Community Care Hub
Policies & Procedures

Table of Contents

Please note:

Better Health Together (BHT) is a Community Care Hub in eastern Washington, connecting individuals to healthcare supports and basic needs across seven counties and the Reservations of the Kalispel Tribe of Indians, the Spokane Tribe of Indians, and the Colville Confederated Tribes.

Our goal is to help individuals find the unique care that is best for them, whether it be navigating complex health systems, breaking down barriers like language access, or finding vital resources for everyday needs. We connect folks to a care coordinator at one of our trusted partner organizations who can provide them with the right basic, medical, and cultural support, and is with them every step of the way.

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. The following policies and procedures apply to the spectrum of BHT community based care coordination efforts as a Community Care Hub.

As we continue to build our Community Care Hub, policies and procedures are subject to change with the needs of our community and various funding requirements. This document will be updated on a yearly basis.

Document last updated: June 2025

Documentation Standards

Policy

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:

- Improved connections to social & health service, partnerships, and resources to address un-met health-related social needs
- Increased support for the community-based workforce to address individual and family social and health needs across community and clinical systems
- Increased view of the social and health complexities of individual & family needs in community
- 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	- Client's permission to participate in program* - First/Last name * - Date of Birth* - Address (if unhoused provide city and zip code) - Preferred language - Self-identified Demographics - Race/Ethnicity - Gender - Phone Number or Email (in the event client doesn't have a phone number) - Household Size - Referral Source - Service Program Eligibility - Health Status
Initial Adult Checklist	- Social Barriers - Health Barriers - Including Medicaid eligibility* - Client stated priorities

Health Changes Form	• Health Changes Form • Start date and time • Goal • Steps to take • Confidence • Completion Date

Referrals and Education	• Medical Referral (as needed)
	   o Referral Type/Name
	   o Date Completed
	• Social Referral (as needed)
	   o Referral Type/Name
	   o Date Completed
	• Education
	   o Key Points
	   o Date Completed

Discharge Form	• Date of Closure • Reason for Closure • Social and Health barriers addressed • Client Experience Questions

Further, additional (or different) documentation standards may be included in a program's Statement of Work. BHT prioritizes the completion of required (and agreed upon) documentation for all programs that it administers.

*Required from clients to be enrolled in the 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.

Handling a Duplicate Client

Policy

BHT's Community Care Hub is committed to ensuring accurate and efficient management of client data within its Care Coordination System. Occasionally, referrals are duplicated in the process of being entered into the electronic health record. This procedure outlines the process for handling duplicate clients to maintain data integrity while ensuring the appropriate care and services are provided to clients, and applies to all BHT staff members who access the CCS system to manage client profiles, including but not limited to, care coordinators, managers, and other relevant personnel.

Duplicate Client: A client that has more than one profile in the CCS system with the same identifying information (Last Name, First Name, Date of Birth).

CCS (Client Coordination System): The electronic health record used to manage client data and coordinate care services across agencies.

Hub Manager: The BHT individual(s) responsible for overseeing the operations of the Community Care Hub, including coordinating with other care coordinators.

Procedure

Identifying Duplicate Clients
1. Log into CCS
2. Once you're logged in, proceed to the section where *New Clie*nts are referred into the Hub.
3. If CCS detects that the client you are trying to view and/or refer in might already exist in the database (i.e., they are a duplicate), CCS will notify you.
4. This notification will appear as a **bold yellow bar** at the top of the screen.
5. The alert will say something like: **"Highly Likely a Duplicate - Please Review"**.

View Duplicates:
1. Click on the **Last Name/First Name/DOB** of the possible duplicate client profile.
2. Review the client profiles listed as potential duplicates within the system.

Determine Duplicate Client Status:
1. Review all client profiles that have been flagged as potential duplicates.
2. Check the following client information to assist with the decision-making process:
3. **Program** and **Funding Source** of each profile
   a. **Client Status** (Is the client currently active, or are they inactive?)
   b. **Assignment** (Is the client assigned to an active care coordinator or engaged with another agency?)

Resolving Duplicate Clients

Accepting the Duplicate:
1. If the client profiles represent the same individual, and the program, funding source, and client status are aligned, accept the duplicate by **merging** the clients' profiles.
2. Ensure the correct program and funding source are selected, and the client's information is accurate before proceeding with assignment.
3. If you know a client is more appropriate for a different funding source/program, please contact the **CCH referral coordinator**.

Merging Client Profiles:
1. If there are discrepancies in the profiles that need to be addressed (e.g., different program assignments or client status), **merge the profiles**.
2. Ensure that the correct information is retained from both profiles, including the program and funding source.
3. Ensure that the client is not already assigned and actively engaged with another Community-Based Organization/Community-Based Worker.
4. Once merged, update the client's status and assignment as necessary.

Client Engaged with Another Agency:
1. If the client is actively engaged with another care coordinator or agency, **do not accept or merge the profiles immediately**.
2. **Contact the Hub Manager** to coordinate with the other care coordinator or agency.
3. Together with the other care coordinator, determine the best course of action for serving the client, ensuring there is no disruption in services or confusion regarding assignment.

