## Sacramento County Utilization Review Multiuse Complete Feedback Loop (McFloop) MHSA Programs 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 □ N □         Check box if appropriate: □ On site review of chart called for Extended for			On site review of chart called for External
Diagnosis Consistent: Y □ N □	]	UR held on (date):	
UR Tool Type: Adult □	Child ☐ Child Intensive ☐ Ch	nild Day Program 🗆 Infa	nt-Toddler □
MERT □ TBS □			
· ·	letter and corresponding number (i.e., G5a).	·	•
Treatment goals not measurable, mis	ssing signatures, billing errors, etc.) Review	ver: List date(s) or date range of	missing progress notes, excessive billing:
Reviewer Signature/Title:		Print Name/Agency:	
Reviewer Signature/Title.			
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. (Return within two weeks of the			
review.)			,
LPHA Signature/Title:		Print Name:	Today's Date:
Supervisor's Response (Optional):			
L DUA Companio de Cimpatoro Fifthe		Distance	To doub Date
LPHA Supervisor Signature/Title:		Print Name:	Today's Date:
LPHA Supervisor Signature/Title:  Below: QM Staff Use Only		Print Name:	Today's Date:
Below: QM Staff Use Only  Approved by QM Reviewe		Print Name:	Today's Date:
Below: QM Staff Use Only		Print Name:	Today's Date:
Below: QM Staff Use Only  Approved by QM Reviewe		Print Name:	Today's Date:
Below: QM Staff Use Only  Approved by QM Reviewe		Print Name:	Today's Date:
Below: QM Staff Use Only Approved by QM Reviewe Disapproved by QM Reviewe			
Below: QM Staff Use Only  Approved by QM Reviewe	ewer, Action taken:	Print Name:	Today's Date:  Today's Date:  LIZATION REVIEW COORDINATOR
Below: QM Staff Use Only Approved by QM Reviewe Disapproved by QM Reviewe	ewer, Action taken:  Return completed form to: QU	Print Name:	Today's Date: LIZATION REVIEW COORDINATOR

Updated: 10/1/2023