

U.S. REPATRIATION PROGRAM
High cost and beyond the 90 days:
Understanding when and how to submit
approval requests for high cost cases and
extensions

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TODAY YOU WILL:



1. Learn about the high cost and extension procedures
2. Be able to submit accurate and compliant high cost and extension requests

Webinar agenda:



- ❖ Welcome Remarks (Housekeeping)
- ❖ Program overview
- ❖ How to submit a high cost estimate
- ❖ When and How to request an extension
- ❖ Guideline for administrative cost
- ❖ Q & A Session
- ❖ Closing Remarks

ISS-HHS Cooperative agreement:



- ❖ **The Department of Health and Human Services Administration for Children and Families, Office of Refugee Resettlement and ISS-USA signed a cooperative agreement to provide repatriation services**
- ❖ **The new five-year agreement will extend ISS's 15-year working relationship with the U.S. Repatriation Program.**

THE U.S. REPATRIATION PROGRAM:



- ❖ The Program was established in 1935 under Section 1113 of the Social Security Act.
- ❖ The program is a repayable loan to the U.S. Government, not an entitlement.
- ❖ Temporary assistance is provided for up to 90-days.
- ❖ Repatriates can request extensions and waivers/deferrals.
- ❖ Program budget is capped at **\$1M. annually**

* From the HHS, ACF website



High cost

- ANY assistance over \$1500 is a high cost case.
- ORR must approve the request before we can proceed with the plan.



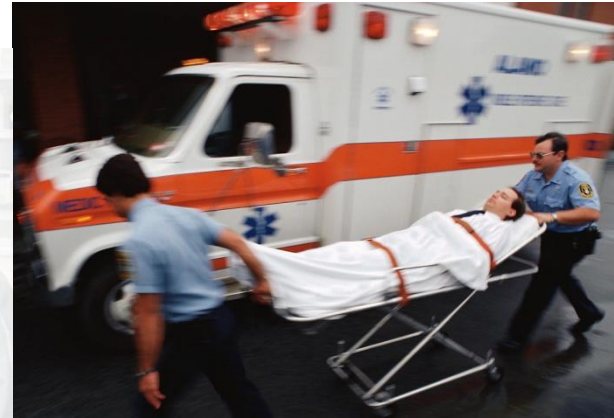
What can be a high cost expense?



**Nursing homes
Assisting living
facilities (ALF)**



**Medical
escort**



**Transportation
(ambulance)**

Rent, utilities, medical expenses and many more...

Hospital placements:



Please forward the Hospital letter sent by the ISS case manager to the Medical Center Administrator

Third party payment:

- Any medical care and hospital care will be paid in accordance with the State agency's fee schedule or the average payment rate for other third party groups such as Blue Cross, Blue Shield and insurance carriers.*
- If the Repatriate is not eligible for medical coverage, (e.g. Medicaid) the Repatriation Program will cover those costs that are allowable, reasonable and allocable for up to 90 days.*



*Administration and Fiscal Procedures Policy (U.S. Repatriate Program Action Transmittal 89-B),

How to submit a high cost estimate

Send a tentative list of expenses to the ISS case manager:

Case number 00000 September 2012:

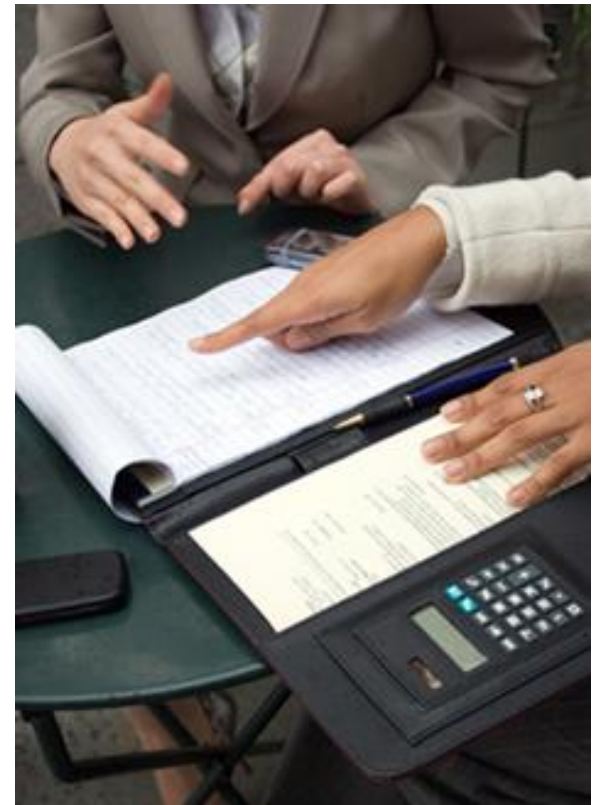
Rent \$600 and security deposit \$600

Furniture voucher \$ 200 for Goodwill or Salvation Army

Utilities: \$150

Prescription medication: \$50

Total: \$1600



EXTENSIONS

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



Extensions are granted only:



