



# SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services  
910-673-9111 (FAX) 910-673-6202 [www.sandhillscenter.org](http://www.sandhillscenter.org) Victoria Whitt, CEO

## Effective July 1, 2014 Revised Process for ICF/MR LOC Utilization Review requests:

An ICF/MR LOC electronic form is located on our website at [www.SandhillsCenter.org](http://www.SandhillsCenter.org).

Every 180 days, following each facility's typical Utilization review cycle, the facility is required to complete Level of Care Eligibility Determination tool for each resident.

The Sandhills Center ICF/MR LOC electronic form has to be completed in its entirety for Utilization Review (and Medical Evaluation form if applicable). The form may be signed by the facility's physician at the time of the scheduled Utilization Review. The form is good for 30 days from the date the physician signs/dates the form and checks the member continues to meet ICF/MR LOC. The member's utilization review reauthorization must start within 30 days of the date of the physician's signature.

The provider must submit a Service Authorization Request (SAR) in the Alpha system for the utilization review period for each member. The provider must attach the LOC form (and medical evaluation, if applicable) to the SAR in the Alpha system.

The CM/UM Care Manager will review the SAR and the information from the assessments and verifies that the documentation supports the eligibility criteria documented on the Sandhills Center ICF/MR Level of Care Eligibility Determination Tool.

If the documentation continues to support ICF/MR eligibility criteria, the CM/UM Care Manager will print the LOC from the SAR and sign it to approve continued ICF/MR reauthorization. The SAR will be approved in the Alpha system. The CM/UM department will make a pink copy of the approved LOC and mail to the provider. The CM/UM department will also make a blue copy of the approved LOC and mail to DSS. \*When utilization review is completed by the provider, the ICF/MR Utilization Request Form (can be downloaded from our website) still has to be completed in its entirety and mailed as soon as possible to:

**Sandhills Center**  
**Attn: CM/UM Department**  
**P.O. Box 9**  
**West End, NC 27376**

P.O. Box 9, West End, NC 27376  
24-Hour Access to Care Line: 800-256-2452  
Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,  
Moore, Randolph & Richmond counties

