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: January 2026

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

- Telephone calls
- Text messages
- Email communication
- Mailed correspondence
- In-person outreach, when appropriate
- Contact through authorized representatives, when permitted by a valid Release of Information (ROI)

All outreach attempts must be documented within the Client Management System.

Discharge Due to Inactivity

Clients who remain inactive for ninety (90) consecutive calendar days despite documented outreach efforts shall be discharged from services.

The discharge record must include:

- Date of last successful contact
- Summary of outreach attempts made
- Reason for discharge
- Date of discharge

The discharge reason shall be documented as "Inactive/Unable to Contact."

Exceptions

The ninety (90) day inactivity period may be extended when there is documented evidence that the client remains interested in services but is temporarily unable to engage due to circumstances including, but not limited to:

- Hospitalization
- Residential treatment
- Incarceration
- Temporary relocation
- Housing instability
- Safety concerns
- Other documented extenuating circumstances

The reason for extending the inactivity period must be documented within the client record.

Eligibility & SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) Referral 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 CMS 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 5 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)
- Government agencies and departments
- 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 48 business hours after receipt to ensure completeness and appropriateness.
- If additional information is needed, the referring agency will be contacted within 48 business hours
- CBOs will contact the referred client within 48 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.*

Referral Acceptance

Policy

Social Care Network partners are expected to accept and engage referrals assigned by Better Health Together (BHT).

Referrals are assigned based on the best available fit utilizing a SMART assignment. As a network, we are collectively responsible for ensuring individuals—especially those facing the greatest health disparities—can access support.

Procedure

Partner Expectations

Upon receiving a referral, partners will:

- Review the referral within one business day of receipt
- Attempt outreach and engage the client
- Conduct a Health-Related Social Needs assessment
- Provide care coordination support addressing the clients' priorities
- Discharge according to standard policy

Referral Acceptance Requirements

Partners will accept all assigned referrals and make a good faith effort to engage and support the client, even if:

- The client does not align with and/or represent the organization's usual population
- Clients' needs do not align with the organization's typical services

Not Acceptable Reasons for Decline

Referrals may not be declined solely because:

- The referral is not a "perfect fit"
- The client falls outside typical service demographics
- The organization prefers to prioritize a narrower population

Allowable Exceptions

Referrals may be escalated (not declined outright) if:

- There is a safety concern
- The organization has no reasonable ability to serve (e.g., geographic limitation not previously disclosed, Community-Based Workers caseload is too full)
- In the event of a conflict of interest (If the CBW has a close personal tie, etc.)

Reassignment Process

If a referral is not appropriate, document efforts and rationale for declining referrals, and contact Better Health Togethers referral coordinator via the CMS for reassignment support.

BHT will coordinate next steps to ensure continuity of care.

Care Coordination Standard

Partners are expected to provide support to clients as outlined in the Care Coordination Standards section of the statement of work of Exhibit F.

Accountability

BHT monitors:

- Referral acceptance rates
- Timeliness of outreach
- Patterns of reassignment or decline

If expectations are not consistently met, BHT will work with partners to provide support and ensure alignment, which may include:

- Technical assistance
- Performance improvement planning

***No communication regarding clients are to be sent via email. All communication is required to be sent through the CMS.

Returning Client Referrals

Policy

To provide clear guidelines for managing referrals involving returning clients who are currently working 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 is currently connected to a CBW or other services through the Hub.
    - Identify the currently assigned CBWs involved and record this in the client's profile.

Notification and Initial Coordination

- If the client is working with a CBW:
    - The **Hub Coordinator** will inform the current CBW of the referral.

Consent to Services

Better Health Together (BHT)'s Community Care Hub serves people across Ferry, Stevens, Pend Oreille, Spokane, Lincoln, and Adams counties and the Reservations of the Kalispel Tribe of Indians, the Spokane Tribe of Indians, and the Colville Confederated Tribes of the Colville Reservation, connecting them to 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.

By filling out this form, you are allowing us to connect you to a care coordinator at one of our trusted partner organizations who can provide you with the right basic, medical, and cultural support for you.

The Community Care Hub requests your written permission to provide services to you. If you choose to sign this form, the Community Hub can provide services to you and can collect and use your personal and health information ("Information") to help provide those services.

Client Name:_____ **Client Date of Birth:**_____

What Information do we collect and use?

