SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

POLICY AND PROCEDURE MANUAL

Section: Clinical Policy Number: 17 Subject: **Clinical Criteria**	Effective Date: 4/29/02 Last Revision Date: 10/15/08 Page: 1 of 2

Policy

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA) that utilization management decisions will be implemented in a fair, impartial, and consistent manner for the consumer population. SCCMHA will accomplish this task through publication of written clinical criteria for each level of care that establishes the parameters of medical necessity guiding individual utilization determinations.

Purpose

To establish clinical criteria for levels of care and program services.

Application

This policy will apply to all SCCMHA programs and services.

Approved by: _____ Board Chairperson — 10/15/08 Date

_____ Chief Executive Officer — 10/15/08 Date

Section: Clinical
Policy Number: 17
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Review/Revision Dates:

Date:	By:
2003 – 2008	Review by Board
10/15/08	Revised by Clinical Leadership
1/11/10	Reviewed by Program Committee
8/21/12	Reviewed by Craig Hause
01/30/14	Reviewed by Craig Hause
12/28/15	Reviewed by Craig Hause