Reactivating Inactive Clients:
1. If the duplicate client profile is from a previous client who is no longer active:
   a. Check **Status & Assignment** to confirm that the client is inactive.
   b. **Re-activate** the client as necessary and update their assignment to a new care coordinator if required.
2. Ensure that the client's new care coordinator is notified, and a transition plan is in place, and the appropriate services are resumed.

Documentation and Reporting
- All actions taken regarding duplicate client profiles should be **documented** in the CCS system under **Central Notes,** including whether the duplicate was accepted, merged, or reactivated.
- Any challenges or issues encountered when resolving duplicate profiles should be reported to the **Hub Manager** for further review and possible corrective action.

***This procedure will be reviewed annually or as needed to ensure it meets the operational needs of the BHT Community Care Hub.

Eligibility & SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Assignment to Community-Based Organizations

Policy:

To ensure the Community Care Hub (CCH) and its Social Care Network (SCN) provide culturally responsive services, and the distribution of assignments is fair, consistent and appropriate. The Hub has set criteria and processes for assigning clients to its community-based organizations (CBO) for community based care coordination. Minimum eligibility for enrollment in Hub services / community based care coordination: Any referred individuals in the BHT region who provide consent (written or verbal) to participate in care coordination services.

Additional eligibility requirements exist for access to 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.

BHT CCH uses a SMART assignment protocol, a method of triaging clients and determining assignments based on individual client needs, acuity, preference, or previous relationships with an CBO. The goal is to ensure the most suitable assignment of an individual matched with an CBO and community-based worker to receive services.

BHT's CCH SMART Assignment to Community-based organizations is to ensure that services are equitable to impacted populations.* We strive for health equity - to support every individual in achieving their full health potential while acknowledging their identity, environment, and lived experience.

This assignment is made based on the following considerations in order of priority:

1. **Client preference**:
If the client has designated which CBO or community health worker they prefer, the HUB will assign the community member to that organization. If the client's preference doesn't meet their specific needs, the next most appropriate organization or community health worker will be assigned.
2. **Find prior relationship**:
Prior relationship with a CBO; if both parties agree and it meets the needs of the client.
3. **Cultural Fit**:
    - Neighborhood
    - Language
    - Cultural preferences identified by the client (if applicable)
    - Similar culture to client
4. **Client Needs and Network match**: If the client has a specific health or social set of needs that a CBO has the expertise to provide, such as transportation services, food assistance, housing supports, behavioral health, etc., this will be considered in the assignment.

5. **Acuity of needs**: If the client has a specific health or social condition or combination of conditions that requires more specialized community based care coordination than is available at a specific CBO, then this will be considered in the assignment.
6. **Rotational Order**:
   - Caseload capacity – *This is also the responsibility of the CBO supervisor to monitor and report to BHT CCH staff.*
   - CBOs previous responsiveness to referrals
   - The proximity of the CBO and community health worker

BHT CCH policy is to ensure that services are equitable and appropriate for impacted community members*.

Procedure:

BHT's CCH is responsible for receiving referrals from the Department of Health, local Community Based Organizations (CBO), healthcare organizations, community members themselves, and other referral sources, and then, based on the SMART Assignment Policy, assigning the referrals to the appropriate CBO or CBW.

1. Online Self-Referral or CBO Inbound Referral (CBWs will still be able to add new clients to system which notes client as "referred" and comes to hub for assignment by the Hub)
   a. Checked Three Times Daily (Morning, Mid-day, & Afternoon) *Referral manager will enter referrals within 48 business hours of receipt*
2. Referral Coordinator reviews client information
3. The assignment is made based on the SMART assignment policy as detailed above.
4. Referral Coordinator Assigns client to a CBO in CCS based on above guidelines
   a. If Hub CBOs are at max capacity for client case loads or no "appropriate referral", inform and consult Hub Manager and Director.
5. Referrer Follow-Up
   a. CBO referral – referral coordinator will inform the CBO that the client has been assigned.
   b. Self-Referral – Assigned CBW will contact client within 3 business days.

Closed-Loop Referrals

The CCH is committed to ensuring a seamless and effective closed-loop referral process to support community members in accessing appropriate care and services. A closed-loop referral process is a process where a client is referred from one agency to another, and the referring agency receives information or feedback on the outcome of the client referral. This policy outlines the standardized procedures for accepting, assigning, and following up on referrals to ensure the continuum of care and accountability between referring agencies and service providing CBOs

The CCH may receive referrals from:
- Healthcare providers (e.g., hospitals, primary care clinics, behavioral health providers)
- Community-based organizations (CBOs)
- Social service agencies (e.g., housing assistance, food security programs)
- Justice system partners (e.g., correctional facilities, probation officers)
- Self-referrals from community members

Referral Intake Process

- Referrals are received through multiple channels including electronic health record system, secure email, Better Health Together Community Care Hub Referral Form , and the Hub referral phone line.
- BHT intake coordinators review referrals no later than 72 business hours after receipt to ensure completeness and appropriateness.
- If additional information is needed, the referring agency will be contacted within 72 business hours
- CBOs will contact the referred client within 72 business hours.

