

Reconsideration Request - Guide

Revised: March 2025

- Please include in the first section the “Date of the Request” as well as the “POC and CBC information” (phone and email address).

Date of Request	POC/CBC Information

- Child Information: Please fill out all information.

Child Information			
Name:	DOB:	County of Origin:	Area:

- Current Suitability Assessment Review/Information: Please **Click on** “Select Recommendation” (a dropdown menu will appear - allowing you to choose the recommendation previously made).
 - Please do not mark the Recommendation you would like to receive.

Current Suitability Assessment/Review Information	
Name of QE:	
Date of last Suitability Assessment/Review:	
Recommendation:	Select Recommendation ▼
Reason	<div> <div>Select Recommendation</div> <div> Psychiatric Residential Treatment Center TGH Non-Residential BQ RTP </div> </div>

- Reason for Reconsideration Request:
 - Include all pertinent clinical information that has occurred since the time of the prior assessment/review.
 - The box will expand to capture all information.
 - If the request is due to clinical information not provided to the QE, indicate which document(s) were not available at the time of the prior assessment/review.

Reason for Reconsideration Request

Magellan will complete all other information located on page 2.

TO BE COMPLETED BY MAGELLAN STAFF ONLY

- DCF has established the Reconsideration Criteria below.
- Upon determination, the correct box(es) will be marked if the criteria are met.
- If the criteria are not met, nothing will be checked in this section.

Reconsideration Criteria
<input type="checkbox"/> The QE was not provided with the clinical record/supporting documentation at the time the suitability assessment was conducted.
AND/OR
<input type="checkbox"/> The child's mental health has significantly decompensated since the time of the assessment (i.e., Baker Acts, self-injurious, etc.).
<i>*Please note the box(es) above will only be marked if one or both criteria is/are met.</i>
If Reconsideration criteria were met, please submit: <ul style="list-style-type: none">a) Reconsideration Referralb) Signed Authorization
<i>*Please ensure that copies of any updated clinical information are available and provided to Magellan.</i>

- Outcome Determination: Magellan will mark one of the boxes, indicating the determination.

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