

INTERNATIONAL SOCIAL SERVICE

United States of America Branch

U.S. Repatriation Program
Policy & Procedures
Manual



INTERNATIONAL SOCIAL SERVICE-UNITED STATES OF AMERICA BRANCH

U.S. Repatriation Program Policy & Procedures Manual

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Program Overview



Background

The U.S. Repatriation Program was established in 1935 to provide temporary assistance to U.S. citizens and their dependents who became destitute in a foreign country. Authorization for the program is found in Title XI, Section 1113 of the Social Security Act (Assistance for United States Citizens Returned From Foreign Countries) [42 U.S.C. 1313] (a) (1), 45 CFR 212, Public Law 86-571, 45 CFR Part 211 (Hospitalization for mentally ill repatriates and other services)[24 USC Sec. 321-329], and Executive Order 11490 – National Emergency Repatriation Plan. The purpose of these statutes is to provide temporary assistance to those who experience unexpected and unavoidable problems abroad, and to assist them upon their return to the U.S. to resume their lives as quickly as possible.

 See Appendix 1 for copies of the laws referenced above.

The statutes authorize the Secretary of Health and Human Services to make arrangements for providing temporary assistance to U.S. citizens and their dependents who have returned from a foreign country to the United States because of destitution, illness, threat of war or similar crisis and are without available resources. The Department of State (DOS) certifies that a citizen or dependent of a citizen is eligible for repatriation and returns him or her to the U.S. Upon arrival in the United States, services are the responsibility of the Secretary of Health and Human Services.

The program has been administered by the Office of Refugee Resettlement (ORR) within the Administration for Children and Families (ACF). ORR has provided direct services through its regional offices and state welfare agency network. Some state welfare agencies in turn contract with private, nonprofit service providers to provide these services.

In an effort to streamline and deliver services more efficiently and cost effectively,

the decision was made to privatize the delivery of this service. International Social Service-United States of America Branch, Inc. (ISS-USA) received the privatization cooperative agreement in 1996. ISS-USA has been delegated responsibility for the administration of the program and establishment of a network of local service providers who will provide direct services to repatriates who are destitute or ill.



Roles & Responsibilities of Cooperating Agencies

The U.S. Department of State, through the Bureau of Consular Affairs, Office of Overseas Citizens Services (OCS), refers persons eligible for the repatriation program as prescribed by the applicable statutes. OCS informs ISS-USA of the status of referrals, including plans for the repatriate's return to the United States, as well as the status of the individual's physical and mental condition. OCS may also suggest the type of help that is needed upon arrival.

A referral may consist of one person or a family. Only after DOS has made a referral to ISS-USA can pre-arrival planning begin. Plans are developed with the local provider for the reception of the repatriate(s) at port-of-entry and for onward transportation to the final destination. Reception services may include temporary hospitalization, overnight lodging, food, provision of escort services and/or clothing. When the repatriate reaches his or her final destination, other services are made available based upon individual or family needs. These services may include admission into a nursing home or hospital, settling with family or friends, moving into permanent housing, or foster care placement.

Department of Health & Human Services/
Administration for Children and Families
(DHHS/ACF) Scope of Services

The Department of Health and Human Services staff function under policies and procedures articulated in a series of Action Transmittals (AT 84-A, 89-B, and 90-I).

DHHS/ACF will:

- Provide overall administrative oversight
- Consult with the grantee's program director at regular intervals of the project
- Provide timely response to requests for information and guidance on the implementation of the program or the agreement; review and approve decisions

on types and levels of benefits to repatriates; review and approve all plans for delivery of services

- Provide all applicable statutes, regulations and guidelines pertaining to the program, data specifications of the existing Repatriate Management Information System, Repatriation Program pamphlets, and repayment agreement forms.
- Convene interagency working group meetings with ISS-AB, DOS, and the Program Support Center
- Attend Washington Liaison Group meetings and disseminate information as appropriate to ISS-USA
- Provide assistance to the Program Support Center, within Health Resources and Services Administration (HRSA), when questions arise regarding waiver requests
- Review and approve/disapprove decisions regarding extensions of assistance and waiver/deferral requests in writing
- Provide the policies and procedures for achieving repatriate/evacuee records and maintenance of files

 See Appendix 2 for copies of Action Transmittals 84-A, 89-B and 90-I.

Department of State (DOS)

Department of State staff function under policies and procedures articulated in the *Consular Affairs Manual* and in a series of unclassified cables.

Scope of Services

The DOS will:

- Verify repatriate eligibility
- Make initial contact with next of kin in the U.S.
- Notify ISS-USA of repatriate travel arrangements, services needed, and other information for pre-arrival planning
- Provide transportation to final destination
- Provide certificate of mental incompetence for referrals under Public Law 86-571
- Provide medical or mental status reports for psychiatric or medically needed repatriates
- Arrange escort for Public Law 86-571 and other appropriate repatriates from foreign country to port of entry or final destination
- Provide custody information regarding unaccompanied minors
- Provide fare share information to ISS-USA
- Provide cable with official referral and all identifying information and privacy act waiver status

 See Appendix 3 for excerpted sections of the *Consular Affairs Manual* and DOS cables.

International
Social Service-
United States of
America Branch
(ISS-USA) Scope
of Services

ISS-USA operates under a cooperative agreement with the Department of Health and Human Services/Office of Refugee Resettlement.

ISS-USA will complete a range of case management and administrative tasks in performance of the Repatriation contract. The specific activities are best understood under the categories of Casework Duties and Administrative Duties.

Casework Duties

ISS-USA case management staff will:

- Provide single point of contact for DOS, HHS/ACF, Program Support Center, and local providers
- Receive initial substantive information known for each repatriate from DOS
- Write referral and send to local service provider for review and execution
- Develop a case plan for repatriation services in consultation with DOS, local provider and repatriate's "family" as appropriate
- Determine whether referrals should be assigned to Public Law 86-571 or Title IX
- Assign a case file number for each DOS referral
- Execute and oversee implementation of the case plan
- Maintain ongoing communication with all principals in the case
- Provide appropriate/adequate intake information to local providers
- Maintain case information provided by DOS and local providers

Administrative Duties

ISS-USA administrative staff will:

- Provide reimbursement to local providers for temporary assistance and/or third party services
- Provide reimbursement for local provider administrative costs
- Secure last address of repatriate, including through use of specialized search software
- Send repayment reminder letters to repatriate
- Provide the Program Support Center with repatriate repayment information (Data Sheets)
- Provide DOS with repatriate repayment information (duplicate of Program Support Center Data Sheets)
- Provide current information to federal partners, including updated State Contact List and assessment of performance of states in providing assistance to repatriates

Local

Service

Provider

ISS-USA achieves repatriation through a network of public and private agencies in each of the 50 states, the District of Columbia and U.S. territories.

