

## **2026 Community Based Care Coordination Partner Application**

## **Background**

Thank you for your interest in community based care coordination in our region. BHT intends to fund the care coordination work of 10-20 Community Based Organizations employing 12-30 community based workers between February 2026 and June 2027.

Proposals should be for care coordination services provided by a minimum of one to a maximum of five (1-5 FTE) Community Based Workers (CBW) and a recommended .3 Supervisor FTE per CBW. The amount awarded will be \$234,000 per CBW. This amount can cover staff salary and benefits, administration, relevant and appropriate technology costs, related travel, and client incidental costs. In addition, BHT anticipates including incentive dollars in contracts with awarded bidders for high performance on identified key performance indicators (up to \$30,000) and an annual \$200 stipend for participating in statewide reporting surveys.

Please note any contract awarded as a result of this application is contingent upon funding availability.

Please note: This document is a copy of the virtual application and is for use as a practice document only. The virtual application is lengthy and does not have an option to save progress. We highly recommend answering the narrative response and/or short answer on a back-up document, so you do not lose your progress.

## **General Information**

Organization Name		
Organization address		
Organization UEI #		
Point of contact name		
Point of contact email address		
Choose the sector your organization represents. Please select all that apply  Community-based organization (CBO)  Social-services agency  Case management provider		



	Physical health/primary care provider
	Behavioral health/mental health provider
	Substance use disorder treatment provider
	Hospital/health system
	Public health
	Tribal-led/Tribal serving community-based organization
	Tribal Nation
	Child welfare provider
	Emergency services provider
	Housing agency and provider
	Food and nutrition service provider
	Education
	Employment
	State, county, city and local government agency
	Other (please specify sector)
Which	service(s) does your organization provide? Check all that apply
	Behavioral health care (crisis support)
	Behavioral health care (mental health counseling, psychiatry, MAT/SUD/OUD services)
	Childcare/Preschool/Early Childhood Development
	Community support group(s)
	Domestic/intimate partner violence support/intervention
	Education support (including application/scholarship support and vocational training)
	Employment support (including resume support and job applications)
	Food access
	Health education programming
	Health insurance (Establishing/Maintaining)
	Holistic health care (chiropractic, massage, physical therapy, occupational therapy, acupuncture)
	Housing
	Housing remediation services (such as mold removal, lead removal, weathering)
	Immigration Services
	Legal counsel/support
	Maternal child health (including doula services)
	Medically tailored meals
	Nutrition counseling
	Physical health care (primary care)
	Physical health care (urgent or emergency services)
	Re Entry Services
	Specialty physical health care
	Transportation
	Tribal Health
	Youth/Young Adult Services

