Washington State Health Care Authority

New Provider Inquiry Form

Foundational Community Supports (FCS)

1 Agency and Contact Information

Provider agency name

Agency mailing address | City | State | Zip

Agency service address | City | State | Zip

Counties intended to serve

Please list two contacts from your agency

Name | Title | Phone

Email

Name | Title | Phone

Email

2 Services and Populations

1. Which FCS services are you seeking to provide?
   ☐ Supportive Housing ☐ Supported Employment ☐ Both
2. What services does your agency currently provide? Type answer below.
3. Will your agency accept external referrals?
   ☐ Yes ☐ No
4. What funding sources currently support your services?
   ☐ Apple Health (Medicaid) ☐ State funds ☐ Private insurance ☐ Grants ☐ Other:
   If you selected other, what funding sources support your services?
5. Does your agency currently serve Apple Health (Medicaid) enrollees?
   ☐ Yes ☐ No

6. Is your agency a "By and For Organization[1]"?
   ☐ Yes ☐ No
7. Does your agency serve individuals with complex health or behavioral health conditions?
   ☐ Yes ☐ No
   If yes, please describe: _____
8. Does your agency offer services in languages other than English?
   ☐ Yes ☐ No
   If yes, please list: _____
9. Are there culturally specific communities your agency is uniquely equipped to serve?
   ☐ Yes ☐ No
   If yes, please list: _____

3 Program Model and Experience

1. Has your agency previously billed Apple Health (Medicaid)?
   ☐ Yes ☐ No
   If yes, what is your NPI number and/or WA State Medicaid ID? _____
2. Has your agency provided housing or employment services in Washington state before?
   ☐ Yes ☐ No
3. If yes, which services for how many years? _____
4. Will FCS be integrated into existing programming or operate as a stand-alone program?
   ☐ Existing ☐ Stand-alone
5. Approximately how many clients does your agency currently serve? _____
6. Who will be responsible for delivering FCS services (title or role)? _____
7. What is your current or planned FCS supervisor-to-staff ratio? _____
8. What is the average or planned caseload size per FCS staff member? _____
9. How are services typically delivered?
   ☐ Field-based ☐ Office-based ☐ Telehealth ☐ Hybrid
   If providing hybrid services, what percentage of services do you anticipate providing in person? %_____
10. Does your agency currently have internal Quality Improvement/Quality Assurance (QI/QA) processes?
    ☐ Yes ☐ No
11. If yes, what are your QI/QA processes? _____
12. Does your agency currently have a billing department or staff who support claims submission?
    ☐ Yes ☐ No

1 As defined by the Washington State Department of Commerce: "By and For Organizations are operated by and for the community they serve. Their primary mission and history is serving a specific community and they are culturally based, directed, and substantially controlled by individuals from the population they serve. At the core of their programs, the organizations embody the community's central cultural values. These communities may include ethnic and racial minority groups; immigrants and refugees; people who identify as LGBTQ+; people with disabilities or who are deaf; and Native Americans."

4 Short Response Questions

(Answers should be about 100 words per question)

1. In what ways does your agency's mission and approach to care complement the goals of the FCS program?

2. What specific needs in your community or service population are you aiming to meet by adding FCS services?

3. What actions has agency leadership taken, or plans to take, to support FCS program implementation (e.g., staffing, funding, policy changes)?

4. What training, technical assistance, or operational support would best position your agency for a successful FCS launch and sustained service delivery?

5 FCS Provider Application

Please complete the **Foundational Community Supports Provider Application** and email both your Inquiry Form and Application to the **HCA FCS inbox** with the subject line: "[ORG NAME] Inquiry Submission". A member of our team will be in contact about next steps if your organization is approved to move forward.