STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
PO Box 45811, Olympia WA 98504-5811

DATE: October 30, 2025

TO: RFP #2434-867 – Financial Management Services Vendor for WA Cares Trust Fund

FROM: James O'Brien, Solicitation Coordinator
DSHS Central Contracts and Legal Services

SUBJECT: Amendment No. 2 – Questions and Answers.

DSHS amends RFP #2434-867 to provide guidance and answers to the questions received after the Bidder Conference held on October 14, 2025. Question numbering will continue in sequential order from the last question in Amendment #1.

The RFP schedule is updated to reflect the following. All event dates after when the bids are due are estimates.

Thursday, October 30th – Post answers to questions and update schedule.

Monday, November 3rd – Bidders may submit written complaints (at least five business days before bids are due).

Monday, November 10th – Bids are due.

Thursday, November 13th – 18th – DSHS evaluates bids.

Tuesday, November 25th – Oral evaluations.

Monday, December 1st – DSHS announces apparent successful bidder.

Thursday, December 4th – Unsuccessful bidders may submit requests for debriefings.

Questions received after the Bidder Conference:

Question #5: Section A, 3.A.i., Page 3: What is the expectation for the FMS Contractor to contract with providers?

A: The only provider types the FMS would be contracting with are:

1) Professional medical/health providers who do not wish to obtain a Core Provider Agreement with the Health Care Authority, and
2) Individual family/friend transportation providers.

For professional medical/health providers, the FMS wold follow the WA Cares contracting requirements. For family/friend transportation providers the FMS would follow WA cares policy and procedures.

Question #6: Section A, 3.A.i., Page 3: What information will the FMS Contractor be required to obtain and / or validate from contracted providers?

A: The FMS vendor will be required to obtain/validate minimum qualifications for medical/health providers. These qualifications are documented in rule and the program has developed a technical guide to support those verifying minimum qualifications and contracting. For more information, please see the Provider Toolkit: https://wacaresfund.wa.gov/providers/toolkit

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Question #7: Section A, 3.A.i., Page 3: What information will the FMS Contractor be required to obtain and / or validate from providers who are not contracted?

A: Transportation mileage vendors will not require a contract but will need to turn in a valid driver's license, proof of insurance, and pass a criminal background check.

Question #8: Section A, 3.B.3), Page 4 Are Lyft and / or Uber considered valid transportation providers?

A: Yes, these are allowable transportation providers for reimbursements only. The FMS vendor would not be contracting transportation providers, other than individual friend/family members for mileage reimbursements.

Question #9: Section A, 3. Project Scope - Consideration, Page 5: Can the state clarify the process by which the FMS Contractor receives the PMPM fee and/or the $5 flat rate fee?

A: For the $58 PMPM (per person per month), if the beneficiary has any open authorizations for professional medical/health services or the FMS purchased a covered item online on behalf of the beneficiary for adaptive equipment and technology then the FMS vendor would receive a $58 PMPM payment for that beneficiary for each month the beneficiary has an open authorization.

Ex: In the month of November, the beneficiary has:
1) An open auth for the FMS vendor to purchase an item online on their behalf, and
2) An open auth for the beneficiary to receive professional medical services.

In this instance, the FMS would receive a PMPM of $58 for November due to the open medical services authorization.

For the $5 flat rate transaction fee, if the beneficiary turned in receipt to be reimbursed for paying out of pocket for covered services the FMS vendor would be paid $5 per reimbursement transaction. It is possible for an FMS vendor to be paid the PMPM and reimbursement transaction fee in the same month, depending on what services the beneficiary is utilizing.

At the end of each month the FMS vendor would be required to send WA Cares 2 reports. 1) number of PMPMs at the rate of $58 and 2) number of reimbursement transactions at the rate of $5 per reimbursement transaction. WA Cares would then review report and either approve the invoice for payment, or follow up with the FMS vendor on any questions.

Question #10: Section A, 3. Project Scope - Consideration, Page 5: What counts as a reimbursement transaction that qualifies for the $5 flat fee?

A: If a beneficiary:
1. Submits a valid receipt for adaptive equipment and technology or transportation services
2. Submits the receipt within the 60 day timeframe of when purchase was made;
3. Made the purchase when they were eligible for WA Cares; and
4. Still has funds available in their WA Cares Fund to be reimbursed with.

Question #11: Section A, 3. Project Scope - Consideration, Page 5: Under what circumstances can the FMS Contractor receive both the PMPM fee and a reimbursement transaction fee for the same beneficiary in the same month?

A: Ex: Beneficiary requests FMS vendor to make a covered purchase on behalf of the beneficiary from an approved online retail store. In the same month the beneficiary submits a receipt for an item they paid out of pocket for and requests to be reimbursed. Then FMS would be able to request the PMPM and reimbursement transaction fee in the same month.

Question #12: Section A, 3. Project Scope - Consideration, Page 5: If a beneficiary uses only transportation services during a given month, does the FMS get a $58 PMPM?

