

## **FORM 1-08**

### **APPLICANT FILE REVIEW GUIDANCE – REGIONAL REVIEW PROCESS**

#### **Purpose**

To provide additional information and guidance on the regional review process of applications recommended for denial by a center.

#### **Policy**

Centers can only *recommend* denial of enrollment because:

- Of direct threat
- The center cannot meet the applicant’s health-care needs
- The health-care needs of the applicant are manageable at Job Corps as defined by basic health-care services in Exhibit 2-4, but require community support services which are not available near center
- New information demonstrating that the applicant does not meet one of the eligibility requirements outlined in Exhibit 1-1

#### **Regional Review Documentation Requirements for Direct Threat or Health-Care Needs**

- Applicant files submitted by a center to the Regional Office as a recommendation of denial for direct threat and health-care needs should include the following information:
- Completed “Center Recommendation of Denial Form for Direct Threat, Health-Care Needs, and Disability Status” (found in Form 1-07)
- Completed “Form for Individualized Assessment of Possible Direct Threat” (found in Form 2-04) or a completed “Form for Individualized Health-Care needs Assessment” (found in Form 2-05)
- Supporting documentation

The Regional Office File Review Coordinator sends these files to the Regional Administrative File Review Coordinator who completes an administrative review of the file to ensure that the file review process has been completed.

#### **Regional Review Documentation Requirements for New Information**

Applicant files submitted to the Regional Office for a disability review related to age or income should include the following information:

- Completed “Center Recommendation of Denial Form for Direct Threat, Health-Care Needs, and Disability Status” (found in Form 1-07)
- Supporting documentation

The Regional Office will forward the file and supporting documentation to the Regional Administrative File Review Coordinator for completion of the disability status review.

### **Regional Review Documentation Requirements for New Information**

Applicant files submitted to the Regional Office as a recommendation of denial for new information should include the following information:

- Completed “Center Recommendation of Denial Form for New Information” (found in Form 1-07)
- Supporting documentation

The Regional Office appoints an internal staff or staff person(s) to review files submitted with recommendations of denial based upon new information.

### **Withdrawal of Application while a File is in Regional Review**

If the application has entered the regional review process, the center must return the file to the Regional Office and not to Outreach and Admissions. The Regional Office verifies the documentation that the center was either unable to reach the applicant to complete a required interview or that the applicant requested withdrawal of his or her application. If the Regional Office’s tracking log shows that the file had been returned to the center for additional work by either the Regional Administrative File Review Coordinator or by a Regional Health Specialist (RHS), then the Regional Office notifies that individual that the file is being processed as a withdrawal so that all tracking logs may be updated and tracking of the file closed.

### **Center Transmission of Applicant File and Supporting Documentation**

The center should place the “Center Recommendation of Denial Form for Direct Threat, Health-care needs and Disability Status” in a separate sealed envelope marked “Regional Office.” The center should also maintain and/or place acquired health and/or disability documentation including the health-care needs or direct threat assessments in a separate envelope marked “Health/Disability Records.”

This ensures that all protected information is secured prior to transmission, but allows the Regional Office to access the form needed for processing the recommendation.

## **Regional Review Process for Center Recommendations of Denial**

All applicant files received in the Regional Office are received and logged in and the “Regional Office File Review Process Form” is initiated (see Attachment A) by the Regional Office File Review Coordinator, and attached to the file for tracking and monitoring purposes.

### *Review of Center Recommendations of Denial Based upon New Information*

#### **Step 1:**

The Regional Office receives the applicant file that has been recommended for denial and logs it into the Regional Office tracking log.

#### **Step 2:**

The Regional Office File Review Coordinator reviews the center recommendation of denial form to determine the type of denial. If the center has completed the “Center Recommendation of Denial Form Based upon New Information,” the Regional Office File Review Coordinator forwards the file to the Regional Office staff person or persons designated by the Regional Director to complete the review of the file.

#### **Step 3:**

If the center has not provided all the required information or documentation, the Regional Office staff person contacts the center and obtains the missing information.

#### **Step 4:**

The Regional Office makes a determination on the recommendation. Each Regional Director determines if he or she needs to review and/or make the final application determinations or whether it is handled solely by the designated regional reviewer.

If the determination is to overturn the recommendation of denial, the applicant’s file is returned to the center with guidance to resume the applicant file review process. The center may complete a health-care needs or a direct threat assessment, if appropriate, and resubmit the file to the Regional Office for review. See “Review of Center Recommendation of Denial Based upon Health-Care Needs, Direct Threat Assessment, or Disability Status.” If the center no longer has a basis for recommending denial, the center must schedule the applicant for enrollment.

If the determination is to uphold the center’s recommendation, a clear, documented, written decision regarding the recommendation of denial is completed and issued to the applicant with notification of the application outcome to both the Admissions Counselor (AC) and the center. The AC provides the appropriate referral information to the applicant.

All applications must be reviewed in a timely manner.

*Review of Center Recommendation of Denial Based upon Health-Care Needs, Direct Threat Assessment, or Disability Status*

**Step 1:**

The Regional Office receives the applicant file that has been recommended for denial and logs it into the Regional Office tracking log.