Policy Review and Approval:

- This policy shall be reviewed bi-annually, including feedback from Social Care Network agencies, including referring agencies, and clients, and updated as needed.

* BHT uses the term 'impacted communities' to refer broadly to all groups historically underserved and impacted by systems of oppression. This includes but is not limited to, Black, Indigenous, people of color, 2SLGBTQAI+ individuals, individuals with a disability, justice-involved populations, low-income communities, undocumented individuals, refugee/immigrant populations, rural residents, and many other groups that face systemic inequities.

Inactive User Accounts

Policy

BHT is committed to maintaining the privacy and security of the data collected, processed, and shared through our Client Management System. To ensure data security and prevent inappropriate access, Better Health Together (BHT) will automatically deactivate any user account that has been inactive for 45 consecutive days. Users requiring access after this period must contact BHT CCH to request account reactivation. This policy applies to all individuals accessing the CMS, including BHT staff, subcontracted partners, and affiliated users.

If a CMS-authorized user at your agency expects extended leave and needs CMS access temporarily deactivated, don't hesitate to contact CareCoordinationhub@betterhealthtogether.org.

If a CMS-authorized user at your agency is no longer with the agency or no longer in a role requiring CMS access, don't hesitate to contact us within 48 hours at CareCoordinationhub@betterhealthtogether.org

Procedure

1. Inactive Account Deactivation

- The CMS system (or Hub Manager) will automatically deactivate accounts that have been inactive for 45 days.
- Inactivity is defined as no logins or system activity during this period.

2. Reactivation Process

- Users who need to regain access after deactivation, the supervisor must contact BHT CCH in writing.
- Users must submit a request for reactivation via email to CareCoordinationHub@betterhealthtogether.org.
- BHT CCH will verify the requestor and role within the organization before reactivating the account, by verifying the user's email.
- Upon verification, the user will be provided with a password reset link to regain access to the CMS.

3. Monitoring and Compliance

- BHT CCH staff will monitor CMS login activity monthly to ensure compliance with this policy.
- A report on inactive users will be generated and reviewed by designated BHT staff to ensure timely deactivations.
- BHT will notify the agency of users who have been inactive for over 30 days, to give a chance to rectify before the 45-day automatic deactivation.

Any suspicious activity or unauthorized access attempts will be escalated to the appropriate security personnel for further review.

This policy will be reviewed annually or as needed to align with security best practices and operational requirements.

Privacy & Data Security

Policy

BHT is committed to maintaining the privacy and security of the data collected, processed, and shared through our Client Management System. This Privacy and Data Security Policy outlines our practices to ensure the protection of personal and sensitive information. By using the BHT provided Client Management System, contracted partners agree to abide by the terms and practices described in this policy.*

Procedure:

- Releases of Information (ROIs) will be obtained from clients at the time of initial engagement to facilitate whole person care and the coordination of necessary resources as indicated by the client. All ROI forms will comply with HIPAA's requirements for written authorization of the release of Protected Health Information (PHI).

- Verbal consent for service provision is allowable only when the client is asking for a resource referral or non-sensitive general information is being collected, and no further care coordination needs are needed. In this case the Community Based Worker will document the date and time of verbal consent and type of information shared with outside party in the Client Management System.

- Data is collected and processed within the Client Management System to facilitate collaboration, research, and knowledge-sharing among participants. The data collected is used for improving care strategies, decision-making, and advancing reach to marginalized communities.

- By using the Client Management System, clients provide their explicit consent for the collection, processing, and sharing of their data as relevant and agreed upon, in accordance with HIPAA.

- Data collected may include personal information such as names, date of birth, address, phone number, email addresses, insurance status, race/ethnicity, household size, housing status, education level, etc. Clients may choose not to provide sensitive information their discretion. Data collection and minimum information for services is guided by the Documentation Standards policy.

- Contracted partners will sign a Business Associate Agreement (BAA) outlining their commitment to abide by HIPAA standards, protect PHI, and steward participant confidentiality, following the guidelines of the individual SOW and client ROI.

- Data is retained according to retention requirements under HIPAA and from BHT funders.

- BHT completes annual third-party HIPPA security assessment, including review of data security policies and practices.

Internal Communication Escalation

Policy

To ensure efficient and appropriate resolution of client-related concerns and questions, this policy outlines a clear communication escalation pathway among referral hub coordinators, community-based workers (CBWs), partner agency supervisors, and BHT leadership. All staff and partner agencies are expected to follow this structured communication escalation protocol to support timely and effective coordination of care. This policy reinforces that concerns should be resolved at the lowest appropriate level before escalating further.