A: Transportation mileage reimbursement to a family and/or friend requires additional verification that would correspond with the PMPM. Other transportation services that are reimbursed from a professional provider would correspond with the $5 transaction fee.

Question #13: What actuarial assumptions is WA Cares using to estimate the PMPM and flat rate fee for reimbursement transactions?

A: WA Cares is not using actuarial assumptions to estimate the PMPM and flat rate fee. The PMPM is based on a DSHS Medicaid waiver program that utilizes an FMS vendor. $58 is within the range of a sliding scale PMPM for comparable services. For the $5 reimbursement flat rate we researched what private LTC insurance companies charge for processing reimbursements, which ranged from $4 - $7 per transaction.

Question #14: Can the state provide anticipated monthly volume of vendor payments?

A: WA cares is a first in the nation LTC program and spending patterns are not possible to predict. We do have data on a self directed program but not one like WA Cares. For our self directed Medicaid program that offers similar type services with a smaller client count of 400 clients. Out of the 400 on this program the FMS makes over 30 purchases online on behalf of the client.

Question #15: How many beneficiaries does the state anticipate will submit vendor payment requests per month?

A: WA cares is a first in the nation LTC program and anticipating vendor payment requests would not be possible. We do have anticipated beneficiary count for how many beneficiaries may utilize transportation services and Adaptive equipment and technology but these numbers include beneficiaries who will not use FMS services, which are 3,800 across the whole program, but we still cannot anticipate how many out of the 3,800 beneficiaries would use an FMS vendor for transportation services and adaptive equipment and technology services**.**

Question #16: What do you anticipate the average value of a vendor transaction to be?

A: WA Cares is a first in the nation LTC program and anticipating average value of a vendor transaction would not be possible at this time.

Question #17: How much of the total $36,500 benefit for a given beneficiary does

the WA Cares anticipate to be processed by the FMS Contractor?

A: WA Cares is a first in the nation LTC program and anticipating how much the FMS vendor would be processing would not be possible. WA Cares does anticipate across the whole program of all 19 services will pay out over $1.1B in the first year to an estimated 38,000 eligible beneficiaries across the whole program.

Question #18: Who is WA current vendor for these services?

A: WA Cares currently does not have a contracted vendor to provide these types of services, as the program will not fully launch until July 2026. The winning bidder will be the sole provider for the services listed in SOW, except for some providers contracting directly with WA Cares to provide the service.

Ex: Adaptive equipment and Technology providers contract directly with WA Cares to provide the service. The winning bidder will be the only provider that will be processing reimbursement claims and purchasing goods from an online vendor.

Question #19: What is the vendor's responsibility as it pertains to 'vetting' individuals utilizing professional nursing, private duty nursing etc.? Meaning, what is the vendor required to do for license checks or background checks, if anything at all.

A: The selected vendor will ensure the minimum qualifications for the Professional Nursing Services contract and subcodes are met. You can locate those requirements on the Provider Toolkit webpage under the Provider Application Details. https://wacaresfund.wa.gov/providers/toolkit.

Question #20: During the pre-bid call, you mentioned 400 participants in a similar program in two counties, and that transportation is a high-volume service. It was then stated that the #s should be higher for this program. Can you please give an estimated number of participants you are expecting for this contract?

A: WA Cares is estimating we will serve around 1900 beneficiaries for transportation services. Out of that 1900 beneficiaries they would have the option to use the FMS vendor for transportation reimbursements and/or transportation mileage reimbursements.

We do not have an estimated number anticipated for FMS purchases of items from online vendors on behalf of the beneficiary for adaptive equipment and technology. However, a similar program in Washington Medicaid had data showing that out of the 400 participants on the program, the FMS vendor made over 30 online purchases per month.

Question #21: Is any portion of this business required to comply with the 21st Century Cures Act in offering EVV services?

A: EVV is not part of any of the services listed in the SOW.

Question #22: Does the program allow for exemptions from EVV?

A: EVV is not part of any of the services listed in the SOW.

Question #23: What is the total average monthly spending for all participants?

A: As a self-directed program guided by the beneficiary and a first in the nation program, it is unknown at this time what monthly spending will be. The beneficiaries will all have $36,000 to spend on services when they are eligible.

Question #24: What is the average number of workers per participant?

A: A beneficiary is likely to have more than one transportation provider, but otherwise, the number of providers or caregivers that will render services is unknown at this time.

Question #25: Who determines the ongoing participant eligibility for this program and how will an FMS be notified of eligibility changes (e.g. 270/271 file exchanges)?

A: WA Cares will be determining eligibility. FMS vendor would only be required to verify eligibility when a request comes in for services. If a beneficiary is not eligible when the FMS verifies eligibility, the FMS vendor will refer the beneficiary back to WA Cares.

Question #26: How often is eligibility reviewed and redetermined?

A: This is determined once at initial enrollment. Once deemed initially eligible, if a beneficiary stops using their fund for more than a calendar year, they will need to complete a new assessment.

Question #27: What actions should the FMS take should they learn of a participant's ineligibility?

A: Inform beneficiary of ineligible status and refer beneficiary back to WA Cares.

