

Provider toolkit | Frequently asked questions

For additional toolkit materials visit wacaresfund.wa.gov/providers/toolkit.

Contents

BASICS	3
How do I become a registered provider?	3
What are the covered services I can provide?	3
When can I start serving beneficiaries?	3
What is the difference between application, contracting and registration?	4
How do I find my registration number?	4
Can I cancel a pre-authorization after the beneficiary has approved it?	4
Can I discontinue services for a beneficiary?	4
Can a beneficiary have multiple providers?	4
Does WA Cares have case managers to assess needs and request services?	4
If I am located out of state or my business moves out of state, can I still provide services?	5
How do I report the death of a beneficiary?	5
PAID FAMILY CAREGIVING	5
How can I become a paid family caregiver for a loved one?	5
APPLICATION	5
What are the application requirements?	5
Can I get help completing my application?	5
My application was denied. What can I do now?	6
How do I become an individual provider?	6
If I expand my offerings, do I need to reapply?	6
Do I have to reapply for registration every year?	6
How do I upload documents to my application?	6
BACKGROUND CHECKS	6
Is there a background check?	6
What happens if I fail my background check?	7

What if my background check comes back as requiring additional review?	7
I have a valid background check with the Department of Social and Health Services or an Area Agency on Aging. Do I need to complete another one?	7
REGISTRATION	7
What are the registration requirements?	8
Are waivers available for minimum qualifications?	8
How long will the registration process take?	8
CONTRACTING	8
Do I need to be contracted to provide services?	8
If I offer services in multiple counties, can I use a single contract?	9
How do I get added to the WA Cares Provider Directory?	9
Do I need to have a WA Cares contract if I am already contracted with another Department of Social and Health Services program?	9
How long will my contract last?	9
What are the monitoring requirements for my contract?	10
How can I renew my contract?	10
PAYMENTS	10
How do I enroll in ProviderOne?	10
If I am a current ProviderOne user, do I need to re-enroll or create an additional account?	10
Will payments to providers be processed using the ProviderOne system?	10
Do I need to have a core provider agreement to contract?	10
Do I need to monitor the remaining benefit amount for each beneficiary?	11
Where can I get help with my ProviderOne account?	11
I was underpaid/overpaid by WA Cares. How can I get this corrected?	11
RATES	11
Why did I have to provide my rates when I applied?	11
How are rates negotiated?	11
How do I request an exception to the maximum rate?	12
CLAIMS	12

How long do I have to submit a claim for payment?	12
PRE-AUTHORIZATIONS	12
How long does my pre-authorization last?	12
What happens after I create a pre-authorization?	12

BASICS

How do I become a registered provider?

Applications opened on Oct. 1, 2025.

Providers must meet minimum qualifications and execute a WA Cares contract with the Department of Social and Health Services or an Area Agency on Aging to become a registered provider, provide services and be assigned a registration number.

What are the covered services I can provide?

- Adaptive equipment and technology
- Adult day services, including adult day care and adult day health
- Care transition coordination
- Dementia and behavioral supports
- Education and consultation
- Environmental modifications
- Home-delivered meals
- Home safety evaluations
- In-home personal care and respite from individual providers and home care agencies (including paid family caregivers)
- Assisted living services (including memory care)
- Adult family home services
- Nursing home services
- Personal emergency response systems
- Professional nursing services
- Respite for family caregivers (in-home and in a facility)
- Services that assist paid and unpaid family members, specifically housework and errands, and yardwork and snow removal
- Transportation

When can I start serving beneficiaries?

All registered providers can begin serving beneficiaries on July 1, 2026. Providers participating in the pilot in Spokane, Thurston, Mason or Lewis counties can begin serving beneficiaries on Jan. 6, 2026.

What is the difference between application, contracting and registration?

An application is the first step of the process. All applications will be submitted online. Before you apply, you should make sure you meet minimum qualifications to provide a covered service.

Once your application is approved, you will begin contracting. Depending on the service and location, the Department of Social and Health Services or an Area Agency on Aging may be responsible for processing your application and contracting with you, including ongoing monitoring.

After contracting is complete, you will be a registered provider and can begin creating pre-authorizations and serving beneficiaries.

How do I find my registration number?

Your registration number is listed on your registration confirmation notice. If you require additional assistance, please contact the [WA Cares team](#).

Can I cancel a pre-authorization after the beneficiary has approved it?

You can cancel a pre-authorization if the beneficiary has been notified, all dates are in the future, and no services have been rendered. After the beneficiary has been notified that services will be discontinued, contact the Medical Assistance Customer Service Center to cancel the pre-authorization.

