

BQ RTP - Reconsideration Request and Outcome Determination

Revised: March 2025

Date of Request	POC/CBC Information

Child Information		
Name:	Date of Birth:	Gender: Select
Race/Ethnicity: Select	County of Origin:	Area:
DSM V Diagnosis (es)/ICD 10 Codes (if applicable):		
Current Assessment/Review Information (BQ RTP or Suitability)		
Name of QE/QI:		
Date of last Assessment/Review:		
Recommendation:	Select Recommendation	
Current MDT Level of Care Recommendation		
Reason for Reconsideration Request		
Additional Comments		
Reconsideration Criteria (To be completed by Magellan staff only)		
<input type="checkbox"/> The QE was not provided with the clinical record/supporting documentation at the time the assessment/review was conducted. <input type="checkbox"/> The child has experienced a decompensation in mental, emotional, or behavioral health functioning. <input type="checkbox"/> The QE did not recommend a BQ RTP, and the courts ordered the child to be placed in a BQ RTP. <i>*Please note the above box(es) will only be marked if any of the criteria is/are met.</i>		
OUTCOME DETERMINATION		
<input type="checkbox"/> Criteria Met	<input type="checkbox"/> Criteria NOT Met	<input type="checkbox"/> Court Ordered
If Reconsideration criteria was met or Court Ordered, please submit: BQ RTP Reconsideration Referral + Signed Authorization (please provide any updated clinical information to Magellan).		