Cover Sheet for Example Documentation

Please complete the following form and submit along with your documentation. If you have any questions, please email us at accreditation@astho.org.

The following documentation has been submitted to ASTHO for the Accreditation Library as a potential example of Health Department documentation that might meet the PHAB Domain 7 Standard 7.2 Measure 7.2.3A.

This document is not intended to be a template, but is a reference as state health agencies develop and select accreditation documentation specific to the health department’s activities.

Please note that the inclusion of documentation in this library does not indicate official approval or acceptance by PHAB.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Health Navigator Contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Date:</td>
<td>8/2/2016</td>
</tr>
</tbody>
</table>

Version of Standards and Measures Used: 1.5

Related PHAB Standard and Measure Number

<table>
<thead>
<tr>
<th>Domain:</th>
<th>Standard:</th>
<th>Measure:</th>
<th>Required Documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>7.2</td>
<td>7.2.3A</td>
<td>1</td>
</tr>
</tbody>
</table>

Short description of how this document meets the Standard and Measure’s requirements:

The Health Navigator Contract allows lay health advocates to provide culturally competent support for refugee populations in Boise, Idaho. The contract contains an amended scope of work of the Community Health Navigator Program. Areas meeting PHAB measures are highlighted and begin on PDF pages 6.

<table>
<thead>
<tr>
<th>Submitting Agency:</th>
<th>Idaho Division of Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Contact Name:</td>
<td>Traci Berreth</td>
</tr>
<tr>
<td>Staff Contact Position:</td>
<td>Chief, Public Health Business Operations/Accreditation Coordinator</td>
</tr>
<tr>
<td>Staff Contact Email:</td>
<td><a href="mailto:Traci.Berreth@dhw.idaho.gov">Traci.Berreth@dhw.idaho.gov</a></td>
</tr>
<tr>
<td>Staff Contact Phone:</td>
<td>208-334-5774</td>
</tr>
</tbody>
</table>

Can we attribute the document to your agency?
☒ Yes, you can include our agency name when posting
☐ No, please post the document anonymously

Can we include staff name and contact information with the documentation?
☒ Yes, you can include staff contact information
☐ No, please do not include staff contact information

Thank you for submitting your health agency’s documentation to the Accreditation Library. We appreciate your contribution to this resource, and we look forward to continuing to provide you with assistance in your accreditation work.
This Contract Amendment is entered into by the State of Idaho, Department of Health and Welfare, hereinafter referred to as the DEPARTMENT, and [contractor name], hereinafter referred to as the CONTRACTOR. The effective date of the original contract was 04/05/2013. The expiration date of the contract as amended is 04/04/2017.

ADDITIONAL SERVICES/PROVISIONS/DelIVERABLES:

Extending contract to full four (4) years and adding funds.

The following amended Attachments are hereby incorporated and made a part of this Agreement:

Cost/Billing Procedure

AMENDMENT AMOUNT $62,310.00

SUB OBJECT [contractor name]

PROGRAM COST ACCOUNT (PCA) 100% 12303 - CONTRACTUAL 36020C

CONTRACT MONITOR: [monitor name]

CONTRACT MANAGER: [manager name]
THIS AGREEMENT is an amendment of the original contract between the Contractor and the Department.

WHEREAS, the Department desires to amend the original contract and;

WHEREAS, the Department is legally authorized to enter into this agreement by power granted by Title 56, Chapter 10, of the Idaho Code; and

WHEREAS, the Contractor has been determined qualified and available to continue the provision of services for the time period covered by this Agreement; and

The parties hereby agree that all other provisions of the original contract, with the exception of the amendments as provided herein, shall remain in force during the period covered by this Agreement.

IN WITNESS WHEREOF, the Department and the Contractor have executed this Agreement.

CONTRACTOR:

STATE OF IDAHO:

Department of Health and Welfare

Name of Organization

Name of Signature Authority (printed)

Division of Public Health

Title

Signature

Date

Mailing Address:

P.O. Box 83720

Boise, ID 83720-0036

Telephone No.

Contract Number: HC789600
Cost/Billing Procedure  
Amendment 6  

Cost:  
This is a COST REIMBURSEMENT contract.  
The Department will pay and the Contractor shall receive up to the total sum of SIXTY TWO THOUSAND THREE HUNDRED TEN DOLLARS AND ZERO CENTS ($62,310.00) for services satisfactorily performed and authorized under the contract as defined in the project budget below.

