

Foundational Community Supports (FCS) FAQ

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FCS service expectations and requirements

I am assisting an FCS enrollee in securing housing through supportive housing services. Once they are housed, is it an option or a requirement to continue providing services through FCS?

The continuation of FCS Supportive Housing services depends on the participant's preferences. Once an individual is successfully housed, they may choose to continue receiving these services to help maintain their housing. If they decide not to pursue additional support, that is their choice. Should the participant wish to continue receiving services, but your agency is unable to provide tenancy sustaining support, it is not mandatory for your agency to do so; however, it is essential that you facilitate a transition of services to another FCS provider. The FCS services are designed to be available without a set time limit for the participants. For further details, please refer to the [FCS Program Manual](#).

How do I know if I am meeting all expectations when providing FCS services?

Great question! The answer has two main parts; one is whether you are meeting the expectations of your provider contract with Wellpoint, and the second is to what degree your FCS supportive housing and or supported employment services align with the evidence-based practices upon which the program was built. To find answers, there are a couple of places to look depending on what level of information you want and types of questions you may have.

Our FCS Provider Manual is a great place to start when you have questions about expectations or processes around providing FCS services. The manual includes contracting processes and Medicaid billing information, expectations about providers' responsibilities, and a large amount of additional, beneficial information. If you need clarification of wording within the manual, please contact your FCS manager or FCSTPA@wellpoint.com directly.

More in depth questions regarding implementing and aligning your services with the evidence-based practices can be answered through our supportive housing and supported employment program managers for your region. Here are a few links that are beneficial for your team to be familiar with:

- [SAMHSA Permanent Supportive Housing Toolkit](#)
- [SAMHSA Individual Placement and Support Toolkit](#)
- [Pathways to Housing](#)
- [Pathways to Employment](#)
- [What is Medicaid training](#)
- [Dual Medicare-Medicaid DSHS](#)
- [Wise](#) (Employment Training/Technical Assistance for people with developmental disabilities)

I know FCS uses evidence-based practices, but what if I can't meet the expectation?

Fidelity to an evidence-based practice is a continuous learning and improvement process. It is important because it increases the likelihood that the intended outcomes; quality of care, effective services delivery, and quality improvement will be achieved.

It is impossible to receive a perfect score in a fidelity review for supported employment or supportive housing. One potential example is the principle of participant choice that is found in both Permanent Supportive Housing and Individual Placement and Support. As each enrollee has different needs, their housing and employment solutions will be equally as diverse.

Fidelity reports are individualized by the agency being reviewed, and diversity of programs also result in diversity of scores for different principles. The expected outcome is that each agency provides a high-quality service that leads to positive outcomes for individuals; namely housing, job placements, and supported education.

We ask you to be intentional about your program implementation and work towards always improving your program to continue to provide quality support services. In situations where you know your program will have limitations, we ask that you identify how to reduce the impact of the limitation on enrollees and work to fully implement principles easier to embrace.

What is the importance of submitting the Provider Capacity report monthly?

We recognize FCS services are voluntary, and participants utilize services at various amounts. When the program first launched, monthly provider reports were implemented to attempt to balance the needs of potential enrollees and the capacity of providers. In 2024, the FCS Advisory Council worked to establish new criteria for the Provider Capacity report and in 2025 HCA implemented those data elements.

Wellpoint gathers the information from each agency and consolidates it into one larger worksheet. The information included is used for several situations.

The three major reasons:

- Informs our FCS Provider Map
 - Monthly the map is updated with the responses you provide.
 - The provider map is used by potential enrollees, service providers, legislators, stakeholders, and many others. The Provider Map was developed to increase efficiency and provide accurate and timely data when needed.
- Informs our legislative and Centers for Medicare and Medicaid (CMS) reports as well as funding requests
 - This is the sole source for many of our reports to answer questions such as how many individuals have found housing and competitive employment by using FCS supportive housing and employment services. HCA is required to report several data elements within various reports, some public facing and others used for evaluation purposes. We look to you for information that is not wholistically collected and current from month to month.
- Informs external referrals placements
 - As you know there is no wrong door to requesting FCS services and potential enrollees have several avenues and providers to choose from. Many of those avenues or pathways require Wellpoint to match potentially eligible enrollees with appropriate providers. The Provider Capacity report alerts Wellpoint to providers who have the capacity to serve new referrals. If an agency indicates they accept external referrals, Wellpoint prioritizes them for contact outreach.

Claims, billing, and enrollment

I received a denied claim for an authorization period; however, I have an email from Wellpoint indicating that the enrollee is authorized for that date. Could you please provide clarification on this matter and advise on the next appropriate steps?

