



HEALTHCONNECT PATHWAYS PROGRAM AGREEMENT

THIS HEALTHCONNECT PATHWAYS PROGRAM AGREEMENT (this “Agreement”), effective as of April 1, 2022 (the “Effective Date”), is entered into by and between Southwest Washington Regional Health Alliance, a Washington nonprofit corporation, doing business as Southwest Washington Accountable Community of Health (“SWACH”) and **Name of Partner** (“Partner”). SWACH and Partner are individually referred to as a “Party” and together referred to as the “Parties.”

RECITALS

A. SWACH is a Washington nonprofit corporation. SWACH is one of nine Accountable Communities of Health (“ACHs”) leading Washington State’s Medicaid Transformation Demonstration Project. These ACHs are collaborating with various partners to test innovative approaches to transform the delivery of healthcare.

B. SWACH is collaborating with various care coordination agencies to connect community members with the local services and support they need to be healthy using the HealthConnect Pathways model and the HealthConnect HUB platform (the “HealthConnect Hub”). Such collaboration is referred to as the “Program.”

C. Partner is a care coordination agency that desires to collaborate with SWACH on the Program.

D. The purpose of this Agreement is to set forth each Party’s role and responsibilities with respect to the Program and funding for Partner.

AGREEMENT

The Parties hereto agree as follows:

1. The Program. Partner must perform the duties and deliver the deliverables set forth in Exhibit A (the “Program Expectations”).
2. Period of Performance. The period of performance of this Agreement will commence on the Effective Date and continue until March 31st, 2024, unless terminated sooner or extended in accordance with the terms of this Agreement.
3. Outcome Based Payments.
 - (a) OBPs. Subject to the terms of this Agreement, including Section 3(b), SWACH hereby commits to pay Partner in accordance with the Outcome Based Payment Schedule attached as Exhibit B for the Outcome Based Payments (“OBPs”) for which Partner has invoiced SWACH, provided that Partner maintains a status of “good standing” in accordance with Exhibit A. During the term of this Agreement, payments of OBPs are payable in accordance with Section 4.



(b) OBP Cap. Notwithstanding anything to the contrary in this Agreement (including any Exhibit), during the term of this Agreement, the maximum amount of OPBs for each HealthConnect-approved community-based worker that Partner may invoice SWACH for is \$90,000. In addition, during the initial 12 months of this Agreement, the maximum amount of OPBs for each HealthConnect-approved community-based worker that Partner may invoice SWACH for is \$45,000. Upon reaching such \$45,000 cap, Partner and SWACH will review this Agreement to determine if Partner can invoice for additional funding for the initial 12-month period. Any such additional funding requires the approval of SWACH, which may be withheld or conditioned in its sole discretion.

4. Payment of Funds.

(a) Portal. Partner will receive OBP payments via the Washington Financial Executor Portal (the “Portal”).

(b) Payments. Subject to Partner’s compliance with this Agreement, Partner will receive OBP payments in accordance with the payment schedule attached as Exhibit B or the Portal payment distribution calendar, as applicable.

(c) Final Payment. Upon termination or expiration of this Agreement, the final payment of OBPs will be made no later than 30 days after the date of termination or expiration of this Agreement, provided Partner must provide SWACH with a final invoice.

(d) Payment Contingent. Payment of OBPs to Partner is contingent on Partner complying with the terms of this Agreement and the Program Expectations, including complete and timely submission of any reports to SWACH to meet its reporting requirements to the State of Washington Health Care Authority. Partner acknowledges in accordance with this Section that it may not receive all or a portion of OBP payments, and that any such payment of OBPs received may not cover all the costs or expenses related to the Program or Partner’s participation in the Program.

5. Contract Management. Each Party will designate a point of contact who will be responsible for all communications regarding this Agreement and the Program. The initial point of contact for each Party will be:

SWACH point of contact: Eric McNair Scott

Partner point of contact (the “Partner Supervisor”): _____

Each Party, via its point of contact, will be reasonably available for both in-person and remote communication with the other Party.

6. Responsibilities of Partner.

(a) Partner must register in the Portal.



(b) Partner must comply with the Program Expectations and the HealthConnect Hub policies and procedures set forth in the attached Exhibit C.

(c) Partner will submit all deliverables as set forth in the Program Expectations. If a milestone or deliverable will not be submitted or completed as required, Partner must notify SWACH as part of continuous quality improvement expectations as outlined in the Program Expectations.

(d) If Partner is new to the Program, Partner must participate in the support structure as outline in Exhibit C.

(e) In the event Partner desires to change its legal status, organizational structure or fiscal reporting, Partner will provide SWACH with 30 days' prior written notice.

(f) Partner must, in a timely manner, submit all reports required by and in accordance with the Program Expectations and provide SWACH with all additional information and documentation requested by SWACH.

(g) Partner must comply with all terms of that certain Software License Agreement, dated October 18, 2018, by and between SWACH and Care Coordination Systems LLC, and all service level agreements.

(h) Partner is responsible for all expenses incurred by Partner during the performance of this Agreement or the Program.

7. Responsibilities of SWACH.

(a) SWACH will be responsible for distributing payments.

(b) SWACH will review all information submitted by Partner in a timely manner.

(c) SWACH will provide technical and other reasonably requested assistance that supports Partner in achieving the results described in the Program Expectations.

(d) SWACH will provide or arrange for training for CHWs/Peers/ Community Based Care Coordinators

(e) SWACH will collaborate with Partner in performing quality improvement and quality assurance activities

(f) SWACH will, as it deems appropriate, facilitate learning collaboratives among partners, including Partner, receiving funding from SWACH in connection with the Medicaid Transformation Demonstration Project.

(g) SWACH will promptly communicate to Partner any change in HealthConnect Pathways Policies and Procedures Manual (Exhibit D), or any other document or procedure governing the activities of the Contracting Agency.



(h) SWACH will provide Partner with licenses to access the HealthConnect Hub.

(i) SWACH will be responsible for all expenses incurred by SWACH during the performance of this Agreement.

8. Records. Partner will maintain complete and accurate books, records, documents and other evidence related to this Agreement, the Program, and the Funds (“Records”). Partner will retain all Records for a period of not less than six years following receipt of its final payment of Funds or as otherwise required by applicable law and regulations. Such Records must be sufficient to support confirmation that all information submitted by Partner to SWACH for all reports required under this Agreement or by SWACH are true, complete, and accurate. Partner authorizes SWACH or its representatives or agents and state and federal officials to review, inspect, or audit Records upon written request during the term of this Agreement and for six years after Partner’s receipt of its final payment of Funds.

9. Independent Contractor Relationship. The relationship of Partner and SWACH is that of an independent contractor and not of an employee/employer. It is expressly understood that any individual performing services under this Agreement on behalf of Partner are not and will not be deemed to be an employee or independent contractor of SWACH, and such individual shall not be entitled to tax withholding, workers’ compensation, unemployment compensation or any employee benefits, statutory or otherwise, from SWACH. Partner acknowledges and agrees that it is solely responsible for the reporting and payment of income, social security and other employment taxes due to the proper taxing authorities with respect to such personnel. Partner will indemnify, defend and hold harmless SWACH and its directors, officers, employees and agents from and against any and all costs, losses, damages, liabilities, expenses, demands and judgments, including court costs and attorney’s fees, relating to the reporting and payment of income, social security and other employment taxes and the provision of employee benefits with respect to such individual performing services under this Agreement on behalf of Partner. This provision shall survive the expiration or termination of this Agreement.

10. Representations and Warranties.

(a) Partner represents that Partner is familiar with, shall be governed by and shall comply with all federal, state and local statutes, laws, ordinances and regulations including amendments and changes as they occur. Partner certifies that Partner and any and all personnel employed or engaged by Partner (i) are presently authorized to do business in Washington state and have the authority and possess all licenses to enter into this Agreement; (ii) are not presently suspended, ineligible or disbarred wherein they would be unable to assist or perform under this Agreement; (iii) are not under investigation, have not been charged or convicted of fraud or a criminal offense in connection with obtaining, and attempting to obtain, or performing a public transaction or contract under a public transaction; (iv) have never been accused or convicted of any crime of dishonesty, moral turpitude or violence; (v) are not in violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property; (vi) are not presently indicted or otherwise criminally or civilly charged by a government entity with the



commission of any offenses enumerated above; and (vii) have not, within a three-year period preceding this Agreement, had one or more public transactions terminated for cause or default.

(b) Each Party represents and warrants that it has all requisite corporate power and authority to execute and deliver this Agreement and to consummate the transactions contemplated herein and to perform its obligations in accordance with the terms of this Agreement.

11. Insurance. Partner must maintain at Partner's sole expense, insurance coverage of such amounts and types usually maintained by entities such as the Parties, including but not limited to comprehensive general liability insurance, workers compensation, and errors and omissions coverage. Membership in the Washington Counties Risk Pool will satisfy Partner's Insurance obligations.

12. Indemnity. SWACH and Partner shall each be responsible for its own acts and omissions, and the acts and omissions of their employees. Each Party shall defend, protect and hold harmless the other Party from and against all liability, loss, claims, settlements, judgments, costs, and expenses, including attorney's fees, arising from third party claims arising out of breaches of this Agreement by the first Party or any willful misconduct, or dishonest, fraudulent, reckless, unlawful, or negligent act or omission of the first Party while performing under the terms of this Agreement except to the extent that such losses result from the willful misconduct, or dishonest, fraudulent, reckless, unlawful or negligent act or omission on the part of the second Party. Each Party agrees to notify promptly the other Party, in writing, of any claim and provide the other Party the opportunity to defend and settle the claim.

13. Data Sharing and Privacy.

(a) Compliance. Partner will use, disclose, record, maintain, and transmit all data (including without limitation personal identifying information and individual patient identified confidential health or medical information) generated, obtained, or otherwise received by Partner in connection with the Program in compliance with all applicable laws and regulations, including without limitation the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated thereunder and the Health Information Technology for Economic and Clinical Health Act of 2009 and regulations promulgated thereunder.