Project Budget  
(Amd 6) 8/15/2016 to 4/4/2017

<table>
<thead>
<tr>
<th>Item</th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$60,390.00</td>
</tr>
<tr>
<td>Health Navigator Training (formal)</td>
<td>$1,600.00</td>
</tr>
<tr>
<td>Refugee Health Education</td>
<td>$0.00</td>
</tr>
<tr>
<td>In-house or Phone Interpretation Services</td>
<td>$0.00</td>
</tr>
<tr>
<td>[Interpreter rates will be reimbursed at actual cost to the Contractor. In-house interpretation shall be billed on a one (1) hour base minimum and in subsequent one-quarter (1/4) hour increments. Phone interpretation shall be billed per minute.]</td>
<td></td>
</tr>
<tr>
<td>Transportation (Taxi) Services</td>
<td>$320.00</td>
</tr>
<tr>
<td>[Taxi costs will be reimbursed at actual cost to the Contractor when no Medicaid-covered or public transportation is available.]</td>
<td></td>
</tr>
<tr>
<td>Operating/Overhead [not to exceed 5% of subtotal]</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Budget Amount - 8/15/2016 to 4/4/2017</td>
<td>$62,310.00</td>
</tr>
</tbody>
</table>

Billing Procedure:  
The Contractor shall provide the following information with each invoice:  
1 Contract Number (and name of project/product, if appropriate)  
2 Identification of Billing Period.  
3 Total amount billed for the billing period.  
4 Detailed description of services/products provided and associated # of hours/amounts, as appropriate.  
5 Name of authorized individual/contact information for Contractor, including address, phone number and email address.

Contract Monitor:

Invoices and reports are to be submitted to:  
Division of Health  
Idaho Department of Health and Welfare  
450 West State Street  
Boise, ID 83702

Final invoices and reports must be submitted to the address above no later than thirty (30) calendar days after the contract expiration date. Invoices received without the required report(s)/documentation will be returned to the Contractor for resubmission.
STATE OF IDAHO  
Contract Amendment

CONTRACT NO.: [Redacted]  
CONTRACT AMENDMENT NO.: [Redacted]  
CONTRACTOR'S FEDERAL I.D.NO.: [Redacted]  
RFP NO.: [Redacted]  
CONTRACT PURCHASE ORDER NO.: [Redacted]  
CFDA NUMBER AND TITLE: [Redacted]  
DUNS NUMBER: [Redacted]

This Contract Amendment is entered into by the State of Idaho, Department of Health and Welfare, hereinafter referred to as the DEPARTMENT, and [Redacted], hereinafter referred to as the CONTRACTOR. The effective date of the original contract was 04/05/2013. The expiration date of the contract as amended is 08/14/2016.

ADDITIONAL SERVICES/PROVISIONS/DELIVERABLES:

To extend the current contract one (1) year and carry forward funds for [Redacted].

The following amended Attachments are hereby incorporated and made a part of this Agreement:

Scope of Work  
Cost/Billing Procedure

AMENDMENT AMOUNT $93,600.00

SUB OBJECT [Redacted]  
PROGRAM COST ACCOUNT (PCA) 100% [Redacted] - CONTRACTUAL [Redacted]

CONTRACT MONITOR: [Redacted]  
CONTRACT MANAGER: [Redacted]
THIS AGREEMENT is an amendment of the original contract between the Contractor and the Department.

WHEREAS, the Department desires to amend the original contract and;

WHEREAS, the Department is legally authorized to enter into this agreement by power granted by Title 56, Chapter 10, of the Idaho Code; and

WHEREAS, the Contractor has been determined qualified and available to continue the provision of services for the time period covered by this Agreement; and

The parties hereby agree that all other provisions of the original contract, with the exception of the amendments as provided herein, shall remain in force during the period covered by this Agreement.

IN WITNESS WHEREOF, the Department and the Contractor have executed this Agreement.

CONTRACTOR:

[Signature]

Date: 6/12/15

Mailing Address:

Contract Number: HC789600

STATE OF IDAHO:

Department of Health and Welfare

Name of Organization

[Signature]

Date: 6/23/15

Mailing Address:

P.O. Box 83720

Boise, ID 83720-0036

Telephone No.:

Telephone No.
I. General Requirements

A. This contract supports the Idaho Department of Health and Welfare Strategic Plan and the Division of Public Health priorities.

B. The Contractor shall comply with the regulations and policies as outlined by the Idaho Department of Health and Welfare (Department), Bureau of Communicable Disease Prevention and Control and its policies, and pertinent Local Agency rules and regulations.

C. The Contractor shall ensure procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records.

D. The Contractor shall share this scope of work with staff and service providers to ensure their knowledge of the expectations and ability to meet contract requirements.

E. The Contractor shall maintain staffing with the knowledge and skills to accomplish contract services/activities. Changes in key staff positions shall be reported to the contract monitor within thirty (30) calendar days. Specific Staffing Requirements are:

1. Health Navigator Program Manager -- Background Requirements:
   a. At least three (3) years of experience serving the health needs of refugees.
   b. At least one (1) year experience in health case management.
   c. At least one (1) year experience in program management, preferably of a community health education program.
   d. Strong leadership skills and good understanding of programs that inform, educate and empower individuals and communities to take responsibility for their own health.
   e. Understand and able to relate to others the aims, concepts, and principles of organization.