**Step 2:**

The Regional Office File Review Coordinator reviews the center recommendation of denial form to determine the type of denial. If the center has completed the “Center Recommendation of Denial Form Based upon Health Care Needs, Direct Threat Assessment, or Disability Status,” the Regional Office File Review Coordinator forwards the file to the Regional Administrative File Review Coordinator to complete an administrative (i.e., process) review of the file.

**Step 3:**

If the center has not provided all the required information or documentation or has not completed some component of the required file review process, the Regional Administrative File Review Coordinator returns the file to the center with guidance and instruction as to what part(s) of the process must be completed and/or what documentation is needed.

The corrected documentation and file should be returned to the Regional Administrative File Review Coordinator within 10 business days of receipt of the file.

**Step 4:**

Once the administrative review is completed, the Regional Administrative File Review Coordinator forwards the file to the appropriate RHS(s) for a *clinical review* (i.e., mental health, medical, dental, TEAP).

**Step 5:**

The RHS documents his or her support or disagreement with the center’s recommendation and the file is submitted to the Regional Director for a final determination. If the recommendation is for the applicant to be considered for an alternate center due to health care needs that may require resources closer to the applicant’s current home address, then the RHS also completes a “Referral for Alternate Center Form” (see Attachment B and *Review Process for Recommendations to Attend an Alternate Center* below).

**Step 6:**

The Regional Director, or designee, reviews the recommendations. If the Regional Director

supports the center's recommendation for denial, a clear, documented, written decision regarding the recommendation of denial is completed and issued to the applicant with notification of the application outcome to both the AC and the Center. The AC provides the appropriate referral information to the applicant.

If the Regional Director rejects a denial recommendation, the applicant's file is returned to the center for the applicant's enrollment. The applicant must be scheduled for arrival based on the date on which the application first arrived on center, not the date that it was returned from the region.

### *Review Process for Recommendations to Attend an Alternate Center*

#### **Step 1:**

If the center has recommended that an applicant's health-care needs exceed basic health care but could possibly be met at an alternate site, then the RHS reviews the health-care needs assessment and supporting documentation. The RHS documents his or her recommendations.

#### **Step 2:**

If the RHS concurs with the center's recommendation, the "Referral to an Alternate Center Form" (see Attachment B) is completed and included with the RHS's recommendations for the Regional Director or his or her designee's review.

#### **Step 3:**

If the Regional Director or designee concurs, the Regional Office forwards this the applicant's file back to the AC for assignment to an alternate center. The Regional File Review Coordinator ensures that the following documents are included with the applicant's file:

- The Health-Care Needs Assessment completed by the previous center which should be stored in the "Medical" information envelope. This assessment is included for the alternate center's clinical staff to review.
- The "Referral to an Alternate Center Form" which is completed by the RHS and guides the AC in selecting an appropriate alternate center to consider.

Additionally, the original center is notified that the Regional Office has upheld their recommendation.

If the Regional Director or designee overturns the center's recommendation, the AC and the center are notified, and the center directed to enroll the applicant and the review process ends.

**Step 4:**

The AC reviews the “Referral to an Alternate Center Form” and contacts the applicant to discuss and determine which alternate center the applicant is going to be conditionally enrolled.

**Step 5:**

The AC forwards the applicant file along with the information identified in Step 3 of this section to the alternate center.

**Step 6:**

The alternate center completes a clinical assessment to determine if the center can meet the applicant’s health-care needs and to assess the applicant’s current stability. If the center finds that it can meet the health-care needs of the applicant at their location, the center schedules the applicant for enrollment and notifies the Regional Office of the applicant’s acceptance.

If the alternate center, however, believes that the applicant’s health-care needs exceed those of basic care even with the access to local supports and services, then the center must complete its own Health-Care Needs Assessment using the current form in Form 2-05 and resubmit the file to the Regional Office for review.

**Step 7:**

The Regional Office logs receipt of the file and forwards it to the RHS who conducted the original review of the previous center’s recommendation to consider an alternate center.

**Step 8:**

If the RHS recommends overturning the alternate center’s recommendation of denial and the Regional Director, or his or her designee, concurs, then the AC and the center are notified and the center directed to enroll the applicant.

If the Regional Director, or designee concurs, a clear, documented, written decision regarding the recommendation of denial is completed and issued to the applicant with notification of the application outcome to both the AC and the center. The AC provides the appropriate referral information to the applicant.