Can I discontinue services for a beneficiary?

You and the beneficiary may decide to end your service agreement. After services have started, only the beneficiary can request to modify the end-date of the pre-authorization. Work with the beneficiary to agree on the revised end date. They will then contact the [WA Cares team](#) to revise the end date of services.

You will have 60 days from the revised end date of the pre-authorization to claim for all services performed while the pre-authorization was active.

Can a beneficiary have multiple providers?

Beneficiaries can have multiple providers and spend their benefit on whichever covered services meet their needs.

Does WA Cares have case managers to assess needs and request services?

WA Cares does not have case managers. Since WA Cares is self-managed, beneficiaries are responsible for finding registered providers who offer services they want and contacting providers directly. Beneficiaries who are unable to find a suitable provider and need extra assistance may receive benefit navigation by contacting an Area Agency on Aging in your county.

If I am located out of state or my business moves out of state, can I still provide services?

For registered providers, this is considered a change of address and you are required to connect with the WA Cares team. Depending on your service, you may need to deregister then re-register at your new address to continue providing services.

All providers must meet minimum qualifications and legally be able to do business in the state of Washington.

How do I report the death of a beneficiary?

Contact the [WA Cares team](#).

PAID FAMILY CAREGIVING

How can I become a paid family caregiver for a loved one?

If the person you're caring for has earned WA Cares benefits, you can become a paid caregiver, even if you're caring for your own spouse or registered domestic partner. You can be employed through a home care agency or through [Consumer Direct Care Network of Washington](#) as an individual provider.

APPLICATION

What are the application requirements?

- Verify you meet the minimum qualifications and collect all documentation needed to apply for your service type.
- More information specific to the requirements for each service can be found in the [provider application details](#).
- Complete and submit [an online application](#).
- Submit any additional information requested by the Department of Social and Health Services or an Area Agency on Aging within 30 calendar days of the first request for information.
- Be responsive to requests from the Department of Social and Health Services or the Area Agency on Aging processing your application.

If you no longer want to become a provider, you can withdraw your application.

Can I get help completing my application?

You can get help completing your application by contacting the [WA Cares team](#). A provider network navigator will follow up with you to provide any help you need to complete the application.

Depending on your service type and location, you may also be able to get help from your local [Area Agency on Aging](#).

My application was denied. What can I do now?

Depending on the denial reason, you may be able to reapply. Please review to ensure your application is correct, update any information that caused your denial and re-submit your application.

Permanent disqualifiers will prevent you from reapplying and becoming a registered provider. These include but are not limited to: failed background checks with barred offenses, substantiated findings, and a contract terminated for cause.

Providers have the right to appeal an application denial. Appeal resources are automatically sent to each denied applicant with the notice of denial.

Providers can submit an appeal request with the [Office of Administrative Hearings](#).

How do I become an individual provider?

You can apply directly through [Consumer Direct Care Network of Washington](#).

If I expand my offerings, do I need to reapply?

To offer a new service, you must meet minimum qualification for that service. If you meet minimum qualifications, submit a new application to begin the process of adding an additional contract to your WA Cares registration.

Do I have to reapply for registration every year?

You are not required to reapply every year to remain a registered provider. You will be required to periodically update minimum qualifications that have an expiration date or that require renewal. For example, a background check, business and professional licenses, and insurance information require periodic updates.

If you went through the discontinuing provider registration process, you will be required to reapply before you can begin providing services again.

How do I upload documents to my application?

You can attach documents directly to your provider application. If you were unable to attach documents to your provider application, you can contact the [WA Cares team](#).

BACKGROUND CHECKS

Is there a background check?

All providers are required to complete a name and date of birth background check as a minimum qualification for all service types. However, adult family home, assisted living, and nursing home providers have facilities that are separately licensed by the Department of Social and Health Services. As such, they are not obligated to complete a new background check when applying to become a provider.

Before you apply, all other entity owners and contract signatories must undergo a background check through the Department of Social and Health Services. If you have had a background check completed in the past 90 days, the results can be submitted for verification and used for your application. All other staff background checks will be the responsibility of the provider and are subject to the Washington Administrative Code or Revised Code of Washington governing the licensure or other credential required for the service type.

An agency owner and/or contract signatory may also be asked to complete a fingerprint background check if they haven't resided in Washington state for three consecutive years before submitting an application. You will be contacted by DSHS or an Area Agency on Aging if a fingerprint check is necessary. Providers, and owners of providers designated by the Health Care Authority as posing an increased financial risk of fraud, waste, or abuse to the Medicaid program will also be subject to a fingerprint check.

