



Pathways Community HUB InstituteSM Model Pathways Community HUB Certification Program – Prerequisites

Prerequisite #1 - The Pathways Community HUB (PCH) is an independent legal entity or an affiliated component of a legal entity.

Background/Rationale

The Pathways Community HUB (PCH) is a legal entity that has legal capacity to enter into agreements or contracts, assume obligations, incur and pay debts, sue and be sued, and to be held responsible for its actions. The PCH can be an association, corporation, partnership, proprietorship, or trust that has legal standing in the eyes of the law.

Review Items to Achieve Prerequisite #1

- A. Copy of most recent IRS Form 990; and
- B. Copy of IRS Determination letter with Tax Identification Number/Employer Identification Number (EIN); and
- C. Dun & Bradstreet Number.

Prerequisite #2 - The Pathways Community HUB has been operating for a minimum of three (3) months using standard PCHISM Model Pathways.

Background/Rationale

The PCH is beyond the planning phases of development and has utilized the PCHISM Model Standard Pathways within a network of care coordination agencies for a minimum of 3 months.

Review Items to Achieve Prerequisite #2

Formal documentation that substantiates a minimum of three months of PCH operation. Reports of Pathways initiated and completed, and at least one of the following documents must be provided documenting activity since PCH launch:

- A. MOUs or contracts with contracted care coordination agencies; or
- B. Financial payments to contracted care coordination agencies.

Prerequisite #3 - The Pathways Community HUB is based in the community and/or region it serves.

Background/Rationale

The PCH office and staff are located within the community and/or region it serves. The PCH is established to remove siloes for the population at risk within a specified service area. It is imperative that the Pathways Community HUB have a thorough understanding of capacity of both care coordination agencies and the providers of direct services.

A PCH must clearly describe how the service area was established. A PCH must operate in a defined geographic area made up of neighboring communities or counties. A PCH region cannot be statewide. Ineligible PCH entities include statewide or national organizations. A PCH does not serve individuals who reside in another certified Pathways Community HUB's service area.

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It is recommended that, at a minimum, staff from the PCH network (care coordination agencies) be posted within 60 miles of the most distant service recipient in rural areas, and 30 minutes travel time in urban areas.

Review Items to Achieve Prerequisite #3 - Description of the Pathways Community HUB service area:

- A. Pathways Community HUB’s name and physical address; and
- B. Physical addresses of contracted care coordination agencies; and
- C. Definition of the PCH service area (i.e., geographic service area – census tracts, zip codes, county, region); and
- D. Explanation of how and why this service area was established:
 - 1. Documentation of how the PCH gained support from local stakeholders to operate in the service area (meeting minutes or other documentation); and
 - 2. Priority population served; and
 - 3. Population size of PCH’s service area; and
 - 4. PCH’s plan to serve all priority population residents in the service area; and
 - 5. Documentation that Community Advisory Council members reflect representation from the entire service area; and
 - 6. How the Pathways Community HUB operates as a neutral convener.

Prerequisite #4 – There is only one Pathways Community HUB located within the community and/or region it serves.

Background/Rationale

Pathways Community HUB services are coordinated through a single tracking system, allowing for the identification and elimination of duplicative services and the improvement of health outcomes across a defined service area and population.

Review Items to Achieve Prerequisite #4

List of all Pathways Community HUBs in your region; and if applicable, clearly identify the boundaries of adjoining PCHs.

Prerequisite #5 – The Pathways Community HUB reviews and/or conducts community needs assessments.

Background/Rationale

A community needs assessment, which includes local data specific to medical, behavioral health, oral health, social, environmental, and educational factors, guides the Pathways Community HUB in its efforts to improve health and reduce inequities. Hospitals, health departments, and other community partners should work together to assess community health needs and resources and create a shared plan for addressing those needs.

