

(was MCCMH Policy 8-05-010)

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Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**  
Title: **QUALITY CONCERN REFERRAL**

Prior Approval Date: N/A  
Current Approval Date: 4/14/09

Approved by: Donald J. Herbke 4/14/09  
Executive Director Date

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**I. Abstract**

This policy establishes the standards of the Macomb County Community Mental Health (MCCMH) Board for submission of issues which may have an impact on direct service unit or system-wide quality of care to the Macomb County Community Mental Health (MCCMH) Quality Assurance (QA) Committee for review. The procedure is not intended to deal with conflicts over the management of individual cases nor Personnel/supervisory issues. It is not intended to subvert or supersede supervisory lines of authority.

**II. Application**

This policy shall apply to all directly-operated network providers of the MCCMH Board.

**III. POLICY**

It is the policy of the MCCMH Board that issues which are believed to have an impact on directly-operated service quality of care may be submitted to the QA Committee for review and recommendations.

**IV. DEFINITIONS**

- A. Quality Concern  
An issue or problem in provision of service to recipients (registered or non-registered) or the community at large which negatively impacts on quality of care or offers an opportunity to improve recipient care.

**V. STANDARDS / PROCEDURES**

- A. When a Quality Concern is identified by MCCMH direct staff or contractors, it may be submitted to the QA Committee for review if:

1. It is believed to have broader impact/implications than to a limited number of recipients served within that direct service unit, or
  2. Attempts at resolving the issue within the direct service unit have not resulted in the desired improvement.
- B. Quality Concern Referral Forms are to be filled out completely, including the signatures of the individual(s) making the referral and the individual's (their) Supervisor, as designated.
- C. Quality Concerns identified by members of the MCCMH Executive Staff are to be submitted with copies to all other Executive Staff, as appropriate, for discussion at Executive Staff meeting.
- D. Quality Concerns are to be submitted to the QA Coordinator in writing on a Quality Concern Referral form, MCCMH #164.
- E. Appropriately completed Quality Concern Referral Forms will be reviewed by the QA Committee at its next regularly scheduled meeting to determine appropriateness for QA attention and assignment to Subcommittee(s) for analysis and review, as appropriate.
- F. Within five (5) working days, the referring individual(s) and the Supervisor will receive written notice of receipt and acceptance of the referral, including a projected time frame for completion of the review and response.
- G. Within five (5) working days, referrals which are not accepted for review will be returned to the referring individual and the Supervisor with a written explanation.
- H. Formal response and recommendations for correction/ improvement, including plans for monitoring, will be submitted to MCCMH Executive Staff for review and approval.

## **VI. PROCEDURES**

- A. See V. Standards / Procedures.

## **VII. REFERENCES / LEGAL AUTHORITY**

- A. MCL 330.1226(1)(j)

## **VIII. EXHIBIT**

- A. Quality Concern Referral, MCCMH #164

**MACOMB COUNTY COMMUNITY MENTAL HEALTH  
QUALITY ASSURANCE PROGRAM**

**QUALITY CONCERN REFERRAL**

I. DESCRIPTION OF SITUATION: (attach additional pages or exhibits if necessary)

II. PREVIOUS ATTEMPTS WHICH HAVE BEEN MADE TO EFFECT IMPROVEMENT OR ADDRESS THE CONCERN:

III. RECOMMENDATION FOR RESOLUTION / DESIRED OUTCOME:

IV. REQUIRED:

Name	Program	Date
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I have reviewed the above concern and am aware of its submission to the Quality Assurance Committee for review.

Supervisor's signature	Date
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Please complete this form and refer to MCCMH Policy 8-05-010, "Quality Concern Referral" for distribution.

<b>FOR QA COMMITTEE USE ONLY</b>	Date received: ____ / ____ / ____
BMC ____    PSS ____    P & T ____    SDS ____    UCSRS ____	

Confidential peer / professional review and quality assurance documents are protected from disclosure by MCL 330.1748(9); MSA 14.800(748)(9); MCL 331.531; MSA 14.57(21), MCL 331.533; MSA 14.57(23), and MCL 333.20175(5); MSA 14.15(20175)(8), and other state and federal laws. Unauthorized disclosure or duplication are absolutely prohibited.

**Quality Concern Referral, MCCMH #164 (rev. 10/96), MCCMH MCO Policy 10-800, Exhibit A**