Scope of

Services

The participating service provider will receive referral information from ISS-USA and deliver core services to each referred repatriate, as needed. These services will be

provided within the appropriate time frame:

The local service provider will:

- Meet repatriate, when requested, at port-of-entry and/or final destination
- Contact repatriate's family or home area in the U.S.
- Provide repatriate with a copy of the U.S. Repatriation Program pamphlet which explains the program and the requirement to repay the Federal Government for the cost of services received
- Obtain signature of repatriate on HHS/ACF repayment obligation form
- Coordinate with medical escort
- Assess the needs of the repatriate and initiate services
- Provide temporary assistance for up to ninety days, which may include cash payment, medical care, ambulance, wheelchair, overnight accommodations, transportation, housing, clothing, food and other goods and services necessary for the health and welfare of the repatriate/evacuee
- Maintain ongoing communication with ISS-USA, the repatriate and other case principals
- Obtain signed receipts for all cash assistance
- Provide referrals to appropriate public and private agencies according to need
- Send all requests for reimbursement of cash assistance and/or third party services, with receipts attached to ISS-USA
- If state agency, complete forms SSA-2061: Assistance for U.S. Citizens Returned From Foreign Countries; SSA-3955: Assistance for U.S. Citizens Returned From Foreign Countries – Expenditure Statement and Claim for Reimbursement; and, if needed, CRA-2 Department of Health and Rehabilitative Services Authorization for United States Repatriation Assistance Payment.
- If service provider is an independent contract, complete ISS-USA monthly billing forms
- Send billing for provider services to ISS-USA
- Provide documentation of services rendered.

TABLE A: INTERRELATION OF COOPERATING AGENCIES

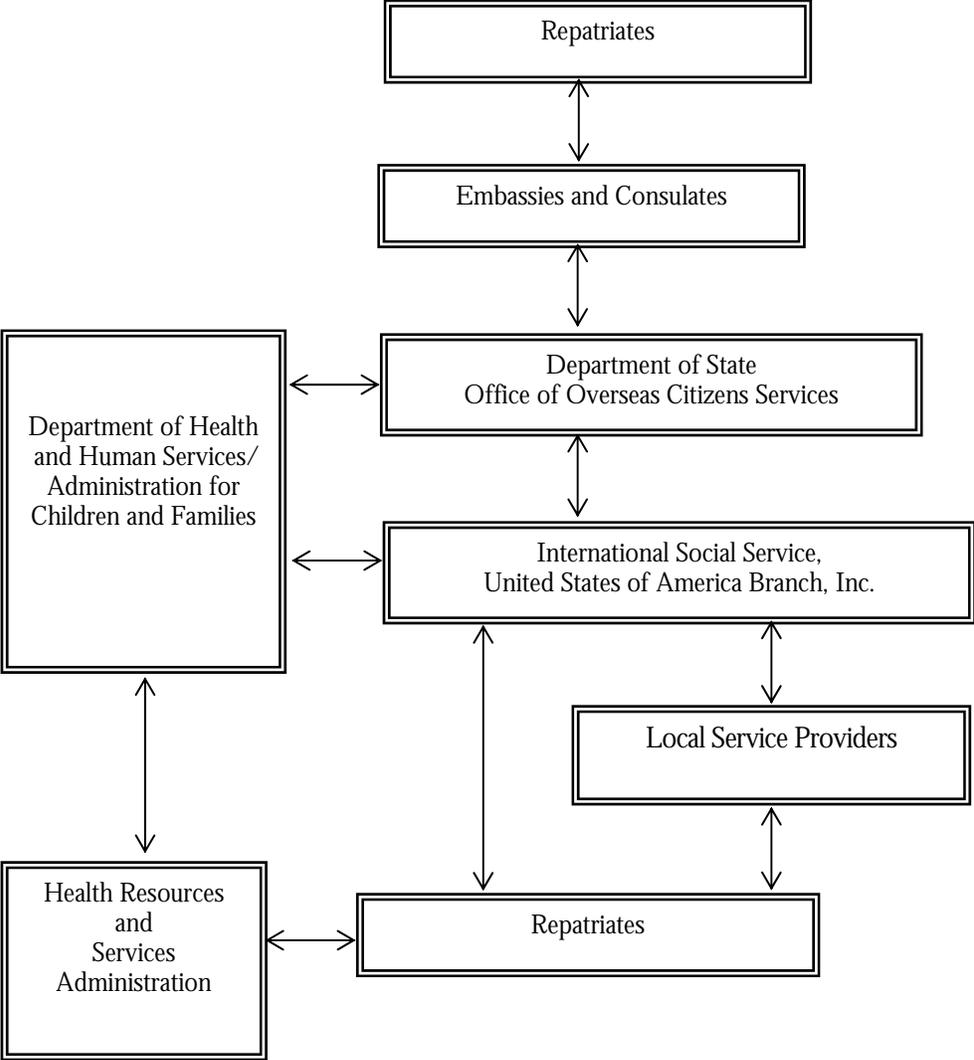


Table A illustrates the interrelations among cooperating agencies.

Types of Assistance



Background

It is important to note that the cost of assistance given under this program is considered a loan which must be repaid to the U.S. Government. It is therefore important that service providers evaluate the financial needs of the individual very quickly. If an individual is eligible for Temporary Assistance for Needy Families (TANF) or other types of state or local assistance (e.g. SSI/SSD, General Assistance, VA, etc.), he or she should be processed for those benefits whenever possible. Repatriates would then receive repatriation assistance only until the first TANF, state or local payment is received. Persons who are not eligible for any other benefits may receive assistance for up to 90 days. The amount and type of assistance provided is determined by the state's former standards for the AFDC program.



Processing Assistance

Upon arrival, the service provider will need to obtain a signed repayment agreement from the repatriate and, whenever possible, an address at which the repatriate may be contacted. In some exceptional instances (e.g. persons with emergency medical conditions or unaccompanied minors), assistance may be provided without a signed repayment agreement. The ISS-USA Case Manager will send letters to repatriates informing them that the assistance provided them was a loan and must be repaid.