Roles and Responsibilities

- **Community-Based Workers (CBWs)**
  CBWs are responsible for:
    - Reviewing and responding to assigned referrals in CCS.
    - Documenting progress and challenges in CCS in a timely manner.
    - Seeking support through appropriate internal channels within their agency before escalating externally (with BHT Hub staff).
- **Partner Agency Supervisors**
  Supervisors support CBWs by:
    - Providing guidance and helping problem-solve challenging referral cases.
    - Determining whether escalation to BHT is necessary when internal mitigation is unsuccessful.
- **BHT Referral Hub Coordinator**
  The Referral Hub Coordinator is responsible for:
    - Monitoring referrals and assisting CBWs and supervisors with logistical or referral-specific questions.
    - Escalating unresolved or systemic issues to BHT leadership when needed.
- **BHT Management and Directors**
  This includes the Social Care Network Manager, Data Manager, and other directors, who are responsible for:
    - Addressing higher-level or systemic issues that impact the referral process, data workflows, or care coordination across partners.
  - Reviewing repeated or unresolved concerns that may impact program operations or partner performance.

Procedure: Communication Escalation Pathway

Who to Contact	When to Contact	Examples/Scenarios
Internal Agency Supervisor	First point of contact for guidance and troubleshooting referral-related issues.	• Client is unresponsive after multiple outreaches • Clarity on how to proceed with a referral • Unsure how to document client information
BHT Referral Hub Coordinator	After supervisor input has not resolved the issue, or supervisor is unavailable in a time-sensitive situation.	• CCS system error prevents submission of referral • Supervisor is out of office and referral must be completed today • Client needs urgent services and options are unclear
Hub Managers/Directors (Social Care Network Manager, Data Manager)	For systemic issues, repeated concerns, or if lower-level solutions have not worked.	• Multiple agencies reporting similar CCS system issues • Concerns impacting data quality or contract deliverables

When to Use Direct Communication Channels (Outside Normal Chain)

In exceptional cases, CBWs may contact the BHT Referral Hub Coordinator directly, including:
- Urgent client safety issues (e.g., housing insecurity, lack of access to medications)
  - Note – This DOES NOT include individuals who are in a behavioral health crisis such as:
    - Making statements that they plan to harm themselves or others.
    - Are highly agitated or displaying aggression
    - Experiencing hallucinations

**Refer to the Hubs Crisis P&P or contact emergency services such as 911.
- Time-sensitive referral questions that cannot wait for supervisor feedback

Utilizing Physical Paper Forms for Collecting Personal Information

Policy

This policy establishes guidelines for the proper and secure utilization of physical paper forms when collecting personal information to ensure compliance with privacy laws and protect individuals' sensitive data. This policy applies to all employees, contractors, and third parties involved in the collection and handling of personal information using physical paper forms within the organization.

Procedure

- **Purpose of Data Collection:**
    - Clearly define the purpose of collecting personal information on the physical paper form.
    - Ensure that the collection is necessary for the legitimate business activities of the organization.

- **Authorized Personnel:**
    - Designate specific individuals responsible for collecting, handling, and processing physical paper forms.
    - Limit access to personal information only to authorized personnel with a legitimate need.

- **Secure Collection:**
    - Collect physical paper forms in secure and controlled environments, e.g., locked filing cabinets and computers.
    - Implement measures to prevent unauthorized access during the collection process.

- **Data Accuracy:**
    - Ensure accuracy in the data collected by providing clear instructions on the physical paper form.
    - Regularly review and validate collected data to maintain accuracy.
    - The client will be given the opportunity to review and correct their personal information.

- **Storage and Security:**
    - Store physical paper forms in a secure location, such as a locked cabinet or room.
    - Implement access controls and monitor access to the storage area.
    - Encrypt sensitive personal information on the forms, if applicable.

- **Retention Period:**
    - Establish and communicate a six (6) year retention period for storing physical paper forms to comply with HIPAA data retention requirements.
    - Regularly (annually) review and securely dispose of forms that have exceeded the retention period.

- **Disposal Procedures:**
    - Shred physical paper forms containing personal information before disposal.
    - Ensure compliance with current HIPAA regulations for data handling and destruction when disposing of physical materials.
    - Ensure compliance with environmental regulations when disposing of shredded material.

- **Training and Awareness:**
    - Provide training to personnel on the proper handling and storage of physical paper forms.
    - Promote awareness of the importance of protecting personal information.

- **Incident Response:**
    - Develop and communicate procedures for reporting any loss, theft, or unauthorized access to physical paper forms.
    - Establish a response plan to address incidents promptly and mitigate potential risks. Refer to Data Security Policy and Business Associate Agreement.
    - Communications procedures and response plan must be in compliance with HIPAA and include notification to Better Health Together as defined in the Business Associate Agreement.

- **Review and Updates:**
    - Regularly (annually) review and update this policy to align with changes in laws, regulations, and organizational practices.
    - Communicate updates to relevant personnel.

Enforcement

- Violation of this policy may result in disciplinary action, up to and including termination of employment or contract. Any suspected or actual breaches must be reported promptly to the designated authority.

Authorization to Use or Disclose Protected Health and other Information

Client Information

Full Name (First, Middle, Last):_____

Date of Birth:_____ Phone number:_____

Consent to Participate

Participating in this program will connect me with a Community-Based Worker who will:

- Provide regular contact and visits in a manner that best supports me and my family,
- Work with me and my family to identify our strengths, and concerns, and work on a plan for improving our health and well-being,
- Assist me and/or my family connect with community resources to help meet our needs.