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

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

Requested Temporary Assistance: Please describe:_____

For how many days/months is this assistance requested?_____

How much Administrative cost you are requesting:\$_____

Total amount estimated on temporary assistance: \$_____



Extensions

- A formal request in writing must be submitted to ISS requesting an extension with the attached supporting documents.

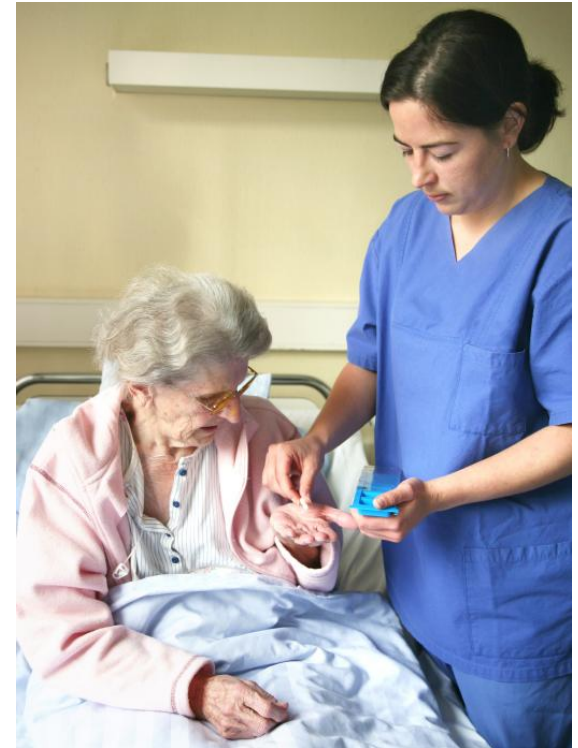


You can assist the repatriate on requesting an extension.

EXTENSIONS



- Extension requests for temporary assistance must be submitted to ORR before the 90-eligibility day expires.
- At least two weeks before the 90-day expiration.
- The 90 days is counted from the date of arrival to the U.S. and includes each calendar day (including holidays and weekends).



WAIVERS AND DEFERRALS

- ❖ A formal request in writing must be submitted to ISS requesting a waiver. (Client or local case worker)
- ❖ Demographic and identifiable information must be provided
- ❖ The requests are evaluated based on financial need
Insufficient income available to repay debts.



Waivers

You can assist the repatriate on requesting loan waivers, deferrals of their debt and payment plans regarding their repatriation loan.

Explain about the 2 loans, we can assist with the loan with HHS only.

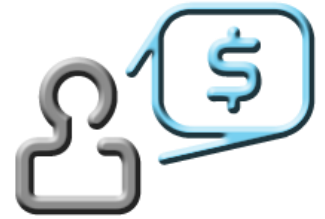


REIMBURSEMENT :

The Repatriation Program is federally-funded and county agencies can be reimbursed by the Federal government for 100 percent of all **reasonable** and **allowable** program costs.

These costs fall into two categories:

- Direct services: Costs of Direct Assistance to Repatriates (food voucher, hotel, taxi etc.)
- Administrative services: Costs for County Administration & Case Management



Direct expenses:

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



The SSA form 3955 and 2061



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Social Security Administration
Office of Family Assistance

ASSISTANCE FOR UNITED STATES CITIZENS RETURNED FROM FOREIGN COUNTRIES
Expenditure Statement and Claim for Reimbursement