Temporary Assistance

Port of Entry Assistance

Port-of-entry assistance is provided to newly arriving repatriates who are in transit to their final destination. Assistance may be provided for food, lodging and incidentals.

This assistance is provided on a per capita basis and may not exceed the federal per diem rate allowance for that locality.

Domestic Travel Assistance

Repatriates may receive financial assistance for the costs of domestic transportation and expenses incurred while en route from the port-of-entry to their final destination. The maximum amount of assistance provided is the cost of transportation by the least expensive means and most direct route. This maximum for transportation would be increased only if the health or welfare of the individual would otherwise be harmed.

Assistance for Medical and/or Psychiatric Care

Repatriation loans may include payment for the cost of medical and hospital care. The manner in which assistance is provided depends both on the individual's medical condition and the individual's available financial resources.

Assistance for emergency medical conditions is provided at the port-of-entry. For medical conditions that do not impede the individual from traveling to his or her final destination, assistance for medical care is provided at the final destination. In both cases, the repatriate is expected to repay the amount of the assistance that was provided.

Assistance to Unaccompanied Minors

For unaccompanied children, services may include establishing adequate legal protection and providing care, including in foster homes or institutions.

Resettlement/
Maintenance/
Other Assistance

Resettlement/Maintenance/Other Assistance is provided at the final destination. It provides assistance for the costs of rent, security and utility deposits, essential clothing, household and personal items, etc. For the first thirty days, there is a one-time payment of up to \$560 per person, depending on need. For the subsequent sixty days, the assistance provided would be the same payment standard used by the former AFDC for a particular family size in the state of final destination. The funds are provided for no more than thirty days at a time (i.e. one payment a month for each of the three months). However, this assistance is not provided retroactively; it is available only for the period of time remaining between the individual's request for assistance and the end of the ninety days following arrival in the country. The assistance is prorated for periods of less than thirty days to ensure that it does not exceed the ninety day limit. The level of assistance varies by geographic region. The following illustrates assistance by household size, length of assistance and geographic region within the U.S.

**TEMPORARY REPATRIATION ASSISTANCE BY HOUSEHOLD SIZE ,
LENGTH OF ASSISTANCE AND GEOGRAPHIC REGION:**

ONE PERSON

<u>Locality</u>	<u>First Month</u>	<u>Second Month</u>	<u>Third Month</u>	<u>Total</u>
Boston, MA	\$378	\$378	\$378	\$1234
Chicago, IL	\$223	\$223	\$223	\$669
Dallas, TX	see below			
Adult	\$ 95	\$ 95	\$ 95	\$285
Minor	\$ 78	\$ 78	\$ 78	\$234
Des Moines, IA	(Minors only)			
	\$183	\$183	\$183	\$549
Los Angeles, CA	\$560	\$359	\$359	\$1077
Tampa, FL	\$560	\$560	\$560	\$1680

TWO PERSONS

<u>Locality</u>	<u>First Month</u>	<u>Second Month</u>	<u>Third Month</u>	<u>Total</u>
Boston, MA	\$478	\$395.30	\$395.30	\$1185.90
Chicago, IL	\$292	\$292	\$292	\$876
Dallas, TX	(see below)			
2 minors only	\$112	\$112	\$112	\$336
Caretaker +1 child	\$197	\$197	\$197	\$591
Des Moines, IA	\$361	\$361	\$361	\$1083
Los Angeles, CA	\$623	\$623	\$623	\$1869
Tampa, FL	\$1120	\$1120	\$1120	\$3360

FIVE PERSONS

<u>Locality</u>	<u>First Month</u>	<u>Second Month</u>	<u>Third Month</u>	<u>Total</u>
Boston, MA	\$776	\$776	\$776	\$2328
Chicago, IL	\$509	\$509	\$509	\$1527
Dallas, TX	see below			
5 Minors	\$241	\$241	\$241	\$723
Caretaker 4 kid	\$305	\$305	\$305	\$915
Des Moines, IA	\$548	\$548	\$548	\$1644
Los Angeles, CA	\$1045	\$1045	\$1045	\$3135
Tampa, FL	\$2018	\$2018	\$2018	\$6054

Repatriation Procedures



Eligibility for the U.S. Repatriation Program

Repatriates are U.S. citizens who are in crisis abroad and are in need of financial or other assistance in order to return safely to the U.S. To be eligible for a repatriation loan, a person must be:

- a U.S. citizen, established by clear documentary evidence such as passport, birth certificate, etc.;
- destitute and would experience hardship if not returned to the U.S.;
- without relatives or friends in the US or abroad who will provide assistance; and/or
- involved in, or the cause of , a situation which may damage the prestige of the US Government or which may provide some other compelling reason to effect the applicant's prompt repatriation, without meeting the subparagraphs above.

U.S. citizens who access this program are usually traveling or living abroad independently and are not under any agency or corporate auspices. They cannot be military personnel. Often their family relationships have disintegrated and they have few if any psychological, social or financial supports. Persons with financial means or relatives and friends who can assist them are not eligible for this program.

Before being made eligible for a repatriation loan, Embassy personnel overseas must call a minimum of three sources identified by the citizen and determine if they can provide any support. It is only after these contacts have denied support, or if the citizen cannot provide any contacts, that he or she may be considered for the program. Persons with significant supports and good mental and general health often will not access the program even if they are temporarily in crisis.

Accessing the program may be voluntary or even, to an extent, involuntary. Examples of involuntary repatriation include:

- U.S. citizens imprisoned and being deported from a country because of immigration or other violations. They are referred to as “deportees”. Their case is actually a deportation case. These citizens may be transferred back to the US via host country arrangements or the US government may even pay (non-loan). Nonetheless, the approach is to consider them destitute upon arrival in the U.S., so DOS will ask for assistance on their behalf. They will need to sign a privacy act waiver and will be treated as repatriates. A key issue is that both governments are moving extremely quickly to transfer the citizen and there may be very little lead-time to arrange services. This often creates tension when asking receiving states to coordinate services.
- U.S. citizens imprisoned and being deported from a country after finishing a jail sentence, referred to as “deportees”. In these cases, it is imperative to understand the nature of the crime committed. Immigration violations are clearly more benign; instances of rape or homicide will take substantial research to determine what services are needed or even required for the deportee.
- Citizens who have been hospitalized for mental or medical illnesses but do not wish to return to the U.S. Because they do not have health care benefits/funds/supports/ in the country where they are residing, the host country government will request repatriation or deportation of the citizen.



