St. Clair County Community Mental Health Authority

Quality Improvement (QI) Action Taken

Instructions:
For each case record, provide a Quality Improvement Action Taken for each "No" answer identified in the Utilization Management Individual Review Summary Report.

Submit completed form within 30 business days of email delivery date to Amy Kandell, UM Supervisor.

Program Name: _____ **Location number:** _____

Case record number: _____

Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____

Case record number: _____

Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____

Case record number:_____

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Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____
Item number: _____ QI DESCRIPTION: _____

Submitted by:_____ Title: _____ Date: _____