Information from you and other sources	This form covers, without restriction, all Information shared with us by: • you and your family. • Service Providers, such as your care team and any other person involved in your care.
Different types of Information	Information that may be collected and used includes, without restriction: • your name and contact details. • names and contact details of family or caregivers. This will only happen if you give permission and share their contact information. • services you get from Service Providers. • your date of birth, gender, race, ethnicity, tribal affiliation, or tribal enrollment. • details about your health insurance and any needs you may have, such as income, employment, or housing. • healthcare information that may be protected by state, tribal, and federal privacy laws, such as information about your medical providers, health conditions, health needs, and goals.

Signature
By signing below, you agree that:

- You have read this form or that someone has read it to you.
- You understand the terms of this form.
- You have had the chance to ask questions.

By signing, you agree to receive services from the Community Hub as described in this form.

Signature: _____ Date:_____

If signed by someone other than the client, please write that person's name and relationship to the

Client.

Name: _____ Relationship to Client: _____

Please see next page for authorization to share information.

Authorization to Share Information

Better Health Together provides a way for us and service providers that partner with us ("Service Providers") to share information to coordinate the care we deliver. Service Providers include social service, community, government (tribal, state, and local), physical health, and behavioral health organizations.

Better Health Together and the Service Providers request your written permission to share your Information. Being able to share your Information allows us and Service Providers to better

coordinate your care. This can result in improved access to the care and support you need to be healthy.

If you choose to sign this form, Better Health Together and each Service Provider can share your Information to better:

- learn about your needs.
- coordinate your care.
- provide services to you.

Our goal is to protect your privacy. Please review our the Privacy Policy. It explains what Information gets collected, how your Information is used, shared, and protected, and your rights.

Who will receive my Information if I sign?

Service Providers	Your Information will be shared with Service Providers. We may add to our list of Service Providers at any time. Service Providers: • agree to only access and share Information that is needed to serve you. • are required to protect your Information even if it is no longer protected under applicable privacy laws. We will only share your tribal affiliation or tribal enrollment with Service Providers approved by the Indigenous Nations Committee. **At the end of this form, you can choose to give permission (or not) to allow sharing about sensitive topics, such as healthcare, mental health, substance use, and HIV/AIDS information.**
Our technology providers	Our technology providers will also have access to your Information, but only as needed to run, improve, or repair the technology we use to protect and share your Information.

Why will my Information be shared?

To contact or serve you	We may share your information with a Service Provider to: • contact you. • help Service Providers provide, coordinate, or refer you to services. • learn which services you qualify for. We may share your information with public health to monitor and improve the health of our community.
To improve and help fund our work	Sometimes we may combine your Information with a large number of other people's Information. Combining Information into large groups allows the

	Information to be studied or used while protecting your privacy. After your Information has been combined, you cannot be identified. After your Information is combined with others so your privacy is protected, it could be used to: • evaluate how effective our services are. • improve our services. • help others learn from our work. • help us apply for funding. • report to organizations that fund our work. We may continue to use your Information in these ways after your permission has expired, but not if you cancel your permission.

When will this authorization expire?

Expires after 2 years	Unless you cancel before, this form will expire 2 years after the date you sign it.
Cancel at any time	You can cancel this form at any time. To cancel: • send notice to our Privacy Office by email privacyofficer@betterhealthtogether.org If you cancel, it will only affect future sharing. It will not affect any Information that has already been shared as described in this form.

Permission to share sensitive Information

We need your special permission to share Information about certain types of sensitive Information. This Information may be protected by state, tribal, and federal privacy laws.

You have a choice.

- If you give your permission, this sensitive information will only be shared by us and Service Providers as described in this authorization form.
- If you do not give your permission, you will still have access to services.

I give permission to share health diagnosis and treatment information.

- ❑ Yes
- ❑ No

I give permission to share mental health diagnosis and treatment Information.

- ❑ Yes
- ❑ No

I give permission to share alcohol and drug use disorder diagnosis and treatment Information.

- ❑ Yes
- ❑ No

I give permission to share testing, diagnosis, and treatment for sexually transmitted disease, including but not limited to HIV/AIDS.

- ❑ Yes
- ❑ No

By signing below, you agree that:

- You have read this form or that someone has read it to you.
- You understand the terms of this form.
- You have had the chance to ask questions.

By signing, you authorize Better Health Together and Service Providers to share your Information as described in this form.