(b) HIPAA Business Associate Agreements. Simultaneously with the execution of this Agreement, SWACH and Partner must enter into a HIPAA business associate agreement in the form provided by SWACH. In addition, Partner must enter into a HIPAA business associate agreement with any entity with which it will share personal health data.

(c) Authorizations. Partner must ensure that its HIPAA consent forms are up to date and authorize the sharing of individually identifiable health information with SWACH, through the HealthConnect Hub, and otherwise in connection with the Program.

14. Data Security Laws. Partner represents and warrants that it is in compliance with, and will remain in compliance with, all domestic data privacy and data security laws, rules, and regulations related to the protection of Personal Information (collectively, "Data Security



Laws”), including without limitation that it has in place appropriate administrative, technical, and physical safeguards to comply with such laws, rules, and regulations. Partner further represents and warrants that it has policies and agreements that comply with applicable Data Security Laws, and that these policies and agreements are such that any information, including Personal Information, obtained by, provided to or accessed by Partner, will not cause SWACH or Partner to violate any applicable Data Security Laws. “Personal Information” means any information related to any identified or identifiable natural or legal person as well as any other additional information deemed personal data under applicable personal data protection laws.

15. Confidentiality.

(a) “Confidential Information” means information in any form or medium (whether oral, written, electronic, or other) that a Disclosing Party (as defined in Section 15(b)) considers confidential or proprietary. “Confidential Information” does not include information that the Receiving Party (as defined in Section 15(b)) can demonstrate by written or other documentary records: (i) was already known to the Receiving Party without restriction on use or disclosure prior to its receipt of or access to such information in connection with this Agreement; (ii) was or becomes generally known by the public other than by breach of this Agreement by, or other wrongful act of, the Receiving Party or any of its Representatives (as defined in Section 15(b)); (iii) was or is received by the Receiving Party from a third party who was not or is not, at the time of such receipt, under any obligation to the Disclosing Party to maintain the confidentiality of such information; or (iv) was or is independently developed by the Receiving Party without reference to or use of any of the Disclosing Party’s Confidential Information.

(b) In connection with this Agreement, each Party (for purposes of this Section 15, the “Disclosing Party”) may disclose or make available Confidential Information to the other Party (for purposes of this Section 15, the “Receiving Party”). As a condition to being provided with any disclosure of or access to the Disclosing Party’s Confidential Information, the Receiving Party will: (i) not use the Disclosing Party’s Confidential Information other than as necessary to exercise its rights or perform its obligations under this Agreement; (ii) not disclose the Disclosing Party’s Confidential Information except to its directors, officers, employees, consultants, or legal advisors (“Representatives”) who: (i) have a need to know for the purposes of the Receiving Party’s exercise of its rights or performance of its obligations under this Agreement; (ii) have been informed of the confidential nature of the Confidential Information and the Receiving Party’s obligations under this Section 15; and (iii) are bound by confidentiality and restricted use obligations at least as protective of the Confidential Information as the terms set forth in this Section 15. The Receiving Party is responsible for ensuring its employees’, consultants’, and legal advisers’ compliance with, and shall be liable for any breach by such individuals of, this Section 15.

(c) At the Disclosing Party’s request, the Receiving Party shall return or destroy, as requested, the physical materials containing or relating to the Disclosing Party’s Confidential Information, without retaining any copies. In the event of default under this Agreement by the Receiving Party, the Disclosing Party shall be entitled to seek injunctive relief in addition to any other remedies, including (without limitation) damages.



(d) Nothing in this agreement shall preclude Partner from disclosing records required to be disclosed under the Washington Public Records Act. Partner will notify SWACH prior to the release of any records in the event that Partner believes that the public records act requires the disclosure of confidential records under this agreement.

16. Nondiscrimination. Both Parties must strictly comply with applicable federal, state and local civil rights laws and shall not discriminate on the basis of race, color, national origin, age, disability or sex, or other protected status.

17. Termination.

(a) Unless earlier terminated or extended, this Agreement will terminate on March 31, 2024.

(b) Either Party may terminate this Agreement for any or no reason by providing the other Party with 30 days' prior written notice.

(c) Each Party may terminate this Agreement for cause with immediate effect if the other Party does not fulfill an obligation under this Agreement or if the other Party violates any term or condition of this Agreement and such failure or violation is not cured, if curable, within 30 days after delivery of written notice of such failure or violation.

(d) SWACH may terminate this Agreement upon 24 hours written notice to Partner if any license, certification, or governmental approval of material relevance to its performance under this Agreement is suspended, terminated, revoked, or surrendered.

(e) SWACH may terminate this Agreement with immediate effect in accordance with Section 20.

(f) In the event SWACH's funding from the Washington Health Care Authority is canceled or modified or if SWACH's authority to perform its duties is withdrawn, reduced, or limited in any way, SWACH may terminate this Agreement with immediate effect by providing written notice to Partner. No penalty will accrue to SWACH as a result of termination of this Agreement pursuant to this Section.

(g) A Party may terminate this Agreement with immediate effect if, the other Party (i) becomes insolvent or is generally unable to pay, or fails to pay, its debts as they become due; (ii) files or has filed against it a petition for voluntary or involuntary bankruptcy or otherwise becomes subject, voluntarily or involuntarily, to any proceeding under any domestic or foreign bankruptcy or insolvency law; (iii) makes or seeks to make a general assignment for the benefit of its creditors; or (iv) applies for or has appointed a receiver, trustee, custodian, or similar agent appointed by order of any court of competent jurisdiction to take charge of or sell any material portion of its property or business.



18. Effect of Termination.

(a) Partner understands that the Funds are based upon the complete performance of this Agreement by Partner. Partner understands and agrees that the damages suffered by SWACH are difficult if not impossible to estimate on the Effective Date of this Agreement. In the event of Partner's breach or abandonment of this Agreement, SWACH, without waiving any other remedies available to it, may retain any monies otherwise due to Partner under this Agreement.

(b) Upon expiration or earlier termination of this Agreement, the Parties will be relieved of their respective further obligations under this Agreement except the rights and obligations under Sections 8, 13, 14, and 15, will survive termination.

19. Force Majeure. Any delay or failure of performance by either Party shall not constitute a default if such delay or failure was unforeseeable and beyond the control of a Party, including Acts of God or the public enemy, fire or other casualty for which a Party is not responsible, quarantine or epidemic, severe weather conditions, commercial impracticability, and loss of Funds (collectively, "Force Majeure"). Conditioned upon Partner having no contributory fault, Partner shall be entitled to an adjustment in milestone performance date(s), the Completion Date directly attributable to any act of Force Majeure upon reasonable request, however shall not be entitled to an adjustment to any payment resulting from an act of Force Majeure.

20. Debarment. By signing this Agreement, Partner certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Washington state or federal department or agency from participating in transactions (debarred). Partner agrees to include the above requirement in any and all subcontracts into which it enters, and also agrees that it will not employ debarred individuals. Partner must immediately notify SWACH if, during the term of this Agreement, Partner becomes debarred. SWACH may immediately terminate this Agreement by providing Partner written notice, if Partner becomes debarred during the term hereof.

21. Entire Agreement. This Agreement is the entire agreement as between the Parties with respect to the Funds and the Program. No provision may be waived, modified, or amended except by writing signed by both Parties. All exhibits, recitals, references to extrinsic documents, occurrences and situations, attachments and schedules are hereby incorporated herein by this reference as if fully set forth herein. Except as otherwise specifically provided herein, the exercise of any remedy provided by law or otherwise, and the provisions for any remedy in this Agreement, shall not exclude any other remedy.

22. Severability. If any provision of this Agreement is found to be illegal or unenforceable in any way, it will be enforced to the maximum extent possible, and all other provisions of this Agreement will remain in full force and effect.

23. Notices. Notices must be in writing and will be deemed given upon: (a) actual receipt, (b) the first business day after being sent by nationally recognized overnight courier for next business day delivery, with receipt acknowledged, (c) five business days after being mailed,



postage prepaid, by certified mail, return receipt requested, or (d) except for notices of breach or termination (“Legal Notices”), when sent by e-mail, or the following business day if sent by e-mail after the close of the recipient’s business day. Legal Notices may be given only in person or by the methods described in clauses (b) or (c). Notices are to be addressed to the Party’s address for notices below, which that Party may change by notice given under this Section 23.

If to SWACH: 2404 E. Mill Plain Blvd.
Vancouver, WA 98661
Attention: Janet Sanchez
Phone: 360-409-6672
Email: Janet.Sanchez@southwestach.org

If to Partner: **Name of Partner:**
Address:

Attention:
Phone:
Email:

24. Amendment or Modification. Subject to the next sentence, this Agreement may be amended, modified or supplemented only by written instrument executed by the Parties. SWACH reserves the right to unilaterally modify, supplement, amend, or change the reporting requirements set forth in this Agreement, including in the Program Expectations or the Partner Reporting Guidance, upon written notice to Partner.

25. Public Statements. Neither Party may make any public statements, including, without limitation, any press releases, fliers, signage, etc., with respect to this Agreement or the Program, without the prior consent of the other Party (which consent may not be unreasonably withheld), except as may be required by law. SWACH has the authority to inform the Health Care Authority on information about Partners through ongoing reports.

26. Governing Law and Venue. This Agreement is governed by and construed in accordance with the internal laws of Washington without giving effect to any choice or conflict of law provision or rule that would require or permit the application of the laws of any jurisdiction other than those of Washington. Any legal suit, action, or proceeding arising out of or related to this Agreement must be brought in the courts located in Clark County, Washington.

27. Counterparts; Electronic Signatures. This Agreement may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be on and the same agreement. A signed copy delivered by email or other means of electronic transmission is deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

[signature pages follow]



The Parties have executed this Agreement as of the Effective Date.

SWACH:

PARTNER:

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____



Exhibit A: HealthConnect Pathways Core Responsibilities and Quality Metrics

This Exhibit A is attached to that certain HealthConnect Pathways Program Agreement, effective as of July 1, 2021 (the "Agreement"). All terms used but not defined in this Exhibit A have the meaning set forth in the Agreement.