Procedures for Handling a Standard Repatriation Referral

Maintaining current and complete case records is an essential aspect of quality social work service. It is vital that the case management record keeping systems (i.e. both the case file and the computerized record) be kept up to date in light of the fact that staff may share responsibility for a single repatriation case. *All information* must be entered in the Repatriation Program database (RDIMS). The RDIMS database training manual, Appendix 4, describes how to enter data in each of the fields. After a case is opened, the case manager is responsible for completing all screens. Many screens are critical to providing ISS-USA Case Statistics and therefore must be entered in the database. The case activity notes are critical for providing names and numbers of individuals and agencies involved in following the case. A list of critical screens is provided in the front of the RDIMS database manual.



Refer to Appendix 4 for details on the computerized RDIMS case management system.

Step 1: Open the Case

The Department of State sends ISS-USA a Repatriation cable by fax. The ISS-USA Casework Supervisor or lead Case Manager reviews the information received. The Casework Supervisor or lead Case Manager will call the DOS contact person assigned to the case to clarify any unclear information. The Casework Supervisor or lead Case Manager will then create an electronic and paper file-folder on the case and enter initial information in the ISS-USA database and the Repatriation Record Log. The log is a binder used to record all repatriation cases opened and closed. The case is assigned to a Case Manager who is responsible for obtaining all additional information.

Often, prior to sending the cable, the Department of State contact will call ISS-USA to alert staff of any potential problems, barriers to service or special situations. However, the case is not officially open until receipt of an official cable declaring the individual a repatriate.

Step 2: The formal cable indicates that the Department of State
Analyze the Cable Consular Officer in Washington, DC has approved the repatriation loan request from the Embassy Consular Officer abroad. One of the first actions to take is to analyze the cable for completeness.

The cable contains the demographics and background history that has necessitated the request. The cable is often augmented with faxed or email data from Embassy Post to the Department of State.



See Appendix 5 for a list of staff of the Bureau of Consular Affairs.



See Appendix 6 for a sample cable.

In reviewing the cable, the case manager identifies the status of the privacy act waiver, certificate of mental incompetence, service requested, final destination, health issues, date (s) of travel, etc.

A CABLE CONTAINS:

- **Name of repatriate(s)**
- **Date and place of birth of repatriate(s)**
- **Source(s) of funds**
- **Prior post action**
- **Privacy Act Waiver (PAW)**
- **Total assistance required**
- **Affirmation of desire to return to U.S.**
- **HHS assistance: what is needed and why**
- **Date repatriate departed the U.S.**
- **Last U.S. residence**
- **Final destination**
- **Social Security Number**
- **Reason for destitution**
- **Diagnosis/prognosis**
- **Present location**
- **Attending physician**
- **Date able to travel**
- **Hospitalization required in the U.S.**
- **Medical records**
- **Medical escort**
- **Escort to final destination**
- **Special requirements**
- **Remarks**

There are instances when some of the above is not applicable and thus not in the cable.

From the cable and follow up calls to the DOS officer, the case manager determines the service request and sends the request via ISS-USA Referral format to the US State where the repatriation is going.

The case manager should be able to answer the following questions if the cable is complete.

Following each question are relevant considerations:

Question:

Who is being repatriated?

Considerations:

Repatriates may be adults, minors or families. To locate the name of the person being repatriated, look for the “Subject” line. The date and place of birth should also be listed in this line.

Question:

When is the request for? How soon is the travel?

Considerations:

“Date Able to Travel” is critical and will inform you if arrangements have already been made or are pending. Unless there is more than a 10-day wait, all repatriate referrals must be processed immediately in order to give the receiving state as much lead-time as possible.

Question:

Is there a Privacy Act Waiver (PAW)? Is it restricted or complete?

Considerations:

Assistance cannot be rendered to a repatriate unless he/she signs the PAW. The PAW identifies which agencies and/or specific individuals can be provided information. Some repatriates sign a restricted PAW, which allows information to be released only to that entity specifically listed under numeral five of the cable. If this is the case, the case manager must call DOS to clarify coverage. Coverage should be blanket, allowing contact with agencies and individuals as needed to arrange services. Often a blanket PAW is indicated simply by “Yes.” If a person is deemed incompetent, a Certificate of Mental Incompetence is needed. A case cannot have both a PAW and a Certificate of Mental Incompetence.



See Appendix 7 for a sample Privacy Act Waiver.

Question:

Is a Certificate of Mental Incompetence required? Who issues it?

Considerations:

Neither the DOS nor ISS-USA has the authority to commit an individual to a mental hospital or institution against his or her will. However, Public Law 86-571 (24 U.S.C. 321-329) authorizes HHS to arrange for the reception and hospitalization in the U.S. of an U.S. citizen with a mental illness who is returning from a foreign country. Eligibility for reception and hospitalization by HHS requires that:

- The individual be without available resources
- The DOS (identified as Secretary of State in Consular Affairs Procedures) affirms that the individual is a U.S. citizen
- Either: (a) The DOS obtain or transmit a certificate reporting that the individual has been adjudged insane in a named foreign country OR (b) An appropriate person or authority submit a certificate stating that at the time of such certification the named individual was in need of care and treatment in a mental hospital in the U.S.



See Appendix 8 for a sample Certificate of Mental Incompetence.

Certificates of Mental Incompetence facilitate attempts by state contacts to provide safe coordination for an evaluation and assessment at a facility in the U.S. To accomplish this, ISS-USA will ask the DOS to obtain all treatment records on the repatriate, the attending physician's recommendations for arrangements and the identification of any family members or friends who may be willing to assist.

Question:

What is the assistance requested from HHS/ISS-USA?

Considerations:

Some cables will only state "YES" to this question. Others will state briefly the assistance being requested, such as locating a medical care facility or shelter. The Consulate provides assistance to the repatriate until his/her arrival at the port of entry. Assistance by ISS-USA begins at Port Of Entry (POE). The "Total Assistance Required" by the Post is listed in numeral six of the cable. After speaking with DOS, it may be determined that additional services are required such as an ambulance, canes/walkers, medical escorts, psychiatric crisis team, etc. To get an accurate assessment the case must be discussed at length with DOS.

Question:

Does the cable contain adequate background information on the repatriate?

