

Regional Office File Review Process Form
Center Recommendation of Denial

Date:		Log #:	
Applicant Name:		ID#:	
Regional Office:		Center:	
OA:		AC:	

Readmit:

Reason(s) for Review:

<input type="checkbox"/>	Health-Care Needs				
<input type="checkbox"/>	Medical	<input type="checkbox"/>	TEAP		
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Dental		
<input type="checkbox"/>	Direct Threat				
<input type="checkbox"/>	Ineligibility Quality Review - Center				

Administrative Review:

Reviewer:		Date Received:	
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Applicant Ineligibility Review:

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the center staff list the specific EAR that resulted in the applicant being ineligible?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Did the center staff list the specific EAR question from Exhibit 1-1 that resulted in the applicant being ineligible?
<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	Was the applicant informed of why s/he was found to be ineligible?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was the applicant provided with the appropriate appeal and complaint information?

<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:			

See attached comments

Regional Health Specialist Review:

Reviewer:		Date Received:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Returned to Center	Date Sent:
<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 (see attached comments)	

Regional Health Specialist Review:

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 (see attached comments)		

Regional Health Specialist Review:

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 (see attached comments)		

Regional Office Final Disposition:

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	

*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.

**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.

Findings/Comments:

See RHS Findings in separate sealed envelope marked "Regional Review."