ElevateHealth

Request for Proposals

2025 Community-Based Resource Navigation

Application Deadline: September 1, 2025

ELEVATE HEALTH BACKGROUND

Elevate Health is a Pierce County-based non-profit organization dedicated to improving the health and well-being of all Pierce County residents through fostering and strengthening community connection, equity, and innovation.
As one of Washington's nine Accountable Communities of Health (ACH), Elevate Health acts as a backbone to enable and operationalize community-based, community-wide care coordination and resource navigation. Our mission is to narrow the gaps between unmet health and social needs and the delivery of health and social care. Elevate Health is committed to the principle that all should be treated with equity, dignity, and respect, no matter their station in life.
To achieve these objectives, Elevate Health partners with local organizations, community groups, community members, and other stakeholders to uplift community voice in pursuit of "whole-person health" for those who live, work, and play in Pierce County.

CONTEXT AND PURPOSE

To support health equity and thriving in Pierce County, Elevate Health provides financial support to organizations who employ community-based workers who help Pierce County residents get the services and resources they need to reach stability and thrive. Historically, Elevate Health has offered grants and service contracts to support intensive care coordination for people with multiple complex health-related social needs.

To meet a broader range of needs and reach more of Pierce County's residents in need, Elevate Health is expanding its service contract offerings to organizations who specifically provide resource navigation services in Pierce County.

What is a Community-Based Worker?

Community-Based Workers (CBW) are frontline health workers. They are trusted messengers who have a "unique understanding of the experience, language, and culture of a particular population." CBWs serve as their community's connection to health and social services and help to improve the quality of care and cultural appropriateness of services delivered. They help to increase the health knowledge of individuals and communities while supporting dignity and self-sufficiency through outreach, education, advocacy-based counsel, emotional and social support, and resource navigation.

What is a Community-Based Resource Navigator?

Resource Navigators are a type of Community-Based Worker. They serve a specific and important function as the connection point between a family or individual and the services and resources that support their health-related social needs. They have deep knowledge of available services and resources in their communities that can meet a broad spectrum of needs. They provide accurate information about local services and resources, such as nutrition supports, shelters, health clinics, mental health support, financial assistance programs, and much more. Based on the stated needs of the family or individual, the Resource Navigator makes referrals and ensures their clients are connected to a service or resource that can address their needs. Research has repeatedly determined that people who worked with a Community-Based Resource Navigator were twice as likely to access needed resources like food, housing, and transportation compared to those who did not. This led to better overall health outcomes and reduced non-emergency ER visits (Garg, A. et al., Pediatrics, 2012).

How is Resource Navigation different from Care Coordination?

Aspect	Resource Navigator	Care Coordination/Case Management
Core Focus	Service access & navigation	Service access & navigation; health and wellness support
Depth of Engagement	Short-term	Long-term, relationship-based
Typical Activities	• Assists families and individuals who have the time and resources to access services and resources with minimal guidance • Short-term referrals and systems support (1-3 months maximum) • Limited follow-up and close support provided	• Assists families and individuals who require or want more intensive guidance due to greater barriers to access • Ongoing, long-term outreach, education, & advocacy (Longer than 4 months) • Assessment and intensive care planning • Monthly check-ins with clients/participants

Health-Related Social Needs and Manifesting Whole-Person Health

Many individuals in Pierce County face barriers to health and wellness due to "the conditions in which people are born, live, work, and age," as well as "unmet, adverse social conditions that contribute to poor health" and well-being. Factors such as economic instability, lack of access to preventative healthcare, lack of quality educational opportunities, poor social or public supports, and unsafe domestic and built environments create unequal disease burdens for different populations within Pierce County. Research suggests that whole health is affected more by these health-related social needs (HRSN) and health behaviors, including access to assistance, than by the quantity or quality of clinical care they receive.

