

Reconsideration Request - Guide

- 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:	<div style="border: 1px solid gray; padding: 2px;"> ▼ Select Recommendation </div> <div style="border: 1px solid gray; padding: 2px; margin-top: 2px;"> Select Recommendation Psychiatric Residential Treatment Center TGH Non-Residential </div>
Reason	

- 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 below Reconsideration Criteria.
- Upon determination, the correct box(es) will be mark 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. <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: 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