**Applicant File Review**

**Health Care Needs Assessment (HCNA): Medical Case Summaries**

**Introduction:** The following are examples of applicant file reviews. Our goal with these summaries are to help you in your applicant file review process.

In each vignette, the center Health and Wellness Director determined that the applicant file needed review by the medical health specialist as the applicant had potential medical health care needs that required review or clarification.

Each vignette provides a summary of highlights of the content provided as center’s justification for denial on the “Form for Individualized Health Care Needs Assessment” and supporting documentation, including the consideration of disability accommodation.

When applicant interview and treating provider recommendations were included, we have commented upon that and the role it plays in the Regional Medical Specialist (RMS) decision-making recommendation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vignette 1:**

**AFR #1:** Applicant is a 17-year-old male with a history of type 1 diabetes for 9 years. The CCMP form completed by his endocrinologist states that his “blood sugar is uncontrolled.” The specialist also stated that the applicant is not able to manage his insulin without supervision, and he is not able to reside in a dormitory style residence with minimal supervision. The center interview with the applicant confirmed the same information. Center recommended denial based on the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and in review of potential accommodations with the Disability Coordinator, the center was unable to identify accommodations to sufficiently reduce or remove barriers to enrollment.

**RMS Review and Recommendation:** The RMS concurred with center recommendation based on the center providing adequate rationale and documentation to support the denial. The key components of this include that the applicant does not demonstrate self-management of diabetes and Job Corps does not provide health staff 24/7. The applicant’s medical subspecialist did not support enrollment.

**Vignette 2:**

**AFR #2:** Applicant is a 24-year-old male with a history of poorly controlled type 1 diabetes mellitus. The applicant is followed by an endocrinologist and has been doing well since his first hospitalization with diabetic ketoacidosis 6 months ago. Most recent glycosylated hemoglobin was 14% (normal < 5.7%). Based on the applicant interview, the applicant reports he is capable of self-monitoring glucose levels and self-administering insulin. CCMP forms were not returned. Center recommended denial based on the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and in review of potential accommodations with the Disability Coordinator, the center was unable to identify accommodations to sufficiently reduce or remove barriers to enrollment.

**RMS Review and Recommendation:** RMS did not concur with recommendation for denial as the center did not provide adequate rationale and documentation to support the denial. Key factors: Applicant has demonstrated self-management since hospitalization 6 months ago and has not required repeat hospitalization. He does not endorse symptoms of diabetes that would preclude participation in Job Corps. An elevated hemoglobin A1c is not a reason for denial. Diabetic control often improves on center given the daily structured schedule, three meals a day with healthy choices and regular sleep patterns. Would likely benefit from the daily structure of Job Corps as well as chronic care management with physician and nursing education focusing on improved control of his diabetes as an employability skill.

**Vignette 3**

**AFR #3:** Applicant is a 24-year-old male who three years ago sustained an ischemic stroke resulting in left hemiparesis and a six-month hospitalization, complicated by tracheostomy, gastrostomy tube feeding, pleural and pericardial effusions and cranioplasty. He now has a complex partial seizure disorder, controlled with medication. His neurologist completed a CCMP form endorsing his enrollment in Job Corps, with seizure precautions and periodic follow-up visits. Applicant interview supported that applicant can self-manage medications, is ambulatory and independently manages activities of daily living. Center recommended denial based on the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and in review of potential accommodations with the Disability Coordinator, the center was unable to identify accommodations to sufficiently reduce or remove barriers to enrollment.

**RMS Review & Recommendation:**  The RMS did not concur with the center recommendation for denial as the center did not provide adequate rationale and documentation to support the denial. Enrollment is supported by applicant’s medical subspecialists. Symptoms are controlled with medical management. The applicant would receive disability accommodations including seizure precautions and follow-up. He is ambulatory and manages activities of daily living independently.

**Vignette 4**

**AFR #4:** Applicant is a 21-year-old male with reported surgery at age 16 months for coarctation of the aorta and bicuspid aortic valve. Applicant medical records show that the applicant currently has symptoms of bradycardia, fatigue, and probable congestive heart failure with shortness of breath upon exertion. Additionally, records show he also has a history of uncontrolled, untreated hypertension, recurrent strokes, and an uncontrolled seizure disorder. CCMP forms were not returned. Applicant interview aligned with the health records findings. Center recommended denial based on the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and in review of potential accommodations with the Disability Coordinator, the center was unable to identify accommodations to sufficiently reduce or remove barriers to enrollment.

