

| Chart Review | | |
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| Client Eligibility | Clients served meet eligibility requirements of 2 or more chronic health conditions and are medicaid and/or medicare enrolled or meet eligibility for medicaid or medicare enrollment and are adults over 18 years of age. | Saginaw Pathways to Better Care QA Manual. |
| Coordination of Care | The Pathways reflects coordination with primary health care service providers. | Saginaw Pathways to Better Care QA Manual |
| Release of Information | All clients have a release of information to be able to share information with other service providers. | Michigan Pathways Health Institute, Saginaw Pathways to Better Care QA Manual. |
| Documentation | | |
| Care Coordination Agency Has Ability to Work through Barriers | Care Coordination Agency has the ability to communicate and work through barriers with health and social service intervention providers. Care Coordinators can report barriers and related problems with connecting their clients to health, behavioral health and social service interventions. When reported, the Care Coordination Agency has support mechanisms to work through and address these issues. | HUB Certification Pre-requisites & Standards |
| Care Coordination Agency has Organizational Chart | Care Coordination Agency providing Pathways care coordination services must have an organizational chart and list of services. | HUB Certification Pre-Requisites & Standards |
| Disposal of Client Information | The Care Coordination Agency has a provision for disposal of client Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut Shredders are ideal. | HIPAA Standards. |
| Documentation Matches Invoicing | The Care Coordinating Agencies (CCA's) have proof documentation to support the invoices submitted to the HUB for processing. These are typically in the form of staff time sheets. | Saginaw Pathways to Better Health QA Manual. |
| Frequency of Client Contacts | The Community Health Workers have at least one monthly face to face contact with each assigned client. | Saginaw Pathways to Better Care QA Manual. |
| HUB Conducts Community Needs Assessments | HUB reviews or conducts community needs assessments as needed to identify populations at risk, health disparities, and potential strategies for community network intervention. HUB is able to evaluate and report changes in risk status over time. | HUB Certification Pre-Requisites & Standards |
| HUB Evaluation of Service Cost | HUB provides specific evaluation of service cost and return on investment using credible analysis. | HUB Certification Pre-Requisites & Standards |
| HUB Has Formal Methods for Engaging Agency Partners | HUB must use formal methods for engaging its care coordination agency partners. These methods can include: contracts, memoranda of understandings, or business associate agreements. | HUB Certification Pre-Requisites & Standards |
| HUB Has Mechanism for Community Involvement | HUB must have a formal mechanism for community involvement or guidance (e.g. Advisory Board, 501c3 Board). | HUB Certification Pre-Requisites & Standards |



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| HUB Has Written Program Requirements | HUB must have written program requirements and documentation to include client eligibility for services as well as written policies to ensure HIPAA-compliant client privacy and personal health information protections. | HUB Certification Pre-Requisites & Standards |
| HUB Is Free of Conflicts of Interest | HUB must be free of actual and perceived conflicts of interest (e.g., the HUB cannot employ care coordinators). | HUB Certification Pre-Requisites & Standards |
| HUB Leadership | HUB leadership is provided by an individual with strong community skills, connections, and experience with community care coordination and service provider network as demonstrated by a resume'. | HUB Certification Pre-Requisites & Standards |
| HUB Leadership Training | HUB leadership has appropriate training and experience to address relevant legal, contracting, information technology (IT), educational and quality improvement requirements of community organizations and the HUB network as demonstrated by a resume. Additional HUB staff must have appropriate training and experience for current responsibilities. | HUB Certification Pre-Requisites & Standards |
| HUB Manual | HUB must have a manual(s) that reflect operating and human resource policies and procedures. The manual must address structure, guiding principles, staffing, and operations. Policies and procedures must address: HIPAA compliance; risk focus requirements for enrollment; allocation of referrals; required documentation includes demographic intake, checklists and pathways, home visiting frequency, and safety; care coordination to client ratios to determine maximum caseload per full and part time equivalent care coordinator; supervisor to community care coordinator ratio outlined within the manual; appropriate supervisory procedures include: regular reviews of care coordinators, annual performance evaluation. | HUB Certification Pre-Requisites & Standards |
| HUB Monitors Performance of CCA's | HUB must have authority to identify and address performance problems in care coordinating agencies. | HUB Certification Pre-Requisites & Standards |
| HUB Payer | HUB is able to contract with more than one payer on behalf of participating agencies. | HUB Certification Pre-requisites & Standards |
| HUB Performance | HUB has a systematic method for tracking, monitoring, and reporting client services and HUB performance. | HUB Certification Pre-Requisites & Standards |
| HUB Provides Services for All Aspects of Health | HUB provides services representing care coordination that comprehensively address physical and behavioral health, social services, and educational needs. | HUB Certification Pre-Requisites & Standards |
| HUB Quality Improvement Plan | HUB must have a Quality Improvement Plan. | HUB Certification Pre-Requisites & Standards |
| HUB Reports to Community at Large | HUB has a method for reporting actions and results to policy makers, payers, and the community at large (e.g. employers, county commissioners, community members, etc.) | HUB Certification Pre-Requisites & Standards |



