Greater Health Now

2027 Request for Qualifications

Community-Based Care Coordination — Application Checklist

Organization Name	
Organization Mailing Address	
Organization Physical Address (if different from above)	
Organization Web Address	
Organization UEI #	
Primary Point of Contact (POC) for RFQ	
Primary POC Organizational Role/Title	
Primary POC Phone Number	
Primary POC Email Address	

Core Requirements	Yes	No	Needs more information
Organization maintains a license to operate a business in the state of Washington	☐	☐	☐
Organization has no exclusions from sub-awards in SAM.gov	☐	☐	☐
Organization will provide proof of liability insurance	☐	☐	☐
Organization maintains written policies and procedures for administrative, financial, and direct services	☐	☐	☐
Organization's transactions are recorded in the organization's general ledger	☐	☐	☐
Organization prepares and submits invoices monthly, or as defined in the contract, for reimbursement of services rendered with appropriate backup documentation	☐	☐	☐
All disbursements are paid with sufficient documentation (i.e., invoices, receipts, timesheets)	☐	☐	☐
Organization employs, or contracts with, an accountant or bookkeeper	☐	☐	☐
Organization maintains proper oversight and controls of financial and auditing systems to minimize risk and management of funding	☐	☐	☐
Organization has a contingency plan in place for cash flow shortages	☐	☐	☐
Organization meets the requirements to sign the Greater Health Now Statement of Work	☐	☐	☐
Organization meets the requirements to sign the Greater Health Now Data Sharing Agreement or Business Associate Agreement (BAA, for covered entities only)	☐	☐	☐
Organization has experience in receiving and managing federal grants or other funding	☐	☐	☐

Community-Based Care Coordination Qualifications	Yes	No	Needs more information

Community-Based Care Coordination Qualifications	Yes	No	Needs more information
At least three (3) years of experience providing community-based care coordination in alignment with GHN standards, within GHN's region (Kittitas, Yakima, Benton, Franklin, Walla Walla, Whitman, Asotin, Garfield, Columbia Counties and the Yakama Nation)	☐	☐	☐
Physical presence in the GHN service area (Kittitas, Yakima, Benton, Franklin, Walla Walla, Whitman, Asotin, Garfield, Columbia Counties and the Yakama Nation)	☐	☐	☐
Organization has an established partnership with local health systems, or plans to partner	☐	☐	☐
Organization agrees to use GHN's designated Client Management System (CMS) to manage and document client needs and service referrals	☐	☐	☐
Organization maintains written organizational policies for delivering care coordination support in the community for clients with health-related social needs	☐	☐	☐
Organization maintains written organizational policies for client outreach and engagement	☐	☐	☐
Organization maintains written organizational policies for employee and home visit safety	☐	☐	☐
Organization has a process to manage, track, and report on client grievances or quality of service concerns	☐	☐	☐
Organization employs sufficient staff (FTEs and skills) to provide care coordination to individuals in the community	☐	☐	☐
Organization employs sufficient staff (FTEs and skills) to supervise care coordinators	☐	☐	☐
Organization designates staff to manage contract adherence to the Community Hub's Key Performance Indicators and HRSN services	☐	☐	☐
Organization has an established onboarding process and provides role-specific training for new staff	☐	☐	☐
Organization has the capacity and willingness to explore providing Washington Health Benefit Exchange insurance navigation services with trained staff	☐	☐	☐

2027 Prioritized Populations — select all populations your organization serves
☐ Re-Entry / Justice-Involved — Individuals reentering the community from incarceration or otherwise involved with the justice system
☐ Post-Acute Care / Transition of Care — services and supports that ensure continuity and safety as individuals move between care settings, particularly from inpatient hospitalization to community based recovery
☐ Foundational Community Supports (FCS) clients OR clients experiencing chronic homelessness, a behavioral health condition, a complex physical health need, or substance use disorder who may not meet FCS criteria
☐ Perinatal / Maternal Care — supports provided to individuals before, during, and after pregnancy
☐ Aging / Long-Term Care — Older adults and individuals who need long-term services and supports
☐ Medicaid Eligible / Medicaid Enrolled — Individuals who are enrolled in, or eligible for, Washington Apple Health (Medicaid)

Please select all services your organization provides	Please select all counties your organization serves

☐ Case management, outreach, and education	☐ Asotin
☐ Housing transition navigation services	☐ Benton
☐ Rent/temporary housing	☐ Columbia
☐ Medical respite	☐ Franklin
☐ Nutrition support	☐ Garfield
☐ Substance Use Disorder treatment	☐ Kittitas
☐ Behavioral Health services	☐ Walla Walla
☐ Caregiver respite	☐ Whitman
☐ Medically necessary environmental adaptations	☐ Yakama Nation
☐ Community transition services	☐ Yakima
☐ Personal care and homemaker services	
☐ Transportation for non-emergency, non-medical needs	

Non-listed services can be described in the Qualifications Narrative.

Submit this checklist together with your Qualifications Narrative, three (3) pages maximum. The narrative must identify three partner organizations with a Reference Name and contact information for each; that reference list may be attached separately and does not count against the page limit.

Did you use AI tools to assist in the generation of your responses? ☐ Yes ☐ No

By signing below, I certify that I am authorized to submit this response on behalf of the organization and that the information provided is true and accurate to the best of my knowledge.

_____ _____

Signature Date

_____ _____

Printed Name Job Title