Reconsideration Request Form

Date: **District/ SPOA Information:**

Child Information		
NAME:	**DOB:**	**MEDICAID NUMBER:**

Type of Request	
☐ **RECONSIDERATION OF RECOMMENDATION**	☐ **CLARIFICATION OF RECOMMENDATION**

Please Fully Complete All Questions Below	
1. Date of last suitability assessment:	
2. Name of QE:	
3. Current recommendation by QE:	
4. SPOA contact information:	
5. What is the reason for this request (please explain in detail):	
6. If a reconsideration of the QE recommendation is being requested, please explain, in detail, what attempts were made to stabilize the child/youth at the recommended level of care:	
7. Additional comments for consideration:	

BELOW SECTION TO BE COMPLETED BY MAGELLAN OF FLORIDA ONLY			
☐ **APPROVED**	☐ **DENIED**	☐ **COURT ORDERED**	**Initials**
Comments			