

# Out of Network Site Visit Report (Form M-3A)

## UC Interview Questions Data Entry Window

OMB 0970-0564 [valid through MM/DD/2024]

New Health Evaluation: OON Site Visit

**Details**

\* Associated Health Evaluation   \* Associated UAC

**OON Site Visit**

Date of Visit	<input type="text"/>	Mental Health Evaluation Status	<input type="text"/>
Date Completed	<input type="text"/>	Tell me about your daily schedule	<input type="text"/>
Tell me about the level system	<input type="text"/>	How many meals/snacks do you eat a day?	<input type="text"/>
How often can you talk to your family?	<input type="text"/>	How often can you talk to a attorney?	<input type="text"/>
How often do you get to go outside?	<input type="text"/>	How often do you meet with Clinician?	<input type="text"/>
How often do you meet with CM?	<input type="text"/>	How often do you speak to ORR CM?	<input type="text"/>
How often do you meet with Psychiatrist?	<input type="text"/>	Tell me about your treatment plan	<input type="text"/>
Can you tell me about long term goals?	<input type="text"/>		
Are you taking medication?	<input type="text" value="--None--"/>		
What type of medication?	<input type="text"/>	Who do you speak to about medication?	<input type="text"/>
Access to religious services?	<input type="text"/>		
Do you know how to file a grievance?	<input type="text" value="--None--"/>	Please Explain	<input type="text"/>
Who do you speak for staff mistreatment?	<input type="text"/>	Who do you speak for peer mistreatment?	<input type="text"/>
What type of medication?	<input type="text"/>	Who do you speak to about medication?	<input type="text"/>
Access to religious services?	<input type="text"/>		
Do you know how to file a grievance?	<input type="text" value="--None--"/>	Please Explain	<input type="text"/>
Who do you speak for staff mistreatment?	<input type="text"/>	Who do you speak for peer mistreatment?	<input type="text"/>
Do you feel safe here?	<input type="text" value="--None--"/>	Please Explain	<input type="text"/>
What helps you the most here?	<input type="text"/>	Anything else asked by UAC?	<input type="text"/>
Additional Questions	<input type="text"/>		
Health Evaluation ID			

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to allow ORR Federal Field Specialists to document site visit observations and interview responses for out-of-network providers. Public reporting burden for this collection of information is estimated to average 1.0 hour per response, 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 (Homeland Security Act, 6 U.S.C. 279). 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. If you have any comments on this collection of information please contact UCPolicy@acf.hhs.gov.

M-3B [Rev. MM/DD/2021]

## UAC Interview Questions Page - Details Tab

Health Evaluation  
**OON Site Visit**

OMB 0970-0564 [valid through  
MM/DD/2021]

Associated UAC
A #
Associated Health Evaluation
DOB
Mental Health Evaluation Status

**Details**    OON Site Visit

▼ Details

Associated Health Evaluation	✎	Associated UAC	✎
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▼ ONN Site Visit

Date of Visit	✎	Mental Health Evaluation Status	✎
Date Completed	✎	Tell me about your daily schedule	✎
Tell me about the level system	✎	How many meals/ snacks do you eat a day?	✎
How often can you talk to your family?	✎	How often can you talk to a attorney?	✎
How often do you get to go outside?	✎	How often do you meet with Clinician?	✎
How often do you meet with CM?	✎	How often do you speak to ORR CM?	✎
How often do you meet with Psychiatrist?	✎	Tell me about your treatment plan	✎
Can you tell me about long term goals?	✎		
Are you taking medication?	✎		
What type of medication?	✎	Who do you speak to about medication?	✎
Access to religious services?	✎		
Do you know how to file a grievance?	✎	Please Explain	✎
Who do you speak for staff mistreatment?	✎	Who do you speak for peer mistreatment?	✎
Do you feel safe here?	✎	Please Explain	✎
What helps you the most here?	✎	Anything else asked by UAC?	✎
Additional Questions	✎		

▼ System Information

Created By		Last Modified By
Health Evaluation ID		

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# UAC Interview Questions Page- OON Site Visit Tab

Associated UAC      A #      Associated Health Evaluation      DOB      Mental Health Evaluation Status

Details **OON Site Visit**

\* Date of Visit

\* Mental Health Evaluation Status

In Progress ▼

Date Completed

\* Tell me about your daily schedule

\* Tell me about the level system (while discussing the level system ask the child what happens when a child loses a level, what happens if he/she gets in trouble and the type of consequences they receive). Ask about the reward system as well and the privileges they obtain or lose

\* How many meals and snacks do you eat a day?

\* How often are you allowed to talk to your family and or sponsor?

\* How often are you allowed to talk to your attorney and or advocate?

\* How often do you get to go outside for recreation?

\* How often do you meet with your Clinician?

\* How often do you meet with your CM?

\* How often do you speak to your ORR CM?

\* How often do you meet with the Psychiatrist or Nurse Practitioner?

\* Can you tell me about your treatment plan and goals?

\* Can you tell me about your reunification or long terms goals (Adjustment legal Status, foster care, URM etc.)?

\* Are you taking medication?

Select an Option ▼

\* Are you able to attend worship services or have access to religious services?

\* Do you know how to file a grievance?

Select an Option ▼

\* Who do you speak to if you feel like staff isn't treating you fairly?

\* Who do you speak to if you feel like another peer isn't treating you fairly?

\* Do you feel safe here?

\* What helps you the most here?

\* Anything else you would like to ask or tell me?

Additional Questions

Save

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# FFS Observations



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**Administration for Children & Families**  
Office of Refugee Resettlement

UAC Name:  
Nationality:  
Admitted Date:  
Date of Site Visit:

AI#:   
DOB:   
Gender:   
Language(s):

OON Case Manager:   
OON Clinician:   
ORR Case Manager:   
ORR Assigned Program:

## Out-of Network Site Visit Report

Task	Date Completed	Comments
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Tour Facility

Request and Review UAC case files (tip: the purpose of the file review is to ensure they receive, program orientation, initial intake and assessment, weekly calls, up to date treatment plan, follow up with psych doc or NP, weekly meetings with clinician and cm, weekly or daily group therapy and other activities, behavioral reports, access to religious services, visits, any grievances filed etc)

Review Phone Logs  
(tip: Are they getting weekly calls with advocates, sponsor, attorney, ORR CM etc)

Review CM and Clinical Logs  
(tip: Are they meeting weekly with CM and Clinicians to discuss treatment plans and goals)

Review Medical notes or concerns that should be known to all relevant case managers' clinicians, attorneys, and FFS (tip any special issues that our ORR medical team and HQ should be aware of)

Educational Assessment Completed?

UAC currently school? How many hours of education does their state licensing require

Ensure that the UAC's NOP is updated within the required timeframe and that the case manager has carefully reviewed it, along with the minor's rights, with the UAC.

Ensure all information contained in the OON providers case files have been provided to ORR Assigned Program

Anticipated Discharge Date

Interview CM/Clinician/Treatment Team  
(Staff Case with OON Treatment Team to discuss child's progress, goals and objectives, anticipated discharge dates, barriers. Provide any technical advice as it relates to ORR)

Confirm with ORR CM that they have maintained weekly contact with the OON? Document any challenges or concerns

Review UAC Portal to verify all documents from OON Placement have been received and are uploaded

Verify OON placement maintains an active state license and has no current restrictions

Any open licensing investigations that involves ORR kids? If yes explain

Are there OON policies or practices that may impact existing court orders, or federal statutes (refused phone calls, refused visits, punitive consequences etc)

Review OON Placements daily schedule for the minor

Interview UAC

Additional information of importance to ORR

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