To gain full benefit from the program I will:

- Communicate and visit with my Community-Based Worker regularly, including letting them know when I need to cancel or reschedule
- Participate in the screening questions and assessments that will identify my strengths and needs to help get the best services for myself and or family
- Work with my Community-Based Worker to develop a plan and work towards meeting my goals.

By participating in the program, here is how information about me will be used:

- My Community-Based Worker will track my participation in the program in a community health record system. The community health record system will support my Community-Based Worker to identify needs, plan support, and connect to resources. My community health record will only be accessible to limited staff in my Community-Based Worker's agency and Better Health Together staff who are supporting the program.
- My Community-Based Worker will ask my permission before my record is shared with any other Hub agency. If I am referred to another agency or program participating in the Better Health Together Hub, my record may be shared so that they can contact me.
- If my health insurance company is reimbursing Better Health Together for my participation, information about risks and referrals may be shared with my insurance company.
- My Community-Based Worker may need a release of information from me to share my personal information with other agencies in order to support access to healthcare and social services or to coordinate with other agencies that are supporting me.

Returning Client Referrals

Policy

To provide clear guidelines for managing referrals involving returning clients who have previously worked with a Community-Based Worker (CBW), ensuring continuity of care, avoiding duplication of services, protecting client confidentiality, and accurately identifying and engaging the client's care team, as appropriate.

Definitions

- **Returning Client**: An individual who has previously engaged with the Community Care Hub and is re-entering/re-enrolling for additional support or services.
- **Care Team**: A group of individuals, professionals, and organizations involved in supporting a client's well-being and goals.

Procedure

Intake and Identification

- Upon receipt of a referral, the intake coordinator will:
  - Check the client database to determine if the client has previously been connected to a CBW or other services through the Hub.
  - Identify any previous CBWs involved and record this in the client's profile.

Notification and Initial Coordination

- If the client has previously worked with a CBW:
  - The **Hub Coordinator** will assess the appropriateness of re-engaging the former CBW or making a new assignment based on:
    - The client's current goals and circumstances
    - Program eligibility and/availability
    - Capacity/fit of the previous CBW
    - Nature and duration of the previous engagement

Contacting the Previous CBW

- If deemed appropriate by the Hub Staff:
  - The **Hub Coordinator** (not the new CBW) will initiate contact with the previous CBW to:
    - Inform them of the client's return
    - Request relevant updates or insights **with client consent**
    - Avoid duplication of work or referrals
- No client-specific information may be shared without written **client consent**

Determining Current Care Team

- During intake or first meeting, the assigned CBW must:

- Ask the client to identify their current and preferred support people, providers, or care team members.
- Document or confirm all team members, agencies, and providers in the client record.
- Confirm the client's consent to engage with each care team member.

Client Consent & Privacy
- All communication involving a client's history, previous CBWs, or current needs must be conducted in compliance with privacy laws and policies.
- **Written consent** (electronic or physical) must be obtained from the client before:
    - Discussing details of their case with a previous CBW
    - Sharing or requesting case notes, plans, or referrals

Managing Recurring Needs
- Returning clients accessing services for a second, third, or more times:
    - Will go through a brief reassessment of needs during intake.
    - Will be offered the option to reconnect with their former CBW **if available and appropriate**.
    - May be reassigned to a new CBW based on caseload, specialty, or client preference.

Hub Coordinators/Managers are responsible for:
- Reviewing prior client engagements
- Initiating contact with previous CBWs when appropriate
- Facilitating warm hand-offs and transitions

Social Care Network Growth

Policy

BHT will have a framework in place to determine eligibility, fit, and intentionality to become a network partner with the HUB.

Procedure

Organizations will be asked to apply via a Request for Proposals process to be service providers under the HUB Community Care Hub.

Partners are required to submit a proposal that will include the following:

- o Proposal Narrative
- o Partner Questionnaire
- o Readiness Assessment
- o Proposed Budget
- o Eligibility Attestation Questions
- Partners will complete a Partner Questionnaire to identify the following:
  - o Partner Service Sector
  - o Services offered
  - o Populations and Geographical area served
  - o Languages Spoken and/or Language Access' Offered
  - o Percentage of Medicaid Recipients Served
  - o Organization Size and Budget
  - o Ability to Serve Prioritized Populations
- Partners will complete a Readiness Assessment to determine readiness to provide Community based care coordination to standard and meet federal funding requirements.
- Partners will submit a proposed budget

Reviewing Procedure:

- Partner Stewardship Committee will provide the following:
  - o Ensure fair decision-making that considers context and partner contributions.
  - o Reviews and makes selections of proposals
- BHT will do an initial eligibility review of proposals. Any partners that do not meet published eligibility criteria will not be moved forward to the committee.
- BHT will provide the committee with the following information:
  - o Completed Proposals
  - o Completed Questionnaires
  - o Completed and scored Readiness Assessments

- o If a previous contractual relationship is applicable, previous contract performance will be shared.
  - o List of prioritized services and populations
  - o A Scoring Rubric
  - o Any information relevant to the decision-making process will be flagged by BHT staff.
- BHT will inform partners if they were selected or not.

Community Based Workforce: Minimum Training Standards

Policy

BHT is committed to providing comprehensive and ongoing training to its staff, including the community based workforce (CBWF) and Supervisors. Our training programs aim to ensure that all team members are well-equipped to utilize the client management system (CMS) effectively and efficiently.

We know that the community based workforce (CBWF) is made up of folks from different backgrounds with different experiences and training. However, creating a shared regional definition of community based care coordination (CBCC) helps us explain what we do and why it matters—to the people we support, our partners, and those who fund our work. The first step is making sure everyone has the same basic skills.

BHT is working with our Social Care Network (SCN) partners to improve our community's access to care. By offering training and defining key skills for CBWF, we are taking an important step toward reaching this goal.

The following standards must be followed closely to be partnered with the Community Care Hub (CCH):

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	• 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

Procedure

- The Community Care Hub (CCH) manager will create a CMS user account for the partner onboarding to the CCH to include individuals' accessibility for supervisors and the CBW.
- BHT's training manager will provide access to the CBW and Supervisor into BHT's Learning Management System (LMS) to go through the CMS modules and recorded trainings
- The Training Manager can also offer one-on-one training within the CMS platform.
- The LMS training documents will be reviewed at least every six months to ensure they are up to date.

The list of training requirements for CBWs and supervisors is included within the statement of work.

Once the training is finished, BHT should receive a certificate of completion for inclusion in the LMS.
As mentioned earlier, this required training will help Better Health Together (BHT) strengthen your team and improve health outcomes in our community. We are excited to partner with you in this important work.

If you have any questions or concerns, please feel free to reach out to us at trainings@betterhealthtogether.org

Care Coordinator Attrition

Policy
In the event of a Care Coordinator's termination, the CBO will ensure the continuity of client care by having the supervisor take over the active caseload, notify BHT of the staffing change, and reassign clients as necessary until a replacement is hired.

Procedure

1. Client Reassignment:
- Upon notification of a Care Coordinator's termination, the CBO supervisor overseeing the Care Coordinator will immediately assume responsibility for the active caseload.
- The supervisor will conduct a review of all cases to ensure a smooth transition and maintain continuity of care.
- If the Care Coordinator position is not filled immediately, the CBO supervisor will assess and reassign clients to other available CBOs or Care Coordinators (CBWs) as appropriate.
- Reassignment decisions will consider factors such as client needs, case complexity, and existing caseloads of other CBWs to ensure effective and equitable distribution.
- Clients will be informed of any changes in their Care Coordinator and introduced to their new point of contact to ensure a smooth transition.

2. Notification to Better Health Together:
- The CBO supervisor will inform Better Health Together of the Care Coordinator's termination within two (2) business days.
- Notification should be sent via email to CareCoordinationHub@betterhealthtogether.org and include details such as the Care Coordinator's name, termination date, and any immediate concerns regarding the caseload.
- The CBO supervisor will communicate a timeline for the Care Coordinator recruitment process and the anticipated start date for the new Care Coordinator should be provided.
- The CBO will maintain thorough documentation of the transition process, including details of the case reassignment and any interim measures taken.

3. Ongoing Support and Follow-Up:
- Better Health Together will provide support to the CBO during the transition period, addressing any issues that arise and facilitating the reassignment process.
- Once the new Care Coordinator is hired, the CBO will update Better Health Together with the new Care Coordinator's details and ensure a proper onboarding.
- The new Care Coordinator will undergo training and orientation to ensure they are fully integrated into the existing care coordination framework.
- The CBO will work with Better Health Together to provide any additional support needed for a successful transition.

- BHT will ensure that trainings required to maintain a standard of internal excellence will be offered and tracked for internal staff. Further, BHT will ensure that contractors have access to and require staff to complete all SOW specific or contractual trainings as needed.

Community Feedback

Policy

Hub leadership affirms that community feedback is essential--not just to assess program impact but to ensure that services are equitable, accessible, and shaped by the voices of those most impacted. We recognize that feedback is an act of trust, especially for communities excluded from decision-making. We commit to creating multiple, culturally responsive pathways for feedback and to acting on what we hear.

Procedure

Formal community feedback channels will be built into all contracts executed by the Hub. Informal and indirect feedback channels will be shared with partners to continuously ensure and maintain a high standard of care. Partners will be provided with technical assistance to encourage community feedback within their own organizations. To ensure that feedback processes are culturally sensitive and supportive, BHT and its partners adhere to current best practices, recognizing that providing feedback within systems can be daunting for many community members.

Feedback Channels include:
- **Online forms on website:** The Hub utilizes Microsoft Forms to develop desktop and mobile friendly surveys and forms. These forms are available online in English and Spanish and can be submitted anonymously, if desired.
- **Community forums and discussion boards**: Opportunities for group feedback will be offered virtually as well as in person.
- **Social Media direct messaging**: BHT social media accounts are monitored regularly by our communications staff.
- **BHT Staff contacts:** A Hub representative will be available at all CVC meetings and other hub staff will be available via email and phone.

