

This section to be used by Provider (Physician, Nurse, Therapist, Case Manager)

Provider

Name: _____

Date: _____

Although _____ (client name) has a MORs Rating of ___6, ___ 7 or ___ 8 on-going at the County or Contracted Outpatient Program are justified based on:

- Client has been in Long Term Care, had a psychiatric hospitalization, or was in a crisis residential facility in the last year
- Client has been a danger to self or others in the last six months
- Clients impairment is so substantial and persistent that current living situation is in jeopardy or client is currently homeless
- Clients' behavior interferes with client's ability to get care elsewhere
- Complex psychiatric medication regimen is very complex

Comments and Treatment Plan:

This section to be used by Program Manager or designee

- Treatment justification for on-going services is supported.
- Treatment justification for on-going services not supported. See reverse for utilization management recommendation

Comments:

Signature: _____ Date: _____

Printed Name: _____

County of San Diego
Health and Human Services Agency
Mental Health Services

Utilization Management
Justification for On-going Services

Client: _____

MR/Client ID #: _____

Program: _____

Based on Utilization Management Review the following services are recommended:

_____ Recommended for referral to Primary Care:

- Stable functioning
- Low risk of harm
- High community support or independent
- High illness management skills
- Medications within scope of primary care
- No hospitalizations or Start admissions within last year

Comments and Transition Plan:

_____ Recommended for referral to FFS or FQHC Psychiatry services:

- Moderate functioning
- Low risk of harm
- Moderate community support or independent
- Moderate illness management skills
- Complex medications not within scope of primary care
- No hospitalizations or Start admissions within last six months

Comments and Transition Plan:

County of San Diego
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Utilization Management
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