Sacramento County Substance Use Prevention and Treatment (SUPT) Services
Utilization Review (UR) Multiuse Complete Feedback Loop (McFloop)

Reviewer: Complete this McFloop form using UR Tool and Avatar client/service print-out.
Provider: LPHA, Lead SUD Counselor/Manager to review, correct as needed, return completed and signed McFloop form, UR Tool, and Avatar print-out to Quality Management (see below Response/Corrective Action by Provider).
Quality Management (QM): Review and approve/disapprove response/corrective action by provider.

Client Name:	**Client ID#:**	**Episode/Tab#:**
Agency and Program:	**UR Date:**	
Medical Necessity met: Y ☐ N ☐ **Diagnosis Consistent: Y ☐ N ☐**	**Check box if appropriate:** ☐ On site review of chart called for External UR held on (date):	

UR Tool Type: OS/IOS ☐ NTP/OTP ☐ Residential ☐ WM ☐ RS ☐
Adult ☐ Youth ☐

Reviewer Instructions: List non-compliance items with letter and corresponding number (i.e., **G5a**) from UR Tool. Limit comments to most problematic (Late SUD Assessments, no risk follow-up, treatment goals not measurable, missing signatures, billing errors, etc.) Also, list date(s) or date range of miss progress notes, excessive billing, etc.

Reviewer Signature/Title:	**Print Name/Agency:**
Co-Sign for non-LPHA	**Print Name:**

Response/Corrective Action by Provider: Please respond to **ALL** items listed above. Provider is responsible for making necessary corrections, including **timely deletion of services in Avatar**. Attach second page if needed.

LPHA/Lead SUD Counselor Signature/Title:	**Print Name:**	**Today's Date:**

Supervisor's Response (Optional):

LPHA Supervisor Signature/Title:	**Print Name:**	**Today's Date:**

Confidential Client Information *See W & I Code 5328*	***Keep COPY of this McFloop form, UR Tool, and Avatar print-out for your records.*** Return this completed and signed McFloop form, UR Tool, and Avatar print-out **by next UR date** to: **QUALITY MANAGEMENT, ATTN: UTILIZATION REVIEW COORDINATOR** **7001-A EAST PARKWAY - Mail Code: 37-300M, SACRAMENTO, CA 95823**

Below: QM Staff Use Only

❑ Approved by QM Reviewer
❑ Disapproved by QM Reviewer, **Action taken:**

LPHA QM Signature/Title:	**Print Name:**	**Today's Date:**

September 8, 2021