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Review Items to Achieve Prerequisite #5

- A. A copy of a community needs assessment, conducted no more than three years prior to current certification review, which includes local data related to the medical, behavioral health, oral health, social, environmental, and educational needs and opportunities; and
- B. Description of how the PCH uses the community needs assessment and other data to identify populations to be prioritized for community care coordination services; and
- C. Baseline measures of key outcomes to be addressed by the Pathways Community HUB.

Prerequisite #6 – The Pathways Community HUB coordinates a network of care coordination agencies serving at-risk participants and has written agreements with its care coordination agency members.

Background/Rationale

To promote positive health outcomes and cost savings, the Pathways Community HUB connects those who are at risk to a community-based care coordinator, and ensures the participant receives coordinated medical, behavioral health, oral health, social, and educational services.

Review Items to Achieve Prerequisite #6

- A. Contracts, MOUs, or other legal documents describing the relationship between the PCH and care coordination agency members; and
- B. List of all active community care coordinators at each contracted care coordination agency; and
- C. Documentation that the Pathways Community HUB has a minimum of two contracted care coordination agencies.

Prerequisite #7 - The Pathways Community HUB uses PCHISM Model Standard Pathways.

Background/Rationale

Each Standard Pathway, when completed, represents a specific individually modifiable risk factor that has been identified and addressed. The use of Standard Pathways attracts payers that are interested in funding evidence-based models of community-based care coordination. Additionally, using Standard Pathways allows for further research, evaluation, analysis, and improvement of the model.

Review Items to Achieve Prerequisite #7

Confirmation that the PCH can implement all current PCHISM Model Standard Pathways (**Appendix A**). PCH will need to present paper documentation or database screenshots that confirm all current Standard Pathways are available to care coordinators and Pathways are used as needed (representative of the population being served).

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Prerequisite #8 - The Pathways Community HUB monitors the caseloads of care coordinators at each care coordination agency.

Background/Rationale

Each contracted care coordination agency should demonstrate its resourcefulness and benefit to the community by having the capacity to provide services to a reasonable caseload that reflects its efficiency and effectiveness in connecting at-risk populations to appropriate health, behavioral health, and social services.

Review Items to Achieve Prerequisite #8

- A. Description of how caseloads are determined for full-time and part-time community care coordinators.
- B. PCH’s policy for reviewing and analyzing caseloads; and
 - 1. PCH’s plan for caseload correction.
 - 2. Attestation by the PCH Director that at the time of certification application, the volume of the Pathways Community HUB is greater than 50 enrolled active individuals.
- C. Confirmation that all active CHWs working with the Pathways Community HUB are dedicated at least 0.5 FTE to PCH work.

Prerequisite #9 - The Pathways Community HUB aligns payments with measured outcomes in its contracts with care coordination agency members.

Background/Rationale

PCHI Model Standard Pathways link billing codes to Pathway completion. Payments for Pathway steps/outcomes are a key component of the PCHISM Model, and promote accountability, quality, equity, health improvement, and value.

Review Items to Achieve Prerequisite #9

Contracts or other financial documents with contracted care coordination agencies demonstrating that payments are related to intermediate and final Pathway steps/outcomes using PCHISM Model nationally standardized billing codes and Outcome Based Units (OBUs). [Appendix D](#)

Prerequisite #10 - The Pathways Community HUB complies with the Health Insurance Portability and Accountability Act (HIPAA).

Background/Rationale

Ensuring strong privacy protections is critical to maintaining individuals’ trust in their medical, behavioral health, and oral health providers, and their willingness to obtain needed services. At the same time, circumstances arise where information may need to be shared to ensure individuals receive the best services. Therefore, all those working with the PCH must comply with the Health Insurance Portability and Accountability Act (HIPAA).

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Review Items to Achieve Prerequisite #10

- A. HIPAA protection policies in the PCH operations manual; and
- B. Signed HIPAA compliant agreements between the PCH, care coordination agencies, service providers, and others; and
- C. Documentation that all PCH personnel and contracted care coordination agency staff receive and complete HIPAA training upon hire, and annually thereafter. **Appendix B**

Examples of acceptable documentation could include a list of personnel who have completed the training and/or copies of certificates of training completion.