(1) NAME OF AGENCY		STATE	FOR THE PERIOD	
			From	To
(THE FOLLOWING EXPENDITURES HAVE BEEN MADE BY THIS AGENCY FOR ASSISTANCE TO A LIMITED SELECTED CITIZEN RETURNED FROM A FOREIGN COUNTRY. ASSISTANCE AND SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICY AND PROCEDURES PRESCRIBED FOR THIS PROGRAM.)				
(2) CASE NAME (FIRST NAMES OF MAN AND WIFE, IF A COUPLE)			NO. OF PERSONS	
REPAID FROM (COUNTRY)			CURRENT ADDRESS	
(3) A. CLASSIFICATION AUTHORITY PUBLIC LAW 94-142 (MENTALLY ILL) <input type="checkbox"/>	B. EXPENDITURES			
SECTION 1111, SOCIAL SECURITY ACT (OTHER THAN MENTALLY ILL) <input type="checkbox"/>	MEDICAL CARE \$			
B. NATURE OF THIS ACTION: INITIAL CLAIM <input type="checkbox"/>	HOSPITALIZATION \$			
INTERIM CLAIM <input type="checkbox"/>	NURSING HOME \$			
ESTIMATED FUTURE CLAIM \$	MAINTENANCE \$			
1. DATE CASE CLOSED	TRANSPORTATION \$			
2. REASON CASE CLOSED	FOSTER CARE \$			
3. REPAYMENT RECOMMENDED <input type="checkbox"/>	OTHER (SPECIFY) \$			
4. WAIVER RECOMMENDED <input type="checkbox"/>	TOTAL \$			
(4) DESIGNATION OF STATE OFFICIAL AUTHORIZED TO RECEIVE FEDERAL FUNDS AS REIMBURSEMENT OF THIS CLAIM				
TITLE		ADDRESS		
(5) THIS IS TO CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT PAYMENT FOR THESE EXPENDITURES HAS NOT BEEN RECEIVED.				
SIGNATURE OF OFFICIAL OF AGENCY	TITLE	DATE		

Form SSA 3955 (7-81) Distribution: Original, not later than 15 days following the close of the month

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Social Security Administration
Office of Family Assistance

ASSISTANCE FOR UNITED STATES CITIZENS RETURNED FROM FOREIGN COUNTRIES - REPORT ON REFINANCING

CASE NAME	COMPOSITION ADULTS CHILDREN	BIRTH DATE OF FAMILY HEAD	SS NO.
LAST U.S. RESIDENCE			CITY/STATE/CO.
CURRENT ADDRESS			
REPAID FROM (COUNTRY)		REASON FOR	
		<input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> DESTITUTION <input type="checkbox"/> INTERNATIONAL CRISIS <input type="checkbox"/> OTHER ILLNESS (DIAGNOSIS, P. NUMBER)	
COMPOSITION			
ARRIVED U.S. (DATE)	DATE REFERRAL RECEIVED (DATE)	INITIAL AGENCY CONTACT (DATE)	
(7) FINANCIAL ASSISTANCE AUTHORIZED		DATE OF INITIAL ASSISTANCE	
		<input type="checkbox"/> ONE MONTH OR LESS <input type="checkbox"/> MORE THAN ONE MONTH	
TYPE OF ASSISTANCE		AN AMOUNT PER MONTH	AN ESTIMATE PER MONTH
MAINTENANCE		\$	\$
TRANSPORTATION			
HOSPITAL			
NURSING HOME			
OTHER MEDICAL			
FOSTER CARE			
OTHER (SPECIFY)			
TOTAL			
RESOURCES AVAILABLE TOWARD CURRENT NEEDS <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES FOR WHICH RESOURCE	CHECK ALL WHICH RESOURCES ARE AVAILABLE. THE FOLLOWING RESOURCES WILL BE FINANCIBLE		REASON FOR WHICH ASSISTANCE WAS NEEDED
	<input type="checkbox"/> OWN OR RELATIVE <input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> IRA <input type="checkbox"/> ANOTHER PUBLIC PROGRAM <input type="checkbox"/> OTHER		
(8) RECOMMENDATION AS TO REPAYMENT OF ASSISTANCE GRANTED			
(a) WILL BE ABLE TO REPAY <input type="checkbox"/> ONE PAYMENT <input type="checkbox"/> INSTALLMENTS DATE			
(b) WAIVER RECOMMENDED (REASON)			
(c) UNABLE TO REPAY NOT DETERMINED (REASON)			
COMPLETED BY	TITLE	DATE	

Form SSA 3955 (7-81) Distribution: Original - (1) copies to Regional Commissioner, SSA within 5 days of initial contact



IMPORTANT

- **ISS-USA does not have the authority to approve or deny repatriation reimbursement or waiver requests. This is an exclusive function of HHS/ORR.**
- **HHS reviews, grants, defers, suggest payment plans, or denies all reimbursement and waiver requests.**



Mark your calendar

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

Our current fiscal year 2012 ends on September 30th, 2012.

At the end of the FFY, all unused Repatriation Program funds for the year are returned by ISS to the U.S. Treasury and are no longer available to pay state/county claims.



FOR MORE INFORMATION:

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**“Bringing resolution across borders
Trayendo resoluciones entre fronteras”**





Thank you!

With your help we are making a huge difference in the life of our repatriates.

Any Questions?

