



Adult Outpatient Utilization Management Form Explanation Sheet

Completed By:

- Licensed/Waivered Psychologist
- Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- Licensed/Registered Professional Clinical Counselor
- Physician (MD or DO)
- Nurse Practitioner (NP)

Approval Completed By: Program Manager/Program UM Committee

Compliance Requirements:

1. Completed by Outpatient programs only
2. Completed by Utilization Review Committee (URC) quarterly, with a minimum of **five (5) clients** selected.
3. Clients with a LOCUS rating of **Level Two (2) or lower (equivalent to a score of thirteen (13) or lower)** are **required** to go through the UM process to either document Justification for Ongoing Services (JOS) or document clients' transition to a lower level of care.
4. Clients **may** be recommended for UM based on one or more of the following criteria:
 - a. Client enrollment in program for two (2) years or longer.
 - b. Unchanged LOCUS rating.
 - c. Treatment team recommendation.

Documentation Standards:

1. All elements of the Adult Outpatient Utilization Management Form shall be completed.
2. Document must be reviewed and signed by a Program Manager or licensed designee within five (5) business days of the URC consultation.