**CBCIH SUB DELEGATION VENDOR EVALUATION**

# Sub-Delegation of contract requirements from:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | CBCIH to CBC Lead Agency | [ ]  | CBC Lead Agency to other Entity |

# SUB DELEGATE EVALUATION

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| TIN/EIN: |  |  |
| Approval Date: |  | (*Approval provided by SH or CBCIH)* |
| Begin Date: |  |  |

In accordance with Vendor Agreement #3 “Sub Delegation”, CBCIH and/or the CBC Lead Agency shall provide documentation and demonstrate oversight of the sub delegate which includes:

* **Contract** – An executed agreement, that defines the delegated responsibilities of the Vendor and sub-delegate, reporting requirements consistent with those outlined in this agreement, the process by which the Vendor evaluates the sub delegate’s compliance with performance requirements in this Agreement at least every twelve (12) months, and the remedies, including revocation of the sub-delegation, available to the Vendor if the sub-delegate does not fulfill its obligations
* **Capacity Evaluation** – Evaluation of the sub delegate’s capacity to perform the delegated activities prior to the execution of the contract
* **Annual Monitoring** – Annual evaluation of performance in accordance with Health Plan’s, accreditation, regulatory and statutory standards

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| --- | --- | --- | --- |
| **Contract:** |  | **Effective Date:** |  |
|  | *(Florida Managed Medical Services Agreement or CBC Lead Agency contract* |

|  |  |
| --- | --- |
| **Evaluation**: |  |

**Monitoring**: Annual monitoring will commence within 8-12 months from the effective date\_\_\_\_\_\_\_\_\_\_

**Compliance Review**:

[ ]  Reviewed

|  |  |
| --- | --- |
| Signature: |  |
| Name: |  |
| Title: |  |
| Company: |  |
| Date: |  |