Medicaid Transformation Project 2.0

In our collaborative efforts to advance equity and whole-person health in Pierce County, Elevate Health seeks to support and empower Pierce County's families and individuals in need as well as the people who assist them by offering funding for organizations that employ Community-Based Resource Navigators.
This funding is made possible through the Medicaid Transformation Project 2.0, Washington State's renewed Section 1115 Medicaid demonstration waiver, approved by the Centers for Medicare & Medicaid Services (CMS).
This five-year demonstration project aims to expand access, improve health equity, and address the health-related social needs for Apple Health (Medicaid) enrollees across the state.

FUNDING

Elevate Health intends to fund the community-based resource navigation work of 5-10 Community-Based Organizations employing 12-30 Community-Based Resource Navigators. The term of the contract is October 1, 2025 and September 30, 2026. Responses should be for community-based resource navigation services provided by a minimum of one to a maximum of five (1-5 FTE) Community-Based Resource Navigators and a recommended 0.2 FTE Supervisor per Resource Navigator.

The maximum potential amount awarded will be $110,000.00 per Resource Navigator and Supervisor combination in the proposal. This funding is exclusively provided for staff salary, benefits, and indirect costs of 15% maximum. Additionally, Elevate Health will include incentive dollars in contracts with awarded bidders for performance on identified performance milestones (up to $3,500 per quarter, $14,000 per calendar year). Please reference the Appendix for more information about incentivized performance milestones.

Elevate Health will remit a $10,000 payment upon execution of the contract, after which payments will be remitted on a quarterly basis.

MINIMUM CRITERIA FOR SUCCESSFUL APPLICANTS

This funding is intended to support Community-Based Organizations (CBO), Tribal Nations, Indian Healthcare Providers, and other community entities who currently employ one or more Community-Based Resource Navigators that:

- are available to receive and respond to a potentially high volume of requests for short-term resource navigation support
- have a deep breadth of knowledge and understanding of local systems and available services and resources to meet health-related social needs (HRSN)
- are culturally humble and prepared to support families and individuals with diverse backgrounds and needs
- can ensure that referrals to appropriate services and resources are made in a timely fashion, and are followed up on to ensure that the individual was able to access the service and/or resource
- can determine a family or individual's needs for more intensive support and refer these clients/participants to Elevate Health's community care hub, Connect Pierce, for Community-Based Care Coordination as needed
- support Apple Health (Medicaid)-enrolled or -eligible families and individuals

Populations of Focus

Speakers of primary languages other than English	American Indian/Alaska Native residents	Asian-American residents
Black/African-American residents	Latine/Hispanic residents	Native Hawaiian/Pacific Islander residents
Mixed Race/Ethnicity residents	Residents of the Key Peninsula, Gig Harbor, Artondale, Arletta, Rosedale, Purdy, Wallochet, Vaughn, Lakebay, Longbranch, Home, Wauna	Residents of Carbonado, South Prairie, Wilkeson, Eatonville, Alder, Ashford
Residents of Elkplain, Roy, South Creek, Spanaway, Frederickson, Graham, Kapowsin	Residents of Steilacoom, DuPont, Anderson Island, Ketron Island, Lakewood, University Place, Fircrest	Adults with disabilities
Immigrants	LGBTQIA+ Individuals	Older Adults (over 65)
Refugees	Tribal members	Veterans
Unhoused/unstably housed individuals and families	Youth (younger than 26 years old)	Unaccompanied minors

ADDITIONAL REQUIREMENTS FOR INTERESTED ORGANIZATIONS

- Licensed to do business in the State of Washington and holds a valid Washington State business license.
- Must operate in Pierce County, WA and serve residents of Pierce County, WA. Residents served through this program must be residents of Pierce County, WA. Awardees retain the right to serve residents of adjacent counties independently of this program.
- Must hold a general liability insurance policy and furnish proof of this policy to Elevate Health.
- Must possess or provide all funded workers with all necessary technology/equipment, including cell phones, printers, scanners, laptops, etc.
- Must operate current anti-virus software on all computers within the organization's network
- Must provide all funded workers with IT support for security and equipment maintenance
- Must agree to use Elevate Health's client management system (CMS)
- If a previous contractual relationship is relevant, performance on previous contracts will be considered in the review process/decision criteria for selection.

