

## **STATEMENT OF WORK**

This Statement of Work ("SOW"), dated February 1, 2026 is entered into according to the Community Care Hub Master Subrecipient Award Agreement, dated February 1, 2026 ("Master Agreement") between Better Health Together ("BHT") and **Subrecipient Name as appears on W9**, DBA **DBA name if applicable** ("Subrecipient").

All capitalized terms that are not otherwise defined in this SOW will have the meanings ascribed to them in the Master Agreement.

The Subrecipient Award Data is attached hereto as Exhibit A and is incorporated into this SOW and the Master Agreement by this reference.

### **AWARD:**

Washington State Health Care Authority Contract No. K7649, dated effective July 1, 2023, and all related Work Orders and contract amendments, now existing or hereinafter entered into by the parties thereto, referred to as Medicaid Transformation Project (MTP) 2.0 Initiatives. If additional funds are braided into this SOW, the parties will execute an amendment to this SOW to reflect the additional Award at issue and modify the scope of the Subrecipient Award and relevant terms related to Services. Subrecipient acknowledges and agrees that it is subject to the terms and conditions of the Award contract terms, as amended, and that Subrecipient shall comply with the same, particularly as the terms expressly apply to subcontractors.

### **SUBRECIPIENT AWARD:**

BHT grants to Subrecipient the Subrecipient Award described in Exhibits A and B.

### **SUBRECIPIENT AWARD SHORT NAME:**

2026 Community Care Hub

### **BACKGROUND:**

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.

Subrecipient partners will provide community-based care coordination (CBCC) services to populations in the Better Health Together region, which includes Pend Oreille, Stevens, Ferry, Lincoln, Adams, and Spokane counties. BHT respects the sovereign nations of the Colville Confederated Tribes, Kalispel, and Spokane Nations whose boundaries and members share their region with us. Those nations and members may seek services with us if they would like and we will provide respectful support. The priority populations include all individuals in need of community-based care coordination.

The intent of the Care Coordination services is to improve uptake and access to whole-person care supports, which include physical health, behavioral health, and social services; improve communication between community members and health providers, reduce the need for emergency and specialty services, improve adherence to health recommendations, identify and address the social drivers of health, and ultimately improve health outcomes to the community at large. They are designed to deliver care coordination in a culturally appropriate way, in the language of choice for the recipient of services, with a focus on populations that are marginalized and traditionally underserved.

**SERVICES:**

Subrecipient shall perform the following Services with respect to the Subrecipient Award:  
See Exhibit E: Description of Services

**TIMELINE:**

Subrecipient shall perform the Services identified in this SOW within the following timeframes:

Subject to its other provisions, the period of performance under this SOW shall be from February 1, 2026, and run through June 30, 2027. The Subrecipient shall receive payments under the SOW as outlined in Considerations in Exhibit B: Budget.

**BUDGET:**

Subrecipient's Approved Budget with respect to the Services is attached hereto as Exhibit B which is incorporated into this SOW and the Master Agreement by this reference. The Subrecipient is also eligible to receive performance incentive payments and reporting stipends as detailed in Exhibit B.

Subrecipient acknowledges that this may become a braided-funding contract. BHT will provide a detailed Source of Funds report at end of contract, and the parties will execute an amendment to this SOW to reflect the additional Award, amend the Subrecipient Award information and related Services and an updated Exhibit A with details of any federal funds or other funds paid to Subrecipient.

**COMPENSATION:**

Subrecipient shall be compensated for Services as follows, and the terms hereof expressly amend the terms outlined in Section 5 and 6 of the Master Agreement and to the extent that these terms differ they shall control. See Exhibit B: Budget and Payment for additional details on payment.

Section 5. b. Payment. Except with respect to the final payment request as defined in Section 6.f: Closeout of the Master Agreement, during the Term during which Services are performed under an SOW, Subrecipient shall submit their data in the Client Management System (CMS) for the Minimum Key Performance Indicators detailed in SOW Exhibit B on or before the 15<sup>th</sup> day of the month following the close of each quarterly performance period, as defined in Exhibit B.2 under Payment & Reporting Periods. Within ten (10) working days from each due date noted above, BHT will notify the Subrecipient if they have not met Key Performance Indicators for payment. The Subrecipient will then have ten (10) working days to update or correct data and notify BHT of the correction. If timely correction is not received, BHT shall pay based on the original data received.

Section 6. f. Closeout. The Subrecipient shall submit their data in the Client Management System (CMS) and budget reporting as detailed in SOW Exhibit B to BHT no later than thirty (30) days from the earlier of the expiration date or termination date of the SOW. Within ten (10) working days, BHT will notify the Subrecipient if they have not met the Key Performance Indicators for payment. The Subrecipient will then have ten (10) working days to update or correct data and notify BHT of the correction. If timely correction is not received, BHT shall pay based on the original data received.

In consideration of the execution of this Agreement by BHT, Subrecipient agrees that acceptance of final payment from BHT will constitute an agreement by Subrecipient to release and forever discharge BHT, its agents, employees, representatives, affiliates, successors and assigns from any and all claims, demands, damages, liabilities, actions, causes of action or suits of any nature whatsoever, which Subrecipient has at the time of

acceptance of final payment or may thereafter have, arising out of or in any way relating to any and all injuries and damages of any kind as a result of or in any way relating to this Agreement and the applicable SOW. Subrecipient's obligations to BHT under this Agreement and any SOW shall not terminate until all closeout requirements are completed to the satisfaction of BHT. Such closeout requirements shall include, without limitation, submitting final reports to BHT and providing any closeout-related information requested by BHT by the deadlines specified by BHT. This provision shall survive the expiration or termination of this Agreement.

