

Applicant File Review Process Overview

**Step 1 – Records Dept. receives file electronically from Outreach and Admissions (OA). File is in “Pending Center Review” status.**

Records Dept. records the receipt of applicant file, the file review completion due date (30 days), the applicant ID #, the applicant’s last and first names.

**Step 2 – Records Department logs the name of the HWD.**

Records notifies the HWD that applicant files are ready for review in the Health and Disability E-Folders.

**Step 3 – HWD completes initial review of applicant file and documents on the Center File Review Form (PRH 1 – Form 1-06).**

The HWD completes a review of the “Job Corps Health Questionnaire” (ETA 653) and the medically-related documentation to determine:

* The health care needs of the applicant and whether JC can meet those needs, and
* If the applicant presents a direct threat to others.

**Step 4 – Initial Review Completed.**

HWD either informs the Records Department that the initial review is complete or completes the date of the initial review on the AFR log.

**Cleared for enrollment:** The HWD informs Records that the applicant is cleared for enrollment.

**Step 5 – Identifying the File Review Team (FRT) (Not Cleared for Enrollment in the Initial Review)**

The HWD assigns the applicant file for review to the appropriate qualified health professionals (QHPs) to conduct a documentation review and potentially, a clinical review. The members of the FRT determine if a health care needs or a direct threat assessment is necessary or if there is a need to revisit the eligibility factors. The Non-health Disability Coordinator (DC) is assigned review of any IEPs/504 plan.

**Step 6 – Non-health DC provides written feedback.**

If there is non-health educational documentation, the DC provides written feedback to the HWD in a timely manner so the HWD may determine if a QHP needs to review the non-health information (IEP, 504 plan, etc.)/contact the applicant to discuss.

**Step 7 – QHP makes an enrollment decision.**

* The applicant’s health care needs exceed those of Job Corps’ basic health care responsibilities as per Exhibit 2-4 and completes Form 2-05.
* The applicant poses a direct threat to others and completes Form 2-04.
* The applicant is cleared for enrollment.

**Step 7a – Enrolling the applicant.**

The HWD informs Records of the disposition of the AFR (i.e., approved for enrollment) and the completion date.

**Step 7b – Recommending denial of enrollment.**

If the applicant is a person with a disability, then the QHP, in collaboration with the DC, completes the Post DT/HCN Assessment disability accommodation (DA) review section of either Form 2-04 or Form 2-05. The QHP, in collaboration with the DC, identifies any DA that potentially reduce the barriers to enrollment.

**Step 7c – Disability Accommodation Process (DAP)**

Then, either the QHP or the DC initiates an interactive process with the individual with a disability to discuss the DA that the QHP checked in STEP 7b. The QHP or the DC documents whether the applicant accepts, declines, or there is agreement to modify the proposed DA.

**Step 8 – Submitting ROD to Regional Office**

See **“Recommending Denial of Enrollment”** on page 2.

PRH AFR Policy Resources:

**Chapter 1: 1.5 Center AFR Process**

Forms and Appendices:

**Chapter 1: Form 1-06**

**Chapter 2: Form 2-03, Form 2-04, Form 2-05; Appendix 201, Appendix 202**

**Applicant File Review (AFR) Snapshot**

Familiarizing Yourself with Applicant File Review

AFR is a complex process that requires 1) familiarity with Job Corps policy and 2) practice in using the process to develop a solid understanding of all the various requirements.

The center’s **Health and Wellness Director (HWD) is the Applicant File Review Coordinator** for the center and is the individual responsible for managing the center’s AFR process.

The **Records Manager is the Gatekeeper of the Applicant File** and is responsible for maintaining the AFR tracking log, monitoring file review timelines, and requesting time extensions from the Regional Office.

Contact your **Regional Disability Coordinator** for assistance with the AFR process!

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## Preparing Submission

The HWD ensures that either a completed Form 2-04 or 2-05 (signed by the qualified licensed health professionals recommending denial of enrollment) and all medical and disability documentation are uploaded to the Health and Disability E-Folders.

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Figure : All medical and disability documentation including clinical and DA process notes (if an applicant with a disability) must be uploaded to either the Health or Disability E-Folders in CIS.

## Notifying the Regional Office

**Step 1 of 2**: The HWD MUST select the “Notify Regional Review” option in the Health E-Folder in CIS and select the reason for recommending denial. The MOST important step is step 1. This is the step that notifies all the appropriate parties that a regional review needs to be completed. Selecting the “Notify Regional Review” and the type of denial triggers email notifications to the appropriate parties.

