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 | | |
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TO BE COMPLETED BY MAGELLAN STAFF ONLY

| Reconsideration Criteria |
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| 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 |