

# Foundational Community Supports for Transition Assistance Program

February 2025

Please write your name and agency name in the chat box. We will be using this for attendance.



# Topics covered



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Program overview

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What's covered

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TAP changes

---

TAP contracting

---

TAP request form

---

Treatment records and documentation

---

TAP reminders

---

Enrollment and ProviderOne

---

TAP request notifications

---

Payment

---

Excess funds

---

Contacts

---

# Transition Assistance Program (TAP)

**TAP is a program designed to support Foundational Community Supports-Supportive Housing (FCS-SH) enrollees.**

It is time-limited, flexible funding assistance that covers housing-related fees, including move-in costs, first and last month's rent, deposits, and non-refundable fees. TAP aligns with the Community Behavioral Health Rental Assistance program (CBRA), Section 8 (project-based and Housing Choice Voucher), and other longer-term rental assistance programs.

TAP has finite funds of \$2,700,000 available for the 2024 to 2025 fiscal year.

TAP funds are not guaranteed. Eligible enrollees can receive up to \$5,000 in TAP funds per 12-month period. Enrollees do not automatically receive \$5,000 from the TAP funds.



# What is covered by TAP for Foundational Community Supports (FCS)?

<b>TAP for FCS funding category</b>	<b>Items covered</b>	<b>Can spend</b>
<b>IDs and other documentation</b>	<ul style="list-style-type: none"><li>• Identification documents/cards</li><li>• Birth certificates</li><li>• Social Security cards</li></ul>	<b>Up to \$80 each</b>
<b>Application fees</b>	<ul style="list-style-type: none"><li>• Rental application fees</li><li>• Background check</li><li>• Credit check</li></ul>	<b>Up to \$100 each</b>
<b>Transitional housing fees</b>	<ul style="list-style-type: none"><li>• Fees associated with entering certain transitional housing such as urinalysis</li></ul>	<b>Up to \$100 each</b>
<b>Moving expenses</b>	<ul style="list-style-type: none"><li>• Moving vehicle rental</li><li>• Moving supplies</li></ul>	<b>Up to \$300 total</b>
<b>Move-in assistance</b>	<ul style="list-style-type: none"><li>• Security, pet, and/or damage deposits</li><li>• First and last month's rent</li><li>• Any appropriate and reasonable non-refundable fees (fees may be annualized)</li></ul>	<b>Up to \$5,000 total:</b> <ul style="list-style-type: none"><li>• Monthly rent must be under 120% Fair Market Rent (FMR)</li><li>• Enrollee must have ability to pay ongoing rent with or without long-term rental assistance</li></ul>



# What is covered by TAP? (cont.)

TAP for FCS funding category	Items covered	Can spend
<b>Home essentials &amp; sustainability items</b>	<ul style="list-style-type: none"><li>• Mattress</li><li>• Small household appliances</li><li>• Light furnishings</li><li>• Cleaning supplies</li></ul>	<b>ETP required</b> <ul style="list-style-type: none"><li>• Maximum spending amount for any combination of these items: \$1,500</li></ul>
<b>Arrears</b>  <b>Note:</b> A rent ledger reflecting the amount requested must be sent to TransitionAssistanceFCS@Wellpoint.com at the time of the request	<ul style="list-style-type: none"><li>• Utility</li><li>• Rental</li><li>• Storage</li></ul>	<b>ETP required</b> <ul style="list-style-type: none"><li>• Maximum spending amount for past-due rents and rental arrearages: \$1,500</li></ul>
<b>Home modifications</b>	<ul style="list-style-type: none"><li>• Reasonably priced home modifications approved by landlords</li></ul>	<b>ETP required</b>



# What is not covered by TAP?

## TAP cannot cover the following:

- Phone purchases or repairs
- Vehicle purchases or repairs
- RV/trailer purchases or repairs
- Washer/dryer unit purchases or repairs
- Stove/oven purchases or repairs
- Medical copays
- Clothing
- Personal hygiene products (for example, deodorant, soap)
- Debt beyond any related to a previous housing circumstance where rent and/or utilities are owed
- Disbursal of funding directly to an enrollee
- Transportation costs

**Note:** This list is not exhaustive.



# TAP 2024-2025 fiscal year

TAP went live on Monday, July 1, 2024, with some changes.

