HealthierHere

HealthierHere Community Hub Policies and Procedures

The following policies and procedures apply to Case Management Partners contracted to provide services through the HealthierHere Community Hub under the Medicaid Transformation Project (MTP 2.0).

1. Boundaries and Safety

POLICY

The Community-based Worker (CBW) 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 CBW 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 CBW should identify them and discuss them with their agency supervisor, documenting any decisions or outcomes. The HealthierHere Community Hub does not require CBWs to meet clients in person, this is at the discretion of partner agencies. When a CBW is working in the field and making home or community-based visits they should be extra vigilant about maintaining boundaries and their personal safety.

PROCEDURE

1.a. Comprehensive discussion of boundaries and limits should be integrated into the CBW's orientation curriculum at their agency. This discussion should emphasize the need for the CBW to remain within the limits of their role and abilities, even when they encounter situations where they want to provide additional assistance.

1.b. The CBW recognizes and respects the limits of their skills and abilities, and the boundaries and limitations of their role. The CBW 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 CBW involvement or interaction with the community member.

1.c. If a CBW's agency has the expectation that they will work in the field and meet clients in person through home or community-based visits the agency should provide thorough training on home and community visiting safety before the CBW starts meeting in person with clients.

1.d. If a CBW experiences harassment or threatening behavior from a client (whether in person or virtually) and de-escalation techniques do not end the behavior, they should report the situation to their Supervisor. If harassment and threatening behavior continues (defined as cursing and racial epithets directed at the CBW personally, threats of violence, stalking and personal harm), the Supervisor should report the incident to the Hub Operations Manager and request that the client be removed from their caseload. The Hub Operations Manager will investigate and determine if the client could be assigned to another agency or if the situation should be escalated and the client discharged from Hub services.

2. In-Network Referrals

POLICY
Contracted Case Management partners should do outreach to identify community members who are eligible for and in need of case management services and refer them to the Community Hub.

PROCEDURE
2.a. Contracted Case Management partners should establish a plan to identify and recruit potential Community Hub clients among their agency's clientele and community members in their service area, who may not know they are eligible for case management services via the Community Hub.

Current HealthierHere Community Hub eligibility criteria is as follows:

- Currently residing in King County (even without a fixed address)
- Experiencing Health Related Social Needs (HRSN) barriers, particularly around food insecurity, housing, and/or financial insecurity.
- Would benefit from navigation assistance, such as benefit application or referral to programs.

Community Hub clients do not need to be enrolled in Medicaid or Medicaid eligible to receive case management services. They do need to be enrolled in Medicaid to access specific HRSN benefits provided via the Medicaid 1115 waiver.

2.b. Contracted Case Management partners should start a new referral using the Community Hub's online referral form or directing their client to call the statewide call center at 1-833-453-0336.

3. Provision of Culturally Appropriate Care

POLICY
The HealthierHere Community Hub and contracted Case Management partners are responsible for providing their clients culturally and linguistically appropriate care compatible with the health literacy level and preferred language of the individual being served.

PROCEDURE
3.a. During the program introduction and initial process of trust-building and gathering of information, the Community Based Worker (CBW) should provide ongoing, accurate information to the client and when applicable, provide additional information (i.e. brochures, fact sheets) matching their health literacy level and preferred language.

3.b. The HealthierHere Community Hub and contracted Case Management partners should assign CBWs that are most compatible to match the health literacy level and preferred language of clients based on what is known via the intake form. The CBW will use culturally appropriate health literacy strategies in interpersonal communications and confirm understanding at all points of contact.

3.c. In the event that a CBW does not speak the primary language of their client they should follow the Community Hub's guidance on telephonic interpretation and utilize the interpretation service provided by HealthierHere.

4. Health Equity and Transparency

POLICY
HealthierHere leads with equity. We work to intentionally eliminate disparities, build on strengths in health and well-being and address the current power dynamic and structural racism in our health care system that perpetuates inequities. We believe that every community member in King County should receive the type of care that they deserve - with respect and without stigma - to address their unique and individual needs. Consequently, HealthierHere only partners with organizations that embrace equity, cultural responsiveness, and linguistically appropriate care. 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
4.a. The Community Based Worker (CBW) will not disclose the residency or citizenship status of a client without permission. Community Hub eligibility is not dependent on residency or citizenship status and Community Hub clients will not be asked to disclose their status. In the event of a referral to a program or service which requires the disclosure of residency and citizenship status, the CBW will notify the client and will ask permission before making the referral.

