



Participant First Name	Participant Last Name	Participant ID	Date Request Initially Received (MM/DD/YYYY)	Date Request Being Reviewed (MM/DD/YYYY)	Date Appeal Initial (MM/DD/YYYY)	Date Appeal Received (MM/DD/YYYY)	Reason for Extension	Was the Reason for the Extension Documented? (Y/N)	Did the PO Notify the Participant Regarding the Extension? (Y/N)	What occurred with the Participant's Work Being Documented?	With the Participant's Medical Documentation? (Y/N)	Did the PO Provide the Required Services to the Medical Participant During the Appeal? (Y/N)	Was the Backlog on Appeal? (Y/N) If Yes, What Was Appropriately Communicated? (Y/N)	Was the Participant Included in the Initial Document? (Y/N)	Appropriate Documentation	Were There Any Negative Comments Received by the Public to Provide the Service? (Y/N)	If Yes, Describe	Reason for the Failure to Provide the Service?	Was the Participant Appeal Granted? (Medical or Medical/CAA - Program) (Y/N)	If Yes, Date of Appeal? (MM/DD/YYYY)	If Yes, What Appeal Process?	(Other data requested)	(Other data requested)	(Other data requested)
------------------------	-----------------------	----------------	--	--	----------------------------------	-----------------------------------	----------------------	--	--	---	---	--	---	---	---------------------------	---	------------------	--	--	--------------------------------------	------------------------------	------------------------	------------------------	------------------------