

(Insert Regional Office Header)

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

Applicant Name:		ID#:	
Center:		Date:	

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 – Complete Section A below ; 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"/> TEAP	
<input type="checkbox"/> Mental Health		<input type="checkbox"/> Dental	

<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to Center	Date Sent:		Date Ret.:	
<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 Ret.:
<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 Ret.:
<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		
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.