Approved by:  Executive Director  Prior Approval Date: N/A Current Approval Date: 7/12/02  Date	Chapter: Title:	PROVIDER NETWORK MANAGEMEN PROVIDER MANUAL	Т	
Approved by: Executive Director Date				
	Approved by:		Date	

#### I. Abstract

This policy establishes the incorporation of the Macomb County Community Mental Health (MCCMH) Board's Provider Manual into the MCCMH MCO Policy Manual.

## II. Application

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

# III. Policy

It is the policy of MCCMH to incorporate the Provider Manual by reference into the MCCMH MCO Policy Manual and to distribute Provider Manual policies to MCCMH providers.

## IV. Definitions

A. None.

#### V. Standards

A. The MCCMH Business Management Office shall maintain a copy of the MCCMH Provider Manual.

#### VI. Procedures

A. None.

## VII. References / Legal Authority

A. None.

### VIII. Exhibit

A. The Provider Manual shall be available in the MCCMH Business Management Office.