



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

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# Virtual Refugee Service Delivery and Elements of Program Administration

Policy Letter 22-04

October 25, 2021

ORR issued a number of policy letters authorizing states<sup>1</sup> to provide a variety of ORR-funded services virtually to protect the health of ORR-eligible populations and service providers during the COVID-19 pandemic. Since authorizing the provision of virtual services, ORR has been informed by a number of stakeholders that, in some circumstances, virtual service delivery has increased client access without a reduction in effectiveness. Some states have also indicated that conducting selected elements of program administration virtually has increased state effectiveness and stakeholder participation.

ORR is therefore authorizing the purchase of training, equipment, and supplies; the virtual delivery of selected services; and the virtual implementation of some elements of program administration, as delineated below, to maximize state and agency capacity and client access, participation, outcomes, and well-being.

## **1. CMA administrative expenditures for training, equipment, and supplies**

- a. ORR authorizes a state to use Cash and Medical Assistance (CMA) administrative funding for training, equipment, and supplies needed to support the state's professional and technological capacity to provide virtual delivery of CMA-funded assistance in the event of an emergency or disaster.<sup>2</sup> Within its CMA sub-grants, a state may authorize the expenditure of CMA funds by its subrecipient agencies for the same purpose.<sup>3</sup>
- b. ORR authorizes a state to use CMA administrative funding to support its professional and technical capacity to conduct quarterly consultations virtually. Within its CMA sub-grants, a state may authorize the expenditure of CMA funds to enable participation in those consultations.
- c. ORR authorizes a state to use CMA administrative funding to support its professional and technical capacity to conduct remote activities, as needed, to support state program monitoring and oversight. Within its CMA sub-grants, a state may authorize the expenditure of CMA funds to enable participation in those monitoring and oversight activities.

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<sup>1</sup> States" throughout this policy letter refers to states and replacement designees.

<sup>2</sup> See ORR PL [22-05](#) for information on ORR funding and flexibilities during emergencies and disasters.

<sup>3</sup> See ORR State Letters [12-13](#) and [13-03](#) for information regarding CMA administrative expenses and cost allocation.

## **2. RSS base and set-aside expenditures for services, equipment, and supplies**

- a. ORR authorizes the use of Refugee Support Services (RSS) base and set-aside funding to secure training, equipment, and supplies needed to support agencies' professional and technological capacity to deliver RSS and RSS set-aside services virtually (including the state's capacity, when the state provides RSS or RSS set-aside services directly).
- b. ORR authorizes the use of RSS base and set-aside funding to purchase equipment and supplies needed to support a clients virtual or remote learning or training. Given that states should use RSS funds strategically to maximize employability services leading to economic self-sufficiency and integration, and that RSS and/or RSS set-aside funds are likely not sufficient to fund this for a large number of participants, ORR advises states to carefully consider the extent to which they are able to offer this assistance to clients.

## **3. Virtual RSS and RSS set-aside services**

ORR seeks to improve client access and to enhance the services offered to clients through allowing a variety of complementary modes of delivery (e.g., in-person instruction, online resources, online education, and virtual contacts). However, ORR recognizes that ORR-eligible populations benefit significantly from interacting in person with service providers and other refugees, rather than solely online and in potential isolation. Therefore, ORR encourages states to only use virtual services when it is in the best interests of ORR-eligible populations.

- a. ORR interprets 45 CFR § 400.72(a) to include the provision of services in-person and now virtually. Therefore, ORR authorizes states to use virtual (e.g., web-based, telephonic) services to provide RSS-funded services defined in 45 CFR §§ 400.154(a)-(f) and (i)-(k). ORR also authorizes states to use virtual (e.g., web-based, telephonic) services to provide the other services defined in 45 CFR § 400.155(a)-(c) and (f)-(i). Examples of using RSS funding for virtual support services include using RSS funds to prepare and deliver virtual case management, implement distance learning, and conduct a job orientation workshop.
- b. ORR authorizes states to provide virtual delivery of services for the RSS set-asides: Refugee School Impact (RSI), Services to Older Refugees (SOR), Youth Mentoring, and Refugee Health Promotion. These RSS set-asides are governed by ORR PLs [22-07](#), [22-08](#), [22-09](#), and both [20-05](#) and [22-06](#), respectively. States are to administer RSS set-asides in accordance with the respective PL and use set-aside funds for the eligible population as defined by the PL. Examples of using RSS set-aside funding for virtual support services include using RSI funds to ensure that ORR-eligible youth ages 5-18 have the access to technology and digital literacy to participate in on-line tutoring or after-school activities, when doing so would increase participation, and using SOR funds to combat social isolation among homebound ORR-eligible refugees ages 60 and above, by helping them engage in safe online activities and communities.

## **4. Virtual quarterly consultations**

ORR has been informed by some stakeholders that, after the authorization of virtual consultations per ORR's COVID PLs, stakeholder engagement has increased. Therefore, ORR authorizes conducting quarterly consultations, as required by 45 CFR § 400.5(h), virtually, in whole or in part, as an acceptable alternative to in-person consultations where technology is available, to facilitate widespread participation despite travel restrictions and other potential obstacles to in-person meetings. However, ORR recognizes that service providers and community members benefit significantly from

interacting in person, which can facilitate the establishment of networks and the free exchange of information or ideas. ORR encourages states to consider the benefits and drawbacks of in-person versus virtual consultations when considering whether to implement one or both modes wholly or in part.

## 5. **Virtual monitoring**

ORR authorizes states to complete some or all components of subrecipient monitoring and oversight virtually, to the degree that those components can be conducted thoroughly, efficiently, and effectively. States should consider factors such as whether they are able to attain sufficient remote access to case records and meet with appropriate staff and stakeholders in a manner conducive to comprehensive and accurate assessment of the program. ORR encourages in-person, rather than virtual, interviews with clients, however.

ORR's technical assistance provider, [Switchboard](#), has published multiple resources regarding aspects of virtual work and service delivery in recent months. Using the term "remote" and "digital" within the [Learning Resources section](#) of Switchboard's website will direct you to the resources most recently published. In addition, the U.S. Department of Health and Human Services' Assistant Secretary for Planning and Evaluation has developed the following resources that provide useful information for conducting virtual case management and providing technical assistance:

- [Virtual Case Management Considerations for Human Services Programs](#)
- [Improving Human Services Using Virtual Technical Assistance: Research Brief](#)
- [One-Page Summary of Research Findings](#)

If you have questions about the information contained in this PL, contact ORR's Refugee Policy Unit at [RefugeePolicy@acf.hhs.gov](mailto:RefugeePolicy@acf.hhs.gov).

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