This situation is frequently the result of a change in the participant's ProviderOne enrollment. There are various reasons this may occur, but it can be resolved. Please complete the Wellpoint data inquiry worksheet located under Billing Guidance on the Wellpoint provider page. Once completed please send it to your program manager via email. If you are unsure of your FCS managers contact information, please reach out to FCSTPA@wellpoint.com.

Should I reach out to HCA or Wellpoint if I have questions regarding claims and billing processes?

The Third-Party Administrator, Wellpoint, is responsible for processing and managing all billing and claims with providers. Please collaborate with your assigned FCS manager and keep your them informed to the best of your ability to minimize errors.

Why do we have to wait 3 weeks to see a new participant enrollment in ProviderOne?

Great question! Sometimes it can happen earlier than that timeline. This process is a bit manual and requires information to pass between Wellpoint and HCA. If you choose to bill before the 3-week timeline, ensure you verify the enrollment has gone through and is active. Otherwise, you will either receive a rejection, which will need to be resubmitted or a denied claim which will need to be reprocessed by Wellpoint once the enrollment is active. To reduce the number of incorrect denials, we ask you to wait the full 3 weeks before submitting claims for someone new to the FCS program.

An enrollee had their RAC change to an ineligible RAC. What do I do? Can I still provide services?

You can always choose to provide the service, however, there is a chance it may not be reimbursed and requires working with your participant directly to remedy. A change in RAC means something in a major category changed in the system for the enrollee. Most commonly it is a change of income, address, or not completing their review by the Medicaid eligibility deadline. Most enrollees can experience a change in RAC without error to their FCS enrollment, however, sometimes it is affected.

We received a denial for a claim submitted, what should we do next?

Great question! First, please review your remittance for denial codes. After your review, if there are still outstanding questions, contact your Wellpoint FCS Manager. In some cases, especially if you are inquiring about multiple claims, they may have you complete a Provider Claims Research Template. Your Wellpoint FCS Manager will instruct you on any future steps related to the denied encounter. You can find the Provider Claims Research Template on Wellpoint's provider website under the 'Billing Guidance' section.

We received a denial for a claim submitted, and it says it is because the enrollee was not enrolled in Medicaid at the time of service. Is there anything I can do now to still get reimbursed?

Reimbursement would depend on the reason why the enrollees Medicaid coverage stopped. Please work with your Wellpoint FCS Manager to determine the best next steps for the claim. Your FCS Manager will provide guidance and submit the enrollee profile for correction if appropriate.

What FCS services are billable?

FCS Supportive Housing and Supported Employment services. Billable services are not always black and white—rather than providing an exhaustive list, we offer a framework to help providers determine whether a service is billable.

A key principle is that services should be individualized, goal-oriented, and necessary for supporting housing stability or employment success. FCS services are categorized as Pre-Tenancy vs. Tenancy-Sustaining for housing and Pre-Employment vs. Employment-Sustaining for employment. This ensures participants receive continued support even after securing housing or employment, a unique feature of FCS.

Here are some considerations to make when determining if services are billable:

- **Supportive Housing services** bill on a per diem basis. To bill for a day, the provider must have direct interaction (in-person or virtual/phone) for at least 15 minutes cumulatively within a 24-hour period.
- **Supported Employment and Education services** bill in 15-minute increments.
- **Group services are not billable** — services must be individualized. For example, if a housing specialist looks at apartments for multiple participants, they cannot bill the same hour of work to each participant.
- **Collateral services** (services provided on a participant's behalf without them present) may be billable if there is clear medical necessity and justification (e.g., employer outreach, landlord outreach, care coordination). However, these should be limited.
- **Non-billable activities** include email, text messages, or social media messages. Phone calls are billable but should not be the primary mode of service delivery. Transportation is only billable if it is in conjunction with a billable service (e.g. meeting in the car to practice interview skills). Group activities are non-billable. Administrative activities such as typing up progress and submitting claims are also not billable.

If you are unsure whether a service is billable or not, please reach out to your Wellpoint FCS Program Manager or connect with the [HCA FCS Training and Technical Assistance Team](#). For video resources, visit the [FCS YouTube Playlist](#), or watch our video on [Documentation and Billing](#).

Ultimately, providers should focus on documenting the work they do to ensure they are compensated while following best practices for engagement and participant success. For a more detailed breakdown of billing examples, see [Attachment A](#).

ProviderOne and Medicaid eligibility

Why do I have access to ProviderOne?