**ADDITIONAL TERMS:**

The following exhibits are incorporated into this SOW and the Master Agreement by this reference.

<b>Exhibit A</b>	<b>Subrecipient Award Data</b>
<b>Exhibit B</b>	<b>Budget and Payment</b> B.1: Agreement to Braided Funding B.2: Budget Description (includes Payment & Reporting Periods) B.3: Primary Budget B.4: Performance Incentive Payments B.5: State Reporting Stipend B.6: Budget Reporting B.7: Attestation of Payroll System
<b>Exhibit C</b>	<b>Subrecipient Document Requirements</b>
<b>Exhibit D</b>	<b>Audit Risk Assessment</b>
<b>Exhibit E</b>	<b>Description of Services</b>
<b>Exhibit F</b>	<b>Community Care Hub Standards</b> F.1: Care Coordination Standards F.2: Client Eligibility F.3: Hub Policies & Procedures F.4: Documentation Standards
<b>Exhibit G</b>	<b>Quality Improvement, Network Monitoring, and Supports</b> G.1: Supports Offered to Contracted Community-Based Organizations G.2: Network Monitoring Plan G.3: Performance Improvement Process
<b>Exhibit H</b>	<b>Required Training</b>
<b>Exhibit I</b>	<b>Awarding Agency Terms</b>

*[signature page follows]*

IN WITNESS WHEREOF, each of the parties has executed this Statement of Work by its duly authorized officer as of signature date.

**BETTER HEALTH TOGETHER**

By: \_\_\_\_\_

Alison Poulsen

President

Date: \_\_\_\_\_

**NAME OF SUBRECIPIENT**

By: \_\_\_\_\_

Signer Name

Signer Title

Date: \_\_\_\_\_

EXHIBIT A  
**Subrecipient Award Data**

This may be a braided-funding contract. BHT will provide a detailed Source of Funds report at end of contract, including an updated Exhibit A with details of any federal funds paid to Subrecipient.

(i)	Subrecipient Name	Insert Subrecipient name
(ii)	Subrecipient Unique Entity Identifier (UEI):	Insert Subrecipient UEI
(iii)	Federal Award Identification Number (FAIN):	n/a
(iv)	Date of Award to the Better Health Together by Awarding Agency:	n/a
(v)	Subrecipient Award Period of Performance Start Date:	February 1, 2026
	Subrecipient Award Period of Performance End Date:	June 30, 2027
	Subrecipient Award Budget Start Date:	February 1, 2026
	Subrecipient Award Budget End Date:	June 30, 2027
(vi)	Amount of Federal Funds Obligated by this Action by BHT to the Subrecipient:	\$0.00
(vii)	Total Amount of Federal Funds Obligated under this SOW to the Subrecipient by BHT Including the Current Obligation:	\$0.00
(viii)	Total Amount of the Federal Award Committed to the Subrecipient by BHT:	\$0.00
(ix)	Federal Award Project Description:	n/a
(x)	Name of Awarding Agency:	Washington State Health Care Authority
	Name of Pass-Through Entity:	Better Health Together
	Contact Information for BHT Authorizing Official:	For program questions: Hailey Timmering 509.496.0216 Hailey@BetterHealthTogether.org  For Finance questions: Kim Heath 509.321.7500 KimH@BetterHealthTogether.org
(xi)	Assistance Listing Number (previously CFDA #):	n/a
	Assistance Listing Name (previously CFDA Program Title):	n/a

(xii)	Identification of Whether Sub Recipient Award is R&D:	No
(xiii)	Allowable Indirect Cost Rate for Subaward:	<p>N/A</p> <p>This is a performance-based contract. Subrecipient does not bill for indirect costs. Subrecipient will report on use of earned funds as outlined in Exhibit B.6.</p>

EXHIBIT B  
**Budget and Payment**

**Sections**

- B.1: Agreement to Braided Funding
- B.2: Budget Description
- B.3: Primary Budget
- B.4: Performance Incentive Payments
- B.5: State Reporting Stipend
- B.6: Budget Reporting
- B.7: Attestation of Payroll System

B.1: Agreement to Braided Funding

*Purpose*

BHT will negotiate contracts with payers (state, federal, local, managed care, etc.) for sustainable funding to meet community needs and community health outcomes. BHT will pursue funding streams that meet partner and community needs and combine those streams to create a "braided funding model" for Community Care Hub contracts. The Subrecipient contracts with BHT directly, allowing them to focus on the work of supporting community members instead of the work of negotiating separate agreements with multiple funders.

*Source of Funds Report*

If additional funds are secured by BHT, and BHT determines, in its sole discretion, that such funds would be appropriately allocated to Subrecipient with respect to this SOW, BHT may elect to include additional funds in this SOW as a braided-funding contract, meaning that BHT may pay Subrecipient from multiple sources of funds and adjust the source of funds as noted in Section 5c of the Master Agreement. Following the final payment after the Budget End Date indicated in Exhibit A, BHT will provide a detailed Source of Funds report including an updated Exhibit A with details of any federal funds paid to Subrecipient.

The Subrecipient may request an interim source of funds report from BHT before the end date if needed, such as for a single audit.

