

**NORTHERN MICHIGAN REGIONAL ENTITY  
ADMINISTRATIVE MANUAL**

**POLICY NAME:** PRE-DELEGATION ASSESSMENT POLICY  
**CHAPTER:** FIVE – PROVIDER NETWORK & CONTRACT MANAGEMENT  
**POLICY #:** 05-01-010  
**EFFECTIVE DATE:** March 26, 2014

**PURPOSE**

To evaluate a Community Mental Health Services Provider or other organization to perform delegated activities prior to those activities being formally delegated.

**APPLICATION**

This policy applies to the five Member Community Mental Health Services Programs (CMHSPs), and the NMRE Substance Use Disorder Services provider panel.

**POLICY**

The Prepaid Inpatient Health Plan (PIHP) shall require that any subcontractor that wishes to perform delegated activities be assessed on its ability to complete said delegation to meet all requirements for that delegated activity. The PIHP retains final authority for granting and monitoring any activities that are delegated to subcontractors.

**REFERENCE**

Medicaid Managed Specialty Supports and Services Contract; BBA 438.230(b)

REVISED:

REVIEWED: March 23, 2016

APPROVED: March 26, 2014

*Signed copy is on file with NMRE*

\_\_\_\_\_  
Dave Schneider  
Northern Michigan Regional Entity Chief Executive Officer

\_\_\_\_\_  
Date

*Signed copy is on file with NMRE*

\_\_\_\_\_  
Joe Stone  
Northern Michigan Regional Entity Board Chair

\_\_\_\_\_  
Date