4.b. The CBW will refer to the client using the client's self-identified preferred gender and pronouns when addressing or referring to the client.

4.c. The CBW will not disclose the client's sexual orientation or gender identity to partner organizations and providers without the client's explicit permission.

4.d. The HealthierHere Community Hub 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 Hub staff, a CBW, or supervisor either at work or on personal time or social media platforms could result in disciplinary action and removal from the HealthierHere Community Hub network.

5. Client Centered Approach

POLICY
It is the responsibility of Community Based Workers (CBWs) to conduct themselves in a respectful and positive manner and to provide encouragement to their clients in order to promote positive and healthy outcomes. Positive outcomes are best achieved when carried out in an environment that is respectful to and inclusive of the client's cultural context. The client's cultural context includes health beliefs and practices, preferred language, health literacy, and other communication needs.

PROCEDURE

5.a. The CBW will create a safe and welcoming environment by providing considerate and respectful care to clients of all types of diverse backgrounds.

5.b. Any kind of disrespect or discrimination will not be tolerated by the Community Hub.

5.c. The CBW should work to identify areas of client and family progress to encourage and reinforce healthy behaviors, positive parenting, educational advancement, employment, and other areas of need.

6. Supervisor Role & Function

POLICY
Each contracted Case Management partner is required to maintain approximately .2 FTE of supervision per 1 FTE Community Based Worker (CBW) assigned to the HealthierHere Community Hub. For example, a 1 FTE Supervisor should supervise 4-6 CBWs. The Supervisor will be responsible for supervising and supporting the day-to-day functions of the CBWs at their agency. The supervisor works with their designated Community Hub team members to support their success in meeting client's needs and uses the Connect2 Coordinator system to manage the CBWs caseload and monitor documentation. Supervision by a professional who can help support, prioritize, and appropriately manage the host of risk factors presented is required for all contracted Case Management Partners.

PROCEDURE

6.a. Supervisors are to review documentation by their CBWs in Connect2 Coordinator regularly including conducting daily audits of the 'outreach and program introduction' and 'attempt to reengage' tasks to ensure that CBWs are reaching out to their clients within 1 business day of receiving the referral, making 3 outreach attempts if a client is non-responsive, and documenting that work.

6.b. Supervisors should be available for regular case staffing, and problem-solving with their assigned CBWs and provide regular feedback and guidance to support documentation and client interactions.

6.c. Supervisors will provide mentorship and support to assist CBWs in:
-Reviewing intake information
-Collecting client consent to enroll clients into the program
-Conducting Health Related Social Needs (HRSN) assessments
-Developing and managing client goals
-Providing coaching, health education, resource navigation, and referral support to individuals and households
-Completing case closure and ensuring referral to long-term services is established as needed.

6.d. If the supervisor notes any necessary changes in case management or documentation related to the care of the individual or household, these issues must be communicated to the CBW as soon as appropriately possible.

6.e. The supervisor should manage their own CBW's performance in accordance with their organization's policies and procedures and note ongoing issues related to staff performance.

6.f. Supervisors should ensure that CBWs 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 medical crises.

6.g. Supervisors are to notify the Hub Operations Manager and their CBWs whenever they are out sick or on PTO. A back-up supervisor from the agency must be identified and communicated to the Hub Operations Manager when out of office or on leave.

6.h. The supervisor should make note of ongoing issues, and successes related to CBW performance. These identified issues can serve as a resource to guide the implementation of additional training or specific supervision of the CBW resulting in the development of the role and in improved quality of work over time.

6.i. The supervisor should share any training/TA needs with their Network Program Manager.

6.j. The supervisor should review caseloads with CBWs, at least, bi-weekly.

6.k. The supervisor should make an effort to attend all scheduled supervisor meetings and trainings, including regular 1:1 Network Manager check-ins.

6.l. The supervisor should notify their Network Manager and Hub Operations staff whenever their CBWs are out of the office for 2 or more days (such as on vacation, sick, FMLA) with as much advance notice as possible. Supervisors do not need to notify the Community Hub when a CBW is out sick for just one day, but if they call out sick multiple days in a row, the Community Hub should be notified starting the second day.