HealthConnect Pathways Program Overview

SWACH has established a community-based care coordination model, HealthConnect Pathways, to ensure at-risk community members are served in a timely, coordinated manner and are connected to meaningful health and social services that contribute to positive health outcomes. This model of care coordination takes a community-wide approach to identify those at risk, and addresses needs through standardized pathways to connect individuals to resources throughout their community. SWACH partners with Care Coordination Agencies (CCAs) to implement HealthConnect Pathways and support development of a community-based care coordination workforce including Community Health Workers and Peers (CHW/Peers). CHW/Peers, as trusted community members who may have lived experience, are the program's driving workforce. CHW/Peers are connecting with community members and coordinating care using the evidence-based Pathways model and the information technology platform provided by the HealthConnect Hub, a neutral entity that, in partnership with CCAs, fundamentally changes the way community and clinical partners refer, communicate, and efficiently collaborate.

Access to HealthConnect Referrals and Outcome Based Payments (OBPs)

Partner's access to referrals and Outcome Based Payments (OBPs) is contingent on its adherence to the core responsibilities and core quality metrics for the HealthConnect Pathways Program outlined in this Exhibit A.

Core Responsibilities:

Partner's core responsibilities are:

- 1) Partner's acceptance of referrals from the HealthConnect Hub. SWACH will coordinate with CCA to ensure CCA can handle the scope of work and CCA has capacity.
- 2) Partner must offer opportunities for clients already working with Partner to be enrolled into Pathways and complete an internal referral into Pathways.
- 3) The community-based care coordinator role is based on community health worker or peer supporter roles. Community-based care coordinators fully participate within the HealthConnect Pathways model to ensure programmatic integrity critical for stakeholders. Care coordinators complete all required activities to the best of their abilities within the HealthConnect Pathways model, ensuring participants are screened



for all risk factors impacting health and addressing client needs to support healthy outcomes.

- 4) Partner must dedicate a minimum of 0.5 FTE for each staff utilizing and providing supports through HealthConnect platform and integrated programs.
- 5) Partner must complete documentation within the HealthConnect Hub and must ensure staff comply with HIPAA compliance standards for protection of participant personal health information (PHI).
- 6) Partner must provide care coordination to participants using community-based care coordinators, CHWs, and/or Peers who complete the following trainings for programmatic quality assurance:
 - Pathways Community Based Care Coordination model training (*Activation Training within 3 months of HealthConnect Pathways start*)
 - HealthConnect Hub technology and systems training (*Activation Training within 3 months of HealthConnect Pathways start*)
 - HealthConnect Hub approved role-based competency training (*Demonstrated completion within 6 months of HealthConnect Pathways start*)
 - Role-based HIPAA training (*Provided within the HealthConnect Hub*)
 - Periodic online training and continuing education (*within the HealthConnect Hub*)
 - Attendance at in-person and virtual all-cohort meetings. (*6 in person meetings and 6 virtual meetings annually*)
 - For a CCA new to Pathways Program, participate in a regular cadence of coaching for the first 6 months with HealthConnect staff to identify goals and apply training to client coordination.
- 7) Partner must provide a supervisor to community-based care coordinators, CHWs and or Peers who will:
 - Provide regular case review and monitor caseload sizes
 - Ensure availability to CHW/Peers for safety and emergent participant issues
 - Review and sign off on documentation in a timely manner (within 7 business days)
 - Attend required HealthConnect Pathways supervisor meetings or notify SWACH through the HealthConnect Hub if unable to attend.
 - Attend required in-person and virtual all-cohort meetings or notify SWACH through the HealthConnect Hub if unable to attend.
- 8) Partner must comply with the Program's policies and procedures (which are attached as Exhibit D to the Agreement) to ensure care coordinator and client safety as well as fidelity to the Program.



- 9) Partner must ensure all documentation in the HealthConnect Hub is maintained and completed according to applicable policy. This supports quality assurance activities and facilitates outcome-based payment at the close of each month.

- 10) Partner must participate in identification, referral and enrollment of underserved individuals and vulnerable populations into HealthConnect Hub for support through the Program.
 - The term “vulnerable population” refers to any group of people that may have a higher risk of negative outcomes as a result of complex or adverse conditions related to physical health, behavioral health, or social determinants of health.
 - Poverty (and its common consequences of food insecurity, housing instability, transportation barriers, etc.) is a major contributor to this vulnerability.
 - Racial disparities, equity and access issues are major contributors to this vulnerability.

- 11) Partner must support vulnerable populations impacted by COVID-19 referred from within own agencies or from the community.
 - Vulnerable populations include individuals who have higher risk of negative outcomes as a result of COVID-19 impacts. As COVID-19 has demonstrated—and the World Health Organization asserts—children, pregnant women, elderly people, malnourished people, and people who are ill or immunocompromised are particularly vulnerable and bear a relatively high share of the disease burden associated with emergencies.
 - Vulnerable populations include people of color as these populations have been shown to be disproportionately impacted by COVID-19, exacerbating existing racial disparities in health outcomes.
 - Due to the specific nature of the COVID-19 pandemic, SWACH also considers the unemployed as a vulnerable population, regardless of whether they fit into another of the aforementioned categories.

- 12) If Partner is interested in increasing the number of staff utilizing the Program, Partner must apply to HealthConnect and be approved for staffing expansion. Approval is contingent on alignment with community need and capacity considerations as well as Partner having a status of good standing (see “Status of Good Standing” below).

13) Partner must meet expectations for participation in the Program as detailed below.

Pathways Partnership Supports	Aim	Cadence	Expectation for HealthConnect and Partners
Support- Supervisor	Support supervisor around systems integration and program progress support.	Once a week to start for the first four weeks.	Full collaborative participation for the first month. May be extended as needed / requested.
Coaching- Full Pathways Team	Provide support and mentorship to partner agency team during the Pathway enrollment onboarding.	Once a month for the first six months. Revise as monthly as supporting quality improvement opportunities surfaced through Data Report and Review.	Full collaborative participation for the first six months. May be extended as needed / requested
Data Report and Review	Provide data framework for quality assessment and collaborative improvement planning. Support interpretation of data Considerations and support for improvement planning	Quarterly	Meeting for data interpretation and next steps improvement planning
HealthConnect Office Hours	Systems and technology support on a drop-in basis	Weekly	Access to HealthConnect staff for support as needed
HealthConnect Cohort Convenings	Shared learning and connection with the regional community-based workforce cohort, community leaders and resources. Support and development of a connected and interdependent network of community-based workers.	Monthly	Participation in minimum 9 out of 12 yearly HealthConnect Cohort Convenings

Good Standing

Partner must maintain a status of “good standing” within the network of the HealthConnect contracted agencies and the HealthConnect Hub. To be in “good standing”, Partner must maintain specific quality metrics. The HealthConnect Hub generates regular updates and quarterly reports for Partner which will include quality metric process outcomes.



Process Outcomes:

- 1) Supervisor sign off closed Pathways within 7 calendar days
- 2) Completed minimum of one (1) home visit or community visit with participants, considerate to agency's physical distancing guidelines, every thirty days
- 3) Community care coordinators to follow up on open referrals within two (2) business days
- 4) Community care coordinators to complete first Patient Activation Measure (PAM) within 30 calendar days of participant enrollment and quarterly (every three months) after the first PAM is completed
- 5) Documentation of participant consent uploaded into HealthConnect technology platform within the first three visits, consent renewed annually
- 6) Community care coordinators and supervisors to attend HealthConnect monthly meetings and required trainings

Benchmark: To maintain status of “good standing”, Partner will meet or exceed HealthConnect quality metrics averages, based on process outcomes across the network of HealthConnect contracted agencies.

Notification of Loss of Status of Good Standing: In the event a Partner is not in good standing, SWACH through the HealthConnect Hub will notify Partner formally in a quarterly report.

SWACH will provide Partner with support through meetings and will work with Partner to create a customized quality improvement (QI) plan, co-developed with Partner and tailored to Partner's specific circumstances. Partner's return to “good standing” is achieved through demonstrated improvement as designated in the co-developed QI plan.

In the interim quarter, Partner will remain eligible for referrals and OBPs and will maintain a status of “provisional standing”.

In the event that Partner is unable to demonstrate improvement as designated in the co-developed QI plan by the quarterly report following the interim quarter, Partner will lose good standing and access to referrals and OBPs and SWACH may terminate the Agreement in accordance with its terms.

Good standing may be reinstated at any point through demonstrated improvement as designated in the co-developed QI plan.

Partners in Improvement Processes

SWACH, Partner, and other CCAs are engaged in piloting a regional system change opportunity to significantly improve whole person health through the HealthConnect Pathways program and integration with the HealthConnect Hub. SWACH will work with Partner and other CCAs to encourage shared learning and adaptation necessary to support optimization of benefits for Partner, other CCAs, participants, and community and clinical stakeholders. SWACH will seek and support collaborative resolutions to program, policies and/or procedure challenges while reserving the right to discontinue any individual's access to the HealthConnect infrastructure due to egregious violations of policies and procedures. SWACH is committed to HealthConnect

Pathways’ success, sustainability, and scalability for the region through interdependent and committed partnerships.

The HealthConnect Hub uses the Model for Improvement (Institute for HealthCare Improvement) to support the partnership between CCAs and the HealthConnect Hub in an effort to achieve and improve in outcomes that advance the following major improvement goals.

- More aligned communities
- Improved health and equity
- Stronger partnerships for change

Major improvement goals are supported by a process of continuous quality improvement (CQI) and collaboration between HealthConnect and CCAs. HealthConnect and CCA’s also advance improvement goals using a framework of key performance indicators (KPI) that measure improvement around five foundational elements necessary for community care coordination systems changes and improved community and whole person health.

KPIs provide measurements for the following foundational elements:

- Community Engagement and Power Building
- Coordinated Service Model
- Data and Program Infrastructure
- Community Based Workforce
- Community Investment, Finance, and Sustainability

Continuous Quality Improvement and CCA Operations: CCA must work with SWACH, using the Model for Improvement, to identify and act on CQI opportunities for Partner’s operations to maximize sustainability, supports and services.

