

Child/Youth Name _____

Child/Youth Individual ID Number (obtained from cover letter received with the CAT Determination Report) _____

Initial Referral Made by _____

Level of Care Identified as Appropriate through the CAT _____

Level of Care Being Requested for this Reconsideration _____

Note that Reconsideration requests should not be submitted to Maximus if the CAT Outcome indicated that Level 2, Level 3, or Level 4 is the appropriate level of care and the level of care requested for the child falls within one of those levels. For example, if Level 3 is recommended through the CAT, a reconsideration request would not be needed for the child to admit to a Level 4 facility.

Reason for Reconsideration Request:

- Additional Information for Review Not Available During Original Review** (Please provide a summary below and include any additional supporting documentation not provided during the original review)
- Change in Behavior or Symptoms Since Determination Was Issued** (Please provide a summary below and include any supporting documentation)

A reconsideration should be requested when additional information is identified that was not available or reported during the assessment or when significant changes in circumstances have occurred during the reconsideration timeframe.

Requested by: _____ Request Date: _____

Relationship to Youth: _____

Please submit the Desk Reconsideration Request Form along with supporting documentation to support your request for review to Maximus at **NHCAT@maximus.com**.

All Reconsideration Requests should be submitted to Maximus within 7 days of issue of the NH CAT Determination Report.