For Supervisor absences the Supervisor should notify Hub Operations staff and Network Program Manager via email when a supervisor will be out for 1 or more days.

7. Caseload Management

POLICY
The HealthierHere Community Hub is responsible for monitoring caseloads for Community Based Workers (CBWs) to ensure that caseloads do not exceed the ability to adequately meet the needs of the clients they have been assigned. Reasonable caseload expectations for staff help to ensure that HealthierHere Community Hub Case Management partners provide necessary services to achieve success without risking CBW burnout. Reasonable caseloads ensure that CBWs have enough time to spend with each client to meet their needs, maintain a high quality of service, and to plan for future activities.

PROCEDURE

7.a. It is recommended that caseloads be managed by Case Management partner Supervisors.

7.b. As an example, a full-time CBW could carry a caseload of 40-50 active clients, or may adjust to a lower number depending on the amount of very high-risk clients the CBW is working with. Depending on the flexibility of the agency employing the CBW and referral volume of the Hub, the number of cases may vary.

7.c. Specific caseload limitations are to be determined and set by each Case Management partner and monitored by HealthierHere Community Hub staff. Case Management partners should report any changes in caseload limits to the Hub Operations Manager as soon as possible.

8. Referral Allocation to Contracted Case Management Partners

POLICY
The HealthierHere Community Hub is responsible for receiving community member referrals from state and local government agencies, local Community Based Organizations (CBOs), healthcare organizations, community members themselves (self-referrals), and other referral sources, and then based on a non-biased approach, assigning the referrals to the appropriate contracted Case Management partner.

PROCEDURE
8.a. When an unduplicated referral comes into the HealthierHere Community Hub, an objective non-biased approach is utilized to assign the referral to the appropriate contracted Case Management partner. Fair distribution of the referrals is a critical responsibility. This assignment is made based on the following considerations in order of priority and based on what information is available on the intake form:

Considerations for a SMART Assignment:
(i.) Referral Source & Community Member Preference. If a contracted Case Management partner refers a client to the HealthierHere Community Hub, then the HealthierHere Community Hub will assign them back to that organization. If the community member has designated which agency or which Case Manager they prefer working with (via the referral source), then the HealthierHere Community Hub will assign them to that organization. This may also be determined based on intake notes or any explicitly stated client preferences.
(ii.) Currently Incarcerated. If a client is in the process of exiting a carceral facility and enrolled in the HCA Reentry from a Carceral Setting program, they will be assigned to an agency that specializes in Reentry support and has the ability and experience to connect with clients in jail or prison settings.
(iii.) Language Preference. If a client speaks a language other than English as their primary spoken language, we will match them based on their language needs when available and spoken by a CBW at an agency in the network.
(iv.) CBW Caseload Capacity. If CBW caseloads are not evenly distributed Hub Operations Specialists will prioritize assigning clients to agencies with lower caseloads, in order to distribute clients more evenly across the network.
(v.) Client Demographics. A client's demographic information (for example, geography, race/ethnicity, veteran status) will be prioritized and the client assigned to an agency that matches that background or cultural fit.
(vi.) Specialized Services. If the community member has a specific health or social condition that requires more specialized care coordination than is available at a general partner agency, then this will be considered in the assignment. For example, if the community member has an acute or severe mental health issue, they may be assigned to a partner agency which is also a behavioral health organization. Other specialized services like housing, employment support, legal support, etc. may be additional considerations for assignment of referrals.
(vii.) Rotational order
(viii.) Responsiveness
(ix.) Performance

Random assignment of referrals is used sparingly but done due to capacity issues and considerations 7-9.

9. Documentation and Data Collection

POLICY
The Community Based Worker (CBW) is responsible for completing all mandatory documentation in the Connect2 Coordinator client management system to document their work with clients, including consent and demographic information.

PROCEDURE

9.a. All HealthierHere Community Hub documentation must be signed and dated appropriately. This includes the Case Manager's full name, title, full date, and time. Entry of data into Connect2 Coordinator is considered signed and recorded by the user with the appropriate timestamp.