Feedback is helpful when it is:
- **Specific and clear**: Feedback is most effective when it is detailed and unambiguous, allowing us to understand the exact nature of the issue or suggestion.
- **Relevant to our services or community:** Feedback should pertain directly to the services we provide or the needs and experiences of our community members to ensure it is actionable and meaningful.
- **Constructive in nature:** Constructive feedback, which includes suggestions for improvement, helps us enhance our services and address any shortcomings in a productive manner.

The Hub is committed to acknowledging and responding to all community feedback within 48 business hours. Community feedback will be used to drive improvements, inform decisions, and enhance services or community engagement. As a Hub, we value ongoing community engagement and will express gratitude for the feedback, provide updates on actions taken, and maintain transparent communications as an integral component of our community relationships.

Grievances Management

Policy

Better Health Together requires its Board Directors, officers, employees, and volunteers to observe high standards of business and personal ethics in the conduct of their duties, roles, and responsibilities. As employees and representatives of Better Health Together, we must practice honesty, integrity, and accountability in fulfilling our responsibilities for social justice for all and in compliance with all applicable laws and regulations. Investigations will be conducted in a prompt, discreet manner. A full investigation may not be possible if a report made anonymously is vague or general. If deemed necessary, BHT may engage legal counsel, accountants, or other experts to assist in the investigation.

BHT will immediately notify the Finance Committee of the Board of Directors of any concerns regarding accounting practices, internal controls, or auditing, and shall work with the Finance Committee until the matter is resolved.

Procedure

1. **Identification and Reporting:** Any member or stakeholder with a grievance should first identify the issue and report it to the Director of the Social Care Network; Reese McMullin, reese@betterhealthtogether.org
    a. If the complaint needs to be escalated the member or stakeholder may contact the Executive Vice President (EVP) of Community Initiatives and Innovations; Charisse Pope, charisse@betterhealthtogether.org
2. **Documentation:** The Director or EVP will document the grievance, including the date, time, nature of the grievance, and the person reporting it.
    a. Better Health Together encourages anyone reporting a concern to identify themselves in order to facilitate the investigation of the concern. However, concerns may be submitted on an anonymous basis. Because some complaints need to be investigated, Better Health Together cannot promise confidentiality or anonymity; however, Better Health Together shall take reasonable steps to protect the member or stakeholder, consistent with the need to conduct an adequate investigation.
3. **Investigation:** An investigation will be initiated promptly. This may involve gathering additional information, interviewing involved parties, and reviewing relevant documents. The goal is to understand the full context and facts surrounding the grievance.
4. **Resolution:** Once the investigation is complete, BHT will work towards a resolution. This might involve mediation, policy adjustments, disciplinary action, or other appropriate measures, depending on the nature of the grievance.
5. **Communication:** Clear and timely communication is crucial. BHT will keep the grievant informed of the progress throughout the process and the final resolution.
6. **Prevention and Training:** BHT will take steps to prevent similar grievances in the future. This may involve training staff and volunteers, revising policies, and promoting a culture of openness and accountability within the non-profit.

System Outage Contingency Policy

Policy

If Care Coordination Systems experiences a system-wide outage lasting up to 1 business day, BHT will activate the following contingency plan to ensure continuity of care coordination, data collection, and partner communication. All staff and partner agencies are expected to follow this protocol in the event of a CCS system-wide outage.

Procedure

Internal Notification and Coordination

- **Immediate Notification:**
  BHT staff will receive an internal alert (email and/or Teams message) from the CCS Liaison or designated IT lead confirming the outage and estimated downtime.
- **Point of Contact:**
  A dedicated BHT staff member (e.g., IT, Data or Program Manager) will serve as the primary point of contact during the outage period.
- **Daily Check-Ins (if needed):**
  If the outage spans more than 1 business day, BHT will hold daily check-ins with internal staff to assess progress, troubleshoot workarounds, and provide updates.

Communication with Partners

- **Initial Email Notification (within 4 business hours):**
  BHT will send a mass email to all Social Care Network partner contacts including:
  - Acknowledgment of the outage
  - Expected timeframe for system restoration
  - Clear instructions for interim procedures (see interim procedures for CBWs)
  - Contact information for immediate support
- **Ongoing Updates:**
  Partners will receive update emails every 4 business hours or as new information becomes available.
- **Post-Restoration Notice:**
  Once CCS is restored, a final email will be sent with guidance on syncing any offline data and addressing any backlog.

Interim Procedures for Community-Based Workforce (CBW)
 Contacting Clients:

- CBWs should continue outreach using usual methods (phone, text, email) and document key contact details in a secure format (see below).

Temporary Data Collection:

- BHT will provide **fillable PDF forms**
- All data must be submitted via secure email or uploaded to a designated secure folder provided by BHT.

Document Storage & Privacy:

- CBWs must store all information securely (encrypted devices only) and avoid using personal or unsecured apps for data collection.
- Reminders will be included in the initial outage communication about HIPAA and privacy
- All collected data during outage must be entered into the CHR within 3 business days and then securely disposed of.

Support & Troubleshooting

- The BHT Referral Coordinator will be consistently available to support CBWs throughout the outage. The help line phone number and Teams chat will be actively monitored for any questions or technical assistance.
- Program Managers and CBW Leads will check in with partners to ensure they understand the interim tools and are able to continue service delivery.

