Foundational Community Supports Third-Party Administrator Quick Reference Guide

Amerigroup Washington, Inc. Foundational Community Supports (FCS) third-party administrator (TPA) contact information:

- Phone: 1-844-451-2828
- Fax: 1-844-470-8859
- Email: FCSTPA@amerigroup.com
- Website: https://www.myamerigroup.com/washington-fcs/home.html

Supportive housing

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

- 18 or older
- Medicaid-eligible
- Must meet at least one assessed health needs-based criteria and is expected to benefit from community support services:
  - Mental health need where there is need for improvement, stabilization or prevention of deterioration of functioning resulting from the presence of a mental illness (receiving services through a behavioral health organization [BHO] or integrated managed care [IMC])
  - Need for outpatient substance use disorder (SUD) treatment (receiving services through BHO or IMC)
  - Need for assistance with three or more activities of daily living (ADL) (receiving long-term care [LTC] services)
  - Need for hands-on assistance with one or more ADL (receiving LTC services)
  - Complex physical health need, which is a long continuing or indefinite physical condition requiring improvement, stabilization or prevention of deterioration of functioning (including the ability to live independently without support)

- Must meet at least one risk factor:

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Conditions and/or diagnoses that classify an individual as chronically homeless as established by a Coordinated Entry provider assessment</td>
</tr>
<tr>
<td>Two or more contacts in the past 12 months or 90 or more consecutive days within an institutional setting</td>
<td>Eligible settings include: • Skilled nursing facility • Inpatient hospital • Psychiatric institution • Correctional facility</td>
</tr>
<tr>
<td>Two or more adult residential care stays within the past 12 months</td>
<td>Including adult residential care, enhanced adult residential care, assisted living facilities, adult family homes or residential treatment facilities</td>
</tr>
</tbody>
</table>
### Risk factor | Example
---|---
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 | Amerigroup, MCOs, BHOs and certain providers have access to PRISM scores.

If all four boxes are met, send a **Referral Form** ([https://providers.amerigroup.com/ProviderDocuments/WAWA_CAID_TPA_ReferralForm.pdf](https://providers.amerigroup.com/ProviderDocuments/WAWA_CAID_TPA_ReferralForm.pdf)) and any supporting documentation to the Amerigroup FCS Program.

### Supported employment
Each box must be met for eligibility in the FCS Supported Employment Program.

- [ ] 16 or older
- [ ] Medicaid-eligible
- [ ] Must meet **at least one assessed health needs-based criteria** and is expected to benefit from supported employment services:

<table>
<thead>
<tr>
<th>Health criteria</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health need for improvement, stabilization or prevention of deterioration of functioning resulting from the presence of a mental illness</td>
<td>The individual is receiving mental health services through a BHO or IMC.</td>
</tr>
<tr>
<td>Need for outpatient SUD treatment</td>
<td>The individual is receiving SUD services through a BHO or IMC.</td>
</tr>
</tbody>
</table>
| Need for assistance with three or more ADLs  
  Or  
  Need for hands-on assistance with one or more ADL | The individual is eligible for or receiving long-term services and supports through the Department of Social & Health Services (DHS) Aging and Long-Term Support Administration (ALTSA).  
  Or  
  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:**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Unable to be gainfully employed for at least 90 consecutive days due to a mental or physical impairment</td>
<td>Individual has been assessed and determined eligible for the HEN or ABD program.</td>
</tr>
<tr>
<td>SUD with repeated treatment episodes</td>
<td>Two or more instances of substance use treatment in the past two years</td>
</tr>
<tr>
<td>Risk factor</td>
<td>Example</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Diagnosed mental health and/or SUD that is at risk of deteriorating without intervention | Factors resulting in deterioration may include the following:  
  • Social isolation resulting from criminal justice involvement, homelessness, poverty, etc.  
  • Care for condition requires multiple provider types  
  • Has a history of psychiatric treatment that requires continuation  
  • Cannot maintain roles in employment or education, resulting in past terminations/expulsions |
| 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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([https://providers.amerigroup.com/ProviderDocuments/WAWA_CAID_TPA_ReferralForm.pdf](https://providers.amerigroup.com/ProviderDocuments/WAWA_CAID_TPA_ReferralForm.pdf)) and any supporting documentation to the Amerigroup FCS Program.