| HUB Serves a Regional Area | HUB provides services within a defined regional service area. (Saginaw and surrounding counties). | HUB Certification Pre-Requisites & Standards |
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| HUB Tracks Outcomes | HUB has the ability to track outcomes using standard pathways and tie measured outcomes and results to dollars within financial contracts with payers. | HUB Certification Pre-Requisites & Standards |
| HUB Tracks Results of CCA Referrals | HUB has complete and up to date listing of capacity and eligibility requirements for all participating care coordination agencies. The process for accepting and making referrals to the participating care coordination agencies is clearly documented. The HUB tracks the results of care coordination agency referrals. | HUB Certification Pre-Requisites & Standards |
| HUB Utilizes Standard Pathways | HUB utilizes standard HUB Certification Pathways. The HUB has a list of standard Pathways that are utilized by agencies within the network, which align with the Pathways listed in the Community HUB Pathways Quality Standards Publication. | HUB Certification Pre-Requisites & Standards |
| HUB Works Toward Eliminating Duplication | HUB process for coordinating services must identify, document, and work toward eliminating duplication. The HUB has a management plan for coordinating HUB member services and describes strategies and procedures for identifying documenting and reducing unnecessary duplication of services. | HUB Certification Pre-Requisites & Standards |
| Quarterly Activity Reporting | All participating agencies provide information | Dethuseus Quelity Internet ent Delieus and |
| additionly Activity Reporting | quarterly to the Project Manager for reporting to Michigan Public Health Institute. | Pathways Quality Improvement Policy and SCCMHA contract with Care Coordinating Agency. |
| Facility/Program Observation | quarterly to the Project Manager for reporting to | SCCMHA contract with Care Coordinating |
| | quarterly to the Project Manager for reporting to | SCCMHA contract with Care Coordinating |
| Facility/Program Observation | quarterly to the Project Manager for reporting to Michigan Public Health Institute. Records or other confidential information are not open for public inspection. All paper documents are in locked file cabinets. Any electronic records are password protected and staff log out prior to | SCCMHA contract with Care Coordinating Agency. |
| Facility/Program Observation Confidentiality of Client Records | quarterly to the Project Manager for reporting to Michigan Public Health Institute. Records or other confidential information are not open for public inspection. All paper documents are in locked file cabinets. Any electronic records are password protected and staff log out prior to | SCCMHA contract with Care Coordinating Agency. |
| Facility/Program Observation Confidentiality of Client Records | quarterly to the Project Manager for reporting to Michigan Public Health Institute. Records or other confidential information are not open for public inspection. All paper documents are in locked file cabinets. Any electronic records are password protected and staff log out prior to leaving any electronic records. Checklist is completed at initial adult intake, and then a repeat adult checklist is is completed at | SCCMHA contract with Care Coordinating Agency. Saginaw Pathways to Better Care QA Manual |
| Facility/Program Observation Confidentiality of Client Records PCP Review Evidence of Checklist | quarterly to the Project Manager for reporting to Michigan Public Health Institute. Records or other confidential information are not open for public inspection. All paper documents are in locked file cabinets. Any electronic records are password protected and staff log out prior to leaving any electronic records. Checklist is completed at initial adult intake, and then a repeat adult checklist is is completed at | SCCMHA contract with Care Coordinating Agency. Saginaw Pathways to Better Care QA Manual Saginaw Pathways to Better Care QA Manual |



Care Coordination Agencies have operating policies and procedures. The policies and procedures address: HIPAA, risk focus requirements for enrollment, required documentation including demographic intakes, checklists and Pathways, home visiting frequency, and safety. HUB Certification Pre-requisites & Standards

Staff File Review

CHW Performance Monitoring

Care Coordination Agency Policies

Orientation Training

The Care Coordinating Agency has human resource policies and procedures that address competencies for performance monitoring (evaluations) of Community Health Workers.

All Community Health Workers (CHW's) have completed the new CHW training.

Saginaw Pathways to Better Health QA Manual and SCCMHA contract with Care Coordinating Agency.

Saginaw Pathways to Better Health QA Manual