The following changes have been implemented by the Healthcare Authority (HCA):

- **All requests must be pre-approved** before spending by provider. Past dates of expenditure will not be accepted. All requests must be dated the date the request is submitted to Wellpoint in order to be accepted.
- All requests will **require a signed attestation** form that states the individual receiving the funds is moving. The attestation is required to be saved in the enrollee's treatment record.
  - The [\*Foundational Community Supports Moving Attestation\*](#) is available on the FCS provider website.
- Funding was split into two parts for the year. On July 1, 2024, we had \$1,350,000 available for TAP spending. The other \$1,350,000 was made available on January 1, 2025.



# TAP contracting

- For providers to request TAP funds for enrollees they must have completed an FCS TAP Amendment to their FCS Contract.
- If you do not have an FCS TAP Amendment completed, please reach out to the TAP inbox at [TransitionAssistanceFCS@wellpoint.com](mailto:TransitionAssistanceFCS@wellpoint.com) to request one.
- If you are unsure if you have an FCS TAP Amendment in place, please reach out to the TAP inbox for confirmation.





# Online *FCS TAP Reimbursement Request Form*

The link to the [FCS TAP Reimbursement Request Form](#) can be found on the Wellpoint for FCS provider website under the TAP section.

If a **required field**, indicated with an asterisk (\*), isn't completed, you will receive an **error message** and won't be able to proceed.

Hover your cursor over a ? icon for more information about what should be listed in that field.

## FCS TAP Reimbursement Request Form

### Provider Information

Agency Name* ?	NPI* ?	Contact Name* ?	Contact Phone*	Contact Email*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⚠ Agency Name is required	⚠ NPI is required	⚠ Contact Name is required	⚠ Contact Phone is required	⚠ Contact Email is required

### Enrollee Information

First Name*	Middle Initial	Last Name*
<input type="text"/>	<input type="text"/>	<input type="text"/>
⚠ First name is required		



# Provider information

- **Agency name:** Be sure to enter your **contracted** agency/organization name. Please avoid using non-contracted location names, acronyms, or abbreviations.
- **NPI:** Enter your NPI that you use for FCS services.
- **Contact name:** The person filling out this request form or main contact from your agency.
- **Contact phone:** The phone number for the contact or the agency.
- **Contact email:** The email of the contact person.

## Provider Information

Agency Name* ?	NPI* ?	Contact Name* ?	Contact Phone*	Contact Email*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



# Enrollee information

## Enrollee Information

First Name\*

Middle Initial

Last Name\*

DOB\*

mm/dd/yyyy

Age

Gender\* ?

Select

▼

ProviderOne ID No.\*

WA

Medicaid Eligibility\* ?

Select

▼

Recipient Aid Category (RAC) Code\* ?

Select

▼

Is the client a member of an American Indian/Alaskan Native Tribe?

☐ Yes

☐ No

If yes, please specify which tribe:



## Enrollee information (cont.)

- **First Name:** Enrollee's first name
- **Middle Initial:** Enrollee's middle initial, if available
- **Last Name:** Enrollee's last name
- **DOB and Age:** Enrollee's date of birth. Age will automatically populate.
- **Gender:** Enrollee's gender (M, F, X)
- **Medicaid Eligibility:** Enrollee's benefit services package from ProviderOne
- **Recipient aid category (RAC) code:** Enrollee's RAC Code from ProviderOne
- **ProviderOne number:** Enter the first nine digits of the P1 ID. The WA is automatically populated. The ProviderOne number must match with the client's DOB or the request will not go through.
- **Tribal information:** Please specify if the enrollee is a member of an American Indian/Alaska Native Tribe. If yes, please specify which tribe.



