

DATE: _____

TO: _____

FROM: Norma Josef, M.D.
MCCMH Medical Director, Chair of MCCMH CRMC

RE: Consumer No.:

- The Clinical Risk Management Committee (CRMC) has reviewed the incident report dated: _____ concerning the above referenced consumer who received services from your program at the time the incident occurred. Because of the circumstances surrounding this incident, it has been determined to be a:

- Sentinel Event Non-Sentinel Event Risk Event

Therefore, you are being directed to complete a:

- Root Cause Analysis Mortality Review Risk Event Investigation

Into the circumstances of this incident in accordance with MCCMH MCO Policy 8-003.

Please submit your completed report to the MCCMH Office of the Medical Director within 90 calendar days of receipt of this notification. If you have questions, you may call the MCCMH Clinical Director / Clinical Strategies & Improvement Division Director, at (586) 469-7039.

OR:

- The Clinical Risk Management Committee (CRMC) has reviewed the incident report dated: _____ concerning the above referenced consumer who received services from your program at the time the incident occurred. CRMC has determined that no further action is needed to be taken at this time.