



Community Care Hub Training Attestation

Background

As we build our Community Care Hub and partner infrastructure to deliver Health-Related Social Needs (HRSN) support to targeted populations in the regions we serve, BHT is prioritizing a shared understanding of the key skills to deliver Community Based Care Coordination (CBCC). Community-based workers (CBWs) are individuals with varying degrees of lived experience, education, professional experience, and specialized training, who are serving clients with a wide variety of needs and acuity. Establishing a foundational understanding of CBCC helps us to better serve our community, build our community-based workforce, and communicate the value of the services that we provide to recipients, partners, and funders.

BHT is committed to the Hub model and to the partners that make up the Community Care Hub network. To that end, we are providing training to our contracted network partners for these key CBCC skills. To that end, the following training modules are required as foundational knowledge for individuals delivering community-based care within the Community Care Hub network.

Purpose of this Attestation

To fulfill the proof of completion requirements for training modules required for all CBWs and Supervisors covered by the 2026 Community Care Hub Statement of Work (SOW), Exhibit H.

The training modules detailed below and proof of their completion, via this attestation and supporting documentation noted below and in SOW Exhibit H, are required for all CBWs and Supervisors covered by the 2026 Community Care Hub SOW.

Please complete the attached training logs and sign below to attest to the completion of the following requirements from your 2026 Community Care Hub Statement of Work (SOW) contract.

Attestation

By signing, you attest that the Community Based Workers and Supervisors covered by the Community Care Hub 2025 Extension Statement of Work (SOW) have completed the training modules detailed in the logs below.

BETTER HEALTH TOGETHER

By: _____

Alison Poulsen

President

Date: _____

NAME OF SUBRECIPIENT

By: _____

Signer Name

Signer Title

Date: _____

Better Health Together Training Attestation Log			
COMMUNITY BASED WORKERS (CBW)			
CBW Name	Training	Training Frequency	Date Completed
	Annual HIPAA training	Annual (calendar year)	
	Abuse & Neglect Mandatory Reporting training	Annual (calendar year)	
	Personal Safety training	Annual (calendar year)	
	IT security training	Annual (calendar year)	
	Care Coordination Standards (Camden 101) *	One-time onboarding, and as needed with changes or upgrades	
	Client Management System (CMS) *	One-time onboarding, and as needed with changes or upgrades	
	Insurance 101 *	One-time. May complete additional times as a refresher or if changes are made to Health Benefit Exchange.	
	DOH CHW Core Competency training, Certified Peer Counselor (CPC) training and certification test, or equivalent **	One-time	
	Annual HIPAA training	Annual (calendar year)	
	Abuse & Neglect Mandatory Reporting training	Annual (calendar year)	
	Personal Safety training	Annual (calendar year)	
	IT security training	Annual (calendar year)	
	Care Coordination Standards (Camden 101) *	One-time onboarding, and as needed with changes or upgrades	
	Client Management System (CMS) *	One-time onboarding, and as needed with changes or upgrades	
	Insurance 101 *	One-time. May complete additional times as a refresher or if changes are made to Health Benefit Exchange.	
	DOH CHW Core Competency training, Certified Peer Counselor (CPC) training and certification test, or equivalent **	One-time	

* Must be completed through BHT-provided module

** Requires submission of digital copy of certificate (or equivalent supporting documentation) to BHT, in addition to this attestation.

Better Health Together Training Attestation Log			
COMMUNITY BASED WORKERS (CBW)			
CBW Name	Training	Training Frequency	Date Completed
	Annual HIPAA training	Annual (calendar year)	
	Abuse & Neglect Mandatory Reporting training	Annual (calendar year)	
	Personal Safety training	Annual (calendar year)	
	IT security training	Annual (calendar year)	
	Care Coordination Standards (Camden 101) *	One-time onboarding, and as needed with changes or upgrades	
	Client Management System (CMS) *	One-time onboarding, and as needed with changes or upgrades	
	Insurance 101 *	One-time. May complete additional times as a refresher or if changes are made to Health Benefit Exchange.	
	DOH CHW Core Competency training, Certified Peer Counselor (CPC) training and certification test, or equivalent **	One-time	
	Annual HIPAA training	Annual (calendar year)	
	Abuse & Neglect Mandatory Reporting training	Annual (calendar year)	
	Personal Safety training	Annual (calendar year)	
	IT security training	Annual (calendar year)	
	Care Coordination Standards (Camden 101) *	One-time onboarding, and as needed with changes or upgrades	
	Client Management System (CMS) *	One-time onboarding, and as needed with changes or upgrades	
	Insurance 101 *	One-time. May complete additional times as a refresher or if changes are made to Health Benefit Exchange.	
	DOH CHW Core Competency training, Certified Peer Counselor (CPC) training and certification test, or equivalent **	One-time	

* Must be completed through BHT-provided module

** Requires submission of digital copy of certificate (or equivalent supporting documentation) to BHT, in addition to this attestation.

Better Health Together Training Attestation Log			
SUPERVISORS			
Supervisor Name	Training	Training Frequency	Date Completed
	Annual HIPAA training	Annual (calendar year)	
	Client Management System (CMS) *	Must be completed through BHT-provided module	
	Annual HIPAA training	Annual (calendar year)	
	Client Management System (CMS) *	Must be completed through BHT-provided module	
	Annual HIPAA training	Annual (calendar year)	
	Client Management System (CMS) *	Must be completed through BHT-provided module	

* Must be completed through BHT-provided module