2. Health Navigator -- Background Requirements:
   a. Ideally, a refugee who has lived in Boise for at least one (1) year.
   b. Trusted by their peers.
   c. Respected as a role model for the behaviors being promoted by the Health Navigator Program.
   d. Has a good understanding of and experience navigating the healthcare and mental health system.
   e. A good listener and communicator.
   f. Responsive to the needs of the clients.
   g. A good motivator.
   h. Current Idaho driver's license (if transporting refugees).

F. For the general monitoring of this contract, the Contractor shall maintain and have available
for review all program reporting and evaluation data and information for services/activities, and financial data as specified in Special Terms and Conditions Section IV.

G. The Contractor shall participate in regular performance monitoring and reporting regarding contracted services/activities and may be required to accommodate a fiscal review as dictated by type of service and dollar amount of the contract. This may include an onsite visit scheduled at a mutually agreeable date and time.

H. The Department will provide the Contractor access to all currently used forms. Any new forms created by the Contractor must be approved by the contract monitor prior to implementing.

I. The Department will provide the Contractor access to the current data tracking system. Any alterations by the Contractor must be approved by the contract monitor prior to implementing.


II. Implementation

A. The Contractor shall provide and implement an Implementation Plan which includes a schedule that outlines high-level tasks and estimated timeframes for each of the tasks.

1. The plan shall detail how you will be operational and able to provide services within forty-five (45) calendar days after the execution of the contract. The plan shall include activities, resources, training, staff responsibilities, timelines and processes that will be employed to ensure implementation of the contracted services. The final Transition Plan shall be negotiated with the Department within thirty (30) days of contract execution.

III. Management

A. The Contractor shall implement the Refugee Health Navigator Program to assist refugee new arrivals referred to the program by resettlement agencies or their primary care provider, to access and utilize healthcare services during their first five (5) years living in the United States.

B. The Contractor shall submit to the Department by September 15, 2015 a logic model along with a narrative describing each stage of the logical model. The document should include at minimum program intervention goals, objectives, inputs, activities, outputs and health outcomes. This document does not have to have measurable objectives and it will not be used as a tool to determine the Contractor's success at meeting contractual requirements. The purpose of this document is to describe in detail outputs and outcomes anticipated at the patient level, the provider level and the community level (if any), and the methods and activities for achieving these improvements.

C. The Contractor shall provide culturally competent Health Navigators to help newly arriving refugees meet their healthcare and mental health needs by capacitating them to overcome health barriers, and increase their knowledge and skills to accessing and utilizing available health resources.

D. The Contractor shall employ a culturally competent Health Navigator Program Manager to coordinate the implementation of the Refugee Health Navigator Program and supervise Health Navigators.

E. The Contractor shall meet quarterly with the resettlement agencies, primary care providers, community leaders, and the Idaho Office for Refugees (IOR) to ensure the Refugee Health
Navigator Program is meeting their needs in providing refugee newcomers access to healthcare and mental health services and resources.

F. The Contractor shall ensure proper case management, communicate in writing to the resettlement agency and primary care provider, services provided by Health Navigators to the refugee within two (2) working days, or sooner, after the refugee received the service.

G. The Contractor shall participate in regularly scheduled meetings with each resettlement agency in the area to identify services provided and service gaps for mutual refugees.

H. The Contractor shall work with other providers (e.g., specialty providers) as needed to ensure Refugee Health Navigator Program services do not violate their policies.

I. Prior to May 1, 2013, the Contractor shall meet with at least four (4) of the most prevalent refugee new arrival ethnic groups or with leaders from these groups to:
   1. identify existing strengths within each community,
   2. identify and interview at least four (4) healthy individuals that have resided in the United States for at least one (1) year that have practical and viable solutions to overcoming common barriers (e.g., language, transportation, costs, cultural differences) to navigating and accessing healthcare services that newcomers can successfully apply in their lives; and
   3. produce a report highlighting findings.

J. The Contractor shall partner with the Department to organize and conduct Refugee Health Navigator Advisory Board meetings.
   1. The Contractor shall, in collaboration with the Department, establish an Advisory Board within two (2) months after effective date of contract.
   2. The board will meet approximately every two (2) months for the first eight (8) months and then quarterly after that.

IV. Health Navigators
   A. The Contractor shall hire, train, and monitor Health Navigators.
      1. The key to the Refugee Health Navigator Program is to identify the personal characteristics Health Navigators should possess in order to be trusted and respected by his or her community members and successfully capacitate others to access healthcare and mental health services and improve their health outcomes. These similar characteristics include: regular and successful use of healthcare services, good motivator, healthy, good self-care practices, and ability to speak English.