*Additional requirements*

As new funding sources and program models become available, BHT may require additional documentation, reporting, or other requirements to this contract via updated policies & procedures (see Exhibit F) or amendment, as required by an awarding agency. BHT will provide advanced notice of any changes to Subrecipient.

## B.2: Budget Description

### *Considerations*

The Subrecipient shall receive consideration under the Master Agreement and this SOW as follows. The maximum considerations available under this SOW are outlined below and shall not be exceeded without a properly written amendment signed by the representatives of both parties to do so.

The maximum consideration under this SOW includes:

<b>Budget Portion</b>	<b>SOW Section</b>	<b>Amount</b>
Primary Budget	Section B.3	Not to exceed \$xx,xxx, based on meeting minimum KPIs
Performance Incentive Payments	Section B.4	Up to \$30,000
State Reporting Stipend	Section B.5	Up to \$200

**Total is not to exceed \$XXX.XX, including indirect costs.**

Unless otherwise reported in the Source of Funds report, the Primary Budget dollars are from the Award named above in this SOW.

Subrecipient will submit budget reporting and retain supporting documentation as detailed in Section B.4: Budget Reporting. Subrecipient will provide supporting documentation to BHT upon request.

### *Payment & Reporting Periods*

<b>Period Name</b>	<b>Period Dates</b>
Onboarding Period	Feb 1, 2026 – March 31, 2026
Performance Period 1: Q2 2026	April 1, 2026 – June 30, 2026
Performance Period 2: Q3 2026	July 1, 2026 – Sept 30, 2026
Performance Period 3: Q4 2026	Oct 1, 2026 – Dec 31, 2026
Performance Period 4: Q1 2027	Jan 1, 2027 – March 31, 2027
Performance Period 5: Q2 2027	April 1, 2027 – June 30, 2027



### B.3: Primary Budget

The total primary budget for this SOW is \$XX,XXX, based on X.X FTE community-based workers (CBW) covered by this SOW.

Total budget is calculated based on \$234,000.00 per CBW FTE included in this SOW. The calculation is based on modeling of estimated monthly costs for community-based worker and supervisor staffing (salary and benefits), technology, travel, and administrative costs.

Subrecipient may use earned dollars at their discretion for activities described in this SOW (see Exhibit E: Description of Services). At the end of contract, Subrecipient will report on actual and projected spending of earned dollars as described in Exhibit B.6: Budget Reporting.

#### *Minimum Key Performance Indicators (KPIs)*

The following KPIs are required of the Subrecipient to earn Primary Budget payments. These indicators are based on data submitted by the Subrecipient in the Client Management System (CMS):

1. A quarterly average enrollment of at least 30 clients per community-based worker (CBW) covered by this SOW OR 60% of referred clients within reporting period are enrolled in the program using the Client Management System (CMS).
2. 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 CMS. (100% of referred clients who are discharged without enrollment)
3. Documentation of consent to services and client authorization for data sharing documented appropriately in the CMS. (100% of enrolled clients)
4. At least 80% of enrolled clients have completed a Social Drivers of Health (SDoH) assessment (Client Profile and Initial Checklist) in the CMS.
5. Clients are discharged appropriately in the CMS at the end of services following Hub Policies & Procedures. (100% of discharged clients)

#### *Primary Budget Payment Schedule*

See COMPENSATION section above for details on payment following the close of a reporting period.

Payment trigger	Description	Amount for payment trigger
<b>Contract signing</b>	50% of Primary Budget amount upfront for signed contract.	\$XXXX
<b>Performance Periods 1-4:</b> Meeting Minimum KPIs for reporting period	Up to 10% of Primary Budget amount per period based on meeting Minimum KPIs for the reporting period. See Payment Levels below.	Up to \$XXXX
<b>Performance Period 5:</b> Meeting Minimum KPIs for reporting period and submitting final budget reporting	Up to 10% of primary budget amount based on meeting minimum KPIs for the reporting period and submitting final budget report (see Section B.6). See Payment Levels below.	Up to \$XXXX

*Payment Levels per Performance Period*

<b>Payment Initiation</b>	<b>Percentage of Payment Earned</b>	<b>Payment Amount</b>
Met all five (5) Minimum KPIs	100% of payment	\$XXXX
Met four (4) Minimum KPIs	75% of payment	\$XXXX
Met three (3) Minimum KPIs	50% of payment	\$XXXX
Met two (2) or less Minimum KPIs	0% of payment	\$0

#### B.4: Performance Incentive Payments

##### *Purpose*

BHT has developed a set of performance indicators to further the Community Care Hub's reach, engagement, and resource-service coordination for individuals in the community. Performance indicators are met by tracking data in the BHT Client Management System. Subrecipient can earn performance incentive payments for meeting network goals detailed below.

##### *Eligibility for Performance Incentive Payments*

If Subrecipient meets all five (5) Minimum Performance Indicators as defined in Exhibit B.2, they are also eligible to earn additional Incentive Payments for meeting higher level Network Goals on these indicators.

If a Subrecipient does NOT meet all five (5) Minimum Performance Indicators as defined in Exhibit B.2, they are NOT eligible to earn these additional Incentive Payments.

##### *Network Goals Key Performance Indicators*

The following Network Goals Key Performance Indicators (KPIs) are reflective of overall Community Care Hub network goals. Subrecipient can earn an incentive payment of up to \$7500 per quarterly Performance Period for meeting Network Goals KPIs. There is no incentive payment for the Onboarding Period. See Exhibit B.2 for Payment & Reporting Periods.