# Housing information

## Housing Information

Housing Status\*

 ▼

Exiting an Institution?\*

☐ Yes ☐ No

If yes, Type of Institution

County\*

 ▼

Region ?

SH Auth Start Date\* ?

SH Auth End Date\*

Treatment Need\* ?

 ▼

Clear

Next



## Housing information (cont.)

- **Housing status:** What the enrollee's current housing status is.
- **Exiting and Institution:** If the enrollee is exiting an institution at the time of the request, mark Yes.
- **Type of Institution:** If exiting an institution, please specify type.
- **County and Region:** County where enrollee resides. Region automatically populates.
- **SH Auth Start Date:** Start date of current, active FCS supportive housing authorization.
- **SH Authorization end date:** End date of current, active FCS supportive housing authorization.
- **Treatment Need:** Specify treatment need.



# Expenditure information

## Reimbursement Information



Enter up to 10 FCS TAP expenditures for a FCS Supportive Housing enrollee.

Category* ⓘ	Description* ⓘ	Amount* ⓘ	Date* ⓘ
Exception to Policy ...   v	Mattress   v	\$300.00	01/16/2023

An Exception to Policy (ETP) is required because the amount requested exceeds the FCS TAP approved item amount. Please describe why this expense is a barrier to the enrollee's housing transition\*

Add Expenditure

IDs and other documentation: **\$35.00**

Amount	Date	Description	Actions
\$35.00	01/10/2023	Birth certificates	 Edit  Delete

Grand Total: **\$35.00**

Notes



## Expenditure information (cont.)

- **Category:** Funding category
- **Description:** Description of expense (items covered)
- **Amount:** Amount being requested
- **Date:** Date of purchase or future date for requesting up front
- **ETP Notes:** Describe why this expense is a barrier to this enrollee's housing transition (required for all ETPs)
- **Add Expenditure:** Can add multiple expenditures for enrollee
- **Notes:** You can add any additional notes you feel will be helpful for the enrollee's request





# Review and submit

Once you have completed all fields on the request form, you will have the opportunity to print your assessment to paper or PDF to keep in your enrollee's record. Press the **Review** and **Submit** button and review the request.

- Before selecting **Submit**, select **Print Report**.

Please print your FCS TAP Reimbursement Request to paper or PDF and keep for your enrollee's records




- Once on the *Print Preview* screen, you can print to PDF and save or print out the report.
- Once completed, press **Submit**.



# Treatment records

Retain copies of the TAP requests in your enrollees' treatment records.

You will receive a confirmation ID number after you submit the reimbursement request. Keep this confirmation ID number for your tracking purposes.




TAP Reimbursement Request Form Submitted

The FCS TAP Reimbursement Request Form has been successfully submitted. We are currently processing your request and will notify you within five business days with the status of the reimbursement request.

Confirmation Number: 1187

If you have questions about the status of a submitted reimbursement request or have not heard back from us after the 6th business day, please email [TransitionAssistanceFCS@Amerigroup.com](mailto:TransitionAssistanceFCS@Amerigroup.com) or call 1-844-451-2828.

 Print Confirmation Number

Create Another Request



# Documentation

Wellpoint **only requires** copies of rental ledgers or other documents showing the amount owed in ETP rental arrears requests. No other documentation, including participant agreements and W-9s are required to be submitted to Wellpoint.

Please submit copies of rental ledgers/other rental arrearage documentation to [transitionassistance@Wellpoint.com](mailto:transitionassistance@Wellpoint.com).

Please include the TAP request's confirmation ID in the subject and/or body of the email.



Providers should keep documentation on file, including, but not limited to the following items:

- Copy of TAP request
- TAP participant agreement
- Receipts
- Invoices
- Copies of leases
- Moving attestation



# TAP reminders

The TAP program is a transition assistance program; it is not an eviction prevention program. To be eligible to receive TAP funds, clients need to be in the process of a housing transition.

