

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

POLICY AND PROCEDURE MANUAL

Section: Recipient Rights  
Policy Number: 45  
Subject: **Enrollment, Screening, Referral and Authorization**

Effective Date: 4/29/02  
Last Revision Date: 5/17/16  
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**Policy**

It is the policy of Shiawassee County Community Mental Health Authority (SCCMHA), in order to ensure that all consumers residing in Shiawassee County have the opportunity to receive appropriate non-emergent services, to enroll, screen, refer and provide authorizations for non-emergent mental health services for eligible consumers in accordance with the established procedures.

**Purpose**

To ensure the protection of rights of recipients receiving services from SCCMHA.

To ensure compliance with the Michigan Mental Health Code, the Michigan Department of Health and Human Services, Administrative Rules, and the standards of accrediting bodies.

**Application**

This policy will apply to all SCCMHA programs and services.

**Compliance**

External: Mid-State Health Network  
MDHHS Master Contract and Attachments

Approved by:   
Board Chairperson

9-26-2016  
Date

  
Chief Executive Officer

9/28/16  
Date