Considerations:

This information is usually in the part of the cable entitled "Reason for Destitution" or "Remarks". Typical information will include the circumstances surrounding the need for repatriation and a brief medical, mental, and social history. Information is often brief even with email supplements. ISS-USA case managers must obtain substantial information regarding present and past health and mental health problems, how the problems were identified in the host country, previous treatment history, etc. Any indication of infirmity should be explored. For example: the cable may say repatriate was acting erratically – Was s/he psychotic? Violent? Dangerous to self or others? The cable may indicate depression and it must be explored if it is incapacitating. Have there been recent suicide attempts or drug abuse?

Question:

Is the repatriate's passport and social security number included?

Considerations:

The passport number and social security number must be obtained for the repatriate. If there is no social security number listed, it is imperative to ask the Department of State why it is not and confirm that the repatriate does indeed have one. In cases of profound mental illness or dementia or other circumstances, it may not be obtainable. However, this should be an aberration. Stress to the Department of State that a social security number is needed in order to access any benefits. Document any reasons why it may not be available. If the repatriate does not have one, inform DOS that the Embassy must apply for one immediately. Follow up to confirm that the application has been made.

Question:

Does the cable list the state of final destination?

Considerations:

The "Final Destination" is where the repatriate should be returned and is based on last state of residency. Reasons to repatriate someone to a destination where s/he has not lived previously include: only known psychosocial supports reside there, repatriate is fleeing domestic or other abuse and cannot return to previous address, repatriate is adamant that s/he wished to go to another state. In this case, the choice falls with the repatriate as a right. If services are needed at the final destination and the repatriate has never lived there, most State Contacts will want to refuse services since they will not want to incur debts for a nonresident.

Question:

Does the cable indicate whether contact has been attempted with the repatriate's friends/families? These names can be found in # 3, "Sources of Funds".

Considerations:

In order for someone to be repatriated, the Consulate must attempt to contact any identified individuals to determine eligibility for repatriation. These names can be found in the cable under number 3, "Source of Funds". More details are often found in the "Remarks" section. Check with the DOS officer to find out if there will be support of any kind. If the family or friends cannot provide financial support or shelter, it usually is helpful to contact them as they can provide much needed background information about the repatriate. They can give past histories of illness, treatment, employment or specific problem areas. An initial contact is all that is required, any further contact would be made if necessary by the State Coordinator or State assigned casework handling the referral.

Question:

Does the cable indicate whether the repatriate will need an escort?

Considerations:

If from your assessment the repatriate will need an escort but one has not been designated, you may have to argue the need to the DOS. Criteria for needing an escort include mental incompetence, medication that may result in confusion, frailty, non-ambulatory condition, substantial medical illness or if the repatriate is a minor. Remember that the repatriate most likely will have to negotiate layovers, changes of plane, etc. in one or more countries. Be absolutely certain (to the best of your ability since you will never actually get to see the client) that the repatriate is capable of this. If you recommend an escort and the Post or DOS will not provide one, get in writing from the sending physician or Post the fact that one is not required. See the Casework Supervisor if you feel that the repatriate's safety is being compromised.



See Appendix 3, Sub-section 377 of the *Consular Affairs Manual*.

Question:

Does the cable identify all medical or psychiatric conditions?

Considerations:

All medical and psychiatric conditions need to be explored fully. Determine if the repatriate is capable of making his/her own decisions, is mentally competent, etc. In all cases, try to get as much mental status and physical status information as possible. Conditions are sometimes minimized which creates a massive problem upon reception in the US.

Step 3:
Assess
Need For
and
Arrange
Service

Through discussions with the DOS officer and the information provided on the Repatriation Cable, the case manager makes a determination regarding the needs of the repatriate upon return to the U.S. The request itself should already be identified on the Cable (usually saying, for example, “hospitalization upon arrival”) and most often will encompass more than is indicated.

There must be agreement between ISS-USA and the Department of State on the service needs and the time frame to put services in effect. Disputes at times arise over: the need for medical/psychiatric escorts; understanding what services can or can't be provided; time frames constraining service provision; the need for a Privacy Act Waiver; the need for a Certificate of Mental Incompetence; and identification of a final destination. The time frame cannot be confirmed until the referral is sent to the State Contact and a verbal confirmation has been obtained that the State is prepared to receive the repatriate.

Making Additional Domestic Travel Arrangements

Setting up domestic travel arrangements for the repatriate (when requested) can be done in one of the following ways:

- The Department of State provides the air ticket from overseas to the final destination.
- If Department of State does not provide transportation to the final destination, ISS-USA purchases transportation for the repatriate. The ISS-USA Administrative Assistant purchases travel ticket. The caseworker is responsible to fill out documentation forms. Forms are available with the administrative assistant.
- Sometimes the port-of-entry provider can expedite purchase of a ticket to the final destination. They then bill ISS-USA for this expense.

The Department of State provides travel information from overseas to final destination. If a repatriate needs assistance at the port of entry such as meeting at airport and assisting him or her to connecting flight, services are arranged with the Traveler's Aids offices when possible.

Setting Up Medical and Mental Health Assistance

Repatriates frequently need ambulances and hospital admissions upon arrival to the United States. If either or both is required, contact the local service provider as soon as possible.

Hospital/Long Term Care/Institutional Admissions/Evaluations arrangements must be arranged by the State contact or local provider in the state of repatriation. He or she will locate and contact the appropriate facility for the repatriate. In rare cases, the ISS-USA case manager must arrange these services. An ISS-USA credit card is available for the purposes of charging ambulances, medical or psychiatric escort services, or car services to hospitals. Use of the credit card is reserved for emergency situations where no alternative for payment is available.

Arranging for an Escort

Often DOS/Embassy escorts can only travel to the Port of Entry. The ISS-USA Case Manager then needs to locate a medical escort and arrange for service. This will require purchasing escort service and transportation so that the escort can accompany the repatriate. Return flight and hotel arrangements for the escort must also be arranged if needed. The local service provider should be provided this information and must be prepared to meet the repatriate and escort at the point of arrival and then provide ongoing case management.

Arranging Overnight Accommodations for Escort and/or Repatriate

If a repatriate or an escort of a repatriate needs an overnight accommodation, a moderately priced hotel, such as Holiday Inn, is reserved. The Administrative Assistant makes the hotel reservation and the caseworker is responsible to fill out the Emergency Repatriation Charge Form. The Repatriation Expense Emergency Charge Log is available with the Administrative Assistant.

