

# Foundational Community Supports (FCS) Third-Party Administrator Quick Reference Guide

### FCS third-party administrator (TPA) contact information:

• Phone: 844-451-2828

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• Email: FCSTPA@wellpoint.com

• Enrollee website: Washington Foundational Community Supports | Wellpoint

• Provider website: Washington Foundational Community Supports | Wellpoint Washington, Inc.

#### Supportive housing

Each box must be met for eligibility in the FCS Supportive Housing Program:

16 years	or	ol	lde	r

☐ Medicaid-eligible

☐ Must meet **at least one assessed health needs-based criteria** and is expected to benefit from community support services:

Health criteria	Example
Mental health need for improvement, stabilization, or prevention of deterioration of functioning resulting from the presence of a mental illness	The individual is receiving mental health services through a behavioral health organization (BHO) or integrated managed care (IMC).
Need for outpatient substance use disorder (SUD) treatment	The individual is receiving SUD services through a BHO or IMC.
Need for assistance with three or more activities of daily living (ADL) (receiving long-term care (LTC) services)  or  Need for hands-on assistance with one or more ADL	The individual is eligible for receiving LTC services and supports through the Department of Social & Health Services (DSHS) Aging and Long-Term Support Administration (ALTSA).
Complex physical health need, which is a long continuing or indefinite physical condition requiring improvement, stabilization, or prevention of deterioration of functioning, including ability to live independently without support	The individual is a homeless individual with a disability, determined by a coordinated entry assessment.

☐ Must meet at least **one** risk factor:

Risk factor	Example
Homeless for at least 12 months  or  Homeless on at least four separate occasions in the last three years (combined to equal at least 12 months)	Conditions and/or diagnoses that classify an individual as chronically homeless as established by a coordinated entry provider assessment
<b>Note:</b> This definition also includes individuals who previously met the HUD definition of chronic homelessness but have been housed in the last 60 days (time housed may not exceed 60 days).	
Two or more contacts in the past 12 months or 90 or more consecutive days within an institutional setting	Eligible settings include:  Skilled nursing facility Inpatient hospital Psychiatric institution Correctional facility
Two or more adult residential care stays within the past 12 months	Including adult residential care, enhanced adult residential care, assisted living facilities, adult family homes, or residential treatment facilities
Frequent turnover of in-home caregivers	Three or more different in-home caregiver provider agencies used within the last 12 months
Predictive Risk Intelligence System (PRISM) score of 1.5 or above	Wellpoint, MCOs, BHOs and certain providers have access to <i>PRISM</i> scores

If all four boxes are met, send an FCS Referral Form if you are not an FCS provider. The FCS Referral Form is located on the FCS provider website under the Forms section. If you are a contracted FCS provider, submit an FCS Supportive Housing Assessment through our online portal, located under the Assessments section on the FCS provider website.

## Supported employment

Each box must be met for eligibility in the FCS Supported Employment Program:

- $\Box$  16 years or older
- ☐ Medicaid-eligible
- ☐ Must meet **at least one assessed health needs-based criteria** and is expected to benefit from supported employment services:

Health criteria	Example
Mental health need for improvement, stabilization, or prevention of deterioration of functioning resulting from the presence of a mental illness	The individual is receiving mental health services through a BHO or IMC.
Need for outpatient SUD treatment	The individual is receiving SUD services through a BHO or IMC.

Health criteria	Example
Need for assistance with three or more ADLs (receiving long-term care (LTC) services) or	The individual is eligible for receiving LTC services and supports through DSHS Aging and Long-Term Support Administration (ALTSA).
Hands-on assistance with one or more ADL	
Objective evidence of physical impairments, and because of this, the individual needs assistance with basic work-related activities.	The individual has been assessed and determined eligible for the Housing and Essential Needs (HEN) or the Aged, Blind and Disabled (ABD) program.

#### ☐ Must meet at least one risk factor:

Risk factor	Example
Unable to be gainfully employed for at least 90 consecutive days due to a mental or physical impairment	Individual has been assessed and determined eligible for the HEN or ABD program.
SUD with repeated inpatient treatment episodes	Two or more instances of inpatient substance use treatment in the past two years
Diagnosed mental health and/or SUD that is at risk of deteriorating without intervention	<ul> <li>Factors resulting in deterioration may include the following:</li> <li>Social isolation resulting from criminal justice involvement, homelessness, poverty, etc.</li> <li>Care for condition requires multiple provider types.</li> <li>A history of psychiatric treatment that requires continuation.</li> <li>Cannot maintain roles in employment or education, resulting in past terminations/expulsions</li> </ul>
An inability to obtain or maintain employment resulting from age, physical disability, or traumatic brain injury	Individual is eligible for or receiving long-term services and supports through the DSHS ALTSA.

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