Internal UR Minutes from:

(Agency Name/Program)

(Month/Year)

| **name of Reviewer & tITLE** | **Client I.D.#** | **Med NecesS** **Y/N** | **dx****con****Y/N** | icd-10 code used **y/n** | **CLient/ caReGiVer sIGNature****ON PLAN** **Y/N** | **COORD OF CARE** **Y/N** | **MISSING****PROGRESS NOTES** **Y/N** | **NARRATIVE CORRECTIVE ACTIONS****(MCFLOOPS)****Include letter and number from MCFLOOPS** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|        |        |      |      |      |      |      |      |        |
|        |        |      |      |      |      |      |      |        |
|        |        |      |      |      |      |      |      |        |
|        |        |      |      |      |      |      |      |        |
|        |        |      |      |      |      |      |      |        |
|        |        |      |      |      |      |      |      |        |
|        |        |      |      |      |      |      |      |        |