1. 80% of referred clients within the reporting period are enrolled in the program using the Client Management System (CMS).
2. At least five outreach attempts to referred clients prior to discharge and documented appropriately in the Client Management System (CMS). (100% of referred clients who are discharged without enrollment)
3. No more than three business days until the first outreach attempt from the referral date and documented appropriately in the CMS. (100% of referred clients)
4. 100% of enrolled clients have completed the Social Drivers of Health (SDoH) assessment (Client Profile and Initial Checklist) in the CMS.
5. At least 50% of enrolled clients are referred to a service within 7 days of enrollment and documented appropriately in the CMS.

##### *Payment Levels per Performance Period*

<b>Payment Initiation</b>	<b>Amount Earned</b>
Met all five (5) Network Goal KPIs	\$7,500.00
Met four (4) Network Goal KPIs	\$6,000.00
Met three (3) Network Goal KPIs	\$4,500.00
Met two (2) Network Goal KPIs	\$3,000.00
Met one (1) Network Goal KPI	\$1,500.00

When Subrecipient earns Performance Incentive Payments, they are earned and not subject to clawback or return. The Subrecipient determines how their agency spends these dollars.

Performance Incentive Payments are subject to reporting as detailed in Section B.6.

#### B.5: State Reporting Stipend

BHT is required to report on additional measures to the Washington State Health Care Authority (“HCA”) related to Community Care Hub activities. BHT will stipend the Subrecipient for completing this additional reporting.

Report Name	Amount for completing	Timing
Network Partner Survey, including CBW Demographics	\$200	Quarter 4, 2026

When Subrecipient earns State Reporting Stipends, they are earned and not subject to clawback or return. The Subrecipient determines how their agency spends these dollars.

State Reporting Stipend payments are subject to reporting as detailed in Section B.6.

#### B.6: Budget Reporting

At the end of contract, Subrecipient will report on actual and projected expenditure of earned funds as a percentage of total earned across the following categories. Total earned funds include Performance Incentive Payments (B.4) and State Reporting Stipends (B.5).

Budget reporting is requested for the purposes of BHT’s future contract budget projections. When Subrecipient earns performance-based dollars, they are earned and not subject to clawback or return.

##### *Reporting categories*

- Staffing (salary and benefits)
- Technology
- Travel
- Administrative costs
- Client incidental costs
- Other

##### *Record Retention*

Subrecipient will retain records of supporting documentation for expenses for the length of time indicated in the Master Agreement. Supporting documentation may include but is not limited to: timesheets/signed payroll certifications, itemized receipts for expenses, and mileage logs. Supporting documentation is not required for the indirect cost line item. Subrecipient will provide supporting documentation to BHT upon request.

#### B.7: Attestation of Payroll System

***By signing this SOW, the Subrecipient attests to having and maintaining a payroll system that can record project-based time coding and track approvals of timesheets.*** Subrecipient will provide payroll documentation to support budget reporting upon request.

**EXHIBIT C**  
**Subrecipient Document Requirements**

The Subrecipient will provide the following documents prior to execution of this SOW. BHT is required to review these documents as part of federal compliance for Subrecipient contracting, including for braided funding contracts including federal dollars.

If these documents are updated during the contract period, the Subrecipient will provide the updated documents to BHT.

The Subrecipient must also maintain in good standing a Washington Business License and an active SAM.gov registration with no exclusions.

Document Name	Additional Information
W-9	Must include current mailing address
IRS Determination Letter	If the Subrecipient is a non-profit
Certificate of Insurance	BHT does not need to be named as an additional insured entity
Consent to Public Statements	Form provided by BHT. This is an agreement between Subrecipient & BHT to what information can be used in public communications about the Community Care Hub Master Agreement and related SOW(s).
Business Associate Agreement (BAA)	Provided by BHT. Required for any contracted organization with digital and/or physical access to Protected Health Information (PHI). Only one current BAA is needed on file per organization (not per SOW).
Articles of Incorporation	Or equivalent, depending on type of organization
Bylaws	If the Subrecipient is a non-profit
List of Board of Directors	Include name, affiliation for each member, and identify Board Officers (Chair, Treasurer, Secretary)
Organization Chart	Or equivalent, depending on organization type
Financial Statement (last Fiscal year)	This will be reviewed as part of the Audit Risk Assessment. See Exhibit D.
Federally Negotiated Indirect Cost Rate Agreement (NICRA)	If Subrecipient has one.
Audited Financial Statements / Audit Report (last fiscal year or most recent available year)	If organization has an audit. Not all organizations complete annual audits. This will be reviewed as part of the Audit Risk Assessment. See Exhibit D.
Internal Control Policy adopted by Board	Upon request. This will be reviewed as part of the Audit Risk Assessment. See Exhibit D. BHT will work with Subrecipients to assure there are internal controls where required.

Certification Regarding Lobbying	Required unless BHT's contract with the awarding agency excludes or waives this requirement. Form found here: <a href="https://www.sba.gov/document/sba-form-1711-certification-regarding-lobbying">https://www.sba.gov/document/sba-form-1711-certification-regarding-lobbying</a>
Certification on Drug Free Workplace	Required unless BHT's contract with the awarding agency excludes or waives this requirement. Form found here: <a href="https://www.sba.gov/document/sba-form--drug-free-workplace-certification">https://www.sba.gov/document/sba-form--drug-free-workplace-certification</a>
Conflict of Interest Policy	If no conflict of interest policy is in place, BHT will work with org to get one in place within 90 days.