Key Performance Indicators and Strategic Planning: KPIs focus on and provide a measurement structure for foundational elements necessary to improve community alignment, health and equity, and stronger partnerships for change. Partner will engage with SWACH to review KPIs and establish collaboration and improvement opportunities to advance major improvement goals.

Model for Improvement

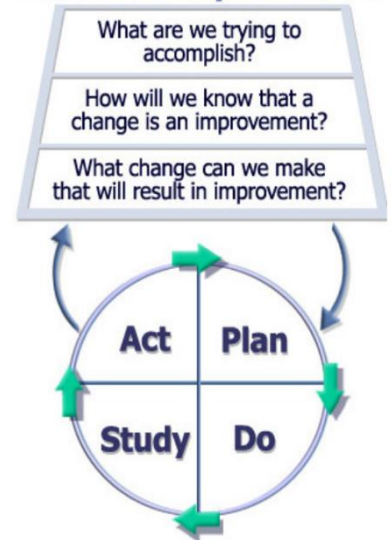




Exhibit B: HealthConnect Performance Payment Expectations and Outcome Based Payments (OBPs)

Below is the schedule for outcome-based payments by service (updated May 2021).

The payment schedule may be modified unilaterally by SWACH based on National Pathways Community Hub Institute updates, HealthConnect community engagement and improvement processes, stakeholder input through regional HealthConnect Advisory Councils, and/or other.

Outcome Based Payment Schedule of Service: Adult Member - Normal Risk

		Number of Outcome Based Units (OBU's x \$22 per OBU)	Outcome Based Payment (OBP)
<i>Checklists</i>			
Initial Adult Checklist	Completed one time at enrollment	9 (x\$22)	\$198.00
Adult Checklist	Completed at each face-to-face encounter	3 (x\$22)	\$66.00
<i>Tools</i>			
PHQ-9	Depression Screen (<i>at least monthly</i>)	3 (x\$22)	\$66.00
PAM	Patient Activation Measure	3 (x\$22)	\$66.00
<i>Pathways</i>			
Adult Learning	Confirm that client successfully completes stated education goal	4 (x\$22)	\$88.00
Behavioral Health	Kept three scheduled behavioral health appointments	4 (x\$22)	\$88.00
Education	All required education components are completed and documented	1 (x\$22)	\$22.00

Employment	Consistent source of steady income and is employed more than 30 days from date of hire	4 (x\$22)	\$88.00
Family Planning	Tubal ligation, vasectomy, IUD, implant, shot or other form of long-acting reversible contraceptive (LARC) is obtained	5 (x\$22)	\$110.00
Family Planning	Method other than a permanent method or LARC chosen & client has successfully used the method for more than 30 days from the start date	4 (x\$22)	\$88.00
Health Insurance	Received health insurance – document plan and insurance number	5 (x\$22)	\$110.00
Housing	Moved into and maintained a suitable and affordable housing unit for more than 30 days from the move-in date	9 (x\$22)	\$198.00
Medical Home	Confirmed appointment with medical home	5 (x\$22)	\$110.00
Medical Referral	Confirmed appointment for health services	2 (x\$22)	\$44.00
Medication Assessment	Provider receives Medication Assessment Tool	4 (x\$22)	\$88.00
Medication Management	Provider or pharmacist confirms client is taking medications as prescribed	9 (x\$22)	\$198.00
Social Service Referral	Confirmed appointment for social services	2 (x\$22)	\$44.00
Tobacco Cessation	Stopped using tobacco products for one month	4 (x\$22)	\$88.00



Outcome Based Payment Schedule of Service: Adult Member – High Risk

		Number of Outcome Based Units (OBU's x \$22 per OBU)	Outcome Based Payment (OBP)
<i>Checklists</i>			
Initial Adult Checklist	Completed one time at enrollment	9 (x\$22)	\$198.00
Adult Checklist	Completed at each face-to-face encounter	4 (x\$22)	\$88.00
<i>Tools</i>			
PHQ-9	Depression Screen (<i>at least monthly</i>)	3 (x\$22)	\$66.00
PAM	Patient Activation Measure	3 (x\$22)	\$66.00
<i>Pathways</i>			
Adult Learning	Confirm that client successfully completes stated education goal	5 (x\$22)	\$110.00
Behavioral Health	Kept three scheduled behavioral health appointments	5 (x\$22)	\$110.00
Education	All required education components are completed and documented	1 (x\$22)	\$22.00
Employment	Consistent source of steady income and is employed more than 30 days from date of hire	5 (x\$22)	\$110.00
Family Planning	Tubal ligation, vasectomy, IUD, implant, shot or other form of long-acting reversible contraceptive (LARC) is obtained	6 (x\$22)	\$132.00
Family Planning	Method other than a permanent method or LARC chosen & client has successfully used the method for more than 30 days from the start date	5 (x\$22)	\$110.00
Health Insurance	Received health insurance – document plan and insurance number	6 (x\$22)	\$132.00



Housing	Moved into and maintained a suitable and affordable housing unit for more than 30 days from the move-in date	10 (x\$22)	\$220.00
Medical Home	Confirmed appointment with medical home	6 (x\$22)	\$132.00
Medical Referral	Confirmed appointment for health services	3 (x\$22)	\$66.00
Medication Assessment	Provider receives Medication Assessment Tool	5 (x\$22)	\$110.00
Medication Management	Provider or pharmacist confirms client is taking medications as prescribed	10 (x\$22)	\$220.00
Social Service Referral	Confirmed appointment for social services	3 (x\$22)	\$66.00
Tobacco Cessation	Stopped using tobacco products for one month	6 (x\$22)	\$132.00



Exhibit C: HealthConnect Pathways Partner Support Structure

Scope: HealthConnect Pathways program partnership, peer to peer supports, training and coaching expectations for new agencies during initial onboarding schedule.

Purpose: New agencies will be engaged in purposeful supports designed to fully implement the Pathways program within their program in a timely manner, utilizing Pathways program to its full potential. Agency will engage in bi-directional feedback and coaching with focus on understanding and utilizing Pathways program, troubleshoot issue areas and CQI standards.

Pathways Partnership Supports	Aim	Cadence	Expectation for HealthConnect and Partners
Support- Supervisor	Support supervisor around systems integration and program progress support.	Once a week to start for the first four weeks.	Full collaborative participation for the first month. May be extended as needed / requested.
Coaching- Full Pathways Team	Provide support and mentorship to partner agency team during the Pathway enrollment onboarding.	Once a month for the first six months. Revise as monthly as supporting quality improvement opportunities surfaced through Data Report and Review.	Full collaborative participation for the first six months. May be extended as needed / requested
Data Report and Review	Provide data framework for quality assessment and collaborative improvement planning. Support interpretation of data Considerations and support for improvement planning	Quarterly	Meeting for data interpretation and next steps improvement planning
HealthConnect Office Hours	Systems and technology support on a drop-in basis	Weekly	Access to HealthConnect staff for support as needed



HealthConnect Cohort Convenings	Shared learning and connection with the regional community-based workforce cohort, community leaders and resources. Support and development of a connected and interdependent network of community-based workers.	Monthly	Participation in minimum 9 out of 12 yearly HealthConnect Cohort Convenings
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Exhibit D: Pathways HealthConnect Policies and Procedures

HealthConnect

Policies & Procedures

2404 E Mill Plain Blvd., Suite B Vancouver WA 98661

Updated by: Louise Nieto & Michelle Ahmed
Last Updated: 5-27-2020

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HealthConnect Policies and Procedures Manual

Community Health Worker and Peer (CHW/Peer)

1.1 General Job Description

A Community Health Worker or Peer (CHW/Peer) may be a healthcare support professional that provides:

- Cultural mediation between communities and the healthcare service system
- Culturally appropriate and accessible health education and information
- Informal education, counseling and social support
- Advocacy for individual and community needs
- Building of individual and community capacity

CHW/Peers are a part of and familiar with the communities they live and work with; they are comfortable working in team environments, while building trust with their community members, local service organizations and healthcare providers.

PROCEDURE

- 1.1.a As a routine part of working with the Pathways model, the CHW/Peer, led by the community member, will assess needs and establish a series of Pathways, often requiring referrals to partner organizations that specialize in providing specific health or social services. An essential part of the CHW/Peer role is to establish solid relationships with key staff people throughout their entire referral network of organizations in order to ensure their ability to follow up on the community members' status once referred to an external or internal referral partner.
- 1.1.b The CHW/Peer, in consult with contact person(s) from referral partner organizations, will use the CCS HUB Connect software to track the number of referrals, both internally and to other external organizations, and assure that the referrals are completed by using Pathways.
- 1.1.c The CHW/Peer's employing organization must establish an inter-agency agreement which will allow the sharing of community member information. This is important in order to track the community member's progress toward completion of each Pathway. This agreement will require language from the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191. *See Policy 3.2 HIPAA Compliance.*

1.2 Boundaries, Ethics, and Training

POLICY

HealthConnect is responsible to set guidelines for role descriptions, performance standards, orientation training, on-the-job training, ongoing training, supervision and support, performance evaluation, and, as needed, corrective action.

The Community Health Worker/Peer works in a complex system, dependent upon human inter-relationships to be effective. The goal is to effect behavior change in individuals and communities, and the primary tool the CHW/Peer has for achieving this goal is themselves, and the power of a helping relationship. Because the helping relationship is a powerful one, the common boundary issues that can arise in community-based work will need to be responded to with care. As situations arise, the CHW/Peer should identify them and discuss them with their CCA agency supervisor, documenting any decisions or outcomes.