ProviderOne is the Washington State Medicaid Management Information System, and many aspects of FCS are reported within the system. Providers are required to enroll in ProviderOne in to be authorized to provide Medicaid services prior to contracting with Wellpoint. The information provided and maintained in your administrative profile provides contact information to HCA about the need to revalidate your enrollment. It is imperative that agencies keep this information current.

Regarding ongoing use FCS service providers are expected to review an enrollee's ProviderOne profile frequently and is best practice to review prior to each encounter. Frequent review catches errors quickly and reduces denied claims for providers. FCS recommends each employee providing FCS services have viewing access to ProviderOne.

If you need help navigating ProviderOne in reference to FCS eligibility, please review our posted guides: [FCS Enrollment Inquiry Process Guide](#); [How to Check FCS Medicaid Eligibility](#). Connect with your FCS manager if your questions are not addressed in the guides.

I used to have access to ProviderOne, but I am not sure anymore. What do I do now?

Please follow [HCA instructions for ProviderOne access](#).

What if I look and my enrollee should be in ProviderOne for housing or employment, but they are not?

This sometimes can happen due to internal ProviderOne data rules. Below are the most common reasons for disconnection, however, in all cases the solution is the same. Please identify the enrollee and explain the discrepancy in a secure email to your FCS Manager. Your FCS Manager will highlight this to the HCA FCS Program Manager in a weekly report. HCA will process the correction and inform Wellpoint when the discrepancy is resolved. Your FCS Manager will then notify you of the correction and instruct you on next steps, whether correcting the claim or resubmitting.

This is why it is imperative that each employee providing FCS services has access to ProviderOne. If something has changed and it is their Medicaid status, there is a high likelihood you will not be reimbursed for services for that month or longer.

What it looks like in ProviderOne	What it means likely happened
Enrolled now, but there is 2 months missing as they should be enrolled for the last 3 years	The enrollee encountered a system that also uses ProviderOne for enrollments or something significant happened in the enrollee's life. When this happens, it disenrolls the enrollee from FCS because FCS enrollment requires specific eligibility criteria and is directly added by HCA. Wellpoint catches many of these occurrences through their regular work and identifies them to HCA for correction. For the ones that are found first by the provider, we ask you to identify them to your FCS Manager. Your FCS Manager will then follow procedures for correction and notify you of the next steps.
My enrollee's housing or employment enrollment ended in ProviderOne, but I have the notification from Wellpoint saying they should be enrolled	Often this means something occurred within the enrollee profile that affected their core eligibility. For example, their Medicaid benefit ended, or they now have a spenddown. Since FCS is a targeted benefit, when changes happen, we must verify the change and if appropriate, re-enroll the individual. Please notify your FCS Manager if this occurs.

The most common occurrences that cause a “bump out” are:

- Address change
- Incarceration
- Significant increase or decrease of income
- Family size changes
- Spenddown reset
- Medicaid termination/lapse
- Health Homes program enrollment

My client wants to work, but is worried about losing their Social Security/Medicaid/Caregiver/ Adult Family Home/etc. who can I refer them to?

If client is enrolled in ALTSA services, they can be referred to the ALTSA SE Team, a list of benefit planners can be shared with the provider by Wellpoint with instructions for sub-contracting, resources like Social Security’s Ticket to Work can be utilized, connecting with client’s Public Benefit Specialist or Health Care Authority for guidance, provide guidance on how provider’s staff can become certified WIP-C thru Cornell University or other institutions.

Training, technical assistance, and program improvement

My employees need support, and I hear HCA offers training. How do they participate?

Thank you for working to support your employees! We offer several scheduled training opportunities each month as well as individualized technical assistance and support. The FCS program was created with provider needs as a main facet of development.

For individualized support, the FCS program dedicates one Supportive Housing Program Manager and one Supported Employment Program Manager for each side of the Cascade Mountains. Each program manager has hands on experience supporting participants with complex needs and will work with you to expand skills, establish training plans, and answer overall questions about the program and its processes.

Currently vacant	Western Washington Supportive Housing Program Manager
Anessa Williams	Eastern Washington Supportive Housing Program Manager
Darren Paschke	Western Washington Supported Employment Program Manager
Dawn Miller	Eastern Washington Supported Employment Program Manager

For general support on demand:

- Please join our [FCS Foundations Newsletter](#) and [FCS training listserv](#) to stay up to date with current training offerings, funding opportunities, and policy updates. When choosing to receive the Foundations Newsletter you also can receive emails from several other programs at HCA.
- [Pathways to Housing](#) and [Pathways to Employment](#) are also HCA managed websites intended to provide a one stop shop for frequently requested sample documents, trainings, and other surprises.

