**Internal UR Minutes from:**

|  |
| --- |
| Click here to enter text |

**(Agency Name/Program)**

|  |
| --- |
| Click here to enter text |

**(Month/Year)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **name of Reviewer & tITLE** | **Client I.D.#** | **Medical NeceSsITY****Y/N** | **dx****consistent****Y/N** | **icd-10 code used****y/n** | **Problem List****Y/N** | **CALAIM ASSESSMENT/****CRISIS ASSESSMENT****Y/N** | **MISSING****SERVICE NOTES****Y/N** | **NARRATIVE CORRECTIVE ACTIONS****(MCFLOOPS)****Include letter and number from MCFLOOPS** |
| Click here to enter text        | Click here to enter text        | Y/N    | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Click here to enter text        |
| Click here to enter text        | Click here to enter text        | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Click here to enter text        |
| Click here to enter text        | Click here to enter text        | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Click here to enter text        |
| Click here to enter text        | Click here to enter text        | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Click here to enter text        |
| Click here to enter text        | Click here to enter text        | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Click here to enter text        |
| Click here to enter text        | Click here to enter text        | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Click here to enter text        |
| Click here to enter text        | Click here to enter text        | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Y/N     | Click here to enter text        |

 **Signature (LPHA/LPHA Waived):**   **Printed Name:**
 Revised 10/1/2023