ATTACHMENT A

(Insert Regional Office Header)

**Regional Applicant File Review Process Form**  
(For Regional Office use only)

<b>Applicant Name:</b>	<b>ID#:</b>
<b>Center:</b>	<b>Date:</b>

Readmit:

Reason(s) for Review:

<input type="checkbox"/>	Health Care Needs (Send file to Regional Administrative File Review Coordinator)
<input type="checkbox"/>	Direct Threat (Send file to Regional Administrative File Review Coordinator)
<input type="checkbox"/>	New Information (Regional Office Staff processes the file – <b>Complete Section A below</b> ; Send to Regional Administrative File Review Coordinator only if the recommendation under new information is for disability status related to age or income – eligibility requirement criteria 2 and/or 3)

**Section A: New Information – Applicant Eligibility Review – Regional Office Staff**

Reviewer:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the center staff list the specific eligibility requirement that resulted in the applicant being ineligible?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the center staff list the specific eligibility requirement question or reference the specific criteria from Exhibit 1-1 that was the basis for the recommendation of denial?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the center staff list the specific responses to the questions and/or document the current status of the criterion re-asked/re-assessed from Exhibit 1-1?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the center identify by title and source the new information that the AC could not have reasonably known and that was the basis for revisiting eligibility?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does the file need to be returned to the center to complete any missing documentation related to the above new information review?
If returned to center —		Date Sent: _____ Date Returned: _____

If the new information review is complete, proceed to Section D and complete, as appropriate.

**Section B: Administrative Review – Regional Disability Staff**

Reviewer:		Date Received:	
<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health	<input type="checkbox"/> TEAP	<input type="checkbox"/> Dental

<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to Center	Date Sent: _____	Date Returned: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to Regional	Date Sent: _____	
RHS:		Date Sent: _____	
Comments:			

- 
- This file contains an **Accommodation Recommendation of Denial** request that requires regional review. Please see recommendations/comments included on the **Administrative File Review Form** stored in the sealed envelope marked "Regional Office."*

Applicant: \_\_\_\_\_ ID#: \_\_\_\_\_

**Section C: Clinical Review – Regional Health Specialist**

Reviewer:		Date Received:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to Center	Date Sent:	Date Returned:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Forwarded to RHS:		Date Sent:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Forwarded to Regional		Date Sent:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Support Recommendation ( <i>See comments on Regional Health Specialist Form stored in the sealed envelope marked "Regional Office."</i> )		

**Clinical Review – Regional Health Specialist**

Reviewer:		Date Received:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to Center	Date Sent:	Date Returned:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Forwarded to RHS:		Date Sent:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Forwarded to Regional		Date Sent:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Support Recommendation ( <i>See comments on Regional Health Specialist Form stored in the sealed envelope marked "Regional Office."</i> )		

**Section D: Regional Office Final Disposition – Regional Office**

Regional Director or Authorized Representative:		
<input type="checkbox"/>	Eligible for Enrollment*	Date:
<input type="checkbox"/>	Ineligible	Date:
<input type="checkbox"/>	Approved for Enrollment	Date:
<input type="checkbox"/>	Disapproved	Date:
<input type="checkbox"/>	Administrative – RO Withdrawal of Application**	Date:
<input type="checkbox"/>	Applicant Requested Withdrawal of Application	Date:
File Returned to Center		Date:
File Returned to OA		Date:
Comments or Findings:		

\* If the applicant is eligible, please return the file to the center that submitted it with instructions to contact the applicant and resume the admissions process. The center may complete a health care needs or direct threat assessment, as appropriate, and resubmit to the Regional Office.

\*\* Applicant file has entered into the regional review process and the file was returned to the center for completion of the file review process. During this time, the center (along with the AC) was unable to contact the applicant after multiple attempts.

ATTACHMENT B

**Referral for Alternate Center Form  
Recommendations to be shared with Admissions Counselor (AC)**

**Regional Office:** As per PRH 1: 1.5, R4(b)(2a), if the center’s recommendation is supported by the Regional Health Specialist (RHS) and approved by the Regional Director or his or her designee, then the Regional Office returns the file, including the completed Health-Care Needs Assessment from the initial center, to the AC to contact the applicant and assist in identifying the new center.

<b>Applicant Name:</b>	<b>ID#:</b>
<b>Original Center:</b>	<b>RHS:</b>
<b>Reason for Recommendation of Alternate Center</b>	
<p>The Regional Health Specialist (RHS) concurs with the recommendation from the center that health care needs are manageable at Job Corps as defined by basic health care services in Exhibit 2-4, but require community support services which are not available near center. Applicant should be considered for center with specific health support as checked below:</p> <p><input type="checkbox"/> 1. Access to current treatment providers/specialists in home state.</p> <p><input type="checkbox"/> 2. Access to medical or mental health agency offering services within reasonable distance from center.</p> <p><input type="checkbox"/> 3. Access to health specialist (specify type): _____</p> <p><input type="checkbox"/> 4. Other: _____</p>	

**AC Guidance**

Contact applicant and discuss needs identified above on this form. Once an appropriate alternate center is identified, submit the complete file along with a copy of this form to that center. The medical envelope should already contain the Health Care Needs Assessment that was completed from the previous center.

**Alternate Center Guidance**

The alternate center completes a clinical assessment to determine if the center can meet the applicant’s health care needs and the applicant’s current stability.

- If the alternate center finds that it can meet the health care needs of the applicant at their location, the applicant is scheduled for enrollment.
- If the alternate center believes that the applicant’s health care needs exceed those of basic care even with the access to local supports and services, then the alternate center must complete its own Health Care Needs Assessment and resubmit the file to the Regional Office for review.

*See Form 1-07 for more detail.*

---

*Regional Health Specialist’s Signature*

*Title*

*Date*

\*Please place in a separate envelope and label it as “**Regional Office.**”