Where can things be improved?

If there are things to be improved how can it be accomplished?

Section 4 Care Coordination

Provide a Completed Demographics Sheet (page 12)for Section 4

Provide a completed Signature Page for Section 4: Please Note that ALL Signature Pages <mark>MUST BE ORIGINAL SIGNATURES ONLY</mark>! **No E-mail, fax or photo copies PLEASE!**

Provide a List of Care Coordinators which includes

CM Numbers (CMX will work for the initial app)

Physical/Mailing Addresses

Telephone Numbers

Email addresses

Program specialization

Time with agency

CC Training within the last 24 months

Training documented

Provide ONLY for any new care coordinators being submitted for certification:

Current Resume, following directions in Section 4

Highest level of degree or unofficial transcripts

☒ Letters of Reference dated within the last 5 years

Proof of Care Coordination Training within the last 2 years

Provide Proof of Care Coordination Training within the last 2 years (for those listed as already certified)

Provide a Position description for a Care Coordinator Administrator.

Provide a Position description for a Care Coordinator.