

# BQRTP - Reconsideration Request and Outcome Determination

Created: June 2024

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 Suitability Assessment/Review Information		
Name of QE:		
Date of last Assessment/Review:		
Recommendation:	Select 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 BQRTP, and the courts ordered the child to be placed in a BQRTP. <p style="text-align: center;"><i>*Please note the above box(es) will only be marked if any of the criteria is/are met*</i></p>		
OUTCOME DETERMINATION		
<input type="checkbox"/> Criteria Met	<input type="checkbox"/> Criteria NOT Met	<input type="checkbox"/> Court Ordered
<p><b>If Reconsideration criteria was met or Court Ordered, please submit:</b>            BQRTP Reconsideration Referral + Signed Authorization (please provide any updated clinical information to Magellan)</p>		