

Dear Colleague,

Thank you for evaluating this child who is in the custody of the Office of Refugee Resettlement (ORR), a program administered by the U.S. Department of Health and Human Services (HHS). ORR is responsible for ensuring the child's health and safety while they are in Federal care. See 6 U.S.C. 279; 8 U.S.C. 1232, and 45 C.F.R. part 410. While in ORR custody, children are placed in government-funded care provider programs that are responsible for providing day-to-day care. We ask for your help in providing clear documentation of the health care you provide and any recommended follow-up that may be needed while the child is in ORR custody or after unification with their sponsor. Not all children will have access to health insurance or to highly specialized care after unification.

ORR's **Medical Assessment Form (MAF)** must be reviewed and completed by the evaluating healthcare provider by the conclusion of each scheduled visit with a primary care provider or specialist MD, DO, NP, PA; or PhD this includes health department visits. The entire MAF must be completed during a child's **initial medical exam (IME) which must be performed per ORR requirements within 2 business days of admission into ORR care**. For more information about the IME, please refer to ORR's *IME Guidance* document. Please note that the MAF is a tool designed to capture relevant information collected during a comprehensive medical encounter that will assist ORR in ensuring children receive the appropriate healthcare services. If the paper version of the MAF is used during the visit, the completed form must be given to the care provider program staff member with the child at the end of the visit.

The MAF has 4 pages:

- For the **IME**, all 4 pages are required.
- For **routine well-child visits**, pages 1-3 are required.
- For all other scheduled assessments, pages 1 & 2 are required; page 3 is *recommended*.

Section Specific Guidance:

- **Child & Visit Information -**
 - o **Visit type:** For in-person evaluations, ORR requires the presence of a medical chaperone for all physical examinations, care and procedures that involve the genitalia, rectum, and/or female breasts, unless the child is 14 years of age or older and declines their presence. For all other exams, a chaperone is recommended. Children may always request a medical chaperone if they desire one. See UAC Policy 3.4.1 Healthcare Eligibility and General Standards.
 - o **Interpretation services:** If the evaluating healthcare provider or their staff are not fluent in the child's preferred language, ORR requires the use of a qualified interpreter either in-person or remotely.
- **Assessment & Plan -**
 - o **Diagnosis referrals/Follow-up:** Specify recommended follow-up care, including referral details, timeframes (e.g., "within 2 weeks," "4-6 months"), and any scheduled appointment dates. If a child requires evaluation in the emergency room, please clearly indicate that an immediate/urgent referral is needed.
 - o **Medications:** If a medication is prescribed or administered, including OTCs (except vitamins), a corresponding diagnosis must be documented. If the medication is prescribed for a psychiatric diagnosis, informed consent must be discussed with the child and accompanying ORR care provider staff. Note, for children 14 years or older, the ORR care provider will discuss psychotropic medication assent prior to dispensing the medication. See 45 C.F.R. 410.1310.
 - o **Increased level of supervision for mental health risk:** Care provider programs are required to provide line-of-sight and sound supervision for all children in ORR care. For children requiring additional

supervision at the care provider program due to mental health concerns, specify the type (e.g., 24/7 monitoring), frequency (e.g., during waking hours, overnight), and duration of supervision needed.

- o **Accommodation for continuous or intermittent physical/mental impairment affecting major life activities:** ORR expects healthcare providers to assess children at every evaluation, including the IME, for continuous or intermittent physical or mental impairments and determine any necessary accommodations. Developmental screening should be completed per published screening guidance (e.g., Bright Futures/American Academy of Pediatrics Recommendations). If any impairment is substantially impacting at least one major life activity, continuously or intermittently, ORR considers the child to have a disability. 'Substantial limitation' means more difficulty completing a major life activity than most children of similar age. This definition is intentionally broad rather than a strict standard. An impairment does not need to prevent, or significantly or severely restrict a major life activity, to be substantially limiting. On the MAF, healthcare providers must clearly document the diagnosis causing the impairment, the required accommodations and total expected duration.
- o **Travel restrictions:** The physical location of a child in ORR care may change for a variety of reasons (e.g., unification with sponsor, turning 18 years of age, transfer to another ORR care provider program, or returning to country of origin). If the child has medical needs that could delay or otherwise affect their ability to travel, the healthcare provider should document all restrictions or requirements needed to ensure safe transit, recommendations for testing or treatment to ensure optimization of any health condition prior to travel and recommended follow up care at the child's destination. For example, "No travel until child has been fever-free for 24 hours without antipyretic medications". Note, a child may be fit to travel despite needing additional follow-up care (e.g., referrals, imaging) provided all urgent health needs and potentially treatment-altering results have been addressed.
- **Physical Examination:** For the IME, all systems must be evaluated. A genitourinary exam is not required unless the child reports relevant signs/symptoms, there is a clinical concern, or the child requests an exam. If any of the other systems in the physical exam are deferred at the IME or incomplete, the reason must be documented.

Key Reminders:

- Please provide copies of **ALL health records** (office notes, imaging reports, lab results, immunization records, etc.) either directly to care provider program staff or uploaded to ORR's electronic system of record by the end of the visit (or as soon as possible after the visit).
- Ensure that all information, including your signature and printed name, written on the paper version of the MAF is **legible and complete**.

If you have questions about the MAF, need additional guidance, or have concerns regarding the information collected, please contact the Division of Health in the ORR's Unaccompanied Alien Children Bureau (UACB) at ORRDHUAC@acf.hhs.gov. For more information about the UACB, visit: <https://acf.gov/orr/programs/uac>.

Thank you for your support and collaboration in providing high-quality care to the children in our care.

Director (Acting), Division of Health (DoH)

Unaccompanied Alien Children Bureau / Office of Refugee Resettlement

Administration for Children and Families / U.S. Department of Health and Human Services

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