2026 Community Based Care Coordination Partner Request for Proposals

PROJECT TITLE:	Community Care Hub; Community Based Care Coordination
PROPOSAL DUE DATE:	October 1, 2025 by 12:00 am Pacific Time, Spokane, Washington, USA.
ESTIMATED TIME PERIOD FOR CONTRACT:	February 1, 2026 to June 30, 2027

Purpose and Background

As an Accountable Community of Health (ACH), BHT has been facilitating Community based care coordination in the region since our founding. From our early days of insurance navigation and trusted messenger work, we have prioritized investing in and supporting the community based workforce and their supporting organizations who provide access to care and vital services to so many in our region.

Today, we have celebrated 12 years as an organization and invested almost $90 million dollars into health delivery systems and coordinated social care. We are looking forward to what is next for our region, and have been working alongside our other ACH partners throughout the state to develop ourselves as a **Community Care Hub,** connecting folks to the support and social services they need through a trusted and trained community based workforce.

A Community Care Hub amplifies community expertise to help build healthier communities. BHT aims to support a network of community-based organizations with funding for their workforce, training, and technical support called the Social Care Network. BHT uplifts these organizations with dedicated workforce training and technical support to create an integrated system that strengthens our communities.

Funding

BHT intends to fund the Community based care coordination work of **10-20 Community Based Organizations employing 12-30 Community Based Workers between February 2026 and June 2027**. Proposals should be for Community based care coordination services provided by a minimum of one to a maximum of five (1-5 FTE) Community Based Workers (CBW) and a recommended .3 Supervisor FTE per CBW.

The amount awarded will be is expected to be $234,000 for placement of one CBW at one organization**.** This amount can cover staff salary and benefits, administration, relevant and appropriate technology costs, related travel, and client incidental costs.

In addition, BHT anticipates including incentive dollars in contracts with awarded bidders for high performance on identified key performance indicators (up to $30,000) and an annual $200 stipend for participating in statewide reporting surveys.

Any contract awarded as a result of this procurement is contingent upon funding availability. BHT will negotiate contracts with payers (state, federal, local, managed care, etc.) for sustainable and ongoing funding to meet community needs and community health outcomes, creating a braided funding model. BHT will determine the best funding streams to meet partner and community needs, and the partner will bill BHT directly.

BHT will pay partners 50% of the proposed budget upon signing of the contract and then will pay per quarter based on meeting minimum performance indicators.

Prioritized Populations

In an effort to expand services to community members who are underserved and significantly impacted by health disparities, bidders who serve and have community-based worker representation of the following populations will be prioritized. This information aligns with BHT's landscape assessment conducted in 2024.

Populations for Engagement:

- Black, Indigenous, People of Color (BIPOC)
- 2SLGBTQIA+
- Justice-involved
- Youth and young adult
- Individuals with disabilities
- Immigrant and refugee communities
- Uninsured individuals
- Those who experience Language barriers
- Older populations
- Low-income individuals
- Populations living in rural areas

Prioritized Services

In an effort to meet the needs identified as top health and social concerns, bidders who provide the following services will be prioritized. This information aligns with BHT's landscape assessment conducted in 2024.

Top Health Concerns

- Behavioral and mental health
- Chronic health conditions
- Substance use disorders
- Healthcare access barriers (such as insurance)

Top Social Barriers to Health:

- Housing
- Food
- Transportation
- Childcare
- Employment

Minimum Qualifications

BHT has a goal of uplifting community based care as a Washington State initiative. We want to demonstrate that investing in a community based workforce is an effective approach, and our big-picture goal is to improve population health in our region and statewide.

To do this, we need to track services accurately based on established standards, report on those services, and ensure that partner organizations and their community based workforce are paid for providing those services. By providing infrastructure and technical assistance, determined by a Partner Readiness Assessment, to improve community health outcomes, BHT will support performance and reduce Social Care Network (SCN) Partner's administrative burden.

BHT has worked across the state developing a set of performance indicators to further the Network's reach, engagement, and resource-service coordination for individuals in our region. Performance indicators are met by tracking data in the BHT-provided electronic health record system.

The following are the minimum qualifications for Bidders:

- Licensed to do business in the State of Washington / Holds a WA business license
- Must be a 501c3 under 509a1 status for Public Charities or local governmental agency (such as a local health jurisdiction or public hospital), or a Tribal Nation
- At least a year of experience providing community based care coordination in alignment with BHT standards within BHT's region (Adams, Ferry, Lincoln, Pend Orielle, Spokane, Stevens Counties and/or the Reservations of the Colville Confederated Tribe, Kalispel Tribe, or Spokane Tribe)
- Physical presence in BHT service area (Adams, Ferry, Lincoln, Pend Orielle, Spokane, Stevens Counties and/or the Reservations of the Colville Confederated Tribe, Kalispel Tribe, or Spokane Tribe)
- Agreement to use BHT's Client Management System (CMS)
- No exclusions from sub-awards on Sam.gov
- Proof of Liability Insurance
- Capacity and commitment to providing Health Benefit Exchange insurance navigation services with trained staff
- If a previous contractual relationship is relevant, contract performance will be considered in the review process/decision criteria for selection

The following are the key performance indicators for Community based care coordination network partners once selected:

- (a) At least a quarterly average enrollment of at least 30 clients per community-based worker (CBW) covered by this agreement OR 60% of referred clients within reporting period are enrolled in the program using the Client Management System (CMS)
- (b) At least three outreach attempts made to refer clients prior to discharge and documented appropriately in CMS.