In addition to incentivized performance milestones, the following are the key performance indicators for Community-based Resource Navigation Partners once selected:

- A recommended minimum monthly enrollment of 50 clients per Resource Navigator as documented in the client management system (CMS).
- A minimum of three outreach attempts made to establish contact with referred clients prior to discharge, as documented in the CMS.
- Documentation in the CMS of signed consent to services and release of information for all clients.
- Documentation in the CMS of closed-loop referrals for all clients.

Supports

The Connect Pierce community care hub ("Hub") provides ongoing comprehensive training and technical support to all of our contracted Partners. We also provide access to capacity-building assistance, including educational opportunities and additional funding. We are invested in providing the information and tools Community-Based Organizations need to thrive in a challenging and changeful funding landscape. Through the requirements and supports outlined in this request for proposals, we are committed to supporting Community-Based Organizations in their engagement with major healthcare providers, managed care organizations, and other system-based funding sources.

Timeline of Request for Proposals

Description	Date
RFP Released	August 1, 2025
Pre-Recorded Informational Webinar	August 8, 2025
Post-Webinar Q&A Released	Open: August 8, 2025 Closed: August 18, 2025
Virtual Live Application interviews (limited availability)***	Scheduled upon request
RFP submission deadline	11:59pm September 2, 2025
Interviews for finalists (as needed)	Scheduled as needed September 2 – September 12
Fund award announcements	September 19, 2025
Desired project start date	October 1, 2025

*Interested organizations may email inquiries and letters of intent to apply to Heather Thein at RFP@elevatehealth.org. Questions and responses may be shared with all interested organizations. Letters/emails of intent to apply are not required; however, your questions assist Elevate Health in preparing for submissions reviews.

**Questions and Answers (Q&A) reviewed during the webinar will be sent out as the Frequently Asked Questions (FAQ).

**Virtual Live Application interviews may be requested by emailing RFP@elevatehealth.org. Due to limited availability, Virtual Live Application interviews will be scheduled on a first-come, first-served basis.

Application Contents

Submission Instructions

1. Resource Navigation Partner Interest Questionnaire: All applicants must complete Elevate Health's Resource Navigation Partner Interest Questionnaire in full. Incomplete questionnaires will be disregarded.

2. Resource Navigation Application Narrative: All applicants must complete the Application Narrative, which is meant to support the Partner Interest Questionnaire and provide more details about the organization applying and their program's staff and workflows.

3. Budget Template: All applicants must complete the Budget Template, which acts as your financial bid in this application.

Milestone	Milestone Description	Completion Timeline	Quarterly QI Score	Incentive Earned (Quarterly)
Insurance Status	Health Insurance Status and Health Insurance Provider fields are completed in the Client Intake workflow	Complete at engagement (the date the client has completed a consent/ROI).	50-69 points	$150
			70-89 points	$300
			90-100 points	$500
Consent & ROI	Client has signed the Elevate Health Consent & ROI	Complete immediately during first contact with client.	50-69 points	$300
			70-89 points	$750
			90-100 points	$1000
Service Referrals	CBRN has referred each client to resources and services that meet their needs. CBW has documented these referrals in the Service Referrals workflow. CBW has followed up on referrals to document whether the client has received the resource/service or not.	Follow up on status of service referrals as needed.	50-69 points	$300
			70-89 points	$750
			90-100 points	$1000
Client Contacts	CBRN has followed up with all clients at least one (1) time after the initial contact to determine whether Service Referrals were successful and to determine any further needs. This follow-up can be completed by phone call, email, text, in-person contact, or telehealth call. CBW has documented this contact in the Client Notes workflow.	Older Adults (over 65)	50-69 points	$300
			70-89 points	$750
			90-100 points	$1000
Community Participation	All CBRNs and CBRN Supervisors have attended one (1) CHW Forum meeting during the quarter.	Attend one (1) meeting per quarter as agreed in contract.	N/A	N/A

PERFORMANCE MILESTONES: The above table outlines quarterly incentives for performance milestones achieved.