For more information about background checks, visit the [background check central unit](#) website.

What happens if I fail my background check?

Providers are required meet all minimum qualifications to be registered. Those who cannot pass the background check will not become WA Cares providers.

What if my background check comes back as requiring additional review?

If your results say "review needed," you have not been immediately disqualified from providing services but additional review is required.

The WA Cares team will complete a character, competence and suitability assessment to determine your eligibility.

I have a valid background check with the Department of Social and Health Services or an Area Agency on Aging. Do I need to complete another one?

If your background check was completed within the past 90 days through the Department of Social and Health Services Background Check Central unit, it remains valid and can be used for your current application. You must submit a confirmation number. If we can verify it was a non-disqualifying result, you don't have to complete another check. If a review was required, we will complete that review based on the information provided in the prior background check.

If your background check was completed more than 90 days ago, a new background check must be completed.

REGISTRATION

What are the registration requirements?

To become a registered provider, you must:

- Meet minimum qualifications for your service type outlined in administrative rule and client service contracts
- Complete [an online application](#)
- Contract with either the Department of Social and Health Services or an Area Agency on Aging.

Once you have met these requirements and have a contract in place, you will be registered as a provider by the Department of Social and Health Services and you will be added to the WA Cares Provider Directory.

The Department of Social and Health Services is responsible for issuing and discontinuing all provider registrations, as necessary.

Are waivers available for minimum qualifications?

Providers should indicate in their application if they are seeking a waiver. Waivers will not be available for all covered services, nor will exceptions be available for all qualifications.

How long will the registration process take?

The entire registration process could take up to 90 days to complete. To be contracted, interested providers must complete [an online application](#) and a background check authorization; pass minimum qualification review, background check review, and risk assessment; and return a signed contract.

Timeframes can vary based on completeness of applications, timeliness of returning signed documents and volume of applications at the time of submission. Applications are reviewed in the order they are received.

Please be sure to check your e-mail regularly to avoid delays in processing your application. You must submit any additional information requested by the Department of Social and Health Services or an Area Agency on Aging within 30 calendar days of the first request for information.

CONTRACTING

Do I need to be contracted to provide services?

You are required to have a contract with the Department of Social and Health Services or an Area Agency on Aging and are registered by the state before providing paid services to beneficiaries.

You must have a valid contract to be a registered provider. If your contract is terminated or ends, your registration will also end.

If I offer services in multiple counties, can I use a single contract?

Providers who offer statewide services can have a single contract through the Department of Social and Health Services. Statewide means you serve all 39 counties in the state. If you do not serve all 39 counties, you will need to hold individual contracts for each area and service. If DSHS is the contracting agency for the contract you will hold, one contract is sufficient even if your service area does not cover all 39 counties.

Depending on the service and location, the Department of Social and Health Services or an Area Agency on Aging may be responsible for processing your application and contracting with you, including ongoing monitoring.

How do I get added to the WA Cares Provider Directory?

Once you have a contract in place, your information will be automatically added to the online WA Cares Provider Directory.

Your listing in the directory will include:

- Your name
- The service(s) you provide
- Your contact information
- Any additional languages you offer to beneficiaries who use your services
- This information will be taken directly from your contract.

The directory is hosted by [Community Living Connections](#) and will be the primary way for beneficiaries to find providers.

Do I need to have a WA Cares contract if I am already contracted with another Department of Social and Health Services program?

You will need separate contracts to provide a paid service for each program.

How long will my contract last?

Your contract will last either two or four years depending on your service type. For services where a four-year contract is standard, you can choose to sign a two-year contract instead. There may be circumstances where a shorter contract may be necessary.

You cannot extend a contract beyond the standard length for your service type. At the end of your contract term, you will have the option to renew it or allow it to end.

You must have a valid contract to be a registered provider. If your contract is terminated or ends, your registration will also end.

What are the monitoring requirements for my contract?

Depending on your service type and risk assessment, monitoring requirements will vary in frequency. We will provide you with more information about monitoring during the contracting process.

How can I renew my contract?

About 90 days before your contract ends, the Department of Social and Health Services or Area Agency on Aging you are contracted with will reach out to discuss contract renewal.

If you choose to renew your contract, you will be required to validate that you still meet all minimum qualifications for your service type. You will be required to sign a new contract.

PAYMENTS

How do I enroll in ProviderOne?

If you are not already using ProviderOne, you will be invited to enroll in the system after your registration is complete. This invitation can be found in your registration letter.

All providers must enroll or be a current provider in the [ProviderOne system](#).