Question #28: Does the participant's eligibility ever change retroactively?

A: No.

Question #29: Is SOC2 / Type2 required?

A: Yes.

Question #30: What is the average timeframe for reimbursement?

A: Beneficiary has 60 days from date of purchase on the receipt to be reimbursed for approved covered item. In addition, the Beneficiary must have been eligible for WA Cares when they made the purchase.

Question #31: Is Forward Funding available?

A: No, forward funding is not available in WA Cares.

Question #32: Is overtime allowed?

A: Overtime does not apply to services listed in SOW.

Question #33: Is Sick Time applicable to this contract?

A: Sick Time does not apply to services listed in SOW.

Question #34: For billing, who is the payer entity?

A: The payer entity will be the Washington State MMIS system, ProviderOne, which is operated by the Health Care Authority.

Question #35: In general, are there any penalties for non-compliance with the contact terms?

A: Non-compliance could lead to termination of the contract, but there are no identified financial penalties for non-compliance at this time.

Question #36: Pertaining to participant enrollment, will we use our Intake system

to enroll, or data import?

A: Yes, for enrollment we are expecting the FMS to use their internal enrollment process to enroll beneficiaries and/or providers into their online portal system and have the ability to pull reports from your internal system.

Question #37: Pertaining to BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE) question 7D: "Based off services being requested to provide in contract SOW. Please propose a payment structure for providing services that is different than explained in the sample contract." Doesn't this contract include a flat rate of $58 PMPM? Or are we to propose a different rate? Please clarify.

A: This contract states a $58 PMPM for services that do not include reimbursements. If potential bidders have a different rate structure (instead of the flat rate fee of $58 or the $5 processing rate for reimbursements) for the services requested in the SOW, please propose it here.

Question #38: Is workers' compensation to be included in our PM/PM rate, or is this reimbursable?

A: There is no workers' compensation for services in the SOW.

Question #39: Are background checks to be included in our PM/PM rate, or is this reimbursable?

A: Background check are to be included in PMPM rate.

Question #40: Does the vendor need to perform the following duties: Environmental modifications, skilled nursing, private duty nursing, professional nursing services?

A: The FMS is not expected to perform these duties directly. Providers of these services would be contracted with the FMS vendor to provide these services. For environmental modifications, items that are available for self-installation may be purchased out of pocket by a beneficiary and a reimbursement request may be sent to the FMS vendor.

Question #41: Is the vendor itself responsible for purchasing these items: 1. Adaptive Equipment and Technology Durable medical equipment (non-medical equipment and supplies, assistive technology) 2. Environmental modifications items for self-installation only, 3. Transportation?

A: 1. Adaptive Equipment and Technology Durable medical equipment (non-

medical equipment and supplies, assistive technology).

For this service type a beneficiary could request a reimbursement, and the FMS vendor would be expected to adhere to program rules, policy, and procedure for review and approval of reimbursement requests. In addition, if a beneficiary found an approved item on an approved online vendor site, the beneficiary could submit a request to the FMS vendor to purchase the item on their behalf. The FMS vendor will not be responsible for searching or locating an item for the beneficiary, or making recommendations.

2. Environmental modifications items for self-installation only.

For this service type the beneficiary would be locating the self-installation item themselves from an online vendor and submitting the request to the FMS vendor to purchase on their behalf. The FMS vendor is not responsible for searching or locating the item, or making recommendations.

3. Transportation.

For this service type the FMS vendor would be responsible for reimbursing beneficiaries for transportation services such as but not limited to: taxi scripts, ferry tickets, bus passes. FMS vendor would also be responsible for enrolling a family/friend into the FMS portal system to provide transportation mileage to a beneficiary up to the max miles per month amount. Family/friend will need to turn in required documents to FMS vendor such as: Valid Driver license, proof of auto insurance and registration and family/friend must pass a background check.

Question #42: What is the level of responsibility on the chosen FMS provider to vet the Goods and Services vendors, and to what degree?

A: The FMS vendor will be required to obtain/validate minimum qualifications for professional medical providers. For Transportation mileage family/friend providers the FMS will need to obtain copy of (1) valid Driver license, (2) proof of insurance, and (3) complete background check on family/friend transportation provider.

Question #43: Are there any in person / face to face expectations for the FMS provider, or is to be assumed the business can be conducted out of one WA office?

A: There are no in-person expectations for the FMS vendor, provided all business needs can be met virtually via FMS online portal, phone, or email.

Question #44: What is the chosen vendor expected to do if they learn a provider does accept Medicaid? Refuse to pay the goods and services?

A: Nothing. WA Cares will not refuse to pay based on Medicaid status. If a provider

is seeking payment for WA Cares and is also a Medicaid provider, there is no conflict or issue with WA Cares paying. If a beneficiary is eligible for the same service under Medicaid and WA Cares at the same time, any claims for Medicaid will be denied by the health care authority automatically based on eligibility for both programs. WA Cares will pay first, before Medicaid will pay.

All other terms and conditions in this Solicitation remain the same.