9.b. The Supervisor must regularly review all documentation in Connect2 Coordinator by their Case Managers and perform chart audits.

9.c. The client 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.

9.d. When a client encounter is completed, it is assumed that all required questions on each section or form have been asked and the responses documented appropriately.

9.e. Documentation of progress related to all goals, referrals and services must be updated in Connect2 Coordinator.

9.f. All documentation related to client activities completed in a workday should be completed within 24-48 working hours of the client interaction.

9.g. All client encounters and outreach attempts should be documented in Connect2 Coordinator with details of those encounters captured in the narrative section of the contact field.

10. Enrolling Clients into the Community Hub

POLICY
The Community Hub is responsible for making sure all community members referred to the Community Hub receive appropriate and timely outreach from their assigned Community Based Worker (CBW) and that all clients complete written or electronic consent when enrolling in services.

PROCEDURE

10.a. When a new referral is assigned to a CBW the CBW is expected to reach out to the client, within one business day, making at least 3 outreach attempts within 3 business days of receiving the referral if the client does not respond to the first phone call.
-The first outreach attempt is expected to happen promptly, either the same day the referral is assigned or the next morning if a referral is assigned at the very end of the workday.
-Weekends and holidays do not count as business days. Supervisors are expected to monitor CBW schedules so that they don't assign a referral to someone who will be on PTO during the 3 business days after a referral is assigned.
-All 3 attempts should include phone calls, attempts 2 and 3 should be followed-up with a text message and/or email (if an email address was shared during the intake process).

10.b. When the CBW first speaks with the client, they will introduce the program and explain that written or electronic consent is required within 7-days for the client to receive services. The Case Manager will follow the process for obtaining, saving, and documenting consent in Connect2 Coordinator.

11. Discharging Clients

POLICY
The Community Hub is responsible for continuously tracking client outcomes and volume for evaluation, quality assurance, and contract management purposes. Tracking client status and following appropriate discharge procedures is an integral part of fulfilling these functions.

PROCEDURE

11.a. The Community Based Worker (CBW), in conjunction with their Supervisor, has final authority in the decision to discharge a client from the Community Hub. The reason a client is being discharged must be documented in Connect2 Coordinator. Reasons typically given could be:

-Client no longer wishes to receive services
-Client has achieved their goals
-Client has no further identified needs that need addressing
-Client is unable to make progress on their goals over an extended period of time due to an unavailability of outside resources and wishes to be discharged.
-After signing the consent & authorization form, the client has become non-responsive and does not respond to 3 outreach attempts over the course of 1-month (about 1 outreach attempt per week).
-Client is referred to another case management program via warm handoff for more intensive and specialized support
-Client no longer resides in King County and has moved to another County in which the CBW can refer to another Community Hub.

11.b. Before discharging a client, the CBW should get approval from their Supervisor and then proceed with the discharge using the appropriate process in Connect2 Coordinator and closing the case to remove the client from their caseload.

12. Continuous Quality Improvement

POLICY
The Community Hub emphasizes an atmosphere of continuous quality improvement (CQI) where the Community Hub and our Case Management partners are regularly reviewing data and trends and developing improvement plans to address any identified issues.

PROCEDURE

12.a. The Community Hub will continuously monitor and improve quality within all aspects of the Community Hub network. This will be done primarily through regular task audits and the creation and sharing of monthly and quarterly Quality Improvement Dashboards showing performance on identified program measures for each contracted partner and the Community Hub as a whole. CQI projects are determined by Community Hub staff's chart audits and dashboards for performance monitoring, supervisors, funder identified concerns, contract obligations and stakeholder concerns.

12.b. Following the identification of a quality issue, the Community Hub will provide analysis and coaching 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.

12.c. Case Management partner Supervisors will be included in CQI and Quality Assurance processes and reviews on a monthly and quarterly basis.

12.d. In addition to a general CQI approach contracted Case Management partners are required to meet a minimum performance standard on a subset of the program measures to remain in good standing. The good standing metrics may change based on the contract year and are listed in each partner's contract. If the partner sees that they are below the minimum expectation when they receive their monthly QI data dashboards, the Supervisor should investigate the issue and coach or retrain CHWs to ensure they are following the workflow appropriately. If a partner is below the minimum expectation for one quarter, they will receive additional QI support and be required to implement a written and signed performance improvement plan (PIP). If they don't improve in the subsequent quarter (measured by either completing the PIP or bringing the metric above the minimum performance expectation) the partner will be offboarded.

