ATTACHMENT H

DELEGATED FUNCTIONS

Delegation Key:

* **Provide Required Information to Individuals**: Provide information such as Information on Consent to Treatment, Recipient Rights, the Appeals and Grievances process, etc.
* **Advance Directives**: offer information to recipients regarding advanced directives.

In the event that the CMHSP assumes responsibility for distribution of this information, Provider will not be required to provide this documentation.

Check here if CMHSP is responsible for delegated functions

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| **Service Sub-Contract or Agreement for:** | **Provide Required Info to Enrollees** | **Advance Directives** |
| Applied Behavioral Analysis (ABA) – < 17 years | x |  |
| Applied Behavioral Analysis (ABA) – 17+ years | x | x |
| Assertive Community Treatment (ACT) | x | x |
| Assessment | x |  |
| Behavior Treatment Review |  |  |
| Children’s Waiver | x |  |
| Clinical Services – Speech Hearing & Language, Occupational Therapy, Physical Therapy | x |  |
| Clubhouse | x |  |
| Community Living Supports (CLS) | x |  |
| Crisis Intervention | x | x |
| Crisis Residential Services | x | x |
| Direct Prevention | x |  |
| Enhanced Pharmacy |  |  |
| Family Support and Training | x |  |
| Fiscal Intermediary |  |  |
| Health Services | x |  |
| Home-Based Services | x |  |
| Housing Assistance |  |  |
| Intensive Crisis Stabilization | x |  |
| MI/DD Individual-Group-Family-Adult-Child Therapy | x |  |
| Nursing Facility Mental Health Monitoring | x | x |
| OBRA PAS/SAR | x |  |
| Peer Delivered or Operated Support Services | x |  |
| Personal Care in a Residential Setting | x |  |
| Private Duty Nursing | x |  |
| Psychiatric Services: Medication Administration, Medication Review, Telemedicine | x |  |

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| **Service Sub-Contract or Agreement for:** | **Provide Required Info to Enrollees** | **Advance Directives** |
| Respite Services | x |  |
| SED Waiver | x |  |
| Skill Building – non-vocational and pre-vocational | x |  |
| SUD Community Based Treatment | x | x |
| SUD Medication Assisted Treatment | x | x |
| SUD Outpatient Treatment | x | x |
| SUD Residential Treatment | x | x |
| SUD Residential Withdrawal Management | x | x |
| Supported Employment | x |  |
| Supports Coordination | x | x |
| Targeted Case Management | x | x |
| Transportation |  |  |
| Treatment Planning | x | x |
| Wraparound Services | x |  |