PROCEDURE

- 1.2.a In order to become certified under the Pathways Community HUB Certification Program (PCHCP) with the Pathways Community HUB Institute, the individual must complete the required training, and a criminal background check.
- 1.2.b A comprehensive discussion of boundaries and limits is integrated into the community health worker/peer training curriculum. This discussion stresses the need for CHW/Peers to remain within the limits of their role and abilities, even when they encounter situations where they want to provide additional assistance.
- 1.2.c CHW/Peers recognize and respect the limits of their skills and abilities, and the boundaries and limitations of their role. CHW/Peers must be willing to set boundaries or limits between themselves and their community member(s). Boundaries should create the size, space and timing (the sphere) of the CHW/Peer involvement or interaction with the community member.
- 1.2.d All Pathways service providers receive basic training in areas such as cultural humility, substance use, reporting child abuse and neglect, domestic violence, and services in their community.
- 1.2.e Security of community member information is critically important. [Company] has provided each CCA, CCA supervisor and CHW/Peer with the Security and Information policy as well as HIPAA compliance training and reporting information.
- 1.2.f The CHW/Peer should not allow the community member to use the CHW/Peer cell phone for any long period of time, or for merely social purposes.

1.3 Identification & Recruitment of the Pathways Participant

POLICY

HealthConnect and CCAs are responsible to identify community members who are at high risk of poor health outcomes, potential referral partner organizations and engage them in a strengths-based Pathways HealthConnect care plan.

PROCEDURE

- 1.3.a The first step for the CHW/Peer, HealthConnect personnel and contracted CCAs is to establish a plan to identify and recruit potential Pathways participants, focusing on individuals with multiple or complex unmet needs and who meet current HealthConnect eligibility criteria.
- 1.3.b Once identified, the CHW/Peer should begin to develop a level of trust and engagement with the community member. During this trust-building process, the CHW/Peer should ask a series of open ended non-threatening questions to get a sense of the community member's risks and needs and be able to collect enough information to determine whether they are eligible for Pathways. The CHW/Peer must complete the following documentation:
 - Ask the community member to sign a Release of Information (ROI) form and upload the signed form to CCS HUB Connect software,
 - Fill out the Initial Checklist, and
 - Fill out Client Profile to a completed status.
- 1.3.c If an individual is not eligible for Pathways, the CHW/Peer will assist them with accessing resources for the most pressing needs, making appropriate phone calls and scheduling appointments, writing down all necessary information to help the individual follow through. If the community member is eligible, then the CHW/Peer should proceed with enrollment and engagement.
- 1.3.d Once the community member agrees to participate, the CHW/Peer and community member begin to discuss and prioritize the most crucial issues first, identify and agree on the desired outcomes for each, and then assign Pathways.
- 1.3.e Throughout this initial process of trust-building and gathering of information, the CHW/Peer should provide ongoing, accurate health education information to the community member and where applicable, leave them with additional health information (i.e. brochures, fact sheets) matching their health literacy level and preferred language. All education should be tracked using the Education Pathway.
- 1.3.f CCAs should assign CHW/Peers that are most compatible to match the health literacy level and preferred language of the newly recruited community member ("participant"). The CHW/Peer will use health literacy strategies in interpersonal communications and confirm understanding at all points of contact.

1.4 Referrals

POLICY

HealthConnect will set criteria and processes for referring participants to CCAs. This will include fair and appropriate distribution of referrals among the CCA organizations.

PROCEDURE

- 1.4.a When a potential Pathways participant is first referred, the CHW/Peer should contact the community member within two (2) business days according to the CCAs' business hours.
 - In the field, if the CHW/Peer encounters a potential Pathways HealthConnect participant, they must make their own decision to collect the member information or call their supervisor(s) for direction.
- 1.4.b Once the CHW/Peer is able to establish time with the community member, the CHW/Peer can complete and upload the Release of Information (ROI), and begin the client profile, and initial checklist. The CHW/Peer will also check and is notified immediately, upon entry into the system, of whether the participant may be a duplicate and the degree of certainty of the duplication.
- 1.4.c Duplication identified – If the community member is determined to already have a CHW/Peer within the HealthConnect (or other HUB) network, this event is documented by HealthConnect as a prevented duplication and notification is sent to the CHW/Peer denying duplicative enrollment. The requesting CHW/Peer is notified of the currently assigned CHW/Peer in order to coordinate needs and services.
- 1.4.d The CHW/Peer should inform the community member of the identified duplication and make sure that there are no urgent or emergent issues that should be addressed immediately. There are special circumstances where the CCA may decide to go ahead with care coordination services as a duplication, which is outside of monitoring and reimbursement from HealthConnect. If the CCA elects not to provide duplicative care coordination services, they should redirect the community member to the already assigned CHW/Peer.
- 1.4.e No duplication – If there is no duplication of service identified and the community member meets eligibility criteria, the CHW/Peer may proceed accordingly with the required documentation.
- 1.4.f HealthConnect notifies the referral source of the status of the referral as successful or unsuccessful once the participant has entered “enrolled” status.

1.5 Referral Allocation to contracted Care Coordination Agency

POLICY

HealthConnect is responsible for receiving community member referrals from various sources including individuals, community organizations, hospitals, healthcare providers, jails, government agencies and payers, and then based on a non-biased approach, will assign the referral to the appropriate contracted CCA.

PROCEDURE

1.5.a. When an unduplicated referral comes into HealthConnect from an individual within the community, a community organization or from a payer, an objective non-biased approach is utilized to assign the referral to the appropriate Contracted HealthConnect Care Coordination Agency (CCA). Fair distribution of the referrals from HealthConnect is a critical responsibility. This assignment is made based on the following considerations in order of priority:

- (i) Community member preference – If the community member has designated which CCA or which CHW/Peer they prefer working with, then that is the contracted organization to which HealthConnect will assign them.
 - (a) Member preference to include cultural consideration
 - (i) Language
 - (ii) Similar culture
 - (iii) Cultural competency
- (ii) Find and prior relationship
 - (a) Finding CCA organization retains the ability to continue working with the participant, if they are able to meet the needs of that particular participant.
 - (b) Prior relationship, if both parties agree and it meets the needs of the participant, is respected.
- (iii) Geographic
 - (a) Proximity of the Care Coordination Agency and CHW/Peer
- (iv) Special needs – If the community member has specific health or social conditions that require more specialized care coordination than is available at a specific CCA, then this will be considered in the assignment. For example, if the community member has acute or severe mental health issue, they may be assigned to a CCA which is also a mental health organization. If a person experiences multiple complex medical conditions, they may be assigned to a CCA with more advanced resources to address medical issues. Housing and need for employment may be additional considerations for CCA assignment.
- (v) Cultural
 - (a) Language
 - (b) Similar culture
 - (c) Cultural competency
- (vi) Rotational order

- (a) Set order of distribution
 - (b) Caseload capacity
 - (c) Responsiveness
 - (d) Performance
 - (e) To be reviewed with agencies, at least twice a year.
- (vii) The next most appropriate CCA or CHW/Peer in the regional cohort if the community member's preference won't meet their specific needs.

1.6 Pathways HealthConnect Care Plan Development and Pathways Implementation

POLICY

The care plan is developed with the community participant after the completion of the Initial Checklist and Client Profile, often during the initial home visit, and consists of identified Pathways. The Pathways care plan is updated as needed and identified by follow up Visit Checklists.

PROCEDURE

1.6.a The Pathways care plan is comprised of the participant's identified Pathways. The Pathways care plan order is then prioritized by the participant, CHW/Peer, and the supervisor as necessary, based on the urgency and importance of each Pathway.

- b) A Pathway should be initiated by the CHW/Peer and supervisor as necessary, only after confirming the need for the Pathway and that there is no existing duplicative Pathway. Pathways are most commonly initiated as part of a home visit but may also be initiated at other times if needed.
- c) Upon initiation of the Pathway, CHWs/Peers attend to the following considerations:
 - i) The Pathways steps need not always be completed in chronological order.
 - ii) All required aspects of each step should be completed. If it is not possible to complete a step, reasons why should be explained as part of the documentation for that step.
 - iii) The Pathway and its documentation are finalized upon completion of the "Completion Step."
 - iv) The Completion Step is the successful outcome of an identified issue. The Completion Step is clearly defined, easy to measure, and based on accepted criteria.
 - v) If the Completion Step is reached before all Pathway steps or benchmarks are completed, this will still be considered a "completed" Pathway.
- d) If all aspects of the completion step are not achieved and the Pathway is unachievable or is no longer relevant, it is documented "finished incomplete".

1.7 Supervisor Role & Function

POLICY

Supervisors are responsible for reviewing all the assessments (Pathways, Checklists, and Tools) for each community members' Pathways care plan, which are by the CHW/Peer, according to the standard guidelines as outlined below. The intent of this review is to assure that needs assessments are comprehensive and current, that visits address the appropriate Pathways in order of urgency and priority, that outcomes are reached, and that urgent and emergency issues are addressed appropriately.

PROCEDURE

- 1.7.a Supervisors should conduct, regular review of assessment and Pathways care plan documentation, and be available for regular case staffing and problem solving. Supervisors are to review and sign completed CHW/Peer assessments, checklists and Pathways documentation within two (2) business days according to the CCAs' business hours.
- 1.7.b If the supervisor notes any necessary changes in the Pathways care plan or areas in need of attention related to the care of the community member, these issues must be communicated to the CHW/Peer as soon as appropriately possible.
- 1.7.c Urgent needs for both health and social services that are identified are the responsibility of the CHW/Peer and the supervisor to address as quickly as possible. *See Policy 1.11 Urgent Medical or Behavioral Health Issues.*
- 1.7.d The supervisor should make note of ongoing issues, and successes related to the CHW/Peer performance. These identified issues can serve as a resource to guide the implementation of additional training or specific supervision of the CHW/Peer resulting in the development of the role and in improved quality of work over time.
- 1.7.e Further action guidelines:

Appropriateness of selected Pathways relating to specific medical conditions needs to be determined in conjunction with the primary care provider's care plan. This guideline is relevant to the Medication Assessment, Medication Management, and Medical Referral Pathways.
- 1.7.f The supervisor should review caseloads with CHWs/Peers, at least, bi-weekly to identify a plan for Community members who have not had a follow up visit within the last month.
- 1.7.g It is required that supervisors attend all scheduled supervisor trainings and participate in HealthConnect meetings as scheduled.