If I am a current ProviderOne user, do I need to re-enroll or create an additional account?

Existing providers can use their current credentials to log in and use ProviderOne. After contracting and registration is complete, you will need to add a WA Cares profile to your existing domain to access your WA Cares tasks.

Will payments to providers be processed using the ProviderOne system?

ProviderOne is the primary claims processing entity for the WA Cares Fund.

Providers with National Provider Identifiers are required to have a Core Provider Agreement with the Health Care Authority if they are going to have claims processed through the ProviderOne system.

If you don't want to hold a core provider agreement with the Health Care Authority, you can have your claims processed by the contracted financial management services vendor. This option will not be available until July 1, 2026.

Do I need to have a core provider agreement to contract?

Providers with National Provider Identifier requirements will need to have a Core Provider Agreement with the Health Care Authority. National Provider Identifier providers without a core provider agreement with ProviderOne are encouraged to initiate the process of establishing it early due to processing times exceeding six months.

Beginning in July 2026, medical providers that do not want to sign a Core Provider Agreement will have the option of engaging with a contracted financial management services vendor. The vendor will coordinate all the aspects of work required in ProviderOne.

Do I need to monitor the remaining benefit amount for each beneficiary?

You will be required to validate the beneficiary's balance in ProviderOne before creating a pre-authorization. A pre-authorization will be denied if it exceeds the beneficiary's available balance.

Where can I get help with my ProviderOne account?

To learn more about the ProviderOne system, including how to set up your account, enrollment, pre-authorizations, claims, checking a beneficiary's balance, and payments, you can refer to the [training and education materials](#). WA Cares-specific information will be available in 2026.

For additional assistance, you may contact the [Medical Assistance Customer Service Center](#). For the quickest resolution, complete the [secure contact form](#).

You can also call 800-562-3022 Monday through Friday from 7 a.m. to 4:30 p.m.

I was underpaid/overpaid by WA Cares. How can I get this corrected?

Contact the [Medical Assistance Customer Service Center](#) if the payment was processed through ProviderOne. If you are being paid by the contracted financial management services vendor, you should reach out to the vendor directly. Individual providers should contact [Consumer Direct Care Network of Washington](#).

RATES

Why did I have to provide my rates when I applied?

Your rate information is required for informational and monitoring purposes. This information will be used by the Department of Social and Health Services and the Area Agencies on Aging to gain a better understanding of providers' usual, customary and reasonable rate ranges.

Providers cannot bill WA Cares beneficiaries more than they would charge a member of the public who needed the same care under the same circumstances in the same location.

Beneficiaries may approve or deny a pre-authorization to indicate whether they agree with the rate or duration of planned services. Providers may not provide the service if the pre-authorization is denied.

How are rates negotiated?

We established our maximum rates in Chapter 388-116 WAC.

WA Cares does not have case managers, so it is your responsibility to negotiate your rate with the beneficiary within the established limit for each service. Rates are negotiated with the beneficiary up to the maximum allowable by WA Cares. This negotiated rate is an agreement

between the provider and the beneficiary. The beneficiary must agree to the rate before the provider creates a pre-authorization for services.

How do I request an exception to the maximum rate?

If you believe a beneficiary needs a rate higher than the maximum, you are required to submit an exception request using an online form. All requests will be considered by the WA Cares Team and you will typically be notified within 7 business days.

CLAIMS

How long do I have to submit a claim for payment?

You must submit your error-free claims within 60 calendar days from the latest end date of the pre-authorization. You can bill as frequently as you wish during the service period, and payment will be issued weekly per the existing payment schedule for ProviderOne.

Claims submitted after the deadline will be denied and funds will return to the beneficiary's balance.

PRE-AUTHORIZATIONS

How long does my pre-authorization last?

Pre-authorizations last for up to 90 days, except for:

- Care transition coordination pre-authorizations, which last for up to 60 days
- Environmental modification pre-authorizations, which last for up to 6 months

If a beneficiary wants to continue receiving your services beyond the pre-authorization timeframe, you will need to submit a new pre-authorization for their approval.

What happens after I create a pre-authorization?

Once you submit a pre-authorization in ProviderOne, the beneficiary has to approve or deny the pre-authorization in their account. Providers will not have access to this portal.

The beneficiary has 30 calendar days to approve or deny the pre-authorization. If they don't take any action, the pre-authorization request times out and you will need to work with the beneficiary to determine if they are still interested in the service. If they would like to continue with services, you will need to submit a new pre-authorization.

Providers can only begin services after a pre-authorization is approved.