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

Reviewer: Complete this McFloop form using EUR Tool.
Provider: LPHA, Lead SUD Counselor/Manager to review, correct as needed, return completed and signed McFloop form, EUR Tool, (see bottom).
Quality Management (QM): Review and approve/disapprove response/corrective action by provider.

Client Name:	**Client ID#:**
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 ☐   Enrollment Date:_____

Adult ☐ Youth ☐   Discharge Date:_____

Reviewer Instructions: List non-compliance items with letter and corresponding number (i.e., **G5a**) from UR Tool. Limit comments to most problematic (Late CA ASAM Assessments, no risk follow-up, missing signatures, billing errors, etc.) Also, list date(s) or date range of miss service 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 SmartCare**. 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*	Return completed form to: **QUALITY MANAGEMENT, ATTN: UTILIZATION REVIEW COORDINATOR** Due two weeks from the date of receipt to QM Staff

Below: QM Staff Use Only

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

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