

Sacramento County Utilization Review Multiuse Complete Feedback Loop (McFloop)

Reviewer: Complete McFloop using EUR Tool

Provider: LPHA to review, correct as needed, return McFloop and EUR Tool to QM (see bottom)

Client Name:	Client ID#:	Auto#:
Agency and Program:	UR Date:	
Medical Necessity met: Y <input type="checkbox"/> N <input type="checkbox"/> Diagnosis Consistent: Y <input type="checkbox"/> N <input type="checkbox"/>	Check box if appropriate: <input type="checkbox"/> On site review of chart called for External UR held on (date):	
UR Tool Type: Adult <input type="checkbox"/> Child <input type="checkbox"/> Child Intensive <input type="checkbox"/> Child Day Program <input type="checkbox"/> Infant-Toddler <input type="checkbox"/> MERT <input type="checkbox"/> TBS <input type="checkbox"/>		
Reviewer: List McFloop items with letter and corresponding number (i.e., E1). Add relevant comments (Assessment missing One of 7 domains, No Safety/Risk follow-up, Care Plan/Treatment Plan missing, Billing errors, etc.)		
Reviewer Signature/Title:	Print Name/Agency:	
Co-Sign for non-LPHA	Print Name:	
Response/Correction Action by Provider: Please respond to ALL items listed above. Provider is responsible for making necessary corrections, including timely deletion of services in SmartCare. Attach second page if needed. Keep COPY of McFloop for your records. <i>(Return within two weeks of receipt.)</i>		
LPHA Signature/Title:	Print Name:	Today's Date:
Supervisor's Response (Optional):		
LPHA Supervisor Signature/Title:	Print Name:	Today's Date:
Below: QM Staff Use Only		
<input type="checkbox"/> Approved by QM Reviewer <input type="checkbox"/> Disapproved by QM Reviewer, Action taken:		
LPHA QM Signature/Title:	Print Name:	Today's Date:
Confidential Client Information See W & I Code 5328	Return completed form to: QUALITY MANAGEMENT, ATTN: UTILIZATION REVIEW COORDINATOR	
	Due two weeks from the date of receipt to QM Staff	