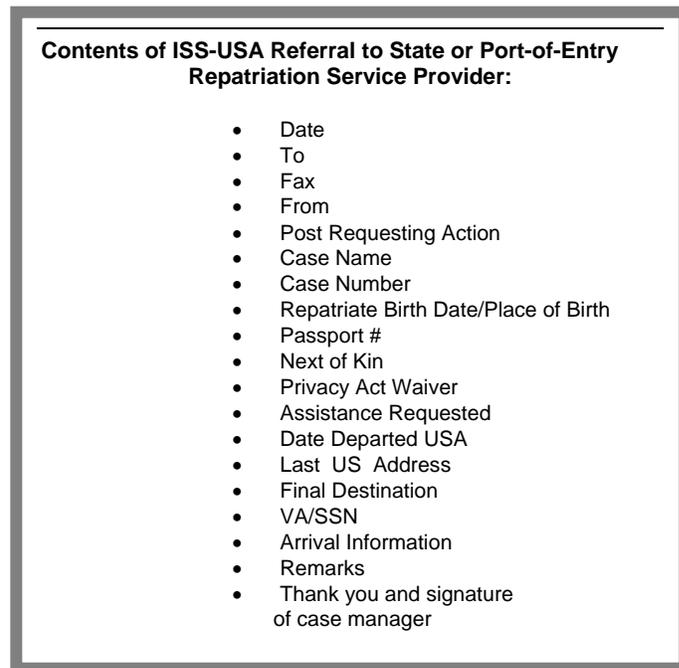
Handling a Resettlement Case

Repatriates may need resettlement assistance and referral to housing, food, financial and other resources. The local service provider is responsible for these referrals, dispensing of monies and assessments.

Step 4:
Route
Referral to
Receiving
State

After identifying the service requested, an ISS-USA referral is written and faxed to the State contact where the repatriate is to go. The referral format is part of RDIMS database. The ISS-USA referral to the State Contacts includes a variety of information.

The following illustration details the contents of the referral.



The State contact will next send the referral to the local service provider and the local service provider will in turn contact ISS-USA.

If the repatriate needs service at the port of entry, the case manager also sends a copy of the referral to the identified port-of-entry provider.

Laredo, Texas is a common port-of entry for repatriates. The local provider in Laredo is Catholic Social Services. The U.S. Embassy in Mexico often sends a duplicate referral to them. This does not eliminate the need for the ISS-USA case manager to send a separate referral to Laredo, TX.

In the case of the State of California, the referral is concurrently sent to the local contact and to the State Coordinator. A copy is provided to the California State contact.

Step 5:
Provide
Travel Plan
to the
Department
of State



See Appendix 9 for the U.S. Repatriation Program State Contact List.



See Appendix 10 for a sample ISS-USA Referral Form.

All travel plans are arranged in coordination with ISS-USA, DOS and the State Contact. The caseworker provides any new travel arrangement information to the DOS officer and the DOS officer provides information to the U.S embassy and the repatriate. For example, if the DOS did not book travel to the final destination and ISS-USA did, all bookings, times, names of persons involved are sent to DOS and through them onward to the Embassy.

Step 6:
Confirm the
Arrival of the
Repatriate
and Follow
Up Case
Management

The case manager must call the local provider the day of and after the repatriate arrives to confirm that all went as planned. In addition s/he reminds the local service provider to have all loan repayment forms signed by the repatriate and sent back to ISS-USA. Any unplanned or additional expenses must be approved by the ISS-USA case manager. The caseworker enters the repatriation date into the database which will automatically trigger the Close date. The case manager must follow up with the local worker on a bi-weekly basis or until it is indicated that assistance is no longer needed.

Step 7:
Send a
Reminder
Letter and
Follow Up
Case
Management

The reminder letter must be sent within 30 days of the repatriate's return to the US. The letter is generated automatically by the RDIMS database. If there is no address, put "Address Unknown" in the comments box in the final address portion of the database and on the data sheet that is generated by the RDIMS database.

Step 8:
Arrange for
Extensions
and Payment
Waivers,
When
Necessary

Extensions must be identified and approved as early as possible into the repatriation. They are never retroactive. Therefore, the ISS-USA Case manager must work closely with the local service provider to determine if there will be a need. The local provider on behalf of the repatriate must send a written letter to ISS-USA. ISS-USA will then send the request on to HHS/Marta Brenden for approval. Reasons for an extension include: DOS did not have a SS# for the repatriate, which hindered getting federal benefits within the 3 month timeframe, client continues to be medically/psychiatrically ill and needs extension of services. The local service provider must do this assessment.

Waivers, like extensions must be made in writing. Usually, the repatriate will write directly to the HHS billing office but at times the request can come from the service provider.



See Appendix 11 for a sample Payment Waiver Form.

Step 9:
Close the
Case

After 90 days from the date of repatriation, the case is closed. The RDIMS database will automatically calculate the date the case should be closed. When the case is closed, log the data in the manual logbook as well. The caseworker files the closed file in the file drawer where closed repatriation cases are stored.



Repatriation of An Unaccompanied Minor

It is sometimes necessary to provide repatriation services to unaccompanied children. This may happen because the child is abandoned, the parent may die while traveling abroad with the child, or the parent is arrested or incapacitated.

The following must be taken into account with unaccompanied minors, while following the steps detailed in this section under *Procedures for Handling a Standard Repatriation Referral*.

Department of State Considerations

Upon receiving the referral from the DOS Consular Officer, call and discuss all known information to date. Areas to be covered include: age, circumstances of abandonment, location of the parents and specifics re: why they are not able to care for child, location of the child at present, and what if any, custodial rights the parents may still have. Also find out if the child speaks English. The Department of State is often under significant pressure to return the child to the U.S. and must be made aware that the process must be done legally and safely.

Ask DOS to find out if the child has any special needs, medical or educational problems, or behavior problems. This information is very important in finding a home that can provide good care for the child. Make sure DOS asks the Embassy to check on this—don't assume there are no special needs just because none are mentioned. If there are any special needs, get as much detail as possible (request doctor's reports, school reports, etc).

Referral

Considerations

When making plans for the child's arrival, advise DOS that the child must be accompanied by an escort. The escort must stay with the child until he or she is handed over to local social services or an approved relative. The escort needs to have good English skills so that they can talk with social services. Ask DOS to send any available medical or educational records along with the child.

Determine the state to which the child should be repatriated. The child should be repatriated to the state where there is a responsible relative to take care of them. If no relative can be found, the child is returned to the state of last residence and placed in foster care. The foster care agency can continue looking for relatives once the child has arrived, but the priority is to get the child repatriated and in a safe placement.

Make a referral to the repatriation coordinator in the state where the child will be going. The state repatriation contacts we work with are often not used to handling children's cases. Often they will tell you that the case has to be handled by some other office—usually the local agency which handles child protection and foster care. The name of this agency varies from state to state and may be called the Department of Social Services, Department of Family Services, Administration for Children's Services, etc. Ask the state repatriation coordinator to put you in touch with the appropriate agency. Keep the state repatriation coordinator informed about the case as it progresses.

Family

Considerations

Identify a relative who is willing and able to care for the child. Ask DOS if the Embassy has been able to identify any relatives either in the US or abroad.

The DOS is often under significant pressure to return the child to the U.S. and must be made aware that the process will take time to be done legally and safely.

If the child is being placed with a relative, a home study must be completed before sending the child to them. This is necessary even if the proposed caretaker is the child's parent. The state repatriation coordinator can arrange for this home study, usually in cooperation with the local children's service agency.

Find out what services the local agency will provide after the child has been placed. Will the relatives receive financial help? Will the agency stay involved to support and monitor the placement, and for how long? If it seems that these supports may be needed (for instance, the child has special needs, or the relatives have little money), advocate with the local agency to provide these services.

If there is no relative to care for the child, you must work with the state repatriation coordinator and the local children's service agency to arrange foster care for the child.

Jurisdictional Considerations

The local children's service agencies are usually not accustomed to repatriation cases and will need you to explain the program. They may question why their state or their agency should be responsible for the child. You can explain that, like other repatriates, children have a right to be resettled in their state of last residence or in a state where they have family or other ties.

It is important for the local agency to make a plan for the child before arrival. Ideally they should identify a foster home for the child before he or she arrives; they may need to arrange translation services if he or she does not speak English. Try to get information on where the child will be placed (foster home, youth shelter, relative's home, etc) so that the Embassy can give the child some idea what to expect.

Jurisdictional problems frequently come up. Sometimes the local agency will insist that they have no jurisdiction and therefore cannot do anything until the child actually arrives in their state. If this happens, the caseworker should advocate as much as possible for arrangements to be made in advance. Ask to speak to the local agency's attorney and see if there is any way around the jurisdictional problems. It sometimes helps to make it clear that the child is definitely coming, and that choosing not to plan for the arrival won't change that. States may be reluctant to accept an unaccompanied child who is returning to their state. They need to be made aware that the child will be repatriated and that having a sound case plan in place is in the child's best interest. They will need to understand that even without a case plan, the child may simply be brought to their airport.

Arrival Considerations

Make sure that the state repatriation coordinator and the local children's service agency understand that the process needs to move rapidly. Usually each day overseas for a child is a problem for the Embassy and the overseas government. The child is most likely in a temporary foreign placement and there is no foster care or daycare situation where the child can stay until the state decides to take the child.

Sometimes the local agency cannot set up services before the child's arrival. Once the child arrives, they have no choice but to assist. This is not the ideal approach, but is sometimes unavoidable. In those cases, make sure that the agency knows when and where the child will arrive and what services will be needed. Find out what we have to do to access those services immediately on arrival. Ask them to alert their intake staff that the child will be arriving. Make sure the child's escort knows who to contact upon arrival.



Repatriation of a Citizen With Mental Illness

It is sometimes necessary to provide repatriation services to citizens with mental illness. This usually happens when the person is in crisis or having a psychotic break and has come to the attention of the overseas embassy personnel. These citizens can be living independently, can be receiving treatment in a psychiatric facility or can be confined in jail or prison by the host country. The person may have requested assistance from the U.S. embassy to be repatriated or their repatriation has been ordered by the U.S. Department of State or the host country has ordered them to be deported.

Pre-Arrival Considerations

Advance information regarding the person to be repatriated is important in determining the most appropriate plan for the travel, arrival and resettlement of the person being repatriated. This information is also crucial for the people in the U.S. in order for them to facilitate the repatriation in the safest manner for the repatriate and all others involved.

Ask DOS to obtain any information regarding a history of mental illness. Often communication with family or friends can provide this history, even if they have declined to assist with the person's repatriation.

Have DOS obtain information regarding current treatment being received by the person to be repatriated, in either an inpatient or outpatient setting, and length of treatment.

Ask DOS to obtain a current list of medication and dosage being prescribed.

Have DOS find out if the person is being cooperative and compliant with treatment and medication.

Ask DOS to advise ISS-USA of any verbal or physical abuse, and/or threatening behavior exhibited by the person. If there has been, ISS-USA must have a description of the circumstances and details of behavior.

Ask DOS to clarify whether the person is mentally incompetent. If the person has impaired judgment or inability to understand their current situation they can be deemed mentally incompetent. In that case, ask DOS for a

“Certificate of Mental Incompetence” signed by a physician in the host country.

If the person is determined to be competent, DOS must provide ISS-USA with a signed “Privacy Act Waiver.” If the person has been found to be mentally incompetent and a “Certificate of Mental Incompetence” has been signed, the waiver is not needed. In those cases, the embassy can simply act on behalf of the person.

Considerations When Making Arrangements

Have DOS arrange for the person to be accompanied by an escort and request that the escort travel with them to the final destination. If the escort is unable to continue, arrangements for another escort will have to be made to accompany the person from the port of entry to their final destination. The escort should carry any available medical records and be informed about who to contact upon their arrival.

State contacts and agencies handle the repatriation arrangements in the U.S. In many localities there are crisis teams with mental health experience who can assist them in the process. The agencies are responsible for the following:

Arrangements for the person and their escort to be met at the place of arrival by appropriate personnel and transported to the site of the evaluation.

A pre-arranged psychiatric evaluation and admission if necessary, for the person being repatriated.

Case Management Considerations

Provide case management services for follow up care and resettlement. It is extremely important that the local agency understand that even if the person is admitted to a psychiatric facility they are still responsible for providing these services to the repatriate upon discharge.

The local agency must make their role in the repatriation of the person known to the treating facility, prior to admission if possible, in order to continue to be involved and assist with discharge planning.