Signature: _____ Date: _____

If signed by someone other than the client, please write that person's name and relationship to the Client:

Name: _____ Relationship to Client: _____

Provisions of Services to Minors (Under Age 18)

Policy

The organization will provide care coordination services to minors in alignment with Washington State laws governing:

- Minor consent
- Confidentiality
- Mandatory reporting

Services will not be provided, and information will not be shared, without appropriate consent unless permitted or required by law.

Organizations will also follow all laws specific to their organizations' type and services provided.

- Service requirements may differ based on the type of service being provided, including overnight/residential services, ongoing care coordination, and brief/drop-in or low barrier services.
- Organizations operating licensed youth shelter, residential, behavioral health, or other regulated programs must follow all applicable Washington Administrative Codes (WACs), licensing requirements, and organizational procedures specific to those services.

To the extent that any portion of these policies or procedures differ, the laws / regulations shall control.

Consent Requirements

Parent or guardian consent is required for enrollment and services unless an exception applies.

- When consent is required, staff shall make reasonable efforts to contact the parent or legal guardian and document all outreach attempts in the client record.
- If a youth presents without a parent/legal guardian, or guardianship status is unknown, staff shall follow organizational safety and escalation procedures, including mandatory reporting requirements when applicable.

Minor Self-Consent (No Parent Required)

Minors may consent to their own services in the following situations:

- Behavioral health services (age 13+)
- Substance use disorder services (age 13+)

- Sexual and reproductive health services
- STI testing and treatment
- Pregnancy-related care

When a minor consents to these services:

- They also control who their information is shared with
- Parent/guardian access may be restricted

Minors may consent to services if they are:

- Minors may consent to services when permitted by Washington State law, including situations involving emancipated minors or married minors.
- Certain services may be available to minors experiencing homelessness, housing instability, or separation from a legal guardian in accordance with applicable laws and policies.

A minor may consent to services if they demonstrate:

- Understanding of the service being provided
- Awareness of risks and benefits
- Ability to make informed decisions

Procedure

- Determination must be made by a qualified professional or supervisor
- Must be documented in the client record, including rationale

Emergency Situations

Services may be provided without consent when:

- Immediate care is necessary to prevent harm
- A parent/guardian cannot be reached

Release of Information (ROI)

Consent must be obtained prior to enrollment unless emergency or allowable exception applies

ROI Requirements

- **Parent/guardian signs ROI** when they hold consent authority
- **Minor signs ROI** when they legally consent to their own care

If a minor consents to their own services:

- They control their information
- Staff may not share information with parents/guardians without permission

Documentation Requirements

The following must be documented in the client record when applicable:

- Consent determinations
- Guardian contact attempts
- Mandatory reporting actions
- CPS notifications
- Safety concerns or escalation efforts
- Release of information

Exceptions to Confidentiality

Information may be shared without consent when:

- Required by law (e.g., abuse/neglect reporting)
- There is risk of harm to the client or others

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.

- CBW's must enroll referred clients within five (5) business days of receipt of referral.
- CBWs must complete the initial screening within 30 days of program enrollment.

Additional documentation requirements will vary from program to program and may include:

Client Profile	• Client's permission to participate in program* ○ Signed consent must be documented within 7 days of enrollment • Preferred Name • Legal 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

	• Medicaid Eligibility* • Health Status
Record Client Consent	• Upload client consent*
Health Related Social Needs Assessment	• Social Barriers • Health Barriers • Client stated priorities
Goal Setting	• Start date and time • Goal • Steps to take • Completion Date
Referrals and Education	• Referral Type/Name • Date referral made • Date completed
Discharge	• Date of Closure • Reason for Closure • Social and Health barriers addressed • Client Experience Questions • Supervisory approval

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.

Client Engagement, Inactivity, and Discharge Policy

Policy

Better Health Together (BHT) and contracted Community Care Hub partners are committed to providing timely, client-centered care coordination services that support whole-person care and address identified health-related social needs. To ensure accurate caseload management, effective resource allocation, and meaningful service delivery, clients must demonstrate ongoing engagement in services.

Clients who are no longer actively engaged and cannot be reached despite reasonable outreach efforts will be discharged from Community Care Hub services after ninety (90) consecutive calendar days of inactivity. All outreach attempts, engagement activities, and discharge actions must be documented within the Client Management System (CMS).

Clients discharged due to inactivity may be re-enrolled at any time if they request services, provide the necessary consent and authorization forms, and continue to meet program eligibility requirements.