**RMS Review & Recommendation:** RMS concurred with center recommendation for denial as the center provided adequate rationale and documentation to support the denial. Applicant’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 due to the severity of his ongoing symptoms of cardiovascular disease and uncontrolled seizures. Even with consideration for accommodation, the center was unable to identify accommodations that would remove or reduce barriers to enrollment. The severity of symptoms would preclude his participation in Job Corps. His specialty care needs exceed Job Corps Basic Health Care Responsibilities as defined in [Exhibit 2-4](about:blank)**.**

**Vignette 5**

**AFR #5:** Applicant is a 23-year-old male with an uncontrolled seizure disorder. Per CCMP completed by his treating neurologist, applicant has had more than ten Emergency Room visits for seizures within the past year; applicant is non-compliant with his anti-seizure medications and appointments; and applicant is not able to self-manage his medications or reside in a dormitory setting with minimal supervision. The treating neurologist does not recommend enrollment in Job Corps. The applicant interview confirms treating provider information in that the applicant is unable to recall the medications he takes and does not know the frequency, dosage, or reason for taking medications. Center recommended denial based on the individual’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and in review of potential accommodations with the Disability Coordinator, the center was unable to identify accommodations to sufficiently reduce or remove barriers to enrollment.

**RMS Review & Recommendation:** RMS concurred with center recommendation for denial as the center provided adequate rationale and documentation to support the denial. Applicant’s health care needs exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 Applicant has poorly controlled seizures requiring frequent emergency room management and is unable to self-manage medications. Applicant’s neurologist does not support enrollment.

**Vignette 6**

**AFR #6:** Applicant is a 16-year-old female with a history of non-epileptic pseudoseizures. Per CCMP completed by her treating neurologist and supported by applicant interview, the pseudoseizures are decreasing in frequency and only occur when she is at home. She has not had pseudoseizures while at school. She is not prescribed any medications for the pseudoseizures but does see her neurologist monthly. Neurologist recommends Job Corps and recommends continuation of monthly appointments to support care. Applicant has Medicaid, is applying to a center out of state, and will lose her Medicaid coverage if she enrolls at the assigned Job Corps center.

Center recommended denial based on the individual’s health care needs exceeding the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and in review of potential accommodations with the Disability Coordinator, the center was unable to identify accommodations to sufficiently reduce or remove barriers to enrollment.

**RMS Review & Recommendation:** RMS does not concur with the center’s recommendation. Based on information provided, the applicant’s health care needs do not exceed the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 but they do require community support services which would not be available at the assigned Job Corps Center. RMS recommended that the applicant be considered for a center closer to home where health support, continuity of specialty care, and insurance coverage would remain available.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vignette 7**

**AFR #7:** Applicant is a 20-year-old male with a history of Hirschsprung’s disease S/P colonoscopy with pull-through procedure who now has chronic blood loss from two large ulcers of the transverse colon. Per health records, CCMP, and applicant interview, applicant requires lab tests every 4 weeks and periodic iron and red blood cell infusions. His last infusions were 4 months ago. Center recommended denial based on the individual’s health care needs exceeding the Job Corps Basic Health Care Responsibilities in Exhibit 2-4 and in review of potential accommodations with the Disability Coordinator, the center was unable to identify accommodations to sufficiently reduce or remove barriers to enrollment. Applicant’s insurance will continue to cover specialty care while applicant enrolled in Job Corps.

**RMS Review & Recommendation:** RMS did not support the center’s recommendation of denial because the center did not provide adequate rationale and documentation to support the denial. Per treating provider and applicant, the applicant’s medical condition is currently managed with periodic iron and red blood cell infusions. The applicant can receive reasonable accommodation and reasonable modifications that would not significantly alter the Job Corps program. The monthly lab studies could be sent from the center to monitor the need for infusion therapy. A reasonable accommodation including extended leave (Exhibit 6-1) for specialty care appointments would not alter the program given infusions are infrequent and infusions can be coordinated with his GI subspecialists. Additionally, infusions could be scheduled on Fridays or Mondays to minimize time away from training.