Social Care Network Quality Improvement & Capacity Building Process and Termination Policy

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Supports Offered to Contracted Community Based Organizations

Community based organizations (CBOs) and community based workers (CBWs) are already working hard to address the needs of their clients, often with limited resources and support. The **Better Health Together Community Care Hub ("Hub")** provides funding to make sure subrecipient CBOs and the CBWs get paid for the work they are already doing, so hub partners don't have to constantly pursue grants and other funding sources.

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.

Contract Negotiations and Funding:
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. BHT will determine the best funding streams to meet partner and community needs, and the partner will bill BHT directly, so they don't have to negotiate separate agreements with funders. BHT combines those contracts and creates a "braided funding model" that combines funding sources. The CBO only has to contract with BHT allowing them to focus on the work of supporting community members.

Orientation & Onboarding:
BHT will provide onboarding and orientation support to all network partners prior to implementing tracking, reporting, and monitoring of the Key Performance Indicators (KPIs). To ensure accessibility, BHT will provide onboarding materials and offer tailored support based on partner experience levels. BHT will also provide an annual webinar and/or 1:1 meeting with network partners to provide onboarding support for the care coordination standards and performance monitoring program.

1:1 Technical Assistance & Monitoring:

- Quarterly meetings will review partner performance, documentation, and trends, providing:
- An agenda of topics

- A summary report of performance compared to the network
- Documentation review findings and recommendations
- Meetings will identify technical assistance needs, encourage partner input for efficiency improvements, and provide opportunities to meet care coordination standards.

Open Office Hours:
Starting in Q1 2026, BHT will host monthly open Zoom office hours on the second Tuesday from 10 AM to 12 PM to offer real-time support and troubleshoot partner issues.

Workforce Training & Shared Learning:
Contracted CBWs and supervisors will have access to a Learning Management System (LMS), supported by BHT staff. This LMS contains links to trainings and upskill opportunities designed to assist the CBO's to develop their workforce and to meet contract training requirements.

BHT is providing and requiring the following trainings for CBWs working within the CCH:

1) 101 Camden Care Coordination Standards (Self-paced – up to 4 weeks to complete)
2) Camden Complex Care (Self-Paced – up to 5 months to complete)

Once the training is finished, trainees will receive a certificate of completion for inclusion in the LMS.
As mentioned earlier, this required training will help BHT strengthen your team and improve health outcomes in our community.

Technology & Reporting Infrastructure
BHT will manage reporting, analytics, and visualization tools, creating dashboards to share performance data. Partners will have:

- Access to a community-information exchange/electronic health record system, at no cost to the partner organization
- A transparent process for reviewing partner documentation to ensure quality of documentation toward community outcomes.
- Defined criteria for assessing documentation against minimum standards.
- Reports for both internal use and sharing with network partners.
- Individualized performance metrics tailored to specific partners.

Incentives to Reward Higher Performance:
BHT has an incentive structure in place to reward partners who exceed minimum compliance and performance standards related to data and documentation. These incentives are designed to support and reward CBOs that successfully deliver KPIs and encourage CBOs to fully engage with the Hub. Dollars earned through these incentives are discretionary and unobligated, allowing CBOs to invest them in ways that they determine best meet their needs.

Statewide Measures

As BHT's Hub has evolved, we have developed some tools to assist with supporting our partners and monitoring their progress in successfully delivering outcomes. This plan incorporates statewide measures that BHT will focus efforts on supporting partners through.

BHT aligns with statewide measures and expects Social Care Network partners to work towards the following standards (see table below). *Please note these must all be followed closely to receive funding.*

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	• Establish Trust with community. • Outreach & Engage • Offer Services • Obtain Consent • Document	• Complete Intake • Assess Social Conditions • Check for Eligibility • Make it a conversation to Maintain trust • Document	• Develop Client-Centered Care Plan • Encourage Client Progress • Educate • Advocate • Engage Care Team • Document	• Locate Social & Health Services • Offer Services • Support Client & Provider Readiness • Complete Closed Loop Referrals • Close Client Case • Document

BHT will provide monthly and quarterly Quality Improvement/Quality Assurance (QI/QA) reports for Network Partners, which will include individual partner outcomes in comparison to the Better Health Together Community Hub network average. This regular feedback strengthens the network by showing performance compared to the group, allowing partners and hub staff to focus their training and support opportunities where it will be most impactful.

Contract Types

Our goal as a Community Care Hub is to support a network of partners who serve those experiencing the highest health disparities and who can meet and exceed state and federal contract requirements. During our ten plus years in the region, BHT has partnered with many community-based organizations who shared their struggles to meet state and federal requirements (understandably) because of administrative and capacity gaps. We are committed to partners who share our passion for community-based care coordination and know that partnering to build administrative capacity can have a larger ripple effect on the community they serve.

BHT will have two types of contracts:

- **Community Based Care Coordination Partner**: Partners meeting care coordination standards and ready to deliver Health-Related Social Needs (HRSN) services and Community-Based Care Coordination (CBCC)
- **Capacity Support Partner**: Partners developing the capacity to meet the standards of Care Coordination Partners.

The BHT team will work together with community partners to place them in the appropriate category based on a readiness assessment, support partner development and manage the network to balance expertise, service focus, caseloads, and referrals.

This approach allows well-established CBOs to continue to deliver established services while gaining referral support and single billing, and it allows BHT to provide focused support to newer and emerging partners.