Financial Procedures

The repatriation program uses private service providers and public agencies to carry out the program. They receive reimbursement for repatriate expenses and payments at variable levels for their casework services.

A service fee can only be paid once to private providers. The service fee for all Travelers Aid providers is \$175 regardless if they provide only port of entry (POE) assistance or POE assistance and resettlement assistance. Occasionally, there will be exceptions to the POE set fee. For example, Catholic Charities in Laredo, Texas charges an hourly rate that is usually below the \$175 fee. Fees for other private service providers range from \$175 \$500 per person and are determined on a case-by-case basis depending on the difficulty and number of people in the case.

Each provider has negotiated a rate with DHHS for service based on a number of factors including the salary of the local worker, number of hours worked, and type of service provided.

Processing Fare Share Bills

“Fare Share” is a small component of the Repatriation Program. It enables the Department of State to be reimbursed by the Department of Health and Human Services for the repatriate’s travel within “domestic air space”. The Department of State absorbs the cost of air travel from the foreign port of departure to the first USA port of entry. In large part, ISS-USA’s role is administrative for “fare share” cases.

The following procedural information guides the Administrative Assistant’s handling of these “fare share” cases.

\$ DOS/FS cases are received in a group. The database is used to verify if a case has previously been opened as a resettlement case. If not, the case is opened.

\$ All case information in the appropriate computer screens. No case notes are necessary if the case is strictly a DOS/FS case.

\$ DOS/FS expenses are coded as repatriate expenses on the check request.

\$ The reimbursement check is sent in a group when applicable to the DOS Finance Department with a cover letter.

Processing
Bills from
Repatriation
Service
Providers

The following is an overview of the billing process. Important concerns for the ISS-USA Case Manager are: making sure the Privacy Act Waiver (PAW) loan repayment form has been signed at the final destination or port of entry; and following up with each case every three weeks to check status and clarify if any further money is needed. If the repatriate has declined further services after initial assistance, that should be entered in the database.

Bills may be received from State Repatriation Program contact offices, private agencies such as Catholic Social Services in Laredo, Texas, hospitals, nursing homes or any other institution which has provided approved service to a U.S. repatriate.¹

Processing bills from Repatriation Service Providers is the responsibility of the ISS-USA Administrative Assistant, as outlined below.

\$ Bills can be paid as they come in, when a group is collected, or based on when there is time to complete the billing process.

\$ Find and enter the case number on the summary reports and bills.

\$ Review the expenses and make sure they are accurate and appropriate for the case. Be sure there is a backup document for each amount listed. The repatriate should sign for any cash received.

\$ Go to the Financial Assistance screen and enter the billing amounts in the appropriate categories of assistance such as port-of-entry expenses, resettlement expenses, and service fees.

\$ Keep a list of the cases you are entering financial information for in order to keep track of which cases you will need to produce a data sheet for later. If the

¹ Different billing forms are used by state and nonprofit service providers. SSA Forms are used for state contacts. ISS-USA Case Summary Reports are used for nonprofit providers (i.e. Travelers Aid and Catholic Social Services).

“print data sheet” box has been checked in the totals screen, make a note of this as well so you know that a second data sheet will need to be sent reporting the additional expenses.

 Verify the final destination address listed on the bill with the address listed on the “Totals” screen of the database.

 Produce a check request based on the summary page (which may include several cases) after reconciling all amounts on the bills and entering them in the computer system.

Enter the expense item code and the fund number on the check request. The expense item codes differ for repatriate expenses and service fees; current codes and fund numbers can be found in the LIRS General Ledger System Numbering list.

 Attach a copy of the Monthly Summary of Expenditures (or comparable document) with the check request and submit to the Accounts Payable (A/P) staff member at LIRS.

 Make two copies of the check requests. Attach one to the bill and file in the corresponding case file. Keep the other in a separate folder of recent check requests for easy reference until the check is received.

 Make a copy for the case file and mail check to provider with a copy of their invoice when Accounts Payable clerk returns check.

 Follow any special instructions on the letters and bills received from the provider for submitting reimbursement. For example, if the provider requests a cover letter, include this when the check is mailed.



See Appendix 12 for a sample billing forms.

Generating Data Sheets

Staff of the Department of State, the Department of Health and Human Services (DHHS) and International Social Service-United States of America Branch collaborate to implement the Repatriation Program. Staff of DHHS's Program Support Center collect repayment from repatriates after service is complete. For these duties to be carried out, HHS staff must receive key information about the repatriate. This information is culled from the ISS-USA RDIMS database, underscoring the importance of maintaining accurate and complete electronic records.

Forwarding the Data Sheets is the responsibility of the ISS-USA Administrative Assistant, as outlined below.

\$ “Data Sheet” must be selected on the Financial Information screen of the RDIMS database before the data sheet can be printed from the “Reports” menu.

\$ Only the “subtotal” amount is displayed on the data sheet because the repatriate is not responsible for paying the service fee.

\$ Do not send a data sheet if there is no mailing address, no social security number, or if the amount is less than \$25.

\$ When receiving DOS/FS cases that are not resettlement cases, produce all the data sheets immediately.

\$ Submit the data sheets via FedEx or fax then mail a hard copy to Richard Harris at the Program Support Center.
If a second data sheet needs to be sent, make sure to only submit the additional loan amount.

\$ If a check is mistakenly sent to ISS-USA by a repatriate, deposit it and submit a check request to reimburse the Program Support Center.

Generating Quarterly Case and Expenditure Reports

ISS-USA is funded by the U.S. Department of Health and Human Services Office of Refugee Resettlement to administer the U.S. Repatriation Program. ISS-USA secures reimbursement for services and expenses incurred on behalf of U.S. repatriates. Submission of quarterly and annual statistical and expenditure reports triggers payment to ISS-USA, underscoring once again the critical role of complete, accurate and current record keeping.

The following procedure should be followed:

\$ Submit two copies to Sue Benjamin at HHS quarterly with a cover letter. The contract year is from October 1 to September 30. Reports are submitted mid-January, mid-April, mid-July, and mid-October for the previous three months. Always submit this list of cases for only the reporting quarter.

\$ Review the computer printout to make sure no information is missing.

\$ Submit two copies of the Expenditure Report with the Quarterly Report. This report runs from the beginning of the contract year through the present quarter (October-end of the quarter). If the expenditure report from a previous year has changed, submit copies of that year also. Point out the change in amounts on the cover letter.