

471-000-13 Instructions for Completing Form DM-27M, "ICF/MR Utilization Review Minutes"

Use: Form DM-27M, "ICF/MR Utilization Review Minutes," is used by the medical review team to summarize the Utilization review.

Number Prepared: Usually two copies of Form DM-27M are completed. Three copies are completed if the local DHHS office needs to be notified of any special recommendations.

Completion: The medical review team completes Form DM-27M as follows:

Enter the facility name and address, the date of review, the number of clients reviewed, and the names of the utilization review team members.

For each client, enter the client's last name, first initial, last 4 digits of Social Security number, Care Level, and recommendations.

The chairman of the utilization review team must sign Form DM-27M.

Distribution: The medical review team retains one copy of Form DM-27M and sends one copy to the facility. The third copy, if prepared, is sent to the client's local DHHS office.

Retention: The medical review team and the local DHHS office retain Form DM-27M for 7 years. The facility retains Form DM-27M according to the facility's HIPAA retention schedule.

ICF/MR UTILIZATION REVIEW MINUTES

Facility Name:

Address:

Date of Review:

U.R. Team Members:

Number of Clients Reviewed:

Name

SS#

Care Level

Recommendations

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Medicaid Reviewer

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Chairman of Utilization Review

DM27M