Greater Health Now

2027 Community-Based Care Coordination

Partner Request for Qualifications (RFQ)

PROJECT TITLE:	Community-Based Care Coordination
RESPONSE DUE DATE:	September 11, 2026, 5:00 pm PST
ESTIMATED CONTRACT PERIOD:	January 1, 2027 – June 30, 2028

Purpose and Background

Greater Health Now (GHN), serving as a regional Accountable Community of Health (ACH) under the direction of the Washington State Health Care Authority (HCA), is committed to advancing health equity and improving population health through collaborative, community-driven approaches. In alignment with HCA directives, GHN is actively building the capacity to establish, maintain, and support a Community Care Hub within its broader Social Care Network.

The Community Care Hub serves as a centralized infrastructure designed to coordinate and connect individuals to essential health and social services. GHN facilitates and supports community-based care coordination (CBCC) as a vital component of the Hub, ensuring that care coordinators are empowered to engage with community members, identify needs, and navigate available resources effectively. Through this model, GHN promotes closed-loop referrals, strengthening collaboration between providers and community organizations to ensure individuals receive timely and appropriate services.

In support of this work, GHN partners with Community-Based Organizations (CBOs) and their Community-Based Workforce (CBWs) by providing funding for CBW positions, offering workforce development opportunities, and delivering technical assistance. These efforts build sustainable capacity within the community, enhance service delivery, and ensure that trusted local organizations and workers are equipped to play a central role in the Community Care Hub.

For the 2027-2028 contract period, GHN is conducting this Request for Qualifications (RFQ) to identify qualified organizations to deliver community-based care coordination — with a targeted focus on the prioritized populations identified below.

Funding

GHN intends to fund community-based care coordination services delivered by contracted CBOs and their CBWs for the period January 1, 2027 through June 30, 2028. Responses should reflect capacity to staff 1 to 5 CBW FTE ($21 to $38/hr), with a recommended 0.2 Supervisor FTE ($40 to $50/hr) per CBW. Salaries and Benefits

and expenses required to provide services will be reimbursed up to the final agreed upon budget. Contracted partners are reimbursed monthly. Full reimbursement of monthly invoices is contingent upon Key Performance Indicator (KPI) performance. Budget development and final funding details will be completed with selected organizations during contract development.

Note: *All amounts to be allocated in accordance with this process are subject to continuation of funding by the Health Care Authority (HCA) and are also predicated upon final 2027 GHN budget approval by its Board of Directors.*

2027 Prioritized Populations

Medicaid Eligible clients are the foundation of the Community-Based Care Coordination statement of work. In addition, to expand services to community members who are underserved and significantly impacted by health disparities, GHN is prioritizing organizations that serve, and have community-based worker representation of, the following populations:

- **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

Priority will also be given to organizations with established partnerships, or a committed, actionable plan to build them, with community organizations addressing health-related social needs and with healthcare systems (hospitals, clinics, primary and specialty care, EMS); that deliver client-centered care coordination in community settings; and that participate in, or are willing to support, Community Case Conferencing.

Prioritized Services

In addition to Care Coordination, organizations that provide the following services will be prioritized:

- Case management, outreach, and education
- Housing transition navigation services
- Rent/temporary housing
- Medical respite
- Nutrition support
- Substance Use Disorder treatment
- Caregiver respite
- Medically necessary environmental adaptations
- Community transition services
- Personal care and homemaker services
- Transportation for non-emergency, non-medical needs

- Behavioral Health services

Minimum Qualifications

- Licensed to do business in the State of Washington / holds a WA business license
- 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
- Agreement to use GHN's designated Client Management System (CMS) for contracted services
- No exclusions from sub-awards on SAM.gov
- Proof of liability insurance
- Capacity and willingness to explore providing Health Benefit Exchange insurance navigation services with trained staff
- Evidence of community partnerships to support whole-person health and efficient care coordination services
- Established partnership with local health systems/community HRSN providers, or plans to partner
- If a previous contractual relationship with GHN exists, contract performance will be considered in the review process

2027 Key Performance Indicators

Contracted organizations report on the following KPIs, measured monthly through GHN's Client Management System. Complete measure specifications, including definitions, exclusions, and data requirements, are provided with the Statement of Work.

