

Reconsideration Request and Outcome Determination

Revised: September 27, 2021

Date of Request	POC/CBC Information

Child Information			
Name:	DOB:	County of Origin:	Area:
Current Suitability Assessment/Review Information			
Name of QE:			
Date of last Suitability Assessment/Review:			
Recommendation:	Select Recommendation		
Reason for Reconsideration Request			
Additional Comments			

TO BE COMPLETED BY MAGELLAN STAFF ONLY

Reconsideration Criteria
<input type="checkbox"/> The QE was not provided with the clinical record/supporting documentation at the time the suitability assessment was conducted. <p style="text-align: center;">AND/OR</p> <input type="checkbox"/> The child's mental health has significantly decompensated since the time of the assessment (i.e., Baker Acts, self-injurious, etc.). <p style="text-align: center;"><i>*Please note the above box(es) will only be marked if one or both criteria is/are met*</i></p>
If Reconsideration criteria was met, please submit: a) Reconsideration Referral b) Signed Authorization <i>*Please ensure that copies of any updated clinical information are available and provided to Magellan.</i>

OUTCOME DETERMINATION		
<input type="checkbox"/> Criteria Met	<input type="checkbox"/> Criteria NOT Met	<input type="checkbox"/> Court Ordered