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** |
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