- All ETP requests need to include a description of why the expense is a barrier to the client's housing transition. Requests that only list the items being requested or purchased will not be approved. If a request includes multiple items, also list out what items are being purchased in the notes.
- Be sure to select the appropriate category and description of expenditure:
  - Anything related to furniture (including a furniture bank) should be requested as ETP light household furnishing.
- Do not combine items that fall into two different categories:
  - Small household appliances should be requested separately from light household furnishings
- It is the providers' responsibility to track when an enrollees TAP period begins and ends and how much each enrollee has spent.



# Enrollment and ProviderOne

- The **three-week lag time** for initial FCS enrollments also affects TAP.
- An enrollee must show **enrolled in Wellpoint housing or Wellpoint housing and employment in ProviderOne** under the *Managed Care Information* section.
- **Reconnection issues in ProviderOne will impact TAP requests:**
  - If an enrollee is showing as incorrectly disconnected for a period of time in ProviderOne, any TAP request with a date of expenditure during that period will not be approved.
  - Please submit any reconnections you see to [Transitionassistancefcs@Wellpoint.com](mailto:Transitionassistancefcs@Wellpoint.com) and/or [FCSTPA@Wellpoint.com](mailto:FCSTPA@Wellpoint.com).
  - Once the disconnection is corrected, TAP requests can be submitted for approval.



# TAP request notifications

Wellpoint sends emails notifying you if the TAP request was approved or not approved twice a week on Mondays and Wednesdays.

- Please note that due to *HIPAA* requirements, the report will not include the enrollee's name but will have their ProviderOne ID for identification.
- If the status of your request is Pended on your report, that request is still in process and will show up as approved/not approved on you next TAP request notification report.
- If your request was not approved for "Enrollee ineligible during date of expenditure," please double check that the client's ProviderOne ID was entered correctly before reaching out. If it was entered incorrectly, please submit a new request.
- If your TAP request was not approved due to missing or incorrect information, you must submit a new request through the online TAP request form to have the request processed. Please do not submit updated info or documentation to the TAP inbox only. We are unable to update, reprocess, or change any request once it is approved or not approved.



# Payments

TAP payments are automated (like FCS claims) and are processed once a week starting on Tuesdays:

- For electronic funds transfer (EFT), if you are set up to receive your FCS claims payments through EFT, then you are set up to receive EFT for TAP:
  - If you are not set up for EFT for claims, you can sign up through this link: <https://enrollsafe.payeehub.org>.
  - If you would like Electronic Remittance Advise (ERA), which is an electronic *Explanation of Payment (EOP)*, you can sign up for these through Availity (<https://Availity.com>.)
- Providers receive an *EOP* with their TAP payments. These will be specific to TAP payments with product name WATAP:
  - TAP payments will not be combined with claims payments.



# TAP excess funds

If you have excess funds from TAP requests, you have two options:

- You may use any excess funds towards other costs that would be covered by TAP for the client:
  - This use must be clearly documented in the client's case notes.
  - TAP funds are not transferable to a different client.
- You can return excess funds to Wellpoint by filling out the [Foundational Community Supports Transition Assistance Program Overpayment Refund Notification Form](#). Please complete the form and send it with the payment to the address on the overpayment form:
  - Checks should be made payable to Wellpoint.