1.8 Caseload

POLICY

HealthConnect is responsible to monitor caseloads for CHWs/Peers to ensure that caseloads do not exceed the ability to adequately meet the needs of those participants they have been assigned. Reasonable caseload expectations for staff help to ensure that [Company] CCAs provide necessary services to achieve success without risking CHW/Peer burnout. Limited caseloads ensure that CHWs/Peers have enough time to spend with each participant to meet their needs, maintain high quality of service in accordance with the Pathways model and to plan for future activities.

PROCEDURE

- 1.8.a It is recommended that caseloads be managed by CCA supervisors.
- 1.8.b As an example, a full-time CHW/Peer could carry a caseload of 40-60 moderate risk community members, or only 25 very high-risk individuals. Depending on the flexibility of the CCA employing the CHW/Peer, the number of cases may vary.
- 1.8.c Specific caseload limitations are to be determined and set by each CCA and monitored by HealthConnect staff. The HealthConnect staff performs analysis on the risk adjusted basis of member caseload using RiskQ measures of participant risk. These metrics are used to determine capacity and may be used in referral distribution.

1.9 Health Equity and Transparency

POLICY

HealthConnect defines health equity as all people having access to a healthy environment, community and relationship with local institutions and service providers. Positive outcomes are best achieved when carried out in an environment that is respectful to and inclusive of the community member's cultural context. The community member's cultural context includes health beliefs and practices, preferred languages, health literacy and other cultural or communication needs.

PROCEDURE

- 1.9.a The CHW/Peer will be transparent with community members at the time of engagement by clarifying which information a CHW/Peer is obligated to report to government and law enforcement agencies such as abuse, neglect and criminal activity (Refer to RCW 74.34.020).
- 1.9.b The CHW/Peer will not disclose the residency or citizenship status of a community member without permission. Whenever a program or service requires the disclosure of residency and citizenship status, the CHW/peer will notify the community member and will ask permission before disclosure.
- 1.9.c The CHW/Peer will refer to community member as identified with correct gender and pronouns when addressing or referring to the community member.
- 1.9.d The CHW/Peer will not disclose the community member's sexual orientation or gender identity to partner organizations and providers without the community member's explicit permission.
- 1.9.e HealthConnect will not tolerate discrimination (including discrimination based on age, sex, race, color, creed, religion, ethnicity, sexual orientation, gender identity, national origin, citizenship, disability, or marital status or any other legally recognized protected basis under federal, state, or local laws, regulations or ordinances). Any discriminatory statements or hate speech made by CHW/peer or supervisor either at work or on personal time or social media platforms could result in disciplinary action and removal from the HealthConnect program.

1.10 Providing Information and Health Education

POLICY

When conducting participant health education, the CHW/Peer is responsible for providing accurate and evidence-based health education and information.

PROCEDURE

- 1.10.a If the CHW/Peer is providing education on a specific medical condition, the health information provided should be coordinated with health care provider and care team, or verified by the CCA Supervisor or HealthConnect staff to be from a legitimate source.
- 1.10.b Educational information related to health and behavioral health questions from the participant should be provided based on established education materials adopted from an externally validated source and approved by the CCA supervisor.
- 1.10.c When the community member asks a question which extends beyond the CHW/Peer education and established resources, the CHW/Peer must be very comfortable stating to the community member that they do not know the answer to the question and try to help provide a strategy to help the participant get the information needed.

1.11 Urgent Medical or Behavioral Health Issues

POLICY

The CHW/Peer is responsible for taking immediate action when an urgent health or behavioral health issue is identified with a community member, by connecting the community member immediately with a health, behavioral health, or social service provider.

PROCEDURE

- 1.11.a When an urgent health or behavioral health issue is identified, the CHW/Peer should take responsibility to ensure the participant connects with the appropriate health, behavioral health or social service provider immediately. This should be accomplished in collaboration with the supervisor.
- Supervisors should assure CHWs/Peers have appropriate training and referral protocols for potential crisis situations. This includes, but is not limited to, mandatory reporting, danger to self or others, and/or medical crisis.
 - Any new urgent participant needs identified through ongoing assessment, should be staffed with a supervisor within an appropriate timeframe.
- 1.11.b It is **not** appropriate to address and complete this type of situation by leaving a message. The CHW/Peer should be certain that an appropriate health, behavioral health or social service provider has taken responsibility and is developing a plan to address the problem identified. The CHW/Peer should positively confirm that the participant has successfully been passed to the appropriate responsible professional. If the CHW/Peer supervisor is involved, in some cases it may be the supervisor who confirms that the participant's urgent issue is addressed in a timely and effective manner.
- 1.11.c If urgent, the CHW/Peer can connect the participant directly to the medical provider office and/or emergency room as needed. If the CHW/Peer and supervisor are not able to contact the appropriate medical or behavioral health provider, the participant may need to be sent to the emergency room for evaluation. In urgent situations, the CHW/Peer must be prepared to work after hours to assure the situation is addressed effectively.
- 1.11.d If the participant is identified by the CHW/Peer to have a medical or behavioral health issue that does not seem urgent to the CHW/Peer, it needs to be communicated to the supervisor in no less than one half business days, according to the CCAs' business hours. This requires confirmed verbal communication. Leaving a message that may or may not be checked in during that time period is not acceptable.

1.12 In-person and Home Visit Procedure and Safety

POLICY

The CHW/Peer must follow basic safety procedures when performing an in-person visit with the participant to ensure the safety of both the CHW/Peer and the participant.

PROCEDURE

- 1.12.a During in-person visits, basic safety procedures must be followed at all times.
- 1.12.b In the following situations, the CHW/Peer should consider taking an additional CHW/Peer or staff with them to the in-person visit:
- The CHW/Peer feels insecure.
 - The CHW/Peer is new to the field and/or in training.
 - This is an in-person visit to a significantly unsafe location.
- If it cannot be arranged for the CHW/Peer to take an additional staff with them to an in-person visit, the CHW/Peer should consult with the supervisor about whether to make the home visit or to reschedule for a time when additional staff can be present.
- 1.12.c CHWs/Peers should not provide home visits if there is domestic violence or other related safety issue as noted by the CHW/Peer or other staff. In such situations, visit locations should be arranged for a more secure community setting.
- 1.12.d All safety-related issues must be immediately reported to the supervisor and noted in the participant's chart.
- 1.12.e For safety reasons, the CHW/Peer is required to carry a cell phone when making in-person visits. Cell phones may be used to notify the appropriate resources in the case of medical issues, safety concerns, and to assist community members who have no phone to be able to schedule appointments.
- 1.12.f Supervisors or other CCA staff must be available in the office or by phone at all times when home visitors are out in the field.
- 1.12.g CHW/Peers should dress appropriately for the home or community setting in which they are working. Examples include not wearing high heels, wearing a minimum of expensive jewelry. This may vary by situation.
- 1.12.h All home visiting staff receive initial training on home visiting environment safety prior to visiting homes. This training is reinforced through supervision and refresher trainings. Discussions of home visitor safety concerns or incidents are documented in supervision not the client record.

Documentation

2.1 Documentation and Data Collection

POLICY

The CHW/Peer is responsible for completing all mandatory documentation in the CCS HUB Connect software to document the work with the participant(s) within HIPAA requirements, including release forms, demographic information and completing the checklists at each home visit.

PROCEDURE

- 2.1.a All HealthConnect-related documentation must be signed and dated appropriately. This includes the CHW/Peer full name, title, full date, and time. Entry in CCS HUB Connect software is considered signed and recorded by the user.
- 2.1.b The supervisor must see and review all documentation in the participant's chart by the CHW/Peer. This documentation will include progress notes in the participant's chart maintained in Pathways HUB Connect software.
- 2.1.c The participant chart is a legal document. Entering data in the chart that has been falsified or created for additional payment or other purposes will result in disciplinary action or may result in termination of contract or employment.
- 2.1.d When a participant encounter is completed, it is assumed that all questions on each individual-specific checklist have been asked. If any question is not asked, it must be clearly noted and the reason for not asking must be provided.
- 2.1.e Any Pathways the CHW/Peer recommends to initiate with the participant should match the answers given on the Initial Checklist and be documented accordingly. If a Pathway is initiated, there must be documentation in the participant's chart explaining the need for the Pathway.
- 2.1.f Documentation of progress related to all current Pathways and Pathways care plan coordination issues must be updated in CCS HUB Connect software as part of the participant's care plan.
- 2.1.g The supervisor should review documentation completed by the CHW/Peer to assure that notes are comprehensive and accurate. Documentation of review should be provided. Supervisor sign off in CCS HUB Connect constitutes documentation of review. Reviews and sign off should be completed

by the CCA supervisor within two (2) business days, according to the CCAs' business hours, after completion by the CHW/Peer.

- 2.1.h All Pathways-related activities must be documented and reported into Pathways HUB Connect software by the CHW/Peer and their supervisor. Any additional relevant information beyond the Pathways steps documentation should also be noted in Pathways HUB Connect software.
- 2.1.i Pathways are not officially complete until documented by the CHW/Peer Supervisor in CCS HUB Connect.

2.2 In-person visits and Documentation

POLICY

It is the intent of HealthConnect to enable CHW/Peers to provide the majority (more than 50%) of HealthConnect-based services in the home or community settings most comfortable to the participant. Contracted CCAs are expected to provide home visiting support to CHW/Peers and related services to meet the needs of HealthConnect Participants.

The CCA will receive a new referral from HealthConnect. The CCA will assign an appropriate CHW/Peer who is responsible for all documentation, including demographics, Initial Checklist, ongoing checklist, tools, and Pathways care plan.