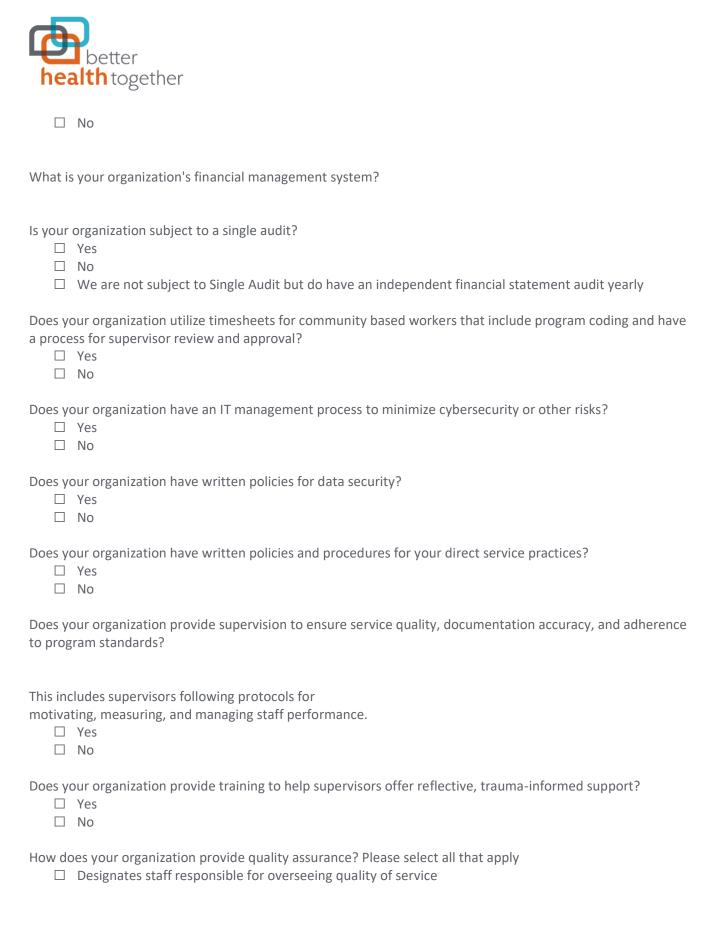


	Other direct financial and/or material support (such as direct stipends, utility support, school supplies, clothing) Other (please specify below)
Who do	es your organization serve? Please describe your organization's primary population(s) served.
What ge	eographic area(s) does your organization serve?
Please d commu	lescribe how the lived experience of your community-based workforce contributes to how you serve the nity.
	nguages are spoken by staff in your organization? Please select all that apply Arabic Chinese English Korean Marshallese Russian Somali Spanish Ukrainian Vietnamese Other (please specify)
	terpretation services does your organization provide? Please select all that apply. Telephone Interpretation Services Face-to-face Interpretation Services Video Interpretation TTY/Relay Service for ppl with hearing/speech impairment None Other (please specify interpretation service)

Approximately how many clients does your organization serve each month? Please use a Monthly average over the last 12 months



Approximately what % of your organization's clients are eligible for Medicaid?  Less than 25% Between 25-50% Between 51-75% Greater than 75% Unknown
What is your organization's annual budget?  ☐ Less than \$1,000,000  ☐ Between \$1,000,000 and \$5,000,000  ☐ Greater than \$5,000,000
Which populations is your organization well-positioned to serve? Please select all that apply.    Black, Indigenous, People of Color (BIPOC)   2SLGBTQIA+   Justice-involved adults   Justice-involved youth   Youth and young adult   Individuals with disabilities   Immigrant communities   Refugee communities   Uninsured individuals   Those who experience language barriers   Older populations   Low-income individuals   Populations living in rural areas   Tribal members or AI/AN communities   Homeless/unstably housed individuals & families   Individuals with complex health/social needs
Length of time operating as a formal organization (such as an incorporated business or nonprofit)
Please share any of your organization's prior experience with similar grants.  Please write N/A in field if not applicable
Does your organization have fiscal Control Policies/Procedures in place?  ☐ Yes





	Processes are in place for regular service quality reviews  Processes are in place for monitoring data quality and addressing errors
	Has a process to manage, track and report on client grievances or quality of service concerns
low do	pes your organization provide support with workforce capacity & development?
	Employs sufficient staff (FTEs and skills) to provide care coordination to individuals in community
	Employs HR practices for recruiting a culturally and linguistically diverse workforce
	Has an established onboarding process and provides role-specific training for new staff
	Offers cultural competency & trauma informed care training to staff
	Maintains a compensation and benefits philosophy with transparent salary ranges, work hours and paid
	time off, support for addressing and preventing job-related trauma/healing secondary trauma
	Has a plan to support and retain community-based workers, including a process to gather and respond
	to their feedback

## **Narrative Response**

In this section you will be asked to upload your narrative response (word or PDF format preferred)

- 1. Describe how the bidder will support one to five (1-5) Community-based workers to provide community-based care coordination, according to the standards listed in RFP; please include a narrative of how you would spend contract funds. For example (staffing, technology, travel, administrative costs)
- 2. Include how organizational goals are aligned with promoting equity.
- 3. After reviewing the Care Standards Table, describe your organization's understanding of community-based care coordination and describe how the bidder is performing or will perform standard care coordination functions.
- 4. Describe your organization's experience employing Community-based Care Coordinators, with lived experience, and how you support CBW's in their career advancement and plan to address providing a living wage.
- 5. The Community Care Hub enables partners to have a sustainable business line for community-based care coordination, paying them for the work they are already doing and providing their staff with upskilling opportunities to meet developing statewide standards. Please describe how community-based care coordination fits into your strategic plan.
- 6. Provide sufficient detail to convey your organization's knowledge of the subjects and skills necessary to provide care coordination and meet Key Performance Indicators successfully. Include all network requirements and the proposed tasks, services, activities, etc., necessary to accomplish the scope of work. Include any required involvement of BHT CCH staff. The Bidder may also present any creative approaches that might be appropriate and may provide any pertinent supporting documentation.
- 7. Describe your organization's experience serving prioritized populations listed in the RFP.
- 8. Describe your organization's experience providing services for one or more priority health and/or social needs listed in the RFP. This can include internal services or existing relationships with community referral partners.



(Optional) Video narrative response: In no more than 3 minutes, give us your elevator pitch for your application and why you would like your organization to be a part of the Community Care Hub network.