EXHIBIT D  
**Audit Risk Assessment**

The Subrecipient and BHT will complete an audit risk assessment (“Assessment”) together prior to execution of this SOW. BHT is required to complete the assessment and regular updates as part of federal compliance for Subrecipient contracting.

The assessment is scored for documentation purposes related to federal single audit requirements. The results are used to identify areas of risk that federal single audits look for, where mitigation strategies may be needed and documented.

<b>When</b>	<b>What</b>
Prior to execution of SOW	BHT will run an exclusion check on sam.gov to ensure that Subrecipient is not excluded from receiving federal funds. (Section 0 of Assessment)
Prior to execution of SOW	BHT and Subrecipient will record any updates to Sections 1-3 of the Assessment that have changed since the most recent Assessment under the Community Care Hub Master Agreement. This may be accomplished through the Readiness Assessment process. If any areas of high risk are identified, a mitigation strategy will be defined and documented.
Following the end of Performance Period 2 (October 2026)	BHT will complete Section 4 of the Assessment based on performance under this SOW, as well as any updates to Sections 1-3 reported to BHT by the Subrecipient.
End of contract (June 2027)	BHT will complete Section 4 of the Assessment based on performance under this SOW, as well as any updates to Sections 1-3 reported to BHT by the Subrecipient.

EXHIBIT E  
**Description of Services**

The Subrecipient, in partnership with the BHT's Community Care Hub team, will perform the following functions.

*Responsibilities of Subrecipient:*

1. Work in partnership with BHT's Community Care Hub team to achieve a high standard of care and quality service for its clients, as defined in Exhibit F: Community Care Hub Standards. This includes:
  - a. Implementing care coordination for clients through Community-Based Workers (CBWs) who are trained in the Client Management System (CMS). As opportunities arise, care coordination efforts will expand to include additional services and populations, ensuring a broader impact on community health.
  - b. Ensuring that clients receive effective, understandable, and respectful care from all staff members provided in a way compatible with their cultural health beliefs and practices and preferred language.
  - c. Tracking services to clients using the provided Client Management System to document and track programs and outcomes in the CMS platform, following Documentation Standards. See Exhibit F: Community Care Hub Standards.
  - d. Securing client signature or verbal consent, as permissible, via a Release of Information (ROI) consent form recorded in the Client Management System before gathering client Personal Health Information (PHI). See the Privacy/Data Security policy for more detail (Exhibit F.3: Hub Policies & Procedures).
  - e. Following up and ensuring the loop is closed on referrals to support client essential needs and supplies by regularly documenting in the Client Management System.
  - f. The Subrecipient shall ensure that clients with limited English-speaking skills receive Language Access Services as outlined in Title VI of the Civil Rights Act of 1964, including but not limited to:
    - Offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each client with limited English proficiency at all points of contact, in a timely manner during all hours of operations.
    - Provide to clients in their preferred language, both verbal offers and written notices informing them of their right to receive language assistance services.
    - Assurance that competence of language assistance is provided to limited English proficient clients by interpreters and bilingual staff. Family and friends shall not be used to provide interpretation services (except on request by the client).
    - Make available easily understood patient-related materials and print signage in the languages of the commonly encountered groups and /or groups represented in the Contractor's service area.
2. Support the CBWs' professional development through required attendance at BHT required training sessions. See Exhibit H: Required Training.
3. CBWs covered by this SOW attend monthly community-based workforce status meetings convened by BHT.
4. Participate in the Community Care Hub Partners Council as defined by the member participation standards set in the charter.
5. CBWs covered by this SOW complete the CBW Demographics survey within the first 60 days of contract, as well as the annual Network Partner Survey noted in Exhibit B.5.
6. Complete a cooperative agreement and training with BHT to provide Navigator Services for the purpose of enrolling qualified individuals in the Washington Health Benefit Exchange for expanded Medicaid or a Qualified Health Plan coverage. Any proposed Navigator staff must pass a background check run by BHT,



as well as updated background checks every two years. BHT will provide information on exclusionary convictions upon request. See Exhibit H for training details and Exhibit F for policies and procedures.

*Responsibilities of BHT as the Community Care Hub:*

1. BHT will provide the Subrecipient with the appropriate and necessary training for informed consent and for data collected using the Client Management System responsibilities of BHT Hub Care.
2. Initiate the Client Management System from referrals made to Hub.
3. Refer clients to the Subrecipient.
4. Develop referral network(s) with providers, clinics, community-based organizations, government, grassroots organizations, as appropriate, and at the discretion of the local health jurisdiction, to increase the community members served and reached.
5. Provide or arrange for training for the Subrecipient's CBW in the Care Coordination Standards model (see Exhibit F.1) and the Client Management System. See Exhibit H for training details.
6. Monitor and share Minimum Key Performance Indicators data with the Subrecipient.
7. Promptly communicate to the Partner any change in the Community Care Hub program, process, or any other document or procedure related to the administration of activities performed by the sub-contractor.
8. BHT will negotiate contracts with payers (state, federal, local, managed care, etc.) for sustainable funding to meet community needs and community health outcomes. BHT will pursue funding streams that meet partner and community needs, and the Subrecipient will contract with BHT directly, so they don't have to negotiate separate agreements with funders. BHT combines those contracts and creates a "braided funding model" (see Exhibit B.1) that combines funding sources.
9. Provide the cooperative agreement and training for the Subrecipient to provide Navigator Services for the purpose of enrolling qualified individuals in the Washington Health Benefit Exchange for expanded Medicaid or a Qualified Health Plan coverage. BHT will run a background check on any Navigator staff identified by the Subrecipient agency.
10. Ensure that through the network there is coverage for essential services as needed.
11. Convene and facilitate the Community Care Hub Partners Council.
12. Convene and facilitate monthly community-based workforce status meetings.