Procedure

Client Engagement

Clients are considered actively engaged when there is documented communication, participation in care coordination activities, completion of assessments, referral assistance, care planning activities, or other service-related interactions indicating the client's continued interest in receiving services.

Inactivity Determination

A client may be considered inactive when:

- No successful contact with the client has occurred for ninety (90) consecutive calendar days; and
- The client has not participated in care coordination activities or otherwise demonstrated ongoing engagement in services during that period.

Outreach Requirements

Prior to discharge, the assigned Community-Based Worker (CBW) or care coordination staff member must make reasonable efforts to re-engage the client. Outreach efforts should utilize all available and appropriate contact methods, which may include:

Re-Enrollment

Clients discharged due to inactivity may re-enter services at any time. Re-enrollment shall follow standard intake, eligibility, consent, and referral assignment procedures in effect at the time of re-engagement.

Handling a Duplicate Client

Policy

BHT's Community Care Hub is committed to ensuring accurate and efficient management of client data within its Client Management 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 CMS 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 CMS system with the same identifying information (Last Name, First Name, Date of Birth).

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

Procedure

Identifying Duplicate Clients

1. Log into CMS
2. Once you're logged in, proceed to the section where *New Clie*nts are referred into the Hub.
3. If CMS 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), it will prompt you.

Inform Hub of Duplicate Clients

1. If you believe you have found a duplicate client, please inform the CCH referral coordinator via CMS messaging.

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).
- Prior to collecting, accessing, or sharing protected health information (PHI), client's verbal consent must be obtained to participate in receiving services and to document information in the CMS. Verbal consent must be documented in the CMS *at the time it is obtained.* Verbal consent is valid for up to seven calendar days. Only under extenuating circumstances may verbal consent remain valid for a longer period.
- At the time of referral, prior to enrollment, the referring entity/person must confirm the client understands the referral and consents to being contacted by a Community Based Worker within the Social Care Network. Documentation of this consent must be included in the referral and confirmed at initial engagement.
- Signed Release of Information forms must be documented in the CMS within 7 days of verbal consent. All signed ROIs must be uploaded to the CMS.

- 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.
- Certain client populations may require heightened privacy protections, including but not limited to individuals protected under the Violence Against Women Act (VAWA), immigration-related confidentiality protections, or other safety considerations. When working with clients requiring enhanced confidentiality protections, information entered into the client management system will be modified to the minimum data necessary to facilitate service coordination and required reporting.

Partners must follow BHTs policy regarding anonymous or restricted data entry while ensuring compliance with funder reporting requirements and legal protections.

- 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.

- Clients have the right to revoke their Release of Information at any time, either verbally or in writing. Revocation of consent must be documented in the CMS immediately, and no further information sharing may occur beyond what is legally permitted after revocation.
- Referring partners are responsible for ensuring that referrals are appropriate for service engagement timelines. Referrals should not be made when a client is not reasonably available for engagement within the programs required outreach timeframe (e.g., pending release from institutional settings).

- In compliance with HIPAA guidelines CBOs will never send client PHI via nonsecure source, such as email or text. CBOs will use the CMS messaging system for all PHI communications.

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:**
  - Please refer to our Master Service Agreement for Record Retention and Access policy.

- **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.
  - In compliance with HIPAA guidelines CBOs will never send client PHI via nonsecure source, such as email or text. CBOs will use the CMS messaging system for all PHI communications.

- **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.

Client Management System (CMS) Community Information Exchange Participation Agreement

Policy

As of 2026, BHT uses the Connect2Coordinator (“C2C”) software platform as the Client Management System (“CMS”) for the Community Care Hub. The C2C vendor requires that all users of the C2C system comply with relevant terms of the Community Information Exchange Participation Agreement. Community Information Exchange or CIE is another term for a Client Management System.

The Community Information Exchange Participation Agreement terms are attached at the end of this document.

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 BHT's President emailing Communityconcern@betterhealthtogether.org.
    a. If necessary the President will escalate to the BHT Board Stewardship Committee and/or Finance Committee as appropriate.
2. **Documentation:** The BHT President or their designee 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.
    a. If applicable, funder will be notified as per contract language.
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.

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.

If a CMS-authorized user at your agency is no longer with the agency or no longer in a role requiring CMS access, CBO must contact us within 48 hours at CommunityCarehub@betterhealthtogether.org, through CMS messaging, and/or emailing your assigned Program Manager.