PROCEDURE

- 2.2.a CHWs/Peers, within two (2) business days, according to the CCAs' business hours, after the initial referral, will attempt at least (3) three contacts (by phone call, letter, or drive to participant's residence) with the participant or family member to follow up on status of community member(s). All non-visit encounters and attempts to contact must be recorded in the CCS HUB Connect software as "Contacts". These include, but are not limited to, telephone calls, texts, attempted visits, voice messages, emails, and social media interactions. If CHWs/Peers use social media or text messaging, all communication must remain within HIPAA compliance.
- 2.2.b An in-person visit is a face-to-face interaction that occurs between the participant and CHW/Peer and is focused upon needs assessment and implementation of selected Pathways. Visits last for approximately one hour and the participant must be present.
 - HealthConnect encourages a majority (50% or more) of visits happen in the participant's home or out in the community.
- 2.2.c Each visit should be focused on the resolution of each participant's issues and documentation of Pathways progress is required for each visit, using the appropriate Checklist.
- 2.2.d The following documentation is required for all participants and performed by the CHW/Peer:
 - Release of Information (ROI) paperwork, which covers HIPAA compliance with the participant, should be done first on an initial visit.
 - Demographic and Checklist forms completed for both initial and return visits.
- 2.2.e When possible, documentation should be completed in the presence of the participant. Caution should be exercised by CHWs/Peers who do not document the information while in the presence of the participant. The CHW/Peer should call the participant to discuss any items that they forgot to ask during the time of the in-person visit.

- 2.2.f When the participant is enrolled in HealthConnect, a referral is sent to a CCA in the network. The CCA then assigns the new case to the most appropriate CHW/Peer. The CHW/Peer then reaches out to the participant and schedules a meeting with them.
- 2.2.g During this initial visit, the CHW/Peer completes the Release of Information (ROI) form. The Initial Checklist and Client Profile should be completed by the third visit. By the third visit with the community member, the CHW/Peer completes the Patient Activation Measure (PAM) tool.
- 2.2.h Following the completion of the Initial Checklist, the CHW/Peer will determine which Pathways should be initiated to complete the development of the Pathways care plan. The CHW/Peer will carry out this assignment in direct collaboration with their supervisor, which includes the timely review and sign-off by their supervisor as stated above. The schedule for the next in-person visit is confirmed and a similar procedure is followed for each return visit until the time the participant is no longer in need of HealthConnect services.

2.3 Documentation Between In-Person Visits

POLICY

The CHW/Peer is responsible for documenting any additional services or problems that are brought to their attention outside of the scheduled in-person visits.

PROCEDURE

- 2.3.a The CHW/Peer may provide services or identify problems during times that are between home visits. This activity should be documented within the Contacts section of Pathways HUB Connect software, and new Pathways should be added when needed.
- 2.3.b If the Pathways care plan is changed with the addition a new Pathway, or if some significant problem or issue is identified, a follow up visit checklist should be completed to document the changes.
- 2.3.c All in-person visit records and/or additional contact documentation (Contacts, notes, etc.) should be recorded in Pathways HUB Connect software within one (1) business day, according to the CCA's business hours, or with participant(s) or their families.
- 2.3.d It is best if documentation is completed during the in-person visit, while in the participant's presence, to ensure the most accurate representation of the participant's voice.
- 2.3.e The CHW/Peer should call and discuss with the participant any items that they forgot to address during the time of the home visit.

2.4 Pathways Status, Tracking, and Follow-up

POLICY

HealthConnect is responsible to continuously track outcome and volume for evaluation and contract management purposes. Tracking participant status is an integral part of fulfilling these functions.

PROCEDURE

- 2.4.a CCS HUB Connect software allows participant status to be tracked as: Active or Inactive; Enrollment status as: Enrolled, Eligible, Assigned and Referral; and Special Enrollment: Client Services, Hold, Monitor and Could Not Locate.
- 2.4.b **ACTIVE STATUS** – Active status indicates that the individual has agreed to be a HealthConnect participant. The participant has identified needs and issues to be addressed in the Pathways care plan. Pathways have been selected. The community member agrees to work with his/her CHW/Peer to achieve positive health and social service outcomes.
- 2.4.c **INACTIVE STATUS** – The CHW/Peer, in conjunction with the supervisor, has final authority in the decision to exit a community member from HealthConnect. The reason a participant is being exited must be documented in CCS HUB Connect software. Reasons typically given could include:
- Participant has achieved their goals;
 - Participant has no further identified needs to address;
 - Participant has not made progress on Pathways or Pathways care plan over an extended period of time (60 days, or document reason why an extension beyond this point is needed).
 - Community member not contacted in 60 days.
- 2.4.d Follow-up contacts on referrals are made as needed to monitor and assure Pathways completion.
- 2.4.e During follow-up on all Pathway issues, the CHW/Peer must document all barriers and/or adverse experiences that the participant may have experienced when accessing services via referrals.
- 2.4.f Follow-up contacts should be made on a regular basis, as necessary to make Pathways progress with a contact occurring at least once a month while the community member is on Active Status.

Privacy Requirements and Standards

3.1 Privacy Requirements and Standards

POLICY

Contracted Care Coordination Agencies (CCAs) participating in HealthConnect must comply with privacy requirements and standards.

Applicable standards include:

- HIPAA (Health Insurance Portability and Accountability Act)
- 42 CFR Part 2 (Federal statute governing drug and alcohol treatment)
- VAWA (Violence Against Women Act of 2005)

PROCEDURE

HealthConnect recommends that although procedures and roles vary from organization to organization, they may include the following:

- 3.1.a Contracted organizations should integrate the HealthConnect HIPAA Business Associate Agreement into their existing confidentiality practices. If the organization does not have an existing policy around community member confidentiality, it would be helpful to access the federal Department of Health & Human Services website at: <http://www.hhs.gov/ocr/privacy/index.html> to learn more about the Health Insurance Portability and Accountability Act (HIPAA) and HealthConnect's HIPAA policies.
- 3.1.b Each CCA will be required to sign a contract with SWACH and a Business Associate Agreement that includes HIPAA policy and will allow for information sharing of participant level data. Each CCA should describe:
 1. Within the organization, who will have access to participant's information;
 2. Procedures for acquiring participant consent that include the following:
 - How participant confidentiality will be explained;
 - How and when the Release of Information (ROI) will be introduced to participant; and
 - A copy of the ROI signed by the participant is required to share information.

3.2 Confidentiality and Release of Information

POLICY

The HealthConnect documentation system, CCS HUB Connect software, is part of a cloud-based database used by all of the partners participating in HealthConnect. As part of the HIPAA requirements relating to disclosure of protected health information, the participant must authorize release of the information to all of the entities who are participating in HealthConnect by signing a Release of Information (ROI) form. It is important to note that participation in a given program may not be withheld on the basis of Release of Information (ROI) authorization; however, it is important that the community member understand that HealthConnect will have full access to everything entered into CCS HUB Connect software.

All community member records are confidential and legal documents; therefore, it is mandatory that all paper charts (if kept) be stored in a secure area and in an orderly fashion with no exceptions.

PROCEDURE

- 3.2.a All charts should be filed away in an alphabetical or numerical system.
- 3.2.b All charts should be stored in a locked secure area.
- 3.2.c The CHW/Peer supervisor will determine procedure for chart use and circulation.
- 3.2.d If a chart is not being reviewed for care coordination, case management, or evaluation, it should be filed away in a designated area.
- 3.2.e Only the CHW/Peer, their supervisor, and CCA staff directly involved with Pathways should have access to the participants' charts.

3.3 HIPAA Compliance

POLICY

All charts and documents are confidential information. [Company] will not share information with a third party unless a Release of Information (ROI) has been signed by the participant or as otherwise permitted or required by law.

PROCEDURE

- 3.3.a All charts must have a properly filled out Release of Information (ROI), Client Profile, and Initial Checklist form. These forms should be completed at enrollment, and a participant is not in “Enrolled” status until these are signed and complete. Each site may have to add additional forms to be compliant with individual programs.
- 3.3.b All documents, if in written form, should be filed in an alphabetical or numerical sequence in a locked and secure location. Pathways HealthConnect may request to see a random sample of these documents for review during their contractor site visits.
- 3.3.c Checklists must be completed at every home visit as an ongoing source of monitoring participant progress.
- 3.3.d The CHW/Peer is responsible for completing all documents required. The minimum requirements are:
- Initial Checklist
 - Ongoing Checklists
 - Signed Release of Information (ROI)
 - Client Profile
 - CHW/Peer notes on progress of participant
 - Pathways
- 3.3.e As special cases arise, HealthConnect staff will handle them accordingly to ensure that the case is addressed while remaining within HIPAA compliance.

HealthConnect Monitoring and Quality Assurance/Quality Improvement

4.1 Quality Assurance (QA)/Quality Improvement (QI)

POLICY

HealthConnect is responsible for developing an infrastructure to continuously support and monitor quality improvement, reporting, evaluation and research, and developing a Pathways care plan to address any identified issues throughout the HealthConnect network.

Pathways are the CHWs'/Peers' most important documentation and evaluation tool to assist in identifying and tracking all participant issues and problems to achieve successful resolution and improvements in health. The majority of the Pathways identified in this model are either evidence-based or based on clinical best-practices. They are the primary outcome measurement of success for community members, which results from the CHW/Peer work with participant-related health and social service problems.

PROCEDURE

- 4.1.a HealthConnect shall continuously monitor and improve quality within all aspects of the HealthConnect network. This requires infrastructure for quality issues to be reported from any part of the network. It also requires specific evaluation and research to identify potential quality issues. Quality Improvement (QI) projects are determined by supervisors, Advisory Committee, CCS reviews, funder identified concerns, contract obligations and participant concerns.
- 4.1.b HealthConnect will provide training and analysis using the PDSA (Plan, Do, Study, Act) quality methodology and develop an action plan to address the issue. After the action plan is implemented, the issue will be reviewed again to assess improvement. A PDSA template is used to track all QI/QA activities, especially following the identification of a quality issue.
- 4.1.c HealthConnect will develop a list of events that are continuously researched and evaluated for quality concerns. As new approaches to evaluating and addressing quality improvement are developed, they are documented within this quality improvement-focused manual.
- 4.1.d Contracted CCAs will be represented on the [Company] Advisory Committee and should be included in QI and QA processes and reviews on a quarterly basis.
- 4.1.e Pathways completed will be used to evaluate CHWs/Peers, their supervisors, and the CCA organizations' performance, as they are a significant measure of success for [Company] as a whole.
- 4.1.f If HealthConnect identifies any consistent issues from regular QI reports, the HealthConnect staff will communicate with the CCA to develop a QI plan and if issues are not rectified in an adequate and timely manner, the CCA's contractual status may be reassessed.

