MACOMB COUNTY
COMMUNITY MENTAL HEALTH

MCCMH Administration
19800 Hall Road
Clinton Township, MI 48038

855-99-MCCMH
info@mccmh.net
www.mccmh.net

DATE:

TO: *Provider Name*

Provider Address

Attention: Name of Provider Staff Member to receive letter
Email of Provider Staff Member letter sent to

FROM: MCCMH Chief Medical Officer

Chair - Clinical Risk Management Committee

RE: FOCUS Case # *000000 Person's First & Last Name*

The Clinical Risk Management Committee (CRMC) has reviewed the Incident Report ___*(IR #)*___ dated ___*(date)*____ concerning the above-referenced person served who was receiving services from your program at the time of the incident. This incident has been determined to be a:

[ ] Sentinel Event [ ] Non-Sentinel Event

Therefore, your organization is being directed to complete a:

[ ] Root Cause Analysis [ ] Mortality Review

In accordance with MCCMH MCO Policy 8-003, "Reporting and Responding to Critical Incidents, Sentinel Events, and Risk Events," please send your completed ___*(RCA/MR)*__ within **45 calendar days** and include progress notes and integration of care documentation. If you have any questions, please contact Quality.Remediation@MCCMH.net.

Please be advised that Root Cause Analysis and Mortality Review functions are considered to be peer review/Quality Improvement activities and their findings are not subject to the Freedom of Information Act (FOIA) or to subpoena.