Procedure

-

1. 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 CommunityCarehub@betterhealthtogether.org, through CMS messaging, and/or emailing your assigned Program Manager 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.

2. Client Reassignment:

- Upon CBW no longer utilizing the CMS, the supervisor will immediately assume responsibility for the CBWs caseload.
- The supervisor will review all active clients, prioritizing
- **The supervisor will ensure continuity of care:**
    - Timely outreach
    - Completion of required documentation
    - Ongoing coordination of services
- **Responsibility of Partner:**
- Upon notification of a Care Coordinator's termination or departure, 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.

Responsibility of BHT:

- Better Health Together referral coordinator will reassign caseload to CBO supervisor in Client Management System within two (2) business days

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.

BHT Partner Guidance:
Managing CCH/HRSN & Medicaid / FCS Funding

How to avoid duplicative billing of the same
service to more than one Medicaid-funded source while supporting whole-person care

Background:

BHT's Community Care Hub is funded by the Medicaid 1115 Waiver, an agreement between Washington State Health Care Authority and the Center for Medicare and Medicaid Services. This also means partners through BHT's Community Care Hub are funded through this Waiver and cannot bill for Medicaid expenses to both their BHT contract and Medicaid independently.

Purpose of This Guidance:

This guidance aims to ensure that organizations ("partners") funded to provide care coordination under BHT's Community Care Hub maintain clear, consistent practices that prevent duplicative billing of the same service, delivered to the same client, billed to more than one Medicaid-funded source (referred to as "double billing" or "duplicative billing"). This guidance is intended to support partner compliance with Medicaid billing requirements and HCA awarding agency requirements while enabling flexible, whole-person care.

The following guidance is provided to organizations that do not currently have a procedure for managing one service across multiple-Medicaid funded sources. The guidance given is based on best practices from organizations within the Network that are braiding multiple Medicaid contracts to support whole person care.

If the provider's MCO Medicaid contract covers the same service as provided by the BHT funded CBW, only one contract is to be billed.

Please note: This is intended as general guidance only. Partners should consult with their own finance and legal teams on their internal processes and practices.

Communication from HCA on Feb 4, 2026:

> "Future Billing Guide Update: The HCA will draft a memo to confirm a person can access and receive services with the CCHs and with FCS and/or AAA HRSNs, and it will not be duplicative. The memo will be shared with ACHs, FCS, and AAA. At the next billing guide update in June, HCA will update the billing guide to reflect this and post on their website."

Consequences of not following this guidance:

If this guidance is not followed, and organizations duplicative billing of the same service, delivered to the same client, to more than one Medicaid-funded source, billing both their BHT contract and Medicaid for services

rendered, the resulting action could be loss of contract for both the organization and the Community Care Hub overall, having a severe impact on our region and all 16 partners who rely on this funding. Please help us continue to support this region through due diligence in your billing practices.

If Medicaid fraud is determined to have occurred in an agency and tied to services they provided, the individual's DOH certification can be negatively impacted. In other words, it is not only the agency that is precluded from receiving further federal funding but at times the individual provider is precluded from working in any agency that receives federal funding.

In most cases corrective action, repayment, or technical assistance would typically precede contract loss unless there is intentional misconduct.

Required Reassurance:

If you can answer **yes** to the following, you are in good shape:

✓ We understand what each of our contracts covers

✓ We do not bill the same service twice

✓ We have a documented approach for allocating staff effort/time

✓ We apply it consistently

Core Principles: What we need you to know.

1. **Same client = OK**
   Clients may receive services supported by multiple funding sources.
2. **Same staff = OK**
   Staff (e.g., CHWs, CBCCs) may work across programs.
3. **Same service billed twice = NOT OK**
   The same activity or service cannot be paid for by more than one Medicaid-funded source.
4. **Process matters more than precision**
   Auditors look for a reasonable, consistent, documented process, not minute-by-minute tracking.

Core Principles: What we are NOT expecting you to do

What Partners Are *Not* Expected to Do

Partners are not expected to:

- Track staff time in 15-minute increments
- Separate clients into rigid funding "buckets"
- Create parallel documentation systems
- Achieve perfect precision

The expectation is good-faith compliance.