I have thoughts on how the program could improve. How do I share those with decision-makers?

We love feedback! As a program, we are learning alongside all of our providers how to best support our fellow Washingtonians in need. The program is ever adapting and pushing the boundaries of system silos, so we welcome all feedback. Formally the best avenues to share perspectives, ask questions, and learn from others is Wellpoint's monthly Question and Answer session and our FCS Advisory Council. Informally you can provide feedback through your FCS Manager or your Supportive Housing and Supported Employment Program Managers.

Attachment A: Billable Services Guidance

***Note:** This guide is a **non-exhaustive** list of examples aimed at helping providers understand what services may or may not be billable under FCS. Billable services are not black and white. If you are unsure if a service is billable, please contact your Wellpoint FCS Program Manager or the HCA FCS Training Team.

Supportive Housing Services

Pre-Tenancy Services

- Conducting assessments
- Coordination of care
- Development of community support
- Treatment planning (establishing short-term & long-term goals) • Advocacy • Landlord liaison activities • Financial skill-building
- Benefits support

Tenancy-Sustaining Services

- Coordination of care
- Employment and/or vocational support
- Informal community support development
- Development of independent living skills
- Advocacy
- Treatment planning
- Increasing Activities of Daily Living (ADLs)
- Housing retention support
- Benefits management
- Landlord liaison activities

Examples of Supportive Housing Services

Pre-Tenancy Services	Tenancy-Sustaining Services
<ul style="list-style-type: none">• Conducting an in-person or virtual housing needs assessment with the participant• Coordinating with a landlord to secure a lease for a participant*• Helping a participant apply for rental assistance programs• Accompanying a participant to a housing-related appointment (e.g., lease signing, tenant rights workshop)• Developing an individualized housing plan with short- and long-term goals	<ul style="list-style-type: none">• Assisting a participant in communicating with their landlord about a lease violation• Teaching budgeting skills to ensure rent and utilities are paid on time• Helping a participant develop a plan to maintain stable housing (e.g., setting reminders for rent payments)• Coordinating with behavioral health providers to support housing stability*• Providing direct skills training on independent living activities (e.g., housekeeping, meal planning)

Non-Billable Services

- Searching for general housing listings without working with a specific participant
- Sending a participant a list of available apartments via email without follow-up
- Attending a landlord networking event that is not tied to a specific participant's housing plan
- Helping a participant move their personal belongings (moving assistance is not billable)
- Administrative activities such as typing up progress and submitting claims
- Engaging in casual check-ins with the participant that are not tied to specific housing-related goals or rapport building

**Indicates an example of a collateral service*

Supported Employment and Supported Education Services

Pre-Employment Services

- Job-related discovery or assessment (e.g., vocational profile per IPS)
- Person-centered employment planning
- Individualized job development and placement
- Job carving/customized employment
- Benefits education and counseling
- Transportation (only when tied to an authorized service)
- Building rapport with the participant • Supported education
- Identifying and addressing potential barriers before job start
- Collaboration with the support team to establish ongoing support

Employment-Sustaining Services

- Career advancement support
- Academic support when pursuing education for career growth
- Negotiation with employers
- Job accommodations and assistive technology
- Job analysis and coaching
- Benefits education and planning
- Asset development
- Ongoing follow-along supports

Pre-Employment Services	Employment-Sustaining Services
<ul style="list-style-type: none"> • Conducting a vocational assessment with a participant to determine job interests and skills • Assisting a participant in creating a resume or preparing for a job interview • Identifying and addressing employment barriers (e.g., childcare, transportation) before job start • Contacting an employer to customize a job opportunity based on a participant's skills and needs* • Coordinating with a benefits counselor to help a participant understand how working affects their benefits 	<ul style="list-style-type: none"> • Helping a participant negotiate reasonable job accommodations with an employer • Providing job coaching at the workplace to help a participant learn their job tasks • Assisting a participant in applying for career advancement opportunities or continuing education • Developing a plan with the participant to manage work-life balance and prevent job loss • Meeting with an employer to support retention and address workplace challenges*

Non-Billable Services

- Attending a general job fair without directly assisting a participant
- Applying for jobs on behalf of a participant without their involvement
- Sending a participant job listings via email or text without additional support
- Providing general workforce training that is not individualized to a participant's employment goals
- Administrative activities such as typing up progress and submitting claims
- Engaging in social interactions unrelated to employment planning (e.g., chatting about weather)
- Engaging in casual check-ins with the participant that are not tied to specific employment-related goals or rapport building

**Indicates an example of a collateral service*