13. Health Related Social Needs Screening

POLICY
It is the responsibility of Community Based Workers (CBWs) to complete the Health Related Social Needs (HRSN) Assessment with all enrolled clients as a critical part of the Community Hub workflow.

PROCEDURE

13.a. The CBW will learn about their clients' HRSN needs and barriers they are experiencing by completing the HRSN Assessment.

13.b. The CBW will document the completion of the HRSN Assessment in Connect2 Coordinator.

13.c. The CBW will use the information on the HRSN Assessment to help the client set goals and begin looking for resources and making referrals to meet the client's HRSN Needs.

13.d. Members of the client's care team who are approved by the client and added as care team members in Connect2 Coordinator can access the HRSN Assessment if the client gives permission.

14. Training

POLICY

HealthierHere's Community Hub is responsible for setting guidelines for performance standards, orientation training, on-the-job training, ongoing training, technical assistance, supervision and support, performance evaluation, and, as needed, corrective action. The HealthierHere Community Hub is also responsible for surveying Community Based Workers (CBWs) for training needs, providing in-person and virtual training opportunities, and providing free access to a Learning Management System (LMS) to host required and supplemental trainings.

PROCEDURE

14.a. Each CBW must complete the trainings required by the HealthierHere Community Hub and their own agency as part of their orientation.

14.b. New CBWs onboarding to the Community Hub on July 1, 2025 or after will have a gradual onboarding process with the following training requirements over their first 6-weeks on their organization's Community Hub contract (this does not apply to CBWs who were onboarded before July 1, 2025).
These training requirements are required to be completed before a CBW can begin to be assigned clients.

- Complete the 'Introduction to Community Based Care Coordination' course (virtual, self-paced)
- Complete the 'Introduction to Community Based Care Coordination' group sessions (1-day live, virtual training)
- Complete the first 5 modules of the Camden Coalition's Complex Care Certificate (virtual, self-paced)
- Complete HIPAA/Privacy training (virtual, self-paced)
- Complete C2C Hub Workflow and Documentation training (3-day live, virtual training)
- At least 3 shadowing sessions with a Community Hub CBW at their own agency or other Case Management Partner (live, can be virtual or in person)

14.c. These training requirements must be completed before a new CBW attends the C2C Hub Workflow & Documentation training and annually thereafter:
- HIPAA/privacy (virtual, self-paced)
- 'Introduction to Community Based Care Coordination' course (virtual, self-paced)

14.d. These training requirements are required to be completed within the first 3 months of a CBW's start date with the Hub.
-Foundational Safety (virtual, self-paced)

14.e. Each CBW and Supervisor is required to complete the Community Hub's C2C Hub Workflow and Documentation training (3-day live, virtual training) before they can begin receiving client referrals through the Community Hub.

14.f. Each Supervisor is required to complete the Community Hub's Supervisor Training (2 hour live, virtual training) before they can begin receiving referrals and assigning clients to their CBWs. Individuals who will

be serving as backup Supervisors on occasion are also required to meet the training requirements of Supervisors.

14.g. Each CBW is required to complete the Camden Coalition's Complex Care Certificate within 12 months of their start date with the Hub. The Complex Care Certificate includes courses on motivational interviewing, trauma informed care, harm reduction, care planning, and other key topics relevant to community-based care coordination. HealthierHere recommends each CBW dedicate at least 2-4 hours a week to the Camden course so that they can benefit from the content and stay on track.

14.h. The HealthierHere Community Hub will add additional required and supplemental trainings to the LMS system as appropriate and will notify partner agencies of any deadlines for new training requirements with at least 3-months advance notice.

14.i. The following trainings must be renewed annually:

- HIPAA/privacy (virtual, self-paced)
- Foundational Safety (virtual, self-paced)

15.j. For partners who have CBWs in process with required trainings, Network Program Managers will share a monthly report with the partner showing training completion status of each of their CBWs. This will be shared in a monthly check-in meeting, as necessary.

14.k. The Training Policy will be updated when new required trainings are added to the Community Hub core curriculum.