Reconsideration Request and Outcome Determination

**Revised: July 30, 2020**

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| --- | --- |
| Date of Request | SPOA/CBC Information |
|  |  |

| Child Information |
| --- |
| Name: | DOB:  | County of Origin:  |
| Current Suitability Assessment/Review Information |
| Name of QE:  |  |
| Date of last Suitability Assessment/Review: |  |
| Recommendation: | [ ]  In-Patient [ ]  STGH [ ]  Non-Residential  |
| Reason for Reconsideration Request |
|  |
| Additional Comments |
|  |

TO BE COMPLETED BY MAGELLAN STAFF ONLY

| Reconsideration Criteria |
| --- |
| [ ]  The QE was not provided with the clinical record/supporting documentation at the time the suitability assessment was conducted. AND/OR[ ]  The child’s mental health has significantly decompensated since the time of the assessment (i.e. Baker Acts, self-injurious, etc.). *This does not include delinquent/conduct information such as: Running away, skipping school, arrests, cursing, suspensions, or lack of placement options.**\*Please note the above box(es) will only be marked if one or both criteria is/are met\** |
| If Reconsideration criteria was met, please submit:1. Reconsideration Referral
2. Signed Authorization

\*Please ensure that copies of any updated clinical information are available and provided to an evaluator for review. |

| OUTCOME DETERMINATION |
| --- |
| [ ]  Criteria Met  | [ ]  Criteria NOT Met  | [ ]  Court Ordered  |