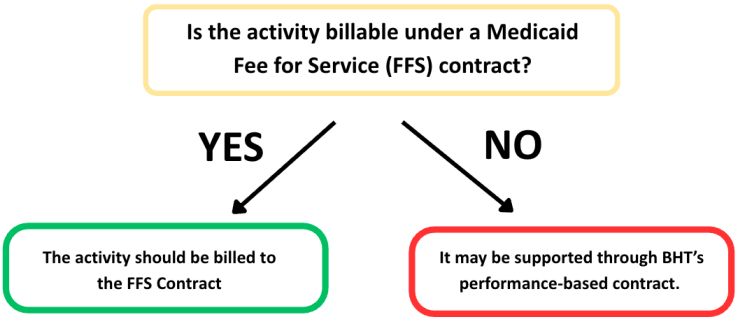
Understanding the Difference in Funding Types

Organizations currently funded to provide community-based care coordination are funded through federal and state Medicaid dollars. To support demonstrations of quality care coordination services, BHT is providing performance-based payments for services. Organizations providing care coordination services may also receive more traditional fee-for-service funding.

The following is a guide to help you manage similar services and funding sources:

Method 1: Start With the Service (Not the Person)

Ask:



Example:

- **Organization is contracted to provide FCS services.**
    - For employment and housing supports funded through FCS, these activities are billed to FCS
    - For all other, non-FCS covered activities (e.g. navigation to other resources, ongoing care coordination, etc.), these activities can be supported through BHT's performance-based contract

  In this use case, one client continues to receive full care coordination services. Funding is allocated based on the activities covered within the contracted service.

Method 2: Managing Overlap When Staff Wear Multiple Hats

Recommended Approach: *Reasonable Allocation*

When staff work across multiple Medicaid contracts, organizations use a **reasonable allocation method** to divide staff time and funding responsibility. This is not minute-by-minute tracking. Instead, it is a structured estimate based on: by minute tracking. Instead, it is a structured estimate based on:

- Number of clients served under each contract
- Types of services provided
- Expected workload distribution

- Historical patterns
- Example: Estimate the percentage of effort attributed to each funding stream
    - Example: 35% FCS / 65% HRSN

Documentation Expectations (Simple & Sufficient)

Partners should maintain:

- A short written description of their allocation approach
- A record of how estimates are made (monthly or quarterly)
- Awareness of what each contract covers
- An attestation that services are not duplicative (billing of the same service to more than one Medicaid-funded source).

This documentation is for your protection and does not need to be submitted unless requested.

All documentation (i.e., timesheets, mileage expenses as per program billed) must be saved internally for fiscal audits.

Performance-Based Payments & Risk

2026-27 Community Care Hub performance-based contract payments:

- Are not tied to individual clients
- Are not fee-for-service
- Are designed to support flexibility and whole-person care

This reduces risk, especially when paired with:

- A clear internal process
- Peer-aligned practices
- Consistent application over time

Our Commitment

BHT is committed to supporting whole-person care and reducing the administrative burden on our partners wherever possible. If you are struggling to keep your processes aligned with billing, please reach out to our team and we will provide resources to support reasonable due diligence.

Peer Alignment & Shared Learning

The Hub will also support peer-to-peer learning so organizations can share practical approaches that work in real settings.

Partners are encouraged to:

- Learn from one another
- Adapt guidance to fit their organization
- Ask questions early

Final Reassurance

If you can answer **yes** to the following, you are in good shape:

✓ We understand what each of our contracts covers

✓ We do not bill the same service twice

✓ We have a documented approach for allocating staff effort

✓ We apply it consistently

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.

In compliance with HIPAA guidelines CBOs will never send client PHI via nonsecure source, such as email or text. CBOs will use the CMS messaging system for all PHI communications.

Roles and Responsibilities

- **Community-Based Workers (CBWs)**
  CBWs are responsible for:
  - Reviewing and responding to assigned referrals in CMS.
  - Documenting progress and challenges in CMS 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

In compliance with HIPAA guidelines CBOs will never send client PHI via nonsecure source, such as email or text. CBOs will use the CMS messaging system for all PHI communications.

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.	• CMS 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 Managers, Data Manager)	For systemic issues, repeated concerns, or if lower-level solutions have not worked.	• Multiple agencies reporting similar CMS 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

System Outage Contingency Policy

Policy

If our Client Management System 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 CMS system-wide outage.

Procedure

Internal Notification and Coordination

- **Immediate Notification:**
  BHT staff will receive an internal alert (email and/or Teams message) from the CMS 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 CMS 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 CMS 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 CMS service has been restored and is operational, each CBW will be responsible for entering the data collected during the outage into CMS. Every attempt should be made to upload this temporary data into CMS 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 CMS. 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 CMS. 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

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.

