

## Qualified Evaluator Network (QEN) Guidelines for Request for Reconsideration

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“Reconsideration”: An area request for a separate 2<sup>nd</sup> independent evaluation, due to the rationale that the original evaluation recommended a level of care that does not meet the current needs of the child.

The Agency for Health Care Administration (AHCA), herein known as the Agency, has established guidelines for the reconsideration process. Reconsiderations can only be approved based on meeting one or both of the following Agency established criteria:

1. The Qualified Evaluator was not provided with the clinical record / supporting documentation at the time the suitability was conducted.
2. The child’s mental health has significantly decompensated since the time of the assessment (i.e., Baker Acts, self-injurious, etc.). This does not include delinquent/conduct information such as running away, skipping school, arrests, cursing, suspensions, or lack of placement options. It is applicable exclusively to mental health needs.

The Agency and Magellan Medicaid Administration requirements include:

1. The Single Point of Access (SPOA) submits a completed Request for Reconsideration via fax or e-mail to Magellan Medicaid Administration.
2. Upon receipt, Magellan Medicaid Administration will review the request to ensure it is complete and contains all necessary information in order for a determination to be made. If there are questions or information missing and/or needed, the SPOA will be notified as to what additional items are required in order to process the request timely. Magellan Medicaid Administration **must** notify the SPOA, in writing, of the specific information needed. It is the responsibility of the SPOA to submit any additional information and/or documentation. To expedite the process, a detailed outline should be provided regarding what section(s) are lacking sufficient information.
3. At times, a request for reconsideration may be ordered by the court. In these circumstances, a copy of the signed court order must accompany the Request for Reconsideration.
4. Magellan Medicaid Administration makes every effort to staff requests for reconsiderations within two (2) business days of receipt.
5. Magellan Medicaid Administration will notify the SPOA, via e-mail, of the determination.
6. If the Reconsideration was approved, then the SPOA will be provided instructions on the additional steps or information needed for a new assessment to take place:
  - a) Reconsideration Referral
  - b) Signed Authorization
7. If the request for reconsideration was denied, the reasoning will be provided in the e-mail determination from Magellan Medicaid Administration to the SPOA.
8. Multiple requests for Reconsideration cannot be approved.