

**CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
ACCESS TO AMERICAN INDIAN RECOVERY (AAIR)**

POLICY MANUAL	AAIR PROGRAM	PAGE	1 of 1
CHAPTER 4	PROVIDER APPLICATION, CREDENTIAL REVIEW, AND ENROLLMENT	NUMBER	c4.s4.a3

SUBJECT Provider Enrollment Denial Letter

EFFECTIVE DATE 5/1/08

REVISION DATE

<date>

<first_name> <last_name>

<facility_name>

<street_2>

<city>, <state> <zip>

Re: AAIR Program Provider Enrollment Determination - Denial

Dear <title> <last_name>:

We have reviewed your application to become a provider for the Access to American Indian Recovery (AAIR) program. Unfortunately, your application has been denied for the following reason:

<reason>. You may, however, provide services as part of the Residential Treatment Program at your facility and you may provide Recovery Support Services to AAIR clients at your facility.

If you believe this decision has been made in error, you may submit a written appeal to Susan Dahl, CRIHB Corporate Compliance Officer, at the address listed below. Your appeal should contain an explanation of why you believe the denial decision is incorrect; please include additional documentation that supports your appeal. The appeal must be received by CRIHB within 45 days. If you have questions, you may call Ms. Dahl (916) 929-9761.

Sincerely,

Vicki O'Connor, MA
AAIR Program Director

cc: <contact_person>, <facility_name>