**CBC LEAD AGENCY SUB DELEGATION APPROVAL AND REQUIREMENTS**

# SUB DELEGATION: REQUEST FOR APPROVAL

In accordance with Vendor Agreement #3 “Sub Delegation”, advanced approval is required from the Health Plan to sub-delegate care coordination responsibilities to the following entity:

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
| TIN/EIN: |  |  |
| Submission Date:: |  |  |
| Begin Date: |  | (*Note: Must be 60 days later than “Submit Date”*) |

In accordance with Vendor Agreement #3 “Sub Delegation”, this written request must include an objective evaluation of the sub-delegate’s ability to perform the functions and comply with applicable state and federal statutes and rules, and accreditation requirements. The following is the objective evaluation of the agency’s ability to perform the functions:

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

**COMMUNITY BASED CARE INTEGRATED HEALTH RESPONSE**

Approved

Denied Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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