

A referral for a 30-day Reassessment can occur if:

*The initial QRTP Independent Assessment has a Determination Date within 30 days from the time in which the 30-Day Reassessment referral is provided to Maximus, **and** there has been a substantiating event/episode/change in condition since the time of the original Independent Assessment outcome that requires a reassessment to evaluate if a QRTP setting is an appropriate level of care.*

Reassessments should be sent to Maximus via email to the [MI QRTP Help Desk](#). You will receive an email confirmation that Maximus has received the email and is moving forward with completion.

Documentation: **Please attach all referring documentation to the 30-Day Reassessment email**, such as any updated/additional documentation that was not included in the original assessment (e.g., documentation supporting the necessity for QRTP). For example, if a higher level of care was initially identified as appropriate, supporting documentation for stabilization. If a community placement was initially identified as appropriate, supporting documentation outlining current behavioral needs.

Child Name:

Child's Caseworker:

Phone:

Email:

Child's Placement Location:

Address:

Phone:

Please answer the following questions. Note: incomplete responses will likely result in a delay in processing this referral, as the following questions will outline the necessity of a 30-Day Reassessment.

What are the changes in behaviors/symptoms **or** substantiating event/episode/change in condition, since the outcome on the initial Independent Assessment?

Was there a change in circumstance that should be noted?

If the child is currently hospitalized, is there an active discharge date? What is the reason for discharge (e.g., what behaviors and symptoms have been stabilized)?

Identified contact who can provide the most up-to-date information pertaining to the child's changes in behavior and symptoms (**Note:** *The Caseworker will always be contacted*):

Name:

Title:

Relationship to Child:

Address:

Phone:

Email:

Any additional information provided by the Caseworker that was not included in the Initial Independent Assessment:

RPU and/or JJAU Name:

Agency:

County/Zone:

Email:

Phone:

Fax: