



## MICHIGAN QRTP 30-DAY REASSESSMENT FORM

A 30-Day Reassessment may be requested within (30) calendar days of initial Independent Assessment (IA) notice date. A 30-Day Reassessment can be requested if one of the following outcomes were issued: Family or Community Setting Appropriate or (2) Higher Level of Care Appropriate AND occurrence of a substantiating event, episode, change in condition, or significant change in circumstances since the original Independent Assessment outcome was issued. A 30-Day Reassessment will reevaluate if a QRTP setting is now appropriate for a child in your care.

The process for requesting a 30-Day Reassessment is as follows:

- Complete a 30-Day Reassessment Form—which can be found at: [https://maximusclinicalservices.com/svcs/michigan\\_qrtp](https://maximusclinicalservices.com/svcs/michigan_qrtp)
- Work with the original referral submitting agency (SPD, JJAU, AGAO) on completion of the 30-Day Reassessment Form and collection of all supporting clinical documentation to support your request for review. Please note, the original submitting agency (SPD, JJAU, AGAO) will submit the 30-Day Reassessment referral and documentation to Maximus for review to the MI QRTP Help Desk ([MichiganQRTP@Maximus.com](mailto:MichiganQRTP@Maximus.com)).
- Maximus will review the request, conduct all applicable interviews, and re-issue a response regarding the initial determination being upheld or overturned within (14) calendar days of receipt of the 30-Day Reassessment Request.

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, emotional, and psychiatric 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:

SPD and/or JJAU Name:	
Agency:	
County/Zone:	
Email:	
Phone:	Fax: