = $125 & 1/2 remainder Two - Parent = $225 & 1/2 remainder

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ATTACHMENT 9

OMB Control No: 0970-0351
Expiration Date: 02/28/2027

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to ensure that a state or Replacement Designee administering an ORR-funded refugee assistance program has prepared a plan that meets the requirements of title IV, Chapter 2, of the Immigration and Nationality Act and of 45 CFR 400 Subpart B – Grants to States for Refugee Resettlement.

Public reporting burden for this collection of information is estimated to average 18 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information, per 45 CFR § 400.4(a).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0351 and the expiration date is 2/28/2027. If you have any comments on this collection of information, please contact draprograms@acf.hhs.gov.