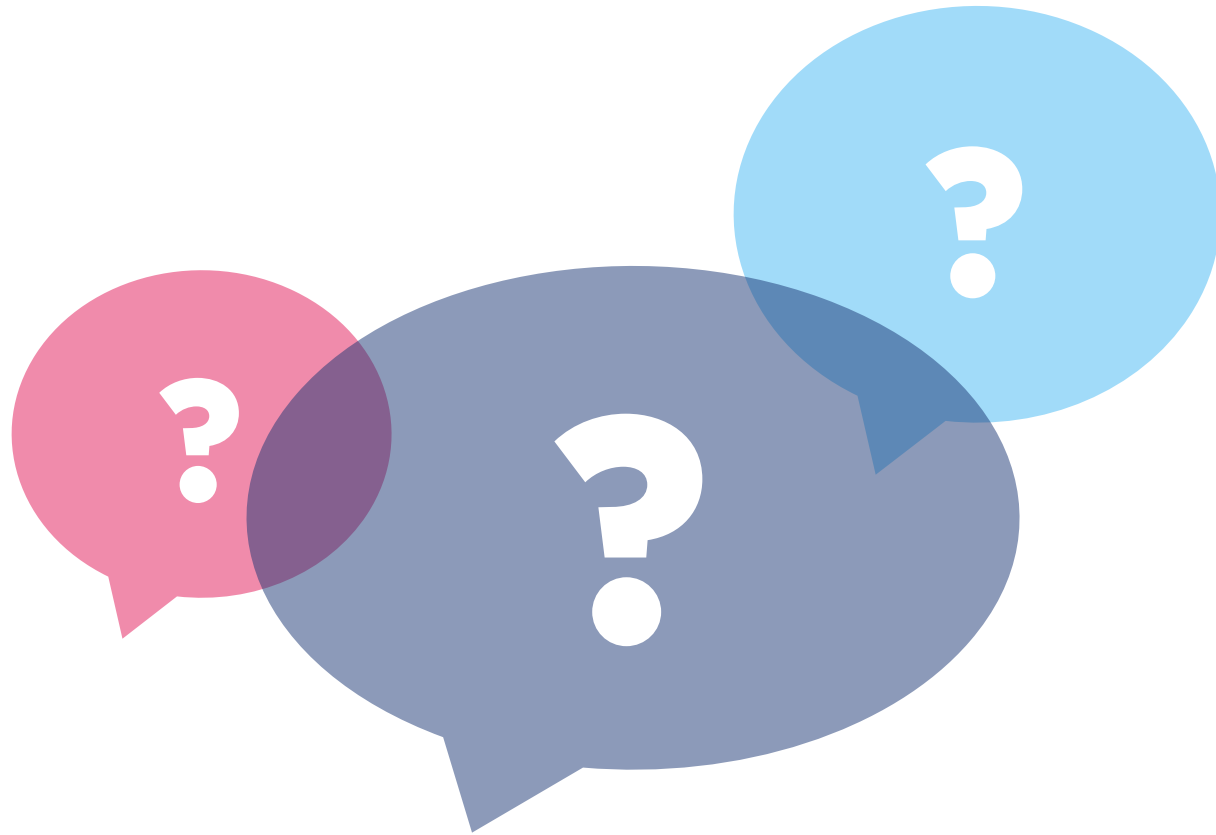
# Email contacts

The TAP system allows us to list out two emails for each agency that will receive all TAP request notifications (approvals, nonapprovals):

- If there are specific people you would like to be the two main contacts for all TAP notification emails, please send an email to [TransitionassistanceFCS@Wellpoint.com](mailto:TransitionassistanceFCS@Wellpoint.com) specifying the names and emails of the contacts.
- If the person who submitted the TAP request is not one of the main contacts, they will still receive a report showing the approval or request issue, along with the main two contacts.



# Your questions



# We're here for you

## Wellpoint

Third-party administrator (TPA)

TransitionassistanceFCS@Wellpoint.com

Phone: 844-451-2828

Fax: 844-470-8859

Wellpoint for the FCS provider site:

<https://www.provider.wellpoint.com/washington-provider/patient-care/foundational-community-supports>



TAP Program Manager

Joe Elder

Joseph.Elder@Wellpoint.com

C: 206-247-9230



[provider.wellpoint.com/wa](https://provider.wellpoint.com/wa)

Coverage provided by Wellpoint Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and communication with tribal health programs and providers. Our activities are driven by an intent of respect, understanding, and recognition of the deeply rooted traditions and values of the tribal communities.