- (c) Documentation of consent to services and client authorization for data sharing documented appropriately in the CMS.
- (d) At least 80% of enrolled clients have completed a Social Drivers of Health (SDoH) assessment (Client Profile and Initial Checklist) in CMS.
- (e) Clients are discharged appropriately at the end of services with a discharge form completed in CMS.
  (f) Participation in The Community Care Hub Partners Council as defined by charter.

Bidders are also expected to adhere to Community based care coordination standards:

Community based care coordination Standards				
	Engage	**Assess**	**Support**	**Connect**
Purpose	Reach and build relationships with people in communities who have complex needs and want support to improve their health	Identify the social conditions that significantly compromise a client's health and identify services a client might be eligible for	Co-develop a care plan that addresses the client's goals and nurtures their belief and ability to meet these goals	Assist the client to access community resources and clinical services
Steps	1. Establish Trust with community. 2. Outreach & Engage 3. Offer Services 4. Obtain Consent 5. Document	6. Complete Intake 7. Assess Social Conditions 8. Check for Eligibility 9. Make it a conversation to Maintain trust 10. Document	11. Develop Client-Centered Care Plan 12. Encourage Client Progress 13. Educate 14. Advocate 15. Engage Care Team 16. Document	17. Locate Social & Health Services 18. Offer Services 19. Support Client & Provider Readiness 20. Complete Closed Loop Referrals 21. Close Client Case 22. Document

Supports Offered to Community Based Organizations to meet standards

Community-based organizations (CBOs) and Community-based workers (CBWs) are already working hard to address the needs of their communities, often with limited resources and support. The Better Health Together Community Care Hub ("Hub") provides funding to make sure CBOs and the CBWs have a chance to develop a sustainable business line that helps build capacity towards long-term funding goals.

Through partnership with BHT, CBOs also learn the requirements of federal funding and have capacity support from our team, so they are equipped to pursue additional funding streams at the highest level.

BHT will provide the following supports for CBOs contracted through the Community Care Hub

- Contract Negotiations and Funding

- Orientation & Onboarding
- 1:1 Technical Assistance & Monitoring
- Open Office Hours
- Workforce Training & Shared Learning
- Technology & Reporting Infrastructure
- Incentives to Reward Higher Performance
- Networking and collaboration with fellow community-based entities

Timeline

- July 2025 – RFP information posted to BHT website
- July 15-September 30– Open office hours for CBO RFP support: link
    - Every Tuesday at 11am
- July 29th, 11am-12pm – Bidders Webinar #1
- August 26th, 11am-12pm – Bidders Webinar #2
- September 1st – RFP Launches (application opens)
- September 10, 11am-12pm – Bidders webinar #3 (please submit any questions in advance)
- October 1, 2025 – Proposals due
- October/November 2025 - Proposals Reviewed
- December 2025 – Announcements of successful bidders
- February 1, 2026 – Contract start date

Webinar registration details to follow.

Please send any questions about this process and/or eligibility to carecoordinationhub@betterhealthtogether.org

Application Contents

- Narrative Proposal (see below)
- Completed Application Questionnaire
- Applicable Documents
- W9
- Budget template

Narrative Response

- Describe how the bidder will support one to five (1-5) Community-based workers to provide community-based Community based care coordination, according to the standards listed in RFP; please include a narrative of how you would spend contract funds. For example (staffing, technology, travel, administrative costs)
- Include how organizational goals are aligned with promoting equity.

- After reviewing the Care Standards Table, include the bidder's understanding of Community based care coordination and describe how the bidder is performing or will perform standard Community based care coordination functions.
- Describe your organization's experience employing community based care coordinators with lived experience, and how you support CBW's in their career advancement and plan to address providing a living wage.
- The Community Care Hub enables partners to have a sustainable business line for community based care coordination, paying them for the work they are already doing and providing their staff with upskilling opportunities to meet developing statewide standards. Please describe how community based care coordination fits into your strategic plan.
- Provide sufficient detail to convey your organization's knowledge of the subjects and skills necessary to provide community based care coordination and meet Key Performance Indicators successfully. Include all network requirements and the proposed tasks, services, activities, etc., necessary to accomplish the scope of work. Include any required involvement of BHT CCH staff. The Bidder may also present any creative approaches that might be appropriate and may provide any pertinent supporting documentation.
- Describe your organization's experience serving prioritized populations listed in the RFP.
- Describe your organization's experience providing services for one or more priority health and/or social needs listed in the RFP. This can include internal services or existing relationships with community referral partners.