EXHIBIT F  
**Community Care Hub Standards**

**Sections**

- F.1: Care Coordination Standards
- F.2: Client Eligibility
- F.3: Hub Policies & Procedures
- F.4: Documentation Standards

F.1: Care Coordination Standards

Community-based care coordination standards training is an evidence-based process, developed through the Agency for Healthcare Research and Quality and the Centers for Medicare and Medicaid Services, and provided by the Camden Coalition. The participants will learn the process of reaching and engaging people in communities who have complex care needs, screening for social and health factors that significantly compromise health, identifying client-defined priorities, providing support that promotes self-efficacy and activation, and connecting individuals to community resources and clinical services to improve their physical and behavioral health outcomes (Engage, Assess, Support, and Connect).

In Washington state, the nine Accountable Communities of Health (ACHs), through the Learning and Change Collaborative, adopted a set of care coordination standards. They were adopted by the Health Care Authority (HCA) to meet the Centers for Medicare and Medicaid standard terms and conditions for HRSN- social care supports as part of the Medicaid Transformation Project 2.0.

See Exhibit H for training requirements.

<b>Care Coordination Standards</b>				
	<b>Engage</b>	<b>Assess</b>	<b>Support</b>	<b>Connect</b>
<b>Purpose</b>	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
<b>Steps</b>	<ul style="list-style-type: none"> <li>• Establish trust with community</li> <li>• Outreach &amp; engage</li> <li>• Offer services</li> <li>• Obtain consent</li> <li>• Document</li> </ul>	<ul style="list-style-type: none"> <li>• Complete intake</li> <li>• Assess social conditions</li> <li>• Check for eligibility</li> <li>• Make it a conversation to maintain trust</li> <li>• Document</li> </ul>	<ul style="list-style-type: none"> <li>• Develop client-centered care plan</li> <li>• Encourage client progress</li> <li>• Educate</li> <li>• Advocate</li> <li>• Engage care team</li> <li>• Document</li> </ul>	<ul style="list-style-type: none"> <li>• Locate social &amp; health services</li> <li>• Offer services</li> <li>• Support client &amp; provider readiness</li> <li>• Complete closed loop referrals</li> <li>• Close client case</li> <li>• Document</li> </ul>

## F.2: Client Eligibility

### **Minimum eligibility for enrollment in care coordination services via the Community Care Hub:**

Any referred individuals in the BHT region\* who provides consent to participate in care coordination services.

Additional eligibility requirements exist for clients to access specific programs or resources. BHT will assess eligibility for available programs and resources, including but not limited to eligibility for Medicaid, and assign eligible clients via BHT's care coordination platform. See Section F.3 for more information about Hub Policies & Procedures.

*\*BHT region: Pend Oreille, Stevens, Ferry, Lincoln, Adams, and Spokane counties and Colville Confederated, Kalispel, and Spokane Sovereign Nations. BHT respects the sovereign nations of the Colville Confederated Tribes, Kalispel, and Spokane Nations whose boundaries and members share their region with us. Those nations and members may seek services with us if they would like and we will provide respectful support.*

## F.3: Hub Policies & Procedures

The Subrecipient is subject to the following Policies and Procedures (P&Ps) under the work of this SOW. They are included in the SOW and Master Agreement by reference. To the extent that these terms differ from the Master Agreement, they shall control.

- Documentation Standards (see Exhibit F.4)
- Eligibility & SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Assignment to Community-Based Organizations
- Privacy & Data Security
- Utilizing Physical Paper Forms for Collecting Personal Information
- Returning Client Referrals
- Social Care Network Growth
- Community Based Workforce: Minimum Training Standards
- Care Coordinator Attrition
- Social Care Network Performance Improvement & Support Policy
- Community Feedback
- Grievances Management
- IT Security Incident Response
- System Outage Contingency
- Communication Escalation
- State of Emergency Response

P&Ps are subject to revision during the contract term. BHT will provide Subrecipient updated policies if changes occur.

#### F.4: Documentation Standards

The Subrecipient is subject to the following Documentation Standards Policies and Procedures (P&P) under the work of this contract. To the extent that these terms differ from the Master Agreement, they shall control.

Documentation Standards P&P is subject to revision during the contract term. BHT will provide Subrecipient updated policies if changes occur.

BHT may require additional documentation for Subrecipients serving clients eligible for specific programs or resources, as noted in Exhibit B.1.

##### *Documentation Standards Policies & Procedures:*

The required documentation standards aim to support the Community Care Hub (CCH) data reporting on community-based care coordination (CBCC) activities that address social & health-related needs. Collected data will be used to help identify disparate health outcomes across our communities and historically underserved and marginalized groups.

Providing a minimum set of required documentation allows for:

1. Improved connections to social & health service, partnerships, and resources to address un-met health-related social needs.
2. Increased support for the community-based workforce to address individual and family social and health needs across community and clinical systems.
3. Increased view of the social and health complexities of individual & family needs in community.
4. Increased ability to advocate for change at the community, systems, and national level.