   B. No later than May 1, 2013, the Contractor shall finalize a Health Navigator Training curriculum that provides effective orientation and capacity of health navigators in carrying out their roles and responsibilities. The current training curriculum is available upon request. Training topics shall be based, in part on recommendations from refugee leaders and findings from interviews with healthy individuals (see II.H.2 above), key staff from resettlement agencies, primary care providers and IOR.

   C. At least monthly, the Contractor shall conduct training (either formal or on-the-job training) for the Health Navigators to build a successful team of Health Navigators who are able to demonstrate confidentiality, information accuracy, respect, cultural competence, and successfully understand their boundaries.
V. Healthcare Navigation Services
   A. The Contractor shall serve refugees eligible for health navigator services when referred by their primary care provider, a resettlement agency, or by self-referral and they meet program requirements.
   B. The Contractor shall ensure that refugees eligible for the Refugee Health Navigator Program are contacted within two (2) working days following the date of referral to the Refugee Health Navigator Program.
   C. The Contractor shall ensure a minimum of thirty (30) high needs (co-morbid conditions that require multiple visits to specialty healthcare and mental health providers) and fifteen (15) low needs (short term, temporary assistance) refugees at any given time are assisted in accessing care.
      1. Assistance may include but is not limited to providing personalized care such as assisting refugee at the pharmacy, applying for Medicaid, and other social services.
      2. The preferred mode of transportation of refugees is Medicaid-covered taxi or public transportation. In a high risk medical scenario, if neither of these modes of transportation is available, a Health Navigator may transport the refugee.
   D. The Contractor shall provide health education to refugees, as needed, to address health related concerns. Work with resettlement agencies and community leaders to develop topics and content. Involve Health Navigators and leaders in the development, preparation and implementation of health education services as needed.
   E. The Contractor shall ensure monitoring, reporting, and administrative forms are in place so:
      1. primary care providers and resettlement agencies can easily enroll eligible refugees into the program and effective communication with healthcare and mental health providers and resettlement agencies occurs when services are provided to the refugees via support by Health Navigators;
      2. refugees who consent to participate in the program, understands program services and their rights and responsibilities, and
      3. the Contractor can easily monitor and evaluate program progress.
   F. No later than May 1, 2013, the Contractor shall utilize the Department's existing Client Tracking and Information System or develop and maintain a new electronic data tracking system to monitor Health Navigator activities and services provided to refugees.
      1. Activities and services to be tracked may include, but are not limited, to: services requested, the provider who made the request, appointment time, name of the Health Navigator, and follow-up services needed.

VI. Reports/Records/Documentation
   A. The Contractor shall provide reports as outlined in the Reports Section.
   B. The Contractor shall maintain detailed electronic records of all services provided to each refugee through this contract.

VII. Quality Assurance
   A. The Contractor shall implement and maintain a Quality Assurance Plan. The Department's contract monitor will determine whether or not quality assurance has been met through
review of completed forms, reports, site visits, and other methods as appropriate.

1. As quality assurance is an inherent responsibility of the Contractor, any costs related to quality assurance activities by the Contractor are included in the Contractor's normal billing rates and are to be at no additional cost to the Department.

B. The Contractor shall meet regularly, or as needed, with Department staff to discuss program activities and responsibilities defined in the Scope of Work.

C. The Contractor's Quality Assurance Plan shall include:

   1. A description of the Contractor's internal controls for ensuring accurate data, timely participant response, professional quality reports and documentation for services and deliverables provided under the contract.

   2. A method for ensuring that staff and, if applicable, subcontractors have knowledge and expertise regarding the target population and how to access available healthcare services.

   3. A method for ensuring that staff and, if applicable, subcontractors hired speak fluently at least one or more of the languages spoken by the target population and can communicate effectively in English.

D. The final Quality Assurance Plan shall be negotiated with the Department and finalized within ninety (90) calendar days of the execution of the contract.

VIII. Transition Plan

A. The Contractor shall maintain a Transition Plan. The plan must describe the process for ensuring a smooth transition of services and transfer of materials, documentation and data either to the Department or to another contractor upon termination or expiration of the contract.

   1. The final Transition Plan shall be negotiated with the Department upon contract termination or ninety (90) calendar days prior to expiration of contract, whichever comes first. The Department reserves the right to request an updated Transition Plan during the effective dates of the contract.

   2. (Amd 1) In the event a new contract has not been awarded prior to the expiration date of the contract, the parties agree to extend the contract under the same terms and conditions until a new contract can be completely operational. At no time shall this transition period extend more than ninety (90) calendar days beyond the expiration date of the contract.