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Figure : Screenshot of the “Flag for Regional Review” within the Health E-Folder.

Recommending Denial of Enrollment

Who Completes the Health Care Needs Assessment (HCNA)?

Medically-related Conditions:

* Center Physician
* Nurse Practitioner
* Physician Assistant

The HWD may assist with the completion of the HCNA but the Center Physician (or like counterpart) must sign the assessment if recommending denial of enrollment for a medically-related condition or disability.

Mental Health-related Conditions:

* Center Mental Health Consultant

Oral Health-related Conditions:

* Center Dentist

Substance Use-related Conditions:

* TEAP Specialist
* Center Mental Health Consultant



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Enrolling the Applicant?

Once the Wellness Department has cleared an applicant with a disability for enrollment, a DC must contact the applicant to initiate the center DAP.

If an AP is developed, document the outcome of the contact in the Accommodation Plan Notes tab in CIS (i.e., draft accommodation plan completed, etc.); then document on the RA/RM/AAS Request and Disability Coordinator Contact Form (RA/RM/AAS Request and DCC Form) (*See Form 2-03*) and store in the Accommodation File.

If the individual does not want accommodations, the decline should be documented on the RA/RM/AAS Request and DCC Form. *See Form 2-03*. When an individual declines accommodations, this form is stored in the Disability No Accommodation File.

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## Recommending Denial of Enrollment (cont.)

## Changing the Application Status in Pending OASIS Arrivals

**STEP 2 of 2:** The HWD informs Records of the applicant file being submitted for Regional Review. The Records Manager **changes the status** of the applicant from “Pending Center Review” to “Regional Review” in OASIS Pending Arrivals.

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When the center submits a recommendation of denial, **the HWD will ALWAYS receive an email confirmation of this submission within 24 to 48 hours of submission**. IF the center does not receive this notification, then please contact the Regional Office to inquire. Most likely, the FLAG for Regional Review was not selected, thus, no one knows that the center has a file that requires regional review.

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Figure : Process Graphic for Submitting Applicant File Recommendations of Denial to the Regional Office for Review.

Communication within the Assessment Process

Communication-related accommodations are a separate requirement from providing general accommodations.

It is important to ensure that applicants who may need communication accommodations to participate in the applicant file review process receive them. This may include individuals who have spectrum disorders (ASD), intellectual disabilities, severe anxiety-related conditions, processing (auditory or otherwise), sensory impairments such as hearing, seeing, speech/language impairments, etc.

Communication accommodations are a **separate** consideration from general accommodations that an individual may need because the process is viewed, according to EEOC guidelines, as essentially meaningless if the individual cannot understand or readily participate due to communication barriers. **The provisions of any communication accommodations must be documented in the applicant’s paperwork.**

If there are clearly documented communication-related issues/concerns:

The FRT (and the Disability Accommodation Committee (DAC)) must provide communication-related accommodations during the clinical (and or interactive disability accommodation process) interviews and document in the clinical assessment.

If there is a spectrum disorder or other diagnosis where there may be communication-related needs but nothing overtly noted as an issue in the documentation/no apparent issues related to communication noted during the interviews:

In the clinical assessment, document your observations and assessment of the applicant's ability to understand the questions being asked, the information provided, and their ability to respond to the questions asked. ***Certify your assessment* of the applicant’s understanding by documenting your observations specific to communication and signing below those observations.** For example:



Communication-related Accommodation Examples

* Repeat statements
* Give extra processing time to both absorb information and respond to questions
* Slow your rate of speech
* Simplify language or rephrase statement or question
* Use picture-related supports
* Provide handouts of questions and/or necessary information and ensure written in simplified language and/or using picture-related supports
* Allow written communication such as e-mails, texts, or written responses if in person, etc.
* Ask the applicant to repeat back information received to confirm understanding
* Provide more specialized accommodations, as needed, such as a sign-language interpreter or a foreign language interpreter (e.g., Spanish speaking, Vietnamese, etc.) for a person with a disability who is ELL.

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**Communication Needs of the Applicant –**

*"Applicant did not exhibit any noticeable difficulties in comprehension or social communication during the interview. They were able to engage in a reciprocal conversation and answer questions."*

-Center Clinician Signature-