##### Procedure:

To receive services through the Hub, clients must provide a minimum set of information (noted with an asterisk) in the list below as part of initial intake. Additional documentation requirements will vary from program to program and may include:

Client Profile	<ul style="list-style-type: none"><li>• <b>Client's permission to participate in program*</b></li><li>• <b>First/Last name *</b></li><li>• <b>Date of Birth*</b></li><li>• Address (if unhoused provide city and zip code)</li><li>• Preferred language</li><li>• Self-identified Demographics</li><li>• Race/Ethnicity</li><li>• Gender</li><li>• Phone Number or Email in the event client doesn't have a phone number</li><li>• Household Size</li><li>• Referral Source</li><li>• Service Program Eligibility</li><li>• Health Status</li></ul>
Initial Adult Checklist	<ul style="list-style-type: none"><li>• Social Barriers</li><li>• Health Barriers<ul style="list-style-type: none"><li>○ <b>Including Medicaid eligibility*</b></li></ul></li><li>• Client stated priorities</li></ul>

Health Changes Form	<ul style="list-style-type: none"> <li>• Health Changes Form</li> <li>• Start date and time</li> <li>• Goal</li> <li>• Steps to take</li> <li>• Confidence</li> <li>• Completion Date</li> </ul>
Referrals and Education	<ul style="list-style-type: none"> <li>• Medical Referral (as needed) <ul style="list-style-type: none"> <li>○ Referral Type/Name</li> <li>○ Date Completed</li> </ul> </li> <li>• Social Referral (as needed) <ul style="list-style-type: none"> <li>○ Referral Type/Name</li> <li>○ Date Completed</li> </ul> </li> <li>• Education <ul style="list-style-type: none"> <li>○ Key Points</li> <li>○ Date Completed</li> </ul> </li> </ul>
Discharge Form	<ul style="list-style-type: none"> <li>• Date of Closure</li> <li>• Reason for Closure</li> <li>• Social and Health barriers addressed</li> <li>• Client Experience Questions</li> </ul>

**\*Required from clients to be enrolled in the Community Care Hub (CCH)**

Clients may choose not to provide other sensitive information at their discretion. BHT will support network partners by providing training in culturally sensitive and trauma informed approaches to requesting client information.

EXHIBIT G  
**Quality Improvement, Network Monitoring, and Supports**

The following outlines quality improvement and support for contracted Community Care Hub Subrecipients (also referred to in Exhibit G as “partners” or “network partners”), subject to revision during the contract term. BHT will provide Subrecipient updated language if changes occur. To the extent that these terms differ from the Master Agreement, they shall control.

**Sections**

G.1: Supports Offered to Contracted Community-Based Organizations

G.2: Network Monitoring Plan

G.3: Performance Improvement Process

G.1: 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 communities, 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, Subrecipients also learn the requirements of federal funding and have 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 Subrecipient 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 Subrecipient 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 Subrecipient 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 Subrecipient input for efficiency improvements, and provide opportunities to meet care coordination standards.

#### *Open Office Hours:*

BHT will host monthly virtual open office hours to offer real-time support and troubleshoot Subrecipient 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 training and upskill opportunities designed to assist the Subrecipient in developing their workforce and meeting contract training requirements. See Exhibit H for more detail.

#### *Technology & Reporting Infrastructure:*

BHT will manage reporting, analytics, and visualization tools, creating dashboards to share performance data. Subrecipient will have:

- Access to a community-information exchange/electronic health record system, at no cost to the Subrecipient
- A transparent process for reviewing Subrecipient 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 Subrecipients who exceed minimum compliance and performance standards related to data and documentation. These incentives are designed to support and reward Subrecipients that successfully deliver KPI's and encourage Subrecipient to fully engage with the Hub. Dollars earned through these incentives are discretionary and unobligated, allowing Subrecipient CBOs to invest them in ways that they determine best meet their needs. See Exhibit B.4: Performance Incentive Payments.

### G.2: Network Monitoring Plan

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 Network Monitoring 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 Exhibit F.1: Care Coordination Standards)

BHT will provide Quality Improvement/Quality Assurance (QI/QA) dashboard reports for Network Partners **monthly and for each quarterly performance period**, which will include individual partner outcomes in comparison to the Better Health Together Community Hub network average. See Exhibit B.2 for Payment & Reporting Periods. 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.

Subrecipient shall submit their data in the Client Management System (CMS) for the Minimum Key Performance Indicators detailed in SOW Exhibit B on or before the 15<sup>th</sup> day of the month following the close of the prior month. Within ten (10) working days of that due date, BHT will provide the monthly dashboard report. The Subrecipient will then have ten (10) working days to update or correct data and notify BHT of the correction. See also COMPENSATION section at the beginning of the SOW for details on the close of each quarterly performance period.



### G.3: Performance Improvement Process

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 our vision, Network Partners must meet and maintain specific quality metrics and meet contract terms and requirements. BHT will provide monthly and quarterly Quality Improvement/Quality Assurance (QI/QA) dashboard reports for Network Partners, which will include Key Performance Indicator (KPI) data in comparison to the Better Health Together Community Hub network average. BHT will support Subrecipient when there are gaps to address.

#### *Performance Improvement and Remediation Process*

If the Subrecipient is unable to meet the minimum performance measures detailed in the Statement of Work for **one month** per the monthly dashboard report, BHT CCH staff will reach out to assess any support the Subrecipient may need and offer appropriate support.