Key Performance Indicator	Target
Timely Referral to Enrollment Conversion. Percentage of referred clients enrolled within 7 calendar days of referral assignment to a CBW.	≥75%
Timely Outreach. Percentage of referrals with at least one documented outreach attempt within 5 calendar days of assignment.	≥75%
Client Discharge Status Documented. Percentage of closed cases with a documented discharge status recorded at case closure.	≥75%
Referral Outcome Status and Need Documented. Percentage of outbound referrals among closed cases with a documented referral need and outcome, including the reason for unsuccessful outcomes.	≥75%
Intervention for Prioritized Social and/or Health Need. Percentage of new enrollees with a documented prioritized need who receive at least one aligned intervention (outbound referral or care plan).	≥75%
Completion of Assigned Trainings. Percentage of trainings assigned to CBWs and Supervisors in the Learning Management System that are completed.	85%
Client Caseload Balance per CBW per Month. Average monthly client caseload maintained per CBW in the Client Management System.	35 clients

KPIs are subject to change up to Contract Execution. Due to the nature of extended contracts, KPIs may be subject to change due to Health Care Authority work orders. Any changes will be communicated in a timely manner.

Community-Based Care Coordination Standards

Community-based care coordination Standards

	Engage	Assess	Support	Connect
Purpose	Reach and build relationships with people in communities who have complex needs and want support to improve their health	Identify the social conditions that significantly compromise a client's health and identify services a client might be eligible for	Co-develop a care plan that addresses the client's goals and nurtures their belief and ability to meet these goals	Assist the client to access community resources and clinical services
Steps	1. Establish Trust with community 2. Outreach & Engage 3. Offer Services 4. Obtain Consent 5. Document	6. Complete Intake 7. Complete HRSN Assessment 8. Check for Eligibility 9. Make it a conversation to Maintain trust 10. Document	11. Develop Client-Centered Care Plan 12. Encourage Client Progress 13. Educate 14. Advocate 15. Engage Care Team 16. Document	17. Locate Social & Health Services 18. Offer Services 19. Support Client & Provider Readiness 20. Complete Closed Loop Referrals 21. Close Client Case 22. Document

Supports Offered to Contracted Organizations

The GHN Community Care Hub supports contracted partners in building sustainable pathways through funding and capacity-building resources, including:

- Contract clarification of expectations and funding inquiries
- Orientation and onboarding to the CMS and the GHN Hub
- 1:1 technical assistance and monitoring
- Open office hours and timely responses to inquiries
- Workforce training and shared learning
- Technology and reporting infrastructure
- Incentives to reward higher performance
- Networking with fellow community-based entities
- Leadership training and development
- Platforms to showcase work at the regional level
- Guidance on federal funding requirements
- Access to and support from a local GHN representative
- Resiliency Support

Timeline

- **Phase I** - **Application**
  - **August 2026** – RFQ posted to the GHN website and distributed to partners
  - **August 24 – September 11, 2026** – Open office hours for applicant support (include actual office hours info here)
  - **September 11, 2026, 5:00 pm PST** – RFQ responses due
  - **September 29 – October 23, 2026** – Applicant interviews
  - **November 2026** – Notification of evaluation results
- **Phase II – Budget and Contract Development**
  - **November 2026** – Budget submission
  - **December 2026** – Contract execution
  - **January 1, 2027** – Contract start date (term through June 30, 2028)

Please send any questions about this process and/or eligibility to the Social Care Network team: socialcarenetwork@greaterhealthnow.org

RFQ Response Contents

- Completed 2027 RFQ Application Checklist (provided)
- Qualifications Narrative, three (3) pages maximum (may be completed on organization's letterhead)

Selected organizations will complete a budget (template to be provided) and Statement of Work with GHN during contract development.

Qualifications Narrative

The narrative is limited to three (3) pages. The reference list requested in item 4 below may be attached separately and does not count against the page limit. The narrative should address the following:

- Summarize your organization's experience providing community-based care coordination within the GHN region, including how you have met key performance expectations and used data to improve services.
- Describe your organization's experience serving one or more of the 2027 prioritized populations. Provide specific examples that demonstrate service history.
- Describe your staffing plan including which role(s) will be providing care coordination services, which role(s) will provide supervision of care coordination, and any additional role(s) that will provide contract support. Include how these roles will be recruited (if hiring) or re-purposed (if using existing staff). How many FTEs do you think you could effectively support?
- Please provide 3 organizations you have partnered with that support whole-person, coordinated care for the prioritized populations, including any participation in Community Case Conferencing. For each organization provide a Reference Name and their best Contact Information.

Clarification and Award Determination

Upon receipt of completed applications, Greater Health Now reserves the right to request clarification and/or additional details to make a final award determination. Additionally, Greater Health Now may seek to confer with an applicant either face-to-face or virtually in support of the application review process.