Quality Improvement and Capacity Building Plan

As we move into 2026 contracting cycles, BHT has taken some time to reflect on our ten years as the region's Accountable Community of Health. Our original goals of bettering integration between clinical health and community have grown into our vision of a Community Care Hub that connects folks with complex needs to a care coordinator who they can trust to help address their needs.

To be successful in accomplishing this shared vision of a region with better health opportunities, network partners must meet and maintain specific quality metrics. BHT will provide monthly and quarterly Quality Improvement/Quality Assurance (QI/QA) reports for Network Partners, which will include quality metric process outcomes in comparison to the Better Health Together Community Hub network average. We will step in to help when there are gaps to address with our partners.

All Contract Terms & Conditions Metrics

Basic contracting requirements must be met to maintain a contract. These are non-negotiable compliance terms that ensure proper financial and administrative functioning. They include:

- Timely & complete invoicing
- Providing updated documentation thru contract (e.g. insurance cert when it expires, updated W9 if address changes, updated financial reporting/audit report)
- Required trainings (e.g. HIPAA) - either completing ours or attestation of internal training that meets requirements. Use of Blackboard Learning Management System provided by BHT.
- Client Management System usage & reporting (e.g. active records, notice of employee changes, etc.)
- Maintain Sam.gov registration & WA business license
- Maintain minimum standards as outlined in the Key Performance Indicators Exhibit

- Supplemental Reporting Requirements e.g., State Metrics Survey *(These will be incentivized)*

Improvement & Remediation Process: <u>Capacity Support Contracts</u>
Where there are identified needs to meet performance and readiness, the BHT CCH team will recommend a *Capacity Support Plan (See Table 1)*, which includes actions the network partner and the BHT CCH will take toward meeting readiness. The action plan is intended to provide additional support to the Network partners with clear steps toward readiness.

Readiness means that an organization has the necessary structure, capacity, and processes in place to provide services as part of the Community Care Hub. Organizations fall into two main categories:

- **Ready for Service Provision**, meaning they meet the requirements and can begin contracting as a service provider, and
- **Not Ready for Service Provision**, meaning they require additional capacity development before they can contract.

Organizations in the second category will receive support to build their capacity and may be reassessed for readiness in the future. The goal is to ensure that all partners are fully prepared before providing services.

A Network Partner's inability to meet the expectations of the *Capacity Support Plan* may lead to a review of their eligibility for continued contracting under the hub or initiate a process of contract termination as defined in the MSA.

Improvement & Remediation Process: <u>Community-Based Care Coordination Contracts</u>
If the Network Partners are unable to meet the minimum performance measures detailed in the Statement of Work (SOW) for one month per the monthly dashboard report, BHT CCH staff will reach out to assess any support the partner may need and offer appropriate support.

If the Network Partners cannot meet the minimum performance measures detailed in the Statement of Work for **one quarter,** BHT CCH staff will schedule a meeting to review measures, the Client Management System, and other pertinent documentation or capacity issues and offer appropriate support.

Where a partner is not meeting minimum measures for **more than a quarter** the BHT CCH team will recommend an Improvement Plan, which includes actions the Partner and the BHT CCH will take toward meeting contractual expectations and performance toward the CBCC standards. The Improvement Plan is intended to provide additional support to the Network partners with clear steps toward performance and documentation improvement. A partner's inability to meet Improvement Plan targets may lead to reviewing the type of contract or their eligibility for future contracting under the Community Care Hub, or initiate a process of contract termination as defined in the MSA.

Contract Termination Process:
If a partner is unable to meet the expectations of the Improvement Plan, the process of contract termination may be initiated following terms defined in the contract, including written notice to the partner as defined in the contract terms. Any termination decision will be reviewed by the Board of Directors via the Community Care Hub stewardship committee as a balance to staff procedure.

Key Performance Indicators

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

Meeting **minimum** performance indicators initiates a quarterly payment
Meeting **network goals** initiates the quarterly payment for minimum performance indicators and an additional incentive payment for preferred performance indicators.

Minimum Performance Indicators

The following Key Performance Indicators are **required of the Network Partner**. Not meeting minimum performance indicators will initiate the improvement/remediation process detailed above.

(a) At least a quarterly Average enrollment of at least 30 clients OR 60% of referred clients
(b) At least three outreach attempts to referred clients prior to discharge.
(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).
(e) Clients are discharged appropriately at the end of services with a discharge form completed.
(f) Participation in the Community Care Hub Partners Council as defined by charter

Network Goals

The following Key Performance Indicators are reflective of **overall network goals**:

(a) At least a quarterly Average enrollment of at least 30 clients OR 60% of referred clients per CBW.
(b) At least three outreach attempts (to include phone, in-person, email, physical mail, etc.) to referred clients prior to discharge and documented appropriately in the Client Management System (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.

These measures are subject to change prior to contracting as we continue to develop the Hub.

Capacity Support Plan

Capacity Support Plans will be tailored to the identified needs of Network Partners, through the readiness assessment process. The plans can include the following BHT supports, but are not limited to:

General Business Practices and Financial Management Supports
e.g., Control Policy: Templates or consultation
e.g., Invoice templates and training
e.g., Financial software, templates, or consultation
Technology, Data & Documentation System Supports
e.g., Templates and consultation
Human Resources Supports
e.g., Templates and consultation
Workforce Capacity and Development
e.g., Minimum Training for Community-Based Care Coordination
e.g., Workforce and Supervisor upskill training and resources
Language and Accessibility Supports
e.g., Translation service software or service