Post-Outage Protocol

- **Back-Entry of Data:**
  Once the CCS service has been restored and is operational, each CBW will be responsible for entering the data collected during the outage into CCS. Every attempt should be made to upload this temporary data into CCS within 1 business day of restoring the service. If the outage extends longer than 1 business day, more time may be allotted for entering data into CCS. This will be at the discretion of the BHT liaison.
- **Quality Assurance:**
  BHT will review submissions to ensure no data loss and confirm referrals were appropriately handled.
- The BHT team will audit the temporary data collected during the outage to confirm that it has been uploaded into CCS. Once the audit is completed, the BHT liaison will notify the CBWs to destroy any data collected during the outage in accordance with the approved HIPAA/NIST process.
- **Debrief & Lessons Learned:**
  A short survey or debrief session will be offered to collect feedback on the contingency process and improve future preparedness

Key Contacts

Name	Role	Contact Info
Michael Whalen	IT Manager	Michael.whalen@betterhealthtogether.org
Brandy Marsh	Data Manager	Brandy.marsh@betterhealthtogether.org
Sarah Bollig Dorn	Director of Operations	Sarah@betterhealthtogether.org

IT Security Incident Procedure:

Policy

An IT security Incident is an event that impacts the confidentiality, integrity, or availability of ePHI. An IT security incident may include, but is not limited to:

- ePHI data loss due to disaster, system failure, or user error
- Password sharing
- Unauthorized persons/visitors/vendors/contractors accessing a system
- Viruses, worms, malware, or other malicious code attacks
- Network or system intrusions
- Theft or vandalism

A breach is any type of unauthorized access with malicious intent for the purposes of this policy and will be handled swiftly by BHT staff and contractors.

Procedure

Notification

TeamLogic IT staff will notify Better Health Together management (Director of Operations, Security & Privacy Officer) within 12 business hours of discovery in the event of:

- Unexpected outage of network systems with ePHI
- A data breach and/or ransomware on our systems

If a loss or theft occurs outside of working hours, please call the IT management contractor's emergency line.

The Data manager and/or Hub staff will notify Better Health Together management (Director of Operations, Security & Privacy Officer) within 12 business hours of discovery in the event of:

- CCS unplanned outage or downtime, unauthorized access of CCS accounts

Notification by a Business Associate

If a breach of unsecured protected health information occurs at or by a business associate, the business associate will:

- Notify the covered entity following the discovery of the breach without unreasonable delay and no later than 60 days from the discovery of the breach.
- To the extent possible, provide the covered entity with the identification of each individual affected by the breach as well as any other available information required to be provided by the covered entity in its notification to affected individuals.
- Cooperate with Better Health Together in investigating and mitigating the breach.
- The Privacy Officer will periodically review these requirements with the business associates to ensure that both parties will meet their notification obligations.

ePHI and Facility Access

The Security Officer shall authorize ePHI/PII and facility access to the following workforce members in the event of an emergency:

- Data Manager
- Director of Operations
- Director of People & Culture

Sanctions

If necessary, sanctions will be applied and authorities will be notified as appropriate at the discretion of the Risk Management Team, President, and legal counsel.

Backups

- The IT Provider will run system backups every 8 hours, to be kept for a minimum of 6 years per audit requirements
- In the case of a system breach or outage, the IT provider will provide a system back-up. Staff will be notified via email with a location to the backup so work can resume. Staff should save any edits they make to their drives while the situation is being managed.

System Restoration

Once the system is restored staff will be notified and work can resume on the network. Proper authorities will be notified in case of a breach.

Prevention

Once immediate steps are taken to mitigate the risks associated with the breach, the Privacy and Security Officer will work with IT to investigate the cause of the breach.

- If necessary, this will include a security audit of physical, organizational, and technological measures.
- This may also include a review of any mitigating steps taken.
- The Privacy Officer will assist the department responsible to put into effect adequate safeguards against further breaches. Procedures will be reviewed, updated, and implemented to reflect the lessons learned from the investigation. The resulting plan will also include audit recommendations, if appropriate.

State of Emergency Response Policy

Policy

Crisis response will be initiated when community, state and/or federal agencies declare an emergency, such as a pandemic or natural disaster, with asks of collaboration from the HUB or other entities that provide health related social needs.

BHT will prioritize services based on the greatest immediate need for the greatest number of those who are directly impacted by the crisis that results in the initiation of services. In the event of a crisis, care coordination efforts will be extended to seven day a week coverage.

Procedure:

The Hub will train and support the network to ensure the community-based workforce (CBW) is able to be impactful in times of crisis. The Hub will notify care coordination partners within 48 hours of a crisis, pandemic or other natural disaster and follow up will include:

- The Hub will provide notification of prioritized services to offer during the time of crisis
- The Hub manager will work with Hub Communications team to coordinate communication to the care coordination team and community partners to inform them of the service prioritization, as soon as possible.
- After the crisis has subsided, the Hub will inform the care coordination team and community partners that standard service offerings have resumed.