If the Subrecipient cannot meet the minimum performance measures detailed in the Statement of Work for **one quarterly performance period**, 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 Subrecipient is not meeting minimum measures for **more than one quarterly performance period** the BHT CCH team will recommend an Improvement Plan, which includes actions the Subrecipient 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 Subrecipient with clear steps toward performance and documentation improvement.

An Improvement Plan may also be recommended by BHT if the Subrecipient is not meeting other obligations or terms under the SOW, including compliance with Community Care Hub Standards (see Exhibit F).

If Subrecipient is unable to meet the expectations of the Improvement Plan, the process of contract termination may be initiated under Section 16 of the Master Agreement, including written notice to the Subrecipient and transfer of performance requirements. Any termination decision will be reviewed by the BHT Board of Directors via the Community Care Hub Stewardship Committee as a balance to staff procedure.

The subrecipient's performance under this SOW or ability to meet the expectations of an Improvement Plan may also impact eligibility for future contracting under the Community Care Hub.

**EXHIBIT H**  
**Required Training**

Subrecipient agrees to complete the following required trainings and submit proof of completion. BHT will provide an attestation form for proof of completion for relevant required training modules. The Subrecipient agrees to retain supporting documentation of training completion for the length of time indicated in the Master Agreement. The Subrecipient is also eligible for other available training modules detailed below.

BHT may require additional training for Subrecipient serving clients eligible for specific programs or resources as required by funders, as noted in Exhibit B.1: Agreement to Braided Funding.

*Required Trainings for all community-based workers (CBWs) covered by this SOW*

These training modules and proof of completion are required of all CBWs covered by this SOW.

<b>Training Name</b>	<b>Frequency of Completion</b>	<b>Proof of Completion</b>
Annual HIPAA training	Annual (calendar year)	Completed through BHT-provided module OR submit an attestation of completion if Subrecipient offers in-house
Abuse & Neglect Mandatory Reporting training	Annual (calendar year)	Completed through BHT-provided module OR submit an attestation of completion if Subrecipient offers in-house
Personal Safety training	Annual (calendar year)	Completed through BHT-provided module OR submit an attestation of completion if Subrecipient offers in-house
IT security training	Annual (calendar year)	Completed through BHT-provided module OR submit an attestation of completion if Subrecipient offers in-house
Care Coordination Standards (Camden 101)	One-time onboarding, and as needed with changes or upgrades	Must be completed through BHT-provided module
Client Management System (CMS)	One-time onboarding, and as needed with changes or upgrades	Must be completed through BHT-provided module
Insurance 101	One-time. CBW may complete additional times as a refresher or if changes are made to Health Benefit Exchange.	Must be completed through BHT-provided module
DOH CHW Core Competency training, Certified Peer Counselor (CPC) training and certification test, or equivalent	One-time	Submit an attestation of completion and supporting documentation

*Required Trainings for all supervisors covered by this SOW*

These training modules and proof of completion are required of all supervisors covered by this SOW.

Training Name	Frequency of Completion	Proof of Completion
Annual HIPAA training	Annual (calendar year)	Completed through BHT-provided module OR submit an attestation of completion if Subrecipient offers in-house
Client Management System (CMS)	One-time onboarding and as needed with changes or upgrades	Must be completed through BHT-provided module

*Required Trainings for subrecipient agency*

These training modules and proof of completion are required for at least one employee of the Subrecipient organization. The designated employee(s) does not have to be one of the community-based worker(s) or supervisor(s) covered by this SOW.

Training Name	Frequency of Completion	Proof of Completion
Health Benefit Exchange (HBE) Navigator*	<p>Initial certification training is one-time, followed by a job shadow session with a BHT Enhanced User or an experienced Navigator at the Subrecipient organization if available. All Navigators must also complete ongoing quarterly training through the Exchange in order to keep their certification.</p> <p><i>Further details on training and certification are included in the cooperative agreement - see Exhibit E, Responsibilities of Subrecipient #4.</i></p>	Completed through BHT-provided module

*\*Per Exhibit E, Subrecipient will complete a cooperative agreement and training with BHT to provide Navigator Services for the purpose of enrolling qualified individuals in the Washington Health Benefit Exchange for expanded Medicaid or a Qualified Health Plan coverage.*

*Other available trainings*

These training modules are offered as a benefit of this SOW for CBWs and/or supervisors covered by this SOW, but they are not required.

<b>Training Name</b>	<b>Frequency of Completion</b>	<b>Proof of Completion</b>
Revive Trauma Awareness and Stewardship Basics	One-time (Available at least annually)	Not required. Participants receive a certificate for their records.
Camden Complex Care – Upskill Training	One-time (Available at least annually)	Not required. Participants receive a certificate for their records.

EXHIBIT I  
**Awarding Agency Terms**

To the extent that these terms differ from the Master Agreement, they shall control.

**Exhibit I.1**

Washington State Health Care Authority Contract No. K7649, dated effective July 1, 2023, and all related Work Orders and contract amendments, now existing or hereinafter entered into by the parties thereto, referred to as Medicaid Transformation Project (MTP) 2.0 Initiatives. If additional funds are braided into this SOW, the parties will execute an amendment to this SOW to reflect the additional Award at issue and modify the scope of the Subrecipient Award and relevant terms related to Services. Subrecipient acknowledges and agrees that it is subject to the terms and conditions of the Award contract terms, as amended, and that Subrecipient shall comply with the same, particularly as the terms expressly apply to subcontractors.