# Regional Office File Review Process Form Center Recommendation of Denial

	1					1
Date:				Log #:		
Applicant Name:				ID#:		
Regional Office:				Center:		
OA:				AC:		
Readmit:	]			1		
Reason(s) f	or Revie	ew:				
	lth-Care					
	Medica	I	EAP			
	Mental		ental			
□ Dire	ct Threa	t				
☐ Ineli	igibility (	Quality Review - Cent	ter			
Administra	tive Rev	iew <sup>.</sup>				
	- Internet			Γ	T	
Reviewer: Date Receiv			Date Received:			
Applicant I	neligibili	ty Review:				
☐ Yes ☐ No ☐ Did the center staff list the specific EAR that resulted in the applicant being				being		
	ineligible?					
☐ Yes	□ No	Did the center staff	flist the specific EA	R question from E	xhibit 1-1 that	resulted in
		the applicant being				
☐ Yes	☐ 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?				
☐ Yes	□ No	Was the applicant informed of why s/he was found to be ineligible?				
☐ Yes	☐ No	Was the applicant provided with the appropriate appeal and complaint				
		information?				
□Yes □ſ	No Ret	curned to Center	Date Sent:		Date Ret.:	
		curned to Regional	1	Date Sent:	<u> </u>	
RHS:				Date Sent:		
See attached comments						
Regional Health Specialist Review:						
Reviewer:			Date Received:			
		curned to Center	Date Sent:		Date Ret.:	
□Yes □N		warded to RHS:		Date Sent:		
□Yes □N		Forwarded to Regional		Date Sent:		
		Support Recommendation (see attached comments)				

#### **Regional Health Specialist Review:**

Reviewer:			Date Received:		
□Yes □No	Returned to Center	Date Sent:		Date Ret.:	
□Yes □No	Forwarded to RHS:		Date Sent:		
□Yes □No	Forwarded to Regional		Date Sent:		
□Yes □No	Support Recommendation (see attached comments)				

### **Regional Health Specialist Review:**

Reviewer:			Date Received:		
□Yes □No	Returned to Center	Date Sent:		Date Ret.:	
□Yes □No	Forwarded to RHS:		Date Sent:		
□Yes □No	Forwarded to Regional		Date Sent:		
□Yes □No	Support Recommendation (see attached comments)				

## **Regional Office Final Disposition:**

Regio	nal Director or Authorized Representative:		
	Eligible for Enrollment*	Date:	
	Ineligible	Date:	
	Approved for Enrollment	Date:	
	Disapproved	Date:	
	Administrative - RO withdrawal of application**	Date:	
	Applicant requested withdrawal of application		
File Returned to Center		Date	
File Returned to OA		Date	

### **Findings/Comments:**

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

<sup>\*</sup>If the applicant is <u>eligible</u>, please return the file to the center that submitted it with instructions to contact the applicant and resume the admissions process.

<sup>\*\*</sup>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.