4.2 Community Needs Assessment

POLICY

HealthConnect will participate in ongoing community needs assessments or review, adequate and current externally completed needs assessments in partnership with other evaluation focused initiatives.

PROCEDURE

- 4.2.a HealthConnect must work with other evaluation focused initiatives in the region to complete periodic community needs assessments. These assessments must result in information specific to:
- How to identify those at greatest risk,
 - Engage those identified in intensive care coordination service, and
 - Connect them to care.
- 4.2.b Documentation within the community should include:
- Specific barriers,
 - Specific strengths, and/or
 - Positive opportunities.
- 4.2.c Action items that involve collaboration between various organizations in the community, including HealthConnect, should be an area of focus.
- 4.2.d The HealthConnect Advisory Committee should review community needs assessments annually.

4.3 Reporting of Results and Outcomes

POLICY

HealthConnect is responsible to continuously monitor and maintain regular communication and reporting of its strategies, progress, and challenges to its funders, policy makers, contracted Care Coordination Agency (CCA) members, community members, and the community at large.

PROCEDURE

- 4.3.a The CCA should review regular Pathways-based progress reporting every two weeks and at a minimum of every month. The report should include:
- Caseload capacity for CHW/Peers
 - Community referrals and fit, or match, of participants for CHW/Peers
 - Number of Pathways completed by Pathway type
 - Number of “finished incompletes” by Pathway
- 4.3.b HealthConnect will generate periodic but no less than annual reports on quality measures, entire HealthConnect utilization, population health and evaluation reports. HealthConnect will distribute these reports to Advisory Committee, CCAs, HLC, RHIP and SWACH Board. These reports will allow for leadership to address needs for outcomes and barriers that are identified.
- 4.3.c Additional reports by funder, community member needs and other breakouts may be helpful. Reports should be designed to assist CHWs/Peers in improving workforce development and performance quality over time.
- 4.3.d Pathways progress and completion documentation is submitted by the CHW/Peer, but officially is documented by the CHW/Peer supervisor by signing off on the documentation in Pathways HealthConnect.
- 4.3.e Quarterly Quality Improvement (QI) reports are to be completed at the end of each quarter to review the progress on the prior quarter’s task list. This report includes identification of any areas behind benchmark timelines and allows suggestions for correction to be integrated into the next quarter’s task list. This is shared with all SWACH staff. Staff is asked to review and share ideas and provide information into the report.
- 4.3.f Summary reports will be prepared after each data collection cycle, as identified in the project work and evaluation plans (six months for clinical data, annually for total cost of care data), to gain insight and help evaluate HealthConnect impact. These reports will be shared with Advisory Committee, HealthConnect and SWACH staff, and Board of Directors, to seek input.
- 4.3.g HealthConnect participates in an annual audit, with report to the Board of Directors, which reviews compliance with internal controls, and appropriate use of funding.

4.4 Completion of Deliverables

POLICY

As an incentive for the CHW/Peer to get Pathways benchmarks completed expediently and efficiently, the employing Care Coordination Agency (CCA) may want to consider payment based on productivity of the individual CHW/Peer. This is a decision that should be made by the organization awarded funding and should be based on budgetary and contractual considerations.

PROCEDURE

- 4.4.a If the CCA chooses to follow this procedure, productivity for participant services will be determined by the completion of the deliverables portion of the budget (i.e. number of Pathways completed). The focus is to identify those participants at most risk, connect them with the appropriate health and social service resources, improve the quality and effectiveness of the care being provided, and ultimately result in positive health and social outcomes for Pathways participants.

- 4.4.b The ability of the CHW/Peer to specifically identify community member problems and issues, initiate the appropriate Pathways, and follow-up to completion of the Pathways will be one of the primary quality assurance (QA) indicators.

HealthConnect Operations

5.1 Meetings/Required Meetings

POLICY

Group meetings will be held for those from each CCA who participate in HealthConnect, and will be facilitated by HealthConnect staff. Attendance is required at all meetings. These meetings serve as a means for continued education and ongoing collaboration across the HealthConnect network.

PROCEDURE

- 5.1.a A minimum of quarterly Cohort meetings will serve the purpose of keeping CHW/Peers informed of successes and challenges as well as:
- Providing the opportunity for CHW/Peers to express their opinions and suggestions for improvement;
 - Supporting one another and allowing time for mentoring/coaching, ongoing training, and improved networking; and
 - Continuing education and training.
- 5.1.b The HealthConnect Advisory Committee will initially meet monthly, and then at least quarterly, at the discretion of the members for the purpose of collaboration and problem-solving for the ongoing work and expansion of the HealthConnect program. These meetings will serve the purpose of keeping the HealthConnect network informed of successes and challenges as well as:
- Identifying and discussing system barriers;
 - Proposing changes in policies and procedures;
 - Working through and focusing on problems requiring conversation for resolution.
- 5.1.c Appropriate agenda and minutes of all meetings will be taken and kept at the HealthConnect office and can be distributed to CHWs/Peers and their CCA supervisors.
- 5.1.d Each group will create their own set of meeting expectations and requirements.

5.2 Marketing and Communications

POLICY

It is the responsibility of HealthConnect to identify and secure a variety of care coordination funding and focused contracts from multiple sources, to achieve consistent and future stable funding of contracted Care Coordination Agencies (CCAs).

SWACH and HealthConnect is responsible for creating and implementing the corporate image and identity of HealthConnect in order to engage and influence potential partners as well as the region and communities it serves.

PROCEDURE

- 5.2.a HealthConnect will work to identify potential sources of care coordination funding and establish outcome-focused contracts to support multiple CCAs within the network. In order to serve a greater variety of the at-risk population, HealthConnect should work to establish a variety of funding contracts to achieve more stable funding over time. Attaining funding that has complimentary requirements for various populations is ideal.

For example, funding that addresses community members with social issues can be complimented with funding that addresses health and behavioral health issues for a similar population.

Working towards a braided funding approach is critical to effectively serve HealthConnect's regional population as a whole.

5.3 Conflict of Interest Attestation

POLICY

The purpose of the Conflict of Interest Policy is to protect HealthConnect Certification Initiative interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the organization or might result in a possible excess benefit transaction. This Policy is intended to supplement, but not replace, any applicable state and federal laws governing conflict of interest applicable to non-profit and charitable organizations.

PROCEDURE

- 5.3.a A conflict of interest may exist when the interests or concerns of an interested party may be seen as competing with the interests or concerns of the organization. A conflict may occur when any member of HealthConnect, due to his or her membership in or affiliation with the HealthConnect network, has any personal financial, or immediate family interest that might deter the member from acting in the best interests of HealthConnect or might give rise to an influence on him/her that is not in the best interests of HealthConnect.
- 5.3.b Any person acting on the HealthConnect Advisory Committee who maintains or holds a position of financial gain for work that is connected to or related to HealthConnect is asked to disclose those interests and potential gains to the Board of Directors for review.
- 5.3.c Efforts are made to resolve matters at the level of the parties immediately involved. After these efforts fail to reach resolution, the following procedures are used to resolve the matter.
- 5.3.d When there is a conflict of interest that cannot be resolved through open communication among staff and supervisor(s), if appropriate, a disinterested person or committee shall be appointed to investigate alternatives to the proposed transaction or arrangement.
- 5.3.e If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the benefit, and whether it is fair and reasonable.

5.4 Contractual Compliance

POLICY

HealthConnect is responsible for reviewing all network and participating CCA contracts for compliance within the network.

PROCEDURE

- 5.4.a SWACH or HealthConnect personnel responsible for contracts will review all current and future compliance items and assure by contract and contract item, compliance of HealthConnect and the contracted CCAs within the network. This will require specific reporting, meetings and related organizational capabilities which must come into place as a new contract is begun.
- 5.4.b HealthConnect reports to CCAs and associated CHWs/Peers on a regular basis on the progress of achieving compliance and goals set forward within the contract.
- 5.4.c All required information must be completed in Pathways HUB Connect software as per the CCA contractor Responsibilities outlined in the Scope of Work and the HealthConnect Policies and Procedures before an invoice from a CCA can be generated and accepted.

5.5 Fiscal Management

POLICY

HealthConnect shall maintain strict financial compliance through regulations within all contracts as well as state and federal requirements.

PROCEDURE

- 5.5.a HealthConnect shall perform an annual fiscal audit or compilation with an objective third party organization.
- 5.5.b Financial reporting and the evaluation results to the SWACH Board of Directors is required.
- 5.5.c As a part of their contract, HealthConnect shall maintain a written budget and monitor expenditures to manage financial resources and support program activities. The budget is reviewed and approved prior to the beginning of each fiscal year.

5.6 Invoicing

POLICY

HealthConnect is responsible to set requirements and processes for invoicing and payment.

PROCEDURE

- 5.6.a The invoice is a part of the accounting system and therefore is a legal document. Any organization that falsifies information will be subject to disciplinary action that could lead to termination of the contract or agreement.
- 5.6.b Each CHW/Peer and their supervisor should carefully track the Pathways activities and community member progress in Pathways HUB Connect software that allow for monthly invoicing and payments by HealthConnect.
- 5.6.c All documentation for the **1st** of the month through the end of the month for completed Pathways must be completed and signed by CCA Supervisors in Pathways HUB Connect software by 5:00 P.M. on the **3rd** day of each following month.
- 5.6.d HealthConnect will process invoices and issue payment to the CCAs within 30 days of receipt of signed completed documentation for the previous month. HealthConnect will be responsible for providing copies of invoices and payments to the CCA.
- 5.6.e Payments to CCAs occur through a payment portal approved by the State of Washington. If on any occasion payments are not able to occur on a regularly scheduled time due to portal issues, HealthConnect HUB will notify CCAs.