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 (over 14 business days) and needs CMS access temporarily deactivated, CBO must contact us within 48 hours at communitycarehub@betterhealthtogether.org, through CMS messaging, and/or emailing your assigned Program Manager.

If a CMS-authorized user at your agency is no longer with the agency or no longer in a role requiring CMS access, CBO must contact us within 48 hours at communitycarehub@betterhealthtogether.org, through CMS messaging, and/or emailing your assigned Program Manager.

If your agency will have no CBW or Supervisor available to accept referred clients for more than 3 business days, CBO must contact us within 48 hours at communitycarehub@betterhealthtogether.org, through CMS messaging, and/or emailing your assigned Program Manager.

Procedure

1. Inactive Account Deactivation

- BHT will 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.

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

IT Manager 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
- Theft or loss of equipment

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:

- CMS unplanned outage or downtime, unauthorized access of CMS 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 IT Manager will 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.

Glossary

Key terms:

Community care hub (CCH):
The community care hub is the system that connects referral sources, partner organizations, and community based workers to coordinate care and connect people to services that support their health and basic needs.

Community based care coordination (CBCC):
Community based care coordination is the work of helping people navigate health and social services in non clinical settings, such as support with housing, food, transportation, benefits, and other needs that impact health.

Social care network (SCN):
The social care network is the group of community based organizations and referral partners that work together with the hub to support community members and share responsibility for care coordination.

Community based worker (CBW):
A community based worker is a staff member at a partner organization who works directly with clients to assess needs, set goals, and connect people to services through the community care hub.

Community based organization (CBO):
A community based organization is a local partner agency that provides services and employs community based workers who receive referrals from the hub.

Client management system (CMS):
The client management system is the secure electronic system used by BHT and partners to track referrals, document services, and coordinate care across organizations.

Referral:
A referral is when a client is sent to the hub or to a partner organization for support, either by a healthcare provider, community organization, government agency, or by the client themselves.

Self referral:
A self referral is when a community member directly requests help by submitting a form, calling the hub, or contacting BHT without another agency making the referral for them.

Closed loop referral:
A closed loop referral means that when a client is referred, the referring agency receives confirmation and updates about whether the client was contacted and received services.

Duplicate client:
A duplicate client is when the same person accidentally has more than one profile in the client management system with the same identifying information.

Care team:
A care team is the group of people and organizations supporting a client, which may include community based workers, healthcare providers, and social service agencies.

SMART assignment:
SMART assignment is the process the hub uses to decide which organization or worker should receive a referral, based on client preference, cultural fit, needs, acuity, and partner capacity.

Acuity:
Acuity refers to how complex or urgent a client's needs are, which helps determine how intensive their care coordination support should be.

Release of information (ROI):
A release of information is the form that gives permission for organizations to share a client's protected health information in order to coordinate services.

Protected health information (PHI):
Protected health information includes any personal health details that can identify a person, such as name, date of birth, medical information, and services received.

Business associate agreement (BAA):
A business associate agreement is a legal agreement that requires partner organizations to follow HIPAA rules and protect client health information.

HIPAA:
HIPAA is the federal law that sets standards for protecting people's medical and personal health information.

Learning management system (LMS):
The learning management system is the online training platform where required trainings and certifications for staff and partners are completed and tracked.

Documentation standards:
Documentation standards are the minimum information that must be recorded in the client management system to make sure clients receive appropriate services and that programs meet reporting requirements.

Returning client:
A returning client is someone who previously received services through the hub and is coming back for additional support.

Inactive user account:
An inactive user account is a client management system account that has not been used for 45 days and is automatically turned off to protect data security.

System outage:
A system outage occurs when the client management system is unavailable, and staff must use temporary procedures to continue serving clients safely.

IT security incident:
An IT security incident is any event that could expose or compromise electronic protected health information, such as hacking, lost devices, or unauthorized access.

Impacted communities:
BHT uses the term impacted communities to refer broadly to groups that have been historically underserved and harmed by systems of oppression. This includes, but is not limited to, Black, Indigenous, and people of color; 2SLGBTQAI+ individuals; people with disabilities; justice involved populations; low income communities; undocumented individuals; refugee and immigrant populations; rural residents; and others who face systemic inequities.

State of emergency:
A state of emergency is when government agencies declare a crisis, such as a natural disaster or pandemic, and the hub adjusts services to prioritize urgent community needs.