

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:
Current Suitability Assessment/Review Information		
Name of QE:		
Date of last Suitability 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 suitability assessment was conducted. <input type="checkbox"/> The child's mental, emotional and/or behavioral health has significantly decompensated since the time of the assessment (i.e., Baker Acts, self-injurious, high-risk behaviors, danger to self and others, etc.). <i>*Please note the above box(es) will only be marked if one or both 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: Reconsideration Referral + Signed Authorization (please provide any updated clinical information to Magellan)		